



County of San Diego

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

Tuesday, April 3, 2018 | 3:00-5:00 PM
 County Administration Center, Rooms 302/303
 1600 Pacific Highway

MEETING MINUTES

Members/Alternates Present		Members Absent/Excused		Presenters	HHSA Support
Seat 4/Dist 2	LaVonna Connelly	Seat 1/Dist 1	Karrar Ali	Andrew Pease, Executive Finance Director, Health and Human Services Agency	Dr. Wilma Wooten, Public Health Officer
Seat 5/Dist 3	Harris Effron	Seat 2/Dist 1	(vacant)		
Seat 7/ Dist 4	James Lepanto (Chair)	Seat 3/Dist 2	Judith Shaplin	Dr. Winston Tilghman, Medical Director/STD Controller, HIV, STD, and Hepatitis Branch (HSHB)	Dr. Liz Hernandez, Assistant Director
Seat 11/Cmty	Paul Hegyi	Seat 6/Dist 3	Elly Garner		
Seat 12/Cmty	Dimitrios Alexiou	Seat 8/Dist 4	(vacant)		
Seat 13/Cmty	Henry Tuttle	Seat 9/Dist 5	(vacant)		Nora Bota, Community Health Program Specialist
Seat 14/Cmty	Jack Dailey (alt)	Seat 10/Dist 5	(vacant)		
Seat 15/Cmty	Michael Matthews	Seat 17/Cmty	(vacant)		
Seat 16/Cmty	Leonard Kornreich				

Minutes	Lead	Follow-up Actions	Due
4/3/18	Nora Bota	Send Health Services Advisory Board Members (HSAB) members the fee increase and budget update presentations materials, California Awards for Performance Excellence (CAPE) application, <i>Live Well San Diego</i> Public Health Champion Award Media Advisory, and National Public Health Week flyer.	5/1/18

Near Dates of Importance
Next Meeting: Tuesday, May 1, 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 3:10 pm. The HSAB members and people in attendance were introduced.
II. Public Comment	No public comment

Agenda Item	Discussion
<p>III. Action Items</p>	<p>A. Approval of March 15, 2018 Meeting Minutes</p> <p>Michael Matthews motioned to approve the minutes. Dimitrios Alexiou seconded the motion. All other HSAB members in attendance voted Aye, with no oppositions or abstentions, to approve the minutes.</p> <p>B. Approval of Board Letter</p> <p>1) Fee Increase Board Letter</p> <p>Presenter: Andrew Pease</p> <p><u>Background</u></p> <p>The board letter is in regards to the Health and Human Services Agency (HHS) comprehensive fee package to seek authority from the Board of Supervisors (BOS) on April 17, 2018 to change fees for Public Health Services (PHS), Behavioral Health Services (BHS), and Child Welfare Services (CWS). There will be a second BOS hearing on April 24, 2018. HHS brought forward a comprehensive board letter a year ago and reviewed 76 fees, of which 30 fees will be recommended for adjustments to the BOS. Many fees have not been reviewed or updated. The BOS decided to have all County groups, not only HHS, review the fees on a more regular basis and provide updates. HHS is reviewing these fees annually.</p> <p>For some fees, the County is able to waive fees for services if for whatever reason the client cannot afford to pay. The BOS Policy B-29 is for full cost recovery. Out of 30 fees, 28 are from PHS. One is the Emergency Medical Services (EMS) fees, which we are asking to waive the full cost recovery that will be part of a three year plan, which was brought to the BOS a year ago. The fees will be increased over three years. As of March, the Emergency Medical Care Committee has approved this three year proposal. There are also CWS fees for guardianship. We are requesting to maintain the current rate and waive fees, if needed. A still birth certificate fee currently charges \$20 per certificate. The request will be to eliminate this fee. There are 46 fees under the Administrative Code, 15B Section 239. These fees will be lesser than the cost for providing services and these will not be presented to the BOS as we are in compliance. There are six public health laboratory fees that will be presented as well.</p> <p>Summary of Fee Changes Proposed:</p> <ul style="list-style-type: none"> • 16 fees will be increased for PHS (five are for the laboratory and 11 are for EMS fees). • Five fees will decrease (four from the PHS laboratory and one from BHS Edgemoor private pay fee). • Six new fees will be for the PHS laboratory. • One fee that will be deleted for the PHS still birth certificate. • Two fees with no changes (one for PHS laboratory and one for CWS guardianship as the rate will stay the same and the cost will be covered with local dollars). <p>The Agency Budget Office (ABO) has been working on these fees for the past six to seven months. A methodology was used for each fee to propose the fee changes. The proposals are submitted to the ABO for Andrew Pease’s review to accurately check the methodology and amounts. Once an agreement on the fees is made, they are sent to the Auditor and Controller’s Office to review the proposals as well. The Agency Budget Office has been presenting these fee packages to various County Advisory Boards to seek approval before going to the BOS for board action on April 17, 2018.</p> <p>The proposed net impact revenue from these fee changes will be one hundred and four thousand dollars. These fees are internal as they are charged to another department within the County or</p>

