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

Tuesday, June 2, 2026, 3:00pm to 5:00pm
MEETING MINUTES

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
13			Abrams, Lauren (Alternate)	IP	**Jennifer Tuteur,** MD, FAAFP Chief Medical Officer, Medical Care Services **Charissa Japlit,** Executive Finance Officer, HHSA **Sayone Thihalolipavan,** MD, MPH, Public Health Officer, Public Health Services Administration **Tina Emmerick,** MPH, Interim Assistant Director, Public Health Services Administration, HHSA	Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS, HHSA Tina Emmerick, MPH, Interim Assistant Director, PHS, HHSA Anuj Bhatia, DrPH., Deputy Director, PHS, HHSA Jennifer Tuteur, MD, FAAFP Chief Medical Officer, Medical Care Services Jamie Beam, MPA, Director of Clinical and Safety Net Coordination Division, HHSA Charissa Japlit, Executive Finance Officer, HHSA Mary Moraleja, Assistant Executive Finance Officer, HHSA Apple Schlect, Revenue and Budget Manager, FSSD, 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)	Z		
6	3	Alexander-Myers, Deanna				
12		Alexiou, Dimitrios				
8	4		Arroyo, Geysil (Vice-chair)			
20	2		Coda, Besma (Alternate)			
17		Dailey, Jack		IP		
4	2	Floyd, Victoria				
14		Franciscus, Joanne		IP		
13		Fraser, Tim				
9	3		Galindez, Aida (Alternate)			
18	3		Greene, Dorothy (Alternate)			
11		Hegyi, Paul				
2	1	Ilango, Samhita		IP		
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)	**Z**		
5	3	Walters, Todd		**IP**		
16			Tellez, Dr. Patrick (Alternate)	**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, James Lepanto, Joanne Franciscus, Dr. Harriet Seldin, Jack Dailey, Lauren Abrams, Samhita Ilango, Kelsey Sly, Dr. Patrick Tellez, Todd Walters **Board Members attending virtually:** Caryk Sumek, Dr. Suzanne Afflalo **B. Remarks from the Chairperson.** a. We are going to be recommending on the budget. We are going to hear the recommended operational plan today. We have not done a letter in the past two years. This time, we are determined to get a letter out. Thanks to Tim, James, and Jack for your input in helping us get a letter turned around. This may be the first time we're actually recommending the budget before we hear the operational plan budget, but we did review it and have a lot of good information from staff. We will be able to hear that today, and then we will potentially take a position with the draft letter you have. **C. Approval of June Agenda** a. The motion to approve the agenda was made by Joanne Franciscus and seconded by Dr. Harriet Seldin. b. **Roll Call:** All other members in attendance voted Aye. **Board Members in person:** Barry Jantz, James Lepanto, Joanne Franciscus, Dr. Harriet Seldin, Jack Dailey, Lauren Abrams, Samhita Ilango, Kelsey Sly, Dr. Patrick Tellez, Todd Walters **Board Members attending virtually:** Caryk Sumek, Dr. Suzanne Afflalo **D. Approval of May Meeting Minutes** a. The motion to approve the minutes was made by Dr. Harriet Seldin and seconded by Jack Dailey. **Roll Call:** Samhita Ilango and Lauren Abrams abstained. All other members in attendance voted Aye. **Board Members in person:** Barry Jantz, James Lepanto, Joanne Franciscus, Dr. Harriet Seldin, Jack Dailey, Lauren Abrams, Samhita Ilango, Kelsey Sly, Dr. Patrick Tellez, Todd Walters **Board Members attending virtually:** Caryk Sumek, Dr. Suzanne Afflalo **E. HSAB Attendance Confirmation** a. No HSAB member is out due to just cause.
II. PUBLIC COMMENT	There was no public comment.

III. DISCUSSION ITEMS

A. Continuation of 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

Continuation of 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



County Medical Services

Update for Health Services Advisory Board (HSAB)
6/2/2026

Dr. Jennifer Tuteur, MD, FAAFP
Chief Medical Officer

County of San Diego
Health and Human Services Agency

Potential Local Impacts from Federal and State Changes

314,000
San Diego County residents will be subject to new work requirements



95,000
Residents might be unable to meet new work requirements



75,000
Residents only might be eligible for emergency Medi-Cal due to their immigration status



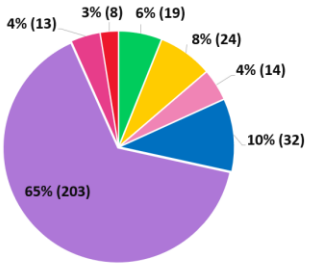
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The Difference Between Medi-Cal and CMS

	Medi-Cal Today	County Medical Services
1	State and Federal Funded	County Funded
2	Free or low-cost health insurance	Enrollees are required to repay their medical costs
3	Includes preventive care	Does not include preventive care
4	Retroactive coverage for 3 months before the application was received	Retroactive coverage from the date the application was received
5	Ongoing health insurance for low-income Californians	For County residents who have an emergency medical, emergency dental, or chronic medical condition.

3

County Medical Services | Application Status



313 applications received 4/1/25 - 4/23/26

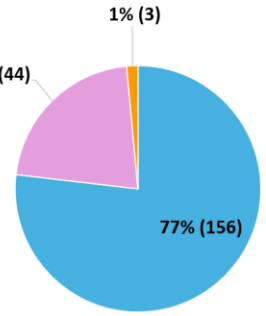
- Approved
- Pending
- Closed Due to Application Opened in Error
- Denied Due to Excess Income or Property
- Denied Due to Application Not Completed
- Denied Due to Applicant Linked to Medi-Cal [1]
- Denied for Other Reason [2]

Applicants may fall under multiple categories, graph reflects primary reason for denial
1: Includes hospital presumptive eligibility and those who already receive Medi-Cal benefits
2: Includes Withdrawn, Not a Citizen/Eligible Alien, and Not a County Resident
Source: Administrative Services Organization. Data as of April 23, 2026.

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County Medical Services | Application Status

203 applications were not completed
4/1/25 - 4/23/26



- CMS Application Not Complete
- Credit Report and/or Lien Forms Not Complete
- Medi-Cal Process Not Complete

Source: Administrative Services Organization. Data as of April 23, 2026.

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Current Eligibility



Eligibility

- Have an immediate or long-term medical need
- 21 through 64 years of age
- Be a U.S. citizen or eligible non-citizen
- Reside in San Diego County
- Denied Medi-Cal
- Sign property lien forms in person

6

Financial Requirements



- Meet CMS Financial Requirements:
  - Income limit of 0-165% of the FPL
  - Property limit of $2,000 for an individual and $3,000 for a couple
- CMS Hardship
  - Income 165% to 350% FPL
  - Required to pay a Share of Cost for services received

Current Coverage



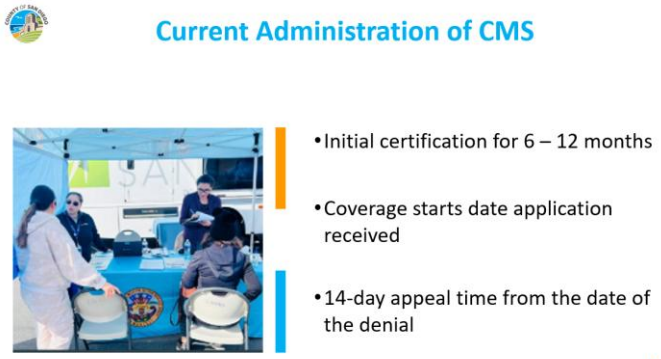
Included:
- Emergency medical and dental care
- Care for urgent and chronic medical conditions
- Some surgical and diagnostic procedures
- Certain medications

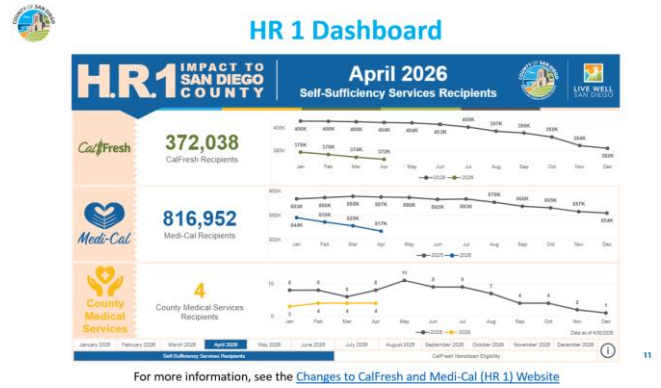
Not included:
- Preventive care
- Behavioral health
- Pregnancy and family planning
- Transplants
- Non-emergency dental care

Current Enrollment Process



- Proof of Medi-Cal denial
- Provide verification documents
  - Proof of identity
  - Proof of County residence
  - Proof of immigration status
  - Proof of current income and financial resources
  - Sign property lien forms (in-person)
  - Sign credit check forms





For more information, see the Changes to CalFresh and Medi-Cal (HR 1) Website



Question and Answer:

James Lepanto: For people who got denied, how do we communicate to them about their application? Is that just something immediate? Does something go out to inform them that their application had an error? How does that work?
Dr. Jennifer Tuteur: We let them know what's not completed, we do that communication twice. After each opportunity there are two weeks open for replies. And then the application is closed.

