

Pima County Board of Health Minutes
November 18, 2020
Teleconference / MS Teams Meeting / In-person
Abrams Building, Room 2359
3950 S. Country Club Road
Tucson, Arizona 85714

1. CALL TO ORDER

Dr. Horwitz called meeting to order at 3:00PM

ATTENDANCE:

Mr. Bin An - Absent
Ms. Betty Villegas (Arrived after roll call)
Mr. Rene Gastelum
Mr. Charles Geoffrion, Vice President
Ms. Mary Lou Gonzales - Absent
Dr. Paul Horwitz, President
Mr. Mike Humphrey
Dr. Kathryn Kohler
Mr. Miguel Rojas - Absent
Dr. Gail Smith
Ms. Carolyn Trowbridge

A quorum was established (7)

Non-Board Members

Dr. Francisco García, Deputy County Administrator, Pima County - Absent
Dr. Theresa Cullen, Pima County Public Health Director
Ms. Paula Mandel, Pima County Health Department, Deputy Director

Presenters

Dr. Kristin Barney, Pima County Health Department, CFO Division Manager
Mr. Alan Bergen, Pima County Health Department, Senior Program Manager
Mr. Mark Person, Pima County Health Department, Program Manager
Ms. Nicole Fyffe, Executive Assistant to County Administrator, Pima County
Ms. Paula Perrera, Behavioral Health Director, Pima County

2. PLEDGE OF ALLEGIANCE

Due to Teleconference Meeting the Pledge of Allegiance was not conducted.

3. MINUTES ADOPTION

- Adopted Board of Health Minutes October 28, 2020

The motion was made and seconded (Mr. Humphrey/Dr. Smith) that the October 28, 2020, Board of Health Minutes be adopted. The motion carried 6 – 0.

4. CALL TO AUDIENCE

- Dr. Horwitz advised that Deena Burnside submitted a 16-page document that she wanted me to read, and as per protocol for the call to the audience, she the absolute right to speak for 3 minutes uninterrupted. We can listen to her comments and take them into consideration, but we cannot respond to her comments directly. Ms. Burnside requested that

I read that document. I'm not going to breach protocol. The document will be part of the record and it will be disseminated to board members and be a part of the official minutes.

- Deena Burnside addressed the board members, stating "I'm not in front of my document right now, but I just wanted to say that I, like any other citizens, I feel that a lot of these measures that you guys are implementing are really at the expense of a lot of businesses. I feel like there's a lot of opposition that's going on. It feels like it's the Pima County Health Department versus the citizens, and people want to know why all these events are being cancelled. It's just been a really hard time for people. I'm not really in a place where I can talk and read what I have, but I wish that you would all read it, please. I think we should balance the needs of our citizens to live a normal life, or as normal as possible right now, with the economy and being able to run a business and send our children to school. Because 2 days a week in school is not really cutting for kids nowadays."
- Dr. Horwitz thanked Ms. Burnside and reiterated that her document is available to all the board members, and part of the public record.

5. DIRECTOR'S UPDATE

- Dr. Cullen started with a COVID update, advising that overall, it's not a very optimistic report due to an increasing number of cases and increasing hospitalizations.
- Dr. Cullen presented the following sobering statistics:
 - The 7-day rolling case average on October 19 was 59, but for November 16 our average was 347 cases. This is a very significant increase that our number of cases per 100K are over 200. Over 100 is considered to be in accelerated transmission, so we are double that. The last two weeks will definitely continue to go up.
 - Our positivity rate, according to the State, is 10.2. The State figures positivity a little different than we do, and we defer to them.
 - CLI (Covid-like illness) is creeping up to 3.8 or 3.9.
 - Hospitals are in trouble, and have had many days in the last week when there are only single-digit ICU beds available.

Dr. Cullen said that it is important to note that this is not all due to COVID, it's due to the fact that there are other illnesses in the community.

