



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

Tuesday, April 5th, 2022
3:00pm to 5:00pm
Microsoft Teams
MEETING MINUTES

Members Present	Members Absent/Excused	Presenters	HHSA Support
Afflalo, Suzanne, Dr., Vice Chair Alverson Rodriguez, Lisa Arroyo, Geysil Correa, Linda Fraser, Tim Jantz, Barry Knoll, Gregory Lepanto, James Chair Seldin, Harriet, Dr. Shaplin, Judith Sumek, Caryn (Alternate) Walters, Todd Yates, Judith	Alexiou, Dimitrios Dailey, Jack (Alternate) Hailey, Katelyn Heygi, Paul Melgoza, Ana Ohmstede, Jennipher (Alternate) Remington-Cisneros, Therese Schultz, James Tuttle, Henry Wade, Lindsay (Alternate)	Local Public Health System Assessment Results Jackie Werth, Performance Improvement Manager, Public Health Services Administration. Health and Human Services Agency (HHSA) Executive Office Fiscal Year 22-23 Public Health Services Fees Update Presentation, Ardee Apostol, Assistant Finance Director, HHSA Budget Office	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, MCFHS

Members Present	Members Absent/Excused	Presenters	HHSA Support
			<p>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>Additional COSD Staff Present:</p> <p>Amy Thompson, Executive Finance Director, HHSA</p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
			Ardee Apostol, Asst. Group Finance Dir, HHSA
			Other Attendees:

Minutes	Lead	Follow- up Actions	Due
None.			

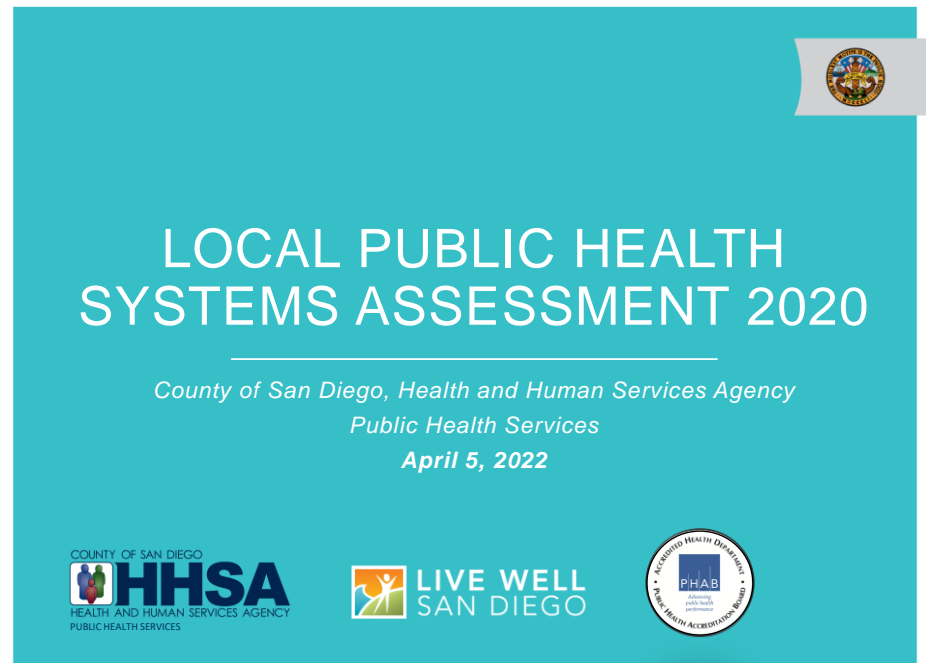
Next Meeting: HSAB Meeting: Tuesday May 3rd, 2022, 3:00 – 5:00 pm – Microsoft Teams

Agenda Item	Discussion
I. Welcome & Introductions	<p>A. Remarks from the Chairperson</p> <ul style="list-style-type: none"> a. James Lepanto called the meeting to order at 3:05 PM. b. Roll call was noted, and quorum established <p>B. Approval of April Agenda and March Meeting Minutes</p> <ul style="list-style-type: none"> a. Agenda and Meeting: Moved by Judith Shaplin and seconded by Geysil Arroyo. <ul style="list-style-type: none"> i. Roll Call: All HSAB members in attendance voted Aye. b. Minutes: Moved by Tim Fraser and seconded by Judith Shaplin. <ul style="list-style-type: none"> i. Roll Call: All HSAB members in attendance voted Aye. ii. Abstain: James Lepanto <p>C. Authorization of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e)</p> <ul style="list-style-type: none"> a. Motion: Moved by James Lepanto and seconded by Greg Knoll. <ul style="list-style-type: none"> i. Roll call – All HSAB members in attendance voted Aye. ii. Absent: Dr. Harriet Seldin
II. Public Comment	<ul style="list-style-type: none"> 1. No public comment.

