



**County of San Diego
HEALTH SERVICES ADVISORY BOARD
Meeting | Zoom | CAC Room 302**

**Tuesday, June 10, 2025, 3:00 pm to 5:00 pm
MEETING MINUTES**

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
1	1				Review of County Legislative Program Input Process, Sarah Dawe , Deputy Director, Office of Economic Development and Government Affairs	Sayone Thihalolipavan , MD, MPH., Public Health Officer, PHS, HHSA Adrienne Yancey , MPH., Assistant Director, PHS, HHSA Anuj Bhatia , DrPH, Deputy Director, PHS, HHSA Joshua Beidler , MS, Admin Sec II, PHS Admin, HHSA Jessica Morales , Office Support Specialist, PHS Admin, HHSA Talq Tera , Information Technology Analyst, PHS Admin, HHSA
2	1	Dr. Suzanne Afflalo IP	Samhita Ilango	✓		
3	2	Barry Jantz, CHAIR IP		✓		
4	2	Victoria Floyd IP		✓		
5	3	Todd Walters				
6	3	Deanna Alexander-Myers IP		✓		
7	4	James Lepanto IP		✓		
8	4	Geysil Arroyo, VICE CHAIR IP		✓		
9	5					
10	5					
11	SDC Med Soc	Paul Hegyi	Jennifer Ohmstede			
12	HASDIC	Dimitrios Alexiou	Caryn Sumek Z	✓		
13	HC Partners	Tim Fraser	Lauren Abrams			
14	Consumer Center	Joanne Franciscus	Kris Jacobs IP	✓		
15	BHAB	Judith Yates IP		✓		
16	Healthy SD-PRO	Dr. Harriet Seldin IP		✓		
17	Healthy SD-Con	Jack Dailey	Alexander Perez IP	✓		
18	3		Dorothy Greene			
19	3		Aida Galindez IP	✓		
20	2		Besma Coda			



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

I. WELCOME & INTRODUCTIONS	<p>A. Roll Call</p> <p>a. Barry Jantz called the meeting to order at 3:00 PM.</p> <p>B. Remarks from the Chairperson</p> <p>C. Approval of June Agenda</p> <p>a. The motion to approve the agenda was made by Kris Jacobs and seconded by Dr. Harriet Seldin.</p> <p>b. Roll Call: All members in attendance voted Aye.</p> <p>D. Approval of May Meeting Minutes</p> <p>a. The motion to approve the meeting minutes was made by Deanna Alexander-Myers and seconded by Aida Galindez.</p> <p>b. Roll Call: All members in attendance voted Aye.</p> <p>E. HSAB Attendance Confirmation</p> <p>a. All members who confirmed attendance were present.</p>
II. PUBLIC COMMENT	There was no public comment.

III. INFORMATIONAL ITEMS

- A. Review of County Legislative Program Input Process, **Sarah Dawe**, Deputy Director, Office of Economic Development and Government Affairs

HSAB Legislative Process





Health Services Advisory Board Meeting

June 10, 2025

Sarah Dawe
Deputy Director
Economic Development and Government Affairs

1



Agenda

Welcome

County Legislative Program

Overview of Policy A-74

Q&A



Legislative Program

Sponsorship

- Bills Sponsored by the County.

Priority Issues

- High level areas of interest.

Policy Guidelines

- Provides direction to advocate on issues that may impact County programs.

LEGISLATIVE AUTHORITY ([LEGISLATIVE PROGRAM](#))



Example of Formal Position

BOS M-2- LEGISLATIVE POLICY: LEGISLATIVE ADVOCACY



COUNTY OF SAN DIEGO
INTER-DEPARTMENTAL MEMORANDUM

June 15, 2023

TO: Supervisor Nora Vargas, Chairwoman
Supervisor Terra Lawson-Remer, Vice Chair
Supervisor Joel Anderson
Supervisor Jim Desmond

FROM: Caroline Smith, Director
Office of Economic Development and Government Affairs

SUPPORT: ASSEMBLY BILL 663 (HANEY) PHARMACY: MOBILE UNITS.

Opioid overdoses are connected to rising deaths among vulnerable populations in San Diego County. According to data from the San Diego County Medical Examiner and San Diego's Regional Taskforce on Homelessness, 588 people experiencing homelessness died in San Diego County in 2022. Of these deaths, 361 died due to an overdose, including 269 individuals who died from a fentanyl overdose.

Providing Input on the Legislative Program



Public Health Services

- Part of Departmental Review

HSAB

- Bundled with Departmental Review

Public Comment

- Community Forum, Email, Social Media

Legislative Program Timeline



EDGA Seeks Input from Departments and Committees: Late Summer

Public Comment Period: Late Summer

Community Forum: October

Legislative Program Presented to Board of Supervisors: December

Policy A-74

COUNTY OF SAN DIEGO, CALIFORNIA BOARD OF SUPERVISORS POLICY		
Subject	Policy Number	Page
Citizen Participation in County Boards, Commissions, and Committees	A-74	5 of 18

committee meeting place of which they are a member and which is within the County. Members will be reimbursed at the mileage rate established in Section 472.2 of the Administrative Code.

12. Legislation - County committees are created to advise the Board of Supervisors - not the Legislature or Congress, with the exception of those committees which have been specifically mandated to advise other legislators under the government codes or laws establishing them. When a County committee wishes to make a recommendation on pending legislation to a legislative body other than the San Diego County Board of Supervisors, the committee shall submit recommendations or positions on legislation to the Department Head. The Department Head shall submit the committee recommendations to the Office of Strategy and Intergovernmental Affairs, noting the departmental position, relative to the Committee recommendations. The Office of Strategy and Intergovernmental Affairs shall inform the Board of Supervisors of the committee's recommendation or the CAO may place the committee and its recommendation on a future Board of Supervisors agenda.



If the Board does not agree with the committee and will not forward the recommendations to the appropriate legislative body, the committee members may, as individuals, contact the legislative body recommending certain actions. Transmittal of recommendations on County letterhead without prior Board approval violates the intent of Board Policy M-2 (Legislative Advocacy). The exception being those committees which have been specifically mandated to advise other legislators under the government codes or laws establishing them. These committees may forward their recommendations per the requirements of their mandate.


The committee wants to take a position on legislation.

Committee recommendation is routed to HHSA Director via committee support staff.

Committee recommendation and HHSA position are submitted to EDGA.

[Policy A-074](#)





HSAB Legislative Program Process



Questions



Sarah Dawe

Sarah.Dawe@sdcounty.ca.gov

(619) 380-4530

Questions and Comments:

James Lepanto: What is the best way for us to communicate? Whether it is in or out, something that we are suggesting. What structure is the best way? What do you need from us to give you the information? Is it just a simple, yes, we support this and move this forward, do you want to know why? Or if it is out, and we are suggesting something, I think it would be helpful to know what the most efficient way for us is to send the information to you, as far as what we are doing for the narrative.

Sarah Dawe: I think it is helpful to have HSAB-specific input because you are all experts in this field, and you have perspectives that our office doesn't and that HHSA departments don't have as well. I think if you give the information to Anuj, and I think he said that you have a Legislative committee, and you come to an agreement on something, that it is officially part of the HSAB recommendation. I find that very valuable, rather than I also would consider an individual's recommendation, but it has a lot more weight when it comes from the Board.

James Lepanto: Right, but you don't need that in any structure? We usually send you a letter, saying we support this, we reviewed this.

Sarah Dawe: As far as versus legislation, you mean.

James Lepanto: Right.

Sarah Dawe: No, it does not need to be like that at all. And because it's kind of a massive endeavor to get input from all the departments, we take pretty simple comments or even track changes, so anything like that is very efficient.

