



# County of San Diego

## HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, June 16, 2016 | 3:00 – 5:00 pm

1600 Pacific Highway, Room 302/303

### MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHSA Support
Seat 2 Paul Raffer Seat 7 James Lepanto, Chair Seat 8 Kyle Edmonds, Vice Chair Seat 9 Adriana Andrés-Paulson Seat 10 Michelle Davis Seat 11 Paul Hegyi Seat 12 Judith Yates (Alternate) Seat 13 Henry Tuttle Seat 16 Leonard Kornreich Seat 17 Bob Prath	Seat 1 vacant Seat 3 Judith Shaplin Seat 4 Jack Rogers Seat 5 Jeff Griffith Seat 6 Kristen Paruginog Seat 12 Dimitrios Alexiou Seat 14 Gregory Knoll Seat 15 Philip Deming	Susan Bower, Assistant Director, BHS Rhonda Freeman, CHDP Coordinator, MCFHS, PHS Todd Henderson, Director, Housing & Community Dev Patrick Loose, Chief, HSHB, PHS Aurora Kiviat Nudd, Manager of Strategy and Policy Dean Sidelinger, Children's Medical Health Officer	Wilma Wooten, Public Health Officer Saman Yaghmaee, Deputy Director, PHS Victoria Ollier, Secretary, PHS Kay Collier, Secretary, PHN

Minutes	Lead	Follow-up Actions	Due
6/16/16	Saman Yaghmaee	Coordinate contact between Aurora Kiviat Nudd, Henry Tuttle, and other HSAB members who are involved in legislative activity, to facilitate discussion on how to support mutual interests.	7/21/16

Agenda Item	Discussion
1. Welcome & Introductions	<ul style="list-style-type: none"> <li>James Lapanto led introductions around the table.</li> <li>Judith Yates expressed regret on behalf of Judith Shaplin that Mrs. Shaplin was not able to attend.</li> <li>Kay Collier was introduced as new PHS support staff assisting Vickie Ollier with note taking.</li> </ul>
2. Public Comment	No public comment
3. Chair's Report	No report, postponed to next month.
4. Action Items	A. Approval of May Minutes  Public Health accreditation was extremely significant. Nick Macchione comments about this praise worthy effort are in the May 19 minutes.  1) Corrections a) Paul Hegyi was present on May 19, but recorded as absent. b) Dr. Kyle Edmonds clarified his comment regarding the 90-day limit for dental care compliance of children in foster care: he would like to know the percentage of fallout by number of days, 1-90.  Note: MCFHS Branch understood Dr. Edmond's request and is working on the report.

Agenda Item	Discussion
<p>4. Action Items  (continued)</p>	<p>A. Approval of May Minutes (continued)</p> <p>2) Approval                      Dr. Paul Raffer motioned to approve the minutes; Bob Prath seconded. All voted aye.</p> <hr/> <p>B. Approval of Board Letters</p> <p>1) CDPH Title V Maternal &amp; Child Block Grant &amp; CDPH California                      Presenter: Rhonda Freeman – Maternal, Child, Family, Health Services (MCFHS) Coordinator, Public Health Services (PHS)</p> <p>Rhonda Freeman presented on behalf of Dr. Thomas Coleman, Chief of MCFHS. [See <b>Attachment A, pages 10-11</b>, for select slides.]</p> <p>This Board letter authorizes County agreements with the State for funding under Title V for a 3-year Maternal and Child Health block grant to support State-mandated programs, and for California Home Visiting Program grant funding to support home visiting programs.</p> <p><u>Approval</u></p> <p>Dr. Leonard Kornreich motioned to approve that this Board Letter be presented to Supervisors on June 28; Bob Prath seconded. All voted aye.</p> <p><u>Background</u></p> <p>Approval has been given by the Board of Supervisors to enter into funding agreements for MCAH (Maternal, Child, Adolescent Health) Division programs since 1998 and for additional home visiting programs since 2012.</p> <p>Every three years, the State issues new MCAH program and home visiting agreements that start on July 1. These agreements align with <i>Live Well San Diego</i>, with the goal of empowering families to utilize strengths to thrive, implementing programs that improve health, reducing health disparities of low-income mothers and their children/families.</p> <p>Every five years, a needs assessment is required by the State. The last assessment was for Fiscal Year 2014/15. MCFHS expressed concern to the State that surveys may affect client recruitment and retention, since clients may find collection of personal information burdensome. The State is considering revision of the survey model so that needed data is collected, but client needs are also met.</p> <p>Rhonda Freeman showed slides of the assessment, with results of 3 priority needs showing the collective impact of County and community partner efforts. The County is above State average and Federal 20/20 goal for rate of prenatal care and shows success with preterm births and mortality rate.</p> <p>MCAH programs work with clients in many ways to promote success, including providing transportation, child care, weekend classes for mothers who work weekdays, and group sessions for social support. The Black Infant Health (BIH) program incorporates home visitation, and Adolescent Health partners with Rady Children’s Hospital, Hoover High School and San Diego County of Education for broad utilization of MCAH curriculum. The County also provides instruction in Hoover High School to promote peer-to-peer and family education by students.</p> <p>MCFHS is now working with the San Diego Domestic Violence Council to expand on domestic violence prevention. Last year there was a forum that brought community partners together, with a focus on communication, how to strengthen the message to families.</p>

