



County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, January 21, 2016 3:00 – 5:00 pm
 1600 Pacific Highway
 San Diego, CA 92101
 Room 302/303

MEETING MINUTES

Members Present	Members Absent	Presenters	HHSA Support Staff
James Lepanto, Chair Kyle Edmonds, Vice Chair Paul Hegyi Greg Knoll Leonard Kornreich Henry Tuttle-Alternate Paul Raffer Jack Rogers Judith Shaplin Judith Yates – Alternate Jenifer Mendel	James Beaubeaux-Excused Michelle Davis-Excused Dimitrios Alexiou-Excused Jeffrey Griffith-Excused Adriana Andrés-Paulson-Excused	Alfredo Aguirre, Director of Mental Health Services Don Wells, Just in Time Services Melissa Gutierrez, Just in Time Services	Wilma Wooten Sayone Thihalolipavan Saman Yaghmaee Victoria Ollier

Issue	Discussion	Action
1. WELCOME – James Lepanto, Chair		
2. PUBLIC COMMENTS		
• Public Comment	No public comment.	
3. ACTION ITEMS		
Approval of Minutes	The minutes for the November 19, 2015 were moved and approved unanimously by the board first by Jack Rogers and seconded by Paul Raffer. No abstentions.	

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4. INFORMATIONAL ITEMS	<ul style="list-style-type: none"> • Saman Yaghmaee provided State Mandated Ethics Training (AB1234) Fact Sheet as a reminder for board members to complete the required Ethics Training online. • Dr. Wooten reminded board members are entitled to claim mileage as long as the Ethics Training is completed. <p>Budget Report:</p> <ul style="list-style-type: none"> • Chair James Lepanto reported that it is the responsibility of HSAB board members to advise and make recommendation to the annual budget report to the Board of Supervisors and the Director of HHSA. James Lepanto, Adriana Andres-Paulson and Judith Yates will be meeting with Finance Director, Andy Pease to begin scheduling meeting for reviewing budget information and to provide input. Budget committee will be meeting with other Directors to discuss budget within their departments. 	<ul style="list-style-type: none"> • Ethics Training to be completed by Board members by February 28, 2016. • Additional budget discussion will be added to the February 2016 meeting.
5. PRESENTATIONS/DISCUSSIONS:		
Updates from Advisory Board Members	<ul style="list-style-type: none"> • Dr. Kornreich reported that the following has joined the existing five Health San Diego managed care health plan programs: <ul style="list-style-type: none"> ○ Aetna Healthcare ○ United Healthcare ○ Greg Knoll added that there continues to be movement and mergers with Healthnet acquired by Centene and Care1St was acquired by BlueShield. Currently, there are 745 thousand people are enrolled in MediCal program in San Diego County. ○ Judith Yates commented that HSAB needs to be watching out in 2016 as to what does this mean to the system of services to have this many additional people come in for medical care; the impact;. Emergency systems had approximately 1 million visits in 2015. This impacts the pre-hospital staff. • Jenifer Mendel reported from the Behavioral Health Advisory Health meeting recently held 	

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<p>Presentations Don Wells, Director of Just in Time Melissa Gutierrez, Volunteer Coordinator</p> <p>Alfredo Aguirre, Director Behavioral Health Services</p>	<p>that the mid-year expense that was presented and approved. Multiple programs were expanded including PERT. There was 5.8 million that included the expansion of capacity. Added additional PERT teams now up to 43.</p> <ul style="list-style-type: none"> ○ Judith Yates suggest that PERT Team have a presentation at the next Behavioral Health Advisory meeting to update on key issues like how many officers have had the special trainings. Crisis intervention trainings. <p>Just in Time Services for Foster Youth Director Don Wells and former Foster youth Melissa Gutierrez presented a new resource for Foster Youth aging out of the Foster Care system. JIT Connect website has been in existence for approximately 13 years and assists Foster Care youth to connect with vital resources such as healthcare, finance, education, food, housing, careers, and life skills. JIT Connect delivers resources from the community for additional programs and information that will better assist Foster Care youth. JIT Connect welcome mentors from the community. JIT Connect serves over 750 Foster youth's ages ranging from 18 to 26 a year and over 600 trained volunteers are available to assist in various areas. JIT provides basic needs such as emergency help, bus passes, assistance with cars etc. JIT is part of the AB12 youth resources and Fostering in Future Initiatives. JIT is also involved with ILS meetings to discuss and share information.</p> <p>Alfredo Aguirre provided a power point presentation on Strategies to End Homelessness. (handout)</p> <p>General Overview:</p> <p>San Diego County Demographics</p> <ul style="list-style-type: none"> ● Total Population: 3.2 million ● 4,261 square miles ● 5th most populous county in the nation ● 4th highest homeless population in the nation <p>Point in Time Count</p>	

