



**AGENDA**  
**GOVERNMENT/PUBLIC ENGAGEMENT COMMITTEE**

**Friday, May 29, 2020 at 10:00 A.M.**

In accordance with the current State of Emergency and the Governor's Executive Order N-25-20, of March 12, 2020 and N-33-20 of March 19, 2020, teleconferencing will be used for this meeting. Board members, staff and members of the public will be able to participate by webinar by using the following link:

<https://us02web.zoom.us/j/89318525955?pwd=eIVVNEJSd2ZWYXRSNm4vRDhheXd2dz09>

Meeting ID: **893 1852 5955** Password: **2N6C7E**. Participants will need to download the Zoom app on their mobile device. Members of the public will also be able to participate by telephone using the following dial in information: **Dial in #: (310) 372-7549 Passcode 660448**.

Committee Members: Kate Schwartz-Frates and Barbara Mroz

Executive Director: Rachel Mason

Staff Members: Linda Bannerman and Mireya Banuelos

1. Call to Order/Roll Call
2. Public Comments
3. Discussion Items
  - a. FRHD 70<sup>th</sup> Anniversary Celebration Week
  - b. COVID-19 Situation Updates
    - i. Federal
    - ii. State
    - iii. County
    - iv. Local
  - c. Legislative Updates
  - d. San Diego County & Live Well Updates
  - e. FRHD and Community Event Updates
  - f. Education and Training Opportunities
4. Board Comments and Future Agenda Items
5. Adjournment

I certify that on May 28, 2020, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

A handwritten signature in blue ink that reads "Linda Bannerman".

Board Secretary/Clerk

## 70th Anniversary Celebrations

Date	Event	Info	Estimated Cost	Status	Coordinator
June 8th-June 12th	Yogurt Palace Giveaway	We will partner with a local favorite, the Yogurt Palace and pay for 70 juniors sized froyo servings in celebration of our 70th Anniversary. Each person receiving a free order will be given an informational card about the Health District.	\$210.00	Check has been printed and signed. In Safe. Will deliver next week. Flyer is being drafted.	Mireya
June 8th-June 12th	Social Media Posts	Throwback picture(s) from Historical Society and/or Impact Narratives	\$0.00		Jen/Mireya/Pam
June 8th	Publish Anniversary Page on Website	Throwback pictures from Historical Society and a paragraph of our history	\$0.00		Mireya
	Display Anniversary Banner	display in front-top of building, have staff and board take a picture while distancing	\$240.00	Banner Image Approved. Invoice received and approved.	Mireya/Linda
	Publish Facebook Banner		\$0.00	Banner Image approved. Will be posted on June 1st.	Jen
	Deliver Flowers	All Staff & Board of Directors are encouraged to participate in the delivering of flowers to our past, current, and new grantees.	\$130.00	Tracy and Mireya are working on the all-time grant recipient list with physical spaces in Fallbrook Region. Linda is searching for the all-time board members list.	
June 9th	Deliver Flowers		\$130.00		Tracy/Mireya
June 10th	Board Meeting	Possibly a picture of Staff & Board in front of Building ; Invite Assemblywoman, Senator, ACHD, and CSDA reps and past board members to Zoom Meeting; 70th Anniversary Announcement Speech by Board Chair; 2020-2021 Grant Recipients will be announced			Mireya
June 11th	Village News Article	How we have evolved over the years- our progression. Then and Now. o Interview Helen(one of the first employees of the District) o pictures from the Historical Society	\$0.00	We have communicated with Helen and the village news. It is confirmed that Jeff Pack will interview Helen and will assist us in writing the article. We are waiting to obtain an additional pictures from the Historical Society.	Pam/Mireya
Friday, June 12th	Social Media Post	Throwback picture(s) from Historical Society			Jen/Mireya/Pam
	Deliver Flowers		\$130.00		Tracy/Mireya
<b>Total Estimated Expenses</b>			<b>\$840.00</b>		



HURST+BROOKS+ESPINOSA

# This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ SPECIAL UPDATE: MAY 15, 2020

## Calculating the Estimated Revenue Drop in 2011 Realignment

In the attached table, we have calculated for each 2011 Realignment subaccount and special account the net dollar amount and percentage decrease by comparing the January 2020 and May Revision revenue estimates. A few things to note:

- The revenue estimates are just that – **estimates**. The Realignment fiscal year runs August 16 to August 15, so final receipts will not be known until later this summer.
- This year’s revenue estimates are complicated by actions previously taken by the Administration to grant an extension for sales tax remittances. This delay will affect Realignment base and growth amounts, and it is not clear if or how the Department of Finance incorporated the anticipated impact of the remittance deferral in the May Revision revenue estimates.

