

CLERK OF THE BOARD OF SUPERVISORS
BOARD OF SUPERVISORS MEETING

TUESDAY, NOVEMBER 4, 2025

Legislative Services Section: (619) 531-5434

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Revised Pages

REVISED BACKUP:

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REVISED AGENDA AND BACKUP:

12. **EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)**

REVISED BACKUP:

14. **ENHANCING HOMELESSNESS SUPPORTS THROUGH EXPANDED WITHDRAWAL MANAGEMENT SERVICE ACCESS (DISTRICTS: ALL)**

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- 2. SUNSET REVIEW OF BOARD OF SUPERVISORS POLICIES AND COUNTY ADMINISTRATIVE CODE ARTICLES ASSIGNED TO THE PUBLIC SAFETY GROUP AND RESOLUTION TO CLOSE THE COURTHOUSE CONSTRUCTION FUND (11/4/25 - FIRST READING; 11/18/25 - SECOND READING, UNLESS THE ORDINANCES ARE MODIFIED ON SECOND READING)
- Health and Human Services 3. ADOPT AN ORDINANCE AMENDING ARTICLE IIIp OF THE SAN DIEGO COUNTY CODE OF ADMINISTRATIVE ORDINANCES RELATING TO THE FIRST 5 COMMISSION OF SAN DIEGO (11/4/25 - FIRST READING; 11/18/25 SECOND READING, UNLESS ORDINANCE IS MODIFIED ON SECOND READING)
- 4. HEALTH AND HUMAN SERVICES AGENCY ADMINISTRATIVE CODES AND BOARD POLICY SUNSET REVIEW 2025
- Financial and General Government 5. APPROVE AUTHORIZATION TO NEGOTIATE AND ACCEPT LAND DONATION IN BORREGO SPRINGS FOR FUTURE FIRE STATION AND HEALTH CLINIC OR OTHER HEALTH-RELATED USE AND CEQA EXEMPTION
- 6. SUNSET REVIEW OF BOARD OF SUPERVISORS POLICIES, COUNTY ADMINISTRATIVE CODE, AND COUNTY REGULATORY CODE PROVISIONS ASSIGNED TO THE FINANCE AND GENERAL GOVERNMENT GROUP (11/4/25 - FIRST READING; 11/18/25 – SECOND READING, UNLESS THE ORDINANCES ARE MODIFIED ON SECOND READING)
- 7. SUNSET REVIEW OF BOARD OF SUPERVISORS POLICIES, COUNTY ADMINISTRATIVE CODE, AND COUNTY REGULATORY CODE PROVISIONS ASSIGNED TO THE CHIEF ADMINISTRATIVE OFFICE (11/4/25 - FIRST READING; 11/18/25 - SECOND READING, UNLESS THE ORDINANCES ARE MODIFIED ON SECOND READING)
- 8. APPROVAL OF A RESOLUTION: ISSUANCE OF REVENUE BONDS BY THE CALIFORNIA MUNICIPAL FINANCE AUTHORITY FOR THE BENEFIT OF FALLBROOK SENIOR APARTMENTS LP IN AN AGGREGATE AMOUNT NOT TO EXCEED \$26,000,000
- 9. COMMUNICATIONS RECEIVED

DISCUSSION ITEMS

Category	#	Subject
Financial and General Government	10.	FILLING THE VACANCY OF THE SAN DIEGO COUNTY ELECTIVE OFFICE OF TREASURER-TAX COLLECTOR - FINALIST INTERVIEWS AND SELECTION

- 11. CALLING ON THE TRUMP ADMINISTRATION TO KEEP SAN DIEGANS FROM EXPERIENCING A HUNGER CRISIS AND WAIVE BOARD POLICY A-72
- Health and Human Services 12. EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS
- Financial and General Government 13. ADVOCATING FOR FUNDING FOR PROPOSITION 36 IMPLEMENTATION
- Health and Human Services 14. ENHANCING HOMELESSNESS SUPPORTS THROUGH EXPANDED WITHDRAWAL MANAGEMENT SERVICE ACCESS
- Financial and General Government 15. PROTECTING RESIDENTIAL RENTAL APPLICANTS AND TENANTS FROM PRICE GOUGING AND FEE EXPLOITATION
- Health and Human Services 16. NOTICED PUBLIC HEARING:
COMMUNITY INPUT FOR FISCAL YEAR 2026-27 ANNUAL PLAN DEVELOPMENT FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT, HOME INVESTMENT PARTNERSHIPS, HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS, AND EMERGENCY SOLUTIONS GRANT
- Financial and General Government 17. PROVIDING DIRECTION ON THE FUTURE OF COUNTY TECHNOLOGY
- Land Use and Environment 18. SUNSET REVIEW OF BOARD OF SUPERVISORS POLICIES AND PROVISIONS OF THE COUNTY REGULATORY CODE ASSIGNED TO THE LAND USE AND ENVIRONMENT GROUP AND ASSOCIATED CEQA EXEMPTION (11/4/25 -FIRST READING; 11/18/2025 - SECOND READING, UNLESS THE ORDINANCES ARE MODIFIED ON SECOND READING)
- Closed Session 19. CLOSED SESSION

advocacy to a formal, public directive from the County, calling on the USDA Administrator to immediately release contingency reserves and use existing transfer authority to sustain food benefits for families. It also directs coordination with the California State Association of Counties (CSAC) and other counties to support a unified statewide coalition urging urgent federal action.

Every child, every parent, and every senior in San Diego County deserves the dignity of a full plate and the peace of mind that comes with knowing they can feed their family.

RECOMMENDATION(S)

CHAIR TERRA LAWSON-REMER AND CHAIR PRO-TEM PALOMA AGUIRRE

1. Direct the Chief Administrative Officer (CAO) to enhance legislative support for continuation of SNAP benefits, including transmitting a letter to the USDA Administrator calling for the immediate release of SNAP contingency reserves and use of existing federal transfer authority to sustain food benefits for families during the federal shutdown. Coordinate with the California State Association of Counties (CSAC) and other California counties to support a statewide coalition urging urgent federal action to prevent interruptions in nutrition assistance.
2. Waive Board Policy A-72 Agenda and Related Process, Section 2.C.2.ii, which establishes required timelines for review when preparing a Board Letter.

EQUITY IMPACT STATEMENT

Interruptions in SNAP benefits would disproportionately harm low-income households, seniors on fixed incomes, and families with children, the same residents already most affected by the region's high cost of living and food insecurity. In San Diego County, nearly half of SNAP recipients are children, and one in four are older adults. Delays or reductions in benefits would deepen existing disparities in health, nutrition, and economic stability across communities.

