



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

Tuesday, September 6th, 2022
3:00pm to 5:00pm
Microsoft Teams
MEETING MINUTES

Members Present	Members Absent/Excused	Presenters	HHSA Support
Afflalo, Suzanne, Dr., Vice Chair Arroyo, Geysil Fraser, Tim Hegyi, Paul Jantz, Barry Knoll, Gregory Melgoza, Ana Seldin, Harriet, Dr. Sumek, Caryn (Alternate) Walters, Todd Yates, Judith	Alexiou, Dimitrios Alverson Rodriguez, Lis Correa, Linda Dailey, Jack (Alternate) Hailey, Katelyn Lepanto, James Chair Ohmstede, Jennipher (Alternate) Remington-Cisneros, Therese Schultz, James Shaplin, Judith Tuttle, Henry Wade, Lindsay (Alternate)	<p>5/24/22 Board Action: Strengthening Access to Reproductive Health Care, Denise Foster, DNP, RN, PHN, NE-BC, Chief Nursing Officer, Medical Care Services</p> <p>5/10/2022 Board Action: Supporting Care Coordination for Justice-Involved Individuals, Sayone Thihalolipavan, MD, MPH, Public Health Medical Officer, Medical Care Services.</p> <p>Authorize Acceptance of CDC Pathogen Genomics Centers of Excellence, Jeff Johnson, Chief, Epidemiology, and Immunization Services Branch.</p> <p>Authorize Acceptance of Grant Funds from the California Department of Social Services</p>	<p>Dr. Wilma Wooten, Public Health Officer & Director, PHS</p> <p>Dr. Elizabeth Hernandez, Assistant Director, PHS</p> <p>Dr. Anuj Bhatia, Deputy Director, PHS</p> <p>Dr. Kelley Motadel, Child Health Officer, MCSD</p> <p>Dr. Ankita Kadakia, Medical Director and Branch Chief, TCRH</p> <p>Dr. Maggie Santibanez, AMSA, TCRH</p> <p>Adrienne Yancey, Acting Branch Chief, MCFHS</p>

Members Present	Members Absent/Excused	Presenters	HHSA Support
		for Local Food Purchasing Assistance Program, Thomas Coleman, MD, MS, Medical Director, Maternal Child and Family Health Services Branch	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 Anna-Mai Trinh Administrative Secretary II, PHS Admin Additional COSD Staff Present: Amy Thompson, Executive Finance Director, HHSA Ardee Apostol, Asst. Group Finance Dir, HHSA

Members Present	Members Absent/Excused	Presenters	HHSA Support
			Other Attendees:

Minutes	Lead	Follow- up Actions	Due
August 2022	Anna-Mai Trinh	Remove Harriet Seldin from all absent notes on votes from August minutes	09/16/2022
August 2022	Anna-Mai Trinh	Remove comment "Geysil as Vice Chair" from August minutes	09/16/2022

Next Meeting: HSAB Meeting: Tuesday October 4th, 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. Greg Knoll called the meeting to order at 3:08 PM. b. Roll call was noted, and quorum established <p>B. Approval of August Agenda and July Meeting Minutes</p> <ul style="list-style-type: none"> a. Agenda: Moved by Tim Fraser and seconded by Barry Jantz. <ul style="list-style-type: none"> i. Roll Call: All other HSAB members in attendance voted Aye. b. Minutes: Moved by Geysil Arroyo and seconded by Ana Melgoza. <ul style="list-style-type: none"> i. Roll Call: All other HSAB members in attendance voted Aye. <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 Harriet Seldin and seconded by Paul Heygi. <ul style="list-style-type: none"> i. Roll call – All HSAB members in attendance voted Aye.
II. Public Comment	<ul style="list-style-type: none"> • No public comment.

- III. **5/24/22 Board Action:
Strengthening Access to
Reproductive Health Care,**
Denise Foster, DNP, RN, PHN,
NE-BC, Chief Nursing Officer,
Medical Care Services.



HSAB_Repro Health
Care Assessment_09.C

Reproductive Health Care Assessment

Response to the Board of Supervisors Action on May 24, 2022:
Strengthening Access to Reproductive Health Care



On May 24, 2022, Chair Nathan Fletcher and Vice-Chair Nora Vargas co-sponsored an agenda item to the San Diego County Board of Supervisors:

Strengthening Access to Reproductive Health Care: Conducting a Comprehensive Assessment of Reproductive Health Care Services in the County of San Diego and Advocating for State Legislation and Funding for Such Services and Rights.

At the time the Board approved this action, the Supreme Court of the United States of America (SCOTUS) had not yet delivered their decision on *Dobbs v. Jackson Women's Health Organization*. However, information had been made public indicating the likely outcome of the SCOTUS decision.

On June 24, 2022, exactly one month after the approval of the Board action, SCOTUS issued their ruling on this case, reversing the 1973 ruling on *Roe v. Wade*.

The Board directed the Chief Administrative Officer (CAO) to **conduct a comprehensive assessment of reproductive health care services offered by County of San Diego (County), and County health contractors, including:**

barriers to care

opportunities to optimize these services, including expanding partnerships with providers

identify opportunities to address and reduce health disparities for marginalized communities

The Board Action also directed the CAO to **advocate for regulatory, budgetary, and legislative efforts that strengthen access to reproductive rights and health care services, including abortion.**

This report includes the assessment requested by the Board in 150 days or by October 25, 2022.

- The scope of this assessment focused on “**prevention, identification (detection), and treatment of pregnancies that are unintended, undesired, non-viable and/or a threat to the pregnant person’s health.**”
- Approach included:
 - Workgroup meetings and in-depth interviews with County department representatives to collect information on the aspects of reproductive health addressed in their programs
 - Literature review to identify best practices for increasing access to services
- Direct services for abortion are not provided by the County or contractors
- Staff are not trained to discuss pregnancy options
- Procedures or processes are not currently in place for assisting clients seeking abortion services
- Many programs provide sexual and reproductive health counseling
- Social services are available for clients seeking reproductive services
- Medication-induced abortion is available during early pregnancy
- Federal funding restrictions limit access to services for low-income and uninsured persons
- Limited data/information available for:
 - Abortion options and providers offering comprehensive reproductive health care services
 - Providers in the rural areas of the county
 - Number of persons seeking abortion services locally
 - Services that are culturally and linguistically responsive
- Misinformation on abortion risks and options
- Stigma from partner, family/friends, providers and society
- Active-duty military often face unique barriers to abortion access, including restrictive coverage, inability to arrange time off, concerns of privacy and fear of reprimand or career limitations

Questions/Comments:

Comment from Greg Knoll: This is one of the item that goes to the comment I hear all the time about, if you’re going to be poor and in need of health care, California is the state to live in. They want to make healthcare accessible to everyone.

**IV. 5/10/2022 Board Action:
Supporting Care Coordination
for Justice-Involved
Individuals,**
Sayone Thihalolipavan, MD,
MPH, Public Health Medical
Officer, Medical Care Services.

Overview of May 10 Board Action: Supporting Care Coordination for Justice-Involved Individuals Through Funding and Integrated Data Infrastructure

Presented to HSAB on September 6, 2022

Sayone Thihalolipavan, MD, MPH

Public Health Medical Officer, Justice-Involved Health,
Medical Care Services, Health and Human Services Agency



Sayone.Thihalolipavan@sdcounty.ca.gov

- Incarcerated individuals face significant health challenges including higher rates of physical and behavioral health issues.
- There are well documented adverse health consequences of our carceral system including the impact that the social and environmental conditions have on one's physical and psychological well-being.
- Direct the Chief Administrative Officer to report back in 180 days with a proposed data management structure for efforts related to Recommendation 2 and report back in 90 days to provide a baseline status on the efforts related to Recommendation 2.

The Board directed the Chief Administrative Officer to:

- Develop a proposal and plan to advance:
 - Data Management/Governance
 - Integration
 - County Programmatic Data Sharing
 - Regional Community Information Exchange Utilization and Regional Health Information Exchange Utilization
- Return with a report on potential opportunities and challenges at the local, state and federal levels including, but not limited to, policy, funding, legal, compliance and regulation, and infrastructure.
- Pursue funding opportunities to support health care and social service data interoperability and integration efforts for justice-involved populations.

- The County's CalAIM Providing Access and Transforming Health Justice-Involved Capacity Building (PATH JI) Round 1 funding application was approved by the State Department of Health Care Services, and we intend to apply for the PATH JI Round 2 funding.
- Direct the Chief Administrative Officer to provide status updates on these Recommendations to the Board of Supervisors every 180 days.
- The Recommendations ask the County to take an initial step towards data integration and improved management to support justice-involved individuals who receive support and services, across and among:
 - law enforcement
 - correctional agencies
 - community and health information exchanges
 - health plans
 - health and behavioral health providers
 - social service providers
 - health-care providers outside County payment or contract
 - other entities as relevant
- The Board Action recognizes that there are opportunities and challenges at the local, state and federal levels related to policy, funding, legal, compliance and regulation, and infrastructure. To address them, we must first identify what they are.

Questions/Comments:

Question from Judith Yates: Will that board letter be circulated to the behavioral health advisory board?

Answer from Sayone Thihalolipavan: I will take that internally, not 100% sure.

Comment from Judith Yates: I recognize it is not a board letter, but I know there's a lot of interest.

Comment from Greg Knoll: - Run 180-day board memo / future updates by HSAB and BHAB *before* the BOS. There was not on the initial list with health advocates regarding our ability to try and get as many benefits started for people as they make the transition.

Comment from Sayone Thihalolipavan: Talking about racial equity and justice around, bringing them in and have them help us bring in community members into the space.

Comment from Caryn Sumek: at some point, EDs/hospitals need to be brought in because JI population overutilizes them

Comment from Greg Knoll: this is a community problem, where there is a boy in care, what usually happens is that hospital ends up taking over the incarceration. I agree with Caryn's request.

Comment from Ana Melgoza: share data w/FQHCs and healthcare system, need more than just a medical model approach and bring in providers who have experience working w/this population as part of the process.

**V. Authorize Acceptance of CDC
Pathogen Genomics Centers
of Excellence,**
Jeff Johnson, Chief,
Epidemiology, and
Immunization Services Branch



HSAB Pres - ELC
SHARP Funding - 09.0

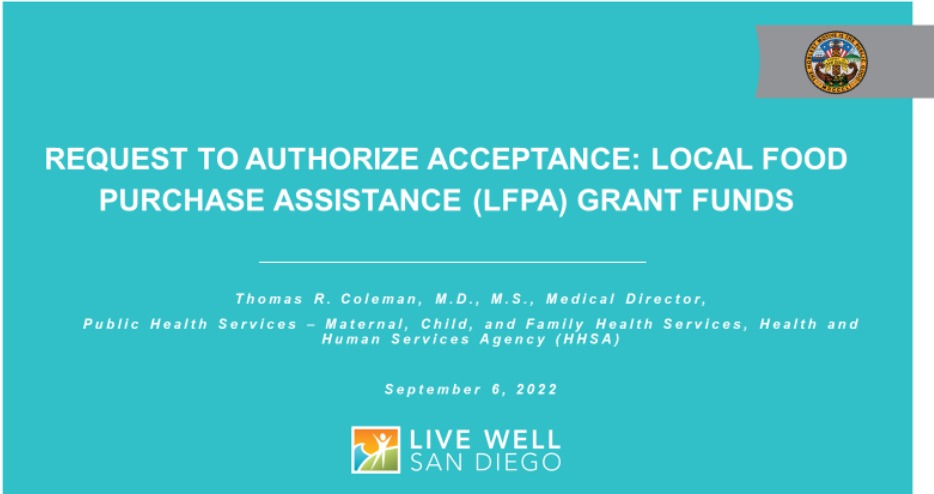


The Public Health Laboratory (PHL) works in conjunction with public health clinics, local hospitals and healthcare providers, and the departments of Epidemiology and Environmental Health & Quality.

By analyzing clinical and environmental samples, the PHL participates in the core activities of surveillance, assessment and assurance.

Accepting the grant will strengthen Healthcare-Associated Infections (HAI)/Antimicrobial Resistance (AR) program capacity at the San Diego County Public Health Laboratory by funding:

- A public health microbiologist
- Laboratory equipment, reagents, and supplies
- Maintenance contracts with commercial entities that provide testing needs
- Population of San Diego County, with the opportunity to expand to other areas of our region within the Antimicrobial Resistance Laboratory Network (ARLN) if needed
- Patients in:
 - Hospitals
 - Skilled nursing facilities

	<ul style="list-style-type: none"> ▪ Long term acute care facilities ▪ Other healthcare settings • Enhance detection for resistance tracking, identifying pathogen-specific solutions and creating public health strategies • Develop better infection control guidelines to prevent and combat future AR threats • Utilize the CDC AR Isolate Bank as a tool for improved diagnostics and novel therapeutic options. • Work with state and regional labs to identify local transmission patterns and support outbreak response <p>Recommendation:</p> <ul style="list-style-type: none"> • Additional \$343,781 • Funding period: <p>June 1, 2022, to July 31, 2024</p> <ul style="list-style-type: none"> • Approve and recommend the estimated \$343,781 from the California Department of Public Health, for the Epidemiology and Laboratory Capacity Strengthening Healthcare-Associated Infections/Antimicrobial Resistance Program grant allocation for the period of June 1, 2022, to July 31, 2024. <p><u>Questions & Comments:</u></p> <p>None</p> <p><u>Motion:</u> Moved by Ana Melgoza and seconded by Arroyo Geysil.</p> <ul style="list-style-type: none"> • Roll call – All other HSAB members in attendance voted Aye. 	
<p>VI. Authorize Acceptance of Grant Funds from the California Department of Social Services for Local Food Purchasing Assistance Program,</p> <p>Thomas Coleman, MD, MS, Medical Director, Maternal Child and Family Health Services Branch</p>		

1. The U.S. Department of Agriculture (USDA) Agricultural Marketing Service has established the Local Food Purchase Assistance (LFPA). The LFPA program is part of the “Build Back Better” initiative, authorized by the American Rescue Plan. The purpose of this program is to maintain and improve food and agricultural supply chain resiliency.
2. The State recognized the Chronic Disease and Health Equity (CDHE) unit as the only Health Department in the state doing this innovative food system work, which is why they invited us to develop the LFPA proposal.
3. This proposal aims to support socially disadvantaged farmers and producers, maintain food quality along the supply chain, connect small-scale producers to historically underserved neighborhoods, and increase fresh produce to community members.
4. Farmworkers in the region receive some of the lowest wages—and the most minimal health care, retirement, and paid leave benefits—of any sector of our economy. Most farming jobs fail to provide an adequate standard of living which is particularly challenging in San Diego County where the cost of living is high. As a result, farmworkers, who are mostly people of color and immigrants, disproportionately depend on public benefits like Medicaid and the Supplemental Nutrition Assistance Program (SNAP).
5. Through the Local Food Purchase Assistance project, the San Diego County Board of Supervisors is committed to helping to attain viability of socially disadvantaged farmers and producers, specifically Black, Indigenous, and People of Color, as well as contribute to combating food insecurity in San Diego County.
6. The acceptance and implementation of Local Food Purchase Assistance (LFPA) funds aligns with several of the County of San Diego’s Sustainability Goals including transitioning to a green, carbon free economy through improving the local farm to consumer supply chain and protecting the health and wellbeing of underserved communities through enhancing access to fresh, locally grown food. The funds also align with the goal of reducing pollution and waste through promoting locally sourced foods with lower growing and transportation emissions than mass-produced agriculture.
7. Authorize the acceptance of \$849,995 in grant funds from the California Department of Social Services for the period of September 1, 2022 through July 31, 2024, and to authorize the Clerk of the Board to execute all required documents, upon receipt, including any annual extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level. Is COB signature required by the funding agency?
8. 2. 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.


Questions & Comments:

None

Motion: Moved by Judith Yates and seconded by Tim Fraser.

Roll call – All other HSAB members in attendance voted Aye.

<p>VII. Chair's Report</p>	<p>Comment from James Lepanto re all these topics</p> <ul style="list-style-type: none"> A. HSAB Advance, January of 2023 (Doodle Poll) <ul style="list-style-type: none"> i. Will be discussed with James Lepanto B. HSAB Sunset Review Online Survey and Report (Anuj Bhatia) <ul style="list-style-type: none"> i. Policy A-74 will be sent out 9/7/2022 <p>Questions/Comments:</p> <p>Question from Judith Yates: Will this enable us to make changes on who sits on our board?</p> <p>Answer from Anuj Bhatia: As of now, no, they are gathering baseline information. Once the sunset review comes out then board member can give input as to the process.</p> <p>Comment from Judith Yates: In my opinion there are ethical concerns that are not addressed, such as conflicts of interest. I want to have all of our board meetings be public facing and respectful, diversity and I don't think some of our board reach our bar.</p> <ul style="list-style-type: none"> C. Meeting Format moving forward (in person, virtual, or hybrid) <p>Comment from Ankita Kadakia: The hybrid model is appropriate. We are still seeing a lot of cases but a decline in cases since July.</p> <p>Comment/Question from Dr. Afflalo: Can't give out the booster at the health fair and people will be angry. This community does not trust and now they are angry we ran out last month and now not giving any this month. Why can't we try our best to make sure we have a smooth transition?</p> <p>Comment from Ankita Kadakia: We mentioned to CDPH that this is a problem. I will take your feedback and take it back to CDPH.</p> <p>Question from Greg Knoll: The new omicron is not available for anyone yet?</p> <p>Answer from Ankita Kadakia: Correct, no information on when we will receive them.</p> <p>Comment from Dr. McDonald: This decision about monovalent is a CDC national decision, even the state can't do anything about it.</p> <p>Comment from Dr. Afflalo: I know it's from the top up but they made us work in the trenches and now sabotaged us in the middle of the transition. We are now having to rebuild trust from the community.</p> <p>Comment from Barry Jantz: We should stay in virtual meetings now.</p> <p>Comment from Greg Knoll: We will stay virtual for now.</p> <ul style="list-style-type: none"> D. Covid-19 Updates <ul style="list-style-type: none"> i. Press Briefings on County Facebook Page: https://www.facebook.com/sandiegocounty/ 	
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VIII. Informational Items	<p>A. Subcommittee and Work Group Updates.</p> <ol style="list-style-type: none"> 1. Nominating Subcommittee (Greg Knoll & Dr. Afflalo & Geysil Arroyo) <ol style="list-style-type: none"> a. Still looking for a candidate 2. Policies & Program (TBD) 3. Budget (James Lepanto) 4. Legislative Committee (Paul Hegyi) <ol style="list-style-type: none"> a. Waiting for Governor to set actions 	
IX. Health Officer Report	<div style="text-align: center;">  Final_HSAB_Health_Officer_Report_9_6_22.pdf </div>	
X. Round Table	<p><u>Questions & Comments:</u></p> <p>None</p>	
XI. Public Comment (on agenda items)	<p><u>Questions & Comments:</u></p> <p>None</p>	
XII. Adjournment	<p>Meeting adjourned at 4:50pm.</p> <p>Next HSAB Meeting: Tuesday October 4th, 2022, 3:00 – 5:00 pm – Microsoft Teams</p>	