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

Tuesday, October 13, 2026, 3:00 pm to 5:00 pm
MEETING MINUTES

Seat	District	Primary	Alternate	Attend	Presenters	HHSA Support
13			Abrams, Lauren (Alternate)		**Sayone Thihalolipavan,** MD, MPH, Public Health Officer, Public Health Services Administration **Adrienne Yancey,** MPH, Interim Director, Public Health Services Administration, HHSA **Jamie Beam,** MPA, Interim Chief Operations Officer, Health and Human Services Agency.	Elizabeth A. Hernandez, PhD, DCAO/Director, HHSA, Agency Executive Office Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS, HHSA Adrienne Yancey, MPH, Interim Director, PHS, HHSA Anuj Bhatia, DrPH, Deputy Director, PHS, HHSA Patrick Loose, Interim Assistant Director, PHS, HHSA Rick DeHaven, Information Technology Analyst, PHS Admin, HHSA Joshua Beidler, Administrative Secretary II, PHS Admin, HHSA Kathrina Fulgueras, Administrative Secretary III, PHS Admin, HHSA
2	1		Afflalo, Dr. Suzanne (Alternate)	**IP**		
6	3	Alexander-Myers, Deanna				
12		Alexiou, Dimitrios				
8	4		Arroyo, Geysil (Vice-chair)	**IP**		
20	2		Coda, Besma (Alternate)			
17		Dailey, Jack				
4	2	Floyd, Victoria		**IP**		
14		Franciscus, Joanne		**IP**		
13		Fraser, Tim		**IP**		
9	3		Galindez, Aida (Alternate)			
18	3		Greene, Dorothy (Alternate)			
11		Hegyi, Paul		**IP**		
2	1	Ilango, Samhita		**IP**		
14			Jacobs, Kris (Alternate)			
3	2	Jantz, Barry (Chair)		**IP**		
7	4	Lepanto, James				
11			Ohmstede, Jennipher (Alternate)			
17			Perez, Alex (Alternate)	**IP**		
16		Seldin, Dr. Harriet		**IP**		

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
9	5	Sly, Kelsey		**IP**		
12			Sumek, Caryn (Alternate)	**IP**		
5	3	Walters, Todd				
16			Tellez, Dr. Patrick (Alternate)			
		Clark Manson, Minola		**IP**		

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

I. WELCOME & INTRODUCTIONS	**A. Roll Call** a. **Barry Jantz** called the meeting to order at 3:01 PM. b. **Roll Call:** All members in attendance indicated "here". **Board Members in person:** Kelsey Sly, Samhita Ilango, Caryn Sumek, Dr. Harriet Seldin, Tim Fraser, Joanne Franciscus, Geysil Arroyo, Alexander Perez, Barry Jantz, Paul Heygi, Victoria Floyd, Dr. Suzanne Afflalo, Minola Clark Manson **B. Remarks from the Chairperson.** a. The Chairperson welcomed the advisory board and commission representatives in the audience and gave them an opportunity to introduce themselves. **C. Approval of October Agenda** a. The motion to approve the agenda was made by Tim Fraser and second by Joanne Franciscus b. **Roll Call:** All members in attendance voted Aye. **Board Members in person:** Kelsey Sly, Samhita Ilango, Caryn Sumek, Dr. Harriet Seldin, Tim Fraser, Joanne Franciscus, Geysil Arroyo, Alexander Perez, Barry Jantz, Paul Heygi, Victoria Floyd, Dr. Suzanne Afflalo, Minola Clark Manson **D. Approval of September Meeting Minutes** a. Correction to September Meeting Minutes: Geysil Arroyo called the meeting to order at 3:00 PM. b. The motion to approve the minutes was made by Joanne Franciscus and seconded by Minola Clark Manson. **Roll Call:** Alex Perez and Barry Jantz abstained. All other members in attendance voted Aye. **Board Members in person:** Kelsey Sly, Samhita Ilango, Caryn Sumek, Dr. Harriet Seldin, Tim Fraser, Joanne Franciscus, Geysil Arroyo, Alexander Perez, Barry Jantz, Paul Heygi, Victoria Floyd, Dr. Suzanne Afflalo, Minola Clark Manson **E. HSAB Attendance Confirmation** a. No HSAB member were out due to Just Cause.
II. PUBLIC COMMENT	There was no public comment.
III. DISCUSSION ITEMS **A. County Medical Services, Jamie Beam, MPA,** Interim Chief Operations Officer, Health and Human Services Agency	**County Medical Services, Jamie Beam, MPA,** Interim Chief Operations Officer, Health and Human Services Agency 

Board Initiatives



Safety Net Bridge Program

This proposed pilot program is intended to provide primary care with access to social services, medications, and fresh food for people who may *temporarily* lose Medi-Cal coverage due to federal work requirements under HR 1.

County Medical Services Reform

On March 3, 2026, the Board directed an evaluation of County Medical Services (CMS), the State-required indigent care program serving adults who do not qualify for Medi-Cal.



