



County of San Diego
HEALTH SERVICES ADVISORY BOARD
1600 Pacific Highway, San Diego, CA 92101-2417

Tuesday, October 1, 2019
3:00pm to 5:00pm
1600 Pacific Highway Room 302/303, San Diego, CA

MEETING MINUTES

Members Present		Members Absent/Excused		Presenters	HHS Support
Seat 2/Dist 1	Suzanne Afflalo	Seat 1/Dist 1	Vacant	Winston Tilghman,	Dr. Wilma Wooten
Seat 4/Dist 2	LaVonna Connelly	Seat 3/Dist 2	Judith Shaplin	Medical	Health Officer/
Seat 6/Dist 3 (Alt)	Stuart Cohen	Seat 5/Dist 3	Harris Efron	Director/STD	Director
Seat 6/Dist 3 (Alt)	Frank Xu	Seat 10/Dist 5	Marsha Bryan	Controller, HSHB	
Seat 7/Dist 4	James Lepanto	Seat 11/(Alt)	Jennipher Ohmstede	Approval of	Dr. Anuj Bhatia,
Seat 8/Dist 4	Gerysil Arroyo	Seat 12 (Alt)	Judith Yates	Additional Funding	Deputy Director
Seat 9/Dist 5	Terese Cisneros-	Seat 13/HCPSC	Henry Tuttle	to HIV, STD &	
	Remington	Seat 14 (Alt)	Jack Dailey	Hepatitis Branch	Jackie Werth,
Seat 11/SCMS	Paul Hegyi	Seat 15/(Alt)	Jenifer Mendel	(HSHB) Board	Health Services
Seat 12/HASDI	Alexiou Dimitrios	Seat 16/(Alt)	Harriet Seldin	Letter	Project Coordinator
Seat 13/Alt	Tim Fraser				
Seat 14/CCHE	Gregory Knoll	Acronyms:		Helen DuPlessis,	Petra Montiel,
Seat 15/BHAB	Michael Matthews	HSDPA: Healthy San	HASDI: Hospital	MD, MPH,	Administrative
Seat 16/HSDPA	Leonard Kornreich	Diego Professional	Association of San Diego	Principal, Health	Secretary
Seat 19/District 3	Diana Aguirre	Advisory	and Imperial	Management	
		SDCMS: San Diego		Associates,	
		County Medical Society	CCHE: Consumer Center	Perinatal Opioid	
			for Health Education	Use Disorder	
		HCPSC: Health Center	BHAB: Behavioral Health	(OUD) and	
		Partners of Southern	Advisory Board	Substance Use	
		California		Disorder (SUD) and	

			HSDCA: Healthy San Diego Advisory	the California Mother and Baby Substance Use Exposure Initiative Project Overview	
				Amber Christ, Directing Attorney, Justice in Aging, Connecting Older Adults to Oral Health	

Minutes	Lead	Follow- up Actions	Due
Mar 5, 2019	James Lepanto	To extend an invitation to the new director of Integrated Services, Omar Passons. (Carried Over)	June 2019
May 7, 2019	James Lepanto	Distribute and carry forward White Paper regarding Senior Dental cares. (Carried Over)	June 2019
May 7, 2019	James Lepanto	The committee is to be provided with Counties Legislative Agenda. (Carried Over)	June 2019
May 7, 2019	James Lepanto	To extend an invitation to the new director of Behavioral Health, Luke Bergmann. (Carried over)	June 2019
May 7, 2019	James Lepanto	James to contact Paul Hegyi (Chair) of the Health Legislation to receive a summary of each bill and the resented to the Committee.	June 2019
May 7, 2019	James Lepanto	James to provide the committee with a link to assembly and senate bills that the sub-Committee would like the Committee to support	June 2019
May 7, 2019	James Lepanto	Annual report will be presented to the Committee. (Carried Over)	June 2019
May 7, 2019	James Lepanto	Forward and changes or updates regarding the White Paper directly to Dr. Bhatia.	May 2019
August 6, 2019	James Lepanto	To email the Strategic Plan to all members	August 2019
August 6, 2019	James Lepanto	To prepare a letter to the BOS recommending Oral Health Sub-Committees recommendation on STD and Oral Health.	August 2019
October 1, 2019	Anuj Bhatia	Focused priorities to be sent out to the members electronically.	October 2019
Next Meeting: HSAB Meeting: Tuesday November 5, 2019, 3:00 – 5:00 pm – 1600 Pacific Highway, Suite 302-303, San Diego, CA			
Agenda Item		Discussion	
I.	Welcome & Introductions	James Lepanto called the meeting to order at 3:05 PM. The HSAB members and public in attendance were introduced.	
II.	Public Comment	No public comment.	
III.	Action Items	A. Approval of October Agenda and September Meeting Minutes	

