County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, March 16, 2017 | 3:00-5:00 PM

Coronado Room, Health Services Complex
3851 Rosecrans Street, San Diego 92110

MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHSA Support
Seat 7/Dist 4 James Lepanto, Chair Seat 8/Dist 4 Kyle Edmonds, Vice Chair Seat 2/Dist 1 Paul Raffer Seat 3/Dist 2 Judith Shaplin Seat 11/Cmty Paul Hegyi Seat 16/Cmty Leonard Kornreich	Seat 1/Dist 1 (vacant) Seat 4/Dist 2 (vacant) Seat 5/Dist 3 (vacant) Seat 6/Dist 3 (vacant) Seat 9/Dist 5 (vacant) Seat 10/Dist 5 (vacant) Seat 12/Cmty Dimitrios Alexiou Seat 13/Cmty Henry Tuttle Seat 14/Cmty Greg Knoll Seat 15/Cmty Phillip Deming Seat 17/Cmty (vacant)	Brett Austin, Laboratory Director, Epidemiology and Immunization Services Branch (EISB), Public Health Services (PHS) Andrew Pease, Executive Finance Director, HHSA Kristen Smith, Aging Program Administrator, Aging & Independence Services (AIS)	Wilma Wooten, Public Health Officer Saman Yaghmaee, Deputy Director, PHS Victoria Ollier, Secretary, PHS Admin Kay Collier, Secretary, PHN Admin

Minutes	Lead	Follow-up Actions	Due
3/16/17	James Lepanto	Send out HSAB meeting agenda to the community to increase public attendance, to engage as many citizens and stakeholders as possible.	5/8/17
3/16/17	Jame Lepanto	E-mail the budget presentation of Andy Pease to all board members	4/20/17
3/16/17	Dr. Wooten	Assemble a packet of information about the increase in STDs for Judith Shaplin to take with her to congressional meetings in Washington, D.C.	4/20/17
3/16/17	Saman Yaghmaee	Follow up with Kristen Smith as reminder to send Judith Shaplin information about AIS survey activity in rural East County.	4/20/17

Agenda Item	Discussion
1. Welcome & Introduction	James Lepanto called the meeting to order and explained that meeting location was changed long-term to Rosecrans, in deference to County Supervisor Ron Roberts's task force meeting on homelessness at the County Administration Center (CAC), Room 302/303. Mr. Lepanto welcomed Public Health Services staff in the audience, introducing them to the board: Liz Hernandez, PHS Assistant Director; Sayone Thihalolipavan, PHS Deputy Public Health Officer: Karen Waters-Montijo, EISB Chief, and EISB analysts Ed Smith, Anna Washington, Kristine Chavez; Stephanie Lawson, Keith Van Wagner, HSHB analysts (HIV, STD, Hepatitis Branch); Jim Patterson, PHS Finance Manager.
2. Public Comment	No public comment.
3. Action Items	A. Approval of February 16, 2017 meeting Minutes Judith Shaplin motioned to approve; Leonard Kornreich seconded. All voted Aye.

Agenda Item	Discussion
3. Action Items (continued)	B. Approval of Board Letters 1. Single Source Procurement from Abbott Laboratories Presenter: Brett Austin, Director, Public Health Laboratory, EISB, introduced by Karen Waters-Montijo, EISB Chief, Public Health Services This Board Letter will be presented to the Board of Supervisors on 4/11/17, requesting authorization for the Purchasing Director to negotiate a contract with Abbott Laboratories. This authorization is required since no competition is solicited for a single source contract. The Lab would purchase test kits through this contract for HIV, hepatitis, and other STDs, at a cost of $200,000 annually with 4 option years, totalling $1 million. The funding source is Health Realignment, but because this is a switch of vendors, there would be no change in General Fund cost. <u>Approval</u> Leonard Kornreich motioned to approve HSAB support of this Board Letter; Paul Hegyi seconded. All voted Aye. <u>Background</u> Currently, instruments of two vendors are used by the Lab: Diasorin and Abbott Laboratories. Lab staff with product expertise determined that the special price offered by Abbott Laboratories to perform the same tests as Diasorin were fair and reasonable, and are equivalent to current Diasorin prices. Because Abbott Instruments was already contracted by the Lab, there is no need for an FDA validation study as required with a new vendor, and Abbott kits provide many advantages over Diasorin's, including the following: • Weekly, 2.3 hours will be saved because two tests can be run simultaneously, only one microbiologist is needed for both tests, and because of automation, the microbiologist can run more tests and perform other tasks while the tests are running; • Faster results will allow quicker patient treatment; • Time will be cut on both instrument and contract maintenance; • One patient sample can be used for all testing, instead of splitting the sample. 2. Cost Recovery Proposed Fee Changes Presenter: Andy Pease, Executive Finance Director, HHSA This Board Letter introduces an ordinance on 3/21/17 that amends Article XV-B of the County Administrative Code related to HHSA fees, which will allow HHSA to continually adjust 47 fees to federal schedules rather than waiting for Board of Supervisor approval. On 4/25/17, HHSA will present a comprehensive fee package to the Board of Supervisors that can be acted upon under amended Article XV-B. This fee package adjusts fees in Public Health (PHS), Behavioral Health (BHS), and Child Welfare Services (CWS). <u>Approval</u> Judith Shaplin motioned to approve HSAB support of this Board Letter; Leonard Kornreich seconded. All voted Aye.

