



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

Tuesday, February 4, 2020
3:00pm to 5:00pm
1600 Pacific Highway Room 302/303, San Diego, CA

MEETING MINUTES

Members Present		Members Absent/Excused		Presenters	HHSA Support
Seat 2/Dist 1	Suzanne Afflalo	Seat 1/Dist 1	Richard Parker	Rhonda Freeman, MPH, Maternal Child and Family Health Services (MCFHS) Branch Chief, Recommendations for Acceptance of California Home Visiting Program (CHVP) funds.	Dr. Wilma Wooten Health Officer/Director
Seat 3/Dist 2	Judith Shaplin	Seat 5/Dist 3	Harris Efron		
Seat 4/Dist 2	LaVonna Connelly	Seat 9/Dist 5 (Alt)	Adrienne-Cisneros-Selek	Patrick Loose, Branch Chief, HIV, STD & Hepatitis Branch (HSHB), Recommendation for Acceptance of HIV/AIDS Services Grant Funding.	Dr. Anuj Bhatia, Deputy Director
Seat 6/Dist 3	Stuart Cohen	Seat 10/Dist 5	Marsha Bryan		
Seat 6/Dist 3 (Alt)	Frank Xu	Seat 11/(Alt)	Jennipher Ohmstede		
Seat 7/Dist 4	James Lepanto	Seat 12/HASDI	Alexiou Dimitrios		
Seat 8/Dist 4	Geysil Arroyo	Seat 13/HASDI	Henry Tuttle		
Seat 9/Dist 5	Terese Cisneros-Remington	Seat 14/CCHE	Jack Dailey		
Seat 11/SCMS	Paul Hegyi	Seat 15 (Alt)	Jenifer Mendel		
Seat 12/(Alt)	Caryn Sumek	Seat 16/HSDPA	Leonard Kornreich		
Seat 13/(Alt)	Tim Fraser	Seat 19/Dist 3	Diana Aguirre		
Seat 14/CCHE	Gregory Knoll				
Seat 15/BHAB	Michael Matthews	Acronyms:	HASDI: Hospital Association of San Diego and Imperial		
Seat 16/(Alt)	Harriet Seldin	HSDPA: Healthy San Diego Professional Advisory	CCHE: Consumer Center for Health Education		
		SDCMS: San Diego County Medical Society	BHAB: Behavioral Health Advisory Board		
		HCPSC: Health Center Partners of Southern California	HSDCA: Healthy San Diego Advisory		

Minutes	Lead	Follow- up Actions	Due
Mar 5, 2019	James Lepanto	To extend an invitation to the new director of Integrated Services, Omar Passons. (Carried Over)	June 2019

