



# County of San Diego

## HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, April 20, 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/Cmtly Paul Hegyi Seat 13/Cmtly Henry Tuttle Seat 16/Cmtly Leonard Kornreich	Seat 1/Dist 1 (vacant) Seat 4/Dist 2 (vacant) Seat 5/Dist 3 (vacant) Seat 6/Dist 3 Elly Garner Seat 9/Dist 5 (vacant) Seat 10/Dist 5 (vacant) Seat 12/Cmtly Dimitrios Alexiou Seat 14/Cmtly Greg Knoll Seat 15/Cmtly Phillip Deming Seat 17/Cmtly (vacant)	Dr. Thomas Coleman, Chief Maternal, Child, Family Health Services, PHS  Mark Sellers, Interim Director Aging & Independence Services (AIS)  Dr. Nick Yphantides Chief Medical Officer; Director, Medical Care Services Division  Dr. Winston Tilghman Senior Physician, HIV, STD, Hepatitis Branch, PHS	Dr. Sayone Thihalolipavan Deputy Public Health Officer, PHS  Saman Yaghmaee Deputy Director, PHS  Victoria Ollier, Secretary PHS Administration  Kay Collier, Secretary HHSA Nursing Administration, MCSD

Minutes	Lead	Follow-up Actions	Due
4/20/17	Saman Yaghmaee	Send out an update on Board vacancies to members.	5/18/17
4/20/17	Saman Yaghmaee	Obtain a location map of San Diego syphilis cases from Dr. Winston Tilghman to send out to Board members to assist in their efforts to educate the community.	5/18/17
4/20/17	Sayone Thihalolipavan	Inform the board regarding level of opioid deaths in San Diego County.	5/18/17

Agenda Item	Discussion
1. Welcome & Introduction	<p>James Lepanto called the meeting to order. He explained that the 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.</p> <p>Mr. Lepanto welcomed the audience, which included CCS leaders and prospective board members:</p> <ul style="list-style-type: none"> <li>• Dr. Toluwalase Ajayi, UCSD Pediatrics; Health Services Advisory Board Alternate, District 4</li> <li>• LaVonna Connelly, Social Worker, Consulting for Community Excellence; Connelly Gardens, Ramona</li> <li>• Dr. Andres Smith, Medical Director, Sharp Chula Vista Emergency Services and Sharp HealthCare Global Patient Services; Board Chairman, Red Cross, Tijuana (Cruz Roja Mexicana)</li> </ul>
2. Public Comment	No public comment.
3. Action Items	<p>A. Approval of March 16, 2017 meeting Minutes</p> <p>Judith Shaplin motioned to approve; Leonard Kornreich seconded. All voted Aye except Henry Tuttle, who abstained because he had not attended the March meeting.</p>

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>B. Approval of Board Letters</p> <p>1) Certification Statements for Child Health and Disability Prevention (CHDP) and California Children Services (CCS) Programs</p> <p>Presenter: Dr. Thomas Coleman, Chief, Maternal, Child, Family Health Services (MCFHS)</p> <p>This Board Letter will be presented to the Board of Supervisors on 6/20/17, requesting approval of Certification Statements attesting to CHDP and CCS program adherence to the California Department of Health Care Children's Medical Services (CMS) plan and fiscal guidelines. This is a requirement of the CMS annual application process for program continuance of long-standing CHDP and CCS services to children. There is no fiscal impact associated with this proposed action, but failure to approve the Certification Statements would result in a loss of \$14,365,666 in State funding for these two programs in Fiscal Year 2017/18.</p> <p><u>Approval</u></p> <p>Dr. Leonard Kornreich motioned to approve HSAB support of this Board Letter; Judith Shaplin seconded. All voted Aye.</p> <p><u>Background</u></p> <p>a. CCS serves over 13,000 clients from birth to 21 years who have eligible medical conditions and whose families meet the financial criteria. Diagnosis and treatment are free at school-based Medical Therapy Units across the county. CCS case management involves social workers, medical consultants, and therapy consultants.</p> <p>The Medical Therapy Program serves persons under age 21 who have eligible medical conditions, but there is no financial eligibility requirement outside of specialized equipment. MTP staff participate as CCS liaisons at Rady specialty clinics.</p> <p>CCS challenges: (1) retaining qualified staff, leveraging resources with external partners; (2) transitioning clients to care outside of the program at age 21.</p> <p>b. CDHP programs are California's compliance with the EPSDT child health component of Medicaid (Early and Periodic Screening, Diagnostic and Treatment), which federally regulates that children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits provided by states.</p> <p>Three programs fall under the MCFHS branch CHDP Program under the leadership of Rhonda Freeman: CHDP, Oral Health, and the Health Care Program for Children in Foster Care.</p> <p>CHDP gave training to over 250 health care professionals on audio/vision screening, provided teeth sealant for hundreds of children, ensured numbers of foster care children were above state recommended compliance goals of 90% for dental and medical exams during first 2 months of placement, coordinated care with over 200 providers (out of 640 at 150 sites), provided care coordination to 25,000 children, and processed over 200,000 Confidential Screening/ Billing Report claim forms (PM 160) of primary care providers for Medi-Cal reimbursement.</p> <p>CHDP challenges: (1) future direction in consideration of possible state budgetary changes, looking for new funding; (2) retaining County resources; (3) barriers of a paper-based system, transitioning to State electronic system.</p>

