



County of San Diego
HEALTH SERVICES ADVISORY BOARD
Meeting | Zoom | CAC Rm 402

Tuesday, September 16, 2025, 3:00pm to 5:00pm

MEETING MINUTES

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
13			Abrams, Lauren (Alternate)	✓	<p>Amy Thompson, Executive Finance Director, Health and Human Services Agency</p> <p>Jennifer Tuteur, MD, Chief Medical Officer, Medical Care Services Department</p> <p>Sayone Thihalolipavan, MD, MPH, Public Health Officer, Public Health Services Administration</p> <p>Rhonda Freeman, MPH, Branch Chief, Assistant Medical Services Administrator, MCFHS</p>	Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS, HHSA
2	1	Afflalo, Dr. Suzanne				Elizabeth Hernandez, PhD, Director, PHS, HHSA
6	3	Alexander-Myers, Deanna		✓		Anuj Bhatia, DrPH, Deputy Director, PHS, HHSA
12		Alexiou, Dimitrios				Rhonda Freeman, MPH, Branch Chief, Assistant Medical Services Administrator, MCFHS, PHS, HHSA
8	4		Arroyo, Geysil (Vice-chair)	✓		Romina Morris, Departmental Budget Manager, PHS Admin, PHS, HHSA
20	2		Coda, Besma (Alternate)			Kevin Gabriel, Agency Program & Ops Manager, PHS Admin, PHS, HHSA
17		Dailey, Jack		✓		Susan Callies, Admin Sec IV, PHS Admin, HHSA
4	2	Floyd, Victoria				Kathrina Fulgueras, Admin Sec III, PHS Admin, HHSA
14		Franciscus, Joanne				Talq Tera, Information Technology Analyst, PHS Admin, HHSA
13		Fraser, Tim				
9	3		Galindez, Aida (Alternate)	✓		
18	3		Greene, Dorothy (Alternate)			
11		Hegyi, Paul		✓		
2	1		Ilango, Samhita (Alternate)			
14			Jacobs, Kris (Alternate)			
3	2	Jantz, Barry (Chair)		✓		
14		Franciscus, Joanne		✓		
7	4	Lepanto, James		✓		
11			Ohmstede, Jennipher (Alternate)			
17			Perez, Alex (Alternate)			
16		Seldin, Dr. Harriet		✓		

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
	2	Sly, Kelsey		✓		
12			Sumek, Caryn (Alternate)	✓		
5	3	Walters, Todd				
15		Yates, Judith		✓		

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

<p>I. WELCOME & INTRODUCTIONS</p>	<p>A. Roll Call</p> <ul style="list-style-type: none"> a. Geysil Arroyo called the meeting to order at 3:00 PM. b. Introduction of Kelsey Sly, CEO/Exec Director, Seaport Scripps Home Health <p>B. Remarks from the Chairperson. None.</p> <p>C. Approval of September Agenda</p> <ul style="list-style-type: none"> a. The motion to approve the agenda was made by Jack Dailey and Deanna Alexander-Myers b. Roll Call: All members in attendance voted Aye. In Person: Geysil Arroyo, Lauren Abrams, Deanna Alexander-Myers, Jack Dailey, Aida Galindez, Paul Hegyi, Joanne Franciscus, James Lepanto, Dr. Harriet Seldin, Kelsey Sly, and Judith Yates. Virtual: Caryn Sumek and Barry Jantz. <p>D. Approval of August Meeting Minutes</p> <ul style="list-style-type: none"> a. The motion to approve the minutes was made by Dr. Harriet Seldin and seconded by Jack Dailey. b. Roll Call: All members in attendance voted Aye. <p>E. HSAB Attendance Confirmation</p> <ul style="list-style-type: none"> a. NO members are out or not in attendance due to emergency circumstances or absent due to other items.
<p>II. PUBLIC COMMENT</p>	<p>There was no public comment.</p>
<p>III. INFORMATIONAL ITEMS</p> <ul style="list-style-type: none"> A. Health and Human Services Agency (HHS)A) Realignment Funding Overview, Amy Thompson, Executive Finance Director, Health and Human Services Agency B. HHS)A) Proposal for Community Reinvestment Funds Presentation, Jennifer Tuteur, MD, Chief Medical Officer, Medical Care Services Department C. Public Health Services: Board Policy A-009 – Tobacco and Electronic Smoking Device Use, Prevention and Cessation, Sayone Thihalolipavan, MD, MPH, Public Health Officer, Public Health Services Administration 	<div data-bbox="737 894 1858 1317" data-label="Image"> <p>HHS)A) REALIGNMENT FUNDING OVERVIEW (HEALTH FOCUS)</p> <p>County of San Diego Health and Human Services Agency September 2025</p> <p>COUNTY OF SAN DIEGO LIVE WELL SAN DIEGO</p> </div> <p>A. Health and Human Services Agency (HHS)A) Realignment Funding Overview, Amy Thompson, Executive Finance Director, Health and Human Services Agency</p>

Questions and Comments:

James Lepanto: The \$1.2 million for administrative support, is that coming out of realignment or indirect? Why would it come out of realignment?

