



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

**Tuesday, May 4<sup>th</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>
Arroyo, Geysil Connelly, LaVonna Fraser, Tim (Alternate) Hegyi, Paul Lepanto, James Afflalo, Suzanne Knoll, Gregory Sumek, Caryn (Alternate) Shaplin, Judith Seldin, Harriet (Alternate) Alverson, Lisa Correa, Linda Hailey, Katelyn Melgoza, Ana Yates, Judith Seldin, Harriet (Alternate) Waters, Todd	Dailey, Jack (Alternate) Ohmstede, Jennipher (Alternate) Tuttle, Henry Wade, Lindsay (Alternate) Alexiou, Dimitrios Remington-Cisneros, Therese Schultz, James	<i>County Health and Human Services Agency (HHS) Budget Presentation</i> Amy Thompson, Executive Finance Director, HHS  <i>TB Control Funding and Elimination Board Letter Presentation</i> Ankita Kadakia, MD, Chief of Tuberculosis Control and Refugee Health, Public Health Services  <i>Accept Perinatal Equity Initiative Funding Board Letter</i> Adrienne Yancey, Acting Branch Chief, Maternal Child and Family Health Services, Public Health Services  <i>Review, Discussion, and Action on State Legislation</i> Paul Hegyi, Chief Executive Officer, San Diego County	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	HHSA Support
		Medical Society	MCFHS Romina Morris, Dep. Budget Mgr., PHS  Alison Sipler, Program Coordinator, MCFHS  Christine Bride, HPPS, MCFHS  Danielle Dorrington, Admin. Analyst III. PHS Admin  Rodrigo Ibanez, Admin Analyst III, TCRH  Catherine Bender, TEP, TCRH  Marti Brentnall, CHPS, TCRH  Pedro Hirsch, Administrative Secretary II, PHS Admin  <b>Additional COSD Staff Present:</b>  Amy Thompson, Executive Finance Director, HHSA

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

Minutes	Lead	Follow- up Actions	Due
5/4/2021	LaVonna Connelly	LaVonna will report out at the next meeting.	6/1/2021
5/4/2021	All members	Complete Ethics Training.	ASAP
5/4/2021	All members	Attend Ad Hoc meeting with Supervisor Fletcher on May 25 <sup>th</sup> .	5/25/2021
<b>Next Meeting:</b> HSAB Meeting: Tuesday June 1, 2020, 3:00 – 5:00 pm – Microsoft Teams			
Agenda Item	Discussion		
<b>I. Welcome &amp; Introductions</b>	1. James Lepanto called the meeting to order at 3:02 PM. 2. Roll call was noted and quorum established. 3. Ad Hoc meeting with Supervisor Nathan Fletcher to take place May 25 <sup>th</sup> from 3:30 pm to 4:30 pm.		
<b>II. Public Comment</b>	No public comment.		

<p><b>III. Action Items</b></p>	<p>1. Approval of May Agenda and April Meeting Minutes              a. Agenda: Moved by Judith Shaplin and seconded by LaVonna Connelly.              b. Minutes: Moved by Tim Frasier and seconded by Geysil Arroyo.</p> <p>All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved.</p>	
<p><b>IV. TB Control Funding and Elimination Board Letter Presentation</b>              Ankita Kadakia, MD, Medical Director and Branch Chief, TCRH</p>	<p><b>A. Tuberculosis</b></p> <ol style="list-style-type: none"> <li>1. Tuberculosis (TB) is a communicable disease caused by a bacterium called Mycobacterium tuberculosis.</li> <li>2. TB bacteria usually attack the lungs but can attack any part of the body such as the kidney, spine, and brain.</li> <li>3. TB bacteria spreads through the air from one person to another when a person with TB disease of the lungs coughs, speaks, or sings.</li> <li>4. Active TB has a high associated mortality of approximately 10%.</li> <li>5. Those who have been infected, but are not sick, have latent tuberculosis infection (LTBI). Persons with LTBI can become sick with active TB in the future if not treated.</li> </ol> <p><b>B. TB in San Diego County</b></p> <ol style="list-style-type: none"> <li>1. In 2020 San Diego County reported 192 new active TB cases. The County's annual TB incidence, 5.7 cases per 100,000 persons, was higher than the California rate of 4.3, and more than twice the national rate of 2.2.</li> <li>2. 71% of San Diego County active TB cases occurred in persons who were born outside the U.S. The most common medical risk factors were diabetes and HIV.</li> <li>3. 71% of San Diego County active TB cases occurred in persons who were born outside the U.S. The most common medical risk factors were diabetes and HIV.</li> </ol> <p><b>C. Purpose of Board Letter</b></p> <ol style="list-style-type: none"> <li>1. To accept revenue through the combination of Federal and State grants to further enhance TB Control and Refugee Health within the region</li> <li>2. To accept the Tuberculosis Elimination Initiative (TBEI) Implementation plan</li> </ol> <p><b>D. TBCRH Revenue</b></p>	