SUSTAINABILITY IMPACT STATEMENT

Food security is essential to a sustainable community. Interruptions in SNAP benefits would create immediate strain on local food systems, forcing families to rely on emergency resources and increasing demand on nonprofits and County programs. By urging the federal government to release contingency reserves and sustain benefits, this action supports economic and social stability for San Diego County residents.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. Funds for the actions requested are included in the Fiscal Year 2025-26 Operational Plan based on existing staff time. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

SNAP benefits generate significant local economic activity, with approximately \$75 million in federal food assistance distributed monthly in San Diego County. These funds circulate directly through neighborhood grocery stores, farmers markets, and small businesses that depend on consistent consumer spending. Interruptions in SNAP benefits would reduce local demand, strain small retailers, and create ripple effects across the regional food economy. By urging the

Trump Administration to release contingency reserves and sustain benefits, this action helps protect local business stability, preserve jobs in the food and retail sectors, and maintain the economic activity that supports San Diego County's communities.

12. SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

OVERVIEW

Shifts in federal policy, including the implementation of H.R. 1, have created new barriers for residents seeking access to social safety net services. Revised Medi-Cal and CalFresh eligibility requirements will put thousands of San Diego County residents at risk of losing vital services. To mitigate these gaps, the County of San Diego (County) should seek innovative strategies to provide continuity of essential services for vulnerable groups.

To address these challenges, the County must find a way to expand healthcare access for residents without health coverage, strengthen food access for individuals and families experiencing food insecurity, develop strategies to reconnect residents with vital benefits and provide ongoing support to maintain eligibility.

The County Live Well Centers are community hubs where residents can access health and social services in one convenient location. These facilities are uniquely positioned to meet the needs of individuals who have lost coverage or face barriers to accessing services. Leveraging Live Well Centers or other County infrastructure and resources as sites for expanded clinical partnerships, volunteer-driven services, and community food justice initiatives will allow the County to integrate health, food, and social services in an efficient and equitable manner.

RECOMMENDATION(S)

VICE-CHAIR MONICA MONTGOMERY STEPPE

1. Direct the Chief Administrative Officer to:
 - a. Explore partnership opportunities between County-operated clinics at one or more of the County's Live Well Centers or other County locations and ~~local Federally Qualified Health Centers (FQHC) and/or Disproportionate Share Hospitals (DSH)~~ local healthcare providers to provide no-cost primary care medical services co-located with access to additional social services, as a Transitional Access Clinic.
 - b. Explore opportunities for County Medical Care Services to expand Continuing Medical Education (CME) to develop community health education opportunities for local medical professionals, and to leverage volunteers to staff a community clinic through accredited clinical hours.
 - c. Identify and pursue grant opportunities to support new primary care clinical operations as Transitional Access Clinics at one or more of the County's Live Well Centers or other identified locations, including funding streams that can sustain the administrative, physical and information technology infrastructure necessary to support volunteer-driven clinical operations.

If on November 4, 2025, the Board takes action as recommended, then, on November 18, 2025:

1. Consider Adopting the following Ordinances (unless Ordinances are modified on second reading):

ORDINANCE AMENDING THE SAN DIEGO COUNTY REGULATORY CODE RELATING TO THE RETITLING OF THE DEPARTMENT OF ENVIRONMENTAL HEALTH, DEFINING THE DUTIES AND AUTHORITIES OF THE POSITIONS OF DIRECTOR OF THE DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY AND DIRECTOR OF ENVIRONMENTAL HEALTH, AND RELATED ACTIONS

ORDINANCE AMENDING SECTIONS OF TITLE 1 OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES RELATED TO HEARING BOARDS AND HEARING OFFICERS

2. Approve the new sunset review date of December 31, 2032, for the amended San Diego County Regulatory Code.

EQUITY IMPACT STATEMENT

County departments are guided by several Regulatory Codes, Administrative Codes, and Board Policies in order to serve the region and customers consistently and equitably. The review of County codes and policies ensures that departments keep documents up to date, provide clarifying language and continue to guide departmental practices. Additionally, this practice allows the language within these codes and policies to align with current efforts and be revised for inclusivity.

Today's recommendations will contribute to providing equitable, inclusive, and consistent service to the community and customers. The revisions proposed in this Board Letter enable the County of San Diego to provide residents the opportunity to review the updates that are made for consistency, clarity, and accuracy.

SUSTAINABILITY IMPACT STATEMENT

This action to review and amend the San Diego County Regulatory Code and Board policies aligns with the goal to promote opportunities for community engagement. Updates proposed in today's action are meant to ensure that codes and policies are up to date, reflect current processes and to continue County services and responsibilities in the region. Some examples of these are policies for continued parks operations and care of park locations, environmental standards for facilities, and undergrounding utilities for community safety.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

19. SUBJECT: CLOSED SESSION (DISTRICTS: ALL)

OVERVIEW

A. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

(Paragraph (1) of subdivision (d) of Section 54956.9)

Arabella McCormack, et al. v. San Diego Rock Church, et al.;

San Diego Superior Court Case No.: 37-2023-00029738-CU-PO-CTL

B. PUBLIC EMPLOYEE

(Government Code section 54957)

Title: County Counsel

C. CONFERENCE WITH LABOR NEGOTIATORS

(Government Code section 54957.6)

Designated Representatives: Susan Brazeau, Clint Obrigewitch

Conference with Labor Negotiators: Employee Organizations and Unrepresented

Employees: Teamsters Local 911, Deputy District Attorney Association, Deputy District

Attorney Investigators' Association, Deputy Sheriff's Association of San Diego County,

San Diego Deputy County Counsels Association, San Diego County Probation Officers'

Association, Public Defender Association of San Diego County, San Diego County

Supervising Probation Officers' Association, Service Employees International Union,

Local 221 and all unrepresented employees.

**COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

02

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Purpose

To establish the principles for the development and maintenance of a comprehensive juvenile justice system of care within the framework of the Board of Supervisors' policies on children and youth at-risk of, or in, the juvenile justice system.

This policy supports the County's Comprehensive Strategy for Youth, Family and the Community (Comprehensive Strategy). First adopted by the Board of Supervisors in 1998, the Comprehensive Strategy is a collaborative and integrated systems approach to reducing delinquency and promoting positive outcomes for youth and their families. A regional partnership of stakeholders from youth-serving government agencies and community organizations developed the strategy with assistance from the U.S. Department of Justice and the Office of Juvenile Justice and Delinquency Prevention.

The local stakeholders meet regularly to oversee the juvenile justice system's commitment to the principals and mission of the Comprehensive Strategy and advise the Board of Supervisors through the Juvenile Justice Coordinating Council and the Juvenile Justice Comprehensive Strategy Task Force.

The principles of the County's Comprehensive Strategy, which are reflected in this Board policy, are evidence-informed practices focused on rehabilitation, family-strengthening and positive youth development, with appropriate sanctions and interventions for youth who commit serious and/or violent offenses ~~offenders~~. Youth programs are focused in five areas: prevention, intervention, treatment, supervision and custody.

