



County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

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

Coronado Room, Health Services Complex

3851 Rosecrans Street, San Diego 92110

MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHSA Support
Seat 7/Dist 4 James Lepanto, Chair Seat 8/Dist 4 Kyle Edmonds, Vice Chair Seat 2/Dist 1 Paul Raffer Seat 3/Dist 2 Judith Shaplin Seat 5/Dist 3 Harris Effron Seat 11/Cmtty Paul Hegyi Seat 12/Cmtty Judith Yates (alt) Seat 13/Cmtty Tracy Garner (alt) Seat 14/Cmtty Greg Knoll Seat 16/Cmtty Leonard Kornreich	Seat 1/Dist 1 (vacant) Seat 4/Dist 2 (vacant) Seat 6/Dist 3 Elly Garner Seat 9/Dist 5 (vacant) Seat 10/Dist 5 (vacant) Seat 12/Cmtty Dimitrios Alexiou Seat 13/Cmtty Henry Tuttle Seat 15/Cmtty Phillip Deming Seat 17/Cmtty (vacant)	Dr. Thomas Coleman, Chief Maternal, Child, Family Health Services, PHS Irene Linayao-Putman Community Health Specialist, MCFHS, PHS Patrick Loose, Chief HIV, STD, Hepatitis Branch (HSHB), PHS Leslie Ray Senior Epidemiologist, EMS, Medical Care Services Division	Dr. Wilma Wooten Public Health Officer Saman Yaghmaee Deputy Director, PHS Victoria Ollier, Secretary PHS Administration Kay Collier, Secretary HHSA Nursing Administration, MCSD

Minutes	Lead	Follow-up Actions	Due
6/15/17		No Action Items	

Near Dates of Importance	
Annual Form:	Friday, June 23 – Form submitted to Saman Yaghmaee for Clerk of the Board [see sample Incompatible Activities Form, Appendix G, page 16]
Biennial Training:	Friday, June 23 - Confirmation of training submitted to Saman Yaghmaee for Clerk of the Board [see Ethics Training Notice and web address for online course, Appendix F, page 15]
Next Meeting:	Thursday, July 20 , 3-5 PM – Coronado Room, 3851 Rosecrans St., San Diego, CA 92110
Board Advance:	Saturday, July 22 , 8:30 AM-2:30 PM – Location to be determined

Agenda Item	Discussion
1. Welcome & Introduction	James Lepanto called the meeting to order, and the Board and audience members were introduced.
2. Public Comment	No public comment
3. Action Items	A. Approval of May 18, 2017 meeting Minutes Paul Raffner motioned to approve; Judith Yates seconded. All voted Aye.

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>B. Approval of Board Letters</p> <p>1) Tobacco Control Resource Program revenue agreement</p> <p>Presenter: Dr. Thomas Coleman, Chief, Maternal, Child, Family Health Services (MCFHS) with Irene Irene Linayao-Putman, Community Health Specialist, MCFHS</p> <p>This Board Letter will be presented to the Board of Supervisors on 7/18/17, requesting authorization for Clerk of the Board to execute a 4-year revenue agreement with California Department of Public Health (CDPH), totaling approximately \$3,165,129 annually for the period 7/1/17–6/30/21. Any funds not spent in FY17/18 would be carried over to FY18/19. This request does not offset \$159,570 in program expenses during Fiscal Year 2017/18, which will be funded through Health Realignment if approved.</p> <p>Additionally, this Board Letter requests authorization for the Department of Purchasing and Contracting to issue Competitive Solicitations for tobacco programs and services, awarding contracts of up to one year, with two option years.</p> <p><u>Approval</u></p> <p>On condition that the Board is updated in six months regarding plans for the use of funding once State guidelines have been received, Paul Hegyi motioned to approve HSAB support of this Board Letter and Greg Knoll seconded. All voted Aye.</p> <p><u>Background</u></p> <p>Smoking is the leading cause of preventable death, disease and disability. The County has received funding from the State since 1989 for tobacco education and prevention activities as a result of Proposition 99, the Tobacco Tax Initiative. In November 2016, voters additionally approved Proposition 56, a Healthcare, Research and Prevention tobacco tax that will bring in more revenue for the County Tobacco Control Resource Program (TCRP). [See Attachment A, page 5]</p> <p>The increased revenue from Proposition 56 will greatly expand the reach of the tobacco program within the County, continuing efforts in behavioral health, educating law enforcement, retail licensing, obtaining smoke-free outdoor eating areas, and youth cessation.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ The Board would like MCFHS to return and share the annual youth risk behavior survey when it is next published. Board members expressed concern about the accuracy of statistics based on student self-surveys. Leslie Ray, Sr. Epidemiologist, addressed these concerns, explaining why survey results have validity. ▪ Another concern was the prevalence of hookah lounges in East County that appear to be targeting youth and are breaking the law by selling food and alcohol. Irene Linayao-Putman said that the Tobacco 21 law will help; three hookah lounges have already been closed for allowing under-age customers. This is one reason that the County TCRP is working with law enforcement, so police will better know how to cite businesses for violations. ▪ Menthol cigarettes are causing the most problem in minority communities at this time. Health advocates want to get them out of the stores. ▪ Youth have started using e-cigarettes and vapor products, but these products are not included in the survey of risk behavior. Youth are also using little cigars for “blunts,” opening and adding marijuana to the cigars so that the smell of marijuana is masked.

