



County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, May 19, 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
Seat 02- Paul Raffer Seat 04- Jack Rogers Seat 06- Kristen Paruginog Seat 07- James Lepanto, Chair Seat 08- Kyle Edmonds, Vice Chair Seat 13- Henry Tuttle Seat 14- Greg Knoll Seat 15- Philip Deming Seat 16- <i>Alternate Harriet Selden</i>	Seat 01- Vacant - Excused Seat 03- Judith Shaplin- Excused Seat 05- Jeff Griffith-Excused Seat 06- Vacant – Excused Seat 09- Adriana Andrés-Paulson- Excused Seat 10- Michelle Davis-Excused Seat 11- Paul Hegyi-Excused Seat 12 Alternate-Judith Yates- Excused Seat 16- Leonard Kornreich-Excused Seat 17- Bob Prath-Excused	Jackie Werth- Dr. Wilma Wooten Alice Kennedy James Lepanto Kyle Edmonds Karen Waters- Montijo Janice DiCrocce Saman Yaghmaee	Elizabeth Hernandez Saman Yaghmaee Victoria Ollier

Issue	Discussion	Action
1. WELCOME & INTRODUCTION		
2. PUBLIC COMMENTS		
1. Public Comment	o No public comment.	
3. CHAIR'S UPDATE		
	o James Lepanto presented a proclamation to former HSAB Chairperson, James Beaubeaux. o HHSA Director Nick Macchione thanked the HSAB members for their volunteer commitment and service to the board.	
4. ACTION ITEMS		
Approval of Minutes	o The minutes for the April 21, 2016 o Jack Rogers requested the following corrections to the	The HSAB members agreed to

	<p>minutes be modified.</p>	<p>suggested revisions to the April 21, 2016 minutes. All approved, none opposed.</p> <p>Action Item #1</p> <p>Add page numbers to the minutes</p> <p>Action Item #2</p> <p>Page number 2, second bullet item to re-read: period after metrics and remove the next seven words.</p> <p>Action Item #3</p> <p>Page number 3, third bullet. Period after Mental. Remove the next six words.</p> <p>Action Item #4</p> <p>Page number 6, Q & A, Jack Rogers comment third paragraph: add after village – design committees</p>
	<p>o Annual Report – James Lepanto provide a document to redevelop the structure the HSAB Annual Report. A draft report will be</p>	<p>Action Item</p>

	<p>provided at the retreat. The final report will be brought to the June meeting.</p> <ul style="list-style-type: none"> ○ 	<p>#5</p> <p>James Lepanto to provide final Annual Report to the board at the June meeting.</p>
Issue	Discussion	Action
5. UPDATE/ PRESENTATIONS/ DISCUSSION ITEMS		
<p>2. Updates of Pertinent Items from Other Advisory Board Members - All</p>	<ul style="list-style-type: none"> • None 	
<p>3. Public Health Accreditation Status Update: Dr. Wilma J. Wooten, M.D., M.P.H.</p>	<p>Public Health Officer Dr. Wilma Wooten provided an Accreditation Status Update presentation to the HSAB members:</p> <p>Overview</p> <ul style="list-style-type: none"> • What is Public Health Accreditation? • What do the Standards and Measures Cover? • A Rigorous Process • Results from the PHAB site Visit Report • Long-Term Benefits of Accreditation <p>What is Public Health Accreditation?</p> <ul style="list-style-type: none"> • A voluntary national accreditation program. • Relatively new; launched in 2011. • San Diego helped develop the standards by serving as a beta test site. • Grew out of 2003 Institute of Medicine Report calling for accreditation to improve service, value, and accountability to stakeholders. • The goal is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. This is achieved by: <ul style="list-style-type: none"> ○ Measuring health department performance against nationally recognized, practice-focused and evidenced-based standards. ○ Recognizing jurisdictions for achieving accreditation. ○ Continually developing, revising and distributing 	