Todd Walters: A lot of folks don't understand the whole farm bill and that CalFresh and all that stuff that's going down. It doesn't just affect the recipients at the very end of the supply chain. What happens is we have farmers whose federal government's not buying their crops. And with the tariffs and some of that stuff, they're getting hurt. But most importantly, our grocery workers who are in the front lines, and the grocery stores right now are planning ahead, because that's going to be a massive loss of revenue for them. That eventually boils down to workers who are buying homes and hopefully we don't have a splash back of workers on the bottom end who can't afford, because their hours are getting cut, have to go jump on County healthcare. And then the other comment I have is, with the work requirement, I know a lot of jobs have healthcare, and a lot of times that healthcare is priced so significantly high that those workers can't afford it. Do you see an issue where somebody could be denied County healthcare because their employer offered it and they didn't enroll in it?
Dr. Jennifer Tuteur: I think, for the eligibility, if they're meeting the property and all of the other requirements and the income limits, one of the requirements right now is only that, you've been denied Medi-Cal. It's not whether or not, you have not taken or accepted your work insurance.
Barry Jantz: So that wouldn't be a question posed to them in the application process?
Dr. Jennifer Tuteur: Correct. The application is quite lengthy. To my knowledge, and I will confirm, one of our questions in the application for the County Medical Services is not “have you rejected other health insurance?” If yes, you don't qualify for coming medical services.
James Lepanto: So if grocery stores start cutting hours for their employees, will they continue to provide benefits, or are they going to make that titrate that down based on number of hours, I mean, prorated, in other words, how's that going to be for those folks?
Todd Walters: Obviously, we have union members that have a guarantee of hours that we factor in the healthcare eligibility, but I think there's a lot of people that don't have that. And so, if the hours are cut bad enough, and if you're already giving a percent of your check, you're losing a percent of your check because your hours are cut, there's no way you're going to sign up for healthcare, especially if it's cost prohibitive. So, hopefully, they can get enough hours, get healthcare if they have it.
Dr. Jennifer Tuteur: And that's the same thing that is happening with healthcare workers as well, and not just nurses, physicians, nutritionists, and so forth, but people who are doing food services and people who are doing environmental care and everything else. If we have a larger amount of unfunded or unreimbursed medical care, then it affects our entire workforce.

Dr. Harriett Seldin: Question on the property lien form and all that. This is something that people have to sign, something that they have to show that they're going to repay? Is that part of this? What's the story?
Dr. Jennifer Tuteur: The property lien form has been the number one thing that we've heard in our listening sessions that people recommend stopping and removing from a CMS requirement. And yes, that's exactly what it is. For people who own property, they sign a property lien in order to enroll in County Medical Services, and when that property sells,
then, whatever the cost or the charges that the County has paid on their behalf for their coverage, their County Medical Services, then that amount is repaid to the County, through selling that property. That is the current status, and that is the number one thing we've heard, and we can add it on to you all, if that's the consensus, which I'm seeing some nods, of that

as something that definitely, I mean, we've been tracking, discourages people from enrolling in County Medical Service. You don't have to have property, but if you have property, there's a lien placed on it.

Jack Dailey: With the 203 applications that are not completed, are you looking at lessons learned where they fell off on the application form and process and how does that inform your review of the CMS program in identifying administrative improvements, efficiencies, and supports that can help reduce the number of incomplete applications?
Dr. Jennifer Tuteur: One major feedback area is it is too complicated; it is too long. There are too many pieces, it is not the same as Medi-Cal, it is more complex. So how can we streamline things? The data that I have right now, as far as reasons that people did not complete the form would be the credit report, the lien forms, and if someone completed a Medi-Cal, that would be another reason. I forget how many pages, if it's 27 or 42 or something. Yes, it is a lot of pages. And, and so going through that, if you don't get all the way through that then that is counted as an incomplete form. I don't know that we've looked to see where people stop along the line, but I'm happy to ask.
Jack Dailey: It literally means they didn't fill out the application completely. I was thinking the process, in some way along the line, they dropped off, but no, literally just the application form was incomplete.
Dr. Jennifer Tuteur: Right.
Barry Jantz: It will be interesting to see take aways from what are the things that are left incomplete? Are they missing it? Are they giving up? Or is it as simple as you can't submit unless you've filled out all these things?
Jack Dailey: There's also a variation that it may be complete, but there's no associated verification. They complete, like, an asset statement, how much money they have in the bank account, but they also are responsible for providing verification. Does that go into that bucket of CMS application not complete or is there a different bucket where verifications are provided
Dr. Jennifer Tuteur: So with the data that I have, 203 is not complete and156 are the applications not complete. I don't know how much of that is not turned in, versus 44 of those are not complete because the credit form and the lien form, so those additional forms, were not turned in, but I can find out.
Jack Dailey: What can we learn about this when thinking about program redesign that would help reduce the number of folks that are just dropping out for these reasons?
James Lepanto: I'd love to see an application. I'm just curious why is it so arduous to fill out as opposed to Medi-Cal? Is there anything we could do to streamline that and make it a bit easier for people and eliminate that barrier? It's intimidating; that might be something to look at as well.
Dr. Jennifer Tuteur: This is helpful and consistent with what we heard at one of the smaller groups, which was, we need to make the application easier and more streamlined, we need to make it mirror Medi-Cal.
Joanne Franciscus: Credit check. Are people being denied due to credit scores?
Dr. Jennifer Tuteur: No. But people are asked to fill out a credit check and that's part of the application. I don't know exactly how it is used right now, but we have heard suggestions to get rid of the lien and the credit check. They are not denied, though, based on a credit score.
Joanne Franciscus: Would that also be a hard pull including the credit too? So, effectively lowering the credit score
Dr. Jennifer Tuteur: I don't know.
James Lepanto: But it might be that people that know they have poor credit are making an assumption that if they do have poor credit, they're gone. That's what I would think if I was filling out that application. Maybe my credit is not up to whatever it's supposed to be. I'm not going to qualify.

Dr. Jennifer Tuteur: The recommendations I am hearing are to get rid of the lien; get rid of the credit check; make the application much simpler and, much closer to Medi-Cal, if not the same as Medi-Cal. I know last time we were here, we heard some of the challenges of the appeal times being different. And, then Medi-Cal and the retroactive coverage being different than Medi-Cal as well.
Joanne Franciscus: If you don't have a social security number to run a credit check, you probably would also think that disqualifies you?
Dr. Jennifer Tuteur: You do need to be a U.S. citizen or certain classes for county medical service. It's not for UIS population.
Barry Jantz: Simplifying the application is the takeaway. We still have to see how it is designed.
Jack Dailey: Jen and the team, they've been doing these road shows and town halls, but also has made it clear that everyone wants them to show up and talk about these things. They've really put themselves out there to be open. When we initially had these conversations, I think those were some of the messages from the community: access to this information and transparency. We really appreciate your efforts to make yourself available. Thank you.
Barry Jantz: Remind us of the timeline for the listening sessions.
Dr. Jennifer Tuteur: The item comes before the Board on September 15th. We are going to start with our first draft before that, but it goes to the Executive Team, to the Board, and we get feedback. At this point, we would love questions and feedback by May 31st and our email is csc@sdcounty.ca.gov. We've done our first very broad draft of feedback we've received and we are continuing to reply.

Lauren Abrams: About the process, now that you've received all this feedback from the community, is it a prioritization, where your team will go through and as you mentioned, you heard mostly about the lien and eliminating that. I'm sure there's a lot of others around eligibility. What is the next step of the process? And you mentioned it was iterative. Will we see the next version of proposed changes?
Dr. Jennifer Tuteur: What we're doing right now is we are following up with individual emails. We started that with the hospitals. We'll continue going through that and we continue to go to advisory boards. We are really just trying to learn and make sure we understand as we start to do the analysis.
Jamie Beam: Our primary way to do that is continuing to provide updates. Before we take anything to the Board of Supervisors for approval, we typically would bring it here and present for support of the Advisory Board. Probably towards end of summer or early fall. I think that will be the primary way that you'll see recommendations that staff are putting together before we finalize them and put them to the Board and I anticipate that's around the August-September timeline.
Jack Dailey: Are you saying you will bring back to this group and other interested stakeholders policy recommendations that you are preparing to present to the ad hoc subcommittee or does that come after the subcommittee?
Jamie Beam: The most complete it'll be is after the subcommittee, after we get committee feedback, because right now our direction is to research this further, get some input from our stakeholders that are using the system, and identifying the barriers, and come back with recommendations to the subcommittee. And then they ultimately decide, okay, let's take this to the full Board for a vote, but I would anticipate we will continue to come back every month and bring you updates of where we're at. The official board letter would probably be after the subcommittee but before the Board date.
Jack Dailey: I would just urge to continue this dialogue, because I think there's a lot of interested stakeholders that want to continue since you are going to continue to learn more about, for example, what is available from the state budget, how

	that impacts the County's budget and ability to, provide a response to HR1 changes. I think as those new developments occur, it would be helpful to understand what your thought process is. **Jamie Beam:** The second part of our ask from the board is if we change any of the eligibility requirement itself, what is the price tag associated with that? **Jack Dailey:** Those are just information that I think is of interest to all of us. What is the per-population breakdown estimate? What is the underlying data you are looking at? And then, just those types of machinations. **Jamie Beam:** We would want our community partners to validate some of those analyses that we've done as well. We'll have to get the timing right on when we can bring it back, but that is our next step in the process, definitely. **Dr. Jennifer Tuteur:** I was just going to add a commitment from the team that we will be back here next month. We have your questions. There are a whole lot of people up there who are listening and taking notes, so we will come back to the best of our ability, either with answers or with people who know the answers to that next time and then continue to share like I did today.
IV. INFORMATIONAL ITEM **A. Letter from the Health Services Advisory Board Supporting the Healthy San Diego Consumer and Professional Advisory Committee Position Regarding the Status of Oral Health in San Diego County**	**Letter from the Health Services Advisory Board Supporting the Healthy San Diego Consumer and Professional Advisory Committee Position (CPAC) Regarding the Status of Oral Health in San Diego County** • **Minute Attachment A:** Copy of Healthy San Diego CPAC Position Regarding the Status of Oral Health in San Diego County (April 17, 2026) • **Minute Attachment B:** Copy of Dr. Elizabeth Hernandez's Response to Healthy San Diego CPAC Regarding the Status of Oral Health in San Diego County (May 5, 2026) • **Minute Attachment C:** Copy of Health Services Advisory Board (HSAB) Response to Dr. Elizabeth Hernandez Regarding the Status of Oral Health in San Diego County (May 29, 2026) **Barry Jantz:** All letters are now provided to you in this packet including Dr. Hernandez's response to the letter. I think we are all on the same page about the concerns, so thank you, everyone, for that. **Dr. Harriett Seldin**: Thank you, everyone for expediting all this. Because the only way we have a chance to have it improved is to improve this quickly. This is showing it is not just a few dentists who are complaining, it's all the healthcare stakeholders, it's a lot going on. It is something we care about.

