

Health and Human Services Agency
Health Services Advisory Board (HSAB)
Public Health Officer's Report

May 1, 2018 * 3PM–5PM * 1600 Pacific Highway, San Diego, CA

I. Communicable Disease Issues

A. Infectious Disease Issues

1. Influenza (see weekly *Flu Watch* Handout)

- Current season summary (**As of 4/25/18**):
 - **20,661 total cases**
 - **300 ICU cases** A simple majority of members currently appointed shall constitute a quorum A simple majority of members currently appointed shall constitute a quorum
 - **341 deaths**
 - **117 outbreaks**
- On March 21, 2018, Extended Public Health Officer order for mandatory flu vaccination or mask to April 30, 2018 (due to continued increase of viral detections reported to the health department).
- **This week, May 2nd, will be the last Influenza Watch and news story issued for this flu season.**

2. Hepatitis A (**As of 4/26/18, weekly report**)

- Outbreak
 - At-risk Populations: Homeless population and illicit drug-using individuals or both.
 - Genotype 1B, with 16 strains
 - **Case Demographics**
 - **588 cases with onset dates from 11/22/16 – 3/9/18, 20 deaths, 403 hospitalizations**
 - **403 (68%)** hospitalizations, 20 (3.4%) deaths
 - **402** males (68%); 186 females (32%)
 - 5-87 years (median 43.0 years, **mean 43.9 years**)
 - **198** (34%) documented homeless and illicit drug use
 - 90 (15%) homeless only
 - 76 (13%) illicit drug use only
 - 167 (28%) neither homeless nor illicit drug use
 - 57 (10%) unknown (no records or interview)
- Co-infection
 - 25/489 (5.1%) confirmed or probable Hepatitis B
 - 81/474 (17.1%) confirmed or probable Hepatitis C
- Other Characteristics
 - 48 cases in jail/detention facilities (Completed vaccinations of 7 facilities)
 - 24 Food Handlers
 - 7 healthcare workers
 - **Other jurisdictions linked to San Diego (cases as of 4/26/18):**
 - California: Santa Cruz (**76 cases**), Los Angeles (**41 cases**), Monterey (**12 cases**), OC, Santa Clara, SLO, Imperial, Placer, Riverside, Ventura
 - U.S.: Arizona, Colorado, Illinois, **Indiana (66 cases)**, Iowa, Kentucky (**311 cases**), New Hampshire, **Ohio (47 cases)**, Oregon, Rhode Island, Utah (**226 cases**), Hawaii, **West Virginia (20 cases)**
 - International: Canada
- Strategies
 - Conducting outreach to homeless and substance use treatment facilities using Point of Distribution (PODs), mobile vans, and field foot teams.
 - Vaccinating jail/detention facilities
 - Partnering with hospitals (nurses), AMR (paramedics), and temporary nursing staff to vaccinate SRO's, treatment facilities (contract and non-contract), and other locations with at-risk populations.
 - Continuing to work closely with medical community (i.e., FQHCs, EDs), law enforcement, behavioral health and Regional Task Force on Homeless.

- Vaccinations as of **4/4/2018: 137,979**
 - Hygiene Kits Distributed as of 4/4/2018: 11,893
 - **Handwashing Station as of 4/30/18: 153 removed and 7 remaining**
 - Communications:
 - News Stories:
 - 17 issued; last issued on January 23, 2018.
 - Publications
 - 10 issued: CAHAN alert last issued on October 31, 2017.
 - Web page:
 - http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html
3. Zika Virus (**As of 4/3/18, now reports issued first Thursday each month**)
- Total Zika Testing referrals to EPI Program for consultation of potential cases: **4, 004 referrals**
 - Ruled out: **3, 755 cases**
 - Confirmed Zika cases (all travel-associated): 106
 - Cases pending lab results or submission: **117**
 - Travel associated cases: American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (3), Columbia (2), Costa Rica (5), Dominican Republic (2), Fiji (1), Grenada (1), Guatemala (3), Haiti (2), India (1), Indonesia (1), Jamaica (2), Kiribati (1), Latin America, multiple countries (4), Maldives (2), Mexico (42), Nicaragua (9), Philippines (2), 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; 13 cases confirmed in pregnant women.
 - 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
 - San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG).

II. Board Actions

- A. Getting to Zero – Annual report via Board Memo to be issued in late June to coincide with National HIV Testing Day.
- B. San Diego County has declared a local health emergency, which signed on Sept 1, 2017. It declares that the “spread of Hepatitis A in San Diego is a threat to public health” and “a local health emergency is declared in San Diego County.”
 1. September 6 & 12, 2017: Ratify declaration of local health emergency: Hepatitis A Outbreak
 2. September 26, 2017, October 10, 2017, October 24, 2017, November 6, 2017, November 14, 2017, November 27, 2017, December 5, 2017, December 19, 2017, January 2, 2018, and January 9, 2018: Continue local health emergency.
 3. San Diego County Board of Supervisors motion to end local health emergency on January 23, 2018.

III. Public Health Issues

- A. West Nile Virus Zika Season: Department of Environmental Health issued Media Advisory on April 2, 2018 to notify the public of the start of mosquito season.
- B. National Public Health Week, April 2-8, 2018, with *Live Well San Diego* Public Health Champion Awards Ceremony on Friday, April 6, 2018.
- C. Hepatitis A:
 1. DOC activated to Level 2 for Hepatitis A response.
 2. Governor of California, Jerry Brown, declared a state of emergency for Hepatitis A on October 13, 2017.
- D. CAHAN released on February 16, 2018: Pertussis Increasing in San Diego

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 15th; Amount is \$71,000. Award status pending.

2. **Naloxone Proposal:** to participate in a naloxone distribution effort. Application submitted May 1st. Approved. A plan has been developed and will implement. \$248,300 (full amount)

B. Funding

1. Hep A Funding: CDPH funding \$350,000 to hire two Epidemiologists
2. Oral Health Funding: Prop 56 Funding - \$842,000 Estimated
3. **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
4. **Zika Funding:** EISB was awarded \$413,793 for staffing support. Funding is for March 1, 2017-July 31, 2018.
5. **Public Health Lab Microbiologist Training Funds:** \$75,500 was awarded to the lab to train 2 microbiologists.
6. **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:
 - PrEP education and navigation.
 - Rapid initiation of anti-retroviral therapy (ART) for individuals newly diagnosed with HIV.
 - Awareness Campaigns.
7. **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 (Prop 56)
8. **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.
9. **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. AWARD
10. **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
11. **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 30th

V. Public Health Initiatives

A. Major Initiative Updates and Highlights

1. Getting to Zero – Medical Advisory Committee: HIV, STD, and Hepatitis Branch has convened a Medical Advisory Committee consisting of healthcare professionals and executives from local healthcare systems and stakeholders to support Getting to Zero. The primary objectives of the committee are to increase routine HIV testing in healthcare settings and to optimize referral mechanisms for HIV linkage to care, pre-exposure prophylaxis, and post-exposure prophylaxis. Met with the Hospital Association of San Diego & Imperial Counties and community clinic networks on March 14, 2018; Met with San Diego County Medical Society on April 10, 2018; Met with Family Health Centers of San Diego on April 11, 2018.