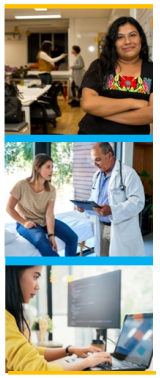
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What is County Medical Services (CMS)?

While not a health insurance program, the County contracts with an Administrative Services Organization which pays community health centers, private physicians, and hospitals to provide covered health services to CMS members.

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Previous Listening Sessions



Five Listening Sessions:

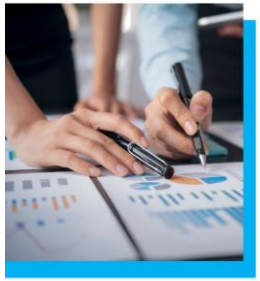
- Three initial virtual CMS listening sessions were held in May 2026 with stakeholders representing hospitals, community health centers, community-based organizations, consumers, advocates, and health care partners.
- In July 2026, two follow-up CMS listening sessions were held, one with community health center providers, and the second with hospital providers.

County and Health and Human Services Agency Advisory Board meetings:

- Health Services Advisory Board
- Healthy San Diego Consumer and Professional Advisory Committee
- Social Services Advisory Board
- Behavioral Health Advisory Board

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CMS Analysis



The County conducted a comprehensive analysis of the CMS program to better understand costs, trade-offs, and potential impacts to the community.

Guided by stakeholder input, the analysis explored potential options for reform to CMS:

- Eligibility
- Covered services
- Administration and Enrollment

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CMS Reform Recommendations



Recommendations to the Board of Supervisors (Board) will be brought forth in various steps from Fall 2026 - 2029

Step 1: Authorize implementation of initial recommended changes to the CMS program in 2027.

Step 2: Return to the Board with recommended action plans for implementation on an additional set of CMS reforms subject to more robust analysis and evaluation of program enrollment trends with the initial set of reforms, and subject to available funding.

Step 3: Continue to evaluate significant expansions to eligibility and coverage. If substantial funding is identified, we will return to the Board of Supervisors with recommended action plans for implementation as this set of reform options will be subject to further evaluation and overall funding availability.

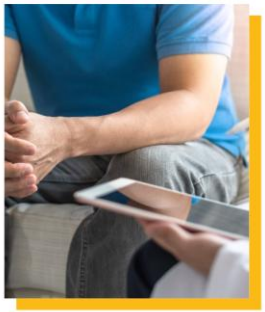
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Implementation Timeline for Recommended CMS Reforms

Recommendations	Dec. 2026	Dec. 2026–June 2027	July – Dec. 2027	Jan. – Dec. 2028
1. Remove property liens and in-person appointments				
2. Remove the credit check requirement				
3. Eliminate the reimbursement agreement requirement				
4. Simplify the CMS application process by reducing paperwork and administrative burden				
5. Align property limits for eligibility for CMS with Medi-Cal limits				
6. Increase transparency and accessibility of the CMS application and enrollment process				
7. Increase transparency of Administrative Service Organization oversight				
8. Increase application assistance by expanding the Hospital Outstation Point of Entry (HOPE) Program to pilot community health clinics				
9. Align appeal timelines for CMS application denials with Medi-Cal timeframe				
10. Align appeal timelines for CMS service denials with Medi-Cal timeframe				
11. Clarify Emergency Department follow up policy & procedure				

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CMS Reforms Options
Return to the Board in 2027

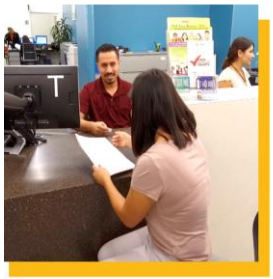


The following reform options require more robust analysis and evaluation of CMS program enrollment trends with the initial set of reforms and are subject to available funding.

1. Include Emergency Department follow-up care as a covered CMS benefit without prior authorization
2. Remove the requirement to have a Medi-Cal denial in hospitals
3. Simplify the Share of Cost
4. Remove the requirement of prior authorization for labs and diagnostics
5. Simplify the CMS application process by aligning with the Medi-Cal application
6. Extend the initial certification time period

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CMS Reform Options
Expansion to Eligibility and Coverage



Pending identification of significant funding:

1. Include Medi-Cal eligible individuals who do not meet Medi-Cal work requirements (19-64-year-olds)
2. Expand age criteria to include 19-20-year-olds
3. Expand CMS eligibility to residents with Unsatisfactory Immigration Status
4. Include Medi-Cal eligible individuals who are terminated for procedural non-compliance
5. Align CMS retroactive coverage timeline with Medi-Cal
6. Expand dental services
7. Include mild to moderate mental health services
8. Include pregnancy and family planning services
9. Include transplant services
10. Include preventive care