Agenda Item	Discussion
<p>4. Action Items  (continued)</p>	<p>B. Approval of Board Letters</p> <p>1) CDPH Title V Maternal &amp; Child Block Grant (continued)</p> <p><u>Challenges</u></p> <p>There are many challenges for the 7 MCAH Division programs, among them, client poverty and environmental stressors; getting the word out to referring agencies and women who need these services; and client retention, which is typically higher with home visiting programs.</p> <p>MCAH works with over 60 community partners to leverage resources and share common goals, and regularly sends letters of introduction/interest to community organizations involved with maternal/child health.</p> <hr/> <p>2) Services Agreements for Ryan White A &amp; B &amp; HIV Prevention</p> <p>Presenter: Patrick Loose – Chief, HSHB (HIV, STD and Hepatitis Branch), PHS</p> <p>[See <b>Attachment B, pages 12-13</b>, for select slides.]</p> <p>This Board letter requests acceptance of funding under the Ryan White HIV/AIDS Treatment Extension Act (2009) for 4 revenue agreements: (a) HIV high impact prevention; (b) HIV care program; (c) minority AIDS initiative (MAI); and (d) pre-exposure prophylaxis (PrEP) navigation services.</p> <p><u>Approval</u></p> <p>Adriana Andrés-Paulson motioned to approve that this Board Letter be presented to Supervisors on June 28; Paul Hegyi seconded. All voted aye.</p> <p><u>Background</u></p> <p>Funding for the \$22 million annual HSHB Branch budget comes from multiple sources, mainly federal, including HIV/AIDS services funded under the Ryan White HIV/AIDS Treatment Extension Act of 2009.</p> <p>(a) The HIV high-impact prevention revenue agreement was received last week for services provided as of January 1 of this year for testing, counseling, and risk reduction/behavior intervention. Approximately 10,000 HIV tests are completed annually, higher than the amount shown in the presentation slide (Attachment B, page 13).</p> <p>(b) Ryan White defines spending categories in the HIV care program. “Data to Care” is a new category. Under Title 17, newly diagnosed HIV cases are reported to the Health Department to generate an AIDS report. Over the years, treatment has progressed to the point that treatment/medication can begin on the day of diagnosis, so if HHS does not receive a report of a viral load test, or other HIV lab tests such as a CD4 count, HIV positive individuals are contacted to see if any barriers to treatment can be addressed. The goal is for persons identified as HIV positive to be on medication to suppress the viral mode, so that spread of infection will drop dramatically.</p> <p>(c) The minority AIDS initiative assists persons of color. The County has received MAI funding consistently over the years.</p> <p>(d) Pre-Exposure Prophylaxis (PrEP) funding targets HIV prevention in high-risk transgender women through use of the pill Truvada. When taken consistently by those who are HIV negative, Truvada can decrease HIV infection by up to 96%. Ryan White funding</p>

Agenda Item	Discussion
<p>4. Action Items  (continued)</p>	<p>B. Approval of Board Letters</p> <p>2) Services Agreements for Ryan White (continued)</p> <p>doesn't pay for Truvada. Medi-Cal covers it and the manufacturer has a help plan, so funds will be used to provide a navigator role for transgender women to obtain prescriptions, since many may be reluctant to try, having had negative experiences in the past working through the medical system.</p> <p><u>Board Response</u></p> <p>Patrick Loose responded to a question from the table, clarifying that the County prohibits needle exchange, but will give information as to where needles can be disposed.</p> <hr/> <p>3) Whole Person Care Pilot</p> <p>Presenter: Susan Bower – Assistant Director, Behavior Health Services (BHS)                      Contributor: Todd Henderson – Director, Housing &amp; Community Development</p> <p>This Board letter authorizes submission of a proposal for the Whole Person Care Pilot Project to the California Department of Health Care Services, and if awarded, authorizes negotiation with the State for the final agreement.</p> <p><u>Approval</u></p> <p>Paul Hegyi motioned to approve that this Board Letter be presented to Supervisors on June 28; Henry Tuttle seconded. All voted aye except Adriana Andrés-Paulson, who abstained.</p> <p><u>Background</u></p> <p>Proposals are due to the State on July 1. If awarded, this pilot project would be implemented January 2017 and will be funded for 3 years.</p> <p>It is unknown how many awards will be granted; it is a competitive process. There is potential for \$90 million funding annually, which includes federal monies matched to local partner contributions, but that amount will be difficult for the County to obtain. It is anticipated that \$ 6.5-10 million annually will be available to fund this pilot program, including local matching funds. Unlike Project 25, focus will be on utilization of services as opposed to direct costs.</p> <p>The Whole Person Care Pilot builds on the success of Project 25, which saved money by providing coordinated services across disciplines to 36 people in the County identified as the highest users of multiple systems, but with poor outcomes, such as homeless with serious mental illness and critical health problems who were cycling through hospital ERs, clinics, and County Psychiatric Hospital, lacking primary care and showing no improvement.</p> <p>It is anticipated that 2-3,000 potential County clients will be identified who are high utilizers of health services, homeless or at risk for homelessness, seriously mentally ill and/or who have substance abuse disorder or chronic health condition. Because of funding restrictions, it will not be possible to serve all of these individuals.</p> <p>Funding will be used for outreach—guerilla social work on the street—to send out teams to build trust over time, gaining buy-in from targeted individuals for general care management, an approach which is now lacking among this population. Social workers and peer specialists will work together as liaisons over a 2-year period to make sure clients receive all services that are needed.</p>