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>B. Approval of Board Letters</p> <p>1) Certification Statements for CHDP and CCS Programs (continued)</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>a. Ester O’Conner, CCS Chief, will be retiring on July 7. She was in attendance, so the Board was able to thank her for her years of service.</li> <li>b. The CCS video shown to the Board in conjunction with Dr. Coleman’s presentation was helpful in putting a face to the program.</li> <li>c. The first CCS Transition Planning Symposium was held successfully last year to assist families in seeking multiple services outside of the program when their children reach age 21.</li> <li>d. A tremendous amount of work went into raising foster child compliance to 96% for medical exams, and 90% for dental exams, at the request of HSAB in 2015 to improve compliance.</li> <li>e. The County is working collaboratively with Managed Care companies in San Diego that want their providers enrolled in CDHP. Healthy San Diego facilitates collaboration of information, but does not have an oversight role.</li> <li>f. The CDPH Program conducts provider facility reviews, but they could not conduct these if Managed Care was also conducting site visits for their own providers.</li> <li>g. The State is preparing for the CCS whole child model and is piloting programs in counties that only have one Managed Care presence, with the goal of improving performance outcome measures, concentrating on key diagnoses. This does not apply to San Diego County, which has 7 Managed Care health plans.</li> <li>h. CCS has an MOA with Rady Children’s Hospital for a Rady pilot with CCS and the State that will begin in 2018.</li> </ul>
<p>4. Updates/ Presentations/ Follow-up Action Items</p>	<p>A. Medical Care Services Division (MCSD)</p> <p>Presenter: Dr. Nick Yphantides, Chief Medical Officer, MCSD Director</p> <p>1) Organization</p> <p>Formation of the new Medical Care Services Division is the second change, after incorporation of the housing component into the Agency, which models the integration that HHSA is promoting in the community. Under MCSD will be the Child Health Medical Officer, Chief Dental Officer, Chief Nursing Officer, and Emergency Medical Services Medical Director and Administrator, who will now be able to broaden their spheres of expertise and influence for collaboration, quality assurance, and innovation across the Agency and in community engagement. Additionally, pilots could explore the possibility of whether services could be incorporated into local health plans, strengthening relationships and looking at services from an enterprise process perspective.</p> <p>2) Emergency Medical Services</p> <ul style="list-style-type: none"> <li>a. Dr. Kristi Koenig has been hired as Medical Director. She comes to EMS from Orange County and is well published nationwide. Andy Parr accepted the EMS Administrator position. He has over 30 years in the field of fire service and was Chief of Lakeside Fire District before joining the County.</li> <li>b. Controversial legislation is in progress that proposes to increase the scope of paramedics from transportation to community paramedicine, a part of the healthcare delivery system continuum.</li> </ul>

Agenda Item	Discussion
<p>4. Updates/ Presentations/ Follow-up Action Items (continued)</p>	<p>A. Medical Care Services Division (MCSD)</p> <p>2) Emergency Medical Services (continued)</p> <p>This legislation would allow discretion to transport patients to facilities other than hospitals and increase scope of practice, with consideration of case management, palliative care, and nursing.</p> <p>c. Currently, EMS is piloting the Transfer of Care module of FirstWatch, a web based visualization tool that will help quantify offloading at hospitals to improve transportation services. James Lepanto expressed continuing HSAB interest in this effort and the results of the pilot.</p> <p>B. Aging and Independence Services (AIS) – Mark Seller, Acting Director</p> <p>1) AIS Division director positions</p> <p>As Assistant Director of AIS, Mark Sellers stepped into the vacant leader’s position as Acting Director in January 2017.</p> <p>Formerly, the AIS Director also served as Public Administrator, Public Guardian and Public Conservator. A change is being made to create 2 separate director positions. These positions are now posted:</p> <p>a. Aging and Adult Services Director</p> <p>b. Public Administrator/Public Guardian/Public Conservator</p> <p>The new, separate Public Administrator, Public Guardian, and Public Conservator will oversee the three units, but reporting status is still being worked out. It’s possible that the new director of this branch will report directly to Nick Macchione, but have some relationship and connection to the Aging and Adult Services Director.</p> <p>These changes in leadership are a result of Councilwoman Dianne Jacob’s focus on issues of aging over at least the past 3 years, as supported by the entire Board of Supervisors.</p> <p>2) Cancellation of CCI/ Retention of IHSS</p> <p>The Coordinated Care Initiative (CCI) is going away, which members of the Board feel is unfortunate. It was a vision for Medi-Cal eligible recipients of long-term support services, such as In-Home Supportive Services (IHSS), to have these and any medical or behavioral health services managed under one plan, their respective health plans.</p> <p>A special part of CCI was Cal-MediConnect, so that those individuals with dual eligibility in Medi-Cal and Medicare could have the opportunity to participate in this same project, and essentially allow for the Medicare portion of their services to be coordinated through their Medi-Cal managed care group, which provided that critical link and coordination of all services, and even the provision of a single record.</p> <p>Unfortunately, only a small percentage of the 57,000 eligible individuals in San Diego County chose to participate in Cal-MediConnect, which was a pattern across the State. From a financial perspective, the State felt it was not feasible to continue the CCI pilot program.</p> <p>It was anticipated that there would be a year-long transition back to the way services were handled before the CCI, but that hasn’t happened. The State is still allowing for provisions under the Cal-MediConnect portion of CCI, and it is uncertain what will result under the governor’s revisions. It is known that the Multipurpose Senior Services Program (MSSP) will continue to be coordinated under Managed Care plans through 2020. For the 550 individuals in this program, the County will partner with their health care plans to coordinate their health care.</p>

