



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES  
3851 ROSECRANS STREET, MAIL STOP P-578  
SAN DIEGO, CA 92110-3134  
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.  
PUBLIC HEALTH OFFICER

## HEALTH SERVICES ADVISORY BOARD

May 1, 2018  
3 pm – 5 pm  
County Administration Center  
1600 Pacific Highway  
San Diego, CA  
Rooms 302/303

### AGENDA

- |   |         |
|---|---------|
| <b>I. WELCOME &amp; INTRODUCTION</b>  | 3:00 pm |
| <b>II. PUBLIC COMMENT (Not related to agenda items)</b>   | 3:05 pm |
| <b>III. ACTION ITEMS</b>  | 3:10 pm |
| A. Approval of April Minutes  |         |
| B. Public Comment (related to action items)   |         |
| <b>IV. UPDATE/PRESENTATIONS/DISCUSSION/FOLLOW-UP ACTION ITEMS</b>                                       | 3:15 pm |
| A. FY 2018-19 CAO Recommended Operational Plan – Andrew Pease   |         |
| B. Introduction to the Legislative Process - Kat DeBurgh  |         |
| C. Public Comment (related to updates/presentations)  |         |
| <b>V. CHAIR'S REPORT</b>  | 4:05 pm |
| A. Bylaws   |         |
| B. Supervisor and Aide Visits   |         |
| C. Vacancies  |         |
| D. Follow-up on Key Actions to Take Regarding STD Update  |         |
| <b>VI. INFORMATIONAL ITEMS</b>  | 4:30 pm |
| A. Committee Reports  |         |
| 1. Policies & Program: Leonard Kornreich (Chair), Greg Knoll, Harris Effron, Karrar Ali                 |         |
| 2. Budget: James Lepanto (Chair), Judith Shaplin, Judith Yates  |         |
| 3. Health Legislation: Paul Hegyi (Chair), Dimitrios Alexiou, Elly Garner, Harriet Seldin, Henry Tuttle |         |
| 4. Strategic Planning/Annual Report/Nominating Committee: James Lepanto                                 |         |

(Continued on the backside)

**VII. PUBLIC HEALTH OFFICER'S REPORT**

4:40 pm

- A. Communicable Disease Updates
- B. Board Action
- C. Public Health Issues
- D. Grants
- E. Public Health Initiatives
- F. Branch and Program Fact Sheets
- G. Board Letter Forecast
- H. Announcements
- I. Site Visits
- J. Legislation

**VIII. PUBLIC COMMENT (Related to the agenda items)**

4:50 pm

**IX. AGENDA ITEMS – SUGGESTED FUTURE MEETINGS**

4:55 pm

*This list may change based on strategic prioritization process*

- A. County Legislative Process (June 2018)
- B. Chronic Disease (June 2018)
- C. Lessons Learned from Hepatitis A (Summer 2018)

**X. ADJOURNMENT**

5:00 pm


- A. Next Meeting: June 5, 2018

**XI. SUPPLEMENTAL INFORMATION**

*Written Program Updates (may be pulled for discussion at Board's discretion)*



- A. Aging and Independence Services Update – Long Term Care Integration Project

A handwritten signature in blue ink, appearing to read "Don Gonzales", is written across the bottom of the page.





# FY 2018-19 CAO RECOMMENDED OPERATIONAL PLAN

*May 2018*



1

## AGENDA



- FY 2018-19 CAO RECOMMENDED BUDGET
- REALIGNMENT
- FOLLOW UP INFORMATION
- NEXT STEPS

2

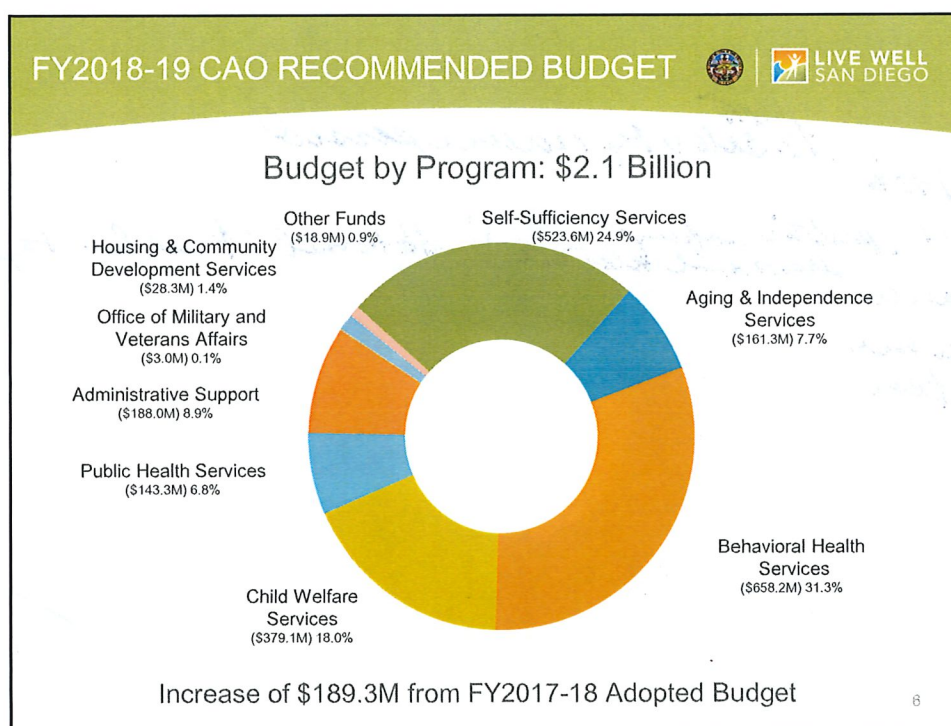
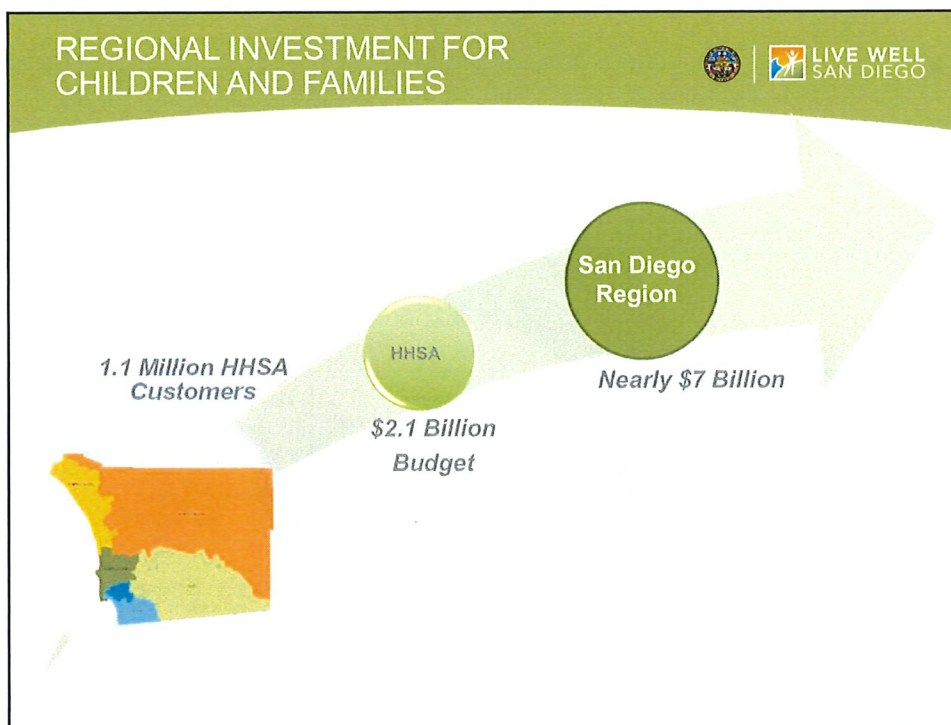
FY2018-19 CAO RECOMMENDED BUDGET  

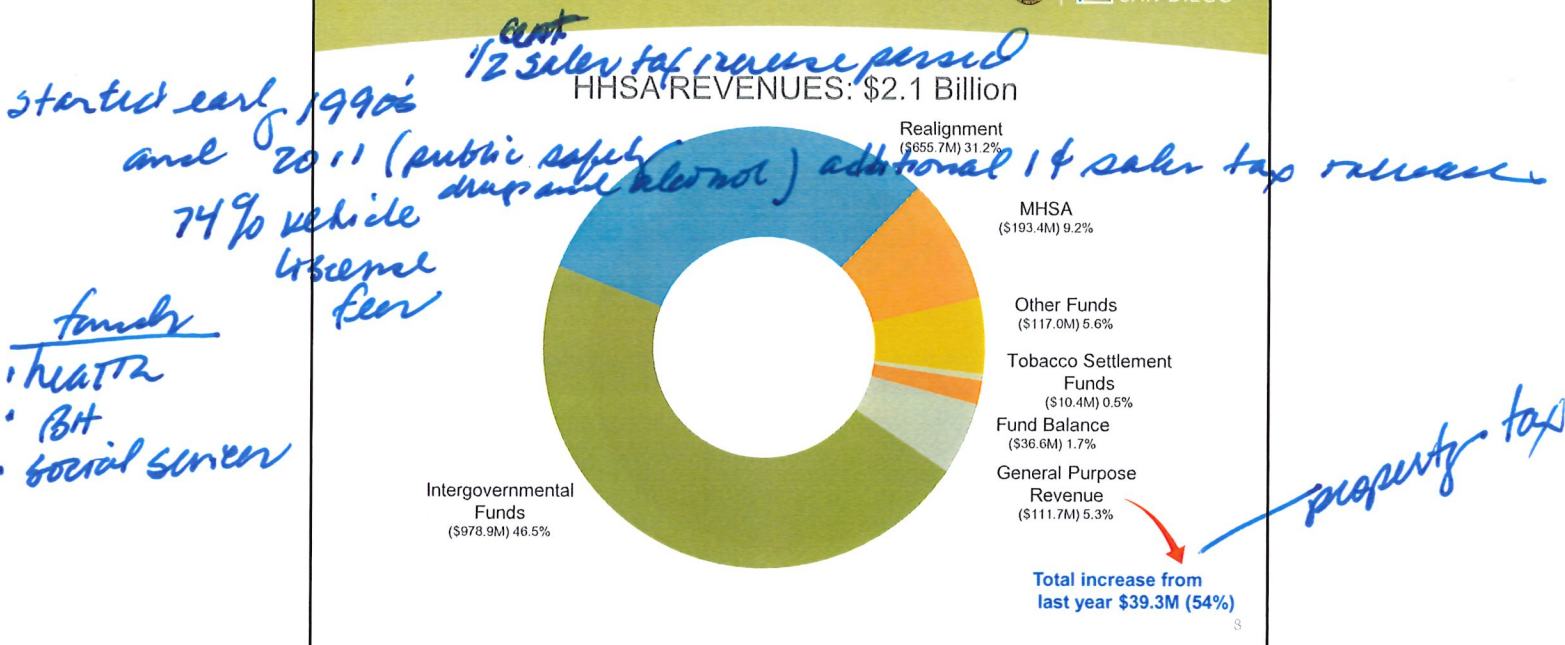
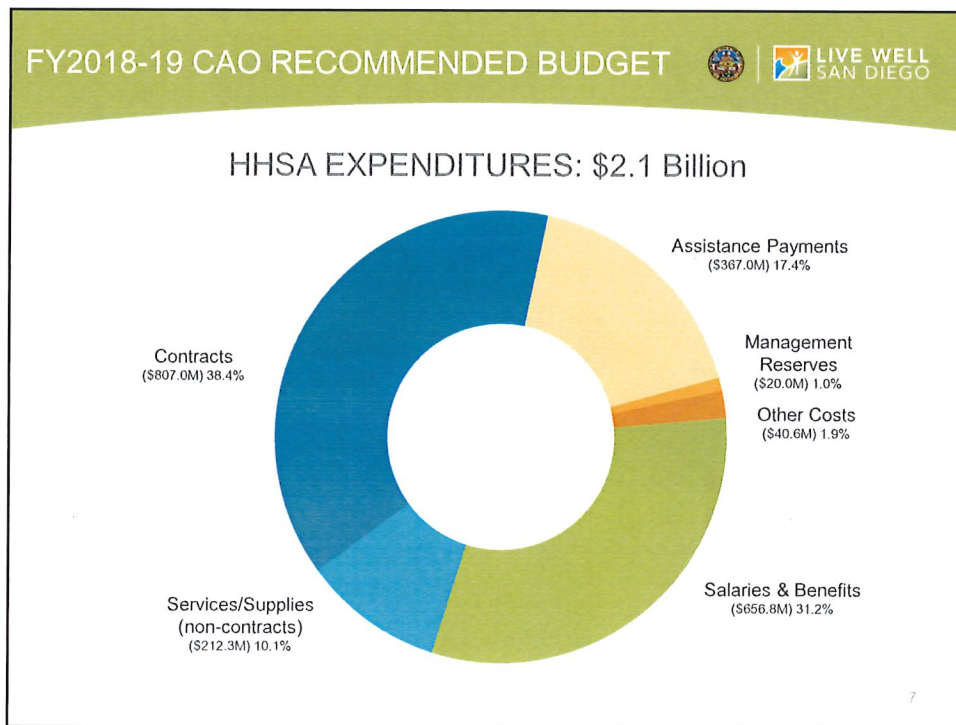