Agenda Item	Discussion
<p>4. Action Items  (continued)</p>	<p>B. Approval of Board Letters</p> <p>3) Whole Person Care Pilot (continued)</p> <p><u>Challenges</u></p> <p>Affordable housing is at crisis level in San Diego, it is expensive to move into an apartment, and landlords may not be tolerant of potentially undesirable tenants. Homeless clients will be screened for acuity level and priority will be given to those with highest levels of acuity. County Housing and Community Development is working with housing authorities in regional cities to set aside Section 8 vouchers for pilot program clients. There will also be monetary incentives offered to landlords who accept program clients, and help will be provided to pay security deposits and obtain furniture.</p> <p>Funding requirements also pose a challenge. Because the purpose is to implement an innovative approach to reduce Medi-Cal costs, (a) only Medi-Cal beneficiaries can be served; (b) only local, non-Medi-Cal funded organizations can provide the local 1:1 match, not those federally funded; (c) the program cannot support any services funded by Medi-Cal; (d) partners who help plan the program cannot fund it; and (e) federal matching dollars are tied to deliverables, so if money is spent on housing, but the goal was not reached to house a specific number of individuals, the monies already spent will not be reimbursed by the program's federal matching dollars.</p> <p><u>Board response</u></p> <p>Dr. Wilma Wooten shared that a task force is looking at 7 best practices of a Washington state program that might be helpful to the Whole Person Care Pilot. Dr. Wooten will forward these best practices to Susan Bower.</p>
<p>5. Information Only</p>	<p>A. Overview of HIV/AIDS Procurement and Contracting Process</p> <p>Presenter: Patrick Loose - Chief, HSHB, PHS</p> <p>On March 1, 2016, the Board of Supervisors formally approved "Getting to Zero," a County initiative aimed at eradicating HIV/AIDS in San Diego. The Board approved recommendations that will help create comprehensive policy to better align programs and partners throughout the County. It is estimated that approximately 20,000 people live with HIV/AIDS in San Diego County and of those, approximately 2,300 are not aware of their HIV/AIDS status.</p> <p>Patrick Loose explained that the procurement process to secure vendor services supporting County programs will be changing as part of this initiative, in response to the transformation that has taken place in HIV treatment in just over the past 6 years.</p> <p>Under the Ryan White Act, the first grants were distributed for HIV/AIDS intervention in 1991, but since there was no treatment, the focus was on helping people to die. In 2006, Antiretroviral treatment changed the focus to keeping people in care, but not starting early in case treatment regimens were exhausted and patients died. The first national strategy to combat HIV was introduced in 2010, and advances have now resulted in HIV treatment starting on the day of diagnosis. Now, with the Affordable Care Act (ACA), everyone has access to treatment regardless of the ability to pay, with costs born by Medi-Cal and Covered California.</p> <p>Last year, 6,235 people received services through Ryan White funding granted to the County, which is 1 in 3 persons living with HIV in San Diego County. This funding is categorical, divided into either Core Medical Services or Support Services, and each has restrictions: it will not pay for hospital-based care, nor any services where there is another payer, and Support Services such as residential substance abuse treatment and housing are restricted to 25% of total funding.</p>