Policy

It is the policy of the Board of Supervisors that:

1. The mission of the juvenile justice system is to provide a level of service and programming needed in individual cases to protect the public and to promote positive youth development in a therapeutic and rehabilitative manner in the least restrictive environment.
2. Juvenile justice programs and services will be provided to youth who are at-risk and/or delinquent youth involved in delinquent behavior to prevent them from entering or escalating within the juvenile justice system.
3. Juvenile justice programs and services will be developed and implemented based on the

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following principles:

- a. Clear goals and measurable outcomes.
 - b. Provision of services by both the public and private sector whichever is most ~~efficient and effective~~ efficient, effective, and culturally responsive.
 - c. Coordination of service delivery and program development to best meet the demonstrated needs of the target population.
 - d. Consider the practical applicability of adolescent brain science, when appropriate, and other proven research around approaches to at-risk or justice-involved youth.
 - e. Resident and stakeholder participation through advisory groups.
 - f. Annual review and evaluation as resources permit.
 - g. Delineation of specific areas of service delivery responsibility for each department or program in coordination with others.
 - h. In collaboration with the Juvenile Justice Task Force and the Juvenile Justice Coordinating Council develop new programs which are evidence-based ~~informed~~ or promising practices that have demonstrated effectiveness in rehabilitating justice-involved youth, eliminating or improving, or changing programs which have proven to be ineffective.
4. The principles which underlie the decisions made in the juvenile justice system of care and the goals of services to be provided to youth involved in delinquent behavior youths are:
- a. To protect the public from the delinquent and criminal conduct of youth.
 - b. To provide supportive services to prevent youth from entering and further escalation in the juvenile justice system

Remove from the community those youth who are a clear and persistent danger to themselves or others.

Promote positive outcomes for youth on probation by developing a strength-based supervision model that encourages successfully completing all court-ordered requirements and rehabilitative programming.

Provide risk-based supervision for probation youth in the community.

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Risk-based supervision provides appropriate probation supervision and County and community-based organization resources to address youths' needs and risk of future delinquency.

Refer at-risk youth and families to appropriate community programs and services that address their unique needs, so they may develop more pro-social skills and behaviors and reduce further delinquency.

Consider programs and supportive services for youth who are amenable to be rehabilitated under the jurisdiction of the juvenile court, to support prevention or entry into the criminal justice system.

Utilize all available resources and rehabilitative means focused on the least restrictive system of care to avoid transferring youth to the adult criminal court system.

Refer to the adult criminal court those youth who are ~~unfit~~ not amenable to rehabilitation under the jurisdiction of the juvenile court or who are not eligible for rehabilitation under the jurisdiction of the juvenile court to be handled as juvenile delinquents in order that they may be prosecuted under the general law.

Utilize programs which demonstrate a high degree of success in deterring youth from further criminal behavior.

Provide restorative justice practices, when appropriate, to address negative behaviors in the community and custodial environments.

Continue to identify additional resources in partnership with the community to support evidence-based ~~informed~~ and promising practice programs and services.

- c. To foster a sense of responsibility and accountability for his/her own delinquent acts.

Impose gradual and developmentally appropriate interventions ~~sanctions~~ for continued delinquent or inappropriate behavior. The graduated interventions ~~sanctions~~ should be selected for meeting identified needs from screening tools with the intent of meeting the legislative mandates of public ~~safety protection~~ and rehabilitation in the least restrictive

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environment.

Maintain programs which provide financial redress for victims.

Provide a trauma-informed environment and supportive services for all youth in the juvenile justice system both in and out of custody.

Develop ~~specific clear~~ and achievable individualized case plans and goals for custodial youth to ensure a successful transition to the community.

- d. To secure, for each youth, a level of service which is the least restrictive and least disruptive to them and their families which is consistent with public safety.

Divert youth from entering the juvenile system and the formal court process in cases where the ~~criminal delinquent~~ act, past history, family and community resources are available and indicate that the risk is reasonable and corrective action will result in positive outcomes.

Exhaust all efforts to maintain youth in his/her own home as possible. Select community-based programs and informal interventions as first choice options where consistent with public safety.

Develop and utilize community-based intervention programs and services to provide youth alternatives to detention.

Utilize family resources, ~~and/or~~ kinship first approaches, ~~foster care~~ in preference to foster (or residential treatment facilities) and custodial care when feasible.

Provide a variety of community-based sentencing options which offer graduated interventions ~~sanctions~~ for repeated delinquency.

Select the most appropriate custodial length of stay that is consistent with the youth's rehabilitative needs and public safety.

- e. To preserve and strengthen the youths' family and community ties.

Remove from custody of the parents only when necessary for the safety of

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the youth or community safety.

For youth committed to the Probation Department's long-term custody, begin the reentry process when they enter facilities ~~detention~~.

Provide supportive services-to families.

Provide increased contact with families, including extended families, and positive adult role models for youth in facilities ~~institutions~~ to ensure family connectivity and long-term success.

Develop and use San Diego based programs when possible in preference to out-of-County placements.

- f. Provide care and guidance to each ~~delinquent~~ youth that will best serve his/her emotional, spiritual, cultural, gender, sexual orientation and identification, age and physical welfare.

Provide youth resources to reduce criminal and at-risk behaviors, based on identified criminogenic risk and needs and encourage positive youth development, through referrals and linkages to youth ~~with~~: treatment; academically appropriate education, and vocational programs ~~academic and vocation~~; counseling; work, civic engagement, and service opportunities; recreation and physical conditioning.

Continue to research national and federal promising and best practice approaches and, when feasible, implement these models in institutions and community services and programs.

Maintain up-to-date information on new programs found to be effective in meeting the various rehabilitation needs of youth, and encourage the development of new programs that fill the gaps in treatment and rehabilitation existing in San Diego.

Provide trauma-informed, safe, and therapeutic institutional environments with consistent rules for behavior and fair and reasonable consequences for misbehavior.

Provide an equitable and evidence-informed behavior incentive program for youth in custody.

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Provide opportunities for practice of all religious beliefs. Provide appetizing and nourishing meals and snacks.

Provide consistent, age appropriate and varied physical activities.

Provide high-quality prevention and intervention for medical, dental, vision, and mental health services to meet the needs of the youth in custody ~~institutionalized youth~~.

- g. To provide programs which serve to rehabilitate the youth, and are proven to be effective at reducing recidivism and probation violations.

To place youth juveniles in programs which are best proven to meet the youth's needs and are consistent with public safety.

To research, assist in developing and use effective program alternatives.

Sunset Date

This policy will be reviewed for continuance by 12-31-~~3225~~.

Board Action

6-8-82 (137)
12-15-82 (70)
3-3-92 (23)
9-29-92 (36)
6-13-06 (07)
12-09-08 (33)
9-15-15 (05)
12-11-18 (06)

CAO Reference

1. Probation Department

**COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

02

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Purpose

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This policy supports the County's Comprehensive Strategy for Youth, Family and the Community (Comprehensive Strategy). First adopted by the Board of Supervisors in 1998, the Comprehensive Strategy is a collaborative and integrated systems approach to reducing delinquency and promoting positive outcomes for youth and their families. A regional partnership of stakeholders from youth-serving government agencies and community organizations developed the strategy with assistance from the U.S. Department of Justice and the Office of Juvenile Justice and Delinquency Prevention.

