

## County of San Diego

## **HEALTH SERVICES ADVISORY BOARD** 1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, May 18, 2017 | 3:00-5:00 PM Coronado Room, Health Services Complex 3851 Rosecrans Street, San Diego 92110

#### **MEETING MINUTES**

Members/Alternates Present			t 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 5/Dist 3 Harris Effron Seat 6/Dist 3 Elly Garner Seat 11/Cmty Paul Hegyi Seat 12/Cmty Judith Yates (alt) Seat 13/Cmty Henry Tuttle Seat 16/Cmty Leonard Kornreich		Edmonds, Chair Raffer is Effron Garner Hegyi h Yates (alt) y Tuttle	Seat 3/Dist 2 Judith Shaplin Seat 4/Dist 2 (vacant) Seat 9/Dist 5 (vacant) Seat 10/Dist 5 (vacant) Seat 12/Cmty Dimitrios Alexiou Seat 14/Cmty Greg Knoll Seat 15/Cmty Phillip Deming Seat 17/Cmty (vacant)	Beverly Randolph, Analyst MAA/TCM Unit, PHS Andrew Peace Executive Finance Director, HHSA	Dr. Wilma Wooten, Public Health Officer  Saman Yaghmaee Deputy Director, PHS  Victoria Ollier, Secretary PHS Administration  Kay Collier, Secretary HHSA Nursing Administration, MCSD	
Minutes	L	ead	Follow	v-up Actions		Due
5/18/17	/18/17 Saman Yaghmaee In a four http		In a separate e-mail to Board members, found on the CAO website:  http://www.sandiegocounty.gov/content/	separate e-mail to Board members, send a link to the Operations Plan that is		5/30/17
5/18/17 Board members su		embers	iew the CAO proposed Operations Plan budget online and forward any gestions to James Lepanto directly, or via Saman Yaghmaee at <a href="mailto:nan.yaghmaee@sdcounty.ca.gov">nan.yaghmaee@sdcounty.ca.gov</a> . Final public input is due by June 21.		6/15/17	
5/18/17	/ I Saman Vagnmage I		Work with James Lepanto to forward a Harris Effron, which was provided to Jud			6/15/17
5/18/17	Dr. Wilma Wooten Sign		Sign up Dr. Harris Effron to receive Publ	n up Dr. Harris Effron to receive Public Health Services alerts. 6/15		6/15/17
5/18/17	I Saman yagnmaee I		d an e-mail to Board members explaining the Conflict of Interest form that is annually, and the State Mandated Ethics Training required every 2 years.		6/15/17	
5/18/17	Dr. Sayon Thihalolip		Send out an educational PowerPoint pr members to post on their websites and			5/30/17
Agenda Item			Di	iscussion		
Welcome & Introduction		James Lepanto called the meeting to order and welcomed the audience:  Liz Hernandez, PHS Assistant Director, and Sayone Thihalolipavan, PHS Deputy Director;  Amy Thompson, HHSA Assistant Finance Director, with two members of the Finance team; and Alfie Gonzaga, MCFHS Administrative Services Manager.				
		Mr. Lepanto welcomed two new board members recommended by new Supervisor Kristin Gaspar, representing District 3: Elly Garner and Dr. Harris Effron.				
2. Public Comment No public comment.						
<ul> <li>A. Approval of April 20, 2017 meeting Minutes         Leonard Kornreich motioned to approve the April 20 meeting minutes; Paul Raffer seconded.         Judith Yates, Elly Garner and Harris Effron abstained because they were not present at the las meeting. All others voted Aye.     </li> </ul>						

