

Pima County Board of Health
Minutes
May 28, 2014
Room 1108, Abrams Building
3950 S. Country Club Road
Tucson, Arizona 85714

1. CALL TO ORDER:

Dr. Horwitz called the meeting to order at 3:05 pm.

Attendance was as follows:

Mr. An - absent
Mr. Elías
Mr. Emich
Mr. Gastelum
Mr. Geoffrion
Ms. Gonzales - absent
Dr. Horwitz
Ms. McComb-Berger - absent
Mr. Rojas
Dr. Smith
Ms. Trowbridge

A quorum was established.

2. PLEDGE OF ALLEGIANCE

Mr. Geoffrion led the Board in the Pledge of Allegiance.

3. MINUTES ADOPTION

- Adopt Board of Health April 23, 2014 Minutes

The motion was made and seconded (Rojas/Elías) that the April 23, 2014 Minutes be adopted as written. The motion carried 7-0.

4. OFFICE OF MEDICAL SERVICES BEHAVIORAL HEALTH PRESENTATION

Health Department Deputy Director Marcy Flanagan introduced Pima County Behavioral Health Administrator Danna Whiting who utilized the attached PowerPoint presentation to brief the Board. Ms. Whiting's office oversees lease deliverables with the Crisis Response Center (CRC) and the Behavioral Health Pavilion (BHP); the contract with Community Partnership of Southern (CPSA) for court ordered evaluations (COEs); and the restoration to competency (RTC) program at the Pima County Adult Detention Center (jail). Ms. Whiting's presentation centered on the CRC and BHP which were built with bond funds: \$18 million for the CRC and \$48 for the BHP. The \$48 million for the BHP included a new emergency department and a helipad. The CRC is operated by ConnectionsAZ and the BHP by the University of Arizona Health Network. The CRC, BHP and hospital are all connected and

employ the philosophy of “no wrong door” by which it doesn’t matter where a patient enters, they will be connected to the services they need.

The CRC has a call center which deploys the Mobile Acute Crisis (MAC) Teams. There are mentors to talk to callers who are seeking help that doesn’t rise to the crisis level; and 911 operators can transfer calls directly into the CRC call center. The call center handles 10,000 calls per month. The CRC has separate adult and children units with 23 beds each for patients (up to 23 hours), as well as a 15-bed adult sub-acute unit. The CRC handles 13,000 patients (includes repeat patients) per year. Part of the CRC concept was to divert individuals from the ER and jail. The average law enforcement drop off time is nine minutes.

The BHP has a dedicated court room and an acute facility with a total of 48 beds. Additionally there is an 18-bed geri-psych unit in the hospital. The BHP’s third floor is unfinished; and it is hoped that a future bond proposal will support it being built out to accommodate more patients. Psych beds are at or near capacity most of the time. Eighty percent of Pima County’s court ordered evaluations are done at the BHP.

5. HEALTH DEPARTMENT TUBERCULOSIS PROGRAM

Health Department Deputy Director Marcy Flanagan introduced TB Nursing Supervisor Linda Everett who used the attached PowerPoint presentation to brief the Board on TB control in Pima County. TB is a bacterial infection that is spread through the air. There are two types of TB, latent and active. Latent TB means the person is infected, but has no disease, no symptoms and cannot transmit the disease. Those with latent TB have a 10 percent chance of developing active TB. TB is curable and preventable. Drugs that kill TB bacteria were not discovered until the 1940s and 1950s. Prior to that time TB was typically fatal. Once the TB medications came into play TB rates began to drop in the US until the 1980s when reduced TB funding; HIV; increased immigration from countries where TB is common; the spread of TB in homeless and correctional facilities; and the increase of multidrug-resistant TB drove numbers back up. In 2012 1.3 million people died of TB worldwide. Over 95 percent of TB deaths occur in low and middle income countries. In 2012 the US TB case rate for US-born persons was 1.4 per 100,000 and 15.9 for foreign-born persons. In 2012 the overall US TB case rate was 3.2 per 100,000 and then it declined to 3.0 per 100,000 in 2013. In 2012 in Arizona there were 211 cases of active TB. Of the 211 cases 70.6 percent were foreign-born and 26.5 percent were diagnosed while incarcerated. Pima County had 16 of the 211 2012 cases. The Health Department’s TB program provides skin tests; evaluation and treatment for TB infection and disease; directly observed therapy (for active cases and children); clinical consultation; and nurse case management.

6. HEALTH DEPARTMENT MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITATION PROGRAM

Health Department Deputy Director Marcy Flanagan introduced Health Educator / Outreach Coordinator Rosemary Leon who used the attached PowerPoint presentation to discuss the Maternal, Infant and Early Childhood Home Visitation Program. The grant funded program provides outreach and referral to connect clients with free in-home parental support services. The services are for early childhood, pregnancy through age five. Ninety percent of brain

development occurs prior to the age of five. Income eligibility, age and family needs factor in on which program actually provides the services. Programs providing the services include Arizona Early Intervention, Head Start, Health Start, Healthy Families Arizona, High Risk Perinatal, Home Instruction for Parents of Preschool Youngsters (HIPPY), New Parent Support, Nurse Family Partnership, Parents as Teachers, and Safe Care. Home visitation goals include reducing: social and health costs; the number of low birth weight babies; and child abuse and neglect; and increasing: early identification of developmental delays; and children's school readiness. Goals are met through guidance and support; age appropriate activities; developmental assessments in the home; increasing parental confidence; and referrals to other services as needed. Additionally the referral system is being expanded to include community based parental support classes and groups.

7. BOARD OF HEALTH SUMMER SCHEDULE

There was discussion on Board members' availability during the summer, as well as input from Dr. Francisco García, Health Department Director, on anticipated agenda item volume and timing.

The motion was made and seconded (Rojas/Elías) that the Board meet on the regular June date, skip a July meeting, and possibly skip the August meeting pending reevaluation of Board members' availability and potential agenda items. The motion carried 8-0.

8. CALL TO AUDIENCE

There were no speakers from the audience.

9. SUMMATION OF ACTION ITEMS AND PROPOSED AGENDA ITEMS

No summation was given; however, during item 4 it was mentioned that the Board should have a meeting at the hospital (UMC South) and tour the CRC and BHP.

10. ADJOURNMENT

The meeting adjourned at 4:45 p.m.