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Agenda Item	Discussion
<p>III. Action Items</p>	<p>may be claimable to the federal government. Some fees are claimable for Medi-Cal recipients or they are paid by a third party or paid out of pocket.</p> <p>The HSAB members approved the board letter for the BOS to take action on April 17, 2018.</p> <p>C. Public Comment There was no comment from the public regarding the board letter.</p>
<p>IV. Updates/ Presentations / Follow-up Action Item</p>	<p>A. Budget Update</p> <p>Presenter: Andrew Pease</p> <p>Andy provided the annual HHS budget update to the HSAB members and will provide a follow-up presentation in May regarding the FY 18/19 Chief Administrative Officer Recommended Operational Plan. The annual budget for HHS is two billion dollars.</p> <p><u>Economy</u></p> <p>The University of San Diego index leading economic indicators data from 2008 to 2018 shows increasing rates in a positive direction for the San Diego economy. The drop in 2009 was during the recession. Since then, San Diego has reached a higher economic level, similar to the early 2000s. For the unemployment rate from December 2015 to December 2017, San Diego is doing very well with a 3.6% rate as this is less than the nation and state. For Medi-Cal recipients, data from March 2008 to February 2018, there was a spike in 2014 with the Affordable Care Act expansion to Medi-Cal recipients and more people were eligible. Currently, there are 725, 164 Medi-Cal recipients, an increase from 2008 with 274, 477 recipients. Cal-Fresh recipients have declined and although there has been an increase since the recession in 2008 (102, 923 recipients) compared to 2018 (265,997 recipients). The biggest decline is in Cal-Works as there has been a 16% decrease from 2008 (62,804) to 2018 (52,493). General relief program has a 378% increase from 2008 (645) to 2018 (3, 086), which is for the payments for cash indigent populations. The amount provided per month is \$300, which will pick up again. There was a spike in 2014 when the BOS made a policy change to increase the rate.</p> <p><u>Budget</u></p> <p>The HHS FY 17/18 budget is 1.9 billion dollar operation budget and approximately 7 billion in revenue, with 6,300 staff, serving 1.3 million clients. The self-sufficiency program is almost the largest budget with 524.1 million as this department provides family resource center, eligibility, refugee, employment, and childcare program services. Currently, the largest HHS budget is for Behavioral Health Services with 529.1 million dollars.</p> <p>There are political trends that may affect some of the HHS programs. The state has been fiscally conservative and it is expected to not see a lot of changes at the state level. However, there may be changes in the next year with a new governor. The County and Cities have been working on homeless efforts related to Hepatitis A as well as affordable housing. BHS is always a priority, in addition to local BOS initiatives such as the Alzheimer’s project. There will be two new BOS next year, which will influence the focus on priorities and initiatives.</p> <p>A Drug Medi-Cal organized service delivery system was recently approved, which will be the largest dollar amount in the next year. Rates and services will be increased, thus bringing on staff to accommodate the expansion of services. HHS will continue efforts with Hepatitis A and B and sustain responses to any public health emergency as well as efforts for the</p>