VI. Board Letter Forecast

DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
April 2018			
1. Fee Increase (presented to HSAB on April 3, 2018)	4/17/18 & 4/24/18	HHSA Exec	Andy Pease

DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
		Office	
June 2018			
2. Change to RHAP Funding from State ORH (scheduled for HSAB on June 5, 2018)	6/26/18	TBRH	Susannah Graves
3. Accept Tuberculosis Revenue (scheduled for HSAB on June 5, 2018)	6/26/18	TBRH	Susannah Graves
4. Getting to Zero Annual Report (Board Memo)	6/27/18 (provide to BOS by or before this date)	HSHB	Patrick Loose and Lauren Brookshire
July 2018			
5. TB Elimination (scheduled for HSAB on 7/3/18)	7/24/18	TBRH	Susannah Graves
Summer 2018			
6. Accept Ryan White Funding for FY 18-19 (scheduled for HSAB TBD)	TBD	HSHB	Patrick Loose and Lauren Brookshire
November/December 2018			
7. Region VI Mutual Agreement (scheduled for HSAB on 11/6/18)	12/11/18	PHPR	Patrick Buttron

VII. Announcements

- A. Personnel – No updates

VIII. Site Visits/Audits

Timeframe	Description	Auditor
12/4-7/17	State audit of public health nursing level ratios. Report from site visit is pending.	State
5/1/18	Department of Health Care Services (DHCS) Care Coordination Assessment Visit.	DHCS

IX. Legislation

- A. Nothing currently to share.

Submitted by: Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, May 1, 2018



ELIGIBILITY SERVICES BY THE NUMBERS...

April 2018 (Data Month: March 2018)

PARTICIPANTS

- **CalFresh:** 265,991 recipients, down 3.94% from last year.
 - 123,095 child recipients (0-18), down 6.08% from last year.
 - 26,896 senior recipients (60+), up 6.71% from last year.
- **CalWORKs:** 51,962 recipients, down 11.38% from last year.
 - 41,619 child recipients (0-18), down 9.28% from last year.
 - Welfare-to-Work: 7,544 participants, down 20.04% from last year.
- **CMS:** 37 CMS recipients, down 13.95% from last year.
- **General Relief:** 3,114 recipients, down 0.19% from last year.
- **Medi-Cal:** 725,514 recipients, down 0.75% from last year.
 - 283,622 child recipients (0-18), down 2.93% from last year.

Program	Cases	Recipients	% Change in Recipients		Unduplicated Number of Recipients (Mar 2017-Mar 2018)
			Previous Month	Previous Year	
CalFresh	132,622	265,991	0.00%	-3.94%	393,076
CalWORKs	20,516	51,962	-1.01%	-11.38%	81,789
CMS	37	37	-13.95%	-13.95%	197
General Relief	3,108	3,114	0.91%	-0.19%	9,517
Medi-Cal	387,883	725,514	0.05%	-0.75%	930,891
TOTAL	544,166	1,046,618	-0.02%	-2.16%	971,363

*Recipients include 238,493 under ACA Medicaid Coverage Expansion.

PROCESSING

Applications Registered		
Program	March 2018	FYTD
CalFresh	12,033	115,024
CalWORKs	2,171	22,477
CMS	788	7,152
General Relief	1,821	16,196
Medi-Cal	13,063	135,550
Total	29,876	296,399

Renewals Generated		
Program	March 2018	FYTD
CalFresh	6,533	60,899
CalWORKs	1,718	15,285
CMS	14	138
General Relief	102	913
Medi-Cal	27,186	253,191
Total	35,553	330,426

Periodic Reports Generated		
Program	March 2018	FYTD
CalFresh	11,881	101,903
CalWORKs	1,101	10,030
General Relief	1,811	16,350
Medi-Cal	43	595
Total	14,836	128,878

Documents Imaged	
March 2018	FYTD
559,178	4,913,987

Tasks Created	
March 2018	FYTD
350,291	797,793

ACCESS CUSTOMER SERVICE CENTER

Month	March 2017	March 2018	Change	FYTD
Total Calls	95,289	97,310	2,021	834,593
Answered	72,622	69,494	-3,128	602,849
Self-Service	11,947	18,380	6,433	144,914
Transferred Out	470	446	-24	3,762
Abandoned	10,250	8,544	-1,706	82,622
Average Wait Time	8:10	7:24	-0:46	8:26

FAMILY RESOURCE CENTER VISITS

Month	March 2017	March 2018	Change	FYTD
Total Tickets Issued	94,922	77,404	-22.63%	768,428
Average Wait Time (min.)	20.08	17.59	-2.49	

Processing Timeliness Applications, Periodic Reports, and Renewals

CalFresh

- Regular Applications: State required days to disposition = 30 Days
 - San Diego = 18 Days
- Expedited Applications: State required days to disposition = 3 Days
 - San Diego = 2 Days
- Semi-Annual Reporting Timeliness = 87.54%
- Annual Renewal Timeliness = 99.92%

CalWORKs

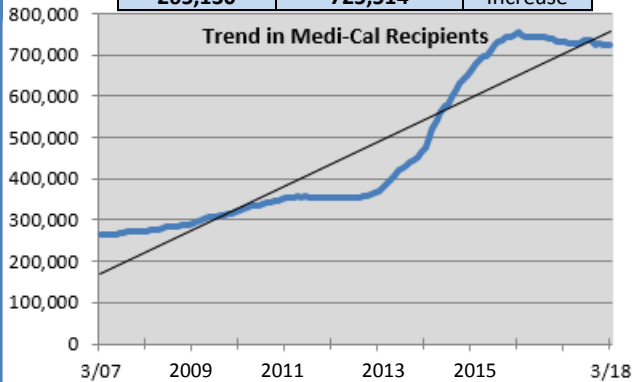
- Regular Applications: State required days to disposition = 45 Days
 - San Diego = 19 Days
- Immediate Need: State required days to disposition = 1 Day
 - San Diego = 1 Day
- Semi-Annual Reporting Timeliness = 86.04%
- Annual Renewal Timeliness = 99.87%

Medi-Cal

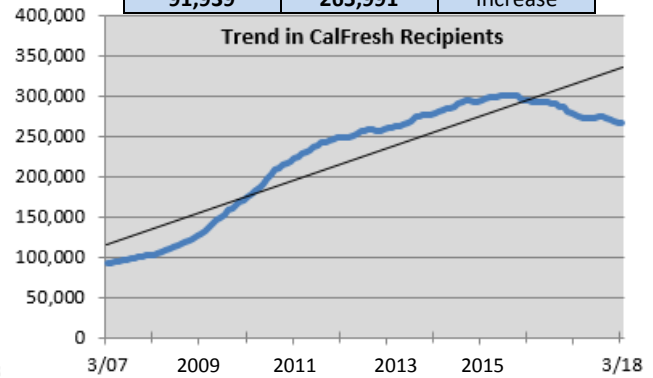
- Regular Applications: State required days to disposition = 45 Days
 - San Diego = 27 Days
- Annual Renewal Timeliness = 97.84%