James Lepanto: That helps. Sarah, let me drill down a little bit to more specifics. In the past, yes, we do have a Legislative Committee, Paul Hegyi has been the Chair the last couple of years. He is not here today, so he can't say no to this year's commencement. But, in the past, that committee has met, there's been people who are tracking Legislation from their organizations in their professional lives. It's a good way to pool some Legislation together, make it through the committee, they come to us. That's has been kind of a formal letter, because, until a couple of years ago, we thought we were communicating to the Board of Supervisors on that, but it's really through staff. So, we understand that. That's great, it does not need to be as formal as we have done in the past. But, in some cases, I'm guessing, if we look at Legislation, earlier in year I reached out. Early in the Legislative year, I was reaching out to folks, and trying to say, what are you seeing? I reached out to various folks, and they kind of came back and said, it's a crazy year, there's so much spot Legislation in right now, and everything is going to be driven by a bunch of impacts at the Federal and State level. But my guess is, by the time, we as a committee were to identify in bills, those maybe bills, in your first flag, or your second flag, the County's kind of already taken up on that already.

Sarah Dawe: We read every bill that is introduced or amended.

James Lepanto: If County staff has already gone to the Board of Supervisors with that memo that you showed up there from June 2023, and say here's something on Opioids, right. If we came up with that, ourselves, is there any reason for us to recommend them to you to do it, or is that redundant?

Sarah Dawe: That's an excellent question. I think that, as you can imagine, since there are hundreds and hundreds of bills every year, there are probably hundreds of bills that would fit within our Legislative program. Your input provides real value in how we prioritize what bills to support. So, for instance, the opioid one, which actually started as a sponsorship, I believe. And then it was later in iteration. That was already on our radar, because we knew we supported it, we wanted it aligned with our Legislative program. But if we took every bill that had to do with Public Health, we would be writing memos every single day of the year. If you help us prioritize, that's very helpful. In that, it can be in that formal way, of A-74 process or it can also be giving me the heads up. You know we're all looking at this, we just want to make sure you are all too and here is what our committee discussed at our meeting or Sarah, please come back to the meeting and hear what we have to say about this. So that is where the real value is. Great question.

James Lepanto: For bill-specific stuff, you were saying you're going come back and let us know kind of when end of summer, fall, for the Legislative program. That's been more kind of a philosophical input from us. Because it's more global, broad policy, positions. Last year, Harriet, you waited a little bit on a dental piece. Yeah. But I think overall, we were just kind of like saying, Yeah, we agree. But as far as bill-specific. Can you tell us anything now about what you'd want to see from us? And when?

Sarah Dawe: No, that's okay, we can talk about it. We just recently had some big bill deadlines. Some bills that have made it have made it into the second house, and of course, the State is very focused on the budget. Right now, you may have seen that the Legislature has come to an agreement on a proposed budget. From this point, they will go and work with the Governor and determine what the final enacted budget will be. And all of this will happen in the next 20 days. So that's really where the focus has been. But in the second house, there are committee hearings all along, you know. It really ramps up in the summer before the recess in August. I would say the sooner the better. If there, I know the legislative committee or subcommittee doesn't need necessarily regularly. But if they want us to take a closer look, or at your next meeting, you want to have a discussion about bills where you think there's the greatest need. And either of those ways are great with me, and of course, the elephant in the room, too, is that everything depends on what happens in DC later this summer. We can say that we have a budget in the State. Everything will likely have to be readdressed in the fall as well.

James Lepanto: The last question. When it comes to bills, you may be prioritizing already. Is it fair for us to go to you and say, what bills are you looking at so we know whether we should add a voice, or maybe not. Maybe not have to come up with it ourselves, blindly.

Sarah Dawe: Absolutely. Yeah, I can. I'll go. I can go back in the next couple of days and send a list of top bills that we're tracking in the subject area. And if there's any input, or if you want more information on, please, please let us know. And I'll just say, too, because I think this sometimes hard, it bears repeating is that we can take a formal position on a bill via an M-2 memo like we said, but so much more is happening behind the scenes where we are not announcing the county's support or opposition to a bill. We're talking to our colleagues in CSAC, California State Association of Counties, Urban Counties of California, and sharing information and providing information to authors' offices about concerns or things that we really like that sort of stuff. It's more than just the formal process on our side as well.

James Lepanto: I just think what you're saying goes back to our ongoing issue. The earlier we can get information, the more we have time to respond. And we can do that effectively, same thing with the budget, you know, as far as what we're going to talk about in a few minutes is the earlier we can get in the loop. It's helpful for us.

Sarah Dawe: I'll provide a list of top bills that we're looking at in the HSAB space. I will also, once we have our dates firmed up for deadlines around the legislative program. I'll provide it to you.

Barry Jantz: And to your point, James, I mean, considering we've gotten behind the eightball in the last couple of years. That's why I reached out early, and everybody was saying, you're really not asking me this now, are you? You know, we have no idea

	<p>yet, and it's going to be even a more unique year than we were complaining about that last year. We understand that it's challenging.</p>
<p>IV. DISCUSSION ITEM</p> <p>A. HHSA Budget Update and Discussion of Possible Recommendations from HSAB</p>	<p style="text-align: center;">Questions and Comments:</p> <p>James Lepanto: This was prompted by me asking about legislation and the input I got back from some of you, and some external, were similar, and that is legislation, this year is really going to be tied to budget ramifications. You have to look at the two of them together. And that's why we had the presentation we did last month, which I ended up missing, but I understood if there was it was good presentation kind of combination of finance, and EDGA, presenting together. I think it was.</p> <p>Anuj Bhatia: Finance did present. EDGA, with the request of the Advisory Board, was present to speak on the legislation after the meeting presentation.</p> <p>James Lepanto: Sorry I missed that, I understand it was a very healthy discussion. And your notes to me, kind of suggested Barry is going to decide whether we have time to get a budget letter out, you know, and I really appreciated that. I understand there was some discussion about, can we have an impact, plus that presentation was two days before the May revise. The May revise has come out. You have a memo which I do not believe went out as part of the electronic agenda, but it is a handout. This is essentially with the May revise being out, it's not an update to the presentation you have. But in fact, we can take it that way in that they're essentially saying, as a result of the May revise. The way I read it, there's no real change right now to the budget that is proposed for the County. Of course, everything may still be up in the air, as we just heard, depending on what else comes from the Feds and what else comes from the State. That's the memo, am I capturing everything? Any questions on the memo?</p> <p>Barry Jantz: I think it's really addressing potential impacts. I mean, everything is calibrated. There's a lot of moving pieces, both Federally for the State, as a result of the State as well. These are potential items, I guess, for HHSA's potential impacts to the County.</p> <p>James Lepanto: So, if that is it. We talked to Anuj the other day, and we asked an important question: and that is if we wanted to weigh in on the budget in any way. When would we have to do that?</p> <p>Anuj Bhatia: June 13th.</p> <p>Judith Yates: That's the technical answer, right? But it's meaningless in the sense that we really don't think we'll have any more information. I don't think we should treat it as something we need to make a decision about. There's nothing to make a decision about right now.</p>

James Lepanto: That's fair. But I did, but I don't want to assume someone wasn't sitting here saying, no, we need to take action in the next two days on something, you know.

Geysil Arroyo: And that's what I reported to you from that. Unless there is somebody else.

James Lepanto: No. I think it's extremely challenging to make any kind of recommendations. I did read through this. And I did read through some of the budget stuff that Amy presented on. Reviewed by. You know, we have 1 billion, usually in Federal revenue that comes in, and that the County has focused on. And it's continuing to focus this year also with the County budget. Is another piece in this, really core services and programming to staff restructuring. I think we could certainly since we support the county's efforts and understand that this is, a year where there is a lot of unknowns. Yet it's continually evolving. But as far as actually like we've done in the past, we've actually gone very specific on recommendations. Nothing is set in stone. I think the County is doing the best it can, under the circumstances which has to be extremely frustrating, because nobody really has a crystal ball at this point, because it's changing daily. I think at very least we could do a letter saying we're supporting the County's process. We understand I don't think there's anything specific we can comment on at this point.