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	<ul style="list-style-type: none"> • Conducted annually in the 4th week of January throughout the nation. • January 2015 Point in Time Count: 8,752 <ul style="list-style-type: none"> ○ Of those, 4, 156 unsheltered ○ About 1/3 have a physical disability ○ 2/3 have health insurance of some type ○ 2/3 have spent time incarcerated; 1/7 report being on probation or parole ○ 1/5 self-identify as Seriously Mentally III ○ Nearly 1/5 self-report having Substance Use Disorders ○ January 29, 2016: Point in time Count <p>Our Current Experience</p> <table border="1" data-bbox="467 856 1141 1083"> <thead> <tr> <th></th> <th>2014</th> <th>2015</th> <th>CHANGE</th> </tr> </thead> <tbody> <tr> <td>Total Homelessness</td> <td>8,506</td> <td>8,742</td> <td>+2.8%</td> </tr> <tr> <td>Unsheltered</td> <td>3,156</td> <td>4,156</td> <td>+4.3%</td> </tr> <tr> <td>Sheltered</td> <td>4,521</td> <td>4,586</td> <td>+1.4%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Judith Yates commented that HUD dollars were trying to bring into the county. <p>Regional Infrastructure</p> <ul style="list-style-type: none"> • What is a Continuum of Care? <p>A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.</p> <p>HUD requires communities to submit a single application for federal homeless assistance grants in order to:</p> <ul style="list-style-type: none"> ○ Streamline the process Encourage coordination of housing and service providers on a local level ○ Promote the development of CoCs • Regional Continuum of Council (RCCC) <ul style="list-style-type: none"> ○ In San Diego, the Continuum of Care is governed by the Regional Continuum of Care Council (RCCC) 		2014	2015	CHANGE	Total Homelessness	8,506	8,742	+2.8%	Unsheltered	3,156	4,156	+4.3%	Sheltered	4,521	4,586	+1.4%	
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	<ul style="list-style-type: none"> ○ The RCCC uses a collective impact approach to implement strategies and policies throughout the region to end homelessness ● Mission of the RCCC <ul style="list-style-type: none"> ○ Engage stakeholders in a community-based process that works to: ○ End homelessness for all individuals and families throughout the region ○ Address the underlying causes of the homelessness ○ Lessen the negative impact of homelessness on individuals, families and communities. ● RCCC Composition <ul style="list-style-type: none"> ○ Partnership Across Sectors <p>The Executive Officers reflect the region's commitment to partnership across public and private entities:</p> <ul style="list-style-type: none"> ○ Chair: City Councilman, Todd Gloria ○ Vice-Chair: Director of HHSA, Nick Macchione ○ Secretary: Private Business Representative, Karen Brailen (sp) ○ Treasurer: Faith Community and Service Provider, Sister Ramunda (<i>sp</i>) Duval ○ Members of the Board represent business, faith community, public safety, education, healthcare, developers, private philanthropy, government, providers, and people who have experienced homelessness, among others. <p>Regional Strategies</p> <ul style="list-style-type: none"> ● RCCC Key solutions and Strategies <ul style="list-style-type: none"> ○ Coordinated Entry System – to ensure people are matched to appropriate service and housing and prioritized based on need. ● Coordinated Entry System 	