Agenda Item	Discussion
<p>5. Information Only  (continued)</p>	<p>A. Overview of HIV/AIDS Procurement Process (continued)</p> <p>In the past three years, the County has taken advantage of a loophole in the Ryan White Act by requesting a waiver on categorical spending, since all HIV clients now have access to care and there are no waiting lists. With this waiver, the County now has more flexibility to spend locally for Support Services which had prior been restricted due to the high cost of Core Medical Services that clients required.</p> <p>The County currently holds 35 contracts with 15 providers, with each Ryan White service category procured separately and over a 5-year cycle. Time expended on contract monitoring and different administrative requirements for each contract results in inefficiencies for clients, providers and the County, not the best use of taxpayer monies.</p> <p>The new approach will be to engage stakeholders in June through August, then procure nearly all service categories at the same time. Contracts will be awarded to ensure coordination of services and easier access for clients within their region of residence. Requests for Proposals (RFPs) will be developed in September-December, and the RFP process will be open January-April, 2017. By September 2017, services should commence under new contracts.</p> <p><u>Board response</u></p> <p>Judith Yates, Senior Vice President of the Hospital Association of San Diego and Imperial County, raised an issue that she would like to pursue with Patrick Loose. She is aware that Ryan White funding is not an option because of categorical restrictions, but the County and hospitals have not been able to connect with the State appropriately to implement in-patient substance abuse treatment in hospitals for persons who are ready. This service is now covered by Medi-Cal, but hospitals can't implement these programs, even though it would greatly benefit the community to treat these individuals before they reach medical crisis and require acute detox.</p>
	<p>B. Legislative Advocacy and Tobacco Legislation Update</p> <p>Presenters: Aurora Kiviat Nudd – Manager of Strategy and Policy                      Dean Sidelinger – Children’s Medical Health Officer</p> <p>1) Legislative Advocacy – Aurora Kiviat Nudd [See <b>Attachment C, pages 14-15</b>, for select slides.]</p> <p>The Board of Supervisors role and composition of the California State Legislature and U.S. Congress were recapped. State Legislature is in the second year of its 2-year session and has been productive lately.</p> <p>The Board of Supervisors sets policy issues, codifies them, and delegates authority for advocacy to the CAO’s Office of Strategy and Intergovernmental Affairs. A “Legislative Program” is annually approved that provides focus for advocacy activities. M-Policies, within the Board of Supervisors Policy Manual, is open to the public on the County website and is a good reference document of legislation the Board of Supervisors wants to support or oppose:</p> <p style="text-align: center;"><b><a href="http://www.sandiegocounty.gov/content/sdc/cob/policy.html#par_table_13">http://www.sandiegocounty.gov/content/sdc/cob/policy.html#par_table_13</a></b></p> <p>County advocacy activities include taking an active position on bills, but in addition, the County builds coalitions, keeping informed and sharing thoughts with a broad spectrum of associations at all government levels, such as CSAC, NACo, NACCHO, and CHEAC. Staff also leverages local data by sending information to policy decision makers, outside of taking a position.</p> <p>Starting in July of every year, staff gathers information of input or concepts for change to the Legislative Program that might help the County to effectively advocate in the coming year. If HSAB or other advocacy boards have ideas for legislative advocacy, summer is the best time to suggest them. Staff makes recommendations throughout the summer to the Office of</p>

Agenda Item	Discussion
<p>5. Information Only  (continued)</p>	<p>B. Legislative Advocacy and Tobacco Legislation Update</p> <p>1) Legislative Advocacy (continued)</p> <p>Strategy and Intergovernmental Affairs. The CAO weighs these recommendations with an enterprise-wide perspective to present to the Board of Supervisors in November. With Board of Supervisors approval, the Legislative Program will go into effect in January with a new framework.</p> <p>The County Legislative Program is divided into 3 sections:</p> <ul style="list-style-type: none"> <li>• Sponsorship Proposals                      These are the bills the County is sponsoring, running the process from data collection to finding an author to generate a vehicle for it.</li> <li>• Priorities                      Priorities are based on the highest need/yield, and are continually changing.</li> <li>• Policy Guidelines                      This is a massive part of the program that outlines policy statements on a number of topics. It is recommended that HSAB members familiarize themselves with these topics. There were additions this year to support important health topics.</li> </ul> <p>Some legislative highlights in the past year have been housing on the state level, and anti-poverty and child welfare on the federal side. County staff are monitoring closely a federal mental health reform proposal by Congressman Tim Murphy that appears to have gained momentum in the last week.</p> <p>In the past year at any given time, the County has put its stamp on anywhere from eight (8) to 12 bills, taking an active position to oppose or support them. Currently, the County is taking a position on four (4) bills:</p> <p><b>AB 2568</b> - County Sponsorship Proposal, “Integrated Agency,” was introduced by Toni Atkins</p> <p><b>AB 1836</b> - “Mental Health: Referral of Conservatees,” introduced by Assembly member Brian Meinshein had been opposed, but County is now reevaluating</p> <p><b>AB 883</b> - “Child Sexual Abuse: Prevention Pilot Program” could bring funding to San Diego</p> <p><b>SB 867</b> - County issued a statement in support for this bill preserving Emergency Medical Services (EMS) Maddy funds</p> <p><u>Board response</u></p> <p>a) It was commented that many in San Diego were disappointed the County did not take a position on AB 1300, a reform of existing State law that placed a 72-hour, involuntary mental health hold on individuals at danger to themselves or others.</p> <p>Aurora Kiviat Nudd explained that the Office of Strategy and Intergovernmental Affairs has to weigh a number of factors when addressing whether to take an active position on a bill, including impact on customers, finances, operations, etc. The County of San Diego is more conservative or careful than other counties in California. If HSAB wishes to give recommendations for Legislative Program changes, now is the time in the next few months. Should a proposal come up, the CAO’s office would then have explicit direction.</p> <p>b) Bob Prath stated that for the County to bring policy issues to HSAB for backing is effective, as was done with e-cigarettes. He also suggested that he could put the HSAB priorities developed at the June 10 retreat into the form of proposals for Aurora to review with the HSAB Legislative Committee, to identify which issues HSAB should bring to the County.</p>

