



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

Tuesday, June 4, 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. Wilma Wooten, Public Health Officer, PHS Dr. Elizabeth Hernandez, Director, PHS Dr. Anuj Bhatia, Deputy Director, PHS Romina Morris, Departmental Budget Manager, PHS JOY Bryers Administrative Secretary, PHS Trieona Gates Administrative Secretary, PHS
12	N/A	Alexiou, Dimitrios					
8	D4	Arroyo, Geysil					
5	D3	Correa, Linda					
18	D3	Hailey, Katelyn					
11	N/A	Hegy, Paul	X				
4	D2	Jantz, Barry	X				
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	X				
		Yates, Judith	X				
Alternate							
13	N/A	Abrams, Lauren					

11	N/A	Ohmstede, Jennipher				<p>Additional COSD Staff Present:</p> <p>Jamie Beam, Director, MCSD.</p>
16	N/A	Seldin, Harriet, Dr.	X			
12	N/A	Sumek, Caryn	X			
14	N/A	Neidenberg, Carol				
3	D2	Besma, Coda				
19	D3	Alverson Rodriguez, Lisa				
14		Jack Dailey	X			
		Ana Melgoza				
		Other Attendees:				

Minutes	Lead	Follow- up Actions	Due

Agenda Item	Discussion
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<p>I. Welcome & Introductions</p>	<p>A. Roll Call</p> <ul style="list-style-type: none">a. Chairperson, (Barry Jantz) called the meeting to order at 3:04 PM.b. Roll Call: Quorum was met. <p>B. Remarks from the Chairperson</p> <ul style="list-style-type: none">a. Staff Introductions.b. Grad Student Introductions.c. Encourage to complete Doodle Poll.d. Leadership changes. <p>C. Approval of June Agenda Meeting Minutes</p> <ul style="list-style-type: none">a. June Agenda:<ul style="list-style-type: none">➤ Motioned by James Lepanto and seconded by Paul Hegyi.➤ Roll Call: All other HSAB members in attendance voted Aye.b. May Meeting Minutes:<ul style="list-style-type: none">➤ Motioned by Judith Yates and seconded by Tim Fraser.➤ Roll Call: All other HSAB members in attendance voted Aye. <p>D. HSAB Attendance Confirmation</p> <ul style="list-style-type: none">a. Absences due to Just Cause or Emergency Circumstances for today's meeting: None.
<p>II. Public Comment (not related to agenda items)</p>	<p>No Public Comment</p>
<p>III. Items for Approval</p>	<p>A. Senate Bill 43 Readiness Timeline, Luke Bergmann, PhD, Director, Behavioral Health Services Department</p>

SB 43 Readiness Timeline

	IMMEDIATE ACTIONS March – May 2024	MID-TERM ACTIONS June – August 2024	LONG-TERM ACTIONS September 2024 – March 2025
Education & Training	<ul style="list-style-type: none"> Develop LPS training Focused education and public awareness efforts Development of SB 43 public website 	<ul style="list-style-type: none"> Conduct LPS trainings Develop focused education and public awareness efforts 	<ul style="list-style-type: none"> Reassessment of LPS trainings Continue focused education and public awareness efforts
Expanded Treatment, Services & Support	<ul style="list-style-type: none"> Implementation of SD Relay program 	<ul style="list-style-type: none"> Enhance connections for patients in emergency departments to SUD residential and outpatient treatment 	<ul style="list-style-type: none"> Policy changes to establish locked hospital-based SUD treatment Establish new crisis residential treatment for primary stand-alone SUD Expand harm reduction housing options Develop the Optimal Care Pathways 2.0
Alternatives to EDs	<ul style="list-style-type: none"> Pursue state policy changes to CSU Medi-Cal billing and designation 	<ul style="list-style-type: none"> Contract actions to support CSU capacity for primary and stand-alone SUD Technical assistance for CSUs 	<ul style="list-style-type: none"> Operationalize CSU capacity for primary and stand-alone SUD
Public Conservator Procedures & Capacity	<ul style="list-style-type: none"> Establish new policies and procedures for conservatorship evaluations Participation in statewide convenings to inform clinical thresholds Public Conservator's Office resourcing 	<ul style="list-style-type: none"> Implement new policies and procedures for conservatorship evaluations Continued participation in statewide convenings Continued Public Conservator's Office resourcing Evaluate AOT and CARE Act capacity 	<ul style="list-style-type: none"> Implement data collection and reporting processes and infrastructure Assess ongoing Public Conservator's Office resourcing needs

