



# ELIMINATE HEPATITIS C INITIATIVE

Wilma J. Wooten, M.D., M.P.H., Public Health Officer

*Public Health Services  
Health and Human Services Agency  
County of San Diego  
**Health Services Advisory Board***

***November 6, 2018***



# WHAT IS VIRAL HEPATITIS?




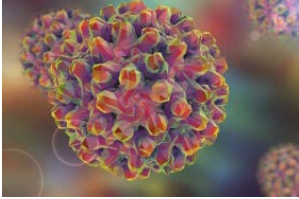

LIVE WELL  
SAN DIEGO

- Hepatitis is inflammation in the liver
- Viral hepatitis is inflammation of the liver caused by a virus
- Hepatitis A, B & C are the most common types in the U.S.



# HOW COULD IT AFFECT YOU?

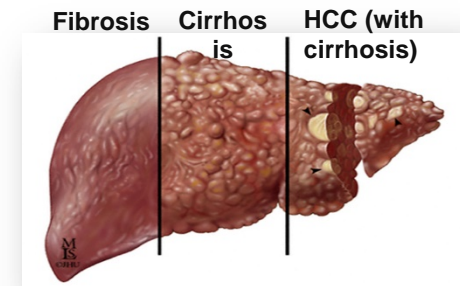


	How is it spread?	How will it affect you?	Is there a vaccine?
<b>Hepatitis A</b> 	Person-to-person contact <b>and</b> through food or water contaminated by fecal matter	People usually recover within 3-6 weeks	Yes
<b>Hepatitis B</b> 	Blood and body fluids (semen, vaginal fluid and saliva)	5-10% of healthy adults will develop chronic infection, which can lead to liver damage	Yes
<b>Hepatitis C</b> 	Direct blood to blood contact	75-85% of people who become infected will develop chronic infection, which can lead to liver damage	No <b>But there is a cure!</b>

# HEPATITIS C



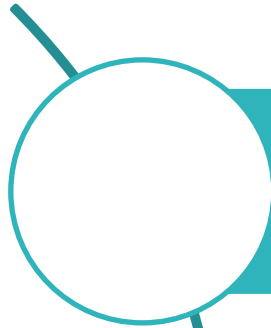
- Hepatitis C is a liver disease caused by the hepatitis C virus (HCV)
- HCV is transmitted blood to blood
- Can cause liver cirrhosis (scarring), liver cancer, liver failure and death
- Of every 100 people infected with HCV:
  - 75-85 will develop chronic infection
  - 10-20 will develop cirrhosis (scarring)
- Most have no symptoms initially and have the disease for many years before it is diagnosed
- An estimated 3.5 million people in the United States have chronic hepatitis C
- An estimated 41,200 acute hepatitis C cases occurred in 2016



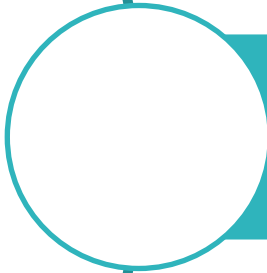
HEPATITIS C



## EPIDEMIOLOGY



More than **2,500** cases of chronic HCV is reported every year in San Diego



2011-2016 approximately **70-100** San Diego County residents died per year, with chronic HCV listed as an underlying cause of death

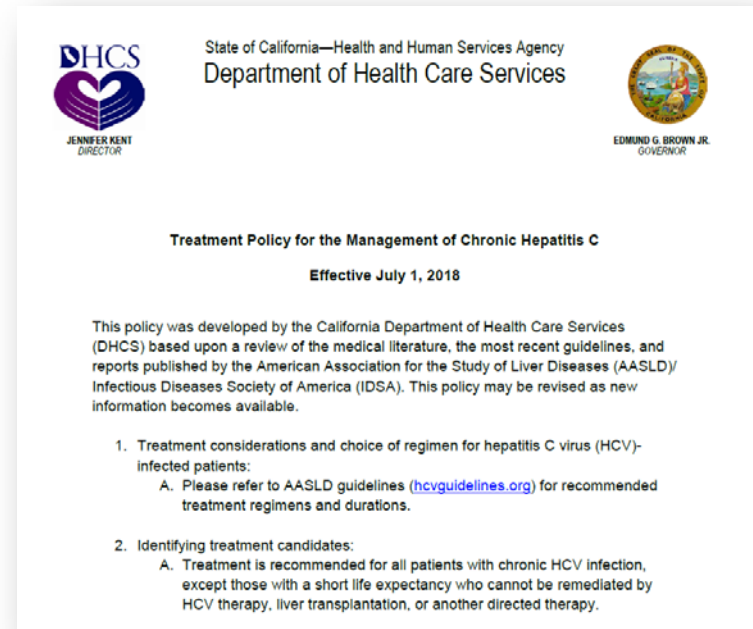


Both men and women affected, **63%** of reported cases occur in ages 45+

# ACCESS AND TREATMENT



- **July 1, 2018** – Policy issued by California Department of Health Care Services recommends treatment for all individuals with chronic HCV infection (except those with short life expectancy)
  - More individuals diagnosed with HCV can receive treatment immediately
- **Current Medication** – Provides a highly effective cure, in the form of an oral pill, with few side effects
  - **Older interferon-based treatments** were less effective, lengthier, injections-based, and had more side effects
- **Treatment is Prevention**





# NATIONAL ADVERTISING CAMPAIGNS



LIVE WELL  
SAN DIEGO

Don't say  
"I'm all good"

Did you know people born from **1945-1965**  
are **5 times** more likely to have **Hepatitis C?**



Mary, 51



Steven, 59



Karen, 50



Miguel, 57



Earl, 68



Tina, 60

A blood test is the only way to know.  
Talk to your doctor about getting tested. It could save your life.

taking place. Even if you think you're fine,  
talk to your doctor about getting tested.

# HEPATITIS C VIDEO



LIVE WELL  
SAN DIEGO

[http://www.hepchope.com/?utm\\_source=google&utm\\_medium=cpc&utm\\_campaign=Awareness&utm\\_term=hepatitis%20c&utm\\_content=%7badgroup%7d&gclid=CLvG6sOKtN4CFdmNxQld3ksJiQ&gclsrc=ds](http://www.hepchope.com/?utm_source=google&utm_medium=cpc&utm_campaign=Awareness&utm_term=hepatitis%20c&utm_content=%7badgroup%7d&gclid=CLvG6sOKtN4CFdmNxQld3ksJiQ&gclsrc=ds)

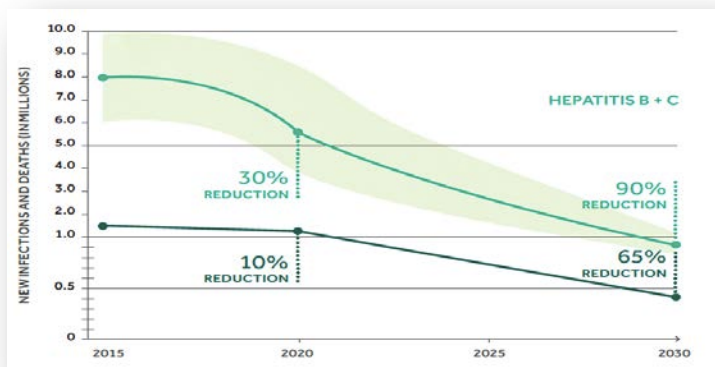


# ELIMINATION CAMPAIGNS ACROSS THE COUNTRY



LIVE WELL  
SAN DIEGO

- In 2014, the World Health Assembly requested the World Health Organization (WHO) to examine the feasibility of eliminating HCV
- In 2014, New York City launched Hep Free NYC
- In 2015, New York State adopted its state-wide plan
- In 2016, San Francisco adopted End Hep C SF
- In 2017, WHO sets targets for elimination by 2030
- Cities, Counties, and States starting to organize:
  - Philadelphia, Los Angeles, Maryland, Massachusetts, New Mexico and Illinois
- San Diego is also ready to eliminate Hepatitis C



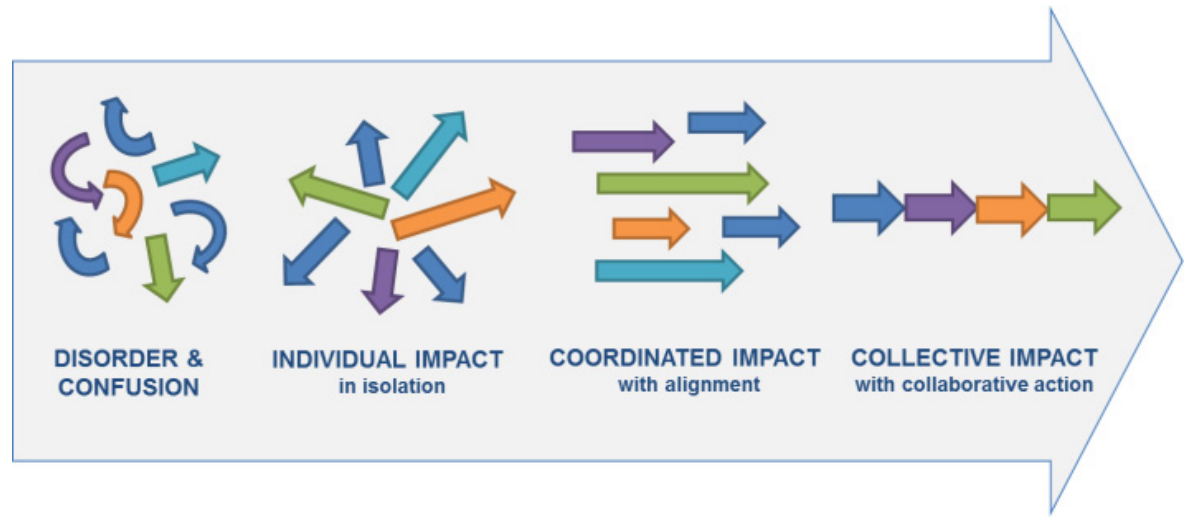
# ELIMINATE HEPATITIS C SAN DIEGO COUNTY INITIATIVE



- Public-private partnership utilizing a collective impact approach
- Development a 3-5 year roadmap for eliminating HCV as a public health threat
- Elimination defined as 80% decrease in new cases of chronic HCV by 2025 and 65% reduction of HCV mortality by 2025
- One year planning process coordinating efforts from stakeholders
- Collective impact approach as used by other Live Well SD initiatives



