







County of San Diego  
**HEALTH SERVICES ADVISORY BOARD**  
Hybrid Meeting | Zoom | CAC Rm 302

Tuesday, May 7, 2024,  
3:00pm to 5:00pm  
MEETING MINUTES

Seat#	District	Primary	Attendance		Notes	Presenters	HHSA Support
			IP	Z			
2	D1	Afflalo, Suzanne, Dr.	X				Dr. Elizabeth Hernandez, Director, PHS  Dr. Anuj Bhatia, Deputy Director, PHS  Romina Morris, Departmental Budget Manager, PHS  <b>Additional COSD Staff Present:</b>  Jamie Beam, Director, MCSD.
12	N/A	Alexiou, Dimitrios	X				
8	D4	Arroyo, Geysil	X				
5	D3	Correa, Linda					
18	D3	Hailey, Katelyn					
11	N/A	Hegy, Paul	X				
4	D2	Jantz, Barry					
14	N/A	Franciscus, Joanne	X				
7	D4	Lepanto, James	X				
1	D1	Melgoza, Ana					
9	D5	Remington-Cisneros Therese					
16	N/A	Schultz, James, Dr.					
3	D2	Shaplin, Judith					
13	N/A	Fraser, Tim	X				
6	D3	Walters, Todd					
		Yates, Judith	X				
<b>Alternate</b>							
13	N/A	Abrams, Lauren					

11	N/A	Ohmstede, Jennipher																									
16	N/A	Seldin, Harriet, Dr.	X																								
12	N/A	Sumek, Caryn																									
14	N/A	Neidenberg, Carol																									
3	D2	Besma, Coda																									
19	D3	Alverson Rodriguez, Lisa																									
14		Jack Dailey	X																								
		Ana Melgoza		X																							
		<b>Other Attendees:</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Minutes</th> <th style="width: 15%;">Lead</th> <th style="width: 50%;">Follow- up Actions</th> <th style="width: 10%;"></th> <th style="width: 15%;">Due</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>								Minutes	Lead	Follow- up Actions		Due															
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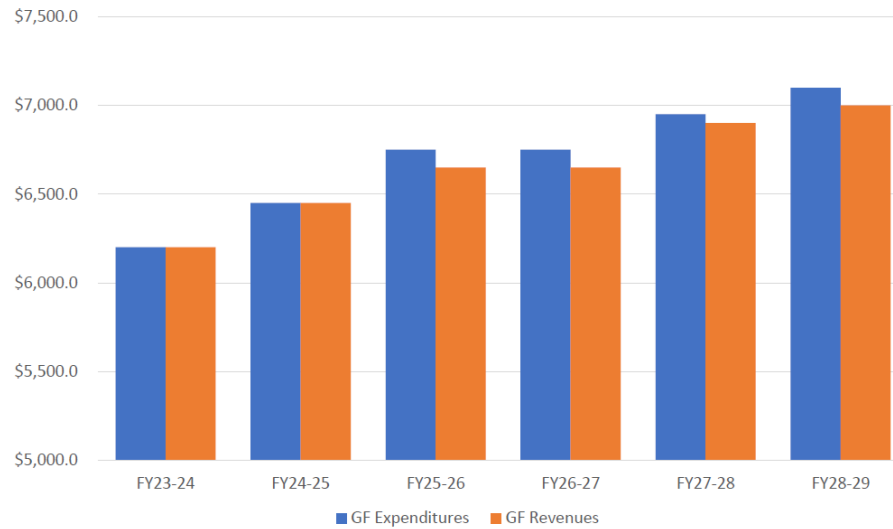
Agenda Item	Discussion
<p><b>I. Welcome &amp; Introductions</b></p>	<p><b>A. Roll Call</b></p> <ul style="list-style-type: none"> <li>a. Vice Chairperson, Geysil Arroyo called the meeting to order at 3:02 PM.</li> <li>b. <b>Roll Call:</b> Quorum was met.</li> </ul> <p><b>B. Remarks from the Chairperson</b></p> <ul style="list-style-type: none"> <li>a. Introductions from Jack Dailey and Latara Hamilton</li> </ul> <p><b>C. Approval of May Agenda and April Meeting Minutes</b></p> <ul style="list-style-type: none"> <li>a. <b>May Agenda:</b> <ul style="list-style-type: none"> <li>➤ Motioned by <b>Tim Fraser</b> and seconded by <b>Paul Hegyi</b>.</li> <li>➤ <b>Roll Call:</b> All other HSAB members in attendance voted Aye.</li> </ul> </li> </ul>