	<p>public health standards.</p> <ul style="list-style-type: none"> • What do the Standards and Measures cover? <ul style="list-style-type: none"> ○ Conduct and Disseminate Assessments ○ Investigate Health & Environmental Hazards ○ Educate on Public Health Issues ○ Engage with the Community to identify and address health issues ○ Develop Public Health Policies and Plans ○ Enforce Public Health Laws ○ Promote Strategies to improve access to Health Care Services ○ Maintain a Competent Public Health Workforce ○ Evaluate and Continuously Improve Department Processes. Programs and Interventions. ○ Public Health Accreditation Board Standards & Measures, Version 1.5. Includes detailed requirements, # of examples needed, and time frames. <ul style="list-style-type: none"> - Fully Demonstrated - Largely Demonstrated - Slightly Demonstrated - Not Demonstrated ○ Each of the 100 measures is assessed in terms of degree to which the documentation demonstrates conformance to requirements. • Standards cover areas in which DEH and OES are major players <ul style="list-style-type: none"> ○ Department of Environmental Health has a big role: ○ Investigating and mitigating public and environmental health hazards, coordinating with Community Epidemiology (Domain 2). ○ Enforcing public health laws to protect residents from food borne diseases, contaminated beaches, hazardous waste and other threats (Domain 6). ○ Office of Emergency Services has a big role: ○ Planning and coordinating a comprehensive emergency management system in order to provide an effective response to disaster situations (Domain 2, 5). 	
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	<ul style="list-style-type: none"> • Rigorous Process <ul style="list-style-type: none"> ○ Seven Steps <ol style="list-style-type: none"> (1) Pre-application (2) Application (3) Documentation Selection and Submission (4) Site Visit (5) Accreditation Decision (6) Reports (7) Reaccreditation • Three Pre-requisites for public health accreditation <ul style="list-style-type: none"> ○ Assessment ○ Improvement Plan ○ Public Health Strategic Plan • Document Selection and Submission <ul style="list-style-type: none"> ○ Over 1,100 documents submitted ○ 100 Measures ○ 12 Domains (reflecting 10 Essential Services, plus Administration and Governance) • Results from the PHAB site visit report <ul style="list-style-type: none"> ○ Fully Demonstrated on 94 of 100 Measures • Results from the PHAB Site Visit Report <ul style="list-style-type: none"> Strength <ul style="list-style-type: none"> ○ PHS is “mission-driven,” ○ Strong ties to community residents as well as community partners. ○ Strong commitment to a culture of improvement Improvement Opportunities <ul style="list-style-type: none"> ○ Expand our ability to meet the needs of a diverse population and engage our community partners to a greater degree in helping us to provide services in a culturally appropriate manner. ○ Implement a workforce development plan to build staff competencies. ○ Embed training in QI tools and principles. • Long-term Benefits 	
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- Join over 100 local, State, tribal, and territorial jurisdictions (including the California Department of Public Health) in meeting these nationally recognized standards of performance.
- Framework for continuous improvement and re-accreditation with validated standards that evolve as public health departments face new challenges.
- New attention and focus on opportunities for improvement.
- Stronger cross-collaboration between County departments, like DEH, and deepening collaboration with community partners.
- Improved County position to qualify for Federal and State grants when accreditation status is favored.

• Accreditation as of May 2016

Type of Health Department	Accredited	In Process	Total in e-PHAB
Local	101	152	253
State	16	17	33
Tribal	.	4	4
Centralized States Integrated System ¹	1/67	.	1/67
Multi-Jurisdictional	.	8	8
Number of HDs	117+1 system	181	299
Population (Unduplicated)	153,999,823	76,978,113	230,977,936

¹Single accreditation for multiple health departments

- Pre-Application
- Application
- Documentation Selection and Submission
- Site Visit
- Accreditation Decision
- Reports

Q & A

Q - Alternate Board member Harriet Selden asked if any other health department's community advisory boards around the U.S.

