County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Tuesday, July 3, 2018 | 3:00-5:00 PM

County Administration Center, Rooms 302/303
1600 Pacific Highway, San Diego, CA 92110

MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Presenters	HHSA Support
Seat 1/Dist 1	Karrar Ali	Seat 2/Dist 1	(vacant)	Dr. Susannah Graves, Chief & Medical Director, Tuberculosis Control and Refugee Health	Dr. Wilma Wooten, Public Health Officer and Director
Seat 4/Dist 2	LaVonna Connelly	Seat 3/Dist 2	Judith Shaplin		
Seat 5/Dist 3	Harris Effron	Seat 9/Dist 5	(vacant)		Dr. Liz Hernandez, Assistant Director
Seat 6/Dist 3	Isis Montalvo (alt)	Seat 10/Dist 5	(vacant)		
Seat 7/ Dist 4	James Lepanto (Chair)	Seat 11/Cmty	Paul Hegyi		Nora Bota, Community Health Program Specialist
Seat 8/Dist 4	Shawn Amirhoushmand	Seat 17/Cmty	(vacant)		
Seat 12/Cmty	Judith Yates (alt)				
Seat 13/Cmty	Henry Tuttle				
Seat 14/Cmty	Greg Knoll				
Seat 15/Cmty	Michael Matthews				
Seat 16/Cmty	Leonard Kornreich				

Minutes	Lead	Follow-up Actions	Due
N/A	Dr. Susannah Graves	Provide information to the Health Services Advisory Board (HSAB) regarding industry day for tuberculosis contracts.	N/A

Near Dates of Importance
Next Meeting: Tuesday, August 7, 2018, 3-5 PM – County Administration Center, 1600 Pacific Highway, Rooms 302/303

Agenda Item	Discussion
I. Welcome & Introduction	James Lepanto called the meeting to order at 3:01 PM. The HSAB members and people in attendance were introduced.
II. Public Comment	No public comment.
III. Action Items	**A. Approval of June 5, 2018 Meeting Minutes** Greg Knoll motioned and Isis Montalvo seconded. There was a correction to correct Isis Montalvo's last name on page one the June Minutes. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the minutes were approved. **B. Public Comment** There was no comment.

III. Action Items	**C. Accept Tuberculosis Revenue** Presenter: Dr. Susannah Graves, Chief & Medical Director, Tuberculosis Control and Refugee Health, County of San Diego Health & Human Services Agency (HHSA) Department of Public Health Services (PHS) The purpose of the board letter is to accept revenue through the combination of Federal and State grants to further enhance Tuberculosis Control and Refugee Health within the region. This board letter will be presented to the Board of Supervisors on July 24, 2018, requesting authorization for the Clerk of the Board, upon receipt, to execute a new Tuberculosis Treatment and Control Grant with California Department of Public Health (CDPH) from July 1, 2018 through June 30, 2019, for approximately $972,998 and with the Center for Disease Control and Prevention (CDC) from January 1, 2019 to December 31, 2019 for approximately $1,884,780. Additionally, today's action requests HSAB to approve and authorize the Clerk of the Board to execute a new Fee for Service Agreement with the Refugee Health Assessment Program (RHAP) with CDPH from October 1, 2018 through September 30, 2019, for approximately $365,400. Authorization is also requested to apply for any additional opportunities to further enhance tuberculosis control in the region. Tuberculosis exposure investigations were conducted for more than 800 individuals in 2017. Additionally, housing was provided for infectious and non-infectious patients until rendered no longer communicable. Also in 2017, more than 3,122 high risk individuals were screened for tuberculosis and DOT was provided for 237 individuals, including 28 individuals for the binational program. The CDC funding of $1,884,780 provides for tuberculosis prevention and control activities including surveillance and disease investigation for the period of January 1, 2019 through December 31, 2019. In 2017, 237 newly active tuberculosis cases were reported in the County, a decrease of eight percent from 258 cases reported in 2016. Health assessments conducted by HHSA for newly arrived refugees through RHAP include tests and follow up referrals for both communicable and chronic conditions. In 2017, 1,787 refugees were screened. <u>Approval of Board Letter</u> Greg Knoll motioned and Isis Montalvo seconded. There were no corrections to the board letter. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the board letter was approved.

III. Action Items

Discussion (Q/A):

The housing piece is interesting with the struggle to find affordable housing. Can you speak to that a bit more?

- There are two housing programs, one infectious and one non-infectious. In the last year, we have lost infectious housing. When the Rosecrans building is torn down, in about five years, there will be housing for infectious patients. We are currently looking for alternative housing.

Is there a specific location you are looking at to house patients?

