



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: March 24, 2026

27

TO: Board of Supervisors

SUBJECT

RETURN BACK ON OPTIONS FOR ESTABLISHING A SAFETY NET BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS IN SERVICES FOR RESIDENTS DISENROLLED FROM BENEFIT PROGRAMS AND AUTHORIZE IMPLEMENTATION PLANNING FOR A SAFETY NET BRIDGE PROGRAM PILOT (DISTRICTS: ALL)

OVERVIEW

On November 4, 2025 (12), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to explore opportunities to establish a Safety Net Bridge program. This program would provide no-cost primary care medical services co-located with social services, same-day access to prescription medication free-of-charge, and same-day access to fresh food to address anticipated gaps in services due to barriers created by shifts in federal policy.

In partnership with the Board office that initiated this action, County of San Diego (County) staff assessed the anticipated impacts of new eligibility requirements, analyzed existing County and community resources, gathered extensive community input, and developed six potential options to support residents disenrolled from benefit programs. This work builds on a broader County strategy focused on proactive customer service, advocacy, technology solutions, workforce readiness, and strong community partnerships. The results of the assessment are included in the Safety Net Bridge Feasibility Analysis Report (Attachment A).

Today's action requests the Board receive the Safety Net Bridge Feasibility Analysis Report. In addition, today's action authorizes staff to develop and refine a proposed pilot in one or more of the identified high-need areas as outlined in the Implementation Plan in the Safety Net Bridge Feasibility Analysis Report and return to the Board within 180 days with the pilot proposal for approvals and authorizations needed to implement. These actions align with a larger, coordinated County strategy to strengthen the safety net and assist eligible persons to access health care and resources amidst State and federal policy changes. Subsequent Board action would be needed to implement any of the Safety Net Bridge options proposed.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive the Safety Net Bridge Feasibility Analysis Report.

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2. Authorize the Chief Administrative Officer to ~~move forward with the~~ develop an Implementation Plan ~~included in~~ based on the Safety Net Bridge Feasibility Analysis Report to develop a pilot in one or more ZIP Codes identified as high-need areas where Medi-Cal disenrollment is most likely, and return to the Board within 180 days for any authorization and appropriations needed for pilot implementation.

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. The Safety Net Bridge Feasibility Analysis describes options to expand access to critical health care resources and strengthen social service supports for residents, which are anticipated to be directly impacted by changes in federal and State policy.

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 primary care while also reducing food waste through recovery and distribution.

FISCAL IMPACT

There is no fiscal impact for Fiscal Year (FY) 2025-26 associated with today's recommendation. There may be future fiscal impacts based on the implementation of the options described in the Safety Net Bridge Feasibility Analysis Report. Any such recommendations would be brought to the San Diego County Board of Supervisors for consideration and approval at a subsequent date. There is no change to net general fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Safety Net Bridge Feasibility Analysis was presented to the Health Services Advisory Board on March 10, 2026, and the Healthy San Diego Consumer and Professional Advisory Committee on March 12, 2026.

BACKGROUND

On November 4, 2025 (12), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to explore opportunities to establish a Safety Net Bridge program that would provide no-cost primary care medical services co-located with social services, same-day access to prescription medication free-of-charge, and same-day access to fresh food to address anticipated gaps in services due to barriers created by shifts in federal policy.

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In partnership with the Board office that initiated this action, County of San Diego (County) staff have assessed potential gaps in service as a result of changes to eligibility programs, mapped out the current landscape and existing resources for providing Transitional Access Clinic services, and generated options for the Board's consideration to prepare for the potential impacts of residents losing access to food assistance and primary care.

Under new federal and State rules, significant portions of the San Diego County's population may face reduced or lost CalFresh and Medi-Cal benefits, leading to a growing gap in the areas of access to food, continuity of primary care, and access to prescription medication. Various agencies have produced different estimates for Medi-Cal impacts. Using the methodology from the California Department of Health Care Services, it is anticipated that approximately 100,000 of the 314,000 San Diego County Medi-Cal recipients subject to the new requirements will be at risk of losing coverage. Existing County resources, including Public Health Centers and pharmacies, do not currently provide primary care, limiting their ability to serve as a fully integrated safety net without new investments or partnerships.

