



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

**Tuesday, October 1, 2024,**  
**3:00pm to 5:00pm**  
**MEETING MINUTES**

Seat	District	Primary	Alternate	Attendance	Presenters	HHSA Support
1	1	Ana Melgoza			Authorize Acceptance of Community Project Funding/Congressionally Directed Spending: Facilities and/or Equipment Grant <b>Matthew Lui</b> , MPH, Program Coordinator, Public Health Laboratory  Authority to Procure Electronic Health Record (Her) System for Health and Human Services Agency Board Letter Presentation, <b>Patrick Tamashiro</b> , Information Technology Principal, Public Health Services Administration	<b>Dr. Ankita Kadakia</b> , Interim Public Health Officer, PHS  <b>Dr. Anuj Bhatia</b> , Deputy Director, PHS  <b>Michelle Hollie-Luterick</b> , Executive Secretary, PHS  <b>JOY Bryers</b> , Executive Secretary, PHS  <b>Joshua Beidler</b> , Administrative Secretary, PHS  <b>Trieona Gates</b> , Office Assistant, PHS  <b>Rick DeHaven</b> , Information Tech Analyst  <b>Talq Tera</b> , Information Tech Spec
2	1	Dr. Suzanne Afflalo	Samhita Ilango	IP (A)		
3	2	Barry Jantz <b>(Chair)</b>		IP		
4	2					
5	3	Todd Walters				
6	3	Linda Correa				
7	4	James Lepanto		IP		
8	4	Geysil Arroyo <b>(Vice-Chair)</b>		IP		
9	5					
10	5					
11	SDC Med Soc	Paul Hegyi	Jennipher Ohmstede	IP (P)		
12	HASDIC	Dimitrios Alexiou	Caryn Sumek	Z (A)		
13	HC Partners	Tim Fraser	Lauren Abrams	Z		
14	Consumer Center	Joanne Franciscus	Kris Jacobs	IP (P)		
15	BHAB	Judith Yates		IP		
16	Healthy SD-PRO	Dr. Harriet Seldin		IP		
17	Healthy SD-Con	Jack Dailey	Alex Perez	IP		

**Key for Attendance column:** IP = In Person, Z = Zoom, (P) = Primary, (A) = Alternate

<b>I. WELCOME &amp; INTRODUCTIONS</b>	<b>A. Roll Call</b> <ul style="list-style-type: none"><li>a. Barry Jantz called the meeting to order at 3:02 PM.</li><li>b. Introductions from PHS staff.</li></ul> <b>B. Remarks from the Chairperson</b> <ul style="list-style-type: none"><li>a. Test a Consent Item</li><li>b. Discussion on the Self Evaluation</li><li>c. Discussion of Sub-Committees</li></ul> <b>C. Approval of October Agenda</b> <ul style="list-style-type: none"><li>a. Consent Item Test: Authorize Acceptance of Community Project Funding/ Congressionally Directed Spending: Facilities and/or Equipment Grant <b>Matthew Lui</b>, MPH, Program Coordinator, Public Health Laboratory</li><li>b. Approval was moved by <b>Geysil Arroyo</b> and seconded by <b>Dr. Harriet Seldin</b>.</li><li>c. <b>Roll Call:</b> All other HSAB members in attendance voted Aye.</li></ul> <b>D. Approval of September Meeting Minute</b> <ul style="list-style-type: none"><li>a. Moved by <b>Jack Dailey</b> and seconded by <b>Joanne Franciscus</b>.</li><li>b. All other HSAB members in attendance voted Aye.</li></ul> <b>E. HSAB Attendance Confirmation</b>
<b>II. PUBLIC COMMENT</b>	<ul style="list-style-type: none"><li>• No public comment.</li></ul>

**III. ITEMS FOR APPROVAL**


**A.** Authorize Acceptance of Community Project Funding/ Congressionally Directed Spending: Facilities and/or Equipment Grant **Matthew Lui**, MPH, Program Coordinator, Public Health Laboratory

**Consent Item:**

**Motion:** Paul Hegyi


**Second:** Judith Yates

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



**BOARD LETTER:  
AUTHORIZE ACCEPTANCE OF THE COMMUNITY  
PROJECT FUNDING / CONGRESSIONALLY  
DIRECTED SPENDING: FACILITIES AND/OR  
EQUIPMENT (CPF/CDS) GRANT FUNDING**

Epidemiology and Immunizations Services Branch  
Public Health Laboratory  
*October 1, 2024*



# Public Health Laboratory



## Mission Statement:

Providing quality laboratory services to protect community health and prevent the spread of disease.



## Core Activities:

Surveillance, Assessment, and Assurance.



Rendering of new Public Health Laboratory ~  
expected Grand Opening April 2025

## Community Project Funding / Congressionally Directed Spending (CPF/CDS)



- April 8, 2024, PHL received a notification from HRSA to submit application for CPF/CDS grant.
- Co-sponsored by Senators Padilla and Feinstein
- June 12, 2024, PHL submitted application for CPF/CDS one-time funding of \$2,500,000.
- Funding valid through September 29, 2027.

## Benefits and Outcomes



This funding will assist with the new Public Health Laboratory construction project by:

- Improving workflow and surge capacity.
- Purchase additional laboratory and IT equipment, and preventative maintenance service plans.
- Capacity to support Local, State, and Regional efforts to identify, track and respond to emerging infectious diseases.