Agenda Item	Discussion
3. Action Items	B. Approval of Board Letters
(continued)	1) School-Based Medi-Cal Administrative Activities (SMAA) Revenue Agreement
	Presenter: Beverly Randolph, Analyst, MAA/TCM Unit
	This Board Letter will be presented to the Board of Supervisors on 6/20/17, requesting approval of a SMAA Revenue Agreement with the California Department of Health Care Services (CHCS), in the amount of \$20 million over 3 years, 7/1/17- 6/20/20, available to participating school districts to recoup federal share of costs for Medi-Cal enrollment activities. County will receive 7% revenue of reimbursed funds as an administrative fee.
	<u>Approval</u>
	Elly Garner motioned to approve HSAB support of this Board Letter; Dr. Leonard Kornreich seconded. All voted Aye.
	<u>Background</u>
	School districts assist families to enroll in Medi-Cal, and help ensure that enrolled families have access to available services. Through this funding agreement, \$20 million will be available from CMS (Centers for Medicare & Medicaid Services) via the State, to reimburse for activities that school districts would already be providing to families without federal reimbursement. Reimbursed funds are unrestricted, non-categorical.
	Six (6) school districts currently participate in this voluntary SMAA program (see <b>Attachment A, page 7</b> ). There has been a decrease in participation in San Diego County, possibly because of these challenges:
	a) Increased staff hours required to document Medi-Cal related activities;
	<ul> <li>b) Increased time required to monitor staff and participate in State audits and challenges to documentation;</li> </ul>
	c) Delayed reimbursement (invoicing for Fiscal Year 2014/15 was just completed); and
	d) School districts given the option to join other jurisdictions, such as Orange County.
	<u>Discussion</u>
	The goal of the MAA/TCM Unit is to increase the number of participating school districts.  This will increase administrative fee revenue to the County, which are also unrestricted funds.
	The Board had several questions and asked Beverly Randolph to return at a later date to address them:
	a) What are the outcomes? How many families were referred by schools?
	b) What analysis was used to project increasing reimbursements each year over the next 3 years (\$5 million in FY17/18; \$7 million in FY 18/19; \$8 million in FY19/20)?
	c) Does the County have an active plan for outreach to increase MAA revenue?

Agenda Item	Discussion
3. Action Items	2) Targeted Case Management Evergreen Provider Participation Agreement (PPA)
(continued)	Presenter: Beverly Randolph, Analyst, MAA/TCM Unit
	This Board Letter will be presented to the Board of Supervisors on 6/20/17, requesting authority to execute the Targeted Case Management (TCM) Evergreen Provider Participation Agreement (PPA) with the California Department of Health Care Services (DHCS). This agreement provides reimbursement for TCM services in perpetuity or until either party terminates the agreement. Failure to approve this agreement would result in a loss of approximately \$1,852,568 in unrestricted revenue reimbursed to the County in Fiscal Year 2017/18, and \$86,027 in County fees to administer the program for community-based organizations.
	<u>Approval</u>
	Paul Raffer motioned to approve HSAB support of this Board Letter; Judith Yates seconded. All voted Aye.
	<u>Background</u>
	TCM is a comprehensive case management system that works closely with eligible Medi-Cal beneficiaries to ensure they access necessary medical and supportive services. DHCS disburses federal funding, and the County coordinates participation both internally and within the community.
	The only HHSA programs that can claim TCM reimbursement monies fall under Public Health Nursing (PHN); other divisions participate in reimbursable Medi-Cal Administrative Activity (MAA). Under TCM, the County receives direct payment for face-to-face encounters documented by PHNs through the Kronos payroll system. This unrestricted revenue is usually used for staff expense and balancing the annual budget.
	The County additionally receives administration fee revenue of up to 15% of the monies reimbursed to community providers. The County helps organizations to get paid for services they are already providing, but there are also barriers to voluntary participation, such as burdensome paperwork, and the length of time before funds are received, typically 20-22 months.
	Community participants include, among others, South Bay Community Services, Home Start, Vista Community Clinic, Chula Vista Community Collaborative, and the AIS Linkages Program.
	<u>Discussion</u>
	Judith Yates brought up concern for individuals who disproportionately frequent the E.R. and conjectured how improved case management could impact health outcomes. County efforts to assist these individuals are currently underway, but she wondered if any of these individuals are also under case management by County nurses, and if nurses could communicate with the E.R. about shared clients in order to help determine why they keep coming back to the E.R.
	Dr. Wooten suggested that case management across agencies will be easier once ConnectWellSD comes onboard.