- Dr. Cullen noted that the following steps are being taken:
 - Increased testing. We have done multiple, multiple pop-up sites. Our semi-permanent sites continue to test significant numbers. We surpassed the number of tests that are recommended in the community – which is about 15,000 for Pima County.
 - PCHD is testing people that are arriving at the airport starting on Friday.
 - Dr. Kohler inquired if the airport testing is rapid testing, and Dr. Cullen advised that it is not, it is the PCR test currently used by Paradigm. Those tested will be asked to isolate for 16-24 hours after the test, to wait for the results, which arrive between 18-48 hours.
 - Dr. Smith asked if PCHD will be doing contact tracing on the positive tests, and if we will be testing those contacts as well? Dr. Cullen indicated that yes, contact testing will be done if the contact names are given.
 - Dr. Horwitz asked if airport testing is being done on both arrivals and departures, and Dr. Cullen confirmed testing is only for arrivals.
 - The University numbers are creeping up very slowly, and are low double-digit numbers, nowhere near what they had before. This is part of their 'Test All, Test Smart' prior to people leaving campus prior to Thanksgiving.
 - We are seeing accelerated community transmission. There is huge congregation of people despite the limitations that exist on the restaurants and the bars. And we

follow up on complaints for restaurants and bars. So overall we are in accelerated transmission.

- We are responding to focal areas where we have high number of cases by offering pop-up testing.
- Our case investigation is in place and on average can process 250-300 cases a day; numbers over that roll to the State. We are still at only about 58% of case investigations completed in 48 hours because people don't answer the phone or don't want us to contact them, and that number continues to creep up.
- We have field investigators going out right now. The great news about our field investigators - and these numbers may seem small to you but they're actually very impressive - is that our field investigators are able to identify about 20% of the people they go out and look for. Of that 20%, about 50% complete the case investigation by getting on the phone right then with the case investigators. So we are happy, we believe that's an important investment, but it still leaves a percentage of people that we are not contacting.
- Our contact tracing continues to do well.
- Our schools continue to have cases, but very, very few cases of classroom transmission. It is still our perspective that schools, as they are open, should stay open despite the fact that our caseload has gone up, our positivity has gone up, and our CLI has gone up. Many of those cases are virtual learners who are not even in the classroom. But they're at school, they're students, so they're reported to us. So we do not believe we need to roll back right now.
- Dr. Cullen also spoke about the pending Moderna vaccine distribution.
 - We are in the process of working closely with the State, with Banner, and with Tucson Medical Center, who will be our very first sites where we deploy. None of us know exactly who the tranche 1A group - the most high-risk people to get the vaccine divided into the "A" category - will be. The CDC is working on that, as well as the State, and we will follow their guidance. We have no idea if there will be any latitude afforded us regarding distribution.
 - We have gotten ultra-cold, -80 degrees freezers if we need them. The Moderna vaccine doesn't need that, it just needs a significant cold chain, so we have developed that protocol.
- Dr. Cullen noted that the monoclonal antibody is available and has gone out to the hospitals for outpatient use at free-standing urgent care centers affiliated with hospitals. It's a one-hour infusion, and the guidance for it is a little unclear. Dr. Carlos Perez-V has been working with us so that we can put out some clinical guidance for the County.
- Dr. Horwitz inquired if all the testing that we're doing is PCR, not the antigen
- Dr. Cullen reported that the vast majority of tests are PCR, but that the numbers reported on the spreadsheet are from the State lab, and because labs report antigen-positive they get counted in the case numbers. Pima County is generally doing PCR testing; however, the plan was that we will get over 300K Binex Now antigen tests from the State. The plan is to put them into congregate setting, long-term care, where we will be doing repeated testing.
- Dr. Cullen mentioned that the CDC has been in Tucson for 2 weeks, helping us do evaluations of a couple different things including the evaluation of the Binex Now antigen. We did not need IRB approval to do this. We asked people who went to Udall and Kino if they wanted to participate and got over 3400 participants, which is the largest group comparison ever done in the United States between the antigen and the PCR testing. The CDC ended up reporting daily to the Director of the CDC what was going on with this evaluation. The preliminary data's not available yet, but the CDC indicated there will be a report out in MMWR within 2-3 weeks.