## Plans for the Grant



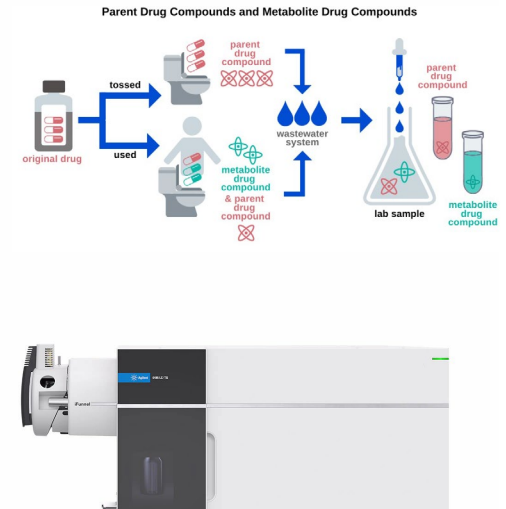
- Moveable Equipment → \$950,000
- Related Equipment Costs (delivery, shipping, warranty, **service contracts**) → \$101,592
- Staff Equipment (IT costs, subscriptions, equipment) → \$530,170
- Laboratory Ancillary Supplies and Equipment → \$904,934



## Genomic Epidemiology and Sequencing Team



- Agilent 6495 Triple Quadrupole LC/MS System
  - Mass Spectrometer and AutoTrace
- Testing of High-risk substances - (fentanyl, methamphetamine, cocaine, etc.) in wastewater.
  - Inform Public Health Action
- *Future*: Pharmaceutical monitoring, bacterial toxins, emerging contaminants (PFAS)





## Critical Equipment for Operations



DiaSorin  
Liaison XL



- Automated platform for high -throughput testing
- Screen patients for Tuberculosis - Quantiferon
- Assess vaccine status for measles, mumps and rubella
- Support EPI and Outbreak Investigations

Qiagen  
QIAcube HT Extractor



- Automated platform for high -throughput extractions
- More efficient processing of Beach Samples – Can do more samples at one time
- Support DNA/RNA extractions in the molecular lab

# Water Laboratory – ddPCR and Culture Testing



- Replace and upgrade aging ddPCR equipment
  - Beach Monitoring program testing
- New Incubator
  - Culture testing
- New Autoclave
  - Sterilizes waste, used to make media and sterilize bottles. etc.

ddPCR Equipment



Autoclave

Incubator



**SAFETY FIRST!**

## Recommendations



- Authorize the acceptance of \$2,500,000 from the Health Resources and Services Administration, for the Community Project Funding/Congressionally Directed Spending: Facilities and/or Equipment grant allocation for the period of September 30, 2024, through September 29, 2027.
- Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, to support the Public Health Laboratory.

## Contact



For additional information, contact:

Matthew Lui, [Matthew.Lui@sdcounty.ca.gov](mailto:Matthew.Lui@sdcounty.ca.gov) or (619) 366-7862

Dr. Jeremy Corrigan, [Jeremy.Corrigan@sdcounty.ca.gov](mailto:Jeremy.Corrigan@sdcounty.ca.gov) or (619) 339-9883

# Laboratory Services Provided



## TYPES OF LABORATORY SERVICES

### ■ ENVIRONMENTAL TESTING

- Drinking water testing
- Beach water testing – ddPCR and Culture

### ■ CLINICAL TESTING

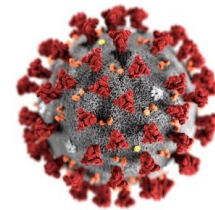
- Enteric Disease (e.g., Salmonella, Shigella, STEC)
- STDs (HIV, chlamydia, gonorrhea)
- Vaccine Preventable Diseases (i.e., measles, mumps)
- Tuberculosis testing and COVID Testing

### ■ BIOTERRORISM PREPAREDNESS (BSL-3)

- Clinical and Environmental Samples
- Detect Select Agents (i.e., anthrax, plague, ricin toxin)

### ■ OTHER

- BioWatch Program – Environmental Air Sampling
- Rabies and Sequencing



Questions and Answers:

**None**

**IV.**  
**ITEM FOR APPROVAL**

**A.**  
Authority to Procure Electronic Health Record (Ehr) System for Health and Human Services Agency Board Letter Presentation, **Patrick Tamashiro**, Information Technology Principal, Public Health Services Administration

**RECOMMEND PROCUREMENT OF  
ELECTRONIC HEALTH RECORD  
(EHR) SYSTEM FOR HEALTH AND  
HUMAN SERVICES AGENCY**

Patrick Tamashiro, IT Principal, Public Health Services, Health and Human Services Agency

October 1, 2024



# Electronic Health Record System



Public Health Services, and related program and services in the Health and Human Services Agency are in need of an electronic health record (EHR) system.





## Health and Medical Services



- 120,000+ patient visits annually across:
  - Case Management,
  - Therapy Services (Physical and Occupational),
  - Communicable Disease Testing, Treatment, and Prevention,
  - Vaccinations, and
  - Home Health



## Request- Vote to support the following action:

1. In accordance with Board Policy A-87, requesting authority to enter negotiations and enter into a contract with OCHIN Inc. for the Epic electronic health record system.
  - Up to \$6,500,000
  - 1-year initial term with nine (9) option years, and up to an additional six (6) months.
2. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for and accept additional funding opportunities.



