



County of San Diego

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

Tuesday, August 7, 2018 | 3:00-5:00 PM
County Administration Center, Rooms 302/303
1600 Pacific Highway, San Diego, CA 92110

MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Presenters	HHSA Support
Seat 1/Dist 1	Karrar Ali	Seat 3/Dist 2	Judith Shaplin	Alfredo Aguirre, LCSW, Director, Behavioral Health Services Dr. Nicole Esposito, Assistant Medical Director, Behavioral Health Services Andrew Parr, Deputy Director, Medical Care Services Division Denise Foster, Chief Nursing Officer, Medical Care Services Division Dori Gilbert, Deputy Director, East and North Central Regions	Dr. Liz Hernandez, Assistant Director
Seat 2/Dist 1	Suzanne Afflalo	Seat 8/Dist 4	(vacant)		
Seat 4/Dist 2	LaVonna Connelly	Seat 9/Dist 5	(vacant)		
Seat 5/Dist 3	Harris Effron	Seat 10/Dist 5	(vacant)		
Seat 6/Dist 3	Elly Garner	Seat 17/Cmty	(vacant)		Nora Bota, Community Health Program Specialist
Seat 7/ Dist 4	James Lepanto (Chair)				
Seat 11/Cmty	Paul Hegyi				
Seat 12/Cmty	Dimitrios Alexiou				
Seat 13/Cmty	Tim Fraser (alt)				
Seat 14/Cmty	Greg Knoll				
Seat 15/Cmty	Jenifer Mendel (alt)				
Seat 16/Cmty	Leonard Kornreich				

Minutes	Lead	Follow-up Actions	Due
Aug. 2018	Dr. Nicole Esposito	Provide the exact ratio of case managers to cases.	Sept. 2018
Aug. 2018	Andrew Parr	Provide the number of AEDs per Region.	Nov. 2018
Aug. 2018	Andrew Parr	Provide projected budget for Stop the Bleed.	Nov. 2018
Aug. 2018	Andrew Parr	Provide examples and results of other counties or states implementing the Stop the Bleed Program, if available.	Nov. 2018
Aug. 2018	Denise Foster	Present any changes to Hansen's disease services and recommendations to the Health Services Advisory Board (HSAB) in the fall.	Nov. 2018

Near Dates of Importance
Next Meeting: Tuesday, September 4, 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 3:02 PM. The HSAB members and people in attendance were introduced.
II. Public Comment	No public comment.
III. Action Items	<p>A. Approval of July 3, 2018 Meeting Minutes</p> <p>Greg Knoll motioned and Leonard Kornreich seconded. There were no corrections to the minutes. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the minutes were approved.</p> <p>B. Vote to Reschedule October Meeting Time and Location Due to Conflict with <i>Live Well Advance</i></p> <p>Leonard Kornreich motioned and Ali Karrar seconded. All HSAB members in attendance voted Aye, with no oppositions or abstentions. The motion carried and the October 2, 2018 meeting time was approved to be changed to 4-5 PM at the same location as the <i>Live Well Advance</i> (Marriot Marquis San Diego Marina Torrey Pines Rooms 2 & 3, 333 West Harbor Drive, San Diego, CA 92101).</p> <p>C. Public Comment</p> <p>There was no comment.</p>
IV. Updates/ Presentations/ Follow-up Action Item	<p>A. Behavioral Health Services Drug Medi-Cal Program</p> <p>James Lepanto stated the following before the presentation started: “In the spirit of transparency, I wanted to share that I have been approached to consult with an organization in helping them with their organizational readiness for the DMC-ODS (Drug Medi-Cal Organized Delivery System) Service Delivery. They approached me months after I had suggested that we have Alfredo and the County come and present to us. The CEO of the organization had no idea I was on or that I was Chair of the HSAB. I shared with them if I were to move forward with helping them I would have to run it by the County to determine any conflict of interest. I have done that and there appears there is none. If indeed moving forward with consulting with them I would recuse myself from any vote or discussion that would create a potential conflict.”</p> <p>Presenters: Alfredo Aguirre, Director, Behavioral Health Services and Dr. Nicole Esposito, Assistant Medical Director, Behavioral Health Services</p> <p>The alcohol and drug budget is tripling. One in eight people have a Substance Use Disorder (SUD) and approximately 100,000 people eligible for County services have a SUD. Of those, approximately one in nine enter treatment. The DMC-ODS will transform the current SUD system to one that has: new and expanded services with timely access to care; better coordination and continuity of care; and tailored treatment to support long-term recovery.</p> <p>The County proposal covers more than the Drug Medi-Cal population and goes beyond threading different levels of care. Programs are encouraged to expand practice and be open to different models of care. Addiction is a chronic illness and it’s important to work with people to move them along based on their needs and look at all opportunities to connect individuals to the care they need.</p>