Questions and Answers:

Question: Barry Jantz – Is SB 1238 truly to clean up something glitteringly Omitted in SP 43, is it more far reaching, or will it be controversial? How is it going in the legislature?

Answer: Luke Bergmann – I think it's going to pass, I don't know how reaching it will be. The way in which it would be, you know either it will specify things about what regulations should look like and what reimbursements should look like. Or it will say more generally, we need to figure out regulations and reimbursements. The more it says the more controversial it will be, probably. My sense is, it's probably not going to get super specific. I would kind of like it to in some ways, because I think there would be an opportunity there for us to at least articulate principles. For Example: A principle that we can really take advantage of in this month, in this moment is integrated care. In behavioral health we have this ridiculously bifurcated system. So, we all know that the care should be integrated. We know physical health and mental health should be integrated. The fact that within the behavioral health we have different payment mechanisms, totally different regulatory frameworks for people with substance use disorders, versus people with mental health is just nuts to use eternal heart. This would be an opportunity where there's a kind of political accelerant, that is lit under SB 43. I feel like maybe this is an amazing opportunity to say, "Hey State, how about you get less specific about the reds and reimbursements, give us some regulatory relief, you can work across a broader set

of behavioral health conditions in setting XY, or Z and we'll reimburse you irrespectively. I have in mind something like the DRG as a payment mechanism. We don't want to create incentives for people to get 51 50, in order to access to care. So, we have to kind of figure out a balance there. I think I may not be answering your question. We don't know that it helps specifically.

Question: Barry Jantz – I mean an example to me, or it may just be a comment, or if you want it to be a question, it can be, the lock also based treatment. You know whether you are pulling the trigger or flipping the switch, as you said immediately, like 2 counties did, or taking a more deliberate approach or even taking a 2-year deliberate approach. When you are doing something like that, it still typically takes longer than that to go through watch pot rules. So, even if you take a deliberate approach, and you have the money to make those changes doesn't mean typically you would get approved quick enough to implement it. I don't know if you have any thought, or if that's something that's being addressed somehow.

Answer: Luke Bergmann – Yeah, well I have XXX certainly, but I don't know if they really apply in California, where everything takes much longer, so much is legislated. You're on a regulatory front. When I was working in New York, we pushed through a dramatic 1115, I created a full proposal, and there were pieces of that, that didn't get approved as soon as we had wanted them to. And so, the State floated them in anticipation of CMs coming along. That is a thing that could happen, because the long pull in the tent towards regulating and paying for things differently from the folks who are members of my health plan, that is CMs.

Question: James Lepanto – So, 2 questions here, 1 is, 1st of all, the staffing and the expertise? That staffing is going to be a big chunk of this, because you're going to need that substance use expertise throughout the entire continual business. Secondly, it boggles my mind a little bit, I know some reasons why, historically, but that San Luis Obispo jumped on this and implemented the way they did, day one, light on. I'm assuming you're in contact with those counties as they're learning and their learned experiences and challenges walking through here and any solutions that they are identifying because they've got to be dealing with the same thing, and I don't know if they've got the funding different, or what they're doing to support this. But you're right. 50 million is not a whole lot. But are you working with them? Are they sharing their information or their data?

Answer: Luke Bergmann – Not so much so, but we are in touch with San Fransisco. My very dear friend has my job up in San Fransisco working, she was my boss back then. I mean have you read the news about how it's going in San Fransisco. It's a hot mess. It's exactly the things that we were describing about, is the price significant risks, right? Emergency departments, right? There's bad stuff that's going to happen in emergency departments, because of this, that's a first order of thing. It has absolutely come true in San Fransisco. I'm not sure how they are going to or what steps back. Again, I'm grateful that we've gotten the one-year deferral here. I think it's going fast, wacky fast, frankly, to make this sort of change. I think we have an opportunity to help other Counties.