A – Dr. Wooten responded that Domain 12 for Public health accreditation relates to governing body. Almost 3,000 public health jurisdiction across the state; over 2800. Only two thirds of these jurisdictions have boards of health. Many jurisdictions have city council members, mayors as governing bodies. San Diego and state of California the

	<p>local jurisdictions have Board of Supervisors. The Board of Supervisors is mandated or by law the governing entity for our County of San Diego.</p>	
<ul style="list-style-type: none"> • Foster Care Presentation: Dr. Wilma J. Wooten and Alice Kennedy 	<ul style="list-style-type: none"> • Public Health Officer Dr. Wilma Wooten and Child Welfare Assistant Deputy Director Alice Kennedy presented the Medical and Dental Exams for Foster Youth. <p>Foster Care Overview: Medical and Dental Services</p> <ul style="list-style-type: none"> • Authority • State Budget Act of 1999 • Assembly Bill 111 • Program Services <ul style="list-style-type: none"> ○ Public Health Nurses support CWS staff and Probation officers ○ Document in the Health Education Passport (HEP) ○ Participate in interdisciplinary team conferences ○ Service in an administration capacity to assist with coordinating health services • Performance Measures (PM) <ul style="list-style-type: none"> ○ 100% of children in out-of-home placement will have: ○ Preventive health and dental exams according to the Child Health and Disability. Prevention (CHDP) periodicity schedule and documented in the HEP (PM 1 & 2) ○ Initiated follow-up care for any health conditions identified on the CHDP well child exam report (PM 3) • Foster care overview: children in out of Home Care FY 14-15 <p>Placement Types (estimated 2800 children)</p> <ul style="list-style-type: none"> • Relative/Kinship Caregivers: 42% • Non-Relative/Kinship Caregivers: 53% • Foster Family Homes (FFHs) • Group Homes/Foster Family Agencies (FFAs) • Guardian • Pending Adoptions/Trial Visits w/ Parents: approx. 6% • Compliance by placement type FY 14-15 	

	<ul style="list-style-type: none"> ○ Medical Exam Compliance Rate 89.6% Relative/NREFM Home ● Medical EXAM Compliance Rate – March 2016 <ul style="list-style-type: none"> ○ 92.9% Relative/NREFM Home (State Recommended Goal – 90%) ● Compliance by placement type FY 14-15 <ul style="list-style-type: none"> ○ Dental Exam Compliance 80.4% Foster Family Home 72.6% Relative/NREFM Home (State Recommended Goal – 90%) ● Dental Compliance 2016 Dental Exam Compliance Rate – April 83.0% Foster Family Home 83.4% Relative/NREFM Home (State Recommended Goal 90%) ● Variation by Placement Type <ul style="list-style-type: none"> ○ Successes Placement Type: FFA/FFH/Group Homes <ul style="list-style-type: none"> ○ Contracted or licensed ○ Embedded responsibilities ○ Training ○ Enhanced monitoring ○ Established relationships with providers ○ Institutional business practices ○ Challenges Placement Type: Relative Caregivers <ul style="list-style-type: none"> ● First experience <ul style="list-style-type: none"> ○ Child Welfare Services system ○ Medi-Cal system ● Limited understanding of expectations ● Managing multiple appointments ● Submitting documents timely ● Challenges/System Barriers Challenges to Medical and Dental Compliance ● Coordinating medical eligibility and services of child(ren) placed with relative/kin out of San Diego County ● Children 12 or over having the ability to consent to medical care/treatment 	
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- Completing eligibility process for undocumented children
 - Process Barriers
 - Delay in submission of forms by caregiver
 - Illegible documents/missing information
 - Difficulty in reaching caregivers to discuss HEP and forms.
 - Inability to have multiple users (Social Workers and PHN's) in CWS/CMS service record at the same time.
 - Caregiver taking Health Visit Report Form (HVF) to provider office or obtaining provider signatures
 - Action Steps/Solutions
 - Increased and improved coordination to support caregivers
 - Placement Needs and Services Plan provided to caregivers (Add'l training for Social workers began Jan. 2016)
 - Access to Health and Education Passport
 - Health Visit Forms to record medical/dental services
 - Kinship/Relative Support Meetings
 - Offered Kinship/Relative Caregiver Training (Grossmont College)
 - Grandparents/Relative Handbook (revised 6/2015)
 - Enhanced access to current medical and dental provider lists
 - Routinely obtain input from caregivers
 - Use of support staff to provide increased caregiver access of medical/dental information and required forms
 - Coordination of Care Successes
 - Placement Type: FFA/FFH/Group Homes
 - Working relationships with sites
 - Coordination of care
 - Staffing Vacancies: Created a rapid one-agency hiring
 - Record Access: Finalized agreement with Rady's Children Hospital
 - Challenges
 - Placement Type: Relative Caregivers
 - System Structure: Paper-based
 - Delay in receiving documentation
 - Delay in process
 - Action Timelines
 - Explored and Obtain Access to Electronic Health Records **April 2015 – March 2016**
 - Launched Quality Improvement Project - **Nov 2015**
 - Conducted Process Mapping - **Jan – Feb 2016**
 - Conducted 7 in-person Caregiver Meetings (2 Spanish) **Feb –Mar 2016**
 - Identify, Implement, and Evaluate Best Practices
 - Mar – July 2016
- Action steps/Solutions System-wide
- Update and Standardize Practices