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<p>IV. Updates/ Presentations / Follow-up Action Item</p>	<p>homeless population.</p> <p><u>Facilities</u> New Live Well Center facilities are being built to replace current Regional Public Health Centers to provide a better service delivery system to the community by adding other department and services, such as mental health, alcohol and drug, and military veteran services. These centers will be in the North Coastal, North Inland (Oceanside), and South (Southeastern) regions. The community has also been involved in the discussion for the new Southeastern Live Well Center. The North Coastal Live Well Health Center is scheduled to open in the summer.</p> <p>In addition, a County Live Well Campus is proposed to be built to replace the current Health Services Complex Rosecrans facility. It would be twice the size of the currently building with four stories to accommodate other departments, such as Emergency Medical Services, California Children Services, Military and Veteran Services, Mental Health Clinic, and some sort of bridge to transitional housing. A large community center will also be built, in addition to a parking structure.</p> <p>Financial planning next steps:</p> <ul style="list-style-type: none"> • April 30, 2018 – Draft copy of balanced CAO Recommended Operational Plan sent to CAO • May 8, 2018 – CAO Recommended Operational Plan open to public • June 11-20, 2018 – Public hearings • June 20, 2018 – Last day for citizen advisory committees to submit budget statements • June 26, 2018 – Board deliberations and adoption of Operational Plan <p><u>Facilities</u> Are the hearings scheduled in the morning or afternoon?</p> <ul style="list-style-type: none"> • The BOS took action and limited the hearings to the morning. <p>B. Follow-up from Syphilis Gonorrhea, and Chlamydia Update</p> <p>Presenter: Dr. Winston Tilghman</p> <p>Dr. Tilghman provided recommendations on four key actions the HSAB members can take as a follow-up from his presentation last month, which include the following: 1) increase awareness; 2) support; 3) engage healthcare systems; and 4) connect to resources.</p> <p>1. Increase awareness in the community:</p> <ul style="list-style-type: none"> - Interact with the community to ensure they are educated - The community should be aware of the rising STD rates as the numbers have been the highest since the 1980s - Segment of the population is disproportionately affected, especially among African-Americans - Ensure the population is tested frequently - Make the community aware that a majority of STDs are asymptomatic so they may not know they have a STD <p>2. Support the efforts:</p> <ul style="list-style-type: none"> - Support efforts towards funding from the federal government as there is a proposal to increase funds to the state - Ensure better diagnostic testing for syphilis, especially with new anti-biotics

