



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

Tuesday, May 19th, 2020
 12:00pm to 1:15pm
 Skype

MEETING MINUTES

Members Present		Members Absent/Excused		Presenters	HHSA Support
Seat 1 - District 1	Parker, Richard	Seat 12 - Hospital Association of San Diego and Imperial Counties	Sumek, Caryn (Alternate)	<i>Acceptance of Tuberculosis Revenue Board Letter</i> Ankita Kadakia, M.D., Branch Chief, Tuberculosis Control and Refugee Health Branch	Dr. Elizabeth Hernandez, Assistant Director
Seat 6 - District 3	Cohen, Stuart	Seat 19, District 3	Aguirre, Diana		Dr. Anuj Bhatia, Deputy Director
Seat 8 – District 4	Arroyo, Geysil	Seat 12 - Hospital Association of San Diego and Imperial Counties	Alexiou, Dimitrios		Pedro Hirsch, Administrative Secretary II
Seat 4 - District 2 – Business Owner	Connelly, LaVonna	Seat 6 – District 3 (Alternate)	Xu, Frank		Additional HHSA Staff Present: Santibanez, Margarita Assistant Medical Services Administrator Zayas, Venus Principal Administrative Analyst Dorrington, Danielle Administrative Analyst III
Seat 9 – District 5	Remington-Cisneros, Therese	Seat 14 - Consumer Center for Health Education & Advocacy	Dailey, Jack (Alternate)		
Seat 5 – District 3 – Cardiologist	Effron, Harris Gregory	Seat 14 - Consumer Center for Health Education & Advocacy	Knoll, Gregory		
Seat 13 – Health Center Partners of Southern California; for Henry Tuttle	Fraser, Tim (Alternate)	Seat 15 – Behavioral Health Advisory Board	Matthews, Michael		
Seat 11 - San Diego County Medical Society	Hegy, Paul	Seat 15 - Behavioral Health Advisory Board	Mendel, Jenifer (Alternate)		
Seat 7 - District 4 – James Lepanto Consulting	Lepanto, James	Seat 11 - San Diego County Medical Society	Ohmstede, Jennipher (Alternate)		
Seat 16 - Healthy San Diego Professional Advisory Committee	Kornreich, Leonard	Seat 3 - District 2 – Mountain Health	Shaplin, Judith		
Seat 16 - Healthy San Diego Professional Advisory Committee	Seldin, Harriet (Alternate)	Seat 13 – Health Center Partners of Southern California	Tuttle, Henry		
For Dimitrios Alexiou	Wade, Lindsay	Acronyms:	HASDI: Hospital Association of San Diego and Imperial		
Seat 2 – District 1 – A Healthier Me	Afflalo, Suzanne	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		

Members Present		Members Absent/Excused		Presenters	HHSA Support





Minutes	Lead	Follow- up Actions	Due
Mar 19, 2020	Dr. Anuj Bhatia	To send out HHSA Org Chart and HHS Interim Org Chart	May 2020
Mar 19, 2020	James Lepanto	To discuss Board Survey in September, to take place in November.	September 2020
Mar 19, 2020	James Lepanto	To discuss approval of Advance, to take place, possibly in October.	June 2020
Mar 19, 2020	Dr. Elizabeth Hernandez	To pass along to Dr. Wooten Dr. Efron's comments regarding immunization.	N/A

Next Meeting: HSAB Meeting: Tuesday June 2, 2020, 3:00 – 5:00 pm – Skype/Microsoft Teams