The local stakeholders meet regularly to oversee the juvenile justice system's commitment to the principals and mission of the Comprehensive Strategy and advise the Board of Supervisors through the Juvenile Justice Coordinating Council and the Juvenile Justice Comprehensive Strategy Task Force.

The principles of the County's Comprehensive Strategy, which are reflected in this Board policy, are evidence-informed practices focused on rehabilitation, family-strengthening and positive youth development, with appropriate sanctions and interventions for youth who commit serious and/or violent offenses. Youth programs are focused in five areas: prevention, intervention, treatment, supervision and custody.

Policy

It is the policy of the Board of Supervisors that:

1. The mission of the juvenile justice system is to provide a level of service and programming needed in individual cases to protect the public and to promote positive youth development in a therapeutic and rehabilitative manner in the least restrictive environment.
2. Juvenile justice programs and services will be provided to youth who are at-risk and/or involved in delinquent behavior to prevent them from entering or escalating within the juvenile justice system.
3. Juvenile justice programs and services will be developed and implemented based on the following principles:
 - a. Clear goals and measurable outcomes.
 - b. Provision of services by both the public and private sector whichever is most efficient, effective, and culturally responsive.

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- c. Coordination of service delivery and program development to best meet the demonstrated needs of the target population.
- d. Consider the practical applicability of adolescent brain science, when appropriate, and other proven research around approaches to at risk or justice-involved youth.
- e. Resident and stakeholder participation through advisory groups.
- f. Annual review and evaluation as resources permit.
- g. Delineation of specific areas of service delivery responsibility for each department or program in coordination with others.
- h. In collaboration with the Juvenile Justice Task Force and the Juvenile Justice Coordinating Council develop new programs which are evidence-based or promising practices that have demonstrated effectiveness in rehabilitating justice-involved youth, eliminating or improving, or changing programs which have proven to be ineffective.

4. The principles which underlie the decisions made in the juvenile justice system of care and the goals of services to be provided to youth involved in delinquent behavior are:

- a. To protect the public from the delinquent and criminal conduct of youth.
- b. To provide supportive services to prevent youth from entering and further escalation in the juvenile justice system:

Remove from the community those youth who are a clear and persistent danger to themselves or others.

Promote positive outcomes for youth on probation by developing a strength-based supervision model that encourages successfully completing all court-ordered requirements and rehabilitative programming.

Provide risk-based supervision for probation youth in the community. Risk-based supervision provides appropriate probation supervision and County and community-based organization resources to address youths' needs and risk of future delinquency.

Refer at-risk youth and families to appropriate community programs

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and services that address their unique needs, so they may develop more pro-social skills and behaviors and reduce further delinquency.

Consider programs and supportive services for youth who are amenable to be rehabilitated under the jurisdiction of the juvenile court, to support prevention or entry into the criminal justice system.

Utilize all available resources and rehabilitative means focused on the least restrictive system of care to avoid transferring youth to the adult criminal court system.

Refer to the adult criminal court those youth who are not amenable to rehabilitation under the jurisdiction of the juvenile court or who are not eligible for rehabilitation under the jurisdiction of the juvenile court in order that they may be prosecuted under the general law.

Utilize programs which demonstrate a high degree of success in deterring youth from further criminal behavior.

Provide restorative justice practices, when appropriate, to address negative behaviors in the community and custodial environments.

Continue to identify additional resources in partnership with the community to support evidence-based and promising practice programs and services.

- c. To foster a sense of responsibility and accountability for his/her own delinquent acts.

Impose gradual and developmentally appropriate interventions for continued delinquent or inappropriate behavior. The graduated interventions should be selected for meeting identified needs from screening tools with the intent of meeting the legislative mandates of public safety and rehabilitation in the least restrictive environment.

Maintain programs which provide financial redress for victims.

Provide a trauma-informed environment and supportive services for

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all youth in the juvenile justice system both in and out of custody.

Develop specific and achievable individualized case plans and goals for custodial youth to ensure a successful transition to the community.

- d. To secure, for each youth, a level of service which is the least restrictive and least disruptive to them and their families which is consistent with public safety.

Divert youth from entering the juvenile system and the formal court process in cases where the delinquent act, past history, family and community resources are available and indicate that the risk is reasonable and corrective action will result in positive outcomes.

Exhaust all efforts to maintain youth in his/her own home as possible. Select community-based programs and informal interventions as first choice options where consistent with public safety.

Develop and utilize community-based intervention programs and services to provide youth alternatives to detention.

Utilize family resources, kinship first approaches, in preference to foster (or residential treatment facilities) and custodial care when feasible.

Provide a variety of community-based sentencing options which offer graduated interventions for repeated delinquency.

Select the most appropriate custodial length of stay that is consistent with the youth's rehabilitative needs and public safety.

- e. To preserve and strengthen the youths' family and community ties.

Remove from custody of the parents only when necessary for the safety of the youth or community safety.

For youth committed to the Probation Department's long-term custody, begin the reentry process when they enter facilities.

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Provide supportive services-to families.

Provide increased contact with families, including extended families, and positive adult role models for youth in facilities to ensure family connectivity and long-term success.

Develop and use San Diego based programs when possible in preference to out-of-County placements.

- f. Provide care and guidance to each youth that will best serve his/her emotional, spiritual, cultural, gender, sexual orientation and identification, age and physical welfare.

Provide youth resources to reduce criminal and at-risk behaviors, based on identified criminogenic risk and needs and encourage positive youth development, through referrals and linkages to: treatment; academically appropriately education, and vocational programs; counseling; work, civic engagement, and service opportunities; recreation and physical conditioning.

Continue to research national and federal promising and best practice approaches and, when feasible, implement these models in institutions and community services and programs.

Maintain up-to-date information on new programs found to be effective in meeting the various rehabilitation needs of youth, and encourage the development of new programs that fill the gaps in treatment and rehabilitation existing in San Diego.

Provide trauma-informed, safe, and therapeutic institutional environments with consistent rules for behavior and fair and reasonable consequences for misbehavior.

Provide an equitable and evidence-informed behavior incentive program for youth in custody.

Provide opportunities for practice of all religious beliefs.

Provide appetizing and nourishing meals and snacks.

Provide consistent, age appropriate and varied physical activities.

Provide high-quality prevention and intervention for medical, dental, vision, and mental health services to meet the needs of youth in custody.

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g. To provide programs which serve to rehabilitate the youth, and are proven to be effective at reducing recidivism and probation violations.

To place youth in programs which are best proven to meet the youth's needs and are consistent with public safety.

To research, assist in developing and use effective program alternatives.

Sunset Date

This policy will be reviewed for continuance by 12-31-32.

