



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

Tuesday, November 5, 2024,
3:00pm to 5:00pm
MEETING MINUTES

| Seat | District | Primary | Alternate | Attendance | Presenters | HHSA Support |
|------|-----------------|-------------------------------------|--------------------|------------|--|--|
| 1 | 1 | Ana Melgoza | | | <p>Authorize Revenue Agreements with Medi-Cal Managed Care Plans to Support Medi-Cal Transformation and Authorize Acceptance of Children and Youth Behavioral Health Initiative Grant Funding, Heather Summers, MPH, Deputy Director, Medical Care Services, Nora Bota, MPH, Performance Improvement Manager, Public Health Services Administration.</p> | <p>Dr. Anuj Bhatia, Deputy Director, PHS</p> <p>Elizabeth Hernandez, Public Health Services Director</p> <p>Joy Bryers, Administrative Assistant, PHS</p> <p>Joshua Beidler, Administrative Secretary II, PHS</p> <p>Trieona Gates, Administrative Secretary, PHS</p> <p>Rick DeHaven, Information Tech Analyst</p> <p>Talq Tera, Information Tech Spec</p> |
| 2 | 1 | Dr. Suzanne Afflalo | Samhita Ilango | IP (A) | | |
| 3 | 2 | Barry Jantz (Chair) | | IP | | |
| 4 | 2 | | | | | |
| 5 | 3 | Todd Walters | | IP | | |
| 6 | 3 | Linda Correa | | | | |
| 7 | 4 | James Lepanto | | IP | | |
| 8 | 4 | Geysil Arroyo (Vice-Chair) | | IP | | |
| 9 | 5 | | | | | |
| 10 | 5 | | | | | |
| 11 | SDC Med Soc | Paul Hegyi | Jennipher Ohmstede | IP (P) | | |
| 12 | HASDIC | Dimitrios Alexiou | Caryn Sumek | IP (P) | | |
| 13 | HC Partners | Tim Fraser | Lauren Abrams | IP (A) | | |
| 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 (P) | | |

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

| | |
|---------------------------------------|---|
| I. WELCOME & INTRODUCTIONS | <p>A. Roll Call</p> <ul style="list-style-type: none">a. Barry Jantz called the meeting to order at 3:00 PM.b. Introductions from PHS staff. <p>B. Remarks from the Chairperson- None</p> <p>C. Approval of November Agenda</p> <ul style="list-style-type: none">a. Approval was motion by Paul Hegyi and seconded by Jack Dailey.b. Roll Call: All other HSAB members in attendance voted Aye. <p>D. Approval of October Meeting Minutes</p> <ul style="list-style-type: none">a. Approval was motion by Paul Hegyi and seconded by Dr. Harriet Seldin.b. Roll Call: All other HSAB members in attendance voted Aye. <p>E. Approval of September HSAB Advance Minutes</p> <ul style="list-style-type: none">a. Approval was motion by Paul Hegyi and seconded by Dr. Harriet Seldin.b. All other HSAB members in attendance voted Aye. <p>F. HSAB Attendance Confirmation- None</p> |
| II. PUBLIC COMMENT | <ul style="list-style-type: none">• No public comment. |

III. ITEMS FOR APPROVAL

A. Authorize Single Source Procurement of Diasorin Molecular LLC, for Their Instrumentation, Maintenance, Consumables, Reagents, and Supplies for the Public Health Laboratory, **Jeremy Corrigan, DrPH, HCLD/TS(ABB), Public Health Laboratory Director**, Epidemiology and Immunizations Services Branch.

Consent Item:

Motion: Paul Hegyi

Second: Dimitrios Alexiou

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

BOARD LETTER: AUTHORIZE SINGLE SOURCE PROCUREMENT OF DIASORIN MOLECULAR LLC FOR THEIR INSTRUMENTATION, MAINTENANCE, CONSUMABLES, REAGENTS, AND SUPPLIES FOR THE PUBLIC HEALTH LABORATORY



LIVE WELL
SAN DIEGO



Epidemiology and Immunizations Services Branch
Public Health Laboratory
November 4, 2024

SANDIEGOCOUNTY.GOV/HHSA





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.

[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)



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



Single Source – Diasorin Molecular LLC



DiaSorin Liaison XL

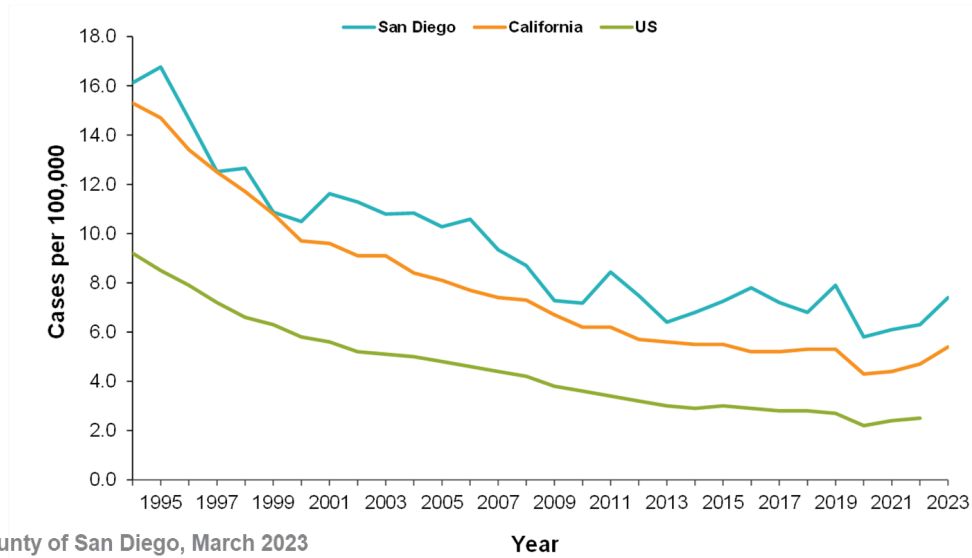


SANDIEGOCOUNTY.GOV/HHSA

- Current Fiscal Year Funding Breakdown:
 - Specialized Instrumentation
 - Total Cost = \$89,000
 - Preventative Maintenance
 - Annually = \$18,600
 - Consumables and Reagents
 - Annual Estimates = \$37,005



