

**Sacramento County
 Department of Health Services
 Maternal, Child, and Adolescent Health Advisory Board**



Meeting Minutes

Tuesday, November 14, 2023
 8:30 AM - 10:30 AM

Zoom Meeting

Facilitator: Effie Ruggles, Chair
Scribe: Shai Davis

Meeting Attendees:

- Christina Newport
- Daphne Echols
- Donyale Abe
- Dr. Melody Law
- Helen DuPlessis
- Jackie Washington-Ansley
- Katie Andrew
- Kyle Lafferty
- Leesa Hooks
- Patsy Jimenez
- Robin Blanks-Guster
- Shahrukh Chishty

Absent:

- Charles Taylor
- Christi Kagstrom
- Danielle Jackson
- Dr. Harry Wang
- Dr. Kevin Keating
- Fienishia Wash
- Gricelda Ocegueda
- Nyuieko Bansah
- Paula Kuhlman
- Rebecca Lewis
- Robert Hickman

Welcome and Introductions	<ul style="list-style-type: none"> - The meeting was called to order at 8:35am by Effie Ruggles.
Agenda and Minutes	<ul style="list-style-type: none"> - September minutes was reviewed, pending approval from the board.
Public Health Officer’s Report: Presented by Dr. Melody Law, Deputy Health Officer	<ul style="list-style-type: none"> - Starting November 10th, there will be a dashboard for pan-respiratory viruses to track influenza and RSV cases, as well as the percentage of flu, RSV and COVID-19 related ED visits per week. Overall, COVID-19 trend has been down. - Mpox (monkeypox) cases have been increasing statewide and Sacramento County had four cases from UC Davis hospitalization. The County has been encouraging vaccination to community members at higher risk for mpox. - A locally transmitted dengue, a mosquito-borne disease, was reported in Long Beach. This is the first of its kind, and there will likely be more cases due to global warming. Malaria cases have been reported in Florida. To protect against mosquito bites, wear long sleeves or insect repellent.

	<ul style="list-style-type: none"> - Jackie asked about the prevalence of Chagas disease. Dr. Law added information about the disease after the meeting: Chagas disease is a vector born disease which means disease-causing organism (T. cruzi) is carried inside a bug (triatoma protracta). California has these species of bugs but it does not necessarily mean they carry this disease-causing organism. Also, such bugs are more prevalent outdoors, canyons. It is a reportable condition in a few states. To acquire such infections, one has to be in contact with the bug that is infected with the organism. Fortunately, UCLA Medical Center houses the Center of Excellence for Chagas disease that is fully dedicated to treating the disease where they provide free screening.
<p>Sexual Health Promotion Unit Updates: Kyle Lafferty, Sr. Health Program Coordinator</p>	<p>Status Report</p> <ul style="list-style-type: none"> - At the local, state and national level, sexually transmitted infections have been trending upwards. Nationally, more than 2.5 million cases of chlamydia, gonorrhea and syphilis were reported in 2021. Gonorrhea, compared to chlamydia, has much more of an increase over time, and most concerning is a dramatic increase in syphilis. Congenital syphilis has also increased. Kyle emphasized two primary areas of missed prevention opportunities among mothers delivering infants with congenital syphilis. One is that there is no timely prenatal care and no timely syphilis testing provided; and two is where there is no adequate maternal treatment despite receipt of timely syphilis diagnosis. Contributing factors leading to inadequate maternal treatment are substance use and housing. - In CA, there has been a 287% increase in syphilis, 169% of gonorrhea and 13% increase of chlamydia. Cases of congenital syphilis (CS) increased 1,500% from 2012-2021 and syphilis cases increased by 1,113% among females compared to 161% among males. Disparities persisted with the highest rates among young people age 15-24 years, African-Americans and gay and bisexual men and other persons who have male-to-male sexual contact. Morbidity remains high among all genders, and increases in the rates of STIs are driven in part by adverse social determinants of health. Some people diagnosed with STIs have experienced substance use, incarceration and the exchange of sex for money, housing or other resources, poverty, and disparities in access to health care. - Risk factors reported by mothers of CS infants include delayed/no prenatal care (59% of cases), meth use (50%), experiencing homelessness (22%). Delayed prenatal care is clearly a result of the other top risk factors. <p>Local Programs:</p> <ol style="list-style-type: none"> 1) Wellness Without Walls – mobile unit delivering clinical services with 7 locations visited within Sacramento County to provide clinical services 2) MCAH Collaboration – multi-modal intervention with MCAH programs to prevent congenital syphilis by referring pregnant moms with syphilis to MCAH programs

	<ul style="list-style-type: none"> 3) Sunburst Projects – provide direct client assistance to pregnant women with syphilis 4) Quarterly Congenital Syphilis Case Review Sessions – identify missed opportunities and follow-up action 5) Bicillin Access Project – response to Bicillin shortage (syphilis medication) 6) Sacramento Peers on Prevention (SacPOP) – facilitate youth advisory board with focus on sexual health and reproductive justice 7) Sexual Health Clinic – STD testing, treatment and education
<p>CalAIM Birth Equity Population of Focus Overview: Helen DuPlessis</p>	<p>Enhanced Care Management (ECM): Birth Equity 101</p> <ul style="list-style-type: none"> - ECM is a new benefit for high needs member designed to integrate and address care for all populations, whereas Community Supports are services added to keep Medi-Cal populations out of institutional care. - Birth Equity Population of Focus is due to be implemented in January 2024 for youth and adults who are pregnant or postpartum and who are subject to racial and ethnic disparities (Black/African American, American Indian and Alaska Native, and Pacific Islander ethnic groups). - The State expects managed care plans to ensure non-duplication of services between ECM and community support providers. - Potential providers include OB/GYNs, physicians, doulas, promotoras, midwives and home visitors. <p>Potential ECM Providers must be able to:</p> <ul style="list-style-type: none"> - Track care management to ensure non-duplication of services - Timely identify pregnant people - Keep local programs informed of members’ care plan status - Provide comprehensive assessment and care coordination - Conduct additional assessment to ensure whole-person approach to addressing members’ needs <p>Examples of ECM services</p> <ul style="list-style-type: none"> - Facilitating access to community supports (housing, food etc.) - Coordinating transition from hospital to home after labor and delivery - Supporting treatment including making appointments
<p>Updates and Announcements</p>	<ul style="list-style-type: none"> - Effie offered to help look for the ECM policy guide/documentations and provide connections with the other managed care plans so Public Health can start discussions with GMCs. Leesa added that Bob Hickman is supporting this connection with GMCs so they can present their community support strategies at future MCAH Advisory Boards. - Daphne mentioned that some Medi-Cal patients in the Community Nursing program are not able to get to their appointments because of transportation arrangement issue, e.g. the ride does not show up. Leesa will bring this up at the GMC quarterly meetings. Effie advised to review how the transportation was setup with the plan and their vendor, as there are times that patients would need to confirm the ride.

	<ul style="list-style-type: none">- Katie Andrew will provide the bill list and legislation resources by email to the group.
Adjournment	<ul style="list-style-type: none">- The meeting adjourned at 10:21am. The next meeting is on January 9, 2024 from 8:30am – 10:30am.