- Dr. Horwitz asked Dr. Cullen if the standards for the Back to Business Road to Recovery are where she wants them, or is there a need to revisit criteria?
- Dr. Cullen noted that the Governor allowed events less than 50. PCHD has been processing a lot of events for over 50 people with a very stringent approach to them. Yet the question remains: is there an absolute number of cases where we say when you're over that number of cases there should be no events? We have disapproved a few things, but we have not pulled back anything we've previously approved.
- Dr. Horwitz asked about establishing protocols for businesses to reference for internal situations related to COVID, such as guidance on conducting business if the head of the company, or any employee, gets sick; how often people get tested, how to continue doing business ethically?
- Dr. Cullen agreed that it is a great idea to develop a business playbook, similar to the guidance put together for schools. She will follow up with Dr. Horwitz to get more specific guidance on the information he has received on this subject.
- Dr. Cullen spoke briefly about the other things we do besides COVID. We've really made a concerted effort to get out of a sole emergency response role to running an emergency response from the pandemic and restarting all the other work that we are committed to doing as a health department.
 - We have been looking at our morbidity and mortality data for the County, trying to determine whether there is some other non-infectious area we may want to go in to.
 - We recently did a training for our staff on colorectal cancer screening. You may be aware that the recommendations for colorectal cancer screening have now dropped from 50 years to 45 year because of the significant increase in colorectal cancer in younger adults. We would like to do a health communication campaign around colorectal cancer screening.
 - Our clinics are open and we are seeing people, and we're immunizing with the flu.

6. DECLARING RACIAL AND ETHNIC HEALTH INEQUITIES AND INCOME INEQUALITY IN PIMA COUNTY TO BE A PUBLIC HEALTH CRISIS

- Supervisor Villegas discussed the final draft of the unapproved copy of the resolution put together by the County Administrator's office, the Public Health Department, and Supervisor Villegas's office, which was sent to the board members for review. The document has been renamed with the name of the declaration – or the resolution – as “Declaring Racial and Ethnic Health Inequities and Income Inequality in Pima County to be a Public Health Crisis.”
- Supervisor Villegas asked the Board of Health (BOH) to consider taking action on recommending that the Board of Supervisors (BOS) approve this resolution by sending a letter of support for the resolution from the BOH.
- Mr. Geoffrion asked for confirmation that the County Attorney has reviewed this document, and Dr. Horwitz confirmed that yes, the County Attorney has signed off on it.
- Ms. Nicole Fyffe, from the County Administrator's office, advised that her understanding of the resolution is that this document provides direction to build off of the Health Department's internal work on a strategic operational plan, and that this document is really expanding that strategic planning to a County-wide effort.
- Dr. Cullen thanked Supervisor Villegas and her staff, as well as the BOH members, for the dialogue had around this resolution. Dr. Cullen noted that this is a very strong document right now, supporting why moving this work forward and integrating it into not only the Health Department but into the County milieu is critical, and she believes it will make a difference.
- Mr. Humphrey requested that, once the resolution is adopted by the BOS, the BOH get a report back every 3 months detailing results on meeting these goals. Ms. Trowbridge requested that this resolution become a standing agenda item, and that any updates are

reported every month. Dr. Horwitz agreed to add monthly reporting on the resolution as a standing agenda item.

- The motion was made and seconded (Dr. Smith/Mr. Geoffrion) to accept the resolution as written, and to send a letter of support of it to the BOS, as well as requesting that board members individually lobby their BOS representatives to tell them why the BOH is in favor of it. A roll call vote was called, and the motion passed unanimously.