Agenda Item	Discussion
<p>4. Updates/ Presentations/ Follow-up Action Items (continued)</p>	<p>B. Aging and Independence Services</p> <p>2) Cancellation of CCI/ Retention of IHSS (continued)</p> <p>Cancellation of CCI has great impact on the In-Home Supportive Services (IHSS). Since it is a Medi-Cal based program, it will not go away. The 28,000 individuals now receiving IHSS will see no difference. It will no longer be under managed care plans as of July 1, however, so the concern is that data sharing with health plans will also end with CCI, and there will be an adjustment with their members who are receiving County-run IHSS.</p> <p>The back story is that In January 2017, when the governor cut CCI, it triggered reversion of the “Maintenance of Effort (MOE)” clause, causing a loss of funding to IHSS. IHSS had fallen under the CCI pilot as part of its goal to move clients out of institutional care and into their homes. On July 1, 2017, when the State reverts back to a 17.5% cost share, the County will be liable for a total of \$75-78 million in local funding for IHSS. Nearly one-third (\$20-25 million) of that total had previously been covered by CCI. Andy Pease, County Financial Officer, is working with the State to find a solution to make up for this shortfall.</p> <p>The Board was relieved to hear that IHSS will continue without disruption. They brought up the serious misconception among the community that when CCI ends on July 1, IHSS will end with it.</p> <p>Mark Sellers will bring this messaging problem in front of the CCI Advisory Committee that HSAB member Greg Knoll chairs, in an effort to end the confusion caused by these rumors.</p> <p>C. Syphilis Cases in San Diego County</p> <p>Update: Dr. Winston Tilghman, Senior Physician, HSAB, Public Health Services</p> <p>Dr. Tilghman thanked Judith Shaplin and the Board for their interest in syphilis, and for inviting him to provide an update regarding the rise in cases during the past several years. See “Syphilis Fact Sheet – San Diego County,” <b>Attachment A, pages 9-10.</b></p> <p>Dr. Tilghman explained to the Board that testing is key to lowering rates of syphilis, which should be the message to the community and providers. Advocate for frequent testing—every 3 months for male same sex clients. Providers should also screen for STDs with patients, which is not consistently being done.</p> <p>In the 1940s, rates of syphilis were high, but once penicillin became available, cases decreased greatly. Syphilis rates increased with the HIV epidemic in the 1980s, but it was so low in the 1990s that there was hope it could be eliminated altogether. Currently, San Diego is above the national average with increases beginning in 2003.</p> <p>2015 – 290 cases of syphilis 2016 – 521 cases of syphilis (80% increase)</p> <p>The vast majority of cases in this resurgence are with men having sex with men (MSM), three times higher for African American males than white males. Half of MSM syphilis cases are co-infected with HIV, which has remained consistent over the years.</p> <p>In 2015, there were 15 cases of syphilis per 100,000 of the population. This is low compared to chlamydia, but syphilis is a more dangerous STD.</p> <p>PrEP can now be used with HIV to eliminate the epidemic, but there is no pill solution for syphilis, which is making it more difficult for STD control and prevention. Syphilis can be viewed in 3 stages over time, with the first stage easiest to treat. For this reason, community education is vital to catch it early. Congenital syphilis is not on the rise, but one case is too many with a mother passing syphilis to the unborn child, so when STD Controls hears of it, investigations are conducted and partners treated.</p>