Agenda Item	Discussion
3. Action Items (continued)	2. Cost Recovery Proposed Fee Changes (continued) Background During the 10-year period 1990-2009, separate HHSA divisions came before the Board of Supervisors to update fees at various times. This current action is the first time in 8 years that HHSA fees adjustments are being requested, following review of 76 HHSA fees in an effort to provide a more comprehensive Agency approach. For detail of reviewed fees broken down by division, See **Attachment A, page 8**. Because of the timing of this Board Letter, anticipated revenue will be included in the FY 2017-19 HHSA Operational Plan, instead of the current FY16-18 Operational Plan. The greatest increase of $4,826,530 will be generated through BHS program fees linked to the Medi-Cal rate schedule. These fees do not affect clients; this revenue is due to increased federal draw down capacity. Through amendment to Administrative Article XV-B, HHSA will be able to adjust these BHS and other fees to match federal rate schedules. All 16 new fees are attached to the Public Health Lab for payment by third parties using Lab resources. There is currently no funding to collect these fees, but a grant may later cover the cost. Request for waiver is being requested for 2 fees left intentionally below cost recovery rate, so that clients will not be discouraged from seeking County services: stepparent adoptions and STD testing. Similarly, 8 EMS fees will be phased in under a 3-year plan to reach cost recovery, with the intent of mitigating impact on providers. Discussion HSAB brought up two concerns, the delay in fee adjustments since 2009 and client sensitivity to fee increases. Collecting $1.6 million in fees under a $1.9 billion budget has not been a major driver for revenue, but Andy Pease assured the board that a structure is now in place so that HHSA will come before the Board of Supervisors annually after conducting fee reviews. He also assured that careful consideration will be made to prevent setting fees at a rate that discourages clients from receiving needed County services. Dr. Wooten added that the majority of service cost is not paid by clients. It is reasonable that the County bear those costs rather than seek full cost recovery.
4. Updates/ Follow-up Action Items	A. HHSA Budget Update - Andy Pease, HHSA Finance Director May 2 – CAO presents HHSA budget to the Board of Supervisors May 18 – budget presentation at HSAB meeting June 12-21 – public hearings June 21 – last day for HSAB input There is board concern that more frequent HHSA Finance budget updates are needed so that HSAB can give timely input before the budget is adopted each May. It was decided that Andy Pease will give presentations to HSAB twice a year, in September and February following meetings with board chairs, and perhaps a third time prior to the May budget adoption. In Supervisor Dianne Jacob's State of the County address in January 2017, she warned of a possible $1 million in budget cuts. There are 2 immediate budget concerns that were brought before the board today: repercussions of ACA repeal, and $25 million shortfall in IHSS funding.

Agenda Item	Discussion
4. Updates/ Follow-up Action Items (continued)	A. HHSA Budget Update (continued) 1. Afordable Care Act (ACA) repeal It is unknown if the ACA will be repealed and/or replaced by Congress this year, or if the County will have 1-2 years to determine a plan of action, which is the hope. The California Welfare and Institutions Code madates that counties provide healthcare to indigent populations. Prior to the ACA, County Medical Services (CMS) provided as-needed cost coverage to the indigent based on income level. The Low Income Health Program (LIHP) brought in federal money to cover healthcare for low income as well as indigent populations. At its height in FY 2013, the County spent $220 million for over 40,000 clients under CMS and LIHP programs, mainly federal funds in addition to $75 million in local funding. Local funding came from health realignment–sales, property and tobacco taxes. In FY 2017 under the ACA with expanded Medicaid, less than $1 million was spent on healthcare for 60 individuals under the CMS program (see **Attachment B, page 9)**. Under Assembly Bill (AB) 85, the State took back health realignment monies. If the ACA is repealed, and healthcare needs increase to the same levels again, the County would have to go back to the State to get back realignment funds, since it no longer has the $75 million in local funds that were required in 2012-2013. The County draws down additional federal funding for Behavioral Health Services (BHS) programs, which adds millions in Medi-Cal funding. Uncertainty over actions by the federal government is a challenge and prevents counties from being innovative; for instance, the County is uncertain whether to enter into a drug Medi-Cal waiver program, since Medi-Cal could be fundamentally changed in the next year. 2. Elimination of Coordinated Care Initiative (CCI) , and the In-Home Supportive Services (IHSS) Maintenance of Effort (MOE) provision A real threat facing the County today is the $25 million or more needed to fund IHSS. The State set up a cost share several years ago, in which 17.5% local monies were spent for every dollar funding the IHSS program. During its last year of cost share, the County contributed $45 million in local funding. Overall, $276 million was spent for services to approximately 24,000 recipients and 20,000 providers, mainly covering the wages of in-home providers. San Diego was one of 7 counties to enter a State CCI pilot project designed to integrate services across health plans, counties and the State. The County-run IHSS program fell under CCI. To help counties defray increased costs of moving clients out of institutional care and into their homes, the State implemented a Maintenance of Effort (MOE) provision that replaced IHSS cost share and locked in the amount of $45 million in local spending. In January 2017, the governor cut CCI, stating that it was not saving the State money, which triggers an end to the MOE provision on July 1. While under MOE, the IHSS program grew to 28,000 clients, 23,000 providers who earn a higher State minimum wage, and $390 overall spending, with $52 million in local funding due to MOE annual inflation increases. On July 1, 2017, when the State reverts back to a 17.5% cost share, the County will be liable for $75-78 million in local funding for IHSS, a difference of approximately $25 million, because the program has grown under the prior State arrangement and overall costs have increased to $390 million (see **Attachment B, page 10**). Collectively for all 58 California counties, $628 million will be shifted from State to local funding.