Program Recipients Trend

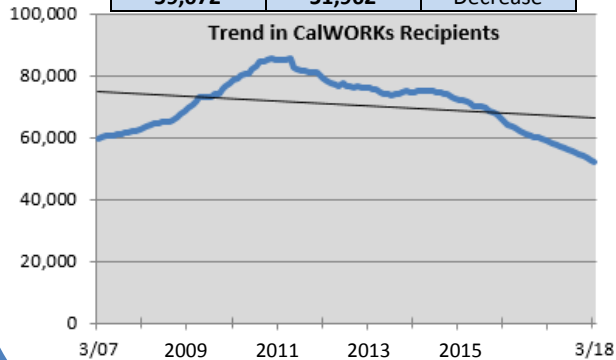
Medi-Cal Recipients		
FY March 07	FY Mar 18	174%
265,130	725,514	Increase



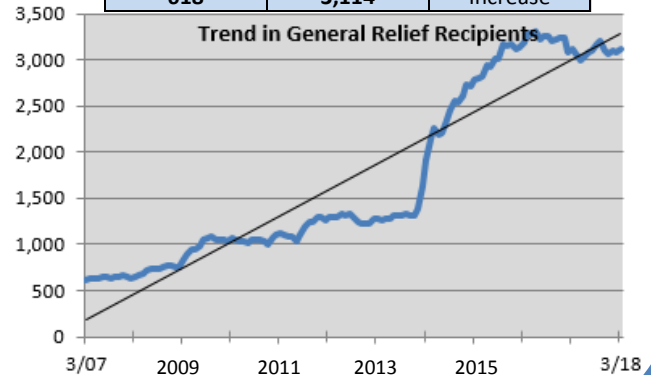
CalFresh Recipients		
FY March 07	FY Mar 18	189%
91,939	265,991	Increase



CalWORKs Recipients		
FY March 07	FY Mar 18	13%
59,672	51,962	Decrease








General Relief Recipients		
FY March 07	FY Mar 18	404%
618	3,114	Increase

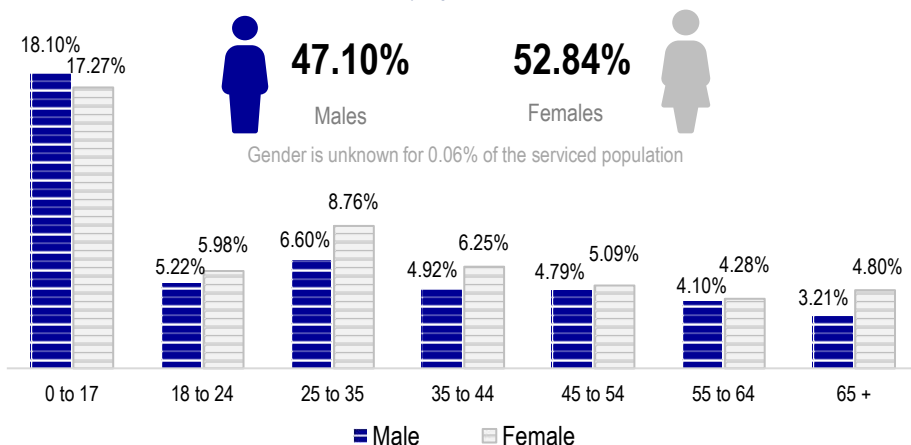


HHSA CUSTOMERS FY 2016-2017¹

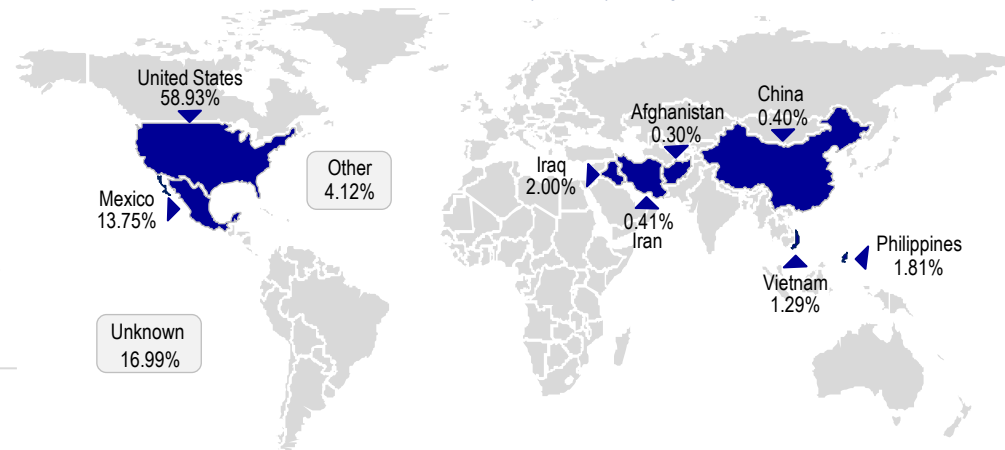
Tuesday, March 20, 2018

County of San Diego Customers ¹	Female Customers	Male Customers	Customers 17 & Younger	Customers 65 & Older	Customers Foreign Born
 1,112,279	 52.84%	 47.10%	 35.38%	 8.02%	 24.08%