Agenda Item	Discussion
<p>4. Updates/ Presentations/ Follow-up Action Items (continued)</p> <p>ACTION:</p>	<p>C. Syphilis Cases in San Diego County (continued)</p> <p>To assist in educating the community, the board asked if they could find out where cases are located within the County and the associated ethnicities. On the HIV, STD, Hepatitis branch website there are existing reports and information about requesting data. When requests are received, epidemiologists will pull specific numbers. Phone or e-mail your requests:</p> <ul style="list-style-type: none"> <li>• E-mail: <a href="mailto:std@sdcounty.ca.gov">std@sdcounty.ca.gov</a></li> <li>• Phone: (619) 293-4700</li> <li>• Web reports: <a href="http://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/">http://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/</a></li> </ul> <p>At James Lepanto's request, Dr. Tilghman will send a case map by zip code to Saman Yaghmaee to distribute to the Board; however, since most cases are clustered in Central San Diego and some cases cannot be reported, it may be difficult to utilize this map.</p> <p>The County recently received funding to provide outreach to the community. HSHB will form focus groups to determine the best approach to community education. Dr. Tilghman was asked by James Lepanto to return to the board in 3-4 months to give an update on what was discovered and what strategies could be devised to address the problem of rising syphilis cases.</p> <p>The HIV Strategic Plan was supported largely by community resources, but STDs don't have that same level of support, so Dr. Thihalolipavan thanked the Board for their interest.</p> <p>For syphilis fact sheets, please see the Centers for Disease Control and Prevention website: <a href="https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm">https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm</a></p>
<p>5. Chair's Report</p> <p>ACTION:</p>	<p>A. Board Retreat, June 3, 2017</p> <p>A retreat has been planned for June 3. The goal is for new Board members to attend, with all vacancies filled. The RFP has been posted for a facilitator and interviews will be conducted soon.</p> <p>It is requested the Board members hold the June 3 date. A survey will be sent out to determine topics/focus, in addition to an evaluation form of progress to date. It is important that progress be data driven. In advance of the retreat, a report will sent out of progress toward priorities since January, and this will also be posted on the May meeting agenda.</p> <p>B. Vacancies</p> <p>Seat 6, District 3 has been filled by Elly Garner, Director of Government Affairs, Palomar Health. James Lepanto requested that Saman Yaghmaee send out an update on vacancies.</p> <p>C. Board Meeting Location and Public Participation</p> <p>HSAB will meet in the Coronado Room of the Rosecrans Health Services Complex at least through July. A flier was created to advertise meetings (see <b>Attachment B, page 11</b>).</p>
<p>6. Informational Items</p>	<p>A. Committee Reports</p> <p>Committee work is hampered by Board vacancies. James Lepanto will give a comprehensive committees report at the June 3 retreat.</p> <p>1) Health Legislation</p> <p>Henry Tuttle distributed several legislative handouts from his two week trip to Washington, D.C. These fact sheets were from the National Association of Community Health Centers, California Health Plus Advocates, and Health Center Partners of Southern California, which included information about Senate Bills 323 and 456, ACA talking points, and calls for congressional action. He will be traveling to Sacramento next.</p> <p>Mr. Tuttle emphasized that it is important to make sure people understand the changes being proposed at the federal level that will impact their healthcare.</p>

Agenda Item	Discussion
<p>6. Informational Items</p> <p>(continued)</p>	<p>A. Committee Reports</p> <p>1) Health Legislation (continued)</p> <p>Dr. Kyle Edmonds concurred by stressing the importance of keeping the Board current, bringing people in to speak. Changes to the ACA and health access will necessarily be an important part of the HSAB Strategic Plan. State Senator Toni Atkins co-sponsored Bill 562 which is progressing to explore a single-payer health care plan in which the State would cover medical expenses for everyone in California.</p> <p>2) Annual Report</p> <p>Public Health Services is assisting in pulling items for the Annual Report of accomplishments in the past year and areas of expressed interest, so that it can be of value to Supervisors.</p>
<p>7. Public Health Officer's Report</p> <p>Action:</p>	<p>Dr. Sayone Thihalolipavan reintroduced himself to the board. For more than a year, he has worked in Emergency Management Services (EMS) following the departures of Dr. Bruce Haynes, Medical Director, and Marcy Metz, Chief. He has currently been working closely with Dr. Nick Yphantides to transition EMS from Public Health Services to the new Medical Care Services Division.</p> <p>Dr. Thihalolipavan reviewed items in red text on the Public Health Officer's Report (see <b>Attachment C, pages 12-14</b>).</p> <p>The most current week's "Influenza Watch" can be found online at this web address: <a href="http://www.sandiegocounty.gov/hhsa/programs/phs/documents/InfluenzaWatch.pdf">http://www.sandiegocounty.gov/hhsa/programs/phs/documents/InfluenzaWatch.pdf</a></p> <p>For the handout outlining 5 infectious outbreaks in 2017 in San Diego, see <b>Attachment D, page 15</b>.</p> <p>Dr. Thihalolipavan expanded on the following topics included on the Public Health Officer's Report:</p> <p>A. Zika</p> <p>An internal Zika tabletop is scheduled for tomorrow, April 21, which will test County reaction to certain scenarios. One scenario will be discovery of a locally transmitted case. To date, all Zika infections have originated from travel outside of San Diego, but it may only be a matter of time.</p> <p>B. Hepatitis A</p> <p>The recent Hepatitis A outbreak is the largest in the nation next to Detroit. Two people died. Mass vaccinations were given to over 275 people in 2 days at St. Vincent De Paul's homeless shelter and at a church in El Cajon. A flier was developed to educate the public, and is being translated into the 5 threshold languages (see <b>Attachment E, page16</b>).</p> <p>C. Naloxone</p> <p>Dr. Thihalolipavan serves on the Prescription Drug Abuse Task Force, which is currently focusing on East County. Interest is currently on Naloxone, FDA approved for emergency treatment of known or suspected opiod overdose, which works by reviving a user's respiratory function. Sheriff's deputies have been piloting Naloxone and have averted 40 deaths since 2014.</p> <p>Nationwide, opiod overdoses are on the rise, particularly with heroin use. There have been approximately 200 opiod deaths in San Diego this year. Next month, Dr. Thihalolipavan will let the board know if opiod deaths have increased in the County.</p> <p>All California counties will be receiving Naloxone nasal spray via grant. Since law enforcement and EMS already use Naloxone, San Diego HHSA will send out an e-mail blast to the community to ask who is interested in this one-time supply. Programs who receive the nasal spray must comply with certain conditions, such as having a system for storage, training staff, and reporting back to HHSA.</p> <p>Henry Tuttle expressed interest in helping Dr. Thihalolipavan distribute the Naloxone nasal spray.</p>