## Request- Vote to support the following action:

The Epic EHR system is requested for the following exceptions and exemptions:

- Standardization,
- Interoperability and Continuity of Care, and
- Efficiency (of Continuity) .

Procurement through OCHIN Inc. is requestion for the following exception and exemption:

- Unique knowledge, skillset and ability.



# RECOMMEND PROCUREMENT OF ELECTRONIC HEALTH RECORD (EHR) SYSTEM FOR HEALTH AND HUMAN SERVICES AGENCY

Patrick Tamashiro, IT Principal, Public Health Services, Health and Human  
Services Agency

October 1, 2024



**Questions and Answers:**

**James Lepanto:** Well, first of all I think that it's great news for public health. It really is good news across the board. My question is, are you joining that 75%? What does that make the County? Is all the County done yet? It seems like it's single sourced.

**Patrick Tamashiro:** It will be single sourced, and the way that we have written the Board Letter is to make it available to any other department program that would need an Electronic Record Health system. So that if and when the need arises, we can fairly easily do a change request or change management to the scope. Right now, our focus is for Public Health Services and Medical Care Services, with the primary audiences being California Children's Services, Sexual Health, Tuberculosis, and then the services provided by clinics.

**James Lepanto:** Who is not on it?

**Patrick Tamashiro:** The primary group that would not be covered would be the psych health behavior offices.

**Jack Dailey:** They just switched to a new system, they just switched to a new EHR. Is that correct?

**Patrick Tamashiro:** I cannot speak to the specifics; however, my understanding is that the San Diego Psych Hospital is currently on Cerner Millennium, and then their outpatient services have been with an EHR I believe called SmartCare by Streamline, which was the system recommended by CalMHSA for outpatient care.

**Jack Dailey:** Will this cover all the inter-operability work that has to be done with non-Epic systems? Or is that a separate request? You know they have to develop APIs to connect the non-Epic systems.

**Patrick Tamashiro:** That would have to be a separate request, only because the Board Letter is requesting Authority specifically for the procurement of Epic through OCHIN. However, we do anticipate that once we have implanted Epic, we will follow that up with additional efforts to either connect with San Diego Health Connect or any other health information exchanges that we have so we have that portability and interoperability across the systems.

**Motion:** James Lepanto

**Second:** Geysil Arroyo

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

**V. FOLLOW UP FROM HSAB ADVANCE**

**A. Additional Discussion of HSAB Self Evaluation**

**Questions and Answers:**

**Question: James Lepanto-** How are we going to identify the areas to kind of prioritize, based on feedback? And we possibly talked about monitoring that maybe one more time throughout the year. To see if we are making progress on the areas that were rated—I mean, none were horrible--the threes were the ones that we would indicate being the lowest so that's good.

**Answer: Barry Jantz-** My thoughts are one, we obviously did not finish the Strategic Plan, so we will need to focus on some areas where we saw weaknesses, to make sure they are addressed somehow. Another thing that can be in the Strategic Plan is that on a semi-annual basis, we are reviewing. We are just looking at it and saying how do you think we are doing now?

**Question: Geysil Arroyo-** What is the plan moving forward with bringing in staff to help with the Strategic Plan?

**Answer: Barry Jantz-** I got a sense the other day that we were in agreement, unless you heard something else, that if we try and free up the agendas, like today we can spend some time finalizing the Strategic Plan in some way shape or form over the course of regular meetings without having another. And I did get a sense that our experts are willing to come in and do that with us.

**Comment: Dr. Anuj Bhatia-** Nora Bota and Amber Hilliker who facilitated at the Advance can make themselves available for some future sessions for the Advisory Board scheduled meetings to further develop the strategic plan.

**Comment: Geysil Arroyo-** Well I think the sooner the better.

**Comment: Barry Jantz-** This seemed like a little bit too soon, considering that we wouldn't have them scheduled necessarily, but I think we should concentrate the next couple of meetings or a few meetings, depending on what we need on always making sure we have another piece of the Strategic Plan on our Agenda moving forward. Because we did it at this level, but we need to get down to the nuts and bolts now, which are action item priorities.

**Comment: James Lepanto-** This will take more than one meeting, this has to be something that we take seriously and

schedule for, because we did the easy part in the retreat. It's the goals and objectives that take time and need finessing language-wise. So we would probably need an hour for the exercise, and then possibly another go-around to tighten it up. I think Nora can talk to us about what time she thinks we need. But if we're going to do this, we have to be dedicated to it and we really have to schedule time to do it well.

**Comment: Barry Jantz-** I agree, and so for the next regular meeting, we are going to try to carve out an hour. Any board letters or reports, we're going to try to do that in an hour so we have an hour for [the strategic plan]. We get these letters in advance, so if we're doing our jobs we're reviewing them, and so that doesn't require a lot of discussion during the meeting unless we have questions. So I like the idea of doing 1 hour over the next 3 meetings till we get it done.

**Comment: James Lepanto-** I think the other piece of it is we talked about using smart goals, and how we're going to track this as well. It's real easy to write a strategic plan, the hard part is doing the word to follow the strategic plan. Wanting the strategic plan to be aligned to what we do, and so that is measurable and we actually know that we're moving forward and we're successful in following that. We added equity last time, which may be the first time that has been used in a strategic plan. I think it will take some thought. I know Nora was going to come back with some information on that, so I'll be anxious to hear what that is and how we're going to do that.