American Society of Addiction Medicine (ASAM) has six dimensions that will help clinicians see what the person needs for their whole care including social services, health, and living environment. Service improvements help reduce barriers to care and case management is a huge improvement of the system. A no wrong door policy is present. To define and measure success the following are focuses: client access to timely care, retention in treatment, reduction in criminal justice system involvement, improvement to quality of life (such as employment and housing status), and reducing substance use relapse while in the treatment program. Moving forward, the County is focused on building system capacity, emergency department linkages, and countywide prevention collaboration.

Discussion (Q/A):

It is important to note that 95% of Medi-Cal patients are in Medi-Cal managed care. This is almost all Fee-For-Service (FFS) and not part of the responsibility of Medi-Cal health plans. However, they are responsible for mental health conditions and transportation.

- Yes, correct. There is also a work group that is very receptive and engaged.

Changes to case management have been a struggle across the board. What does the service improvement and case management look like as far as a ratio improvement or case manager improvement? How many cases are each case manager expected to have?

- Both. We can now leverage federal dollars to have more case managers.
- The ratio is either 1-30 or 1-25. Dr. Espocito will provide the exact ratio.
- There weren't case management requirements before. As part of the state's plan, the expectation is that case management should be offered to all.

It's necessary to understand that if a patient with a SUD comes to the Kaiser emergency room (ER), there will be an advocate in the ER that represents the interests of Kaiser and their plan. Will there be dollars available for that person to bypass the traditional approach?

- The vision would be direct access to care. If the patient was appropriate for outpatient care, they would go to outpatient. There are housing dollars if a patient needed residential assistance.
- The goal is for direct access when the patient is in the ER so that they can go directly into residential care.
- This program would provide an individual assessment to meet the client's treatment needs.

Thirty states are buying into this. Has there been a smaller experiment showing outcomes are better and less expensive to treat patients where the costs of administration are showing that it is better to use this?

- Thirty states are using the American Society of Addiction Medicine as the foundation for utilization of services. There are a lot of different waiver-like models that have shown some efficiency. However, this is a pilot project and we do not have data from other Counties yet.

What does the reduction in the criminal justice system look like?

- Currently, it is a self-reported measure. We are trying to move and navigate to match data to see which individuals receiving treatment and services have had a number of arrests in the criminal justice data set.

If someone has a HMO with Medi-Cal, can that individual access the services or will they have to switch to FFS Medi-Cal?

- A good way to think of it is that the County has become a managed care plan for SUD services and anyone who is a broad Medi-Cal recipient or in that level of income, are eligible for services. This is not just a FFS network; anyone who gets Medi-Cal in the County can access our services. Their HMO would work closely with the County.

\$179 million. Is it all new funding?

- \$55/\$57 million in the current drug and alcohol system before July 1, and now we are basically tripling the amount, so it is a majority of new funding.

Do we anticipate that this will reduce utilization of ERs and result in cost savings for hospitals?

- We hope so. The goal is that there will better direct access to programs, more timely access to services, and less wait times to reduce acute care setting utilization.

Right now, in this first period, not all of the covered benefits are available. Can you speak more to that?

- There are certain must haves for the July 1 launch and that is just one level of care.
- We will have clinical monitoring at the July 1 launch with the hope of developing medical monitoring and outpatient care.

This is a great opportunity and paradigm shift that will ramp up. How do we know it will work and that it is cost effective?

- The state, University of California Los Angeles, is doing their synthesis throughout the Counties and will be collecting data to assess outcomes. Locally, we've selected a handful of things we can measure to show outcomes of improvements, retention, and employment, among others.