Agenda Item	Discussion
8. Agenda Items for Future Meetings	MAY - Suicide Prevention JUNE - <i>Live Well</i> Communities JULY - Follow-up presentation on <i>Eat Well</i> Standards
9. Adjournment	This meeting was adjourned at 5:00 PM.  Next meeting: May 18, 2017
10. Supplemental Information	A. Aging and Independence Services Update [See <b>Attachment F, pages 17-19</b> ] B. Eligibility Operations February 2017 Report [See <b>Attachment G, page 20</b> ]



ATTACHMENT A



## County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

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WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

### SYPHILIS FACT SHEET – SAN DIEGO COUNTY

#### What is syphilis?

- Syphilis is a sexually transmitted bacterial infection that, untreated, can lead to complications such as blindness, neurologic impairment, and heart disease. It also increases the risk of getting HIV infection. As such, the medical community is required to report cases to public health.
- Syphilis can also be transmitted from an infected mother to her unborn baby, resulting in low birth weight, stillbirth (i.e., delivery of a dead fetus), and birth defects. This is known as congenital syphilis.
- Syphilis has separate stages (primary, secondary, latent, and tertiary) in which primary and secondary (P&S) syphilis are the most infectious stages of syphilis.

#### How many cases occur in San Diego County? Is it increasing or decreasing?

- In 2015, a total of 490 cases of primary and secondary (P&S) syphilis were reported to the public health department. Cases of P&S syphilis have increased by **1,715% from 27 since 2000** and **77% from 277 since 2010**.
- The rate of P&S syphilis was 15.2 cases per 100,000 in the population in 2015. The rate of P&S syphilis has increased by **1,420% from 1 case per 100,000 since 2000** and **71% from 8.9 cases per 100,000 since 2010**.
- The number of congenital syphilis cases in California increased more than fourfold from 2012 to 2015, with highest rates in the San Joaquin Valley and Los Angeles County. Although such increases have not been observed in San Diego County, local disease investigators prioritize pregnant women with syphilis and, when possible, ensure that they receive timely treatment to prevent congenital syphilis.

#### Who does syphilis impact?

- Syphilis has a disproportionate impact on:
  - Gay, bisexual, and other men who have sex with men (MSM), who accounted for 87% of P&S syphilis cases in 2015.
  - Men of color, including Black and Hispanic men. In 2015, the P&S syphilis rate among Black men was more than twice the rate among White men (60.6 vs. 24.0 cases per 100,000).

## ATTACHMENT A

### SYPHILIS FACT SHEET – SAN DIEGO COUNTY

#### What role does the County play in addressing syphilis?

- The HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services verifies appropriate staging and treatment of all reported syphilis cases, and HSHB disease investigators work with high-priority cases and their sexual partners to control the spread of infection. The STD Controller provides expert consultation to local providers who treat syphilis, and HSHB operates four public sexually transmitted disease (STD) clinics that provide rapid testing and treatment for people infected with or exposed to syphilis.
- HSHB disease investigators previously investigated all cases of primary, secondary, and early latent syphilis cases in order to prevent onward spread of infection. This included identifying partners who were exposed to syphilis, confidentially notifying them of exposure, and linking them to testing and preventive treatment. Funding and staffing levels for STD prevention have not increased to keep up with disease burden in San Diego County. Due to these limitations, HSHB disease investigators no longer investigate non-pregnant early latent syphilis cases, although they could potentially transmit syphilis to sexual partners.
- In 2015, 39% of P&S syphilis cases were reported from County of San Diego STD clinics. Since 2005, twelve STD clinics in California have closed, and four re-opened by 2014 (source: California Department of Public Health STD Control Branch).

#### Medication challenges

- In April 2016, the U.S. Food and Drug Administration declared a nationwide shortage of Bicillin® L-A, which is the most effective treatment for most stages of syphilis and the only recommended treatment for pregnant women with syphilis. This shortage, which is due to a manufacturing delay, has affected several healthcare facilities in San Diego County and is not expected to resolve until the last quarter of 2017.

#### Summary

- Increasing syphilis morbidity, limited resources for STD prevention and control, and limitations in supply of the most effective syphilis treatment present major challenges to containing the epidemic in San Diego County, California, and the nation as a whole.

ATTACHMENT B



# HEALTH SERVICES ADVISORY BOARD

County of San Diego  
Health & Human Services Agency



Invites you to attend  
the

## HEALTH SERVICES ADVISORY BOARD (HSAB)

A citizens advisory board on public health, as required by County Charter

Monthly Meetings  
on

3rd Thursday of each month  
3:00 -5:00 pm.  
at

3851 Rosecrans Street  
San Diego, CA 92110

### 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 and timely advice to advance an integrated health and wellness system, where everyone has access to affordable, comprehensive and quality care.

### DUTIES & RESPONSIBILITIES :

- Make recommendations on new policies and programs.
- Review HHSA budget.
- Examine variables which impact access to health care and develop an integrated set of recommendations aimed at an improved health-care delivery system.
- Review legislation and make recommendations to the Board of Supervisors and HHSA Director.
- Solicit and provide a forum for public input, advice and proposed solutions.
- Assist HHSA Director in assessing community issues which could result in a fiscal impact on County government and make recommendations regarding such impacts.