### Worth Noting: HBE Revises the Frequency of Our Updates

Now that the May Revision has been released, the Legislature’s budget subcommittee hearing schedule will be ramped up to “11.” (I hope everyone gets that [reference](#)). Additionally, the Governor announced to the press this morning that he will be suspending his daily noon briefings in favor of occasional updates on an as-needed basis. Accordingly, we at HBE do not anticipate either a need or capacity for publishing daily updates and likely will return to a weekly publication schedule. Of course if something major breaks or other circumstances dictate it, we will get word out immediately to ensure that you remain informed irrespective of what day of the week it is. In the meantime, should you have any questions, please do not hesitate to get in touch.

We hope that this information is helpful for your affected departments as they work to assess the practical implications of the precipitous drop in Sales and Use Tax and VLF.

## Health-related Bills of Note

The following provides a roundup of health-related bills of interest.

- [AB 2817 \(Wood\)](#) – **Office of Health Care Quality and Affordability**  
This measure would create the Office of Health Care Quality and Affordability. The Governor had a similar proposal in the January budget that he withdrew when he released the May Revision yesterday. AB 2817 was originally set to be heard May 18 but was pulled from the Assembly Health Committee agenda. Discussions around creating the Office appear to be on hold this year.
- [AB 2830 \(Wood\)](#) – **Health Care Payments Data Program**  
This measure would create the Health Care Payments Data Program at the Office of Statewide Health Planning and Development. The measure was amended this week and is set for hearing on May 18.

In March of this year, OSHPD released its Health Care Payments Data Program [report](#), instead of in July because of the affordability conversation. Please recall that AB 1810 (Statutes of 2018) required OSHPD to examine the costs of establishing a system to collect information regarding the cost of health and a process for aggregating the data from many disparate systems. The report lays out 36 recommendations across several domains. Based on experiences in other states, OSHPD is estimating that supporting a health care data system will cost approximately \$15 million annually. AB 1810 requires the Health Care Payments Data System to be substantially complete by July 1, 2023.

- **[AB 2100 \(Wood\)](#) – Medi-Cal: Pharmacy Benefits**

This measure is sponsored by Western Center on Law and Poverty and is intended to implement consumer-related protections for the Medi-Cal Rx proposal. Please note that while the Administration has withdrawn or delayed several health initiatives, they are continuing to move forward with a January 2021 implementation for CalRx. It is set for hearing May 18.

- **[AB 2037 \(Wicks\)](#) – Health Facilities: Obligations before Changes in Service**

As introduced, the measure would have required to provide at least 180 day notice before a planned reduction or elimination of the level of emergency services. AB 2037 was amended this week to also prohibit a hospital, during any health-related state of emergency in California proclaimed by the President of the United States, health-related state of emergency proclaimed by the Governor, or health-related local emergency, as specified, from closing or otherwise ceasing operations or eliminating a level of emergency care or supplemental service, except as excused by the department. The bill would require the department to impose a penalty of \$75,000, per day, for each day a hospital violates these prohibitions, and would further require the department to deposit the collected penalties into the Internal Departmental Quality Improvement Account.

Some hospitals are temporarily ceasing or reducing services during the current COVID-19 pandemic to prepare for surge capacity. The California Hospital Association is opposing the bill and argues that the bill could lead to the unintended consequence of a hospital taking steps in advance of any future health-related emergency that would limit patient access to care earlier than necessary, which could be potentially avoidable. A hospital might make the difficult decision to close earlier than necessary, knowing it would be legally unable to do so during a local, state, or federal health-related emergency.

In addition, by prohibiting the elimination of supplemental services, this bill would prevent hospitals from doing exactly what they should do in a declared emergency: eliminating non-essential services to focus on essential services.

- **[AB 2537 \(Rodriguez\)](#) – Personal Protective Equipment: Health Care Employees**

As amended this week, AB 2537 would require hospitals to maintain a supply of unexpired personal protective equipment (PPE) in an amount equal to one year of normal consumption. Additionally, this bill would require public and private employers of workers who provide direct patient care in a hospital setting to supply those employees with the PPE. Finally, the bill would also require an employer to ensure that the employees use the PPE supplied to them. AB 2537 is being heard in Assembly Labor on May 20.