Agenda Item	Discussion
4. Updates/	A. CAO Recommended Operational Plan for Fiscal Year 2017/18
Presentations/ Follow-up	Presenter: Andy Pease, HHSA Executive Finance Director
Action Items	Andy Pease reviewed the local economy, revisions made by the Governor to the State budget last week, and the CAO recommended budget for HHSA beginning July 1 (see select slides in <b>Attachment B, pages 8-12</b> ).
	To view the full presentation, right-click on the link below and select "Open Hyperlink":
	CAO Recommended Operational Plan FY17/18
	To view the HHSA Operational Plan and Budget Information on the CAO's website, please right-click on the links below, or copy the second link's address directly into your browser:
	HHSA Operational Plan & Budget Information
	http://www.sandiegocounty.gov/content/dam/sdc/auditor/pdf/caoplan 17-19-hhsa.pdf
	Dates of importance:
	May 2 – Board of Supervisors accepted the CAO Recommended Operational Plan June 12-21 – Public Hearings
	June 21 – Last day for Citizen Advisory Committees to Submit Budget Statements
	IMPORTANT ACTION:
Board Member Action:	James Lepanto urged board members to read the HHSA Operational Plan and submit suggestions to him <b>prior to June 21</b> , so that HSAB can submit a letter to the Board of Supervisors to provide input for next year's budget.
	The following are some points that were made by Andy Pease during his presentation:
	<ul> <li>Income tax is the primary funding source for the State.</li> </ul>
	<ul> <li>The governor is planning on a stringent State budget in anticipation of possible changes at the federal level over the next two years.</li> </ul>
	<ul> <li>Indicators show that the local economy is doing well, back up to the 2007 level.</li> </ul>
	<ul> <li>Sales tax and property tax provide County general purpose revenue. The recession ended in 2009, but it has taken years for revenue to build back up. Property values are continuing to grow, but if the economy declines, revenue will decrease at the same time that services are needed the most.</li> </ul>
	HHSA budget increased by 4%.
	<ul> <li>HHSA staffing increased by only 3 positions, to a total of 6,320.5.</li> </ul>
	<ul> <li>Public Health Services (PHS) is one of the smallest divisions, but critical.</li> </ul>
	Behavioral Health Services (BHS) has the largest increase in the proposed budget.
	<ul> <li>HHSA is an extension of the State in most of the work that it does. The County is mandated for entitlement services such as CalWorks. San Diego County is doing better in employment that other counties in California, so monies are available that were spent on CalWorks in the past.</li> </ul>
	<ul> <li>The decrease in budget for self-sufficiency programs due to current lower caseloads will not affect clients if the economy changes; Finance will propose budget adjustments as client needs arise.</li> </ul>

Agenda Item	Discussion		
4. Updates/ Presentations/ Follow-up Action Items (continued)	<ul> <li>A. FY 2017/18 CAO Recommended Operational Plan (continued)</li> <li>HHSA tries to use its limited revenue to leverage as many State mandated, federally funded programs as possible. Budget priorities are often determined by the ability to leverage federal funding. In response to a question by James Lepanto, this is why contracted psychiatrists have historically been paid at a lower scale by the County than private practice rates, since no federal program funds have been available to assist in covering this cost.</li> </ul>		
	HHSA is paying close attention to 4 items:		
	<ol> <li>Drug Medi-Cal Organized Delivery System - drawing down federal dollars for better delivery and an array of services</li> </ol>		
	This was not included in the proposed budget because the County had not yet decided to apply to the State, waiting for any changes that might occur to the ACA. The County is now going forward with an implementation plan due to the State by May 31. This program would not begin until January 2018. If the ACA is repealed and its replacement doesn't work with this plan, the County will off-ramp it.		
	<ol> <li>No Place Like Home –     providing homeless support services, projected at \$11 million funding for San Diego,     to begin mid-year 2018</li> </ol>		
	<ol> <li>Child Welfare Services (CWS) Continuum of Care Reform (CCR) –</li> <li>State legislation for family assistance, budgeted by HHSA at \$5.3 million</li> </ol>		
	4) In-Home Support Services –		
	IHSS has been spared the full State shortfall of \$25 million in funding, but when Governor Brown leaves office in 2 years and an inflator kicks in, the County may need to work with the State to maintain program services levels.		
	B. Syphilis Rates by Zip Code in San Diego County		
	At the Board's request in April, Dr. Winston Tilghman provided a handout showing rates of primary and secondary Syphilis in San Diego County by zip code (see <b>Attachment C, page 13</b> ).		
Action:	Dr. Tilghman prepared a package of information for Judith Shaplin's to take with her to Washington, D.C. Since the rise in STDs has been a topic of interest to the Board, James Lepanto will make sure the two new Board members, Elly Garner and Dr. Harris Effron, also receive this packet.		
Action:	Dr. Wilma Wooten offered to sign up Dr. Effron to receive Public Health Services alerts.		
	Right-click on this link to see full 2015 STD data for San Diego County: STD 2015 Data Slides San Diego County .		
5. Chair's Report	A. Board Advance		
	An Advance had been planned for June 3, but that date will be pushed out to give time for vacant Board seats to be filled. An e-mail will be sent out for members to relay whether they are available on July 15 and/or July 22. The location is yet to be determined.		
	A survey will be sent out to finalize topics/focus, in addition to an evaluation form of progress to date. It is important that progress be data driven.		