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	<ul style="list-style-type: none"> • Permanent Supportive Housing – targeted to people with the most significant challenges • Rapid Re-housing – targeted to people with fewer barriers to housing stability • Housing First – orientation of entire system toward removing barriers and assisting people to access appropriate permanent housing, with right level of services, as quickly as possible. <p>County Solutions</p> <p style="padding-left: 20px;">An Integrated Approach</p> <ul style="list-style-type: none"> ○ Outreach ○ Housing Interventions ○ Supportive Services and Treatment <p>Outreach</p> <ul style="list-style-type: none"> ○ Homeless Outreach Teams ○ Psychiatric Emergency Response Teams ○ Inclement Weather <p>Housing Interventions</p> <ul style="list-style-type: none"> ○ Permanent Supportive Housing ○ 249 Permanent Supportive Housing Units through MHSA ○ Rapid Rehousing ○ CalWORKs recipients ○ Transitional Housing ○ People with HIV and/or AIDS ○ Transitional Aged Youth transitioning from Foster Care ○ Seniors ○ Pregnant and Parenting females between 18-24 ○ Emergency Housing ○ Hotel/motel vouchers <p>Supportive Services and Treatment</p> <ul style="list-style-type: none"> ○ Benefits ○ Case Management and Treatment 	

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	<ul style="list-style-type: none"> ○ Homeless with HIV and Substance use Disorders ○ Seriously Mentally Ill ○ Chronic Inebriates downtown ○ Long term care beds for people who are Seriously Mentally ill ○ Clubhouses ○ Drop-in center for women with substance use disorders downtown <p>Initiatives</p> <ul style="list-style-type: none"> ○ 25 cities ○ Project 25 ○ Serial Inebriate Project ○ Full Service Partnerships ○ Homeless Outreach Team ○ Psychiatric Emergency Response Team <p>Services to Homeless who are seriously Mentally ill</p> <ul style="list-style-type: none"> ○ Homeless and housing initiative since 2006 ○ Collaboration and partnerships with local housing authorities to provide housing for people who are mentally ill or have substance use disorders ○ 6 full service partnerships/assertive community treatment programs for homeless clients ○ Service over 1,200 previously homeless clients in an array of housing options <p>Current Enhancements</p> <ul style="list-style-type: none"> ○ Fiscal Year (FY) 2015-16 contract procurement for 100 homeless program with 100 housing subsidies for people who are seriously mentally ill ○ FY 2015-16 contract procurement for “Home Finder” program for homeless or at risk homeless with Serious Mental illness enrolled in BHS outpatient programs. 	

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	<p>Community Engagement Forums</p> <ul style="list-style-type: none"> ○ 13 BHS Community engagement Forums in October and November 2015 (over 880 attendees in total) ○ Increase Housing Supports listed as a top priority ○ Recent BHS Efforts ○ 100 Homeless Program with San Diego Housing Commission ○ Request to Augment BHS Programs – bolster homeless outreach efforts, increase housing funds and add service slots <p>For Additional Information:</p> <p>County of San Diego Network of Care Sandiego.networkofcare.org</p> <p>Housing Matters housingmattersSD.org</p> <p>San Diego Regional Continuum of Care Council Sandiegococ.org</p> <p>Regional Task Force on the Homeless Rtfhsd.org</p>	