B. Department of Health Care Services Regarding Response to Information Notice 18-009 Corrective Action Plan and Tri-City Healthcare District Behavioral Health and Crisis Stabilization Units Closure

Presenter: Alfredo Aguirre, Director, Behavioral Health Services

Tri-City is planning to suspend operations of the inpatient Behavioral Unit and Crisis Stabilization Unit. Tri-City Medical Center is a critical asset in the region's psychiatric emergency system and the loss of these important behavioral health resources to the North County communities will greatly affect vulnerable residents and put lives at-risk. San Diego's network of health systems and behavioral health partners will be strained when forced to accept these additional patients, especially the emergency departments.

The County of San Diego remains committed to ensuring the health and safety of the most vulnerable populations. The County has strategies to deal with the influx of patients such as, looking at the San Diego Psychiatric Hospital. The County is looking at maximizing the use of our current two units and beds and have strategies to staff them. Long term, the County needs to work with partners to at least maintain the level of patient beds we have.

Discussion (Q/A):

The extra Psychiatric Emergency Response Teams on the crisis end on the continuum are these new enhancements or was it already in the budget?

- This will be 20 teams in addition to the 50.

How many beds for the Crisis Utilization Program?

- There are eight beds per day.

Crisis Utilization is not beds, it is chairs, correct?

- Yes, they're recliners.

There is a lot of ongoing discussion. It has been a challenge for people that are willing to take those dollars for skilled nursing and special treatment, correct?

- Yes, but there has been some progress on that. We need more inpatient beds, but also need to utilize the beds we have.

Will any of the case management teams be in Ramona or rural areas?

- Yes, we have to provide services for the whole County.

Hospitals are having a hard time maintaining the beds. Has there been discussions on higher reimbursement levels to maintain those beds?

- Yes, this has been a big conversation. The County had a hard time hiring County psychiatrists. We have looked at hospital reimbursement rates and have raised the various service codes for reimbursement. We need to talk to our hospitals going forward to look at those rates and we need to build incentives for healthcare providers to draw providers in and support our continuum.

This is a broader issue than just Tri-City. It is the rebuilding of the service requirements and a very large issue. It will take community partners and collaboration to do that. It's encouraging that there will be a report in 90 days that will look at this broader issue across all the different sectors. When do you anticipate that the report will be completed?

- It has to be done by October 30th, but we are aiming to present to the Behavioral Health Advisory Board in early October so the report will be pretty complete by then. We need to talk to our partners about how to look at every aspect of our continuum and strengthen it.

C. Stop the Bleed Feasibility Analysis

Presenter: Andrew Parr, Deputy Director, Medical Care Services Division

"Stop the Bleed" is a national awareness campaign to encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.

On March 27, 2018, the Board of Supervisors directed County staff to explore options to raise awareness for Stop the Bleed through training County personnel and the placement of bleeding control kits in County facilities, and report back within 120 days. County staff have prepared a report based on preliminary research and planning as our initial "Feasibility Analysis."

Discussion (Q/A):

Why does the bundle cost so much more than the kit costs?

- This is largely because of the case as some may go in a secure case and is locked. Some have special dressing or medicine included.

Who is the campaign sponsor and who brought it before the Board of Supervisors as a conversation piece?

- American College of Surgeons.
- Trauma Physicians contacted the Board of Supervisors to start this initiative.

Where is the funding in year one coming from?

- The funding comes from grant dollars through our health programs, some of the neighborhood, reinvestment dollars, regular county funds, or donations.

Are they placed at county facilities?

- Yes, Board of Supervisors believe that when they make an initiative come to pass, they set the tone for other large employers across the County. Then, this will grow to implement the initiative throughout the County. The kits would be placed throughout workplaces in San Diego County.

Are you trying to set the tone that wherever you have these automated external defibrillators (AEDs), you have these kits as well? Is the goal that where there are AEDs, they would follow practice?

- That works in our model, but have not completely decided on that. We would hope that this model would be followed by others. Some AEDs are public accessible, but others are not.

How many AEDs does the county have or are in the region?

- There are about 500 AEDs here in County facilities. Staff will follow-up with the number per Region.

There were several questions regarding the cost of the kits.

- Through 911, pre-arrival instructions do include directions for arterial bleeding and the placement of tourniquet, if necessary. This already happens and is separate from the Stop the Bleed program.
- This is tied to AEDs because there is a notion in public safety that you find a fire extinguisher, etc. on the same wall. There is a huge difference between the issues for each machine used.

Is there a projected budget for Stop the Bleed?

- No projected budget yet. Staff will report back in the fall.

Will every county contractor be required to have this?

- This project is not required for contractors.