Several concerns have been raised by hospitals in response to the bill:

- It is difficult to foresee what future public health emergencies we may face and what equipment may be needed. While even the public has learned much about the PPE needed to treat COVID and prevent spread of this virus – N95 respirators, surgical masks, face shields, isolation gowns, gloves, and more – it is not clear what the next emergency may be, the treatment needed, or the equipment required. Stockpiling for one disease – COVID-19 – may not prepare us for the next emerging health threat.
  - While all health care providers have supply needs, we cannot have what cannot be made and purchased. Today, the health care supply chain, especially for PPE, remains challenged and spotty at best. Health care providers are still having significant difficulty getting all that is needed to care for patients, let alone to stockpile for the future. Even the state is having difficulty sourcing N95 masks, testing swabs and other equipment. More work is needed to restore the supply chain and increase the manufacture of PPE before stockpile requirements can be placed on purchasers.
  - The amount of equipment required for “normal consumption” is difficult to determine. Amounts of equipment needed depend on the types of patients cared for, the diseases and conditions those patients have, the rate of use of that equipment, the need to plan for excess surge capacity, changing regulatory requirements and more. All of these are dynamic and can change week to week or month to month.
  - A one-year surplus requirement could lead to expiration and waste of equipment.
- **[AB 2604 \(Carrillo\)](#) –Public Health: Pandemic Protocol**  
While AB 2604 has not been set for hearing and is likely not moving forward this year, please be aware that the measure was amended to indefinitely postpone medical appointments and visitor access at hospitals during the pandemic. Additionally, the measure would impose rigid protocols on hospitals around establishing contamination zones, potentially contaminated zones, and clean zones. The practices outlined in the bill do not allow federal, state, and local public health officials to provide real-time guidance based on the most current scientific evidence.
  - **[SB 893 \(Caballero\)](#) – Workers’ Compensation: Hospital Employees**  
SB 893 was heard in Senate Labor, Public Employment and Retirement Committee yesterday and failed to garner enough votes to pass. The measure will not move forward this year. SB 893 would have created a rebuttable presumption in the workers’ compensation system that an infectious disease (including but not limited to COVID-19), musculoskeletal injury or respiratory disease arose out of work for any hospital direct patient care worker. This would impact any such claim in which an employee seeks a full range of workers’ compensation benefits, which can reach hundreds of thousands of dollars in indemnity payments and medical costs for a single case. A coalition of hospitals, public agencies and workers compensation organizations opposed because: 1) there is no evidence that valid claims are being denied, and 2) costs, which while difficult to quantify, would likely be astronomical.

## Other Bills to Watch

Senator Steve Glazer has introduced [SB 1431](#), a measure that would require county assessors to reassess certain types of properties based on their ability to generate income from renters during the COVID-19 emergency. This measure would take an exceptionally liberal view of “physically damaged” as it is used in the Constitution and instead construe that to mean “economic damage,” thereby providing businesses with property tax relief faster than what is authorized in the Constitution. Further, it would provide such relief at the cost of local taxing agencies, including counties, cities,

special districts, and schools, at a time when local entities are the primary first responders to the COVID-19 crisis and the economic downturn is dramatically impacting local revenues. A number of local agency associations, including CSAC, Urban Counties of California, RCRC, the California Special Districts Association, and the California Assessors' Association, strongly oppose the bill, which is slated to be heard next Thursday in the Senate Governance and Finance Committee.

## **Muratsuchi Plans Bond for Broadband Infrastructure**

Assembly Member Al Muratsuchi announced his plans to pursue legislation that would ask voters to approve a bond to raise billions for investment in broadband infrastructure and provide aid for school districts that are struggling to support distance learning. Assembly Member Muratsuchi estimates a bond in the range of \$3-\$4 billion; while he is still working out final details, he is exploring amending his [AB 245](#), which is currently in the Senate.