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>B. Approval of Board Letters</p> <p>1) Tobacco Control Resource Program</p> <p><u>Discussion</u> (continued)</p> <ul style="list-style-type: none"> Advertisers are still targeting youth, particularly minorities. Irene Linayao-Putman shared with the Board that health advocates are worried about tobacco industry crossover into recreational marijuana, since they have the research labs, marketing and retail apparatus already in place. Health advocates don't want to encroach on the Marijuana Initiative in California, but are looking closely at the impact of those laws as they come out.
<p>4. Updates/ Presentations/ Follow-up Action Items</p>	<p>A. First annual update of the "Getting to Zero" HIV program</p> <p>Presenter: Patrick Loose, Chief, HIV, STD, Hepatitis Branch (HSHB), PHS</p> <p>On March 1, 2016, the Board of Supervisors formally approved "Getting to Zero," a County initiative aimed at eradicating HIV/AIDS in San Diego. The Board of Supervisors approved recommendations to help create comprehensive policy to better align programs and community partners throughout the County.</p> <p>Patrick Loose came before the Health Services Advisory Board on June 16, 2016, to introduce the "Getting to Zero" initiative and changes suggested for the procurement process. Today, he returned to provide the first annual update of the initiative, which included creating a 5-year comprehensive plan and evaluation framework. [See Attachment B, pages 6-8]</p> <p>Patrick Loose reviewed County demographics for HIV. The West Coast is different than the rest of the nation in that persons living with HIV are predominately male, infected through sexual encounter; there are few infected through intravenous drug use and spread through heterosexual contact in large inner cities such as on the East Coast.</p> <p>In San Diego County, HIV is decreasing, but STDs are increasing, although they are not anywhere near the level they were in the 1970s and 80s. This rise in STDs could be partly due to the success of HIV treatment. Encouraging STD testing would help in both areas, helping detect HIV earlier.</p> <p>The goal of "Getting to Zero" is to find HIV early and treat it for 6 months, at which time the virus will do no more damage to the immune system and will no longer be infectious to others.</p> <p>One of the 6 recommendations of the "Getting to Zero" implementation plan was to engage health care systems, which interested the Board, since there are members whose organizations could assist in this area. One positive step would be routine HIV testing by physicians who could add HIV testing, with patient permission, at the same time certain screenings are already being provided. It has been found that most patients do not object, and more HIV cases could be identified at earlier stages in this way. A steering committee has been created to reach out to each major healthcare system in San Diego, with the first meeting scheduled on August 22.</p> <p>Last month, the County was awarded \$2.8 million State funding over two years through a proposal submitted for Strategic HIV Prevention Projects. Only four awards were made, and San Diego was the only County, receiving a third of the funding. The Board praised Patrick Loose and his team for writing an excellent proposal to further their efforts in HIV suppression.</p> <p>B. Suicide Rate in San Diego County in 2016</p> <p>Presenter: Leslie Ray, Senior Epidemiologist, EMS, Medical Care Services Division</p> <p>The Board had asked Leslie Ray to present information about unintentional deaths in San Diego that the Medical Examiner has deemed suicide after investigation. For a summary of the 2016 findings that she presented, please see Appendix C, page 9.</p>