V. ITEMS FOR APPROVAL

A. County Health and Human Services Agency (HHSA) FY 26/27 Budget Presentation, Charissa Japlit, Executive Finance Director, HHSA/Consideration of an HSAB Budget Letter

County Health and Human Services Agency (HHSA) FY 26/27 Budget Presentation,
Charissa Japlit, Executive Finance Director, HHSA/Consideration of an HSAB Budget Letter



FY 2026-27 CAO RECOMMENDED OPERATIONAL PLAN

HEALTH AND HUMAN SERVICES AGENCY

JUNE 2026

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

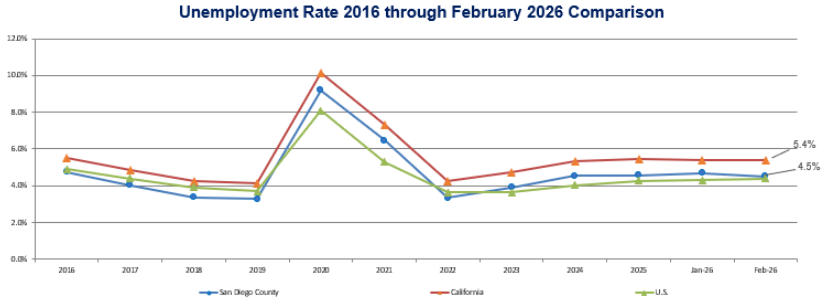
AGENDA

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

- Economic Updates
- State Budget
- Planning Environment and Budget Strategies
- FY 2026-27 CAO Recommended Budget for HHSA
- Upcoming Budget Events
- Q&A



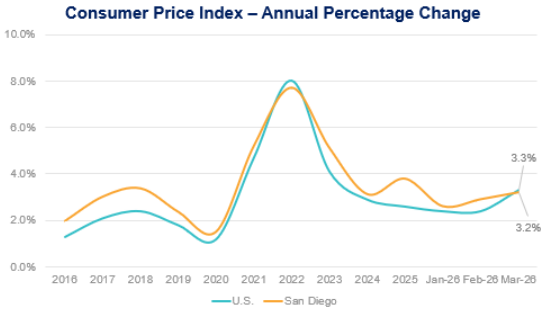
UNEMPLOYMENT



Sources: California Employment Development Department, US Bureau of Labor Statistics. Non-seasonally adjusted figures; 2016–February 2026 actuals.

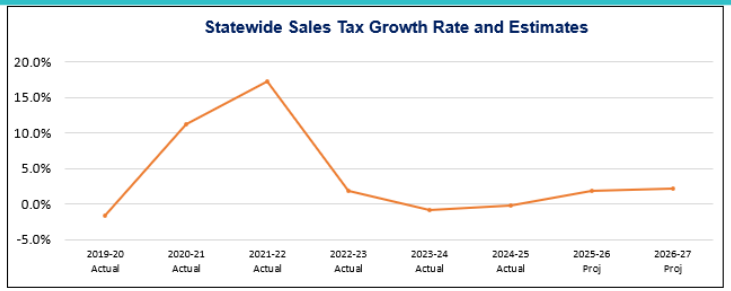
INFLATION

- Consumer Price Index (CPI) has been increasing since the start of 2026.
  - U.S. CPI increased 2.2% year-over-year.
  - Inflation in San Diego rose 1.4% over two months and increased 3.2% year-over-year.



Source: Bureau of Labor Statistics. Non-seasonally adjusted figures as of March 2026.

STATEWIDE SALES TAX



Sales tax drives HHSA realignment revenue: $815.2M, 23.2% of HHSA's Total Budget

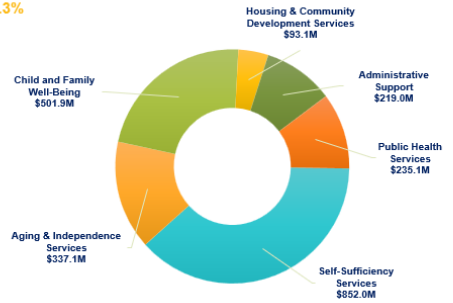
Sources: State Controller's Office Half-Percent Sales Tax for Public Safety for actuals from FY2019-20 to FY2024-25. HdL 4Q25 Prop 172 Report for FY2025-26 to FY2026-27 growth estimates. Fiscal Year 2025-26 Adopted Operational Plan for HHSA realignment and budget.


STATE BUDGET HIGHLIGHTS
COUNTY OF SAN DIEGO
LIVE WELL SAN DIEGO
H.R. 1 impacts
• Limited one-time Funding
• 2026-27: 44,000 disenrollment
• 2029-30: 1.3 million
Affordable Housing
• Impact fee prohibition
Indigent care and Proposition 36
• No funding
IHSS
• $200 million cost shift to counties remains
HHAP homelessness
• Remains $500 million
Mobile Crisis Response Teams
• No change to optional Medi-Cal benefit
PLANNING ENVIRONMENT
COUNTY OF SAN DIEGO
LIVE WELL SAN DIEGO
KEY ELEMENTS
Economic uncertainty
Federal/State policy impacts
Operational Efficiencies
Resource Recalibration
HHSA BUDGET STRATEGY
LIVE WELL SAN DIEGO
Operational Efficiencies
Resource Recalibration
Maximize Alternative Funding
Employ Revenue Stabilization Strategies

HHSA FY2026-27 RECOMMENDED BUDGET BY DEPARTMENT

$2.2 BILLION RECOMMENDED BUDGET

-$1.3 billion / -36.3%

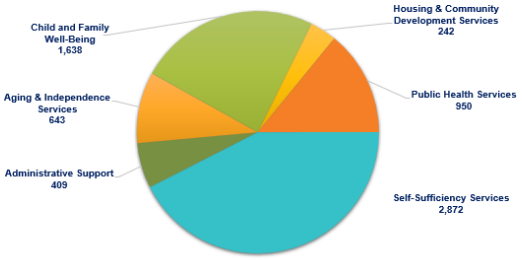


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HHSA STAFFING BREAKDOWN

6,754 TOTAL STAFF

+11 / +0.2%



FY2026-27 CAO RECOMMENDED BUDGET

BUDGET BY DEPARTMENT: $2.2 BILLION

DEPARTMENT	FY26-27 CAO RECOMMENDED		CHANGE FROM FY25-26 ADOPTED TO FY26-27 CAO RECOMMENDED	
	FTE	BUDGET (in millions)	FTE	BUDGET
Administrative Support	409.00	$219.0	(47.00)	$8.3
Aging & Independence Services	643.00	$337.1	(8.00)	$24.9
Behavioral Health Services	0.00	0.0	(1,332.50)	($1,257.2)
Child and Family Well-Being	1,638.00	$501.9	(23.00)	$12.9
Housing and Community Development Services	242.00	$93.1	(2.00)	($39.9)
Public Health Services	950.00	$235.1	(31.00)	($32.1)
Self-Sufficiency Services	2,872.00	$852.0	122.00	$8.5
TOTAL	**6,754.00**	**$2,238.2**	**(1,321.50)**	**($1,274.6)**

HHSA KEY INCREASES & CONTINUED INVESTMENTS



Vulnerable Populations

CalFresh, CalWORKs, Medi-Cal and General Relief: $852M

- +$24M for H.R.1 staffing and administration
- +$4.2M to support mandated General Relief cash assistance

In-Home Supportive Services (IHSS): $248.7M

- +$16.5M wage increases for In-Home Supportive Services (IHSS)
- +$2.7M for the San Diego Veterans Independence Service at Any Age (SD-VISA)

Child and Family Well-Being: $502M

- +$2.0M for Family Connection Hub and the Community Response Guide

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HHSA KEY INCREASES & CONTINUED INVESTMENTS



Community Health

- Public Health Services: $235.6M
  - Prevent spread of disease
  - Six Public Health Centers
  - Beach water testing
  - Tijuana River Valley sewage crisis health education and monitoring
  - Data systems integration

13

UPCOMING BUDGET EVENTS: KEY DATES



14

County Budget 2026 - 27 | Engage San Diego County

CLOSING REMARKS AND Q&A



Rissa Japlit
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Question and Answer:

James Lepanto: How much reserve was pulled by the Board of Supervisors to help assist in making it work this year.
Charissa Japlit: We have the $24 million that I'm referring to for implementation of HR1. There is another significant amount located in what's technically called, “Finance Other” In terms of unlocked reserve and so you actually will see an amount there for Safety Net.
James Lepanto: I don't know if these figures were right, because I may be wrong here. At one point, it was estimated that the reserves for the county were $260 million, and they were going to pull approximately $130 million for reserves. I think that was the last sentence I heard. My question is, what happens next year?
Charissa Japlit: The decision is up to the Board once we deplete any of these one-time available resources.
We are hoping for growth in some of our revenue and also some savings as well as going through our process.
But really, the decision is up to the Board to make those decisions. Along with that, there's advocacy that happens from your group and many other stakeholders and such. We will continue to monitor our budget. We have to consider continuing

to align our core services, looking at areas where we could potentially reduce to meet the needs of increasing costs, in our later cycles. We are really looking at this every day, every quarter.
James Lepanto: It is certainly a challenging time. The concern is that we have used 50%, roughly, of our reserves, and hopefully, and that's on a larger scale for the entire County in this one time, so that'll be interesting to see where we go from there. My next question is, how many public hearings were held for this year for the public? We used to do three, I believe, two? And then one in the evening, which was the third one, so that we eliminate barriers for people that were working. How many did we have this year?
Charissa Japlit: We did have one that was considered a community engagement opportunity, which was a formal hearing in terms of budget development. That was back in January of this year. And then we had our June 1st opportunity for our release of the budget and doing the budget presentation. They did condense what normally we would have had an evening hearing. They had that presentation for a certain time at five p.m. yesterday, and it went in through the evening for public comment. We also had, not hearings, but community engagement, which was last week, I believe Wednesday and Thursday, which was the virtual meeting, and then also the open house, which is a little bit more informal. And then you're going to have June 25th. Including budget deliberations, operation, and adoption, that is 3 hearings in total, whereas normally you would have had 4.
James Lepanto: I suggest from now on we do accommodate an evening/pm public hearing. I think that is important. I think without it, we're blocking people from the ability to attend.
Charissa Japlit: Yesterday, we did have a PM, but normally, and in prior years, we would have a daytime hearing, and then that one's totally separate evening hearing. We did reduce by one, but we did the evening hearing but it was all streamlined into one day. I really appreciate that comment. I'll take that back to the CFO's office.