**Please feel free to contact any one of us at Hurst Brooks Espinosa with questions ...**

**JEAN HURST**

916-272-0010 | [jkh@hbeadvocacy.com](mailto:jkh@hbeadvocacy.com)

**KELLY BROOKS**

916-272-0011 | [kbl@hbeadvocacy.com](mailto:kbl@hbeadvocacy.com)

**ELIZABETH ESPINOSA**

916-272-0012 | [ehe@hbeadvocacy.com](mailto:ehe@hbeadvocacy.com)



HURST+BROOKS+ESPINOSA

# This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ SPECIAL UPDATE: MAY 18, 2020

## Governor and CDPH Announce Changes to Regional Variance Criteria

The Governor held a noon press briefing today to unveil revised county variance criteria that will permit all but a handful of counties to move more quickly through Stage 2 of the [Resiliency Roadmap](#). The California Department of Public Health (CDPH) subsequently issued additional information detailing the changes, and the county variance [webpage](#) has already been updated to reflect the second variance process. In order to qualify, counties must attest to all of the following:

Case Metrics	
Stable or down trending hospitalizations, cases per population count and test positivity rate	<ul style="list-style-type: none"> <li>▪ <b>Stable hospitalizations</b> on a 7-day average of daily percent change of less than 5%; or no more than 20 hospitalizations on any single day over the past 14 days.</li> <li>▪ <b>14-day cumulative positive incidence</b> of less than 25 per 100,000; or testing positivity over the past 7 days of less than 8%.</li> </ul>
Adequate Preparedness Planning	
A significant level of preparedness with testing, contact tracing, PPE and hospital surge, and planning for long-term care facility disease outbreak prevention and containment	<ul style="list-style-type: none"> <li>▪ <b>Testing capacity.</b> Minimum daily testing capacity to test 1.5 per 1,000 residents <ul style="list-style-type: none"> <li>- Testing availability for at least 75% of residents</li> </ul> </li> <li>▪ <b>Contact tracing</b> <ul style="list-style-type: none"> <li>- At least 15 staff per 100,000 county population trained and available for contact tracing</li> </ul> </li> <li>▪ <b>Hospital surge</b> <ul style="list-style-type: none"> <li>- Hospital capacity to accommodate a minimum surge of 35% of their baseline average daily census.</li> </ul> </li> <li>▪ <b>Skilled Nursing Facilities (SNF)</b> disease outbreak prevention and containment <ul style="list-style-type: none"> <li>- Plans to prevent and mitigate infections in skilled nursing facilities</li> <li>- SNFs have more than 14-day supply of PPE on hand for staff, with established process for ongoing procurement.</li> </ul> </li> </ul>
Response Planning	
Producing plans related to county-wide containment, including testing, contact tracing, vulnerable populations, congregate settings, acute care surge, and essential workforce.	

The Governor cited the state’s increased response capacity, including stabilization in the number of hospitalizations, better preparedness, and increased ability to ensure essential workers have PPEs as factors that permitted the additional steps announced today. The new attestation criteria should assist higher-population counties that can demonstrate stable or declining hospitalization as well as

positive test rates, among other factors. CDPH will begin accepting second variance attestations **starting today**.

## **LAO Suggests Legislature Guard Its Authority in Budgeting**

Over the weekend, the Legislative Analyst's Office (LAO) released its [initial thoughts](#) on the Governor's proposed May Revision. Overall, the LAO indicates that the proposal is well-balanced in terms on a mix of solutions, but suggests that the Legislature may wish to evaluate the proposals and make different choices. While the LAO believes the proposed revenue solutions are a reasonable starting point for conversations, the LAO is concerned that the Administration's estimates of revenue generated by these approaches are on the high side. Finally, the LAO notes that the Administration's proposed spending reductions in many instances are appropriately targeted and, in others, are more blunt (10 percent reductions to universities, judicial branch, and state employee compensation). On these, the LAO suggests the Legislature may wish to be more surgical in its approach.

The LAO also points out the Administration's continued use of Section 36 control language for expenditure of \$2.9 billion for a COVID response bypasses – from its perspective – appropriate legislative authority. Recall that Section 36 control language was included in [SB 89](#), passed by the Legislature prior to its mid-March adjournment due to the stay-at-home order, authorized the Administration to expend funds up to \$1 billion with a 72-hour notice to the Joint Legislative Budget Committee. Of course, the Legislature has been critical of some of the Administration's expenditures and remains concerned about having adequate information about the plans for expenditure. (During the Senate's overview hearing today, Senate Budget and Fiscal Review Committee Chair Holly Mitchell reiterated her concerns about expanding the control section language while the Legislature is in session.)

Some of the proposals that the Administration is maintaining from the January budget may need to be put off, according to the LAO, as the Legislature hasn't had sufficient time to evaluate them and must do so while managing a complex budget crisis. Some proposals of a policy nature – like proposals to create new or reorganizing existing departments – remain in the May Revision and have not yet been vetted by subcommittees and likely will not, given the time constraints of budget subcommittee hearings occurring over the next two weeks.