	<p>b. <b>April Meeting Minutes:</b></p> <ul style="list-style-type: none"> <li>➤ Motioned by <b>Judith Yates</b> and seconded by <b>Joanne Franciscus</b>.</li> <li>➤ <b>Roll Call:</b> All other HSAB members in attendance, except for <b>Jack Dailey</b> (abstained), voted Aye.</li> </ul> <p><b>D. HSAB Attendance Confirmation</b></p> <p>a. <b>Absent for today’s meeting:</b> <b>Barry Jantz</b> and <b>Todd Walters</b> with Just Cause</p>															
<p>II. <b>Public Comment</b> <b>(not related to agenda items)</b></p>	<p>No Public Comment</p>															
<p>III. <b>Items for Approval</b></p>	<p><b>A. County Health and Human Services Agency (HHS) FY 24/25 Budget Presentation,</b> Amy Thompson, Executive Finance Director, HHS</p> <p><b>SAN DIEGO REGIONAL ECONOMY</b></p> <p>Prices increased nearly 20% since early 2021, creating financial stress</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="604 808 1087 1312" style="width: 45%;">  <p style="background-color: #e67e22; color: white; padding: 5px; text-align: center; font-weight: bold;">Higher Cost of Living</p> </div> <div data-bbox="1138 792 1936 1334" style="width: 50%;"> <p style="text-align: center;"><b>Average Monthly Household Expenses</b> September 2023</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Category</th> <th>San Diego</th> <th>U.S.</th> </tr> </thead> <tbody> <tr> <td>Housing</td> <td>\$2,900</td> <td>\$2,180</td> </tr> <tr> <td>Food</td> <td>\$1,190</td> <td>\$820</td> </tr> <tr> <td>Transportation</td> <td>\$1,030</td> <td>\$1,060</td> </tr> <tr> <td>Other Necessities</td> <td>\$2,890</td> <td>\$2,380</td> </tr> </tbody> </table> <p style="text-align: center;">■ San Diego ■ U.S.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;">  <p style="text-align: center;">4</p> <div style="display: flex; align-items: center;">   </div> </div>	Category	San Diego	U.S.	Housing	\$2,900	\$2,180	Food	\$1,190	\$820	Transportation	\$1,030	\$1,060	Other Necessities	\$2,890	\$2,380
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# COUNTY FINANCIAL OUTLOOK

## GENERAL PURPOSE REVENUE REQUESTS

**Cumulative Funding Gap by Fiscal Year**  
FY 23-24 = \$0.0M  
FY 24-25 = \$0.0M  
FY 25-26 = \$63.5M  
FY 26-27 = \$48.9M  
FY 27-28 = \$76.7M  
FY 28-29 = \$92.9M



*Note: Estimated projections as of 2/12/2024. General Fund Outlook assumes the FY 23-24 Adopted General Fund Budget plus Salary & Benefit growth. Expenditure Gap and Revenue Shortfalls reflect requests for General Purpose Revenue. May not reflect non salary program revenue supported changes. Does not include: Enhanced Infrastructure Financing Districts, new affordable housing/homeless solutions, new sustainability initiatives, debt financing CINA projects.*