	<ol style="list-style-type: none">1. Greg Knoll moved and seconded by Dimitrios Alexiou2. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the documents were approved.3. Public Comment (related to action items) <p>B. Approval of Additional Funding to HIV, STD & Hepatitis Branch (HSHB) Board Letter, Winston Tilghman, Medical Director/STD Controller, HSHB.</p> <ol style="list-style-type: none">1. Winston Tilghman, Medical Director/STD Controller.<ol style="list-style-type: none">a. Background:<ol style="list-style-type: none">1) The County receives funding from the CDPH STD Control Branch for STD prevention and control. Reported cases and rates of STDs in San Diego County, including syphilis gonorrhea, and chlamydia, are among the highest observed in the last three decades. There were 1,079 reported cases of infectious syphilis in 2018, with a rate of 32.3 cases per 1000,000 persons, representing a 3.130% increase since 2000. A total of 6,200 cases of gonorrhea were reported, with a rate of 185.8 cases per 100,000 persons, representing 115.7% increase compared to 2000.2) STDs are associated with increased risk of HIV transmission and acquisition and can cause multiple complications, including infertility, blindness, hearing loss, and death. Congenital syphilis, or transmission of syphilis from mother to child in utero or during delivery, is associated with multiple birth defects and stillbirth. In San Diego County, five syphilitic stillbirths occurred from 2014-2018. STD's also are associated with significant health disparities, with disproportionate impacts on young women (chlamydia), persons of color (all), and gay bisexual and other men who have sex with men (syphilis and gonorrhea).3) Funding from the CDPH STD Control Branch will support core STD prevention and control activities. These activities include surveillance, investigation of priority cases, identification and notification of exposed partners and contacts to interrupt disease transmission, and verification of appropriate STD treatment. These activities also include health education and promotion activities to prevent STDs and enhancing awareness among medical and other service providers who serve populations affected by STDs. These activities also incorporate HIV prevention strategies that are part of the County's Getting to Zero initiative, including that persons with diagnoses STDs are also tested for HIV, linking persons who are HIV – positive persons are in care and receiving HIV treatment.4) The first request seeks authorization to acceptance approximately \$1,618,445 in grant funds from the California Department of Public Health STD Control Branch for the periods of July 1, 2019 through June 30, 2024, for STD prevention and control activities, and authorize the Clerk of the Board to executive all required grant documents, upon receipt, including any annual extensions, amendments or revisions that do not materially impact or alter the services or funding level.5) The second request seeks to authorize the Agency Director, Health and Human Services Agency to apply for any additional funding opportunity announcements, if	
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	<p>available, to support STD outreach and education, prevention, surveillance, disease intervention, testing and treatment activities.</p> <ol style="list-style-type: none"> 6) The proposed actions support the Building Better Health and Living Safely initiative in the County of San Diego's 2019-2024 Strategic Plan as well as the <i>Live Well San Diego</i> vision through education about STD prevention, interruption of the spread of STDs, and reduction in the impact of STDs on County residents that lead to improved physical health and healthy, safe, and thriving region. 7) The HSAB members approved the Board Letter that would go before the BOS to take action later in October of 2019. <ol style="list-style-type: none"> 1) Paul Hegyi Moved and seconded by Greg Knoll. 2) There were no corrections to the Board Letter. 3) All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the Board letter was approved. <p>Discussion (Q/A):</p> <ol style="list-style-type: none"> 1) Greg Knoll made comment of his approval that the second paragraph to the STD White Paper addressed this issue. 2) Mainly that it provided the number of cases on syphilis and chlamydia have increased (primarily within the ethnic communities) 3,130%, 190% and 115% since 2000. 	
<p>IV. Update/Presentation/ Discussion/Follow up Action Items</p>	<p>A. Perinatal Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) and the California Mother and Baby Substance Use Exposure Initiative Project Overview, Helen DuPlessis, MD, MPH, Principal, Health Management Associates.</p> <ol style="list-style-type: none"> 1. Helen DuPlessis, MD, MPH, Principal, Health Management Associates provided and overall presentation for Perinatal Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) and the California Mother and Baby Substance Use Exposure Initiative Project Overview. <ol style="list-style-type: none"> a. Background: <ol style="list-style-type: none"> 1) SAMHSA data: > 400,000 infants are exposed to ETOH or other illicit/inappropriate drug use during pregnancy. 2) Number of pregnant women with OUD increased from 1.5/1000 6.5/1000 live births (1999-2014). 3) CA prevalence 1.6/1000 live births (6.5/1000 in US): 4) Annual rates of were lowest in CA and HI (0.1/1000/yr) and highest in VT, ME, NM, WV (VT prevalence is 48.6/1000). 5) What is Addiction? <ol style="list-style-type: none"> 1) It is a chronic neurobiological disorder centered around a dysregulation of the natural reward system. 6) Mother Baby substance use exposure overview: <ol style="list-style-type: none"> a) HMA will work to deliver state of the art treatment for the prenatal phase to the post-delivery phase. b) This work will be accomplished through: 	<p>•</p>