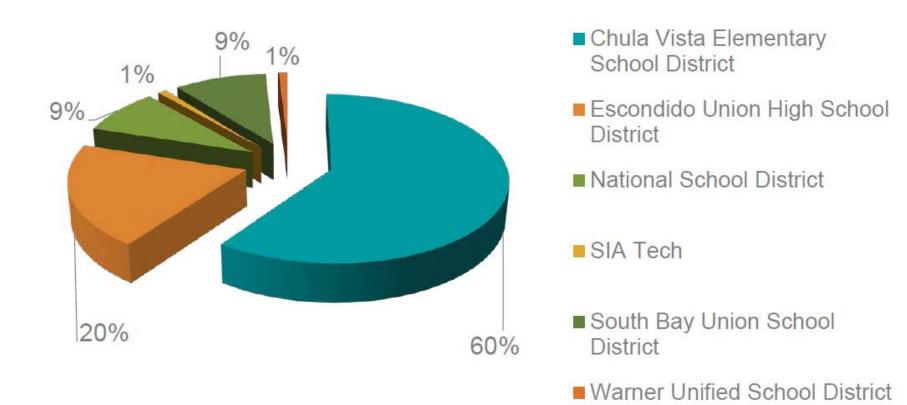
Agenda Item	Discussion	
5. Chair's Report	B. Vacancies	
(continued)	District 4 - Pending appointee approval by the Board of Supervisors District 5 - Two recommendations were suggested; James Lepanto will follow up with the source District 1 - Designated for the Chair of the Healthy San Diego Consumer Advisory Board	
	C. Adherence to Policies and Administrative Communications	
ACTION:	Saman Yaghmaee provided two handouts to Board members, and he will follow up with an e-mail providing more detailed instruction:	
	<ol> <li>A Statement of Conflict form that needs to be filled out and mailed to Clerk of the Board;</li> <li>Information about the State Mandated Ethics Training that is required every 2 years.</li> </ol>	
6. Informational	A. Committee Reports	
Items	1) Policies - This committee is being restructured.	
	<ol> <li>Budget - Budget presentation was provided today. The next step is to send a timely letter of feedback to the Board of Supervisors.</li> </ol>	
	3) Legislation - New members are needed.	
	4) Strategic Planning	
	Dr. Kyle Edmonds has begun work on the Annual Report. The Board Advance in July will focus on strategic planning, driven by the survey that will be sent out prior. An evaluation of Board processes/logistics will also be sent out to all members.	
7. Public Health Officer's	Dr. Wilma Wooten reviewed items in red text on the Public Health Officer's Report (see <b>Attachment D, pages 14-16</b> ).	
Report	A. Hepatitis A	
	Dr. Thihalolipavan expanded on the Hepatitis A outbreak (See Attachment E, pages 17-18).	
	The recent Hepatitis A outbreak is the largest in the nation next to Detroit. Normally the Hepatitis A infection is comparable to a bad case of flu, but three people have died during this outbreak and 75 have been hospitalized due to its spread among the homeless and drug users whose health has already been compromised.	
	Because of the 28-day incubation period, it is difficult to stem the surge of infection. PHS response is threefold: collaborate with community-based organizations to vaccinate as many homeless/drug users as possible; recommend vaccination to staff working with this population; and educate as many San Diegans as possible on ways to prevent infection.	
Action:	Dr. Wooten will send out an educational PowerPoint presentation about Hepatitis A to all Board members to post on their websites and disseminate to partners and the community. It is anticipated that it will be translated into 8 languages.	
8. Agenda Items for Future Meetings	JUNE - Suicide Prevention  Live Well Communities  JULY - Follow-up presentation on Eat Well Standards	
9. Adjournment	This meeting was adjourned at 5:05 PM, with a reminder that May is Mental Health Month.  Next meeting: June 15, 2017	
10. Supplemental Information	A. Age Well San Diego [See Attachment F, page 19]  B. Aging and Independence Services Update [See Attachment G, pages 20]	