May 7, 2019	James Lepanto	The committee is to be provided with Counties Legislative Agenda. (Carried Over)	June 2019
May 7, 2019	James Lepanto	To extend an invitation to the new director of Behavioral Health, Luke Bergmann. (Carried over)	June 2019
August 6, 2019	James Lepanto	To prepare a letter to the BOS recommending Oral Health Sub-Committees recommendation on STD and Oral Health.	August 2019
January 7, 2020	James Lepanto	To extend an invitation to the Director of Aging and Independence	February 2020
Next Meeting: HSAB Meeting: Tuesday April 7, 2019, 3:00 – 5:00 pm – 1600 Pacific Highway, Suite 302-303, San Diego, CA			
Agenda Item		Discussion	
I. Welcome & Introductions		James Lepanto called the meeting to order at 3:08 PM. The HSAB members and public in attendance were introduced.	
II. Public Comment		No public comment.	
III. Action Items		<p>A. Approval of February Agenda and January Meeting Minutes</p> <ol style="list-style-type: none"> 1. Moved Michael Matthews and seconded by Tim Fraser. 2. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the documents were approved. 3. Public comment (related to action items). <p>B. Approval of California Home Visiting Program Additional Funding, Rhonda Freeman, M.P.H., Maternal Child and Family Health Services, (MCFHS), Branch Chief</p> <ol style="list-style-type: none"> 1. Rhonda Freeman, M.P.H., Branch Chief <ol style="list-style-type: none"> a. Background: <ol style="list-style-type: none"> 1) The California Home Visiting Program (CHVP) was created as a result of the Patient Protection and Affordable Care Act of 2010 Maternal, Infant, and Early Childhood Home Visiting Program. CHVP provides comprehensive, coordinated in-home services to support positive parenting and to improve outcomes for families residing in identified at-risk communities. The U.S. Health Resources and Services Administration defines home visiting as an evidence-based, voluntary program offered to pregnant women or children from birth to age five. 2) Since 2012, the County of San Diego (County) has received non-competitive CHVP grant funding from California Department of Public Health ((CDPH) to implement the Nurse-Family Partnership (NFP), an evidence-based home visiting model providing services to low-income, first-time mothers in North Coastal and North Inland Regions. Designed for families at risk for adverse childhood experiences such as child maltreatment, domestic violence, mental illness substance abuse, NFP services focus on the following: <ol style="list-style-type: none"> a) Promotion of maternal health and wellbeing. b) Improvement of infant and child health and development. c) Strengthening of family functioning. d) Cultivation of strong communities. 3) In Fiscal Year (FY) 2018-2019 the following outcomes were achieved: <ol style="list-style-type: none"> a) Case management service were provided to 111 women. b) Assessments for continued breastfeeding were given to 23 infants who reached six months of age during the FY, with 12 of the 23 (52.2%) still breastfeeding at the time of assessment. c) Twelve-month assessments were given to 12 children who reached 1 year of age during the FY, with 11 of the 12 (91.7%) being up to date on their well child exams. 4) On April 18, 2019, CDPH Maternal, Child, and Adolescent Health (MCAH) notified the County of an award of approximately, \$3,229,214 in CHVP funding. 5) In January of 2020, the County received a revenue agreement from CDPH MCAH for an additional amount of \$2,814,872 from the State General Fund to expand CHVP service, to be implemented for the anticipated term of February 1, 2020, through June 30, 2023. CHVP expansion funds must be used to implement one of three evidence-based home visiting models. NFP was chosen because of the County's familiarity with the model, as well as its ease of implementation over adoption of a new model. If this request is approved, an expansion of NFP home visiting services will enable an increased promotion of maternal health and well-being, infant and child development, positive parenting, and school readiness. 	

- 6) The proposed action will authorize the acceptance of approximately \$2,814,872 in grant funds from the California Department of Public Health Maternal Child, and Adolescent Health Division for a California Home Visiting Program grant, for the anticipated period of February 1, 2020 through June 20, 2023, and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments, or revisions and do not materially impact or alter the services or funding level.
- 7) This proposal authorizes the Agency Director, Health and Human Services Agency to apply for any additional funding opportunity announcements, if available, to support healthcare for mothers, infants, children, adolescents, and families.
- 8) The proposed actions support the County's *Live Well San Diego* vision by of Building Better Health, Living Safely, and Thriving by improving access to quality healthcare for mothers, infant, children, adolescents, ad families.
 - a) Gregory Knoll Moved and seconded by Stuart Cohen.
 - b) There were no corrections to the Board Letter.
 - c) All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the Board letter was approved.

Discussion (Q/A):

What area are you proposing to expand this program?

The greatest needs according the referrals we have received are South and Central Regions.

Who are the participants of this program and is does the entire family receive services?

Mother and child are the clients and they receive services that are pertinent to their immediate issues. If for any reason the entire family needs to receive further care a referral is forward to other agencies. There is a holistic approach to the treatment the mother and child receives.

C. Approval of HIV/AIDS Services Grant Funding, Patrick Loose, Branch Chief, HIV, STD & Hepatitis Branch (HSHB)

1. Patrick Loose, Branch Chief

a. Background:

- 1) On March 1, 2016 (25), the Board of Supervisors (Board) adopted the Getting to Zero initiative which seeks to end the HIV epidemic by 2026. Since its adoption, the Getting to Zero initiative has evolved into a comprehensive approach to ending the HIV epidemic, with five core strategies.
 - a) **Test:** Identify everyone living with HIV in San Diego County and link them to HIV treatment and other services that provide support for remaining in treatment.
 - b) **Treat:** Ensure that everyone living with HIV in San Diego County has access to HIV treatment service so that persons living with HIV can achieve viral suppression.
 - c) **Prevent:** Identify everyone at risk for HIV infection in San Diego County and link them to HIV prevention resources and other services that provide support for remaining HIV-negative.
 - d) **Engage:** Continue partnering with communities disproportionately impacted by HIV to achieve collective impact and improve outcome along the HIV care continuum.
 - e) **Improve:** Engage in continuous quality improvement activities to achieve the objectives of the Getting to Zero plan.
- 2) As of December 31, 2018, an estimated 13,946 people were living with HIV in San Diego County. The estimate represents a reduction from approximately 18,000 cases reported to the Board in 2016. The estimated number of persons living with HIV has declined due to continued improvements in surveillance data, technology, and reporting. These improvements include the ability to better account for persons living with HIV who migrate out of San Diego County. For example, electronic laboratory reporting, initiated by the California Department of Health Office of AIDS in 2016, has updated addresses for many cases who have moved elsewhere within the state. In addition, efforts by the Centers for Disease Control and Prevention (CDC) to identify duplicate entries in HIV surveillance have been effective in updating addresses for those who have moved out of state. In 2018, there were 369 newly diagnosed HIV cases in the County, which is a decrease of 26% from the 499 diagnosed cases in 2016. Despite the reduction, HIV continues to be a major public health concern in in San Diego County, with an average of one HIV diagnoses every day.
- 3) A waiver of Board Policy B-29 is requested because the funding detailed below does not offset all costs. Unrecovered costs are estimated at \$85,732 for Fiscal YEAR 2019-20 AND \$213,465 FOR Fiscal Year 2020-21. The funding source for these costs will be Health Care Realignment. The public benefit for providing these services far outweighs these costs. There will be no change in net General Fund costs and no additional staff years.
- 4) The County of San Diego (County) has received Ryan White Part A funds since 1991. Services funder by Federal Health Resources and Services Administration (HRSA) RWTEA Part A and RWTEA Part A MAI Revenue play a vital role in the County's Getting to Zero initiative. RWTEA Part A services fill gaps in the local HIV service delivery system by enduring individuals living with HIV have access to high quality HIV primary care and additional support services. RWTEA Part A funding currently provides

	<p>services for people living with HIV with no other payer source for services. Funded service categories include HIV primary medical and dental care, case management, emergency and temporary housing assistance, mental health services, substance use disorder treatment services and other supportive services. Currently in San Diego County, almost 4,000 persons living with HIV receive at least one of the services funded by RWTEA Part A.</p> <p>The goal of the RWTEA is to ensure all people living with HIV are linked to and are retained in HIV primary medical care. The key measure of success is the rate of viral suppression. A person living with HIV who is to virally be suppressed would expect to have 50,000 or more copies of HIV in a milliliter of blood. However, when treated, the number can drop below 200, at which point the virus is deemed “suppressed.” When that happens, HIV can no longer do any further damage to the immune system. When a person living with HIV has been virally suppressed for six months or longer, they cannot transmit HIV sexually to anyone else. In calendar year 2018, patients receiving RWTEA Part A services in San Diego County, who had a recorded viral load test, showed a suppression rate of 91%, (2,819 of 3,106). Additional data for from HRSA, which oversees the Ryan White program, shows that in 2018 San Diego County had one of the highest viral suppression rates of the 52 jurisdictions funded in the United States and Puerto Rico.</p> <ol style="list-style-type: none"> 5) RWTEA Part A MAI was established in 199 by Congress under the RWTEA to improve access to HIV care and health outcomes for persons of color. Services funded by MAI include outreach, medical case management, non-medical case management, mental health counseling, outpatient substance use disorder treatment, and medical transportation services. In calendar year 2018, there were 256 clients served in Part A MAI. Of those 86% were virally suppressed (196 of 229). 6) On September 27, 2019, the County Health and Human Services Agency (HHS) submitted the annual RWTEA Part A funding application to HRSA. On TB, HRSA notified the County of an award of \$12,069,930 total for the term of March 1, 2020 through February 28, 2021. Funding Award includes \$11,296,449 in RWTEA Part A revenue, and \$773,481 in RWTEA Part A MAI revenue. In comparison to the previous grant year, funding for RWTEA Part A was increased by \$537,927 and RWTEA Part A MAI was increased by \$36,832. 7) Following the leadership demonstrated by several jurisdictions throughout the United States, including the County of San Diego, the U.S. Department of Health and Human Services has announced a new initiative, Ending the HIV Epidemic: A plan for America. The 10-year initiative seeks to achieve the goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The initiative has four pillars: <ol style="list-style-type: none"> a) Pillar One: Diagnose all people with HIV as early as possible. b) Pillar Two: Treat people with HIV rapidly and effectively to reach sustained viral suppression. c) Pillar Three: Prevent new HIV transmission by using proven interventions, including preexposure prophylaxis (PrEP). d) Pillar Four: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them 8) The Ending the HIV Epidemic initiative will be supported through funding opportunities administered through HRSA, CDC, the National Institutes of Health, Centers for AIDS Research Indian Health Services, and the Substance Abuse and mental Health Services Administration to implement the four pillars. HRSA is leading the implementation efforts for Pillar Two (Treat) and in collaboration with the CEC to implement Pillar Four (Respond). Pillar Two focuses on providing access to HIV care and treatment. Pillar Four is intended to rapidly detect HIV clusters and networks to interrupt HIV transmission. 9) The first major funding opportunity related to the Ending the HIV Epidemic initiative was titled, <i>Ending the HIV Epidemic: A Plan for America</i>. In our application for this funding, the County proposed the following ambitious goals: <ol style="list-style-type: none"> a) Reduce new HIV diagnoses by 75% by December 31, 2024 (from 369 new HIV diagnoses in 2018 to 92 in 2024), b) Increase proportion of persons living with diagnosed HIV who are virally suppressed to 90% by 2024 (from 63% in 2018 to 90% in 2024). 10) On October 15, 2019 HHS submitted the grant application HRSA. On TBD, HRSA notified the County of an award of \$ xxxxx total for the term of March 1, 2020 through February 28, 2025. 11) HHS plans to issue a competitive solicitation for services to ensure the goals in recommendation #3 are achieved. The total amount to be procured is approximately \$16,500,000 for services including community engagement, alternative form of HIV medical delivery (home-based care, drop-in clinic(s), and mobile medical care), and evaluation. 12) The proposed action seeks authorization for any additional funds that might be used to address testing, prevention and care and treatment needs of individuals and families in San Diego County who are impacted by HIV/AIDS and/or STDs. 13) This item supports the County of San Diego’s Getting to Zero initiative by funding services that will help people living with HIV remain in care and achieve viral suppression. Research has demonstrated that persons who have achieved viral suppression are not able to transmit HIV to others sexually. This item also supports the <i>Live Well San Diego</i> vision by building better health through providing access to high quality HIV care and treatment services that lead to improved physical and behavioral health which promotes a healthy safe and thriving region. <ol style="list-style-type: none"> a) Michael Matthews Moved and seconded by Tim Fraser. b) There were no corrections to the Board Letter. 	
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- c) All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the Board letter was approved.

Discussion (Q/A):

Is there any reasoning behind the different monetary request?

Some of the monies is to be allocated to contractors.

Is universal treatment being performed on juveniles?

Public Health has recommended that practitioners begin testing juveniles at the age of 13.

D. Approval of CDPH Infectious Disease Funding, Jeffrey Johnson, MPH, Epidemiology and Immunization Services Branch (EISB), Branch Chief

1. Jeffrey Johnson, MPH, Branch Chief

a. Background:

- 1) The County of San Diego Health and Human Services Agency, Public Health Services (PHS) has the responsibility to prevent and control communicable diseases within the region. These responsibilities are mandated by state law. Several of the core functions of PHS include the ability to receive reports of infectious diseases, perform timely investigation, and respond to limit or control the spread of illness within the population. Additional activities including surveillance, public health lab testing, and health education and outreach also ensure that our capabilities to respond and prevent additional spread of illness as effective as possible.
- 2) The number and variety of larger profile events in recent years underscores the need for additional resources support, and staffing to respond effectively to unpredictable disease events, while maintaining enough capacity to respond to routine disease incidents and outbreaks. In 2019, in response to the international increase in measles cases, the County responded to two confirmed cases, investigated 221 suspect cases, and performed 258 lab tests. In total over 1,400 staff hours were spent on the response to measles in 2019. In July 2019, an outbreak associated with the San Diego Fair required epidemiological response. Due to growing threats of antimicrobial resistant bacteria in healthcare settings, County of San Diego Health and Human Service, Public Health Services established a healthcare associated infections (HAI) program in Fiscal Year 2019-20. Additional response associated with infectious diseases in the asylum seeker shelters, increases in pertussis diseases, ongoing responses to the meningococcal outbreak at San Diego State University, and recently the response to the 2020 novel coronavirus out of China, have all resulted in challenges with maintaining effective operations for routine diseases and outbreaks.
- 3) This action seeks to accept a grant award from California Department of Public Health (CDPH) for an estimated \$2,388,390 in one-time funding beginning February 1, 2020. These funds can be utilized through June 2023 to support PHS's capacity to respond to and prevent the spread of communicable diseases.
- 4) This action will provide PHS with additional support, resources, and equipment to meet the growing demands of communicable disease response, surveillance, and control functions. These funds will be used for key strategic infrastructure targets as outline in the grant for infectious disease prevention and control. Priority target areas include the following:
 - a) Surveillance.
 - b) Monitoring and evaluating disease specific prevention activities.
 - c) Local capacity to respond and surge for outbreaks.
 - d) Laboratory services.
- 5) Some of the specific priority activities which have been identified locally include the following:
 - a) Increased capacity for the newly established healthcare associated infections program.
 - b) Increased capacity to ensure timely receipt and processing of disease reports and medical record retrieval.
 - c) Increased capacity to more quickly identify and investigate cases of acute illness.
 - d) Increased capacity for performing genomic laboratory testing useful for the identification of specific clusters of cases associated with local, state, or national outbreaks.
 - e) Additional equipment for vaccine management.
- 6) The propose action will authorize the acceptance of an estimated \$2,38,90 from the California Department of Public Health, Division of Communicable Disease Control for the period of February 1, 2020 through June 30, 2023, for infectious disease prevention and control activities, and authorize the Clerk of the Board to execute all required grant documents, upon receipt, including any annual extensions, amendments or revisions that do not materially impact or alter the services of funding level.
- 7) The proposal authorizes the Agency Director, Health and Human Services Agency to apply for any additional funding opportunity announcements, if available, to support infectious disease outreach education, prevention, and surveillance.
- 8) The proposed actions support the Building Better Health and Living Safely initiatives in the County of San Diego's 2020-2025 Strategic Plan, as well as the *Live Well San Diego* vision, through timely response to reported cases, outbreaks and emerging infectious disease threats, leading to improve physical health and a healthy safe and thriving region.

	<p>a) Paul Hegyi Moved and seconded by Gregory Knoll. b) There were no corrections to the Board Letter. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the Board letter was approved.</p> <p>Discussion (Q/A): When unexpected events happen, such as the CoronaVirus is funding made available? It all depends on the magnitude of the event as to how funding becomes available. Initially there is no monies or funding available. As it becomes available the County requests funds or at least to be reimbursed.</p> <p>E. Public Comments (related to action items)</p>	
<p>IV. Update/Presentation/Discussion/Follow-up Action items</p>	<p>A. None</p>	<p>•</p>
<p>V. Chair's Report</p>	<p>A. Health Services Advisory Board (HSAB) Advance Follow-up Discussion</p> <ol style="list-style-type: none"> 1. Strategic Plan <ol style="list-style-type: none"> a. Jackie Werth indicated that she would make changes that were discussed and that a new draft of the strategic plan will be distributed to the members for their review prior to final approval. 2. Focused Priorities <p>B. Vacancies Discussion C. HSAB Recognition of Community Members D. Document Updates</p> <ol style="list-style-type: none"> 1. STD White Paper 2. 2016-18 Annual Accomplishments Report 	
<p>VI. Informational Items</p>	<p>A. Committee Report</p> <ol style="list-style-type: none"> 1. Policies and Program: No reports. 2. Budget: No reports 3. Nominating Committees: James Lepanto – <ol style="list-style-type: none"> a) Suzanne Afflalo has been named as the new Co-Chair of the HSAB Committee. 	
<p>VII. Public Health Officer's Report</p>	<p>A. Communicable Disease Updates: Meningococcal Disease Outbreak:</p> <ol style="list-style-type: none"> 1. Influenza: <ol style="list-style-type: none"> a. Overall reported influenza cases declined in San Diego County, However, elevated activity may be expected at least for several more weeks. b. As of 1/25/2020, there have been 11,778 reported cases of influenza since July 1, 2019. c. As of 1/25/2020, there have been 39 reported influenza associated deaths since July 1, 2019. d. A new milestone has been reached related to influenza vaccinations. For the first time ever as of 1/18/2020, we have achieved over 1 million flu vaccinations registered in the San Diego immunization Registry. These reflect vaccinations administered and reported by many types of providers, hospitals, pharmacies, and County staff. 2. Measles: <ol style="list-style-type: none"> a. No new cases reported. b. For calendar year 2019 to date, there have been two reported confirmed measles cases. 3. Mumps <ol style="list-style-type: none"> a. From January 1 to December 6, 2019, there have been 3,252 mumps infections reported to the CDC. b. There have been 229 cases reported in California in 2019 so far. c. As of December 23, there have been 65 cases of confirmed or probably mumps reported in San Diego County during 2019. d. The median age is 28 and the age range is from 9 months to 79 years of age. e. For the 65 San Diego cases, 8 have been associated with an outbreak at the Otay Mesa detention facility. f. Note: The incidence of mumps in Baja California, Mexico has been significant increases in 2018 and 2019. We are aware that at least 6 of the 45 San Diego cases have Tijuana connections. . g. Further information on Public Health Officer's report can be found at: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/HSABFebruary2020/HSAB_Health_Officer_Notes_2_4_20.pdf 	

VIII.	Public Comment (Related to the Agenda Items)	A. No Public Comment	•
IX.	Agenda Items – Suggested Future Meetings	A. Annual Youth Risk Behavior Survey – (TBD 2020) B. Community Health Assessment, Community Health Improvement, and Public Health Services Strategic Plan (TBD 2020)	•
X.	Adjournment	A. Meeting was adjourned at 4:50 PM B. Next Meeting: March 3, 2020, from 3:00 pm to 5:00 pm, County Administrative Center Rooms 302/303	•
XI.	Supplemental Information	A. Aging and Independence Services Update – Long Term Care Integration Project	•