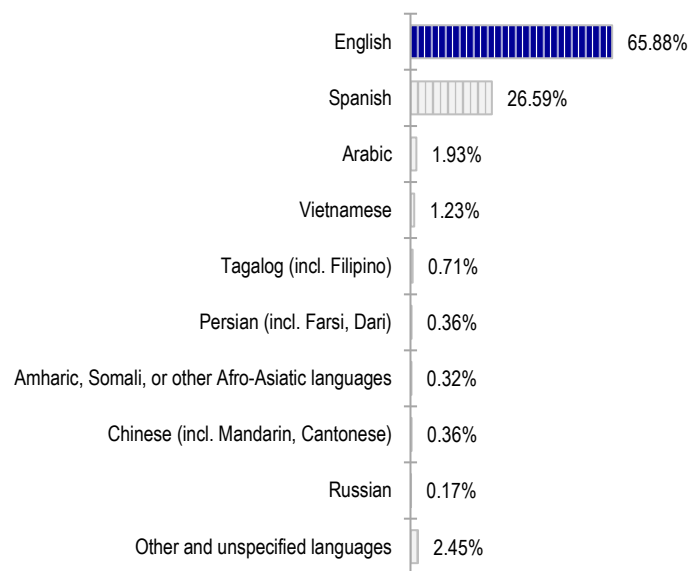
Customers by Age Groups and Gender



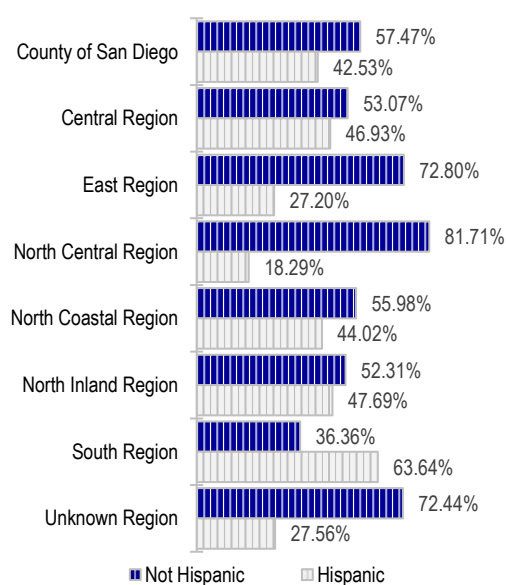
Customers by Country of Origin



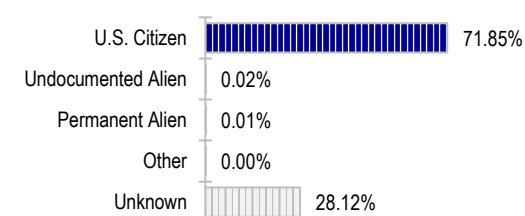
Customers by Primary Language



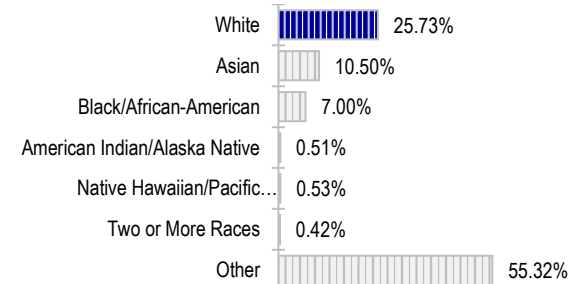
Customers by Hispanic - Not Hispanic



Customers by Citizenship



Customers by Race









Note: Other includes Hispanic customers

DEMOGRAPHIC INFORMATION

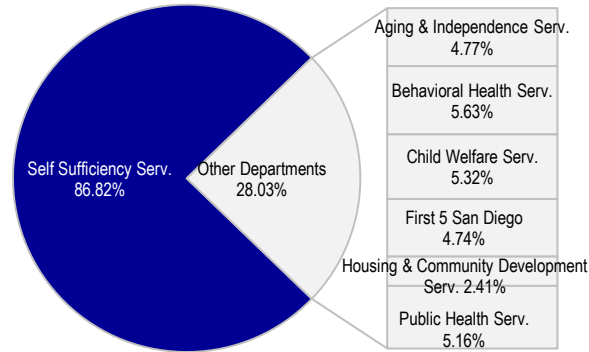
¹ Source: OBI file Unduplicated individuals by program FY 2016-2017 ² Source: American Community Survey (ACS) 5 year estimate 2012-2016 ³ Subregional Area (SRA)
County of San Diego HHSA Office of Business Intelligence For Official Use Only

HHSA CUSTOMERS FY 2016-2017¹

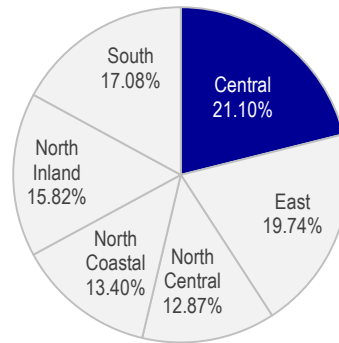
Tuesday, March 20, 2018

Received Medi-Cal  920,822 82.79%	Received CalFresh  398,649 35.84%	Received CalWORKs  86,594 7.79%	Received Public Health Services  57,369 5.16%	Received Mental Health Services  56,252 5.06%	Received First 5 Commission Services  52,754 4.74%
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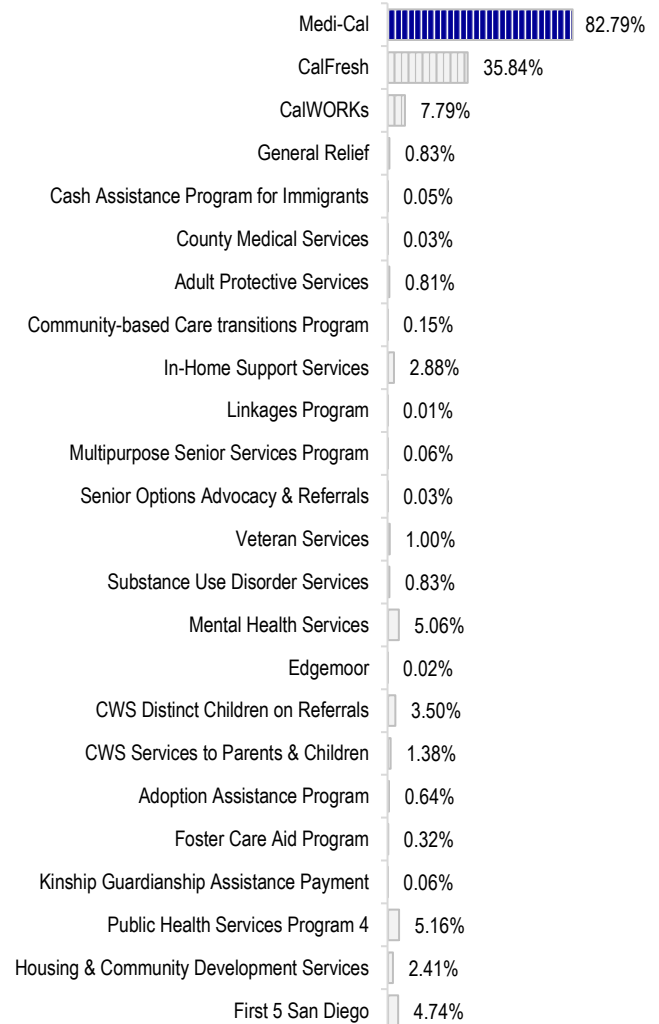
Customers by HHSA Department & First 5 San Diego



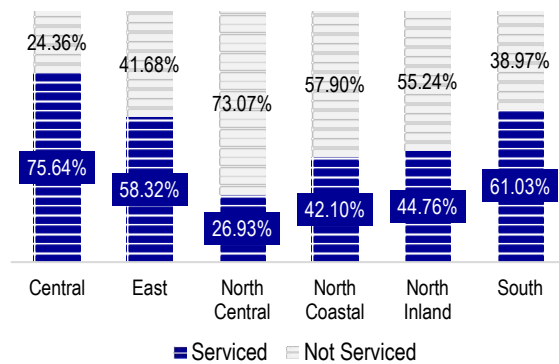
Customers by HHSA Region



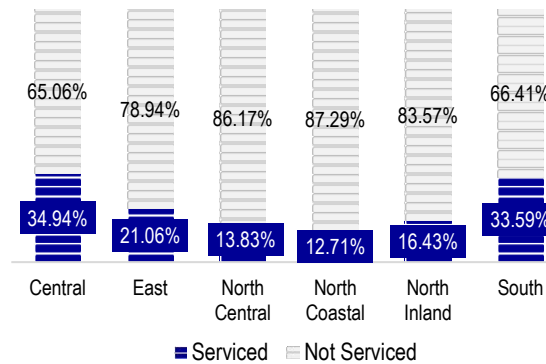
Customers by Program⁵



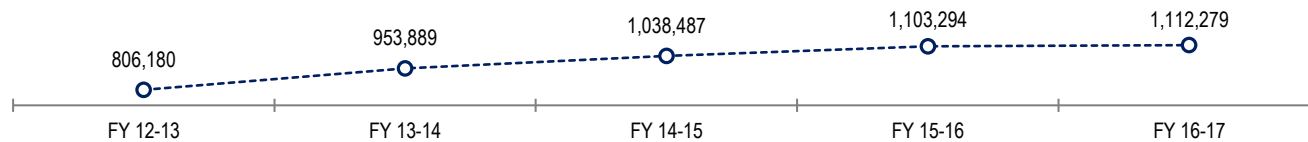
Customers age 17 & under



Customers age 65 & over



Customers by Fiscal Year¹



¹ Source: OBI file Unduplicated individuals by program FY 2016-2017 ² Source: American Community Survey (ACS) 5 year estimate 2012-2016 ³ Subregional Area (SRA) ⁴ Individuals may be counted in more than one program