- I. Outreach
- II. Protocols, guidelines, safety bundles and toolkits
- III. Distribution of patient facing materials
- IV. Treatment access points
- V. Learning collaboratives
- VI. Technical assistance
- VII. Resource Library
- c) Project Outcomes Include:
 - I. Decrease NAS length of stay
 - II. Decrease in NAS severity
 - III. Decrease in the number of unnecessary Child Protective Service referrals
 - IV. Increase in moms in long term recovery
 - V. Identify and treat

Discussion (Q/A):

- 1) **The stigma of Perinatal Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) was mentioned but was not on the activity or outcome? Is there a reason?**
 Reasoning is because it was built into the toolkit and best practices.
 - 2) **The statistics shown were based on Indian tribes. How are you working with Counties to address these issues?**
 A grid was created to address the different kind of stakeholders. Once identified the Counties are advised to reach out to the various rural health boards.
 - 3) **How do hospitals engage in this Mother Baby Substance organization?**
 Organizations have to be a level 1 or 2 nurse.
- B. Connecting Older Adults to Oral Health, Amber Christ, Directing Attorney, Justice in Aging**
- A. Connecting Older Adults to Oral Health, Amber Christ, Directing Attorney, Justice in Aging.**
1. **Background:**
 - a. Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the court or older adults with limited resources.
 - b. Since 1972 they have focused primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.
 - c. 65% of Medicare beneficiaries have no dental coverage
 - d. Nearly 50% did not visit the dentist in last year
 - e. Major disparities based on race, income, disability, rural versus urban versus urban
 - 1) 71% with income below \$10k (versus 27% with 40K)
 - 2) 62% of beneficiaries under 65 with a disability
 - 3) 59% in rural region (versus 46% in metro areas)
 - f. Cost is the biggest barrier to care
 - g. 374,000 older adults in San Diego
 - h. 96,633 Medicare & Medi-Cal dually enrolled
 - i. No County-level data on seniors

	<ul style="list-style-type: none">j. San Diego Oral Health Coalitionk. Statewide:<ul style="list-style-type: none">1) Med-Cal Dental:2) ¼ had an annual exam; 14% preventive; 18% any dental treatment3) Nursing Homes" 1/3 have lost all teeth; 1/3 need immediate gum treatment; 48% have untreated tooth decayl. Oral health and overall health are linked<ul style="list-style-type: none">1) 15% of older adults have no natural teeth2) Periodontal Disease + increased risk for infections & hospital admissions for aspiration pneumonia, & exacerbates chronic conditions<ul style="list-style-type: none">a) Older adults take more medication that cause dry mouth that worsen oral healthb) It is all connectedc) Data Collection to Assess unmet needs – by region, residence type (e.g. community versus institutional); race, ethnicitym. Older Americans Act Fundingn. Senior centers and other OAA funded organizations can conduct oral health screenings<ul style="list-style-type: none">1) Need funding2) Referral processeso. AB 2207 Requirements<ul style="list-style-type: none">1) Dental screening in health assessment2) Ensure that members are referred to an appropriate med-Cal dental provider3) Identify plan liaisons available to dental managed care contractors and dental fee-for-service contractors to assist with referrals to health plan covered servicesp. Other Health Plan Best Practices<ul style="list-style-type: none">1) Include oral health questions in HRA2) Education of health plan (internal)q. Develop relationships with dental providers accepting patients (& Dental Manage Care Plans in LA & Sacramento Counties)r. Educate entire provider network<ul style="list-style-type: none">1) Oral Health importance and referral process2) Medi-Cal Dental Program Case management program3) Outreach to members on their oral health benefits<ul style="list-style-type: none">a) Include oral health in chronic disease Prevention and health promotion activities of the planb) Provider application of fluoride varnishs. Providers:<ul style="list-style-type: none">1) Increase enrollment in Medi-Cal Dental2) Utilize other provider types: e.g. RDHAPs3) Don't forget Nursing Homes4) Facilities are directly responsible for the oral health needs of their residents <p>19. Supporting Federal Opportunities for Advocacy</p>	
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	<p><u>Discussion (Q/A):</u></p> <p>1) Dr. Kornreich appreciated the presentation and expressed his desire for this presenter to be invited to attend the next subcommittee.</p> <p>C. Public Comment (related to informational items): None</p>	
<p>V. Chair’s Report</p>	<p>1. Health Services Advisory Board (HSAB) Advance Follow-up Discussion</p> <p>a. Jackie Werth, Health Services Project Coordinator, facilitated a discussion of changes to the HSAB Strategic Plan with the goal of adapting a new plan by the end of this calendar year.</p> <p>a. Overall, there were not many changes recommended from the July Advance, and a lot of agreement on current goals and objectives. However, there were a few items that need to be discussed.</p> <p>b. The roles and responsibilities of HSAB Board members were provided as a reminder to Board members of the kinds of activities that are expected or appropriate for HSAB members.</p> <p>c. Goal 2 which relates to “Holistic integration of public health” was the only Goal for which there was substantial agreement that the language needed to be changed. The committee agreed on changing/rewording/refocusing this goal because it currently is so broad. A more concrete, easier to understand language was suggested that focused on access and navigation of the heal care system.</p> <p>1) It was proposed that this Goal should even be further focused on navigation as opposed to coverage. Helping the underserved become educated as to how to navigation the system was one suggestion proposed. It was also suggested that HSAB consult the 2016 Community Health Needs Assessment published by HASD&IC which identified top barriers to accessing and navigating health care.</p> <p>d. Health equity was identified as an important dimension at the July Advance. Integrating health equity in some way into this Goal was a suggestion, although the navigation issue was identified as significant regardless of equity considerations. The Committee expressed that the problem with health equity is getting worse and is difficult to tackle. There is uncertainty as to how HSAB can help address the health equity dimensions of the navigation challenge.</p> <p>e. The objectives under Goal 2 will need to be re-cast given the change to this focus on navigation and educating the underserved on how to use the system. Objectives could be developed that address the type of barriers to navigation and/or that address the health equity implications.</p> <p>f. Goal 3 which is “Solicit community input” does not need substantial change. Discussion focused on actions that might be appropriate. There was agreement that meeting with Resident Leadership Academies and hosting forums with Supervisors would be appropriate to capture under Goal 3.</p> <p>1) It was recommended that HSAB draw from the experience of Behavioral Health Forums that have been convened at various times. At these forums, Supervisors would guide the discussion, and, in turn, this would help to engage the</p>	

	<p>Supervisors with the work of the HSAB. It was noted however that there was funding for BHS to convene these Behavioral Health Forums.</p> <ul style="list-style-type: none"> b. Focused Priorities <ul style="list-style-type: none"> 1) A report the captures proposed Focused Priorities was provided to the Committee and would be sent electronically. This document has links to research and background information that Board members can use to learn more about the proposed Focused Priority to inform discussion and selection of one Focused Priority at the next meeting. <p>A. Vacancies</p> <ul style="list-style-type: none"> 1. There are currently two open vacancies: District 1 and Seat 17. <p>B. Vote on canceling December 2019 HSAB meeting</p> <ul style="list-style-type: none"> 1. The HSAB members approved to cancel the meeting scheduled for December 2019. 2. Paul Hegyi Moved and seconded by Greg Knoll. 3. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and approved that the Committee will cancel the December 2019 meeting. <p>C. HSAB Recognition of Community Members</p> <ul style="list-style-type: none"> 1. Chair James Lepanto provided a brief explanation and description of the nomination process to recognize individuals or organization within the community who are advancing health. 2. This would be a mechanism that will allow the publics involvement with HSAB. 3. The HSAB members approved to utilize this method to recognize Community Members <ul style="list-style-type: none"> a. Greg Knoll Moved and seconded by Lavonna Connelly b. All HSAB members in attendance voted Aye, with no oppositions or abstentions. <p>D. Document Updates</p> <ul style="list-style-type: none"> 1. STD White Pages 2. 2016-18 Annual Accomplishments Report <p>E. Board Aide Meeting Report Out, Lavonna Connelly</p> <ul style="list-style-type: none"> 1. On 8/26/19 Lavonna Connelly met with Supervisor Jacobs aide <ul style="list-style-type: none"> a. The supervisors focus is on Alzheimer’s Research b. Crisis Response Team for Seniors c. Geriatric accreditation for all Emergency Departments d. Age well Plan presentation was recommended for HSAB e. Eliminating smoking at Out- door dining is one of the Supervisors priorities 	
<p>VI. Informational Items</p>	<p>A. Committee Reports</p> <ul style="list-style-type: none"> 1. Policies and Program: Leonard Kornreich, M.D made the following recommendations: <ul style="list-style-type: none"> a. A member of HSAB subcommittee shall participate as a member of the San Diego County Oral Health Coalition (SDCOHC) and advocate for improved oral health in seniors. b. Facilitate collaboration between the San Diego County Dental Society and San Diego County Medical society in the Integration of medical/dental care in improving the oral health of seniors. c. Encourage public/private partnerships to improve oral health care in seniors. 	