Agenda Item	Discussion
4. Updates/ Follow-up Action Items (continued)	A. HHSA Budget Update 2. Elimination of IHSS MOE provision (continued) The State Finance Department recognizes that counties don't have the money to support IHSS programs at the current level. Andy Pease is meeting in Sacramento as part of a small group seeking solutions to come up with a proposal. Besides San Diego County, this group includes L. A. County, County Welfare Directors Association (CWDA), California State Association of Counties (CSAC), California Association of Public Authorities for IHSS (CAPA), and County Counsels' Association of California. Andy Pease feels fortunate that San Diego County has been invited to the table. The impact may not be known in time for the budget in May, but if the $25 million or solutions cannot be found, reductions will have to be made to HHSA programs. 3. Staffing levels HHSA staffing levels in the Operational Plan this year will not increase as in past years, due to lower caseloads, some elimination of programs like CCTP (Community-based Care Transitions Program), and increases in pension obligation costs, among others. 4. Increasing STD funding Understanding was expressed for severity of the budget situation as outlined in the presentation by Andy Pease, but HSAB expressed continued interest in addressing the substantial increase in STD cases since 2002, from 50 to 500, an increase that is reflected nationwide. Dr. Wooten shared that PHS had recently received over $400,000 from the State to be used on an educational campaign to address the STD problem. HSAB is welcome to give input into this outreach effort. Judith Shaplin will be attending congressional meetings in Washington, D.C., and relayed that messaging about the increase in STDs would be helpful. Dr. Wooten will assemble a packet for her. Action Item: Dr. Wooten B. AIS Long Term Care Integration - Kristen Smith, Aging Program Administrator Please see **Attachment C, pages 11-15**, which includes the *Aging and Independent Services Update* covered in this presentation. Kristen Smith explained that Long Term Care Integration (LTCI) is not one project, but a vision of how services can be integrated for an aging population with myriad needs, such as transportation, food access, or help cooking, for instance. Several initiatives infuse the LTCI vision, and social services are integrated so that providers are able to speak with one another. One success story is the AIS care transition program, which cut the 30-day hospital readmission rate by nearly 75% for for high-risk Medicare beneficiaries. *Age Well San Diego* is a large summit that AIS is planning for this fall, where committees of community members will be formed to help San Diegans age well. Judith Shaplin noted that seniors in rural East County are often isolated and left out, and she wondered if AIS had conducted any community forums on aging in that area. Kristen Smith said that AIS conducts outreach to seniors in many locales, and she will check on AIS activity in rural East County. **Action Item: Saman Yghamaee** The board asked about AIS funding and how it could respond to ACA challenges. Kristen Smith deferred questions about ACA repeal budget impacts to Andy Pease, HHSA Finance Director.

Agenda Item	Discussion
4. Updates/ Follow-up Action Items (continued)	C. AIS Long Term Care Integration (continued) Ms. Smith observed that the AIS budget is $300 million, with funding from a variety of sources. Each program is funded in a different way. If federal block grants are cut under a new federal budget, the impact on Meals on Wheels would be huge for nonprofits who receive block grant monies. Ms. Smith suggested that HSAB keep watch for any changes to the Older Americans Act (OAA) passed by Congress in 1965. It is considered the major vehicle for the organization and delivery of social and nutrition services to older persons and their caregivers, authorizing a wide array of service programs through a national network of State and area agencies on aging, as well as thousands of service providers.
5. Chair's Report	A. Board Retreat, June 3, 2017 - James Lepanto A retreat has been planned for June 3, although multiple board vacancies are a concern. Please send an e-mail to James Lepanto regarding any concerns you may have about the retreat or June 3 date. Priorities chosen for the next 2 years will be strategized at this meeting. B. Vacancies Please send any names of prospective board members to James Lepanto, Saman Yaghmaee, or Dr. Wooten. Vacancies by district seat are listed at the top of HSAB meeting minutes. A message has been sent to Agency Director Nick Macchione and Board of Supervisor aides requesting assistance in identifying prospective board members. James Lepanto will also call Board aides next week. Paul Hegyi is meeting with the Paradise Valley Hospital CEO and will ask for his recommendations at that time. C. Meeting Site Visits James Lepanto recalled that there had been prior discussion about holding 3 HSAB meetings per year in the Regions as a way to increase knowledge about the work being done there. He is talking with Regions staff and will keep the board updated. D. Strategic Plan Priorities - James Lepanto See **Attachment D, pages 16-19**. Dr. Wooten handed out objectives that members had prioritized under the 6 strategies that align beneath 4 HSAB goals. The list was marked by year of board focus, years 1-3. Many current year objectives are being addressed by the board.
6. Informational Items	A. Committee Reports Committee work is hampered by board vacancies. James Lepanto will give a comprehensive committees report at the June 3 retreat. Mr. Lepanto met with Aurora Kiviat about legislation, on behalf of the Health Legislation Committee, and discussed ways HSAB can contribute early in the process. James Lepanto, Kyle Edmonds, and Wilma Wooten met last week as the Strategic Planning/Annual Report Committee, and are pulling items to present for the Annual Report to the board.
7. Public Health Officer's Report	Dr. Wooten reviewed items in red text on the Public Health Officer's Report (See **AttachmentE, pages 20-22**).

Agenda Item	Discussion
7. Public Health Officer's Report (continued)	During review of the Public Health Officer's Report, several topics were discussed: • The most current week's "Influenza Watch" can be found online: http://www.sandiegocounty.gov/hhsa/programs/phs/documents/InfluenzaWatch.pdf • PHS has a good relationship with Mexico. Dr. Zepeda is Dr. Wooten's counterpart in Tijuana. A biannual meeting was just held, and there is much collaboration. Relationships are being developed. • The nationwhide shortage of Bicillin L-A has been ongoing since last summer. There is just one manufacturer. It is the only recommended penicillin treatment for pregnant women who are infected or exposed to syphilis. The County is able to provide Bicillin L-A to others. • Andy Parr was appointed as new EMS Administrator (a position formerly titled, "EMS Chief").
8. Agenda Items for Future Meetings	APR - Medical Care Services Division Diversity & Inclusion [Internal] / Disproportionality Initiatives [external] MAY - Suicide Prevention JUN - Follow-up presentation on *Eat Well* Standards
9. Adjournment	This meeting was adjourned at 4:40 PM. Next meeting: April 20, 2017 **New Location**: Coronado Room, Health Services Complex, 3851 Rosecrans Street, San Diego 92110
10. Supplemental Information	A. AIS Long Term Care Integration Project (LTCIP) See **Attachment C, pages 13-15,** for the update from Aging and Independent Services (AIS), which was also presented to the board by Kristen Smith. D. Eligibility Operations See **Attachment F, page 23**, for the March 2017 Eligibility Operations update.

