Meeting Minutes

February 4, 2015, 12:00 – 1:30pm

Primary Care Center

4600 Broadway Sacramento, CA 95820 Conference Room 2020

Moderator: Morgan Staines - Chair
Scribe: Mark Thorpe - Staff
Board Attendees: Morgan Staines, Michael Blair, Sherry Patterson-Jarrett, Dr. Olivia Kasirye, Dr. William Douglas, Dr. Steven
Orkand, Peter Simpson

Board Members Excused: Dr. Adam Dougherty, Allie Shilin Budenz, Michelle Rivas, Mildred Kahane, Dr. LeOndra Clark Harvey, Dr. Sandy Damiano

Board Members Absent: Pheng Lee

Guests: Raven Hoopes, Karen Giordano, Kelli Weaver, Alan Lange, Xiong Lee

| Торіс | Minutes |
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| Welcome and Introductions | Meeting began at 12:05 pm |
| Minutes Review | January Minutes: No quorum |
| Appointments and Vacancies | Vacancies: PHAB welcomed Dr. Steven Orkand to the Board. PHAB has currently 4 vacancies: 2 Community Members, 1 Public Health Professional, and 1 Public Health/Health Care. There is 1 application pending approval. |
| PHAB Election Updates | No quorum |
| Primary Health Services Division Update | Kelli Weaver, Program Manager, DHHS Behavioral Health Kelli Weaver discussed the new SB82 initiatives supported by Senator Steinberg regarding Mental Wellness, Mobile Crisis Teams, and Navigators. Sacramento County was awarded Grant Funding through a competitive bid process to implement a Mobile Crisis Team that partners with Sacramento Police and Sacramento Sheriff. The Mobile Crisis team will consist of two models, Sheriff and Police: Sacramento Sheriff – Consists of a Senior Mental Health Counselor partnered with an individual with lived experience (an individual who has experienced a mental health disability or condition, or a family member of an individual who has experienced a mental health disability or condition.) The Sheriff Crisis Team responds to Mental Health calls (5150) in our community. Their job is to go in after law enforcement has cleared a scene to evaluate and assess the situation to determine if the individual is currently accessing mental health services, is connected to a mental health plan, evaluate the level of care needed, connects the individual to local services, provides follow-up, and works with other community organizations to ensure the individual is seeking treatment. Sacramento Police – Senior Mental Health Counselor rides along with a Sacramento Police Officer to respond to calls together in an unmarked law |

| | enforcement vehicle. The Senior MH Counselor determines if the individual is currently accessing mental health services, is connected to a mental health plan, evaluates the level of care needed, and connects the individual to local services. Both teams will provide crisis intervention, support, and community referrals not only to the individual, but to their family as well. Currently in the process of hiring MH Counselors. The Triage Navigator Program: TLCS (Transitional Living Community Support), a private, non-profit psychosocial rehabilitation agency located in Sacramento, California, was awarded the contract through an RFP Process. Triage Navigators will be situated at various access points: Main Jail, Genesis (a free mental health program offered through Loaves and Fishes), and Sacramento County's 7 Emergency Departments (targeting individuals who frequently use emergency services for mental health needs). TLCS is currently in the process of hiring a team of 21 that consists of Navigators, Supervisors, and Team leads. Shifts will include high volume times tailored to the need of the access point, not a standard 8-5 M-F. The Crisis Team and Navigator programs will go into effect by July 1, 2015. Because transportation can be difficult for some, local community support teams will assist with transportation to appointments. Funding for the Mental Health Crisis Team will last 3 years. |
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| Ka | aren Giordano, Planner, DHHS Primary Health |
| | Karen Giordano discussed 2014 Medi-Cal Managed Care Data and DHA Medi-Cal |
| | Outreach and Enrollment. |
| | DHA recently awarded funding to 10 community based organizations to help individuals with outreach and enrollment into Medi-Cal Managed Care: |
| | o <u>CARES</u> |
| | o Child Action, Inc. |
| | <u>Crossroads Treatment Center, Inc.</u> |
| | o <u>Gender Health Center</u> |