Board Action

6-8-82 (137)

12-15-82 (70)

3-3-92 (23)

9-29-92 (36)

6-13-06 (07)

12-09-08 (33)

9-15-15 (05)

12-11-18 (06)

CAO Reference

1. Probation Department



MONICA MONTGOMERY STEPPE

VICE CHAIR

SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

AGENDA ITEM

DATE: November 4, 2025

12

TO: Board of Supervisors

SUBJECT

EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

OVERVIEW

Shifts in federal policy, including the implementation of H.R. 1, have created new barriers for residents seeking access to social safety net services. Revised Medi-Cal and CalFresh eligibility requirements will put thousands of San Diego County residents at risk of losing vital services. To mitigate these gaps, the County of San Diego (County) should seek innovative strategies to provide continuity of essential services for vulnerable groups.

To address these challenges, the County must find a way to expand healthcare access for residents without health coverage, strengthen food access for individuals and families experiencing food insecurity, develop strategies to reconnect residents with vital benefits and provide ongoing support to maintain eligibility.

The County Live Well Centers are community hubs where residents can access health and social services in one convenient location. These facilities are uniquely positioned to meet the needs of individuals who have lost coverage or face barriers to accessing services. Leveraging Live Well Centers or other County infrastructure and resources as sites for expanded clinical partnerships, volunteer-driven services, and community food justice initiatives will allow the County to integrate health, food, and social services in an efficient and equitable manner.

RECOMMENDATION(S)

VICE CHAIR MONICA MONTGOMERY STEPPE

1. Direct the Chief Administrative Officer to:
 - a. Explore partnership opportunities between County-operated clinics at one or more of the County's Live Well Centers or other County locations and local Federally Qualified Health Centers (FQHC) and/or Disproportionate Share Hospitals (DSH)

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

- local healthcare providers to provide no-cost primary care medical services co-located with access to additional social services, as a Transitional Access Clinic.
- b. Explore opportunities for County Medical Care Services to expand Continuing Medical Education (CME) to develop community health education opportunities for local medical professionals, and to leverage volunteers to staff a community clinic through accredited clinical hours.
 - c. Identify and pursue grant opportunities to support new primary care clinical operations as Transitional Access Clinics at one or more of the County’s Live Well Centers or other identified locations, including funding streams that can sustain the administrative, physical and information technology infrastructure necessary to support volunteer-driven clinical operations.
 - d. Explore opportunities for the County to provide same-day access to prescription medication free-of-charge, including identifying operational or funding mechanisms needed to support implementation.
2. Direct the Chief Administrative Officer to explore recommendations from the Office of Sustainability and Environmental Justice’s Food Justice Community Action Plan including, but not limited to:
 - a. Expanding partnerships across public, private, and community sectors to strengthen and innovate local food security efforts.
 - b. Engage with edible food recovery programs to enhance or increase efforts, including partnering with local grocers, restaurants, and other fresh food providers to secure donations consistent with SB 1383 requirements.
 - c. Developing cold storage capacity in coordination with the Transitional Access Clinics to enable same-day access to fresh food.
 3. Direct the Chief Administrative Officer to report back to the Board of Supervisors in 45 days, including:
 - a. Preliminary feasibility results of the above recommendations, including an analysis of the one-time and ongoing costs and proposed funding source(s) needed to implement those recommendations;
 - b. An analysis of how the County of San Diego can collect and analyze data on who accesses the Safety Net Bridge services, including but not limited to:
 - i. Individuals who have lost public benefits; and
 - ii. Individuals who would have qualified for benefits but never applied due to H.R.1 implementation.
 4. Direct the Chief Administrative Officer to return back to the Board of Supervisors with an action plan including one-time and ongoing costs and proposed funding source(s) necessary to implement the actions that are evaluated to be feasible in 90 days.

EQUITY IMPACT STATEMENT

Residents who are most at risk of losing Medi-Cal coverage are disproportionately low-income households, immigrants, and people of color. This action advances equity by prioritizing services for residents who have lost benefits or lack the ability to pay for care, communities most impacted by food insecurity, and populations historically underserved by the health system. By expanding

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access through a Safety Net Bridge Program, the County of San Diego will strengthen supports for residents most affected by cuts to safety-net programs.

SUSTAINABILITY IMPACT STATEMENT

This action supports the County's sustainability goals of economic stability and local resilience by reducing reliance on uncompensated emergency care and expanding access to preventative care while also reducing food waste through recovery and distribution.

FISCAL IMPACT

Funds for the actions requested in these recommendations to explore and report back to the Board are included in the Fiscal Year 2025-26 Operational Plan based on existing staff time in the Health and Human Services Agency, Department of General Services, and the Land Use and Environment Group based on various funding sources. There will be no change in net General Fund cost and no additional staff years.

There may be future resources required to implement the actions that are evaluated to be feasible. At this time, there is no funding source budgeted to support implementation of these actions. When staff returns to the Board as directed in Recommendation 4, the action plan will include proposed costs and funding source(s) for Board consideration, if reallocation of funding from existing County programming is required.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

With the implementation of H.R. 1, the County of San Diego (County) will face increasing pressure to meet the health care and social needs of residents who have lost access to public benefits or who lack the ability to pay for essential services. The County must take proactive steps now to strengthen its role in linking residents with trusted community partners, expanding access to care, and ensuring that safety net resources are equitably utilized. The purpose of this action is to explore sustainable strategies to expand access to health and food resources by leveraging the County's Live Well Centers and building formal partnerships with local ~~hospitals and Federally Qualified Health Centers (FQHC)~~ healthcare providers to form a Safety Net Bridge Program.

This action builds on the June 24, 2025 (9) Board direction responding to potential federal impacts from H.R. 1, which directed the CAO to develop a comprehensive strategy and funding plan to sustain key programs. The Safety Net Bridge Program operationalizes that strategy by focusing specifically on residents losing benefits under H.R. 1 and ensuring they can continue to access medical care, food, and supportive services at one or more of the County's Live Well Centers. The Live Well Centers serve as a social services hub providing housing support, medical insurance

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

enrollment, nutrition assistance, and employment resources. However, the Live Well Centers lack two critical components essential to meeting the needs created by H.R. 1—direct medical services and same-day access to fresh food. This action is designed to address that gap by exploring opportunities to embed regularly scheduled Transitional Access Clinics and food access events within the Live Well Centers.

Transitional Access Clinics

Coverage transition creates instability even when people don't become uninsured. Each time someone is forced to switch health plans, they may lose access to their existing provider, face higher out-of-pocket costs, or be required to restart annual deductibles mid-year.¹ Unstable insurance is associated with a 36% increase in Emergency Department visits, office visits, and hospitalizations, while prescription use drops by about 19% compared to continuous Medicaid enrollment.² The proposed Transitional Access Clinics will reduce the harm of coverage transition by offering a stable, last-resort safety net, ensuring that residents have continuous access to primary care, medication, and care navigation until more permanent coverage and provider relationships are restored. Operating full-time, County-run primary care clinics that provide free medical care directly to residents is not a feasible model. However, the County can still expand access through partnerships with local ~~Federally Qualified Health Centers (FQHCs) and Disproportionate Share Hospitals (DSHs)~~, community-based clinics and health systems, both of which play a central role in serving Medi-Cal and uninsured patients. ~~FQHCs~~ Community clinics provide critical primary and preventive care, ~~but to qualify for federal subsidies they must~~ and function as permanent, comprehensive health centers with consistent hours, credentialed staff, and comprehensive services to qualify. However, clinics that do not independently meet these standards can still expand access by operating clinics in partnerships with FQHCs local healthcare partners.