Jack Dailey: On the estimated $200 million share cost of pass-through from the State, where any increase in hours will now be borne by the counties, if that goes through, do you know what the San Diego portion of that would be based on our HSS population? I think we have about 44,000 HSS beneficiaries.
Charissa Japlit: The actual financial impact is unknown to us this time.

- **Minute Attachment D**: FY 2026-27 Budget Letter – DRAFT

Barry Jantz: If you want to approve us sending a letter by that June 11th date, that will include giving the budget subcommittee the leeway to make any needed non-substantive changes that may be required as a result of staff's input after today. The approach is, instead of real hard recommendations on anything, we will be stating, we understand it is a moving target, and we understand things are going to continue to be. I tried to find some wording to address that, while circling back to something we did a couple years ago, and that is, we are here as your thought leaders and partners in this, if you'd like to rely on us. We are reiterating that a little bit and then saying here's some items we've noted that you might want to consider without saying what is right or wrong on any of them. Here is a list of about 8 items, and then here's some more detail on some of those. That is the kind of approach we took. I am looking for any input, questions, anything you'd like to do with this. I think James and Jack like it. Tim did weigh in this morning and said we love the letter.
Dr. Harriett Seldin: I think this is good. Even though we can't fill in all the numbers, this is the outline of both the topics, so I think it's important that we have that in there, better than just saying we can't do anything.

	Barry Jantz: Risa, do you and your team see anything in it that would cause you immediate concern? **Charissa Japlit:** I do not see any red flags right now. **Approval of HSAB FY 2026-27 Budget Letter** a. Motion for HSAB to authorize budget subcommittee to finalize the letter based on staff feedback assuming there are no significant substantive changes in direction and forward the letter through proper channels was made by Jack Dailey and seconded by Joanne Franciscus. b. **Roll Call:** All members in attendance voted Aye. **Board Members in person:** Barry Jantz, James Lepanto, Joanne Franciscus, Dr. Harriet Seldin, Jack Dailey, Lauren Abrams, Samhita Ilango, Kelsey Sly, Dr. Patrick Tellez, Todd Walters, Lauren Abrams **Board Members attending virtually:** Caryk Sumek, Dr. Suzanne Afflalo
B. SB 707 Decision to Implement Teleconferencing for Members of HSAB	**SB 707 Decision to Implement Teleconferencing for Members of HSAB** **Barry Jantz:** The Board of Supervisors did allow us a choice of whether we want to reach our quorums by doing online meetings or not. We still have to say that we want to do that. We started discussing it last month. I think we even had an attempt at a motion. Unfortunately, it was not on our agenda as an action item, so we shouldn't do it. That is why it is on our agenda today. Here are our options: Option 1: Leave the meeting as it is right now, we have to have a quorum in the room. If you want to be in the room, you can. If you want to be outside the room, you can. We can reach a quorum online. It still means there needs to be a physical place with staff present, in case the public would like to join. Option 2: Hybrid. There is still a need to have a venue for in-person attendees **Jack Dailey:** Today is an example of having flexibility with online options. I look at this as an option. I probably will still come in person and I will be in favor of having the option to attend virtually. **Todd Walters:** I recognize that there's so much more being done with the group face-to-face. If it comes crunch time, you got to text somebody or call somebody to get them to be there. It works. **Dr. Harriett Seldin:** I like doing it in person if we can. If it is a choice of staying as is versus zoom, I will choose to stay as is. **Dr. Anuj Bhatia:** Reminder from last meeting that if that if this didn't get implemented, this would be, for six months then the Advisory Board chose to continue with the SB707 teleconferencing option, that would be a request that would need to be made to the Board of Supervisors, as we had done earlier, so it's not a permanent setting, by any measure. It would need to be requested again in October. **Barry Jantz:** If Zoom is selected as we approach the sixth month, we have to submit again in October. **James Lepanto:** We lose a lot in virtual meetings. There are interruptions and decreased interaction with the audience. There is inherent value in person. Conversations are more robust and collaborative. Board members get to know each other better, which is something that I think we sometimes struggle with. We have new people coming in, we don't always get to know each other, and we don't have time to kind of interact and do those things. Enhanced interactions. I think there are stronger relationships and trust built. More engagement, fewer distractions. I would vote to keep the in-person meeting.

Joanne Franciscus: I think we're all kind of in agreement that we prefer to be in person. I still think we need flexibility. It certainly doesn't mean anyone can't have an in-person. I will say, also, with regard to the youth engagement piece, I think requiring the in-person meeting is a barrier and it's going to continue to be a barrier. If you are looking at youth that try to get here at three in the afternoon, and who's taking them, a parent who's probably working? I think that's one consideration, particularly; this is a huge County. It is going be a barrier for youth, for people with disabilities, etc. I like the in-person engagement, too, and I think we should definitely strive to make that a priority. I would be willing to try for six months to see how it is, and if nobody shows up, if we're not getting anything done, we can always cancel it, but would it allowas far as the youth engagement.
James Lepanto: For the Youth Engagement Group, they can participate via Zoom but they are not part of the quorum.
Barry Jantz: If the process is to remain the same, there is no action required.
Suzanne Afflalo: I am all for coming when I can come, but I am under the impression that it is all or none, that it has to be all in-person or all hybrid, or all Zoom, but I thought there was an opportunity that if we, like, for today, for an example, that if we were one short, that if we had the people online, that that would help us make our quorum. That we didn't have to be all quorum in the room, but that this hybrid model would allow us, for the ones that couldn't make it, we could count the ones on Zoom to make our quorum. Am I off-base on that?
Barry Jantz: You are absolutely correct.
Suzanne Afflalo: I think we could keep it basically the same way but allow us the flexibility that if we were one person short in the room, that this hybrid model will allow the people that could not physically be there, like myself today, to still count towards your quorum.
Barry Jantz: Suzanne, you are absolutely correct. It would add flexibility.
Suzanne Afflalo: It sounds like the majority of the people in the room would be there anyway, so even if we make this slightly hybrid model, the commitment is to be there. And even for myself, the commitment is to be there when I can physically be there. I do not feel like there would be a drop-off, and I'm not sure if anyone else would if we're already all saying we want to be there, we like the interactions; It is more enriching. That all it is that one little tweak of, hey, we got 9 in the room, and we need 1 or 2 online to make sure we can move forward with our meeting. That's really what I'm proposing.
Barry Jantz: With that said, we're going to leave it the same, there is really no action required. If we want to say yes, we want to provide the hybrid opportunity that certainly isn't mandating that people do it by Zoom. It just says you can't. It would require a motion today.

Approval of HSAB SB 707 Decision to Implement Teleconferencing for Members of HSAB

a. Motion to recommend going forward with the waiver request for a 6-month trial for hybrid option was made by Jack Dailey and seconded by Lauren Abrams.
b. **Roll Call:** James Lepanto, Dr. Harriet Seldin, Todd Walters voted no. All members in attendance voted Aye.
   Board Members in person: Barry Jantz, James Lepanto, Joanne Franciscus, Dr. Harriet Seldin, Jack Dailey, Lauren Abrams, Kelsey Sly, Dr. Patrick Tellez, Todd Walters, Samhita Ilango, Lauren Abrams
   Board Members attending virtually: Caryk Sumek, Dr. Suzanne Afflalo

	Barry Jantz: Eight in favor. Do we need to let the Board of Supervisors know we've chosen or are we just doing it? What is the process? **Dr. Anuj Bhatia:** Continuing. For the next meeting, those that indicate that they can attend the meeting, whether, in person or online, all individuals count towards a quorum, and then at the conclusion of September of this year, based on feedback from your Board, the willingness to move forward and make the request again or not from the Board, you need to be notified through, the Department of Public Health Services. **Barry Jantz:** Staff needs to be durable. There needs to be staff in a physical meeting. I plan on being in person.
V. REPORTS **A. Youth Engagement** **B. Meetings with Supervisor Offices** **C. SB 707 Update** **D. CMO Update- HR1** • **Medi-Cal** • **Safety Net Bridge** • **County Medical Services**	**Youth Engagement** **Barry Jantz:** We've heard from one of the supervisor's offices. Initial input I received from Supervisor Anderson's office: "This is excellent, what is the next process?" **Meetings with Supervisor Offices** **Dr. Suzanne Afflalo:** Invited to a meet and greet on 06/03 but could not attend due to the Health Fair but indicated to please send information for future meetings. **James Lepanto:** Supervisor Montgomery holds meet and greets as well. **SB 707 Update** See discussion on previous page. **CMO Update- HR1** • **Medi-Cal.** No further update. • **Safety Net Bridge** **Dr. Jennifer Tuteur:** Safety Net Bridge is a different program. There is allocated $44.7 million from the reserves for Safety Net Programs. So, one of those for uninsured individuals includes Medical Service, another includes the Safety Net Bridge, and that's a program that we'll be reporting back on in September. That was brought forth by D4, and there are six options to bring, a short-term primary care, food, and medication services to individuals who have a temporary gap in their Medi-Cal services. We are going to be visiting Dr. Afflalo's Health Fair tomorrow morning. I have three different tours: We have the D4 office; We have the CAO's office; then we have a second round of our own coordinated, clinical safety net coordination team, the CSC team, going tomorrow. So, that is something, just wanted to raise your attention, because we talked a lot about the CMS. This is a different program, and, also for indigent adults, we're working through how there won't be any overlap in that. We had just solidified today the date for the industry day, or a request for information. That will probably be going out tomorrow, for our community clinics, to get information from them about what they recommend. for processes of engaging and caring

for individuals, i.e. provide primary care services who have a temporary gap in their Medi-Cal. We are going to be doing that hopefully next week on the 11th, I believe.

- **County Medical Services.** No further update.

