Sacramento County
Public Health Advisory Board

Meeting Minutes

December 2, 2015 (12:04pm-1:33pm)

Primary Care Center
4600 Broadway
Sacramento, CA 95820
Conference Room 2020

Moderator: Morgan Staines – Chair

Scribe: Cherisse Dossman – Staff

Board Attendees: Morgan Staines, Dr. Steven Orkand, Dr. Sherrie Heller, Dr. Sandy Damiano, Dr. Olivia Kasirye, Sherry Patterson-Jarrett, Paula Green, Ben Avey, Allie Shilin-Budenz, Dr. Adam Dougherty

Board Members Excused:, Jack Reeves, Dr. LeOndra Clark Harvey, Kristen Connor , Dr. William Douglas

Board Members Absent: None

Guest Speakers: Jamie White (Epidemiology) – MAPP Speaker

Guest: Dr. Melody Law, Daniel Awad, Kim Sloan

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Topic	Minutes
Welcome and Introductions	Meeting began at 12:04pm
Minutes Review	November Minutes: Approved
Approval of Minutes/PHAB Vacancies/ HIV Health Services Coordinating Council Appointment	**Vacancies**: • PHAB has currently 3 vacancies: 1 Community Members, 1 Public Health Professional, and 1 Public Health Care. • There is 1 application pending approval. • No Appointments • Morgan advised the board that there is currently 1 vacant seat available for PHAB Executive Board and that we do not officially have a Vice Chair. • Morgan mentioned that his term will be ending soon and he advised the Board to be thinking about who they would like to replace him as Chair for both the PHAB Committee and Executive Board.
PHAB Election Updates	• The Board decided to hold off on the election, of the new Chair, until January 2016 meeting, so that all members are able to participate, Dr. Steven Orkand will serve as acting Chair until elections are finalized. • Allie Shilin-Budenz and Ben Avey confirmed their seats as members of the PHAB Executive Board.
Primary Health Services Division Update	**HEALTHY PARTNERS PLANNING STATUS** Board letters • 11/10/15 Communication Receive and File Board Memo describes the planning status. Copies distributed. • 11/17/15 SPIRIT board item approved that describes a service expansion and increased donor contribution. • 12/08/15 Recommendations to approve Employee Health Systems Medical Group, Inc. (EHS) as the specialty vendor. Requesting contract authority. Will be on agendanet Friday. • 12/16/15 2:00 PM Report Back – Planning Status of Healthcare Services for the Undocumented (Healthy Partners)

MEDI-CAL MANAGED CARE ADVISORY COMMITTEE

NEXT MEETING – Monday December 7 from 3:00 PM – 5:00 PM / DHHS Admin Building 7001-A East Parkway

Agenda includes: DHCS Updates (1115 Waiver/Other Updates), Dental Advisory Committee Report, Access Issues & Recommendations for Change, & Data

The following items are now posted: Agenda, Enrollment and Zip code Data. Other handouts will be provided at the meeting. 2015 and 2016 Meeting Calendars are also posted.

Committee Members should review the reports which are now located on the Committee webpage under **Data**. These reports were created by the State DHCS Research & Analytic Studies Division and are focused on understanding Medi-Cal's high cost populations. Reports are available for Adults (June 2015) and Children (October 2015). *Please note underlying mental health conditions for high cost populations.*

Committee webpage: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx

GMC ENROLLMENT

Total GMC enrollment: as of **November 1, 2015** is **425,538**. Take-up of **5,926 enrollees** from previous month. Default rate percentage: **31%**

Total By Plan: Molina (**59,988**), Health Net (**126,548**), Kaiser (**74,621**) and Anthem Blue Cross (**164,381**)

MEDI-CAL INJUNCTION / NOTICES OF ACTION

Due to the Medi-Cal injunction that began on 6/23/15 regarding the Notice of Action (NOA), *DHA has not been taking negative action to discontinue Medi-Cal beneficiaries* for annual renewal or for failure to provide verification.

Additionally, cases that were discontinued for the month of 7/2015 for these reasons were rescinded and benefits restored, since the NOAs did not meet the requirements of the

	injunction. These actions may account for a recent increase in plan enrollment. **GMC RFP TIMELINE - REVISION** Applications due – October 21 Award Notices released – **DELAYED TBD** Proposed Agreement Start Date – **TBD** **DHCS UPDATES** 1115 Waiver – Conceptual approval reached 10/31/15. Will have a temporary extension to 12/31/15 while they work out details through the Special Terms and Conditions. Total initial federal funding is $6.2B. SB 75 Full Scope Medi-Cal for All Children - Benefits will be available no sooner than May 1, 2016. Initial wave will include notices to children in restricted scope Medi-Cal. As of August 2015, Sacramento has 3,266 children in restricted aid codes. The number of children outside of Medi-Cal is unknown. As of March 2015 there were 5,260 in the Kaiser Child Health Program in Sacramento. A subset of these will be eligible since that program has a FPL of up to 300% FPL. See DHCS link for materials: http://www.dhcs.ca.gov/Pages/October14MeetingMaterials.aspx DHHS Status of Development of Healthcare Services For Undocumented Residents: http://www.agendanet.saccounty.net/sirepub/cache/2/a5krr4wfioiyxxhkaml5r2hn/739485701042016114445245.PDF
Public Health Division Update	• The Flu season is mild. The Flu vaccine is a very good match with the predominant strain that's circulating. Flu clinics are also completed. • TB exposure at ARC, Public Health is currently working closely with the college. We recently went out and provided TB screening. We don't anticipate that we will find any additional cases.
PHAB 2015 Topic 1:	• The Board authorized Dr. Orkand to go abroad and contact other committees to generate information on this topic.