~~DSHs~~ Local safety net health systems play a different but equally important role in the safety-net system by offering complex, hospital-level services and access to specialized equipment. For patients requiring specialized screenings and treatments, the Transitional Access Clinic can provide referrals to local ~~DSHs~~ health systems, which may receive reimbursement to care for uninsured and underinsured residents. One of the significant risks of unstable insurance coverage is that individuals often delay or forgo important screenings, specialist visits, and diagnostic tests because of uncertainty or gaps in coverage. This leads to more advanced disease at the time of diagnosis and higher-acuity needs once they finally enter the health system.³ Transitional Access Clinics will mitigate this risk by ensuring that patients not only receive a referral for screenings and follow-ups but also leave with a scheduled appointment through a local ~~FQHC~~ community clinic or ~~DSH~~ health system partner, minimizing lapses in care.

By closing these gaps and addressing health needs upstream, Transitional Access Clinics also help reduce the number of patients who ultimately present to ~~DSHs~~ local safety net hospitals in crisis. ~~DSHs are often the first to~~ often face overcrowded emergency departments (EDs) as uninsured residents turn to hospitals for conditions that could be addressed in lower-acuity settings. By linking the Safety Net Bridge Program's Transitional Access Clinics with ~~DSH~~ local safety net

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health system partners, the County can provide front-end primary care, proactive care navigation, and coordinated referrals, thereby reducing unnecessary ED visits. This approach will ease pressure on ~~DSH facilities~~ safety net hospitals and decrease uncompensated high-acuity encounters, creating a more sustainable continuum of care for the region.

Beyond the provision of clinical services, ensuring reliable access to essential medications remains one of the most effective mechanisms for preventing avoidable emergency department utilization. The County is authorized under Section 340B of the Public Health Service Act to procure medications at substantially reduced prices. However, the value of these savings is diminished if patients are unable to obtain or adhere to prescribed therapies. One in seven emergency department visits among older adults are medication-related and over three-quarters are preventable.⁴ This reinforces the importance of integrating reliable medication access into the County's Transitional Access Clinics. By ensuring that residents losing benefits under H.R. 1 can continue to obtain and adhere to prescribed therapies, the Safety Net Bridge Program can reduce preventable emergency department utilization, ease pressure on local ~~DSHs~~ health systems, and strengthen the overall safety net. To achieve this, the County should identify and pursue grant opportunities that support expanding same-day access to essential medications free of charge.

The largest cost in clinical operations is staffing. Given budget limitations, the County cannot afford to fund a traditional paid primary care clinic workforce. Ensuring there are enough qualified providers to deliver care on a consistent basis requires creative strategies to incentivize participation from local health care professionals. All licensed providers must remain current with advances in patient care through continuing medical education (CME), as required by state licensing boards. These activities are often costly to register for, and while some employers offer partial or full reimbursement, many providers pay out-of-pocket. By developing a free community health CME program that integrates accredited clinical hours providing free care to the community, the County can leverage this requirement to attract volunteer clinicians while simultaneously advancing professional education and expanding access. To facilitate this goal, this item directs the CAO to explore opportunities for the County to develop a community health CME program and offer credits for local medical professionals.

Food Justice

Food insecurity remains a persistent challenge in San Diego County, disproportionately affecting low-income households, immigrant communities, and communities of color. As federal policy changes reduce access to nutrition assistance programs such as CalFresh, more residents are forced to rely on food banks and informal networks to meet their basic needs. Without intervention, these shifts will deepen inequities and increase pressure on already strained emergency food systems. The County has an opportunity to take a proactive role by advancing the recommendations outlined in the Office of Sustainability and Environmental Justice's Food Justice Community Action Plan. The initiatives outlined in the action plan identify strategies led by departments across the organization that address immediate hunger needs, reduce food waste, and promote community resilience.

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

The County should focus first on working with local community-based organizations that are already addressing food insecurity. Because these organizations already have established networks within the communities most impacted by hunger, they can help mobilize resources quickly to deliver immediate assistance while the County helps residents reconnect to benefits or transition to more stable sources of support. To sustain these efforts in a cost-effective manner, the County can also scale up edible food recovery in alignment with California’s SB 1383, which requires that 20% of edible food otherwise destined for landfills be recovered to combat both hunger and greenhouse gas emissions. However, effective food recovery depends on food access infrastructure. Investing in cold storage capacity at County facilities can ensure that donated and recovered food remains safe, fresh, and widely available. By capturing surplus food and redirecting it to those in need, the County can simultaneously reduce waste and improve access to nutritious food without imposing a large cost burden.

By introducing Transitional Access Clinics and food justice initiatives into a Safety Net Bridge Program, the County can build a stronger, more resilient safety net that addresses the growing community needs created by H.R. 1, providing medical care, nutrition and social services under one roof. This approach will not only address the immediate needs created by H.R. 1 but also strengthen long-term community health, reduce preventable illnesses, and advance equity by ensuring that no resident is left without support. The Safety Net Bridge Program will enable the County to respond swiftly and effectively to emerging needs, ensuring residents maintain access to essential services.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

This action supports the County of San Diego 2025-2030 Strategic Plan initiatives of Community and Equity by ensuring access for all to health and social services, providing services that enhance the community’s well-being, and ensuring the capability to respond to the needs of individuals in the community.

Respectfully submitted,



MONICA MONTGOMERY STEPPE
Supervisor, Fourth District

ATTACHMENT(S)

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

N/A

¹ Short, P. F., Graefe, D. R., Swartz, K., & Uberoi, N. (2012). New estimates of gaps and transitions in health insurance. *Medical Care Research and Review*, 69(6), 721–736. <https://doi.org/10.1177/1077558712454195>

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⁴ Park, S., Kim, A. J., Ah, Y.-M., Lee, M. Y., Lee, Y. J., Chae, J., Rho, J. H., Kim, D.-S., & Lee, J.-Y. (2022). Prevalence and predictors of medication-related emergency department visit in older adults: A multicenter linking national claim database and hospital medical records. *Frontiers in Pharmacology*, 13, 1009485. <https://doi.org/10.3389/fphar.2022.1009485>

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MONICA MONTGOMERY STEPPE

VICE CHAIR

**SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS**

AGENDA ITEM

DATE: November 4, 2025

12

TO: Board of Supervisors

SUBJECT

EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

OVERVIEW

Shifts in federal policy, including the implementation of H.R. 1, have created new barriers for residents seeking access to social safety net services. Revised Medi-Cal and CalFresh eligibility requirements will put thousands of San Diego County residents at risk of losing vital services. To mitigate these gaps, the County of San Diego (County) should seek innovative strategies to provide continuity of essential services for vulnerable groups.

