



County of San Diego

HEALTH SERVICES ADVISORY BOARD
1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, September 21, 2017 | 3:00-5:00 PM

Coronado Room, Health Services Complex
3851 Rosecrans Street, San Diego 92110

MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHS Support
Seat 5/Dist 3 Effron Harris	Seat 1/Dist 1 (vacant)	Patrick Loose, Chief	Dr. Wilma Wooten, Public Health Officer
Seat 6/Dist 3 Elly Garner	Seat 3/Dist 2 Judith Shaplin	HIV, STD, Hepatitis Branch	
Seat 8/Dist 4 Kyle Edmonds, Vice Chair	Seat 7/Dist 4 James Lepanto, Chair	(HSHB), Public Health Services	Dr. Liz Hernandez, Assistant Director
Seat 2/Dist 1 Paul Raffer	Seat 9/Dist 5 (vacant)	Brett Austin, Public Health Lab Director	
Seat 4/Dist 2 LaVonna Connelly	Seat 10/Dist 5 (vacant)		Dr. Saman Yaghmaee Deputy Director
Seat 11/Cmty Paul Hegyi	Seat 12/Cmty Dimitrios Alexiou	Jackie Werth, Performance Improvement Manager	
Seat 12/Cmty Judith Yates (alt)	Seat 15/Cmty Phillip Deming		Nora Bota, Community Health Program Specialist
Seat 13/Cmty Henry Tuttle	Seat 16/Cmty Leonard Kornreich		Donna White, Office Assistant
Seat 14/Cmty Greg Knoll	Seat 17/Cmty (vacant)		

Minutes	Lead	Follow-up Actions	Due
7/20/17		No Action Items	

Near Dates of Importance	
Annual Form:	Friday, June 23 – Form submitted to Saman Yaghmaee for Clerk of the Board [see sample Incompatible Activities Form]
Biennial Training:	Friday, June 23 - Confirmation of training submitted to Saman Yaghmaee for Clerk of the Board [see Ethics Training Notice and web address for online course]
Next Meeting:	Thursday, October 19, 2017 , 3-5 PM – Coronado Room, 3851 Rosecrans St., San Diego, CA 92110
Board Advance:	Wednesday, October 4, 2017 , 1-5 PM – Center for Creative Leadership, 3377 N. Torrey Pines CT

Agenda Item	Discussion
1. Welcome & Introduction	Kyle Edmonds called the meeting to order, and the Board and audience members were introduced.
2. Public Comment	No public comment

Agenda Item	Discussion
<p>3. Action Items</p>	<p>A. Approval of July 7, 2017 meeting Minutes</p> <p>Elly Garner requested that her name be moved to the members present since she was in attendance.</p> <p>Greg Knoll motioned to approve; Elly Garner seconded. All voted Aye with the addition of the suggested changes to the minutes.</p> <p>B. Approval of Board Letter</p> <p>1) HIV/AIDS Service Grant: Accept Ryan White Part A and MAI funding and Increase Contract Funding</p> <p>Presenter: Patrick Loose, Chief; HIV, STD & Hepatitis Branch (HSHB)</p> <p>The presentation was to seek approval from the Health Services Advisory Board for a board letter with two components:</p> <ul style="list-style-type: none"> • Acceptance of revenue from the Health Services and Resources Administration for the Ryan White HIV/AIDS Treatment Extension Act of 2009. HRSA had awarded the County \$11.5 million. • Authorization to increase funding for a contract that provides temporary housing for persons living with HIV. <p><u>Ryan White</u></p> <ul style="list-style-type: none"> • Ryan White is the single largest federal funding source for services provided to persons living with HIV. The primary purpose is to ensure that persons living with HIV have access to life-saving treatment. It pays for medical care as well as other core and support services that are necessary to ensure that persons living with HIV can remain in care over time. Other services funded by Ryan White include case management, mental health, substance abuse treatment, and temporary housing, among others. • The primary medical outcome measured in Ryan White is viral suppression. Almost 90% of persons enrolled in Ryan White are virally suppressed, and in 2015, San Diego County had the highest rate of viral suppression among all jurisdictions funded by Ryan White. <p><u>Temporary Housing</u></p> <ul style="list-style-type: none"> • We were seeking authorization from the Board of Supervisors to increase funding for a temporary housing program, known as the Partial AIDS Rental Subsidy or PARS. • PARS pays up to 40% of the rent for up to 48 months for persons living with HIV who are experiencing financial difficulty. • PARS is a crucial program for the Getting to Zero initiative because housing instability is one of the primary factors that leads to people falling out of care. • We required Board authorization because the funding, \$201,000, increased the total contract value above \$1 million. Please see Appendix. <p>Approval: All voted Aye with no oppositions or abstentions to approve the board letter.</p> <p>2) Accept Revenue, Purchase of Equipment, and Authorize Single Source Contract with Hospitals</p> <p>Presenter: Brett Austin Purpose: To support the Public Health Lab</p>