Note: PHS Services include: Immunizations, TB, STD/HIV, Hansen, Field Services, Refugee Health & California Children Services (FY 2016-2017 is the first year CCS has been included)

FY 2018-19 CAO RECOMMENDED OPERATIONAL PLAN

May 2018



AGENDA



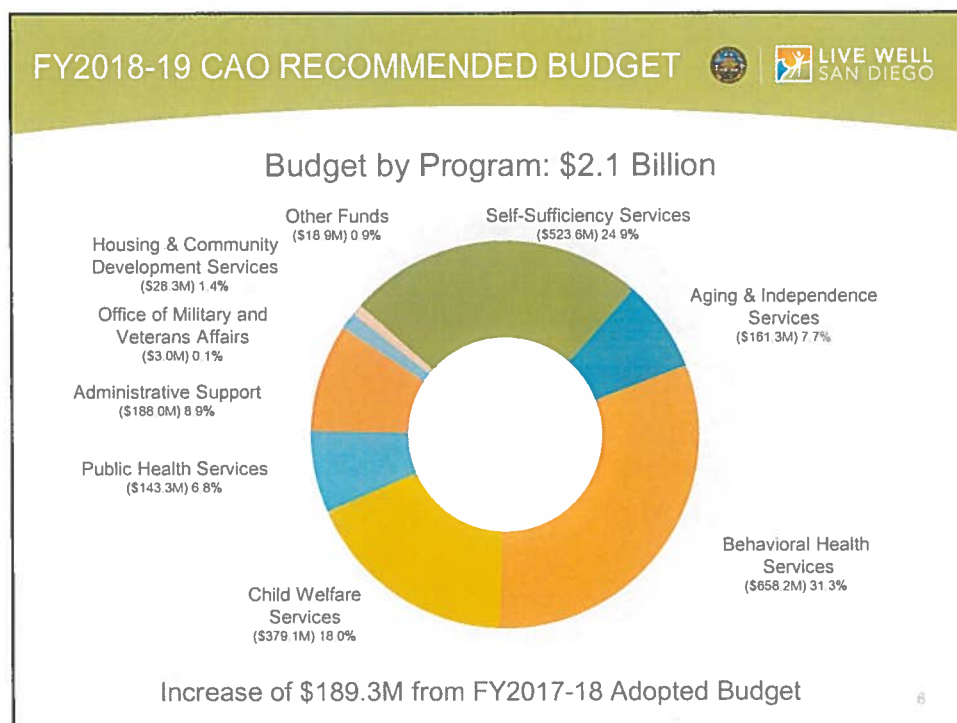
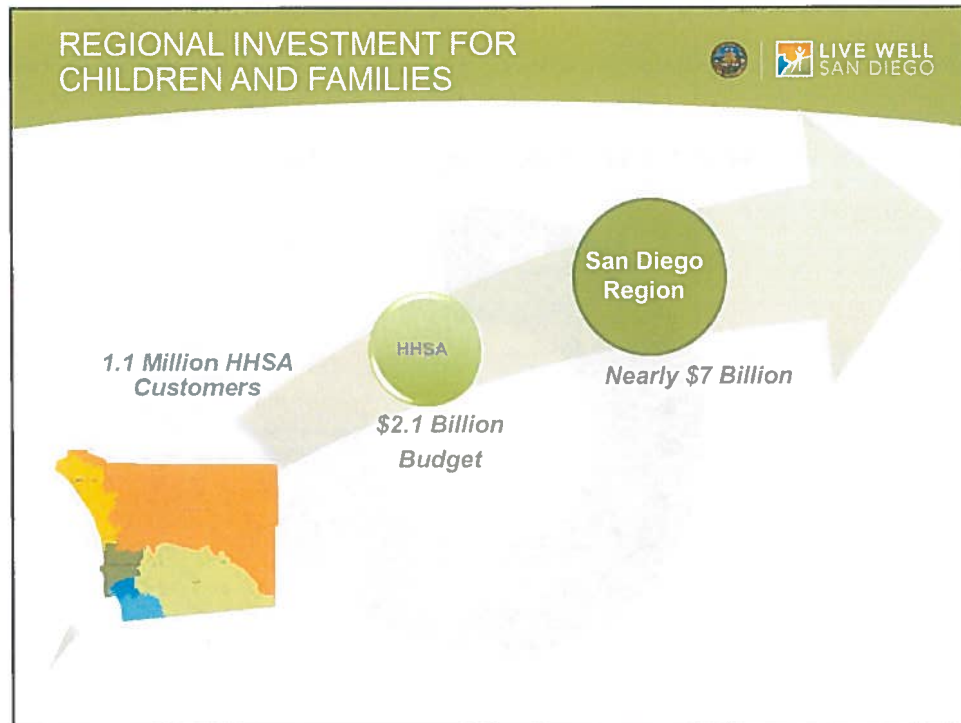
- FY 2018-19 CAO RECOMMENDED BUDGET
- REALIGNMENT
- FOLLOW UP INFORMATION
- NEXT STEPS