**Comment: Barry-Anuj,** I say you just schedule them for our next meeting.

**Comment: Dr. Bhatia-** Will do. And I just wanted to add that they are finalizing the feedback and input from the Advance.

**Question: Judith Yates-** Do we go dark in December?

**Answer: Barry Jantz-** Typically we do.

**Comment: Judith Yates-** I'd like to make a suggestion, I agree with James we are not going to get it done in one meeting, it's probably going to be 2 or even 3 meetings. So, in terms of people staying focus, maybe what we do is we schedule the hour in the November meeting and then in December see if we can get a concurrence of Board Members that we would have a meeting that would not be a full agenda meeting. It would be strictly to talk about the Strategic Plan, because the possibility is that if we just give one hour in November and two hours in December, we could be ready to wrap it up in January.

**Answer: Barry Jantz-** I think it's a great idea, I can't imagine anyone is going to be sitting here saying no, that's a bad idea.

**Comment: Judith Yates-** It's early enough in the month that usually quorum isn't the problem.

**Question: Dr. Harriet Seldin-** I was a little unclear, are we looking at having an existing meeting being devoted to this or are we looking to add a December meeting?

**Answer: Barry Jantz-** My sense is that people would prefer to try to design the regular meetings so we can get some strategic plan discussion moved without having to schedule additional meetings. We are talking about scheduling around our regular meetings.

**Question: Dr. Harriet Seldin-** Will we still have time to for the regular agenda items that are time urgent kind of thing?

**Answer: Barry Jantz-** Yes.

**Comment: Judith Yates-** If we are going to go dark in December, what's the point? Usually we go dark in December, so your point is kind of a moot point. I'm saying let's do this and commit ourselves to a good 2 hours and be able to finish the Strategic Plan. So no, we shouldn't have any need to have a regular agenda.

**Comment: Dr. Harriet Seldin-** My concern is that when we have certain things that come up that need to be done, that we need to vote on a Board Letter, when we need to do something, I want to make sure that we have enough time and that we are not skipping things we need to do for having this process.

**Comment: Barry Jantz-** I think we are probably in violent agreement; so we are on the same page. I think it's just, if we come up to a regular meeting and Geysil and I see that there are 8 Board Letters, we are going to have to look to see if five of them are funding requests, well you know what, 8 isn't as bad as it looks. But if they are all significant approval items with a lot of discussion, we are going to have to figure it out. But I don't think we've had that; I think we've had a situation like we discussed at the Advance where we spend a lot of time with staff going thru a prepared presentation, which sometimes they do not need. I think we can get there.

**Question: Samhita Ilango-** After we finalize, develop it, and have some sort of accountability for it, is there another step that happens with the Strategic Plan? Does it get shared with anyone outside this room? I just want to know the role of the plan.

**Answer: Barry Jantz-** Number one, internally to us, I don't mean internally to the County. I mean internal to just to the

HSAB. It shouldn't just go on a shelf and be dust, there should be a way to monitor how we are doing on it instead of three years down the line. Others of you who have had experience I think external to just the HSAB, is sharing it with staff Board of Supervisors.

**Comment: James Lepanto-** It is posted on our website. We share it with HSAB Leadership, and I believe that we have also shared it with the Board of Supervisors. We do reach out, and we should; it gives them another insight in what we're doing and how we are moving forward for them. Can I also say that in the past Dr. Wooten was involved, advising us and giving us recommendations along the way as well.

**Comment: Dr. Ankita Kadakia-** Correct, and I think that's a good process, and of course our team with Nora Bota will be able to significantly help since we go through that process every year with our own strategic plan. But I want to say that the Board Letter Forecast for the next few months should be only two to three for each month. And I know we go dark in December, so we have nothing planned for December, so the majority will be for our next board meeting. We'll have something for October 22 that you've already heard, it was on the sewage crisis. So there won't be too much going forward, so whether you want to take an hour from each meeting or you want to dedicate another day, I'll leave that up to you.

**Comment: Barry Jantz-** I like both those ideas, because it fits over the next few months.

**Comment: Dr. Ankita Kadakia-** We can ask Nora to provide samples ahead of time of County strategic plans, just looking at alignment. The County has one, HHS has one, and then Public Health Services has one.

**Question: Geysil Arroyo-** From my understanding, we said we would do the core self-evaluation twice a year. Didn't we say that would be a way that we could monitor ourselves?

**Comment: James Lepanto-** We talked about how we would evaluate that during the year and not just wait a whole year to reevaluate the board again. It's very simple to do, it doesn't take much time.

**Question: Geysil Arroyo-** I wonder if at that time we could also look at the Strategic Plan and see where we are at.

**Comment: Barry Jantz-** Sure, once we have it in place, it does make sense a couple times throughout the year to look at it and say, okay, how are we doing against these priorities we set.



**B. Discussion of Subcommittees**

- i. Health Legislation**
- ii. Policy and Program**

**Question: Barry Jantz-** I don't think there's been a Policy and Program effort certainly since I've been chair, and maybe since I've been here, which has been going on about three and a half years. So I know James, you got some input. I know Geysil, you've been around. So maybe one of you would like to tell us in a nutshell how do you view Policy & Program? What does Policy & Program do? Does it have regular meaning or is it there for when we decide we need to get our hands around policy, or advocate on something, it's there for that purpose?

**Answer: Geysil Arroyo-** No, we have regular meetings. We will meet an hour before this meeting, in person. And I think the topics will come from our big list meeting.

