



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

Tuesday, March 3, 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 1/Dist 1	Richard Parker	Seat 3/Dist 2	Judith Shaplin	Andrew Pease,	Wilma Wooten,
Seat 2/Dist 1	Suzanne Afflalo	Seat 8/Dist 4	Geyzil Arroyo	Executive Finance	M.D., MPH,
Seat 4/Dist 2	LaVonna Connelly	Seat 9/Dist 5 (Alt)	Adrienne-Cisneros-Selek	Director, HHSA, HHSA	Health
Seat 5/Dist 3	Harris Effron	Seat 10/Dist 5	VACANT	Financial Update.	Officer/Director
Seat 6/Dist 3	Stuart Cohen	Seat 11/(Alt)	Jennifer Ohmstede		
Seat 6/Dist 3 (Alt)	Frank Xu	Seat 12/	Alexiou Dimitrios	Brian Lewis,	Anuj Bhatia,
Seat 7/Dist 4	James Lepanto	Seat 12/(Alt)	Caryn Sumek	Departmental Budget	DrPH Deputy
Seat 9/Dist 5	Terese Cisneros-Remington	Seat 13/HASDI	Henry Tuttle	Manager, HHSA Branch	Director
Seat 11/SCMS	Paul Hegyi	Seat 14/CCHE	Greg Knoll	Chief, HHSA Cost	
Seat 13/(Alt)	Tim Fraser	Seat 14/CCHE	Jack Dailey	Recovery Proposed Fee	Petra Montiel,
Seat 15/(Alt)	Jenifer Mendel	Seat 15/BHAB	Michael Matthews	Changes.	Administrative Assistant
Seat 16/HSDPA	Leonard Kornreich	Seat 16/(Alt)	Harriet Seldin		
		Seat 19/Dist 3	Diana Aguirre	Christy Patch, JD, PhD,	
				Community & Aging	
		Acronyms:	HASDI: Hospital Association	Policy Specialist, Aging	
		HSDPA: Healthy San	of San Diego and Imperial	& Independence	
		Diego Professional		Services (AIS) Age Well	
		Advisory	CCHE: Consumer Center	San Diego.	
		SDCMS: San Diego	for Health Education		
		County Medical Society		Jeffrey Johnson, MPH,	
			BHAB: Behavioral	Epidemiology and	
			Health Advisory Board	Immunization Services	
		HCPCS: Health		Branch (EISB),	
		Center Partners of	HSDCA: Healthy San	Accept Revenue	
		Southern California	Diego Advisory	Agreement for	
				Childhood Lead	
				Poisoning Prevention	
				Program.	

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	Distribute and carry forward White Paper regarding Senior Dental cares. (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
May 7, 2019	James Lepanto	James to contact Paul Hegyi (Chair) of the Health Legislation to receive a summary of each bill and the resented to the Committee.....	June 2019
May 7, 2019	James Lepanto	James to provide the committee with a link to assembly and senate bills that the sub-Committee would like the Committee to support	June 2019
May 7, 2019	James Lepanto	Annual report will be presented to the Committee. (Carried Over)	June 2019
May 7, 2019	James Lepanto	Forward and changes or updates regarding the White Paper directly to Dr. Bhatia.	May 2019
August 6, 2019	James Lepanto	To email the Strategic Plan to all members	August 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 3:06 PM. The HSAB members and public in attendance were introduced. James Lepanto introduce the newest committee member Richard Parker.		
II. Public Comment	No public comment.		

<p>III. Update/Presentation/Discussion/Follow-Up Action Items</p>	<p>A. County Health and Human Services Agency (HHSSA) Budget Presentation, and Fee Schedule Andrew Pease, Executive Finance Director, HHSA and Brian Lewis, Departmental Budget Manager, HHSA.</p> <p>1. Andrew Pease, Executive Finance Director and Brian Lewis, Departmental Budget Manager, HHSA</p> <p>a. Background:</p> <p>1) A brief look back Adopted Budget:</p> <p>a) FY 2019-20 HHSA Adopted Budget:</p> <ul style="list-style-type: none">i. Total \$2.3 Billion:ii. Contracts \$891.9 Millioniii. Services/Supplies (Non-Contracts) \$24.1 Millioniv. Salaries & Benefits \$709.0 Millionv. Assistance Payment \$346.2 Millionvi. Management Reserves \$16.0 Millionvii. Other Costs \$30.8 Million <p>b) FY 2019-20 HHSA Adopted Budget:</p> <ul style="list-style-type: none">i. Total \$2.3 Billion:ii. Public Health Services \$162.0 Millioniii. Aging & Independence Services \$183.1 Millioniv. Child Welfare Service \$387.1 Millionv. County Successor Agency \$7.5 Millionvi. Self Sufficiency Services \$527.3 Millionvii. Housing & Community Services \$67.0 Millionviii. Administrative Support \$25.8 Millionix. Behavioral Health Services \$712.9 Million	
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<p>...</p>	<ul style="list-style-type: none"> c) Increases by Priority Areas: <ul style="list-style-type: none"> i. Administrative Support & other adjustment \$5.4 Million ii. Protecting Public Health \$11 Million iii. Seniors \$18 Million iv. Strengthening Children & Families \$20 Million v. Affordable Housing/Homelessness \$41.4 Million d) HHS Revenue: \$2.3 Billion <ul style="list-style-type: none"> i. Realignment \$682.5 Million ii. Intergovernmental Funds \$1.3 Billion iii. General Purposes Revenues \$134.7 Million iv. Fund Balance \$31.7 Million v. Tobacco Settlement Funds \$8.0 Million vi. Other Funds \$122.5 Million vii. Mental Health Services Act \$212.2 Million viii. Total increase from last year: \$23.0 Million e) FY 2019- HHS Staffing by Department <ul style="list-style-type: none"> i. 6,771.5 HHS Positions 2) Recent Developments: <ul style="list-style-type: none"> a) Past Few Months <ul style="list-style-type: none"> i. Child and Family Strengthening ii. BHS Continuum of Care iii. Homeless iv. Housing v. Governor's Budget vi. CalAIM 3) Upcoming Budget: <ul style="list-style-type: none"> a) Budget Build Considerations b) Child Welfare Services c) Mental Health Service d) Public Health Services e) Homeless Needs f) Affordable Housing g) Staffing Needs h) Final Planning Cycle: Next Steps i) Key Dates <ul style="list-style-type: none"> j) April 17, 2020 Draft of Rec Op Plan Sent to CAO k) May 2020 Advisory Board Presentation l) May 4, 2020 CAO Rec Op Plan available to public m) June 8, 2020 9:00 am Budget Hearing n) June 10, 2020 5:30 pm Budget Hearing o) June 17, 2020 5:00 pm Budget Hearings End p) June 23, 2020 Board Deliberations & Adoptions 4) HHS Cost Recover Proposed Fee Changes: <ul style="list-style-type: none"> a) Purpose: HHS will present a comprehensive fee package to the Board of Supervisors April 21, 2020. b) Review of 95 fees: 52 fees recommended for Board action for FY 20-21 <p>Discussion (Q/A): Comments: James Lepanto, Chair, stated that due to this Committees recommendations to the Board a review for pay fees was established.</p> <p>B. Aging Well Initiative Presentation, Christy Patch, JD, PhD, Community & Aging Policy Specialist, Aging</p>	
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& Independence Services (AIS).

1. Christy Patch, JD, PhD, Community & Aging Policy Specialist,
 - a. Background:
 - 1) Age Well San Diego, is the County's Initiative to make our communities better places for people of all ages to live healthy, safe, and thrive.
 - 2) In 2016, San Diego County joined AARP's network of Age-Friendly Communities and Dementia Friendly America.

	<p>3) Age Well San Diego was launched in 2016 as a combination of these two important global movements.</p> <p>4) The outcome of the extensive community feedback was the Age Well Action Plan.</p> <p>5) The Age Well Action Plan addresses five areas. In each area, the community outlined a vision, set goals, and created specific action steps for each goal.</p> <ul style="list-style-type: none">a) Housing: The Housing Team envisioned communities where older adults had affordable housing options that were within walking distance of shops and services. The Housing Team’s goals include increasing mixed-use zoning, programs to prevent homelessness, affordable housing stock, and support for building granny flats.b) Transportation: The Transportation team had a vision of communities where older adults could get around even if they could no longer drive. The Goals are to increase complete streets, promoting smart growth, and improving ride share systems. The team is finishing up work on a Ride Well to Age Well Guide. Lists transportation services in San Diego county. Guide to smart phone apps like Uber and Lyft. Glossary of transportation terms.c) Social Participation: The Social participation team has the mission of increasing the number of older adults who stay active and engaged.d) Dementia-Friendly: The Dementia-Friendly team is working to promness of dementia and make our communities better places for people with dementia.e) Health & Community Support: The Health & Community Support team envisioned Communities where our older adults have access to health care ad community support, even as their needs change through the life course. <p>2) As of December 31, 2018, an estimated 13,946 people were living with HIV in San Diego County. This estimate represents a reduction from approximately 18,000 cases reported to the Board in 2016. 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.</p> <p><u>Discussion (Q/A):</u></p>	
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	<p>Is there a dashboard or benchmark to chart the success of the program? Each action plan has an evaluation plan build into the goal.</p> <p>What will be the follow up plan for this Grant? The ideal after implementation is to do an evaluation.</p> <p>Will the Grant address the practical needs of Seniors? That is an item that could subsequently be added.</p> <p>C. Public Comments (related to action items)</p>	
<p>IV. Action Items</p>	<p>A. Approval of March Agenda and February Meeting Minutes</p> <ol style="list-style-type: none"> 1. Moved Paul Hegyi 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. Accept Revenue Agreement for Childhood Lead Poisoning Prevention Program (CLPPP), Jeffrey Johnson, MPH, Epidemiology and Immunizations Branch (EISB) Chief</p> <ol style="list-style-type: none"> 1. Jeffrey Johnson, MPH, EISB Chief <ol style="list-style-type: none"> a. Background: <ol style="list-style-type: none"> 1) The County of San Diego (County) has provided services to lead poisoned children since 1987, when State law mandated this condition reportable. In 1991, the Childhood Lead Poisoning Prevention Act declared childhood lead exposure the most significant childhood environmental health problem in California. In 1993, State funding became available for case management of lead poisoned children and education services for high risk families. 2) Lead is extremely toxic to humans and can lead to numerous health issues. Small amounts can cause serious, irreversible health problems including learning disabilities and developmental delays, and has been linked to lower IQ levels. Large amounts and/or the accumulation of lead in the body over time can lead to death. Healthcare providers and the California Department 	<p>?</p>

	<p>of Public Health (DPH) Childhood Lead Poisoning Prevention Branch refer lead poisoned children to local health departments for nurse case management and environmental investigations.</p> <ol style="list-style-type: none">3) While there are numerous sources of lead poisoning, studies show that lead-based paint used in homes built before 1978 is the biggest contributor to lead poisoned children. Community outreach and education to parents and caregivers of small children are key components of preventing lead poisoning. These prevention messages include awareness of potential childhood lead poison sources, ways to prevent children from becoming lead poisoned, and the importance of families and medical providers working together to screen children for lead poisoning. Presentations will be coordinated at various venues, such as resource centers; community health centers; Women, Infant and Children programs; community-based organizations; and health fairs. In accordance with the 1991 Act previously mentioned, State regulations specify health care providers must counsel, evaluate, and screen young children for lead poisoning and take certain actions when a child is found to be poisoned, including referring the child to the local health jurisdiction or local childhood lead poisoning prevention program4) In fiscal Year 2018-2019, County Public Health Services provided the following childhood lead poisoning prevention services with the assistance of CDPH Childhood Lead Poisoning Prevention Program funding:<ol style="list-style-type: none">a) Case management services provided by a Public Health Nurse to 179 children in San Diego County with blood lead levels over 9.5 mcg/dL.b) Information to reduce lead poisoning and improve child health provided to families of 399 children in San Diego County with a blood lead level of 4.5-9.4 mcg/dL.c) Staff collaborated with the Department of Environmental Health to identify environmental lead hazards in homes of lead poisoned children throughout San Diego County.d) Outreach to medical providers, childcare and preschool programs, and refugee services organizations conducted to promote screening and monitoring of children at high risk for lead poisoninge) Staff participated in 163 health fairs and community events across San Diego County to provide information on lead poisoning prevention, screening, and resources.f) 701 healthcare providers received lead poisoning prevention education and outreach.5) The additional funding provided by CDPH is required to be used towards a proactive inspection to identify and reduce lead hazards in high-risk areas to prevent lead-exposure to children. The county is required to implement a program to reduce the opportunity for children being exposed to environmental lead hazards, by investigating locations where children are being exposed, could be exposed, or have been exposed in the past, and responding as necessary with appropriate enforcement actions.	
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	<ul style="list-style-type: none"> 6) This requests from the San Diego County Board o Supervisors to Accept CDPH Childhood Lead Poisoning Prevention funding, in the total amount of approximately \$4,234,905 for the anticipated grant period of July 1, 2020 through June 30, 2023. In addition, today’s action, if approved, would authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements if available, to fund efforts for childhood lead poisoning prevention services. 7) The proposed action supports the Healthy Families and Safe Communities Initiatives in the County of Sa Diego’s 2020-2025 Strategic Plan, as well as the <i>Live Well San Diego</i> vision by increasing childhood lead poisoning awareness thereby reducing the risk of suffering disability or death due to lead poisoning. 8) The HSAB members approved the Board letter that would go before the BOS take action later in the year. 9) Leonard Kornreich Moved and seconded by Paul Hegyi. 10) There ere no corrections to the Board Letter. 11) All HASB members in attendance voted Aye, with no oppositions or abstentions. 12) The motion carried and the Board letter was approved. <p>C. Public Comment (related to action items).</p>	
<p>V. Chair’s Report</p>	<ul style="list-style-type: none"> A. Health Services Advisory Board (HSAB) Advance Follow-up Discussion <ul style="list-style-type: none"> 1. Strategic Plan 2. Focused Priorities B. HSAB Recognition of Community Members C. Town Hall Panel participation HIV, HCV and STD’S D. Meeting with BOS members update E. Meeting Location in Spring of 2020 F. 2020 HSAB Advance <ul style="list-style-type: none"> 1. Setting 2. Date 	
<p>VI. Informational Items</p>	<ul style="list-style-type: none"> A. Committee Report 	

		<ol style="list-style-type: none"> 1. Policies and Program: No reports. 2. Budget: No reports 3. Legislative Committees: No reports. 	
VII. Public Health Officer’s Report	A.	<p>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 2/26/2020, there have been 17,935 reported cases of influenza since July 1, 2019. c. As of 2/26/2020, there have been 74 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 1/26/2020, we have achieved over 1 million flu vaccinations registered in the San Diego immunization Register (SDIR). As of 2/26/2020, there have been 1,162,083 flu vaccinations registered into SDIR since 7/1/2019. 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 in recent months. b. For calendar year 2019 to date, there have been two reported confirmed measles cases. 3. Mumps: <ol style="list-style-type: none"> a. Mumps is circulating within San Diego County b. In 2020 so far, there have been 10 cases of mumps identified at San Diego County. c. An outbreak of mumps was identified among students at San Diego State University (SDSU). As of 2/26/2020, four confirmed cases and 2 probable cases of mumps have been identified. On 2/26/2020, a San Diego CAHAN alert as issued about this situation. For calendar year 2019 to date, there have been two reported confirmed measles cases. d. In 2019 a total of 66 San Diego County residents were reported with confirmed or probable mumps, the greatest number in over 25 years. Cases ranged in age from 9 months to 79 years (median 28 years) and 40 (61%) were male. Of the 6 cases in 2019, 8 have been associated with an outbreak at the Otay Mesa detention facility. e. From January 1 to December 6, 2019, there have been 3,252 mumps infections reported to the CDC. f. There have been 229 cases reported n California in 2019 so far. g. Note: The incidence of mumps in Baja, California Mexico has been significant increases in 2018 and 2019. a. Further information on Public Health Officer’s report can be found at: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/HSABFebruary2020/HSABM Arch2020/HSAB_Health_Officer_Notes_3_3_20.pdf 	
VIII. Roundtable	A.	None.	?
IX. Public Comment (Related to the Agenda Items)	A.	Frank Xu addressed the Committee regarding COVID-19.	?
X. Future Agenda Items – Suggested Meetings	A. B.	<p>Annual Youth Risk Behavior Survey – (TBD 2020)</p> <p>Community Health Assessment, Community Health Improvement, and Public Health Services Strategic Plan (TBD 2020)</p>	?
XI. Adjournment	A. B.	<p>Meeting was adjourned at 5:25 PM</p> <p>Next Meeting: April 7, 2020, from 3:00 pm to 5:00 pm, County Administrative Center Rooms 302/303</p>	?
XII. Supplemental Information	A.	Aging and Independence Services Update – Long Term Care Integration Project	?