ATTACHMENT A
HHSA Cost Recovery Proposed Fee Changes

76 Fees & Rates were Reviewed:

		Division Impact*					
Fee Action	**No. of Fees/ Rates**	**PHS**	**PHS Specific Fees**	**BHS**	**BHS Specific Fees**	**CWS**	**CWS Specific Fee**
Increases	**23**	17	10 = EMS [personnel certification; agency fees; continuing education; trauma center designation] 1 = STD 6 = Lab	6	5 = Impatient/ outpatient mental health services 1 = Edgemoor private pay	-	
Decreases	**23**	20	19 = Lab 1 = EMS [base hospital designation]	3	Inpatient/ outpatient mental health services	-	
New	**16**	16	16 = Lab	-		-	
Deletions	**8**	7	3 = EMS [air ambulance] 1 = Lab [air sampling plate count] 2 = Vital Records [Medi-Cal marijuana ID card (MMIC); Reduced fee for MMIC beneficiaries] 1 = Region PH Centers [Immunizations]	1	Patient advocacy	-	
No Change	**6**	5	5 = Lab	-		1	Stepparent adoption fee
Totals:	**76**	65		10		1	
Net Revenue Impact:		$ 0.2 mil		$ 4.8 mil		None	

*PHS (Public Health Services) BHS (Behavioral Health Services) CWS (Child Welfare Services)

Fee Considerations:

	PHS	**BHS**	**CWS**
Full Cost Recover Waivers **	STD: If full cost recovery fees are too high, clients may choose not to be tested, thereby spreading STDs in the community EMS: 8 Fees will be brought up to full cost recovery over 3 years, to ease impact on providers		Stepparent Adoption: If fee is too high, it may discourage willingness to adopt
New Fees	Lab: 16 New Lab fees allow billing for various tests requested by third parties (non Medi-Cal)		

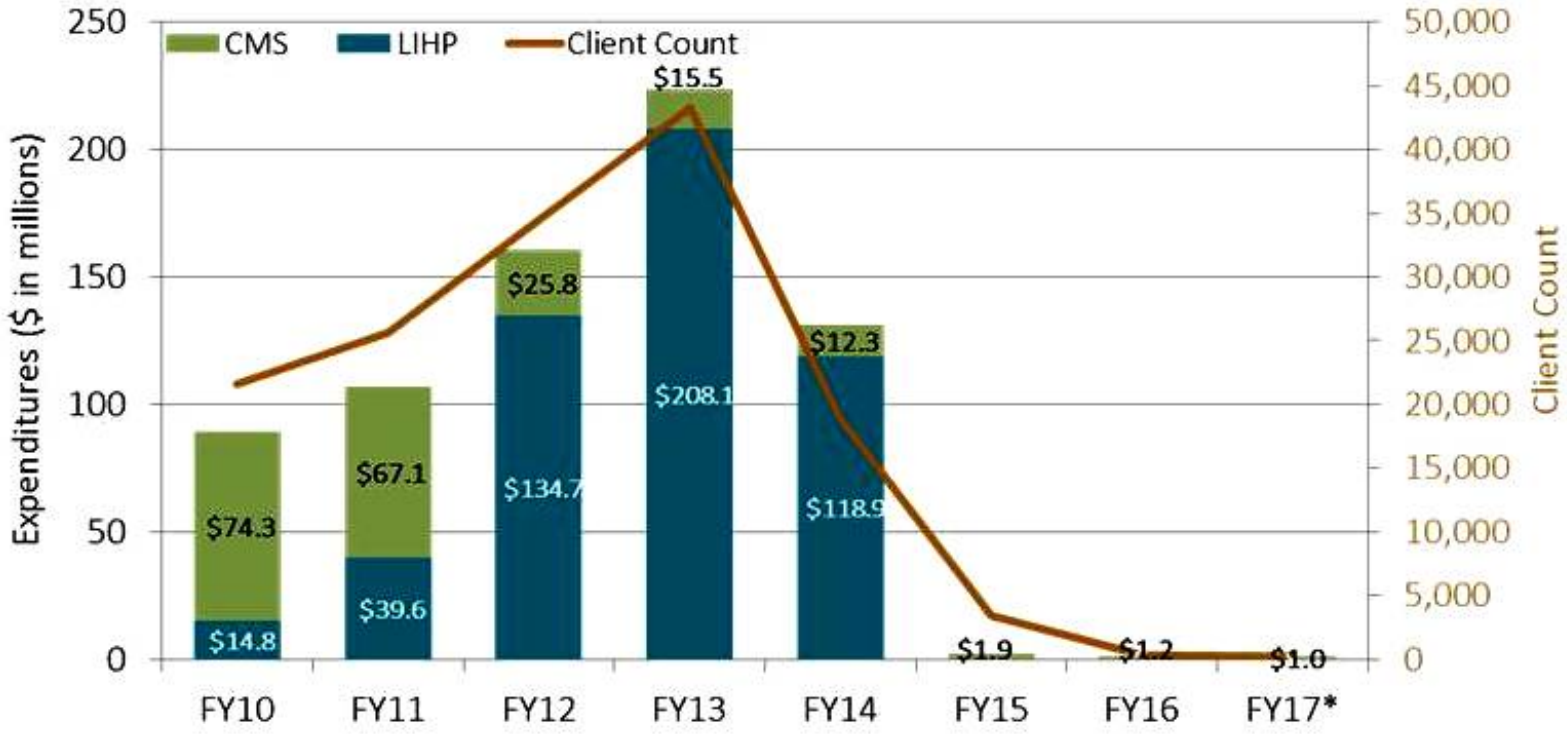
** Full cost recovery is waived if full cost is deemed so high that clients/ providers may be discouraged from entering into services.