FY2018-19 CAO RECOMMENDED BUDGET



HEALTH AND HUMAN SERVICES AGENCY

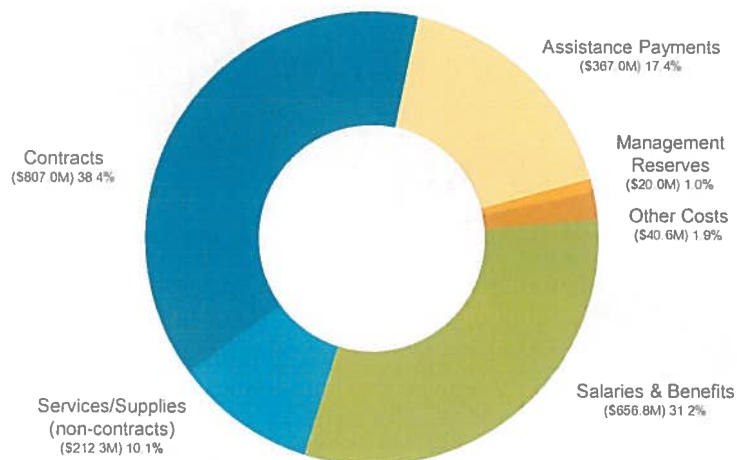




FY2018-19 CAO RECOMMENDED BUDGET



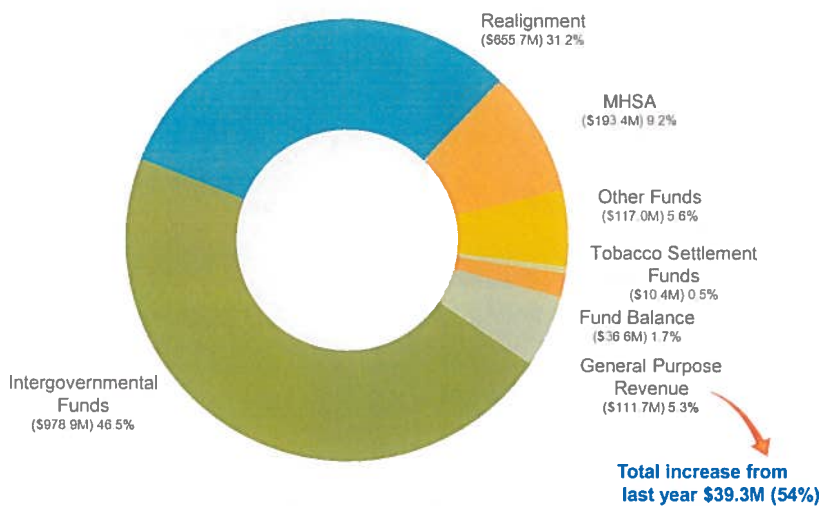
HHSA EXPENDITURES: \$2.1 Billion



FY2018-19 CAO RECOMMENDED BUDGET



HHSA REVENUES: \$2.1 Billion



WHAT IS REALIGNMENT



CHANGE IN STATE AND COUNTY RELATIONSHIP

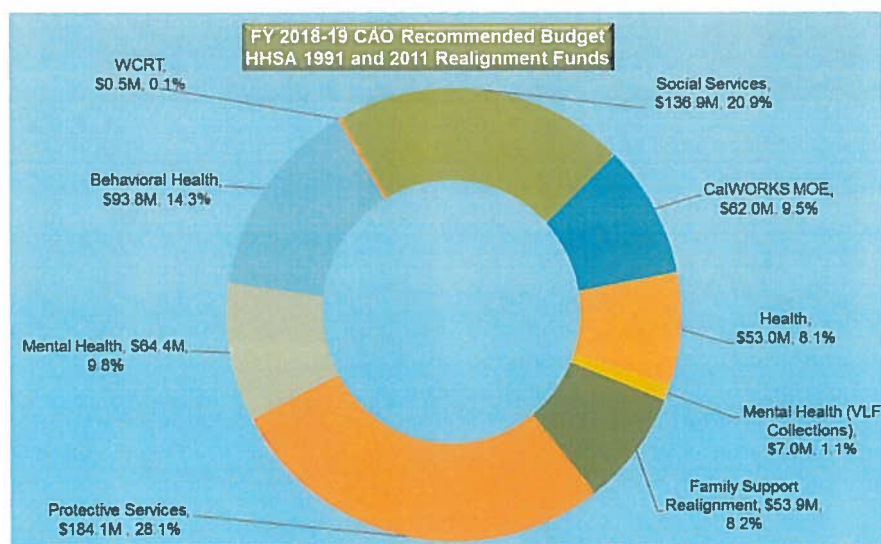
- A "realignment" of program responsibilities
- Transfer of financial liability & administrative authority
- Dedicated portion of sales tax and vehicle license fees (VLF) for social services, health and mental health programs

GOAL

- Mitigate State revenue gap
- Give counties greater funding stability
- Create an incentive to counties to operate programs with greater efficiency and effectiveness

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HHSA 1991 AND 2011 REALIGNMENT FUNDS



Total Realignment = \$655.7M (31.2%)

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1991 REALIGNMENT



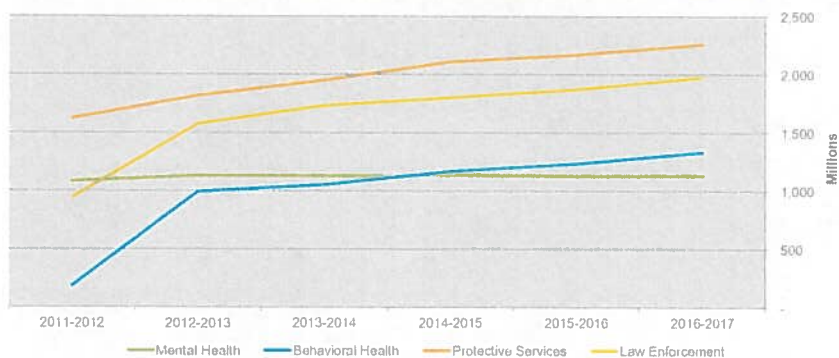
1991 REALIGNMENT SALES TAX COLLECTIONS BY FISCAL YEAR



2011 REALIGNMENT



2011 REALIGNMENT SALES TAX COLLECTIONS BY FISCAL YEAR



WHAT IS REALIGNMENT



➤ HISTORICALLY, REALIGNMENT WAS FOUNDED ON THE FOLLOWING PRINCIPLES

- That there would be sufficient revenue allocated to cover costs transferred to the counties, including growth over the years
- There would be stability in the funding streams
- And counties would be given discretion in administering the programs to find costs savings, improved efficiencies, etc. to ensure they could manage the program within the available realignment allocated for the program

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FY2018-19 CAO RECOMMENDED BUDGET



BUDGET BY PROGRAM: \$2.1 BILLION

Program	FY 2017-18 Adopted Budget	FY 2018-19 CAO Rcmd Budget	Change	% Change
Self-Sufficiency Services	\$ 524.1M	\$ 523.6M	\$ -0.5M	-0.1%
Aging & Independence Services	\$ 137.8M	\$ 161.3M	\$ 23.5M	17.1%
Behavioral Health Services	\$ 529.1M	\$ 658.2M	\$ 129.1M	24.4%
Child Welfare Services	\$ 364.7M	\$ 379.1M	\$ 14.4M	3.9%
Public Health Services	\$ 132.4M	\$ 143.3M	\$ 10.9M	8.2%
Administrative Support	\$ 177.0M	\$ 188.0M	\$ 11.0M	6.2%
Office of Military and Veterans Affairs	\$ 2.8M	\$ 3.0M	\$ 0.2M	7.1%
Housing & Community Development Services	\$ 28.7M	\$ 28.3M	\$ -0.4M	-1.4%
Other Funds	\$ 17.8M	\$ 18.9M	\$ 1.1M	6.2%
Total	\$ 1,914.4M	\$ 2,103.7M	\$ 189.3M	9.9%

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FY2018-19 CAO RECOMMENDED BUDGET



HHSA MAJOR BUDGET INCREASES \$189.3 Million

- **\$114.2M** – Drug Medi-Cal Organized Delivery System (DMC-ODS) - services & supplies
- **\$45.1M** – Salaries & Benefits
- **\$30.1 M** – Ramping up resources for most vulnerable populations:
 - Housing & Homeless efforts **\$12.3M**
 - Mental Health Services **\$12M**
 - Strengthening Families **\$4M**
 - Office of Military and Veterans Affairs **\$0.2M**
 - Hepatitis A prevention sustainability **\$1.6M**
- **\$22.0M** – In-Home Supportive (IHSS)
- **\$10.0M** – Facilities/Infrastructure

Offsetting decreases of \$32.1M driven by caseload adjustments and a budget adjustment to change the process for recording State Hospital offset for inpatient FFS costs with no impact to services

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FY2018-19 CAO RECOMMENDED BUDGET



