



County of San Diego
HEALTH SERVICES ADVISORY BOARD
Hybrid Meeting | Zoom | CAC Rm 402

Tuesday, August 01, 2023
3:00pm to 5:00pm
MEETING MINUTES





Seat#	District	Primary	Attendance		Notes	Presenters	HHSA Support
			IP	Z			
2	D1	Afflalo, Suzanne, Dr.		X		Authorization to Accept Tuberculosis Control and Treatment and Refugee Health Assessment Services Funding, Authorization to Apply for Additional Tuberculosis Control and Treatment and Refugee Health Assessment Services Funding Opportunities, Jeffrey Percak, MD, Chief/Medical Director, Tuberculosis Control and Refugee Health Branch. Authorize Acceptance of Federal Maternal, Infant, And Early Childhood Home Visiting Funding for the California Home Visiting Program, Rhonda Freeman, MPH, Branch Chief, Maternal,	Dr. Wilma Wooten, Public Health Officer, PHS Dr. Elizabeth Hernandez, Director, PHS Dr. Anuj Bhatia, Deputy Director, PHS Adrienne Yancey, Assistant Director, PHS Dr. Ankita Kadakia, Deputy Public Health Officer, PHS Dr. Maggie Santibanez, AMSA, TBCRH
12	N/A	Alexiou, Dimitrios					
8	D4	Arroyo, Geysil	X				
5	D3	Correa, Linda					
18	D3	Hailey, Katelyn					
11	N/A	Hegyi, Paul	x				
4	D2	Jantz, Barry	x				
14	N/A	Knoll, Gregory		x			
7	D4	Lepanto, James					
1	D1	Melgoza, Ana	x				
9	D5	Remington-Cisneros Therese					
16	N/A	Schultz, James, Dr.					
3	D2	Shaplin, Judith					
13	N/A	Tuttle, Henry					
6	D3	Walters, Todd	x				
		Yates, Judith	x				
Alternate							
13	N/A	Fraser, Tim	x				

11	N/A	Ohmstede, Jennipher	x			Child, and Family Health Services Branch.	Romina Morris, Departmental Budget Manager, PHS Danielle Dorrington, Administrative Analyst, PHS Anna-Mai Trinh Administrative Secretary, PHS Shannon Quailey Office Support Specialist, PHS Additional COSD Staff Present: Jamie Beam, Director, MCSD.
16	N/A	Seldin, Harriet, Dr.	x				
12	N/A	Sumek, Caryn					
14	N/A	Neidenberg, Carol	x				
3	D2	Besma, Coda	x				
19	D3	Alverson Rodriguez, Lisa	X				
		Other Attendees:					

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Minutes	Lead	Follow- up Actions	Due
	Admin Support	Correction on page 3 of July meeting minutes from Alex Dimitrios to Dimitrios Alexiou	

Agenda Item	Discussion
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<p>I. Welcome & Introductions</p>	<p>A. Remarks from the Chairperson</p> <ul style="list-style-type: none"> a. Barry Jantz called the meeting to order at 3:00 PM. b. In-Person roll call was noted, and quorum established. <p>B. Approval of August Agenda and August Meeting Minutes</p> <ul style="list-style-type: none"> a. Agenda: Moved by Tim Fraser and seconded by Dr. Seldin, Harriet <ul style="list-style-type: none"> i. Roll Call: All other HSAB members in attendance voted Aye. b. Meeting Minutes Agenda: Moved by Greg Knoll and seconded by Tim Fraser <ul style="list-style-type: none"> i. Roll Call: All other HSAB members in attendance voted Aye. ii. Tim Fraser: Sustain
<p>II. Public Comment</p>	<ul style="list-style-type: none"> • No public comment.
<p>III. HSAB August 1, 2023 Jeffrey Percak, M.D. Chief and Medical Director Tuberculosis Control and Refugee Health Branch August 29, 2023</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>HSAB MC Renewal Presentation.pdf</p> </div> <div style="text-align: center;"> <p>To Accept Revenue through the Combination of Federal and State Grants to Further Enhance TB Control and Refugee Health within San Diego County.</p> </div> <div style="text-align: right;">   </div> </div> <div style="text-align: center; margin-top: 20px;">  </div> <div style="margin-top: 20px;"> <p>HSAB August 1, 2023</p> <p>Jeffrey Percak, M.D. Chief and Medical Director Tuberculosis Control and Refugee Health Branch August 29, 2023</p> <p>SANDIEGOCOUNTY.GOV/HHSA</p> </div>