7. CURRENT ORGANIZATION OF THE HEALTH DEPARTMENT WITH FUTURE CONSIDERATIONS FOR CHANGES

- Dr. Horwitz opened the discussion about the current organization of the Health Department, and future considerations for funding and organizational changes. Dr. Horwitz is concerned specifically about mental health services.
- Dr. Cullen responded that the current work being done on the strategic plan for a supplemental budget request does not include an organization change at this point, as most of the focus has been on bringing value to the healthcare system, and determining core competencies and what we need to adequately respond to and meet those needs.
- Dr. Horwitz noted that the BOH would like to be more involved in the budget process than they have been in the past, and to be kept informed as the proceeds.
- Dr. Horwitz introduced Paula Perrera, the Director of Behavioral Health Services for Pima County, and Mr. Mark Person, Program Manager at the Pima County Health Department who works with mental health services and substance abuse for the health department. Dr. Horwitz invited Ms. Perrera and Mr. Person to define for the board members what behavioral health actually is, and what their respective departments do to administer services in Pima County.
- Ms. Perrera noted that behavioral health includes both issues of traditional mental health diagnosis - like schizophrenia, bi-polar, depression, etc. - but issues surrounding substance misuse. She also provided some history and background on how behavioral health is administered across the State, and then how what is currently the Behavioral Health Department in the County has evolved over the course of time:
 - The summary function at the Department of Behavioral Health is to administer and classify statutory remandated functions of the County that are imposed by the state which includes a division that is correctional health that provides both physical and mental health and behavioral health services to detainees at both the adult detention centers, as well as the juvenile system detention centers.
 - To administer and pay claims for detainees whose needs, be they physical or mental, cannot be met within the confines of the jail and they need to be sent out for either a hospitalization or for an out-patient service.
 - Provides a program called Restoration to Competency that primarily educates individuals with mental health issues who are undergoing a criminal trial and are not able to meaningfully participate in their defense. The defendants are provided information on how the criminal process works, what the role of the judge and defense team is. There can be a medication component.
 - Contract with and pay for services, such as interviews and forensic examinations, which are provided to crime victims, and dangerous crimes against children.
 - Make the County contribution to the Arizona Medicaid program, AHCCCS, and pays the County contribution to the seriously mentally ill fund that is administered by the State.
 - Using a grant from the Bureau of Justice to implement a program that helps identify individuals who are frequently detained in the Pima County Detention Center, and to help to figure out what's keeping these people from succeeding outside of the crisis

setting and providing them with the resources that they need in order to be successful. The aim of this program is to break that repeat cycle and help these individuals get stable and stay stable so that they can participate in treatment on a traditional outpatient stage. Rather than utilizing the existing infrastructure in the community, we are involving ourselves.

- Ms. Perrera also spoke about the Crisis Intervention Team program, which is a program that trains law enforcement individuals on how to interact in and de-escalate situations with people with mental illness or substance abuse issues. The Tucson Police Department and Pima County Sheriff's Department have units called Mental Health Support Teams (MHST's) that are dedicated to dealing with the community's population that are mentally ill. The MHST receives specialized training and provides law enforcement an alternative to taking people with mental illness to jail, or to an emergency room; instead they will offer to take them to the Crisis Response Center (CRC). The CRC will give them an evaluation and determine whether they can, 1) be released back into the community, or 2) whether they require further stabilization and hospitalization. And then secondarily they will determine whether the person is able and willing to participate in treatment on a voluntary basis; if they are not willing to participate in treatment on a voluntary basis, they make a determination about whether to complete an application for involuntary evaluation. Typically those individuals are transported to one of 3 area hospitals - : Palo Verde, Banner South, and Sonora Behavioral Health on the NW side – and the Department of Behavioral Health pays for that hospital stay. During that hospitalization, the physicians will conduct their evaluations and determine whether that individual is capable, again, of participating in treatment on a voluntary basis, or whether they require the structure of a court order to participate in treatment. If it determined that somebody requires a court order, another set of documents is filed with the court, and a hearing is held where two doctors testify and at least two acquaintance witnesses have to testify. The County Attorney represents the hospital, and the patients are assigned a Mental Health Defender. If at that hearing it is determined that the judge decides that person does, in fact, need a court order, the then the Court issues such an order but those individuals are then released out to a treatment agency in the area.
- Ms. Perrera discussed how mental health is structured in Arizona. Neither the Health Department nor Behavioral Health provides direct patient care for behavioral health or mental health issues. In the past behavioral health - or mental health services - were actually under the Arizona Department of Health Services (ADHS). The ADHS in turn contracted with private corporations known as regional behavioral health support, or RBHA's. In Pima County the RBHA is Arizona Complete Health, and they are responsible for providing and paying for licensed services, as well as both mental health and physical health for all of the people who are qualified as seriously mentally ill, which is a statutory designation in Arizona. There is a limited number of diagnosis that qualify for serious mental illness, and substance abuse is not included in that.
- Mr. Geoffrion thanked Ms. Perrera for her presentation, and both he and Ms. Trowbridge stated that the BOH should be looking at mental health and behavioral health issues in Pima County.
- Mr. Person next spoke about the work PCHD does in the area of behavioral and/or mental health:
 - We conduct daily surveillance of all the different trends related to socio-economic factors, especially for vulnerable populations with substance use and mental health issues, race and ethnicity.
 - We track things like fatality, surveillance, for drug arrests, and suicides by age, sex, and geographic location clusters, for school-age kids.