Agenda Item	Discussion
<p>5. Information Only (continued)</p> <p><b>Action:</b></p>	<p>B. Legislative Advocacy and Tobacco Legislation Update</p> <p>1) Legislative Advocacy</p> <p><u>Board response</u> (continued)</p> <p>c) Henry Tuttle suggested that since at least three health related organizations are represented on the HSAB which are involved in federal and state legislative processes, it would be valuable to share advocacy efforts with the County, so that each is aware in elective offices of what the other is proposing, to provide support across agencies.</p> <hr/> <p>2) Tobacco Legislation Update – Dr. Dean Sidelinger</p> <p>In 1998, Proposition 99 placed a tax on cigarettes that funded the California Tobacco Control Program. Due to its success, there has been less funding coming in to support the program. Currently, the County receives funding for a full-time position, in addition to some community contracts. It is important to remain vigilant because tobacco products are always changing.</p> <p>The Board of Supervisors directs local policy, and BOS Policy A-99 addresses tobacco and electronic smoking device use, prevention and cessation. The County’s work with other local government law makers for smoke-free air was ahead of State legislation.</p> <p>The governor just enacted five tobacco control measures that health advocates should be proud of. With the regulations coming in next week, the County has been conducting educational outreach and will hold a forum in July with the Tobacco Control Coalition.</p> <p>With these measures, California is the second state to raise the age to 21 for purchase of tobacco products. This is important to Dr. Sidelinger as a pediatrician, regarding products like electronic and flavored products in particular, because childhood use has been linked to adult addiction and subsequent serious health consequences.</p>
	<p>C. Project One for All</p> <p>Presenters: Susan Bower – Assistant Director, BHS                  Todd Henderson – Director, Housing and Community Development</p> <p>While the Whole Person Care Pilot is seeking State funding, Project One For All is an initiative established in February 2016, under the leadership of Supervisors Ron Roberts and Greg Cox, to address an issue of joint concern with similar approach: obtaining housing for the homeless who are seriously mentally ill, while also addressing their behavioral health needs.</p> <p>Housing and Community Development is integral to this initiative. Housing and Community Development has two functions, rental assistance and community development, acting through HUD funding as banker, investing in real estate, and assisting veterans, low-income, and Section 8 eligible disabled and elderly to secure housing. Housing and Community Development now falls under HHS for integration of housing and community development with health services.</p> <p>Every year, the County conducts a Point in Time Count of the homeless, sending out volunteers to locate these persons where they are sleeping. In January 2016, an estimated 4,940 San Diegans were unsheltered, with 14% self-identified as seriously mentally ill, and 8% as having substance abuse disorder. San Diego is ranked fourth in the nation for number of homeless, yet ranked 23rd in terms of funding received. There is a great disparity in funding.</p> <p>The One for All initiative will work with 1,250 seriously mentally ill homeless through outreach and engagement, treatment, and housing. Programs already exist that have wrap-around</p>

Agenda Item	Discussion														
<p>5. Information Only (continued)</p>	<p>C. Project One for All (continued)</p> <p>treatment services, and there is expansion of capital funding through MHSa to assist efforts to house persons who are seriously mentally. This initiative is different, however, in that it braids housing and services, and operates with a different outreach approach specific to this specific demographic. Outreach workers from different behavioral health programs will search out the homeless and build trust over time to engage them in services and housing.</p> <p>Housing and Community Development is working with other local housing authorities to set aside 344 vouchers for Section 8 housing for the seriously mentally ill, and will approach landlords with monetary incentives, as well as providing direct monetary assistance to these persons who are unable to find or afford housing on their own. Contracts are being secured for behavioral health outreach, engagement and treatment. Over time, when these individuals become stabilized in housing, the whole person can be addressed, such as helping them obtain SSI and skills for self-sufficiency.</p> <p>This year, baseline housing data will be collected, tracking (1) the number who are housed within 3 months; (2) number who become permanently housed; and (3) number who retain housing.</p> <p>D. Eligibility Operations Update – June 2016</p> <p><b><u>HEALTHY SAN DIEGO (HSD)</u></b></p> <p>Enrollment Please see below for December data.</p> <table border="1" data-bbox="381 1045 954 1182"> <thead> <tr> <th>Managed Care</th> <th>April 2016</th> </tr> </thead> <tbody> <tr> <td>HSD Enrollment</td> <td>670,004</td> </tr> <tr> <td>State Default Rate*</td> <td>Unavailable</td> </tr> <tr> <td>San Diego Default Rate</td> <td>unavailable</td> </tr> </tbody> </table> <p>* Data provided by the Department of Health Services' Health Care Options Section (HCD) via COPS-11 Monthly Enrollment summary report.</p> <p><b><u>COUNTY MEDICAL SERVICES (CMS)</u></b></p> <table border="1" data-bbox="381 1360 954 1430"> <thead> <tr> <th>Enrollment</th> <th>April 2015</th> <th>April 2016</th> </tr> </thead> <tbody> <tr> <td>CMS</td> <td>115</td> <td>69</td> </tr> </tbody> </table> <p>Current CMS materials are available on the CMS website</p> <p><b><u>BOARD LETTERS</u></b> - None</p>	Managed Care	April 2016	HSD Enrollment	670,004	State Default Rate*	Unavailable	San Diego Default Rate	unavailable	Enrollment	April 2015	April 2016	CMS	115	69
Managed Care	April 2016														
HSD Enrollment	670,004														
State Default Rate*	Unavailable														
San Diego Default Rate	unavailable														
Enrollment	April 2015	April 2016													
CMS	115	69													
<p>6. Informational Items</p>	<p>No Committee Reports</p>														
<p>7. PH Officer's Report</p>	<p>Dr. Wooten updated the May 19 report in red text [See <b>Attachment D, pages 16-18</b>].</p> <p>The number of suspected Zika cases the County was asked to consult on increased from the prior month.</p>														
<p>8. Future Agenda Items</p>	<p>The focus of the next HSAB meeting will to cover discussion and actions from the June 10 Advance, including Strategic Plan and identified priorities. Retreat notes are being finalized and will be sent out prior to the next meeting.</p>														
<p>9. Adjournment</p>	<ul style="list-style-type: none"> <li>The next meeting will be held on July 21, 2016.</li> <li>The June meeting was adjourned at 5:10 PM.</li> </ul>														