3









## WHAT IS REALIGNMENT



### CHANGE IN STATE AND COUNTY RELATIONSHIP

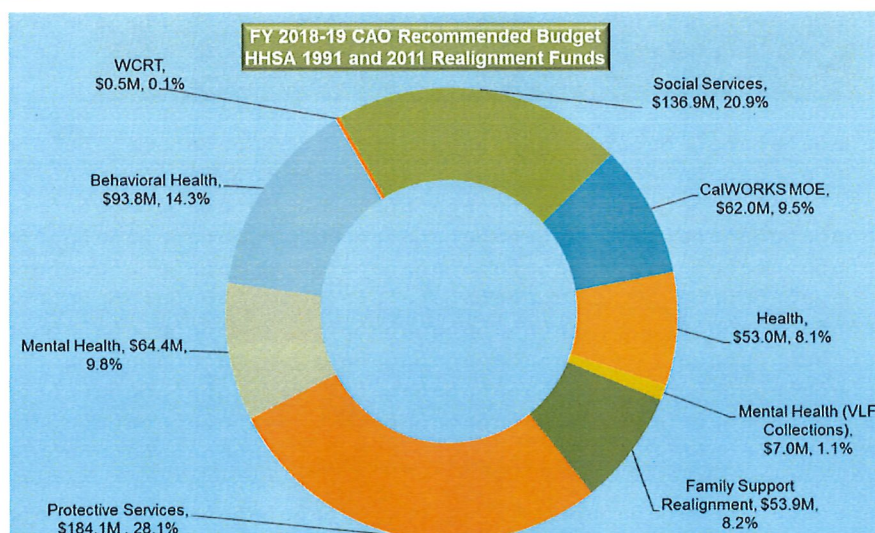
- A "realignment" of program responsibilities
- Transfer of financial liability & administrative authority
- Dedicated portion of sales tax and vehicle license fees (VLF) for social services, health and mental health programs

### GOAL

- Mitigate State revenue gap
- Give counties greater funding stability
- Create an incentive to counties to operate programs with greater efficiency and effectiveness

9

## HHSA 1991 AND 2011 REALIGNMENT FUNDS



Total Realignment = \$655.7M (31.2%)

10



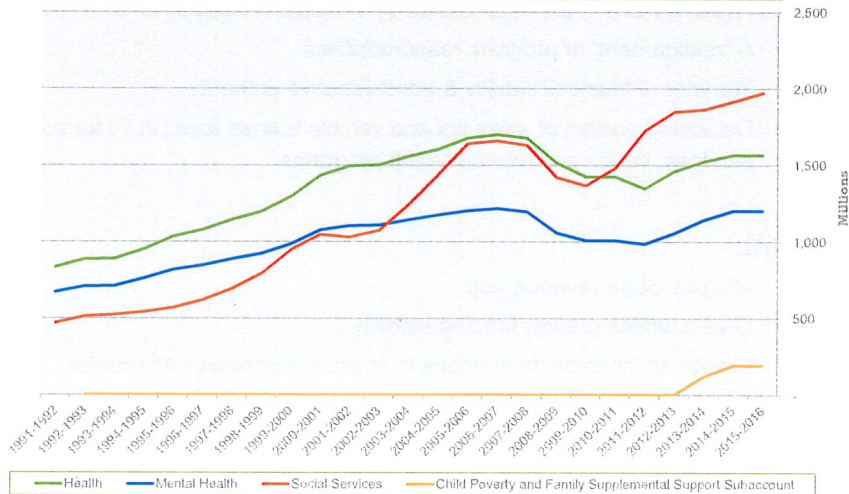
*and vehicle tax*

## 1991 REALIGNMENT



LIVE WELL  
SAN DIEGO

### 1991 REALIGNMENT SALES TAX COLLECTIONS BY FISCAL YEAR



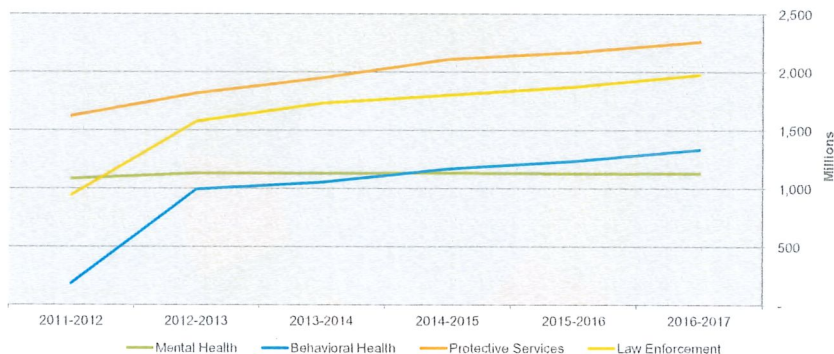
*entitlement mandated payments - child support*

## 2011 REALIGNMENT



LIVE WELL  
SAN DIEGO

### 2011 REALIGNMENT SALES TAX COLLECTIONS BY FISCAL YEAR



*both sides  
billings total  
to amount  
shareholder  
\$655m County*



## WHAT IS REALIGNMENT



➤ HISTORICALLY, REALIGNMENT WAS FOUNDED ON THE FOLLOWING PRINCIPLES

- That there would be sufficient revenue allocated to cover costs transferred to the counties, including growth over the years
- There would be stability in the funding streams
- And counties would be given discretion in administering the programs to find costs savings, improved efficiencies, etc. to ensure they could manage the program within the available realignment allocated for the program

*success hit or miss*

*- fluctuation in realignment + structure  
- cost of program outpacing growth in realignment*

13

## FY2018-19 CAO RECOMMENDED BUDGET



## BUDGET BY PROGRAM: \$2.1 BILLION

Program	FY 2017-18 Adopted Budget	FY 2018-19 CAO Rcmd Budget	Change	% Change
Self-Sufficiency Services	\$ 524.1M	\$ 523.6M	\$ -0.5M	-0.1%
Aging & Independence Services	\$ 137.8M	\$ 161.3M	\$ 23.5M	17.1%
Behavioral Health Services	\$ 529.1M	\$ 658.2M	\$ 129.1M	24.4%
Child Welfare Services	\$ 364.7M	\$ 379.1M	\$ 14.4M	3.9%
Public Health Services	\$ 132.4M	\$ 143.3M	\$ 10.9M	8.2%
Administrative Support	\$ 177.0M	\$ 188.0M	\$ 11.0M	6.2%
Office of Military and Veterans Affairs	\$ 2.8M	\$ 3.0M	\$ 0.2M	7.1%
Housing & Community Development Services	\$ 28.7M	\$ 28.3M	\$ -0.4M	-1.4%
Other Funds	\$ 17.8M	\$ 18.9M	\$ 1.1M	6.2%
<b>Total</b>	<b>\$ 1,914.4M</b>	<b>\$ 2,103.7M</b>	<b>\$ 189.3M</b>	<b>9.9%</b>

*Drug medical  
Transfer of  
Programs*

*Salary  
increases  
overall*

*1HSS ↑*

*County  
Services  
HHS  
and  
ambulance*

14

## FY2018-19 CAO RECOMMENDED BUDGET



### HHS MAJOR BUDGET INCREASES \$189.3 Million

- \$114.2M – Drug Medi-Cal Organized Delivery System (DMC-ODS) - services & supplies
- \$45.1M – Salaries & Benefits
- \$30.1 M – Ramping up resources for most vulnerable populations:
  - Housing & Homeless efforts \$12.3M
  - Mental Health Services \$12M
  - Strengthening Families \$4M *child welfare*
  - Office of Military and Veterans Affairs \$0.2M
  - Hepatitis A prevention sustainability \$1.6M *homeless pop*
- \$22.0M – In-Home Supportive (IHSS)
- \$10.0M – Facilities/Infrastructure

Offsetting decreases of \$32.1M driven by caseload adjustments and a budget adjustment to change the process for recording State Hospital offset for inpatient FFS costs with no impact to services

15

## FY2018-19 CAO RECOMMENDED BUDGET



### DMC-ODS IMPLEMENTATION \$119.6 MILLION



- Case Management
- Recovery Services
- Recovery Residences



- Withdrawal Management
- Medication Assisted
- Treatment

16

## FY2018-19 CAO RECOMMENDED BUDGET



## SALARIES &amp; BENEFITS \$45.1 MILLION

Program	FY 2017-18 Adopted Budget	FY 2018-19 CAO Rcmd Budget	Change	% Change
Self-Sufficiency Services	2,517.00	2,517.00	0	0.0%
Aging & Independence Services	420.00	418.00	-2	-7.1%
Behavioral Health Services	823.00	864.00	41	5.0%
Child Welfare Services	1,368.00	1,368.00	0	0.0%
Public Health Services	648.50	666.50	18	2.8%
Administrative Support	426.00	436.00	10	2.3%
Office of Military and Veterans Affairs	17.00	17.00	0	0.0%
Housing & Community Development Services	101.00	117.00	16	15.8%
<b>Total</b>	<b>6,320.50</b>	<b>6,403.50</b>	<b>83</b>	<b>1.3%</b>

- decrease in  
admin  
moved to other  
departments

83 new positions

## FY 2018-19 STAFFING CHANGES



## NET INCREASE OF 83.00 STAFF YEARS (1.3%)

- The increase is comprised of :
  - 49.00 additional staff years in BHS and Administrative Support for the implementation of Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - 18.00 additional staff years in PHS to enhance the Agency's capacity to prepare for and respond to public health emergencies
  - 16.00 additional staff years in HCDS to support planning, administering and monitoring of housing strategies and affordable housing development projects and programs.

12 = RNs  
housing and  
community  
development



## FY2018-19 CAO RECOMMENDED BUDGET



## RAMPING UP RESOURCES FOR MOST VULNERABLE POPULATIONS:

HOUSING & HOMELESS EFFORTS \$12.3 MILLION

- **Behavioral Health Services**
  - \$8.2M – Project One For All
- **Housing & Community Development Services**
  - \$1.3M – Hotel/motel short term bridge housing
  - \$0.4M – Housing assistance/navigation
  - \$0.4M – Landlord engagement *incentive*
- **Social Services**
  - \$1.5M – Housing and Disability Advocacy Program
  - \$0.5M – CalWORKs Housing Support



19

*Started from  
homeless  
Rate in 12*

## FY2018-19 CAO RECOMMENDED BUDGET



## RAMPING UP RESOURCES FOR MOST VULNERABLE POPULATIONS:

MENTAL HEALTH SERVICES \$12.0M

- \$5.1M – Mental Health Services Act Innovative programs
- \$3.8M – Adult and Older Adult and Children, Youth and Family contracts
- \$2.1M – Long term care
- \$0.5M – Crisis response pilot
- \$0.5M – Mobile family trauma counseling



20

*new*

*health and mental health, no law enforcement*



## FY2018-19 CAO RECOMMENDED BUDGET



### RAMPING UP RESOURCES FOR MOST VULNERABLE POPULATIONS:

#### STRENGTHENING FAMILIES \$4.2M

- **Social Services**
  - \$1.0M CalWORKs Intensive Case Management
- **Child Welfare Services**
  - \$1.5M Child Care Bridge
  - \$0.4M Cultural Broker
- **Admin Services (Community Action Partnership)**
  - \$0.6M Financial Literacy
  - \$0.5M Domestic Violence Support Teams
  - \$0.2M Office of Military and Veterans Affairs



*outreach and counseling*

#### HEPATITIS A PREVENTION \$1.6M

- **Public Health Services**
  - \$1.6M Hepatitis A Prevention Sustainability

21

## FY2018-19 CAO RECOMMENDED BUDGET



### IN-HOME SUPPORTIVE SERVICES (IHSS) \$22.0M



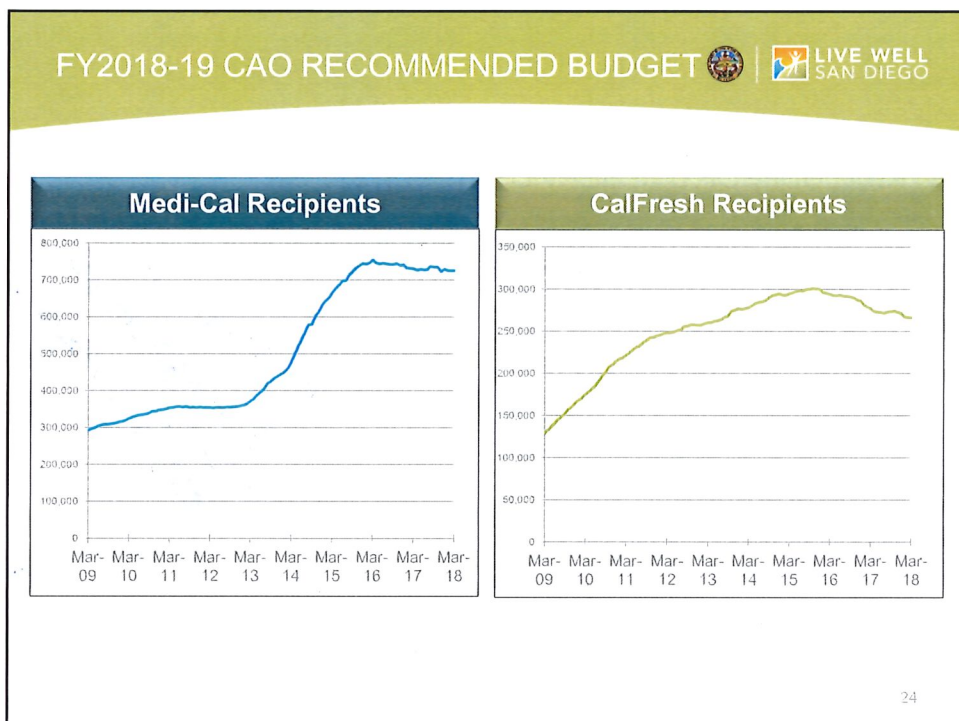
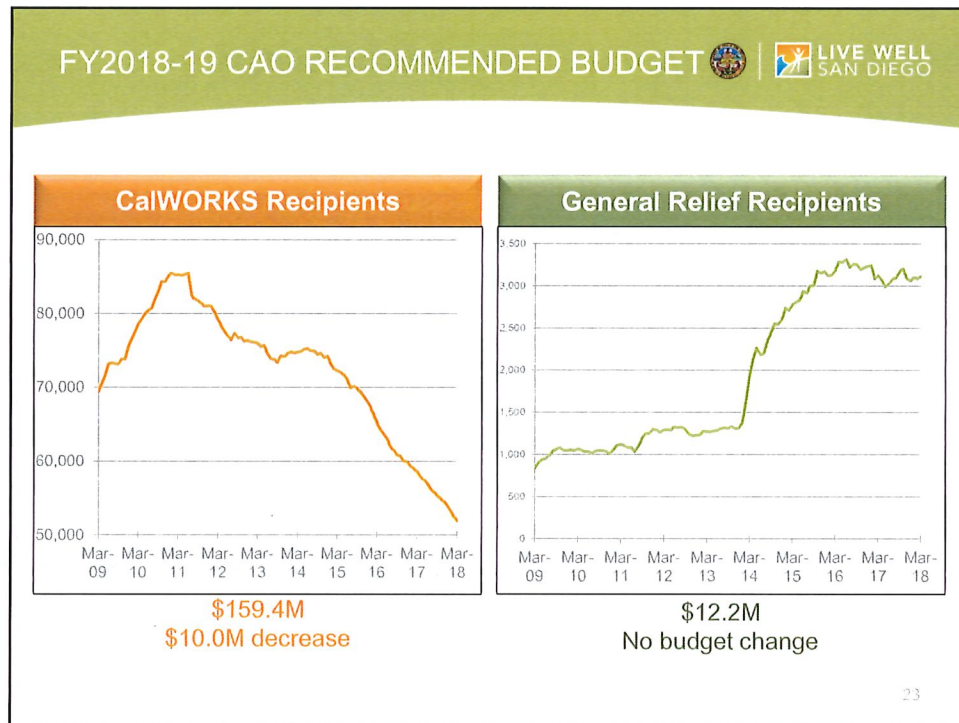
*decreasing and aging population loosening policies of program*

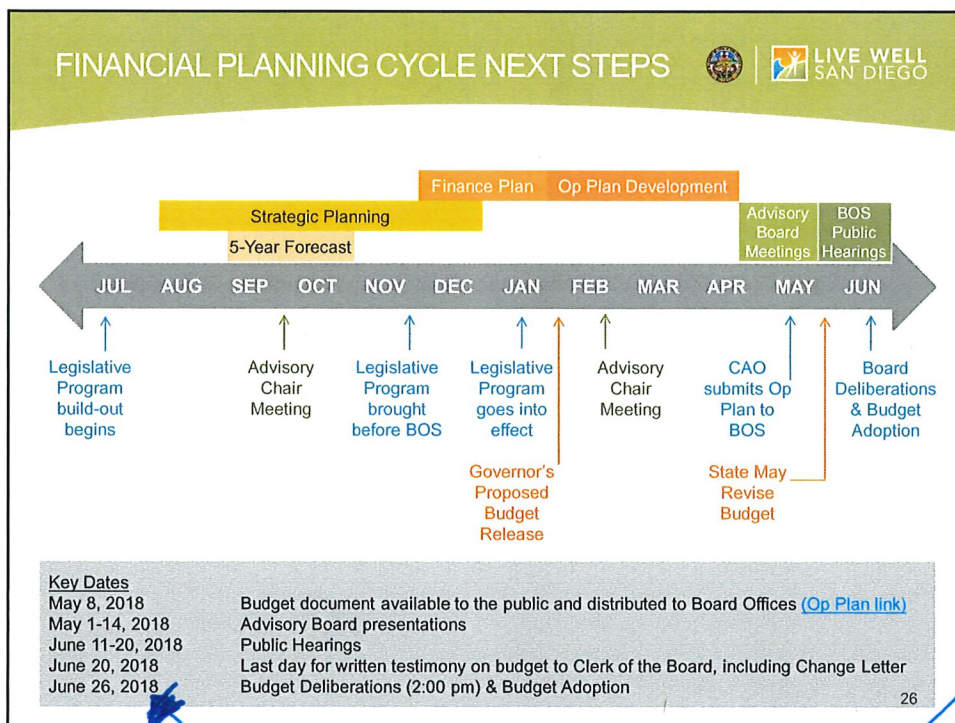
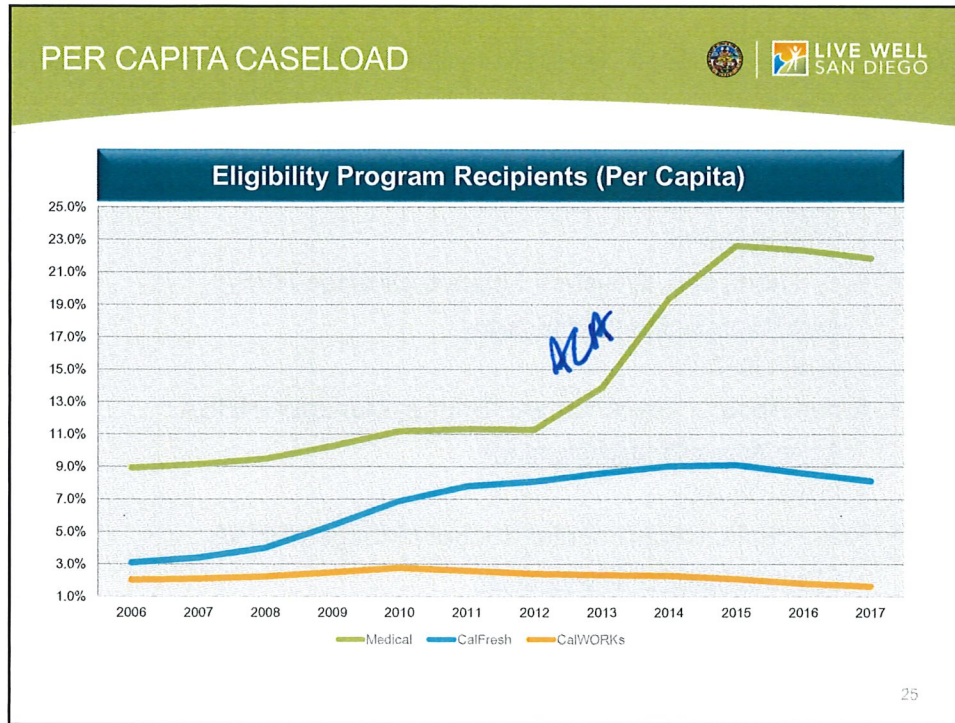
*state reduced funding*

*Entitlement Requires In Home Support Service Providers*

*unitary stronger settlement of HR lawsuit*

22





*\* Tim Freser*



## QUESTIONS



- Andrew Pease, Executive Finance Director, HHSA
  - [Andrew.Pease@sdcounty.ca.gov](mailto:Andrew.Pease@sdcounty.ca.gov)
  - (619) 515-6548
- Amy Thompson, Assistant Finance Director, HHSA
  - [Amy.Thompson@sdcounty.ca.gov](mailto:Amy.Thompson@sdcounty.ca.gov)
  - (619) 338-2100
- Ardee Apostol, Revenue and Budget Manager, HHSA
  - [Ardee.Apostol@sdcounty.ca.gov](mailto:Ardee.Apostol@sdcounty.ca.gov)
  - (619) 338-2602
- Rissa Japlit, Departmental Budget Manager, HHSA
  - [Charissa.Japlit@sdcounty.ca.gov](mailto:Charissa.Japlit@sdcounty.ca.gov)
  - (619) 338-2885

27



# HHSA CUSTOMERS FY 2016-2017<sup>1</sup>

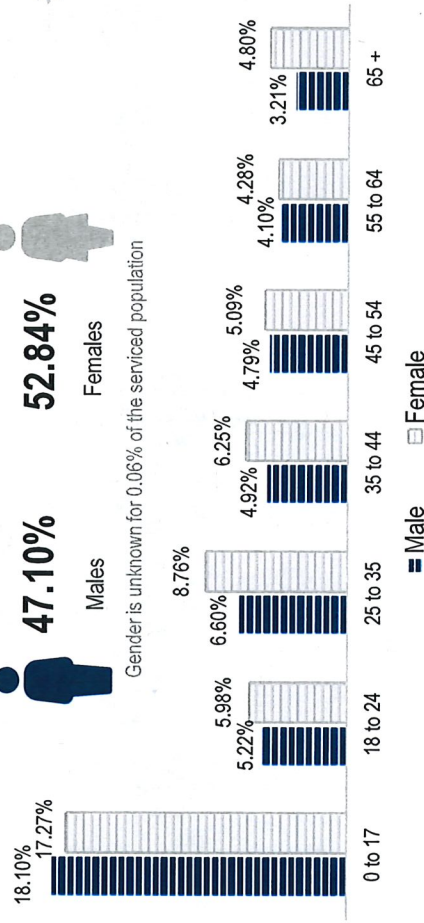
Tuesday, March 20, 2018



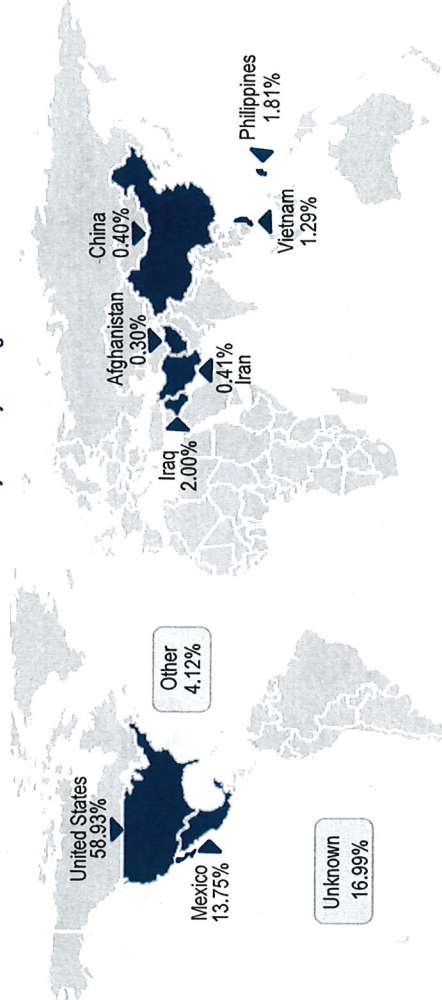
## Customers by Age Groups and Gender



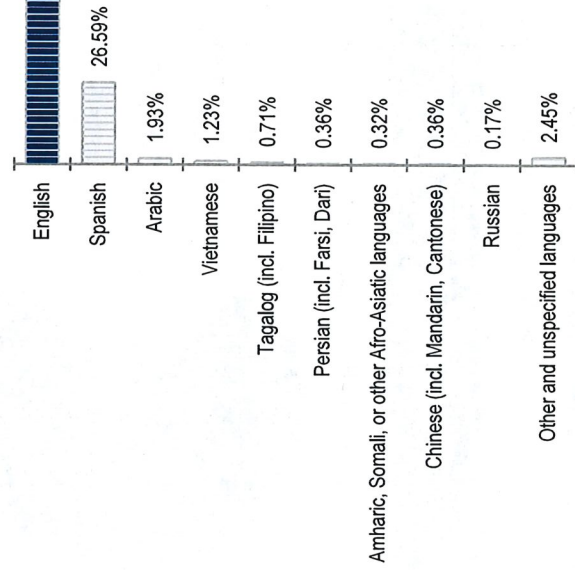
Gender is unknown for 0.06% of the serviced population



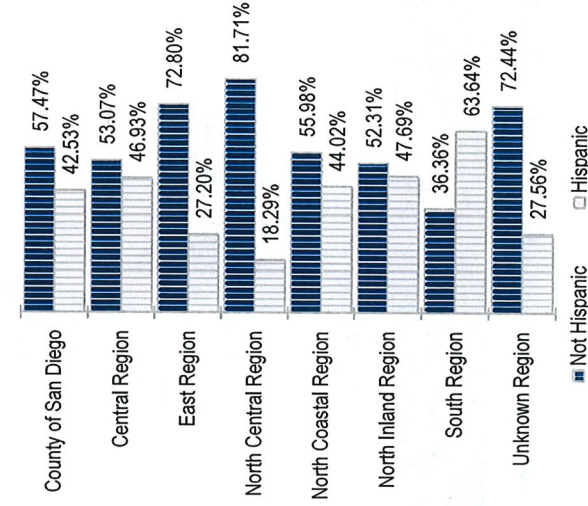
## Customers by Country of Origin



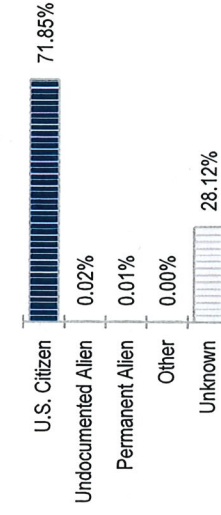
## Customers by Primary Language



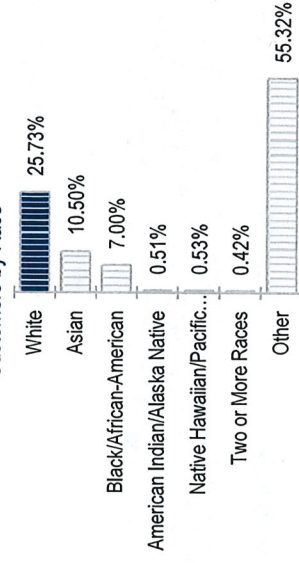
## Customers by Hispanic - Not Hispanic



## Customers by Citizenship



## Customers by Race



Note: Other includes Hispanic customers

DEMOGRAPHIC INFORMATION

<sup>1</sup> Source: OBI file Unduplicated individuals by program FY 2016-2017 <sup>2</sup> Source: American Community Survey (ACS) 5 year estimate 2012-2016 <sup>3</sup> Subregional Area (SRA)  
County of San Diego HHSA Office of Business Intelligence  
For Official Use Only

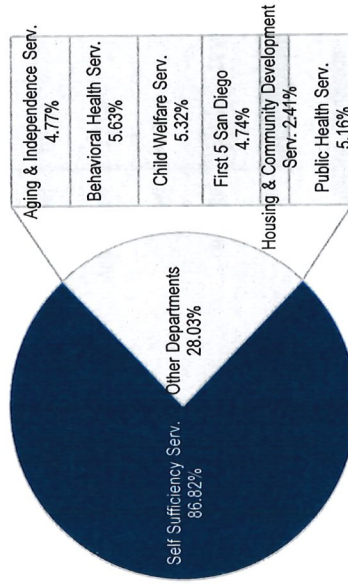
# HHSA CUSTOMERS FY 2016-2017<sup>1</sup>



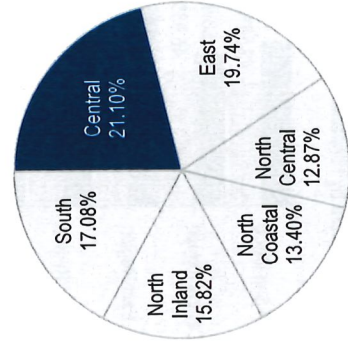
Tuesday, March 20, 2018

Received Medi-Cal	Received CalFresh	Received CalWORKS	Received Public Health Services	Received Mental Health Services	Received First 5 Commission Services
920,822 82.79%	398,649 35.84%	86,594 7.79%	57,369 5.16%	56,252 5.06%	52,754 4.74%

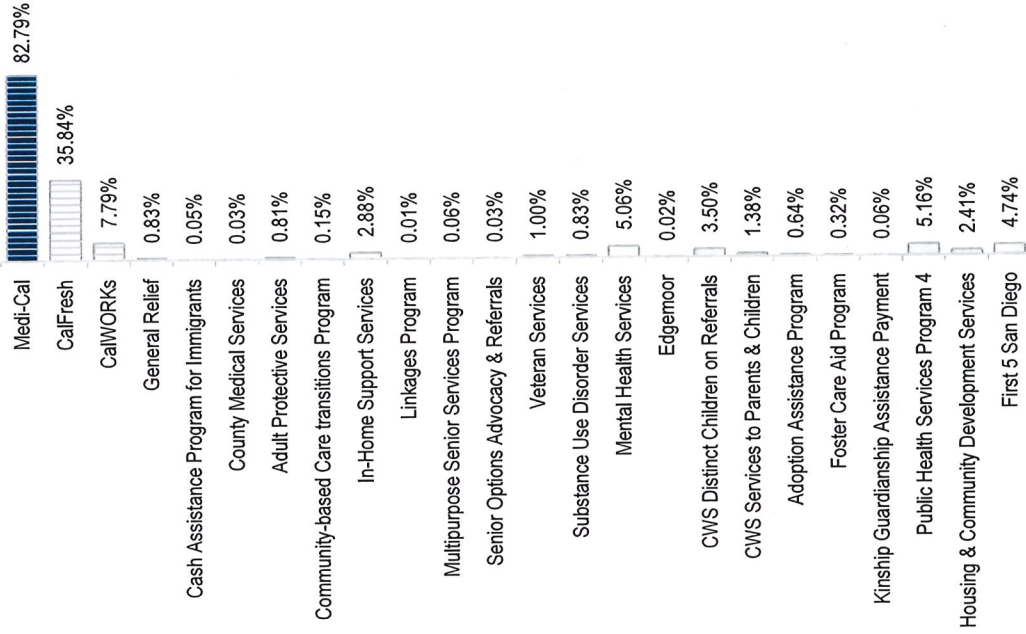
Customers by HHSA Department & First 5 San Diego



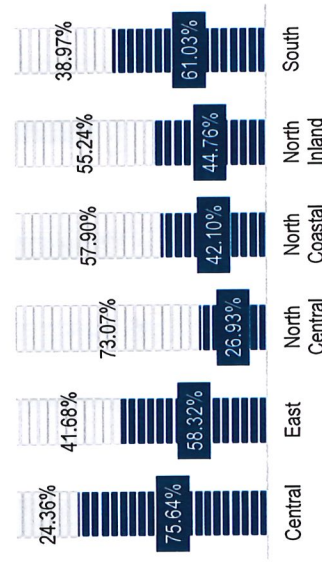
Customers by HHS Region



Customers by Program<sup>5</sup>



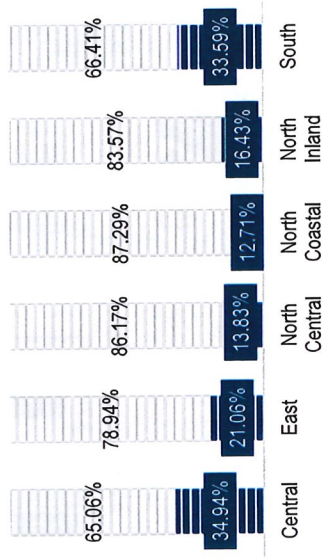
Customers age 17 & under



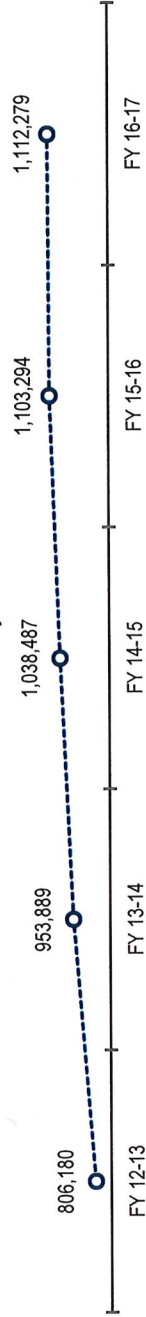
Note: Customers compared to total region population age 17 & under

Note: Customers compared to total region population age 65+

Customers age 65 & over



Customers by Fiscal Year<sup>1</sup>



<sup>1</sup> Source: OBI file Unduplicated individuals by program FY 2016-2017 <sup>2</sup> Source: American Community Survey (ACS) 5 year estimate 2012-2016 <sup>3</sup> Subregional Area (SRA) <sup>4</sup> Individuals may be counted in more than one program

Note: PHS Services include: Immunizations, TB, STD/HIV, Hansen, Field Services, Refugee Health & California Children Services (FY 2016-2017 is the first year CCS has been included)





# INFLUENZA WATCH

Week 16  
Ending 4/21/2018

The purpose of the weekly *Influenza Watch* is to summarize current influenza surveillance in San Diego County. **Please note that reported weekly data are preliminary and may change due to delayed submissions and additional laboratory results.**

**Report Contents**

Page 1: Overview & Indicators  
Page 2: Virus Characteristics  
Pages 3-8: Trend graphs  
Page 8: Reporting Information

**Current  
Week****Current Week 16 (ending 4/21/2018)**

- 101 new influenza detections reported: *Elevated level*
- 1% influenza-like-illness (ILI) among emergency department visits: *Expected level*
- 2 new influenza-related deaths reported this week
- 0 new ICU cases reported this week
- 6% of deaths registered with pneumonia and/or influenza: *Expected level*

**Current  
Season Summary****20,661**

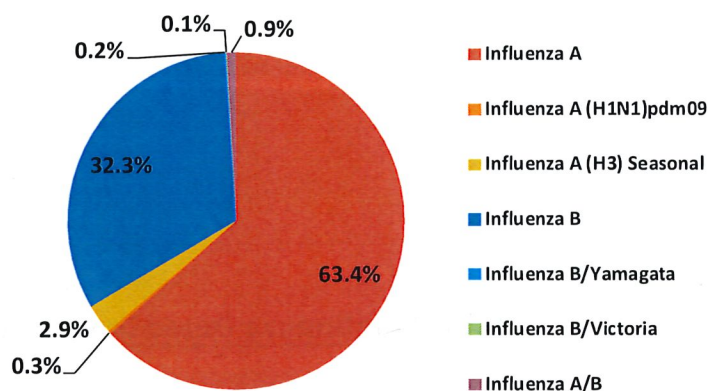
Total Cases

**300**

ICU Cases

**341**Deaths<sup>†</sup>**117**

Outbreaks\*

**Virus Characteristics**<sup>†</sup> Including 44 deaths less than 65 years of age, reportable to CDPH.

\* At least one case of laboratory-confirmed influenza in a setting experiencing ≥2 cases of influenza like illness (ILI) within a 72-hour period.

**Table 1. Influenza Surveillance Indicators**

Indicator	FY 2017-18*			FY 2016-17		Prior 3-Year Average**	
	Week 16	Week 15	FYTD <sup>#</sup>	Week 16	FYTD <sup>#</sup>	Week 16	FYTD <sup>#</sup>
All influenza detections reported (rapid or PCR)	101	175	20,661	60	5,428	71	6,093
Percent of emergency department visits for ILI	1%	2%		2%		3%	
Percent of deaths registered with pneumonia and/or influenza	6%	6%		9%		6%	
Number of influenza-related deaths reported <sup>^</sup>	2	6	341	1	86	1	77

<sup>#</sup> FYTD=Fiscal Year To Date (FY is July 1 - June 30, Weeks 27-26). Total deaths reported in prior years: 87 in 2016-17, 68 in 2015-16, and 97 in 2014-15.

\* Previous weeks case counts or percentages may change due to delayed processing or reporting.

\*\* Includes FYs 2014-15, 2015-16, and 2016-17.

<sup>^</sup> Current FY deaths are shown by week of report; by week of death for prior FYs.

**Weekly Influenza Watch Surveillance Report**

The last planned report of this flu season's final *Influenza Watch* surveillance report is scheduled for next week on May 2.

A final summary report will be made available in July and the next upcoming flu season's weekly report will be initiated sometime in October.

**Table 2. Influenza Detections Reported, FY 2017-18\***

Positive Test Type/Subtype	Week 16	Total FY-To-Date
Influenza A†	20	13,097
Influenza A(H1N1) Pandemic 2009	0	60
Influenza A (H3) Seasonal	0	589
Influenza B†	81	6,676
Influenza B/Victoria	0	19
Influenza B/Yamagata	0	41
Influenza A/B†	0	179
<b>Total</b>	<b>101</b>	<b>20,661</b>

\* FY is July 1 - June 30.

† No further characterization performed, or results were not yet available at time of publication.

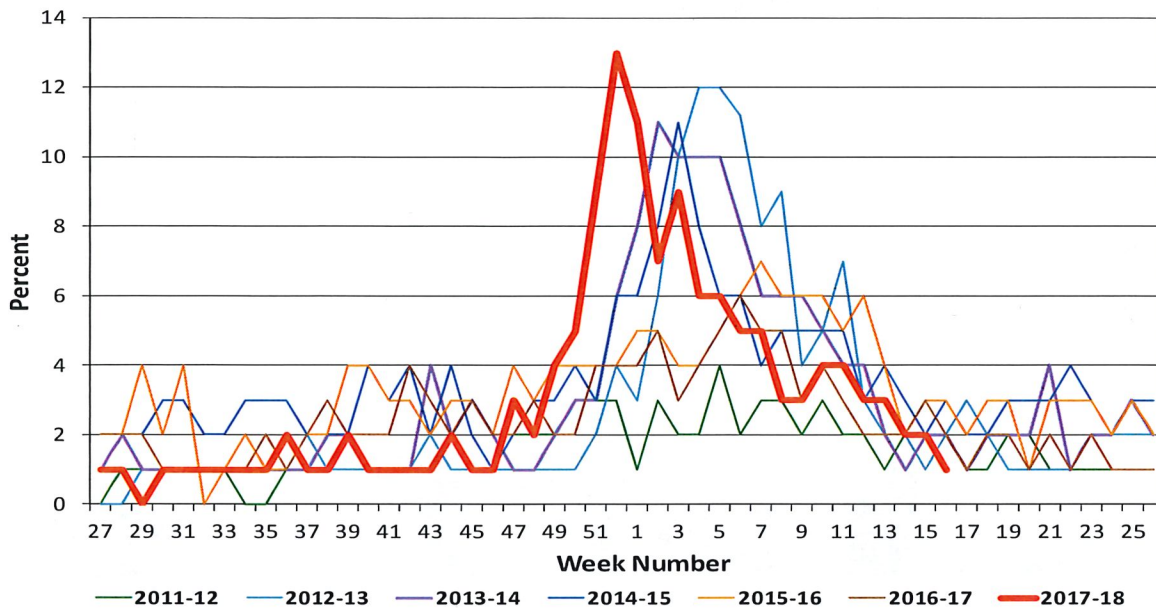
Note: Totals may change due to further laboratory findings.



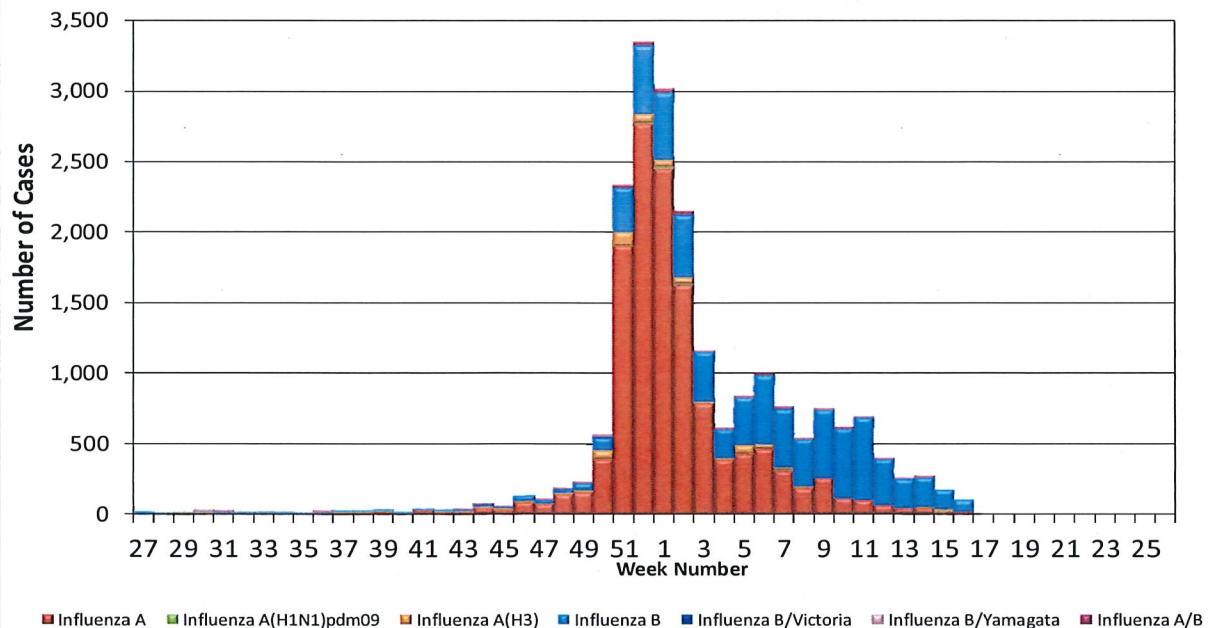
# Influenza Watch

Week 16  
Ending 4/21/2018

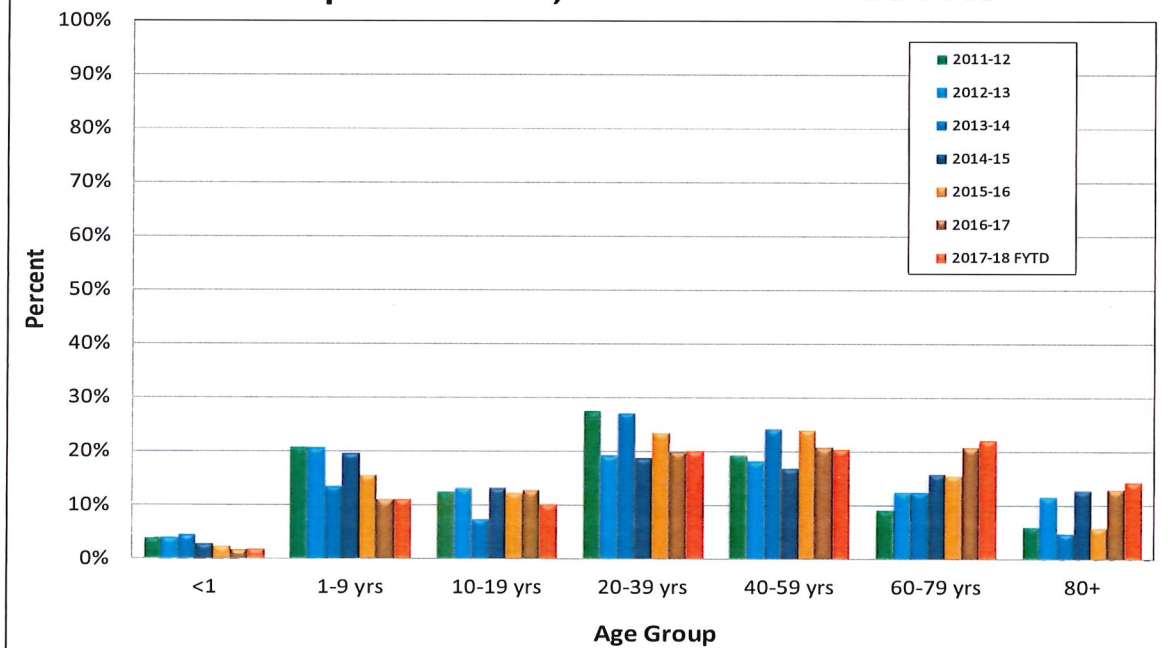
**Figure 1. Percent of Emergency Department Visits for Influenza-like Illness by Week and FY**



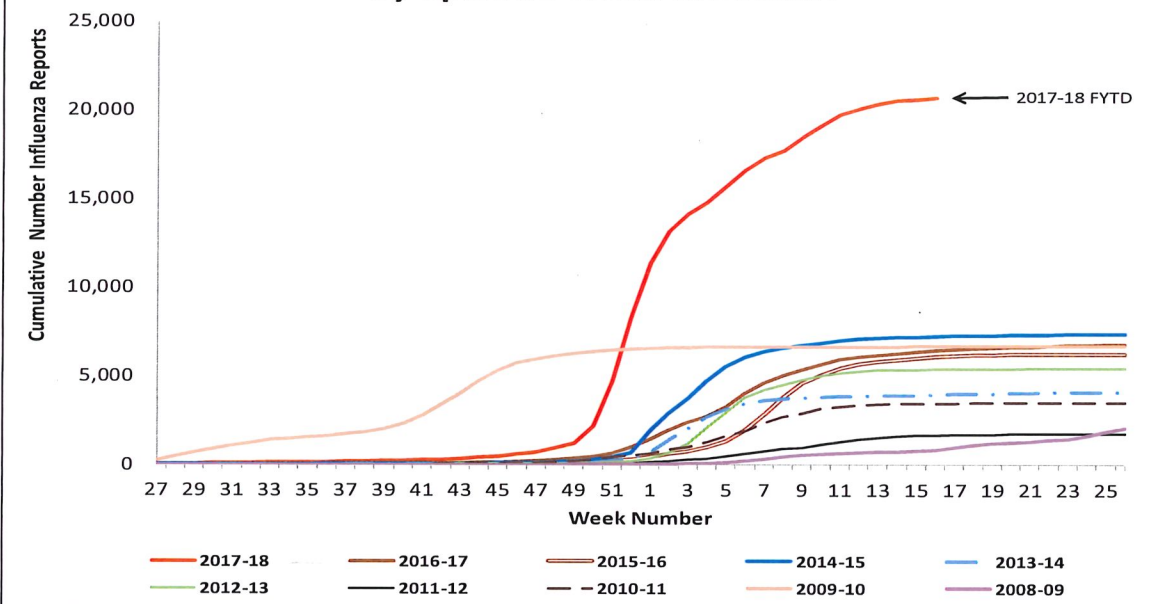
**Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2017-18 FYTD (N=20,661)**



**Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2017-18 FYTD**

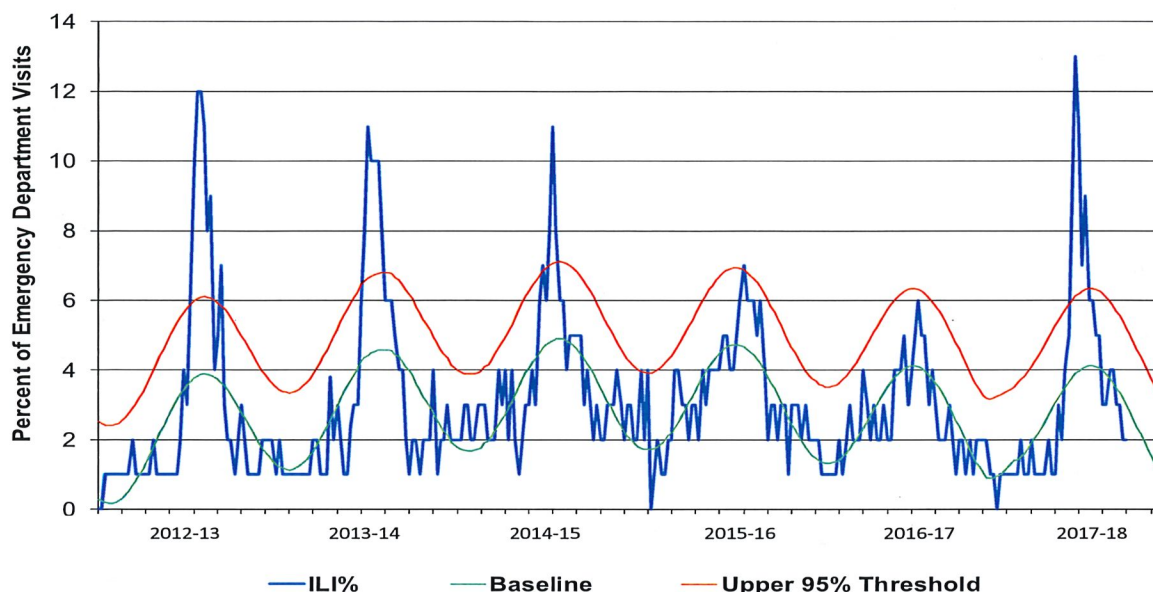


**Figure 4. Cumulative Influenza Case Reports by Episode Week & Season**

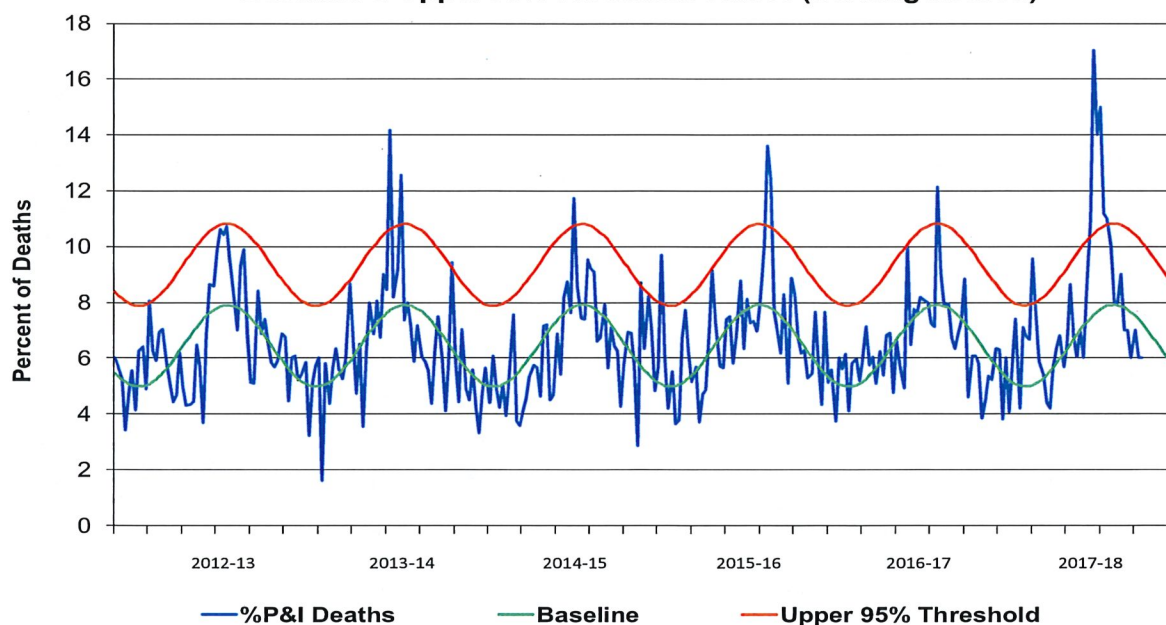




**Figure 5. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by Week and FY Compared to 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)**

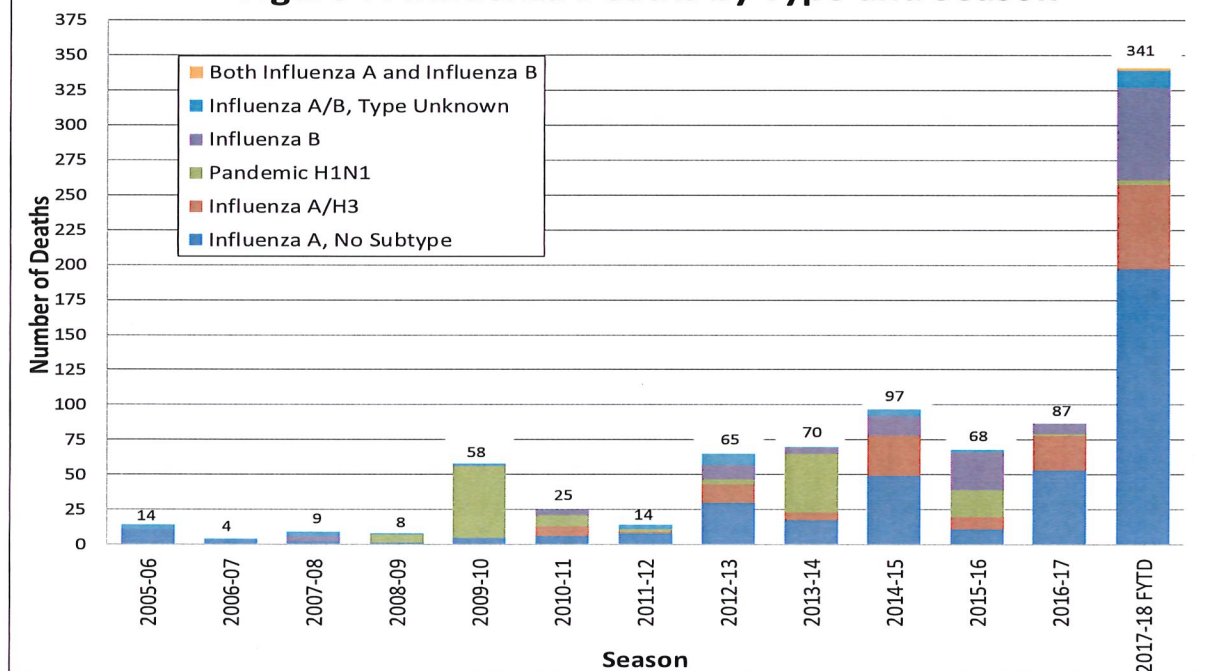


**Figure 6. Percent of San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)**

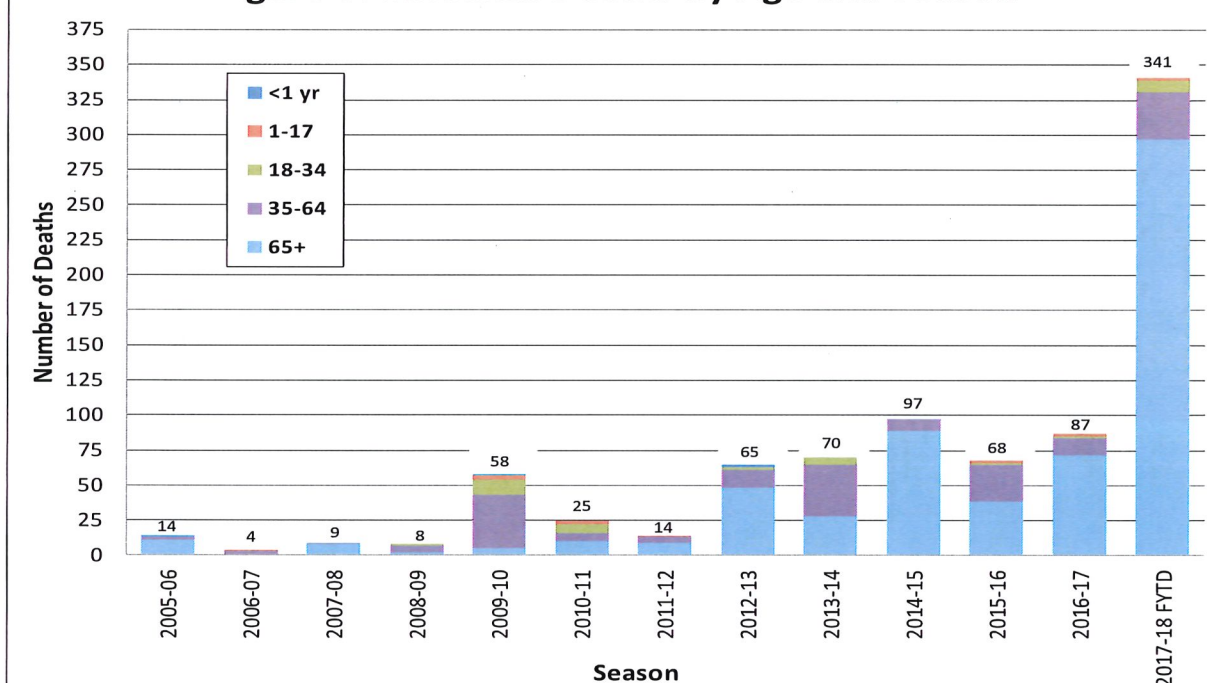




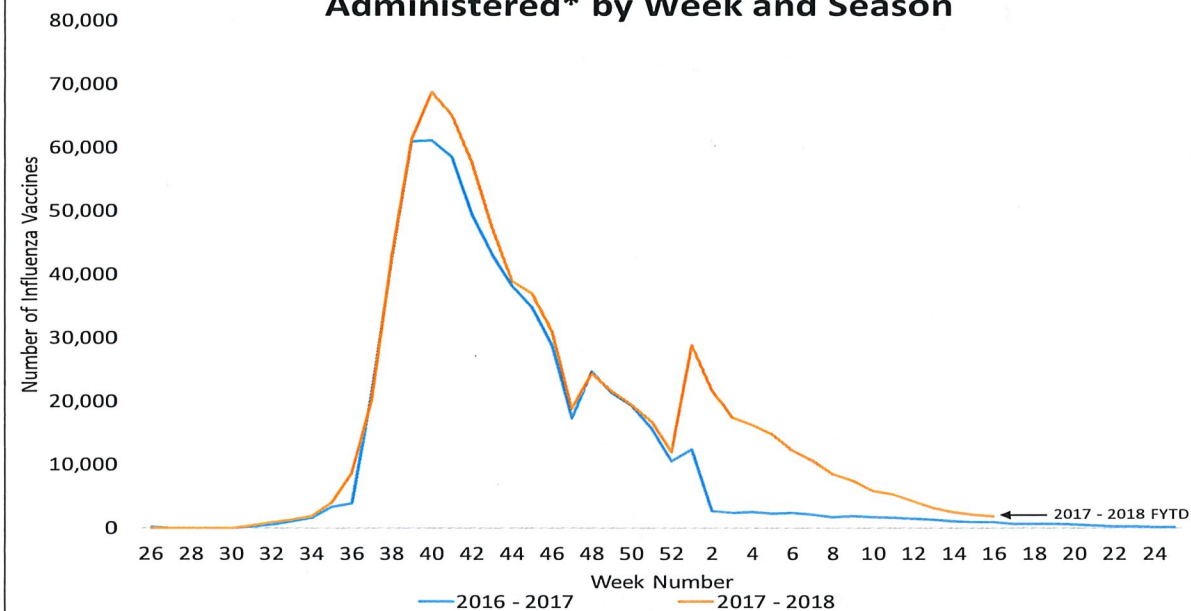
**Figure 7. Influenza Deaths by Type and Season**



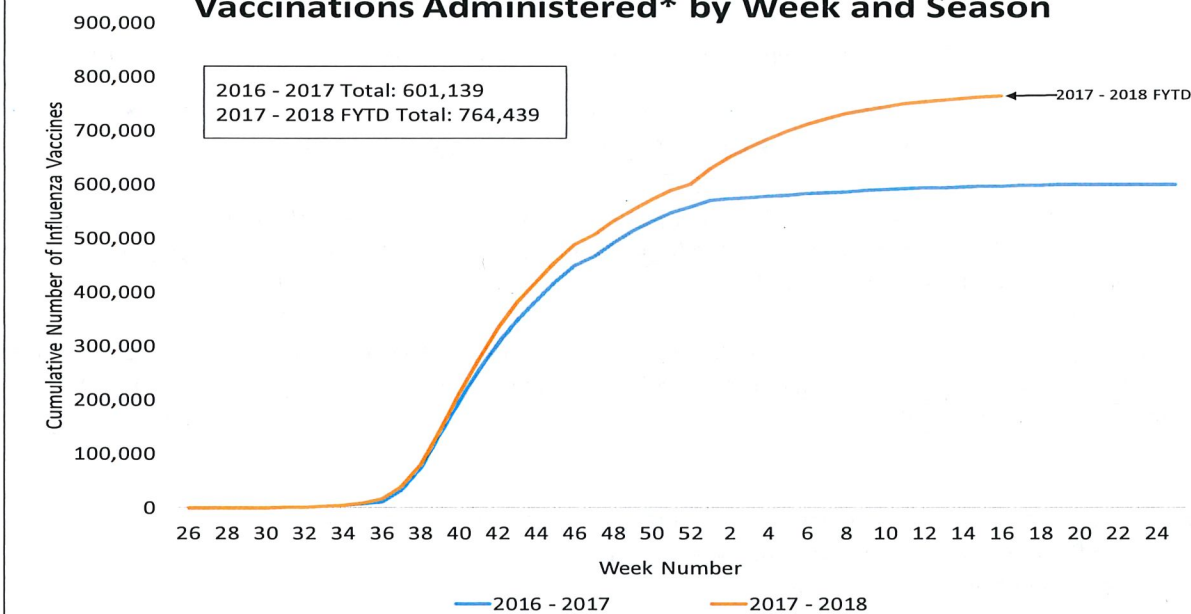
**Figure 8. Influenza Deaths by Age and Season**



**Figure 9. Number of Influenza Vaccinations Administered\* by Week and Season**



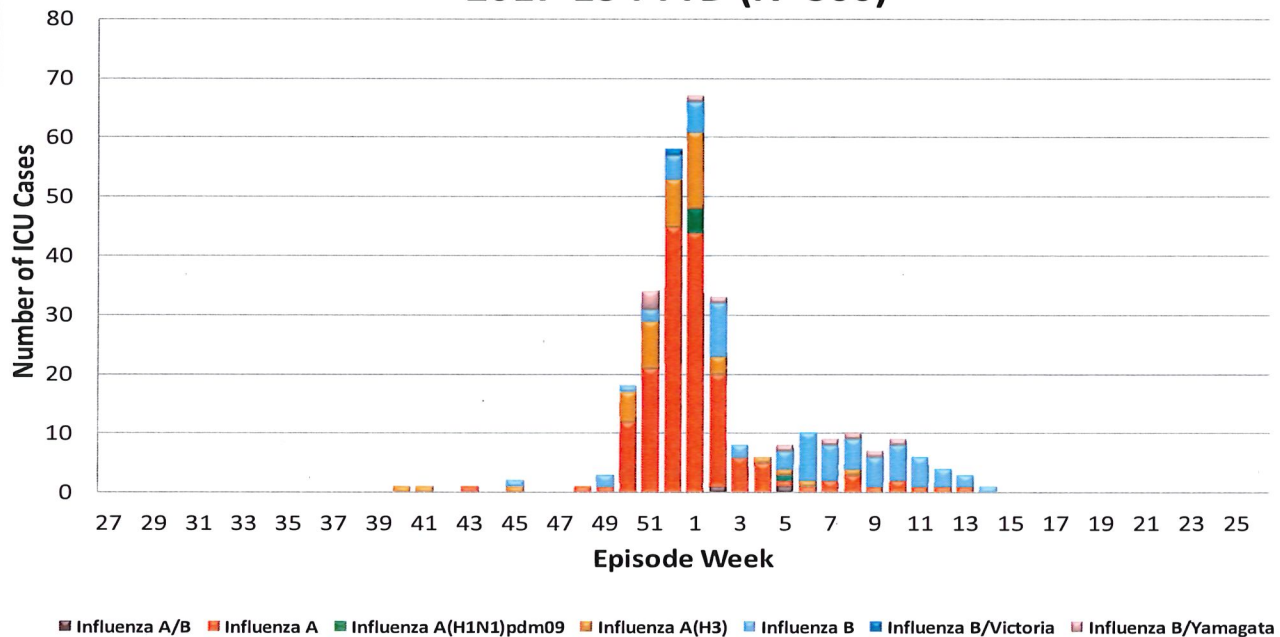
**Figure 10. Cumulative Number of Influenza Vaccinations Administered\* by Week and Season**



\* Influenza vaccinations administered and entered into the San Diego Immunization Registry ([SDIR](#))



**Figure 11. Number of Influenza Cases Requiring ICU Care by Episode Week and Type of Influenza, 2017-18 FYTD (N=300)**



Episode week is the week of symptom onset, or earliest available date in which the case is identified.

### Influenza Reporting in San Diego County

Local providers are encouraged to report laboratory positive influenza detections to the County Epidemiology Program by **FAX (858) 715-6458**. Please fax a [Case Report](#) Form and/or a printed laboratory result, and indicate if the patient was admitted to ICU or died, and/or is a resident of a congregate living facility.

For questions regarding sending specimens to Public Health Laboratory (PHL), call (619) 692-8500. Click here for the updated PHL [PCR Test Request Form](#). Contact the Epidemiology Program with any questions at **(619) 692-8499** or by email to: [EpiDiv.HHSA@sdcounty.ca.gov](mailto:EpiDiv.HHSA@sdcounty.ca.gov).

#### Resources

San Diego County Influenza Surveillance Weekly [Slide Deck](#) - presentation version of this report

County of San Diego Immunization Program [www.sdiz.org](http://www.sdiz.org)

California Department of Public Health [Influenza](#)

Centers for Disease Control and Prevention Influenza Surveillance [Weekly Report](#)



Health and Human Services Agency  
Health Services Advisory Board (HSAB)  
Public Health Officer's Report  
May 1, 2018 \* 3PM–5PM \* 1600 Pacific Highway, San Diego, CA

## I. Communicable Disease Issues

### A. Infectious Disease Issues

#### 1. Influenza (see weekly *Flu Watch* Handout)

- Current season summary (As of 4/25/18):
  - 20,661 total cases
  - 300 ICU cases A simple majority of members currently appointed shall constitute a quorum A simple majority of members currently appointed shall constitute a quorum
  - 341 deaths
  - 117 outbreaks
- On March 21, 2018, Extended Public Health Officer order for mandatory flu vaccination or mask to April 30, 2018 (due to continued increase of viral detections reported to the health department).
- This week, May 2<sup>nd</sup>, will be the last Influenza Watch and news story issued for this flu season.

#### 2. Hepatitis A (As of 4/26/18, weekly report)

- Outbreak
  - At-risk Populations: Homeless population and illicit drug-using individuals or both.
  - Genotype 1B, with 16 strains
  - Case Demographics
    - 588 cases with onset dates from 11/22/16 – 3/9/18, 20 deaths, 403 hospitalizations
      - 403 (68%) hospitalizations, 20 (3.4%) deaths
      - 402 males (68%); 186 females (32%)
      - 5-87 years (median 43.0 years, mean 43.9 years)
      - 198 (34%) documented homeless and illicit drug use
      - 90 (15%) homeless only
      - 76 (13%) illicit drug use only
      - 167 (28%) neither homeless nor illicit drug use
      - 57 (10%) unknown (no records or interview)
- Co-infection
  - 25/489 (5.1%) confirmed or probable Hepatitis B
  - 81/474 (17.1%) confirmed or probable Hepatitis C
- Other Characteristics
  - 48 cases in jail/detention facilities (Completed vaccinations of 7 facilities)
  - 24 Food Handlers
  - 7 healthcare workers
  - Other jurisdictions linked to San Diego (cases as of 4/26/18):
    - California: Santa Cruz (76 cases), Los Angeles (41 cases), Monterey (12 cases), OC, Santa Clara, SLO, Imperial, Placer, Riverside, Ventura
    - U.S.: Arizona, Colorado, Illinois, Indiana (66 cases), Iowa, Kentucky (311 cases), New Hampshire, Ohio (47 cases), Oregon, Rhode Island, Utah (226 cases), Hawaii, West Virginia (20 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.

- Vaccinations as of **4/4/2018: 137,979**
  - Hygiene Kits Distributed as of 4/4/2018: 11,893
  - **Handwashing Station as of 4/30/18: 153 removed and 7 remaining**
  - Communications:
    - News Stories:
      - 17 issued; last issued on January 23, 2018.
    - Publications
      - 10 issued: CAHAN alert last issued on October 31, 2017.
    - 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 (**As of 4/3/18, now reports issued first Thursday each month**)
- Total Zika Testing referrals to EPI Program for consultation of potential cases: **4, 004 referrals**
  - Ruled out: **3, 755 cases**
  - Confirmed Zika cases (all travel-associated): 106
  - Cases pending lab results or submission: **117**
  - Travel associated cases: American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (3), Columbia (2), Costa Rica (5), Dominican Republic (2), Fiji (1), Grenada (1), Guatemala (3), Haiti (2), India (1), Indonesia (1), Jamaica (2), Kiribati (1), Latin America, multiple countries (4), Maldives (2), Mexico (42), Nicaragua (9), Philippines (2), Puerto Rico (4), Saint Lucia (1), Senegal (1), Singapore (1), Trinidad (3), USVI (1), Venezuela (3), and sexual transmission from a traveler (2).
  - Again, all reported cases are imported; 13 cases confirmed in pregnant women.
  - The first case in Baja California has been documented in Ensenada, approximately 80 miles from the San Diego County border.
  - 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)
  - San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG).

## II. Board Actions

- A. Getting to Zero – Annual report via Board Memo to be issued in late June to coincide with National HIV Testing Day.
- B. San Diego County has declared a local health emergency, which 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.”
  1. September 6 & 12, 2017: Ratify declaration of local health emergency: Hepatitis A Outbreak
  2. 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.
  3. San Diego County Board of Supervisors motion to end local health emergency on January 23, 2018.

## III. Public Health Issues

- A. 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.
- B. National Public Health Week, April 2-8, 2018, with *Live Well San Diego* Public Health Champion Awards Ceremony on Friday, April 6, 2018.
- C. Hepatitis A:
  1. DOC activated to Level 2 for Hepatitis A response.
  2. Governor of California, Jerry Brown, declared a state of emergency for Hepatitis A on October 13, 2017.
- D. CAHAN released on February 16, 2018: Pertussis Increasing in San Diego

## IV. Grants

### A. New Applications

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 May 1<sup>st</sup>. Approved. A plan has been developed and will implement. \$248,300 (full amount)

#### B. Funding

1. **Hep A Funding:** CDPH funding \$350,000 to hire two Epidemiologists
2. **Oral Health Funding:** Prop 56 Funding - \$842,000 Estimated
3. **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
4. **Zika Funding:** EISB was awarded \$413,793 for staffing support. Funding is for March 1, 2017-July 31, 2018.
5. **Public Health Lab Microbiologist Training Funds:** \$75,500 was awarded to the lab to train 2 microbiologists.
6. **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.
7. **Tobacco Control Program**
  - Tobacco program is anticipated to receive over \$2.8 million from the state in FY17-18.
  - Additional Tobacco Funding \$182K one time only; pending funding from recent legislation (Prop 56)
8. **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.
9. **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
10. **SNAP-ED (Also known as NEOP (Nutrition, Exercise and Obesity Prevention):**
  - Submitted next 3-year cycle application and work plan; activities will continue to focus on policy, systems, and environmental change for nutrition and PA
11. **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:
    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
  - Submitted Year 3 application and work plan on April 30<sup>th</sup>

### V. Public Health Initiatives

#### A. Major Initiative Updates and Highlights

1. **Getting to Zero – Medical Advisory Committee:** HIV, STD, and Hepatitis Branch 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.

### VI. Board Letter Forecast

DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
April 2018			
1. Fee Increase (presented to HSAB on April 3, 2018)	4/17/18 & 4/24/18	HHSA Exec	Andy Pease



DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
		Office	
<b>June 2018</b>			
2. Change to RHAP Funding from State ORH (scheduled for HSAB on June 5, 2018)	6/26/18	TBRH	Susannah Graves
3. Accept Tuberculosis Revenue (scheduled for HSAB on June 5, 2018)	6/26/18	TBRH	Susannah Graves
4. Getting to Zero Annual Report (Board Memo)	6/27/18 (provide to BOS by or before this date)	HSHB	Patrick Loose and Lauren Brookshire
<b>July 2018</b>			
5. TB Elimination (scheduled for HSAB on 7/3/18)	7/24/18	TBRH	Susannah Graves
<b>Summer 2018</b>			
6. Accept Ryan White Funding for FY 18-19 (scheduled for HSAB TBD)	TBD	HSHB	Patrick Loose and Lauren Brookshire
<b>November/December 2018</b>			
7. Region VI Mutual Agreement (scheduled for HSAB on 11/6/18)	12/11/18	PHPR	Patrick Buttron

## VII. Announcements

- A. Personnel – No updates

## VIII. Site Visits/Audits

Timeframe	Description	Auditor
12/4-7/17	State audit of public health nursing level ratios. Report from site visit is pending.	State
5/1/18	Department of Health Care Services (DHCS) Care Coordination Assessment Visit.	DHCS

## IX. Legislation

- A. Nothing currently to share.

Submitted by: Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, May 1, 2018

# ELIGIBILITY SERVICES BY THE NUMBERS...

**April 2018** (Data Month: March 2018)

## PARTICIPANTS

- **CalFresh:** 265,991 recipients, down 3.94% from last year.
  - 123,095 child recipients (0-18), down 6.08% from last year.
  - 26,896 senior recipients (60+), up 6.71% from last year.
- **CalWORKs:** 51,962 recipients, down 11.38% from last year.
  - 41,619 child recipients (0-18), down 9.28% from last year.
  - Welfare-to-Work: 7,544 participants, down 20.04% from last year.
- **CMS:** 37 CMS recipients, down 13.95% from last year.
- **General Relief:** 3,114 recipients, down 0.19% from last year.
- **Medi-Cal:** 725,514 recipients, down 0.75% from last year.
  - 283,622 child recipients (0-18), down 2.93% from last year.

Program	Cases	Recipients	% Change in Recipients		Unduplicated Number of Recipients (Mar 2017-Mar 2018)
			Previous Month	Previous Year	
CalFresh	132,622	265,991	0.00%	-3.94%	393,076
CalWORKs	20,516	51,962	-1.01%	-11.38%	81,789
CMS	37	37	-13.95%	-13.95%	197
General Relief	3,108	3,114	0.91%	-0.19%	9,517
Medi-Cal	387,883	725,514	0.05%	-0.75%	930,891
<b>TOTAL</b>	<b>544,166</b>	<b>1,046,618</b>	<b>-0.02%</b>	<b>-2.16%</b>	<b>971,363</b>

\*Recipients include 238,493 under ACA Medicaid Coverage Expansion.



## PROCESSING

Applications Registered		
Program	March 2018	FYTD
CalFresh	12,033	115,024
CalWORKs	2,171	22,477
CMS	788	7,152
General Relief	1,821	16,196
Medi-Cal	13,063	135,550
<b>Total</b>	<b>29,876</b>	<b>296,399</b>

Renewals Generated		
Program	March 2018	FYTD
CalFresh	6,533	60,899
CalWORKs	1,718	15,285
CMS	14	138
General Relief	102	913
Medi-Cal	27,186	253,191
<b>Total</b>	<b>35,553</b>	<b>330,426</b>

Periodic Reports Generated		
Program	March 2018	FYTD
CalFresh	11,881	101,903
CalWORKs	1,101	10,030
General Relief	1,811	16,350
Medi-Cal	43	595
<b>Total</b>	<b>14,836</b>	<b>128,878</b>

Documents Imaged	
March 2018	FYTD
559,178	4,913,987

Tasks Created	
March 2018	FYTD
350,291	797,793

## ACCESS CUSTOMER SERVICE CENTER

Month	March 2017	March 2018	Change	FYTD
Total Calls	95,289	97,310	2,021	834,593
Answered	72,622	69,494	-3,128	602,849
Self-Service	11,947	18,380	6,433	144,914
Transferred Out	470	446	-24	3,762
Abandoned	10,250	8,544	-1,706	82,622
Average Wait Time	8:10	7:24	-0:46	8:26

## FAMILY RESOURCE CENTER VISITS

Month	March 2017	March 2018	Change	FYTD
Total Tickets Issued	94,922	77,404	-22.63%	768,428
Average Wait Time (min.)	20.08	17.59	-2.49	



## Processing Timeliness Applications, Periodic Reports, and Renewals

### CalFresh

- Regular Applications: State required days to disposition = 30 Days
  - San Diego = 18 Days
- Expedited Applications: State required days to disposition = 3 Days
  - San Diego = 2 Days
- Semi-Annual Reporting Timeliness = 87.54%
- Annual Renewal Timeliness = 99.92%

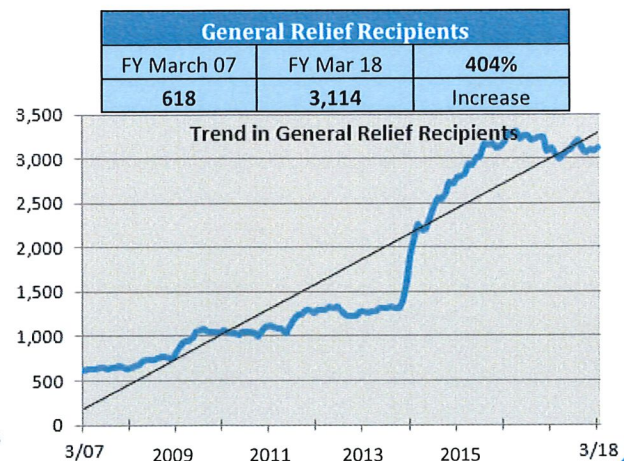
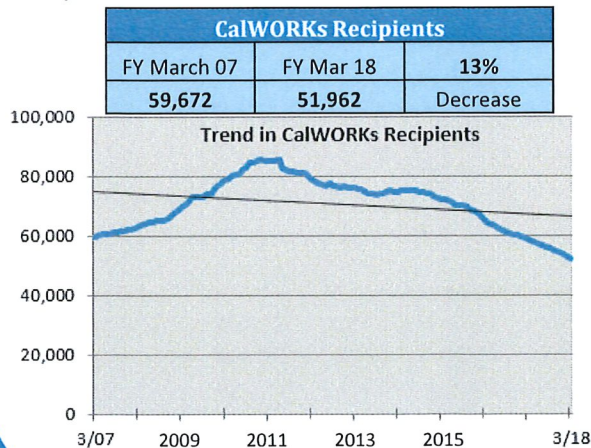
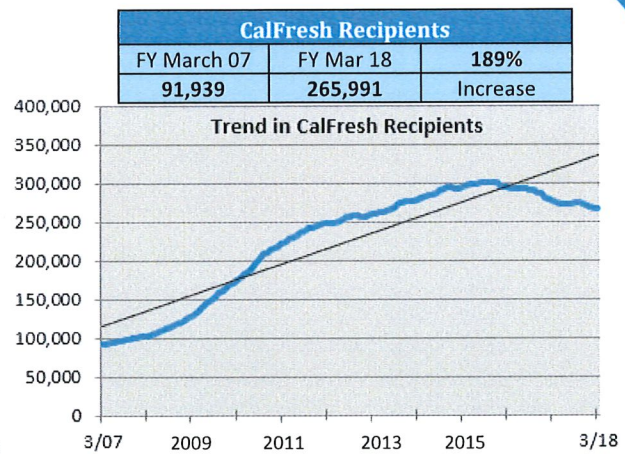
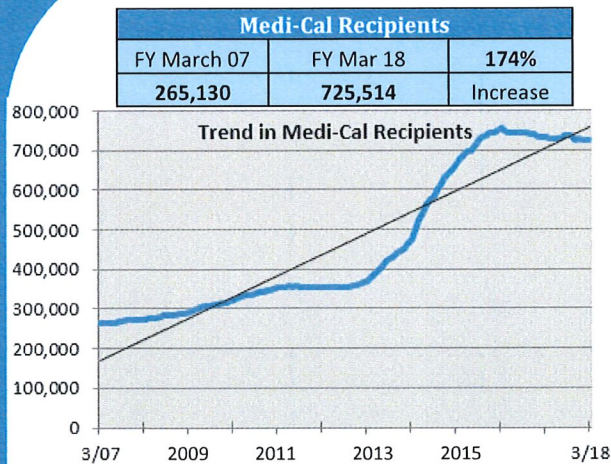
### CalWORKS

- Regular Applications: State required days to disposition = 45 Days
  - San Diego = 19 Days
- Immediate Need: State required days to disposition = 1 Day
  - San Diego = 1 Day
- Semi-Annual Reporting Timeliness = 86.04%
- Annual Renewal Timeliness = 99.87%

### Medi-Cal

- Regular Applications: State required days to disposition = 45 Days
  - San Diego = 27 Days
- Annual Renewal Timeliness = 97.84%

## Program Recipients Trend





## HEALTH SERVICES ADVISORY BOARD UPDATE – ELIGIBILITY OPERATIONS

HEALTHY SAN DIEGO –MAY 2018

### HEALTHY SAN DIEGO (HSD)

#### Enrollment

Please see below for February 2018 data.

Managed Care	March 2018
HSD Enrollment	718,593
State Default Rate*	35%
San Diego Default Rate*	37%

\*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	March 2017	March 2018
CMS	N/A	37

Current CMS materials are available on the CMS website.

### BOARD LETTERS

N/A



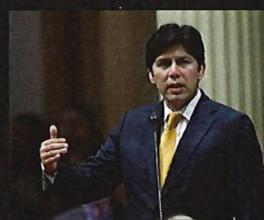
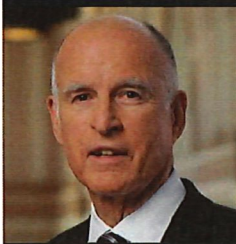
# Senate Budget Subcommittee on Health and Human Services

- ◇ Chair: Richard Pan, MD (D), pediatrician
  - ◇ Sacramento, Yolo
- ◇ Bill Monning (D)
- ◇ Jeff Stone (R)



## What it Boils Down To

- ◇ The Big Three
  - ◇ Governor
    - ◇ Jerry Brown (D), attorney from Northern California
  - ◇ Speaker of the Assembly
    - ◇ Anthony Rendon (D), Non-profit administrator from Los Angeles
  - ◇ President Pro Tem of the Senate
    - ◇ Toni Atkins (D), Small Businesswoman from San Diego





# Useful Resources

◇ For bills

[leginfo.legislature.ca.gov](http://leginfo.legislature.ca.gov)

◇ For hearings

[calchannel.com](http://calchannel.com)

[assembly.ca.gov](http://assembly.ca.gov)

[digitaldemocracy.org](http://digitaldemocracy.org)

Questions?  
Contact  
Kat DeBurgh

[kat@calhealthofficers.org](mailto:kat@calhealthofficers.org)

(916) 441-7405



*see website - also Monday - eble-t*