- We also provide fatality review community services for drug overdoses, which is a multi-disciplinary team that has several physicians and nurses from emergency departments in local hospitals, as well as a couple of people from PCHD.
- We review overdose deaths continuously, in partnership with law enforcement and the County Attorney's office.
- PCHD also is the central storage and distribution for all of Pima County for Narcan, a life-saving drug-rich reversal kit, which is dispersed to high-need areas such as first responders and treatment agencies that we partner with.
- We have four staff specifically that do a lot of work with substance use and overdose.
- We have rapid-response teams that go out to mitigate the likelihood of an overdose for people leaving jail, or people leaving hospitals and emergency departments to help during high-risk periods and get engaged in services.
- We have case managers that work in partnership with PACC to help individuals that have complex hoarding cases where they've got a property that has high amounts of animals; our team will go out and hope to connect them with services and slowly start to depopulate those properties.
- We have a full-time epidemiologist that does work for our team.
- We have multiple health educators that provide mental health first aid for adults and youth in the community.
- We host safe medication disposal events in the community.
- We have several people who are certified for suicide prevention, and family with school-age youth counseling for mental health and substance use issues.
- Mr. Person can provide mortality/morbidity rates related to anything PCHD does with mental health or substance use, such as all the fatalities for this year, previous years, and what age groups are most impacted, or disproportionate rates according to race and ethnicity. All of those things are done ongoing, and was funded through a few different grants that we have through ADHS and AHCCCS, through a contract specifically with ADHS.
- Mr. Humphrey brought up the subject of environmental health and the need to revisit the importance of air quality and water quality on people and in the community. Mr. Humphrey noted that most of the big issues that the BOH has faced in the past several years have been environmental, and suggested that air quality and water quality are at the top of the list of the various programs that have direct connection to public health.

8. RE-ACCREDITATION UPDATE

- Mr. Alan Bergen provided a recap on accreditation:
 - In 2011, the Public Health Accreditation Board (PHAB) launched a national accreditation for health departments. We became accredited under the PHAB in May 2016. Initial accreditation is a 5 year period, so that means our 5 years is up at the end of June.
- Mr. Bergen advised that PCHD is beginning the preparation of putting together our reaccreditation packet. The accreditation packets had 200-300 pages, 12 different domains, 100 different standards and measures we had to do. Reaccreditation still has the 12 domains, but they've collapsed the number of measures and standards within those areas.
- Mr. Bergen defined the difference between initial accreditation and reaccreditation:
 - Initial accreditation was providing them documents that show how we meet the standards and measures.
 - Reaccreditation is telling the story, over the 5 years since we have been accredited, how have we advanced the needle? How have we changed? How have we improved in those 12 domain areas?

So reaccreditation is about sharing stories and about sharing examples of how we've changed and improved, rather than justifying that we do the work.