Barry Jantz: Does anybody have any other thoughts? Is there kind of agreement with what James just said? I don't think there needs to be a vote unless someone wants to make a vote on something. It sounds like, maybe a consensus. I got a sense from your last meeting and what you told me is that that's maybe where it was. But I didn't want to assume anything without discussion. The last time we took the traditional mode. What I call the historical traditional mode, or what you were used to, James, in sending a letter that pointed out specific budget items we would like to prioritize was 2 years ago, and it was June 15th. Two years ago. If anybody would like to see that because you're newer, I have that for you. If you want to see that letter, and that gets into that was a 44 or so page letter that got into specifics about certain items. We can email it out, too.

James Lepanto: Any questions or further discussion on that?

Judith Yates: These things are all on top of each other. So what I see in oral health, if there is pressure on water fluoridation, or having supplemental fluorides or whatever, at the same time that there's less Medi-Cal benefits for dental care, then that becomes an even worse issue as things go on. There are a lot of things like that, and anything, too, in vaccinations and prevention, that if you decrease one thing, it's not just one thing, it's another piece of it.

James Lepanto: There was an op-ed I saw this morning in the San Diego Union about pediatric dental care.

Victoria Floyd: I had a specific question. I wasn't here for the budget presentation, the last meeting. But I was curious. If the decrease in self-sufficiency staff was talked about. From a hospital standpoint, it has been flagged that hospitals are concerned about a lack of staff to have people enroll, especially with working requirements, because that does put strain on

	<p>hospitals and reimbursements. I'm just wondering if that was something that was covered and kind of, you know, just addressed by everyone.</p> <p>Anuj Bhatia: If I recall correctly, I believe it was Jack.</p> <p>Victoria Floyd: I think we were just kind of confused. If that was a state push, or what the rationale was for that decrease. But I can offline talk more about that with you all.</p>
V. CHAIR'S REPORT	<p>A. HHSA Budget Recommendations from HSAB</p> <p>Barry Jantz: This item is redundant, as the budget recommendations are covered under a discussion item.</p> <p>B. Youth Engagement</p> <p>Barry Jantz: I'm very pleased to say that James and I have a meeting this Thursday with the Acting Chair, Tara Lawson-Remer's Office. If you want to join us, I'll send you a calendar invite today, and we're circling back to something that was discussed long ago. We may have to come back here and remind some of the new people what that was, but it was a way to involve youth. It's what we've been working on to involve youth in this commission somehow. We wanted to make sure we weren't going too far afield by taking a step at least, and sharing it with the chair that started with the prior chair. The prior chair is no longer here now we have an acting chair, so we finally do have a meeting scheduled for Thursday, and we will do that, and then we will circle back and let you know. At least the new people, as well as some of you who have been here longer, and maybe forgot what that looks like. We can show you, but one of the things we're we're seeking input on is whether, if there's a seated Youth Commission. Whether those will be appointed by the Supervisors, which requires a Brown Act meeting, which requires the same way of meeting a quorum that we have to do in person. That's very limiting, as you know, for youth. Or that they might come from the supervisor's offices as far as names, but they would be appointed by HHSA staff, and if it's done that way, then it doesn't require those same kind of stipulations and invitations. That's one of the things we're looking at, or maybe others I can't remember.</p> <p>James Lepanto: We'll come back and report next month. Yeah, this has been something that we've been working on for three years, and we've gone through several chairs of the board getting this through. We've been working with the Office of Strategy & Innovation. This is a County's initiative, and we're somewhat of a pilot board, and we work very closely, met with the youth Council within Strategy & Innovation. We've done a lot of different things and presented on it. But the goal of this was really to empower youth, they're an important voice, and to engage them certainly with health care. We had hoped initially to go younger, but I believe that County Council has suggested eighteen and above. We want to make sure that we're listening to everybody in our regions, and because somebody is young does not mean that they don't have value to add, and they should be here. It's challenging to structure, because we want to make it as user friendly and eliminate barriers for young people who might be in school, whatever the issues are. So we've been working on it diligently. I think we have a model that I think we feel somewhat confident with. We wanted to, out of respect, to certainly get the support of the</p>

Board of Supervisors, as well as let them know what HSAB is doing. We'd like to stay up to date on that and get their thoughts on, like Barry said, do they want to appoint from their office? Do they agree with the model? Do they have any input? We certainly want to be respectful of that. We'll come back and report. Thank you to Barry for his work, really diligently, it's taking a long time to get to this meeting.

C. Community Inspiration Awards

James Lepanto: We're we're scheduling a time to meet with the County to kind of get some additional information as far as some things that we have questions about. It's taking a bit of time. But I'm optimistic that we'll we'll be able to meet and come back to you on that. For those of you that don't know real quick community inspiration awards were something that the Board created to recognize organizations and individuals, small grassroot organizations and individuals that are making differences in their communities, and they don't often get the recognition, usually large organizations, the ones you hear about media wise. We really wanted to reach out grassroots and recognize those people for inspiration for others that make a difference for educational purposes. And it's been really rewarding. We've done two of them, so far. It is wonderful to watch people. They're very excited about the awards they get nominated, and then we go through a very strategic process to make decisions about it. They're very nice awards, but it really is meant to inspire communities and neighborhoods and recognize people that go off and get that recognition. There's so much going on that we're not always aware of. So we want to make sure that we show our appreciation.

Victoria, when you were asking about the self-sufficiency services, I found the minutes. Do you have the minutes, with the recommended budget on page 39, that the last line before the total shows you the decrease on the recommended budget.




Victoria Floyd: I think we've seen this, but we wasn't quite clear what the rationale or the why was attached to that. It came up at the last half.

Geysil Arroyo: The next slide on the following page. I mean, it talks about alignment. You know the available funding requirements and transferring positions, validation efforts, and all that. It's very brief, but I think we still can have Anuj follow up so you can get the information.

Victoria Floyd: My understanding it has something to do with the State. But we just wanted to be extra clear about it.

Barry Jantz: Maybe there is some clarity, some of that may be direct state funding and funds or positions, and if it's going away.

Victoria Floyd: Or something to the effect that there's been over-enrollment here in the county versus different quotas across the State. Yeah, a little bit deeper than that.

	<p>D. HSAB Meeting in July</p> <p>Barry Jantz: I think you already saw an email from Anuj about the the scheduled meeting in July. But go ahead and reiterate it.</p> <p>Anuj Bhatia: When we met last month, we talked about some changes to some upcoming monthly meeting dates, and we did say that we would be on July 8th. However, due to some internal scheduling changes, the County’s meeting for July has changed to July 15th.</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., Public Health Officer, PHS</p> <p>Adrienne Yancey, M.P.H., Assistant Director, PHS</p>	<div><div></div><div><h1>Health Services Advisory Board Meeting</h1><h2>Public Health Services Report</h2></div><div><div>June 10, 2025</div><div></div></div></div>