National, State, and Local TB Incidence Rates, 1994-2023



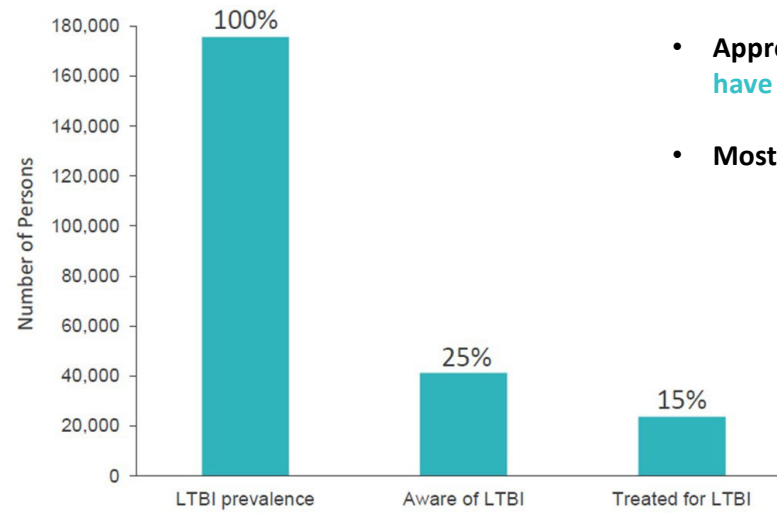
Source: County of San Diego, March 2023

SANDIEGOCOUNTY.GOV/HHSA





LTBI Testing Needed to Prevent Active TB



- **Approximately 175,000 San Diegans have LTBI.**
- **Most are unaware and untreated.**

Estimated using methodology from the California TB Control Branch [Report on Tuberculosis in California, 2020](#) and associated Data Tables, applying national level data from the National Health and Nutrition Examination Survey, 2011-2012, to the San Diego County population.

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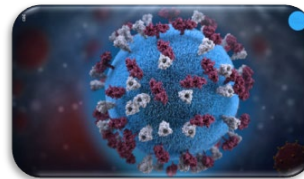
Benefits and Outcomes

Features

- Compact footprint
- Reduced average turnaround time by 54%
- Automated Platform for High-throughput Testing
- Flexible Instrument that can perform multiple tests

• Intended Use and Benefit

- Screen patients for **Latent Tuberculosis** – QuantiFERON TB Gold Test
- Support EPI and Outbreak Investigations
- Assess vaccine status for VZV, measles, mumps, and rubella



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Recommendations

- In accordance with Board Policy A-87, Competitive Procurement, approve and authorize the Director, Department of Purchasing and Contracting to enter into negotiations for public health laboratory products and/or services from DiaSorin Molecular LLC, including but not limited to manufacturer-specific instrumentation, consumables and ongoing maintenance and repairs for the life of the equipment.
- Authorize the Agency Director, Health and Human Services Agency, to apply for additional funding opportunity announcements, if available, to support the Public Health Laboratory.

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Contact Information

For additional information, contact:

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THANK YOU

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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.



Laboratory Services Provided



TYPES OF LABORATORY SERVICES

■ ENVIRONMENTAL TESTING

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

■ CLINICAL TESTING

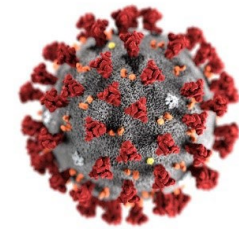
- Enteric Disease (e.g., Salmonella, Shigella, STEC)
- STDs (HIV, chlamydia, gonorrhea)
- Vaccine Preventable Diseases (i.e., measles, mumps)
- Tuberculosis testing and COVID Testing

■ 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.** Authorize Revenue Agreements with Medi-Cal Managed Care Plans to Support Medi-Cal Transformation and Authorize Acceptance of Children and Youth Behavioral Health Initiative Grant Funding, Heather Summers, MPH, Deputy Director, Medical Care Services, Nora Bota, MPH, Performance Improvement Manager, Public Health Services Administration.

Authorize Revenue Agreements with Medi-Cal Managed Care Plans



November 5, 2024

Presentation to Health Services Advisory Board

Heather Summers & Nora Bota

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LIVE WELL
SAN DIEGO

Organizing for Population Health & Needs Assessment

New Population Health Management Requirements from the State



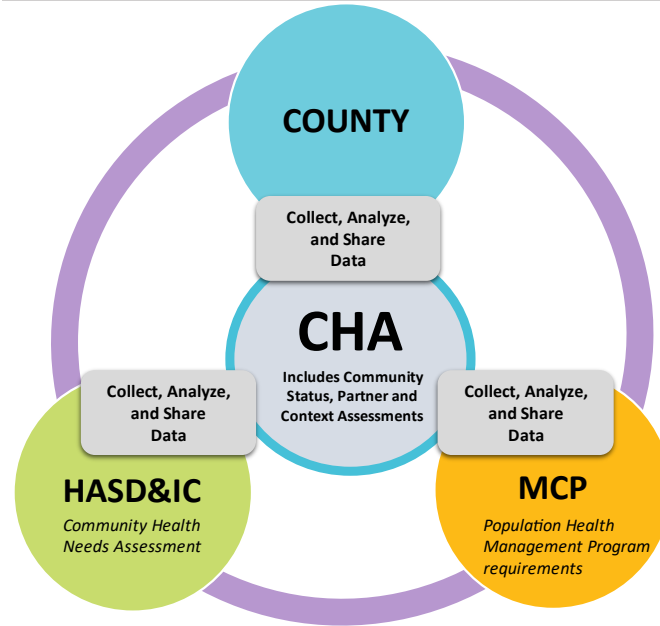
- Managed Care Plans fulfill their Population Needs Assessment requirement by participating in the Community Health Assessment and Community Health Improvement Plan conducted by Local Health Jurisdiction.
- Align community planning timelines with the State by 2028.