ATTACHMENT B – HHSA Budget Update

ACA AND RELATIONSHIP TO CMS

LIVE WELL SAN DIEGO

- Expenditures include payments to providers for care and treatment of eligible LIHP and CMS patients
- Providers include Hospitals, Clinics, Specialty Providers and Pharmacy
- Fiscal Year 2016-17 is a projection*



ATTACHMENT B – HHSA Budget Update

ATTACHMENT C
AIS Long Term Care Integration

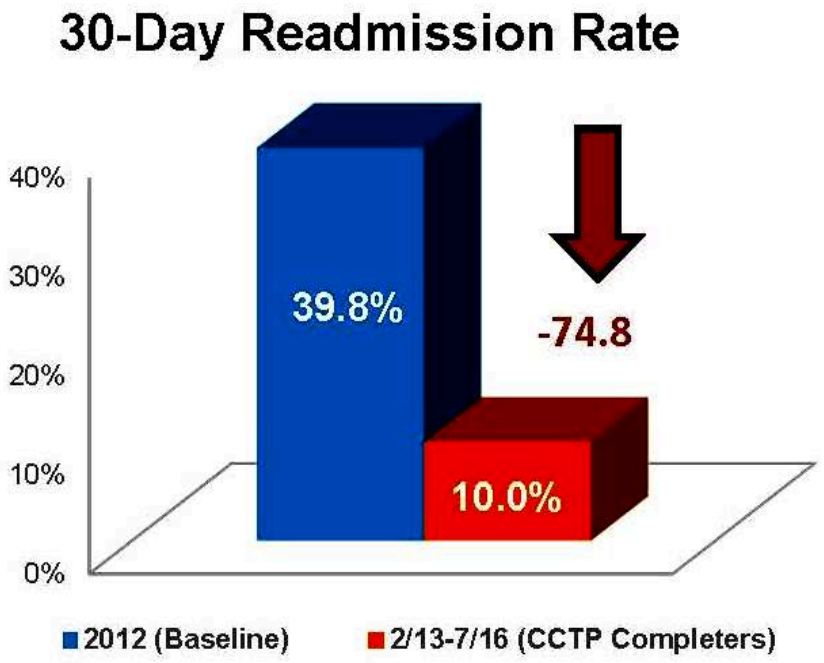
ATTACHMENT C
AIS Long Term Care Integration

PERFORMANCE

LIVE WELL SAN DIEGO

- AIS is a current CMS contractor to deliver care transitions services for hospitalized high-risk Medicare fee-for-service beneficiaries

- CMS Evaluation of AIS care transition program
  - 74.8 % reduction in readmissions
  - N = 49,905 served from Feb 2013-Jul 2016



ATTACHMENT C
AIS Long Term Care Integration

Aging & Independence Services (AIS)
Long Term Care Integration Project (LTCIP)
Update for the Health Services Advisory Board (HSAB)
March 9, 2017

The goal of the Long Term Care Integration Project (LTCIP) is to improve the delivery of health care and long term services and supports for older adults and persons with disabilities. This report includes updates on some key LTCIP activities.

Aging and Disability Resource Connection (ADRC):
Background: The Aging and Disability Resource Connection (ADRC) is a partnership between AIS and Access to Independence. Between the two agencies, the ADRC provides persons of all ages, abilities, and incomes, their caregivers, and service providers with free, comprehensive information about long term services and supports (e.g., personal care, household chores, meals, transportation, home modification, etc.) in San Diego County and delivers care transition support, care management, and options counseling. The ADRC Advisory Committee gives input on community needs and how the ADRC agencies can improve these services.

Update: Members are currently considering various ways to structure our ADRC Advisory Committee meetings in order to make them most meaningful and helpful for guiding the services of the ADRC. Contact Kristen Smith if you are interested in being part of this group. (kristen.smith@sdcounty.ca.gov).

Community-based Care Transitions Program (CCTP):
Background: CCTP was established under Section 3026 of the Affordable Care Act (ACA) in 2011 as a 5-year demonstration to link community based organizations with hospitals to improve care that high-risk Medicare patients receive as they transition across different care settings, reduce the readmission rate for high risk patients and reduce Medicare spending. The San Diego Care Transitions Partnership (SDCTP), a partnership between AIS and Palomar Health, Scripps Health, Sharp HealthCare and the UCSD Health System (13 hospitals) has provided comprehensive, person-centered, health care and social services to over 57,000 high-risk, fee-for-service (FFS) Medicare patients across thirteen participating hospitals since its inception in January 2013. Over the past three years SDCTP has reduced the 30 day, all-cause readmission rate from 21.2% to 10.5% resulting in an estimated $13,793,462 in Medicare savings. The SDCTP's success has resulted in several extensions.

Update: The program enrolled patients until January 31, 2017, and closed the final cases at the beginning of March. Final participation numbers will be reported in April. AIS and Palomar Health have executed a contract for AIS to serve Palomar patients beyond the CCTP, and AIS has begun to provide services for some patients via this contract. AIS and the hospitals will continue to meet twice a year to share best practices regarding Care Transitions.

Coordinated Care Initiative (CCI):
Background: San Diego County is one of seven counties in California selected to implement the Coordinated Care Initiative (CCI), an improved delivery system that provides coordinated health care and long term services and supports (LTSS) to dual eligible and Medi-Cal only beneficiaries in the county. Begun in 2014, CCI consists of two components: 1) mandatory enrollment of dual eligible beneficiaries into managed care for all of their Medi-Cal benefits, including LTSS, and 2) the dual demonstration project, Cal MediConnect (CMC), which provides dual eligible beneficiaries the option of selecting one managed care plan to administer and coordinate both their Medicare (acute medical care and hospitalizations) and Medi-Cal benefits. Those duals who do not choose this option continue to receive fee-for-service Medicare. CCI health plans are required to offer four types of LTSS: MSSP, IHSS, adult day healthcare and skilled nursing care. In San Diego County, health plans must partner with AIS for the administration of MSSP and IHSS. CMC health plans may offer other discretionary LTSS known as Care Plan Options (CPO), which include a wide array of a la carte services and support, and also offer transportation and vision benefits. According to the recent enrollment figures published by the Department of Health Care Services (DHCS), there were 14,690 San Diego County duals actively enrolled in Cal

ATTACHMENT C
AIS Long Term Care Integration, page 2

MediConnect (CMC) as of February 1, 2017. However, CMC enrollment in San Diego County continues to hold at 33%, meaning that 67% of have either opted-out or have disenrolled from CMC. That said, the opt-out/disenrollment rate from CMC slowed over the second half of 2016 and with DHCS' recent implementation a new comprehensive strategy to improve CCI, there may be an avenue to increased, sustainable enrollment.