## SMAA REVENUE AGREEMENT





# FY 2014-15 PARTICIPATING SCHOOL DISTRICTS

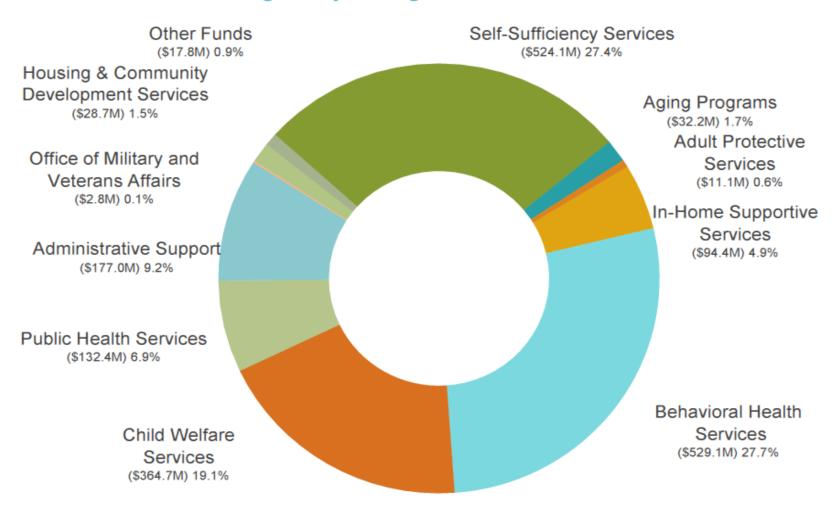


## FY2017-18 CAO RECOMMENDED BUDGET SAN DIEGO



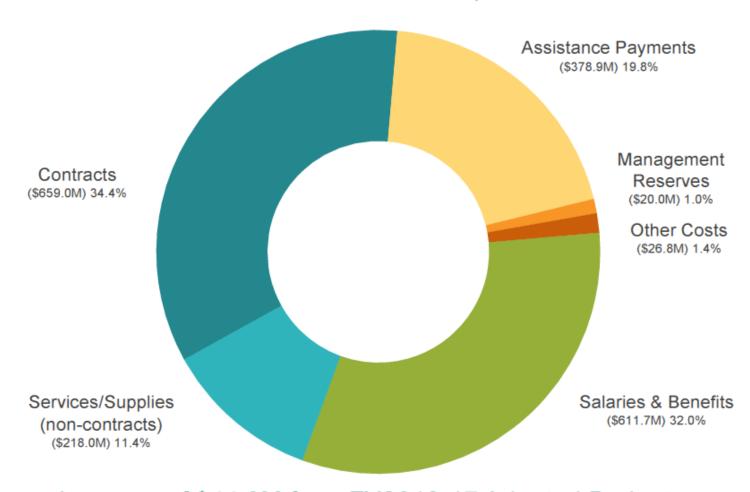


### Budget by Program: \$1.9 billion



## FY2017-18 CAO RECOMMENDED BUDGET SAN DIEGO

### HHSA EXPENDITURES: \$1.9 billion

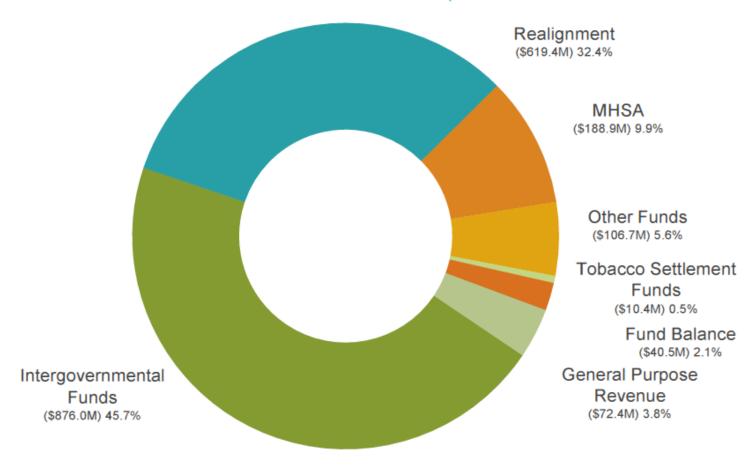


## FY2017-18 CAO RECOMMENDED BUDGET SAN DIEGO





### HHSA REVENUES: \$1.9 billion



#### HHSA MAJOR BUDGET CHANGES

#### Increases

- \$13.5M –Salaries & Benefits
  - Increased Retirement Contributions, Negotiated Labor Agreements, and increase of 3.00 staff years
- \$61.0M Service Delivery Investments
  - \$42.7M Behavioral Health Services Expansions/Enhancements (Net increase to BHS budget is \$28.5M after technical adjustments to internal service funds and other accounts that do not impact services.)
  - \$18.3M Program Investments Across Multiple Departments

#### Decreases

- \$24.5M Self-Sufficiency Services caseload adjustments
- \$5.2M Community-based Care Transitions Program (CCTP)