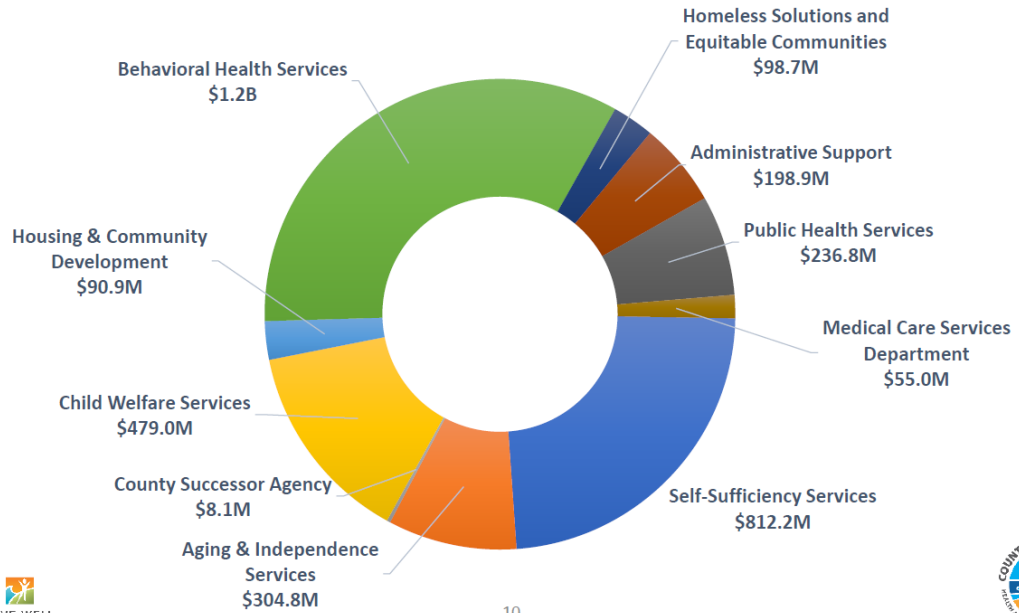


## [County Budget 2024 - 26 | Engage San Diego County](#)

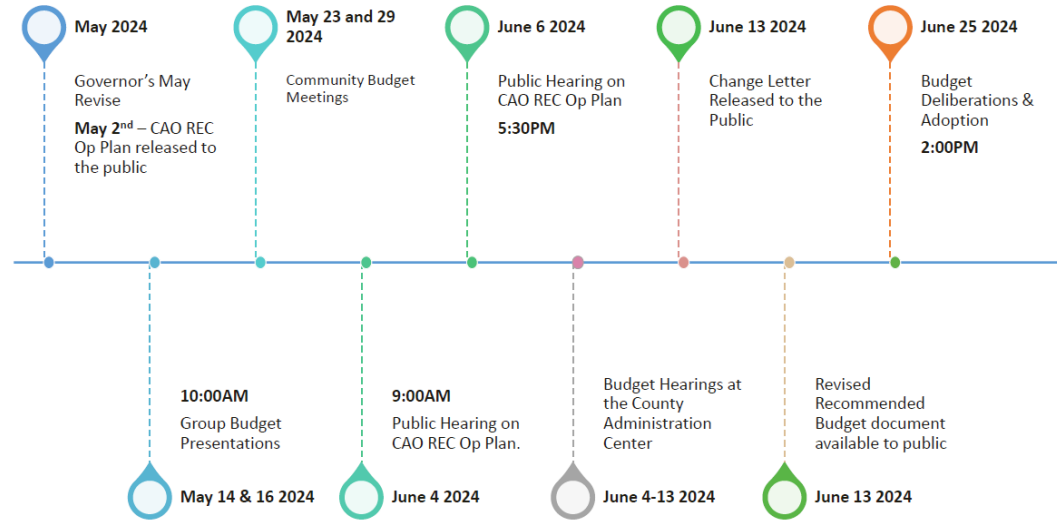


# HHSB BUDGET BY DEPARTMENT: \$3.4 BILLION

Increase of \$243.2 million from FY 2023-2024 Adopted Budget



## UPCOMING BUDGET EVENTS: KEY DATES



### Questions and Answers:

**Question: Dr. Suzzane Afflalo:** Where is your first safe parking site?

**Answer: Amy Thompson:** It's our Magnolia site. It is in unincorporated El Cajon area.

**Question: James Lepanto:** So my understanding is that this budget is really more so than any other budget I've heard recently, really not completed as far as the Governor's revise is gonna be next week. A lot of moving pieces in this, correct.

**Answer: Amy Thompson:** So you're right that, depending on what happens in the May revise, and then ultimately, you know, even after the May revise is released, there will be, you know, budget subcommittees and conversations and things that will change before the State's budget gets adopted. But you're absolutely right, James, if there are significant decreases, which we do think there are going to be some in the area of CalWorks. We potentially will have to go back and adjust either during the change level process that we have in the County, or perhaps, like the first part of next fiscal year, depending on what the State's budget looks like.

**Question: James Lepanto:** So, I have two more questions. The American Rescue Plan: Have we spent out that money

now? Is this the last year that we have any available for that, we're spending it out, correct, in 24-25?

**Answer: Amy Thompson:** We are still spending in 24-25, and we will actually have funding still available in FY 25-26. So the Board actually took action at the end of February. There was an American Rescue Plan update to the board, where we were projecting how much would be still available the end of next fiscal year, and where we might be able to leverage areas where there was still funding available to continue programs that were stood up, that we really intended to be ongoing like those State parking sites. Those were started with ARPA funds. We need to continue to operate them. And so the board took action in last February to extend some of those funds through 25-26. The Feds allow us to spend the funding through the end of CY 2026. So we still have some time there.

**Question: James Lepanto:** So, next FY. How much are you estimating? Next FY, how much do we actually have left in the American Rescue Plan funding? Do you know that off hand?

**Answer: Amy Thompson:** I should know that off hand. We have spent over half... probably my team can help find it. If not, I can send that to you, James. One of our most significant investments from the Board's ARPA framework, was in homelessness. We had 85 million dedicated there. Those funds are tied to standing up like sleeping cabin parking sites, some affordable housing. So the timeframe for spending them takes a little bit longer. But I can get you that amount.

**Question: James Lepanto:** Then, most likely when we're done with that money, we are going to have another issue with sustainability.

**Answer: Amy Thompson:** So the February Board presentation is really good because it speaks just to that. So we wanted to tie up some of those dollars to help glide slope us for those ongoing programs in FY 25-26. Because not everything that we did under ARPA will be ongoing, but especially in the area of homelessness, there will be some ongoing investments. You're absolutely right. That something that's on our radar. And that's factoring into our out-year doubts.

**Question: Tim Fraser:** This is extremely fluid and as you know HSAB often gives the recommendations and advisement on the budget. Because of the FY and June 13<sup>th</sup> does not give us time especially in the revised and especially with the changes that are happening. Any time to really submit anything that is going to be accurate by what we're going to be able to look at, in that short period of time, which is usually what we're kind of up against. As far as our response, it puts our response in a really tight spot.

**Answer: Amy Thompson:** Yes, I know, that is a reoccurring theme and what we've tried to do to help with that is briefing the chairs in advance and early March. Unfortunately, the budget itself, we can't release until it's released to the public and that's always the beginning of May. But I would say in terms of the comments, focusing on the recommended budget that is out because we don't know what is going to come down from the State's budget. So the advisory board can only react to what is currently put out there for the current operational budget. I recognize the timing constraint definitely.

**Question: Tim Fraser:** So on your slide for behavioral health. It looks like to be about 119 million is going to be invested, so how much of the 119 is going towards SB43 implementation and plan? I have yet to see a full working plan on what we're going to be doing on it and how are we budgeting for a plan that we do not have yet. And because everything is fluid, and we do not know what is coming down from the State or what's going to be implemented. Can I make a request that we come back here at the end of June to get an update on the actual funding that's going towards SB43 and an update on the strategic plan implementation.



**Answer: Amy Thompson:** So I know we and Anuj can help coordinate and I know the behavioral health team is in the midst of a very robust planning for implementation right now, working with hospitals. A lot of community stakeholders, and so I know they would be happy to come and and give a presentation on that. In the 24-25 budget itself, we have 15 million dollars set aside, leveraging that ARPA funding that is estimated to be a bridge for you know, maybe about a year or a little bit more.

**Comment: Dr. Elizabeth Hernandez:** I just want to say that I concur with what Amy is sharing. Happy to invite Dr. Bergman. Tim, I think you said you wanted the presentation in June. But let me check in with him to see. We want to make sure to give you something substantial. So let's see what that looks like.

**Question: Tim Fraser:** Given that I just heard that 15 million is invested. I would urge you all to take a second look at that and see if that could be plus stop. This will cost a lot more than 15 million dollars to be available, and whatever they end up coming up with as part of a stakeholder group, and I think we have asked, HSAB has asked almost monthly now to try and get an update on SB43 and still waiting, so I'll be a broken record until that happens.