**III. Local Public Health System
Assessment Results**
Jackie Werth, Performance
Improvement Manager, Public
Health Services Administration



LPHSA for HSAB
April 2022.pdf



POSTED at:

[Local Public Health System Assessment.pdf \(sandiegocounty.gov\)](https://sandiegocounty.gov/local-public-health-system-assessment.pdf)

A Component of Mobilizing for Action Through Planning and Partnerships (MAPP)

- The Local Public Health System Assessment (LPHSA) is one of several assessments that accredited public health departments are expected to undertake
- Assessments are intended to inform the department's strategic plan and community planning activities

The MAPP model is evolving with new emphasis on equity and authentic engagement

Unique as a Virtual

- LPHSA 2020 is the 4th conducted in San Diego County
- This LPHSA was redesigned as a virtual format due to the pandemic
- Virtual format presented some advantages
- Orientation featured Dr. Wooten, Nick Macchione, Kaye Bender (former President of PHAB), and Regional Directors
- Debrief convened after all sessions to present preliminary results

Entire System: Providers, Partners and across Sectors

- The LPHSA seeks feedback on the entire system and is not limited to the County's public health department
- Reflects on the success of *Live Well San Diego* as a vision of a collective effort that goes beyond the borders of the health department and the County

New Essential Service Framework

- This County is the first to apply new framework to LPHSA
- New framework released in September 2020 by Public Health Center for Innovations and Beaumont Foundation
- Equity at the center—importance of promoting health for all community members
- Evaluate and Research combined into ES 9 and New ES 10 for Organizational infrastructure

Results for 2020 described


- In 2020, 4 Essential Services received the highest score of "Optimal" compared to 2016 when 5 Essential Services scored as "Optimal."
- In 2020, Link People to Care (ES 7) scored lowest ("Moderate") compared to 2016 in which no Essential Services scored this low.
- The 5 remaining Essential Services were in the Significant Range

Comparative described

- Comparisons between 2016 and 2020 should be made with caution.
- The new framework has a stronger focus on equity and may reflect higher expectations
- Unprecedented COVID-19 pandemic challenged our public health system

Strengths

	<ul style="list-style-type: none"> Consistently strong at monitoring health status (ES 1), diagnosing and investigating health issues (ES 2), and enforcing laws (ES 6) Improving in informing, educating and empowering the public (ES 3) and assuring a competent workforce (ES 8) as we have seen scores for these two Essential Services increase each from 2012 to 2016 and 2020. Research and evaluation (ES 9) also show improvement. When these two Essential Services were combined in 2020, and assessed together, performance was in the optimal range, compared to 2012 when Research was only in the moderate range. <p>Weaknesses</p> <ul style="list-style-type: none"> For several Essential Services, the 2020 scores declined, and the score fell below “Optimal Activity.”* These are linking people to care (ES 7); mobilizing community partnerships (ES 4); and developing policies and plans (ES 5)**. Scores were the lowest in 2020 for linking people to care (50%). Improving these scores is critical to advancing equity. <ul style="list-style-type: none"> Unless all communities are linked to care and community partnerships are mobilized, the system will not be able to successfully meet the challenges of today or the future. Developing policies and plans to make it easier for all residents to live is one of the more effective strategies for improving upon the conditions in which people live and increasing the prospect of a healthy, safe and thriving life. <p>Takeaways</p> <ul style="list-style-type: none"> Rich conversations about health equity, revealing that much work lies ahead to address impact of systemic racism on health outcomes in communities of color. Strong sense of collaboration across the system that was reflected in the response to COVID-19; <i>Live Well San Diego</i> provided a strong foundation. Community voice was not adequately represented; another type of format or assessment should be conducted, designed with input from community members. Organizational infrastructure is stronger because of <i>Live Well San Diego</i>, however, need to improve agility of public agencies to identify and response to skills and services in greatest demand, particularly during emergencies. Advantages to virtual format is uninterrupted discussion and participants could attend multiple sessions. Disadvantages in that doesn’t allow for networking and not all participants are as comfortable engaging. 	
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	<p>Questions/Comments:</p> <p><u>Comment by James Lepanto:</u> A lot of positive. I think that one thing about Covid is it shined a light and help people understand inequity and disproportionality in some ways. People have been more educated, sensitive and compassionate about it and linking people to care might be a piece to that. Well done.</p> <p><u>Comment by Dr. Wooten:</u> The pattern for when we implemented these assesments, its about every 4 years. The first one was done under Dr. George Flores in 2002 and then again in 2012, 2016, 2020. The next trend will be in 2024. A lot of people don't know what goes on in the community when they come to these so we try to provide updates with Live Well SD community leadership team. In the next assessment we should have community partners presenting in the beginning so people can become aware of what's going on in the community.</p> <p><u>Comment by James Lepanto:</u> It really allows the voice to be heard, wether it's virtual or in person.</p>	
<p>IV. Health and Human Services Agency (HHS) Executive Office Fiscal Year 22-23 Public Health Services Fees Update Presentation, Ardee Apostol, Assistant Finance Director, HHS Budget Office</p>	<div><p>2022 HSAB Proposed Fee Change</p></div>	