# BEHAVIORAL HEALTH SERVICES EXPANSIONS & ENHANCEMENTS – INCREASE OF \$28.5M TO BHS BUDGET

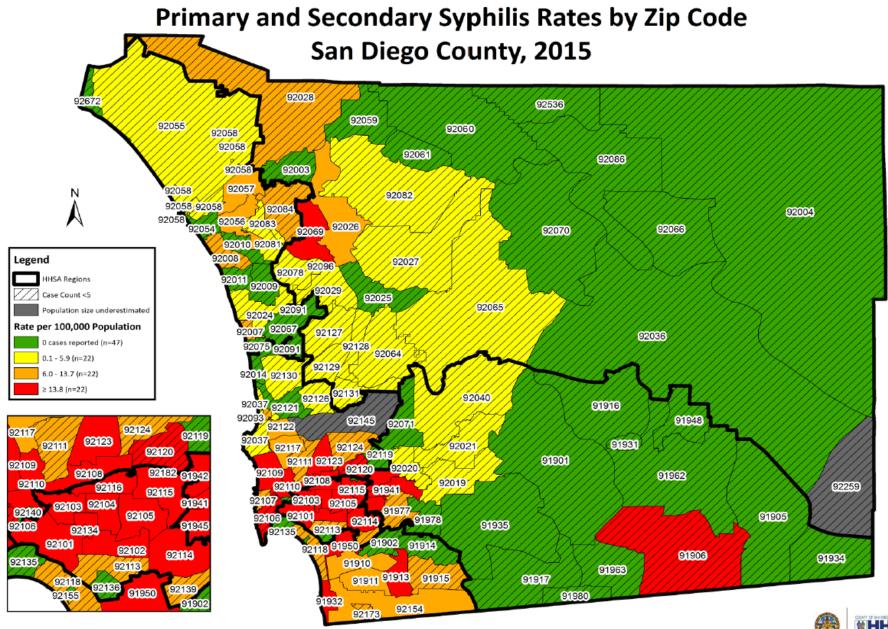
- Increase of \$42.7M proposed to expand contracted services budget
  - Continued expansion of treatment slots under Project One For All
  - Long-Term Care investments including additional inpatient beds, Institute for Mental Disease (IMD) beds, and residential step-down beds
  - Expansion of crisis stabilization services for youth
  - Continued emphasis of Psychiatric Emergency Response Teams (PERT)
  - Rate increases to Alcohol & Other Drug (AOD) contracts
  - Various other system of care investments for Adults, Children, Youth & Families
- Offsetting decrease of \$14.2M in internal service funds and other accounts with no impact to services.

## INCREASED PROGRAM INVESTMENTS ACROSS DEPARTMENTS

- \$5.5M Whole Person Wellness Services
  - Care coordination and services integration for homeless individuals that are high users of Medi-Cal services and have a serious mental illness, substance use disorder, and/or chronic health condition
- \$5.3M Child Welfare Services Continuum of Care Reform (CCR)
  - State legislation aimed at improving outcomes for children and families
- \$2.8M Aging Services
  - IHSS, senior nutrition, Alzheimer's investments, and other supports

## INCREASED PROGRAM INVESTMENTS ACROSS DEPARTMENTS

- \$2.0M Public Health Services
  - Examples include Tobacco Control, Childhood Lead Poisoning Prevention Program, Nutrition Education
- \$1.8M Housing Stability & Support Services
  - Supporting families connected to the Child Welfare system and families on CalWORKs
- \$0.9M Veterans Services
  - Primarily for home- or community-based assistance with activities of daily living



Note: Rate categories are dfiferent from the last iteration of this report

Source: County of San Diego, Health and Human Services Agency, HSHB (HIV, STD, Hepatitis Branch), CalREDIE Database

Map Date: June 10, 2016 Contact: Lawrence Wang



Health and Human Services Agency Health
Services Advisory Board (HSAB) Public
Health Officer's Report
May 18, 2017 \* 3-5PM \* 3851 Rosecrans Street, SD 92110

- I. Communicable Disease Issues
  - A. Infectious Disease Issues
    - 1. Influenza waning
    - 2. Zika Virus (As of 5/12/17)
      - Total Zika Testing referrals to EPI Program for consultation of potential cases: 1,621 referrals
      - Ruled out: 1,303 cases
      - Confirmed Zika cases (all travel-associated): 89
      - Cases pending lab results or submission: 212
      - 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; 8 cases confirmed in pregnant women.
      - There are now 25 (25 in April) 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/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 (As of 5/18/17)
      - Homeless population and illicit drug-using individuals.
      - 93 cases with onset dates from 11/22/16 5/10/17
      - Conducting outreach to homeless and substance use treatment facilities
      - Working closely with medical community
      - CAHAN #2 and press release #2 issued May 4<sup>th</sup> and 5<sup>th</sup>
    - 4. Shigellosis
      - Shigella flexneri serotype 7 cluster
      - April 2016 to Feb 2017 (6 since Dec 2016)
      - 16 San Diego cases (2 from other jurisdictions)
      - Disproportionately affect self-identified MSM
      - CAHAN #2 sent 5/10/17 73 total Shigella cases (all species)
    - 5. Bi-Cillin L-A Shortage
      - Nationwide shortage. Prioritize to pregnant women infected with or exposed to syphilis must receive Bicillin®L-A

