



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

Tuesday, June 1<sup>st</sup>, 2021  
3:00pm to 5:00pm  
Microsoft Teams  
**MEETING MINUTES**

<b>Members Present</b>	<b>Members Absent/Excused</b>	<b>Presenters</b>	<b>HHS Support</b>
Afflalo, Suzanne, Dr., <b>Vice Chair</b> Alverson Rodriguez, Lisa Arroyo, Geysil Correa, Linda Fraser, Tim (Alternate) Hailey, Katelyn Hegyi, Paul Jantz, Barry Lepanto, James Chair Melgoza, Ana Seldin, Harriet (Alternate) Shaplin, Judith Sumek, Caryn (Alternate) Waters, Todd Bhatia, Anuj, Dr. Hernandez, Elizabeth, Dr. Hirsch, Pedro Motadel, Kelly, Dr. Orozco-Valdivia, Barbara Trinh, Anna Mai Yates, Judith Yancey, Adrienne Santibanez, Maggie Esposito, Nicole Bergman, Luke, Dr.	Dailey, Jack (Alternate) Ohmstede, Jennipher (Alternate) Tuttle, Henry Wade, Lindsay (Alternate) Alexiou, Dimitrios Remington-Cisneros, Therese Schultz, James Knoll, Gregory Danielle, Dorrington Wooten, Wilma, Dr.	<p><b><i>CDC Health Disparities Grant Presentation</i></b>  <i>Adrienne Yancey, Acting Branch Chief, Maternal Child &amp; Family Health Services, PHS</i></p> <p><b><i>HHS Operations Budget Recommendations Presentation</i></b>  <i>HSAB Budget Sub-Committee</i>  <i>James Lepanto</i></p> <p><b><i>HHS Harm Reduction Board Letter</i></b>  <i>Luke Bergmann, PHS, Director Behavioral Health Services</i></p>	Dr. Wilma Wooten, Public Health Officer & Director, PHS  Dr. Elizabeth Hernandez, Assistant Director, PHS  Dr. Anuj Bhatia, Deputy Director, PHS  Dr. Kelley Motadel, Child Health Officer, MCSD  Dr. Ankita Kadakia, Medical Director and Branch Chief, TCRH  Dr. Maggie Santibanez, AMSA, TCRH  Adrienne Yancey, Acting Branch Chief,

Members Present	Members Absent/Excused	Presenters	HNSA Support
<p>Shah, Seema, Dr.</p>			<p>MCFHS                      Romina Morris, Dep.                      Budget Mgr., PHS</p> <p>Alison Sipler,                      Program                      Coordinator, MCFHS</p> <p>Christine Bride,                      HPPS, MCFHS</p> <p>Danielle Dorrington,                      Admin. Analyst III.                      PHS Admin</p> <p>Rodrigo Ibanez,                      Admin Analyst III,                      TCRH</p> <p>Catherine Bender,                      TEP, TCRH</p> <p>Marti Brentnall,                      CHPS, TCRH</p> <p>Pedro Hirsch,                      Administrative                      Secretary II, PHS                      Admin</p> <p>Anna-Mai Trinh                      Administrative                      Secretary II, PHS                      Admin</p> <p><b>Additional COSD                      Staff Present:</b></p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
			<p>Amy Thompson, Executive Finance Director, HHSA</p> <p>Ardee Apostol, Asst. Group Finance Dir, HHSA</p> <p><b>Other Attendees:</b></p> <p>Barbara Orozco- Valdivia, Stakeholder Engagement Manger, Blue Shield California</p> <p>Samhita Ilango, Student</p>

Minutes	Lead	Follow- up Actions	Due
6/1/2021	Adrienne Yancey	Will have draft for CDC Health Disparities Grant	6/29/2021
6/1/2021	All members	STD White Paper send to	
6/1/2021	All members	Advance in October	
6/1/2021	Luke Bergmann	Check on RV site for Geysil Arroyo	

**Next Meeting:** HSAB Meeting: Tuesday July 6<sup>th</sup>, 2021, 3:00 – 5:00 pm – Microsoft Teams

Agenda Item	Discussion
<b>I. Welcome &amp; Introductions</b>	<ol style="list-style-type: none"> <li>1. James Lepanto called the meeting to order at 3:01 PM.</li> <li>2. Roll call was noted, and quorum established.</li> <li>3. Ad Hoc meeting with Supervisor Nathan Fletcher from May 24<sup>th</sup> minutes will be set out.</li> </ol>