**LIVE WELL**  
SAN DIEGO



# PRE-INITIATIVE PLANNING PARTNERS



LIVE WELL  
SAN DIEGO



FAMILY HEALTH CENTERS  
OF SAN DIEGO



*Your Liver. Your Life.*



# PROPOSED RESPONSE STRUCTURE



Advisory



Steering



Research and  
Surveillance



Access, Testing,  
and Treatment



Consumer



- **YEAR 1**
  - **Phase I – Creating the Plan** (*Months 1, 2 and 3*)
  - **Phase II – Managing the Process** (*Months 4 – 10*)
  - **Phase III – Finalizing the Report and Presenting to Community** (*Months 11 - 12*)
- **YEAR 2 AND BEYOND**
  - Formation of a Hepatitis C Task Force, which will meet monthly



# RECOMMENDATIONS TO THE BOARD OF SUPERVISORS



LIVE WELL  
SAN DIEGO

1. Direct the Chief Administrative Officer to develop and launch the *Eliminate Hepatitis C San Diego County Initiative*, a public-private partnership, using a collective impact approach, to eliminate HCV as a public health threat in San Diego.
2. Direct the Chief Administrative Officer to report back to the Board in approximately 12 months with recommendations for the *Eliminate Hepatitis C San Diego County Initiative*.
3. Authorize the Agency Director, Health and Human Services Agency, to pursue future funding opportunities related to Hepatitis C elimination efforts.



# QUESTIONS?

**Wilma J. Wooten, MD, MPH, Public Health Officer**

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**Public Health Services  
Health and Human Services Agency  
County of San Diego**

***Wilma.Wooten@sdcounty.ca.gov***





# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

RON ROBERTS  
Fourth District

BILL HORN  
Fifth District

**DATE:** November 13, 2018

**XX**

**TO:** Board of Supervisors

### **SUBJECT**

**ELIMINATE HEPATITIS C SAN DIEGO COUNTY INITIATIVE (DISTRICTS: ALL)**

### **OVERVIEW**

Hepatitis C virus (HCV) remains a significant public health issue that affects many populations despite advancements in testing and treatment. Since 2000, more than 2,500 cases per year of chronic HCV have been reported in San Diego County. From 2011 to 2016, HCV was listed as an underlying cause of death annually in at least 70-100 deaths of San Diego County residents.

In recent years, public health organizations at all levels have increasingly focused on reducing or eliminating HCV as a public health threat. In 2016, the World Health Organization issued a proposal to eliminate Hepatitis C by 2030, specifically reducing new cases of chronic HCV by 80% by 2030. In 2017, United States Department of Health and Human Services published the National Viral Hepatitis Action Plan, which provides a framework for eliminating HCV in the U.S. Effective July 1, 2018, California Department of Health Care Services issued a new Treatment Policy for the Management of Chronic Hepatitis C, which will result in more individuals diagnosed with HCV receiving treatment immediately.

In conjunction with these efforts and to address the specific needs of San Diego County residents, today's action requests authorization to participate in a one-year planning process with community partners to develop a roadmap that will be known as the *Eliminate Hepatitis C San Diego County Initiative*. The primary goals of the Initiative are to decrease the incidence of new cases of chronic HCV by 80% and reduce HCV mortality by 65% in San Diego County by 2030.

If approved, today's action would formally establish the *Eliminate Hepatitis C San Diego County Initiative*. This item supports the Building Better Health and Living Safely components of the *Live Well San Diego* vision, by bolstering local efforts that eliminate a curable disease to improve longevity and quality of life.

### **RECOMMENDATION(S)**

**SUBJECT:** ELIMINATE HEPATITIS C SAN DIEGO COUNTY INITIATIVE  
(DISTRICTS: ALL)

**CHIEF ADMINISTRATIVE OFFICER**

1. Direct the Chief Administrative Officer to develop and launch the *Eliminate Hepatitis C San Diego County Initiative*, a public-private partnership, using a collective impact approach, to eliminate HCV as a public health threat in San Diego.
2. Direct the Chief Administrative Officer to report back to the Board in approximately 12 months with recommendations for the *Eliminate Hepatitis C San Diego County Initiative*.
3. Authorize the Agency Director, Health and Human Services Agency, to pursue future funding opportunities related to Hepatitis C elimination efforts.

**FISCAL IMPACT**

There is no fiscal impact associated with the recommendations. There will be no change in net General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

The Health Services Advisory Board voted to approve this action at its meeting on November 6, 2018.

**BACKGROUND**

In the United States (U.S.), chronic Hepatitis C virus (HCV) infection is a leading cause of liver disease and liver transplants. As of 2016, more than 3.5 million Americans were estimated to be infected with chronic HCV, with at least 18,153 deaths related to HCV. HCV is transmitted through infected body fluids. The most common way people get infected is by sharing needles to inject drugs. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for all adults born between 1945 and 1965, people who use intravenous drugs, persons living with HIV, and recipients of blood transfusions or organ transplants prior to 1992. The majority of HCV infections become chronic, leading to long-term negative outcomes, including cirrhosis, liver failure, hepatocellular cancer, and possibly death.

A highly effective cure for HCV exists in the form of an oral medication with few side effects. The development of this cure, coupled with prevention efforts, led the CDC and U.S. Department of Health and Human Services (HHS) to determine that it is possible to eliminate HCV as a public health threat in the U.S. In 2016, the World Health Organization proposed to eliminate Hepatitis C by 2030, specifically reducing new cases of chronic HCV by 80% by 2030. In 2017, HHS published the National Viral Hepatitis Action Plan, which provides a framework for eliminating HCV in the U.S.

Expanding upon this proposal, effective July 1, 2018, California Department of Health Care Services issued a new policy recommending treatment for all individuals with chronic HCV infection, except those with a short life expectancy who would not benefit from HCV therapy. As a result, more individuals diagnosed with HCV can receive treatment immediately. As more

**SUBJECT: ELIMINATE HEPATITIS C SAN DIEGO COUNTY INITIATIVE**  
**(DISTRICTS: ALL)**

individuals with HCV are identified and referred for treatment, spread of the disease will be reduced and bring the community closer to the larger goal of elimination.

In San Diego, HCV remains a significant public health issue as more than 2,500 cases per year of chronic HCV have been reported in San Diego County since 2000. Chronic HCV cases in San Diego County affect men and women throughout the region, with increasing frequency as they age. Sixty three percent of chronic HCV cases reported in San Diego County occur in adults age 45 and older. From 2011 to 2016, chronic HCV was listed as an underlying cause of death for at least 70-100 deaths of San Diego County residents.

To address this significant public health issue in a coordinated manner and yield collective impact, today's action seeks authorization to participate in a one-year planning process with community partners to develop a roadmap that will be known as the *Eliminate Hepatitis C San Diego County Initiative*. The roadmap will be developed through a public-private partnership, utilizing a collective impact approach with a common agenda and centralized infrastructure, to develop a three- to five-year plan for eliminating HCV as a public health threat in the county. The goals are to achieve an 80% decrease in new cases of chronic HCV and a 65% reduction in HCV mortality in San Diego County by 2030. An additional goal is to quickly identify and refer for treatment individuals who become infected with HCV to prevent the spread of disease.

The one-year planning process will coordinate efforts from stakeholder groups to address local HCV elimination. This will be facilitated by the American Liver Foundation, Pacific Coast Division, convening stakeholders across healthcare, government, and consumer sectors to discuss topics, such as research and surveillance; access, testing, and treatment; and consumer education and awareness. Input from these meetings will influence the development of a planning document that will provide an overview of the status of HCV elimination efforts and identify high-risk communities.

By embarking on the *Eliminate Hepatitis C San Diego County Initiative*, San Diego County will join other jurisdictions, including New York City, the Cherokee Nation, San Francisco, and Australia, in seeking to eliminate HCV as a public health threat. Most of the initiatives that have been implemented by other jurisdictions to date are following World Health Organization HCV elimination goals to achieve an 80% reduction in new cases and 65% decrease in mortality as a result of HCV by 2030. The San Diego initiative will build upon the existing strategic plans developed by other jurisdictions to model goals and objectives based on demonstrated best practices and successes but tailored to fit the unique needs of the San Diego region. The *Eliminate Hepatitis C San Diego County Initiative* supports the *Live Well San Diego* vision by increasing life expectancy and quality of life.



**SUBJECT:** ELIMINATE HEPATITIS C SAN DIEGO COUNTY INITIATIVE  
(DISTRICTS: ALL)

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed action supports the Building Better Health and Living Safely initiatives in the County of San Diego's 2018-2023 Strategic Plan as well as the *Live Well San Diego* indicators of life expectancy and quality of life by pursuing policy and environmental changes to eliminate the Hepatitis C public health threat in San Diego County.