**Comment: Dr. Harriet Seldin:** Since I have been involved with this group and some people haven't been on as long. During times of scarcity which we haven't been in terms of the budget we look at there was a process some years ago where we had prioritized the County had prioritized. So that and I don't know how that will happen in the sense of percent and prioritizing without knowing exactly what's will be happening. So I just wanted to throw that out there as a way that we can respond as an organization as HSAB.

**Comment: Judith Yates:** Thank you. I think this to the opposite. What I raise my hand. But to your point. I think that in fact, she's going to have to come back to explain to us what she will not know today, but might know in the next couple of months, maybe might even come back at the beginning of first fiscal year. We should keep that in in like in a little short note that it may be that we would want that the item back on the agenda to revisit it. That would give you back another chance to look at those things, but I had my hand raised because I really wanted to speak to the SB43. I think there's some value in continuing, regardless of where we are come June. There is value in continuing to ask for updates and to be as opportunities to participate in dialogue because, in in spite of the fact that I don't think there'll be a plan in June. I do think that interacting you might want to broaden who you interact with. Because, remember, SB43 cuts across multiple entities in particular, the justice system. And so maybe we would. You might want to. Just look at It's not just behavioral health, and it's like probation. It's public vendor. It's different entities. And I think that to work on our ability to see how important SB43 is cutting across all of these other agencies, we should, we should tap into those agencies, and have maybe not just one person, but 2 or 3. Is that I'm looking at you, because I know you know what I'm trying to say.

**Comment: Jack Dailey:** I mean, I would agree. I think, as before, we're part of the convenings and the work groups and a having been involved in those, I think, having a higher-level discussion here about the global plan, touching back on how that the 1 million is proposed is going to be allocated. And I'm along with the spread here that this is probably not going to be enough given the anticipated demand on our infrastructure in the community. And so what are the contingency plans are there? Is there advocacy efforts? What are the next steps?

**Answer: Amy Thompson:** Because hypothetically, even at the 15 million dollars? And I understand the concern that for a year 15 million might not even be enough. But let's say it was. There's still the question of okay. We need to plan to year 2, right? Whatever that ongoing amount is. So there's extensive advocacy. Right now, with Behavioral Health,

with our Board Office, with our CEO's office, with our Economic Development and Governmental Affairs office, because ultimately what we need is for the State to put in a funding mechanism to change some requirements in terms of what we can bill for if we use like crisis stabilization units, for example, not only for mental health or co-occurring but for substance use needs that qualify under SB43. So all of that is being very actively pursued, because, regardless of the amount. This is just one time funding that we have in here so very much top of mind definitely.

**Comment: Judith Yates:** Yeah, Amy, you might have to expand on that. I'm not sure everybody understands when you say the funding is not there. When we talk about substance, you said that account does not cover for services planning people or start into the plan. Now who do they think will provide that service when you don't have any a visible reimbursement? It's not a small problem. It's very large.

**Answer: Amy Thompson:** Yes, because right now, the crisis stabilization unit capacity. We have the County team and community has done a great job at standing up for CSU's, and there likely would be Capacity to serve this new population. But we can't right now. There's no mechanism to claim a stay and a CSU for the SB43 population to medical. So that's the one area that we're pursuing, among others, with, you know, the hospital planning, too.

**Comment: Vice-Chair: Geysil Arroyo:** Any other questions? Thank you. What I want to say is that I've been a member of this Board for 5 years now. I remember being in the Budget committee around this time. So do we want to do that? I think we should. So, members of the Budget Committee, I think we should reconvene. Talk about what we want to do.

**Comment: Dr. Bhatia:** Then with the June 13<sup>th</sup> timeline to present the letter ideally to discuss and finalize and share at the next meeting in June to discuss.

**Comment: Vice-Chair: Geysil Arroyo:** I know that Barry put together the letter. I'll talk to Barry, then we'll go from there.

**Comment: Amy Thompson:** So okay, so even if there are hypothetically no more cuts in this like state budget for next year, we know going into 25/26. It's also going to be a difficult year. So I really like the idea of prioritizing and getting ready for 25/26, and incorporating input from the Advisory board. So just wanted to comment on that, regardless of the state budget that is going to be a very valuable activity from our perspective. Thank you.

**Comment: Vice-Chair: Geysil Arroyo:** And you know I have on my notes that we cannot have a majority. Right? Before we move on to the next item. I would like to give Mr. Perez an opportunity to introduce himself.

**Comment: Alexander Perez:** I am the managing attorney for the Health Unit at the Legal Aids society, San Diego. I'll be serving as Jack's alternate for these meetings, but I wanted to attend one in person and see the general flow. How I can fit in as best as I can.

**Vote:** Motion to approve "receipt of the budget presentation" by **(Paul Hegyi)** and seconded by **(Tim Fraser)**  
Roll Call: All other HSAB members-in attendance voted Aye.

- B. Authorize Acceptance of HIV/AIDS Services Grant Funding, Extension to HIV/AIDS Services Contracts, Competitive Procurement of HIV/Aids Services Contracts, and Application for Future Funding Opportunities,**  
Lauren Brookshire, MSW, MPH, Assistant Medical Services Administrator, HIV STD, and Hepatitis Surveillance Branch

## Background – Getting to Zero



### ***Getting to Zero***

- On March 1, 2016, the Board of Supervisors adopted the local Getting to Zero initiative, a comprehensive and ambitious plan to end the HIV epidemic.

### ***Ending the HIV Epidemic***

- Federal initiative started in 2019 with the goal of reducing new HIV infections in the U.S. by 90% by 2030.



## Acceptance of Ryan White Part B Funding



Ryan White Part B funding supports medical treatment and support services for people living with HIV.

Funding period: April 1, 2024-March 31, 2029.

Funding amount: \$11.6 million.



# Recommendations



## Board Letter Recommendations

- Waive Board Policy B-29.
- Extend HIV Prevention contracts.
- Issue competitive solicitations for HIV Prevention services.
- Extend Ryan White Part A contracts.
- Accept Ryan White Part B funding.
- Authorize application for future funding opportunities and submit required reports or applications for continuation.

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### Questions and Answers:

**Comment: Dr. Bhatia:** I wanted to ask, if you have questions or comments, please do use your microphone for purposes of hearing you.

**Question: James Lepanto:** So I don't know if you can ask this question, and if not, Lauren, maybe we could have a presentation. I should have asked this to Patrick, and I was here before last month, but you know there's such a disproportionality as we're seeing the statistics with HIV in Dominico, latino, black and with all the gains we've made for a long time now. Important gains. not seeing those gains as substantial in those communities, or with that demographic. And I'm wondering how we're addressing that specifically to me. That's a really red light. And I don't want that to get lost in the shuffle shuffle as far as treatment and intervention. What are we doing? How are we? What's our strategy for that. And how can we really get those numbers down? So whether you can answer that I'm not sure.

**Answer: Lauren Brookshire:** I'd be happy. I'd be happy to thank you for that. Thank you for that question, and that is certainly a big part of our work is looking at disproportionalities. And how we can better serve our public and make sure services are getting out to folks who need them the most. We have embarked among with several community engagement projects, and one of which, concluded around 20-21, and of course, due to impacts of covid, we are still in

the process of implementing some of the recommendations that came forth from that project that are looking at things like stigma and medical mistrust and access to resources. When we're planning our procurements, we look very closely at our epidemiological data to make sure that we are seeking services that are tailored to populations that are in most in need in areas that have the highest impact. So those are a couple of the ways that we're going about it. We're trying to expand HIV testing routine opt out testing which we have going in. The vast majority are community clinics in San Diego and of the county, but also trying to expand that to emergency departments and other areas, so that we are able to try to reach some folks that we may not, may be slipping through the system because they don't access resources through either a private doctor or community clinic or the County.

**Comment: James Lepanto:** I guess my concern is it's not that there aren't services available. There are a lot of things out there for all that kind of stuff. So we've come a long ways with that, it's being able, like you said, to reduce that stigma within the community to take the shame away, to be able to develop, develop that trust, and get the care they need and the education and the education, the information as well. So I would. I would love to hear more about that, and the department could come back and really kind of give us a specific strategy or plan for that, and how that outreach is going to happen. Not that it's not there. but we've got to do better with that.

**Response: Lauren Brookshire :** Oh, great, thank you. Yeah. We'd be happy to do that. Thank you.

**Vote:** Motion to approve by **Tim Fraser** and seconded by **Dr. Suzanne Afflalo**

**No Discussion.**

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

**C. Supporting Pre-Release Medi-Cal Enrollment, Behavioral Health Links, and 90-Day Pre-Release Services for Justice-Involved Individuals,**

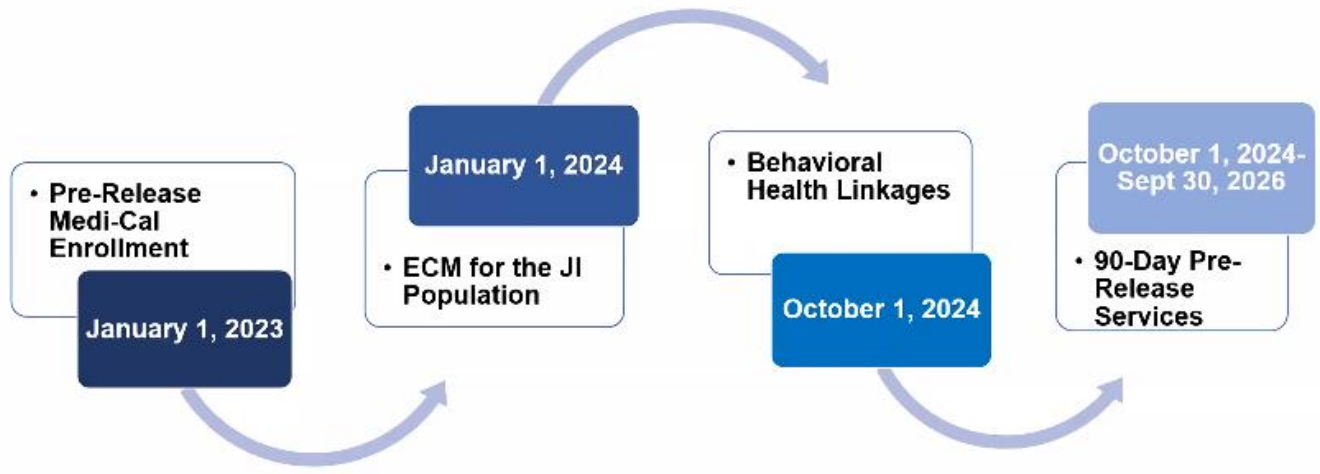
Sayone Thihalolipavan, MD, MPH, Justice Involved Health Officer, Medical Care Services Department  
Lynn Carr, Chief of Agency Operations for San Diego Advancing and Innovating Medical Team  
Jamie Beam, Director for medical Care Services

# SUPPORTING PRE-RELEASE MEDICAL ENROLLMENT, BEHAVIORAL HEALTH LINKS, AND 90-DAY PRE- RELEASE SERVICES FOR JUSTICE-INVOLVED INDIVIDUALS

Health Services Advisory Board  
May 7, 2024



# JUSTICE-INVOLVED INITIATIVE TIMELINE





## PRE-RELEASE MEDI-CAL ENROLLMENT



- Through AB 133, California statute mandated all counties to implement pre-release application processes in State prisons, county jails and youth correctional facilities by January 1, 2023.
- Pre-release Medi-Cal enrollment processes will help ensure Medi-Cal coverage upon reentry into the community in order to facilitate access to needed Medi-Cal covered services and care.
- The County of San Diego has enhanced practices to support pre-release Medi-Cal enrollment processes.

For more details, see [Bill Text - AB-133 Health. \(ca.gov\)](#)



Providing Access and Transforming Health (PATH) Justice-Involved (JI) Capacity Building Program Grant Funding			
	Planning for Pre-Release Medi-Cal Enrollment PATH JI Round 1	Implementation of Pre- Release Medi-Cal Enrollment PATH JI Round 2	Planning and Implementation of Behavioral Health Links and 90-Day Pre-Release Services PATH JI Round 3
Health and Human Services Agency	\$250,000	\$1,500,000	\$3,305,504
Sheriff's Department		\$3,500,000	\$5,000,000
Probation Department		\$750,000	\$2,500,000
<b>Total Funding Per Round</b>	\$250,000	\$5,750,000	\$10,805,504
<b>Total Funding Received</b>	<b>\$16,805,504</b>		

**Questions and Answers:**

**Question: Dr. Suzzane Afflalo:** I think I might have missed it in the presentation. But who's actually doing the care for primary care of these patients or these new release people?

**Answer: Dr. Sayone Thihalolipavan:** We were talking mostly about the care in the facilities for the 90 day pre-release services. So that's before they release. So that's being done, you know, depending on which facility they're in. If they're in the sheriff's jails. That's being done by the sheriff's medical staff or their vendors, which currently are NavCare and correctional health partners. Youth Detention in Juvenile hall, that's being done by Well Path. Does that answer your question?

**Question: Dr. Suzzane Afflalo:** I'm just curious. Once we get them all tuned up and set them out. What happens to them after that? Their chronic disease management. Who's their primary care? And when they go into whatever locations, whether it's FQHC's or whatever, just safety measures regarding that, but making sure that they get their primary care needs met.

**Answer: Dr. Sayone Thihalolipavan:** That is absolutely critical. The question that you're asking because sometimes

people come into these types of facilities and. you know, don't have any primary care, or haven't had any for long enough, or they've only had immersion care. And so, you know, sometimes they are, your words were tuned up and you know, and that presents an opportunity to continue that care so that care, coordination is critical to, you know, the continued hopefully. Health, improved health trajectory of that individual. Which hopefully impacts other things too. So more positively like preventing them from recidivating. So for Health. You heard Lynn talk about the behavior health linkages. So anyone, you know, with an identified behavior health condition. You know whether it will either be the responsibility of the Behavior Health Department at the County or the medical managed care plans to you know, have those identified individuals linked to care on the outside, whether those are through community clinics or more specialty services depending on their level of need. For non-behavior health, primary care and primary care can include integrated behavior health, as you know. You know. Then that should be part of the care assessment that's conducted once these 90 day pre-release services are in implemented. And then, you know, those needs should be identified. I'm just making up an example: that you know, a juvenile youth in juvenile detention has asthma then that needs to be followed up. So that needs to be part of the care plan as that individual transitions back in the community. And I want to invite Lynn to add or correct anything, or expand on what I'm saying.

**Answer: Lynn Carr:** I'll just add you had briefly touched on in the beginning, Dr. Sayone, on the enhanced care management benefit under medicare transformation. Their once 90 day, pre-release services goes live the enhanced care management, lead, care manager would go into the correctional facilities and help with that transition into the community. So at that point there's an opportunity to identify such as a federally qualified health center. Or you know who that primary care physician would be. So. There is extra support under the justice involved initiative to help link to the primary care physician. But it really would be that individual's choice where they be an FQHC or another PCP, so that is not necessarily called out in the JI initiative, like behavioral health is. But it is part of the intention to ensure that someone is linked to their primary care.

**Comment: Dr. Liz Hernandez:** I'm very familiar with project INreach, the program that you referenced there. And that's exactly what you said. It's part of the current plan, so as they support them as they transition out. They're linked to the different services that Sayone and Lynn just mentioned, including healthcare services.

**Question: Dr. Suzzane Afflalo:** What kind of warning. If there is behavioral issues to come to a primary, we had one in our clinic, and that's reason why I'm asking without any warning as to behavioral issues. So we just wanna make sure that people know about those things their history before they come in and make a scene in the office and make everyone every other patient in the clinic nervous.

**Question: Judith Yates:** Thank you. I'm hearing this, is the second time, as Dr. Sayone mentioned, and I've heard this, and I learned something each time. So your time is well appreciated, both of you. But Dr. Sayone. And then on page 6. When you start talking about behavioral health links, the piece that worries me the most is not that it can't happen that primary care could be linked through. You know, our call centers, etc. It's just that I'm very much familiar with how hard it is to do any of that today successfully, because there's not enough providers, there's not enough workers. And so my question is fundamentally about it. This all sounds really good. But how are we going to make sure it happens when we already know we don't have sufficient workforce. And that's not just clinics that's hospitals, that's, you know, all the pieces that someone might need it. It's a true issue. We all know it so. But particularly with that behavioral health link. I just feel like we need to tease that out a little bit more. So whatever either of you is thinking

would be helpful.

**Answer: Dr. Sayone Thihalolipavan:** I'll start and just say that, Judith, you're definitely right. That there's been network adequacy, you know, challenges currently and in the past. And, you know, think things are definitely not gonna change overnight. I know that behavioral health is well aware of those issues and the plans who are responsible for these individuals? But I don't know that I could speak on their behalf on kind of some of the other things that they're doing to address those issues. But I know that we've talked about that with them, and that they know, and the State is aware. But, Lynn, do you know of any specific things they're doing on that?

**Answer: Lynn Carr:** I would. I would just add that the intention for the recommendation, for the project, ENreach and project ENreach ministry to expand, that is, it's really for a phased approach. As you mentioned, like workforce. And you know, the shortages is, we know, project ENreach and project ENreach ministry right now do similar services. And so by starting with projects that have expertise and expanding them. That's the approach to start in a phased approach, start with services that are working, and then increase from there. So that is part of the intention of why we're starting with project ENreach to do a lot of that linkages into the community because it's already happening.

**Answer: Dr. Sayone Thihalolipavan:** We're taking a good model and expanding it.

**Comment: Dr. Liz Hernandez:** Add one quick thing, hearing Amy's presentation. You may have seen in the behavioral health slide. There is going to be significant resources and funding that's going to be going towards workforce just to exactly share. To address your concern in terms of workforce.

Answer: Dr. Sayone Thihaloipavan –

**Question: James Lepanto:** Sayone, Lynn, thank you for this presentation. I I agree. It's this is important and long overdue. So thank you for all the hard work that you're doing on this. I do think you're right, Judith. A side note here about the service providers for this, and do it, especially for medical and the reimbursement rate for medicine, behavioral health for medical having that it will help license clinician. I remember that. And so that's tough. And that's where you're gonna have a lot of people coming out to use it, and a lot of providers not billing that account. So that that's a consideration. But Sayone, you were talking earlier about the timeframe for this, and I'm just a little confused by it. There, you said, there's a 2 year from October of 2024, through September 30th of 2026 is that when the plan is to actually implement this is 2026, or explain that to me. One more time, please.

**Answer: Dr. Sayone Thihalolipavan:** Of course. Yeah, thanks, James. And so the state, you know, knowing that this is a monumental shift for correctional facilities, meaning that you know these are organizations that have not historically billed for, you know, because of the Medicaid inmate exclusion policy that Lynn alluded to, where, where we really are not allowed to by Federal statute use or build Medicaid in in these settings. So because of that, you know, there's a lot of course, adjustments to the EHR. There's a lot of planning for this care, coordination, and many partnerships that need to do to that be developed. You know that really up and down the State when we talk to when we're on State calls, our consultant, HMA, actually does consult for some other counties, and we've heard that for them, too, or from Cdcr. The State prison system, that the majority of facilities are not ready to implement and go live with all of these services in October. Partly. I will also add that the State's implementation guidance was delayed, and didn't really come out till last October, so that really only gave them about a year. You know, for some of these monumental changes and things like it, making sure that people get 30 days of medications in hand at discharge. Right? And we have 4,000 people in our sheriff's custody right now, for example. So you know not that they're all

leaving at once. I think it's in the hundreds, maybe one to 200s that come in and out every day. But still, that's a lot of people to get patient specific meds for and do that coordination for. And that's a process that they're not currently doing. Now, for example. So because of that, that's why the States, giving these facilities a two-year window in which they have to show that they're ready. They actually have to submit a readiness plan and proposal. About 5 months before they're actually planning on going live. And the State has to approve that as well.

**Question: James Lepanto:** One more question. Thank you. Sayone, is there also a piece of this from history based on cultural readiness for this, as far as in corrections that has sometimes been not as a robust in behavioral health services and the understanding and the need for that, and the application. So is part of that can be also educating correctional facilities in any way to get past some of that previous culture that was resistant to this.

**Answer: Dr. Sayone Thihalolipavan:** I would say, yes. You know that these are a frame shift in terms of thinking, and some of the approaches and those connections to the community. I think that our facilities and our correctional partners locally and CDCR, they are moving in that direction. And this mandate, essentially, that's been written, and AB133 cemented this. And you know, added this to the regulations that the CalAIM and the justice involved initiative. So now that it's required. That you know it, it is being taken seriously, but it is a culture shift like you're saying. And so that is, of course, part of the reason. Right cause healthcare is. There's security and healthcare and healthcare has historically, not always been the priority. But it is increasingly becoming so. For many reasons. I also just wanted to add that when we've heard just about timeline, sorry that they, even though they have that 2 year window we have heard maybe the Orange County might be ready to start this calendar year, but, generally speaking, are from CDCR. When we talk to our sheriff's Department and Probation Department that they're looking more at like the second half of 2025 for a more realistic implementation. Timeline.

**Question: Tim Fraser:** Just a comment, more than a question. When you say that. They're going to be gearing up and we give it a 30 day supply medication. The average wait time for a new patient. We could be seeing behavioral health is 6 to 8 weeks out, so that is not going to be covering the time that they need. And I fear that that 6 to 8 weeks as we wait a year or 2 to implement. This is only gonna get greater and go longer, so that I would suggest you all look at being able to give. Many of us can get a 90 day supply of medication that would go a long way and making sure that they're stabilized when they're coming into the first appointment because to talk to our followers point we as they're coming into the first one we need to make sure they're stable if they're going to be coming into our clinic and be given the heads up that they're coming, and that they're ready to go.