Amy Thompson: You're right. That \$1.2 million is sitting in the administrative support section of the county budget. We also have some behavioral health realignment, some social services realignment, and some other program revenue. It's just allocating and general-purpose revenue. And so, our administrative support department, all our departments in HHSA benefit from that support rather than allocate out the cost, because we could do this too, I think this happens in Land Use and Environment group, in their administrative support. They charge each department and budget in the departments. We keep our administrative support budget, just managed centrally, and then we bring in and budget some program revenue to offset some of those.

Just a small portion. There, there would be more than just the \$1.2 million that benefits health and administrative support.

Judith Yates: Can I assume that, because it's 25-26, that this is anticipating the removal of Behavioral Health Services from HHSA during the 26 years, that being diminished length of some realignment dollars, not the whole budget?

Amy Thompson: I don't know if everyone knows, but there was recent board direction, and Liz will talk more about it, to have Behavioral Health Services move out of the agency because it's grown so much and become its own stand-alone organizational unit. This does not anticipate that, because this is what was actually adopted as part of the budget, where we did not actually have board direction at that time. But you are right, so that big... the \$232 million of behavioral health realignment. Maybe as soon as next year, but there's still a process to figure out. That would come out of HHSA and would go to Behavioral Health.

James Lepanto: So, for fiscal year 24-25, that was... that was the adopted budget, and that was projections, based on projections, basically, correct? How did it actually play out? What were the actuals, as opposed to what we projected and approved for a budget, which things changed automatically, I mean, obviously. So, in 24-25, what were the actuals? Are we seeing them up there, or not?

Amy Thompson: You're not seeing them up here. I don't have the off top of my head, but yes, we can get them. I will say that with the health realignment budget of \$74 million, we were able to put forward several strategies for board approval that allowed us to hold back some of that health realignment, as you'll see on another slide, I want to continue to use it to help plug the gap in the next budget year. So, I know for sure, if we look at our health realignment actuals, what we actually booked was probably \$60 million or \$64 million, or so. It was quite a bit less, because we leveraged,

opioid settlement funds in some cases, and tobacco settlement funds, and shifted things around so that we could free up capacity in public health services, so that we could hold on to more of that one-time realignment. The general-purpose revenue budget of \$31 million, I know that also came in. We'll find the adjusted budget. In theory, under budget, because we got, some REBA FEMA reimbursements, we're still getting paid back for our COVID response activities that we claim to FEMA. We don't budget any of that anymore, because we have no idea, like, what... so we've gotten a lot of it now, but we don't know when it's going to come back to us, so when it does it frees up general purpose revenue, creates fund balance. That's what you'll hear the board talk about as one of the strategies to replenish the reserves at the county level is using the FEMA receipts. ~~Are we in jeopardy of not getting the FEMA back because of the changes in FEMA?~~

James Lepanto: Are we in jeopardy of not getting the FEMA back because of the changes in FEMA?

Amy Thompson: There's always concern, and with the changes, there's concern. There's nothing concrete yet to make us think we are in jeopardy.

James Lepanto: So that money we still have left, in looking at that for the next 2 years, 13.6 and 13.4 million, are we expecting additional cuts?

Amy Thompson: For 26-27, you can see that we have enough, as of right now, after any other changes, to balance us to the amount of health realignment that we have budgeted today. But are we expecting additional cuts in general for the agency, which could include Public Health Services? I would say, yes. Because we're planning towards eventually resolving this longer-term gap and we have, this is before any of the additional cost pressures and labor increases, retirement increases, contract increases, we know we don't have enough general-purpose revenue or realignment coming in to cover anything new, so we're continuing to prioritize.

James Lepanto: So that money we still have left, is that going to be used to backfill the projected cuts for those periods 25-26 and 26-27?

Amy Thompson: It's going to be used to reduce the amount of cuts that we'll have to make, I would say. Because if we didn't have that, we would have to find a way to cover all the new requests for funding, just because of escalating costs and other things coming in. Plus, before any new costs at all, we would have to plug a \$10 million, or \$13 million poll in 26-27. This will allow us to not worry about this particular hole so much in 26-27, but we're still going to have to plan long-term, and plan for any new cost savings. We are going to use it. That was intentional. To try to shift things around to hold back more so that we can use it, so that we can avoid, hopefully, the most severe cuts.