#### II. Board Actions

A. Getting to Zero is planned for report back to the Board via Board Memo on June 27, 2017, coinciding with National HIV Testing Day.

## ATTACHMENT D Public Health Officer's Report

#### 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:
      - I7
      - 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
  - Naloxone Proposal: to participate in a naloxone distribution effort. Application submitted May 1<sup>st</sup>.
     If awarded, will receive approx \$12K admin fee, plus Naloxone product, which will be distributed twice.
- B. Funded
  - 1. Total New Funding
    - \$5,889,452 in new grants beginning FY17/18.
    - See attachment (includes #2 below)
  - 2. Strategic HIV Prevention Projects, funded by the state:
    - PHS will receive \$1.8 million over the next two years (July 2017 through June 2019). There were only four
      awards, and San Diego County was the only health department that was funded. The other awardees
      include two community-based organizations (the LA LGBT Center and the San Francisco AIDS Foundation)
      and one federally qualified health center (AltaMed in LA/Orange County).
    - Proposal focused on a couple of core activities related to Getting to Zero:
      - 1. PrEP education and navigation.
      - 2. Rapid initiation of anti-retroviral therapy (ART) for individuals newly diagnosed with HIV.
      - 3. Awareness Campaigns.
  - 3. 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.
    - Tobacco Control Program
      - 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
  - 4. 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
  - 5. 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
  - 6. **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:
      - For implementing food sodium standards and environment and lifestyle changes (DPPs) excited about the development of the Diabetes Prevention Programs
      - 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 highlights
  - 1. Public Health Accreditation Board
    - a. Annual report due by June 30th; would like to present to HSAB meeting in July 2017.
    - b. Conducting strategic planning for implementation
  - 2. Branch and Program Fact Sheets completed by July 2016; will provide to board members on flash drive.

## ATTACHMENT D Public Health Officer's Report

#### VI. Board Letter Forecast

Jur	ne 20, 2017		Ÿ.
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 (approved by HSAB on 4/20/17)	CCS	Dr. Coleman
Jur	ne 27, 2017		•
1.	Getting to Zero Board Memo (scheduled for HSAB on 5/18/17)	HSHB	Patrick Loose
Jul	y 18, 2017		
1.	HIV/AIDS Revenue Agreement and Single Source Procurement (scheduled for HSAB on 6/15/17)	НЅНВ	Lauren Brookshire
2.	FY 17/18 accept \$2.8 million in Tobacco funding and authorize contracts (scheduled for HSAB on 6/15/17)	MCHFS	Dr. Coleman
3.	Acceptance of TB Revenue (scheduled for HSAB on 6/15/17)	ТВ	Dr. Graves
4.	Single Source procurement with Project Concern International (PCI) for binational border outreach for TB control (scheduled for HSAB on 6/15/17)	ТВ	Dr. Graves

#### VII. Announcements

- A. Personnel 4 Key Positions
  - CCS Chief current Chief will retire on 7/7/17
  - 2. TB, Chief Candidate Selected: Dr. Susannah Graves, starts on 4/28/17 & full time on 6/19/17
  - 3. EMS Chief Andy Parr appointed
  - 4. Chief Nursing Officer announcement will be posted soon

#### VIII. Site Visits

Timeframe	Description	Auditor
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 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. n 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 of Public Health Services, May 18, 2017