Respectfully submitted,

USE "INSERT PICTURE"  
FUNCTION TO INSERT  
SIGNATURE

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A

**SUBJECT:** ELIMINATE HEPATITIS C SAN DIEGO COUNTY INITIATIVE  
(DISTRICTS: ALL)

**AGENDA ITEM INFORMATION SHEET**

**REQUIRES FOUR VOTES:** ☐ Yes ☒ No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**

☐ Yes ☒ No

**PREVIOUS RELEVANT BOARD ACTIONS:**

N/A

**BOARD POLICIES APPLICABLE:**

N/A

**BOARD POLICY STATEMENTS:**

N/A

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION  
NUMBER(S):**

N/A

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** N/A

**CONTACT PERSON(S):**

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# Approve Amendments of Health Services Advisory Board Ordinance and Bylaws

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*Health Services Advisory Board (HSAB)*

*November 6, 2018*





- **HSAB members voted to approve Ordinance and Bylaws changes on September 4, 2018**
- **Update Term Limits**
  - Create a contingency plan for vacancies and reappointments when new Board of Supervisors are appointed to reflect County Policy A-74



- **Section 861.3 Term of Office**
  - Add statement about a contingency plan (term limits)
- **Section 861.5 Organization**
  - Define a quorum



# Bylaws – Proposed Changes



- **Section 3 - Membership**
  - Add statement about a contingency plan (term limits and alternates)
- **Section 5 – Quorum**
  - Define a quorum
- **Section 7 – Meetings**
  - Change meeting date, time, and location
- **Section 10 – Committees**
  - Change committee structure
- **Article II Section 1 - Amendments**
  - Ensure bylaws are reviewed as needed

## BOARD LETTER – Vote to support the following actions:

- **December 11, 2018 (First Reading)**
  - Approve the introduction of the Ordinance, read title, and waive further reading of the Ordinance and Bylaws.
  - Direct the Clerk of the Board of Supervisors to provide notice of said hearing via publication and posting as required by law.
- **January 8, 2019 (Second Reading)**
  - Consider and adopt the Ordinance
  - Approve the amendment to Bylaws

# Discussion



On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

RON ROBERTS  
Fourth District

BILL HORN  
Fifth District

**DATE:** December 11, 2018 and January 8, 2019

**XX**

**TO:** Board of Supervisors

### SUBJECT

**AMEND HEALTH SERVICES ADVISORY BOARD ORDINANCE AND BYLAWS  
(12/11/2018 – Set Hearing; 1/08/2019 – Hold Hearing) (DISTRICTS: ALL)**

### OVERVIEW

The San Diego County Health Services Advisory Board (Advisory Board) was established in 1992 to advise the Board of Supervisors and the Health and Human Services Agency (HHS) on programs, issues, and budget items pertaining to the HHS.

The Advisory Board continuously reviews its Ordinance and Bylaws to ensure both are up-to-date and reflect the expectations of the current Advisory Board members. The Ordinance and Bylaws were most recently amended in 2016, to reflect the changes of the Advisory Board membership from 18 to 17 members.

Today's request requires two steps. On December 11, 2018, it is requested that the Board set a hearing for January 8, 2019, and provide public notice of the hearing. If the Board takes the actions recommended for December 11, 2018, then on January 8, 2019, after making the necessary findings, the Board is requested to approve the process of amending Article LV of the San Diego County Administrative Code Relating to the San Diego County Health Services Advisory Board Sections 861.3. TERM OF OFFICE and 861.5 ORGANIZATION and the Health Services Advisory Board of San Diego County Bylaws Sections 3, 5, 7, and 10, and Article II Section 1.

This request supports the countywide *Live Well San Diego* vision of Building Better Health by establishing a more efficient and streamlined Advisory Board that supports the delivery of services offered by the HHS.

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

#### On December 11, 2018:

1. Approve the introduction of the Ordinance (first reading), read title and waive further reading of the Ordinance:

**SUBJECT: AMEND HEALTH SERVICES ADVISORY BOARD ORDINANCE AND BYLAWS**

AN ORDINANCE AMENDING SECTIONS 861.3 AND 861.5 OF THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE MEMBERSHIP OF THE SAN DIEGO COUNTY HEALTH SERVICES ADVISORY BOARD

2. Direct the Clerk of the Board of Supervisors to provide notice of said hearing via publication and posting as required by law.

**If, on December 11, 2018, the Board takes action as recommended then, on January 8, 2019:**

1. Consider and adopt the Ordinance (second reading):

AN ORDINANCE AMENDING SECTIONS 861.3 AND 861.5 OF THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE MEMBERSHIP OF THE SAN DIEGO COUNTY HEALTH SERVICES ADVISORY BOARD

2. Approve the amendment to Health Services Advisory Board Bylaws to reflect changes made to the Article LV San Diego County Health Services Advisory Board, Sec. 861.3 and Sec. 861.5, in addition to the other changes requested by the San Diego County Health Services Advisory Board.

**FISCAL IMPACT**

There is no fiscal impact associated with these recommendations. There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

The Health Services Advisory Board approved this action at its meeting on November 6, 2018.

**BACKGROUND**

The County of San Diego's Health Services Advisory Board (Advisory Board) was established in 1992, and currently consists of 17 members. Each of the five members of the Board of Supervisors (Board) appoints two members, and the remaining seven members are comprised of:

1. The Chief Executive Officer of the San Diego County Medical Society;
2. The President and Chief Executive Officer of the Hospital Association of San Diego and Imperial Counties;
3. The Chief Executive Officer of the Health Center Partners of Southern California;
4. The Chief Executive Officer of the Consumer Center for Health Education and Advocacy;
5. The Chair of the San Diego County Behavioral Health Services Advisory Board;
6. The Chair of the Healthy San Diego Professional Advisory Board, and;
7. The Chair of the Healthy San Diego Consumer Advisory Board.



**SUBJECT: AMEND HEALTH SERVICES ADVISORY BOARD ORDINANCE AND BYLAWS**

In accordance with the Board Policy A-74, Citizen Participation in County Boards, Commissions, and Committees, the Board shall have the authority to establish new standing and special committees. Board approval is also required to make amendments to the Articles of the Administrative Code of the County of San Diego, including Article LV of the Administrative Code of San Diego County Health Services Advisory Board.

The Advisory Board Ordinance and Bylaws were changed to reflect language in Board Policy A-74 in regards to a contingency plan for vacancies and reappointments, in addition to continuously assessing if the Ordinance and Bylaws are up to date. The Advisory Board discussed the revisions to the current Ordinance and Bylaws and motioned to approve the changes at the September 4, 2018 Advisory Board meeting.

The Advisory Board Ordinance and Bylaws align with the Building Better Health component of the *Live Well San Diego* vision by assuring a prompt service delivery system. The documents also support *Live Well San Diego* Indicators of quality of life and community involvement by providing indirect support to ensure San Diego County residents live a long, healthy life and have the ability to live independently.

The attachments contain a copy of the recommended revised Ordinance amending the Administrative Code Article LV, as well as an underlined and strikeout version, and the proposed Bylaws of the Health Services Advisory Board.

The Advisory Board members recommend the following changes to its Ordinance and Bylaws:

**ORDINANCE:**

**Section 861.3 TERM OF OFFICE:**

- Add a statement that mirrors the language from Board Policy A-74 regarding Advisory Board member term limits and contingency plans when Board of Supervisors are re-elected or newly-elected.

**Section 861.5 ORGANIZATION:**

- Define a quorum to be over fifty percent of Advisory Board members.

**BYLAWS:**

**Section 3 – Membership:**

- Add language regarding alternate Advisory Board members' voting power and obligations.
- Add a statement that mirrors the language from Board Policy A-74 regarding Advisory Board member term limits and contingency plans when Board of Supervisors are re-elected or newly-elected.

**Section 5 – Quorum:**

- Define a quorum to be over fifty percent of Advisory Board members.

**SUBJECT: AMEND HEALTH SERVICES ADVISORY BOARD ORDINANCE AND BYLAWS**

**Section 7 – Meetings:**

- Change the Advisory Board monthly meeting date, reoccurrence, and time.

**Section 10 – Committees:**

- Change the sub-committees' structure to reflect the current membership.

**Article II Section 1 Amendments:**

- Establish a routine review of the Bylaws, as needed.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed actions support the *Live Well San Diego* vision by Building Better Health through building a better service delivery system in our community. Specifically, it establishes a more efficient and streamlined Advisory Board that mirrors the delivery of services provided by the Health and Human Services Agency. Additionally, the proposed actions support the Building Better Health initiative in the County of San Diego's 2018-2023 Strategic Plan as well as the *Live Well San Diego* by establishing a more efficient and streamlined Advisory Board that mirrors the delivery of services offered by the Health and Human Services Agency.

Respectfully submitted,

USE "INSERT PICTURE"  
FUNCTION TO INSERT  
SIGNATURE

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

Attachment A – Article LV of San Diego County Administrative Code Relating to the San Diego County Health Services Advisory Board SEC. 861.3 TERM OF OFFICE and SEC. 861.5 ORGANIZATION – Clean copy

Attachment B – Article LV of San Diego County Administrative Code Relating to the San Diego County Health Services Advisory Board SEC. 861.3 TERM OF OFFICE and SEC. 861.5 ORGANIZATION – Informational copy

Attachment C – Health Services Advisory Board of San Diego County Bylaws Sections 3, 5, 7, and 10 and Article II Section 1 – Clean copy

Attachment D – Health Services Advisory Board of San Diego County Bylaws Sections 3, 5, 7, and 10 and Article II Section 1 – Informational copy

**SUBJECT:** AMEND HEALTH SERVICES ADVISORY BOARD ORDINANCE AND  
BYLAWS

**AGENDA ITEM INFORMATION SHEET**

**REQUIRES FOUR VOTES:** ☐ Yes ☒ No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**

☐ Yes ☒ No

**PREVIOUS RELEVANT BOARD ACTIONS:**

August 2, 2016 (03) and September 13, 2016 (03), Change in Membership Composition of Health Services Advisory Board.

**BOARD POLICIES APPLICABLE:**

A-72 – Board of Supervisors’ Agenda and Related Processes  
A-74 – Citizen Participation in County Boards, Commissions and Committees  
A-98 – Board Policy on Non-Interference in Administrative Affairs  
Charter of the County of San Diego, Article VII, Section 710

**BOARD POLICY STATEMENTS:**

N/A

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION  
NUMBER(S):**

N/A

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** N/A

**CONTACT PERSON(S):**

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## ORDINANCE \_\_\_\_\_(N.S.)

## AN ORDINANCE AMENDING SECTION 861.3 AND SECTION 861.5 OF THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE MEMBERSHIP OF THE SAN DIEGO COUNTY HEALTH SERVICES ADVISORY BOARD

The Board of Supervisors of the County of San Diego ordains as follows:

Section 2. Section 861.3 of the San Diego County Code is amended to read as follows:

**SEC. 861.3. TERM OF OFFICE.**

Members nominated by a Supervisor shall serve a term of office concurrent with the term of office of their nominating Supervisor.