James Lepanto: You know my interest in this, and I was told to bring it up, is I have been very passionate about supporting public health funding and also sustainable funding. And obviously, we know that it's an unpredictable time right now, so I compliment the County, a lot of credit to the County, dealing with what you're dealing with daily, I mean, what you have to do with keeping up with this and your team. So, my two questions: One is, I'm very familiar with the

process that starts in the fall, which you don't, and the departments give you the information. But as the year goes on and whether it be currently now with funding issues and funding being taken away and all that, or just the normal course, as far as the departments, as far as public health, that's my interest here is, are they involved in the process of decision making, identify the priorities? I realize that Public Health Service kind of goes all the way through the County in a lot of different areas, but as far as the department, is their leadership involved or their experts in coming in and advising on the budget of what is a priority, and giving their input? Or is that them?

Amy Thompson: They are experts in this space, so we rely heavily on the Public Health team, and I know, because Liz and I have sat through many meetings going through prioritization. We take Public Health's recommendations, obviously, there's a dialogue and there's sometimes questions, but I think for the most part, we rely on what the Public Health team is saying is their priority. And we know how much funding; how much realignment and general-purpose revenue is in their budget and available. And so, I would say it's Public Health discretion to budget those funds and the way they see fit.

James Lepanto: Final question for you. When we get new funding, maybe it's coming through grants or board letters or whatever, that offsets realignment dollars, correct? So, if that's being offset, and was previously budgeted, where does that realignment money go then?

Amy Thompson: Right now, today, it would just fill the gap, because we have that existing realignment hole, so we would use it to mitigate any other reductions because we don't have enough realignment. Six years ago, if it were a year where we didn't have this realignment gap, we were in rosier budget times, then typically, Public Health might have something else they want to fund one time. If there wasn't anything, immediately, on the horizon that would necessitate using it, then we would hold onto it and wait, but it doesn't go anywhere. It stays within. Right now, the Health and Human Services Agency, designated for public health because it's health services realignment.

COUNTY OF SAN DIEGO HHSA COMMUNITY REINVESTMENT PROPOSAL



11 September 2025

- B. HHSA Proposal for Community Reinvestment Funds Presentation, Jennifer Tuteur, MD, Chief Medical Officer, Medical Care Services Department

Questions and Comments:

Judith Yates: I just wanted, you know, for the benefit of the room, as well as you, to compliment you on seeking out the health plan's input on this, because I think one of the reasons that some of our collaboration hasn't been as highlighted as it might have been in years gone by, is that we didn't always take that approach. So, I think it's really wise of us to want to just strongly partner with them so that we can get effective, reasonable response from them, not just, you know, the begrudgingly, okay, you know, we need to do a little better than that. I think we can, but it relies on them, us respecting their needs and their environment, and how we can make the best of what they can both have to do as well as can do. So thank you for that, because I think it's really an important step forward.

Jack Dailey: Dr. Tuteur, thank you for the presentation, it is an excellent tool. I'm curious, the APL indicates that the plans are to be collecting stakeholder input and collecting data. Can you speak to that piece, this sounds like the County came up with these recommendations. Will the plan also be coming up with their own recommendations, or collect... doing their own stakeholder collection, data collection?

Jennifer Tuteur: Absolutely, absolutely. So, this is just a proposal of broad areas for them to really focus on, and hoping that then when the plans work together, either through Healthy San Diego Health Plan Workgroup or when they go to their community advisory committees, the CACs, which they're also required to do, that they might have a starting point. Ultimately, each plan needs to come up with a proposal DHCS tells each plan, they do the calculations based on the net income, their quality scores, and everything related to that county and their membership in that county, and DHCS will tell each plan, you have \$1.5 million, you have \$50 million that you need to invest in this county over these years. And then the plan then has time, a period of months, to put together the plan, i.e. the health plan, has time to put together their community reinvestment plan or proposal to the state. The state then evaluates it, ensures that they meet the five mandatory use categories, they don't, you know, propose paying for free mammograms. For women 65 to 70, if that's what, you know, their quality measure that was low, you can't do that either. So, so, we... ultimately, each health plan is responsible for creating its own community reinvestment proposal and sending it to the state. But we wanted to bring them all together, let them know, our thoughts and suggestions on this, and hope to give them a starting point so that whatever they came up with aligned with what, what our information, whether it's the health assessments and the CHIP and the P&A, or other things that we've heard and seen in our own work what we really thought was important.

COUNTY OF SAN DIEGO, CALIFORNIA BOARD OF SUPERVISORS POLICY	
Subject	Policy Number
Tobacco and Electronic Smoking Device Use, Prevention and Cessation	A-99

- C. Public Health Services: Board Policy A-009 – Tobacco and Electronic Smoking Device Use, Prevention and Cessation, Sayone Thihalolipavan, MD, MPH, Public Health Officer, Public Health Services Administration

Purpose

To establish policy guidelines for programs dealing with tobacco and electronic smoking device use, prevention and cessation.