Update: The Governor's proposed budget and the changes to the CCI were discussed at the quarterly CCI Advisory Committee meeting held on Wednesday, February 1, 2017. The California Department of Finance determined that the CCI program is not cost effective, prompting a process that ceases all statutory provisions related to CCI as of January 1, 2018. This year DHCS will be restructuring parts of the program in an effort to make it cost effective. While the CCI has been technically "discontinued," most components remain the same and beneficiaries will not experience changes in service. The main changes are the following:

- The cost of the In-Home Supportive Services program will be removed from the Health Plans' bundled, capitation rates and will be reverted back to prior state-county share of cost arrangements and IHSS will also return to being a fee-for service benefit.
- Although the funding for IHSS will no longer be included in the Medi-Cal managed care capitation rates, the Governor's proposed budget "encourages" Medi-Cal managed care plans and counties to continue "collaborating" on care coordination.
- The seven CCI counties will also regain collective bargaining responsibilities for IHSS workers' wages and benefits.
- The transition of MSSP from community-based providers (i.e., AIS for San Diego County) to the Health Plans that was to be effective as of January 1, 2018, is now being postponed to January 1, 2020.

The Governor and DHCS are committed to improving the coordination of care for dual-eligible individuals and DHCS will continue to work with stakeholders, health plans and providers to make Cal MediConnect a cost effective program that enhances the quality of care.

National Committee on Quality Assurance:

Background: In November 2015, AIS was one of ten organizations chosen from across the United States to participate in the National Committee on Quality Assurance's (NCQA) 18-month long program: *Piloting Standards to Support Coordination of Long Term Services and Supports (LTSS) Learning Collaborative*. NCQA's new Case Management Accreditation for LTSS is a comprehensive accreditation program dedicated to quality improvement. To prepare for accreditation, AIS created a standardized training academy for our social workers, developed an comprehensive assessment tool that is reflective of person-centered care (PCC), and we are establishing a Policies and Procedures manual that focuses on person-centered care and NCQA case management standards for LTSS. The timeline for the accreditation process is over 1 year, so we hope to gain accreditation in early 2018. NCQA staff conducted a site visit in October. The purpose of the site visit was for NCQA to evaluate their own process of developing the new standards. Although the NCQA visitors were not the same staff as the future accreditation survey evaluators, they provided very helpful feedback.

Update: AIS has submitted our application for participating in the accreditation survey. We anticipate that period of program file review will be March or April 2017 through September 2017.

The Alzheimer's Project:

Background: In 2014, under the leadership of Supervisor Dianne Jacob, the County launched The Alzheimer's Project, an unprecedented regional initiative that has united ADRD stakeholders from multiple community sectors to address the toll the disease is taking on our families, communities, and local health care systems. The Board of Supervisors, in March 2015, approved a comprehensive regional strategy with short and long-term recommendations, developed by roundtable groups working under the umbrella of The Alzheimer's Project. This strategy encompasses four key areas: the search for a cure (Cure Roundtable/Collaboration4Cure (C4C)), clinical diagnosis and disease management (Clinical Roundtable), care for San Diegans living with ADRD and their caregivers (Care Roundtable), and public education (Public Outreach and Awareness Roundtable). The Alzheimer's Project also supports legislation and pursues funding opportunities that advance the regional strategy. This year Kristin Gaspar, San Diego County's newest Supervisor representing District 3, joins Chairwoman

ATTACHMENT C
AIS Long Term Care Integration, page 3

Dianne Jacob in leadership of this ambitious regional initiative. AIS plays a key role in several aspects of The Alzheimer's Project, including creating Annual Reports, maintaining the project's website, and supporting the Care Roundtable. The Care Roundtable's recommendations are linked to the Long Term Care Integration Project, in that there is a shared vision of better connected health and social services.

Update: Two Care Roundtable recent projects that help further the goal of integrating long term care include:

1) In September 2016, AIS was awarded a three year, $1 million grant to improve the dementia-capability of the local service system. Through the grant, AIS will implement the FIRST project (First Identify and Refer, then *Serve* and Track) to conduct the following activities:

   - Increase identification of individuals with dementia through brief screening and referrals for diagnosis.
   - As a partner in the FIRST initiative, Alzheimer's San Diego will expand their respite services with a voucher program.
   - Alzheimer's San Diego will train AIS social workers and nurses to deliver an evidence-informed behavioral symptom management program to family caregivers in the home.
   - AIS will administer *Serve*, a dementia-specific case management program, which will include respite care and behavioral symptom management training.
   - Best practices and trainings developed under the FIRST initiative will be expanded and made available to community partners.

2) The Care Roundtable began work on its long term recommendation to increase the availability and affordability of care options (e.g., adult day care/adult day healthcare, assisted living, and in-home care). To this end, AIS worked with several state departments, along with HHSA's new division, Housing and Community Development, to host two forums on potential ways to use state and federal mechanisms, such as the Assisted Living Waiver, Project Rental Assistance 8II grant awards, the Nursing Facility/Acute Hospital Waiver and the No Place Like Home Program. Approximately 200 professionals from the housing and senior service fields participated in the forums and now that these diverse sectors are connected, work can begin on finding ways to increase affordable supportive housing in order to avoid or transition out of nursing homes.