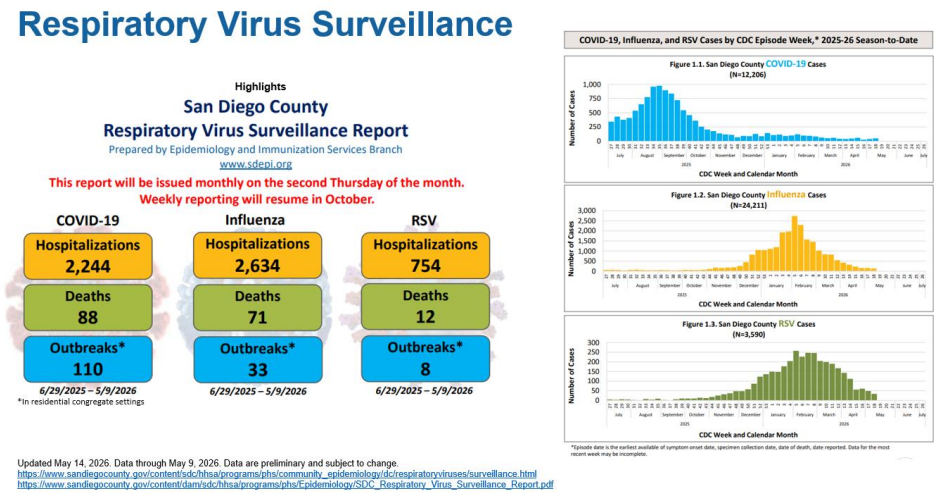
V. PUBLIC HEALTH SERVICES LEADERSHIP REPORT

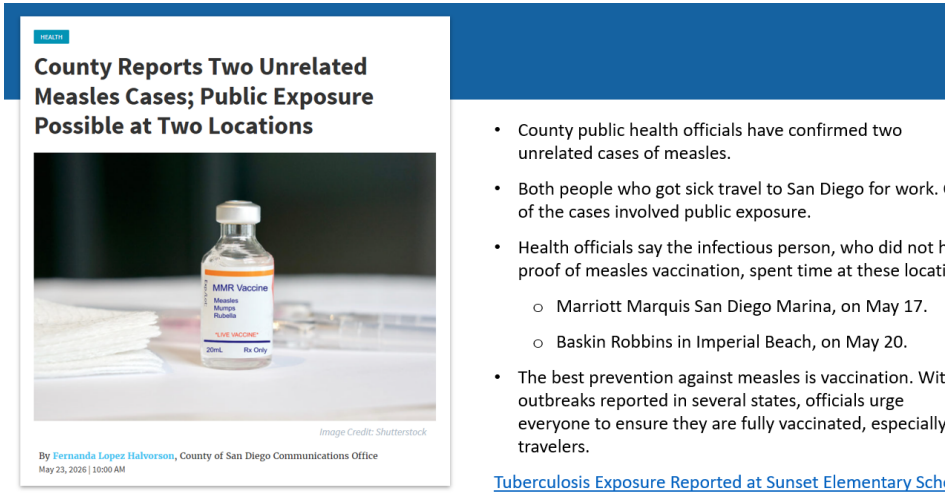
Sayone Thihalolipavan, M.D., M.P.H., Public Health Officer, PHS

Adrienne Yancey, MPH, Interim Director, PHS

Public Health Officer Update

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



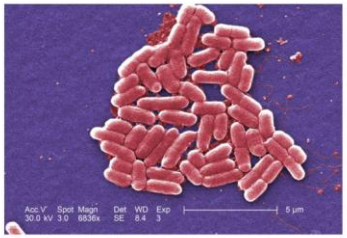


- County public health officials have confirmed two unrelated cases of measles.
- Both people who got sick travel to San Diego for work. of the cases involved public exposure.
- Health officials say the infectious person, who did not h proof of measles vaccination, spent time at these locati
  - Marriott Marquis San Diego Marina, on May 17.
  - Baskin Robbins in Imperial Beach, on May 20.
- The best prevention against measles is vaccination. Wit outbreaks reported in several states, officials urge everyone to ensure they are fully vaccinated, especially travelers.

Tuberculosis Exposure Reported at Sunset Elementary Sch | News | San Diego County News Center

HEALTH

County Reports Two Local Cases in Statewide Kebab Shop E.Coli Outbreak



E. coli bacteria. Image source: Centers for Disease Control and Prevention.

By Fernanda Lopez Halvorson, County of San Diego Communications Office
May 22, 2026 | 6:28 PM

- County health officials are urging anyone who has eaten at The Kebab Shop restaurant chain between March 27 and April 30, 2026, and later became ill with a stomach illness to get medical care right away amid a statewide outbreak of Shiga toxin-producing E. coli (STEC).
- Locally, two people have become infected with STEC after eating at local The Kebab Shop locations. One was hospitalized but since released.
- Statewide, nine STEC cases across five counties are linked to the chain's beef kofta dish. Six patients are children. Five people have been hospitalized, and two developed hemolytic uremic syndrome(HUS).
- No deaths have been reported, and no cases outside California are currently connected to the outbreak.

County Reports Two Local Cases in Statewide Kebab Shop E.Coli Outbreak | News | San Diego County News Center

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HEALTH

County Warns Against Eating Sport-Harvested Mussels Amid Statewide Quarantine



Envato Elements

By Fernanda Lopez Halvorson, County of San Diego Communications Office
May 26, 2026 | 2:42 PM

- County health officials are reminding people not to eat sport-harvested mussels, clams, scallops or oysters unless they were purchased from a state-certified commercial shellfish harvester or dealer.
- The California Department of Public Health's annual quarantine of sport-harvested mussels is in effect through Oct. 31. The quarantine covers the entire California coast, including all bays and estuaries.
- More information is available from the County's Department of Environmental Healthy and Quality.

County Warns Against Eating Sport-Harvested Mussels Amid Statewide Quarantine | News | San Diego County News Center

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HEALTH

County Warns Residents as Amatoxin Mushroom Poisonings Rise



Image Credit: California Department of Public Health

By Fernanda Lopez Halvorson, County of San Diego Communications Office
May 21, 2026 | 9:55 AM

- County public health officials are urging residents to avoid foraging for and eating wild mushrooms as amatoxin-related mushroom poisonings continue to rise in parts of the state.
- Some wild mushrooms contain amatoxin, a potent toxin that can cause severe liver damage and may be fatal. Cooking, freezing or drying does not destroy amatoxins.
- According to the CDPH, eight new mushroom poisoning cases were reported in the last month as new blooms of amatoxin-containing mushrooms appear across the state, including in parts of Southern California.
- No cases have been reported this year in the County of San Diego.

County Warns Residents as Amatoxin Mushroom Poisonings Rise | News | San Diego County News Center

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HEALTH

CalFresh Work or Volunteer Requirements Begin June 1



Credit: Adobe Express

By Cassie N. Saunders, County of San Diego Communications Office
May 15, 2026 | 8:01 AM

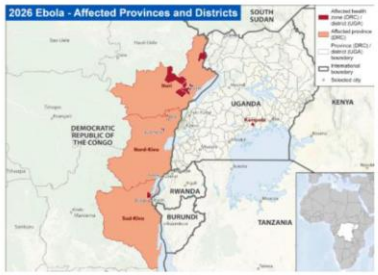
- New federal rules taking effect June 1, 2026, mean that some San Diego County residents who receive CalFresh food benefits will need t meet work or volunteer requirements to get c keep CalFresh food benefits.
- The County is urging affected residents to update their contact information in their BenefitsCal portal, check renewal dates, and respond when contacted by the County.
- People can call the Access Customer Service C Center at 1-866-262-9881 with any eligibility questions.

CalFresh Work or Volunteer Requirements Begin June 1 | News | San Diego County News Center

SEE ALSO: County, 211 San Diego Launch New WorkReady Hub to Support CalFresh Work Requirements

Current Ebola Outbreak Overview

- Bundibugyo virus disease (BVD) outbreak originating in Ituri Province in northeastern DRC, with geographic spread and imported cases in Uganda



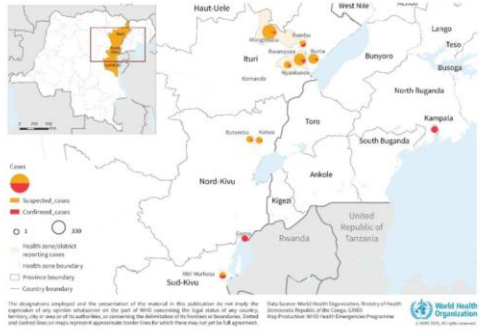
- Ebola virus (EBOV) species confirmed as *Orthoebolavirus bundibugyoense*
- **No licensed vaccine or specific therapeutics**
- CDC: No BVD cases reported in US: overall risk t U.S. public and travelers remains **low**
- Incubation period: 2-21 days
- CFRs for past two BVD outbreaks: 30-50%

CDPH

CDC, 26 May 2026

Confidential - Low

Current Ebola Outbreak Overview



DRC:
125 confirmed cases
17 confirmed deaths

906 suspected cases
223 suspected deaths

Uganda:
7 confirmed cases
1 confirmed death

5 cases have clear links to the first 2 confirmed cases

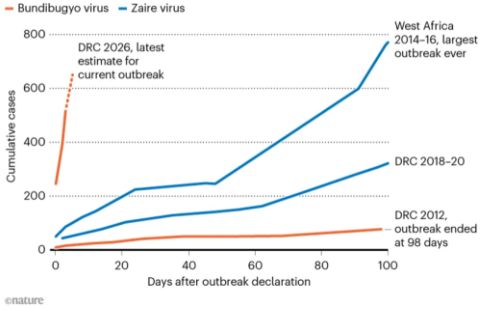
CDC | Ebola Outbreak: Current Situation (accessed May 29)

CDPH

Confidential - Low

ALARMING TRAJECTORY

Researchers are concerned by how fast cases of Ebola are accumulating in the latest outbreak in the Democratic Republic of the Congo (DRC). Looking at the first 100 days of past incidents, outbreaks were declared after a few dozen cases had been found, and grew from there. But this one, caused by the rare Bundibugyo virus species, already had 246 suspected cases when it was declared an outbreak.



Source: WHO and WHO disease outbreak news reports/Resolve to Save Lives

Source: Nature 5/21/26 - Ebola outbreak: the data that show why researchers are so alarmed

CAHAN San Diego
California HEALTH ALERT NETWORK

May 20 Health Advisory: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda

Key Messages

- On May 18, 2026, the Centers for Disease Control and Prevention (CDC) issued the Health Alert to alert clinicians and health departments about a new outbreak of Ebola disease in the Democratic Republic of the Congo (DRC) and Uganda caused by the Bundibugyo virus (BVD) (species Orthoebolavirus bundibugyoense).
- No suspected, probable, or confirmed cases related to the outbreak have been reported in the U.S. The current risk to U.S. and California residents is low. However, it is possible for travelers from the affected areas to enter the U.S.
- Healthcare providers should routinely ask patients with acute and possibly infectious illness about international travel in the three weeks before symptom onset.
- Healthcare providers and clinical laboratories should immediately report cases of suspected Ebola Disease to the County Epidemiology Unit using the contact information below.