Public Health Officer Update

Sayone Thihalolipavan, M.D., M.P.H.
Public Health Officer
Public Health Services



HEALTH

TB Exposures Reported at Two Local Shelters



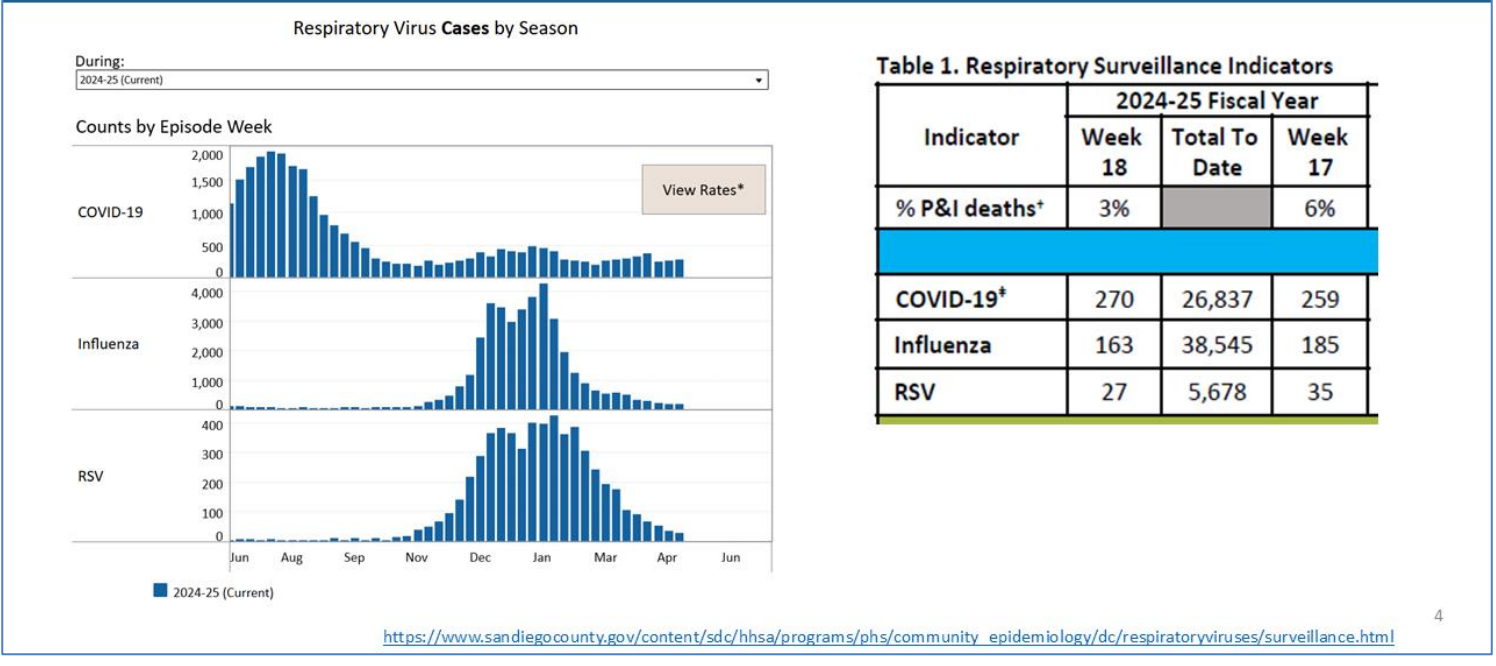
Image Credit: CDC.gov

By [Fernanda Lopez Halvorson](#), County of San Diego Communications Office
May 27, 2025 | 2:57 PM

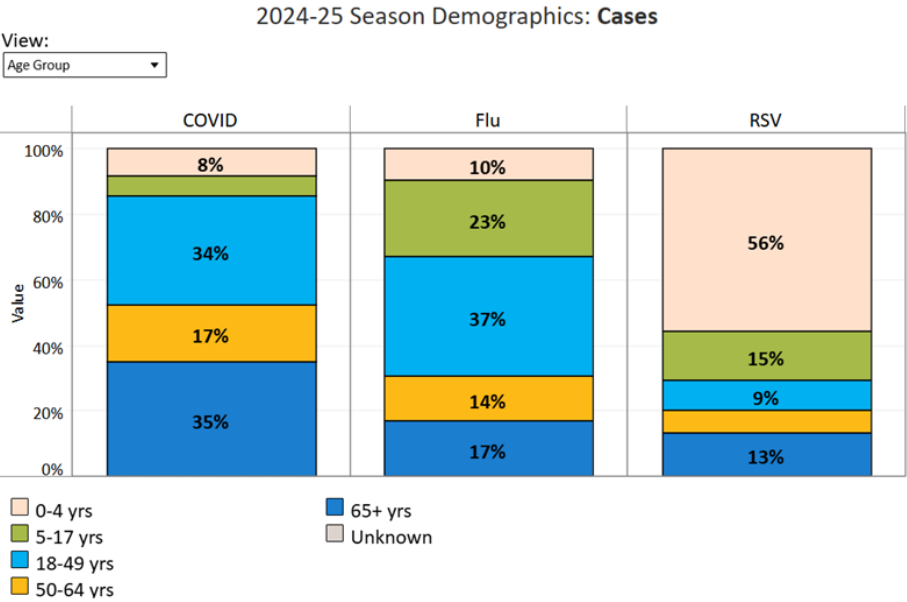
- PHS is working in close collaboration with Father Joe’s Villages and the San Diego Rescue Mission to notify residents, employees and volunteers who may have potentially been exposed to tuberculosis (TB) at the Father Joe’s Villages Paul Mirabile Center (PMC) and the San Diego Rescue Mission South County Lighthouse.
- The dates of potential exposure at Father Joe’s Villages Paul Mirabile Center are from Feb. 14, 2025 to March 18, 2025, and from April 6, 2025 to May 7, 2025.
- Dates of potential exposure at the San Diego Rescue Mission South County Lighthouse are from March 28, 2025 to April 11, 2025.

[TB Exposures Reported at Two Local Shelters | News | San Diego County News Center](#)



Respiratory Virus Surveillance



Respiratory Virus Surveillance



https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses/surveillance.html

	<div data-bbox="1717 191 1839 305"></div> <div data-bbox="1885 191 2018 305"></div> <div data-bbox="816 349 1787 527"><h1 data-bbox="856 349 1747 479">SUOPT 2025 Preliminary Report Card:</h1><h2 data-bbox="816 492 1787 527">Overdose-Related Emergency Department Encounters</h2></div> <div data-bbox="921 625 1715 693"><p data-bbox="921 625 1715 693">Behavioral Health Services, Population Health Unit County of San Diego, Health and Human Services Agency</p></div> <div data-bbox="1037 763 1600 803"><p data-bbox="1037 763 1600 803">Initially presented on June 6, 2025</p></div>
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2025 SUOPT REPORT CARD: Definitions



ED encounters include patients who were admitted and discharged from the emergency department, as well as those who were admitted into the emergency department and then subsequently hospitalized for inpatient care.

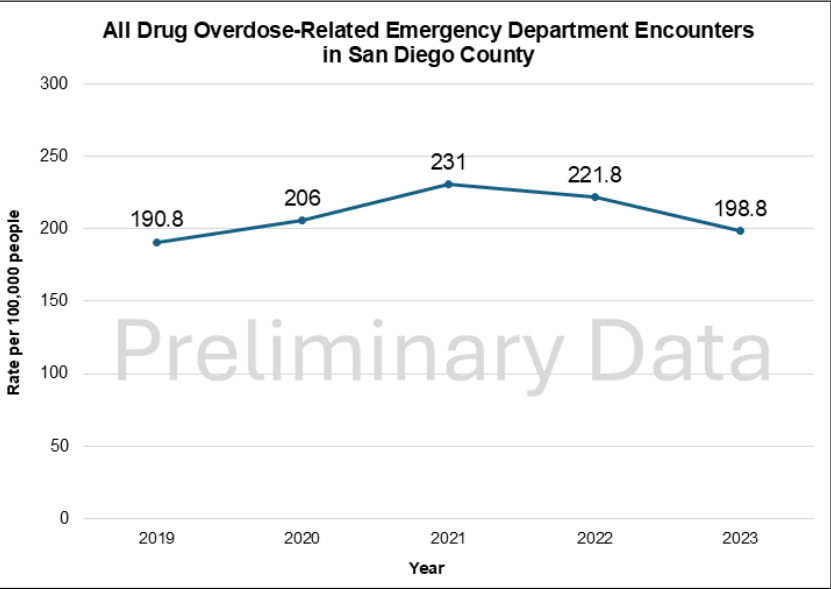
- **Emergency Department Encounters** due to:

- **Drug Overdose Emergency Department (ED) Encounters:** Any mention of drug poisoning/overdose in the encounter record.
- **Opioid Overdose Emergency Department (ED) Encounters:** Any mention of opioid poisoning/overdose in the encounter record.
- **Amphetamine Overdose Emergency Department (ED) Encounters:** Any mention of amphetamine poisoning/overdose in the encounter record; it is likely that most amphetamine mentions among ED discharges and hospitalizations are in fact methamphetamine.
- **Opioid & Amphetamine Overdose Emergency Department (ED) Encounters:** Any mention of opioid and amphetamine poisoning/overdose in the encounter record.