******

Kristen Smith, MPH, Aging Program Administrator
Health & Human Services Agency, Aging & Independence Services (AIS)
Manager of the Long Term Care Integration Project (LTCIP) Kristen.Smith@sdcounty.ca.gov

Attachment D
Strategic Plan Priorities

RESULTS OF PRIORITIZATION ACTIVITY
HEALTH SERVICES ADVISORY BOARD
January 19, 2017

Vision: **An Advisory Board that the County Supervisors rely on for expertise to improve the health and wellness of the San Diego population.**

Mission: **Provide the Board of Supervisors expert, timely advice and options to advance an integrated wellness and health care system where all residents have access to affordable, comprehensive and quality care.**

FRAMEWORK			
Goal 1: Enhance HSAB's Value to the County Board of Supervisors	**YEAR 1**	**YEAR 2**	**YEAR 3**
Strategy 1: Improve quality of recommendations made to BOS			
Objective 1.0: Engage with HHSA Director, Public Health Officer, Board Aides, BOS and other key officials to solicit expectations, align annual priorities to foster targeted and/or value-added Recommendations. 3 3 0	✓		
Objective 1.1: Enhance membership, participation and teamwork; maintain active, engaged and representative HSAB. 2 5 1		✓	
Objective 1.2: Increase connection to other County advisory boards. 0 1 7			✓
Strategy 2: Provide quality operational support			
Objective 2.0: Strengthen HSAB committees' roles and functions. 5 5 0	✓		
Objective 2.1: Strengthen HSAB sub-committees' roles and functions. 1 4 1		✓	
Objective 2.2: Strengthen support to BOS through enhanced administrative measures. 0 1 7			✓
Goal 2: Advance the value of holistic integration of public health, primary care, behavioral health, and social support services	**YEAR 1**	**YEAR 2**	**YEAR 3**
Strategy 3: Improve integration, access, and quality of HHSA health services			
Objective 3.0: Seek full access independent of insurance coverage type ***(3.0 and 3.1 tied)***. 5 0 0	✓		

Attachment D
Strategic Plan Priorities

Goal 2: Advance the value of holistic integration of public health, primary care, behavioral health, and social support services Strategy 3: Improve integration, access, and quality of HHSA health services	YEAR 1	YEAR 2	YEAR 3
Objective 3.1: Address the implementation of ACA-Network adequacy ***(3.0 and 3.1 tied)***. 5 0 0	✓		
Objective 3.2: Increase access and utilization. 1 2 1		✓	
Objective 3.3: Review barriers to integration and advocate for efficient health services integration. 0 3 1		✓	
Objective 3.4: Offer ideas and insights to BOS re. accountable care communities. 0 0 1			✓
Objective 3.5: For key population health issues identified, ensure lens of integration, access, and quality is applied. 0 0 3			✓
Objective 3.6: Explore health services platform: gaps and weaknesses, develop expertise to address. 0 0 1			✓
Objective 3.7: Address the lack of access to mental health services. 4 0 1	✓		
Objective 3.8: Address shortage of primary care and how expand to population. 2 0 0		✓	
Objective 3.9: Address non-citizen healthcare and access to specialty care. 1 2 0		✓	
Objective 3.10: Provide guidance to BOS on: 1) Vertical and horizontal integration of care delivery system to capture efficiencies of care; 2) Funding for services; 3) Integration of primary care, dental, and behavioral health services. 1 1 2			✓
Objective 3.11: Determine how best to include housing and social service integration in the community health assessment (CHA) process. 1 0 2			✓
Objective 3.12: Address cost reduction and/or containment. 0 0 0			✓

Attachment D
Strategic Plan Priorities

Goal 2: Advance the value of holistic integration of public health, primary care, behavioral health, and social support services	**YEAR 1**	**YEAR 2**	**YEAR 3**
Strategy 4: Identify key population health/SDOH issues and make recommendations to the BOS about them to advance holistic integration and population health			
Objective 4.0: Select 1 – 3 key population health/SDOH issues for collective impact **annually** and advance progress by advocating strategies that will result in greater population health (e.g., housing, education, mental and/or behavioral health). Selection of issues to be based on greatest need and impact. 4 0 0			
TOPICS SELECTED			
Housing (#1) 8	✓		
Access Health Care (#2) 7		✓	
Mental/Behavioral Health (#3) 6			✓
Access To Affordable, Healthy Food (#4) 3			
Note: May need to conduct both of the following objectives across all three years.			
Objective 4.1: For 1-3 key issues identified, solicit and examine: evidence-based practices, data, information, expert advice, community input, input from other advisory boards and health care provider coalitions, conduct site visits, and attend forums; report back to HSAB; then discuss and make informed recommendations to the BOS. 0 7 0	✓	✓	✓
Objective 4.2: Address additional population health/SDOH issues as the need arises and/or are brought to the attention of the HSAB by BOS, HHSA, or community. 0 7 0	✓	✓	✓
Goal 3: Solicit community input for the design of solutions	**YEAR 1**	**YEAR 2**	**YEAR 3**
Strategy 5: Solicit and utilize community, public and stakeholder input on key health issues to inform recommendations			
Note: May need to conduct across all three years.			
Objectives 5.0: Create and promote mechanisms and/or opportunities to solicit input from public, stakeholder and community (e.g., regional leadership teams), on minimum of 2 key issues per year with a focus on integration, access and quality. 6 1 1	✓		

Attachment D
Strategic Plan Priorities

Goal 3: Solicit community input for the design of solutions Strategy 5: Solicit and utilize community, public and stakeholder input on key health issues to inform recommendations	YEAR 1	YEAR 2	YEAR 3
Objectives 5.1: Conduct annual environmental scan of HHSA (and community priorities). 1 4 2		✓	
Objectives 5.2: Consider and discuss community input and forward recommendation to BOS on these issues. 1 1 2		✓	
Objectives 5.3: Summarize and provide next steps to community and BOS on community engagement. 0 2 5			✓
Goal 4: Monitor and provide advice for budget, legislative, policy and program changes. **Strategy 6: Identify and advise on key issues related to budget, legislative, policy, and program changes.**	**YEAR 1**	**YEAR 2**	**YEAR 3**
Note: May need to do all as need arises.			
Objectives 6.0: Provide BOS with advice on current and proposed <u>policy</u> issues and/or changes. 6 1 1	✓		
Objectives 6.1: Provide BOS with advice on current and proposed <u>legislation.</u> 4 1 0		✓	
Objectives 6.2: Provide BOS with advice on current and proposed <u>budgets</u> to address key issues (Strategy 5). 1 4 1		✓	
Objectives 6.3: Provide BOS with advice on current and proposed <u>program</u> changes. 1 2 2			✓

Attachment E

Public Health Officer's Report

Health and Human Services Agency
Health Services Advisory Board (HSAB)
Public Health Officer's Report
February 16, 2017 * 3-5PM * 1600 Pacific Highway, SD 92101