## **Assembly Health Committee Considers 30+ Measures**

Assembly Health Committee held its only spring policy committee today to hear Assembly bills introduced in 2020, hearing approximately 20 bills for discussion, with another estimated dozen on consent. All bills on today's agenda passed out of Committee; Assembly Members asked very few questions on the bills discussed today, likely a function of the length of the agenda and the compressed process. The following provides a summary of some of bills and issues of note before the Committee.

### **[AB 2830 \(Wood\)](#) — Health Care Payments Data Program**

This measure would create the Health Care Payments Data Program at the Office of Statewide Health Planning and Development. The author took amendments in Committee to change the date of implementation to 2023, which had been a concern for hospitals and health plans.



### **[AB 2037 \(Wicks\)](#) — Health Facilities: Obligations before Changes in Service**

This measure would change the notification requirements for hospital closure or reductions or elimination of services. The author took amendments in committee to attempt to address the concerns raised by the hospital industry. The bill passed out of committee.

### **[AB 2164 \(Rivas\)](#) — Telehealth**

This bill would expand the use of telehealth at health care clinics by establishing the E-Consult Services and Telehealth Assistance Program within the State Department of Health Care Services (DHCS) to award grants to eligible specified health clinics to conduct projects to implement and test the effectiveness of e-consult services and related telehealth services; it passed out of committee on consent.

### **[AB 1994 \(Holden\)](#) — Eligibility**

AB 1994 would extend the duration during which Medi-Cal benefits are suspended when an individual is an inmate of a public institution for three years or until the individual is no longer an inmate or is no longer eligible, whichever occurs sooner, instead of the shorter time-limited suspension of benefits under existing law. The bill also permits the county welfare department to suspend Medi-Cal benefits to an eligible juvenile, defined as an individual under 21 years of age or a former foster youth under 26 years of age. AB 1994 also prohibits, during the period that the eligible juvenile is an inmate of a public institution, their Medi-Cal eligibility from being terminated. The measure passed out of Assembly Health Committee on consent.

The Committee also had 10 behavioral health related bills on its agenda today, including:

### **[AB 1976 \(Eggman\)](#) — Mental Health Services: Assisted Outpatient Treatment**

AB 1976 makes a number of changes to Assisted Outpatient Treatment (AOT), or Laura's Law. Under existing law, counties can opt to provide AOT. Under the provisions of AB 1976, counties would be required to implement AOT or to opt out via a resolution passed by the Board of Supervisors. The measure would also allow a county, in combination with one or more counties, to implement an AOT program. Finally, AB 1976 would repeal the January 1, 2022 sunset date of Laura's Law. The California State Association of Counties and County Behavioral Health Directors have a support if amended position on the bill. The California Behavioral Health Planning Council, Cal Voices, and California Association of Mental Health Peer Run Organizations oppose the bill. Disability Rights California raised concerns and asked for amendments ensuring additional protections for AOT participants.

### **[AB 2015 \(Eggman\)](#) — Certification for Intensive Treatment: Review Hearing**

This measure would address evidence presented at Lanterman-Petris Short Act hearings. Specifically, AB 2015 would authorize the evidence presented in support of certification of an individual for involuntary detention under a 5250 hold to include information regarding the person's medical condition and how that condition bears on the certification. The measure is sponsored by the California Psychiatric Association and is supported by the California Psychological Association. The California Behavioral Health Planning Council and Cal Voices also oppose this measure.

Amendments were taken in committee to address issues around medical treatment only for the duration of the mental health hold and the need for ongoing medical care.

### **[AB 2025 \(Gipson\)](#) — Mental Health and Substance Use Disorder Restorative Care Program: Pilot Projects**

This Los Angeles County specific bill would allow the county to establish a pilot project for up to six years to develop a Restorative Care Program for the provision of community-based care and treatment that addresses the interrelated and complex needs of those individuals suffering from mental illness and substance use disorder (SUD), along with other medical comorbidities, and homelessness. This measure passed out of committee on consent.

### **[AB 2112 \(Ramos\)](#) — Suicide Prevention**

This bill would establish the Office of Suicide Prevention within the Department of Public Health (DPH) to address suicide and suicide prevention. The bill has a long list of supporters, but was opposed by the California Right to Life Committee. The bill passed out of committee with amendments.