<b>Agenda Item</b>	<b>Discussion</b>
10. Supplemental Information	No Written Program Updates

**ATTACHMENT A**

Approval of Board Letter: Maternal, Child, and Adolescent Health Programs

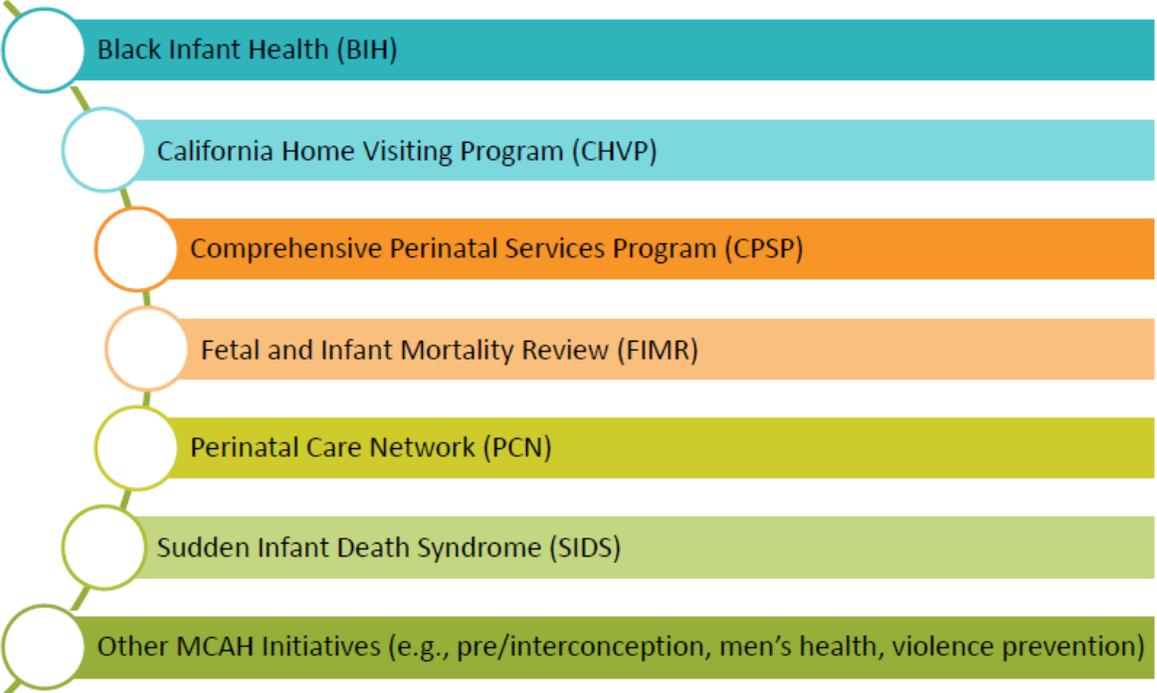
# MCAH 5-YEAR NEEDS ASSESSMENT



- Every 5 Years With Local Stakeholders:**
- Evaluate the needs and assets of the local MCAH system
  - Make recommendations and set priorities
  - Assess adequacy of community needs being met
  - Strategize how communitywide systems can better provide MCAH Public Health services

- Priority Health Needs:**
- Low/Very Low Birth Weight and Prematurity
  - Health and Dental Insurance for Children
  - Prenatal Care Access and Utilization
  - Preconception/Interconception Health
  - Infant, Fetal, and Perinatal Mortality
  - Partner/Family Violence
  - Perinatal Mood/Anxiety Disorders

# MCAH PROGRAMS



**ATTACHMENT A**

Approval of Board Letter: Maternal, Child, and Adolescent Health Programs

# MCAH PROGRAM GOALS



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Improve pregnancy and birth outcomes through education, policy, and system change.

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Decrease incidence of low birth weight and prematurity.

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Reduce fetal and infant deaths.

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Improve child health and development.



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Ensure women, children, and families have access to and utilize health care and social services.

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Build upon individual strengths and improve economic self-sufficiency.

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Increase knowledge to promote positive lifestyle choices to improve health and well being.

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Build partnerships and mobilize community to take action on various health efforts.