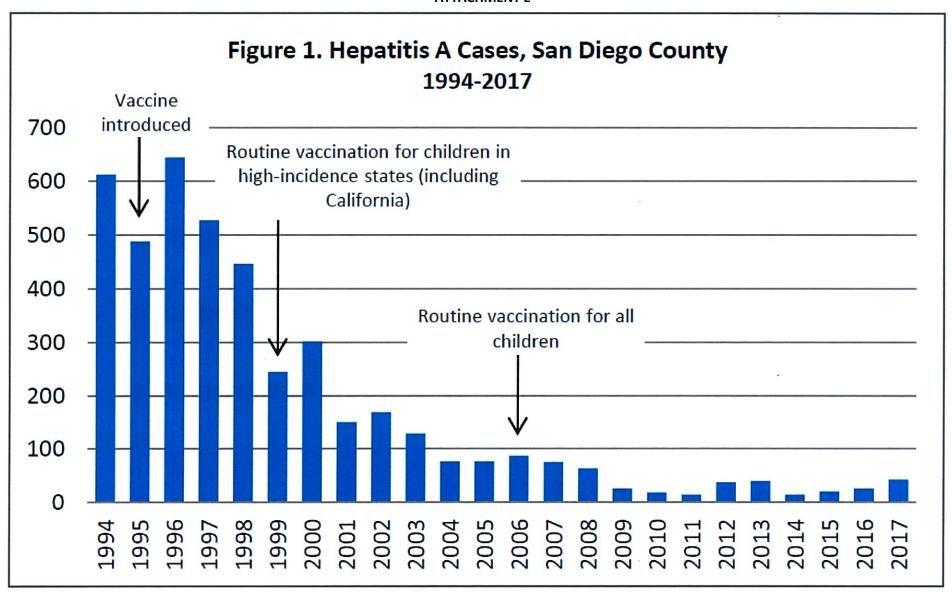
### **HEPATITIS A - SYMPTOMS**



- When symptoms are present, they usually occur abruptly:
  - Fever
  - Fatigue

  - Nausea
  - Vomiting

- Abdominal pain
- Dark urine
- Loss of appetite Clay-colored bowel movements
  - Joint pain
  - Jaundice
- In kids <6 years, 70% of infections are asymptomatic; if illness does occur, typically no jaundice
- Among older children and adults, infection is typically symptomatic, with jaundice in >70%
- Symptoms usually last <2 months, although 10%–15% of symptomatic persons have prolonged or relapsing disease for up to 6 months



2017 data are year-to-date; data current as of 4/14/2017. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services, 4/17/17



#### AGE WELL SAN DIEGO

In March 2016, the County of San Diego Board of Supervisors voted to launch Age Well San Diego to strengthen the social, built, and economic environments and make the San Diego region a place for people of all ages to live healthy, safe, and thriving lives. In June of 2016, the County of San Diego joined the World Health Organization and AARP Network of Age-Friendly Communities and the Dementia Friendly America Network.

Age Friendly Communities examine eight major components or pillars:

- Housing
- Transportation
- Social Participation
- Respect & Social Inclusion
- Civic Participation & Employment
- Communication & Information
- Community Support & Health Services
- Outdoor Spaces & Buildings

The County's Live Well San Diego efforts to create a healthy, safe and thriving community for all

3.3 million residents are closely aligned with the pillars of an Age-Friendly Community and thus will guide and support all Age Well San Diego work moving forward.

Age Well San Diego is a five-year project that, with support from the San Diego Foundation, is convening older adults and all sectors within the community to identify priorities and develop, implement and evaluate an action plan. To promote sustainability, Age Well San Diego is seeking to infuse this planning lens into all policies and practices at all levels in our region as a shared value and a way of life. Thus Age Well San Diego is expanding the aging network beyond traditional aging providers to all professions and residents in the community. Age Well San Diego is also broadening the perception of the growing aging population as an active, healthy and experienced resource for the community.

For more information contact Renée Sherrill at (858) 505-6541.

### Aging & Independence Services (AIS) Long Term Care Integration Project (LTCIP)

### Update for the Health Services Advisory Board (HSAB) May 18, 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 month's report includes key updates:

#### Duals Demonstration / Coordinated Care Initiative (CCI) – County prepares for changes:

**Updates:** The governor's "May Revise" indicates less-bad-than-previously-feared reductions in financing for Counties that impacts IHSS and other HHSA programs. AIS is working with HHSA finance officials to determine program impacts.

United Health Care will begin serving dual eligible Medi-Cal/Medicare beneficiaries "no sooner than July 1, 2017" and Aetna will begin serving duals "no sooner than January 1, 2018." AIS will work with the State regarding development of the necessary legal agreements between the County and these new health plans.

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 continues to hold at 33%, meaning that 67% of have either opted-out or have disenrolled from CMC.

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.

**Other LTCIP initiatives:** Work continues on restructuring the Advisory Committee for the Aging and Disability Resource Connection (ADRC), as well as work on The Alzheimer's Project and NCQA Accreditation of our Live Well Care Connections program. There are no major updates at this time. Please refer to previous reports for background on these projects.