**Comment: James Lepanto-** Let me read you the description. "The committee is tasked with reviewing new or existing HHS Departmental Programs, Services and Policies. This includes potential gaps and service delivery and arranging visits by the board and or committee to visit identified programs and services within San Diego region and report back to the board." So we also have a strategic planning and annual report committee, we also have some ad hoc committees, and we have work group committees. For example, the Community Inspiration Awards has a workgroup, and that allows us to move a little bit more expediently. So we've always had the same ones, and again it was Budget, Health Legislation, and Programs and Policies. And I know that we talked about the legislative this year and how we can provide more value. But I went back and looked at my notes, and the goal was to review the value was and structure. This was to review defining each committee's scope, to create consistent committee structures, to implement expectations for documentation, tracking, and communications; identify timeframes for committee report-outs; and to identify efficient mechanisms and timeframes for committee meetings. In the past, we had board committee chairs meet at beginning of year to identify structural changes. We also worked to identify emerging issues. I think the structure is important, and I think we can do better with it. I suggest that we come together in January so that we can come back and present. How can we make sure that people are seeing our recommendations and that there is value in this for us? There are two pieces here. Let's discuss value and how we can meet the needs of the Board of Supervisors and HHS, as well as focusing on emerging issues.

**Question: Barry Jantz-** Who has Chaired Policy and Programs in the past?

**Answer: James Lepanto-** The last chair we had was Dr. Kornreich, who was a pediatrician.

iii. ***Budget***

**Comment: Barry Jantz-** I think the most recent [question] was, are we going to weigh in on the budget or are we going to weigh in on the fact that the state is going to make significant cutbacks to public health programs and try to weigh in on that? As you recall, although we were being very aggressive and thought we were doing the right thing, as a committee we cannot weigh in with the state because we would be stepping on the toes of those who were elected to weigh in on the state. But I think we at least said we're in agreement with the County's concerns as they had been expressed to the state. So going forward, we'll have to see how that goes, but at least we know what the Budget Committee's about.

**VI. CHAIR'S REPORT**

**A. Youth Engagement:**

**Comment: Barry Jantz-** I did follow up with the person in Chair Vargas's office. Still no email, but I do have a list of names that you have provided to me from her office. I will follow up with them and ask them to help drive this, because we are very important, and you may not realize that.

**B. Community Inspirations Awards:**

**Comment: James Lepanto-** It will continue, thanks to HHSA Leadership. An email was sent out to get the work group started, hopefully we will find time next week to meet and we will start moving forward with the new additions and changes.

