



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.
 - 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

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

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 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

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

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)

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>

² Banerjee, R., Ziegenfuss, J. Y., & Shah, N. D. (2010). Impact of discontinuity in health insurance coverage on health care utilization: A longitudinal study and implications for health reform. *BMC Health Services Research*, 10, 195. <https://doi.org/10.1186/1472-6963-10-195>

³ Yabroff, K. R., Reeder-Hayes, K., Zhao, J., Halpern, M. T., Lopez, A. M., Bernal-Mizrachi, L., Collier, A. B., Neuner, J., Phillips, J., Blackstock, W., & Patel, M. (2020). Health insurance coverage disruptions and cancer care and outcomes: Systematic review of published research. *Journal of the National Cancer Institute*, 112(7), 671–687. <https://doi.org/10.1093/jnci/djaa048>

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>