Source	CA Dept. of Public Health (CDPH)	CDPH Refugee Health Assessment Program	Centers for Disease Control & Preventions (CDC)
Amount	\$886,920	\$1,750,000	\$2,000,000
Period	Jul 1, 2021 – Jun 30, 2022	Oct 1, 2021- Sept 30, 2022	Jan 1, 2022– Dec 31,2022

Source	CDPH	CDC
Amount	\$ 2,636,920	\$2,000,000
Programs	<ul style="list-style-type: none"> <li>- Contact Investigation</li> <li>- Binational Education</li> <li>- Refugee Health Screening</li> <li>- Transitional Housing &amp; Support</li> <li>- Treatment</li> <li>- Direct Observed Therapy (DOT)</li> <li>- Epidemiologic Studies</li> </ul>	<ul style="list-style-type: none"> <li>- Contact Investigation</li> <li>- TB Testing</li> <li>- Latent TB Infection Screening (LTBI)</li> <li>- Treatment</li> <li>- Direct Observed Therapy (DOT)</li> <li>- Laboratory Analysis</li> </ul>

**E. Opportunities for collaboration and improvement**

1. **Increase Community Outreach and Education to HealthCare Providers, Schools, and Community Organizations on Latent Tuberculosis Infection**
  - a. 80% of active TB is from reactivation of latent TB. Coordinate with local community providers and organizations to provide virtual education and resources for patients and staff
2. **Identify Temporary Housing for Infectious Clients**
  - a. Partner with Covid-19 infectious housing sites once pandemic has resolved to convert for TB infectious housing
3. **Promote TB Elimination Initiative**
  - a. Public-private partnership with advisory and steering committees who have developed recommendations for ways to eliminate TB in San Diego County and now working on implementation of recommendations

**4. Increase Multinational Communication**

- a. Collaborate with Health Ministry of Mexico and other health jurisdictions to build channels of communication for the care of TB patients

**5. Continue to Enhance Cultural Understanding of Refugee Population**

- a. Collaborate with Refugee Resettlement Agencies to promote latent TB treatment

**F. 2019-2020 Accomplishments**

1. A total of **192** newly active TB cases were reported in the county, reflecting a decrease of 20% from 265 cases reported in 2019. This is related to the pandemic.
2. Expansion of video Directly Observed Therapy (DOT) program using EMOCHA mobile app in order to serve more individuals and improve medication adherence especially during the pandemic, increased from 50% to 80% use since the start of the pandemic
3. Adapted our LTBI in person clinics at our main TB clinic and Regional clinics to telehealth visits in order to continue LTBI services during the pandemic and increase/expand services for regional clinics.
4. Recognized as CDC's 2021 TB Elimination Champion based on the work we have done thus far on the TB Elimination Initiative

**G. TBEI Recommendations**

- 1** Improve LTBI care cascade outcomes
- 2** Promote awareness of LTBI as a major public health concern which is preventable and curable
- 3** Develop a LTBI surveillance system to describe the burden of LTBI and monitor improvement of the LTBI cascade of care
- 4** Implement TB screening in educational systems
- 5** Improve access to treatment for LTBI and active TB
- 6** Secure sufficient resources for implementing TBEI strategies

	<p><b><u>Questions and Comments:</u></b></p> <p><u>From Katelyn Hailey:</u> I noticed the phases extend beyond this grant period, and the Board letter mentions this is a non competitive CDC grant. So, I am wondering is that money is earmarked for the COSD or if they are any benchmarks or metrics that we have to meet in order to continue to receive funding?</p> <p><u>Answer from Dr. Kadakia:</u> The funding for the TB Revenue Letter is not part of the TB Elimination Initiative. That is separate and not included in CDPH and CDC funding. That is why we are looking for additional funding.</p> <p><b><u>Motion:</u></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> </ol>	
<p><b>V. Public Health Officer’s Report</b> Wilma Wooten, M.D., M.P.H., PHO and Director, PHS</p>	<p><b>A. 2019 Novel Coronavirus</b></p> <ol style="list-style-type: none"> <li>1. See COVID-19 Watch, published Tuesday, April 27, 2021.</li> <li>2. The current number of COVID-19 cases in the U.S. is over 31,883,289 and 569,272 deaths</li> <li>3. California Cases</li> <li>4. The current number of cases in CA is now 3,631,740 cases and 60,203 deaths.</li> <li>5. San Diego Cases</li> <li>6. San Diego County residents – 275,540 with 3,692 deaths</li> <li>7. Currently vaccinating all individuals 16 years of age and older.</li> <li>8. April 1 – began vaccinating all persons 50 years and older (Phase 1C)</li> <li>9. April 15 –began vaccinating all persons 16 years and older (Phase 2)</li> <li>10. The current number of COVID-19 vaccines administered as of 4/28/2021 is as follows:</li> <li>11. 2,689,348 = San Diego County population 16 years of age and older (eligible population)</li> </ol>	