**VII. INFORMATIONAL ITEMS**

**A. Subcommittee and Work Group Updates: None**

**VIII. PUBLIC HEALTH SERVICES  
LEADERSHIP REPORT**



# Health Services Advisory Board Meeting Public Health Services Report

October 1, 2024





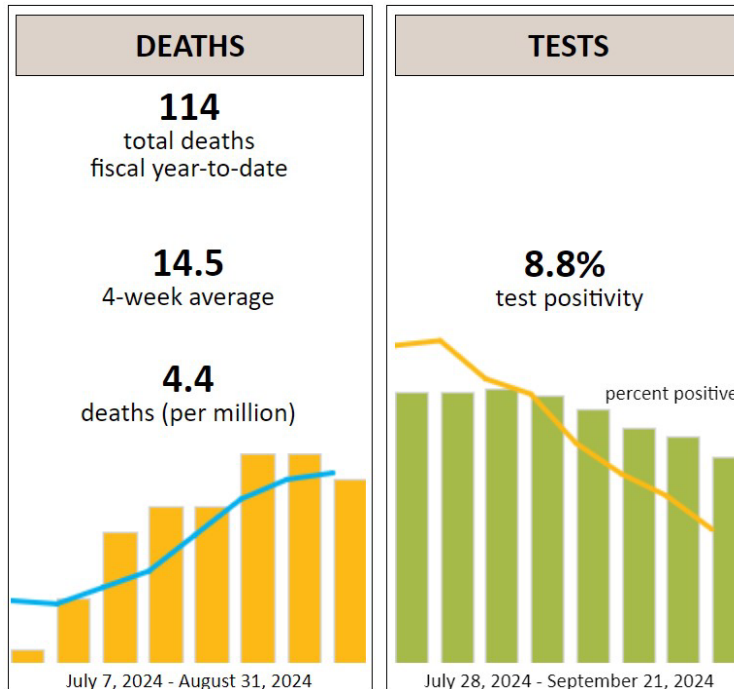
# Public Health Officer Update

Ankita S. Kadakia, M.D.  
Interim Public Health Officer  
Public Health Services



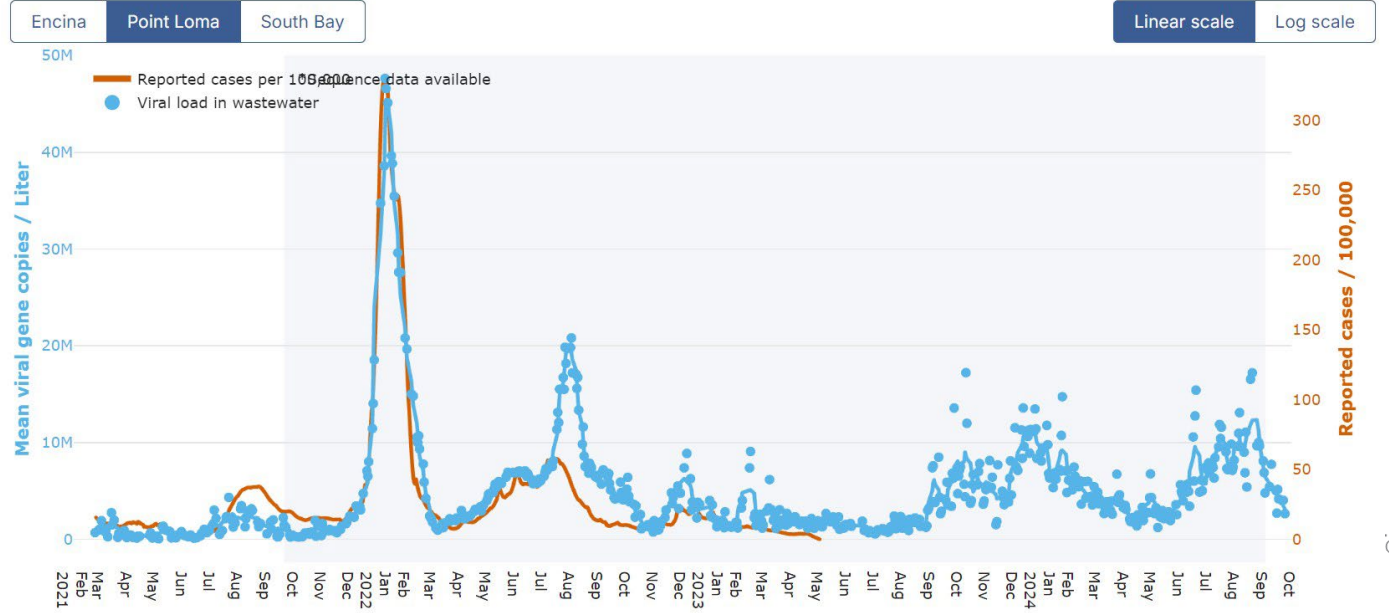


# COVID-19



Updated September 26, 2024. Data are preliminary and subject to change.

# COVID-19 Wastewater Levels



# COVID-19 Wastewater Lineages

## Wastewater lineages

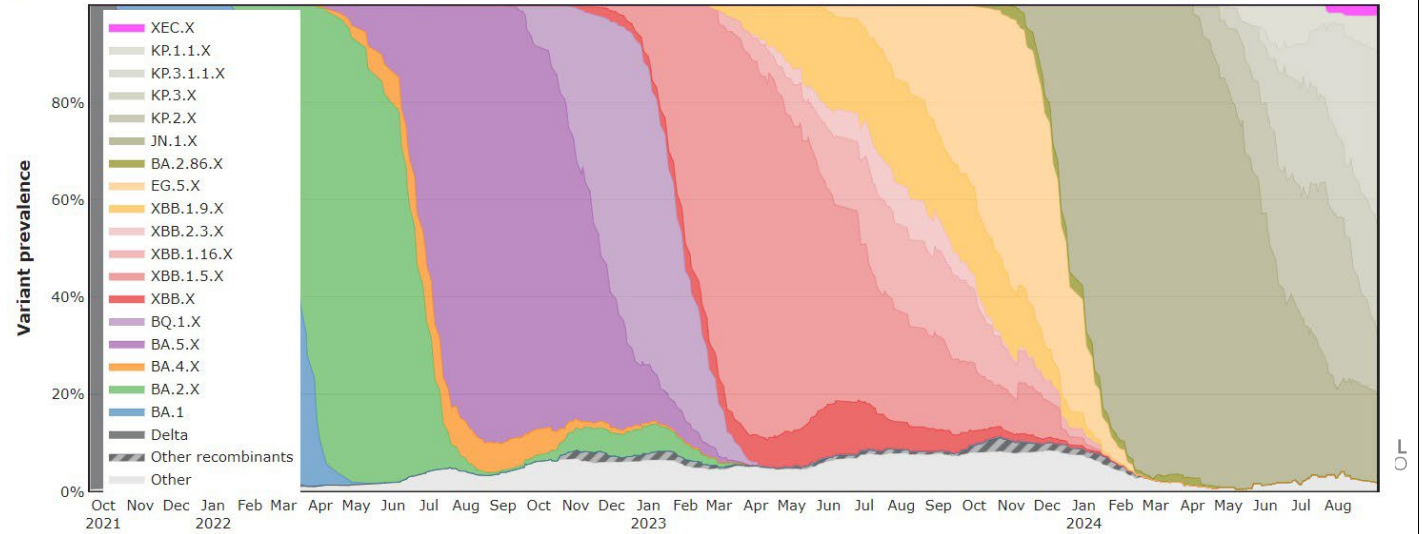
Prevalence

Scale by viral load

Scale by cases

Raw data

Smoothed



## COVID-19 Testing



- PCR Testing available at the following locations:
  - Central Public Health Center- (619) 932-8398
  - East Public Health Center- (619) 932-8398
  - South Public Health Center- (619) 904-0839
- Free of Charge
- By same-day appointment
- At Home Test Kits available at ALL Public Health Centers
- At Home Test Kits available at the following library locations:
  - Chula Vista Public Library- Civic Branch
  - Chula Vista Library- South Branch
  - City Heights/Weingart Branch Library
  - Lemon Grove Library
  - Escondido Public Library