Agenda Item	Discussion
5. Chair's Report	<p>A. Annual Report Kyle Edmunds and James Lepanto will meet next week to work on the Annual Report.</p> <p>B. Board Advance – Saturday, July 22, 2017 (8:30 AM-2:30 PM) The Board Advance has been scheduled for Saturday, July 22. A survey will be sent out to determine topics and focus.</p> <p>C. Vacancies It is hopeful that all vacancies will be filled by the end of July. Only two seats remain vacant. One prospective member has submitted an application and another will go before the Board of Supervisors for approval this week.</p> <p>D. Board Meeting Time and Location A second survey will go out, at the same time as the Annual Advance survey, asking Board members for their preference of different meeting day, time and location. CAC is no longer available in the afternoons of third Thursdays, and the Coronado Room at the Rosecrans Health Services Complex may not be convenient for all members.</p>
6. Informational Items	<p>A. Committee Reports No reports were given.</p>
7. Public Health Officer's Report	<p>Dr. Wooten reviewed new items in red text on the Public Health Officer's Report. [See Attachment D, pages 10-13]</p>
8. Agenda Items for Future Meetings	<p>JULY - Follow-up presentation on Syphilis Follow-up presentation on <i>Eat Well</i> Standards</p> <p>AUG - <i>Live Well</i> Communities Public Health Accreditation</p> <p>SEPT - MAA/TCM Presentation</p>
9. Adjournment	<p>This meeting was adjourned at 5:00 PM.</p> <p>Next meeting: July 20, 2017</p>
10. Supplemental Information	<p>A. Eligibility Operations February 2017 Report [See Attachment E, page 14] B. State Mandated Ethics Training Notice [See Attachment F, page 15] C. Incompatible Activities Form (SAMPLE) [See Attachment G, page 16]</p>

ATTACHMENT A
Tobacco Control Resource Program (TCRP)

PROP 56

- California Healthcare, Research, and Prevention Tobacco Tax of 2016
- Passed by California voters in November 2016
- Increased the tax by \$2.00 per pack of cigarettes
- Revenue will be allocated to
 - ✓ physician training
 - ✓ prevention and treatment of dental diseases
 - ✓ Medi-Cal
 - ✓ tobacco use prevention
 - ✓ research into cancer, heart, and lung diseases, and other tobacco-related diseases
 - ✓ school programs focusing on tobacco use prevention and reduction

Four priority areas of the California Tobacco Control Program

Limit tobacco promoting influences;

- Reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products;
- Reduce the availability of tobacco; and
- Promote tobacco cessation.

TCRP Scope of Work

Objectives in the FY 2017-2018 work plan include:

- Smoke-free outdoor dining policies
- Tobacco retail licensing policies
- Updating existing ordinances to match the State definitions of 'Smoking' and 'Tobacco Products'
- Inclusion of tobacco control elements in Building Codes/General Plans/Permitting Processes
- Integrating tobacco cessation and tobacco-free policies in behavioral health treatment programs

ATTACHMENT B

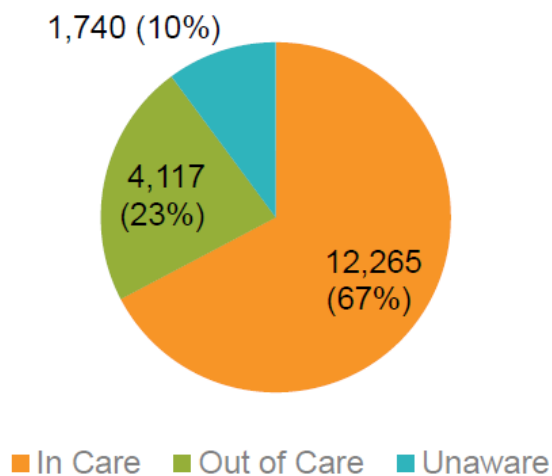
GETTING TO ZERO



LIVE WELL
SAN DIEGO

EPIDEMIOLOGY

Persons Living with HIV, San Diego County,
2015 (n=18,122)