HHSA COST RECOVERY PROPOSED FEE CHANGES

Health Services Advisory Board
April 5, 2022



1

SO WHY DO WE DO THIS?

- Board of Supervisors Policy B-29 requires:
 - Recover full costs for services provided to agencies or individuals.
 - Inform Board of full costs of services and anticipated revenues.
- To ensure compliance with this policy, our departments have performed a comprehensive analysis of services provided to examine the tasks and functions performed as well as their direct and indirect costs.
- The April BL presents a comprehensive fee package for HHSA, which includes a review of 83 fees:
 - Public Health Services
 - Behavioral Health Services
- The Board last approved revisions to HHSA's fees on May 4, 2021.
- To ensure continued compliance with Board Policy B-29 and County Administrative Code XV-B, the Agency reviewed a total 83 fees.
 - 44 fees or 53%, as the majority are tied to section 239 of County Administrative Code XV-B (15-B), which sets the fee as the lesser of the published Medi-Cal rate or calculated County cost.
 - **We are proposing** to adjust 26 fees, reflect updates for increases in cost of doing business, decreases to reflect efficiencies
 - **We are proposing** to delete 6 fees, either because they have been consolidated into existing fees or they are no longer needed.
- And **we are proposing** to add 7 new fees. 2 are related to water tests performed for DEHQ, 4 are related to COVID-19 Pandemic response efforts and 1 for Tobacco Retail Licensing.

Approval Process

- Public Health Services and Behavioral Health Services develop a fee package, which includes a cost analysis to ensure full cost recovery by using a defined methodology, this methodology may include time ladders/time studies, Services & Supplies allocations, and removal of one-time expenditures.

The program's fee package is then reviewed by the following entities:

1. HHS Budget Office reviews the fee package for accuracy and completeness
2. County Auditor and Controller reviews fee package and ensures Board Policy B-29 requirements are met and in conformance with existing cost policies and procedures (Approved, yesterday, 3/2/20)
3. **Proposed fee package is presented to Advisory Boards and community partners to info and update**
4. Proposal is submitted as a recommendation to the Board of Supervisors and requires 2 readings: April 21st & May 5th, 2020

The Ordinance change requires 2 readings, The two readings include:

- April 26st: Amending Article XV-B
- May 10th: Adopt the ordinance

Fees & rates proposed for board approval

The majority of updates are in Public Health Services, for the Laboratory, one for Tobacco Control Resource Program and one update for Behavioral Health Services.

The 39 fees impacted reflect updates for increases in cost of doing business, decreases to reflect efficiencies, or deletions and additions to reflect stakeholder needs.

On the next few slides, I will go over the proposed updates by program area.

PHS Laboratory Fees

37 of the 39 updates are for public health laboratory fees and are either tied to **environmental testing**, such as testing of drinking water or foodborne illness investigations, or **clinical fees** such as tests for communicable disease outbreaks, Sexually Transmitted Diseases, and Tuberculosis tests among others.

Most of the stakeholders are other County departments, therefore, these fees are not a significant revenue generator for the County. **We do keep these fees updated** for those circumstances in which costs are recoverable through federal or State funding sources, or through other jurisdictions. In the chart there are...


17 Increases, which are predominately related to Department of Environmental Health and Quality (DEHQ) and two of the water fees "Total and fecal coliforms (Marine Water) by MPN method" and Enterococcus (Sea Water) are also charged to the City of Coronado.

8 Decreases that are mainly related to county departments, DEHQ and food testing for food borne illnesses) to reflect updated cost recovery information.

For the 6 New fees, 2 are related to water tests performed for DEHQ and 4 are related to COVID-19 Pandemic response efforts. All 6 proposed new fees are aligned under Section 244 of the Admin Code

6 Fees are being deleted, for the deleted fees, 3 are more appropriately performed by the State laboratory or the Centers for Disease Control and Prevention, 1 is test is no longer required by regulatory body and 1 was discontinued because the machine used for it was retired and 1 was discontinued due to similar existing test that is available.