[Testing Schedule \(sandiegocounty.gov\)](https://www.sandiegocounty.gov)



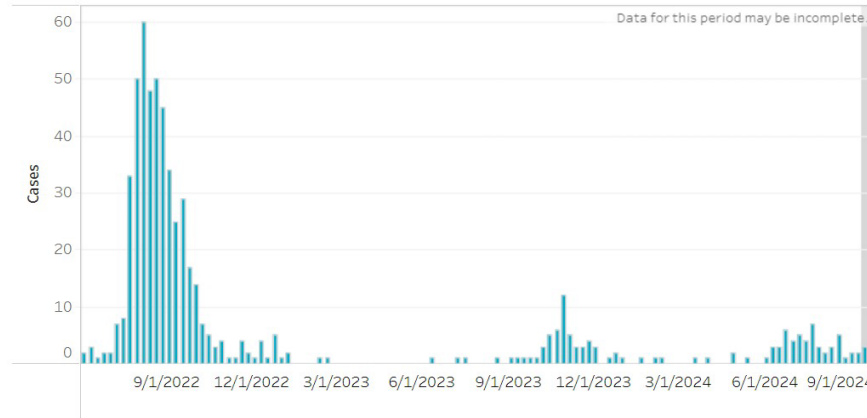




# Mpox

Cumulative Cases*	Cases Since Last Report	Cumulative Hospitalizations	Cumulative Deaths
592	5	23	1

MPOX Confirmed and Probable Cases\* by Episode Date, ^ San Diego County



Effective 6/25/2024, data are updated weekly on Tuesdays.  
Data through 9/21/2024. Last updated 9/24/2024.



# Public Health Director Update

Adrienne Collins Yancey, M.P.H.  
Assistant Public Health Director  
Public Health Services



# County Leadership Updates

Community Helps Select County's New Leadership Team.  
Click [here](#) to find the County News Center Announcement.

## CHIEF ADMINISTRATIVE OFFICE



Ebony N. Shelton  
Chief Administrative  
Officer



Caroline Smith  
Assistant Chief  
Administrative Officer

## DEPUTY CHIEF ADMINISTRATIVE OFFICERS



Joan Bracci\*  
Chief Financial Officer /  
DCAO / General Manager  
Finance & General  
Government



Brian Albright  
DCAO / General Manager  
Finance & General  
Government



Kimberly Giardina  
DCAO /  
General Manager  
Health & Human Services  
Agency



Dahvia Lynch  
DCAO / General Manager  
Land Use & Environment



Andrew Strong  
DCAO /  
General Manager  
Public Safety



## Contracts Dashboard

		PHS	HHSA
<b>AUGUST 2024</b>	Category		
	# Contracts	133	848
	FY Value of Contracts	\$53.4 Million	\$1.3 Billion
	# MOA/MOU & RA	200	685
	# Facility Use Agreements	1	13
Total Number of Procurements		41	168

## Public Health Services

BOARD LETTER FORECAST	
Board Meeting Date	Subject
October 22, 2024	Accept HRSA Community Project Funding-Congressional Direct Spending (CPF-CDS)
October 22, 2024	Single-Source Electronic Health Care System Procurement for Public Health
October 22, 2024	Accept HIV Prevention Funding
December 10, 2024	Single Source Procurements of Equipment and Supplies forDiaSorin, Agilent, and Hamilton.

Confidential: Subject to the deliberative process.



## Media/Community Events

Targeted Date and Time	Description & Location of Event
November 2023 and ongoing	<b>Perinatal Equity Initiative (PEI) radio ads run on local radio stations</b> Z90 and Magic 92.5. Digital banners pop up on high-traffic websites. Both the radio and digital ads are played for the target audience and will redirect listeners and viewers to the Black Legacy Now website.
June 2024 and ongoing	<b>PEI creatives</b> (brochures, door hangars, and postcards) are being distributed in the community to promote educating African-American mothers on the importance of advocating for equitable and dignified maternity health treatment for themselves and their babies.
<b>September 26, 2024</b> 1:00 a.m. - 4:00 p.m.	<b>HCPSOCAL Safety Fair Meeting at Father Joe's Villages</b>  Location: 3350 E St, San Diego, CA 92102
<b>September 28, 2024</b> 9:00 a.m. – 4:00 p.m.	<b>SDRC Family and Vendor Resource Fair</b>  Location: Town & Country Hotel



## Highlights

### PHS Participated in 3<sup>rd</sup> PH WINS

- Sept. 9-27, 2024, PHS staff received an invite, via email, to provide valuable input to PH WINS.
- Researchers use the PH WINS survey to publish numerous academic articles about the public health workforce.
- PHS uses these articles and the survey data to plan workforce development, shape recruitment, retention, and training efforts within PHS.

### APHL Awarded Public Health Lab \$247,000

- Sub-awarded to support Laboratory Response Network (LRN) Electronic Laboratory Reporting (ELR) interface, with STARLIMS (version 12).
- This funding will allow the APHL Informatics Messaging Services (AIMS) platform to send ELR messages to LRN/CDC from our LIMS system.

### TBCRH Presented at TB Education & Training Conf.

- CDC TB Education and Training Networking Conference, in Atlanta, GA, Sept. 17-19.
- TBCRH hosted a plenary session presentation on “Young Adult TB Peer Advocacy Activities in San Diego County, CA.”
- One of four winning abstracts that were selected to present.