12. 2,017,011 or 75% = State goal to vaccinate eligible population
  13. 2,958,045 total vaccine doses received in the region
  14. 2,685,455 doses administered and entered in SDIR
  15. 1,447,272 (71.8%) San Diego County residents only received one dose vaccine
  16. 1,006,392 (49.9%) San Diego County residents only are fully vaccinated
  17. Vaccination sites include community PODs, Super Stations, other partners.
  18. View all information at [www.coronavirus-sd.com](http://www.coronavirus-sd.com).
- B. Board Actions**
1. On March 16, 2021 San Diego County reached the Red Tier Status for reopening at the direction of the State.
    - i. A larger amount of vaccine supply is expected to be shipped and it is anticipated that the vaccine will be available to all eligible people by mid-April of 2021.
    - ii. The San Diego County capacity for providing vaccinations is 35,000 per day, and this can be expanded to 50,000 a day if partnering with Healthcare networks in the County.
    - iii. For homebound San Diegans, the Homebound Seniors Program is being expanded regardless of age. Seniors can call 2-1-1 to get on the list.
    - iv. Equity in vaccine distribution remain a high priority. In the South County, 99% of seniors 65 and older have received at least the first vaccine dose due largely to Project SAVE. These efforts are being replicated in other areas around the County.
    - v. Also, in the South County, a larger population of Latinos (34.5%) have been vaccinated. In the same areas, Asians are at 32% and African Americans are at 18%. These efforts have been expanded across the County beginning in Oceanside and the Central County.



	<ul style="list-style-type: none"><li>vi. San Diego County is expecting to reach the Orange Tier soon.</li></ul> <p>2. S. On 3/18/21, The County signed a Memorandum of Understanding (MOU) with the State of California around vaccine allocation.</p> <ul style="list-style-type: none"><li>i. This is the arrangement between the State and Blue Shield (a Third-Party administrator) where we collaborate on the allocations. The County retains the ability to sub-allocate and those doses around to meet the need to ensure vaccine is distributed as equitably and quickly as possible.</li></ul> <p>3. T. On April 7, 2021, San Diego County reached the Orange Tier Status for reopening at the direction of the State.</p> <ul style="list-style-type: none"><li>i. This happened because the State provided the 4 million vaccines to the fourth quartile and San Diego County maintained a case rate of 5.8 per 100,000.</li><li>ii. The California Governor also announced that the entire Tiered system for reopening can be retired by 6/15/21 if the following is met:<ul style="list-style-type: none"><li>1. The vaccine supply is sufficient</li><li>2. The hospitalization rate is favorable.</li></ul></li><li>iii. A total of 39 Health Equity Zip Codes representing 32.1% of San Diego County and mainly includes communities of color, have been identified and targeted for increasing vaccine accessibility. San Diego County is working with churches and other community pillar organizations to meet populations where they are at.</li><li>iv. A pause on the Johnson and Johnson vaccine was implemented due to blood clots documented in six women with one death in other parts of U.S.<ul style="list-style-type: none"><li>1. In San Diego County, this type of vaccine only accounts for about 2.9% of all vaccinations provided. The vaccine also has a refrigeration life of three months, so it should not be wasted.</li></ul></li><li>v. MDRNA is conducting clinical trials for vaccines for ages 12-15, and we should be hearing about the availability in the late Summer or early Fall of</li></ul>	
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	<p>2021. Also, vaccines for ages six months to 11 years should be available in 2022.</p> <p>4. U. On April 21, 2021, it was indicated that California had the lowest COVID-19 case rate in the continental United States.</p> <ul style="list-style-type: none"><li>i. San Diego County has vaccinated 65% of eligible population with first dose and 42% fully.</li><li>ii. The San Diego County Medical Operations Center (MOC) has distributed over 1.5 million test kits, exceeded 37.4 million units of PPE sent out, and fulfilled 1.84 million supplies to support vaccination efforts.</li><li>iii. San Diego County will be meeting with SDSU, UCSD, and other universities in May to discuss and plan for vaccination of students in the Fall. The decision to require that all university students get vaccinated is not made by the County Public Health Officer, but rather through those determining university policy.</li></ul> <p>5. V. On April 28, 2021, the 22 designated vaccination sites for COVID-19 were all converted to allowing for a walk-in option for County residents.</p> <ul style="list-style-type: none"><li>i. The Superstation sites remain appointment only for receiving vaccinations.</li><li>ii. San Diego County is also working toward extending the hours of the vaccination sites to 8:00 pm and exploring a 24-hour operation schedule for some sites.</li><li>iii. San Diego County is also planning another survey on public opinion of the COVID-19 vaccine, with results expected to be shared by June 1, 2021.</li><li>iv. To date, there have been a total of 234 cases of COVID-19 that were previously vaccinated. This is taking place mainly among health care workers and was expected.<ul style="list-style-type: none"><li>1. Receiving the COVID-19 vaccine does not guarantee that an individual will not contract the disease in the future, but rather increases the chances that the severity of their infection will be</li></ul></li></ul>	
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minimal with less complications. Among the 234 cases indicated above, there were no deaths and most were asymptomatic.