DMC-ODS IMPLEMENTATION \$119.6 MILLION



Case Management

Recovery Services

Recovery Residences



Withdrawal Management

Medication Assisted

Treatment

16

FY2018-19 CAO RECOMMENDED BUDGET



SALARIES & BENEFITS \$45.1 MILLION

Program	FY 2017-18 Adopted Budget	FY 2018-19 CAO Rcmd Budget	Change	% Change
Self-Sufficiency Services	2,517.00	2,517.00	0	0.0%
Aging & Independence Services	420.00	418.00	-2	-7.1%
Behavioral Health Services	823.00	864.00	41	5.0%
Child Welfare Services	1,368.00	1,368.00	0	0.0%
Public Health Services	648.50	666.50	18	2.8%
Administrative Support	426.00	436.00	10	2.3%
Office of Military and Veterans Affairs	17.00	17.00	0	0.0%
Housing & Community Development Services	101.00	117.00	16	15.8%
Total	6,320.50	6,403.50	83	1.3%

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FY 2018-19 STAFFING CHANGES



NET INCREASE OF 83.00 STAFF YEARS (1.3%)

- The increase is comprised of :
 - 49.00 additional staff years in BHS and Administrative Support for the implementation of Drug Medi-Cal Organized Delivery System (DMC-ODS)
 - 18.00 additional staff years in PHS to enhance the Agency's capacity to prepare for and respond to public health emergencies
 - 16.00 additional staff years in HCDS to support planning, administering and monitoring of housing strategies and affordable housing development projects and programs.

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FY2018-19 CAO RECOMMENDED BUDGET



RAMPING UP RESOURCES FOR MOST VULNERABLE POPULATIONS:

HOUSING & HOMELESS EFFORTS \$12.3 MILLION

- **Behavioral Health Services**
 - \$8.2M – Project One For All
- **Housing & Community Development Services**
 - \$1.3M – Hotel/motel short term bridge housing
 - \$0.4M – Housing assistance/navigation
 - \$0.4M – Landlord engagement
- **Social Services**
 - \$1.5M – Housing and Disability Advocacy Program
 - \$0.5M – CalWORKs Housing Support



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FY2018-19 CAO RECOMMENDED BUDGET



RAMPING UP RESOURCES FOR MOST VULNERABLE POPULATIONS:

MENTAL HEALTH SERVICES \$12.0M

- \$5.1M – Mental Health Services Act Innovative programs
- \$3.8M – Adult and Older Adult and Children, Youth and Family contracts
- \$2.1M – Long term care
- \$0.5M – Crisis response pilot
- \$0.5M – Mobile family trauma counseling



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FY2018-19 CAO RECOMMENDED BUDGET



RAMPING UP RESOURCES FOR MOST VULNERABLE POPULATIONS:

STRENGTHENING FAMILIES \$4.2M

- **Social Services**
 - \$1.0M CalWORKs Intensive Case Management
- **Child Welfare Services**
 - \$1.5M Child Care Bridge
 - \$0.4M Cultural Broker
- **Admin Services (Community Action Partnership)**
 - \$0.6M Financial Literacy
 - \$0.5M Domestic Violence Support Teams
 - \$0.2M Office of Military and Veterans Affairs

HEPATITIS A PREVENTION \$1.6M

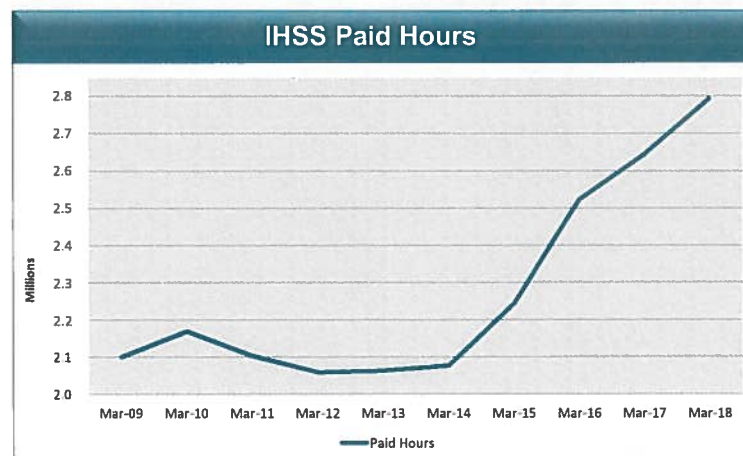
- **Public Health Services**
 - \$1.6M Hepatitis A Prevention Sustainability

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FY2018-19 CAO RECOMMENDED BUDGET



IN-HOME SUPPORTIVE SERVICES (IHSS) \$22.0M

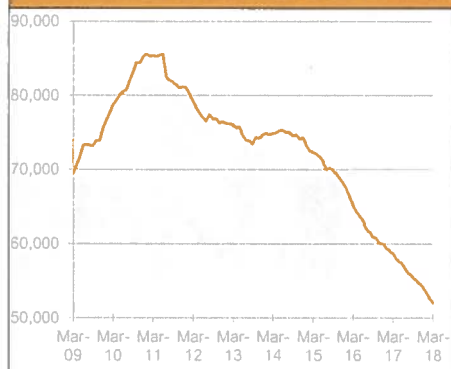


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FY2018-19 CAO RECOMMENDED BUDGET



CalWORKS Recipients



\$159.4M
\$10.0M decrease

General Relief Recipients



\$12.2M
No budget change

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FY2018-19 CAO RECOMMENDED BUDGET



Medi-Cal Recipients



CalFresh Recipients

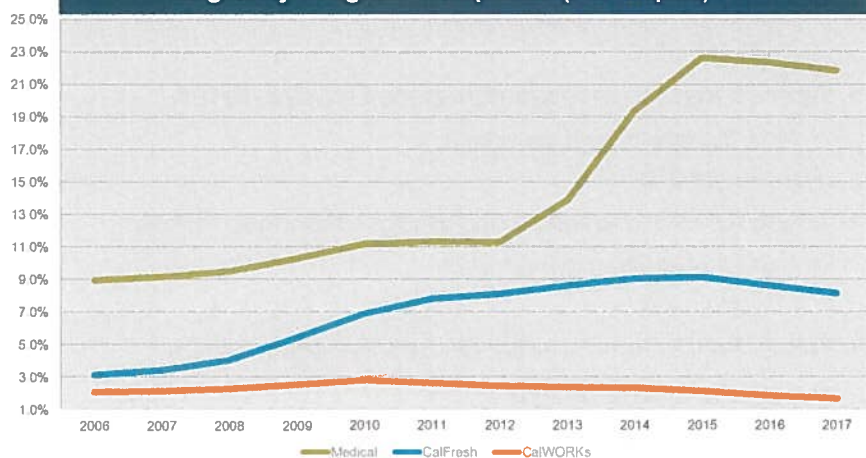


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PER CAPITA CASELOAD



Eligibility Program Recipients (Per Capita)



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FINANCIAL PLANNING CYCLE NEXT STEPS



Key Dates

May 8, 2018
 May 1-14, 2018
 June 11-20, 2018
 June 20, 2018
 June 26, 2018

Budget document available to the public and distributed to Board Offices ([Op Plan link](#))
 Advisory Board presentations
 Public Hearings
 Last day for written testimony on budget to Clerk of the Board, including Change Letter
 Budget Deliberations (2:00 pm) & Budget Adoption

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QUESTIONS



- Andrew Pease, Executive Finance Director, HHSA
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 - (619) 515-6548
- Amy Thompson, Assistant Finance Director, HHSA
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 - (619) 338-2100
- Ardee Apostol, Revenue and Budget Manager, HHSA
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 - (619) 338-2602
- Rissa Japlit, Departmental Budget Manager, HHSA
 - Charissa.Japlit@sdcounty.ca.gov
 - (619) 338-2885

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HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO –MAY 2018

HEALTHY SAN DIEGO (HSD)

Enrollment

Please see below for February 2018 data.

