



# County of San Diego

## HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, January 19, 2017 | 3:00-5:00 PM

1600 Pacific Highway, Room 302/303

### MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHSA Support
Seat 7/Dist 4 James Lepanto, Chair	Seat 1/Dist 1 (vacant)	Christine Murto, Community Health Program Specialist, TB Control	Liz Hernandez, Assistant Director, PHS
Seat 8/Dist 4 Kyle Edmonds, Vice Chair	Seat 4/Dist 2 (vacant)	Rhonda Freeman, Program Coordinator, MCFHS (Maternal, Child, Family Health Services)	Saman Yaghmaee, Deputy Director, PHS
Seat 2/Dist 1 Paul Raffer	Seat 5/Dist 3 (vacant)	Jo Ann Julien, Health Planning & Program Specialist, PHN Administration	Wilma Wooten, Public Health Officer (via phone)
Seat 3/Dist 2 Judith Shaplin	Seat 6/Dist 3 (vacant)	Nora Bota Health Information Specialist, PHN Administration	Victoria Ollier, Secretary, PHS Admin
Seat 11/Cmty Jennipher Ohmstede (alt)	Seat 9/Dist 5 (vacant)		Kay Collier, Secretary, PHN Admin
Seat 12/Cmty Judith Yates (alt)	Seat 10/Dist 5 Michele Davis		
Seat 14/Cmty Greg Knoll	Seat 11/Cmty Paul Hegyi		
Seat 16/Cmty Leonard Kornreich	Seat 12/Cmty Dimitrios Alexiou		
	Seat 13/Cmty Henry Tuttle		
	Seat 15/Cmty Phillip Deming		
	Seat 17/Cmty Bob Prath		

Minutes	Lead	Follow-up Actions	Due
1/19/17	Jo Ann Julien	Send out results of the Strategy Planning exercise and solicit response from members who did not attend the meeting on 1/19/17.	2/16/17
1/19/17	Kyle Edmonds	Send an outline of the Committee Chairs discussion to all members.	2/16/17
1/19/17	Judith Shaplin	Try to locate the flier that Mountain Health & Community Services provides as warning about lead in candies brought into the U.S. from Mexico.	2/16/17

Agenda Item	Discussion
1. Welcome & Introduction	James Lepanto called the meeting to order.  Mr. Lepanto welcomed Cathi Palatella, Interim CWS Director, who was present for the Foster Care compliance update. He announced the recent death of Debra Zanders-Willis to the board. She retired as CWS Director in September 2016, leaving a substantial footprint.
2. Public Comment	No public comment.
3. Action Items	A. Approval of November 17, 2016 meeting Minutes  Paul Raffer motioned to approve; Greg Knoll seconded. All voted Aye.

Agenda Item	Discussion
<p>3. Action Items                      (continued)</p>	<p>B. Approval of Board Letters</p> <p>Board of Supervisor (BOS) authorization is required to both seek contracts, and then to accept funding revenue secured through contracts. HSAB support is requested prior to presentation of all Board Letters that request BOS authorization.</p> <p>1. Refugee Health Assessment Program (RHAP) Augmentation Revenue</p> <p>Presenter: Christine Murto, Community Health Program Specialist, TB Control</p> <p>This Board Letter will be presented to the Board of Supervisors on 2/14/17, requesting authorization for Clerk of the Board to execute a supplementary one-year California Department of Public Health (CDPH) grant totaling \$500,000 for the period 10/1/16–9/30/17. This requested funding does not offset \$4,447 in program expenses, which will be funded through Health Realignment.</p> <p>Authorization is also requested for Public Health Services to apply for any additional grant opportunities to further enhance TB control and Refugee Health in the region.</p> <p><u>Approval</u></p> <p>Greg Knoll motioned to approve HSAB support of this Board Letter; Judith Shaplin seconded. All voted Aye.</p> <p><u>Background</u></p> <p>CDPH has funded RHAP services annually since 1999, and \$1.2 million is currently funded for FY16/17. In recent months, however, there has been local increase in new refugees due to federal increased caps on arrivals, as noted in federal Fiscal Year (FY) totals below for the period October 1-September 30:</p> <p style="padding-left: 40px;">FY 14/15 – 1,787 refugees served                      FY 15/16 – 2,765 refugees served                      FY 16/17 – 3,500 projected refugee surge</p> <p>The additional \$500,000 will help to recover funding from the surge at the end of federal FY 15/16 and the anticipated refugee surge of arrivals in FY 16/17, which normally peaks in August/September.</p> <p>Public benefit for providing comprehensive health screening of newly arrived refugees, asylees, and parolees into the U.S., far outweighs the cost. The program entails two visits. The first visit assesses mental and physical health, including screenings for TB, STD, HIV, lead and vector borne diseases, and immunizations for children to age 18. The second visit entails a physical exam and referral to Medi-Cal or a primary provider.</p> <p><u>Discussion</u></p> <p>No discussion.</p>
<p>4. Follow-up                      Action Item/                      Presentation</p>	<p>A. Update on Foster Care – Rhonda Freeman, MCFHS (Maternal, Child, Family Health Services)</p> <p>Rhonda Freeman thanked the board for bringing Foster Care medical and dental exam compliance to the forefront. The work that followed has resulted in 97% of fostered children receiving medical exams within 30 days of admittance into the system (as of 11/16/16), and 90% who received dental exams within 30 days, which meets State recommendations.</p> <p>See <b>Attachment A, pages 6-7.</b></p>