**Answer: Dr. Sayone Thihalolipavan:** That's a really good point, Tim. Thank you. And the 30 day is a minimum window. Currently, they do around 10 days supply, but they do a prescription. They don't provide it in hand unless it's sometimes a coordinated release, and they know well in advance, for on the sheriff side at least. And so this will be a significant change. And and you're bringing up a very valid point around the behavior health medications. Thank you. I did also wanna just say that to Dr. Afflalo's question earlier around connecting and especially for some of our community health clinics in our current County that there is a model that's evidence based out there called the transitions clinic network and that we received funding. There's nothing to this board letter but through the alternative incarceration effort for the County, we received some funding to pilot this model with up to 2 clinics in the county, and this is a model where they use a community health worker with lived incarceration, experience to go and do in reach within this is exclusively with our sheriff's department, and the jails meet with those individuals. Pre-

release ideally. Connect with them. Be that, you know. Take that whatever it takes coaching approach and make sure that they get connected to the clinic and to their appointments. They do cultural competency type of training for the clinic, so that they are more prepared to handle justice involved individuals. I would argue that probably all the clinics already are seeing just as small individuals. You just may not know it, or they may not. Self reveal it. And so and they really they work with the National Office to make sure that they're training up their community health workers and their clinics, etc. And we would be looking at that data to see if this helps improve the health and wellness, and maybe even affect other things like recidivism. You know, for these individuals, and consider expanding the program. So we are going to be putting out a contract in the next within the next month or so.

**Question: Jack Dailey** – I really do think to kind of hit on the exact points I was concerned about capacity, wait times especially for the mental health services. There's no reason for wait times for some key services. I'm wondering if you guys have any estimated data on the volume of justice involved patients that will be coming out, and it will be requiring either especially mental health services or non, especially mental health services. Is there any sense of that projected volume, and what the demands will be on the system. Because again, this is gonna be at a time where we're implementing SB43, and the system will already be taxed in a lot of different ways. So just wanna get a sense of your thoughts on that.

**Answer: Dr. Sayone Thihalolipavan:** Lynn let me ask you if you have any data first. If not, I'll chime in.

**Answer: Lynn Carr:** I have national data of like 30%. But I don't have specific local. So I'll defer to you. If you have local data.

**Answer: Dr. Sayone Thihalolipavan:** I don't. I was just going to say that you know these are individuals who are identified in the facility which is one thing that they have to be first identified and we are expecting that volume to not like immediately. October first, that to that demand to go up right away. We know that with everything at the implementations usually do take a little time, and really with pre-release services going live will probably afford the best opportunity for many people to identify. These conditions that need to be referred most exclusively. So we know that we have a very successful model with project ENreach that that can handle the current capacity that they're contracted for. But we, I know behavior health is thinking for the longer term and expanding that. I apologize. I don't have the volume data, but we can ask for them and report back.

**Answer: Lynn Carr:** And that's something I'm sorry I was going to say, Jack, under the JI initiative, that's actually a requirement that the screening take place, so that will be with the 90-day pre-release and behavioral link. It linkages that will be implemented. So the correctional facilities are required to implement a screening for behavioral health needs. So numbers, data should be coming once that's implemented.

**Answer: Jamie Beam:** You know what maybe we can do, Sayone and Lynn is once we're a little further on in the implementation process. Maybe we can come back and share information on where we're at with implementation and also with the transition care network, pilot. Once we get that going, just maybe a justice involved health efforts update. Because I know this item today gives us opportunity to provide more of an in-depth overview. And really, what we're doing is we're bringing on HMA and ensuring we have enough funds for our consultant to be able to help us through these questions that you all are asking. So I totally appreciate the questions. And we've been capturing them because we're still working out how we're going to implement. And these are all things I think that we can share

	<p>with our partners in public safety as we go through the process.</p> <p><b>Comment: Vice Chairperson, Geysil Arroyo:</b> That's great. That's what I was going to say, like, if there was an opportunity for, you know, some of our members to provide input too.</p> <p><b>Answer: Jamie Beam:</b> So yeah, absolutely and you, guys are fine. Is like, maybe three to four months, probably a good window to check back in?</p> <p><b>Answer: Lynn Carr:</b> Yeah, that would be great.</p> <p><b>Answer: Dr. Sayone Thihalolipavan:</b> Yeah, I think that'd be great. And I would also recommend bringing our Behavioral Health colleagues.</p> <p><b>Vote:</b> Motion to approve by <b>Jack Dailey</b> and seconded by <b>Dr. Harriet Seldin</b> No Discussion <b>Roll Call:</b> All other HSAB members-in attendance voted Aye.</p>
<p><b>IV. Chair's Report</b></p>	<p><b>A. Review of Draft Letter of Board of Supervisor Regarding the Role of HSAB</b></p> <p style="padding-left: 40px;"><b>a. Action Item: Editing of the letter to take place between now and the end of the month and then bring a revised letter back to the Board for our June meeting.</b></p> <p><b>Vote:</b> Motion to approve by Judith Yates and seconded by Jack Dailey No Discussion <b>Roll Call:</b> All other HSAB members-in attendance voted Aye.</p> <p><b>B. Continuing Discussion and Input Regarding HSAB Bylaws Revisions</b></p> <p><b>C. Survey Evaluation before HSAB Advance</b></p> <p><b>D. HSAB Advance 2024 (Doodle Poll)</b></p> <p><b>E. Youth Engagement Update</b></p> <p><b>F. Community Inspiration Awards</b></p>
<p><b>V. Informational Items</b></p>	<p><b>A. Subcommittee and Work Group Updates</b></p> <ul style="list-style-type: none"> <li>• Policies &amp; Program</li> <li>• Budget</li> <li>• Legislative Committee</li> </ul>
<p><b>VI. Health Officer Report</b></p>	<p>Update emailed to the HSAB member. No discussion on this item.</p>

<b>VII. Roundtable</b>	
<b>VIII. Public Comment</b>	
<b>IX. Adjourn</b>	Meeting adjourned 4:53 PM.

**NEXT MEETING:  
June 4, 2024  
County Administrative Center  
Room 402A**