OVERVIEW: TUBERCULOSIS San Diego County, 2022

- 208 new reportable active TB cases
- Approximately 175,000 people have latent TB infection
- 5251 clinical services
- 2201 unique patients provided clinical care
- 1476 contacts of active TB cases were identified
- 209 cure TB referrals
- 44 individuals were sheltered in TB housing
- 39 educational trainings provided to 1170 participants

Questions and Answers:

Question: James Lepanto – When you are talking about the age range and the breakdown demographic dose that stay stable or do we see this change year to year

Answer: Dr. Percak – It is relevantly stable when you are looking at relevantly that number of about 200 hundred people diagnosed with active TB per year. A little change can have a significant appearance make it look like it is a shift in the demographics impact, but it is reverently consent year over year. Older adults are disproportion and impacted for a number of combinations of reason there was a little bit of coherent affect, that means TB was more prevalent early in this people lives so in general they have a higher risk that they carry with them. From the lifetime of the exposure and they also seem to be disproportional impacted by over health condition such as diabetes and chronic kidney disease that may increase the risk of someone who is affected by tuberculosis becoming ill from it. A brief answer o your question that those numbers do not change subnational over time

Question: Barry – When you mention the community of practice can you repeat the. You mentioned qualifying health center and you mentioned other health providers that are involved can you say that one more time. I thought it sounds like everyone is not involved to me.

Answer: Dr. Percak- Yeah, thank you the community practice has been really a wonderful, successful, innovative and at risk for leaving anyone out, we do have a broad range of Federal qualifying health center, we have representation from the tribal organizations. We have the major health systems within the region, academic practices, and we also have health plans that are all engaged in the community of practice.

Question: Barry – I am I being unfair if I ask is their anybody who isn't in involved that should be?

Answer: Dr. Percak – So, Excellent and very reasonable question I think the things that we have been trying to do is balance in the community of practice. We certainly have extended the offers over the last couple of years to the key potential partners in the region department to participant at what we are really looking for is just not participant but the patient, we want to make sure that the patient is in engagement beyond just the nominal participation, so we are continuing to reach out to the organizations make sure we have all the key players just in the last couple of weeks I meet with other representatives other leaders, on the community of practice to make sure we have the right people seated at the table, including those who may have passed in the past and see if there are ways to see if there is a way to engage them to become more successful moving forward. I think it has been a tremendous, successful, innovative, but yet I still think we have the opportunity to enhance participation from key organizations in the region

Question: Ann M– For transparently make sure I don't violate anything we don't Behavioral Health care doesn't receive any kind of money funding from this to vote on this

Answer: Dr. Percak– So in regard to that question you are correct Dr. Aldo has been a wonderful partner and we are appreciative for her leadership on the TB elimination innovative advisory board but no there is no funding tied to that participation.

Comment: Dr. Wooten– Going back to the question that James Lepanto the percentage and the break down of the age group this Dr. Percak has stated that it has not change that much of the overall number of cases have decreased cases by 100 in the late 90's early 2000 we had just over 300 TB cases annually and now where are just over 200, so In just 2 decades the work by TB control and the staff there has help to decrease the numbers over time. This was the first comment the second comment is related to who is and who is not at the table we replicated the process used for defining who were partners when getting to zero and we wanted to make sure that every health care system was represented they were invited from hospital systems to federally qualified health centers and others including our traveling nations as Dr. Percak stated if people haven't been participating we circle back to engage them again, so it is trying to have all our partners in our healthcare systems involved in the process not only getting to zero focusing on HIV, but for TB elimination and for Hepatitis C for all of the three infectious diseases antistes the frame work and the process is very similar.

Vote: Moved by Tim and seconded by Ana M

Roll Call: All other HSAB members in attendance voted Aye.

III. Authorize Acceptance of Federal Maternal, Infant, And Early Childhood Home Visiting Funding for the California Home Visiting Program, Rhonda Freeman, MPH, Branch Chief, Maternal, Child, and Family Health Services Branch.

