

**County of San Diego Board of Supervisors  
AGENDA ITEM INFORMATION SHEET**

**AGENDA ITEM SUBJECT/TITLE:**

ADJUST THE FISCAL YEAR 2024-25 ADMINISTRATIVE BUDGET FOR THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY AND ADOPT THE FINAL FISCAL YEAR 2025-26 ADMINISTRATIVE BUDGET FOR THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY (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:**

June 3, 2025 (16), Budget Hearing: Chief Administrative Officer's Recommended Operational Plan for Fiscal Year (FY) 2025-26 and 2026-27; June 25, 2024 (IA01), Adopted of Final FY 2024-25 Administrative Budget for the In-Home Supportive Services Public Authority; June 4, 2024 and June 6, 2024 (IA01), Budget Hearings: Chief Administrative Officer's Recommended Operational Plan for FY 2024-25 and 2025-26; May 14, 2024 and May 21, 2024 (IA01), Chief Administrative Officer Recommended Operational Plan for FY 2024-25 and 2025-26 for the County Family of Funds, Enterprise Funds and Internal Service Funds, the County Service Areas, Lighting and Maintenance Districts, Permanent Road Divisions, San Diego County Sanitation District, San Diego County Flood Control District, In-Home Supportive Services Public Authority, San Diego County Fire Protection District and County Successor Agency; June 27, 2023 (IA01), Adopted Final FY 2023-24 Administrative Budget for the In-Home Supportive Services Public Authority; February 7, 2023 (IA01) approved the ratified Memoranda of Understanding between the County of San Diego In-Home Supportive Services Public Authority and United Domestic Workers of America.

**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:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** N/A

INTERNAL REVIEW COMPLETED:    YES ☒    NO ☐

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Signature

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