- Access to Electronic Health Records
- Obtained access to Rady's Children Hospital
- Working with Behavioral Health Services to access client records
- Assign staff to assist relatives with navigating the Medi-Cal system
- Routinely obtain input from caregivers
- Continue to Activate Rapid Hiring
- Consistent sharing of quarterly reports for timely problem-solving
- Coordinate with dental providers to increase access/utilization to oral health services

• **Outcome Data**

Medical Exam Compliance Rate

	Grp Home	FFA	Foster Family Home	Relative/NREFM
FY 14/15	98.2%	98.3%	94.7%	89.6%
April 2016	99.0%	99.6%	96.9%	92.5%

Dental Exam Compliance Rate

	Grp Home	FFA	Foster Family Home	Relative/NREFM
FY 14/15	95.6%	92.1%	80.4%	72.6%
April 2016	93.6%	98.0%	83.0%	83.4%

Next Steps

- Complete continuous quality improvement project by July 30, 2016

Q & A

Q – Board member Greg Knoll suggested assigning an advocate to the family in order to expedite the document process.

A – Alice Kennedy responded that they have partnered with Grossmont College district that have a mentor program for kin caregivers and for Foster parents. Regionally, the agency has put in place ambassadors to assist the families go thru the process. In 2017, there will be additional training for relative caregivers. Also available is the Grandparents Raising Grandchildren handbooks.

Q – Alternate Harriet Selden wanted to know how the increase from 70% to 89% for dental legalization. Very impressed.

A – Alice remarked that it was more diligence and the updated data processing that was reflected.

	<p>Q – Jack Rogers has requested in previous meeting on Foster Care presentations are solutions. We have yet to hear about solutions. This has not been addressed. We are talking about more than 200 children with dental issues and 120 plus children with drugs and medical issues. The Kin Placement is more difficult. Would like to see more resources available to Kin Placement. What happens to children when they are out of placement? How are they being tracked? Where is the safety net?</p> <p>A – Alice Kennedy responded that the children are being tracked medically in terms of annual exams.</p> <p>Q – Jack also asked Ms. Kennedy what she would want to tell him to tell his supervisor about the progresses with report that was presented today.</p> <p>A – Alice Kennedy replied that there were promising results between collaboration with Public Health and Child Welfare Services with increased attention in the outcome for compliance.</p> <p>Q – Kyle Edmonds asked that when we have these fallouts, how do we know how many?</p> <p>A – Dr. Wooten responded that the measure is 30 days and are being tracked however long the referral is completed and dictated by the State.</p> <p>Comments: Harriet Selden added that for the future, it’s not the exam but if there are other measures followed, we would like to see this. James Lepanto also requested to see the implications with dental.</p>	
<p>4. Retreat Planning for FY 16/17 - All</p>	<p>Kyle Edmonds reported and confirmed the retreat has been confirmed for June 4, 2016 at the San Diego Yacht Club. The following items we will be:</p> <ul style="list-style-type: none"> ○ Focusing on what skills were bringing to the meeting ○ If we are in alignment with the strategic plan ○ Where do we need to be? ○ Where are we going? ○ What product are we providing to our constituents? ○ Looking at our year to year priorities strategically. <p>Insight For Results were hired to facilitate the retreat. Susan Cuertain and Stacy Starka will be providing insight and input at the retreat.</p>	
<ul style="list-style-type: none"> • EPI HIV/AIDS Surveillance Grant, Karen Waters-Montijo 	<p>Karen Waters-Montijo, Chief of EISB presented EPI HIV/AIDS Surveillance power point presentation.</p> <p>Brief History</p>	