**CONTACT FOR MORE INFORMATION:** Public Health Services Division, Administration, 619-542-4141



ATTACHMENT C



Health and Human Services Agency Health  
Services Advisory Board (HSAB) Public  
Health Officer's Report  
April 20, 2017 \* 3-5PM \* 3851 Rosecrans Street, SD 92110

I. Communicable Disease Issues

A. Infectious Disease Issues *See handout*

1. Influenza - waning, but still widespread. *See handout*

2. Zika Virus (As of 4/14/17)

- Total Zika Testing referrals to EPI Program for consultation of potential cases: **1,375 cases**
- Ruled out: **1,148 cases**
- Confirmed Zika cases (all travel-associated): **88**
- Cases pending lab results or submission: **123**
- Travel associated cases: American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (3), Columbia (2), Costa Rica (5), Dominican Republic (2), Grenada (3), Guatemala (3), Haiti (1), Indonesia (1), Jamaica (2), Kiribati (1), Latin America (4), **Mexico (32)**, Nicaragua (9), Philippines (1), Puerto Rico (4), Saint Lucia (1), Senegal (1), Singapore (1), Trinidad (3), USVI (1), Venezuela (3), and sexual transmission from a traveler (2).
- Again, all reported cases are imported; 7 cases confirmed in pregnant women.
- There are now 25 (25 in March) Mexican states with documented local Zika transmission. The first case in Baja California has been documented in Ensenada, approximately 80 miles from the San Diego County border.
- 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\\_irus.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zika_irus.html)
- [http://www.sandiegocounty.gov/deh/pests/vector\\_disease.html](http://www.sandiegocounty.gov/deh/pests/vector_disease.html)
- San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG)

3. Hepatitis A

- Homeless population and illicit drug-using individuals.
- 55 cases as of 4/19/17 (20 on March 14<sup>th</sup>)
- Conducting outreach to homeless facilities
- CAHAN issued 3/10

4. Measles Case

- 53 y.o. female who traveled out of country 2/23 – 3/8
- International flights on 3/6 & 3/8
- Symptoms developed 3/8; seen at Scripps Health
- One secondary case (Contacts incubation period ends April 20)

5. Shigellosis

- Shigella flexneri serotype 7 cluster
- April 2016 to Feb 2017 (6 since Dec 2016)
- 9 San Diego cases (2 from other jurisdictions)
- Disproportionately affect self-identified MSM

6. Bi-Cillin L-A Shortage

- Nationwide shortage. Prioritize to pregnant women infected with or exposed to syphilis must receive Bicillin® L-A

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

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 when???

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 (conducted Feb 16th)
  - B. Will be transitioned to the Medical Care Services Division.

IV. Grants

- A. New Applications
  - 1. **Request for Application: Strategic HIV Prevention Projects, funded by the state. \$2.85 million annually will be awarded to up to four HIV prevention projects to reach individuals at high risk for HIV infection and enhance their engagement with HIV care and prevention. Application Submitted on April 17, 2017.**
  - 2. **Naloxone Proposal: to participate in a naloxone distribution effort. Application is due May 1<sup>st</sup>.**
- B. Funded
  - 1. **STD Funding:** The CDPH STD Control Branch (STDCB) received a \$5 million one-time increase in funding spendable in FY16-17, FY17-18, and FY18-19. Recently received \$427,649 of that amount.
  - 2. **Tobacco Control Program**
    - Tobacco program is anticipated to receive over \$2.8 million from the state in FY17-18.
    - 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**
  - 4. **SNAP-ED (Also known as NEOP (Nutrition, Exercise and Obesity Prevention):**
    - 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 & 2:
      - 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
    - Submitted Year 3 application and work plan on April 30<sup>th</sup>

V. Public Health Initiatives

- A. Major initiative updates and highlight
  - 3. Public Health Accreditation Board –
    - a. Annual report due by June 30<sup>th</sup>; would like to present to HSAB meeting on June 15, 2017.
    - b. Conducting strategic planning for implementation
  - 4. Branch and Program Fact Sheets – completed by July 2016; will provide to board members on flash drive.



# **ATTACHMENT C** **Public Health Officer's Report**

## **VI. Board Letter Forecast**

### **April 25, 2017**

1. Single Source procurement with Software Partners, LLC. for the San Diego Immunization Registry (SDIR) (presented to HSAB on 11/17/16)	EISB	Mary Cahill
2. Single Source procurement with Abbott Laboratories for Public Health Lab test kits (presented to HSAB on 3/6/2017)	EISB	Kristine Chavez

### **June 20, 2017**

1. MAA/TCM Provider Participation Agreement (scheduled for HSAB on 5/18/17)	MAA/TCM	Janice DiCroce
2. School-based Medi-Cal Administrative Activities Revenue Agreement (scheduled for HSAB on 5/18/17)	MAA/TCM	Janice DiCroce
3. FY 17/18 Certification Statements for CHDP & CCS Programs (scheduled for HSAB on 4/20/17)	CCS	Dr. Coleman

### **June 27, 2017**

1. HIV/AIDS Revenue Agreement and Single Source Procurement (scheduled for HSAB on 5/18/17)	HSAB	Lauren Brookshire
2. FY 17/18 accept \$2.8 million in Tobacco funding and authorize contracts (scheduled for HSAB on 6/15/17)	MCFHS	Wilfredo Perez