Question: Joanne Franciscus – I had a question, in the scenario that you described before, when we were talking about involuntary treatment. Is the intent that the person would be brought in, and the treatment would be directed to the substance of use like particularly the acute being under influenced. So that they can make an informed decision about the other care?

Answer: Luke Bergmann – Presumably, except for the piece when you talked about intoxication. Intoxication is not mentioned in the statute. Which is a bit strange, right, in some states and I've noted that I talk to the assistant

secretary about this early on. You know Iowa anchors all of this because substance use isn't allowable. It's a number of states invoke intoxication in statute as the A threshold and it is intuitive in a way that severe substances use disorder isn't. However, intoxication as the threshold is kind of acknowledging in what you will have, is entirely transports and drop offs. You will not have a sort of fuller trajectory, probably in the ongoing areas. Toxication is going clear and then these questions would be front of mind for connections. Capacity for decision making would be totally different then. So, the threshold here isn't just substance use disorder. In fact, it's severe substances disorder and so there has to be some inclination among clinicians who would extend the hold or extend any hold that's it's not intoxication. It's the ongoing presence of severe substances disorder that's what is going to compromise this person's health safety or imminently or it's a question of disability. That is a very tricky thing to discern. Substances disorder of a severity, any dependent of intoxication.

Question: Caryn Sumek – I just had a comment, well a few ones. We want to let this group know how much we appreciate your ongoing leadership and engagement with our members. We think that the county did an extraordinary job bringing folks together to do some planning, some discussions. The fact that we have law enforcement at the table is huge. That doesn't happen in a lot of different venues. And it's really been a melting point of kind of bringing everyone together, having some consensus, understanding that we don't have all the pieces together. At least there's a conversation going and some transparency. What I hear from my colleagues throughout the state is we are one of the only counties doing that. I think we should applaud county BHs for doing that. The other thing I wanted this group to know is that through California Hospital Association, when we hear these challenges, regulatory or legislative, etc., we are floating it up through them as well. So, while the county does their advocacy route through CSAC and other things County Behavioral Directors Association. We also are trying to support their efforts through CHA. I thought that would be helpful for global awareness.

Question: Tim Fraser – Thank you so much for coming, my understanding of SB43 is that it's riding as a companion to top one. Because a lot of the funding for what we are going to need to do, is going to now becoming from prop one dollars. How is that going to interplay here with a lot of the work that needs to get done? How is the county planning that through and looking at the funding screens that are coming for long term care facilities for some of those lock treatment pieces. That is question 1 and then the comment. As we continue to plan this for the immediate need, but once they are 51 50, then they don't necessarily serve an accidental threat, and they need to go somewhere. The care coordination belongs to a lot of the clinics and the clinics need to be brought to the table and brought here. So far, a lot of the interactions, I do understand you have one or two clinics at the table. However, those are clinics within the city and that is a county problem. We need to make sure that all clinics are being brought to the table, so that using associations that involve all clinics would probably be a better use. So, I don't know how the task force were kind of created. I would also point to groups like this, you have subject matter experts around, and these should be ongoing conversations that happen here, happen at, be have. I know there's I know that there's a meeting coming up on Thursday that our staff will be participating in to be able to do that. Because of such the large shift, I appreciate everyone at the table, the police law enforcement, thank you. This needs to be talked about and spread throughout the ecosystem a lot wider if we're going to be successful, and not have problems like San Francisco, but getting the right people at the table.