- AIDS Reporting
- Made reportable in 1983
- First case diagnosed in 1981
- HIV Reporting
- Made reportable by name April 2006
- Funding through the state for 20+ years
- For active case finding

HIV Surveillance Functions

What we do	Examples
Report HIV/AIDS Cases	Active Surveillance through: Review medical records Providers and Laboratory reports Case reports from other jurisdictions Gathering Testing and Treatment History (TTH) information for HIV Incidence Surveillance
Analyze surveillance data	Gap analysis Unmet Need estimate Engagement in Care
Prepare and disseminate reports	Bi-Annual HIV/AIDS Epidemiology Report AIDS in Older Persons Unmet Need Estimate of the Unaware Counseling and Testing Report

HIV/AIDS reports – a few examples

- HIV/AIDS Epidemiology Reports
- HIV/AIDs in Blacks
- HIV Counseling Report
- AIDS in San Diego

Challenges

- Resistance to reporting
 - Helped by building strong relationships with providers
- Incomplete information
 - Helped by complete chart abstraction
- Volume of labs
 - Helped by Electronic Lab Reporting (ELR) providing for more timely investigations
- Solution – Active Surveillance Activities

	<p>Measuring Success Goal: 85% of HIV/AIDS cases reported within 6 months of diagnosis.</p> <p>Q & A Q – Greg Knoll commented that the CAO is asking for approval for the board letter to enter into the contract with the Department of Public Health in a three year contract at an increased rate. A – Karen Waters-Montijo responded that the amount is estimated and will receive the final amount in June 2016. Kristen P commented on one of the titles on a brochure “HIV in Blacks in the power point found it derogatory and if this could be changed. A – Lori Freitas responded that because the term is used demographics data came from SANDAG. Ms. Freitas offered to reach out to Kristen and further discuss. Q – Phil Deming asked about the change of cases in the reporting 14-15 and 15-16. A – Lori Freitas answered that these were not the number of cases; only cases within six months. We are seeing simultaneously diagnosis with HIV/AIDS.</p>	<p>Greg Knoll moved to approve the board letter and Jack Rogers seconded. All approved, no abstentions</p>
<ul style="list-style-type: none"> • MAA Participation Fee/Host County Agreement, Janice DiCroce 	<p>Janice DiCroce, Agency Program Manager presented the Medi-Cal Administrative Activities /Targeted Case Management Host County Agreement (MAA/TCM) power point presentation</p> <p>Purpose of the MAA/TCM Program</p> <ul style="list-style-type: none"> • Allows participating Local Governmental Agencies (LGAs) to receive reimbursement from federal Medicaid for the cost of performing administrative activities that directly support efforts to identify and enroll potential eligible individuals into Medi-Cal. The County has participated since the mid-1990’s. • Ensures that the medical, social and other needs of Medi-Cal enrollees are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs. <p>MAA and TCM Host county agreement</p> <ul style="list-style-type: none"> • The annual participation fee of \$180,000 per year covers the costs of the State of California, Department of Health Care Services, and other costs for the administration of the MAA and TCM programs. • Payment of this fee allows MAA/TCM reimbursement of approximately \$15,000,000 per year. Reimbursement has no 	

expenditure restrictions. Participating HHSAs offices typically use this revenue to assist with submitting a balanced annual budget.