	<p>4. Waiting for clarification on in-person meeting                  5. Newest member – Barry Jantz</p>
<p><b>II. Public Comment</b></p>	<p>No public comment.</p>
<p><b>III. Action Items</b></p>	<p>1. Approval of June Agenda and May Meeting Minutes                  a. Agenda: Moved by Arroyo Geysil and seconded by LaVonna Connelly.                  b. Minutes: Moved by Judith Yates and seconded by Tim Frasier.                  All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved.</p>
<p><b>IV. CDC Health Disparities Grant Presentation</b>  <i>Adrienne Yancey, Acting Branch Chief, Maternal Child &amp; Family Health Services, PHS</i></p>	<p><b>Overview</b></p> <p>The purpose of this opportunity is to fund state, local, US territorial, and freely associated state health departments (or their bona fide agents) to address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial, and freely associated state health departments capacity and services to prevent and control COVID-19 infection (or transmission) among underserved populations at higher risk for COVID-19, including racial and ethnic minority groups.</p> <p><b>A. This grant opportunity focuses on people who have been the most affected by COVID-19 and activities must focus on the following groups:</b></p> <ol style="list-style-type: none"> <li>1. African American, Latino, Native American people, Asian Americans and Pacific Islanders, and other people of color</li> <li>2. It also focuses on people who live in rural communities, members of religious minorities, LGBTQ+ people, people with disabilities, and people otherwise adversely affected by persistent poverty or inequality</li> </ol> <p><b>B. This grant is complementary and non-duplicative of the following CDC program activities, public health priorities, and strategies:</b></p> <ol style="list-style-type: none"> <li>1. CDC-RFA-CK19-1904: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases</li> <li>2. Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection,</li> </ol>

	<p>Response, Surveillance, and Prevention of COVID-19 - Supplement</p> <p>3. CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improvement and Protect the Nation’s Health</p> <p><b>C. The intended outcomes for this grant are:</b></p> <ol style="list-style-type: none"><li>1. Reduced COVID-19-related health disparities</li><li>2. Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities</li><li>3. Improved health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities</li></ol> <p><b>D. The four key strategies of this grant are:</b></p> <ol style="list-style-type: none"><li>1. Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.</li><li>2. Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic</li><li>3. Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved</li><li>4. Strategy 4: Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved</li></ol>	
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**E. Overall Project Budget:**

**OVERALL PROJECT BUDGET**

Category	Percentage
Personnel	38.56%
Contracts	52.95%
Other/Indirect Costs	8.49%
<b>TOTAL</b>	<b>100%</b>

Category	% Total Budget	Estimated
Strategy 1	13.38%	\$3,245,071
Strategy 2	16.08%	\$3,900,937
Strategy 3	17.55%	\$4,255,766
Strategy 4	21.29%	\$5,163,526
Evaluation Contract(s)	5.83%	\$1,413,552
Administrative, Communication, Evaluation Staff	4.48%	\$1,087,798
Other Cost	3.95%	\$957,851
Fringe Benefit	12.90%	\$3,127,791
Indirect Cost	4.55%	\$1,103,513
<b>Total</b>		<b>\$24,255,805</b>

**F. Board of Supervisors Meeting:**

**BOARD OF SUPERVISORS MEETING**

**Will docket for June 29, 2021, meeting**

**Action Requested:**

- 1. Accept funding from CDC for 24-month project**
- 2. Approve issuance of Competitive Procurements**
- 3. Authorize Single Source Contracts**



**G. Fiscal Impact:**



**Total Award \$24,255,805**

FY 21/22	FY 21/22	FY 22/23
\$1,010,659	\$12,127,902	\$11,117,244
Salaries & Benefits	Contractual Costs	Other /Indirect Costs
\$9,353,038	\$12,843,448	\$2,059,317

**Questions and Comments:**

**Question from Afflalo, Suzanne, Dr:** We have several community organization that have hired lots of community health care workers and some are through county grants and will end in December. If you're looking for community health care workers, would it be wise to tap into the ones that's already been groomed and doing the work out in the specific communities that you're looking for?