Have other counties seen results with this program? Can you share examples?

- Results and examples will be shared when returning to seek approval of the board letter.

D. Hansen's Disease Program Update

Presenters: Denise Foster, Chief Nursing Officer, Medical Care Services Division and Dori Gilbert, Deputy Director, East and North Central Regions

Denise and Dori gave a brief overview of Hansen's disease (i.e., leprosy) and an update on potential changes to the program. They discussed the services provided in the County for Hansen's disease and the delivery of services.

As of fiscal year 2018/2019, the County no longer receives funding from the Health Resources and Services Administration (HRSA) to provide care. Other counties also lost funding for these services. The Health and Human Services Agency (HHS) will present any changes to services and recommendations to HSAB in the fall. A few things that they want to consider are clear and timely communication and handoffs with providers.

	<p><u>Discussion (Q/A):</u></p> <p>With the loss of funding, are you closing the program? What is the amount of funding that is being discontinued? Is that for 30-40 patients annually and in our one location in North Central?</p> <ul style="list-style-type: none"> • We are not closing the program at this point in time. We are looking at ways to continue to provide services to this clientele. • The \$166,000 per year (funding from HRSA) is being discontinued. Yes, for 30-40 patients annually and in our North Central location. <p>If funding is cut, are you developing a plan to continue?</p> <ul style="list-style-type: none"> • We are looking at options in the County and current providers to continue services. <p>Is there a unique cost of maintaining a good lifestyle for these patients? How many patients are estimated in San Diego County?</p> <ul style="list-style-type: none"> • There are 31 patients in treatment in San Diego right now, but it varies between 30-40 per year because people move in and out of treatment. • The biggest cost is medication treatment and occupational therapy. <p>Is it common to ensure patients with Hansen’s disease are going to see a specialist or infectious disease physicians?</p> <ul style="list-style-type: none"> • We don’t think we have a handle on anyone going outside of our system. The majority of our clients are referred to our specialty. <p>Why do physicians not have the training to deal with these patients? It is a rare disease. The main training center is in Baton Rouge, Louisiana.</p>
<p>V. Chair’s Report</p>	<p>A. Annual Report</p> <p>As Board Chair, I’m developing recommendations for the annual report. The recommendations will be brought to HSAB members for review in September.</p> <p>B. Vacancies and New Appointments</p> <p>Several vacancies have been filled. Staff and I are working to fill the last few.</p> <p>C. Health Services Advisory Board Advance and Evaluation</p> <p>The annual evaluation will be sent out to HSAB by next month and will cover a variety of areas. The Board Advance will be forthcoming next year.</p> <p>D. Live Well San Diego Advance</p> <p>The <i>Live Well San Diego</i> Advance is on October 2, 2018.</p> <p>E. Follow-up on Key Actions to Take Regarding STD Update</p> <p>The STD White Paper is being finalized and will be presented in September to receive HSAB members’ feedback.</p>

<p>VI. Informational Items</p>	<p>A. Committee Reports</p> <p>1. Policies and Program: Leonard Kornreich (Chair), Greg Knoll, Harris Effron, Karrar Ali, LaVonna Connelly</p> <p>The HSAB Policies and Program Subcommittee met right before the HSAB meeting. Dr. Coleman presented on the County Chronic Disease programs and services. All five subcommittee members were present. The objective was to see if the subcommittee could come up with recommendations on chronic disease to assist the Board of Supervisors. Dr. Leonard Kornreich will discuss with James to decide on a direction. The subcommittee hopes to have something by November to finalize recommendations for the Board of Supervisors.</p> <p>2. Budget: James Lepanto (Chair) and Judith Shaplin</p> <p>No update.</p> <p>3. Health Legislation: Paul Hegyi (Chair), Elly Garner, Harriet Seldin, Henry Tuttle, Dimitrios Alexiou</p> <p>No update.</p> <p>4. Strategic Planning/Annual Report/Nominating Committee: James Lepanto</p> <p>No update.</p>
<p>VII. Public Health Officer's Report</p>	<p>A. Public Health Officer Report</p> <p>Dr. Liz Hernandez reviewed new items in red text on the Public Health Officer's Report.</p> <p>I. Communicable Disease Issues</p> <ul style="list-style-type: none"> • Hepatitis A <ul style="list-style-type: none"> ▪ The Kentucky outbreak has now become the worst in the nation with 1,170 cases as of 7/14/18. ▪ West Virginia now has 699 reported cases, surging past the San Diego total. <p>The Centers for Disease Control and Prevention (CDC) Division of Viral Hepatitis has established a division-level incident command structure to coordinate the agency's response to the national HAV situation.</p> <ul style="list-style-type: none"> ▪ SD Case Demographics – One new confirmed cases since the last report. <ul style="list-style-type: none"> • 591 cases with onset dates from 11/22/16 – 6/28/18, 20 deaths, 406 hospitalizations • 403 males (68.2%); 188 females (31.8%) • Strategies <ul style="list-style-type: none"> ▪ We are asking the medical community to sustain efforts to identify and offer vaccines to those at risk due to the outbreak and/or routinely recommended by CDC. In the last month we have talked to the Hospital Association of San Diego and Imperial Counties (7/11/18) and Family Health Centers quarterly providers meeting (8/1/18) and will be talking to Health Center Partners Physicians Council in the future.