Administration of the MAA and tcm programs

- Centers for Medicare and Medicaid Services (Federal)
- Department of Health Care Services (State)
- Local Governmental Agency (County)
- Subcontractors:
 - Community Based Organizations
 - First 5 Programs
 - Schools

PHS MAA AND TCM PROGRAM Management

County Based Medi-Cal Administrative Activities (CMAA)	School-Based Medi-Cal Administrative Activities (SMAA)	Targeted Care Management (TCM) State Plan Amendment (SPN)
County	Schools/Districts (LEAS)	County
Probation Department Juvenile Reflections Juvenile Medi-Cal Referral Public Health Nursing Regional Administration Unit <u>Community</u> American Academy of Pediatrics (Cal Chap. 3) Facilitating Access to Coordinated Transportation, Inc. Home Start South Bay Community Services 211 Care Coordination <u>Other Government</u> Metropolitan Transit System (MTS) North County Transit District	Chula Vista Elementary School District Escondido Union High School District Fallbrook Union Elem. School District Fallbrook Union High School District Ramona Unified School District SIA Tech South Bay Union School District Warner Unified School District	<u>Public Health Nursing</u> Children (14) Fragile Adults (15) Negative Outcomes (17) <u>Linkages</u> Institutional Risks (16) <u>Community</u> Home Start Negative Outcomes (17) <u>South Bay Community Services</u> (w/Chula Vista Collaborative) Negative Outcomes (17)

Challenges

- Change to perpetual time tracking from one-month per year
 - Resulted in community providers ending participation

Solutions


- The change in time tracking had no impact on the County due to its online time tracking system
- Outreach to new providers
- Direct charge options when possible

IN SUMMARY

The action requested is to support approval of an agreement to provide payment to the Host County (currently Plumas County) to

Greg Knoll moved to approve the board letter and James Lepanto

	<p>cover the costs of administering the MAA/TCM Programs through the collection of participation fees from all of the Counties.</p> <p>Q & A None</p>	<p>seconded, all approved. No abstentions.</p>
<p>Amendments to HSAB Ordinance and Bylaws Saman Yaghmaee</p>	<p>Saman Yaghmaee, Deputy Director presented Amendments to HSAB Ordinance and Bylaws</p> <p>Relevant Timeline</p> <ul style="list-style-type: none"> • December 2014 BOS approved the establishment of BHAB • February 2015 HSAB approved amending the HSAB Ordinance & bylaws • November 2015 The Chair of the BHAB was elected, starting January 2016 • January 2016 Newly elected Chairperson to BHAB accepted HSAB membership • March 2016 The Chair of the BHAB was introduced to HSAB Board members • April 2016 Began Board Letter routing process <p>Proposed Amendments to Ordinance & Bylaws</p> <ul style="list-style-type: none"> • Replace the Alcohol & Drug Abuse Advisory Board and Mental Health Advisory Board with Behavioral Health Services Advisory Board. • Reduce the membership size from eighteen (18) to seventeen (17). • Change the name of the Council of Community Clinics to Health Center Partners of Southern California. <p>HSAB Ordinance, Sec. 861.1. SEC.861.1 Membership and Selection The Board shall consist of eighteen (18) <u>Seventeen (17)</u> members. All members shall represent the entire area and population of the County in the performance of duties. Persons appointed to the Board shall have demonstrated interest and experience in the needs of the Health and Human Services Agency. In addition, the following eight (8) <u>seven (7)</u> persons shall be members of the Board or shall designate representatives from their organizations who shall be members:</p> <ul style="list-style-type: none"> • President and Chief Executive Officer of the San Diego County Medical Society • President and Chief Executive Officer of the Hospital Association of San Diego and Imperial Counties, • Chief Executive Officer of the San Diego Council of Community Clinics <u>Health Center Partners of Southern California.</u> • Chief Executive Officer of the consumer Center for Health Education and Advocacy 	