CAHAN San Diego
California HEALTH ALERT NETWORK

May 19 Health Alert Update #1: Testing for Potential Hantavirus Infection

Key Messages

- On May 8, 2026, the Centers for Disease Control and Prevention (CDC) issued a Health Alert and on May 11, the California Department of Public Health (CDPH) issued a corresponding Health Alert to inform clinicians and health departments about a new cluster of hantavirus disease caused by infection with Andes virus aboard the cruise ship M/V Hondius.
- On May 18, 2026, the CDC issued a Health Alert updating providers that assays designed to specifically detect Andes virus may not detect other New World hantaviruses endemic in the United States.
- Testing for Andes virus infection should only be considered in patients who
  - have symptoms compatible with hantavirus infection, AND
  - were aboard the M/V Hondius cruise ship OR had direct contact with someone associated with the M/V Hondius Andes virus outbreak.
- County of San Diego Public Health Services has confirmed with CDPH that no M/V Hondius cruise ship passengers or their direct close contacts have returned or will be returning to San Diego County.

CAHAN San Diego
California HEALTH ALERT NETWORK

May 28 Health Advisory: Increase in E-Bike–Related Injuries in San Diego County: Prevention and Counseling Recommendations

Key Messages

- E-bike–related injuries are increasing in San Diego County, with 865 ED visits and 186 hospitalizations in 2024; youth are disproportionately affected.
- Clinicians should incorporate brief counseling and screening into routine care, including helmet use, age-appropriate riding, and legal e-bike classifications.
- Screen for e-bike use during injury and well visits and use ICD-10 codes (V28.01XA, V28.41XA) to improve surveillance.

Safety of and regulations surrounding e-bikes vary depending on the class. California Code, VEH 312.5 defines e-bikes in three classes:

- **Class 1 – pedal-assist only.** The motor engages only when the rider pedals. Maximum speed is 20 mph.
- **Class 2 – throttle + pedal-assist.** The motor can be propelled without pedaling in addition to pedal-assist. Maximum speed is 20 mph.
- **Class 3 – speed pedal-assist.** Some models include a throttle. Assisted speed is up to 28 mph. Not suitable for trails and bike paths.

LIVE WELL SAN DIEGO

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Upcoming E-Bike Safety Classes and Helmet Giveaways

- In response to the rise in e-bike injuries, Lawson-Remer is planning to host several e-bike safety classes in communities throughout San Diego County in the coming months.
- The classes will provide in-person safety training for young riders and families.
- Lawson-Remer will also host bike helmet giveaways, with dates to be announced soon.

DATES

YMCA 6/27
Magdalena Ecke Family YMCA
Gymnastics Center
2261 Cosmos Ct, Carlsbad, CA 92011

YMCA 7/25
Rancho Family YMCA
9410 Fairgrove Ln,
San Diego, CA 92129

YMCA 8/22
Magdalena Ecke Family YMCA
200 Saxony Rd, Encinitas, CA 92024

YMCA 7/11
T. Claude & Gladys B. Ryan YMCA
4390 Valeta St, San Diego, CA 92107

YMCA 8/8
Dan McKinney Family YMCA
8355 Cliffridge Ave, La Jolla, CA 92037

The confirmed classes are three-hour, in-person bike safety trainings. Additional helmet giveaway dates will be announced soon.

LIVE WELL SAN DIEGO

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E-Bike Injuries

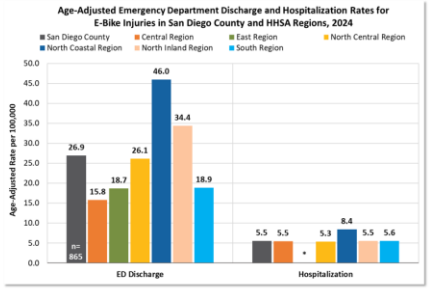
LIVE WELL SAN DIEGO

Emergency Department Discharge and Hospitalization Rates, 2024

Among e-bike injuries in **San Diego County** in 2024, the rate of age-adjusted **emergency department (ED) discharge** was 26.9 per 100,000 residents and the rate of age-adjusted **hospitalization** was 5.5 per 100,000.

Among the HHSA Regions, **North Coastal Region** had the **highest** age-adjusted **ED discharge and hospitalization rates** for **e-bike injury** in 2024.

There were **865 ED discharges** due to e-bike injuries in San Diego County in 2024; **437, or 51%, of these discharges were among 10–19-year-olds**.



*Starting with data year 2022, rates based on events <20 are suppressed due to statistical instability.
Data Sources: California Department of Health Care Access and Information (HCAI), Emergency Department Discharge Database, 2024. SANDAG Population Estimates, 2024 (v24/2025). 2024 estimates were derived from the 2020 decennial census. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

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2024 Morbidity and Mortality Profiles



Community Morbidity and Mortality Profiles
(by Region or Municipality)

The **Community Morbidity and Mortality Profiles** include the latest mortality and morbidity data as dashboards and excel workbooks.

- Data by the lenses of health equity: age, sex, geography, socioeconomic status, and race/ethnicity for over 70 conditions.
- Two separate dashboards and files:
  - mortality (death), and
  - morbidity (hospitalization, emergency department discharge, and in-patient discharges).
- Geographies available:
  - Health and Human Services Agency (HHSA) Regions and their respective subregional areas (SRAs)
  - 18 municipalities and the unincorporated area of San Diego County.

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AAP Prevention of Drowning Statement and Report

Drowning remains the leading cause of death among 1- to 4-year-olds in the US

Multi-layered approach to prevention is necessary:

1. Influence policy and legislation
2. Change organizational practices
3. Fostering coalitions and networks
4. Educating providers
5. Promoting community education
6. Strengthening individual knowledge and skills



Prevention of Drowning: Technical Report | Pediatrics | American Academy of Pediatrics
Prevention of Drowning: Policy Statement | Pediatrics | American Academy of Pediatrics

18

What is the Epinephrine Standing Order?

CDPH

- Authorizes schools to obtain, possess, and administer access to epinephrine for schools, allowing them to meet education code requirements.
- Eliminates the school's need to obtain a local physician's prescription.
- Standing orders are authorized per calendar year.

Who can apply?

- Local education agencies, county offices of education, individual schools (including public, private, and charter).
- Childcare programs licensed by or in contract with LEAs beginning in May 2026.

What's Changing and What's the Same?

What's changing?	Existing Standing Order	May 19 Updates
Who is eligible?	TK-12 schools, LEAs, COEs	TK-12 schools, LEAs, COEs, and *LEA-affiliated childcare programs*
What devices are authorized?	Auto-injectors (junior and regular)	Auto-injectors (junior and regular) and *Nasal sprays (1mg and 2mg)*

What's the same?	Existing Standing Order	May 19 Updates
Refills authorized?	☑	☑
Apply and renew each calendar year?	☑	☑
Submit usage report when applying for annual renewal?	☑	☑

CDPH

standingorders.cdph.ca.gov

World Cup Preparedness

- Public health preparedness
- Enhanced surveillance
- Coordination and communication with external entities



LIVE WELL SAN DIEGO

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Tijuana River Valley Sewage Crisis Updates



LIVE WELL SAN DIEGO

HEALTH

County, UC San Diego Begin New Research on Tijuana River Valley Pollution Impacts



By Fernanda Lopez Halvorson, County of San Diego Communications Office
May 29, 2026 | 9:46 AM

- After a competitive process, UCSD was awarded to conduct an Exposure Characterization Study
- This study is part of the County's Tijuana River Valley Chemical Pollution Impact Investigation
- The project will integrate existing and ongoing measurements of airborne chemicals, develop a hydrogen sulfide monitoring framework and web-based distribution map. This will equip the County with the scientific foundation needed to support future health studies, and with actionable information it can put to use immediately for community planning, communication and public health decision-making.

County, UC San Diego Begin New Research on Tijuana River Valley Pollution Impacts | News | San Diego County News Center

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HEALTH

Survey Opens to Measure Economic Impact of Tijuana River Valley Pollution



By Fernanda Lopez Halvorson, County of San Diego Communications Office
May 28, 2026 | 11:14 AM

People who work, live, visit, own businesses or are part of community organizations near the Tijuana River Valley are invited to take a survey measuring the economic impacts of the ongoing sewage pollution.

The findings will help guide future funding and long-term solutions.

Why Your Input Matters

- Qualitative data alone cannot capture the full human and community impact of this crisis.
- The study combines data with real-world experiences, making community participation essential.
- The study includes several research components:
  - Literature and data reviews
  - Interviews and surveys capturing local insights and lived experience
  - Economic models to calculate losses

- *The community impact survey takes between 5 to 20 minutes to complete.*
- *Versions vary for residents, business owners, visitors or community organizations.*
- *Surveys will remain open for four weeks, and findings will be published fall 2026.*

Survey Opens to Measure Economic Impact of Tijuana River Valley Pollution | News | San Diego County News Center

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Provider Page

- Public health preparedness
- Enhanced surveillance
- Coordination and communication with external entities

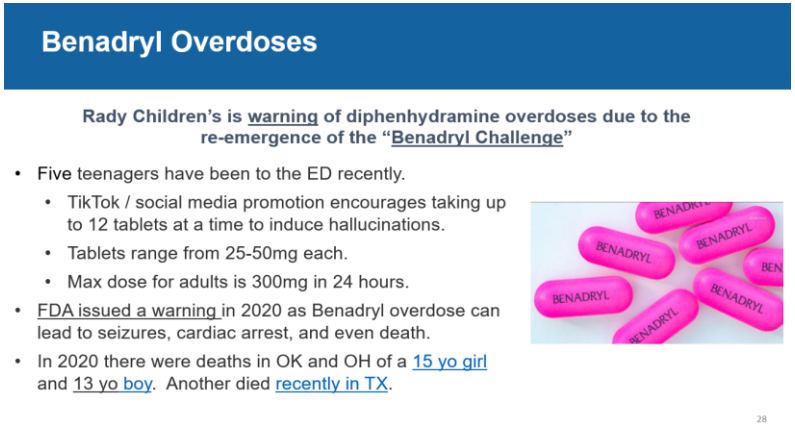


LIVE WELL SAN DIEGO

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Tijuana River Sewage Crisis Economic Impact Study
You should take a survey if you are someone who:
Owns, operates, or manages a business in the affected area
Goal of this survey: to understand how the pollution crisis is affecting business operations, demand, and revenue.
Business Survey
Lives, works, or regularly spends time in the affected area
Goal of this survey: to understand how the pollution crisis is affecting daily life, recreation, and household choices for people that live, work, or regularly spend time in the area.
Resident Survey
Recently visited the affected area
Goal of this survey: to understand how the pollution crisis is affecting visitor experiences and travel choices for people visiting from outside the area.
Visitor Survey
Works for an organization that represents the community or businesses in the affected area
Goal of this survey: to understand similar details captured in the other surveys, but as observed by organizations that represent the community or businesses in the area.
Organization Survey
Tijuana River Economic Impacts