Background

The use of tobacco constitutes a major and serious public health hazard. Tobacco use exacts an increased burden of disease, disability, and death. Smoking and secondhand smoke (SHS) exposure causes [approximately one of every five deaths nationally](#). Smoking and exposure to SHS has been determined to be a causal factor in [over 490,000 premature deaths a year nationally](#), with [40,000 occurring in California](#). The California Air Resources Board declared [environmental tobacco smoke or SHS a toxic air contaminant](#), which may cause or contribute to an increase in morbidity or mortality. Each year, [SHS is responsible for 19,000 deaths nationally](#). SHS is associated with the [increased risk of lower respiratory tract infections in children](#). The costs associated with smoking are around [\\$241 billion per year in health expenditures, of which \\$6.5 billion are related to SHS, and \\$365 billion in lost productivity](#). These costs are borne by taxpayers through federal, state, and local programs, such as Medicaid and Medicare. The opportunity and responsibility exist for the San Diego County Board of Supervisors to take social, educational, and legislative action to discourage tobacco use, restrict tobacco industry influence, eliminate exposure to SHS, and thereby protect and promote the health of the citizens of San Diego County. Electronic smoking devices include electronic cigarettes (commonly called vapes), electronic cigars, electronic cigarillos, electronic pipes, and electronic hookah. Electronic smoking device use is rising in popularity, particularly among [youth](#) who are less likely to smoke traditional cigarettes. The 2024 National Youth Tobacco Survey showed that [2.25 million middle and high school students reported using any tobacco product one or more times in the past 30 days, down from 2.80 million in 2023](#). However, in 2024, e-cigarettes remained the most used tobacco product among middle and high school students, with [1.63 million students using an e-cigarette at least once in the past month](#). The [majority \(87.6%\) of students currently using e-cigarettes used flavored e-cigarettes](#). Further, in 2024, [more than 1 in 4 \(26.3%\) middle and high school students used an e-cigarette product daily](#).

The Centers for Disease Control and Prevention (CDC) states that the [use of an electronic cigarette device is unsafe](#) for kids, teens, and young adults. Most devices contain nicotine, which is [highly addictive and can harm adolescent brain development](#), specifically the parts of the brain that control attention, learning, mood, and impulse control. There is a [similar effect on serum cotinine levels](#), a by-product of nicotine, in those who are exposed to tobacco and electronic cigarettes, as both a user and passive bystander. The [aerosol released from electronic smoking devices contain known toxins](#), with some metals at even higher concentrations than in cigarette smoke.

According to the CDC, tobacco use, including cigarettes, smokeless tobacco, and electronic smoking devices, [greatly increases the risk of oral cancer, gum disease, tooth loss, and cavities](#). [Smokers are twice as likely to develop gum disease as non-smokers](#), and the disease is harder to treat among tobacco users.

The County of San Diego (County) is committed to improving the health of its more than 3 million residents, and identifies tobacco use as a primary impediment to achieving optimal health.

This policy supports the regional *Live Well, San Diego* vision of a healthy, safe, and thriving region, by providing direction for pursuing policy changes for a healthier environment.

Policy

It is the policy of the San Diego County Board of Supervisors to:

1. Support and strengthen the County tobacco regulatory ordinances as an ideal vehicle for tobacco use prevention, cessation, and enforcement programs. Commensurate with the State definition, a “tobacco product” means any of the following: a product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff. Any component, part, or accessory of a tobacco product, whether or not sold separately.
 - The State definition of a ‘tobacco product’ include “electronic smoking devices” which are defined as an electronic and/or battery-operated device, the use of which may resemble smoking, which can be used to deliver an inhaled dose of nicotine or other substances.
 - An “electronic smoking device” includes any such electronic smoking device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, vapes, vape pen, or any other product name or descriptor.
 - “Tobacco product” does not mean drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration for use in mitigation, treatment, or prevention of disease.
2. Support utilization of the media, such as radio, television, outdoor advertising, print and social media, in presenting focused and timely information on anti-tobacco issues and living tobacco-free.
3. Direct the Health and Human Services Agency (the “Agency”) to work with other County departments to integrate cessation treatment services and to provide tobacco use prevention and cessation information to County employees.
4. Support school and youth peer-oriented approaches for the development of both tobacco-use prevention and cessation activities in San Diego schools and youth-serving agencies.
5. Support and facilitate the adoption and implementation of tobacco prevention policies among municipalities throughout the County and coordinate county-wide tobacco prevention efforts among local organizations.