- Includes all confirmed San Diego County residents who were treated in a county facility
- For list of ICD-10 codes, see appendix

Data Source: California Department of Health Care Access and Information (HCAI), Emergency Department and Patient Discharge Data, 2018-2023
Prepared By: County of San Diego HHSA, Behavioral Health Services, Population Health Unit, 05/2025

2025 SUOPT REPORT CARD:
All Drug Overdose-Related ED Encounters



Year	# of ED Encounters	ED Encounter Rate per 100,000 Residents
2019	6,361	190.8
2020	6,795	206
2021	7,592	231
2022	7,273	221.8
2023	6,540	198.8

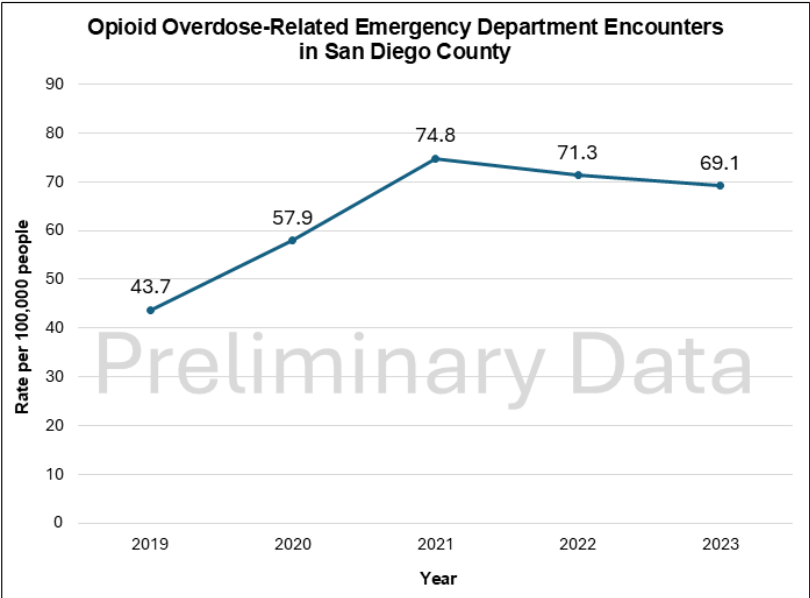
- Key Takeaways:
- 2021 had the highest number and rate of all drug overdose-related ED encounters.
 - Both count and rate declined in 2023 compared to 2021 and 2022.
 - ED encounter rate **dropped 13.9%** from 2021 to 2023 but remains **4.2% higher** than 2019.

Data Source: California Department of Health Care Access and Information (HCAI), Emergency Department and Patient Discharge Data, 2018-2023
Prepared By: County of San Diego HHSA, Behavioral Health Services, Population Health Unit, 05/2025

Preliminary Opioid Overdose-Related Emergency Department Encounter Data



2025 SUOPT REPORT CARD: Opioid Overdose-Related ED Encounters



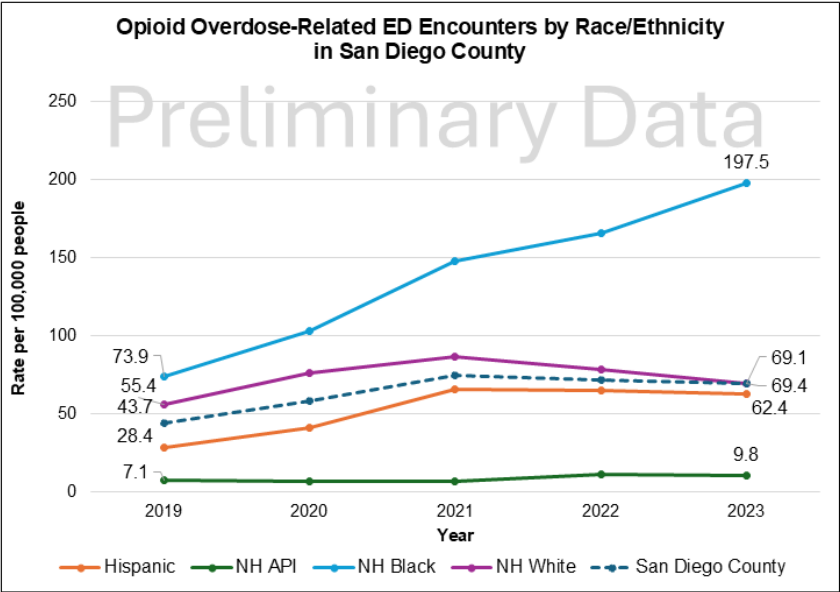
Year	# of ED Encounters	ED Encounter Rate per 100,000 Residents
2019	1,455	43.7
2020	1,910	57.9
2021	2,458	74.8
2022	2,338	71.3
2023	2,275	69.1

Key Takeaways:

- 2021 was the peak year for ED encounters and rates.
- Encounters declined in 2023 for the second year in a row.
- 2023 saw an average of 6.2 ED visits per day.
- ED encounters in 2023 were 58% higher than in 2019.

Data Source: California Department of Health Care Access and Information (HCAI), Emergency Department and Patient Discharge Data, 2018-2023
Prepared By: County of San Diego HHSA, Behavioral Health Services, Population Health Unit, 05/2025

2025 SUOPT REPORT CARD:
Opioid Related ED Encounters
by Race/Ethnicity



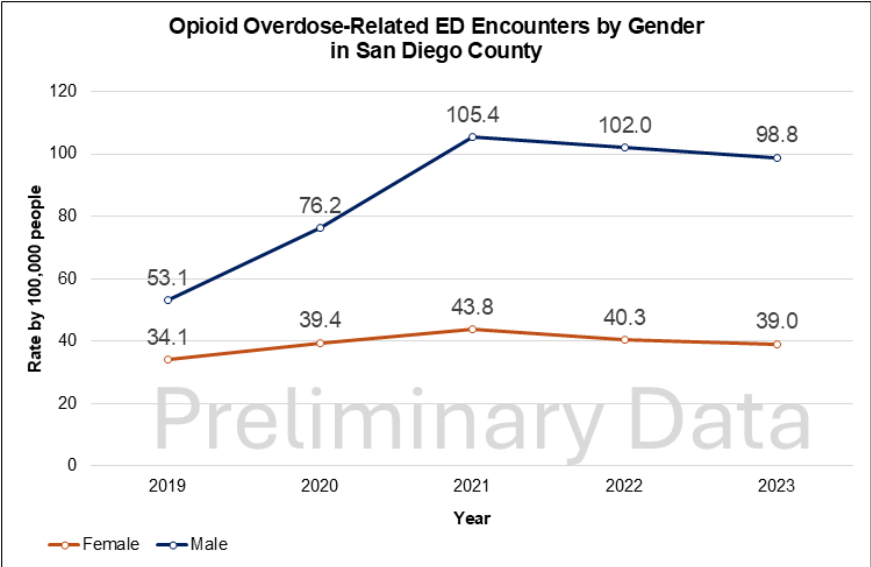
Race/Ethnicity	% Change from 2019
Hispanic	+120%
Non-Hispanic Asian/Pacific Islander	+38%
Non-Hispanic Black	+167.3%
Non-Hispanic White	+25.3%

Key Takeaways:

- All racial groups saw increases in ED encounter rates from 2019 to 2023.
- **NH Black: +167%** (nearly triple the countywide rate increase)
- Most recent data shows a **decrease** from 2021 for **Hispanic** and **NH White**. **NH API** saw a decrease from 2022 to 2023.