Answer: Luke Bergmann – This is work that is ongoing. So, there are absolutely opportunities to either play musical chairs or wide the number of seats. I am happy to receive recommendations about additional parties who should be good to be here. We are not aiming to preemptively set parameters around; we understand that we will be relying on exactly that most broad set of providers. We absolutely want to hear what they have to say. Some of this we had to put together pretty fast and the logistical rate limits and stuff like that. This again is ongoing work. So, so happy to be in conversation about more representation there. One would think, to get to your first question that you asked about the SB 43 and Prop 1 were imagined like two parts of a Tolkien novel or trilogy or something. State leadership would say absolutely not, it just happened. I think that prop 1 will be really important, because we do need things like settings that are much longer term than we have right now. Where we will be providing more robust care for folks. That's a massive gap, this is something that the proper infrastructure bond piece is meant to address. The shift from the Mental Health Services Act, the Behavioral Health Services Act is somewhat more problematic. Frankly, we'll see how we can best use those funds in the new components in which they'll be sitting, but basically on the bond side. We will be coming back to the Board of Supervisors in July. This will be in response to a chairwoman, issuing a board letter, asking for staff to work on setting some initial priorities for the county. We will have more news to report at that point and what our high-level take is. The bond measure is going to be doled out according to a Byzantine set of funding opportunities. There's one piece of it that's county or municipal or tribal site control. There's another piece of it that's community-based organization or any of those other government jurisdiction site control piece. There is another that will come on the heels of that, which will be using a different pot of money. They're building multiple bytes of the apple and truck one, I would just note. We will be doing everything we can to help community-based organizations that may be interested as controllers of sites in leaning into prop one opportunities. We'll be doing everything that we can, and we will be issuing things publicly in short order, as we sort of pull them together to give them some guidance to community-based organizations about what it is that probably would get scored best, what it is that probably would get scored best and what it is that meets priorities. We'll hope to see robust response from the community for the segment of the bond awards that are about non-county site control.

Question: Caryn Sumek– Thank you, first off, I would like to start by saying I really appreciate how optimistically you presented a lot of this information.

Response: Luke Bergmann – I don't mean to

Question: Caryn Sumek – I'm trying to say this in a positive way, because I know how you truly feel. We feel. I think many of my colleagues are able to share that feeling or concern about how it is going to affect the community and our people. But it is hard to be optimistic with the types of obstacles that you have described, I don't need to repeat, they're very clearly presented. One item, I normally bring up things about training, but that's already on the table. I think it is really important that we don't have staff we need today. So, this is scary to me that we're not going to have in time for tomorrow. My question and I don't think it has been touched on, I believe SB 43 does change a lot of the requirements around data and data gathering, close by hospitals and clinics as well as by your agency. I'm wondering how I read some of it, and I thought, oh are we ever going to get there, you know? I wonder if you have someone. It doesn't fall into one domain.

Answer: Luke Bergmann – This is one of the pieces of SB 43 that I tend to sound more sanguine about more than others, because there has been such poor data reflecting what happens in the world of 51 50. It is very hard to report

for me as the person who runs the public and serving. It's very hard to report, even in very basic ways, on a landscape of 5150. I can talk about people on Conservatorship, and I can talk to people 5150 at the Psych Hospital and a few other places. I can't wrap my arms around it in ways that I like to be able to. SB43 should enable us, at a very basic level to do that. What it doesn't compel us to do, is to be able to stratify things around demographics in ways that I think are very important. We're going to have to figure out, so there isn't specificity in the statutory imperative for us to do it. But we got to figure that out and I think what we can do is leverage other imperatives around data gathering to support that right? So, with SB43 we have to be able to stratify holds and transports by substance use disorder primary or mental health. That's a big thing that they are concerned with. Okay we can do that, if you regulate the clinical spaces differently so we can care for both. We're happy to tell you which one in a sort of precipitated the transport. What we don't have an imperative to do with SB 43 is to say how many of us folks are African American. How many of those are API etc., etc. This is something that I am already hearing all of the time. This is going to be a really important sort of set of reporting criterion, but I think we can use reporting requirements that come with the HSA, that's prop one, so the reporting requirements that come with prop one, is mind boggling for me. It's not because our data inapt exactly and behavioral health services. We just have massive problems in administrative data gathering in health care generally and particularly to the extent that its science being around for the rest of health care, reporting and obviously you know for SB 43 to see part two problematic blah blah blah. There will be many challenges with complying with prop one. It is basically telling us we have to report on every sent where it goes, who it impacts. Blah blah blah. I think creating a mechanism to sort of link our obligatory BHSA reporting will get us to where we want it to go. So, I'm optimistic that we'll get their integration and particularly the ability to communicate with community-based organizations.