- There are limits as to what type of housing units we can use. It must be a place with no-share ventilation, where they can cook, and have access to laundry services all around the dwelling. Previously we've had wonderful cottage units, a place where residents had an outdoor space.

In mental health we have forced medication. Is DOT forced medication?

- DOT is the cornerstone for tuberculosis treatment worldwide. When we do visits or clinical therapy, most are willing to do DOT. However, some are not willing. Health and safety codes that cover tuberculosis control, permit certain allocations for public health officers regarding DOT. If patients fail to report for therapy or treatment, patients receive health officer's order. If patients then don't abide, they are charged with a misdemeanor and can be ordered to go to a health facility or be incarcerated. Patients are never ordered to take medication, but they can be motivated by confinement.

Is there a target you're aiming for regarding expansion of the DOT program in order to serve more individuals?

- We have reached a steady influx of new cases annually, since about 2010. About 75-80% of cases are due to the reactivation of latent tuberculosis infection. There is a 5-10% chance of developing the disease at some point during their lives, unless diagnosed and treated. The next push is to assure those people are aware of their risk, tested, and encouraged and incentivized to get treatment for themselves and the health and safety of the public. There are several policy changes at the federal level that will assist with this. Some state policy changes are in the works. Immigrants who enter the U.S. are now required to have chest X-rays to examine for active tuberculosis. The new mandates from the federal government that start on October 1, 2018, will test for latent tuberculosis. The reports will come to the health department and our role will be to encourage and assist those people get treatment for the latent tuberculosis.

How is the screening for tuberculosis going in the jails?

- We have seen great collaboration and an improvement in reporting at several correctional facilities here. Every patient that gets booked into jails gets a chest X-ray for tuberculosis. We have great dialogue with the jails.
- There has been testing for tuberculosis at the intake of all inmates since 2008. Currently we have periodic meetings with the jails to discuss tuberculosis, HIV, or other health-related issues.

D. Single Source Contracts for RHAP

Presenter: Dr. Susannah Graves, Chief & Medical Director, Tuberculosis Control and Refugee Health, County of San Diego HHSA Department of PHS

This board letter will be presented to the Board of Supervisors on September 11, 2018, requesting that the Board of Supervisors approve and authorize the Director, Department of Purchasing and Contracting to enter into single source contracts with qualified

community providers to provide refugee health assessment services to clients who enter the United States as designated by the Federal Office of Refugee Resettlement (ORR).

On April 1, 2018, the CDPH Office of Refugee Health (ORH) revised the funding mechanism which supports the RHAP program, from a grant to fee for service reimbursement. Due to this change, authorization is needed to procure Sole Source Contracts with qualified healthcare providers to conduct refugee health assessment services.

Current contracts are still in effect and will expire on September 30, 2019. Catholic Charities currently conducts the patient intake, data entry into the Refugee Health Electronic Information System (RHEIS), and health navigation for the program. The University of California San Diego currently conducts the clinical health screening for the program.

To fully engage this fee for service reimbursement structure, PHS requests the Board of Supervisors to authorize the Department of Purchasing and Contracting to enter into contracts with providers who have the ability to deliver the following to the refugee population:

1. Ability and capacity to provide a medical exam and mental health screening within 30 days of refugee arrival, and complete the medical exam within 90 days of refugee arrival;
2. Ability and capacity to complete a full assessment as outlined in the Policy and Procedure Manual from CDPH – ORH;
3. Ability and capacity to enter results from the California Refugee Health Assessment into the California State Refugee Health Electronic Information System within five business days of service, in order for the County to award incentives to the contractor;
4. The ability and capacity to invoice Medi-Cal;
5. Demonstrated experience working with newly arrived refugees;
6. Ability and capacity to provide licensed medical interpretation for each patient visit; and
7. Ability and capacity to provide services in San Diego, East, and Central regions where the majority of refugees reside; and
8. Health navigation services.

Funds for this request are included in the Fiscal Year 2018-20 Operational Plan for HHSA. If approved, this request may result in costs and revenue of estimated at $319,442 in Fiscal Year 2018-19 and costs and revenue of estimated at $106,481 in Fiscal Year 2019-20. The funding source is CDPH ORH. There will be no change in net General Fund cost and no additional staff years.

Approval of Board Letter

Greg Knoll motioned and Judith Yates seconded. There were no corrections to the board letter. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the board letter was approved.

Discussion (Q/A):

RHAP references Medi-Cal. Do patients already have Medi-Cal or do they receive help in applying for Medi-Cal when they come?

- The resettlement agencies that accept all of these incoming patients are responsible for enrolling them in Medi-Cal and have historically done a great job.