<div><div><div>6. Support and enforce any County ordinances related to the sale of tobacco products by retailers in the unincorporated area of the County.</div><div>7. Direct the Agency to collect, tabulate and analyze vital, morbidity, mortality, and other data related to tobacco use for the planning and implementation of local tobacco control and prevention programs.</div><div>8. Support federal, state, and local legislation, regulations, and programs implementing tobacco use prevention and cessation activities.</div><div>9. Address policy conflicts between government support of medical care and tax generation, and tobacco growth, sales, and advertising.</div><div>10. Educate, facilitate, and assist city and county policymakers, staff, and residents about adopting and implementing tobacco and smoke-free policies, reducing tobacco product waste in outdoor environments, and ending the sale of tobacco products.</div><div>11. Authorize the Deputy Chief Administrative Officer of the Agency to carry out any additional activities necessary to reduce the impact of tobacco product use in San Diego County, including but not limited to:<div><div>• Limiting tobacco promoting influences.</div><div>• Reducing access to tobacco products.</div><div>• Reducing exposure to second-hand smoke, tobacco smoke residue, and tobacco product waste.</div><div>• Promoting cessation, the integration of cessation treatment services, and 100% tobacco-free environments on County properties.</div></div></div></div><div><div>Sunset Date</div><div>This policy will be reviewed for continuance by 12-31-32.</div></div><div><div>Board Action</div><div>06-05-84 (25)</div><div>12-13-88 (73)</div><div>12-05-96 (36)</div><div>07-10-01 (15)</div><div>04-25-06 (4)</div><div>12-09-08 (33)</div><div>01-24-12 (10)</div><div>11-05-13 (24)</div><div>03-11-14 (7)</div><div>11-13-18 (17)</div><div>11-04-25 (X)</div></div></div>	<div><div>CAO Reference</div><div>1. Health and Human Services Agency</div><div>2. County Counsel</div></div>
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Questions and Comments:

No questions or comments.



IV. ITEMS FOR APPROVAL

- A. Authorize Acceptance of Title V Maternal and Child Health Block Grant Allocation Including the Perinatal Equity Initiative Allocation from the California Department of Public Health, Rhonda Freeman, MPH, Branch Chief, Maternal Child and Family Health Services Branch

AUTHORIZE ACCEPTANCE OF TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT AND THE PERINATAL EQUITY INITIATIVE FUNDING ALLOCATION FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES



Rhonda Freeman, MPH Branch Chief
Maternal, Child, and Family Health Services
Public Health Services

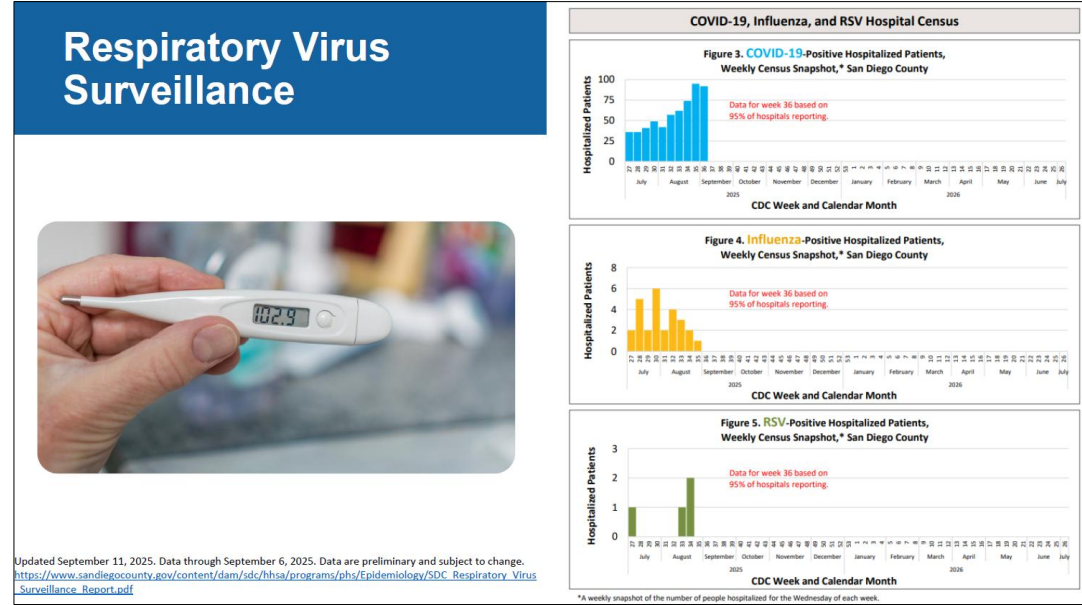
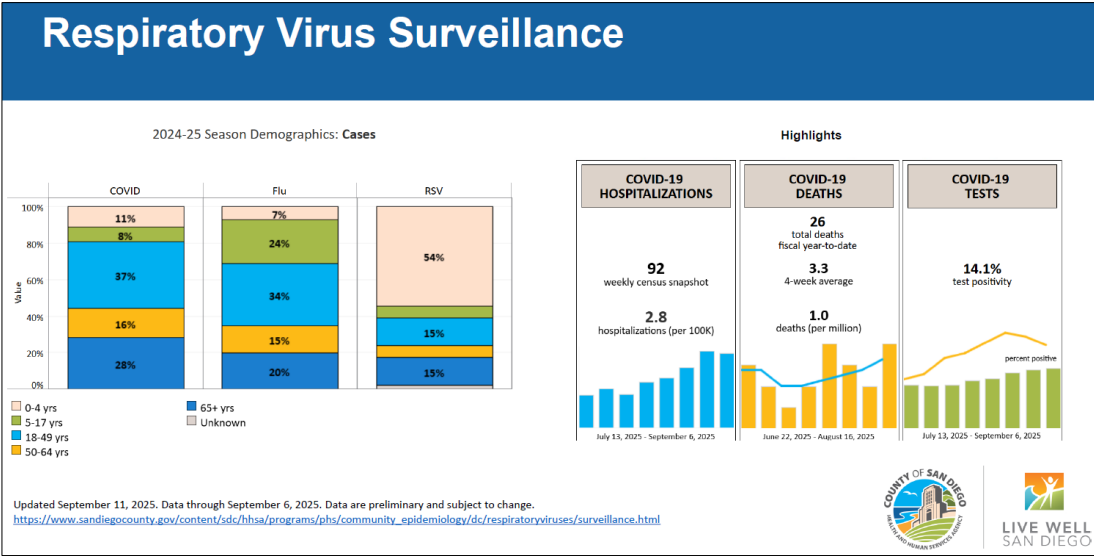
September 16, 2025

