

Sacramento County Public Health Advisory Board

Meeting Minutes

April 4, 2018 (12:07 PM - 1:25 PM) DRAFT

Meeting Location

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

Moderator:

Dr. Steven Orkand

Scribe:

Theresa Vinson

Board Attendees:

Felicia Bhe, Jofil Borja, Paula Green, Steve Heath, Olivia Kasirye, Martha Moon, Steve Orkand, Emmanuel Petrisor, Jeffrey Rabinovitz, Cristina Slee, Kimberly Sloan, Phillip Summers, Kathleen Wright, Jack Zwald

Board Members Excused:

Farla Kaufman, Barbara Law

Board Members Absent:

Philip Summers

Guest Speakers:

Stacy Kennedy, M.S., R.D., Human Service Program Planner
Division of Public Health, Sacramento County
Maternal Child Adolescent Health (MCAH)

Leesa Hooks, RN BSN, Supervising Public Health Nurse
Division of Public Health, Sacramento County
Nurse Family Partnership (NFP)

Kris Meier, RN BSN, Supervising Public Health Nurse
Division of Public Health, Sacramento County
Hearts for Kids

Guests: Angie Butters, Sandy Damiano, Pamela Harris, Sherri Heller, Leesa Hooks, Stacy Kennedy, Melody Law, Kris Meier, Stacy Volcy, Teresa Walters

Meeting Opened at 12:03 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members and guests.

Minutes Review

Minutes from the March meeting were approved.

PHAB Vacancies and Appointments

PHAB is completely staffed at this time.

Public Health Division

Due to the lengthy Agenda, Public Health deferred the monthly update.

Primary Health Services Division

Services to the Homeless - Anthem Blue Cross is scheduled to present at PHAB in June on health care services to individuals who are homeless and have Medi-Cal Managed Care (MMC). Health Plans provide care coordination however the County and City also has care coordination initiatives for the homeless. The City and County representatives are presenting at the Medi-Cal Managed Care / Care Coordination Work Group in April. An invitation could be extended to them to present at PHAB.

Department Restructure - The Department restructure was effective March 18, reorganizing the Department of Health and Human Services (DHHS) into the Department of Health Services (DHS) and Department of Child, Family & Adult Services. DHS Primary Health Services (PHS) began oversight of Correctional Health Services (formerly part of the Sacramento Sheriff Department), and learning about their services and needs.

Medi-Cal Managed Care Advisory Committee - Began facilitating conversations in January on what is working well and what is not working within managed care. This included sessions identifying major themes and obstacles and a presentation on different managed care models in California. We expect to have some recommendations in May/June. Webpage: <http://www.dhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx>

Presentation A

Stacy Kennedy, Maternal Child Adolescent Health Programs

MCAH is Responsible for planning and evaluating all services that address health services for all people in Sacramento County. The mission is to ensure all childbearing age women and adolescents have access to quality health services. Within MCAH there are several programs, Nurse Family Partnership (NFP), African American Perinatal Health (AAPH), and Black Infant Health (BIH). The programs are all prevention based with similar goals. PH is working to make sure moms and their children are healthy. We are working toward safety and healthy environments and equal access to health services. There is a Maternal Child & Adolescent Health Advisory Board, meetings are held bi-monthly; they are currently working on-5 year plan, and different programming aspects, they help advocate for certain issues.

The Comprehensive Perinatal Services Program (CPSP) serves low income women on Medi-Cal and provides enhancement on reimbursements to OB providers, in their practices. Public Health Nurses (PHN) and the goals for CPSP is to make sure moms are getting early and continuous prenatal care, improving pregnancy outcomes overall, and avoiding chronic illness, etc. When they sign up, comprehensive prenatal service providers offer case coordination, parenting education, psycho social assessments. Women Infant and Children (WIC) are under Primary Health and services are coordinated between the programs. Sacramento County has 11 providers signed up with CPSP, providing services to women on Medi-Cal. Some enhanced services are, case coordination and the Black Child Legacy Campaign in Sacramento County. This is one of many County programs working toward reducing African American child deaths, focusing on two leading causes of death; infant safe sleep and perinatal conditions. The African American Perinatal Health Program is a free home visit program designed to improve birth outcomes for African American women. PHN go

into homes and work on maternal infant assessments, link any needed services, promote prenatal care, postpartum support and chronic disease management. Another County Program focused on improving outcomes for African American mothers is the Black Infant Health Program, reducing disparities and is focused on reducing stress, building resilience and empowering pregnant women. In this program, moms attend a 10-week prenatal group session as well as a 10-week postpartum group session; bonds are formed among the women in every group. Case management is included with group sessions that help the women set goals, identify strengths, identify social needs, etc. There are currently three groups running and staff is reaching out to the Black Child Legacy Community Incubator Needs sites; there is a group at the South Sacramento Center. Partnerships with Kaiser Point West and Kaiser Arden are very helpful in ensuring the success of the program.