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<p>IV. Updates/ Presentations / Follow-up Action Item</p>	<ul style="list-style-type: none"> - Increase vaccine development as nothing is currently available lie PrEP <p>3. Engage with the healthcare system and providers:</p> <ul style="list-style-type: none"> - Improve STD control through primary care - Establish a welcoming environment for various populations to access services - Ensure services are affordable - Request for healthcare providers to take additional sexual historical information when assessing clients for STDs - Be aware of STD screening guidelines that are available from the Centers for Disease Control and Prevention - Eliminate barriers to testing by offering express visits or patient self-collection of swabs, when possible, to make testing more accessible to those at-risk - Ensure all pregnant women access prenatal care and are tested for syphilis during the first prenatal visit and re-test again on the third trimester and delivery, if they are at-risk or re-infected - Treat STDs promptly and with recommended antibiotics, including dual treatment for gonorrhea potential drug resistance and reporting to the local health department - California has a dual report mandate and laboratories report additionally to the providers. The reports are not always complete, thus it is important for timely and complete reporting. <p>4. Assist with connecting resources:</p> <ul style="list-style-type: none"> - PHS can provide technical assistance to providers and organizations that would like to improve STD services - Increase community awareness of STD resources for testing, treatment, guidelines, data, and promotional materials <p>Discussion (Q/A)</p> <p>Dr. Wooten recommended the following steps for HSAB to take:</p> <ol style="list-style-type: none"> 1. Increase Awareness: Work with the health promotion staff to create a two-year plan and educate providers annually. 2. Support: Ask organizations to support increasing funding opportunities from the federal and state levels. 3. Engage the Healthcare System: Develop policies and procedures that healthcare systems can support county-wide to increase testing to enhance surveillance and reporting; Use existing tools to increase awareness. <p>C. Public Comment</p> <p>There was no comment from the public regarding the update and presentation.</p>
<p>V. Chair's Report</p>	<p>A. Bi-Annual Advisory Chair Meeting</p> <p>James attended the HHSA Bi-Annual Advisory Chair meeting that included chairs from the various Agency Advisory Boards. One of the presentations during the meeting was in regards to HHSA receiving the CAPE Eureka Award for Performance Excellence – Silver Level in December 2017. The award process is modeled after the Malcolm Baldrige National Quality Award. HHSA's goal is receive the Gold level to move forward with the journey to Baldrige.</p>

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<p>V. Chair's Report</p>	<p>B. Sub-Committee Updates</p> <p>James mentioned that sub-committee updates will be quarterly instead of monthly.</p> <p>C. Bylaws</p> <p>The bylaws will need to be updated to reflect the recent changes of the new monthly HSAB meeting date, time, and location.</p>
<p>VI. Informational Items</p>	<p>A. Committee Reports</p> <ol style="list-style-type: none"> 1. Policies and Program: Leonard Kornreich (Co-Chair), Paul Raffer (Co-Chair), Greg Knoll, Harris Effron, Karrar Ali – Polices and Programs met today. Meet before the next HSAB meeting at 2:15 pm. 2. Budget: James Lepanto (Chair), Judith Yates, Judith Shaplin –The budget committee will meet following the budget cycle. 3. Health Legislation: Paul Hegyi (Chair), Elly Garner, Harriet Seldin, Henry Tuttle, Dimitrios Alexiou – Met on March 30, 2018. Dr. Wooten invited Kat Deburgh, Executive Director for the Health Officers Association of California, to provide a legislative update at the next HSAB meeting. 4. Strategic Planning/Annual Report/Nominating Committee: James Lepanto
<p>VII. Public Health Officer's Report</p>	<p>A. Public Health Officer Report</p> <p>Dr. Wooten reviewed new items in red text on the Public Health Officer's Report.</p> <p>1) Communicable Disease Issues</p> <ul style="list-style-type: none"> • Influenza <ul style="list-style-type: none"> ▪ 19, 883 total cases; 293 ICU cases; 319 deaths ▪ The Public Health Officers Order for mandatory flu vaccination was expanded due to the increase number of cases. The numbers are declining. • Zika Virus <ul style="list-style-type: none"> ▪ No new cases in the past several weeks, but there are investigations for suspected cases. • Hepatitis A <ul style="list-style-type: none"> ▪ We are still reporting cases on a weekly basis. ▪ There are 587 outbreak cases. ▪ Over 126,000 vaccinations have been provided. <p>[See Attachment]</p>
<p>VIII. Agenda Items for Future Meetings</p>	<p>A. Proposed Agenda Items for Future Meetings</p> <ol style="list-style-type: none"> 1) Chronic Disease Update (May 2018) 2) Legislative Update (May 2018) 3) Mental Health and Refugee Population (May 2018) 4) MAA/TCM Presentation (June 2018) 5) Lessons Learned from the Flu (June 2018) 6) Feedback from Public Health Accreditation Board Annual Report (August 2018)

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Agenda Item	Discussion
IX. Adjournment	This meeting was adjourned at 4:42 PM. Next meeting: May 1, 2018 at the County Administration Center, Rooms 302/303