Agenda Item	Discussion
I. Welcome & Introductions	<ol style="list-style-type: none"> 1. James Lepanto called the meeting to order at 12:05 PM. 2. Brief technical overview of Skype and questions procedures by HSAB Administrative Support, Pedro Hirsch. 3. Roll call was taken by James Lepanto. 4. James Lepanto stated that he wanted to thank the County, Health and Human Services Agency (HHSA), and Public Health. Also, it was stated that hospitals, medical teams, doctors and nurses, and essential workers are doing an extraordinary job in helping us in not only staying safe and well, but also to navigate this challenging situation. On behalf of the Board, he wanted to make sure that we express gratitude to all these people and heroes and community friends and neighbors that are making a difference. Also, a big thank you to the citizens of San Diego County, who for the most part are taking proper action in following the COVID-19 guidelines that are in place. And finally, appreciation to the spirit of coming together with compassion, empathy and kindness towards others. So, he just wanted to put that on record. The Board is grateful to everybody in the County that is working so hard, to our organizational leaders that sit on this Board, and our Board of Supervisor appointees who are making differences in their communities. So everybody was thanked for their effort and dedication.
II. Public Comment	No public comment.
III. Action Items	<ol style="list-style-type: none"> A. Approval of May Agenda and March Meeting Minutes <ol style="list-style-type: none"> 1. Moved by Paul Hegyi and seconded by LaVonna Connelly. 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). B. Acceptance of Tuberculosis Revenue Board Letter <ol style="list-style-type: none"> 1. Ankita Kadakia, M.D., Branch Chief, Tuberculosis Control and Refugee Health Branch <ol style="list-style-type: none"> a. Background:

	<p>1) Dr. Kadakia is a board-certified infectious disease physician, who spent most of her career at UCSD working in general infectious diseases and primary care in HIV medicine as well as serving the underserved and underinsured populations.</p> <p>b. Purpose of Board Letter:</p> <ol style="list-style-type: none"> 1) To accept revenue through the combination of Federal and State grants to further TB control and Refugee Health within the region. 2) From the CDHP, the funding would be focus on Contact and Disease Investigation. This is important because much of the work done in the field by our nurses and aids interact with clients in the field and assist in their treatment and follow up with said treatment. 3) Binational Education is also a focus because we receive interjurisdictional referrals. This means we coordinate with Health Ministry of Mexico when people travel through San Diego County to Mexico who may be expose to TB and we can advise and educate on how to proceed and treat. 4) The Refugee Health Screening program is geared toward refugees and victims of trafficking. Often individuals from Iraq and Afghanistan who have been affected by war. This program pairs with Catholic Charities and UCSD to provide health exams and patient navigator services. This program has continued even through the COVID-19 response. 5) We also provide Treatment for individuals for individual ho are uninsured and cannot afford treatment, they are able to come into our Public Health clinics for treatment free of charge. 6) Direct Observed Therapy (DOT) is also provided through our field nurses and social service aids who go to a patient’s home or another place that is deemed appropriate. They are able to follow up with them and make sure they are taking their medication, make sure they are not having any side effects and provide test results. 7) We would like to fund Epidemiologic Studies. Currently are participating in a study called Tuberculosis Epidemiological Study Consortium, in year ten of ten. The study is focus in the improvement of testing, treatment, and access for patients with TB and latent TB. 8) From the CDC, Expanded TB Testing which enables us to do contact screening, skin testing, chest x-rays, and latent TB screening. 9) With this funding we can support out local public health lab in order to expand our testing and increase our capacity for TB patients. <p>c. Opportunities for Collaboration and Improvement</p> <ol style="list-style-type: none"> 1) Increase Community Outreach and Education to HealthCare Providers, Schools, and Community Organization on Latent Tuberculosis Infection. Mitigation strategy: 80% of active TB us from reactivation of latent TB. Attend events where education can be provided to various programs and broaden training opportunities for staff. 2) Identify temporary housing for infectious clients. Mitigation strategy: Continue to work with the County on identifying appropriate housing for infectious clients. 3) Promote TB Elimination Initiative. Mitigation strategy: Public-private partnership with advisory and steering committees making recommendations for ways to eliminate TB in San Diego County. 4) Increase multinational communication. Mitigation strategy: Collaborate with Health Ministry of Mexico and other health jurisdictions. 5) Continue to enhance cultural understating of refugee population. Mitigation strategy: Collaborate with Refugee Resettlements Agencies to promote latent TB treatment. <p>d. FY 18-19 Outcomes</p> <ol style="list-style-type: none"> 1) Expansion of the Directly Observed Therapy (DOT) programs using EMOCHA mobile video app ion order to serve more individuals and improve medication adherence. 2) Partnered with Regional Task Force on the Homelessness (RTFH) to place alerts in Homeless Management Information System (HMIS) for patients moving into shelters who need contact or follow-up with TB control. 3) County TB exposure investigations were conducted for more than 4000 individuals in 2019. In 66 group settings. 4) More than 2500 high risk individuals were screened for TB throughout the County. 5) 265 newly active TB cases were reported in the county, reflecting an increase of 17% from 226 cases reported in 2018. New cases identified as mainly from high risk groups including homeless and foreign-born population. 6) Conducted DOT for 250 individuals. 7) Housing was provided for 39 infectious and non-infectious patients until rendered no longer communicable. 8) Health assessments for communicable and chronic disease, referrals, and follow-up to 786 refugees through the Refugee Health Assessment Program. <p>e. Contact</p> <p>TB Control and Refugee Health Ankita Kadakia, M.D.</p>	
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	<p>(619) 692 – 8613 (619) 850 – 1421 (work cellphone) Ankita.Kadakia@sdcounty.ca.gov</p> <p>Discussion (Q/A): Can you explain the 17% increase? The 17% increase was looked into. Since 2007, San Diego County has remained below 300 cases. So, while it seems like a jump, its actually in line with numbers from previous years. Because we are starting do to the alerts and the homeless management systems and targeting at risk populations more than before, more cases will be catch. We also ramp up our contact investigations, which is why we might see some of those numbers. Are you working closely with the few resettlement programs that are here in San Diego to address the refugee alliance clinic? Absolutely, there is. We are meeting with all the refugee statement agencies in San Diego as well as participate in a refugee forum. We never stopped referrals or refugee health services during COVID-19.</p> <p>C. Approval of Board Letter</p> <ol style="list-style-type: none"> 1. Moved by Suzanne Afflalo and seconded by Paul Hegyi. 2. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the documents were approved. <p>D. Public Comments (related to action items)</p> <ol style="list-style-type: none"> 1. No Public Comment 	
<p>IV. Update/Presentation/Discussion/ Follow-up Action items</p>	<p>E. None</p>	
<p>V. Chair’s Report</p>	<p>A. Updates for the Chair’s Report</p> <ol style="list-style-type: none"> 1. June 2nd meeting will take place. 2. Subcommittees will be able to meet again, remotely. 3. Will begin working on the HSAB Awards. 4. Discussed with Andy Pease, the Executive Finance Director, the CA Governor’s budget, which came out, and was heavily impacted by COVID-19. The County is building their budget based on some assumptions and projections. Andy Pease will present to HSAB in July. 5. Some temporary changes in HHS: Nick Macchione is temporary reassigned to T3, Dean Arabatzis is now the Acting Agency Director, Andy Pease is the Acting COO, and Amy Thompson is the Acting Executive Finance Director. 6. The White Paper is somewhat on hold but has gone to the Board of Supervisors. 7. The HSAB Community Awards, will be conveying a virtual meeting. 8. Will be sending out the Board Survey in September. 9. In June, will like to discuss the Annual Advance. Possibly for October. 	
<p>VI. Round Table</p>	<p>A. Comments</p> <ol style="list-style-type: none"> 1. From Suzanne Afflalo: Update the team that she has actively working on COVID-19 in the community. They have an Equity Task Force, of about 30, working with the County, to get two permanent testing sites in Southeast San Diego, in the surrounding communities of color. One at the Tubman-Chavez Center and one drive up testing at Euclid Health Center. Both centered by a trolley station and bus stop. 2. From Harriet Seldin: Thanked Dr. Wooten and the HHS: Nick Macchione is temporary reassigned to T3, Dean Arabatzis is now the Acting Agency Director, Andy Pease is the Acting COO, and Amy Thompson is the Acting Executive Finance Director. 3. From LaVonna Connelly: Update form the Salvation Army El Cajon Senior Building. Some people are doing very well, and others are undoing some of the healthy habits they had worked on overtime. Wanted to thank the County for their help and coverage on the Senior Building. If anyone runs across a situation where advise or resources are needed, please contact her. 4. James Lepanto recognized care givers. 5. From Stuart Cohen: Wanted to comment about the declining rate of immunizations and see if it can be passed along to Dr. Wooten and Supervisor Nathan Fletcher. Remind everyone that the American Academy Pediatrics president, reminded everyone that pediatric and internal medicine offices are open for business, and following social distancing guidelines. Many kids have overdue routine immunizations because of fear of going into the office. Need for reassurance that the benefits of maintaining 	

		<p>immunizations for the community and individual are very important and to trust their health care provider.</p> <ol style="list-style-type: none"> 6. From Elizabeth Hernandez: Will Definitely passed on to Dr. Wooten. During Immunization Week we did put some media out on continue to immunize children. 7. From Harris Efron: Looking into numerous emails from various medical groups, and he is confused as to why we are prioritizing testing. There is up to 30 – 40 percent false negatives. If opening out country to a great extent may depend on testing, the need for more accurate testing will paramount and how often should people be tested. 8. <i>Comments inaudible.</i> 9. From Elizabeth Hernandez: From an operations perspective, from the Lab Testing Task Force, it is very true that the PCR testing is a snapshot in time, not the best but it is what is available currently. Testing is one component of many criteria that the state has put out that would be an indicator to release the pharmaceutical interventions. Working on meeting the state’s criteria of performing 4950 tests a day with the help of moving into different mobile testing sites, the state testing sites, using our EMTs, to understand community transition and see where the hot spots are. 10. From Suzanne Afflalo: In reference to what Dr. Efron said, it is important to test our front line, essential, and service workers that are overrepresented by people of color. So even though it is not the best, it’s better than nothing. 11. From Ankita Kadakia: Wanted to comment, as far as I know, the State and County test sites are conducting PCR testing. It is accurate to a point. The antigen test is a separate, rapid test. 12. From Brett Austin (Lab Director), via Elizabeth Hernandez: The rapid test in general have a higher limit of detection, than the longer or standard PCR test. All tests have been evaluated to the best of our ability on symptomatic patients, so when you start testing asymptomatic patients, the value of a positive test is extremely good, but the positive predictive value does start to go down on asymptomatic testing. Its best for people to take the results, but keep in mind if people do become symptomatic, they should monitor and express concerns to their supervisors, especially with health care workers. The capacity of testing through our lab system is actually pretty robust. 	
<p>VII. Public Health Officer’s Report</p>		<p>B. None.</p>	
<p>VIII. Public Comment (Related to the Agenda Items)</p>	<p>A. No Public Comment</p>		
<p>IX. Agenda Items – Suggested Future Meetings</p>	<p>A. Please send James Lepanto an email if you have suggestions for next HSAB meeting to be included in Agenda.</p>		
<p>X. Adjournment</p>	<p>A. Meeting was adjourned at 1:17 PM B. Next Meeting: June 2, 2020, from 3:00 pm to 5:00 pm, via Skype/Microsoft Teams</p>		
<p>XI. Supplemental Information</p>	<p>A. HHSA Interim Org Chart B. PHS Leadership Org Chart C. Final HSAB Minutes 3/3/2020 D. Final HSAB Agenda 5/19/2020</p>		<p> PHS Leadership Org Chart 5.13.20 v16.pdf</p> <p> HHSA Interim COVID-19 Org Chart</p> <p> Final_HSAB_Minutes_3_3_20.pdf</p> <p> Final_HSAB Agenda 5-19-2020.pdf</p>