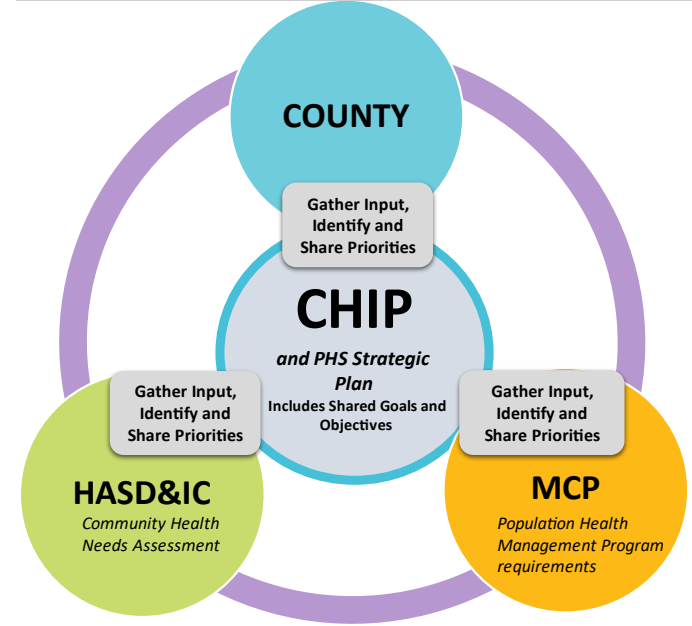
Model for Collaboration



COMMUNITY HEALTH ASSESSMENT



COMMUNITY HEALTH IMPROVEMENT PLAN





LIVE WELL
SAN DIEGO

Medi-Cal Transformation

Enhanced Care Management & Community Supports



Medi-Cal Transformation Initiatives



[Behavioral Health Initiative](#)



[Community Supports](#)



[Dental Initiative](#)



[Enhanced Care Management](#)



[Incentive Payment Program](#)



[Integrated Care for Dual Eligible Members](#)



[Justice-Involved Initiative](#)



[Population Health Management](#)



[Providing Access and Transforming Health \(PATH\)](#)



[Statewide Managed Long-Term Care](#)



[Supporting Health and Opportunity for Children and Families](#)

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Enhanced Care Management (ECM) and Community Supports (CS)



ECM

- ECM is person-centered care management provided primarily through in-person engagement where members live, seek care, and choose to access services.
- ECM is for the most vulnerable Medi-Cal members.

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CS

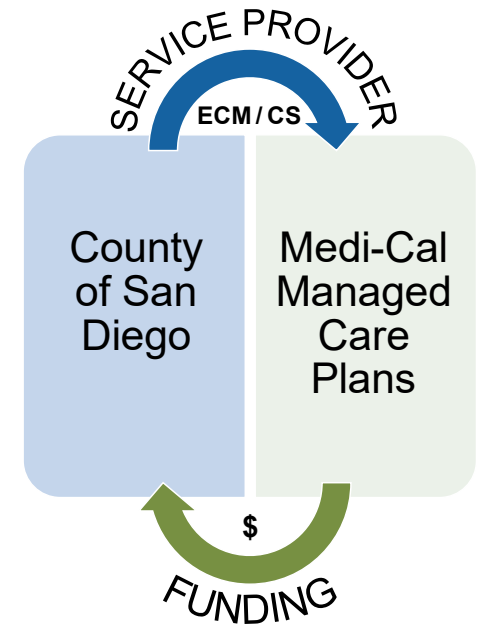
- CS are new services offered to eligible Medi-Cal members as cost effective alternatives to traditional medical services or settings.
- There are fourteen (14) CS services designed to address social drivers of health.

ECM & CS Readiness and Infrastructure



- The County aims to expand ECM and CS capacity in the community and increase local utilization of ECM and CS services by contracting with local Medi-Cal Managed Care Plans.
- An assessment is underway evaluating the County's readiness and infrastructure to provide ECM and/or CS.
- Final recommendations are anticipated to be received by January 2025.

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Reimbursement Opportunities



Reimbursement Opportunities

- Through a financial assessment, the County is in the process of assessing the feasibility of billing third -party payers for services the County provides.
- This assessment includes evaluating an array of HHSA services to determine:
 - Reimbursable services
 - Infrastructure needed
 - Anticipated collectable revenue
- Final recommendations are anticipated to be received by May 2025.



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Children and Youth Behavioral Health Initiative

Children and Youth Behavioral Health Initiative (CYBHI)

- DHCS is awarding funds as part of the CYBHI Evidence-Based Practices and Community-Defined Evidence Practices Grant Program.
- The County was awarded \$1.5 million to support the Healthy Families America program to expand access to early childhood services focused prevention, early intervention, and resiliency for children and youth.

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Children and Youth Behavioral Health Initiative (CYBHI)



The funding will be used locally to:

- Increase access to home visiting and consultation services
- Improve coordination of services for pregnant and parenting people
- Provide parenting trainings on proven, effective skills and strategies
- Reduce emotional and behavioral challenges and increase early identification of developmental concerns
- Ensure equitable access to services for parents, caregivers, and children





LIVE WELL
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Funding Opportunities

Future Funding Opportunities

- Through the Medi-Cal Transformation Initiative, PATH CITED funding supports the transition, expansion and development of ECM and CS capacity and infrastructure.
- PATH CITED Round 4 application will open January 2025.