Data Source: California Department of Health Care Access and Information (HCAI), Emergency Department and Patient Discharge Data, 2018-2023
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2025 SUOPT REPORT CARD:
Opioid Overdose-Related ED Encounters
by Gender

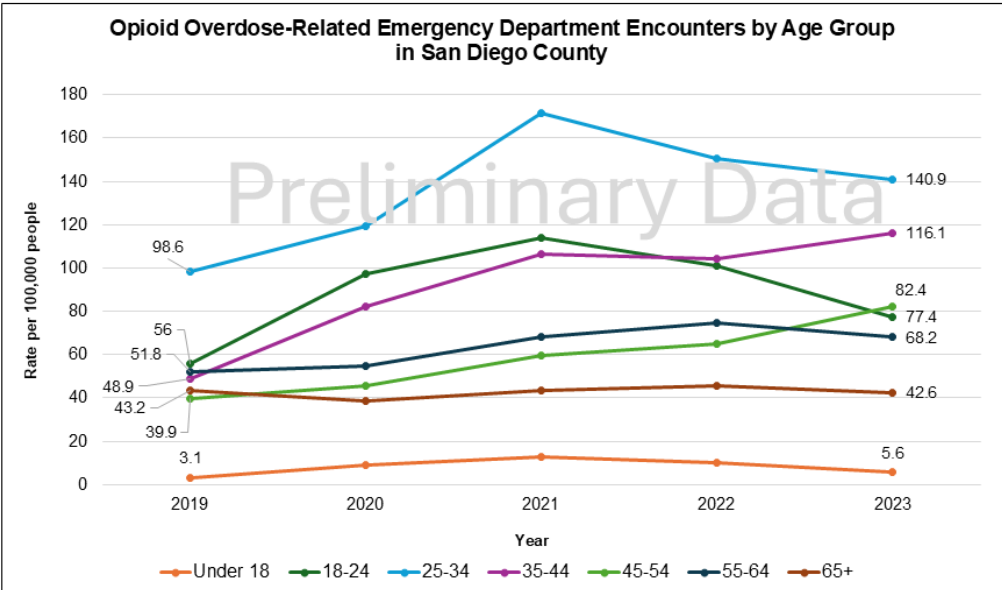


Gender	% Change from 2019
Female	+14%
Male	+86%

- Key Takeaways:**
- ED encounter rates were highest in 2021 for both males (105.4) and females (43.8).
 - Female rates remained relatively steady, while male rates showed greater fluctuation.
 - Males had more than double the ED encounter rate of females in 2023, highlighting a persistent gender gap.
 - Rates declined in 2023 for both genders, continuing a two-year downward trend.

Data Source: California Department of Health Care Access and Information (HCAI), Emergency Department and Patient Discharge Data, 2018-2023
Prepared By: County of San Diego HHSA, Behavioral Health Services, Population Health Unit, 05/2025

2025 SUOPT REPORT CARD: Opioid Overdose-Related ED Encounters by Age Group



Data Source: California Department of Health Care Access and Information (HCAI), Emergency Department and Patient Discharge Data, 2019-2023
Prepared By: County of San Diego HHSA, Behavioral Health Services, Population Health Unit, 05/2025

Age Group	% Change from 2019
Under 18	+80.6%
18-24	+38.2%
25-34	+42.9%
35-44	+137.4%
45-54	+106.5%
55-64	+31.7%
65+	-1.4%

Key Takeaways:

- ED encounter rates increased across all age groups except 65+.
- Adults aged 35-44 and 45-54 had the largest increases, at 137.4% and 106.5%, respectively.
- The under 18 group also saw a sharp rise of 80.6%, despite a drop after 2021.

2024 Homeless Overdose Deaths

using San Diego Medical Examiner's Office data.

The adult homeless population of San Diego County makes up approximately 33% of the total number of adult drug deaths while constituting only 0.37% of the population.

The homeless population deaths through overdose are

132x higher

given their population size if their OD rate were the same as that of non-homeless individuals.

2024 Counts

Total OD Deaths	859
○ Homeless	284
○ Non-Homeless	575

Data is subject to change pending confirmation and case closure by the San Diego County Medical Examiner's Office.

- Data from the District Attorney's office using Medical Examiner Data
- Presented 6/9/2025 along with announcement of Shelter Ready App

[Need a homeless shelter bed? There's now an app for that. – San Diego Union-Tribune](#)



Homeless Individuals and their Intersection with the Criminal Justice System (Jan 1 to Dec 17 2024)

Tijuana River Valley Sewage Crisis



Comprehensive website: [South Region Health Concerns](#)



Tijuana River Valley Sewage Crisis

- Air Improvement Relief Effort (AIRE) Program

- Capacity to distribute up to 10,000 home air purifiers

- Agency for Toxic Substances and Disease Registry


- Visit and PH Assessment



La Agencia para Sustancias Tóxicas y el Registro de Enfermedades (ATSDR)

The Agency for Toxic Substances and Disease Registry (ATSDR) will Evaluate Potential Health Risks in the Tijuana River Valley

San Diego County, CA



Horseback riding and hiking are popular activities on parkland trails within in the Tijuana River Valley in San Diego County, CA. Photo credit: © Renee Engelen. 17 Feb 2016. License: CC-BY-SA-3.0 https://commons.wikimedia.org/wiki/File:Imperial_Beach_CA_USA_-_panoramio_2016.jpg

ATSDR will evaluate whether exposures to chemicals in the Tijuana Valley could harm the health of community members.


- ATSDR will analyze environmental data collected by government agencies and researchers to evaluate past, current, and future chemical exposures.
- We plan to review air, surface water, sediment, soil, fish tissue, and odor complaint data.
- ATSDR's mandate is specific to health risks from chemical exposures. We are not able to evaluate bacteria or other biological contaminants in our assessment.

ATSDR will identify information gaps and uncertainties where we don't have enough data to determine health risks.

- In those cases, we may suggest collecting additional environmental data.

ATSDR will make recommendations to agencies, community members, and others to prevent and minimize harmful exposures.

- Findings from the public health assessment will be released in two reports on ATSDR's website.
- The first report will focus on potential exposures to contaminants in air. The second report will address other potential exposure pathways, like surface water, sediment, soil, and fish tissue.



U.S. Department of
Health and Human Services
Agency for Toxic Substances
and Disease Registry

CS 300607-A June 2015

ATSDR does not collect individual health information from residents during the public health assessment process.

- Instead, we estimate exposures to chemicals, assess health risks, and recommend ways to reduce or stop exposures to protect people's health.
- We will use health information and community concerns from Tijuana River Valley health surveys that CDC and ATSDR conducted with San Diego County in 2024.

ATSDR is committed to ongoing communication and information sharing with the community and other organizations.

- We want you to know about our public health assessment process, findings, and recommendations. Sign up to receive email updates by contacting Ben Gerhardtstein (bgerhardtstein@cdc.gov) in the ATSDR Region 9 office.

About ATSDR

ATSDR is a non-regulatory federal public health agency of the U.S. Department of Health and Human Services. ATSDR works with other agencies and tribal, state, and local governments to investigate possible health risks in communities where people could come in contact with dangerous chemicals. For more information about ATSDR, visit our website at <https://www.atsdr.cdc.gov/>

Where to get more information

Contact ATSDR Region 9 with questions about the public health assessment:

- Ben Gerhardtstein, Environmental Health Scientist, bgerhardtstein@cdc.gov
- Jamie Rayman, Regional Director, jrayman@cdc.gov

About the Tijuana River Valley

The Tijuana River is an intermittent river, about 120 miles long, near the Pacific coast of northern Baja California state, in northwestern Mexico, and southern California in the United States. The river flows through the city of Tijuana, Mexico, across the international border, through a National Marine Estuary Reserve and other parklands on the southern edge of the city of San Diego, CA, and drains into the Pacific Ocean near Imperial Beach, San Diego County.

Community members in south San Diego County are concerned about health risks related to chemicals and sewage in the Tijuana River Valley. Hydrogen sulfide (i.e., sewer gas) from the river contributes to strong odors in neighborhoods, parks, and on beaches.