AUTHORIZE ACCEPTANCE OF FEDERAL MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING FUNDING FOR THE CALIFORNIA HOME VISITING PROGRAM



Rhonda Freeman, M.P.H., Branch Chief
Maternal, Child, and Family Health Services
August 1, 2023

SANDIEGOCOUNTY.GOV/HHSA

CALIFORNIA HOME VISITING PROGRAM OVERVIEW

- California Home Visiting Program (CHVP) is a result of the Patient Protection Affordable Care Act of 2010.
- County of San Diego Board of Supervisors has approved to accept CHVP funding since 2012.
- CHVP has been administered in the County's North Inland and North Coastal Regions for the past 10 years.
- Nurse-Family Partnership (NFP) evidenced-based home visiting program is implemented.
- Fiscal Year 2023- 2024 Funding Amount - \$949,268.
- Further annual allocations through FY 2027-2028 are expected.

CALIFORNIA HOME VISITING PROGRAM -NURSE-FAMILY PARTNERSHIP MODEL

- Delivers in-home supports and services to overburdened families who are at risk for Adverse Childhood Experiences or poor perinatal health outcomes.
- Provides first-time parents with tools, education, and support to promote positive parenting and healthy child development.
- Supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.
- Builds trusting relationship with their own dedicated, highly trained Public Health Nurse (PHN).
- Performs initial assessment to identify family strengths and needs.
- Offers client-centered education and referrals according to the six NFP program domains.

CALIFORNIA HOME VISITING PROGRAM OUTCOMES

During Fiscal Year 2022-2023:



- 179 women and their families received home visits.
- 72% (128/179) of new moms received timely depression screening.
- 86% (86/100) children received a developmental screening before their first birthday.
- Only 7% (4/54) of births were premature.
- 730 referrals were made to supportive community services on behalf of NFP clients.

Request

- Authorize the acceptance of an annual allocation of \$949,268 in CHVP MIECHV funding for Fiscal Year 2023-24, and any future annual allocations released thereafter by CDPH through Fiscal Year 2027-28.
- Authorize the Agency Director, Health and Human Services Agency, to execute all required agreement documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level.
- Authorize the Agency Director, Health and Human Services Agency, to apply for any additional funding opportunity announcements, if available, to address preventive health care and early intervention and treatment programs for at-risk women, children, and families in San Diego County.

Questions and Answers:

Question: Judith – Why is the program just north coastal we need it all over, is the other money covering the other regions?

Answer: Rhonda – Yes, so additional when we receive this money back in 2012 we had to look at hotspots this was way in the beginning North Inland and North Coastal were just getting up and running with family partnerships so the district. And know with the additional funding we are know expanding to the South and East

Comment: Judith –

Comment: Dr. Wooten– A perfect example of what we relate to as braided funding in Public Health Services we are already have family nurse partnerships this particular pot of money allowed us the opportunity to expand in those areas where nurse family partnerships were not currently taking place and to reach those health equity areas if you will. Where resources were not readily available so there are various programs for home visitation, so this is an example of that.

Comment: Geysil– The wording on the slides some say pregnant people, and pregnant women another term was mom vs. parent it got me thinking about I have a friend from the community who has adopted a young newborn. Would this person qualify for this program?

Answer: Rhonda – So, usually focused on pregnant so if she is not pregnant she probably won't be able to enroll in the program, but that dose not mean we can not refer her to another program for resources, so we work with First Five, Healthy Family First program, Black Infant Health program, national adult communities we have a whole parameters collaborative that we work together we have no wrong door policy so if even one comes into our system we will have a program for them. The terms are changing become more inclusive so you might hear terms like birthing people, we really don't say pregnant women as much anymore we say pregnant individuals so we are shifting based off that language of our faith guidance, you might see in multiple ways at the state level they may say birthing

Question: Tim – 72 % of mom received timely depression screening as we know is a real issue that needs to be addressed and caught early on and I was wondering what we are doing to address low level of our 72% in outlying in years to get us higher to 80 % or 90 %

Answer: Rhonda – So we are continuance quality improvement process that we look at and it is showing that women are screened based on if the mom wants to be screened we say look we have these tools for assessing you and making sure that we are referring you so will work with our program to make sure we are identifying. Our goal is 100% looking at ways how we can streamline that process. Working with the mom making sure they are answering the questions and sometimes initially they might not have trust to answer those questions, so we always go back or circle back and do the assessment again

Question: Tim – “is this voluntary”

Answer: Rhonda – you try to implement it but if mom says I don't want to do this right now we force anyone to answer those questions and that's why we always circle back and work with closely with them. But again, our goal is a 100% so looking at what are some of those barriers from getting a 100% how can we go back and either work with our program staff making sure that they have the tools and resources and tools like the motivational interviewing making sure we are getting those question answered in a timely manner cause you say depression is really critical and making sure we are addressing those I will defiantly go back without team what we are doing and there are probably processes in place to make sure we identify them.