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Board Recommendations



Board Recommendations

1. Authorize revenue agreement(s) with Medi-Cal Managed Care Plans serving San Diego County to support the Population Needs Assessment.
2. Authorize a single source contract with the Hospital Association of San Diego & Imperial Counties to assist with community engagement to support the local comprehensive Population Needs Assessment.
3. Authorize revenue agreement(s) with Medi-Cal Managed Care Plans serving San Diego County to allow the County to provide and bill for Enhanced Care Management and Community Support services.

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Board Recommendations Cont.

4. Authorize revenue agreements with private, commercial and public health agencies for reimbursement of health and social services rendered by the County.
5. Authorize DCAO, Health and Human Services Agency, or designee to execute and take any action necessary required by DHCS for the acceptance of the Children and Youth Behavioral Health Initiative, Healthy Families America grant agreement and funding.
6. Authorize applying for future funding opportunities to support Medi-Cal Transformation.

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Questions?

Heather Summers, EdD, MSW

Deputy Director

Medical Care Services

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Nora Bota, MPH

Performance Improvement Manager

Public Health Services

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THANK YOU

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Questions and Answers:

Question: James Lepanto- I have two questions; when would we anticipate, certainly for children and youth behavioral health initiative, in seeing a specific plan about this? It's ambitious, 1.5 million to do this. When would we see an outline of the county's plan to what will be involved in meeting these increase access to home visiting, improves coordination of services? I would be curious to know how that's going to happen specifically.

Comment: Heather Summers- For the programmatic piece, I'm hoping Jaime's on the line.

Answer: Jaime Beam- We have been in the process of transitioning to the Healthy Family America's Model for Home Visiting, already for the last year. You may remember probably about a year and a half, two years ago, we had a presentation on our home visiting redesign. These funds will just help augment our process that we've already been in of implementing this evidence-based model for home visits. It's not going to cover the entire cost of our transition or those services.

Comment: James Lepanto- It's not like it's an expansion of what you have been doing.

Answer: Jaime Beam- Yes, I think we can come back at another meeting and talk about all the changes we've made in the home visiting program, because we are looking at a number of things over the next couple of years. To expand and maximize our resources across agency.

Question: James Lepanto- Second question, with the Medi-Cal transformation piece; reimbursement opportunities, reimbursed for services infrastructure needed anticipated collected revenue for HHSA. Is that something that's just happening specifically because of, again, this transformation, or is that something the county could be doing annually. Is that just initiated by this the transformation or is that something that could happen on a regular basis?

Answer: Heather Summers- As far as the billing analysis? I think it was twofold, one, we started with the initial assessment looking at enhanced care management community support areas where it had the potential to align with a billable service with a managed care plan. Secondly, the broader billing analysis also followed it. I think we've got a good opportunity to really look holistically at where we're providing care and services throughout the county. As we start to move, part of the impetus was through Medi-Cal transformation, working closely with the managed care plans. We're currently in the process of working on common and updating our memorandums of understanding. I think it was a natural second step to really look at, broadly if we decide to enter contracts where other areas that we have the potential to bill. Also, really looking at this opportunity as well when we're looking at general revenue funds. Where are those areas where potentially we could be bringing in some revenue and really having a thorough analysis to understand what would be needed in order to make that happen.

Comment: James Lepanto- It's also something that could probably happen in the future as well to do assessments of

this on an ongoing basis on some level.

Comment: Heather Summers- Sure, yes.

Comment: Judith Yates- The county is demonstrating some bold future steps in a lot of what's going on. Not that we're not doing anything that hasn't been done in other places, but I think there are a lot of things that are very new for us and hats off to the county for opening the opportunities. I'm thinking in terms of just how one collaborates with other agencies and works across agencies, which has not always been the strongest asset of the county, but it's growing and growing so it's a good thing.

Question: Judith Yates- How would you characterize the dynamic of working with the managed care plans around these new requests for funding and new requests for collaboration in particular data sharing and what they consider to be their numbers.

Answer: Heather Summers- We have positive working relationships with all four plans. We've worked diligently through Healthy San Diego and really setting up weekly meetings with them to discuss memorandums of understanding. As far as the data sharing requirement, part of what Nora discussed for population health. It is really establishing a set clinical quality goal. We'll be focusing on well child visits. From the memorandum of understanding, we're also including a statement in there to work on developing a policy and procedure for how information is shared. In order to measure that clinical goal to move forward and really expand on a population health perspective. I'm feeling optimistic as we move forward in developing a policy and procedure around data sharing. We're also having discussions around data sharing agreements and what is necessary. Population health will be the steppingstone to continue those conversations and hopeful as these conversations are occurring in their other counties. I feel like we're a bit ahead of the curve in San Diego County and starting to dive into those.

Comment: Judith Yates- My last comment is speaking on behalf of the fact that I'm supposed to be representing behavioral health advisory board. I see all kinds of opportunities here, but we didn't really directly mention that population group. Especially under some of the special services etc. and for both the Medi-Cal and Medicare now this cross over, not for the children from the adult side, this crosses over a lot into the population that VHAP talks about in terms of our mental health. I didn't hear anything about it, but I'm assuming that they're being treated with equity.

Answer: Heather Summers- In the presentation today on population health, the state has entered a contract with the managed care plans to reach out to us directly around population health, the township. The equity question, yes, with behavioral health being the specialty mental health plan, they also have a similar charge around population health.

Answer: Nora Bota- Just to add on to what Heather was saying, we're having discussions with behavioral health services just to tell them what our state mandate is and they're going to be sharing similar information and part of the community health assessment process as we go annually to share data to the community. We are looking into how we can partner with behavioral health services, so when the public health services go out and shares that data, including behavioral health data as well.

Comment: Judith Yates- I think this is a critical point and every time we've done a health assessment for the last 10 years, the top issues of concern in the community is always behavioral health. I know we focused on what we're focusing on today, but the broader picture particularly as we move forward with managed care plans to take more attention to get it right when you're talking about that very fragile community. There's always a lot of concerns about sharing data and what's appropriate and what's inappropriate. How do you best help people and not violate what they feel like is there need to protect their data. Does that sound right to you?