Agenda Item	Discussion
<p>4. Follow-up Action Item/ Presentation  (continued)</p>	<p>Medical and dental compliance success is attributed to improvement in communication, Social Workers and Public Health Nurses working together. Gaining access to Rady Children’s Hospital electronic records also greatly increased timely documentation of compliance.</p> <p>In April 2016, there were 63 cases out of medical compliance. Six months later, in October 2016, there were only 42 cases were out of compliance, so the number requiring review of compliance is decreasing.</p> <p>Rhonda Freeman addressed a prior board question about the length of time it was taking to bring the remaining 3% medical and 10% dental cases into compliance. In April 2016, 24% of medical exams were in compliance within 30 days; whereas in October 2016, 50% were in compliance within 30 days.</p> <p>October data for dental compliance is still being studied, but in April 2016, of the 89 cases that were out of compliance, 11% were in compliance within 30 days. It is more difficult to find dentists who accept Medi-Cal and schedule appointments quickly. Medical appointments have been easier to schedule within 30 days.</p> <p>It is also easier for facilities under County contract to meet dental/medical requirements. Families have a more difficult time scheduling appointments, because there are so many new demands being addressed during the first month of placement.</p> <p>County departments/branches that work with foster children have adopted a teamwork approach which has included MCFHS Public Health Nurses, Child Welfare Services, Probation, and the Office of Business Intelligence. They have spent months mapping current processes, looking at barriers, and developing a set of procedures that should ensure success going forward.</p> <p>The next step is to finish a pilot program in South and East Regions that was begun in December 2016, in which staff are trying out the suggested procedures. Once processes have been worked out, policy will be adopted across Regions so that procedures are standardized.</p> <p>The board asked Rhonda Freeman to return in June to report back on the success of the pilot program.</p>
<p>5. Chair’s Report</p>	<p>A. Strategic Planning Exercise – Jo Ann Julien, Program Specialist, PHN Administration</p> <p>At the HSAB Meeting on 11/19/17, Jackie Werth and Jo Ann Julie presented the results of their content analysis of board documents, which resulted in the formulation of 6 revised Strategies beneath 4 existing goals, with 30 total Objectives beneath these Strategies.</p> <p>At today’s meeting, attending board members were asked to place colored stickers next to the 30 Objectives displayed on posters. The purpose was to prioritize which year an Objective should be addressed in a 3-year cycle, with highest priority Objectives addressed in the first year—this fiscal year ending 6/30/17.</p> <p>The goal of this prioritization was to produce a flexible framework of issues for the board to address, but one that could change at any time depending on legislation or local need, such as predicted changes in the ACA or healthcare in the current political climate. Work on these prioritized objectives would not interfere with other board duties.</p> <p>Jo Ann Julien planned to send out the results next day and solicit recommendations from board members who were not in attendance.</p> <p>For a list of the Goals, Strategies and 30 Objectives, see <b>Attachment B, pages 8-9.</b></p> <p>B. 2017 Advisory Board Strategic Advance</p> <p>The next retreat is being planned for April 2016.</p>