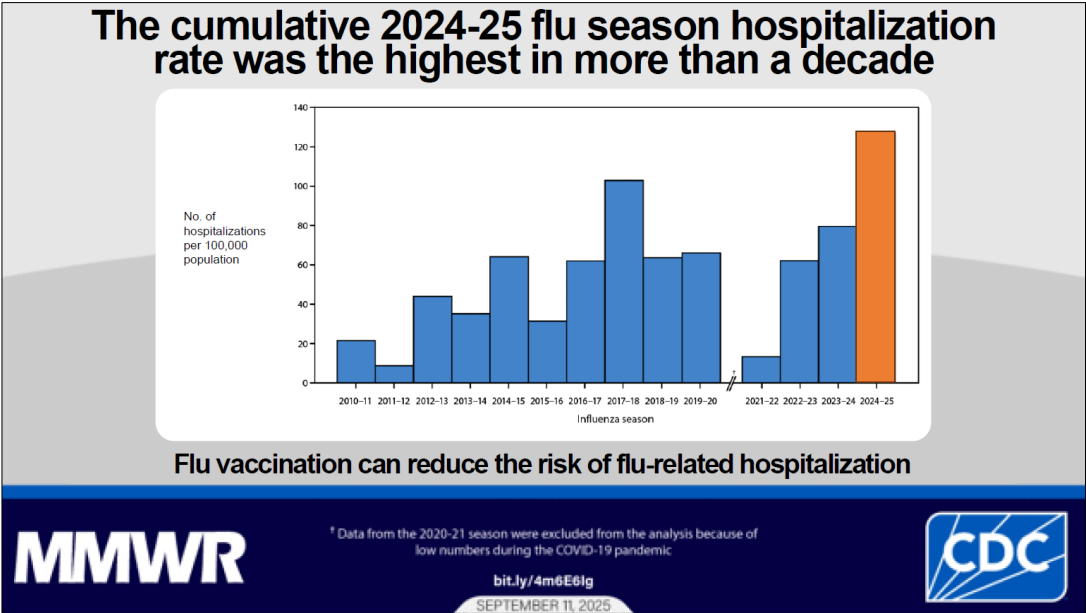


RECOMMENDATIONS

1. Waive Board Policy B-29, Fees, Grants, and Revenue Contracts-Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
 2. Authorize acceptance of \$786,269 and \$607,297 in grant funds from the CDPH, MCAH Health Division for the period of July 1, 2025, through June 30, 2026.
 3. Authorize the Deputy Chief Administrative Officer (DCAO), Health and Human Services Agency (HHSa), to execute all required grant documents, including any annual extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level.
 4. Authorize the DCAO, HHSa, or designee, to apply for additional funding opportunity announcements, if available, that address improvement of health equity for San Diego County residents.
- A motion to approve the consent item was made by **Jack Dailey** and seconded by **Deanna Alexander-Myers**.
 - **Roll Call:** All present voted Aye.