SOURCES OF NEW INFECTIONS



Unaware

6.6 transmissions



Aware, not in Care

5.3 transmissions

19% lower risk
for transmission
than unaware



Aware, in Care

0.4 transmissions

94% lower risk
for transmission
than unaware

ATTACHMENT B
“Getting To Zero” First Annual Update

Task Force Recommendations and Accomplishments:

1: Increase awareness of HIV through use of media campaigns.

- Creation of the PrEP San Diego campaign
- Increased presence on social media
- National HIV Testing Day/Greater than AIDS
- New funding through California Strategic HIV Prevention Projects

2. Engage public and private healthcare systems in Getting to Zero.

- Formation of the Medical Advisory Committee
- Improving linkage to care for individuals who are newly diagnosed with HIV
- Beginning planning for the first Getting to Zero summit

3. Implement PrEP and PEP interventions.

- PrEP education & navigation implemented at the Rosecrans STD Clinic
- PrEP education & navigation now embedded into all County-contracted HIV prevention services
- PEP now available at the Rosecrans STD Clinic

4. Use HIV and STD data to improve outcomes.

- Implemented Data to Care program
- Implemented HIV Partner Services for all individuals newly diagnosed with HIV
- Deployed new program that uses STD data to identify individuals at high risk for HIV infection

5. Address disproportionalities.

- Secured funding to begin developing an anti-stigma campaign
- Secured funding to develop transgender-specific programming
- Begun planning for community engagement activities to take place in FY 17 – 18.

Latest Task Force Recommendation:

6. Develop policies to support Getting to Zero.

- Update the County’s Legislative Policy Guidelines to include
 - Support for PrEP access for uninsured and low-income individuals
 - Support increased funding for educational and media campaigns
 - Support continued funding for PrEP navigation
 - Support legislation that encourages routine HIV testing

ATTACHMENT B
“Getting to Zero” Objectives

EVALUATION FRAMEWORK



- Objective 1:** By 2021, maintain the percentage of people living with HIV who know their serostatus at 90% or higher
- Objective 2:** By 2021, reduce the number of new HIV diagnoses by 25%
- Objective 3:** By 2021, link 25% of adult gay, bisexual and other men who have sex with men to PrEP
- Objective 4:** By 2021, increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%
- Objective 5:** By 2021, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%
- Objective 6:** By 2021, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%
- Objective 7:** By 2021, reduce the percentage of persons in HIV medical care who are homeless to no more than 5%
- Objective 8:** By 2021, reduce the death rate among persons with diagnosed HIV infection by at least 33%
- Objective 9:** By 2021, reduce the proportion of new HIV diagnoses that progress to AIDS within one year by 50%

ATTACHMENT C
Suicide in San Diego County, 2016

2016 IN SUMMARY



LIVE WELL
SAN DIEGO

- After a distinct period of increased suicide in San Diego County (2006 – 2013), the annual suicide rate has decreased slightly from 2013 to 2016
- In 2016, there were 5 times as many suicides in the County as there were homicides.
- There were about 3 times as many male suicides as there were female suicides.
- Suicide rates generally increase with age.
- We have seen a short-term increase in black male suicides.
- 53% of all suicides are white males, which is lower than in previous years
- Divorced and widowed males had higher rates of suicide.
- The most common drugs present in suicides were alcohol, benzodiazepines, marijuana, and prescription opioids.
- The San Diego County suicide rate is slightly lower than the national rate but is higher than the California state rate.
- The East Region has the highest suicide rate and the South Region has the lowest.