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Next Steps



- **Advisory Board Engagement**
  - Engagement will continue at Advisory Boards and Committees as the CMS recommendations progress through 2026-2027
- **First Board Item anticipated for October 27, 2026, for CMS**
  - Return to Board again in 2027 and with CMS updates, and at least once annually thereafter through December 2029
  - Meeting agendas and documents
- **Email us at CSC@sdcounty.ca.gov** if you have questions

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Question & Answer

Tim Fraser: "Remove the requirement to have a Medi-Cal denial in hospitals" – why specifically the hospitals?
Jamie Beam: Those are the specific stakeholder feedback items that we're still looking into to do further analysis on and not necessarily what staff are recommending to go forward with. We're going to look at what the impact would be to not have Medi-Cal denial as a requirement for CMS across the board.
Barry Jantz: So, as you move forward, you'll be presenting the 11 recommendations to the board on October 28th, and you'll also be showing the board these items that may be coming next. And in May, based on the 11, you're going to see what kind of reaction you get and what happens, which will drive the others. But you're showing the anticipated others at this point to the board, correct?
Jamie Beam: Yes

Dr. Harriett Seldin: I just had a question about the costs, some of it about the Medi-Cal denial. If you're going to have the County picking up something that normally the state and federal would pick up, and it's a lot of money. I'm thinking about this as something being presented for the Board of Supervisors to weigh in on, I don't know what the answer is, but this is a serious question, isn't it?
Jamie Beam: Removing the Medi-Cal denial initially, it came up to us more as a procedural recommendation. Let's say someone's inpatient in the hospital, and you are, waiting for a Medi-Cal denial versus being able to enroll them right away. We had some feedback that we need an actual written letter that says Medi-Cal denial. So that's how that conversation around that one started, but as we dug deeper into the analysis, it could have rather large impacts, and that's why it's in this category. We need some more data before we can make a recommendation moving forward on this one, because there could be very large fiscal impact.
Joanne Franciscus: I did have one other question about the timelines of the denials with Medi-Cal. I'm assuming that doesn't take place until July of 2027? Is it only going to be prospective? It only applies if you had a denial after that date rather than if you were within the 90-day window, because it's going from 14 days to 90, in July, but the denial is prior to July, would you be included?
Jamie Beam: I'm going to have to take that question back in, because that's more detailed on exactly how we would implement it. I think for all of these, especially the appeal timelines, it is a matter of working with our administrative service to negotiate the contracts and work out the procedure for it. So, although it says July through December, we may implement it sooner if we're able to work through those items sooner. That part of it will be to clarify. That's a great question that I don't think we've contemplated yet.

Jan Spencley: Number three, expand CMS eligibility to residents with unsatisfactory immigration status. I'd much rather say lawfully present residents. Which I believe is what you mean, right? In other words, these are the people that the federal government is now calling unsatisfactory, but they are basically lawfully in the United States. Or are you asking for the County to cover unlawfully present people? I mean, I think the request was for the lawfully present, was it not?
Jamie Beam: Our feedback was for both groups, but the wording in the Board Letter will be a little bit different, with respect to your, recommendation. We did receive a lot of questions about both, lawful permanent residents and those that are not eligible for other programs due to their immigration status.

B. Safety Net Bridge Program, Jamie Beam, MPA, Interim Chief Operations Officer, Health and Human Services Agency

Safety Net Bridge Program, Jamie Beam, MPA,
Interim Chief Operations Officer, Health and Human Services Agency





Guiding Principles

- MAINTAIN CONNECTION TO MEDICAL HOME
- EXPAND COMMUNITY HEALTH FAIR CAPACITY
- PREVENT GAPS IN COVERAGE THROUGH EDUCATION AND ENROLLMENT ASSISTANCE
- LEVERAGE COMMUNITY HEALTH WORKERS

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Safety Net Bridge Pilot Program: Components

- **Access to Food**
- **Primary Care Medical Services, Medications, and Linkages to Social Services**
- **Community Health Fairs**
- **Medi-Cal Education and Enrollment Support**

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Access to Food

- An estimated 93,500 residents in San Diego County may face reduction or elimination of CalFresh benefits due to federal policy changes (H.R. 1)
- 6/25/26: The Board of Supervisors unanimously approved a board letter to expand food distribution and benefit enrollment support in high-need areas for one year.



- 1st food distribution occurred 8/15/26
- Between 8/15/26-8/31/26
  - 4 food distributions occurred
  - 21,812 pounds of food distributed
  - 573 households served

Food distribution schedule: Access Fresh Food Near You

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Pilot Design

TIMEFRAME	12 months, beginning in early 2027.
FOCUS POPULATION	San Diego County residents 19-64 years-old who meet Medi-Cal eligibility criteria but may temporarily have a gap in coverage due to new requirements.
GEOGRAPHIC AREA FOR SERVICE DELIVERY	Deliver care within high-impact communities, while serving any eligible resident regardless of ZIP code.
FLEXIBILITY	The pilot will remain flexible to expand or shift resources based on findings and community needs.