Is there incentive to log Medi-Cal in a certain amount of time?

- The way we pay the contractors is to incentivize them to complete assessments in a timely manner.

III. Action Items	**Is there an access time for when providers must allow patients to come in?** • We have a goal of completing refugee health assessments within 90 days of arrival. **We are seeing a decrease in costs because we have less refugees coming in. Are the numbers from the board letter in anticipation of the continued decrease?** • The numbers are based on the estimate of 1,000 incoming refugees. Part of the rationale behind changing the way we contract has to do with the wide variability that we have. This year we have a lot less than the year before. **This is a request to contract with people in a sole source manner. That must mean that you have certain people or places in mind. What are these people or places and are the rates negotiable?** • No, we don't have specific people or places in mind. The idea is that we will look to contract with all entities who apply that provide these services. • We are planning on having an industry day where entities can come and give their input. **Your current contractors are Catholic Charities and UCSD. Are you satisfied with their work?** • The services they provide are excellent. The challenge is that the contracts give a certain budget from CDPH at the beginning of the year that is then adjusted based on the number of arrivals. The fluctuations provide a problem in keeping staff. **Please share about the guidelines we've received from the State about changing one way we pay, to another.** • The decision to pay contractors on a fee-for-service (FFS) basis was due to receiving money from the State as a grant, and then an initial budget that was drastically adjusted based on number of arrivals was received. This has been logistically challenging. The way the federal government funds the State is as a FFS. The State has decided that rather than give us a budget and adjusting it, they will give us a FFS. The County will be receiving the revenue as a FFS and we will be arranging the contracts as a FFS. **Will Single Source Contracts now make it possible for us to integrate this particular population into geographic managed care plans, and the contract providers can be the Federally Qualified Health Centers (FQHC), full-service providers, of the community?** • Yes, FHQCs would be contract providers that we welcome as well as any health systems that want to integrate these patients into their existing stream of clients. **Will contractors be allowed to sub-contract?** • On our industry day we will discuss this with the contractors. **Will you be doing a Request for Information (RFI) or a Request for Proposal (RFP) first?** • We will be doing the RFI first. **When you plan the industry day will you let HSAB know in advance?** • Yes.

IV. Chair's Report

A. Follow-up on Key Actions to Take Regarding STD Update

James expressed gratitude for the input provided from HSAB. He will continue to work on the draft STD recommendations and incorporate the suggestions. It will be completed by the August meeting.

B. Follow-up on Key Actions to Take Regarding Chronic Disease Update

James asked for suggestions on how, and if, HSAB wants to move forward on the chronic disease focus.

Dr. Wooten clarified that CHD is Coronary Heart Disease and not Cardiovascular Heart Disease, in response to questions at the last meeting in June on the Chronic Disease presentation. There is more diabetes in our community than there is Coronary Heart Disease.

A HSAB member stated that a Top Ten *Live Well* San Diego Indicators annual update would be interesting.

Dr. Leonard Kornreich suggested that at the Policies and Program subcommittee, they will address the Chronic Disease issue and come back to HSAB with suggestions.

C. Tour of Shelters

James, Melissa Thun, and Dijana Beck toured Alpha Project and Veterans Village. James was impressed with the work that was being done, at how adaptive they were, and with passion and dignity. It was apparent that affordable housing is a pressing issue in San Diego County.

D. Annual Report

James is working on the Annual Report and is planning for a draft to be finished by the August meeting for the HSAB review.

E. HSAB August 7, 2018 Meeting Room Location

Next month's meeting is right after the Board of Supervisors meeting. The Bayside room on the bottom floor of the County Administration Center were reserved just in-case the Board of Supervisor meeting runs late.