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
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


Benadryl Overdoses
Rady Children's is warning of diphenhydramine overdoses due to the re-emergence of the "Benadryl Challenge"
Five teenagers have been to the ED recently.
TikTok / social media promotion encourages taking up to 12 tablets at a time to induce hallucinations.
Tablets range from 25-50mg each.
Max dose for adults is 300mg in 24 hours.
FDA issued a warning in 2020 as Benadryl overdose can lead to seizures, cardiac arrest, and even death.
In 2020 there were deaths in OK and OH of a 15 yo girl and 13 yo boy. Another died recently in TX.
BENADRYL
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Question and Answer:

Dr. Harriett Seldin: I have a question in terms of intergovernmental enforcement response. This is in every City in the County; if there are varying enforcement, varying rules on, how does that get communicated?

Dr. Sayone Thihalolipavan: Encinitas does contract with the sheriff and there is some consistency, because they provide enforcement in so many jurisdictions and not incorporated. They are familiar with it. There was a bill that became law a year or two ago from some of our local elected leaders that allowed San Diego cities to opt into a pilot to produce our specific laws were at the city level, that would outdo things like outlaw e-bikes for those under 12, and then impose a certain number of fines, etc. Some cities have opted in, not all have. I'm not here to say whether they should or not, but this is definitely a public health issue that needs more attention.

Dr. Harriett Seldin: I just wanted to clarify that the Sheriff's Department doesn't pass the City ordinance.

Dr. Sayone Thihalolipavan: Correct.

Dr. Harriett Seldin: The Sheriff's Department is doing the enforcement but there's still a gap there. I don't know how that gets resolved, but I think that this, especially in the small Cities, probably need help in doing this effectively. So, just kind of throwing that out there. I don't know if there's sort of model ordinances or how that's being looked at, but just to say that this is an issue that's being looked at in different cities.

Dr. Sayone Thihalolipavan: There are several Cities in the County now who have passed ordinances. I don't know if there is one that is a model, but there are definitely some to look at to model off of or adapt instead of recreating entirely.

Barry Jantz: La Mesa was the most recent city that adopted a ban for 12 and under. And of course, a lot of people are saying 12 and under? What about 16? And you said it, the bill at the State level allows Cities to do it in San Diego County, but only for 12 and under. They cannot ban older than 12.

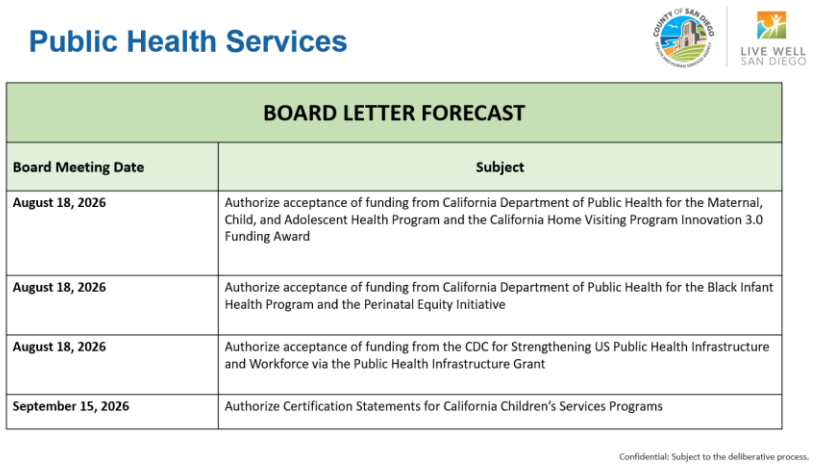
Dr. Sayone Thihalolipavan: You have to be 16 by law, to ride a Class 3 that goes above up to 28 miles per hour and there are some other things. Some other kind of common things that people don't realize is that you need a different helmet. When you are riding a motorcycle, you need a different helmet than a regular bicycle, and e-bikes are in between the speeds. Generally speaking, you want to look for a different organization that's approved that safety rating for that helmet than a regular bicycle helmet. 20 miles, 28 miles is very fast, and some youth may not be especially developmentally ready to handle those speeds, e-bikes, and the mechanics, physics, the weight of the battery, and everything. And then some of our roads are not optimal either, even just things like the sewer. I heard from someone when I was talking to at the North County Chamber last week, just the sewer thing being an issue, and people having difficulty going over that. There's definitely a lot of challenges and educational opportunities.

James Lepanto: That is why we include this topic in the Budget Letter, because it is awareness, it is education. I think a lot of parents do not have awareness and these things are wonderful. The risk is great and we want to protect young people from physical and other injuries. It's a small part of what we put in the Board Letter, but I think it is significant, and I think it does fall under us to advocate for additional funding for that.

<table>
<tr><td></td><td>

Public Health Director Update

Tina Emmerick, Interim Assistant Director, PHS



</td></tr>
<tr><td>VI. ROUNDTABLE</td><td>Barry Jantz: Watch today's election. The Tri-City Healthcare District has on the ballot a prop that would allow for entering into a lease arrangement for the operation of Tri-City Medical Center with Sharp Healthcare. Grossmont Hospital had a lease from the Grossmont Healthcare District, the public hospital district in East County, since 1991. This would be the second one. I'm not advocating, I'm just letting you know it is on the ballot today. That's interesting, because Tri-City has had financial difficulties on and off for many, many years. I think we are entering this new era where public hospital districts with standalone hospitals are looking for efficiencies, and efficiencies come from aligning with the larger provider of service. More to follow on that.</td></tr>
<tr><td>VII. PUBLIC COMMENT</td><td>None.</td></tr>
<tr><td>VIII. ADJOURN</td><td>Meeting adjourned at 5:05 PM.</td></tr>
<tr><td>Next Meeting</td><td>HSAB Monthly Meeting:
CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm</td></tr>
</table>

Minute Attachment A: Copy of Healthy San Diego CPAC Position Regarding the Status of Oral Health in San Diego County (April 17, 2026)

HEALTHY SAN DIEGO
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE

JACK DAILEY
CONSUMER CHAIR

JOANNE FRANCISCUS
CONSUMER VICE CHAIR

DR. PATRICK TELLEZ
PROFESSIONAL CHAIR

DR. HARRIET SELDIN
PROFESSIONAL VICE CHAIR

April 17, 2026

RE: Status of Oral Health in San Diego County

Dear Dr. Hernandez,

On behalf of the Healthy San Diego Consumer & Professional Advisory Committee, we would like to provide an update on the **status of oral health** in San Diego County and outline current policies that are anticipated to impact access to oral health care. **It is important to note that a series of policies is creating a "perfect storm" — a lack of prevention combined with a potential lack of access to treatment.**

The following challenges threaten our public's health, We urge the Health and Human Services Agency and County of San Diego to support policy implementation and future initiatives to improve access to oral health care in our County.

Status of Oral Health

The County of San Diego Local Oral Health Program released a needs assessment update in December 2025 titled "Oral Health in San Diego County." **This report shows the oral health status by demographics and population groups. It also highlights assets for community oral health and gaps and limitations.**

Current Challenges

1. Potential Loss of Proposition 56 Funding: Funds from Proposition 56 accounts for one-third of all Medi-Cal Dental funding.[1] Prior to Proposition 56, the last substantial dental rate increase to Medi-Cal Dental was in the early 1990's.[1] The 2025–26 California State budget eliminated Proposition 56 funding in July 2026. **If this goes into effect, it will remove $1B in Medi-Cal dental funding,[1,2] dropping California to 48th nationally for Medicaid reimbursement rates.[2] Consequences include 49% of dentist stating they will stop participating in the Medi-Cal Dental Program.[1] This will limit access for the approximately 827,000 currently enrolled Medi-Cal beneficiaries in San Diego County[3], increase Emergency Department (ED) visits,[1] and exacerbate chronic diseases.[4]**

2. Loss of Adult Dental Benefits: Starting July 1, 2026, adults with Unsatisfactory Immigration Status (UIS), who are not pregnant and/or a foster child/youth or former foster youth under age 26 who was in foster care on their 18th birthday, will lose full scope Medi-Cal Dental coverage.[5] **The 2009 elimination of adult dental benefits led to 3 million people no longer having access to care, increasing healthcare cost in California by approximately: $62 million in ED visits, $253,000 in diabetes care, $36,000 in coronary artery disease treatment, and $48,000 in pregnancy care.[4]** In addition, the loss in benefits resulted in an estimated 4,500 jobs lost and half a billion in lost economic activity.[4] Although, children will still have dental benefits, regardless of immigration status, adult dental coverage is associated with a reduction in dental exams in children.[4] While not all adults will lose coverage on July 1, 2026, there will be similar social and economic impacts and those losing coverage will be at higher risk for needing emergency department services, exacerbation of chronic conditions, and poor health outcomes..

3. **Lack of Hospital-Level Care:** Currently, San Diego County has anesthesiologists who provide general anesthesia in a dental office. Proposition 56 supplemental funding has provided a reimbursement rate that makes this model feasible. With the loss of Proposition 56 funding, many of these anesthesiologists have said they might no longer provide this service for Medi-Cal beneficiaries. The only other option for general anesthesia is in a hospital setting. Rady Children's Health-San Diego is the only hospital in San Diego County offering operating room access for medically necessary restorative dental care with Medi-Cal as the payor. Wait times at Rady Children's Health-San Diego for the operating room are 6–12 months. **There are no other hospitals in San Diego County that allow operating room access to general dentists serving adults, when Medi-Cal is the payor. Thus, adults requiring hospital-level care are referred out of county to face a 2–3-year waitlist at University of California, Los Angeles, leaving many in prolonged pain. The wait time will increase with the loss of anesthesiologists providing this service in a dental office setting**. In addition, many in our community are unable to travel to another county for care, especially individuals with complex medical needs.