Presentation B

Leesa Hooks, Nurse Family Partnership

NFP provides in-home support to first time moms in Sac County. Services are provided by licensed Public Health Nurses.

The goal of the program is to improve outcomes, child health and development and economic self-sufficiency of the family.

NFP moms receive advice and information on various topics from nurses especially trained in pregnancy, child health and development, and also trained in administering the NFP model.

NFP is an evidenced based PH nursing model proven to work and has the most extensive and compelling evidence in research in the field. Three randomized controlled trials demonstrate NFP is an effective program. NFP is an intense program and nurses and moms meet every other week for two and one half years; face-to-face until the child turns 2 years old.

In order to enroll moms must be under 28 week gestation

First 1000 days: The Division of Public Health is working on adverse childhood experiences and training around trauma informed care. In the face of adversity in early childhood, the brain architecture can actually weaken and one's stress response system could potentially be set on a permanent high-alert, which is not desirable for anyone. Research shows what happens in early childhood lasts throughout life. Science is also showing that stable and nurturing relationships can prevent and possibly reverse childhood stress. This is the cornerstone of the NFP program, which nurtures and provides

stability for the mom. The mom is then equipped and can then provide that same stability for the child in the very early stages of life and throughout.

Research – Early Trials (insert the slide)



Studies have shown that lessons learned while enrolled in NFP (2 and ½ years), are life long and there is an impact on subsequent pregnancies, in terms of parenting, etc. This is part of the reason the program focuses on first time moms so that the entire reproductive history of these moms are impacted, and ultimately change the course for the children of these families.

Local Outcomes, Prematurity and Low Birthweight



Funding: The local NFP is federally funded By MIECHV. The local NFP budget was cut in half July 1, 2017. Prior to the budget cut we were staffed with 8 nurses, and two supervisors. Currently we have one supervisor and four nurses. Since the budget cut there has been a consistent waitlist for the program (up to 50 people waiting to get into this effective program).



Response, Court Services and Foster Care/Permanency where children will either be reunited with their family or adopted out.

The goal of the Public Health Nurse (PHN) is to deal with the results of the physician's exam and to complete a head-to-toe assessment of the child. This provides a unique opportunity for the foster parents who may not know how to deal with infants or how to deal with feeding or sleep cycles, bonding, etc., to work with a trained PHN who can lend anticipatory guidance and lend valuable support.

H4K connects children to providers for primary care, and dental care as mandated by the State whenever a child is removed from home. H4K can also link children to other community resources and then, when necessary, move the referral to Behavioral Health Services, who will make a home visit up to age 6 to provide intervention and mental health services to the child.

H4K would like PHABs support of this program as funding ends July 1, 2018 and 3.5 public health nurse positions could be lost.

If H4K is cut, foster parents will be left to deal with a complicated Medi-Cal system and geographic managed care without public health interventions and support. There will be additional emergency care and other issues and there will be no PHNs to assist. Social workers are also tasked with finding out or deciding if the child is going to stay in foster care or go home to the parents. The focus of the Social Workers is the investigation, the allegations that led to the child being removed from the home, and the outcomes. Their focus is not healthcare and prevention or intervention. Studies show children do better (even after adverse experiences), and costs decrease when they are linked with primary care and dental healthcare.

H4K was funded by First 5; we have received since 2010, over 4,200 referrals from social workers. There have been over 3,200 visits, 75% PHN visits completed. Each child has been linked with primary care and dental.

H4K collaborate with other counties and CPS programs; sometimes we place children out of County and we accommodate other children outside of Sacramento County. This could be due to a family member of a child residing in our County so the child is brought here or vice versa. Moving a child between counties can also be the result of a child who has special needs, and perhaps there is a group home that can best serve the child in a different county. There are many reasons why children are moved between counties. Services stop when children go home or are moved out of County.

Teresa Walters, Child Protective Services, Sacramento County spoke to PHAB and gave several examples of situations she found doing home visits for H4K. Ms. Walters has made 1300 home visits and started working in H4K program in 2011. She advised one or more referral is made to SCOE, Alta, Child Access, etc. The kids in the HFK program are coming from chaotic situations. Ms. Walters work is focused on getting them linked with medical, dental and mental health services.

The Hearts for Kids program will more likely come before Board of Supervisors (BOS) for the next budget season.

Announcements

Subsequent to the March meeting, Dr. Orkand prepared and circulated to PHAB members a draft letter regarding the public health implications of recreational marijuana legalization. There was a brief discussion of this letter. It was approved for distribution to the Chiefs-of-Staff.

Adjourn

The meeting was adjourned at 1:30 PM.
Submitted by Theresa Vinson, Scribe and Dr. Steven Orkand, Chair

Next Meeting of PHAB:
May 2, 2018, 12:00 PM - 1:30 PM
Primary Care Center, Conference Room 2020
4600 Broadway
Sacramento, CA 95820