**ATTACHMENT B**

Approval of Board Letter: HIV/AIDS Services Revenue Agreement

**RYAN WHITE PART A AND MAI.** ~4,800 RECEIVE AT LEAST ONE RW SERVICE

Core Medical	Support
<ul style="list-style-type: none"><li>• Primary Care &amp; Dental</li><li>• Medical Case Management</li><li>• Mental Health &amp; Psychiatry</li><li>• Early Intervention Services</li><li>• Outpatient Substance Abuse Tx</li></ul>	<ul style="list-style-type: none"><li>• Inpatient Substance Abuse Tx</li><li>• Legal Services</li><li>• Outreach &amp; Referral</li><li>• Non-Medical Case Management</li><li>• Housing</li><li>• Food Services</li><li>• Emergency Financial Assistance</li></ul>

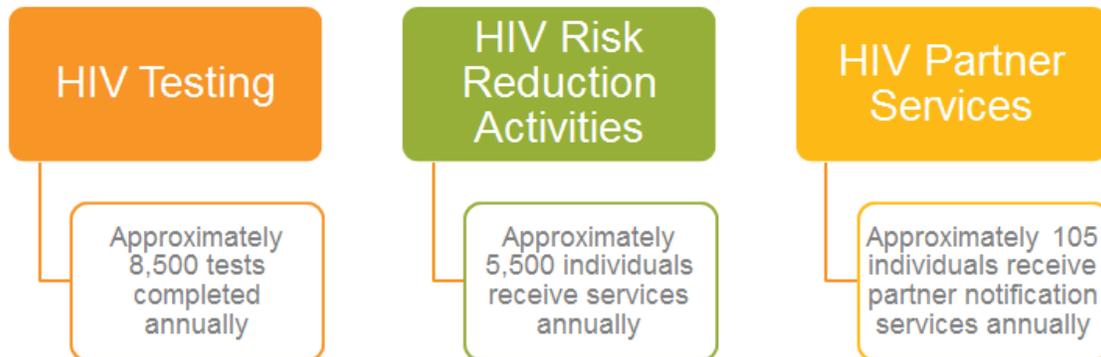
**RYAN WHITE PART B HIV CARE PROGRAM AND MAI**

HIV Care Program	Part B MAI
<ul style="list-style-type: none"><li>• Primary Care and Dental<ul style="list-style-type: none"><li>• Will serve approximately 400 individuals</li></ul></li><li>• Data to Care<ul style="list-style-type: none"><li>• Will serve approximately 200 individuals</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Outreach to hard-to-reach minority populations<ul style="list-style-type: none"><li>• Will encourage approximately 240 high-risk individuals to test for HIV</li></ul></li></ul>

**ATTACHMENT B**

Approval of Board Letter: HIV/AIDS Services Revenue Agreement

**HIGH IMPACT PREVENTION**



**HIV PRE-EXPOSURE PROPHYLAXIS (PREP)**

PrEP is a biomedical intervention used to prevent HIV

Navigation services

Target specific grant to reach transgender women

Provides education and training to healthcare providers and consumers to encourage the use of PrEP medication for HIV prevention

Will link 75 transgender individuals to PrEP

Social media and marketing campaign will be developed

Funds are not used for medication

## ATTACHMENT C

Information Only: Legislative Advocacy

### 2016 COUNTY SPONSORSHIP PROPOSALS

#### ▪ **Emergency Medical Services Contracts**

Seek a legislative solution to clarify Local Emergency Medical Services Agency (“LEMSA”) authority to grant Exclusive Operating Areas (EOA) and LEMSAs authority to authorize EOAs to conduct their own competitive procurements.

#### ▪ **Integrated Agency**

Recent changes in state statute added language regarding counties with integrated health and human services agencies. The County of San Diego seeks to be added to the list of recognized integrated agencies

#### ▪ **Refugee Impact Grant Program (Board Directed)**

Seek to establish a grant that would provide funding or appropriate funding from an existing federal discretionary grant to provide assistance to government agencies and community organizations in San Diego County heavily impacted by Iraqi refugees.

#### ▪ **Refugee Services: Results Based Contracting (Board Directed)**

Seek a change in federal procedure that would require the federal government to adopt outcome or results based contracting practices with the organizations they fund to provide refugee services.

### 2016 COUNTY LEGISLATIVE PRIORITIES

#### STATE ISSUES

- In-Home Supportive Services
- San Pasqual Academy
- Affordable Care Act

#### FEDERAL ISSUES

- Increase in Refugee Arrivals and Associated Impacts
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) Reauthorization

#### STATE AND FEDERAL ISSUES

- *Live Well San Diego*
- Information Sharing
- Housing
- Treatment and Research For Alzheimer's Disease
- Veterans and Active Military
- Continued Funding
  - Adult Abuse, CSBG, Domestic Violence, Methamphetamine/Prescription Drug Issues, Older Americans Act Reauthorization

### ATTACHMENT C

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## 2016 LEGISLATIVE POLICY GUIDELINES, CONT.'D

- Increased funding for HOPWA and other housing/community development programs
- Homelessness, and veteran and elderly housing
- Consistency in certification standards for alcohol and drug counselors
- Public health prevention programs
- Recruitment, retention and support for caregivers of foster children
- Emergency shelter care
- Child care services for caregivers for foster children
- Addressing processes related to psychotropic medication for foster youth
- Memory Care Unit at Veterans Home of California in Chula Vista
- Silver Alerts
- Care transition services
- Aging and Disability Resource Connection to enhance access to long term services and supports
- Maternal Child Health Programs
- Dental care
- Child health and disability prevention program as a gateway to Medi-Cal
- Funding for disease investigation activities
- Electronic smoking devices marketing to minors
- Immunization registry functionality

...and existing statements re: Behavioral Health, Caregivers, Child Welfare Services, Emergency Medical Services, Faith Based Services, First 5 Commission, Fraud Detection and Prevention, General Relief, Homeless/Supportive Housing, Issues Affecting Older Adults, Maternal Child Health, Medi-Cal, Medically Indigent Services, Mobile Remote Workforce, Public Health, Self-Sufficiency, Skilled Nursing Facilities, Temporary Assistance for Needy, 2-1-1, etc....