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Primary Care Services

Contract with primary care providers for:

- Medical services on a short-term basis, for up to 90 days per patient, with an optional 90-day extension on a case-by-case basis
- Access to no-cost prescription medications
- Linkages to social services, including immediate referrals for Medi-Cal assistance

SERVICE DELIVERY OPTIONS INCLUDE:

IN-PERSON VISITS

TELEHEALTH

MOBILE MEDICAL UNITS

Community Health Fairs

Expand Community Health Fair events to provide preventive care and resources in trusted neighborhood spaces

- Meet people where they are
- Provide primary care, enrollment assistance, food assistance, and other resources



Question and Answer:

Minola Clark Manson: "573 household served during the four food distribution events" – was the first month larger or smaller than the second month, and so on? Or is it just being steady?

Jamie Beam: It's been steady at most sites or growing. I think that at the first couple of events, it was a little bit of a guesstimate on how many people would come, and how many boxes of food we'd be able to distribute. But in working with Food Bank and Feeding San Diego, this is their role, we plan for these well. And I know at one of those four events was in El Cajon, where they brought 200 boxes of food and that only lasted till about 11 o'clock for us, so they brought 300 the next time, and we went to each event giving out all of the food that we brought.

Dr. Harriett Seldin: How can people meet their work requirements with their volunteer hours. Is this included in this presentation too?

Jamie Beam: It is not included in this presentation, but I think we could probably come back next month and include some information on our strategies around helping ensure people can meet the work requirements, if that would be helpful.

Tim Fraser: My only comment and concern is on the medication. I can say no-cost medication, we just need to be careful as we're talking to the public. That we won't be able to provide all medications at no cost. That it will likely have to be a certain set of medications, just given the high cost of drugs. So, as we're communicating this out to the public more, we just want to be careful on how we communicate that to set expectations.
Barry Jantz: Had there been any discussion along the way about that? About when you're saying no-cost medications, what is heard versus some medications at no cost.
Jamie Beam: I definitely think that we want to make sure that this investment from the Board can go as far as possible. So, I think and as we all know, the cost of medications is very prohibitive in some areas, but if there are ones that are commonly used for conditions, that we can make sure are included in this package. Maybe we could be strategic about how we implement.

Eva Matthews: For patients losing access to Medi-Cal and would be losing their community support access, specifically about medically tailored meals, has there been any consideration of including that kind of food assistance in the bridge? And I say that because the clients who receive those services typically have barriers to transportation and they are not typically able to shop or cook for themselves.
Jamie Beam: When the Board approved the initial investment for food distribution, there were two components of it. The first was for these food distribution events, and then the second allocation of funds was for other methods of helping people get access to food, which would include food delivery. We haven't implemented that part yet, but we are getting ready to implement it. So yes, definitely, we're looking at food delivery.

Samhita Ilango: I had a question about reaching the target population for some of these pilots. How do folks know if they are the folks that might be losing coverage? Like, are they contacted, or is it the other way around?
Jamie Beam: Something that we have been wrestling with in program design is how to keep it as simple as possible for the patient, and also not too administratively burdensome for the providers that we're going to contract with. What we envision is it will be all, more on the back end, and more the providers that would be looking at, “okay, you've lost… you've lost access to Medi-Cal, here's this other program that we can help you get enrolled in” versus having the patients have to go and seek it out.

Dr. Suzanne Afflalo: Question regarding the mobile van. If you're going to use your mobile van, you would book a dozen, two dozen people, and are we doing, actually, just the primary care visit and/or an enrollment, re-enrollment visit, or both? Like, use a mobile van to do the re-enrollment and do your medical van to see them and check their blood pressure and get their medications? Give me a little bit more clarity on that.
Jamie Beam: We are working on the implementation details and definitely want your input on how it could work. The third point I would say is that if there's a certain number of visits that make it sustainable, then we would set up a payment model. Not necessarily set up the appointments all in advance for the whole day, because the whole the purpose of the community health fair is really walk-in and to get access, and we don't want to lose that. But we definitely heard from the community health centers that if we send a mobile medical unit out there and nobody's there, it's a loss. It's not where the resources needed to be, so finding a way to balance those two things is what I think we want to do as we move forward.