**Answer from Yancey, Adrienne:** There are 6 contract with the 7<sup>th</sup> one being community health workers. We approached the dept. of contracting to see if those are able to be extended. Unfortunately because we are dealing with federal/cdc dollars, we will be out of the emergency that allowed for short turn around for contracting and agency. We will not have the authority to pick up pass their expiration date. Procurements for community health worker contracts, based on their experience.

**Question from Arroyo, Geysil:** Tragic happenings due to the pandemic, a lot of mental health needs in the community. I know that there are limitation of funding but will there be anything for mental

	<p>health services?</p> <p><b>Answer from Yancey, Adrienne:</b> Dr. Bergmann of BHS will speak about the mental health dollars. In regards to our grant we reached out to the childrens mental health services deputy, and have a convo about the fundings. We will be putting with the County of San Diego, over a million dollars of funding to the student well being programs, school can deisgn something that works for them. Some activity will adress mental wellness, substances use disorder and other coping issues.</p> <p><b>Comment from Hernandez, Elizabeth, Dr.:</b> Add on to Adrienne comment regarding mental health services, the CDC health equity grant is one of many funding streams that we receive from the federal government, another funding is the American recovery program funding, the BOS are developing their framework to use this money, most likely to land in meantal health.</p> <p><b>Comment from Yancey, Adrienne:</b> 24 million dollars is to be a supplement to the other funding sources that the CDC has put out.</p> <p><b>Comment from Lepanto, James:</b> The funding aligns with the budget and strategic plans with health disparity, equity, increase in data, rural community.</p> <p><b>Motion:</b></p> <ol style="list-style-type: none"> <li>1. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved.</li> <li>2. Paul Heygi – Recuse from vote</li> </ol>	
<p><b>V. HHS Operations Budget Recommendations</b>  <i>Presentation</i>  <i>HSAB Budget Sub-Committee</i>  <i>James Lepanto</i></p>	<p><b>Opening Comments:</b></p> <ul style="list-style-type: none"> <li>• Very different year</li> <li>• COVID and funding streams (CARES and American Rescue Plan)</li> <li>• Difference between COVID related services and on-going sustainable</li> <li>• Makes budget a little harder to understand and navigate</li> <li>• HSAB can only go so far into the weeds</li> </ul>	



- Recommendations: Not \$ amounts, but instead:
  - Value added increases
  - Increased focus or expansion
  - New funding suggestions

**Ops Draft**

- 2.7 Billion = 8.3% increase
- +211.4 million
- Behavioral Health Services-4.4% increase
- Self Sufficiency Services-11.3 increase
- Child Welfare Services-3.8% increase
- Administrative Support-23.2% decrease
- Aging and Independent Services-29.0% increase
- Public Health Services-74.6% increase
- Housing and Community Development Services-18.4% decrease

**County Budget Priorities**

- Pandemic Response
- Behavioral Health Services and Public Health Infrastructure
- Homelessness and Affordable Housing
- Strengthening Children and Families and Supporting Seniors

### **Strategic Plan**

- BIG 3-Health Equity, Navigation, Access to Care
  - Decreasing barriers
  - Underserved regions and empowerment of residents
  - Increased data-i.e., Dental
  - Disproportionality

### **Structure of Letter-Detailed**

- Intro
- Departments Intro
- Recommendations with narrative
- Summary

### **Executive Summary:**

- Too much detail to review in HSAB meeting
- Wanted to make sure that Members had time to read detailed draft and able to provide feedback
- Wanted to share draft recommendations to make sure we are aligning
- Subcommittee will finalize draft-Send out this week
- AdHoc meeting for input and vote