Managed Care	March 2018
HSD Enrollment	718,593
State Default Rate*	35%
San Diego Default Rate*	37%

*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	March 2017	March 2018
CMS	N/A	37

Current CMS materials are available on the CMS website.

BOARD LETTERS

N/A

**HEALTH SERVICES ADVISORY BOARD OF
SAN DIEGO COUNTY
BYLAWS**

Section 1	NAME
	There is hereby created and established the San Diego County Health and Human Services Advisory Board. The Health Services Advisory Board shall constitute a citizens advisory board on public health as required by Section 710 of the County Charter and Section 861 of the San Diego County Code of Administrative Ordinance.
Section 2	POWERS AND DUTIES
	This board is established to advise the Board of Supervisors, and the Health and Human Services Agency regarding programs, issues and budget items pertaining to the Health and Human Services Agency as defined in Section 861.8. This board is not empowered by ordinance, establishing authority or policy to render a decision of any kind on behalf of the County of San Diego or its appointed or elected officials.
Section 3	MEMBERSHIP
	Membership is set forth in Section 710 of the County Charter and Section 861.1 of the Ordinance. The advisory board shall consist of eighteen (18) seventeen (17) members in accordance with Section 861.1, with the exclusions as specified in Section 861.2 of the ordinance, which are included in these bylaws as Appendix A. All advisory board members may designate an alternate to serve in their absence. <u>Alternate members have the same voting power and can carry on the obligations of the members.</u>
Section 4	VACANCIES
	The method of filling vacancies on the advisory board shall be set forth in Section 861.4, which is included in these bylaws as Appendix A.
Section 5	QUORUM
	A quorum shall be defined as a simple majority of members currently appointed(i.e., one person more than one half of the members). The definition of members excludes unfilled positions and those vacated by resignation or removal.
Section 6	ATTENDANCE
	A member with unexcused absences from more than one-third of the regularly scheduled meetings in any 12-month period or three consecutive regularly scheduled meetings shall be subject to removal. (Exception: Board of Supervisors' appointees may not be removed without the approval of the appointing authority.)

Section 7	MEETINGS
	<p>A. This organization shall be subject to the provisions of Chapter 9 (Commencing with Section 54940) of Part I, Division 2, Title 5 of the government code, relating to meetings of local agencies (Ralph M. Brown Act).</p> <p>B. The board shall meet monthly on the third Thursday first Tuesday of each month, from 4:00 p.m. — 6:00 p.m. 3:00 p.m. – 5:00 p.m. at the County Administration Center, 1600 Pacific Highway, San Diego, CA or on a duly noticed date, time and at a location designated by the Chair.</p> <p>C. Special meetings may be called at a time and place designated by the Chair. Notices of regular and special meetings shall be given by the Health Services Advisory Board staff pursuant to government code, relating to meetings of local agencies in accordance with the Ralph M. Brown Act.</p>
Section 8	OFFICERS
	<p>A. The elected officers are Chair and Chair-Elect.</p> <p>B. Slate of officers shall be presented by the nominating committee. The Health Services Advisory Board shall select a slate of officers no later than October and vote no later than December every two years. If unable to meet in December the vote should occur at the next scheduled meeting. Officers take office on January 1 and serve a two-year term.</p> <p>C. The maximum length of a given office shall be two consecutive terms.</p>
Section 9	RESPONSIBILITIES OF THE OFFICERS
	<p>A. The Chair shall be the principal executive officer and the official spokesperson of this organization. The Chair shall preside at all meetings of the board, carry out the policies of this organization, its committees and its general body. The Chair shall make all committee appointments subject to the approval of the board. The Chair shall be an ex-officio member of all committees (except the Nominating Committee), voting only in the case of a tie. The Chair shall have the general powers and duties of management usually vested in the office of the Chair and having the powers and duties as may be prescribed in these bylaws. The Chair of the Health Services Advisory Board shall maintain consultation with the Director of the Health and Human Services Agency.</p> <p>B. The Chair-Elect shall do everything necessary to assist the Chair in the performance of the Chair's duties. The Chair-Elect shall exercise the powers of the Chair when and if the Chair is absent.</p>

Section 10	COMMITTEES
	<p>A. Definition of Committees</p> <p>1) Standing Committees: Any committee that functions regularly and whose membership is appointed on an annual basis. Standing Committee shall have such names, powers, duties and composition as is determined by the board. Such Committees will include but shall not be limited to the following:</p> <p>a) Executive Committee: The Executive Committee shall consist of the Chair, Chair- Elect.</p> <p>1. It shall be the duty and responsibility of the Executive Committee to make recommendations to board members on matters discussed by the Executive Committee relating to or affecting the activities of the board and to report any action taken.</p> <p>2. A quorum of the Executive Committee shall consist of three (3) members of the Executive Committee.</p> <p>2) Nominating Committee: The Nominating Committee shall consist of three (3) members of the board and shall be established no later than September every two years.</p> <p>a) Executive Committee members shall not sit as members of the Nominating Committee.</p> <p>3) Special Committees, Task Forces, and Subcommittee: Special committees, task forces and subcommittees, generally temporary in nature, shall be established, as necessary for special purposes. The Chair shall be a Health Services Advisory Board member.</p> <p>a) Committee Reports: All committees shall report at regular meetings at least quarterly or as requested by a Chair or Sub-Committee Chair. This report may be oral or written, unless specified by the board.</p> <p>b) Sub-committees include the following: Budget, Health Legislation, Polcies and Programs,and Strategic Planning/Annual Report.</p>
Section 11	RULES OF ORDER
	<p>A. Meetings of this organization shall be governed by the authority of Robert's Rules of Order modified to allow open participation of the Chair.</p> <p>B. The rules contained in the Robert's Rules of Order shall govern the organization in all cases to which they are applicable and in which they are not inconsistent with the bylaws of the organization.</p>

ARTICLE II	
Section 1	AMENDMENTS
	These bylaws may be amended at any regular business meeting by a vote of the majority of the existing membership. The amendment must be submitted in writing at the previous regular meeting. Bylaws will be reviewed by the Chair and board members as needed.
Section 2	STANDING RULES
	Standing Rules may be adopted by a majority of the quorum at any regular meeting. After they have been adopted, they cannot be modified at the same session except by a reconsideration. At any future session, they can be suspended, modified, or rescinded by a majority vote.
Section 3	EFFECTIVE DATE
	These bylaws shall become effective upon adoption by the Health Services Advisory Board and approval by the Board of Supervisors. (Amended on February 2007; amended on Jan 2, 2015)