4. **Federal, State, and Local Policies Further Constrain the Oral Health Landscape:**
   a. October 31, 2025, the U.S. Food and Drug Administration announced that they are **restricting the sale of ingestible fluoride prescription drug products for children under 3 years of age.[6]**
   b. **As of December 1, 2025,** Medi-Cal Rx **no longer covers prescription fluoride toothpaste.[7]**
   c. Despite community water fluoridation (CWF) being recognized as one of the top 10 public health achievements,[8] U.S. Health Secretary Robert F. Kennedy Jr. Make America Healthy Again (MAHA) plan is to remove community water fluoridation (CWF).[9] In addition, the Environmental Protection Agency has begun its expedited review **of the fluoride health assessment** under the Safe Drinking Water Act.[10] This review was not due until 2030.[11]
   d. On March 24, 2025, Olivenhain Municipal Water District (OMWD) Board of Directors voted to pause water fluoridation until an appropriate engineering

solution can be determined to address operational safety concerns. This may also impact an additional water district which buys water from OMWD.

County Impact
Together, these policies create a cascading effect: fewer oral health preventive measures, fewer participating providers, longer wait times, and increased emergency department utilization. The impact will be felt most acutely by children, seniors, people with disabilities, and immigrants—populations for whom the County has a shared responsibility to protect access to essential health services.

Request for Action
We respectfully ask the County of San Diego and the Health and Human Services Agency to:

- Protect Medi-Cal Dental funding and provider participation
- Preserve and strengthen prevention infrastructure
- Expand hospital-based dental access, particularly for adults with complex needs
- Engage with community stakeholders for input

Your consideration, support, and partnership in addressing the challenges facing oral health is essential to ensure access and a functional, equitable health system for San Diego County.

Respectfully submitted,

Jack Dailey 2026.04.17 12:56:59 - 07'00'

Jack Dailey, Consumer Chair
Dr. Patrick Tellez, Professional Chair
Joanne Franciscus, Consumer Vice Chair
Dr. Harriet Seldin, Professional Vice Chair

Healthy San Diego, Consumer & Professional Advisory Committee

References:

1. California Dental Association. Poll: Nearly half of Medi-Cal dentists said they would disenroll if Medi-Cal rate cuts take effect; 1 in 3 said they would see fewer Medi-Cal members. Published January 22, 2026. Available at: https://www.cda.org/newsroom/access-to-care/poll-nearly-half-of-medi-cal-dentists-said-they-would-disenroll-if-medi-cal-rate-cuts-take-effect-1-in-3-said-they-would-see-fewer-medi-cal-members/. Accessed January 26, 2026.

2. California Dental Association. CDA-convened coalition of 70-plus groups fights to stop $1B cuts to Medi-Cal Dental. Published January 15, 2025. Available at: https://www.cda.org/newsroom/advocacy/cda-convened-coalition-of-70-plus-groups-fights-to-stop-1b-cuts-to-medi-cal-dental/. Accessed January 26, 2026.

3. County of San Diego, Health and Human Services Agency. Eligibility services by the numbers. January 2026 (Data Month: December 2025). Available at: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/ssp/documents/Eligibility_by_the_Numbers.pdf. Accessed April 7, 2026.

4. Bhaumik D, Hedges I, Zaboroqski M, Vujicic M. Research Brief: What happens if adult Medicaid dental benefits go away? Health Policy Institute. American Dental Association; March 2025. Available at: https://www.ada.org/-/media/project/ada-organization/ada/adaorg/files/resources/research/hpi/what_happens_if_adult_Medicaid_dental_goes_away.pdf. Accessed January 26, 2026.

5. California Department of Health Care Services. Medi-Cal Dental Benefit Changes. Available at: Medi-Cal Dental Benefit Changes Accessed April 7, 2026.

6. U.S. Food and Drug Administration. Fluoride Drug Product Notice to Industry. Available at: https://www.fda.gov/media/189413/download. Accessed January 26, 2026.

7. California Department of Health Care Services. Medi-Cal Rx Monthly Bulletin. November 1, 2025. Available at:Medi-Cal Rx Monthly Bulletin – November 1, 2025. Accessed April 7, 2026.

8. Centers for Disease Control and Prevention. Ten Great Public Health Achievements—United States, 1900–1999. MMWR Morb Mortal Wkly Rep. 1999;48(12):241-243. Available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm. Accessed November 21, 2025.

9. U.S. Department of Health and Human Services. Year One of MAHA. Available at: https://www.hhs.gov/one-year-of-maha/index.html. Accessed January 28, 2026.

10. United States Environmental Protection Agency. EPA announces next step in Gold Standard review of fluoride to inform protective recommendations. Published January 22, 2026. Available at: https://www.epa.gov/newsreleases/epa-announces-next-step-gold-standard-review-fluoride-inform-protective. Accessed January 26, 2026.

11. Volvovivi V, Douglas L. US EPA moves to take action on review of fluoride in drinking water. Reuters. Published January 28, 2026. Available at: https://www.reuters.com/legal/litigation/us-epa-moves-take-action-review-fluoride-drinking-water-2026-01-28/. Accessed January 28, 2026.

Minute Attachment B: Copy of Dr. Elizabeth Hernandez's Response to Healthy San Diego CPAC Regarding the Status of Oral Health in San Diego County (May 5, 2026)

ELIZABETH A. HERNANDEZ, Ph.D.
INTERIM DEPUTY CHIEF
ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
5530 OVERLAND AVENUE, SUITE 210, MS P-578
SAN DIEGO, CA 92123-1261
(619) 531-5800 • FAX (619) 542-4186

ADRIENNE COLLINS YANCEY, MPH
INTERIM DIRECTOR

SAYONE THIHALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

May 5, 2026

Dear Members of the Healthy San Diego Consumer & Professional Advisory Committee,

Thank you for your letter outlining the significant challenges currently affecting oral health access in San Diego County. We appreciate the Committee's ongoing partnership and commitment to advancing equitable oral health outcomes for our region.

As you may know, on July 4, 2025, the Trump Administration enacted H.R. 1, a sweeping piece of legislation that will have profound impacts on our region and on the future of social safety net programs. To help mitigate these impacts, Health and Human Services Agency (HHSA) works in partnership with the County's Office of Economic Development and Government Affairs (EDGA) to provide information on pending state and federal bills and other legislative actions that would impact County programs and the people we serve, including access to dental care.

At the California state level, the California Senate Democratic Caucus (Caucus) released their FY 2026–27 budget priority document. Among the priorities included in this document, the Caucus called on Governor Newsom to delay the scheduled July 1, 2026, elimination of dental programs as proposed in the Governor's January budget until January 1, 2028. The proposed delay would preserve adult dental benefits for individuals 19 and older regardless of immigration status, as well as Proposition 56 dental supplemental payments. HHSA will continue to work with EDGA to track these proposals and to strategize next steps to preserve access to dental benefits and care.

HHSA acknowledges these challenges place considerable strain on an already limited system and disproportionately affect children, older adults, people with disabilities, and immigrant communities. Dr. Fadra Whyte, Chief Dental Officer for Public Health Services, will report back at each Healthy San Diego Health Professional & Advisory meeting to give an update on the status of oral health and to gain feedback from the committee around ongoing efforts. Such efforts include:

1. Advocating with legislators to support policies that protect access to comprehensive, accessible oral health care for San Diego residents.
2. Educating entities on the benefit of community water fluoridation.
3. Working with Federally Qualified Health Centers, Managed Care Plans, schools, and professional dental organizations address access to care issues.
4. Exploring how to best incorporate a broader spectrum of dental services into indigent care programs.

We value the Committee's leadership in addressing these challenges, and welcome your partnership toward these efforts.

Elizabeth Hernandez PhD

ELIZABETH A. HERNANDEZ, Ph.D.
Interim Deputy Chief Administrative Officer

Minute Attachment C: Copy of Health Services Advisory Board (HSAB) Response to Dr. Elizabeth Hernandez Regarding the Status of Oral Health in San Diego County (May 29, 2026)

ELIZABETH A. HERNANDEZ, Ph.D.
INTERIM DEPUTY CHIEF
ADMINISTRATIVE OFFICER

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ADRIENNE COLLINS YANCEY, MPH
INTERIM DIRECTOR

SAYONE THIHALOLIPAVAN, MD, MPH
PUBLIC HEALTH OFFICER

May 29, 2026

RE: Status of Oral Health in San Diego County

Dear Dr. Hernandez,

On behalf of the Health Services Advisory Board (HSAB), I would like to reiterate the concerns regarding oral health recently provided by the Healthy San Diego Consumer & Professional Advisory Committee (HSD), as well as thank you for your thoughtful response.

The overall message expressed in HSD's letter of April 17, 2026, focusing on decreased access to oral health prevention measures and providers, as well as resulting increased emergency department utilization, is of significant concern.

I appreciate your May 5, 2026, letter in response to HSD, acknowledging these concerns and the significant strain placed on an already limited system as a result of ongoing policy changes.

The efforts you outlined that the County is undertaking in the areas of legislative advocacy, fluoridation education, access to care, and indigent care programs are to be applauded.

HSAB would like to add its voice to the concerns communicated by HSD, while expressing strong support for any County efforts to protect Medi-Cal dental funding, preserve and strengthen prevention infrastructure, and expand hospital-based dental access.

Your continued support is vital to ensuring an accessible, functional, and equitable oral health system for the residents of San Diego County.

Thank you for your efforts.

Sincerely,

Barry Jantz
Health Services Advisory Board Chair

Minute Attachment D: FY 2026-27 Budget Letter - DRAFT

County of San Diego

BARRY JANTZ
CHAIR

HEALTH SERVICES ADVISORY BOARD

—DRAFT—

June xx, 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 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 County Medical Services (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, Interim Director
Sayone Thihalolipavan, Public Health Officer
Anuj Bhatia, Deputy Director
Members - Health Services Advisory Board