	<p><u>TOBACCO Control & Resource Program (TCRP)</u></p> <p>For Tobacco Control Resource Program, 1 new Tobacco Retail License fee is being added for retailers in the unincorporated region of San Diego County. The fee will support all administration, activities, and staffing for the County's Tobacco Retail Licensing program that provides oversight and enforcement of the County's TRL Ordinance (No. 10699). The stakeholder are Retailers (excluding pharmacies) that sell tobacco products. Many municipalities in California, including cities in San Diego, have successfully implemented Tobacco Retail License (TRL) Programs to reduce youth access to tobacco, minimize tobacco retail density, and better enforce California state tobacco law. HHSA is also looking at options in subsidizing the fee to mitigate some of the hardships to retailers. We are also continuing to assess our fees, actual costs, and time studies since this is a new program. After the Board's approval of the fees, whether subsidized or not, we will hold community meetings with retailers to socialize and answer any questions so that when July 1st comes around, we are ready to implement the fee.</p> <p><u>BHS Fees & Rates</u></p> <p>Behavioral Health Services, there is a private pay fee for the Edgemoor Skilled Nursing Facility in which an increase is proposed in order to align with updated full cost recovery information. At Edgemoor, patients are typically covered under Medi-Cal, but there is a rate established for private pay scenarios.</p> <p>Questions/Comments:</p> <p><u>Question from Greg Knoll:</u> I noticed that you had a slide that showed all the review. Does county council review fees for legality or appropriateness?</p> <p><u>Answer from Ardee:</u> We do loop in county council in the process to make sure we are in compliance.</p> <p><u>Question from James Lepanto:</u> This came in front of the board several years ago and worked really well. There was a time where the county was not reviewing these fees. Is it going to the board of supervisor on May 10th for a vote on this specific board letter?</p> <p><u>Answer from Dr. Hernandez:</u> May 6th</p>	
<p>V. Chair's Report</p>	<p>Comment from James Lepanto re all these topics</p> <ul style="list-style-type: none"> A. HSAB Youth Engagement discussion in April 2022 <ul style="list-style-type: none"> i. Check out the link ii. Reporting out in May and reaching out to 2 members that want to be on the ADHOC committee. iii. Email James if interested iv. Engage with youth advisors 	

	<p>B. HSAB Advance, June of 2022 (Doodle Poll)</p> <ul style="list-style-type: none"> i. June of 2022 ii. Will be one agenda for May <p>C. Covid-19 Updates</p> <ul style="list-style-type: none"> i. Press Briefings on County Facebook Page: https://www.facebook.com/sandiegocounty/ 	
VI. Informational Items	<p>A. Subcommittee and Work Group Updates.</p> <ul style="list-style-type: none"> 1. Policies & Program (TBD) 2. Budget (James Lepanto) <ul style="list-style-type: none"> a. April 13th – presentation from fiscal b. Timeline required for new board member for budget 3. Legislative Committee (James Lepanto) <ul style="list-style-type: none"> a. Updates next meeting 	
VII. Health Officer Report	<div style="text-align: center;">  Final_HSAB_Health_O fficer_Report_4_5_22. </div> <p>Questions/Comments:</p> <p><u>Question from Greg Knoll:</u> Just before the pandemic, we had high rates of certain STD among women of color, I was wondering how long it would take to get an update on that situation?</p> <p><u>Answer from Dr. Wooten:</u> we can bring an update back to the advisory board over the next several months. We issue a monthly STD news letter. For the 2021 we saw the numbers go down but it may be artificial because people weren't going but they've now began to come back up. I will talk to Dr. Tilghman and plan to create an update to bring back to the board.</p> <p><u>Question from James Lepanto:</u> The fatherhood program stopped, do we have an update on that?</p> <p><u>Answer from Dr. Wooten:</u> We can have Rhonda Freeman from MCFHS come back with a report. I believe it has started and will provide an update.</p>	
VIII. Round Table	<u>Comment from Dr. Afflalo:</u> Health Fair – Partnered with CDPH for free Tacos for those who get the booster and vaccinee.	
IX. Public Comment (on agenda items)	<u>Question from Timothy Fraser:</u> SD City council will be able to attend the meetings, will we be virtual still or back in person?	

	<p><u>Answer from Dr. Wooten:</u> Given the fact that today was the first board meeting that was allowed to have people in the chamber, it would be reasonable that other boards and do the same i.e., meet in person. Hybrid is also an option.</p> <p><u>Comment from Greg Knoll:</u> This should be a discussion.</p>	
X. Adjournment	<p>Meeting adjourned at 4:00 pm.</p> <p>Next HSAB Meeting: Tuesday May 3rd, 2022, 3:00 – 5:00 pm – Microsoft Teams</p>	