	<p><b><u>Questions and Comments:</u></b></p> <p><b><u>Question from Barry Jantz:</u></b> Is it appropriate to focus on behavioral intake hub/ crisis units throughout the county? The board already announced it as goals but will we continue that effort?</p> <p><b><u>Answer from James Lepanto:</u></b> We encourage to continue expansion and funding, what Adrienne presented, it aligns.</p> <p><b><u>Comment from Judith Yates:</u></b> HHSA budget for BHS, will be focused on BHS. This county is going to be getting lots of money from 3 different pathways. A great amount coming in is for BHS.</p> <p><b><u>Comment from Caryn Sumick:</u></b> when were talking about the data expansion, I hope there will be some consideration with HIE and support. HIE is the health information exchange, HP, health systems, clinics etc. Challenges with data going between places. Proposed build to make a state wide HIE but no ability to support that at this time.</p> <p><b><u>Comment from James Lepanto:</u></b> We will make point it is finalized.</p>	
<p><b>VI. Chair's Report</b></p>	<ul style="list-style-type: none"> <li>➤ Annual Advance – schedule in October, will be sending out date.</li> <li>➤ HSAB – Community Inspiration Award. We will be doing it in December in the BOS chambers. Need 3 additional members. Send James an email to start working on it in July.</li> <li>➤ Youth Advisory Team project – Will brief more in July 2021</li> </ul>	
<p><b>VII. Round Table</b></p>	<p><b><u>Comment from Afflalo, Suzanne:</u></b> Remind people that we have our monthly community health resource fair, first Wednesday of every month. Provides free services to the community, especially minorities. Provides, Health screening, BP, Diabetes, HgA1c, Chol, Mammogram every other month over 40 years old. Location at the Jacky Robinson YMCA. Health insurance companies, vaccinations.</p>	
<p><b>VIII. HHSA Harm Reduction Board Letter</b> <i>Luke Bergmann, PHs Director Behavioral Health Services</i></p>	<p><b><i>DRAFT VISION</i></b> Envisioning a community where the impacts related to substance use are seen as a crisis that influences overall health, well-being, and the quality of life of the individual, families, and community, where stigma does not impede access to services, and where we realize a community free of substance use-related harms.</p>	

**DRAFT MISSION**

To protect San Diegans from the individual, family, and community impact of drug use by enacting a harm reduction approach towards substance use which prioritizes human dignity, saving lives, providing appropriate levels of care for people who use drugs (PWUD), and best-practices in addressing substance use, and addiction.

**DRAFT GUIDING PRINCIPLES**

- Human Rights and Dignity: Substance Use and Harm Reduction approaches in San Diego respect all human beings, meeting them “where they’re at” without judgment and aim to reduce the stigma of people who use drugs (PWUD).
- Diversity and Social Inclusivity: The County of San Diego strives to respect all PWUD, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health or socioeconomic status.
- Health and Well-Being Promotion: The County of San Diego aligns with the Live Well San Diego vision of healthy, safe, and thriving communities. Harm reduction efforts are oriented toward improving the health, safety, and capacity to thrive for all PWUD.
- Partnerships and Collaborations: Harm reduction approaches are informed by and carried out through partnerships and collaborations across all sectors in the community. Partnerships are built upon the foundation of shared goals and trust in the interest of serving our community.
- Participation (“Nothing about us without us”): The County of San Diego recognizes the right of PWUD to be involved in the efforts to reduce the debilitating impact of drug use in their communities.
- Accountability and Improvement: The County of San Diego is committed to continuous improvement in the quality of its harm reduction efforts and intends to use data, community feedback, and input to continually assess current and future individual and community needs.

**DRAFT STRATEGIC APPROACH & PRIORITIES**

Leveraging the expertise of individuals with lived experiences, behavioral health professionals, public health professionals, primary care providers, first responders, clinical experts, housing experts, and other subject matter experts and stakeholders, the Harm Reduction Strategy will inform collaborative efforts, evidence-based programming, and data-informed approaches to realize a physical health and behavioral health landscape which addresses the unique needs of specific populations in San Diego County. The strategy will guide decision-making for population health interventions initiated, designed, and implemented by the County of San Diego.

- Prioritize parity, healthcare integration, and a harm reduction in all policies and programs approach across all key areas of work.
- Use an approach that employs equity in the governance of mental health, substance use, and physical health services.
- Utilize a data-driven approach and best practices of harm reduction.
- Work with existing initiatives - such as Getting to Zero, Hep C Elimination Initiative in San Diego County, TB Elimination Initiative, and others - as touchpoints to further the goals of eliminating disease and reducing impact to the focus population.