**C. New Applications**

1. The following four sessions will be on a quarterly basis where a select group of ~50-100 people work in a cohort to do more of a deep dive on topics within the Asset Framing subject.
2. National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (RFA OT21-2103)
3. The CDC released a non-competitive funding opportunity to address COVID-19 and advance health equity in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions. There are four strategy areas including Resources and Services, Data and Reporting, Infrastructure Supports, and Partner Mobilization.
4. The grant term is 24 months and CDC has earmarked a total budget of \$24,255,408 for San Diego.
5. Public Health Services is preparing an application which is due 5/3/21. An award will be issued by 6/1/21. A Board Letter to accept funds is scheduled for 6/8/21.
6. MCFHS is developing the grant application on behalf of PHS, which has included an extensive stakeholder engagement process with internal County departments to determine activities to leverage or enhance existing COVID-19 response efforts and ensure sustainable public health capacity building efforts for future emergency responses.

**D. Funding**

1. LOHP: Request for Application was submitted on April 21, 2021 for \$100,000 to support the purchase of software to develop a referral management system.

	<p>2. CFHL: Memorandum of Understanding with Land Use and Environmental Group</p> <ul style="list-style-type: none"><li>a. One-time funding of \$60,000 and Organics Zoning Revision Project \$200,000 until 9/30/2021.</li><li>b. Amended 4/22/21 to engage food recovery organizations and commercial edible food generators and work with regional stakeholders to comply with SB 1383's Edible Food Recovery program: funded at \$149,495 through 9/30/21.</li></ul> <p>E. CDC Racial and Ethnic Approaches to Community Health (REACH) Grant Supplemental Funding: The second supplemental grant, SD REACH: Expanding Vaccination Coverage, was awarded on 3/30/21 for \$629,640 for an 18-month period between 3/30/21 through 9/29/22.</p> <ul style="list-style-type: none"><li>a. This program will support adult COVID-19 and influenza vaccination coverage for racial and ethnic groups (African Americans, Native Hawaiian/Pacific Islanders, and Hispanic Americans) who are experiencing disproportionate vaccination rates, and are at risk for adverse health outcomes associated with influenza and COVID-19</li><li>b. The following contractors will be established to support the grant activities:</li><li>c. Fairbank, Maslin, Maullin, Metz &amp; Associates, Inc. (FM3 Research)- \$60,000 to administer vaccine hesitancy survey</li><li>d. Brown Marketing Inc.- \$40,000 to develop and implement a tailored COVID-19 and Influenza communications plan</li><li>e. Multiple Community Health Worker Contracts- \$260,000 to providing education and outreach through delivering critical information related to COVID-19 to vulnerable populations.</li></ul> <p>F. New Hires</p> <ul style="list-style-type: none"><li>1. Leslie Ray was promoted from Senior Epidemiologist to the Chief of Agency Operations for the Community Health Statistics Unit within Public Health Services Administration.</li></ul> <p>G. Recognitions and Awards</p> <ul style="list-style-type: none"><li>1. On April 6, 2021, the HIV, STD and Hepatitis Branch (HSHB) received an evaluation of</li></ul>	
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	<p>their application for Ryan White Part A funding that was submitted in September of 2020. HSHB received a score of 99 out of 100 with no weaknesses documented.</p> <p>2. On April 9, 2021, Dr. Wilma Wooten, Public Health Services Officer and Director, was awarded the SDSU SPH Alumni Achievement Award from the School of Public Health in recognition of her exemplary leadership during the COVID-19 pandemic.</p> <p><b><u>Questions and Comments:</u></b></p> <p><u>From Geysil Arroyo:</u> (1) Do you have any information about removing the Emergency Authorization Use? (2) What are the local providers included?</p> <p><u>Answer from Dr. Wooten:</u> (1) I don't know when Pfizer will remove the approval. I don't have any intel on when that will occur. (2) Solo practice, family practice, federally qualified centers as well.</p> <p><u>From James Lepanto:</u> What is the research showing on the effectiveness of the vaccines with the emerging variants?</p> <p><u>Answer from Dr. Wooten:</u> It depends on the variant you are talking about. So far the vaccine is keeping people out of the hospital and preventing deaths. In the fall, everyone is looking at boosters.</p>	
<p><b>VI. COSD HHS Budget Presentation</b> Amy Thompson, Executive Finance Director, HHS <i>Presentation given by Ardee Apostol, Asst Group Finance Director, HHS</i></p>	<p><b>A.</b> San Diego unemployment rates as of Feb 2021: 7.2%</p> <p><b>B.</b> State budget increase of \$30.6 billion from FY2020-21 Enacted Budget.</p> <p><b>C.</b> Operating Environment</p> <p style="padding-left: 40px;"><b>1.</b> Our Focus:</p> <ul style="list-style-type: none"> <li><b>a.</b> Data driven</li> <li><b>b.</b> Equity and Inclusion</li> <li><b>c.</b> Transparency</li> <li><b>d.</b> Sustainability</li> <li><b>e.</b> Racial, social and environmental justice</li> </ul> <p><b>D.</b> HHS Budget by Department: \$2.7 Billion</p>	