	<ul style="list-style-type: none"> ▪ Vaccinations as of 7/4/2018: 188,701 ▪ Hygiene Kits Distributed as of 7/4/2018: 11,993 ▪ Handwashing (HWS) Station as of 5/4/2018: All 160 out of 160 HWS have been removed. • Zika Virus (Reported on 8/3/18 for local cases through 7/31/18). Now report issued first Thursday each month or as new cases occur. <ul style="list-style-type: none"> ▪ One new case (congenital infection) confirmed since the last report. ▪ Zika Testing Referrals: 4, 392 ▪ Cases Ruled Out: 4, 234 ▪ Confirmed Zika Cases: 109 <p>II. Grants</p> <ul style="list-style-type: none"> • New Applications <ul style="list-style-type: none"> ▪ CDC-RFA-DP18-1817: Diabetes and Heart Disease & Stroke Prevent Programs- Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke: The application was submitted on July 9, 2018. Notification of the award will occur on September 29, 2018. ▪ CDC-RFA-DP18-1813: REACH Grant: The application was submitted on July 16, 2018. Notification of the award will occur on September 29, 2018. ▪ Kresge Emerging Leaders in Public Health Grant: Dr. Wooten and Dr. Thihalolipavan are attending one of three required in-person meetings the week of August 6, 2018. • Funding <ul style="list-style-type: none"> ▪ Naloxone Proposal: As of August 1, 2018, 5,228 (97% of current supply and 79% of total allocated supply) doses were picked up by 16 agencies: San Diego County Medical Examiner (46 does), Chula Vista Police Department (200 doses), A New PATH (2,160 doses), Fallbrook Unified High School District (2 doses), Interfaith Community Services (50 doses), Mira Costa College Police Department (18 doses), La Maestra Wellness Supportive Services (100 doses), SDSU PD (62 doses), North County Health Services (100 doses), SD Police Department (1800), All Peoples’ Encinitas (600), House of Metamorphosis (40), Oceanside Police Department (30), Union of Pan Asian Communities (4), Mountain Health and Community Services Inc (12). Indian Health Council is scheduled to pick up 150 doses. ▪ Tobacco Control Program: Notified on July 19, 2018 that the state will allocate \$2,805,276 for FY 17/18. <p><u>Discussion (Q/A):</u></p> <p>What happens to the handwashing stations?</p> <ul style="list-style-type: none"> • They go back to contractors. <p>How much does it cost per day to maintain the handwashing stations?</p> <ul style="list-style-type: none"> • I don’t have number offhand. The County removed handwashing stations. The Cities are now responsible for sanitation in their area, if they choose to continue.
<p>VIII. Public Comment (Related to the agenda items)</p>	<p>No public comment.</p>
<p>IX. Agenda Items for Future Meetings</p>	<p>A. Proposed Agenda Items for Future Meetings</p> <ol style="list-style-type: none"> 1) Health Services Capacity Plan - (October 2018) 2) Lessons Learned from Hepatitis A - Dr. Wilma Wooten (January 2019)

August 7, 2018

X. Adjournment	This meeting was adjourned at 4:51 PM. Next meeting: October 2, 2018 from 4-5 PM at the same location as the Live Well Advance (Marriot Marquis San Diego Marina Torrey Pines Rooms 2 & 3, 333 West Harbor Drive, San Diego, CA 92101).
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Meeting minutes submitted by Samantha Hasler and Nora Bota.