V. CHAIR’S REPORT	<p>A. Youth Engagement:</p> <p>Jantz Barry: I did finish a draft memo or email, for the Board of Supervisors. I've sent that to Geysil and James today, so they'll be reviewing it. And, once they have their cut at it, Anuj will be able to share that with staff and get input. I know James wants to share that with Office of Innovation and Strategy as well. We'll finalize that in the next few weeks and get that to the supervisors. That is a message to them that more will be coming on this, meaning, when we have to update our bylaws or our ordinance to have a youth subcommittee, even advisory, they won't be surprised then when they have to, authorize that later down the road. So, anyway, more to follow, and thank you.</p> <p>B. Community Inspiration Awards:</p> <p>Anuj Bhatia: Agreed with James Lepanto that would pause on efforts, currently, and that would revisit this in June.</p>
VI. INFORMATIONAL ITEMS	<p>A. Subcommittee and Work Group Updates: None</p>
<p>VII. PUBLIC HEALTH SERVICES LEADERSHIP REPORT</p> <p>Sayone Thihalolipavan, M.D., M.P.H., Public Health Officer, PHS</p> <p>Elizabeth Hernandez Ph.D, Director, PHS</p>	<div><div></div><div><h1>Public Health Officer Update</h1></div><div><p>Sayone Thihalolipavan, M.D., M.P.H. Public Health Officer Public Health Services</p></div></div>





HEALTH

Two New Child Deaths Added to Flu Totals Last Season as New Season Approaches

Watch on YouTube

Video by *Fernanda Lopez Halvorsen*

By *Anita Lightfoot*, County of San Diego Communications Office
Sep. 12, 2025 | 5:00 PM

- As the County enters a new flu season, doctors are worried it could be just as bad as 2024-2025, in part due to low and declining vaccination rates.
- San Diego County last year recorded nearly 40,000 cases of the flu.
- Those cases resulted in 220 deaths compared to 63 deaths in the previous season.
- Seven** of those fatalities were children, up from two the previous season when 6,127 pediatric flu cases were reported, and the highest number of child deaths since 2009/2010 when four were recorded.

[Two New Child Deaths Added to Flu Totals Last Season as New Season Approaches](#) | News | [San Diego County News Center](#)




September 8 Health Advisory: New World Screwworm Outbreak in Mexico and Central America

Key Messages

- New World screwworm (NWS) is a parasitic fly whose larvae feed on living tissue and can infest mammals and birds; it largely affects livestock but can also affect pets, wildlife, and humans.
- On August 4, 2025, the Centers for Disease Control and Prevention (CDC), and Maryland Department of Health confirmed that a U.S. resident with recent travel to El Salvador as the first travel-associated case in 2025.
- Healthcare providers who identify myiasis (maggots) in a patient should ask about travel within 10 days of symptom onset to a country where NWS is present and notify the County Epidemiology Unit immediately.

Recent Resource



California Health Alert Network (CAHAN) San Diego
Health Advisory: Keeping Patients Safe during Extreme Heat Events




To: CAHAN San Diego Participants
Date: August 5, 2025
From: Public Health Services Public Health Preparedness and Response Branch
Health Advisory: Keeping Patients Safe during Extreme Heat Events

Key Messages

- Screen patient populations, especially during extreme heat events, who are more vulnerable to extreme heat adverse effects. These include older adults, young children and infants, those with chronic medical conditions, and pregnant people.
- Review medications and alcohol/substance use that affect thermoregulation with patients.
- Refer vulnerable populations and those without access to air conditioning to the County's Cool Zone program.
- Remind patients and their caregivers to never leave pets, children, or disabled adults in locked vehicles, especially during extreme heat events, to avoid severe adverse events or death.
- Plan with patients to help them develop their own heat plan using the County's Consumer Version Excessive Heat Response Plan and HeatReadyCA.com.



Subscribe to




CAHAN San Diego

New Benefit for Medi-Cal Members

Enhanced Care Management (ECM)

- ECM is a no-cost benefit that gives an extra layer of support to help Medi-Cal members get the care needed to thrive.
- Members will be provided with a lead care manager who will work with doctors specialists, pharmacists, and others to help.
- Joining ECM is a choice. Members can leave the program at any time and keep Medi-Cal benefits.
- To get ECM, members need to meet at least one of the eligibility criteria outlined in the [Enhanced Care Management for Medi-Cal Members](#) handout (PDF).