Answer: Nora Bota- You bring up a lot of good points and in our current community planning process with three top priorities. One of them was the paper call from substance abuse, homelessness, housing and economic vitality. We've seen a big shift in terms of priority that the community has chosen and now more than ever why we should be partnering with ABLs.

Question: Dr. Harriet Seldin- I just wanted to ask a kind of an oversight advisory board internal question here, let me comment to everyone here, some of us are involved with Healthy San Diego and with HSAB and some are not. I just want people who are HSAB but not involved with HSD to realize that the board looks at this whole situation. We have subcommittees and the health plans are very active participants in Health San Diego, important members of Health San Diego. I didn't know it, not everyone may know that because we're kind of overlapping circles of who's on what board. There are other advisory boards that are involved with those assets.

Question: Jack Dailey- I had a question related to the MOUs, you mentioned that you're meeting with the plans on a regular basis now we're going to MLUs, as I recall, I think there's three strains of MOUs that plants have to have with the counties, with behavioral health or special mental health services, but public health and then also with Healthy San Diego because we're geographically managed care. Is that correct that there's three separate MOUs or is there one master MOU within the managed care plans that covers all?

Answer: Heather Summers- Good question, we currently have one master MOU and that was done several years back, prior to the states mandate. The state has now asked each county to come together like we did several years ago and combine memorandums of understanding, they call them different templates. We're combining about 10 different templates. One in the base of agreement includes Healthy San Diego language. It includes behavioral health, the local health jurisdiction, it includes child welfare, and in home support services. There area total of seven templates we're currently working through with the plans and the goal is to have one combined memorandum of understanding with the county and with all four plans, it will be identical. Next year, it will include first five as well as the justice community.

Comment: Jack Dailey- A Herculean test, but credit to the county for taking that on, because I've looked at each of the templates and there's misalignments in different spaces so to have one document to rule them all makes a lot of sense.

Question: Barry Jantz- When I look at the health needs assessment process in that cycle that you've been involved in for, you said 10 years. It's much longer, mid-90s when I look at the model, it looks the same. What does this change for you?

Answer: Dimitrios Alexiou- I think the opportunity is combining a lot of separate processes that are happening in silos. We need assessments, County Public Health does a needs assessment, plans do an assessment there's an opportunity to work more collaboratively than there is working in silos. Especially when we're all going out to the community, asking questions. The community gets tired of getting different surveys across the board. The more that we can do this work in concept together, the better outcomes, better results, better responses you're going to get.

Question: Barry Jants- That working committee you've had, that kinds of drives it, that is always included folks from the hospital systems, does that change the way that it's in the deck?

Answer: Dimitrios Alexiou- Now you're going above my paygrade, that's a Lindsay question. I'm sure they've had those conversations. I can come back with that.

Comment: Nora Bota- Just to add onto that, we're just starting on this formal partnership, we're really working closely with Lindsay Lane on Dimitrios's team, I was speaking recently trying to formalize this and see first kind of what resources they have in place and getting to understand what assessments we are doing, what we're doing. Really focus on how we can all better improve the health of the community and partner together and maybe get our cycles sync. For example, maybe we're going out and presenting data at this certain time and then another organization doing it in a different time period. How can we sync and do that all at the same time and reach the same population outcome? Why we are doing this, to formalize our process is we have a committee, we started quarterly meetings called the population health coalition. It includes managed care plans, the county and the hospital association. We had our first meeting a month ago and our next quarterly meeting will be in December. We're hoping to formalize what our indicators are and that data sharing and kind of talking about next steps and what our planning process looks like.

Comment: James Lepanto- Kudos for the collaboration, this is a huge project and a lot of people over the years, many years, have been working towards this.

Question: Judith Yates- I'm looking around the table about who's representing everybody. It seems now because this is such a huge undertaking and probably like I said we don't even have some conclusions with hope by 2028. The state is going to keep expecting more and more things to be done in an agency collaborative way meeting with the plans. Perhaps we should consider if we should ask somebody for the plans at our table.

Question: Barry Jants- Do you mean as a voting member? I just told Jack yesterday that we weren't going to have to change the bylaws.

Comment: Judith Yates- I'm not suggesting the solution, I don't know, it just seems like our future is going to be more and more tied. I would want and Healthy San Diego might want somebody from over here to be over there and vice versa. It builds, what I think the county is trying to create was strong collaborative across multiple agencies.

Question: Laren Abrams- So you talked about as an example of a reimbursable service that the time she writes perhaps

vaccine immunization type things, I understand that, but under number four for board recommendations, can you, when it says authorized resume with the agreement private commercial public health agencies. That is different than with the managed care plans and do you have an example of that would look like or what type of thing you think better?

Answer: Heather Summers- It would be a broad assessment of any type of insurance where individuals are coming in. It could be if your taking immunizations or testing, it's looking across the board, not only just at Medi-Cal and managed care, but also are they coming with their own kind of HMO or PPO or another commercial plan.

Question: Laren Abrams- So any payer?

Answer: Heather Summers- Correct

Comment: Jack Dailey- It may be worth discussing down the road, I know that there's efforts to think about how medical care services and public health work together. This has been a very public health focus advisory board. Those worlds are merging closely, so to Judith's question, which is a great question about whether there'd be a little more connectivity there. You do have half of the group on Healthy San Diego and that's a heavy plan representation, but we don't have a plan member here. I doubt the plans would be happy with me as an advocate representing their interest in the setting.

Comment: Judith Yates- I think it would be worth, say, someone from this board talking to someone from the plans to just say do you see value? If you do see value, would you be interested in having somebody speak on your behalf because certainly there are several of us at the table that can talk about the plans, but that's not the same thing as the plan talking about itself.