I. **Communicable Disease Issues**

A. **Infectious Disease Issues**

1. **Influenza – See handout**
2. **Zika Virus**
   - San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG)

Update through 2/10/17:

- **Total Zika Testing referrals to EPI Program for consultation of potential cases: 1099 cases (979 in January), with 892 cases ruled out for Zika.**
- **Confirmed Zika cases (all travel-associated): 82 (82 in January)**
- **Of these, 3 cases from San Diego are in the national Zika Pregnancy Registry**
- **Cases pending lab results or submission: 109 cases pending results.**
- **Travel associated cases:** American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (1), Central America (1), Columbia (2), Costa Rica (5), Dominican Republic (2), Grenada (1), Guatemala (3), Haiti (1), Jamaica (2), Kiribati (1), Mexico (29), Nicaragua (9), Puerto Rico (3), Saint. Lucia (1), Singapore (1),Trinidad (3), USVI (1), Venezuela (3), and sexual transmission from a traveler (1).
- Again, all reported cases are imported; 0 cases confirmed in pregnant women.
- There are now **25 (24 in February)** Mexican states with documented local Zika transmission, but documented outbreak in Sonora, but NOT in Baja California.
- CDC has created a US Zika Pregnancy Registry for local, state, and territorial health departments
- To date, none of the invasive Aedes species detected have tested 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/zika_virus.html
  - http://www.sandiegocounty.gov/deh/pests/vector_disease.html

II. **Board Actions**

A. Getting to Zero is planned for report back to the Board in June 2017, coinciding with National HIV Testing Day

B. Go back to the Board of Supervisors with LEUG on Eat Well Standards on Dec 13, 2016

III. **Public Health Issues**

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

1. Core Operational Group continuing to meet on 1st and 3rd Thursdays, as needed.
   - Exploring replication of Washington State Education Campaign with focus on best practices related to:
     - IT
     - Public Education and Outreach (public and physicians)
     - Surveillance and Case Management of Frequent Users
   - Transition of Care (TOC) module from First Watch has been procured by the County. Roll-out being planned.
   - Request presentation on HSAB Agenda in early 2017 (today)

IV. **Grants**

A. **Funded**

1. Tobacco program is anticipated to receive over $2.8 million from the state in FY17-18.
2. Additional Tobacco Funding $182K one time only; pending funding from recent legislation
3. 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. **AWARDED**

Attachment E

Public Health Officer's Report

4. **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
5. **Prevention (Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke):** funded to work in the City of San Diego geographic area
   - **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
   - **Summited Year 3 application and work plan on April 30th.**

V. Public Health Initiatives

A. Major Initiatives Updates and Highlight

1) Public Health Accreditation Board –
   a. Annual report due by June 30th
   b. Conducting strategic planning for implementation

2) Branch and Program Fact Sheets – pending

VI. Board Letters Forecast

March 14, 2017		
1. RHAP Augmentation Revenue	TB	Christine Murto
2. Contract for Software Partners	EISB	Karen Waters-Montijo
3. HIV/AIDS: Non-competitive HIV Primary Care Procurement	HSHB	Lauren Brookshire
March 21, 2017		
1. Accept funds from CDPH for Childhood Lead poisoning Prevention Program	EISB	Karen Waters-Montijo
2. Approval of TCRP Bridge Year and next 3-year contract cycle	MCFHS/Tobacco	Irene Linayao-Putman

1. Announcements

a. Personnel - 3 Key Positions
   i. TB, Chief – in interview process
   ii. EMS Chief – in interview process
   iii. Chief Nursing Officer – announcement will be posted soon

2. Site Visits

1/25/2017	Nutrition Education and Obesity Prevention (NEOP) programmatic site visit by Project Officer.	MCFHS - Tina Zenzola
1/31/ 2017 through 2/2/ 17	HRSA: Site visit of Ryan White Part A *(This is Part II of the site visit. Part I occurred on November 2-4 and November 14-17, 2016.)*	HSHB - Patrick Loose
2/1/ 2017 through 2/2/ 17	CDPH: Site visit of Ryan White Part B.	HSHB - Patrick Loose

Attachment E

Public Health Officer's Report

2/25/2017	Nutrition Education and Obesity Prevention (NEOP) programmatic site visit by Project Officer. Two visits are required each federal fiscal year. Project Officer will observe a nutrition education class at Mt. Miguel High School in Spring Valley and visit a Healthy Retail site, Monze Farmer's Market, in La Mesa.	MCFHS - Tina Zenzola

3. **Legislation**
   a. **Tobacco Leg**
   California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) was passed in November2016. It raises the state's tobacco tax by $2 per pack (from $0.87 to $2.87) and directs this funding to tobacco prevention, cures and strengthening a health care system strained by tobacco-related disease. In addition to the $2 per pack tobacco tax on all tobacco products, programs that have received funding via Proposition 99 and Proposition 10 would receive corresponding backfill. Furthermore, this initiative not only includes electronic cigarettes, but corrects previous definitions, to ensure that all tobacco products (e.g., snus) are captured in the State's Other Tobacco Product (OTP) definition and taxed at a rate equivalent to the cigarette tax. Anticipated increased net state revenue of $1 billion to $1.4 billion in 2017-18, with potentially lower annual revenues over time.

4. **HSAB Annual Report – HSAB Chair's Report**

5. **Suggested Future Agenda Items**
   a. Prevention Grant
   b. HIV/AIDS Task Force Recommendations – Getting to Zero
   c. Eat Well Standards

Submitted by Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, February 16, 2017

Attachment F

HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO –MARCH 2017

HEALTHY SAN DIEGO (HSD)

Enrollment
Please see below for January 2017 data.

Managed Care	January 2017
HSD Enrollment	720,885
State Default Rate*	36.2%
San Diego Default Rate*	40.7%

*Data provided by the Department of Health Services' Health Care Options Section (HCO) via COPS-11 Monthly Enrollment summary report.

COUNTY MEDICAL SERVICES (CMS)

Enrollment	January 2016	January 2017
CMS	85	61

Current CMS materials are available on the CMS website.

BOARD LETTERS

N/A