To address these challenges, the County must find a way to expand healthcare access for residents without health coverage, strengthen food access for individuals and families experiencing food insecurity, develop strategies to reconnect residents with vital benefits and provide ongoing support to maintain eligibility.

The County Live Well Centers are community hubs where residents can access health and social services in one convenient location. These facilities are uniquely positioned to meet the needs of individuals who have lost coverage or face barriers to accessing services. Leveraging Live Well Centers or other County infrastructure and resources as sites for expanded clinical partnerships, volunteer-driven services, and community food justice initiatives will allow the County to integrate health, food, and social services in an efficient and equitable manner.

RECOMMENDATION(S)

VICE CHAIR MONICA MONTGOMERY STEPPE

1. Direct the Chief Administrative Officer to:
 - a. Explore partnership opportunities between County-operated clinics at one or more of the County's Live Well Centers or other County locations and local healthcare

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

providers to provide no-cost primary care medical services co-located with access to additional social services, as a Transitional Access Clinic.

- b. Explore opportunities for County Medical Care Services to expand Continuing Medical Education (CME) to develop community health education opportunities for local medical professionals, and to leverage volunteers to staff a community clinic through accredited clinical hours.
 - c. Identify and pursue grant opportunities to support new primary care clinical operations as Transitional Access Clinics at one or more of the County’s Live Well Centers or other identified locations, including funding streams that can sustain the administrative, physical and information technology infrastructure necessary to support volunteer-driven clinical operations.
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EQUITY IMPACT STATEMENT

Residents who are most at risk of losing Medi-Cal coverage are disproportionately low-income households, immigrants, and people of color. This action advances equity by prioritizing services for residents who have lost benefits or lack the ability to pay for care, communities most impacted by food insecurity, and populations historically underserved by the health system. By expanding

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access through a Safety Net Bridge Program, the County of San Diego will strengthen supports for residents most affected by cuts to safety-net programs.

SUSTAINABILITY IMPACT STATEMENT

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FISCAL IMPACT

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BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

With the implementation of H.R. 1, the County of San Diego (County) will face increasing pressure to meet the health care and social needs of residents who have lost access to public benefits or who lack the ability to pay for essential services. The County must take proactive steps now to strengthen its role in linking residents with trusted community partners, expanding access to care, and ensuring that safety net resources are equitably utilized. The purpose of this action is to explore sustainable strategies to expand access to health and food resources by leveraging the County’s Live Well Centers and building formal partnerships with local healthcare providers to form a Safety Net Bridge Program.

This action builds on the June 24, 2025 (9) Board direction responding to potential federal impacts from H.R. 1, which directed the CAO to develop a comprehensive strategy and funding plan to sustain key programs. The Safety Net Bridge Program operationalizes that strategy by focusing specifically on residents losing benefits under H.R. 1 and ensuring they can continue to access medical care, food, and supportive services at one or more of the County’s Live Well Centers. The Live Well Centers serve as a social services hub providing housing support, medical insurance

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

enrollment, nutrition assistance, and employment resources. However, the Live Well Centers lack two critical components essential to meeting the needs created by H.R. 1—direct medical services and same-day access to fresh food. This action is designed to address that gap by exploring opportunities to embed regularly scheduled Transitional Access Clinics and food access events within the Live Well Centers.

Transitional Access Clinics

Coverage transition creates instability even when people don't become uninsured. Each time someone is forced to switch health plans, they may lose access to their existing provider, face higher out-of-pocket costs, or be required to restart annual deductibles mid-year.¹ Unstable insurance is associated with a 36% increase in Emergency Department visits, office visits, and hospitalizations, while prescription use drops by about 19% compared to continuous Medicaid enrollment.² The proposed Transitional Access Clinics will reduce the harm of coverage transition by offering a stable, last-resort safety net, ensuring that residents have continuous access to primary care, medication, and care navigation until more permanent coverage and provider relationships are restored. Operating full-time, County-run primary care clinics that provide free medical care directly to residents is not a feasible model. However, the County can still expand access through partnerships with local community-based clinics and health systems, both of which play a central role in serving Medi-Cal and uninsured patients. Community clinics provide critical primary and preventive care and function as permanent, comprehensive health centers with consistent hours, credentialed staff, and comprehensive services to qualify. However, clinics that do not independently meet these standards can still expand access by operating clinics in partnerships with local community healthcare providers.

Larger health systems play a different but equally important role in the safety-net system by offering complex, hospital-level services and access to specialized equipment. For patients requiring specialized screenings and treatments, the Transitional Access Clinic can provide referrals to local health systems, which may receive reimbursement to care for uninsured and underinsured residents. One of the significant risks of unstable insurance coverage is that individuals often delay or forgo important screenings, specialist visits, and diagnostic tests because of uncertainty or gaps in coverage. This leads to more advanced disease at the time of diagnosis and higher-acuity needs once they finally enter the health system.³ Transitional Access Clinics will mitigate this risk by ensuring that patients not only receive a referral for screenings and follow-ups but also leave with a scheduled appointment through a local community clinic or health system partner, minimizing lapses in care.

By closing these gaps and addressing health needs upstream, Transitional Access Clinics also help reduce the number of patients who ultimately present to local safety net hospitals in crisis. Hospitals often face overcrowded emergency departments (EDs) as uninsured residents turn to them for conditions that could be addressed in lower-acuity settings. By linking the Safety Net Bridge Program's Transitional Access Clinics with local safety net hospitals, the County can provide front-end primary care, proactive care navigation, and coordinated referrals, thereby reducing unnecessary ED visits. This approach will ease pressure on safety net hospitals and

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

decrease uncompensated high-acuity encounters, creating a more sustainable continuum of care for the region.

Beyond the provision of clinical services, ensuring reliable access to essential medications remains one of the most effective mechanisms for preventing avoidable emergency department utilization. The County is authorized under Section 340B of the Public Health Service Act to procure medications at substantially reduced prices. However, the value of these savings is diminished if patients are unable to obtain or adhere to prescribed therapies. One in seven emergency department visits among older adults are medication-related and over three-quarters are preventable.⁴ This reinforces the importance of integrating reliable medication access into the County's Transitional Access Clinics. By ensuring that residents losing benefits under H.R. 1 can continue to obtain and adhere to prescribed therapies, the Safety Net Bridge Program can reduce preventable emergency department utilization, ease pressure on local health systems, and strengthen the overall safety net. To achieve this, the County should identify and pursue grant opportunities that support expanding same-day access to essential medications free of charge.