- Mr. Bergen spoke about the timeline we're working off of at this point
 - The application technically is due June 30, 2021.
 - We've started talking with the accreditation body about an extension, and they're open to it. What we do know at this point is we can automatically get a 3-month extension by asking, and then if we want longer that requires PHAB leadership approval.
 - Dr. Cullen is wanting something a little longer than the 3-month extension, and that is what we don't know if we will be able to get. We are going to begin those negotiations in January. We do not know what will be approved, but we are going to ask and see what we can get.
 - There are associated fees that will need to be paid at the time of submission of our application, and for the size of Pima County we believe it will be roughly \$75,000 dollars for accreditation.
- Dr. Horwitz questioned why it is important to be accredited.
- Dr. Cullen responded that she believes that PCHD can use accreditation as a tool to improve our health department and seek excellence for our organization. Performance improvement, quality improvement, the ongoing ability to measure and produce metrics, and to be able to compare your organization with other organizations, is a critical part of achieving excellence. We have to be audacious in our aspirations right now. My goal is that we're going to be the best local health department within 5 years, and if we truly aspire to that, and one of the external markers is accreditation, then it means that we must seek accreditation.
- Mr. Bergen added that Dr. Cullen requested a review of all the different public health frameworks that people use out there - Public Health 3.0, the Ten Essential Public Health Services, Foundational Public Health – and he found that they all align with accreditation, and all require important aspects of accreditation to be included. Accreditation couches all as a certification, rather than best practice. It's all out there as best practice, and in order to move into the new generation of public health, one of the recommendations is that all health departments become accredited. Because then it assures the community that all of the programs and services that are being provided are of the best quality, because they met higher standards.
- Mr. Bergen advised that he has been working with staff on the accreditation effort. Yes, it will be a lot of work. But staff have been really generous to want to continue this process, even though they might be involved in COVID and have other assignments as well. We are doing a different approach. Last time we did a team approach. This time I'm reaching out to specific managers, specific staff, who really can best answer the questions and get the documentation we need. So it's a little different approach and so we're working with staff a little differently this time. I have not come across any resistance with staff just yet. I understand the time, and I think we all understand the time we're in, and that's one of the reasons we're going to be asking for an extension. We just don't know what we're going to be granted, and until that point we have to go with June 30, 2021. But I know pretty solidly that we will get, at a minimum, a 3-month extension.

9. ETHICS COMMITTEE UPDATE

- Dr. Kristen Barney provided an update on the Ethics Committee. November 30th will be the first meeting. All of the members have been sent their 90-minute online training to finish before that meeting, as well as some reading materials. The current plan is that the first meeting on the 30th will begin with committee member introductions, a discussion of the purpose of the committee, and beginning a conversation around the COVID vaccine distribution, plus determining some potentially sub-groups or specific issues to work on with that topic, and determination of the upcoming meeting schedule.

- Mr. Humphrey asked if the Ethics Committee will be making the decision on who gets the vaccine, and when.
- Dr. Barney advised that no, the Ethics Committee will not make that decision on the vaccine. The Ethics Committee is never a deciding body, always an advisory group. The intent for any issue taken up with the Ethics Committee is to advise the BOH, advise Dr. Cullen, and advise the BOS as appropriate. The role of the Committee is to start initial conversation to get the opinions of the diverse group of people serving on the Committee.
- Dr. Cullen stated that the early vaccine decisions will all be done by the federal government and passed down to ADHS, and then PCHD will be told who gets the vaccine.

10. SUMMATION OF ACTION ITEMS & PROPOSAL OF FUTURE ITEMS

- Dr. Horwitz asked Suzanne to prepare a letter for the BOS regarding the declaration, item 6 on the agenda that he can sign and send out.
- Dr. Horwitz agreed to add monthly reports for the resolution “Declaring Racial and Ethnic Health Inequities and Income Inequality in Pima County to be a Public Health Crisis.” as a standing agenda item.
- Dr. Cullen requested that more time be spent at the next meeting on the other portions of the work that PCHD is doing.
- Dr. Horwitz reminded the Board to send him any future items for the agenda by email.

11. ADJOURNMENT

The motion was made and seconded (Ms. Trowbridge/Dr. Kohler) that the November 18, 2020 meeting adjourn. Motion carried 8-0.

The meeting adjourned at 4:54 PM.

The next meeting is scheduled for December 16, 2020, at 3:00 P.M.