# Health Services Advisory Board Meeting



## Thank you!



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

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## Questions and Answers:

**Question: Dr. Harriet Seldin-** [The guidance] always used to be a flu shot once a year, and people know that it's only good for a certain amount of time, so you time when you get it for when the most risk is. The Covid vaccine, what I try to tell my patients, especially higher-risk ones, is get it as soon as you can. But this is a game right now because the media is telling them to get them at the same time. And when I got my Covid vaccine at a pharmacy, they tried to give me a shingles vaccine, even though I'd already had one.



**Answer: Dr. Kadakia-** All pharmacists who are providing vaccines should be reporting it to the California Immunization Registry, which all counties in California report to. Unfortunately pharmacies may have different policies, so they may not be checking, although they should. We do have a chief of pharmacies at the County, and I would be happy to relay that. I think the reason the federal government and the CDC have promoted the flu vaccine along with the Covid vaccine is that the Covid vaccine came out in September, and we know that major retailers and physicians' offices will often acquire vaccines ahead of time, and the flu vaccine also comes out around that time, although I advocate people trying to get the flu vaccine in October or November to have to give you immunity for the entire season. But it is true that you can get a flu vaccine and Covid vaccine together, or you can do it separately.

**Question: Geysil Arroyo-** I have a question about the CASPER. I know that some of the students at SDSU School of Public Health are being recruited to help with the survey. What's the goal? How many surveys are you hoping to collect?

**Answer: Dr. Kadakia-** They break it up into clusters. How CASPER works in general is that they will look at a neighborhood, for example South Bay, and break it up by clusters. So they will break it up into 30 clusters, so however many houses they put into a cluster, then they will take random

**Question: Geysil Arroyo-** And there will be some Spanish-speaking?

**Answer: Dr. Kadakia-** Yes, there is already Spanish language available, as well as some interpretation. As well as Tagalog, since there is also a Filipino community as well.

**Comment: Barry Jantz-** I was at my health provider the other day, and I was there for a specialty appointment. It wasn't just a general practitioner. So I was surprised that they said do you need your flu vaccine and did not even bring up Covid.

**Answer: Dr. Kadakia-** I fully believe that we should educate the public as much as possible so that they are their patient advocates. Because honestly the best care is when you have someone who is educated so that they can also educate their provider. Because you can see it already, we are hearing about gaps in care and information, and the public health department doesn't have enough staff to go into each of those hospital systems.

**Question: James Lepanto-** I went to Sharp, and they did ask me if I wanted the flu shot at the same time [as the Covid vaccine]. I did have a question about the CASPR, though. What is the survey going to be used for? It's a federal survey. Is it going to be used for possibility of funding or staffing?

**Answer: Dr. Kadakia-** It's a federal survey, but it's on local data. What are local individuals experiencing? Because this has been something we have been trying to capture, in some sort of scientific method. We get reportable data, such as communicable disease, but symptoms aren't reported in that same way. This is going to be a way we can capture all that data and look at disease trends, but I think the most important part about it is showing the federal government there is a health problem here. It isn't just an infrastructure problem. If we are actually seeing major health concerns, I think that speaks volumes in terms of trying to get that federal funding we have been trying to get for so long.

**Question: Samhita Ilongo-** I was just wondering what the projected data completion of that?

**Answer: Dr. Kadakia-** It's only going to be taken for a few days, so it will be one week in mid-October. And then the CDC analyzes that data, so I can't control their timeline, but we're hearing at least 30 days to complete the analysis, which I think is quick for a federal agency.

**Question: Geysil Arroyo-** How did we get here? How did we finally get the federal government to come and do this?

**Answer: Dr. Kadakia-** Your local health department advocated heavily for months. We met with CDPH, because we can't make that ask of the CDC, we have to follow those guidelines. So we met for months with the CDPH, bringing out data. We had actually embedded our public health physicians in clinics in the South Bay to help them to collect data to identify problems and try to capture that information. And we have been meeting with the CDC for months to develop the study and the survey questions and then to have them bring their staff. It's been a huge undertaking for the public health department, but very important.

**Question: James Lepanto-** Has the lab opened officially yet?

**Answer: Dr. Anuj Bhatia-** The lab is scheduled to open officially in the spring of 2025. There will be some validation processes and so forth, and it will take some time before it becomes operational.

**Question: James Lepanto-** Will there be an opening ceremony? I ask that the chair be able to attend that and represent HSAB.

**Question: Barry Jantz-** And would it be more than just the chair? Would all of us be able to participate?

**Answer: Dr. Anuj Bhatia-** Everyone.

**Answer: Matthew Liu-** The new lab is scheduled to open on April 14. As Dr. Bhatia said, we will be doing some validations. We do have to test all the equipment and get that validated through CLIA so we become a certified laboratory. So it does take a little bit of time. There are a handful of sections that are not CLIA-certified where we can do testing on day one.

**Question: James Lepanto-** How excited are you about this lab opening?

**Answer: Matthew Liu-** We're very excited, because now we're in six or seven different locations. If I have to have a meeting with someone, I have to drive up there.

<b>IX. ROUNDTABLE</b>	<b>None</b>
	<b><u>Questions &amp; Comments:</u></b>  <b>None</b>
<b>XI. ADJOURN</b>	Meeting adjourned at 4:47pm.
<b>Next Meetings</b>	<b>HSAB Monthly Meeting:</b> November 7, 2024. <b>CAC:</b> 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm