



County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Tuesday, May 1, 2018 | 3:00-5:00 PM

County Administration Center, Rooms 302/303
 1600 Pacific Highway

MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Presenters	HHS Support
Seat 5/Dist 3	Harris Effron	Seat 1/Dist 1	Karrar Ali	Andy Pease, Executive Finance Director, Health and Human Services Agency	Dr. Wilma Wooten, Public Health Officer
Seat 7/ Dist 4	James Lepanto (Chair)	Seat 2/Dist 1	(vacant)		
Seat 11/Cmty	Paul Hegyi	Seat 3/Dist 2	Judith Shaplin	Kat DeBurgh, Executive Director, Health Officers Association of California	Dr. Liz Hernandez, Assistant Director
Seat 12/Cmty	Dimitrios Alexiou	Seat 4/Dist 2	LaVonna Connelly		
Seat 13/Cmty	Henry Tuttle	Seat 6/Dist 3	Elly Garner		
Seat 14/Cmty	Jack Dailey (alt)	Seat 8/Dist 4	(vacant)		Nora Bota, Community Health Program Specialist
Seat 16/Cmty	Leonard Kornreich	Seat 9/Dist 5	(vacant)		
		Seat 10/Dist 5	(vacant)		
		Seat 15/Cmty	Michael Matthews		
		Seat 17/Cmty	(vacant)	Donna White, Office Assistant	

Minutes	Lead	Follow-up Actions	Due
May 2018	Dr. Wooten	Contact Alfredo Aguirre to provide a presentation in June.	June 5, 2018

Near Dates of Importance
Next Meeting: Tuesday, June 5, 2018, 3-5 PM—County Administration Center, 1600 Pacific Highway, Rooms 302/303

Agenda Item	Discussion
I. Welcome & Introduction	James Lepanto called the meeting to order at 3:09 pm. The Health Services Advisory Board (HSAB) members and people in attendance were introduced.
II. Public Comment	No public comment.
III. Action Items	<p>A. Approval of April 3, 2018 Meeting Minutes Paul Hegyi motioned to approve the minutes. Dimitrios Alexiou seconded the motion. All other HSAB members in attendance voted Aye, with no oppositions or abstentions, to approve the minutes.</p> <p>B. Public Comment There was no comment.</p>

Agenda Item	Discussion
<p>IV. Updates/ Presentations / Follow-up Action Item</p>	<p>A. FY 2018-19 CAO Recommended Operational Plan</p> <p>Presenter: Andy Pease, Executive Finance Director, Health and Human Services Agency</p> <p>Andy Pease provided a formal report on this year’s County Budget. He presented at last month’s HSAB meeting as well on the economic indicators and governor’s proposal. Andy went over this year’s County Operational Plan and discussed realignment. This year’s budget going forward will be over \$2 billion, serving over 1 million clients. Last year’s budget was \$1.9 billion and this year’s budget is \$2.1 billion, an increase of \$189 million. Behavioral Health Services will be at an unprecedented \$858 million of appropriations in services in the Health and Human Services Agency (HHS). This is primarily due to the addition of the Drug and Alcohol Services.</p> <p>HHS expenditures were discussed with contracts at \$807 million, an increase of \$148 million from the current budget. Salaries and benefits are at \$656.8 million, an increase of \$45.1 million. Those two expenditures are the biggest contributors to the overall increase. From this increase, 74% is intergovernmental. The vast majority of increases is federal and state funding. Andy stated he has not seen this level of increase added to the agency in his time.</p> <p>Realignment is a fundamental change, the realignment of program responsibilities.</p> <ul style="list-style-type: none"> • It takes the burden from the state and realigns it for the County. • It is a transfer of financial liability and administrative authority, and gives dedicated cash stream, program flexibility, and responsibility. Special funds come to counties for allocation methods through vehicle license fees (VLF) and sales tax. • A dedicated portion of sales tax and VLF are for social services, health, and mental health programs. • The goal is to mitigate the state revenue gap, give counties greater funding stability, and create an incentive to counties to operate programs with greater efficiency and effectiveness. The counties can use dollars interchangeably. • Counties can generally rely on realignment for steady growth of fees and taxes the counties use to draw on federal dollars. This allows for a certain amount of predictability in federal dollars and stability versus waiting on what a legislature will do to your program. The downside is that this is completely reliant on the economy. • When the economy crashes, so does the financial funding. There has been a steady trend over the past few years, no real recession. • Counties have benefitted from alignment. Realignment was based on the principal that there would be sufficient revenue to cover costs to transfer to the counties, which in turn provides counties stability and predictability. • The counties are given discretion to administer the programs. During the last 20 years, realignment has been more successful than not. However, they are starting to see fractures in realignment structures due to the growing complexity. <p>Andy reviewed the County’s budget by program and the reasons for major increases, including staff changes and resources for vulnerable populations (housing and homeless efforts, mental health services, strengthening families, and hepatitis A prevention). Notable services that have changed in the budget: In-home supportive services (IHHS) increasing, CalWorks decreasing, General Relief Recipients increasing, Medi-Cal increasing, and CalFresh slightly decreasing. Andy then went over the next steps for the Financial Planning Cycle.</p>