Comment: Barry Jantz- There's certainly a lower level to changing the bylaws and that's just making sure we have folks here that are providing input. Which we talked in detail about, at our strategic planning retreat, that we don't have people or the public. That is a level we can get their involvement, maybe we need to advise them. I'm more than willing to talk to whoever to see if they want to come.

Comment: Dr. Elizabeth Hernandez- I really appreciate your strategic thinking and your sufficient points; I think it is worth looking into. I think as we do look at the different merger components and working with our different chairs to see how this might look a little different. Not for tomorrow, obviously, but for more a strategy session.

Motion: Dr. Harriet Seldin

Second: Joanne Franciscus

Roll Call: All HSAB members in attendance voted Aye, EXCEPT for Lauren Abrams & Dimitrios Alexiou

V. FOLLOW UP FROM HSAB ADVANCE

A. Strategic Plan Discussion, Nora Bota, MPH, Performance Improvement Manager, Amber Hilliker, Quality Improvement Specialist, Hiwet Weldeselase, MPH, Senior Data and Research Analyst, Public Health Services Administration.

Questions and Answers:

Question: Barry Jantz- Did we get good responses on our most recent survey?

Answer: Nora Bota- Yes, we're proud of you ALL!! We appreciate your engagement because I think that'll help move the strategic planning process along so we can come to consensus.

Comment: Nora Bota- The differences for example the word support was added, improving outcomes and unique.

Comment: Geysil Arroyo- Yes, it talks about the unique needs of the population, I do like that, but I'm not sure I see a big difference between ensure and support.

Comment: James Lepanto- Ensure is more definitive, whereas support suggests a continuum of they all go in you know.

Comment: Geysil Arroyo- Like ongoing.

Comment: James Lepanto- Yeah, I kind of like ensure, but improving well-being, taking into account unique. I like that, the unique needs of the population, I like that. It shows sensitivity to our different communities, so I like that.

Comment: Judith Yates- If we do use the word ensure versus support, it will have a direct implication on how you measure it and that might be for you to do it that way because otherwise you could say you're showing support. Careful what you bind off, bind off ensure then you've got to come up with how you're going to attain that objective objectively.

Comment: Barry Jantz- Neither us or the county can ensure that all communities attain health and well-being. We can ensure, we can do our best to ensure that the ability is there.

Comment: Judith Yates- We want to ensure the effort, that to me is stronger than support.

Comment: James Lepanto- Support makes me feel like we're coming in at the end, coming in behind to help them, I like that it is more definitive.

Comment: Joanne Franciscus- You could say ensure all communities had the ability to attain the health.

Comment: Barry Jantz- It could also be ensure all communities are able to attain.

Question: Barry Jantz- Show of hands, how many like are able?

Comment: Geysil Arroyo- I suggest we move forward and come back.

Comment: Nora Bota- The comment was, it's to similar to our mission statement and whether it truly fits with a value guiding principle. With that said, if you feel comfortable, you could remove this and then just stick to three values and guiding principles instead of four.

Comment: James Lepanto- I think it's redundant.

Question: Barry Jantz- Everyone agrees it's redundant?

Question: Barry Jantz- Is everyone comfortable trying to work through a little of it? See how it goes. The only thing I'd say on number one is no revisions, we did make it the Board of Supervisor's CAO and HHSA leadership. Making it consistent their would make sense.

Comment: Dr. Harriet Seldin- We are talking about "everyone" in the county not just clients on Medi-Cal or low income households.

Comment: Dr. Elizabeth Hernandez- When we talk about the integrated public health system, we entirely talk about the entire region. Including everything connected to public health, the hospital system, our community-based organizations, social drivers of health, all those components that make up a public health system, is what we are trying to get to here. It isn't those that receive public assistance, but those that are part of the entire region's public health system. It goes beyond the department.

Comment: James Lepanto- If we have an understanding of what that means as our strategic plan, then it works.

Question: Barry Jantz- Does everybody like what we're talking about with any showing in the track changes. Show of hands, anyone object?

Question: Amber Hilliker- Any thoughts on goal number 3

Answer: James Lepanto- I think it's fine.

VI. CHAIR'S REPORT

A. Youth Engagement:

Comment: Barry Jantz- In September, some of you gave some suggestions on who else I could email. I'm going to be reaching out to you James for some options on a meeting, I don't want to start by going what are your options? I want to provide them options.

B. Community Inspirations Awards:

Comment: James Lepanto- Hoping to meet next week, we're going to be changing the awards based on the conversations we had with the county as well. When we come back in January, I want to make a plea with you all to be a part of this process because what we're changing this to is nominations coming from or the information being disseminated by members here and being able to identify people regionally. Each district and certainly organizationally as well nominees for the award. We'll have a more in-depth presentation on that. We really need everybody's commitment and talk about helping, assisting and following through and being accountable.

C. December 2024 HSAB Meeting

- Will meet in December 2024

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

November 5, 2024





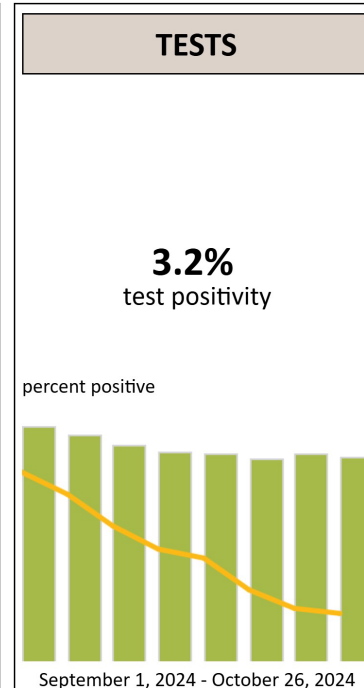
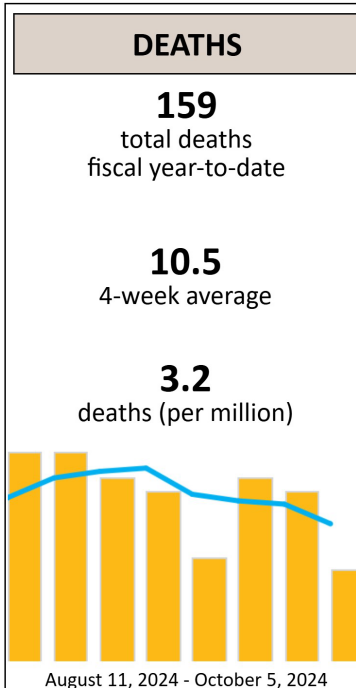
Public Health Officer Update