	<ul style="list-style-type: none"> d. HSAB shall produce a summary report on oral health in seniors and comprehensive recommendations by the end of calendar year 2020. e. The Committee approved Dr. Leonard Kornreich to participate and represent HSAB as a member of the San Diego County Oral Health Coalition and advocate for improvements in oral health for seniors. <ul style="list-style-type: none"> 1) Greg Knoll Moved and seconded by Tim Fraser 2) All HHSAB members in attendance voted Aye with no oppositions or abstentions. <p>2. Health Legislation: No reports</p> <p>3. Budget: No reports</p> <p>4. Nominating Committees</p>	
<p>VII. Public Health Officer’s Report</p>	<p>A. Communicable Disease Updates: Meningococcal Disease Outbreak (CAHAN sent on September 28, 2018):</p> <ul style="list-style-type: none"> 1. There were three San Diego State University (SDSU) undergraduate students diagnosed with serogroup B invasive meningococcal disease (IMD) between June and September 2018. The County is collaborating with and supporting SDSU in a response to this outbreak. 2. A meningococcal outbreak was declared on campus on 9/28/18 after the third case in just over three months was diagnosed (onset dates: June 9, September 2, and September 25). 3. The June case was later determined through testing at the Centers for Disease Control and Prevention to be a different strain of the meningococcal serogroup B bacteria, unrelated to the other two cases. 4. The local health officer recommended that all unimmunized SDSU undergraduate students 23 years of age and younger get vaccinated with one of the two available meningococcal B vaccines. 5. No new cases have been identified. The next planned response meeting is October 2019 6. Influenza: <ul style="list-style-type: none"> a. As of 9/14/2019, there have been 153 reported cases of Influenza since July 1, 2019. b. As of 9/14/2019, there have been two reported Influenza associated deaths since July 1, 2019. c. The annual Kick the Flu Summit took place on September 18, 2019 at the San Diego City Library from 9:00 am to 12:00 pm. This annual event brings together medical and health partners in order to provide season updates, empower and inform participants to promote flu vaccinations throughout San Diego County. 7. Shigellosis <ul style="list-style-type: none"> a. Ongoing efforts: The Epi Program continues to monitor for increases in reported cases, conducting investigation on all reported cases, and monitoring for shifts in population groups being affected the most from this disease. 8. Measles: <ul style="list-style-type: none"> a. For calendar year 2019 to date, there have been two reported confirmed measles cases. b. Five CAHAN alerts have been sent out in 2019. c. Six press releases have occurred in 2019. d. As of September 21, 2019, there have been 193 reported suspect cases of measles which required evaluation and investigation. Two of these have been confirmed to be a case of measles. There have been 235 lab samples tested in the Public Health Lab. 9. Shiga Toxin-Producing <i>E. Coli</i>: 	

	<p>a. As of September 16, 2019, there have been no additional cases as part of this outbreak. This outbreak has been considered closed. Further information on Public Health Officer’s report can be found at: http://sandiego.networkofcare.org/content/client/1448/Final Health Officer Notes 10 1 19.pdf</p>	
VIII. Public Comment (Related to the Agenda Items)	A. No Public Comment	•
IX. Agenda Items – Suggested Future Meetings	<p>A. Annual Youth Risk Behavior Survey – (TBD 2019) B. Community Health Assessment, Community Health Improvement, and Public Health Services Strategic Plan (TBD 2019) C. Hepatitis C Elimination Board Memo (November 2019)</p>	•
X. Adjournment	<p>A. Meeting was adjourned at 5:15 PM B. Next Meeting: November 5, 2019, from 3:00 pm to 5:00 pm, County Administrative Center Rooms 302/303</p>	•
XI. Supplemental Information	A. Aging and Independence Services Update – Long Term Care Integration Project	•