The terms shall expire on the date of expiration of the term of the nominating member of the Board of Supervisors or at such time as said member of the Board of Supervisors ceases to hold office, whichever first occurs.

Members whose terms have expired shall continue to serve until such time as they are either replaced or reappointed.

- If a member's term will extend beyond the end of the term of the nominating Board of Supervisor, the member shall remain in the position for the remainder of the member's term unless a new member is nominated for the position by the re-elected or newly-elected Board of Supervisor of the nominating supervisorial district and appointed by the Board of Supervisors.

The reelection of a member of the Board of Supervisors for a succeeding term shall not automatically extend the term of any board member.

The persons, if any, who are members of the Health Services Advisory Board because they hold one of the following positions or are designated by such person to represent their organization shall serve on the Board until a successor has been chosen for the position, at which time the successor shall become a member of the Board:

- Chief Executive Officer of the San Diego County Medical Society
- President and Chief Executive Officer of the Hospital Association of San Diego and Imperial Counties,
- Chief Executive Officer of the Health Center Partners of Southern California,
- Chief Executive Officer of the Consumer Center for Health Education and Advocacy,
- Chair of the San Diego County Behavioral Health Advisory Board,
- Chair of the Healthy San Diego Professional Advisory Board, and
- Chair of the Healthy San Diego Consumer Advisory Board.

Any member whose term has expired hereunder shall continue to discharge the duties as a member until a qualified successor has been appointed.

(Added by Ord. No. 8123 (N.S.), effective 9-3-92; amended by Ord. No. 8509 (N.S.), effective 4-6-95; amended by Ord. No. 8910 (N.S.), effective 6-18-98; amended by Ord. No. 9070 (N.S.), effective 9-9-99; amended by Ord. No. 9894 (N.S.), effective 12-6-07; amended by Ord. No. 10371 (N.S.), effective 2-26-15; amended by Ord. No. 10438 (N.S.), effective 10-13-16)

Section 2. Section 861.5 of the San Diego County Code is amended to read as follows:

**SEC. 861.5. ORGANIZATION.**

(a) Officers. The Board shall select from its membership a Chair and a Chair-Elect to serve for a two-year term. The maximum length of a given office shall be two consecutive terms.

(b) Rules. The Board shall prepare and adopt the necessary rules and regulations for the conduct of its business.

(c) Quorum. A majority of members currently appointed to the Board shall constitute a quorum (i.e., over fifty percent of members). A majority of members in attendance shall be required to take action.

(d) Minutes. The Board shall keep written minutes of its meetings, a copy of which shall be filed with the Clerk of the Board of Supervisors and posted on the HSAB webpage.

(e) Meetings. The Board shall establish a regular meeting schedule and shall give public notice of the time and place of meetings in compliance with the requirements of the Brown Act. All meetings of the Board shall be open and public and all persons shall be permitted to attend any meetings of the Board.

(f) Staff Requests. County citizen committees are charged with advising the Board of Supervisors on the policies the Board establishes to guide the various functions of the County, and on the established procedures by which such functions are performed. Unless specifically designated in their establishing authority, the advisory committees are not charged with advising the Chief Administrative Officer regarding his or her function and responsibility to carry out the Board's policy decisions. Recognizing that this delineation of administrative authority has been established in County Charter section 501.9-Non-interference, Board Policy A-98, and Board Policy A-72, requests from advisory committees which will involve response from County management staff should informally be in writing and signed by the Chair of the advisory committee. Staff response requiring less than four (4) hours to research, prepare and submit an answer to specific requests readily obtainable should be responded to in an expeditious manner by the office or department to which addressed or assigned. More involved requests shall be discussed by the Chief Administrative Officer with the Chair of the Board of Supervisors and if necessary the requestor, and docketed with the Board for its direction. If the Board directs the Chief Administrative Officer to respond to the request, the Chief Administrative Officer will assign the matter to the appropriate staff within the County organization and monitor its progress to assure complete, coordinated and timely response.

(g) Government Code section 1098: County Citizen Committees shall be subject to the provisions of Government Code section 1098-Confidential information; use or disclosure for pecuniary gain.

(Added by Ord. No. 8123 (N.S.), effective 9-3-92; amended by Ord. No. 9070 (N.S.), effective 9-9-99; amended by Ord. No. 9894 (N.S.), effective 12-6-07; amended by Ord. No. 10371 (N.S.), effective 2-26-15)

Section 3. Effective Date. This ordinance shall take effect thirty (30) days after its adoption. Within fifteen days after the date of adoption of this ordinance, a summary shall be published once with the name of those members voting for and against the same in the newspaper of general circulation published in the County of San Diego.

Approved as to form and legality:

XXX, County Counsel

By

XXX, Senior Deputy County Counsel

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## ORDINANCE \_\_\_\_\_(N.S.)

## AN ORDINANCE AMENDING SECTION 861.3 AND SECTION 861.5 OF THE SAN DIEGO COUNTY ADMINISTRATIVE CODE RELATING TO THE MEMBERSHIP OF THE SAN DIEGO COUNTY HEALTH SERVICES ADVISORY BOARD

The Board of Supervisors of the County of San Diego ordains as follows:

Section 2. Section 861.3 of the San Diego County Code is amended to read as follows:

**SEC. 861.3. TERM OF OFFICE.**

Members nominated by a Supervisor shall serve a term of office concurrent with the term of office of their nominating Supervisor.

The terms shall expire on the date of expiration of the term of the nominating member of the Board of Supervisors or at such time as said member of the Board of Supervisors ceases to hold office, whichever first occurs.

Members whose terms have expired shall continue to serve until such time as they are either replaced or reappointed.

- If a member's term will extend beyond the end of the term of the nominating Board of Supervisor, the member shall remain in the position for the remainder of the member's term unless a new member is nominated for the position by the re-elected or newly-elected Board of Supervisor of the nominating supervisorial district and appointed by the Board of Supervisors.

The reelection of a member of the Board of Supervisors for a succeeding term shall not automatically extend the term of any board member.

The persons, if any, who are members of the Health Services Advisory Board because they hold one of the following positions or are designated by such person to represent their organization shall serve on the Board until a successor has been chosen for the position, at which time the successor shall become a member of the Board:

- Chief Executive Officer of the San Diego County Medical Society
- President and Chief Executive Officer of the Hospital Association of San Diego and Imperial Counties,
- Chief Executive Officer of the Health Center Partners of Southern California,
- Chief Executive Officer of the Consumer Center for Health Education and Advocacy,
- Chair of the San Diego County Behavioral Health Advisory Board,
- Chair of the Healthy San Diego Professional Advisory Board, and
- Chair of the Healthy San Diego Consumer Advisory Board.

Any member whose term has expired hereunder shall continue to discharge the duties as a member until a qualified successor has been appointed.

(Added by Ord. No. 8123 (N.S.), effective 9-3-92; amended by Ord. No. 8509 (N.S.), effective 4-6-95; amended by Ord. No. 8910 (N.S.), effective 6-18-98; amended by Ord. No. 9070 (N.S.), effective 9-9-99; amended by Ord. No. 9894 (N.S.), effective 12-6-07; amended by Ord. No. 10371 (N.S.), effective 2-26-15; amended by Ord. No. 10438 (N.S.), effective 10-13-16)

Section 2. Section 861.5 of the San Diego County Code is amended to read as follows:

## **SEC. 861.5. ORGANIZATION.**

(a) Officers. The Board shall select from its membership a Chair and a Chair-Elect to serve for a two-year term. The maximum length of a given office shall be two consecutive terms.

(b) Rules. The Board shall prepare and adopt the necessary rules and regulations for the conduct of its business.

(c) Quorum. A majority of members currently appointed to the Board shall constitute a quorum (i.e., over fifty percent of members). A majority of members in attendance shall be required to take action.

(d) Minutes. The Board shall keep written minutes of its meetings, a copy of which shall be filed with the Clerk of the Board of Supervisors and posted on the HSAB webpage.

(e) Meetings. The Board shall establish a regular meeting schedule and shall give public notice of the time and place of meetings in compliance with the requirements of the Brown Act. All meetings of the Board shall be open and public and all persons shall be permitted to attend any meetings of the Board.

(f) Staff Requests. County citizen committees are charged with advising the Board of Supervisors on the policies the Board establishes to guide the various functions of the County, and on the established procedures by which such functions are performed. Unless specifically designated in their establishing authority, the advisory committees are not charged with advising the Chief Administrative Officer regarding his or her function and responsibility to carry out the Board's policy decisions. Recognizing that this delineation of administrative authority has been established in County Charter section 501.9-Non-interference, Board Policy A-98, and Board Policy A-72, requests from advisory committees which will involve response from County management staff should informally be in writing and signed by the Chair of the advisory committee. Staff response requiring less than four (4) hours to research, prepare and submit an answer to specific requests readily obtainable should be responded to in an expeditious manner by the office or department to which addressed or assigned. More involved requests shall be discussed by the Chief Administrative Officer with the Chair of the Board of Supervisors and if necessary the requestor, and docketed with the Board for its direction. If the Board directs the Chief Administrative Officer to respond to the request, the Chief Administrative Officer will assign the matter to the appropriate staff within the County organization and monitor its progress to assure complete, coordinated and timely response.



(g) Government Code section 1098: County Citizen Committees shall be subject to the provisions of Government Code section 1098-Confidential information; use or disclosure for pecuniary gain.(Added by Ord. No. 8123 (N.S.), effective 9-3-92; amended by Ord. No. 9070 (N.S.), effective 9-9-99; amended by Ord. No. 9894 (N.S.), effective 12-6-07; amended by Ord. No. 10371 (N.S.), effective 2-26-15)

Section 3. Effective Date. This ordinance shall take effect thirty (30) days after its adoption. Within fifteen days after the date of adoption of this ordinance, a summary shall be published once with the name of those members voting for and against the same in the newspaper of general circulation published in the County of San Diego.

Approved as to form and legality:

XXX, County Counsel

By

XXX, Senior Deputy County Counsel

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**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 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. Alternate members have the same voting power and can carry on the obligations of the members.

- Members nominated by a Supervisor shall serve a term of office concurrent with the term of office of their nominating Supervisor.
- The terms shall expire on the date of expiration of the term of the nominating member of the Board of Supervisors or at such time as said member of the Board of Supervisors ceases to hold office, whichever first occurs.
- Members whose terms have expired shall continue to serve until such time as they are either replaced or reappointed.
  - If a member's term will extend beyond the end of the term of the nominating Board of Supervisor, the member shall remain in the position for the remainder of the member's term unless a new member is nominated for the position by the re-elected or newly-elected Board of Supervisor of the nominating supervisorial district and appointed by the Board of Supervisors.
- The reelection of a member of the Board of Supervisors for a succeeding term shall not automatically extend the term of any board member.

**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., over fifty percent of 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**

- 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).
- B. The board shall meet monthly on the first Tuesday of each month, from 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.
- 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.

**Section 8 OFFICERS**

- A. The elected officers are Chair and Chair-Elect.
- 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.
- C. The maximum length of a given office shall be two consecutive terms.

## **Section 9                    RESPONSIBILITIES OF THE OFFICERS**

- 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.
- 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.

## **Section 10                COMMITTEES**

### **A. Definition of Committees**

- 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:
  - a) Executive Committee: The Executive Committee shall consist of the Chair, Chair- Elect, and one committee Chair
    - 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.
    - 2. A quorum of the Executive Committee shall consist of two (2) members of the Executive Committee.
- 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.
  - a) Executive Committee members shall not sit as members of the Nominating Committee.
- 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.
  - 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.

- b) Sub-committees include the following: Budget, Health Legislation, Policies and Programs, and Strategic Planning/Annual Report.

**Section 11      RULES OF ORDER**

- 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.
- 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.

**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; Amendments approved by San Diego County Board of Supervisors in September 2016)

## HEALTH SERVICES ADVISORY BOARD OF SAN DIEGO COUNTY BYLAWS

### Section 1 NAME

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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.

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### **Section 3      EFFECTIVE DATE**

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(Amended on February 2007; Amendments approved by San Diego County Board of Supervisors in September 2016)



# Stop the Bleed

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*Health Services Advisory Board*  
*November 6, 2018*





- “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 submitted a report based on preliminary research and planning as our initial “Feasibility Analysis” to the Board on August 10, 2018.
- Board Letter scheduled for December 11, 2018.

# AUGUST 7 HSAB FOLLOW UP ITEMS



- Total number of AEDs per Region

HHSA Region	AEDs
Central	64
East	139
North Central	151
North Coastal	32
North Inland	121
South	39
<b>Total</b>	<b>546</b>

- Interactive Countywide AED Map: <http://arcg.is/11XSDO>

# AUGUST 7 HSAB FOLLOW UP ITEMS



- Other counties or states implementing Stop the Bleed
  - Trauma Center Trainings held in San Diego:
    - San Diego International Airport
    - San Diego Convention Center
    - Petco Park
    - UC San Diego Police
    - City of Chula Vista
  - Summary handout
- Projected budget for Stop The Bleed
  - \$30,000 in FY18-19

# STOP THE BLEED ROLLOUT TIMELINE



2018

2019

November

- 11/2 - HHSA Nurses and County Fire conducted on site training at CAC for Safety/AED Coordinators, Board Aides and Group designees
- Training included pre and post test
- One bleeding control kit installed at each of the CAC's 6 AED locations

December

- 12/11 – BOS approval
- Work with DPC for procurement of kits and training through existing County contracts
- Develop instructions for Safety/AED Coordinators and installers

January /  
February

- Work with DHR to incorporate STB into LMS safety orientation and add module to existing CPR/First Aid training
- Schedule and conduct ramp up trainings in conjunction with County Fire and HHSA Nurses for Safety/AED Coordinators

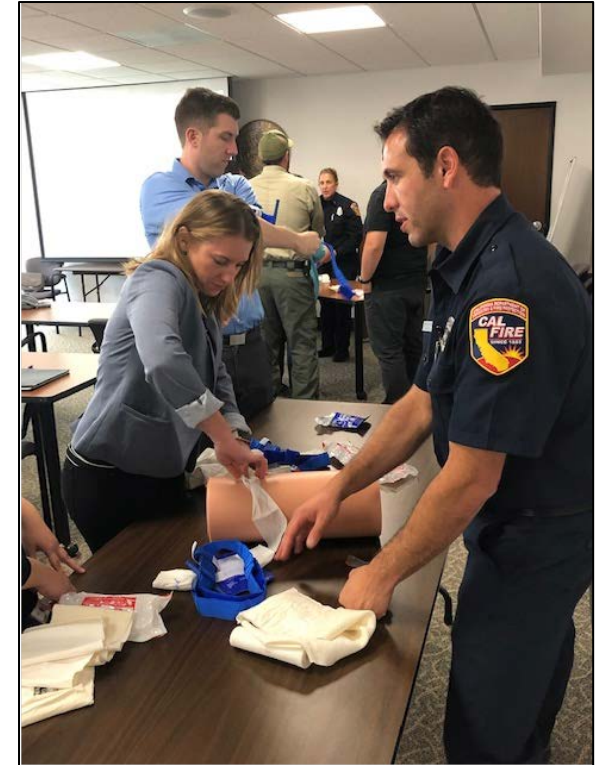
March and  
Beyond

- Expand pilot to COC and Health Services Complex in advance of Stop the Bleed Day on March 31<sup>st</sup>.
- Proclamation at March 26<sup>th</sup> Board meeting
- Countywide launch of kits and training

# CAC PILOT TRAINING



**November 2, 2018  
Facilitated by HHSA  
Nurse and Cal Fire**



**Attendees included  
Board Aides, Group  
Designees,  
Departmental Safety  
Coordinators, and  
CAC Waterfront Park**





- Recommendation to the Board of Supervisors for consideration on December 11, 2018:
  1. Approve implementation of a County of San Diego Stop the Bleed program.
  2. Authorize the Director, HHSA, to pursue future funding opportunities to support the County of San Diego Stop the Bleed Program.





# QUESTIONS?

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# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

RON ROBERTS  
Fourth District

BILL HORN  
Fifth District

**DATE:** December 11, 2018

**XX**

**TO:** Board of Supervisors

**SUBJECT:**  
**STOP THE BLEED IMPLEMENTATION (DISTRICTS: ALL)**

### OVERVIEW

Stop the Bleed is a national awareness campaign that encourages members of the public to become trained, equipped, and empowered to assist with lifesaving bleeding control techniques in emergencies involving traumatic injuries and rapid blood loss.

On March 27, 2018 (1), the Board of Supervisors directed the Chief Administrative Officer to explore options to raise awareness for the Stop the Bleed Program through training County personnel and through the placement of bleeding control kits in County facilities, and report back within 120 days.

On August 10, 2018, the Health and Human Services Agency (HHSA) submitted a Memorandum to the Board of Supervisors with a Stop the Bleed Feasibility Analysis which outlined an implementation strategy for a County of San Diego Stop the Bleed program.

On November 2, 2018, HHSA implemented a pilot for the Stop the Bleed program at the County Administration Center which included placement of bleeding control kits and training for 30 staff.

Today's action would approve the implementation of a Stop the Bleed program throughout the County enterprise. This item supports the Building Better Health and Living Safely Strategic Initiatives of the County of San Diego's 2018-2023 Strategic Plan, as well as the County's *Live Well San Diego* vision, by bolstering efforts to further enhance emergency preparedness of County staff and facilities.

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. Approve implementation of a County of San Diego Stop the Bleed program.
2. Authorize the Director, HHSA, to pursue future funding opportunities to support the County of San Diego Stop the Bleed Program.

**SUBJECT: STOP THE BLEED IMPLEMENTATION (DISTRICTS: ALL)**

**FISCAL IMPACT**

Funds for this request are included in the Fiscal Year 2018-20 Operational Plan in the Health and Human Services Agency. If approved, this request will result in initial costs and revenue of approximately \$30,000 in Fiscal Year 2018-19. The funding sources are the Homeland Security Grant Program, Public Health Emergency Preparedness Program and Health Realignment. There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

On October 25, 2018, the Emergency Medical Care Committee voted to support the Board Letter recommendation.

On November 6, 2018, the Health Services Advisory Board voted to **support/oppose** the Board Letter recommendation.

**BACKGROUND**

In response to the March 27, 2018 direction from the Board of Supervisors, the Health and Human Services Agency (HHSa) researched options for potential implementation of a Stop the Bleed program within the County of San Diego enterprise. A Memorandum and Stop the Bleed Feasibility Analysis were submitted to the Board of Supervisors on August 10, 2018. The Stop the Bleed Implementation Plan described herein builds upon the findings and recommendations included in the Feasibility Analysis as well existing models for providing resources and training to County staff to support emergency preparedness and response. Implementation of a Stop the Bleed program within the County enterprise has following primary goals:

1. Place bleeding control kits strategically in County facilities.
2. Ensure County employees have access to training and education regarding the use of bleeding control kits as an added component of the County's existing safety initiatives.

To accomplish the stated goals of a County Stop the Bleed program, a four-phase implementation strategy, including Design, Development, Implementation, and Monitoring, was proposed in the Feasibility Analysis submitted to the Board via Memorandum in August. Each of the four phases includes collaboration with community partners, including Trauma Research and Education Foundation (TREF), a local convener of Stop the Bleed efforts, as well as key County departments.

**Design**

During the Design Phase, HHSa's Medical Care Services Division and Public Health Services department convened of a workgroup of key partners including representatives from the following County departments and community groups: Department of General Services, Department of Purchasing and Contracting, Office of Emergency Services, San Diego County Fire Authority, Sheriff's Department, other HHSa divisions, and local trauma system representatives. The workgroup met between July and October 2018 to develop proposed

**SUBJECT: STOP THE BLEED IMPLEMENTATION (DISTRICTS: ALL)**

program specifications such as options for bleeding control kit contents; number of kits to be placed and the ideal placement of kits within County facilities; opportunities for the training of County employees; and the identification of sources for program funding.

After researching other existing Stop the Bleed programs and consultation with subject matter experts, workgroup members recommended deployment of pre-packaged Individual Patrol Officer Kits. At a cost of approximately \$43 per kit, these hermitically sealed kits in a labeled pouch include the four essential components as recommended by the workgroup:

- 1 'combat application tourniquet' (C-A-T);
- 1 flat emergency trauma dressing (ETD);
- 1 rolled gauze dressing; and
- 1 pair of gloves.

In strategizing placement options for bleeding control kits, workgroup members discussed the fact that bleeding control is best performed within the initial moments of a trauma. Members concurred that to be most effective in the event of an emergency, bleeding control kits need to be easily and rapidly accessible. As a result, the placement of bleeding control kits will be modeled after the County's existing Public Access Defibrillator (PAD) Program. Coordinated by HHSA Medical Care Services Division's Emergency Medical Services section, the PAD Program provides a structured and coordinated process for the installation of Automated External Defibrillators (AEDs) in County operated facilities. At present, there are 546 AEDs placed in County facilities. There are three main types of AEDs utilized across County worksites: AEDs located in large alarmed and recessed, wall-mounted boxes; unalarmed, wall-mounted AEDs; and unmounted portable AEDs located in vehicles. Each site hosting a public access AED has an AED Coordinator and is responsible for incorporating countywide written plans and protocols for AED utilization into their departmental/facility emergency plans. By co-locating bleeding control kits with AEDs, safety and emergency resources can be combined in central locations in the form of "Action Walls": consolidated, accessible locations to access emergency information including posted evacuation maps, first aid kits, AEDs and bleeding control supplies.

### **Development**

The goal of the Development Phase is to build capacity and resources to support implementation at County worksites. To inform program development, the workgroup recommended a small-scale rollout at a single worksite as a pilot. On November 2, 2018, HHSA coordinated a training for the Stop the Bleed program pilot at the County Administration Center (CAC) which included placement of bleeding control kits and training for 30 staff. Training for the pilot was co-facilitated by a County registered nurse and San Diego County Fire Authority staff.

Informed by the pilot at the CAC, a training plan for County employees was designed and developed by the workgroup for Countywide rollout. In early 2019, trainings will be co-facilitated by HHSA nurses and San Diego County Fire Authority staff at County's larger worksites for AED Coordinators, Departmental Safety Coordinators, and other identified staff. Subsequently, trainings will be offered quarterly and available widely to County staff. The overall goal of the Stop the Bleed trainings will be to teach participants basic skills to keep people with life-threatening injuries alive until professional help arrives by meeting the following training objectives:

**SUBJECT: STOP THE BLEED IMPLEMENTATION (DISTRICTS: ALL)**

1. State the steps you can take when responding to a life-threatening situation.
2. Recognize life-threatening bleeding.
3. Apply firm, steady pressure to stop life-threatening bleeding.
4. Understand circumstances when to use a tourniquet.

These trainings will complement existing safety trainings, such as cardiopulmonary resuscitation (CPR) trainings that are offered Countywide.

**Implementation**

The Implementation Phase includes two components: the purchase and physical placement of 575 bleeding control kits in County facilities and the rollout of a Countywide training plan. HHSA has identified federal grant funds from the Homeland Security Grant Program as a funding source for the initial purchase of bleeding control kits and the Public Health Emergency Preparedness Program as a funding source for training kits.

If today's action is approved, kits will be distributed through interoffice County mail to each AED Site Coordinator with detailed instructions for its placement in tandem with an existing AED. AED Site Coordinators will be asked to confirm the kit's placement with a photo sent to the County's AED Program Coordinator. Onsite training will be offered prior to the installation of kits at County worksites and meet objectives as outlined above.

**Monitoring**

The goals of the Monitoring Phase include regular kit maintenance and ongoing opportunities for staff training. Quarterly staff training is proposed to ensure continued capacity of bleeding control principles through existing training delivery mechanisms within the County.

County Administrative Policy would be updated to include proper record keeping and maintenance of bleeding control kits. Similar to the PAD program, replacement of bleeding control kits would be the responsibility of the user facility.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

This item supports the Building Better Health and Living Safely Strategic Initiatives of the County of San Diego's 2018-2023 Strategic Plan as well as the County's *Live Well San Diego* vision by bolstering efforts to further enhance emergency preparedness of County staff and facilities.

Respectfully submitted,

USE "INSERT PICTURE"  
FUNCTION TO INSERT  
SIGNATURE

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

**SUBJECT: STOP THE BLEED IMPLEMENTATION (DISTRICTS: ALL)**

DRAFT

**SUBJECT: STOP THE BLEED IMPLEMENTATION (DISTRICTS: ALL)**

**AGENDA ITEM INFORMATION SHEET**

**REQUIRES FOUR VOTES:** ☐ Yes ☒ No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**

☐ Yes ☒ No

**PREVIOUS RELEVANT BOARD ACTIONS:**

March 27, 2018 (1) Applying Pressure to Improve Survival

**BOARD POLICIES APPLICABLE:**

N/A

**BOARD POLICY STATEMENTS:**

N/A

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):**

N/A

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):**

**CONTACT PERSON(S):**

Nick Yphantides, M.D.

Name

858- 505-6423

Phone

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E-mail

Andrew Parr

Name

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Phone

andrew.parr@sdcounty.ca.gov

E-mail

STB Program Details	Funding Source	Point of Contact	Population
<a href="#">Chester County introduced STB initiative</a> to all 97 public schools in the county. Department of Emergency Services is asking schools to partner with the department for the training.	Grant funds by Southeast Pennsylvania Regional Task Force	Chrissy DePaolantonio Chester County Department of Emergency Services <a href="mailto:cdepaolantonio@chesco.org">cdepaolantonio@chesco.org</a> 610-344-5000	
<a href="#">Pasco County received 112 STB kits</a> to distribute in County buildings and placed alongside AEDs3	Kits donated by Bayonet Point Medical Center	Chief Shawn Whited, Pasco County Fire Rescue Training Division <a href="mailto:firerescue@pascocountyfl.net">firerescue@pascocountyfl.net</a> 813-929-2750	525,643 # of Staff: 2400
<a href="#">Charles County equipped</a> all county-owned buildings with STB kits collocated within all AED units (totaling 54 units)		Charles County Department of Health 301-609-6900  Charles County EMS 301-609-3430	
<a href="#">Onslow County purchased</a> 100 bleeding control kits which were placed inside AED boxes. 1000 county employees have been trained on how to use the kits		Michael Pratt Onslow County Health Department , Preparedness Coordinator 910-347-2154 <a href="mailto:Michael_Pratt@onslowcountync.gov">Michael_Pratt@onslowcountync.gov</a>	
<a href="#">Howard County</a> introduced Comprehensive Public Safety Hemorrhage Control Initiative. Free public trainings scheduled for Sept & Nov. Planning on placing kits with select AEDs throughout county		<a href="mailto:outreach@hcdfrs.org">outreach@hcdfrs.org</a>	300,000
<a href="#">Kaiser Permanente, a designated Level II trauma center, worked with Solana County EMS</a> to offer free trainings to community. <a href="#">Link to steps Kaiser took to implement training</a>	Trainers & STB kits donated by Kaiser Permanente and Cascade Training Centers	<a href="mailto:KP-Vacaville-Injury-Prevention@kp.org">KP-Vacaville-Injury-Prevention@kp.org</a>	KP Vacaville Medical Center serves 2 counties— 650,000 people
<a href="#">Arkansas Statewide Stop the Bleed Program</a> where more than 3000 state and local law enforcement officer, public schools and private schools have been trained in STB program  <a href="#">Metropolitan EMS STB Training</a>		Jon Swanson, Executive Director Metropolitan Emergency Medical Services <a href="mailto:jswanson@metroems.org">jswanson@metroems.org</a>  Major Clayton Goddard (501) 301-1467	



<a href="#">Stop University of Missouri has purchased 125 STB kits</a> there were installed next defibrillators by Campus Facilities. Free 1-hour training is also offered to students.	Donated by local philanthropist-\$100,000	Kassie Campbell, training coordinator <a href="mailto:campbellkr@health.missouri.edu">campbellkr@health.missouri.edu</a>	
Other Resources:  <a href="#">Davie Town Ordinance</a> provision to include STB kits in all facilities that are already required to have AEDs			

**Health and Human Services Agency  
Health Services Advisory Board (HSAB)  
November 6, 2018 \*3PM–5PM \* 1600 Pacific Highway, San Diego, CA**

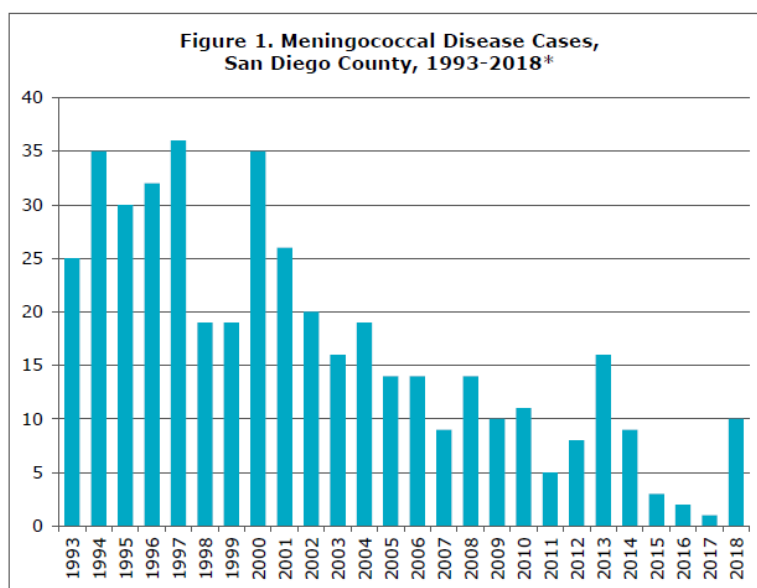
**Public Health Officer's Report**

**I. Communicable Disease Issues**

**A. Infectious Disease Issues**

**1. Meningococcal Disease Outbreak (CAHAN sent on September 28, 2018)**

- San Diego State University (SDSU) undergraduate students diagnosed with serogroup B invasive meningococcal disease (IMD).
- A meningococcal outbreak declared on campus on 9/28/18, because this is the 3<sup>rd</sup> case in just over three months (late June, September 3, and September 25).
- Close contacts with the new case have been identified and provided antibiotics. There is no need for antibiotics for those who were not in direct contact with the student.
- The local health officer is recommending that all unimmunized SDSU undergraduate students 23 years of age and younger get vaccinated with one of two available meningococcal B vaccines.
- This year, ten meningococcal disease cases were reported in San Diego County, the highest number reported since 2013.
- Serogroup B has been found in 36% of cases since 2008 and accounts for six of the ten cases reported in 2018. Serogroup B has been the cause of 11 U.S. university/college outbreaks since 2008, including two others in California: one at the University of California Santa Barbara, in 2013, and one at Santa Clara University, in 2016.
- **This year, ten meningococcal disease cases were reported in San Diego County, the highest number reported since 2013.**
- **No new meningococcal cases have occurred at SDSU since last case with onset of symptoms on September 25, 2018.**
- **The County is collaborating with and supporting SDSU in a response to this outbreak.**
- **SDSU has started a campaign to get students to bring in their vaccination records if they have been vaccinated out of San Diego County for Meningococcal. SDSU is also launching a second dose campaign.**



\* - Cases in 2018 are year to date.