6. PUBLIC HEALTH OFFICER'S REPORT

<p>Dr. Wooten</p>	<p>I. Communicable Disease Issues (Handout)</p> <p>A. Infectious Disease Issues</p> <p>1) Influenza Season – Implementing public education campaign</p> <ul style="list-style-type: none"> ○ Continuing HO Order from November 2014 ○ Week 2: Activity is low with ILI at 5% ○ Flu Watch (attachment for Week 2) ○ 548 cases (144 reported for week2, compared to 948 for week 2 in 2014/15) ○ 8 ICU cases ○ 3 death (compared to 17 for Week 2/20/2014) ○ 1 outbreaks 	
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	<p>II. Grants</p> <p>A. Funded</p> <ol style="list-style-type: none"> 1) Sodium: sodium reduction in AIS, CWS, Probations, and County facilities 2) SNAP-ED: activities continue on target with a new focus on policy, systems and environmental change 3) Prevention (Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke): funded to work in the city of San Diego geographic area <ul style="list-style-type: none"> ○ Components <ol style="list-style-type: none"> 1: For implementing for sodium standards and environment and lifestyle changes (DPPs) 2: Diabetes prevention and community clinical linkages; health system interventions <p>III. Public Health Initiatives</p> <p>A. Major Initiatives Updates and Highlight</p> <ol style="list-style-type: none"> 1) Public Health Accreditation <ul style="list-style-type: none"> ○ Update: Site visit is scheduled for Feb. 22-23, 2016 (Chair and past Chair invited) ○ Community Assessment – Working with HASDIC & Hospitals ○ Conducted all five Regional Leadership Team data profiles as of Wednesday, November 18, 2015. 2) Branch and Program Fact Sheets being developed. <p>IV. Board Letters Forecast(Total of six by end of December, include one in)</p> <p>A. PHS Admin: Netsmart contract Authority- Need to update Board Authority for PHIS system Contract being pulled. (Postponed to early 2016)</p> <p>B. PHS Admin: Health Services Advisory Board Ordinance & Bylaws (Early 2016, pending confirmation of designated BHAB chair)</p> <p>C. MCFHS/CCS: Re-designation of Rady Children’s Hospital from a Level II</p>	

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	<p>Trauma Center to a Level I Designation (Early 2016).</p> <p>V. Legislation A. Nothing new.</p> <p>VI. HSAB Annual Report – pending for February Meeting. Anticipated content includes the following: A. Introduction: About The HSAB B. Highlight of Major Activities 1. Board Orientation 2. HSAB Strategic Plan 3. Bylaws Changes 4. Member Roster 5. List of Legislations Reviewed 6. List of Sub Committees & Topics 7. List of Board Letters reviewed 8. Budget C. Actions to prepare 1. All 2014 Minutes 2. All 2015 Minutes 3. List of Roster Changes 4. List Action items (By Meeting) 5. List of Presentations</p> <p>VII. Future Agenda A. Prevention Grant in January 2016</p> <p>Influenza Watch (Handout) Current Week 2 (ending 1/16/2016)</p> <ul style="list-style-type: none"> • 144 new influenza detections reported • 5% influenza-like illness (ILI) among emergency department visits • 0 influenza-related deaths reported this week • 9% of deaths registered with pneumonia and/or influenza <p>Current Season Summary</p> <ul style="list-style-type: none"> • 548 total cases • 8 ICU cases • 3 deaths • 1 outbreaks <p>Influenza Detections Reported, FY 2015-16</p> <table border="1" data-bbox="467 1696 1141 1946"> <thead> <tr> <th>Positive Test type/Subtype</th> <th>Week 2</th> <th>Total To-Date</th> </tr> </thead> <tbody> <tr> <td>Influenza A+</td> <td>77</td> <td>259</td> </tr> <tr> <td>Influenza A (H1N1) Pandemic 2009</td> <td>9</td> <td>26</td> </tr> <tr> <td>Influenza A(H3) Seasonal</td> <td>3</td> <td>41</td> </tr> </tbody> </table>	Positive Test type/Subtype	Week 2	Total To-Date	Influenza A+	77	259	Influenza A (H1N1) Pandemic 2009	9	26	Influenza A(H3) Seasonal	3	41	
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	Influenza B+	46	189	
	Influenza B/Victoria	2	12	
	Influenza B/Yamagata	1	12	
	Influenza A/B+	6	9	
	Total	144	548	
7. AGENDA ITEMS –				
			8. ADJOURNMENT 5:00 PM	