	Guest: The 90 days, is that meant to be a one-time thing, or is the idea that let's say you lose Medi-Cal eligibility, your healthcare services are covered for 90 days. You become re-eligible for Medi-Cal, but then maybe you have slip-off for another reason two months later, would you, again, have a 90-day period of eligibility? **Jamie Beam:** I think that we haven't set that rule. Is it a lifetime or per occurrence kind of situation? I think we were thinking per occurrence that it might take a couple of months as we're rolling out work requirements to be able to connect with someone, help them connect with strategies that would help them meet the requirements and meet any documentation needs for that, and then re-enroll them. We'll add 90 days on a case basis. **Minola Clark Manson:** How are you managing the mild to moderate behavioral health issues in this whole system? **Jamie Beam:** That's not necessarily a covered service within our County Medical Services program, so the recommendation is to include it in the future program. **Minola Clark Manson:** Do you have any recommendations or suggestions on how that might be included? **Jamie Beam:** Not at this point.
IV. REPORTS **A. Youth Engagement**	**Youth Engagement** No updates.
B. Meetings with Supervisor Offices	**Meetings with Supervisor Offices** No updates.
C. SB707 Update	**SB707 Update** The memo has been finalized, and the request has been placed on October 27th Board of Supervisors meeting agenda.

V. PUBLIC HEALTH SERVICES LEADERSHIP REPORT

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

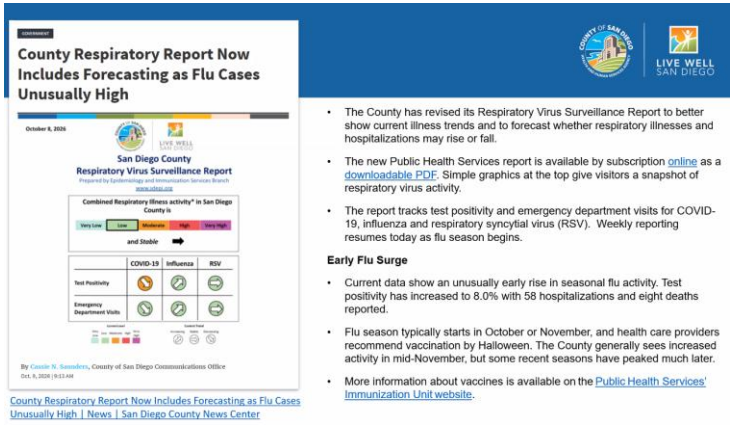
Adrienne Yancey, **MPH,** Interim Director, PHS

Public Health Officer Update

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

Public Health Officer Update

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



County Respiratory Report Now Includes Forecasting as Flu Cases Unusually High

San Diego County Respiratory Virus Surveillance Report

Combined Respiratory Illness activity* in San Diego County is: Very Low | Low | Moderate | High | Very High — and Stable

	COVID-19	Influenza	RSV
Test Positivity			
Emergency Department Visits			

By Cassie N. Saunders, County of San Diego Communications Office

County Respiratory Report Now Includes Forecasting as Flu Cases Unusually High | News | San Diego County News Center

- The County has revised its Respiratory Virus Surveillance Report to better show current illness trends and to forecast whether respiratory illnesses and hospitalizations may rise or fall.
- The new Public Health Services report is available by subscription online as a downloadable PDF. Simple graphics at the top give visitors a snapshot of respiratory virus activity.
- The report tracks test positivity and emergency department visits for COVID-19, influenza and respiratory syncytial virus (RSV). Weekly reporting resumes today as flu season begins.

Early Flu Surge

- Current data show an unusually early rise in seasonal flu activity. Test positivity has increased to 8.0% with 58 hospitalizations and eight deaths reported.
- Flu season typically starts in October or November, and health care providers recommend vaccination by Halloween. The County generally sees increased activity in mid-November, but some recent seasons have peaked much later.
- More information about vaccines is available on the Public Health Services' Immunization Unit website.

Respiratory Virus Surveillance

Combined Respiratory Illness activity* in San Diego County is

Very Low	Low	Moderate	High	Very High

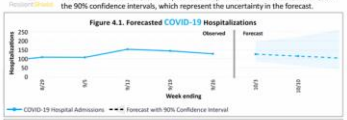
and *Stable*

	COVID-19	Influenza	RSV
Test Positivity	↘	↗	→
Emergency Department Visits	↘	↗	→

Current Level: Very Low, Low, Moderate, High, Very High
Current Trend: Increasing, Stable, Decreasing

Forecasted Hospitalizations for COVID-19, Influenza, and RSV by Week

Short-term forecasts take into account the most recent trends in hospitalizations and apply statistical models to that data to generate anticipated trends in the coming 2 weeks. The dotted lines show the predicted hospitalizations. The shaded areas show the 90% confidence intervals, which represent the uncertainty in the forecast.







Updated October 8, 2026. Data through October 3, 2026. Data are preliminary and may change as additional information becomes available.
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses/surveillance.html
https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/SDC_Respiratory_Virus_Surveillance_Report.pdf

Wastewater Dashboard

****UPDATE**** Wastewater sample results below the limit of detection are now represented as zero to decrease baseline noise and improve data accuracy without affecting overall trends, the appearance of the Wastewater Viral Levels chart reflects this slight improvement.

SDPHL Data through October 12, 2026:

- **COVID-19** decreased from very high to high at Point Loma and Encina and remains moderate at South Bay; 30-day trend decrease at Encina and Point Loma and plateau at South Bay.
- Influenza A is currently high with a strong increase at all three sites.
- Influenza B and RSV are currently low across sites; no meaningful trends in the last 30 days. The exception of RSV at Point Loma which is high with a strong increase.

Wastewater SCAN* data from September 29, 2026:

- Norovirus is low; 30-day increase.
- Rotavirus is low; 30-day plateau.
- EVD68 is currently very high; 30-day increase.
- All other targets are currently below the limit of detection.

*Wastewater SCAN only monitors wastewater at the Point Loma Treatment Plant.

Wastewater Summary Table

	Target	Last detected	Encina	Point Loma	South Bay
SDPHL	SARS-CoV-2	-	↘	→	→
	Influenza A	-	↗	↗	↗
	Influenza B	-	→	→	→
	RSV	-	↗	→	→
	Norovirus	-		→	
	Rotavirus	-		→	
	EVD68	-		↗	
Wastewater/SCAN	H5 Influenza	2/17/2025			
	Hepatitis A	8/1/2026			
	HMPV	-			
	MPOX Clade II	8/19/2024			
	MPOX Clade IB	Never Detected			
	Measles	Never Detected			
	WNV	Never Detected			

Current Level: Low, Moderate, High, Very High, Not calculated
Current Trend: Sporadic detecti.., Decrease, Plateau, Increase, Strong Increase, Not calculated
Last Update: 10/12/2026 5:23:18 PM

Wastewater Surveillance Dashboard
(Data sent weekly)

County Public Health Clinics and Medical Therapy Units Close for One Day

- **All six County Public Health Clinics and seven Medical Therapy Units (MTU) will be closed Monday Oct. 19, 2026, to launch a new electronic health record (EHR) system.**
- The new system, called Ochin Epic, adds efficiency, reduces the possibility of errors, and improves customer experience for the thousands of residents who get care through the County. Several departments across the health and human service agency will be integrating into the new electronic health system including nursing services, home visiting services, case management, and child and family well being services.
- **All sites will reopen Tuesday, Oct. 20, 2026**. County staff have been training since July for the update.
- Last fiscal year, the County provided sexual health services to nearly 2,300 people, tuberculosis treatment for 1,700 and medical therapy for over 1,600 children and young adults with physical disabilities.
- The County's Public Health Clinics support patients with limited health access with sexually transmitted disease, tuberculosis and vaccine services.
- The County's Medical Therapy Units provide occupational and physical therapy to children with medically eligible conditions.
- Check the Public Health Centers and MTU websites for hours and the latest information.
- **No appointments will be scheduled for the 19th**, and signs are displayed at the respective sites.



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Mumps Outbreak Expands at SDSU Campus | News | San Diego County News Center

- The mumps outbreak associated with San Diego State University now includes 14 confirmed cases and one probable case.
- The County first reported the outbreak on Sept. 18 and the updated case count reflects data through Sept. 30.
- SDSU is experienced in responding to student disease outbreaks, including mumps, and has coordinated with state and local health officials along with its Student Health Services and School of Public Health.
- The university continues working with both the County and the California Department of Public Health on educational campaigns, purchase of additional vaccine, encouraging close contacts to get vaccinated and pursuing widespread messaging measures aimed at reducing future cases.
- For more information about mumps, other vaccine-preventable diseases, and the vaccines that protect against them, please visit the County Public Health Services Immunization website.
- For more information related to the SDSU mumps exposure please visit Mumps Outbreak & Information | Student Affairs and Campus Diversity | SDSU.



Extreme Heat Warning in Effect as County Expands Safety Measures and Prepares for Possible Power Shutoffs | News | San Diego County News Center

- The National Weather Service has issued an Extreme Heat Warning for portions of San Diego County starting Friday morning. The combination of extreme heat and Santa Ana winds in the forecast is prompting the possibility of power shutoffs for some SDG&E customers through Oct. 5.
- The County of San Diego urges residents to prepare for potential power outages and take steps to prevent heat-related illnesses as temperatures climb.
- Forecasters expect dangerously high temperatures through next Thursday, with highs in the 90s near the coast and reaching the 100s in inland valleys. Warm overnight lows will make it harder for people to cool down, and the hot, dry weather will raise wildfire danger across the region.

PUBLIC SAFETY

County to Create Regional System to Identify e-Bike Danger Zones Early



By Yvette Urrea Moe, County of San Diego Communications Office
Oct. 7, 2026 | 9:36 AM

County to Create Regional System to Identify e-Bike Danger Zones Early | News | San Diego County News Center

- The San Diego County Board of Supervisors on Tuesday unanimously approved a plan to create a regional e-Bike Injury Warning System designed to quickly pinpoint where e-bike injuries are occurring, who is being hurt, and what types of devices are involved.
- E-bike injuries — particularly among children and teenagers — have surged across the region.
- Rady Children's Hospital reported pediatric e-bike trauma cases increased from three in 2021 to 262 in 2025.
- Local officials currently wait as long as 14 months for statewide injury data to return to the region.
- To prevent future accidents, the County will collect real-time data on e-bike injuries and identify trends. The county will use existing staff and resources, resulting in no additional General Fund cost.

HEALTH

Raw Milk Cheese Linked to E.Coli Outbreak



By Cassie N. Saunders, County of San Diego Communications Office
Sep. 25, 2026 | 5:16 PM

Raw Milk Cheese Linked to E.Coli Outbreak | News | San Diego County News Center

What You Need to Know

- **Product**: Sierra Nevada Graziers grass-fed raw milk cheeses —medium cheddar, sharp cheddar, jalapeño jack and Monterey jack .
- **Recall Details**: Initiated on Sept. 24, 2026.
- **Health Risk**: E. coli can cause symptoms such as stomach cramps, diarrhea and vomiting. Severe cases may result in hemolytic uremic syndrome (HUS), a serious condition that can lead to kidney failure.

County Recommendations

- Do not consume the recalled cheese.
- Discard any of the product in your possession.
- Clean and sanitize all surfaces and utensils that may have come into contact with it, using hot, soapy water.
- Seek medical attention immediately if you experience any symptoms consistent with E. coli infection, especially bloody diarrhea, severe abdominal cramps or signs of dehydration.

HEALTH

County, UC San Diego Celebrate 1 Million Trained in Hands-Only CPR



By Cassie N. Saunders, County of San Diego Communications Office
Sep. 26, 2026 | 8:07 AM

County, UC San Diego Celebrate 1 Million Trained in Hands-Only CPR | News | San Diego County News Center

- The County of San Diego and UC San Diego celebrated a major public health milestone after the Revive & Survive San Diego CPR campaign surpassed its goal of training one million people in hands-only CPR.
- The regional initiative, launched in early 2024 by the County and the Herbert Wertheim School of Public Health and Human Longevity Science at the University of California San Diego, has **now trained 1,011,034 people in the lifesaving technique**.
- The hands-only CPR effort began as a strategy to close the gap in emergency care during a cardiac event before medical professionals arrive.
- In August, partners confirmed the milestone, crediting broad community participation and strong public health collaboration.
- The Revive & Survive San Diego coalition includes 49 partners— schools, first responders, health centers and businesses—that collectively hosted 25,138 free training events.

GOVERNMENT

Fall Related Emergency Visits for Older Adults Continue to Climb



By Anita Lightfoot, County of San Diego Communications Office
Sep. 25, 2026 | 6:53 AM

Fall Related Emergency Visits for Older Adults Continue to Climb | News | San Diego County News Center

- As part of Fall Prevention Awareness Week, the County's Aging & Independence Services is urging older adults and caregivers to make time to identify their fall risks.
- While slippery surfaces and uneven sidewalks are well known dangers, everyday items such as loose rugs, poorly lit hallways and hard-to reach objects can also contribute to serious injuries at home.
- Falls were the leading cause of emergency department visits among adults 60 and older in 2024, County data shows.
- Nearly 40,000 older adults visited the emergency department for fall–related injuries, more than 13,000 were hospitalized and 338 died.
- San Diego County's Aging & Independence Services offers fall prevention resources online. For questions about any of the fall prevention programs, email HealthierLiving.HHSA@sdcounty.ca.gov or call 858-495-5500.

HEALTH

County Launches Health Study on Tijuana River Valley Pollution



By Cassie N. Saunders, County of San Diego Communications Office
Oct. 8, 2026 | 10:01 AM

County Launches Health Study on Tijuana River Valley Pollution | News | San Diego County News Center

- The County is expanding its response to the long-running Tijuana Valley River pollution crisis by seeking qualified researchers to study whether past exposure to contamination is linked to higher rates of illness in nearby communities.
- Researchers can review the full request for quotes on the County's BuyNet online procurement portal.
- Quotes must be submitted by 5 p.m. on Oct. 30, 2026. Available funding ranges from $200,000 and $250,000.
- The goal is to determine whether certain illnesses appear more frequently in communities located closest to the pollution, including Imperial Beach, Nestor and San Ysidro.
- The study will also examine how environmental burdens overlap with social vulnerabilities in communities identified as Environmental Justice areas.
- The work will use trauma-informed, community-centered approaches to reflect residents' lived experiences.

BECKER'S HOSPITAL REVIEW

California Removes Prior Authorization for Hepatitis C Drugs

- California has removed prior authorization requirements for medically necessary direct-acting antiviral drugs used to treat hepatitis C.
- In plans that required it, only about 10% of enrollees with hepatitis C used these drugs, according to a state analysis, underscoring the gap between the availability of highly effective cures and patients' ability to access them.
- Gov. Gavin Newsom signed the legislation Sept. 27. It bars health care service plans and health insurers from subjecting medically necessary direct-acting antiviral drugs for hepatitis C to prior authorization.
- An exception applies when the FDA has approved one or more therapeutic equivalents of a pangenotypic drug, device or product.
- Plans and insurers do not have to cover every therapeutically equivalent version without prior authorization if at least one pangenotypic and therapeutically equivalent version is covered without prior authorization.
- The health care service plan provision does not apply to specified Medi-Cal manage the State Department of Health Care Services.

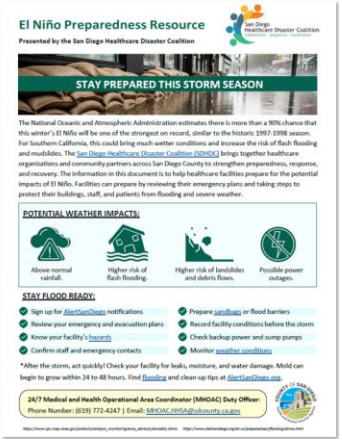
California removes prior authorization for hepatitis C drugs

El Niño Preparedness Resource

- The San Diego Healthcare Disaster Coalition (SDHDC) will be hosting a virtual tabletop exercise (TTX) focused on El Niño preparedness for Long Term Care Facilities and clinics on Thursday, October 29 from 12:30pm-4:30pm via Microsoft Teams.

- The link to sign up can be accessed below or via the included QR code! 2026 El Niño Virtual Tabletop Exercise





Community Flu Vaccination Event

Free flu vaccines to the community—no insurance or identification required!

EVENT DETAILS

Location: Lincoln Acres Community Room

Address: 2717 Granger Avenue, National City, CA

Date: Thursday, October 22, 2026

Time: 12:00 pm to 3:00 pm

PURPOSE

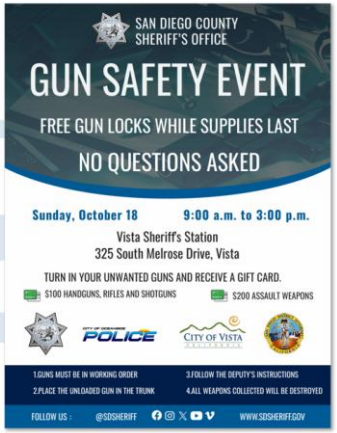
To make flu vaccinations available to the community and rain staff in Public Health Preparedness and Response.



Gun Safety Event

- The San Diego County Sheriff's Office is partnering with the San Diego County District Attorney's Office, Oceanside Police Department and City of Vista to get unwanted guns off our streets.
- Turn in your unwanted gun and receive a gift card ($100 for handguns, rifles and shotguns and $200 for assault weapons).
- Free gun locks will also be available while supplies last.
- Remain anonymous. No questions asked.
- Firearms must be in working order.
- Place the unloaded firearm in the trunk of your vehicle.
- A deputy or officer will provide instructions.
- All weapons collected will be destroyed.

Gun Safety Event - Vista | News List | San Diego County Sheriff



Public Health Director Update

Adrienne Yancey, Interim Director, PHS

Public Health Director Update

Adrienne Collins Yancey, MPH
Interim Public Health Director
Public Health Services

County Names New Leader of HHSA

- **The County has appointed Elizabeth Hernandez, Ph.D., as the new deputy chief administrative officer for the Health and Human Services Agency after an extensive national recruitment. She will begin the role Oct. 2.**
- Since October 2025, Dr. Hernandez has served as interim deputy chief administrative officer for the Health and Human Services Agency. She joined the County in 2016 as assistant director of Public Health Services and was promoted to director in 2021. Over the years, she has consistently demonstrated thoughtful leadership and a clear vision for strengthening public health systems.
- The County worked with national search firm to conduct an extensive recruitment for the deputy chief administrative officer position, receiving more than 200 applications.



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Public Health Services

BOARD LETTER FORECAST	
Board Meeting Date	**Subject**
October 14, 2026	Annual update to funder regarding key trends and disparities.
December 2026	This is a report back to the Board of Supervisors with a progress report on the emergency food distribution events specific to households impacted by H.R. 1 in 6 months and in 1 year.

Confidential: Subject to the deliberative process.

VI. ROUNDTABLE	No updates.
VII. PUBLIC COMMENT	Here in San Diego County, there are approximately 69,000 older adults age 55 or older live below 200% at the federal poverty level. Individuals with disabilities. 339,293 residents of San Diego County have a disability. Of that number, 22.7% are below 200%. And I heard you guys talking about, you know, the different things about food, and we're living in a housing crisis. People need food to take medications. And it would be great if the county would really step up to the plate and really make sure that the residents, because you're not going to find a lot of seniors who are isolated that are going to be asking for help. So, what are we doing about them? What are we doing about the people with disabilities who are isolated, who need help? Who's reaching out to them?
VIII. ADJOURN	Meeting adjourned at 4:36 PM.
Next Meeting	**HSAB Monthly Meeting:** Tuesday, November 10, 2026 **CAC:** 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm