



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

Tuesday, August 4th, 2020
 3:00pm to 5:00pm
 Microsoft Teams

MEETING MINUTES

| Members Present | | Members Absent/Excused | | Presenters | HHSA Support |
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| Seat 1 - District 1 | Parker, Richard | Seat 6 – District 3 (Alternate) | Xu, Frank | <i>Health and Human Services Agency Budget Presentation</i> Amy Thompson, Interim Executive Finance Director, HHSA | Dr. Anuj Bhatia, Deputy Director, PHS Hirsch, Pedro Administrative Secretary II, PHS Additional HHSA Staff Present: Werth, Jackie Performance Improvement Manager, PHS Ardee Apostol, Revenue & Budget Manager, HHSA |
| Seat 8 – District 4 | Arroyo, Geysil | Seat 14 - Consumer Center for Health Education & Advocacy | Dailey, Jack (Alternate) | | |
| Seat 4 - District 2 – Business Owner | Connelly, LaVonna | Seat 11 - San Diego County Medical Society | Ohmstede, Jennipher (Alternate) | | |
| Seat 13 – Health Center Partners of Southern California; for Henry Tuttle | Fraser, Tim (Alternate) | Seat 13 – Health Center Partners of Southern California For Dimitrios Alexiou | Tuttle, Henry | | |
| Seat 11 - San Diego County Medical Society | Hegy, Paul | Seat 15 - Behavioral Health Advisory Board | Wade, Lindsay | | |
| Seat 7 - District 4 – James Lepanto Consulting | Lepanto, James | Seat 12 - Hospital Association of San Diego and Imperial Counties | Mendel, Jenifer (Alternate) | | |
| Seat 16 - Healthy San Diego Professional Advisory Committee | Schultz, James | | Alexiou, Dimitrios | | |
| Seat 16 - Healthy San Diego Professional Advisory Committee | Seldin, Harriet (Alternate) | | | | |
| Seat 2 – District 1 – A Healthier Me | Afflalo, Suzanne | | | | |

| Members Present | | Members Absent/Excused | | Presenters | HHSA Support |
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| Seat 14 - Consumer Center for Health Education & Advocacy | Knoll, Gregory | <i>Acronyms:</i> HSDPA: Healthy San Diego Professional Advisory | HASDI: Hospital Association of San Diego and Imperial | | Romina Morris, Departmental Budget Manager, PHS |
| Seat 19, District 3 Seat 9 – District 5 | Aguirre, Diana Remington-Cisneros, Therese | | CCHE: Consumer Center for Health Education | | Danielle Dorrington, Admin. Analyst III, PHS |
| Seat 12 - Hospital Association of San Diego and Imperial Counties | Sumek, Caryn (Alternate) | SDCMS: San Diego County Medical Society | BHAB: Behavioral Health Advisory Board | | Other Attendees: Barbara Orozco-Valdivia, Stakeholder Engagement Manger, Blue Shield California |
| Seat 5 – District 3 – Cardiologist | Cohen, Stuart | HCPSC: Health Center Partners of Southern California | HSDCA: Healthy San Diego Advisory | | |
| Seat 6 - District 3 Seat 12 - Hospital Association of San Diego and Imperial | Effron, Harris Gregory | | | | |
| Seat 3 - District 2 – Mountain Health Seat 15 – Behavioral Health Advisory Board | Shaplin, Judith Matthews, Michael | | | | |

| Minutes | Lead | Follow- up Actions | Due |
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| 8/4/2020 | James Lepanto | Recognition of Leonard Kornreich. | October 2020 |
| 8/4/2020 | Anuj Bhatia | Email HHSA Budget Presentation to HSAB Members. | Within a few days. |
| 8/4/2020 | James Lepanto | Write Draft Letter and call Ad Hoc Meeting to approve. | 8/14/2020 8/17/2020 |
| 8/4/2020 | All members | Send input for Draft Letter to James by 8/10. | 8/10/2020 |

| 8/4/2020 | Anuj Bhatia | Request Dr. Wooten to provide the Board with an update on reopening schools. | Next meeting |
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| 8/4/2020 | All members | Board survey | August 2020 |
| Next Meeting: HSAB Meeting: Tuesday September 1, 2020, 3:00 – 5:00 pm – Microsoft Teams | | | |
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| Agenda Item | | Discussion | |
| I. Welcome & Introductions | <ol style="list-style-type: none"> 1. James Lepanto called the meeting to order at 3:02 PM. 2. Roll call was taken by James Lepanto. 3. James Lepanto introduced New Member for Seat #16: <ol style="list-style-type: none"> a. Healthy SD Professional Advisory: Jim Schultz, MD, MBA, FAAFP, DiMM, FAWM, Chief Medical Officer, Neighborhood Healthcare. <u>Questions from James Lepanto:</u> Dr. Shultz, is there anything you would like to add to that? <u>Comment from Dr. Shultz:</u> I certainly don't want to add anything to that. I know I've got some big shoes to fill with trying to replace Len and I'll work my best to do that. b. We have asked for a recognition for his (Leonard Kornreich) achievements and his contribution to healthcare, that's probably going to take us until October to get it formalize. It's a form, it's a beautiful thing for the wall. But we really want to recognize him more formally. For any of you that know Der. Kornreich, it has been iconic in the County for what he has contributed to not only children's healthcare but within the system of care as well. | | |
| II. Public Comment | No public comment. | | |
| III. Action Items | A. Approval of August Agenda and July Meeting Minutes <ol style="list-style-type: none"> 1. Moved by Geysil Arroyo and seconded by Judith Shaplin. 2. Moved by Greg Knoll and seconded by LaVonna Connelly and Tim Fraser. 3. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motions carried and the documents were approved. | | |
| IV. HHSA Budget Presentation By Amy Thompson | B. Health and Human Services Agency Budget Presentation <ol style="list-style-type: none"> 1. Unemployment Rate: Last year around this time we were experiencing our lowest unemployment rate at 3.3% in June 2019. Compare to June 2020n at 13.9%. 2. Revenue Sources: <ol style="list-style-type: none"> a. Property Tax Revenue: The main component of the County's General Purpose Revenue (GPR), the most flexible source the Board of Supervisors can allocate throughout the County departments and services. | | A |

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| | <ul style="list-style-type: none">b. State Personal Income Tax Revenue: The state’s largest single revenue source. Its not only a general indicator of the overall economy, but also for HHSa because its an indicator of what we might expect for our mental health services revenue.c. California Sales and Use Tax Revenue: The County’s Realignment funding that covers a lot of programs in Public and Behavioral Health and Social Services is tied to Sales Tax. <p>3. State’s Budget</p> <ul style="list-style-type: none">a. Total State Budget: \$134 Billion (decrease of \$14 Billion). HHSa’s has 33.5% of said budget, which has seen an increase year after year.b. This 33.5% is not reflected in the State’s budget.c. Total State Budget Deficit: \$54.3 Billion <p>4. CAO Recommended Operational Plan: Budget Mitigation Strategies</p> <ul style="list-style-type: none">a. Focus on Core Servicesb. Strategic Use of One-Time Fundsc. Operational Efficiencyd. Federal Stimulus <p>5. Total HHSa Budget Deficit: \$130 Million</p> <p>6. FY 2020-2021 CAO Recommended Budget: Increase of \$205.4 Million from the FY2019-20 Adopted Budget. The total budget is \$2.5 Billion.</p> <p>7. Largest part of the funding source is State and Federal Revenues at \$2.2 Billion or 88.3%.</p> <p>8. Admin Support’s budget has increased, many COVID-19 costs are concentrated in Admin Support.</p> <p>9. Health and Human Services Agency</p> <ul style="list-style-type: none">a. BHS: Since the onset of COVID-19, there was been a transitioning to tele-health, providing more than 50, 000 since June.b. Self-Sufficiency Services: Processed more than 30,000 CalFresh applications.c. Housing and Community Development Services: Client income has decreased.d. Child Welfare Services: With schools closed, abuse reports have decreased, since kids are not exposed to the usual mandated reporters.e. Public Health Services: Testing for COVID-19, answering calls regarding COVID-19, conducting COVID-19 case investigations.f. Aging and Independent Services: Provide in-home support services, Adult Protective Services, increased the number of meals delivered to seniors with more than 360,000 delivered in June. <p>10. HHSa Budget Priorities</p> <ul style="list-style-type: none">a. In putting together, the budget the goals was to maintain those services.b. Providing critical services: increased needs in safety net programs and loss of significant revenue.c. Serving vulnerable populations: Strengthening Children and Families, Supporting Seniors, Behavioral Health Service Delivery, Public Health Infrastructure. <p>11. Pandemic Response</p> | |
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- a. \$100 Million for COVID-19 direct response effort: T3 Strategy, Food and Shelter, Personal Protective Equipment.
- b. \$52.2 Million for Telehealth and IT investments, Behavioral Health Impact Fund, Behavioral health crisis response and stabilization, felony diversion, facility rates and first responder, Public Health Grant Initiatives.
- c. Commitment for 80 staff to be reallocated to Public Health Services
- d. \$32.8 Million for strategies for the unincorporated area, Housing Our Youth (HOY) program, C3 for Veterans program, increases for additional COVID support as part of: Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), and Housing Opportunities for Persons with AIDS (HOPWA).
- e. \$28.0 Million for CalWORKS and General Relief cash assistance; expand efforts to address disproportionality and disparities in the child welfare system; expand respite services, forensic interviews and medical exams, and efforts to enhance the Resource Family Approval process in CWS; Geriatric Emergency Department Accreditation; In-Home Supportive Services: provider health benefits, Electronic Visit Verification system.
- f. \$11.6 Million to fund salary and benefit increases; offset by \$65.9 Million in reductions for Management Reserves (-\$16m), Budget Alignment in DMC (-\$10.3m), Business process reengineering (-\$13.0m), Net other adjustments – primary for prior year one-time programs (-\$26.6m).

12. Questions and Comments

Comment from Greg Knoll: Would like the presentation sent to the Board.

Response from James Lepanto: The presentation will be sent to the Board.

Question from Richard Parker: Thank you Amy, that was excellent. I tried to follow the budget with regard to PURT. I notice in the city of San Diego the PURT team travels with the San Diego PD. Are those different PURT members than the County PURT members? And where do the County PURT members operate?

Answer from Amy Thompson: Those should include—we work in partnership with the cities. 70 teams, \$11 million—that should include the cities’ teams. They weren’t any other further increase this year to PURT.

Question from Stuart Cohen: Great presentation Amy. This is more of a question for James Schultz or Greg Knoll. Its reflecting the amount of uninsured patients that you serve and may have no access to medical home. During the last 6 months we had assumed that with COVID you would have a lot of employed now unemployed people enrolling with Medical. And we have not seen any significant increase in Medical enrollment, where all these patients going?

Answer from Greg Knoll: It is true that in April and May we were all very concern about the no increase. However, just in San Diego it increased 50,000—we are now up to a million.

Question from James Lepanto: On page 248 under Behavioral Health Services, under staffing by program, it shows 41.8 drop in the budget from last year, was that because of the influx in Behavioral Health last year?

Answer from Amy Thompson: I see what you are looking at James, you are looking at the Budget going from 55 people to 32 staff? [James: Yes]. I think what happened there, they were shifting around how they structure, I think that was more of a budgetary organizational structuring issue so it doesn't impact services.

Question from James Lepanto: I noticed that the budget for alcohol and other drug services is dropping by 6.9%, is that accurate?

Answer from Amy Thompson: Yes, that is accurate. What that reduction primarily is driven by, is DMC kinda rightsizing, as one of or mitigation strategies, since we wanted to be careful not to cut any services, we had to look at those areas in which we were not utilizing the budget that we had.

DMC: Drug MediCal

Questions from James Lepanto: The 80 position, which I applaud, that are been transferring to Public Health, those will be permanent sustainable positions?

Answer from Amy Thompson: Yes.

Question from James Lepanto: And there's no cost involved if they are been transferred?

Answer from Amy Thompson: There won't be an increased in the Agency's budget, eventually you will see it in Public Health because we would have shift it.

Comment from James Lepanto: Thank you very much Amy. We really appreciate it. We appreciate you taking time.

Answer from Amy Thomson: Thank you for your interest and your support. And taking the time to learn. Feel free to reach out with questions.

13. Budget Discussion: Our job is to recommend and advise on the HHS Budget. The presentation was today August 4th, on August 10th I am going to ask from feedback form HSAB Members. I am going to write a Draft Letter by the 14th and we are going to meet as a Budget Subcommittee. On 8/17, we will call an Ad Hoc board meeting to approve the letter. The letter is due to the Board of Supervisors no later than COB on the 19th.

Question from James Lepanto: Is there input on areas that you have identified that you want the Budget Subcommittee to look at closer for recommendations to the Board of Supervisors?

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| | <p><u>Comment from Greg Knoll:</u> I think its important to support the facts the HHSA did not take huge cuts overall and that Public Health has an increase of [80] staff. I think we have to be supportive of that.</p> <p><u>Comment from Judith Shaplin:</u> I really appreciate Amy’s attention to detail. When I look at Older Adult Services, even though it looks like there was an increase of 12.7% for AIS, there was no increase for the food part of it—for the lunches, for the seniors. I mean all the increased were needed. But the lunch program, which has been in a deficit for many years, our senior program in the rural east have been stagnant, and for 21 years has not had an increase. Many of the programs that had been provided lunches, have stopped, because of the increase cost. This is not the time to stop the lunch program or to put them more at risk.</p> <p><u>Comment from James Lepanto:</u> I would agree with you on that—I think we wrote it into our last letter. I’ve always felt that we are a bit willfully unprepared for what is coming for our aging population.</p> <p><u>Comment from Judith Shaplin:</u> Now that the cool zones have shutdown, the libraries are closed and community centers. And many of our seniors do not have AC or an ability to cool down. How do we get the fans to them? There was a program years ago were we could get fans to them.</p> <p><u>Comment from Suzanne Afflalo:</u> Judith, I did see something, I read I believe, or Supervisor Fletcher mentioned something regarding seniors who need fans.</p> <p>The point I was going to make, James, you had mentioned the data, and I think because this pandemic has really shown a light the significant health disparities in various communities in the County. The data is not significant enough to really hone down to see who is really struggling. We are hoping they really put some funds into beefing up their data collection.</p> <p><u>Comment from Caryn Sumek:</u> Dr. Afflalo, this is complimentary to what you were talking about. When you are talking about access, the other part we need to look at is education. We have a lot of folks that are really scared. The insurance part, we’ll get them insured, there is some flexibility there. But if we cant get them in the door, specially for kids, who are not getting their vaccines, but I would love if we could consider maybe putting something about that.</p> <p><u>Comment from Paul Hegyi:</u> From a physician perspective, the hospitals are—we are just trying to educate patients. That is safe to go to your medical appointments, and that is necessary.</p> <p><u>Comment from James Lepanto:</u> What I am going to ask—I have a lot more on this, but I have some recommendations through the Budget Subcommittee, is really if you have not had the chance to look at the budget and you have additional ideas, this only happens because of input from you all, if you could look at it and you have other suggestions and input, please send it to me by August 10th.</p> | |
| <p>V. Chair’s Report</p> | <p>C. Chair’s Report</p> <ol style="list-style-type: none"> 1. We will be in discussions to find a replacement for Leonard Kornreich in leading our Senior Oral Health coordination. | |

2. Last month we wanted to write a letter of support, I did write letter, and showed to some Board members. The letter did go out the chain to Director Macchione and asked to discuss via phone on August 20th. His feed back was that it was a good letter, passionate, impactful, and powerful. But the concern was that by the time I was able to discuss with him, two weeks had passed. And I think the County wanted to move forward and Dr. Wooten wanted to move forward. He said the Board can do what they want, but that was his recommendation. But the suggestion was that the Board still wanted to have a voice so we discussed changing the letter, expressing a vote of confidence for the entire team.

Comment from Greg Knoll: You know, I never *really really* care about making high level folks uncomfortable, but in this case, I am more persuaded that Wilma would be uncomfortable, because of the time lapse. I am fine, if she supports that, with sending the letter to her and her staff about how much we think of them and support them.

3. The workgroup for the HSAB Community Inspiration Awards has been working. Name was recently change to its current name. We want this to be organic, to really recognize individuals and smaller organization who are really making a difference in the trenches every day. Underserved. People who are creative and engaging. I did, in my phone call meeting with Nick, I let him know about this. He is very enthusiastic about it. He made the suggestion about having as part of the Live Well Conference in December. I reached out to their contact for Live Well and are waiting to hear back. As soon as we have more information, we will bring it to the Board. We are working on all the nominations and the outreach letters and criteria. I want to take Geysil, LaVonna and Suzanne.
4. The Strategic Plan, we finalized it. I think it's much stronger than our initial one several years ago. The actions are stronger. The navigation and health equity and disproportionality is in there very strongly. It talks about undeserved communities. It enhances our community and stakeholder input and ways to outreach to those folks. And strengthens our HSAB presentation strategy.
5. Board Survey coming out in August. We picked this because its evidence based. Please be honest on it—be transparent. That only gives us feedback as transparent as you are. Areas to evaluate from how's the board doing to how are you doing, what areas need improvement—you get to evaluate the chair. Good thing come out of it and we always learn from it.
6. Our December meeting is happening. Hopefully we can make a quorum. If you have an alternate please plan on it been on your calendar.
7. Letter sent by Supervisor Gaspar and Supervisor Desmond to the Governor.

Comment from Greg Knoll: Don't read it. It was sent by a minority of the Board and its not going to get acted on it.

James Lepanto reads a portion of the letter.

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| | <p>8. I think, been the HSAB, I would like to suggest—an di believe HHSA would support this, is for us to ask, and I don't think this audit would happen but its their right to request it—is for HSAB to have a sit at the table and provide some input.</p> <p><u>Comment from Greg Knoll:</u> You are not going to avoid been political. If you say that we want to be involved and you pock the wrong time, it's going to look like we are challenging other Board members.</p> <p><u>Response from James Lepanto:</u> We would not ask unless this moves forward.</p> <p>Comment from Stuart Cohen: Respect to the COVID uses, I really think we need to talk to the board about reopening schools. How can we communicate ate to them if we can see their action plan [for reopening schools]?</p> <p><u>Response from James Lepanto:</u> I think that is a district decision.</p> <p><u>Comment from Greg Knoll:</u> Well, the questions is, and I think Dr. Cohen is right, what are they doing? And what is their plan? This kind of thing changes with pressure every day.</p> <p><u>Comment from Judith Shaplin:</u> Its not a school issue, it's a public health issue. Because when the hot spots breakout, and when we talk about who is the carrier of COVID, it's the children, who are brining it into the homes. How is Public Health going to stop this or try to control this outbreak? We need to know what their plan is.</p> <p><u>Response from James Lepanto:</u> Let's find out from Public Health where we are. If we can get Dr. Wooten to give us an update.</p> <p><u>Comment from Geysil Arroyo:</u> I know Del Mar, school district with just elementary schools, I have friend who has a position there, she has not yet been told whether she will go back or not go back. I went online, and according to the Superintendent of Del Mar, she is not saying we are not going back, she is talking as in—her goal is to open up. My friend is concern that she is going to go back and teach. I was trying to find out more about the waiver. The waiver make sit sound in order for a school to consider opening they gotta have a plan, and a committee and labor on board and the local authorities on board. It doesn't sound easy. The County has no information on this.</p> <p>9. If you have suggestions for the Agenda for the Advance, please let us know. We will know more from the Survey as well. We are thinking the Advance will be virtual.</p> | |
| <p>VI. Informational Items</p> | <p>D. Updates on Subcommittees</p> <ol style="list-style-type: none"> 1. Policies and Programs Committee: <ol style="list-style-type: none"> a. New chair. 2. Legislative Committee: | |

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| | <ul style="list-style-type: none"> a. No report out. 3. None from Budget. | |
| <p>VII. Public Health Officer’s Report By Dr. Anuj Bhatia</p> | <p>E. Public Health Officer’s Report</p> <ul style="list-style-type: none"> 1. Report will be send out to the Board. 2. Two board letters been presenting at the next HSAB meeting, tentatively. <ul style="list-style-type: none"> a. Mutual Aid b. Tobacco Ordinance Presentation 3. We are in the process of hiring an additional 309 case investigators. | |
| <p>VIII. Round Table</p> | <p>F. Comments</p> <ul style="list-style-type: none"> 1. <u>Comment from LaVonna Connelly:</u> Just want to say because we are the Health Advisory Board, but just from my observation, some of the tests where two week out and they were expected, because they were already exposed to a positive person, to wait the two weeks in quarantine. I caught this person coming out of their apartment when they are suppose to be in quarantine. What are the steps of the testing? Are we still trying to expand the testing? I don’t think they are going to wait in quarantine when waiting for the test. <u>Response from Stuart Cohen:</u> We are testing thousands and the tests come back the next day. We are testing everyone. I am not sure we can generalize on that. <u>Response from Suzanne Afflalo:</u> LaVonna has a good point. And it isn’t across the board equal. The goal is to bring more drop in sites that require no appointment. They are trying to get more of those sites up. <u>Comment from Anuj Bhatia:</u> To echo some of what Dr. Afflalo was saying, the County is looking to expand testing. As we were going through the process, they were some barriers that we faced. Some of the equipment wasn’t working properly. And this led to longer testing times. <u>Comment from James Lepanto:</u> I think this is nationally, they are just struggling to keep up. <u>Comment from LaVonna Connelly:</u> I just want to leave you with this example, one of my senior was quarantine for 16 days, how do they survive, if they are elderly and sick? | |
| <p>IX. Public Comment (Related to the Agenda Items)</p> | <p>G. No public comment.</p> | |
| <p>X. Adjournment</p> | <p>Meeting adjourned at 5:06 pm.</p> | |
| <p>XI. Supplemental Information</p> | <p>Next Meeting September 1st from 3 pm to 5 pm via Microsoft Teams.</p> | |