**ATTACHMENT D**  
**Public Health Officer's Report**



**Health and Human Services Agency**  
**Health Services Advisory Board (HSAB)**  
**Public Health Officer's Report**  
**June 16, 2016 \* 3-5PM \* 1600 Pacific Highway, SD 92101**

**I. Communicable Disease Issues**

**A. Infectious Disease Issues**

**1) Zika Virus**

- **San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG)**
- Had **207 (from 179 in May) cases** referred for consultation of potential cases, with **152** cases ruled out for Zika.
- Confirmed Zika cases (all travel-associated): **13\*** (up from 11, including the one 2015 case, which is to be consistent with CDC and CDPH reporting method).
- **40 cases pending results.**
- **Travel associated cases:** Travel associated cases: American Samoa (1), Brazil (2), Caribbean (multiple islands) (1), Columbia (2), Dominican Republic (1), Haiti (1), Kiribati (1), Puerto Rico (2), **Venezuela (1)**, and sexual transmission from a traveler (1).
- Again, all reported cases are imported; **0** cases confirmed in pregnant women.
- CDC is creating a US Zika Pregnancy Registry for local, state, and territorial health departments
- No locally acquired cases, however, invasive Aedes species is in San Diego.
- **To date, none of the invasive Aedes species have been detected to be positive for Zika.**
- Focus in on education and outreach, case reporting, and prevention of mosquito breeding
- [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/zka\\_virus.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zka_virus.html)
- [http://www.sandiegocounty.gov/deh/pests/vector\\_disease.html](http://www.sandiegocounty.gov/deh/pests/vector_disease.html)

**II. Board Actions**

- A. Request to authorize development of Eat Well Standards are going to the Board on June 21, 2016.**
- B. Implementation Plan for HIV/AIDS Task Force: Getting to Zero – Report back to the Board in July 19, 2016**
- C. Review of Tobacco Prevention strategies**

**III. Policies**

- A. Countywide Smoke-free Policy – in progress**

**IV. Public Health Issues**

**A. Activation of Health Services Capacity Plan – back to Level 1**

- 1) Small group (Core Operational Group) continuing to meet weekly.**
- 2) Exploring replication of Washington State Education Campaign with focus on best practices related to:**
  - **IT**
  - **Public Education and Outreach (public and physicians)**
  - **Surveillance**
  - **Case Management**

**V. Grants**

**A. Funded**

**1) Sodium:**

- Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. \$100K/year X 5 years.
- **Award announcement still pending.**

**2) SNAP-ED:**

- **Submitted** next 3-year cycle application and work plan; activities will continue to focus on policy, systems, and environmental change for nutrition and PA

**ATTACHMENT D**  
**Public Health Officer’s Report**

**3) Prevention (Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke):** funded to work in the City of San Diego geographic area

- o **Components**
  - 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 **Summited Year 3 application and work plan on April 30<sup>th</sup>.**

**VI. Public Health Initiatives**

**A. Major Initiatives Updates and Highlight**

**1) Public Health Accreditation Board**

- 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**

A. 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-Jun 30,19 for MCAH; and execute the revenue agreement with CDPH for the funding for home visiting program.	Rhonda Freeman
B. 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
C. Host County Participation fee	PHS to pay its share of admin fee to Host for administrating MAA program	Janice DiCroce
D. 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
E. HIV/AIDS Revenue Agreement	Request authority to accept funding for Ryan White Parts A and B, and HIV Prevention.	Lauren Brookshire
F. Health Services Advisory Board Ordinance & Bylaws <b>POSTPONED to 8/2/16</b>	Approve changes to HSAB Ordinance and Bylaws reducing the membership size from 18 to 17 seats.	Saman Yaghmaee
G. Annexation of CSA 107 by CSA 17 <b>(POSTPONED)</b>	To include Elfin Forest/ Harmony Grove in CSA-17	Marcy Metz

**ATTACHMENT D**  
**Public Health Officer's Report**

- VIII. Announcements**
  - A. Personnel - None**
  - B. Facilities – PHS Admin moves back into Rosecrans tomorrow**
  
- IX. Site Visits**
  - A. Completed CLIA (Clinical Laboratory Improvement Amendments) Site Assessment – Went Well**
  
- X. Legislation**
  - A. Tobacco Leg effective on June 9**
  
- XI. HSAB Annual Report – Chair's Report**
  
- XII. Suggested Future Agenda Items**
  - A. Prevention Grant**
  - B. HIV/AIDS Task Force Recommendations**
  - C. Eat Well Standards**

Submitted by Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, PHS  
May 19, 2016