***DRAFT TACTICAL FOCUS AREAS***

The foundation of a successful substance use and harm reduction ecosystem in San Diego County will be worked on and operationalized within four tactical areas.

- I. **Cross-Sectoral Convening:** The mission of greater health equity and improved health outcomes for the PWUD population in San Diego County requires integrated, cross-sector approaches. Convening and collaboration between County of San Diego business units, as well as health networks, community-based organizations, physical health entities, family and community voices, and other stakeholders is necessary to address the multifactorial challenges facing the PWUD population.
- II. **Housing:** Substance use and homelessness often overlap, with homelessness exacerbating the harmful effects of drug use, and vice versa. Being on the street and pushed to the margins increases the likelihood of risky behaviors and decreases the effectiveness of interventions aimed at reducing the harmful impact of substance use. Housing, therefore, must be a key pillar of a comprehensive harm reduction strategy.
- III. **Workforce:** To carry out the mission and realize the vision of the Harm Reduction Strategy, a workforce that is trained and skilled in the philosophy, approaches, and interventions of harm reduction will be a necessity. Developing and supporting a workforce that employs harm reduction principles across levels and types of service will be prioritized in our strategy.
- IV. **Healthcare Integration and Access:** The health and well-being of individuals do not exist in silos. Integration of care and access to the right services for PWUD is paramount. The effects of substance use impact the mental health and physical health of an individual, and the physical health and mental health of an individual impact the course and outcomes of their substance use. Integration across mental health, substance use disorder, physical health, and community-based services is a key component of addressing the well-being of PWUD and managing care of individuals in a lower-acuity, chronic care context rather than expensive episodic, acute care contexts. For the chronic condition of substance use disorder, harm reduction services and principles help add the necessary bridge for many clients for whom

recovery is non-linear. When substance use disorder treatment providers work in conjunction with harm reduction services and with harm reduction principles, service continuity can be optimized. Treating the whole person and ensuring access to best practices in harm reduction guide this focus area.



**DRAFT IMMEDIATE, INTERMEDIATE, & LONG-TERM TACTICS**



**DRAFT IMMEDIATE, INTERMEDIATE, & LONG-TERM TACTICS**

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
<b>Immediate-Term Tactics</b>			
<ul style="list-style-type: none"> <li>• Include public health leadership from government and community in governance of key regional meetings</li> <li>• Deploy Public Health Services and Behavioral Health Services epidemiologists to provide technical assistance to key regional convenings to support development of a harm reduction approach, (i.e., development of data reports and dashboards)</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with housing technical expert(s) for review and comparison of needs and/or investments, including recommendations for leveraging national best practices and funding strategies that integrate harm reduction principles in housing settings</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that harm reduction is a core component of peer service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Issue Local Standing Order and implement broad local Naloxone distribution sprint to address COVID-19-related patterns of substance use</li> <li>• Optimize Drug MedCal Organized Delivery System provider network naloxone distribution</li> <li>• Implement Syringe Service Action Plan</li> <li>• Pursue care management coordination with primary care for mental health (mild/moderate) and physical health</li> <li>• Conduct academic detailing to address barriers and expand access to Buprenorphine</li> <li>• Collaborate with FQHCs and other partners to identify opportunities to further infuse a harm reduction approach into service delivery</li> <li>• Pursue fentanyl-specific testing</li> </ul>

## REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY

**DRAFT IMMEDIATE, INTERMEDIATE, & LONG-TERM TACTICS**

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
<b>Intermediate-Term Tactics</b>			
<ul style="list-style-type: none"> <li>Implement joint annual harm reduction strategy setting between key regional convenings</li> <li>Leverage new data reports and dashboards to inform upstream prevention efforts as part of cross sectoral convenings.</li> </ul>	<ul style="list-style-type: none"> <li>Implement strategies identified via the above review to integrate harm reduction principles in housing settings, including strategies to address people with substance use disorder who are not considered disabled</li> <li>Develop revised metrics and associated targets related to housing that incorporates a harm reduction approach</li> </ul>	<ul style="list-style-type: none"> <li>Enhance County and contracted workforce training to include harm reduction principles and strategies:</li> </ul>	<ul style="list-style-type: none"> <li>Identify solutions to address parity in the provision/siting of substance use disorder versus mental health services</li> <li>Identify policy opportunities to integrate FQHC and substance use disorder care delivery, including enhanced integration/coordination around Drug Medi-Cal Organized Delivery System (DMC-ODS), and collaboration around CalAIM</li> <li>Engage health plans, including Medi-Cal plans, to incorporate harm reduction opportunities in policy and practice</li> <li>Promote buprenorphine access across all sectors; establish centralized quantitative metric for services</li> </ul>

## REPORT BACK ON COMPREHENSIVE COUNTY SUBSTANCE USE HARM REDUCTION STRATEGY




**DRAFT IMMEDIATE, INTERMEDIATE, & LONG-TERM TACTICS**

(1) Cross-Sectoral Convening	(2) Housing	(3) Workforce	(4) Healthcare Integration and Access
<b>Long-Term Tactics</b>			
<ul style="list-style-type: none"> <li>Develop an integrated, unified, cross-sectoral regional governance structure for harm reduction</li> </ul>	<ul style="list-style-type: none"> <li>Pursue policy solutions to establish parity in funding for substance use housing resources</li> </ul>	<ul style="list-style-type: none"> <li>Develop a harm reduction training program for workforce working within the continuum of care for PWUD, including Drug Medi-Cal Organized Delivery System providers</li> <li>Expand peer specialist workforce trained in employing harm reduction strategies within the County's system of care</li> </ul>	<ul style="list-style-type: none"> <li>Pursue policy solutions to integrate mental health (mild/moderate) with substance use disorder programs</li> </ul>

	<p><b><u>Questions and Comments:</u></b></p> <p><b><u>Comment from Afflalo, Suzanne:</u></b> We know there are already health clinics for substance abuse, a lot of people don't want these services in their area because it will attract unwanted people.</p> <p><b><u>Comment from Luke Bergmann:</u></b> We are taking it into consideration. Paying more attention to the critical thresholds, 90% of people with substance disorder does not get treatments.</p> <p><b><u>Question from Arroyo Geysil (AI):</u></b> Personal experience – there is an RV where people can swap syringes. As the expansion of the program, are you aware of the site in particular?</p> <p><b><u>Comment from Luke Bergmann:</u></b> No additional information but will get back to Geysil with that.</p> <p><b><u>Question from James Lepanto:</u></b> How will it be integrated among contractors?</p> <p><b><u>Comment from Nicole Esposito:</u></b> It will happen in various ways, we are still figuring it out. There is no specific fundings.</p> <p><b><u>Answer from Luke Bergmann:</u></b> We did a lot of updating and fine tuning. The idea is to not have either treatment or no treatment. We want to engage any way possible.</p> <p><b><u>Question from Judith Yates:</u></b> What was happening with the BHS portion of the HHSA budget? Having insufficient funds, we want to understand the funds.</p> <p><b><u>Answer from Luke Bergmann:</u></b> The funds are representing a lot of opportunities. Shaping some of the funds to be aligned with the harm reduction work.</p> <p><b><u>Comment from Afflalo, Suzanne:</u></b> My concern is getting the trust of the community you are trying to serve.</p> <p><b><u>Motion:</u></b></p> <ol style="list-style-type: none"> <li>1. Motion: Moved by Afflalo, Suzanne and seconded by Arroyo Geysil.</li> <li>2. All HSAB members in attendance voted Aye, with no oppositions and 1 abstention. The motions as presented to the Board carried and the documents were approved.</li> </ol>	
<p><b>IX. Public Health Officer Report</b></p>	<p>Presentation by Dr. Seema Shah</p>	



CORONAVIRUS DISEASE 2019 **(COVID-19)**

**County of San Diego  
 COVID-19 Update**

Health Services Advisory Board

**Seema Shah, M.D.**  
 Medical Director, Epidemiology & Immunization Services Branch  
 Public Health Services

 **June 1, 2021**

(Double click image to open slide)

<b>X. Public Comment</b>	No public comment.	
<b>XI. Adjournment</b>	Meeting adjourned at 5:03 pm.	
<b>XII. Supplemental Information</b>	Next HSAB Meeting: Tuesday July 6, 2021, 3:00 – 5:00 pm – Microsoft Teams	