	<ul style="list-style-type: none"> • Chair of the San Diego County Behavioral Mental Health Advisory Board, • Chair of the San Diego County Alcohol & Drug Abuse Advisory Board, • Chair of the Healthy San Diego Professional Advisory Board, and • Chair of the Healthy San Diego Consumer Advisory Board. 	
	<p>Q & A None</p>	<p>Greg Knoll moved to approve and seconded by Jack Rogers. All approved no abstentions.</p>
<p>FY 2016-17 CAO Recommended Operational Plan Andy Pease</p>	<p>Andy Pease, Executive Director of Finance, HHSA presented the FY 2016 CAO Recommended Operational Plan power point presentation. See attached.</p>  <p>HHSA Advisory Board 2016-17 CAO</p> <p>Q & A Q – Greg Knoll stated that there was not mention of the Housing and Community Development department being moved to HHSA. A – Andy Pease responded that details were still in the works at the time of the move. County Counsel confirmed and is in the process of the change letter. Q – Jack Rogers asked if there were any propositions that would affect the budget. A – Andy Pease replied that proposition 30 (temporary tax) is to be renewed in November 2016. Should this not pass, there would be a gap and the Governor will have to figure out this gap which no plan has been discussed. Q – Jack also asked that it has been theorized of the adult use of recreational marijuana will be approved in November and how would it impact the budget and will there be restrictions? A – Andy Pease answered there is no answer at this time. We are not sure what the impact would be. Would it be considered tobacco? Probably not. Would First Five be able to draw funding from Proposition 99? There could be restrictions. Will be researching analysis. Q – Henry Tuttle asked if there were any discussion opiate replacement programs like norophene (sp) or xboxone(sp) (page 28) A – Dr. Wooten answered that these are options that are being promoted nationwide as well as California. There is a maloxim (sp) pilot program in the Sheriff department for individuals who may accidentally have an overdose. All EMTS and paramedics as well</p>	

	as Sheriff employees have this to help bring people back. Q - ? Asked if there is a needle exchange in The County of San Diego? A – Dr. Wooten replied that The County of San Diego does not however there are community based organizations that have programs.	
Issue	Discussion	Action
6. INFORMATIONAL ITEMS		
5. Committee Reports	o Table to next meeting.	

Issue	Discussion	Action
7. PUBLIC HEALTH OFFICER’S REPORT		
6. Updates	<p>I. Communicable Disease Issues</p> <p>A. Infectious Disease Issues</p> <p>1) Zika Virus</p> <ul style="list-style-type: none"> o San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG) o Had 179 cases referred for consultation of potential cases, with 83 cases ruled out for Zika. o Confirmed Zika cases (all travel-associated): 11* (including the one 2015 case, which is to be consistent with CDC and CDPH reporting method). o Travel associated cases: American Samoa (1), Brazil (2), Columbia (2) Dominican Republic (1), Haiti (1) Kirbati (1), Puerto Rico (2), and sexual transmission from a traveler (1) o Again, all reported cases are imported; 0 cases confirmed in pregnant women. o CDC is creating a US Zika Pregnancy Registry for local, state, and territorial health departments. o No locally acquired cases, however, invasive Aedes species is in San Diego. o <u>To date, none of the invasive Aedes species have been detected to be positive of Zika.</u> o Focus in on education and outreach, case reporting, and prevention of mosiquito breeding o http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zika_virus.html o http://www.sandiegocounty.gov/deh/pests/vector_disease.html <p>II. Board Actions</p> <p>A. Request to authorize development of Eat Well Standards are going to the Board on June 10,</p>	