V. Informational Items	**A. Committee Reports** 1. **Policies and Program**: Leonard Kornreich (Chair), Greg Knoll, Harris Effron, Karrar Ali, LaVonna Connelly No update. 2. **Budget:** James Lepanto (Chair) and Judith Shaplin No update. 3. **Health Legislation:** Paul Hegyi (Chair), Elly Garner, Harriet Seldin, Henry Tuttle, Dimitrios Alexiou No update. 4. **Strategic Planning/Annual Report/Nominating Committee:** James Lepanto No update.
VI. Public Health Officer's Report	**A. Public Health Officer Report** Dr. Wooten reviewed new items in red text on the Public Health Officer's Report. **1) Communicable Disease Issues** • Hepatitis A ▪ Still monitoring hepatitis A. There was a new case two weeks ago. There is an active second Dose Campaign in progress. ▪ The Kentucky outbreak has now become the worst in the nation with 969 cases as of 6/27/18. ▪ Ohio has declared an outbreak and cases are rising in Tennessee and West Virginia. ▪ San Diego Case Demographics – Two new confirmed cases since the last report. ▪ Vaccinations as of 6/6/2018: 162, 253 • Zika Virus (Reported on 6/3/18 for local cases through 5/29/18). Now report issued first Thursday each month or as new cases occur. No new data. ▪ Confirmed Zika cases (all travel-associated): 108 • Shigellosis ▪ Shigellosis cases have increased and disproportionately seen in both gay/bisexual men and homeless individuals. ▪ Released CAHAN on 6/25/18, news story on 7/2/18, and shared information with tent shelters. ▪ Last year, the County saw the highest number of cases in 20 years, including a disproportional increase in the gay and bisexual community and among the homeless population. ▪ The number of cases typically increases in the late summer and fall and there have already been 97 cases of shigellosis reported in the County so far in 2018. ▪ Shigella infection (Shigellosis) causes a diarrheal illness lasting for five to seven days. Shigella is a very contagious infection that can occur through person-to-person contact, eating food contaminated by someone who has shigellosis, or swallowing water from pools and ponds or drinking water that was contaminated with the bacteria. ▪ The incubation period depends on the serotype. It varies from twelve hours to seven days but is usually one to three days

VI. Public Health Officer's Report	**2) Grants** • The Prevention grant ends September 29, 2018. • Two new CDC applications are being prepared for submission in July 2018. ▪ **CDC-RFA-DP18-1817:** Diabetes and Heart Disease & Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke - This will provide funding for similar strategies that were in Component 1, Diabetes Prevention Program, and Component 2. This is due on July 9, 2018. ▪ **CDC-RFA-DP18-1813:** REACH Grant - This will provide funding for similar strategies that were in Component 1, strategies 1-4 of the previous Prevention funding. This also has two additions for a tobacco cessation strategy and community linkages. This is due on July 16, 2018. • **Kresge Emerging Leaders in Public Health Grant:** PHS was accepted into the third cohort of the Kresge Foundation's Emerging Leaders in Public Health program. In addition to the $125,000 in grant funding, PHS' leadership will receive leadership development trainings and technical assistance to help implement their proposed transformative concept – convening municipal governments and local stakeholders to tackle public health problems affecting the entire region. This new role builds off of the collaboration between city governments and the County to manage sanitation efforts during the Hepatitis A outbreak. • **Naloxone Proposal:** To participate in a naloxone distribution effort. Application submitted May 1st. Approved. A plan has been developed and will be implemented. The full amount is $248,300. As of July 2, 2018, 5,178 (96% of current supply and 78% of total allocated supply) doses were picked up by seven agencies. **<u>Discussion (Q/A):</u>** **Does the San Diego County Sheriff's Department participate in the Naloxone Program?** • The department has been implementing a naloxone program for some time now (started at least four years ago) when Dr. Haynes was the Emergency Medical Services Medical Director. This program is now institutionalized in the Sheriff's Department. As such, they would not need to participate in the PHS Naloxone program. **Is there evidence that the Naloxone Program is working?** • While there is currently no research on the program recently implemented by PHS and other jurisdictions nationwide (too soon), there is an article, Training Law Enforcement to Respond to Opioid Overdose with Naloxone: Impact on Knowledge, Attitudes, and Interactions with Community Leaders, based on efforts by the program implemented by the County of San Diego Sheriff's Department. This article only looks at law enforcement officers (LEOs) to administer and dispense naloxone, but the results are promising. While numbers are low, the study indicated that trained LEOs will save lives and result in at least one visit to a substance abuse treatment program. **How relatively successful are inter-faith centers versus EMS? Is there a difference in time in getting the dose? As a Public Health Officer, where do you think the problem exists?** • This is a nationwide national program. The premise is that it will be readily available to people who need it. It's about getting access and being readily disposed to someone who needs it. Then the EMS system will be called.

VII. Agenda Items for Future Meetings	**A. Proposed Agenda Items for Future Meetings** 1) Behavioral Health Services Presentation – (August 2018) 2) County of San Diego Legislative Process – (August 2018) 3) Lessons Learned from Hepatitis A – Dr. Wilma Wooten (September 2018) 4) Capacity Plan– Dr. Yphantides and Dr. Koenig (September 2018)
VII. Adjournment	This meeting was adjourned at 4:46 PM. Next meeting: August 5, 2018 at the County Administration Center, Rooms 302/303. If the Board of Supervisor's meeting runs late, the meet room will be at the Bayside.
Meeting minutes submitted by Samantha Hasler.	