Other CDC/ATSDR activities

CDC Community Assessment for Public Health Emergency Response (CASPER) Survey

https://www.sandiegocounty.gov/content/dchhsa/programs/phs/community_epidemiology/south-region-health-concerns/casper-study.html

ATSDR Assessment of Chemical Exposures Survey

https://www.sandiegocounty.gov/content/dchhsa/programs/phs/community_epidemiology/south-region-health-concerns/ACE.html



Located in an arid area, the Tijuana River is intermittent. The river experiences higher water flow volumes during the wet season. Photo credit: © Right Coast/Caspar. 20 April 2018. License: CC-BY-SA-4.0 https://commons.wikimedia.org/wiki/File:San_Diego_2018_0420.jpg

2025 14th Annual Love Your Heart-Ama Tu Corazón

Recognition Event

- **Date:** Tuesday, June 10, 2025
- **Where:** Southeastern Live Well Center
- **Highlights:**
 - **Community Partners** led the heart health movement.
 - **Collaborated** across the US-Mexico border region.
 - **Engaged** over **57,000** individuals through blood pressure screenings and heart health education (+over **55,000** across Mexico)
 - **Screened** for blood pressure at one of **365** sites.
 - **Identified 796** hypertensive crises that may have otherwise gone undetected.



2025 Regionwide Homelessness

San Diego's Regional Task Force on the Homeless (RTFH) released the [2025 Point-in-Time Count](#) (posted May 20, 2025).

- Significant reductions in family homelessness and veteran homelessness led to **an overall reduction of 7 percent** in regionwide homelessness this year when compared to last year.
- Overall, the 2025 Point-in-Time Count found **no less than 9,905 people experiencing homelessness** throughout the county, **down from 10,605 a year ago**.
- **The data showed noteworthy reductions in several cities:**
 - City of San Diego **down 14 percent**
 - Carlsbad **down 15 percent**
 - Encinitas **down 12 percent**
 - Oceanside **down 9 percent**
 - La Mesa **down 9 percent**
 - Chula Vista **down 6 percent**
- **Notable unsheltered decreases included:**
 - Family homelessness across the county **fell 72 percent**
 - Veteran homelessness across the county **fell 25 percent**



Other Items

- Successful food services step
 - MCFHS assisted the County's contractor Sysco Corporation, a big food distribution company (broadline distributor), and the only San Diego BIPOC/women farmer owned local co-op to supply produce through the broadline system.
 - Specifically, Sysco Corporation and Foodshed Cooperative (60+ local farms) are now connected, and the County's food services operations will now be able to order through Sysco.
- Community Water Fluoridation



Other Items

- Monitoring potential federal impacts
- Monthly healthcare professionals telebriefing
 - These telebriefings are a collaboration with community HCP, with opportunities for discussion as well.
 - Led by our CMO, Dr. Tuteur and currently have a series on vaccine preventable diseases, with Dr. Motadel and Dr. Berg, and also share updates on Medi-Cal Transformation, budget updates, oral health, and other clinical updates
 - For info about this and the newsletter, email MCS@sdcounty.ca.gov





Public Health Director Update

Adrienne C. Yancey, M.P.H.
Assistant Public Health Director
Public Health Services



Federal Funding

Updates

- **June 9, 2025:** The County is awaiting to hear official word from CDPH and Heluna Health. CDPH is to have met with Heluna Health, on June 5. Update pending.



County Public Health Lab Celebrates Grand Opening



Video by [Andy Tolley](#)

By [Tracy DeFore](#), County of San Diego Communications Office
May 29, 2025 | 4:53 PM

- On Thursday, May 29, the County's new state-of-the-art Public Health Lab officially opened its doors at the County Operations Center (COC), in Kearny Mesa.
- The two-story facility measures 52,000 square feet, three times larger than the old, cramped and outdated building on Rosecrans.
- The new facility creates space for nearly 90 employees and contractors who will test for infectious diseases like COVID-19, Respiratory Syncytial Virus known as RSV, flu and other diseases.
- View tour video at:
<https://youtu.be/n32wYQyLOp4>

[County Public Health Lab Celebrates Grand Opening | News | San Diego County News Center](#)

Media/Community Events



Targeted Date and Time	Description & Location of Event
November 2023 and ongoing	Perinatal Equity Initiative (PEI) radio ads run on local radio stations, Z90 and Magic 92.5. Digital banners pop up on high-traffic websites. Both the radio and digital ads are played for the target audience and will redirect listeners and viewers to the Black Legacy Now website.
June 2024 and ongoing	PEI creatives (brochures, door hangars, and postcards) are being distributed in the community to promote educating African-American mothers on the importance of advocating for equitable and dignified maternity health treatment for themselves and their babies.
June 23 – 27, 2025	Public Health Advocate Camp (Linda Vista Innovation Center – 2202 Comstock St., San Diego, CA 92111)
June 26, 2025 1:00 PM – 3:00 PM	Father Joe’s Village Safety Fair, Stop the Bleed Booth
July 14 – 18, 2025 9:00 AM – 5:00 PM	UCSD/SDSU Preventive Medicine Residency Program, Orientation

Upcoming Presentations

June 8 – 10, 2025, Council of State and Territorial Epidemiologists (CSTE) Conference

- *EISB*:
 - Integrating Advanced Modeling and Analytics for Public Health Resilience: The San Diego Resilient Shield Experience
 - Localizing and Automating Short-Term Forecasting of Respiratory Illness for the County of San Diego
 - Fight the Bite: First Locally-Acquired Dengue Cases in San Diego County during Global Surge in Dengue Transmission
 - Evaluating the Impact of Hepatitis A Virus Vaccine Incentives for People Experiencing Homelessness in San Diego County

November 4, 2025, American Public Health Association (APHA) Conference

- *EISB*:
 - Innovating Overdose Response: Real-Time Solutions in San Diego County
- *MCFHS*:
 - The Sustainable, Equitable, and Local Food Sourcing Program and Policy:
Shifting Food Procurement to Better Support the Regional Food System and Environment



Health Services Advisory Board Meeting



Thank you!



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

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Questions and Comments:

James Lepanto: Is that [19 million for HIV funding] separate from the the 33 million?

Adrienne Yancey: That's separate.

James Lepanto: So, 33 million, and then another 19.

Adrienne Yancey: That's correct. it is a challenging time for staff as we prepare. But a lot of unknowns. What will the budget be, and what programs will we be able to move forward in the upcoming fiscal year?

Judith Yates: Just a quick question, in light of all that we've been talking about us the budgets at this brand new place, are we going to be able to hire the people that we need to actually work there?

Adrienne Yancey: The good news is that we do have the staff right now that will be able to function in the lab and to provide the services. What we will not have due to the budgetary cuts is surge capacity. And if another pandemic occurred, such as what happened five years ago, as you know, we really needed to increase the capacity of the laboratory, and we received outside grant funding to do so. We will not have that funding at this point in time.

Judith Yates: I think that's a real concern. Well, I mean, it's wonderful to have this level of laboratory, but if you don't have the right people behind those doors, might as well not I mean, it's not going to be functioning. So just putting it on the table, that that's something we have to watch for. And I know that our director, our public health officer, is probably working very hard to make sure that those positions that are key--now I'm not just talking about the day-to-day stuff, but the stuff that the labs are really built for, which is more specialized kinds of things, that it actually go more and more. You know, it's not we don't have to have another COVID. It could be anything, you know, in along those lines. And in fact, it probably will be something very different in COVID, but have the same kind of impact. So again, I'm just worrying about the not how we're doing day to day, but how are we going to do going forward when we get the unexpected?

Adrienne Yancey: Yeah, thank you for raising that. And I believe at one point in time we did suggest Dr. Corrigan coming to do a presentation of what all our lab does because it really is amazing what we're able to do.

Dr. Anuj Bhatia: And also, a request was made for possibly having a tour for HSAB members specifically of the lab and maybe even conducting an HSAB meeting on the County Operations Center campus. So we could possibly explore having a short meeting with a tour at the end.