Agenda Item	Discussion
<p>IV. Updates/ Presentations / Follow-up Action Item</p>	<p><u>Discussion (Q/A):</u></p> <p>How is the formula determined for realignment? Is it distributed equitably among the counties? From your perspective, is that something that at one point will need to be addressed?</p> <ul style="list-style-type: none"> In 1991, it was not an equitable distribution, and San Diego County was among those counties not receiving their share. An effort was undertaken to ensure this process was more equitable. The state generally provides the funds to counties and makes them responsible. In 2011, the state said this is what you are getting and gave an amount. They didn't deal with trying to make it equitable as they saw it was futile and too complicated. Andy believes that there will be a day where realignment will be re-opened and redone, but not exactly sure how. This will be a fundamental challenge that counties are faced with until a change is made. <p>Can you describe the mechanism to leverage federal dollars?</p> <ul style="list-style-type: none"> One example is in Mental Health as full patient services or outpatient programs are provided. For Drug Medi-Cal Organized Delivery System (DMC-ODS), there is a certain amount the federal government contributes. The services that are not covered will need to be taken care of with other funds and realignment can cover the non-federal share. The County also covers costs if a revenue source is not provided. They have the discretion to cover what they want from the extra amount provided. <p>Do we have a strategic plan in place to meet the needs of the aging population?</p> <ul style="list-style-type: none"> Some services for this population are covered through entitlement, it must be provided. Realignment funds are identified and used for these programs. If realignment in other areas cannot cover all costs for services that are not mandated, realignment reserves may be used. The state administration has promised to work with the counties to come up with a solution. <p>B. Introduction to the Legislative Process</p> <p>Presenter: Kat DeBurgh, Executive Director, Health Officers Association of California</p> <p>Kat DeBurgh provided an introductory level overview of the state and county legislative process. Kat is the Executive Director of the Health Officers Association of California (HOAC), which represents the 61 Health Officers in California. HOAC is active at the capital level, including providing continuing medical education, conferences, special projects, grants, and legislative advocacy.</p> <p>Kat provided an overview of how a bill becomes a law. The bill introduction deadline is February. Fiscal bills have to be heard in April. Kat displayed a list of Assembly Committees and Senate Committees, and discussed the committee process. The Assembly and Senate Health Committee is the main focus of HOAC. Before Committee hearings, the committee consultant receives letters of support or opposition from organizations or counties. If letters are received up to a week in advance, the letters and arguments can be included in the analysis. This analysis is part of the official record of the bill, which is a way for members of the public to have input.</p> <p>The Suspense File consists of bills that cost over \$250,000 a year, technically heard by Appropriations Committee. They are released or not released the day before the hearing. Floor votes are composed of legislatures themselves who talk about the bill and vote.</p>

Agenda Item	Discussion
<p>IV. Updates/ Presentations / Follow-up Action Item</p>	<p>San Diego County is a very powerful county. Lorena Gonzalez-Fletcher, an assembly member from San Diego County, is the Chair of Assembly Appropriations Committee, which makes her one of the most powerful women in the state because she controls whether or not Suspense File Bills are released.</p> <p><u>Discussion (Q/A):</u></p> <p>What is the HOAC website address that provides bill updates?</p> <ul style="list-style-type: none"> • CalHealthOfficers.org • HOAC sends out legislative alerts every Monday on bills of interest to Health Officers. <p>Who appoints to the committees and what is the process in Southern California?</p> <ul style="list-style-type: none"> • The President Pro Tem of the Senate and the Speaker of the Assembly, which are currently Senator Atkins and Assemblyman Rendon. • They are elected by colleagues. Every year they get together and elect Pro Tem and Assembly elect speaker. <p>What trends should we be aware of in the legislative process?</p> <ul style="list-style-type: none"> • Last year single-payer healthcare sponsored by the nurses association was a bill that passed the Senate, but didn't get far in the Assembly. The criticism was it is a huge change in California policy that would cost a lot of money. • A package of bills by the assembly, doctors, and other healthcare stakeholders that aren't single-payer, but move towards a single-payer system, is currently going through the process now. Healthcare is a major issue this year. All rules can be broken for the bill to get the bill out and on the floor as this happened a couple of years ago with tobacco.
<p>V. Chair's Report</p>	<p>A. Changes to the Health Services Advisory Board Bylaws</p> <p>HSAB members reviewed, discussed, and voted on changes to the current HSAB Bylaws. The following changes were made:</p> <p>Section 3 – Membership:</p> <ul style="list-style-type: none"> • The number of members of the advisory board changed from 18 to 17. • A sentence stating that alternate members have the same voting power and can carry on the obligations of the members was added. <p>Section 5 – Quorum:</p> <ul style="list-style-type: none"> • Changed language to state that a simple majority of members currently appointed defines a quorum in lieu of a simple majority plus one. <p>Section 7 – Meetings:</p> <ul style="list-style-type: none"> • The monthly meeting was changed from the third Thursday from 4:00p.m. - 6:00 p.m. to the first Tuesday from 3:00 p.m. - 5:00 p.m.

Agenda Item	Discussion
<p>V. Chair's Report</p>	<p>Section 10 – Committees:</p> <ul style="list-style-type: none"> • Standing Committees will include but shall not be limited to the following for the Executive Committee was changed from “two committee Chairs or two Board of Supervisors’ representatives” to “the Executive Committee shall consists of the Chair and Chair – Elect”. • Committee Reports language was added that all committees shall report at regular meetings at least quarterly or as requested by a Chair or Sub-Committee Chair. • Language was added that sub-committees include the following: Budget, Health Legislation, Policies and Programs, and Strategic Planning/Annual Report. <p>Article II Section 1 Amendments :</p> <ul style="list-style-type: none"> • Added that the bylaws will be reviewed by the Chair and board members as needed. <p>Dimitrios Alexiou motioned to approve the changes to the HSAB Bylaws. Paul Hegyi seconded the motion. All other HSAB members in attendance voted Aye, with no oppositions or abstentions, to approve the HSAB Bylaw changes.</p> <p>B. Supervisor and Aide Visits James is continuing to schedule meetings with the Board of Supervisors.</p> <p>C. Vacancies James Lepanto is contacting Board of Supervisor Offices to fill current vacancies for HSAB.</p> <p>D. Follow-up on Key Actions to Take Regarding STD Update HSAB members will discuss this at the June meeting.</p>
<p>VI. Informational Items</p>	<p>A. Committee Reports</p> <p>1. Policies and Program: Leonard Kornreich (Chair), Greg Knoll, Harris Efron, Karrar Ali</p> <p>Policies and Programs Subcommittee had a report provided by the Community Health Improvement Partners (CHIP) CEO about three major projects the organization is currently working on. The subcommittee will decide if the three reports will be worth presenting to HSAB. The three reports are related to mental health homes, school food issues, and a Resident Leadership Academy. The subcommittee will decide later on if a presentation for the HSAB members is appropriate.</p> <p>2. Budget: James Lepanto (Chair), Judith Yates, Judith Shaplin</p> <p>James is looking for another member to serve on the budget committee.</p> <p>3. Health Legislation: Paul Hegyi (Chair), Elly Garner, Harriet Seldin, Henry Tuttle, Dimitrios Alexiou</p> <p>The Health Legislation Subcommittee met a few months ago and received feedback on the committee’s role. The subcommittee recommended that the County should take proactive positions on what they believe is relevant legislation. The subcommittee also had recommendations a few bills to pass on to the Board of Supervisors. The subcommittee noted that there is a new funding, \$6 billion, the federal government approved to combat the Opioid Epidemic. The subcommittee suggested that the County look at how to apply for those funds.</p>