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>(continued)</p> <p><u>Background</u> The request is to authorize the Health and Human Services Agency (HHS) to accept future State and Federal revenue for public health emergency preparedness and response activities. This funding will not only support laboratory response, but also ongoing public health emergency preparedness and hospital preparedness activities. This will also authorize the HHS to enter into contracts with local hospitals, the Council of Community Clinics (Health Center Partners), and First Watch for emergency preparedness planning/training and disease surveillance as well as authorizing potential agreements with other counties and Mexico for coordinated Zika testing.</p> <p><u>EUA Declarations:</u> Before Food and Drug Administration (FDA) may issue and Emergency Use Authorization (EUA), the Health and Human Services (HHS) Secretary must declare that circumstances exist to justify the authorization. This declaration is referred to as a EUA declaration. Under section 564 of the Federal Food, Drug, and Cosmetic Act, the FDA Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by Chemical, Biological, Radiological, and Nuclear (CBRN) threat agents when there are no adequate, approved, and available alternatives.</p> <p>This declaration (referred to in this guidance as an “EUA declaration”) must be based on one of the following actions:</p> <ol style="list-style-type: none"> 1. A determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a CBRN agent(s); 2. A determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to United States military forces of attack with a CBRN agent(s). Please see Appendix. <p>Approval: All voted Aye with no oppositions or abstentions to approve the board letter.</p>
<p>4. Updates/ Presentations/ Follow-up Action Item</p>	<p>A. Public Health Accreditation Annual Report Presenter: Jackie Werth, Performance Improvement Manager</p> <p>The purpose of this presentation was to provide the board an update on the Public Health Accreditation annual report results. The County received national recognition from the Public Health Accreditation Board (PHAB) on May 17, 2016 for meeting public health standards. These standards are based on 100 measures and 12 domains that a health department needs to demonstrate conformance in order to achieve public health accreditation. The first ten domains address the full array of public health functions as demonstrated in the 10 Essential Public Health Services (PHS). In the U.S., there are almost 200 accredited health departments, nine of which are in California.</p>

Agenda Item	Discussion
<p>4. Updates/ Presentations/ Follow-up Action Item (continued)</p>	<p>(continued)</p> <p>In the past year, PHS has made improvements addressed in the site visit report, including:</p> <ol style="list-style-type: none"> 1) Tracking key measures by Branch with an automated performance management tool and quarterly status report; 2) Convening metrics workshops for each Branch to enhance and expand on measures and design dashboards; and 3) Continuation of monitoring performance with the use of the Performance Improvement Management Committee; <p>In addition, the site visit report stated information regarding quality improvement advancements, emerging issues, innovation, community impact, and health status outcomes. The report also noted that there were organizational changes within PHS as some functions and services have transferred to the new Medical Care Services Division, the Community Health Statistics Unit has moved to the Administration Office, and California Children Services is not its own Branch, separate from Maternal, Child, and Family Health Services.</p> <p>C. Update on Hepatitis A Presenter: Dr. Wilma Wooten</p> <p>The purpose of this presentation was to inform and educate the board about the current Hepatitis A outbreak in San Diego County.</p> <p>Hepatitis A is caused by a virus, easily spread from person-to-person. The virus can cause liver disease lasting a few weeks to a serious illness lasting several months. In some cases, it can cause death. The Hepatitis A vaccine was introduced in the early 1990s. Following this date, the number of reported cases decreased drastically nation-wide. Routine vaccinations for all U.S. children began in 2006.</p> <p>In San Diego County, the Hepatitis A cases began to show an increase of incidence from prior years in 2016. Currently, there are 444 confirmed outbreak cases from November 22, 2016 to September 11, 2017. A local public health emergency was declared on September 1, 2017. The Incident Command System is in place to manage the current Hepatitis A outbreak. Meetings with core staff (public health, behavioral health, and integrative services) are convened on Mondays and Wednesdays and County of San Diego-wide meetings on Fridays. The implemented plan is focused on three strategies: 1) Vaccinate; 2) Sanitize; and 3) Educate. Notifications have been sent out in May, July, and August of 2017. Letters were sent out to specific food facility operators on September 15, 2017. Repeat letters were sent out the week of September 18, 2017. As of September 16, 2017, 28, 235 Hepatitis A vaccines were administered across the County.</p> <p>The at-risk population is homeless, intravenous/non-intravenous illicit drug users, travelers to countries with high or intermediate endemicity of HAV infection, men who have sex with men, people with chronic liver disease, persons with clotting factor disorders, and persons working with non-human primates or laboratory research.</p>

Agenda Item	Discussion
5. Chair's Report	<p>A. Board Training Requirements Update – No updates</p> <p>B. HSAB Advance – October 4, 2017, 1 pm to 5 pm</p> <p>C. Board Evaluation</p> <p>James reminded the board to complete the evaluation. A follow-up email will be sent with the survey link. The evaluation results will be reviewed at the Health Services Advisory Board Advance.</p> <p>D. Vacancies Update – No updates</p> <p>E. Agenda Items for Future Meetings</p> <p>LaVonna suggested having updates on community planning and getting input from community stakeholders, including the Resident Leadership Academies. Kyle also suggested presentations about health equity efforts.</p> <p>F. Nominating Committee - No updates</p>
6. Informational Items	<p>A. Committee Reports - No reports were given</p>
7. Public Health Officer's Report	<p>A. Dr. Wooten reviewed new items in red text on the Public Health Officer's Report.</p> <ol style="list-style-type: none"> 1) Communicable Disease Issues <ul style="list-style-type: none"> • Influenza • Zika Virus • Hepatitis A 2) Board Actions 3) Public Health Issues 4) Grants 5) Public Health Initiatives 6) Branch and Program Fact Sheets 7) Board Letter Forecast <p>[See Attachment]</p>
8. Agenda Items for Future Meetings	<p>OCT – Tobacco Tax Funds for Public Health Oral Health Program and Extension of Tobacco Control Contract Presentation</p>
9. Adjournment	<p>This meeting was adjourned at 5:00 PM.</p> <p>Next meeting: October 19, 2017</p>