ATTACHMENT D

Health and Human Services Agency
Health Services Advisory Board (HSAB)
Public Health Officer's Report
June 15, 2017 * 3-5PM * 3851 Rosecrans Street, SD 92110

I. Communicable Disease Issues

A. Infectious Disease Issues

1. **Influenza** – baseline
2. **Zika Virus (As of 6/9/17)**
 - Total Zika Testing referrals to EPI Program for consultation of potential cases: **1,877 referrals**
 - **Ruled out: 1,486 cases**
 - Confirmed Zika cases (all travel-associated): **89**
 - Cases pending lab results or submission: **285**
 - 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 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_virus.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 6/12/17)**
 - **Homeless population and illicit drug-using individuals.**
 - **160 cases with onset dates from 11/22/16 - 6/10/17, four deaths, 120 hospitalizations**
 - **120 (75%)** hospitalizations, **4** deaths
 - **106 males (66%); 54 females (34%)**
 - 21-82 years (median 42 years, mean **42.8** years)
 - **99 (62%)** documented homeless
 - **98 (61%)** documented illicit drug users
 - Common locations
 - St. Vincent de Paul/Father Joe's homeless facility (housing, healthcare, food)
 - First Methodist Church, El Cajon
 - Jail / Detention Facilities
 - Carroll Community Care
 - **Conducting outreach to homeless and substance use treatment facilities using Point of Distribution (PODs), mobile vans, and field foot teams**
 - **Working closely with medical community (i.e., FQHCs, EDs), law enforcement, and behavioral health.**
 - **Communications:**
 - Publications
 - **CAHAN #3 and press release #3 issued May 31 and June 12 respectively**
 - Web
 - page: http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html

ATTACHMENT D
Public Health Officer's Report, page 2

II. Board Actions

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

III. Public Health Issues

- A. **Activation of Excessive Heat Response Plan Task Force, today, June 15, 2017, due to alert from National Weather Services for excessive health in the Mountains and Desert through next Friday. Press release will be issued tomorrow.**
- B. 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)
 - C. EMS and Chief Nursing Officer will be transitioned to the Medical Care Services Division.

IV. Grants

A. New Applications

1. **Gonorrhea Surveillance:** California Department of Public Health is applying for a CDC grant. HSHB submitted an application specific to San Diego County. Funds are gonorrhea surveillance and to support lab testing in identifying ways to eliminate the disease. Start date is August 1, 2017; Application was submitted on May 15; Amount is \$71,000. Award status pending.
2. **Naloxone Proposal:** to participate in a naloxone distribution effort. Application submitted May 1.

B. Funding

1. **Zika Funding for PH Lab:** The State awarded PH Lab \$1,046,404 (June 2017 – June 2018). Scope of work includes following additional outcomes:
 - Add the Gene Sequencing Instrument
 - Establish agreement for Zika testing for binational/Baja/Mexico cases
 - Establish agreement for Zika testing with Imperial County
2. **Zika Funding:** EISB was awarded \$413,793 for staffing support. Funding is for March 1, 2017-July 31, 2018.
3. **Public Health Lab Microbiologist Training Funds:** \$75,500 was awarded to the lab to train 2 microbiologists.
4. **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.
5. **Tobacco Control Program**
 - a. Tobacco program is anticipated to receive over \$2.8 million from the state in FY17-18.
 - b. Additional Tobacco Funding \$182K one time only; pending funding from recent legislation
6. **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.
7. **Sodium:**
 - Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. \$100K/year X 5 years. AWARDED

ATTACHMENT D
Public Health Officer's Report, page 3

8. 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

9. 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

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

VI. Branch and Program Fact Sheets – completed by July 2016; will provide to board members on flash drive (Pending).

VII. Board Letter Forecast

June 27, 2017		
1. Getting to Zero Board Memo (presented to HSAB on 6/15/17)	HSHB	Patrick
July 18, 2017		
2. FY 17/18 accept \$2.8 million in Tobacco funding and authorize contracts	MCHFS	Dr. Coleman
August 1, 2017		
3. HIV/AIDS Revenue Agreement and Single Source Procurement (scheduled for		Patrick
4. Acceptance of TB Revenue (scheduled for HSAB on 7/20/17)	TB	Dr. Graves
5. Single Source procurement with Project Concern International (PCI) for binational border outreach for TB control (scheduled for HSAB on 7/20/17)	TB	Dr. Graves
6. Zika Revenue Agreement (scheduled for HSAB on 7/20/17)	Lab	Brett Austin
7. Purchase CDC Testing Kits for Lab (scheduled for HSAB on 7/20/17)	Lab	Brett Austin