Needle Exchange Updates/Discussion	• Dr. Orkand shared with the Board information that The Needle Exchange Research Team and he got together and did some research on this topic. **Introduction** In 2015, drug addiction and its related complications have become significant public health and public safety problems throughout the United States. In Sacramento County, accidental death due to drug overdose now surpasses death due to automobile accident. Hepatitis C and HIV, often due to needle sharing, remain important and costly public health problems. Discarded syringes continue to litter school playgrounds, library grounds, and riverside campgrounds. These present risk to the public, first responders, and to county workers. The Sacramento County Public Health Advisory Board identified infected needle sharing as an important public health issue and this has been an area of focus for the Board during 2015. In California there are 37 programs that provide clean needle exchange sites for users of intravenous drugs. By facilitating harm reduction and by providing referrals to social services, medical care, and drug-treatment programs, these sites are important steps along the path to eventual drug-free lives **Methodology** There are dozens of needle exchange programs in the United States. To evaluate factors that are important in the operations of such programs, our committee surveyed five: Seattle & King County Needle Exchange Program, Sacramento Harm Reduction Services, Safer Alternatives Through Networking and Education (SANE - Sacramento), Fresno Needle Exchange, and the San Diego Clean Syringe Exchange Program. A questionnaire was sent to the directors of these programs, and a matrix was constructed comparing the program details. Our committee members discussed the positive and negative elements of each section from the questionnaire and identified what they believed would be the most effective for a program operating in Sacramento County. Specific discussion and recommendations are below. **Recommendations and discussion** **1. Location and Hours of Operation**

Most (4/5) surveyed organizations operate a fixed location *and* a mobile unit where syringes can be exchanged. All organizations operated outside of traditional business hours. Anecdotally, they report the need for additional hours, but lack the funding to support an increase.

Discussion: Mobile units could more comprehensively address the wide-ranging geographic locales that exist in a county of Sacramento's size. Additionally, they make the process more palatable for neighboring residents or businesses, which may be leery of a fixed location within their "backyards." While the committee prefers to have a central location connected to a health care provider, we recognize that immediate access to healthcare is not the primary purpose of the program. We do believe, however, that established relationships with local, non-judgmental health providers are important to meet programmatic goals and support the patient.

Recommendation: The committee prefers a mobile unit, preferably a large RV (such as a 35 foot), that rotates among various target sites. A larger RV should more easily allow provision of services (see below). The hours would be determined by funding. Every effort should be made to build alliances with local health care providers.

2. Distribution Model

The programs surveyed have different models of distribution. The two existing Sacramento programs do not operate a one-to-one syringe exchange. Rather, they provide the number that the client reports will avoid syringe sharing. The other programs, however, make an initial distribution (numbers vary from 2 - 21), then exchange syringes one-to-one on subsequent visits.

Discussion: There is no concrete data supporting the efficacy of an exchange versus a simple distribution. Through the public safety lens, however, a one-to-one exchange seems the most logical. For the committee, it stands to reason that if syringes are collected, they aren't discarded inappropriately. The committee does support a small initial

give-away to build trust between the program and the recipients.

Recommendation: Initial distribution of five syringes to new participants, followed by one-to-one exchange.

3. Services Provided

All programs reviewed offered extensive referrals to medical, behavioral health, and social service agencies. Most (⅘) offered abscess drainage either on-site or through an affiliated clinic. All programs provided educational materials including topics such as safe injection technique and overdose prevention. Some programs (⅗) had funding available to offer overdose kits. Though costly, each organization provides a sharps container to its participants.

Discussion: Connection to health and social services, by referral at a minimum, is a high priority for the committee. The committee believes that the program will be most successful if it operates as a referral-only program, with discretionary point of care practices determined by the scope of its staff. Distribution of educational materials is a critical service. "Cooking kits" that include sterilization materials, aluminum caps, tourniquets, condoms, and cotton, are necessary to increase the likelihood of safe injection practices.

Recommendation: Whichever program operates this service should be affiliated with, if not operated by, a health care program in order to increase the rate of access to trusted, non-judgmental community health providers. There should also be ready access to referrals for drug treatment, mental health and social services. If funding allows, the committee supports the distribution of educational materials, sharps containers, "cooking kits," and overdose kits, in that priority.