Comment: Caryn Sumek – Further driving integrations and particularly the ability to communicate with community-based organizations. Maybe we can use this as the opportunity to drive that further down the road than we've been able to do.

Answer: Luke Bergmann – Yeah, I'm very optimistic, I really am. Genuinely they will be able to really take a punctuated leap forward. With respect to data reporting in this domain. I'm less optimistic about the creation of integrated care rags.

B. Efforts to Address HIV Disproportionalities in San Diego County,
Patrick Loose, Chief, HIV, STD, and Hepatitis Branch



Patrick Loose, Chief
HIV, STD and Hepatitis Branch of Public Health Services
County of San Diego Health & Human Services Agency
June 4, 2024



Background



Getting to Zero

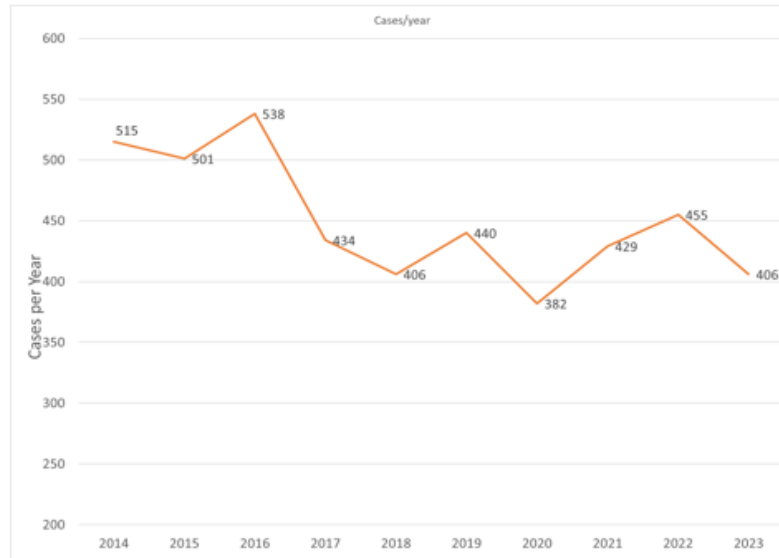
Comprehensive and ambitious plan to end the HIV epidemic locally

Ending the HIV Epidemic

Federal initiative to reduce new HIV infections nationally by 90% by 2030



Diagnoses by Year, 2014-2023 (as of 3/31/2024)



HIV Rates by Race/Ethnicity



Race/Ethnicity	2023 Diagnoses			Recent Diagnoses (2019-2023)			PLWH (as of 12/31/2023)	
	N	%	Rate*	N	%	Rate*	N	%
Hispanic	212	48.5%	19.0	1,128	52.7%	20.2	6,326	42.1%
Black/AfricanAmerican	62	14.2%	43.0	275	12.8%	38.2	1,837	12.2%
White	107	24.5%	7.6	497	23.2%	7.1	5,724	38.1%
Asian/PI	16	3.7%	3.8	73	3.4%	3.5	498	3.3%
Other**	10	2.3%		47	2.2%		506	3.4%
Unknown	30	6.8%		122	5.7%		144	0.9%
Total	437	100.0%		2,142	100.0%		15,035	100.0%