### **July 18, 2017**

1. Single Source procurement with Project Concern International (PCI) for binational border outreach for TB control (scheduled for HSAB on 6/15/17)	TB	Venus Zayas
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## **VII. Announcements**

### **A. Personnel - 4 Key Positions**

1. CCS Chief – current Chief will retire on 7/7/17
2. TB, Chief – Candidate Selected: Dr. Susannah Graves, starts on 4/28/17
3. EMS Chief – Andy Parr appointed
4. Chief Nursing Officer – announcement will be posted soon

## **VIII. Site Visits**

2/28/17	Desk Audit only. No site visit. The California Department of Public Health, Nutrition Education and Obesity Prevention Branch will conduct FFY17 First Quarter Invoice Desk Review. MCFHS will receive a notification and instructions from CDPH after FFY 17 SNAP-Ed's first quarter (Oct 2016 to Dec 2016) invoice is received by State.	N/A – Desk Review
Summer 2017	MCFHS, Prevention Grant	CDC
9/27/17	The State CCS Facility Site review of UCSD Neonatal Intensive Care Unit (NICU) and the Neonatal Surgery program was completed last December 15, 2016. The letter has been issued that granted Conditional Approval as a CCS Program-approved Regional Neonatal Intensive Care Unit and Neonatal Surgery Program to the University of California, San Diego Medical Center. There are some items they must address before they get full approval. A response by UCSD is required on or before 9/27/17	N/A

## **IX. Legislation**

### **A. Tobacco Leg**

California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) was passed in November 2016. 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.

- HSAB Annual Report - HSAB Chair's Report (Summary of 2016 monthly minutes provided.)

## **X. Suggested Future Agenda Items**

- A. Prevention Grant
- B. HIV/AIDS Task Force Recommendations - Getting to Zero
- C. Eat Well Standards
- D. Summary of PHAB 2017 Accreditation Annual Report

Submitted by Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, April 20, 2017



ATTACHMENT D

# Bugs and Viruses



Measles

**Background: As of 3/30/17**

- 53 y.o. female who traveled out of country 2/23 – 3/8
- International flights on 3/6 & 3/8.
- Symptoms developed 3/8; seen at Scripps Health
- One 2<sup>o</sup> case (Contacts incubation period ends April 20)

**PH Actions Taken:**

- Surge capacity to conduct Contact Investigation
- 510 contact referred; 86 quarantined (3 'til 4/14)
- 85 blood drawn, 16 received PEP, CAHAN issued
- PHCs provided vaccines; PHL tested specimens



Mumps

**Background:**

- 6 cases to date in 2017
- 1 index case, with 1 secondary case
- Incubation period ends April 15
- Currently no "new" suspect cases

**PH Actions Taken:**

- Surge capacity to conduct Contact Investigation



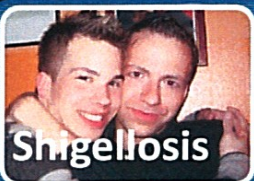
Hepatitis A

**Background: As of 4/11/17**

- 47 cases to date, 40 hospitalizations, 2 deaths
- November 2016 to April 10, 2017
- 30 documented homeless; 33 illicit drug users
- 9 cases connected to St. Vincent DePaul; 2 case in jail

**PH Actions Taken:**

- Surge capacity to conduct Contact Investigation
- Conducted 2 PODS at SVDP; 275 vaccinations given
- 129 vaccinated at Bailey Detention facility
- 109 identified at Central Jail



Shigellosis

**Background: As of 3/30/17**

- Shigella flexneri serotype 7 cluster
- April 2016 to Feb 2017 (6 since Dec 2016)
- 9 San Diego cases (2 from other jurisdictions)
- Disproportionately affect self-identified MSM

**PH Actions Taken:**

- Press release issued
- CAHAN issued to providers
- Targeted communication with LGBT media
- Outreach via social media; generate fact sheets



Zika Virus

**Background: Travel-Associated Cases as of 4/7/17**

- Total Zika testing referrals to Epi Program: 1,339
- Cases ruled out for Zika: 1,128
- Confirmed/Probable Zika cases: 87
- Confirmed cases in pregnant women: 7/ 1 congenital

**PH Actions Taken:**

- Conducted surge capacity to manage referral calls
- Secured federal funding for Epi Program and PHL
- PHL testing for Zika



ATTACHMENT E

# HEPATITIS A VIRUS INFECTION

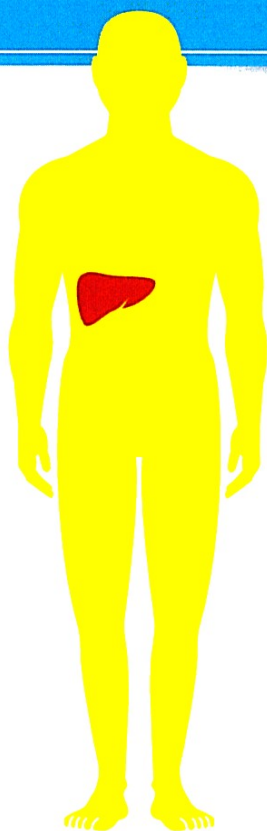


## Why Should You Care About Hepatitis A?

If a person has an infection with the Hepatitis A virus, it can easily spread from person-to-person and cause liver disease lasting a few weeks to a serious illness lasting many months. In some cases, people can die because of Hepatitis A.