1. Increase of \$211.4 million from FY2020-212 Adopted Budget

**BUDGET BY DEPARTMENT: \$2.7 BILLION**

(In Millions)

Department	FY 2020-21 Adopted Budget	FY 2021-22 CAO REC Budget	Change	% Change
Behavioral Health Services	\$778.5	\$812.7	\$34.2	4.4
Self-Sufficiency Services	\$550.8	\$613.2	\$62.4	11.3
Child Welfare Services	\$400.3	\$415.7	\$15.4	3.8
Administrative Support	\$312.3	\$239.9	(\$72.4)	(23.2)
Aging & Independence Services	\$192.2	\$248.1	\$55.9	29.0
Public Health Services	\$182.0	\$317.9	\$135.9	74.6
Housing & Community Development Services	\$108.7	\$88.7	(\$20.0)	(18.4)
County Successor Agency	\$7.8	\$7.8	\$0.0	0.0
<b>Total:</b>	<b>\$2,532.6</b>	<b>\$2,744.0</b>	<b>\$211.4</b>	<b>8.3</b>

7,083.5 HHS A POSITIONS

Department	FY 2020-21 Adopted Budget	FY 2021-22 CAO REC Budget	Change	%Change
Self-Sufficiency Services	2,529.0	2,629.0	100.0	4.0%
Child Welfare Services	1,492.0	1,530.0	38.0	2.5%
Behavioral Health Services	1,006.5	1,092.5	86.0	8.5%
Public Health Services	709.0	729.0	20.0	2.8%
Administrative Support	457.0	481.0	24.0	5.3%
Aging & Independence Services	449.0	492.0	43.0	9.6%
Housing & Community Development Services	130.0	130.0	0.0	0.0%
<b>Total:</b>	<b>6,772.5</b>	<b>7,083.5</b>	<b>311.0</b>	<b>4.6%</b>

E. Pandemic Response

1. \$104.9 million increase
2. COVID-19 direct response efforts:
  - a. T3 Strategy

- b. Vaccinatrions
- c. Greta Plates
- d. American Rescue Plan Framework

Components	Total	ARPA	Other Funding
Prior & Ongoing County Response Costs	\$ 391.7	\$ 232.5	\$ 159.2
Food Assistance	87.4	20.0	67.4
Mental Health Services	30.0	30.0	-
Rental Assistance	107.0	-	107.0
Senior & Youth Services	10.0	10.0	-
Childcare Subsidies	10.0	10.0	-
Small Business Stimulus Payments	50.0	50.0	-
Homeless Services	85.0	85.0	-
Direct Stimulus Payments	40.0	40.0	-
Infrastructure	46.0	46.0	-
Legal Services	15.0	15.0	-
Premium Pay for Gov Essential Workers	40.0	40.0	-
Family Leave/FFCRA	9.0	-	9.0
<b>Total Initial Use of ARPA Funds</b>	<b>\$ 921.1</b>	<b>\$ 578.5</b>	<b>\$ 342.6</b>
09/21 – 12/22 Health/Economic Recovery	\$ 75.0	\$ 75.0	
<b>Grand Total</b>	<b>\$ 996.1</b>	<b>\$ 653.5</b>	<b>\$ 342.6</b>

### OPERATIONAL PLAN- KEY DATES



F.