In response to the Board's direction, County staff built upon a series of listening sessions held in 2025 with 94 community health and social care providers, consumers and advocates and created additional opportunities to gather input from community partners. Opportunities included in-person visits to observe delivery of primary care services, including community health fairs, federally qualified health centers, and mobile medical units; in-person conversations with Medi-Cal members (304 adults attended Community events, which were held in every supervisorial district); participation in curated conversations led by the Board office initiating this action; and multiple conversations and meetings with clinical and social care leaders throughout the region, including those with clinic directors to estimate staffing and productivity standards.

Based on an assessment of existing resources and extensive community input, County staff developed six potential Transitional Access Clinic options to support residents disenrolled from benefit programs. This work builds on a broader County strategy focused on proactive customer service, advocacy, technology solutions, workforce readiness, and strong community partnerships.

On February 5, 2026, County staff provided via a memorandum, a preliminary feasibility analysis that detailed the six Transitional Access Clinic options that vary in scope, cost, infrastructure requirements, and implementation timeline. All options deliver primary care, assistance with reenrolling in benefits, and access to medications and food. Since then, County staff have further refined the Transitional Access Clinic options outlined in the Safety Net Bridge Feasibility Analysis Report (Attachment A). The following provides an overview of the six proposed options:

1. Telehealth Transitional Access Clinic

A low barrier, scalable virtual model leveraging County volunteers or Community Health Centers. It has minimal facility requirements but requires investment in telehealth platforms and pharmacy strategies.

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2. Expand Capacity at Existing Free Clinics

Builds on two existing free clinic networks to add clinic sites, medication support, and eligibility assistance.

3. Mobile Medical Units at Live Well Centers

Deploys mobile clinics at County Live Well Centers. Timelines are shorter than brick and mortar clinics but require pharmacy solutions and staffing.

4. County Operated Transitional Access Clinics in Live Well Centers

Establishes permanent primary care clinics within existing County facilities. This option requires the most significant infrastructure, licensing, and information technology investments.

5. Community Health Fairs

Provides flexible, geographically targeted services through mobile medical units in partnership with community health centers. This option can be deployed quickly and supports the delivery of services within communities, meeting individuals where they are.

6. Contract with Community Health Centers for Medical Care and Linkage to Social Services

Subsidizes visits, medication, and food through existing clinic contracts (similar to the County Medical Services model), enabling residents to remain with their established primary care providers.

A separate description of food access resources is included in the Safety Net Bridge Feasibility Analysis Report with a menu of food access options that can be combined with the different clinic models.

County staff recommend a phased approach to implementation, beginning with a pilot in a geographically high need area where Medi-Cal disenrollment is most likely. Pilot findings would inform expansion and refinement of Transition Access Clinic models. Longer term decisions, including potential pursuit of FQHC lookalike status, infrastructure investments, and partnership structures, will depend on available funding, policy guidance, and identified community needs. County staff will develop and return to the Board with a proposed pilot that incorporates pending direction received from the State on implementation of Medi-Cal work requirements, further analysis of data available to determine ZIP codes most likely to experience the greatest impact, and recommendations on clinic options most feasible in the identified ZIP codes.

In addition, On March 3, 2026 (17), the Board of Supervisors directed the Chief Administrative Officer to analyze and make recommendations for reforms to County Medical Services and Board Policy A-67 on Primary Care Services, the County's indigent health care as required by State law. The Safety Net Bridge program framework will need to coordinate and align with any changes to the County's indigent care program.

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Today's action is to receive the Safety Net Bridge Feasibility Analysis Report. In addition, today's action authorizes staff to develop and refine a proposed pilot in one or more of the identified high-need areas as outlined in the Implementation Plan in the Safety Net Bridge Feasibility Analysis Report and return to the Board within 180 days with the pilot proposal for approvals and authorizations needed to implement. These actions align with a larger, coordinated County strategy to strengthen the safety net and assist eligible persons to remain enrolled amidst State and federal policy changes. Subsequent Board action would be needed to implement any of the Safety Net Bridge options proposed.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

This action supports the County of San Diego 2026-2031 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,



FOR

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Safety Net Bridge Feasibility Analysis Report