## How Does Hepatitis A Spread?

- Touching objects or eating food that someone with Hepatitis A infection handled
- Having sex with someone who has a Hepatitis A infection



## What Are the Symptoms of Hepatitis A?



Fever



Fatigue



Nausea



Loss of appetite



Jaundice  
(yellowing of the  
skin or eyes)



Stomach  
pain



Vomiting



Dark urine,  
pale stools, and  
diarrhea

If you think you have Hepatitis A because of these symptoms, see your doctor or visit the closest Emergency Room. Always wash your hands with soap and water after going to the bathroom and before preparing food.

## How Can You Prevent Hepatitis A?

- Get two shots of the Hepatitis A vaccine
- Don't have sex with someone who has Hepatitis A infection
- Use your own towels, toothbrushes, and eating utensils
- Don't share food, drinks, or smokes with other people

## For More Information

- Contact the Nurse's Line at 866-358-2966 option 5
- Dial 2-1-1 on your phone to learn where you can get the Hepatitis A vaccine



**ATTACHMENT F**

**Aging & Independence Services (AIS)  
Long Term Care Integration Project (LTCIP)  
Update for the Health Services Advisory Board (HSAB)  
April 20, 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): No updates since last month**

**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. 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](mailto:kristen.smith@sdcounty.ca.gov)).

**Community-based Care Transitions Program (CCTP) comes to a close:**

**Final update:** 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) provided comprehensive, person-centered, health care and social services to over **58,000** high-risk, fee-for-service (FFS) Medicare patients across thirteen participating hospitals since its inception in January 2013. The program enrolled patients until January 31, 2017, and closed the final cases at the beginning of March. **Over the past three years, SDCTP has reduced the 30 day, all-cause readmission rate from 16.2% to 9.9%, resulting in an estimated \$20,772,608 in Medicare savings.** 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) – County prepares for changes:**

**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 14,626 San Diego County duals actively enrolled in Cal MediConnect (CMC) as of February 1, 2017. However, CMC enrollment in San Diego County

**ATTACHMENT F**  
AIS Update, Page 2 of 3

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.

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.

**Update:** In March, AIS met with the CCI Health Plans to discuss the changes to CCI, in a proactive effort to ensure that our shared clients do not experience a disruption or delay in service. The changes in financing mean that the County will receive approximately \$20 - 25 million fewer dollars than in the CCI years, and the overall costs have increased during this time. We will need to wait until the May budget revisions in order to fully understand the impacts.

**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 May 2017 through October 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 Alzheimer's disease and related dementia (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

**ATTACHMENT F**  
AIS Update, Page 3 of 3

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 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:** HHS presented The Alzheimer's Project Annual update to the County Board of Supervisors on March 21, 2017. The annual report is an accounting of the accomplishments achieved in 2016 and outlines The Project's future directions. Some of The Alzheimer's Project major accomplishments in 2016 include the following:

- Cure/C4C—Supported eight local research projects
- Clinical—Finalized physician guidelines for the screening, diagnosis and management of ADRD
- Care—AIS secured a \$1 million federal grant to enhance services for those with ADRD and their caregivers. (This grant is described in more detail in the March HSAB LTCIP report). Work on this grant is in the planning stages, with new screenings and services to begin later in 2017.
- Public Awareness & Education—Launched The Alzheimer's Project website

The latest Alzheimer's Project report can be found on The Alzheimer's Project website at:

<http://www.sdalzheimersproject.org/content/alzheimers/en/about.html>.

*Serving seniors with dementia who are in crisis:* In February, Chairwoman Dianne Jacob declared in the State of the County address that San Diego County needs to better prepare our region for the surge in seniors and families that are overwhelmed by Alzheimer's. Too often, when seniors with ADRD find themselves in crisis, they are taken to a hospital or to jail when diversion might be the best course of action. At the March 21, 2017 Board meeting, Chairwoman Dianne Jacob and Vice-Chairwoman Kristin Gaspar directed the County's Chief Administrative Officer to work with Alzheimer's San Diego, Sharp Grossmont, the Grossmont Healthcare District, the Sheriff's Department and the District Attorney's Office to develop a pilot project plan for seniors in crisis, particularly those with Alzheimer's and dementia, and return to the Board of Supervisors within 180 days with the plan.

The pilot project would include, but not be limited to:

- Developing a model that would start with the "call for help" and end with in-home services, with assessment, treatment and assistance to seniors in crisis
- Expanding and enhancing our senior response teams
- Assess and recommend changes to the interaction between seniors in crisis and law enforcement and the criminal justice system

AIS, together with the pilot project partners, will develop the pilot and report back to the Board of Supervisors in September 2017.

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

**ATTACHMENT G**



**HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS**

**HEALTHY SAN DIEGO – APRIL 2017**

**HEALTHY SAN DIEGO (HSD)**

**Enrollment**

Please see below for February 2017 data.

Managed Care	February 2017
HSD Enrollment	723,476
State Default Rate*	35.2%
San Diego Default Rate*	38.6%

\*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	February 2016	February 2017
CMS	67	49

Current CMS materials are available on the CMS website.

**BOARD LETTERS**

N/A