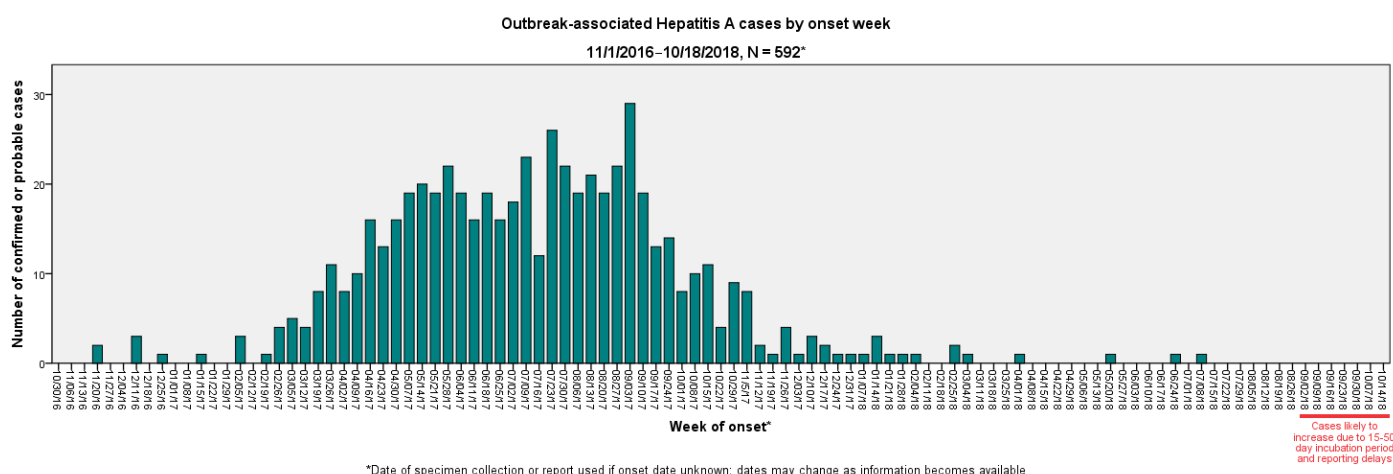
Prepared by County of San Diego, Health & Human Services Agency,  
Public Health Services, Epidemiology and Immunization Services Branch, 9/27/18

## 2. Hepatitis A (**Outbreak officially ended as of 10/18/18; Last report issued on 10/18/18**)

- Outbreak News
  - **National HAV outbreak cases are currently being reported at more than 200 cases/week.**
  - The Kentucky outbreak has now become the worst in the nation with **2,050 cases as of 10/15/18.**
  - **West Virginia now has 1,527 reported cases**, surged past the San Diego total.
  - Outbreaks in Utah and Michigan are waning, while those in KY WV, IN, and OH surge. **OH is the most recent state to surpass San Diego's total with 666 cases.**
  - The Center 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.
  - San Diego Outbreak
    - At-risk Populations: Homeless population and illicit drug-using individuals or both.
    - Genotype 1B, with 16 strains
  - **SD Case Demographics:**
    - **The outbreak is over now that it has been 100 days since the illness onset of the most recent case.**
    - **The Advisory Committee on Immunization Practices met last next week to discuss adding homelessness as an indication for HAV vaccination. The action was approved.**
    - 592 cases with onset dates from 11/22/16 – **10/4/18**, 20 deaths, 407 hospitalizations
      - 407 (68%) hospitalizations, 20 (3.4%) deaths
      - 404 males (68%); 188 females (32%)
      - 5-87 years (median 43.0 years, mean 43.9 years)
      - 201 (34%) documented homeless and illicit drug use
      - 91 (15%) homeless only
      - 79 (13%) illicit drug use only
      - 167 (28%) neither homeless nor illicit drug use
      - 54 (9%) unknown (no records or interview)
- Co-infection
  - 26/491 (5.3%) confirmed or probable Hepatitis B
  - 83/477 (17.4%) confirmed or probable Hepatitis C
- Other Characteristics
  - 24 Food Handlers
  - 8 healthcare workers
  - **Other jurisdictions linked to San Diego (report of cases as of 10/18/18):**
    - California: Santa Cruz (76 cases), Los Angeles (44 cases), Monterey (12 cases), OC, Santa Clara, SLO, Imperial, Placer, Riverside, Ventura
    - U.S.: Arizona, Colorado, Illinois, Indiana (**532 cases**), Iowa, Kentucky (**2,050 cases, early case epi-linked to SD**), New Hampshire, Ohio (**666 cases**), Oregon, Rhode Island, Utah (**279 cases**), Hawaii, **West Virginia (1,527 cases, epi-linked to SD & Kentucky)**, Nashville, and **Tennessee (332 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. 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 HASDIC board (7/11/18) and FHCS quarterly providers meeting (8/1/18) and will be talking to HCP Physicians Council in the future.
- Vaccinations as of **10/3/2018: 203,858**
- Hygiene Kits Distributed as of 8/1/2018: 11,993
- Handwashing (HWS) Station as of 5/4/2018: All 160 out of 160 HWS have been removed.
- Communications:
  - News Stories:
    - 24 issued; last issued on June 18, 2018.
    - City Beat published an article on August 22, 2018 entitled Hepatitis A: One year later.

County Communications Office is planning a response.

- Publications
  - 12 issued: CAHAN alert last issued on August 31, 2018.
- Reports:
  - After Action Report released on May 10, 2018:  
<https://www.sandiegocounty.gov/content/dam/sdc/cosd/SanDiegoHepatitisAOutbreak-2017-18-AfterActionReport.pdf>
  - Grand Jury Report released on May 18, 2018:  
<https://www.sandiegocounty.gov/content/dam/sdc/grandjury/reports/2017-2018/HepAReport.pdf>
  - Response approved by BOS on Aug 7, 2018:  
<https://bosagenda.sdcountry.ca.gov/agendadocs/doc?id=0901127e808b874a>
  - **Hepatitis A Audit Report is pending, requested by Assemblymember Todd Gloria.**
- Web page:  
[http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/Hepatitis\\_A.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html)



3. Zika Virus (Reported on **10/30/18 for local cases through 10/8/18**). Now report issued first Thursday each month or as new cases occur.
  - **No new San Diego Zika cases since the previous report.**
  - **The Centers for Disease Control and Prevention (CDC) reported 6 new Zika cases in the US states and 8 new cases in US territories in the last month.**
    - **CDC counts are significantly delayed compared to counts from state/territorial health departments.**
  - **California Department of Public Health reported 4 new cases in CA in the last month.**
  - **In the last month, 100 new Zika cases were reported in Mexico with illness onset in 2018.**
  - Total Zika Testing referrals to EPI Program for consultation of potential cases: **4,666 referrals**
  - Cases Ruled out: **4,478**
  - Confirmed Zika cases: **112**
    - Total travel related cases: **106**
    - Sexual transmission: 2
    - Congenital infection: 4

## II. Board Actions

- A. Getting to Zero – Annual report via Board Memo issued on June 26, 2018 to coincide with National HIV Testing Day.
- B. Hepatitis A Outbreak
  - San Diego County declared a local health emergency, which was 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.”
  - September 6 & 12, 2017: Ratify declaration of local health emergency: Hepatitis A Outbreak

- 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.
- San Diego County Board of Supervisors motion to end local health emergency on January 23, 2018.
- After Action Report issued May 10, 2018.
- Grand Jury Report issued May 18, 2018 and responses went to Board of Supervisors the morning of Aug 7, 2018.

### III. Public Health Issues

- 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.
- National Public Health Week, April 2-8, 2018, with *Live Well San Diego* Public Health Champion Awards Ceremony on Friday, April 6, 2018.
- CAHAN released on February 16, 2018: Pertussis Increasing in San Diego.
- August is Immunization Awareness Month.
- September is National Preparedness Month. <https://www.ready.gov/september>
- CAHANs released on 8/31/18 (Hepatitis A Vaccination Reminder for Healthcare Providers), 9/14/18 (Fentanyl Overdoses Related to Illicit Drug Use), and 9/28/18 (Meningococcal Outbreak).
- San Diego County Hepatitis A Outbreak declared over on 10/19/18 after 100 days with no new cases reported.**
- American Public Health Association's (APHA) Annual Conference will be held in San Diego next week. APHA's conference theme this year is "Creating the Healthiest Nation: Health Equity Now."**

### IV. Grants

#### A. New Applications

- Maternal Child and Family Health Services (MCFHS) submitted three new grant applications and were notified of award status:
  - Prevention** {Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke}: funded to work in the City of San Diego geographic area
    - Components 1 & 2:
      - For implementing food sodium standards and environment and lifestyle changes (DPPs) – excited about the development of the Diabetes Prevention Programs
      - Diabetes prevention and community clinical linkages; health system interventions – Chronic Disease Surveillance via EHRs
      - This grant ends September 29, 2018.
      - New CDC application are being prepared for submission in July 2018
        - **CDC-RFA-DP18-1817:** (\$900,000 per year for 5 years) Diabetes and Heart Disease & Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke: This will provide funding for similar strategies that were in Component 1, Diabetes Prevention Program, and Component 2. The application was submitted on July 9, 2018. Notification of the award will occur on September 29, 2018. The County was awarded funding from the CDC, which will be effective September 30, 2018.
  - MCFHS sent the final budget and work plan to the CDC for approval on October 31, 2018.**
  - CDC-RFA-DP18-1813: REACH Grant:** (\$792,000 per year for 5 years) This will provide funding for similar strategies that were in Component 1, strategies 1-4 of the previous Prevention funding. This also has two additions for a tobacco cessation strategy and community linkages. The application was submitted on July 16, 2018. Notification of the award will occur on September 29, 2018. The County was awarded funding from the CDC, which will be effective September 30, 2018. **MCFHS is sending the final budget and work plan to the state for approval on November 15, 2018.**
  - Local Food Promotion Program Grant:**
    - MCFHS submitted an application for the United States Department of Agriculture (USDA) Local Food Promotion Program grant on May 7, 2018 for \$498,264 with a match of \$248,850. Funding was not awarded.
- Kresge Emerging Leaders in Public Health Grant:**
  - PHS was accepted into the third cohort of the Kresge Foundation's Emerging Leaders in Public Health program. In addition to the \$125,000 in grant funding, PHS' leadership will receive leadership development trainings and technical assistance to help implement their proposed transformative concept – convening municipal governments and local stakeholders to tackle public health problems affecting the entire region.

- This new role builds off of the collaboration between city governments and the County to manage sanitation efforts during the hepatitis A outbreak.
- Dr. Wooten and Dr. Thihalolipavan attended the first of three required in-person meetings on August 6-8, 2018.

## B. Funding

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<sup>th</sup>; Amount is \$71,000. Award status pending.
2. **Naloxone Proposal** to participate in a naloxone distribution effort. Application submitted on May 1, 2017.
  - Approved, totaling \$248,300 (full amount).
  - First shipment of 5,372 naloxone doses was received on December 13, 2017 and second shipment of 1,248 naloxone doses was received on July 18, 2018.
  - A plan was developed and implemented.
  - **As of November 5, 2018, 6,270 doses** (100% of first shipment, **72% of second shipment, and 94.7% of total allocated supply for first and second**) doses were picked up by **26** agencies: San Diego County Medical Examiner (46 doses), 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 (1,800 doses), All Peoples' Encinitas (**684 doses**), House of Metamorphosis (40 doses), Oceanside Police Department (30 doses), Union of Pan Asian Communities (4 doses), Heartland House (4 doses), Mountain Health and Community Services Inc (12 doses), Indian Health Council (150 doses), Escondido Police Department (80 doses), Vista Community Clinic (30 doses), Confidential Recovery (6 doses), McAlister Institute for Treatment & Education (60 doses), San Diego County Probation Department (200 doses), The Bishop's School (4 doses), La Mesa Police Department (76 doses), UCSD Preuss Charter (2 doses), and **Family Health Centers of San Diego (350 doses)**.
  - The County executed **29** out of 32 potential naloxone MOAs/MOUs (two of which are MOUs).
  - There is another MOU with the County Department of Environmental Health, but not part of the grant.
3. **Hep A Funding:** CDPH funding \$350,000 to hire two Epidemiologists.
4. **Local Oral Health Program (LOHP):** \$841,390/year for 5 years; Overall funding period is 1/1/18 to 6/30/22. Currently in the second year of funding that started 7/1/18. Funding from California Department of Public Health (Prop. 56).
5. **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
6. **Zika Funding:** EISB was awarded \$413,793 for staffing support. Funding is for March 1, 2017-July 31, 2018.
7. **Public Health Lab Microbiologist Training Funds:** \$75,500 was awarded to the lab to train 2 microbiologists.
8. **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.
9. **Tobacco Control Resource Program (TCRP)**
  - TCRP was notified on July 19, 2018 that the state will allocate \$2,805,276 in Tobacco funds (Prop 56 and Prop 99) for FY 17/18 and \$1,956,059 for FY 18/19. The County submitted paperwork on July 23, 2018 to the State to receive funding for quarter 1 and 2 of FY 18/19. The County received the quarter 1 and 2 Tobacco funds from the state on 9/25/18.
  - Additional Tobacco Funding \$182K one time only; pending funding from recent legislation (Prop 56).
  - TCRP staff members are working on the Budget revisions that are due on 10/4/18. Included in the changes will be: 1) revision of the FY 17-18 budget to reflect the actual expenses, 2) carrying over savings from FY

- 17-18 to FY 18-19, 3) reflecting staff vacancies and staffing at lower than budgeted FTE, and 4) increasing the FTE as directed for TCRP staffing. **The revised budget and work plan were resubmitted to the state.**
10. **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.
11. **SNAP-ED (Also known as NEOP (Nutrition Education and Obesity Prevention)):**
- Next 3-year cycle application and work plan due February 28, 2019; activities will continue to focus on policy, systems, and environmental change for nutrition and PA.
  - The next three-year grant cycle begins on October 1, 2019 and ends on September 30, 2022. The projected amount for the new three-year term is \$3,704,059 annually/\$11,112,177 cumulative with approximate additional funds of \$555,608 annually/\$1,666,827 cumulative, for a total projected amount of approximately \$12,779,004. **MCFHS started the contract procurement process. The County will host an industry day on November 29, 2018 to gather input for the scope of work.**

## V. Public Health Initiatives

### A. Major Initiative Updates and Highlights

1. Getting to Zero – Medical Advisory Committee: HIV, STD, and Hepatitis Branch (HSHB) 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. The “Getting to Zero” Board Memo went to the Board of Supervisors on June 26<sup>th</sup>. The Medical Advisory Committee met in June 2018. **HSHB is working with the marketing company, MIG/MJE, to develop a “Getting to Zero” campaign to be launched at the end of November 2018. The PrEP San Diego campaign will be a component of the “Getting to Zero” campaign, which addresses three main pillars: Test, Treat, and Prevent.**

## VI. Board Letter Forecast

DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
<b>November 2018</b>			
1. Amend HIV Planning Group Bylaws (Will be reviewed by HIV Planning Group; No action required by HSAB)	11/13/18	HSHB	Patrick Loose and Lauren Brookshire
2. Hepatitis C Elimination Initiative (Scheduled for HSAB on 11/6/18)	11/13/18	PHS Admin	Dr. Wooten and Dr. Thihalolipavan
<b>December 2018</b>			
3. Accept Prevention Funding (Will be reviewed by HIV Planning Group; No action required by HSAB)	12/11/18	HSHB	Patrick Loose and Lauren Brookshire
4. TB Elimination Initiative (Scheduled for HSAB on 11/6/18)	12/11/18	TBRH	Dr. Graves
5. Amend Health Services Advisory Board Ordinance and Bylaws (Scheduled for HSAB on 11/6/18)	12/11/18 and 1/8/19	PHS Admin	Dr. Wooten and Nora Bota
<b>January 2019</b>			
6. Region VI Mutual Agreement (Scheduled for HSAB in January 2019)	1/29/19	PHPR	Patrick Buttron
7. TB Elimination Initiative (Scheduled for HSAB in January 2019)	1/29/19	TBRH	Dr. Graves
8. Housing for Homeless Tuberculosis Treatment for Clients (Scheduled for HSAB in January 2019)	1/29/19	TBRH	Dr. Graves
9. Accept SNAP-Ed Grant Funds for the Nutrition Education and Obesity Prevention (Approved by HSAB on 9/4/18)	1/29/19	MCFHS	Dr. Coleman

## VII. Announcements

1. Personnel – Effective August 3, 2018, the BOS approved 18 new positions for PHS, 12 new nursing positions and 6 other staffing positions, to support with preparedness and emergency management.



## VIII. Site Visits/Audits

Timeframe	Description	Auditor
6/6/18 - Pending	State audit of Hepatitis A outbreak. Audit still in progress, with report pending. Requested by Assemblymember Todd Gloria.	State
10/15/18-10/16/18	CDC Cooperative Agreement grant visit to Lincoln High School.	CDC
10/22/18-12/3/18	Single Audit for federal funds regarding the Ryan White Part A and Minority AIDS Initiative funding.	County of San Diego HHSA Fiscal Department
10/23/18	Records Retention audit to review compliance with records retention schedule and County related policies.	County of San Diego Auditor & Controller, contracted out to KNL Suppoer Services (Rafael Parilla)

## IX. Legislation

- A. Nothing currently to share.

## X. Recognitions and Awards

- A. Public Health Services received three NaCO awards: 1) Hepatitis A Housing Program – Preventing the Spread; 2) Utilizing Foot Teams – Reaching the Unreachable During a Hepatitis A Outbreak; and 3) Vaccination Strategies – Engaging Hospital Emergency Departments as Vaccinators During a Hepatitis A Outbreak.
- B. Public Health Services received a California State Association of Counties (CSAC) Challenge Award in 2018 for the Hepatitis A Foot Teams.
- C. The County of San Diego received the National Association of County and City Health Officials (NACCHO) Promising Practice Award for Eat Well Practices.

Submitted by: Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, November 6, 2018.



## HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO – NOVEMBER 2018

### HEALTHY SAN DIEGO (HSD)

#### Enrollment

Please see below for September 2018 data.

Managed Care	September 2018
HSD Enrollment	708,617
State Default Rate*	34%
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	September 2017	September 2018
CMS	48	39

Current CMS materials are available on the CMS website.

### BOARD LETTERS

N/A

## HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO – OCTOBER 2018

### HEALTHY SAN DIEGO (HSD)

#### Enrollment

Please see below for August 2018 data.

Managed Care	August 2018
HSD Enrollment	713,998
State Default Rate*	33%
San Diego Default Rate*	34%

\*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	August 2017	August 2018
CMS	52	45

Current CMS materials are available on the CMS website.

### BOARD LETTERS

N/A