| o <u>Harm Reduction Services</u> |
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| o <u>La Famillia Counseling Center, Inc</u> . |
| o <u>Sacramento Covered</u> |
| South East Asian Assistance Center |
| o <u>Strategies for Change</u> |
| Wind Youth Services |
| These Community Based organizations are targeting seven specific populations that are |
| underserved: |
| Persons with Mental Health Disorders |
| Persons with Substance Use Disorders |
| Men of Color |
| Persons who are Homeless |
| Persons who are in Jail (County, State, Prison; On State Parole, County Probation, |
| or Post Release Community Supervision) |
| Families of Mixed Immigration Status |
| Persons with limited English Proficiency |
| Training has started for the selected organizations and updates will be available soon. |
| Karen reviewed GMC data including Enrollment by Plan. |
| Keren explained that if individuals sign up for coverage but don't pick a plan (a low 34%) |
| default rate due to Outreach and Enrollment programs), there is a mathematical equation |
| that picks the plan for them. |
| Undocumented individuals do not qualify for expanded Medi-Cal, but there are other |
| programs in Sacramento County to assist them. |
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| MEDI-CAL MANAGED CARE ADVISORY COMMITTEE |
| NEXT MEETING: Monday, February 23, 2015 3 PM – 5 PM. Agenda and last month's |
| materials are posted on the link below. Members of the public are welcome. |
| Topics: State Report(DHCS); Health Plans/Dental Plans coordination, dental access (MC |
| Dental Advisory Committee) ; ED Navigator Program Update (Dignity Health) |
| LINK: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care- |
| Stakeholder-Advisory-Committee/BC-MCMC.aspx |
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| | GMC DATA |
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| | <u>As of January 1, 2015</u>, GMC enrollment total was 390,657 which is an enrollment take-up of 7,193 for the month. |
| | <u>Enrollment by plan</u>: Anthem Blue Cross 149,650; Health Net 122,898; Kaiser 64,983 and Molina 53,126. Default percentage = 34%. |
| | NEW PUBLICATIONS RELEASED |
| | From ITUP – "Medi-Cal Managed Care: Raising the Bar for Quality and Outcomes," January 2015. See link: <u>http://itup.org/wp-content/uploads/2015/01/Medi-Cal-Managed-</u> Care-ITUP.pdf |
| | From UCLA Center for Health Policy Research/UC Berkeley Labor Center – "Which Californians will Lack Health Insurance under the Affordable Care Act?," January 2015. See link: http://healthpolicy.ucla.edu/publications/Documents/PDF/2015/uninsuredbrief-jan2015.pdf |
| Public Health Division Update | Dr. Olivia Kasirye: |
| | Dr. Kasirye reported that Jamie White, the new Epidemiology Program Manager started |
| | last week. |
| | Testing for two suspect Measles cases came back negative. |
| | Testing and coordinating two suspected Ebola cases Dr. Kasirye discussed her appreciation for the CDC Monitoring Program that provides a level of control over monitoring travelers and suspect cases. She reports the Drills have helped a lot and EMS staff is prepared to transport sick patients. She reported that one patient followed the CDC protocols, called ahead and was quickly isolated. Another patient however showed up to the Mercy General Emergency Room unannounced effectively shutting down the ER for some time while medical staff worked to transport the individual to UC Davis. The Public Health Lab received CDC approval to test for Ebola. |
| | The two suspect cases were negative. |
| | Testing for TB exposure at Florin High Flux suthreads in two Lenge Terms Cores Facilities |
| | Flu outbreaks in two Long Term Care Facilities Dr. Kasinya discussed issues with immediate modia soverage on support health issues |
| | Dr. Kasirye discussed issues with immediate media coverage on suspect health issues and how relevant health information is not always available when questions are asked. |

| | She reports that as tests results or other information is received and reviewed, she is able to provide the necessary information or direction. When the media jumps to report on suspect cases, this can cause an alarm in the community resulting in public inquiries that slow down progress. Dr. Kasirye thanked Laura McCasland, Sacramento County's Media Officer, for handling media coverage on the recent suspect cases. |
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| PHAB Meeting Topics Updates / Guest Speakers | Raven Hoopes – Harm Reduction Services Raven passed out a packet of data and resources concerning Needle Exchange and provided an overview of what the packet contains: The first two pages consist of archived news articles related to Yolo County and Sacramento County Needle Exchange programs. Attachment A includes 2008, 2009, and 2010 Public Health Officer Reports. There is a reference to Dr. Neil Flynn MD, MPH who references a 1990's study that shows 7% of IDUs tested positive for HIV and now since Sacramento City has allowed a syringe exchange program, HIV infection is less than 1% among IDUs. Raven provided a current scope of infectious diseases (HIV/AIDS and Hepatitis C) associated with IDUs. IDU is the 3rd most frequently reported risk factor for HIV infection. IDU is considered the primary cause of Hepatitis C (HVC) in the U.S. Next Raven provided a report on Skin infections (abscesses) related to IDU based on work from the Joan Viteri Memorial Clinic, HRS' free medical service. 111 (27%) of patients were seen for skin infections related to IDU out of 407 patient visits. 79 of those visits were unduplicated. 16 were for other complications related to IDU such as disease testing and maintenance. Preliminary data from a research study performed by a JVMC Doctor shows that Syringe Exchange has a big impact on HIV, Hepatitis C, and Abscesses. Raven then discussed Opioid Overdoses and reported on Local data as well as Harm Reduction Services' Overdose Prevention and Response training and the 24 lives saved (overdose reversals). Attachment B-D covers current laws regarding syringe exchange programs. Attachment B-D covers sourcent laws regarding syringe every year and expects that |

| | number to double as efforts to provide syringe exchange programs doubles. Attachment F provides an overview of Harm Reduction Services' current population. There is concern that the Under 30 population will continue to increase. Opiates (63%) and Stimulants (29%) are the top two preferred class of drugs injected. Next Raven overviews the other supported documents in Attachment G-J including: An overview of Syringe Exchange programs in California, State and Federal Reports in favor of Syringe Exchange and Pharmacy Sale of Syringes, Hepatitis and Liver cancer, Syringe Exchange in the United States. Lastly, there are websites that are referenced that site what Counties have a Syringe Exchange Program, State Statutes described by the Office of AIDS, and the process of getting State approval should the County or City deny local syringe exchange programs. Raven then discussed recommendations on moving forward with the project including long-term and interim recommendations. Asking that PHAB work with HRS, Office of AIDS, local lobbyists, local SEPs, politicians, and individuals to follow their lead on publications, public comments, and/or policy work regarding SEP. Interim: Solicit current Sherriff's support, Support efforts to get individual City governments to legalize SEP. Long term: Sacramento County legalizes SEP, and all sharps disposals from SEPs go through the County. HRS greatly appreciates PHAB's interest and support. |
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| MAPP Process Updates | The Community Survey is being distributed throughout Sacramento County. Action Item: Mark will send the survey link to PHAB members. |
| Public Comments | None |
| Adjourn | Meeting ended at 1:30pm |