



County of San Diego

HEALTH SERVICES ADVISORY BOARD

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, May 16, 4:00 - 6:00 pm
 1600 Pacific Highway, Room 302/303
 San Diego, CA 92101

MEETING MINUTES

Members Present	Members Absent	Presenters	HHSA Support Staff
Jack Rogers, Chair Bob Prath Colin Mackinnon Estelle Wolf James Lepanto Judith Yates Leonard Kornreich Stephen O’Kane	Adriana Andres-Paulson (Excused) James Beaubeaux (Excused) Michelle Davis (Excused) Greg Knoll (Excused) Dennis Holz (Excused) Ben Medina (Excused) Judith Shaplin (Excused) John Sturm Robert Hertzka	Andy Pease	Dean Sidelinger Linda Lake Angela Hawley

Issue	Discussion	Action
1. WELCOME – Jack Rogers, Chair		
	The meeting was brought to order at 4:07 pm. In absence of the Chair and Co-Chair, Jack Rogers was provisionally appointed as Chair for today’s meeting.	
2. PUBLIC COMMENTS		
<ul style="list-style-type: none"> Public Comment 	There was no public comment.	
3. PRESENTATION/DISCUSSIONS		
Approval of Minutes		
	April meeting minutes were not approved due to lack of quorum. Approval of minutes will be tabled and moved to the June HSAB meeting.	Approve May 2013 Meeting Minutes

Issue	Discussion	Action
<ul style="list-style-type: none"> FY 13/14 - 14/15 Operational Plan 	<p>Andy Pease, Finance Director for HHSA, presented the proposed FY 13/14 - 14/15 Operational Plan for the County of San Diego (Handout).</p> <p>The proposed plan was submitted to BOS on May 7, 2013.</p> <p>Questions and Comments</p> <p><i>Q1 – Can you elaborate on the need for additional staffing for Healthy Families cases? Will this go on indefinitely?</i></p> <p>There are over 70,000 cases that were in the Healthy Families program which transferred to San Diego in January 2013. Our Medi-Cal recipients today are up 370,000+ cases. There is an additional 70,000 cases to manage so in order to handle that, the County had to add a sizable amount of eligibility workers to staff the call centers and Family Resource Centers. This is a permanent change which will also help with the HealthCare Reform initiative. It is funded with Medi-Cal funding and CalFresh administrative dollars.</p> <p><i>Q2 –What is the reasoning for the decrease in Foster Care?</i></p> <p>The trend we are seeing in San Diego is the same trend we are seeing in the State as well as across the country. There are less foster care youth in our system/caseloads today. There are different levels of foster care; regular foster homes and high-level group homes. With the County’s initiatives and Wraparound programs, the focus has been to move youth into lower levels of care as well as reunify families. These efforts have led to cost savings as well a decrease in foster care.</p> <p>There was also a lawsuit where courts required increased rates which have to grow each year. Rates are going to go up.</p> <p><i>Q3- In the May Revise, the Governor is asking the Counties to share administrative costs. How is that going to work in regards to CalFresh?</i></p> <p>The County of San Diego does not pay for food stamp benefits; that does not hit our</p>	

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	<p>budget. The federal government pays that. There is a County and State share in the administration of food stamps. For the County to have eligibility workers, call center workers, program managers etc., the State gives us a certain amount of State general funds and the State draws down about 50% federal funds. Our budget is approximately \$70 million of food stamp administrative costs annually.</p> <p>The May Revise is stating that the Medicare expansion should result in savings, so the County should take the savings and cover the cost in food stamp administration program. The State is going to realign food stamps. This has not been explained yet so there is no information on when this is going to happen.</p> <p><i>C1 – (Comment about Foster Care decrease). There are Wraparound programs that have been created for youth who are at risk for losing their placement and going into a higher level of care. As we are providing these services, these youth are able to stay in their current placement which is causing the decrease in foster care.</i></p> <p><i>Q4 – Looking at the increase of Healthy Families staff, why is 265 staff going to stay permanent if this is to just support the Healthy Families transition?</i></p> <p>It's recognition of the transfer of the Healthy Families cases, the Medicaid expansion, as well as the touching these existing cases every year. This population is going to be re-determined annually so we need this amount of FTEs to manage these cases each year.</p> <p><i>Q5 – What is the contingency plan if you do not succeed in maintaining a certain level of realignment dollars?</i></p> <p>Peter Shih and Andy Pease have been preparing for this since Fall 2012; attending meetings in Sacramento with the California State Association of Counties (CSAC) and with the County Health Executives Association of California (CHEAC). Andy has been working with CSAC to come up with</p>	

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	<p>a proposal that they can lay before the governor to show how they think it can work. A reasonable proposal was created, unfortunately by the time this was done; it was too late for the May Revise.</p> <p>The plan now is to continue to work with these groups to come up with a deal that is reasonable and fair to everyone. CSAC will be working with the legislature as well.</p> <p><i>Q6 – We’re asking major medical systems, providers, and plans to be our partners and asking them to make money and have savings within the first year. This involves investments by the plans and providers. Is there any concern about this?</i></p> <p>Yes this is a concern but there was not much discussion on this issue. 100% of the Medicaid expansion is funded by the Federal government for several years and that is staggered out to where there is a 10% share; resulting in tremendous savings or no costs for that. The plan is to work out a reasonable deal.</p>	
<ul style="list-style-type: none"> • Updates from other Advisory Board Members 	<p>Colin Mackinnon shared that the Mental Health and Alcohol and Drug Advisory Board meetings are working on consolidation and it’s going well.</p> <p>Bob Prath shared that Pamela Smith is retiring and her retirement ceremony is scheduled for June 27, 2013.</p>	
<ul style="list-style-type: none"> • HSAB Strategic Planning 	<p>There have been discussions of having a strategic planning retreat and whether there is value in doing these annually.</p> <p>Board members can identify issues, agenda topics, and directions for the coming year. This board used to have annual retreats but they stopped over time.</p> <p>It was suggested that using the August meeting for a retreat/strategic meeting would be good since committees usually do not meet this month.</p> <p>This item will be deferred until the next meeting since Judith Shaplin was not present at meeting. A</p>	

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	quorum is also needed to formally move with this.	
4. ACTION ITEMS		
<ul style="list-style-type: none"> (None) 		
5. PUBLIC HEALTH OFFICER'S REPORT		
<ul style="list-style-type: none"> Dr. Dean Sidelinger 	<p>Dr. Dean Sidelinger presented the Public Health Officer's Report on behalf of Dr. Wilma Wooten. Handouts were provided regarding this season's influenza activity.</p> <p>Communicable Disease Issues</p> <p>Influenza activity is at baseline (flu season is over). There have been 64 influenza-related deaths this year.</p> <p>Meningococcal – there have been seven cases (5 confirmed, 2 probable). Two of those cases resulted in death. Of those seven cases, many of them have the same pattern as cases that were seen in Tijuana. They do not appear to be linked to the cases found in New York.</p> <p>There have been other reported cases in Southern California; 9 in Los Angeles, 1 in Orange County and 1 in San Bernardino County, all which seem to have connections with the Tijuana cases.</p> <p>Board Letters</p> <ul style="list-style-type: none"> MAA – Revenue Agreement – was approved by the BOS. TB Control and Refugee Health Annual Revenues – June 2013 TCM Revenue Agreement Spare Tire Exemption – Sept 2013 Application for PH Accreditation – going to BOS in Sept 2013 EMS Ambulance ordinance <p>Major programs included Community Transformation Grant (CTG) and the National Public Health Improvement Initiative (NPHII) which are funded by the Affordable Care Act through the prevention of public health fund. PHS is anticipating cuts in those grants but there has</p>	

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	<p>been no guidance.</p> <p>The CTG grant is in year 2 of 5. PHS receives about \$3 million annually. There has been no information on reductions.</p> <p>NPHII grant is in year 3 of 5. PHS receives \$250,000 annually. There has been no information on reductions.</p> <p>The California Home Visitation Program (CHVP) is funded by the Affordable Care Act. PHS received \$1.2 million for a two year grant which will be extended through September 30, 2015. This funds the Nurse-Family Partnership expansion in North County.</p> <p>Any reductions in these funds will affect the chronic disease prevention efforts around second hand smoke, reduction in exposure of second hand smoke, improved nutrition, increases in activity among residents, reduction in public health infrastructure in preparation for Public Health Accreditation. There may also be a decrease in the home visitation services.</p> <p>Legislation</p> <p>No updates</p> <p>Questions and Comments</p> <p><i>Q1 – There have been new reports on the different types of flu viruses going around the world. Are we taking precautions?</i></p> <p>H7N9 influenza is a new version of influenza that has low ability to transfer from person-to-person. There are no cases here.</p> <p>There is a new coronavirus in the family that includes the common cold and SARS. Saudi Arabia has been hit the hardest. This virus has been referred to the GERM commission.</p>	
6. AGENDA ITEMS – June 20, 2013 MEETING		
	<p>(These are suggested agenda items based on presenters availability)</p> <ul style="list-style-type: none"> • Childhood Obesity Presentation, statistics/demographics/outreach efforts 	

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	<ul style="list-style-type: none"> • HSAB Strategic Planning Retreat • Beacon Presentation – Dr. McDonald • Healthcare Reform • Healthcare Exchange – nothing has been developed yet but they are in the process • Weapons Reporting Requirements 	
7. ADJOURNMENT		
	With no other business, Jack Rogers motioned to adjourn this meeting.	