Barry Jantz: And by the time I saw Dr. Corrigan when I was leaving, he had already heard that. He was very excited about that prospect as well. So we will look at that. I know in the past there have been concerns about driving there and parking and all that. But if we can combine a meeting and then do a tour, it's a really beautiful building.

Barry Jantz: Can you share, how are the young people who are selected from the camp, how do they get into the camp?

Adrienne Yancey: I'm going to assume that they're nominated by schools because we have a limited number of spaces and they must apply. Those that are the top candidates are able to attend. I could verify that information.

Geysil Arroyo: Okay, in my role at the SDSU School of Public Health, I know that there's a flyer we share with high school students, and then there's an application process, and students are selected.

Barry Jantz: On the air purifiers, do you know how they're trying to get the word out that those are free?

Dr. Sayone Thihalolipavan: Yeah, the Air Pollution Control District, they are getting the word out because they have community engagement staff. They have a Border Health Steering Committee. But then the County has also collaborated a

lot. I just asked today at a meeting, IBWC, which is the International Boundary Water Commission, to promote--they have a public meeting on Thursday. On this Thursday, we have a meeting with Imperial Beach. I want to ask them if they can make sure they tell their staff because many of their staff live in the same city that they serve. But we have also run ads on Facebook, and then we promote it through several different avenues, including our website as well. But then our community health workers told us, I think, two weeks ago, that there's a lawsuit. We know that there's a lawsuit against the operator of the wastewater treatment plant. And some people have this misconception that, hey, if I take this free air purifier, I won't be eligible for the class action lawsuit benefits. And that's absolutely not related.

Barry Jantz: Harriet, you had something on fluoride. And you actually had something on homelessness.

Dr. Harriet Seldin: Well, let me do the fluoride first. For those who've been around this all that, about water fluoridation, I mean, there was an effort over, I don't know, 80 years or something going back in the fifties and whatever to look at water fluoridation. To me, it's really sad about what's going on at the national level. And now here at the local level, to undo all that work and living in our water district, and it only being 2012, or 13 when we got fluoridation to have this effort. Now, which is like acting like it's a done deal. I don't know if it is or not, and we hope that people can, you know, get in touch with me, or whoever, to get in touch with me if you have input. We'll have people be able to educate their board about why they should keep it. A lot of money went into having the infrastructure for fluoridation. And this is only the operating maintenance costs. It's not that much money. It's like \$150,000 or something a year. This is something that, at the same time, if there less supplements and fluoride, which could happen, and fewer kids who have medical that have dental, and fewer adults less that have medical and dental. If the adults don't have MediCal, they don't take their kids to the dentist, then it's the worst of all worlds, because you have fluoridation makes a big difference, even though there's fluoride in toothpaste. It makes a really big difference, and so to have less care with less medical, and to have the fluoride gone. It's going to be really bad. So hopefully, we can stop it, and this may not be the First District in the county to look at that reversal, so people are aware. So any information to try to educate their board and their community. And people who are interested in being involved there. I think it's July 16th or something like that. The time range is when they make a vote.

Geysil Arroyo: Who will be voting? The boards?

Dr. Harriet Seldin: No, this is why it's so crazy. Olivenhain Municipal Water District. It's a small water district. It's not a city. Part of it is where, like, where I live in, it's Encinitas. Some of it's Carlsbad. Some of it's unincorporated county. The County of San Diego has been having a couple of County staff working at the city of Encinitas with homeless services. And now they're being removed to other places because the County is now only doing those kinds of things in the unincorporated parts of the County, not in the cities in the County. But it may be a problem if there's a gap and we don't have that infrastructure at small cities. And I don't know all the details, but I wanted to present this here. It's sort of an overlap of health and social services and whatever, and people falling through the cracks. And if it turns out that the County will not do this, does the city have the budget to do this? It's like this just happened.

Barry Jantz: And it sounds like the City staff wasn't aware of the County, maybe reducing services, right? You've already posed this, Dr. T. Sounds like?

Dr. Harriet Seldin: Yes. And this all happened today.

Barry Jantz: We're gonna hear more on this. I don't think we're going to get into it today. Okay. Anything else?

Dr. Sayone Thihalolipavan: I would just say I'm open to feedback. Let me know.

Dr. Suzanne Afflalo: I just wanted to know the criteria for getting the air filter 5. You just have to live in those three Zip Codes?

Dr. Sayone Thihalolipavan: You do have to have proof that you live there, like a bill or something like that.

Dr. Suzanne Afflalo: They don't have to show income, right?

Dr. Sayone Thihalolipavan: No income, no documentation status.

Victoria Floyd: I have a quick question on the opioid overdoses. I know it was particularly bad in Central East County in years prior. I 'm wondering if there's a particular prevalence in Central or East at this time?

Dr. Sayone Thihalolipavan: I think we will look at some of our data, and we planned our drug disposal bank pilot with Tory, because it is impacting Central and East more. Those are the two areas that we wanted to work with for the pilot. In the data that was presented on Friday, I don't remember that it was broken out by geography, but I can look.

Barry Jantz: I'm interested as well because East County has traditionally been higher in several categories.

Dr. Sayone Thihalolipavan: Yeah, I can bring that back.

James Lepanto: I know that having watched your kind of in-person presentations and also the media coverage with you, one of the things that you have talked about is the unfortunate and challenging reality that trust in public health, especially during COVID, has decreased. There's a lot of reasons for that, a lot of information about that, a lot of variables for why that has occurred. But you identified that as one of your priorities coming into the position. And I'd love to hear more about that and your ideas and thoughts on that. But also, if the board in any way, if HSAB, could do to also help with that, or what we should be aware of, or what we could assist with that.

Dr. Sayone Thihalolipavan: Thank you, James. I will definitely come back with a more detailed response, but just to say thank you for paying attention to the first what is being said or whatever. And I do think, I mean, foundational, when people

	<p>ask me what are my priorities, right? There are content issues, of course, like we have a local emergency for a reason because of the Tijuana River Valley crisis. And there's a plethora of other things in terms of topics that I can mention, but foundational to all of that is really building trust. Or enhancing trust. And both there's COVID, where we lost a lot of trust, but then also there's groups that historically have reasons not to trust us, right? And where we've lost trust over time. So, how do we look at it more comprehensively? I will just end by saying that we have for unclassified folks like Adrienne and I, we have unclassified performance evaluations, and we have to set goals for the next fiscal year. And so one of my goals is actually coming up with kind of a plan, if you will. And you don't know this yet, but like in that plan, I actually said, not only will I work with other people internal to the county to start to draft and think about this. And that includes the people live in visit, just as you mentioned, East County, right? I think we've lost a lot of trust in places like that. And that's why I show up at kind of events that traditionally, at least, the health officer hasn't shown up to places like the Warrior Height Challenge a couple of weeks ago. Just being there allows me to kind of get into a different community or population than tradition. And I'm open to any ideas if you have events or thoughts. But once I kind of work out and have some discussions internally. I want to bring something back to you all to get your feedback before finalizing anything and really mean that in a collaborative spirit. Just because you're all here for a reason. You're to represent various communities and aspects and views. So I would love to take advantage. To have a better plan and then help with execution.</p> <p>James Lepanto: And I just want to end with that. Obviously, this is not just a San Diego regional issue, this is a national challenge right now.</p>
VIII. ROUNDTABLE	<p>Dr. Anuj Bhatia: Regarding the questionnaire, I did reach out to the agency budget office, generally they indicated that the reduction is due to escalation in cost revenues, both state and general realignment funds. Also, I wanted to say that in the minutes Jack Daley did talk about that.</p> <p>Victoria Floyd: Okay, I'll look at that and talk to Caryn and see if there's any unresolved questions.</p>
IX. PUBLIC COMMENT	None.
X. ADJOURN	Meeting adjourned at 4:44 PM.
Next Meeting	<p>HSAB Monthly Meeting: Tuesday, July 15, 2025</p> <p>CAC: 1600 Pacific Hwy, San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm</p>