4. Tracking Measures

Programmatic tracking practices varied across the five agencies surveyed. Only two agencies tracked unique client visits. One program did this through issuing unique

	enrollment cards (a laminated piece of paper containing a random number, but no personally identifying information) to each client. Clients were required to bring the card at each exchange. Within reason, the organization would issue a new card if necessary. One program had precise numbers of syringes collected versus distributed. Others tracked only the pounds of syringes incinerated each year, but no data on the efficacy of one-to-one exchange. ***Discussion:*** Comparing the number of syringes distributed versus collected is very important to the committee in order to measure programmatic effectiveness and public safety impact. The committee sympathizes with the concerns that an enrollment card may somehow identify or stigmatize any person found with a card. However, the committee believes that if clients are found with such a card, law enforcement will appreciate the fact that they are enrolled in a program whose goals are to improve public health and safety. The committee is in favor of issuing anonymous enrollment cards to new clients, while remaining flexible in reissuing cards if needed. ***Recommendations:*** The program operator should demonstrate a strong commitment and capability to track the number of syringes dispersed versus returned to new and existing clients. We also encourage tracking of other services provided (numbers of referrals, for example) as well as outcomes (numbers admitted for drug treatment, overdoses treated, etc.). Questionnaire Link: Questionnaire for Needle Exchange http://dev.dhhs13.saccounty.net/PUB/Documents/Public-Health-Advisory-Board/PHAB-Meeting-Documents/2015/Needle%20Exchange%20Questionnaire.pdf
PHAB 2015 Topic 2: STD's Updates/Discussion	• Dr. Kasirye advised the Board that she is scheduled to give an STD presentation at BOS on Tuesday, December 8, 2016 at 10:30am. • Dr. Kasirye also thanked the Board for their support with the STD report.
PHAB 2015 Topic 3: Affordable Care Act Updates/Discussion/Remaining Uninsured	• Remaining Uninsured – See DHHS Primary Health Services Report for an update on planning for the uninsured (undocumented residents).

PHAB 2015 Topic 4: Collaboration with other Boards/Committees Update/Discussion	• No Discussion

PHAB 2015 Topic 5: MAPP Process Updates	**Jamie White - Epidemiology**
	• Jamie gave a presentation on MAPP (Mobilizing Action Planning Partnerships).
	• She spoke on what MAPP represents.
	  ◦ Mobilizing: Engaging the community
	  ◦ Action: Implementing a health improvement plan
	  ◦ Planning: Applying strategic planning concepts
	  ◦ Partnerships: Involving local public health system and community partners.
	• Four Assessments
	  ◦ Community Themes &Strengths
	  ◦ Local Public Health
	  ◦ Community Health Forces of Change
	  ◦ Community Health Status
	• Team & Volunteer Recruitment
	  ◦ High School Students with Health Care Field Reps
	• Methods of Data Collection
	  ◦ Community Events including Health Kids Day
	  ◦ Online Links
	  ◦ IPod
	• Survey Responses
	  ◦ 548 completed
	  ◦ 81.67% completion Rate
	  ◦ 75% in person
	  ◦ 13% Healthy Website
	• Survey Respondents
	  ◦ Female – 58.6%
	  ◦ Male 37.9%
	  ◦ Totals excluded people who did not answer questions
	• Results

	➢ Health Status ° Community 55% unhealthy ° Personal Health 59% ➢ Health Priorities 1 ° Access to Healthcare ° Good Jobs ° Affordable Housing ° Low Crime ° Good Schools ° Child Abuse/Neglect ° Cancer ° Mental Health/Substance Abuse ° Diabetes ° Obesity ➢ Health Priorities 2 ° Drug Abuse ° Alcohol abuse ° Dropping out of school ° Lack of exercise ° Poor eating habits ° Unsafe sex ➢ Level of Satisfaction 1 ° Quality of Life ➢ Level of Satisfaction 2 ° Health Care System ° Ability to Access Health Services ➢ Level of Satisfaction 3 ° Enough Mental Health Services ° Enough Social Services ➢ Level of Satisfaction 4 ° Enough Economic Opportunities

	◦ Equal Opportunity to Participate • Discussions & Lessons Learned ◦ Data Interpretation · Convenience sample · Response Rates · Sample size · Potential bias ◦ Challenges · Core team member turnover · Funding ◦ Two P's · Planning · Partnership • Next Steps - Themes & Strengths Assessment ◦ More detailed analysis ◦ Distribute back to community ◦ Inform next strategic plan ◦ Continue to foster partnerships • Public Health System Assessment ◦ Collaborate with Valley Vision and hold Stakeholders meetings
New Priorities for 2016	• The Board will continue discussion on the top priorities for 2016. Morgan suggested the Board to look at the way Public Health, Health in Community Development, the built environment.
Public Comments	• Daniel Awad mentioned his concern with the Resettlement of Refugees and the stigma that exist. ◦ **Action Item:** Cherisse will send Daniel Awad the handout on The Refugee repesentation from November's PHAB Meeting.
Adjourn	Meeting ended at 1:33pm