Question: James – development screening are at 86% is this the same kind of response bases on what you told Tim, or what are the reason for that

Answer: Kyle F. – Similar challenges with the depression screening some families may chose to OPT out they may like developmental screening isn't warrant for their child which of course we want to respect. And then there maybe instances where perhaps the child has already been identified as having a developmental concern and may already be receiving care which in case we wouldn't continue to offer screening. And the one thing would add related to depression screening as well we have different level of engagement in the program, so we may have families enrolled in the program who are a challenge to participant and make all their visits so in those cases we might porpitize

promoting engagement and retention in the program as opposed to trying to conduct a formal screening with those families and we will attempt to do once they have demonstrated more consistently engagement in the program

Answer: Dr. Wooten – James may very small people transitory so they maybe initially enrolled in the program and they may leave San Diego or they may leave an go to another county so that is another reason that could contribute to the not 100% so I don't want everyone to think that there always going to be 100 % because there are reasons we cant make people to do anything they don't want to do and if people move out of the region then that would not allow us to reach that 100 % metric as well. To provide presptary guidance what should be expected or what could explain why the numbers are not a 100 %

Answer: Rhonda – follow up what are some of the reasons why people have left the program and how we can improve our services, is it something just our services or it just where they are in life at that time we worked across all programs to address that

Vote: Moved by Geysil and seconded by James
Roll Call: All other HSAB members in attendance voted Aye.

IV. CHAIR'S REPORTS

Comment from Barry Jantz re all these topics

A. Initial Discussion and Input Regarding HSAB Bylaws Revisions

- Designated by position.
- Letter as voting member go to Dr. Bhatia

- Comment: Greg Knoll – When it Healthy San Diego first began it was necessary to have a professional advisory broad and a consumer because e at the time no one trusted each other so everybody wanted to have a separate meeting over time we developed good working relationships and eventually we did people said why are we having three meetings you have one with your consumer or professionals, and another one with the joint and so it was just decided to eliminate the other meetings and just have the joint because I think because we more comfortable working together but the were all kind of political reasons how Healthy San Diego started out with the two separate advisory broads

- Comment: Dr. Wooten- For the health services advisory broad just as our Bylaws indicate which industry or profession should be representative on the broad. Healthy San Diego has the same stimulations in their Bylaws

I. Chair's Report	Comment from Barry Jantz re all these topics B. Survey evaluation before HSAB Advance i. Will work on doodle poll for the Fall. ii. 4-6 hours iii. Morning -2PM iv. Purpose for HHS Staff Comment: Dr. Wooten- Go back and look at the Bylaws clearly tell who should representative on the broad. C. HSAB Advance, 2023 (Doodle Poll) D. Youth Engagement (James Lepanto) i. Worked on scheduling a meeting with county council next week. ii. Present a proposal in August. E. Community Inspiration Awards
II. Informational Items	A. Subcommittee and Work Group Updates • Policies & Program • Budget • Legislative Committee
III. Health Officer Report	Dr. Wooten: PPT Presentation

CORONAVIRUS DISEASE 2019 (COVID-19)

**County of San Diego
COVID-19 Update**

Health Services Advisory Board Meeting

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer, Public Health Services



August 1, 2023

<p>IV. Round Table</p>	<p><u>Questions & Comments:</u></p> <p>Dr. Afflalo: Health fair in August</p> <p>James Lepanto: Article in the Union, front page. Possibly put on the agenda for August for a discussion.</p>
<p>V. Public Comment (on agenda items)</p>	<p><u>Questions & Comments:</u></p> <p>None</p>
<p>VI. Adjournment</p>	<p>Meeting adjourned 5:10 PM.</p>
<p>VII. Next Meeting</p>	<p>HSAB Meeting: September 5, 2023, CAC Rm: 402A – Zoom In-Person</p>