VIII. Announcements

A. Personnel - 4 Key Positions

1. CCS Chief – Job Posted Online
2. Agency Program and Operations Manager (MAA/TCM) – Job Posted Online
3. Chief Nursing Officer – Job Posted Online
4. TB, Chief – Candidate Selected: Dr. Susannah Graves, starts on 4/28/17 & full time on 6/19/17
5. EMS Chief – Andy Parr appointed

IX. Site Visits

Timeframe	Description	Audit
Summer	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	N/A

ATTACHMENT D
Public Health Officer's Report, page 4

X. 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. There is 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.)

XI. Suggested Future Agenda Items

- A. Prevention Grant
- B. Eat Well Standards
- C. Summary of PHAB 2017 Accreditation Annual Report

Submitted by Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, June 15, 2017

ATTACHMENT E



HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO –JUNE 2017

HEALTHY SAN DIEGO (HSD)

Enrollment

Please see below for April 2017 data.

Managed Care	April 2017
HSD Enrollment	721,905
State Default Rate*	30%
San Diego Default Rate*	35%

* 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	April 2016	April 2017
CMS	69	50

Current CMS materials are available on the CMS website.

BOARD LETTERS

N/A

ATTACHMENT F
Notice of Biennial Training

State Mandated Ethics Training

Government Code section 53234 and follow (AB1234) requires local agency officials who are eligible to receive compensation or reimbursement for expenses to take two hours of ethics training every two years.

Local agency officials who commence service before January 1, 2006 are required to take the training within one year. Thereafter, the officials must take two hours of ethics training every two years.

“Local agency official” includes, (a) the local government’s elected officials and (b) members of any legislative body of the local agency, who are eligible to receive compensation and/or reimbursement for expenses for service on the particular local legislative body. “Legislative body” means any decision making or advisory committee, commission, board, or other body of the local agency (i.e., the County) that is subject to the provisions of the Brown Act, Government Code, § 53234 (a), (b) and (c).

The law allows local agency officials to satisfy the ethics training requirement through one of the following three options:

1. In person training courses;
2. On-line training ; or
3. Self- study training (reading materials and taking a test)

On-line and self-study options, as well as other information about the required ethics training, are available at the Institute for Local Government’s website, <http://www.ca-ilg.org/ab1234compliance>. There is a fee associated with some of these training options. After the training is completed, a certification should be provided. The certification should be kept for the individual’s records and a copy must be sent to the Clerk of the Board of Supervisors.

ATTACHMENT G

Annual Incompatible Activities Form [SAMPLE]

NAME: _____ TELEPHONE: _____

NAME OF BOARD, COMMITTEE OR COMMISSION _____

☐ **Statement of Incompatible Activities related to County Duties**

- ☐ I am currently engaged in, or plan to enter into, outside employment, business activity or enterprise which is related to my duties as a County Officer or employee or as a member of a County board, commission, committee or similar body, or which may be subject to review or approval by a County Officer or employee as follows:

Nature of business or activity _____

Employer (if applicable) _____

List duties performed: _____

Remarks: _____

For additional organizations or information, please include on separate page.

- ☐ I am NOT engaged in, or plan to enter into any activity in conflict with County duties as stated above.

Signature _____

Date _____

☐ **Statement of Membership in Nonprofit Organizations Funded by County – Form 519**

- ☐ I am currently an officer or member of the policy-making board of the following Nonprofit organization(s) funded by the County:

Name of Organization _____

Status in organization _____

Specific funding request (if applicable) _____

Organization or County Department _____

Department Head Initials _____



Please return completed form to:
Clerk of the Board of Supervisors
County Administration Center
1600 Pacific Highway, Room 402
San Diego, CA 92101-2471
(619) 531-5600