	<p>2016.</p> <p>B. Implementation Plan for HIV/AIDS Task Force – Report back to the Board in June 10, 2016.</p> <p>III. Policies</p> <p>A. Countywide Lactation Policy – in progress</p> <p>B. Countywide Smoke free Police – in progress</p> <p>C. Countywide AED Policy – reviewed with County Counsel staff revising</p> <p>IV. Public Health Issues</p> <p>A. Activation of health Services Capacity Plan – back to Level 1</p> <p>1) Small group (Core Operational Group) continuing to meet weekly.</p> <p>2) Exploring replication of Washington State Education Campaign with focus on best practices related to:</p> <ul style="list-style-type: none"> o IT o Public Education o Physician guidelines <p>V. Grants</p> <p>A. Funded</p> <p>1) Sodium:</p> <ul style="list-style-type: none"> o Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. \$100K/yearx5 years. o Award announcement still pending. <p>2) SNAP-ED:</p> <ul style="list-style-type: none"> o Submitted next 3-year cycle; activities will continue to focus on policy, systems, and environmental change for nutrition and PA <p>3) Prevention (Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke): funded to work in the City of San Diego geographic area</p> <ul style="list-style-type: none"> o Components <ul style="list-style-type: none"> 1: For implementing food sodium standards and environment and lifestyle changes (DPPs) – excited about the development of the diabetes Prevention Programs 2: Diabetes prevention and community clinical linkages; health system interventions – Chronic Disease Surveillance via EHRs o Submitted Year 3 application and work plan on April 30th. <p>VI. Public Health Initiatives</p> <p>A. Major Initiatives Updates and Highlights</p>	
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- 1) Public Health Accreditation
 - o Received a rating from the Site Visit Team of 94 “fully demonstrated” measures out of 100, with five largely demonstrated, and one slightly demonstrated.
 - o The report will be reviewed by the Public Health Accreditation Board (PHAB) on May 17.
 - o See summary of report (attachment).
- 2) Branch and Program Fact Sheets (completed)

VII. Board Letters Forecast – For June 28, 2016

Host County Participation fee	PHS to pay its share of admin fee to host for administrating MAA program	Janice DiCroce
Health Services Advisory Board Ordinance & Bylaws	Approve changes to HSAB Ordinance and Bylaws reducing the membership size from 18 to 17 seats	Saman Yaghamee
HIV/AIDS State Revenue Agreements	This is not Ryan White funding so does not need to go to HIV Planning Council or HSAB	Karen Waters-Montijo
Acceptance of Title V Maternal and Child Health Block Grant Allocation and California Home Vesting Program Grant Funds.	To execute a 3-year agreement with CDPH for the period of July 1, 16-June 30, 19 for MCAH; and execute the revenue agreement with CDPH for the funding for home visiting program	Rhonda Freeman
Re-designation of Rady Children’s Hospital from a Level II Trauma Center to a Level I Designation.	It will take Board of Supervisors approval to designate Rady Children’s to a Level I	Marcy Metz
Annexation of CSA 107 by	To include Elfin Forest/Harmony	Marcy Metz

	CSA 17	Grove in CSA-17	
	HIV/AIDS Revenue Agreement	Request authority to accept funding for Ryan White Parts A and B, and HIV Prevention	Lauren Brookshire
<p>VIII. Announcements</p> <p>A. Personnel-None</p> <p>IX. Site Visits</p> <p>A. None</p> <p>X. Legislation</p> <p>A. None</p> <p>XI. HSAB Annual Report – Chair’s Report</p> <p>XII. Suggested Future Agenda Items</p> <p>A. Prevention Grant</p> <p>B. HIV/AIDS Task Force Recommendations</p> <p>C. Eat Well Standards</p>			

Issue	Discussion	Action
8. AGENDA ITEMS – FUTURE MEETINGS		
	<ul style="list-style-type: none"> - Strategic Plan Discussion – review Mission/Vision - HHSA/Supervisory Reps (board aides) – invite as in prior years to hear BOS priorities - Joshua Smith to present on Suicide – Statistics - Invite Aurora Kiviat for updates - PERT updates - Youth, alcohol and tobacco access - Aging and Independence Services representation 	

Issue	Discussion	Action
9. ADJOURNMENT		
o Next meeting	<ul style="list-style-type: none"> - Meeting adjourned at 5 pm. - June 16, 2016 	