Seema Shah, M.D., M.P.H.
Interim Deputy Public Health Officer
Public Health Services



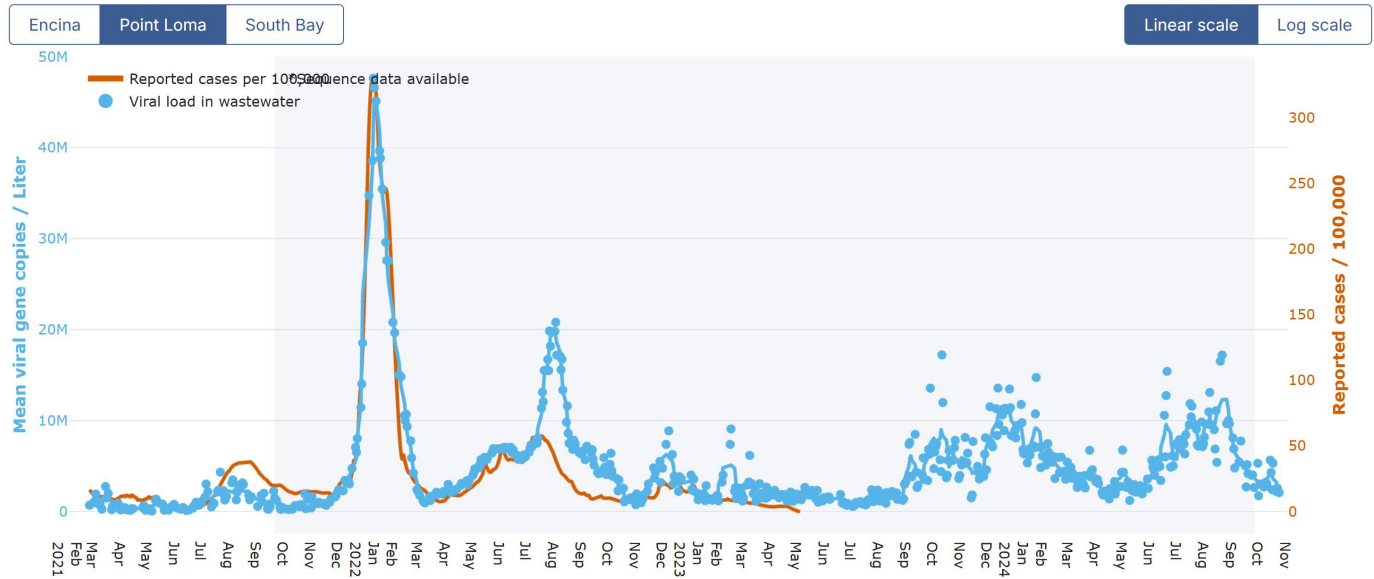


COVID-19



Updated October 31, 2024. Data are preliminary and subject to change.