Agenda Item	Discussion
<p>6. Informational Items</p>	<p>James Lepanto and Kyle Edmonds met with Committee Chairs to define each committee and develop a more structured system to work realistically within scope. Dr. Edmonds will send out an outline of this discussion during the first week of February.</p> <p>Mr. Lepanto recommends reviewing the Committees Report in February. Dr. Edmonds recommends having a retreat for committees.</p> <p>Bob Prath, Legislative Subcommittee Chair, submitted a proposed 2017 subcommittee action agenda to the Board Chair (see <b>Attachment C, page 10</b>).</p>
<p>7. Public Health Officer's Report</p>	<p>See <b>Attachment D, pages 11-13</b>, for the complete Public Health Officer's report.</p> <p>Dr. Wooten reviewed the items in red text on the report.</p> <p>I.A. Cases of Zika still appear to be slowing. Only travelers reentering San Diego have been discovered with the virus. There have been no locally contracted Zika cases to date.</p> <p>Dr. Wooten provided a handout of the "Influenza Watch," dated 1/18/17, which can be found online at the address below:</p> <p style="text-align: center;"><a href="http://www.sandiegocounty.gov/hhsa/programs/phs/documents/InfluenzaWatch.pdf">http://www.sandiegocounty.gov/hhsa/programs/phs/documents/InfluenzaWatch.pdf</a></p> <p>The link to future "Influenza Watch" bulletins can be found on this County website:</p> <p style="text-align: center;"><a href="http://www.sandiegocounty.gov/hhsa/programs/phs/community_epidemiology/dc/influenza.html">http://www.sandiegocounty.gov/hhsa/programs/phs/community_epidemiology/dc/influenza.html</a></p> <p>V.A. Public Health Services Division branch/program fact sheets are updated annually in July or August to reflect the current budget. These fact sheets may be useful to HSAB subcommittee work. When they are updated, Dr. Wooten will store these fact sheets on flash drives and give them to board members.</p> <p>VI. The Childhood Lead Poisoning Prevention Program will present a Board Letter to the Board of Supervisors on 3/14/17. Currently, investigations are conducted if a child has a level of lead concentration in the blood that is 9.4 (mcg/dL) or higher. Dr. Wooten spoke about the goals of the Lead Program shifting with the new funding to include investigation of any lead level in children, since lead poisoning is preventable.