**Questions and Comments:**

From Linda Correa: As far as the HHS part in regard to hiring staff for the Family Resource Centers, when it comes to the hiring process, for those employees that don't make it past the training or probation period, does your report show the credit amount where they are no longer using the funds for the training or will it show in the following year?

Answer from Ardee Apostol: If you are referencig to staff that are salary and benefits, we do refer staff on board and some of the psitions that we have, but as far of the training, that is something we work directly with our Self-Sufficiency Department.

From James Lepanto: I know the Ops Plan will be release publicly, but is there any reason why we cannot get this powerpoint?

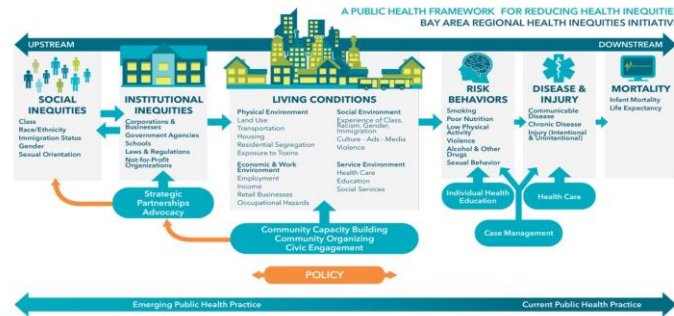
Answer from Amy Thompson: I can check...there is a little bit of sensitivity, but I will check, I know it is a public meeting.

**VII. Accept Perinatal Equity Initiative Funding Board Letter**  
Adrienne Yancey, Acting  
Branch Chief, MCFHS

**G. County of San Diego Initiative**



**H. Bay Area Health Inequities Initiative**





	<ul style="list-style-type: none"><li>I. Perinatal Equity Initiative<ul style="list-style-type: none"><li>2. Overview: In June 2018, the Governor signed legislation establishing the California Perinatal Equity Initiative (PEI) within the California Department of Public Health.</li><li>3. San Diego County PEI Program<ul style="list-style-type: none"><li>a. Public Awareness Campaign: Black Legacy Now</li><li>b. Fatherhood Program</li><li>c. Implicit Bias Educational Training Program</li><li>d. Community Advisory Board</li></ul></li></ul></li><li>J. Community Advisory Board<ul style="list-style-type: none"><li>1. The PEI Community Advisory Board (CAB):<ul style="list-style-type: none"><li>a. Consists of over 80 individuals representing African-American community members, health care providers and organizations serving African-American women and babies.</li><li>b. Meets bi-monthly since April 2019</li><li>c. Accomplishments: Determined intervention strategies of fatherhood program and implicit bias for health care providers. Provided valuable input in the development of the Black Legacy Now media campaign.</li></ul></li></ul></li><li>K. Media Campaign<ul style="list-style-type: none"><li>1. A public awareness media campaign to raise awareness regarding African-American preterm birth rates, infant mortality, and promote health activities that will contribute to African-American maternal health and well-being is required.</li><li>2. Accomplishments<ul style="list-style-type: none"><li>a. Black Legacy Now campaign launched September 14, 2020.</li><li>b. Developed website.</li><li>c. Established social media presence on Facebook and Instagram.</li><li>d. Created social media digital advertisements, posts, and responses.</li><li>e. Held press conference on January 28, 2021.</li></ul></li></ul></li><li>L. Fatherhood Program</li></ul>	
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	<ol style="list-style-type: none"><li>1. The Father2Child II Program provides educational resources and support to soon-to-be fathers ranging to fathers with an infant up to 1 year of age to be a positive influence and role model in the lives of their child(ren).</li> <li>2. Accomplishments<ol style="list-style-type: none"><li>a. Researched best practices in outreaching and recruiting African-American fathers into the program.</li><li>b. Trained and certified to implement the 24/7® Dad evidenced-based fatherhood curricula.</li><li>c. Established a bi-directional referral system with the Black Infant Health Program.</li><li>d. Formed a fatherhood collaborative with local fathering/parenting community agencies to share and leverage resources.</li></ol></li></ol> <p>M. Implicit Bias Training</p> <ol style="list-style-type: none"><li>1. The Implicit Bias Educational Training program will train health care professionals and their staff who serve African-American pregnant women to recognize their implicit bias and reduce racism in the health care setting.</li> <li>2. Trainings will be designed for:<ol style="list-style-type: none"><li>a. Obstetricians and gynecologists.</li><li>b. Family Physicians who provide obstetrical and gynecological services.</li><li>c. Nurse Practitioners and Physician Assistants.</li><li>d. Ancillary medical staff in medical offices (e.g. medical assistants).</li><li>e. Accomplishments: Established a physician subcommittee of PEI CAB to advise on best methods of outreaching to and training physicians.</li></ol></li></ol> <p>N. Perinatal Equity Initiative</p> <ol style="list-style-type: none"><li>1. Award: \$968,620</li><li>2. Project period: July 1, 2021 to June 30, 2023</li><li>3. Project goal: To improve the health and well-being of African-American women and infants through increased awareness of health disparities due to racism.</li></ol>	
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	<ol style="list-style-type: none"> <li>4. Target population: African-American women of childbearing age, their families, and healthcare professionals.</li> </ol> <p>O. Request for HSAB Support: Board Letter Recommendations</p> <ol style="list-style-type: none"> <li>1. Authorize the acceptance of \$968,620 in grant funds from the California Department of Public Health, Maternal, Child, and Adolescent Health Division for the period of July 1, 2021 through June 30, 2023 for the Perinatal Equity Initiative.</li> <li>2. Authorize the Clerk of the Board to execute all required grant documents upon receipt, including any annual extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level.</li> <li>3. Authorize the Agency Director, Health and Human Services Agency to apply for additional funding opportunity announcements, if available, that address improvements of health equity for San Diego County residents.</li> </ol> <p><b>Motion:</b></p> <ol style="list-style-type: none"> <li>1. Motion: Moved by Greg Knoll and seconded by Judith Shaplin.</li> <li>2. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved.</li> </ol>	
<p><b>VIII. Review, Discussion, and Action on State Legislation</b>                  Paul Hegyi, Chief Executive Officer, San Diego County Medical Society</p>	<p>A. Assembly Bill 4: Support</p> <ol style="list-style-type: none"> <li>1. Extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan.</li> <li>2. Require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, and that they are not limited in their ability to select a different health care provider or Medi-Cal managed care health plan.</li> </ol> <p>B. AB 14: Support</p> <ol style="list-style-type: none"> <li>1. This bill would authorize local educational agencies to report to the State Department of Education their pupils' estimated needs for computing devices and internet connectivity adequate for at-home learning.</li> </ol>	