COVID-19 Wastewater Levels



COVID-19 Wastewater Lineages

Wastewater lineages

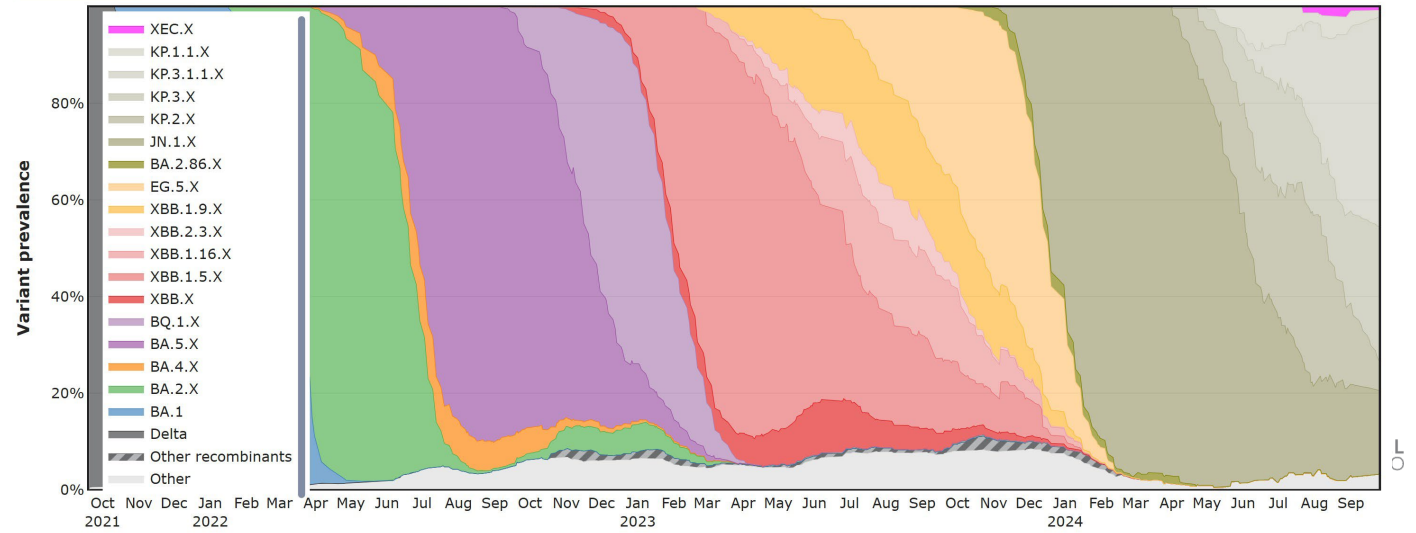
Prevalence

Scale by viral load

Scale by cases

Raw data

Smoothed

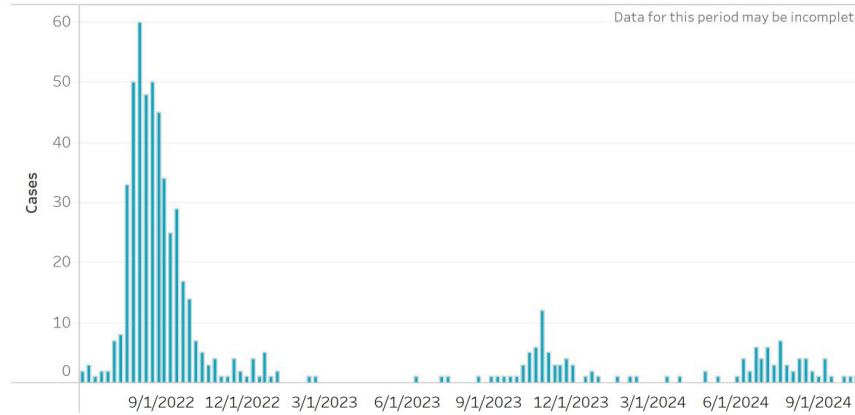




Mpox

| Cumulative Cases* | Cases Since Last Report | Cumulative Hospitalizations | Cumulative Deaths |
|-------------------|-------------------------|-----------------------------|-------------------|
| 595 | 0 | 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 10/26/2024. Last updated 10/29/2024.

Questions and Answers:

None



Public Health Director Update

Elizabeth A. Hernandez, Ph.D.
Public Health Director
Public Health Services



Contracts Dashboard

| SEPTEMBER 2024 | Category | PHS | HHSA |
|----------------|------------------------------|--|---|
| | # Contracts | 133  | 853 |
| | FY Value of Contracts |  \$50.0 Million | \$1.3 Billion |
| | # MOA/MOU & RA |  187 |  631 |
| | # Facility Use Agreements | 1 |  12 |
| | Total Number of Procurements |  43 |  143 |

Public Health Services

BOARD LETTER FORECAST

| Board Meeting Date | Subject |
|--------------------|--|
| December 10, 2024 | Single Source Procurements of Equipment and Supplies forDiaSorin |
| January 7, 2025 | Single Source Procurement of Equipment and Supplies for Hamilton |

Confidential: Subject to the deliberative process.



Media/Community Events

| Targeted Date and Time | Description & Location of Event |
|--------------------------------------|---|
| November 2023 and ongoing | Perinatal Equity Initiative (PEI) radio ads run on local radio stations , 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 | PEI creatives (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. |
| October 5, 2024 | World Meningitis Day media/education campaign that observes and raises awareness about meningitis, its symptoms, and vaccines. |
| October 6, 2024 | First locally acquired dengue case media/education campaign about dengue, San Diego's first case, and preventive actions. |
| October 20-26, 2024 | Lead Poisoning Prevention Week Media Campaign |
| October 24, 2024 | World Polio Day media/education campaign |
| October 28, 2024 – November 15, 2024 | Seasonal Influenza media/education campaign |



Highlights

New Performance Improvement Manager

- On September 20, Nora Bota was appointed as the Performance Improvement Manager for the Office of Performance and Improvement Management in PHS.
- Since 2010, Ms. Bota has held various positions at PHS as a Program Manager, Community Health Program Specialist, Health Information Specialist I & II, graduate student worker, temporary staff, and volunteer.
- She has worked on several projects related to *Live Well San Diego* Community Health Assessments and Community Health Improvement Plans, public health accreditation, performance management, quality improvement, childhood lead poisoning prevention, health equity, border health, and Health Services Advisory Board.



PHS Abstracts Selected for Presentation at APHA 2024 Conference

- 64 PHS staff contributed to the abstracts and posters that were accepted for presentation
- APHA has approved 8 oral presentations and 12 poster presentations
- This year, PHS is the only department in HHSA with approved abstracts.
- Presenters will be from:
 - Child Health and Disability Presentation;
 - Community Health Statistics;
 - Immunization; and
 - Surveillance, Epidemiology, and Evaluation teams.



APHA 2024
ANNUAL MEETING & EXPO
Minneapolis | Oct. 27-30

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- I'm not sure, but it looked as though the county support for reproductive health, but more in depth than that.

Comment: Dr. Elizabeth Hernandez- That was an award letter from our Chairwoman that brought forth her goal is to highlight the reproductive programs and services that the county currently offers in an effort to make sure the community is aware of the different programs. We're working through the minutes order and how to implement the recommendations that are in that foot letter.

Question: Dr. Harriet Seldin- Is that something that I have seen before, or is it something new?

Answer: Dr. Elizabeth Hernandez- It has NOT been done yet.

Comment: Dr. Harriet Seldin- There's a whole issue on Pap smears not being recommended for older women and now

there's all these older women who are diagnosed late with cervical cancer. That is one amongst a lot of other things that for the overall public health of our community that we should look at. I think this is a big issue, and I think the reproductive health aspect of abortion is what's bringing it to the surface. We need to be on top of it!

| | |
|-----------------------|--|
| | |
| IX. ROUNDTABLE | None |
| | <u>Questions & Comments:</u> None |
| XI. ADJOURN | Meeting adjourned at 4:44pm. |
| Next Meetings | HSAB Monthly Meeting: Tuesday, December 3 2024. CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 402A, from 3:00 pm to 5:00 pm |
| | |