Agenda Item	Discussion
<p>VII. Public Health Officer's Report</p>	<p>A. Public Health Officer Report</p> <p>Dr. Wooten reviewed new items in red text on the Public Health Officer's Report.</p> <p>1) Communicable Disease Issues</p> <ul style="list-style-type: none"> • Influenza <ul style="list-style-type: none"> ▪ 20, 661 total cases; 300 ICU cases; 341 deaths ▪ The Public Health Officers Order for mandatory flu vaccination was expanded due to the increase number of cases. The numbers are declining. ▪ The week of May 2nd will be the last Influenza Watch and news story issued for this flu season. • Hepatitis A <ul style="list-style-type: none"> ▪ We are still reporting cases on a weekly basis. ▪ There are 588 outbreak cases. ▪ There are 7 remaining handwashing stations ▪ Over 137,000 vaccinations have been provided. ▪ The After Action Report will come out sometime in May. The report will be made available to the public. The report will have concrete recommendations for the future related to Hepatitis A response. • Zika Virus <ul style="list-style-type: none"> ▪ As of April 4, 2018, the reports are issued first Thursday each month. ▪ Total Zika Testing referrals to the Epidemiology Program for consultation of potential cases: 4, 004 referrals. ▪ Ruled out: 3, 755 cases. <p>Discussion (Q/A):</p> <p>How aggressively are you pursuing the Hepatitis A second dose shot with the target population?</p> <ul style="list-style-type: none"> • Very aggressively. An active 2nd Dose Campaign is in progress; many planned vaccination events have been scheduled, including homeless outreach. <p>What is your estimate of the numbers of deaths due to non-coverage from the flu vaccine or are there specific strains, based on the Influenza Watch which will be included next year?</p> <ul style="list-style-type: none"> • Each year the strain changes so we won't know the strains that will be covered by the vaccines until later this year. The number of deaths we are experiencing is a success of our system because we are more aggressively searching to find deaths. Other counties are coming to us to see what we are doing. We are doing cross-matching between epidemiology reports with the Electronic Death Certificate System. <p>What is the number of Influenza deaths that were people who did not get vaccinated?</p> <ul style="list-style-type: none"> • Most deaths occurred in people who were not vaccinated. <p>[See Attachment]</p>
<p>VIII. Agenda Items for Future Meetings</p>	<p>A. Proposed Agenda Items for Future Meetings</p> <ol style="list-style-type: none"> 1) Behavioral Health Services Presentation (June 2018) 2) Chronic Disease Presentation (June 2018) 3) Lessons Learned from the Flu (June 2018)
<p>IX. Adjournment</p>	<p>This meeting was adjourned at 4:55 PM. Next meeting: June 5, 2018 at the County Administration Center, Rooms 302/303</p>