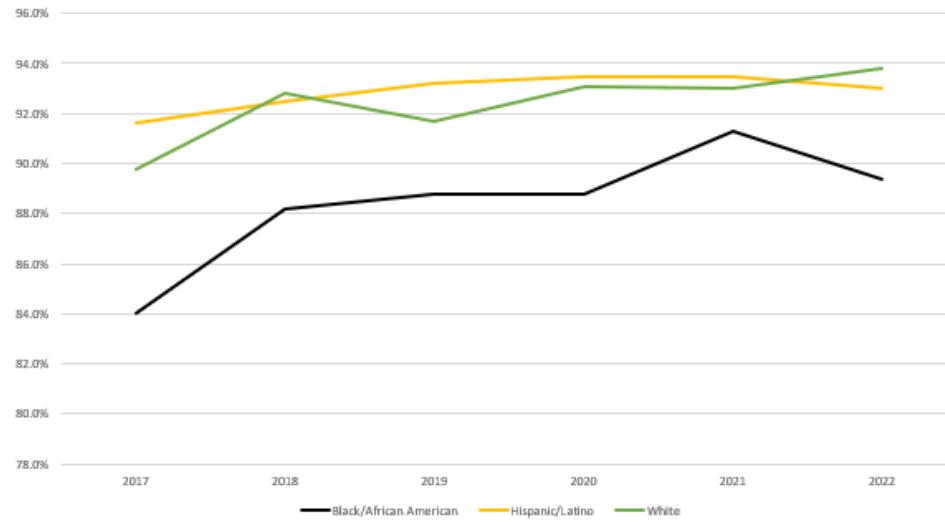
*Per 100,000 population.

**Includes American Indian/Alaska Native and Multiple Race.

Viral Suppression, Ryan White Program



Viral Suppression of Key Populations Enrolled in San Diego County Ryan White Programs
Calendar Years 2017 - 2022



Addressing Disproportionality



Needs
Assessment

Assessment of
Capacity &
Capability

Filling Gaps

Removing
Barriers

Adding
Supports

Community Engagement Findings: Barriers to and Facilitators of Care



Medical Mistrust

Communications
and Outreach

Digital Divide

Mental Health &
Substance Use

Rapid Access to
Basic Support

Peer Support

Stigma

Whole-Person
Care

New & Upcoming Programs



Questions and Answers:

Question: James Lepanto – How are you tracking all of this, how is it, how could we see this data, what is working and what may not be?

Answer: Patrick Loose – There’s an overall evaluation plan that looks in all of the services and how we are doing in terms of the outcomes that we’ve set in almost everything, I’ve simplified it. I really vital suppression it has to bear both in almost everything. Cases of HIV and prevention of acquisition has to be reported with HIV prevention.

Comment: Tim Fraser – I just want to say thank you for the work you are doing, you know 538 down to 406, that’s a huge accomplishment and especially during the four-year window that were talking during COVID and others. I’m sure now that some of the pieces you are adding, especially the medical. It’s really going to help make that different and get it lower. Even if we cut that in half, major improvement for where were going, thanks for that.

Comment: Barry Jantz – Well in the next few years, we’ll be used to seeing graphics.

IV. Chair's Report	<p>A. Continuing Discussion and Input Regarding HSAB Bylaws Revisions</p> <p>B. Survey Evaluation before HSAB Advance</p> <p>a. Action Item: When the advance schedule is ready, a survey evaluation will be given in advance.</p> <p>C. HSAB Advance 2024 (Doodle Poll)</p> <p>a. Action Item: Please fill out the doodle pool.</p> <p>D. Youth Engagement Update (Tabled)</p> <p>E. Community Inspiration Awards</p> <p>F. HSAB Recommendation Letter to Board of Supervisors</p> <p>a. Action Item: Approved</p> <p>Vote: Motion to approve by Barry Jantz and seconded by James Lepanto</p> <p>G. Time allocation for Recognition of HHSA Leader</p> <p>a. Action Item: Approved</p> <p>Vote: Motion to approve by Judith Yates and seconded by Dr. Harriet Seldin</p>
V. Informational Items	<p>A. Subcommittee and Work Group Updates</p> <ul style="list-style-type: none">• Budget Recommendation Letter: Direction and Possible Action (Last year's letter included) <p>Vote: Motion to approve by Judith Yates and seconded by Dr. Harriet Seldin</p>

	a. Action Item: Approved
VI. Health Officer Report	A. Respiratory Virus Surveillance Report a. Report will be published once a month on the second Thursday of the month. b. Hospitalization Data is not available, will start again in October B. Interim Health Officer a. Dr. Ankita Kadakia
VII. Roundtable	None
VIII. Public Comment	None
IX. Adjourn	Meeting adjourned 5:11 PM.

NEXT MEETING:
July 2 or 9, 2024
County Administrative Center
Room TBD