For more information, visit:
[Community Events Planned to Showcase New Medi-Cal Services | News | San Diego CNC](#)



Tijuana River Valley Sewage Crisis Updates





Public Health Director Update

Elizabeth Hernandez, Ph.D.
Public Health Director
Public Health Services

Federal Funding Changes: Hospital Preparedness Program (HPP)

- On August 1, 2025, the Administration for Strategic Preparedness and Response (ASPR) authorized only \$500,000 in HPP funding for the entire State of California, with no drawdown authority.
- On August 15, the California Department of Public Health (CDPH) confirmed that state-level allocations have not yet been issued and that any HPP-related costs incurred since the July 1, 2025 start of the current fiscal year, **may not be reimbursed**.
- **The County has received HPP funding since 2002. In FY 25/26, the County’s HPP expected budget was \$725,820.**
- Funding is primarily used to administer the [San Diego Healthcare Disaster Coalition \(SDHDC\)](#).
- Mitigation Strategies include:
 - Reallocating limited resources
 - Scaling back lower-priority activities
 - Working with coalition partners to develop a reduced-capacity plan for the remainder of the fiscal year
 - Exploring sustainability strategies should funding constraints persist

Changes at the County Level

- HHS DCAO
- HHS COO
- Board of Supervisors voted to transition Behavioral Health Services (BHS) Department into its own County group.
 - Ensures BHS can operate optimally as a **specialty behavioral health plan** considering BH transformation and the new policies and regulatory changes under Prop 1 and other new mandates.
 - Allows the department to establish proper staffing, health plan functions, oversight, infrastructure, and financial capabilities to better meet statutory requirements that will allow the department to better serve people with SMI and SUD.



New Guaranteed Income Program Supports High Risk Mothers and Babies



Black Legacy Now
By **Fernanda Lopez Halverson**, County of San Diego Communications Office
Aug. 26, 2024 | 5:00 PM

- The County is partnering with the San Diego Foundation on a new guaranteed income program for high-risk pregnant women.
- [Born Well](#) is focused on improving birth outcomes for mothers and newborns in high-risk communities.
- This guaranteed income pilot program will provide \$750 cash payments per month to 25 expectant mothers for one year.
- Participants will be referred through the County's Perinatal Equity Initiative program who are in their first or second trimester of pregnancy.

[New Guaranteed Income Program Supports High Risk Mothers and Babies | News | San Diego County News Center](#)

County Launches Programs to Help Small Businesses

San Diego County Core & Build Pilot Programs

CORE PROGRAM

Compliance, Operations, and Readiness Education

Strengthen Your Business Foundation

Bookkeeping & Compliance Support

Gain a Competitive Edge

BUILD PROGRAM

Bonding and Underwriting Insurance for Local Development

Become Contract-Ready

Access Bonding & Insurance

RFP & Contract Navigation

Who Should Apply?

1.

Small businesses and nonprofits based in San Diego County

2.

Organizations seeking to grow through County contracts


3.


Businesses that need support in compliance, bonding, or back-office operations

Learn more at:

County Launches Programs to Help Small Businesses | News | San Diego County News Center

County Administrative Office | Small Business Support





Public Health Services

BOARD LETTER FORECAST



Board Meeting Date	Subject
September 30, 2025	Authorize Acceptance of Title V Maternal and Child Health Block Grant Allocation Including the Perinatal Equity Initiative Allocation from the California Department of Public Health
December 9, 2025	Authorize acceptance of funding to address Sexually Transmitted Infections and apply for future funding opportunities



Highlights

"So many people, even providers, may not be aware of the risk of Chagas in their patients," Beatty said. "And so we want to be able to get people thinking about the disease and screening for it so that people can get treated and prevent the long-term outcome."



	<div data-bbox="814 170 1785 665"> <h3>Congratulations!</h3> <div>  <p>Ishita Gulati, Sr. Public Health Microbiologist, with PHS Lab, was accepted into the very competitive APHL Emerging Leaders Program (ELP)! This program is designed to develop leadership skills among laboratory professionals from state, local, environmental, and agricultural laboratories. Each year, approximately a dozen participants are selected. See Cohort 18 Profiles.</p> </div> <div> <p>Alyssa Monge Peralta, Operations Research Analyst, OPIM, featured on InService!</p> <p>Since this was filmed, Monge Peralta took a new role in Public Health Services Administration's Office of Performance and Improvement Management. She's also a board member of the County's Filipino American Employees Association and has thrown out the first pitch at a Padres' game.</p>  </div> </div>
	<p style="text-align: center;">Questions and Comments:</p> <p>Jennifer Tuteur: (On New Medi-Cal Members, Enhanced Care Management) We had our first meeting today, and it is co-sponsored by the YMCA and San Diego Wellness Collaborative. We had more than 250 providers join. It was just so uplifting to see so many folks who are still wanting to learn about community support and enhanced care management. The rest of the meetings will be at, mostly at YMCAs, one in each of the five different regions, and supervisors will be attending. And then there'll be one more virtual event, and like you said, there's food, there's a meal provided, there's free childcare provided, and the rest of the audience are for the public, not for providers, so really, really excited about that.</p>
VIII. ROUNDTABLE	None.
IX. PUBLIC COMMENT	None.
X. ADJOURN	Meeting adjourned at 5:06 PM.
Next Meeting	<p>HSAB Monthly Meeting: Tuesday, October 07, 2025</p> <p>CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm</p>