### **[AB 2265 \(Quirk-Silva\)](#) — Mental Health Services Act (MHSA): Use of Funds for Substance Use Disorder Treatment**

AB 2265 also passed out of Committee today on consent. The bills would authorize expenditure of MHSA funds to be used to treat a person with co-occurring mental health and substance use disorders when the person would be eligible for treatment of a mental health disorder under MHSA.

### **[AB 2360 \(Maienschein\)](#) — Maternal and Child Mental Health: Telepsychiatry Pilot Project**

This bill would require health plans and health insurers, by January 1, 2021, to establish a telehealth consultation program for maternal and child mental health. The California Association of Health Plans and the California Chamber of Commerce oppose the bill.

### **[AB 2464 \(Aguilar-Curry\)](#) — Project ECHO Grant Program**

AB 2464 would require the California's Health and Human Services Agency to establish the Project ECHO™ Grant Program, upon appropriation by the Legislature. The grants would be used by primary care clinicians, other health care clinicians, and educators to meet the health care needs of children and adolescents stemming from the COVID-19 pandemic at a teleECHO clinic. The ECHO model is not traditional "telemedicine" where the specialist assumes care of the patient, but is instead telementoring, a guided practice model where the participating clinician retains responsibility for managing the patient. The measure passed out of committee.

### **[AB 2576 \(Gloria\)](#) — MHSA Reversion**

AB 2576 passed out of Assembly Health Committee on consent. The measure would change the MHSA reversion provisions to require the reverted funds to be reallocated to other counties for the purposes of providing services to individuals with mental illness who are also experiencing homelessness, or who are involved in the criminal justice system, and providing early intervention services to youth.

### **[AB 2876 \(Waldron\)](#) — Narcotic Treatment Medication Assisted Treatment**

AB 2876 was also on the consent calendar today. The bill would require DHCS to report to the Legislature on or before January 10, 2022, specified information regarding the California Medication Assisted Treatment Program Expansion Project, including the number of patients, by county, treated through the program.

## **[AB 3242 \(Irwin\)](#) — Mental Health: Involuntary Commitment**

AB 3242 also met the criteria for consent in Assembly Health Committee. The measure would authorize an examination, assessment, or evaluation that relates to the involuntary commitment and treatment of individuals under the Lanterman-Petris-Short Act, to be conducted using telehealth or other audio-visual technology.

**Please feel free to contact any one of us at Hurst Brooks Espinosa with questions ...**

**JEAN HURST**  
916-272-0010 | [jkh@hbeadvocacy.com](mailto:jkh@hbeadvocacy.com)

**KELLY BROOKS**  
916-272-0011 | [kbl@hbeadvocacy.com](mailto:kbl@hbeadvocacy.com)

**ELIZABETH ESPINOSA**  
916-272-0012 | [ehe@hbeadvocacy.com](mailto:ehe@hbeadvocacy.com)

**COMMUNITY ENGAGEMENT  
MAY/JUNE 2020**

**DISTRICT EVENTS/COMMUNITY ENGAGEMENT EFFORTS:**

**Woman of Wellness—June 4<sup>th</sup> CANCELLED**

**70th Anniversary Celebrations—June 8<sup>th</sup>- June 12<sup>th</sup> (see attached outline)**

**Community Collaborative for Health & Wellness—June 17<sup>th</sup> CANCELLED**

*Community Resource Directory is being updated and facilitators will meet virtually to discuss the strategic focus of the committee from feedback collected. Committee will plan to meet next month on July 15<sup>th</sup> via zoom.*

**WEBSITE:**

**[COVID-19 Information & Updates](#)**

- **[Daily “Health District COVID-19 AM Briefing”](#)**
  - Fallbrook & Bonsall Region Updates
  - County Updates
  - State Updates
  - National and World-Wide Updates
- **[COVID-19 Resources](#)**

**SOCIAL MEDIA**

**Content**

- Health District Efforts: Emergency Grants, Grantees, Fresh Produce Donations
- “Health District COVID-19 AM Briefing” which includes: Local, County, State, National and Worldwide Updates
- COVID-19 Resources
- Census 2020
- National Health Observances:
  - National Nurses Week
  - Women’s Health Week
  - Stroke Awareness Month
  - High Blood Pressure Education Month
  - Mental Health Awareness Month

**Facebook Insights: April 28-May 25**

New Page Likes: 32 ▼74%

Post Reach: 5,779 ▲ 9%

Post Engagements: 1,457 ▼ 15%