The largest cost in clinical operations is staffing. Given budget limitations, the County cannot afford to fund a traditional paid primary care clinic workforce. Ensuring there are enough qualified providers to deliver care on a consistent basis requires creative strategies to incentivize participation from local health care professionals. All licensed providers must remain current with advances in patient care through continuing medical education (CME), as required by state licensing boards. These activities are often costly to register for, and while some employers offer partial or full reimbursement, many providers pay out-of-pocket. By developing a free community health CME program that integrates accredited clinical hours providing free care to the community, the County can leverage this requirement to attract volunteer clinicians while simultaneously advancing professional education and expanding access. To facilitate this goal, this item directs the CAO to explore opportunities for the County to develop a community health CME program and offer credits for local medical professionals.

Food Justice

Food insecurity remains a persistent challenge in San Diego County, disproportionately affecting low-income households, immigrant communities, and communities of color. As federal policy changes reduce access to nutrition assistance programs such as CalFresh, more residents are forced to rely on food banks and informal networks to meet their basic needs. Without intervention, these shifts will deepen inequities and increase pressure on already strained emergency food systems. The County has an opportunity to take a proactive role by advancing the recommendations outlined in the Office of Sustainability and Environmental Justice's Food Justice Community Action Plan. The initiatives outlined in the action plan identify strategies led by departments across the organization that address immediate hunger needs, reduce food waste, and promote community resilience.

The County should focus first on working with local community-based organizations that are already addressing food insecurity. Because these organizations already have established networks

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within the communities most impacted by hunger, they can help mobilize resources quickly to deliver immediate assistance while the County helps residents reconnect to benefits or transition to more stable sources of support. To sustain these efforts in a cost-effective manner, the County can also scale up edible food recovery in alignment with California's SB 1383, which requires that 20% of edible food otherwise destined for landfills be recovered to combat both hunger and greenhouse gas emissions. However, effective food recovery depends on food access infrastructure. Investing in cold storage capacity at County facilities can ensure that donated and recovered food remains safe, fresh, and widely available. By capturing surplus food and redirecting it to those in need, the County can simultaneously reduce waste and improve access to nutritious food without imposing a large cost burden.

By introducing Transitional Access Clinics and food justice initiatives into a Safety Net Bridge Program, the County can build a stronger, more resilient safety net that addresses the growing community needs created by H.R. 1, providing medical care, nutrition and social services under one roof. This approach will not only address the immediate needs created by H.R. 1 but also strengthen long-term community health, reduce preventable illnesses, and advance equity by ensuring that no resident is left without support. The Safety Net Bridge Program will enable the County to respond swiftly and effectively to emerging needs, ensuring residents maintain access to essential services.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

This action supports the County of San Diego 2025-2030 Strategic Plan initiatives of Community and Equity by ensuring access for all to health and social services, providing services that enhance the community's well-being, and ensuring the capability to respond to the needs of individuals in the community.

Respectfully submitted,



MONICA MONTGOMERY STEPPE
Supervisor, Fourth District

ATTACHMENT(S)

N/A

SUBJECT: EXPLORING OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS (DISTRICTS: ALL)

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County of San Diego Board of Supervisors
AGENDA ITEM INFORMATION SHEET

14

AGENDA ITEM SUBJECT/TITLE:
ENHANCING HOMELESSNESS SUPPORTS THROUGH EXPANDED WITHDRAWAL MANAGEMENT SERVICE ACCESS (DISTRICTS: ALL)

REQUIRES FOUR VOTES:

Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION §1000.1 REQUIRED:

Yes No

NOTICED PUBLIC HEARING REQUIRED:

Yes No

PROJECT UNDER CEQA:

Yes No

If Yes, approval of CEQA document required?

Yes No

DECISION WITHIN GOVERNMENT CODE SECTION 84308:

Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

BOARD POLICIES APPLICABLE:

Board Policy A-72, Board of Supervisors' Agenda and Related Processes

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

ORIGINATING DEPARTMENT: District 1

OTHER CONCURRENCE(S): District 4

INTERNAL REVIEW COMPLETED: YES NO

Bardia.Moojedi@sd county.ca.gov
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Date: 2025.10.23 14:35:26 -0700
Signature

CONTACT PERSON(S):

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Michael Kennedy

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Lyle.Pavuk@sdcounty.ca.gov
Date: 2025.10.09 15:56:52 -0700'

E-mail
Michael Kennedy
2025.10.16 16:26:56 -0700'
2025.001.20693

Signature

Signature



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

PALOMA AGUIRRE
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: November 04, 2025

TO: Board of Supervisors

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SUBJECT

CLOSED SESSION (DISTRICTS: ALL)

OVERVIEW

- A. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION**
(Paragraph (1) of subdivision (d) of Section 54956.9)
Arabella McCormack, et al. v. San Diego Rock Church, et al.;
San Diego Superior Court Case No.: 37-2023-00029738-CU-PO-CTL

- B. **PUBLIC EMPLOYEE**
(Government Code section 54957)
Title: County Counsel

- C. **CONFERENCE WITH LABOR NEGOTIATORS**
(Government Code section 54957.6)
Designated Representatives: Susan Brazeau, Clint Obrigewitch
Conference with Labor Negotiators: Employee Organizations and Unrepresented
Employees: Teamsters Local 911, Deputy District Attorney Association, Deputy District
Attorney Investigators' Association, Deputy Sheriff's Association of San Diego County,
San Diego Deputy County Counsels Association, San Diego County Probation Officers'
Association, Public Defender Association of San Diego County, San Diego County
Supervising Probation Officers' Association, Service Employees International Union,
Local 221 and all unrepresented employees.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

At the direction of the Board.

EQUITY IMPACT STATEMENT

N/A

SUBJECT: CLOSED SESSION (DISTRICTS: ALL)

SUSTAINABILITY IMPACT STATEMENT

N/A

FISCAL IMPACT

N/A

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

N/A

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

N/A

Respectfully submitted,

David J. Smith

DAVID J. SMITH
Acting County Counsel

ATTACHMENT(S) N/A

County of San Diego Board of Supervisors
AGENDA ITEM INFORMATION SHEET

AGENDA ITEM SUBJECT/TITLE:
CLOSED SESSION (DISTRICTS: ALL)

REQUIRES FOUR VOTES:

Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION §1000.1 REQUIRED:

Yes No

NOTICED PUBLIC HEARING REQUIRED:

Yes No

PROJECT UNDER CEQA:

Yes No

If Yes, approval of CEQA document required?

Yes No

DECISION WITHIN GOVERNMENT CODE SECTION 84308:

Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

N/A

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: County Counsel

OTHER CONCURRENCE(S): N/A

INTERNAL REVIEW COMPLETED: YES NO David J. Smith

Digitally signed by David J. Smith
Date: 2025.10.31 07:56:15 -0700'

Signature

CONTACT PERSON(S):

David J. Smith

Name

(619) 515-4437

Phone

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E-mail

Name

Phone

E-mail

David J. Smith

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Signature

Signature

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