</p> <p>Sources of lead ingested by children can include paint dust, paint chips, and some pots, but are often brought into the U.S. in different ways, such as these:</p> <ol style="list-style-type: none"> <li>(1) Mexican candies-- See <a href="http://www.cdph.ca.gov/data/documents/fdbliclic07.pdf">http://www.cdph.ca.gov/data/documents/fdbliclic07.pdf</a> , a CDC public release by CDPH on 11/9/13 showing photos of candies containing lead in excess of .1 PPM;</li> <li>(2) Home remedies, such as a yellow or orange powder used for digestive ailments in children that goes by the names of Azarcon or Greta;</li> <li>(3) Soldering on cans.</li> </ol> <p>James Lepanto expressed interest in a report of the Lead Program at a future meeting.</p> <p>Judith Shaplin offered to find a flier that Mountain Health &amp; Community Services provides as warning about candies brought across the border from Mexico.</p> <p>VI.6.a There are 5 tobacco laws that took effect last year. The amount of the one-time revenue from the June 2016 <i>Tobacco Tax Act of 2016</i> is unknown, but it will be used for County contractors.</p>

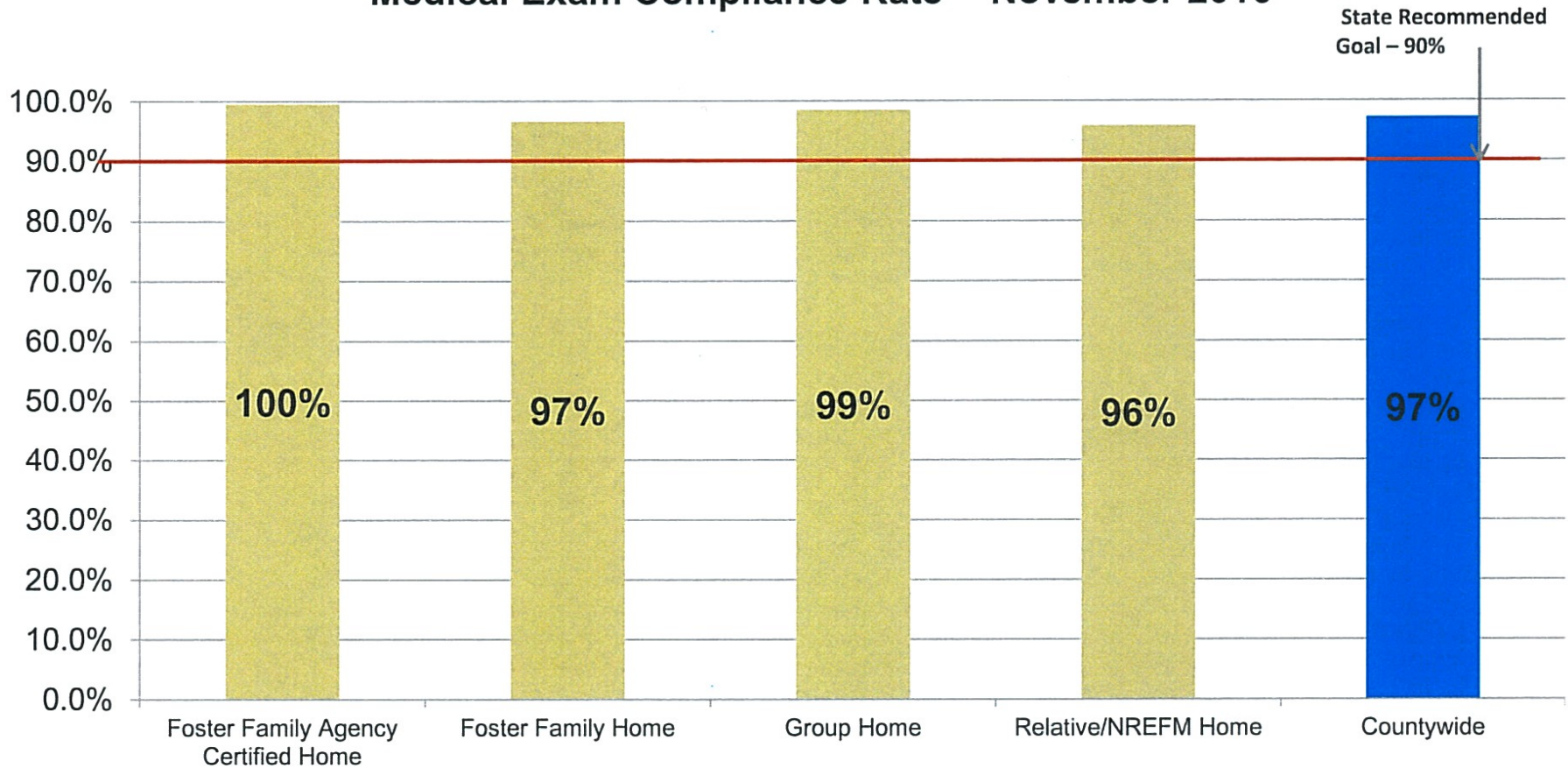
Agenda Item	Discussion
7. Public Health Officer's Report (continued)	An HHSA Executive Team Advance was just held. Advisory Chairs will be meeting sometime in April. Once all division budgets are reviewed, Andy Pease will present the HHSA projected budget at the Chairs meeting. Andy Pease could be invited to speak at an HSAB meeting after the HHSA budget is drafted.
8. Agenda Items for Future Meetings	FEB - Emergency Care System (February) MAR - <i>Long Term Care Integration Project</i> , Aging & Independence Services (March) APR - Diversity & Inclusion [Internal] / Disproportionality Initiatives [external] MAY - Suicide Prevention JUN - Eat Well Standards follow-up presentation Foster Care Medical/Dental Compliance Pilot update
9. Adjournment	This meeting was adjourned at 4:50 PM. Next meeting: February 16, 2017
10. Supplemental Information	A. AIS Long Term Care Integration Project (LTCIP) See <b>Attachment E, pages 14-15</b> , for an update from Aging and Independent Services (AIS).

ATTACHMENT A – Foster Care Medical Exam Compliance

# COMPLIANCE BY PLACEMENT TYPE



## Medical Exam Compliance Rate -- November 2016

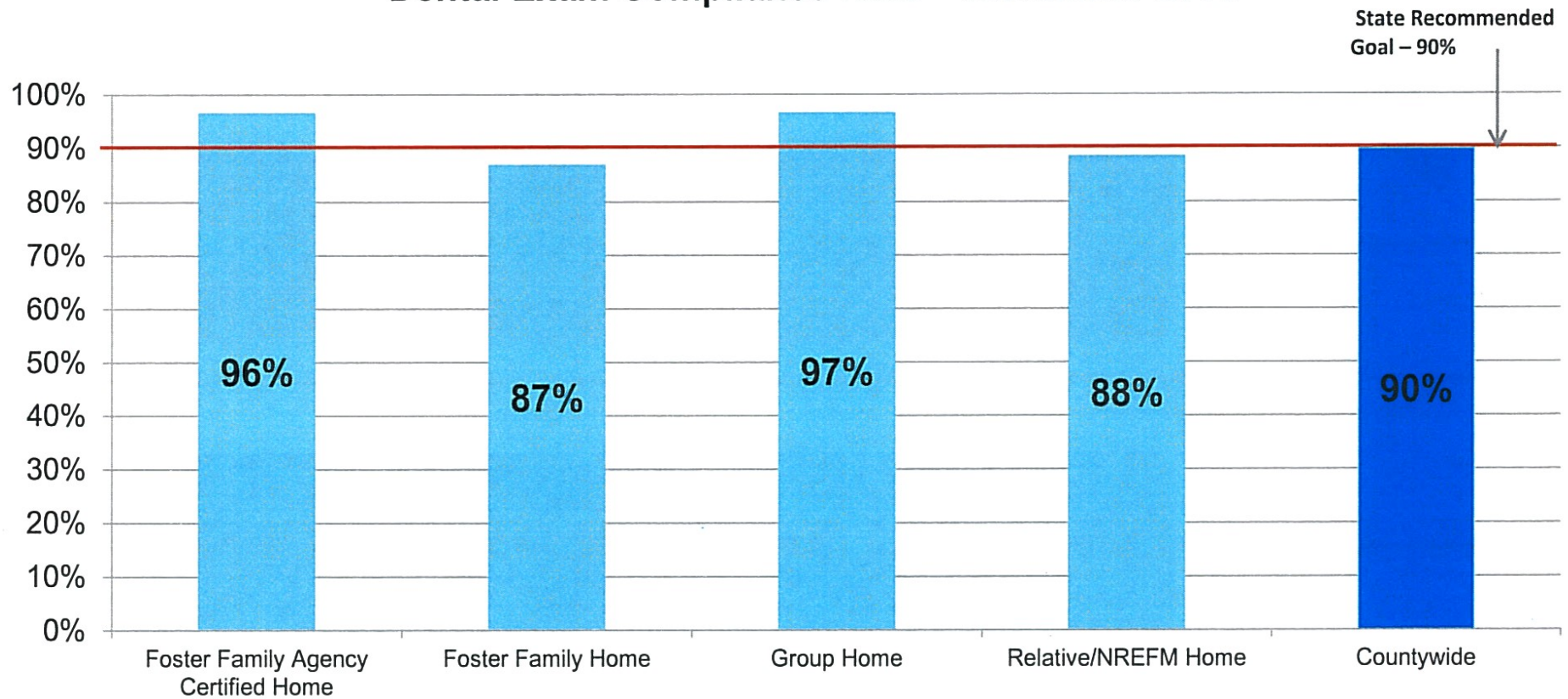


ATTACHMENT A – Foster Care Dental Exam Compliance

# COMPLIANCE BY PLACEMENT TYPE



### Dental Exam Compliance Rate -- November 2016



**Attachment B**  
**HSAB Strategic Planning**

# Framework



## **Goal 1:** Enhance HSAB's value to the County Board of Supervisors

- **Strategy 1:** Improve quality of recommendations made to BOS
- **Strategy 2:** Provide quality operational support

## **Goal 2:** Advance the value of holistic integration of public health, primary care, behavioral health, and social support services

- **Strategy 3:** Improve integration, access, and quality of HHS health services
- **Strategy 4:** Identify key population health/SDOH issues and make recommendations to the BOS about them to advance holistic integration and population health

## **Goal 3:** Solicit community input for the design of solutions

- **Strategy 5:** Solicit and utilize community, public and stakeholder input on key health issues to inform recommendations

## **Goal 4:** Monitor and provide advice for budget, legislative, policy and program changes

- **Strategy 6:** Identify and advise on key issues related to budget, legislative, policy, and program changes



**Attachment B - HSAB Strategic Planning  
Objectives to Prioritize**

Strategy 1:	1.0	Enhance membership, participation and teamwork; maintain active, engaged, representative HSAB
	1.1	Engage with HHSA Director, Public Health Officer, Board Aides, BOS and other key officials to solicit expectations, and align annual priorities to foster targeted and/or value-added recommendations
	1.2	Increase connection to other County advisory boards
Strategy 2:	2.0	Strengthen support to BOS through enhanced administrative measures
	2.1	Strengthen role and function of HSAB committees
	2.2	Strengthen role and function of HSAB subcommittees
Strategy 3:	3.0	For key population health issues identified, ensure lens of integration, access, and quality is applied
	3.1	Review barriers to integration and advocate for efficient health services integration
	3.2	Offer ideas and insights to BOS regarding accountable care communities
	3.3	Increase access and utilization
	3.4	Explore health services platform: gaps and weaknesses, and develop expertise to address
	3.5	Seek full access independent of insurance coverage type
	3.6	Address the implementation of ACA-Network adequacy
	3.7	Address cost reduction and/or containment
	3.8	Address shortage of primary care and how to expand it to populations
	3.9	Address the lack of access to mental health services
	3.10	Address non-citizen healthcare and access to specialty care
	3.11	Provide guidance to BOS on (1) Vertical and horizontal integration of care delivery system to capture efficiencies of care; (2) Funding for services; (3) Integration of primary care, dental, and behavioral health services
3.12	Determine how best to include housing and social service integration in the community health assessment (CHA) process	
Strategy 4:	4.0	Select 1-3 key population health/SDOH issues for collective impact annually, and advance progress by advocating strategies that will result in greater population health, i.e. housing, education, mental and/or behavioral health (selection of issues to be based on greatest need and impact)
	4.1	For 1-3 key issues identified, (1) solicit and examine evidence-based practices, data, information, expert advice, community input, input from other advisory boards, and input from health care provider coalitions; (2) conduct site visits and attend forums; (3) discuss and make informed recommendation to the BOS
	4.2	Address additional population health/SDOH issues as the need arises and/or are brought to the attention of the HSAB by BOS, HHSA, or community
Strategy 5:	5.0	Conduct annual environmental scan of HHSA (and community priorities)
	5.1	Create and promote mechanisms and/or opportunities to solicit input from public, stakeholders, and community, e.g., regional leadership teams, on minimum of 2 key issues per year, with focus on integration, access, and quality
	5.2	Consider and discuss community input and forward recommendation to BOS on these issues
	5.3	Summarize and provide next steps to community and BOS on community engagement
Strategy 6:	6.0	Provide BOS with advice on current and proposed budgets to address key issues in Strategy 5
	6.1	Provide BOS with advice on current and proposed legislation
	6.2	Provide BOS with advice on current and proposed policy issues and/or changes
	6.3	Provide BOS with advice on current and proposed program changes

## Attachment C

### Proposed 2017 Action Agenda for Legislative Subcommittee

1. Encourage HHS staff (with support of the chair) to continue briefing the HSAB on key health issues likely to result in county legislative or political action. (example: electronic cigarette policy) HSAB support and recommendations on major health policy issues has proven helpful to HHS legislative advocacy in the past.
2. Work with the HHS staff and the Chair to ensure the HSAB is aware of current County Legislative Policy by electronically forwarding the following County legislative policy documents annually to HSAB members:
  - Annual San Diego County Legislative Policy Guidelines
  - Annual San Diego County Legislative Program Priorities
  - Annual San Diego County Legislative Sponsorship Proposals
3. Provide process assistance should the HSAB vote to recommend the County advocate for specific legislation within the following County BOS policy:
  - a. “County citizen committees are created to advise the Board of Supervisors - not the Legislature or Congress, with the exception of those citizen committees which have been specifically mandated to advise other legislators under the government codes or laws establishing them. When a County citizen committee wishes to make a recommendation on pending legislation to a legislative body other than the San Diego County Board of Supervisors, the committee shall submit recommendations or positions on legislation to the Department Head. The Department Head shall submit the committee recommendations to the Office of Strategy and Intergovernmental Affairs, noting the departmental position, relative to the Committee recommendations. The Office of Strategy and Intergovernmental Affairs shall inform the Board of Supervisors of the committee’s recommendation or the CAO may place the committee and its recommendation on a future Board of Supervisors agenda.”
  - b. “If the Board does not agree with the committee and will not forward the recommendations to the appropriate legislative body, the committee members may, as individual citizens, contact the legislative body recommending certain actions. Transmittal of recommendations on County letterhead without prior Board approval violates the intent of Board Policy M-2 (Legislative Advocacy). The exception being those citizen committees which have been specifically mandated to advise other legislators under the government codes or laws “
4. Periodically (quarterly) update the HSAB on priority legislation listed by the County Health Executive Association of California (CHEAC), an advocacy organization in which the County maintains membership. CHEAC has three current priorities for the 2017-2018 legislative session. \*
  - a. Protecting public health resources in an uncertain ACA environment
  - b. Promoting the public health approach to violence prevention
  - c. Educating Californians about the adverse effects of cannabis use

\*Note: Many health policy organizations expect the 2017-2018 legislature to focus on regulation of cannabis to compensate for an inadequately written state voter initiative and on decreased opioids addiction which is considered a major statewide issue.

**Attachment D**  
Public Health Officer's Report



**Health and Human Services Agency  
Health Services Advisory Board (HSAB)  
Public Health Officer's Report  
January 19, 2017 \* 3-5PM \* 1600 Pacific Highway, SD 92101**

**I. Communicable Disease Issues**

**A. Infectious Disease Issues**

**1. Zika Virus**

- San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG)
- Update through 1/11/17:**
- **Total Zika Testing referrals to EPI Program for consultation of potential cases: 979 cases (682 in November), with 759 cases ruled out for Zika.**
- **Confirmed Zika cases (all travel-associated): 78 (64 in November)**
- **Of these, 3 cases from San Diego are in the national Zika Pregnancy Registry**
- **Cases pending lab results or submission: 127 cases pending results.**
- **Travel associated cases:** American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (1), Central America (1), Columbia (2), **Costa Rica (5)**, Dominican Republic (2), Grenada (1), Guatemala (3), Haiti (1), Jamaica (2), Kiribati (1), **Mexico (29)**, **Nicaragua (9)**, Puerto Rico (3), Saint. Lucia (1), Singapore (1), Trinidad (3), **USVI (1)**, Venezuela (3), and sexual transmission from a traveler (1).
- Again, all reported cases are imported; 0 cases confirmed in pregnant women.
- There are now **24 (24 in November)** Mexican states with documented local Zika transmission, but documented outbreak in Sonora, but NOT in Baja California.
- CDC has created a US Zika Pregnancy Registry for local, state, and territorial health departments
- To date, none of the invasive Aedes species detected have tested positive for Zika.
- Focus in on education and outreach, case reporting, and prevention of mosquito breeding
  - [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\\_epidemiology/dc/zika\\_virus.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zika_virus.html)
  - [http://www.sandiegocounty.gov/deh/pests/vector\\_disease.html](http://www.sandiegocounty.gov/deh/pests/vector_disease.html)

**II. Board Actions**

- A. Getting to Zero is planned for report back to the Board in June 2017, coinciding with National HIV Testing Day**
- B. Go back to the Board of Supervisors with LEUG on Eat Well Standards on Dec 13, 2016**

**III. Public Health Issues**

**A. Activation of Health Services Capacity Plan – back to Level 1**

- 1. Core Operational Group continuing to meet on 1<sup>st</sup> and 3<sup>rd</sup> Thursdays, as needed.
  - Exploring replication of Washington State Education Campaign with focus on best practices related to:
    - IT
    - Public Education and Outreach (public and physicians)
    - Surveillance and Case Management of Frequent Users
  - Transition of Care (TOC) module from First Watch has been procured by the County. Roll-out being planned.
  - **Request presentation on HSAB Agenda in early 2017 (Reminder)**

**IV. Grants**

**A. Funded**

- 1. **Additional Tobacco Funding \$182K one time only; pending funding from recent legislation**
- 2. **Sodium:**
  - Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. \$100K/year X 5 years. **AWARDED**

**Attachment D**

Public Health Officer's Report

- 3. **SNAP-ED:**
  - **Submitted** next 3-year cycle application and work plan; activities will continue to focus on policy, systems, and environmental change for nutrition and PA
- 4. **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: For implementing food sodium standards and environment and **lifestyle changes** (DPPs) – excited about the development of the Diabetes Prevention Programs
    - 2: Diabetes prevention and **community clinical linkages**; health system interventions – Chronic Disease Surveillance via EHRs
  - **Summited Year 3 application and work plan on April 30<sup>th</sup>.**

V. Public Health Initiatives

A. Major Initiatives Updates and Highlight

- 1) **Public Health Accreditation Board –**
  - a. **Annual report due by June 30<sup>th</sup>**
  - b. **Conducting strategic planning for implementation**
- 2) **Branch and Program Fact Sheets – updated will provide Feb Meeting**

VI. Board Letters Forecast

<b>February 14, 2017 – See presentations</b>		
1. RHAP Augmentation Revenue	TB	Christine Murto
2. UCSD Immunization Support Services	EISB	Karen Waters-Montijo
<b>March 14, 2017</b>		
1. Contract for Software Partners	EISB	Karen Waters-Montijo
2. HIV/AIDS: Non-competitive HIV Primary Care Procurement	HSB	Lauren Brookshire
3. Accept funds from CDPH for Childhood Lead poisoning Prevention Program	EISB	Karen Waters-Montijo

4. Announcements

- a. **Personnel - 4 Key Positions**
  - i. **EMS Medical Director – Dr. Kristi Koenig**
  - ii. **TB, Chief – in interview process**
  - iii. **EMS Chief – in interview process**
  - iv. **Chief Nursing Officer – announcement will be posted soon**

5. Site Visits

1/25/2017	Nutrition Education and Obesity Prevention (NEOP) programmatic site visit by Project Officer.	MCFHS- Tina Zenzola
1/31/ 2017 through 2/2/ 17	HRSA: Site visit of Ryan White Part A <i>(This is Part II of the site visit. Part I occurred on November 2-4 and November 14-17, 2016.)</i>	HSB - Patrick Loose
2/1/ 2017 through 2/2/ 17	CDPH: Site visit of Ryan White Part B.	HSB - Patrick Loose

**Attachment D**

Public Health Officer's Report

**6. Legislation**

**a. Tobacco Leg**

California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) was passed in November 2016. It raises the state's tobacco tax by \$2 per pack (from \$0.87 to \$2.87) and directs this funding to tobacco prevention, cures and strengthening a health care system strained by tobacco-related disease. In addition to the \$2 per pack tobacco tax on all tobacco products, programs that have received funding via Proposition 99 and Proposition 10 would receive corresponding backfill.

Furthermore, this initiative not only includes electronic cigarettes, but corrects previous definitions, to ensure that all tobacco products (e.g., snus) are captured in the State's Other Tobacco Product (OTP) definition and taxed at a rate equivalent to the cigarette tax. Anticipated increased net state revenue of \$1 billion to \$1.4 billion in 2017-18, with potentially lower annual revenues over time.

**7. HSAB Annual Report – HSAB Chair's Report**

**8. Suggested Future Agenda Items**

- a. Prevention Grant
- b. HIV/AIDS Task Force Recommendations – Getting to Zero
- c. Eat Well Standards

Submitted by Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, January 19, 2017

**Attachment E**

**Aging & Independence Services (AIS)  
Long Term Care Integration Project (LTCIP)  
Update for the Health Services Advisory Board (HSAB)  
January 19, 2017**

The goal of the Long Term Care Integration Project (LTCIP) is to improve the delivery of health care and long term services and supports for older adults and persons with disabilities. This report includes updates on some key LTCIP activities.

**Aging and Disability Resource Connection (ADRC):**

**Background:** The Aging and Disability Resource Connection (ADRC) is a partnership between AIS and Access to Independence. Between the two agencies, the ADRC provides persons of all ages, abilities, and incomes, their caregivers, and service providers with free, comprehensive information about long term services and supports (e.g., personal care, household chores, meals, transportation, home modification, etc.) in San Diego County and delivers care transition support, care management, and options counseling. The ADRC Advisory Committee gives input on community needs and how the ADRC agencies can improve these services.

**Update:** The next meeting will be held on February 13, 2017. Contact Kristen Smith if you are interested in attending ([kristen.smith@sdcounty.ca.gov](mailto:kristen.smith@sdcounty.ca.gov)).

**Community-based Care Transitions Program (CCTP):**

**Background:** CCTP was established under Section 3026 of the Affordable Care Act (ACA) in 2011 as a 5-year demonstration to link community based organizations with hospitals to improve care that high-risk Medicare patients receive as they transition across different care settings, reduce the readmission rate for high risk patients and reduce Medicare spending. The San Diego Care Transitions Partnership (SDCTP), a partnership between AIS and Palomar Health, Scripps Health, Sharp HealthCare and the UCSD Health System (13 hospitals) has provided comprehensive, person-centered, health care and social services to over 52,000 high-risk, fee-for-service (FFS) Medicare patients across thirteen participating hospitals since its inception in January 2013. Over the past three years SDCTP has reduced the 30 day, all-cause readmission rate from 21.2% to 10.5% resulting in an estimated \$13,793,462 in Medicare savings. The SDCTP's success has resulted in several extensions.

For the final extension period from July 1, 2016 – January 31, 2017, AIS has worked with Palomar Health, Scripps Health, and Sharp HealthCare. The SDCTP continues to work collaboratively to identify ways in which person-centered, coordinated, acute and post-acute care transition services may continue to be delivered to high-risk FFS Medicare patients as well as to other high-risk patient populations across the county after the demonstration project concludes. In the extension period, the program serves approximately 980 patients per month across the three hospitals. The program will enroll patients until January 31, 2017, serving each patient through their 30 day transition period. AIS and Palomar Health have executed a contract for AIS to serve Palomar patients beyond the CCTP, and has begun to provide services for some patients via this contract.

**Update:** AIS and the hospitals will continue to meet twice a year after the conclusion of CCTP to share best practices regarding Care Transitions.

**Coordinated Care Initiative (CCI):**

**Background:** San Diego County is one of seven counties in California selected to implement the Coordinated Care Initiative (CCI), an improved delivery system that provides coordinated health care and long term services and supports (LTSS) to dual eligible and Medi-Cal only beneficiaries in the county. Begun in 2014, CCI consists of two components: 1) mandatory enrollment of dual eligible beneficiaries into managed care for all of their Medi-

**Attachment E**  
**AIS Long Term Care Integration Project (LTCIP)**

Cal benefits, including LTSS, and 2) the dual demonstration project, Cal MediConnect (CMC), which provides dual eligible beneficiaries the option of selecting one managed care plan to administer and coordinate both their Medicare (acute medical care and hospitalizations) and Medi-Cal benefits. Those duals who do not choose this option continue to receive fee-for-service Medicare. CCI health plans are required to offer four types of LTSS: MSSP, IHSS, adult day healthcare and skilled nursing care. In San Diego County, health plans must partner with AIS for the administration of MSSP and IHSS. CMC health plans may offer other discretionary LTSS known as Care Plan Options (CPO), which include a wide array of a la carte services and support, and also offer transportation and vision benefits. According to the recent enrollment figures published by the Department of Health Care Services (DHCS), there were 14,339 San Diego County duals actively enrolled in Cal MediConnect (CMC) as of December 1, 2016. However, CMC enrollment in San Diego County continues to hold at 33%, meaning that 67% of have either opted-out or have disenrolled from CMC. That said, the opt-out/disenrollment rate from CMC has been slowing over the second half of 2016 and with DHCS' recent implementation a new comprehensive strategy to improve CCI, there may be an avenue to increased, sustainable enrollment.

**Update:** The Governor's proposed budget plan was released on 1/10/2017 and changes to CCI were announced. While the CCI has been technically "discontinued" as of July 1, 2017, most components remain the same and beneficiaries will not experience changes in service. The main changes are the following:

- The cost of the In-Home Supportive Services program will be removed from the Health Plans' bundled, capitation rates and will be reverted back to prior state-county share of cost arrangements and IHSS will also return to being a fee-for service benefit
- Although the funding for IHSS will no longer be included in the Medi-Cal managed care capitation rates, the Governor's proposed budget "encourages" Medi-Cal managed care plans and counties to continue "collaborating" on care coordination
- The seven CCI counties will also regain collective bargaining responsibilities for IHSS workers' wages and benefits
- The transition of MSSP from community based providers (i.e., AIS for San Diego County) to the Health Plans that was to be effective as of January 1, 2018, is now being postponed to January 1, 2020.

The next quarterly CCI Advisory Committee meeting will be held on Wednesday, February 1, 2017.

**National Committee on Quality Assurance:**

**Background:** In November 2015, AIS was one of ten organizations chosen from across the United States to participate in the National Committee on Quality Assurance's (NCQA) 18-month long program: *Piloting Standards to Support Coordination of Long Term Services and Supports (LTSS) Learning Collaborative*. NCQA's new Case Management Accreditation for LTSS is a comprehensive accreditation program dedicated to quality improvement. To prepare for accreditation, AIS has created a standardized training academy for our social workers, and we are developing a data collection tool that is reflective of person-centered care (PCC) work, and we are establishing a Policies and Procedures manual that focuses on person-centered care and NCQA case management standards for LTSS. The timeline for the accreditation process is over 1 year, so we hope to gain accreditation in early 2018. NCQA staff conducted a site visit in October. The purpose of the site visit was for NCQA to evaluate their own process of developing the new standards. Although the NCQA visitors were not the same staff as the future accreditation survey evaluators, they provided very helpful feedback.

**Update:** No significant updates for January. AIS staff continue to develop program operations and policies to meet the NCQA standards.

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