	<ol style="list-style-type: none"><li>2. Would require the State Department of Education compile this information and to annually post it on the department’s internet website.</li><li>3. This bill would require the Governor’s Office of Business and Economic Development, on or before June 30, 2022, to develop recommendations and a model for streamlined local land use approval and construction permit processes for projects related to broadband infrastructure deployment and connectivity.</li><li>4. Require prioritization of projects in unserved areas, as defined, where internet connectivity is available only at speeds at or below 6 megabits per second (mbps) downstream and one mbps upstream or areas with no internet connectivity, with a goal of achieving at least 100 mbps downstream, and to further prioritize projects based on other specified attributes. website, the recommendations and model.</li><li>5. Authorize the commission to require each internet service provider, as defined, to report specified information regarding each free, low-cost, income-qualified, or affordable internet service plan advertised by the provider.</li></ol> <p>C. AB 32: Support</p> <ol style="list-style-type: none"><li>1. Authorize a provider to enroll or recertify an individual in specified Medi-Cal programs through telehealth and other forms of virtual communication, and would authorize a County eligibility worker to determine eligibility for, or recertify eligibility for, the Medi-Cal Minor Consent program remotely through virtual communication.</li><li>2. Would also require the State Department of Health Care, in consultation with various stakeholders, to develop one or more alternative payment models for telehealth appointments, to be effective no later than January 1, 2025.</li></ol> <p>D. AB 457: Support</p> <ol style="list-style-type: none"><li>1. This bill would require a health care service plan and a health insurer to arrange for the provision of a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider.</li><li>2. The bill requires that the enrollee or insured, once notified as specified, elects to receive the service via telehealth through a third-party corporate telehealth provider.</li></ol>	
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	<ol style="list-style-type: none"><li>3. For an enrollee or insured that is currently receiving specialty telehealth services for a mental or behavioral health condition, the bill would require that the enrollee or insured be given the option of continuing to receive that service with the contracting individual health professional, a contracting clinic, or a contracting health facility.</li></ol> <p>E. AB 1162: Support</p> <ol style="list-style-type: none"><li>1. Would require a health care service plan or health insurer disability insurer that provides hospital, medical, or surgical coverage to provide access to medically necessary health care services to its enrollees or insureds that are displaced or otherwise affected by a state of emergency.</li><li>2. Would shorten the time requirements for a plan or insurer to pay or contest a claim for emergency or nonemergency services to 20 working days and also shorten the time limit for requesting additional information about a claim to 20 working days.</li><li>3. Would require a plan or insurer to pay a provider any interest and fees that accrue from failure to pay a claim regardless of whether the department institutes an enforcement action against the plan or insurer.</li></ol> <p>F. Senate Bill 108: Support</p> <ol style="list-style-type: none"><li>1. This bill would declare that it is the established policy of the state that every human being has the right to access sufficient affordable and healthy food and would require all relevant state agencies to consider this state policy when revising, adopting, or establishing policies, regulations, and grant criteria when those policies, regulations, and grant criteria are pertinent to the distribution of food and nutrition assistance.</li><li>2. Would also require, by January 1, 2023, the submission of a report to the Legislature relating to food access and recommendations to increase the availability of sufficient affordable and healthy food.</li></ol> <p>G. SB 221: Support</p> <ol style="list-style-type: none"><li>1. Would codify the regulations adopted to provide timely access standards for health care service plans and insurers for nonemergency health care services.</li><li>2. Would require both a health care service plan and a health insurer, including a Medi-Cal</li></ol>	
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	<p>Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements.</p> <ol style="list-style-type: none"><li>3. Would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow up appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment and also that a referral to a specialist by another provider meet the timely access standards.</li></ol> <p>H. SB 242: Support</p> <ol style="list-style-type: none"><li>1. Would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically necessary to comply with a public health order to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies</li></ol> <p>I. SB 316: Support</p> <ol style="list-style-type: none"><li>1. This bill would authorize reimbursement for a maximum of two medical visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined and would authorize an FQHC or RHC to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits.</li><li>2. Would also include a licensed acupuncturist within those health professionals covered under the definition of a “visit.”</li></ol> <p>J. AB 1132: Oppose</p> <ol style="list-style-type: none"><li>1. This bill would authorize reimbursement for a maximum of two medical visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined and would authorize an FQHC or RHC to bill a medical visit and a mental health visit that take place on the same day at a</li></ol>	
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single location as separate visits.

2. Would also include a licensed acupuncturist within those health professionals covered under the definition of a “visit.”

**Questions and Comments:**

Comment from James Lepanto: I am encourgae to see that many of tehse align with our Strategic Plan.

From Greg Knoll: Is the telehealth defination what we had discuss on this before and includes video as well as telephone?

Answer from Paul Hegyi: I believe it does include teePHONE.

Answer from Tim Fraser: The bill was amended, and does include telephone visits, but it was sunsetted for Summer 2025.

Question from Judith Shaplin: (1) Was the phone thing sunsetting at 2025 or the whole bill? (2) For the two visit, we have always had issues with the two visit in one day with the mental health, not with the dental and medical health. (3) Will this sunset? (4) Which department will do the policy for that if it passes lefislation?

Answer from Tim Fraser: (1) Its just the phone part. A lot of the assembly men had issues with the phone part. (2) It will allow any two visits. (3) It will be in perpetuity as of right now. (4) I will have to get back to you on that.

Comment from Katelyn Hailey: I want to echo the last comment we made. It will be really helpful in these presenations to see who the sponsoring author or organization is/are and to know of any known oppositon.

	<p><b><u>Motion:</u></b></p> <ol style="list-style-type: none"> <li>1. Motion: Moved by Paul Hegyi and seconded by Judith Shaplin.</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> <li>3. Greg Knoll abstained from the vote on AB 1132.</li> </ol>	
<b>IX. Chair's Report</b>	<ol style="list-style-type: none"> <li>1. Board Aides: Connect with your respective COSD BOS Supervisor.</li> <li>2. HSAB Youth Board Member</li> <li>3. Ethics Training: Needs to be completed. It is a requirement.</li> <li>4. Ad Hoc Meeting on May 25<sup>th</sup> with Supervisor Nathan Fletcher</li> </ol>	
<b>X. Informational Items</b>	None.	
<b>XI. Round Table</b>	None.	
<b>XII. Public Comment</b>	No public comment.	
<b>XIII. Adjournment</b>	Meeting adjourned at 5:04 pm.	
<b>XIV. Supplemental Information</b>	Next HSAB Meeting: Tuesday June 1, 2020, 3:00 – 5:00 pm – Microsoft Teams	