

Sacramento County Public Health Advisory Board

Meeting Minutes

September 6, 2017 (12:07 PM - 1:25 PM)

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, Sandy Damiano, Adam Dougherty, Paula Green, Steve Heath, Sherry Patterson-Jarrett, Olivia Kasirye, Farla Kaufman, Martha Moon, Steve Orkand, Kimberly Sloan, Jack Zwald

Board Members Excused:

Cathleen Ferraro, Barbara Law, Emanuel Petrisor, Jeffery Rabinovitz

Board Members Absent:

None

Guest Speakers:

Pamela Gandy-Rosemond, MSN, RN, CCHP
Sacramento County Juvenile Medical Services

Guests:

Pamela Gandy-Rosemond, Juvenile Medical Services, Sacramento County
Deborah Forester, PHAB Laboratory
Tosha Ulicni, Public Health Nursing Student, Sacramento County
Pamela Harris, Director of Nursing, Sacramento County

Meeting Opened at 12:06 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members and guests.

Minutes Review

Minutes from the August meeting were approved as submitted.

PHAB Vacancies and Appointments

There are currently 0 vacancies.

Public Health Division

Dr. Kasirye said the final budget is being heard today. The money received in Public Health is mainly from Federal and state grants. We were awarded funds for the Dental Transformation Initiative. DTI started in July and we are in the process of dividing \$11 million over a three year period, and implementing three pilot projects. The first involves residential homes where teens go into schools providing preventative dental care. The second project is a medical/dental collaboration where we will work with pediatricians to help them become more proficient and comfortable doing oral assessments. The third project is providing education through health navigators. We are working with lots of partners and there are currently about thirteen Memoranda of Understanding (MOUs). The other funds are from Prop 56, \$1.2 million for tobacco education. Over the next few months we will receive the scope of work; this money was approved in the final budget.

Not approved but still coming soon was Prop 56 for oral health. It is about \$500,000 and is less than what we were hoping to get but more than we had in the past. The main scope of the Prop 56 oral program is to do a community wide needs assessment and develop an oral health improvement plan. We hope to have a presentation for Public Health Advisory Board from the advisory team that will be developed for that project soon.

Unfortunately, the Nurse Family Partnership program (NFP), received reduction in funding from the Federal government, funding was cut from all counties. Sacramento now has only one team serving at-risk pregnant women whereas we used

to have two. We are hoping to maintain the program next year but there are restrictions being put forth as to how much money we can use for administrative staff, etc.

Q: What was the function of those teams and when was it cut back?

A: We had two teams, one in the north and one in the south. Each team had a supervisor and four nurses providing home visitation services. Each team served a maximum of 100 families per year. They do have a curriculum they go through with the mother to make sure she gets any perinatal assistance she needs.

Q: In terms of the dental health issues, it seems like there is a lack of utilization of services?

A: Yes, but access is also an issue and in some cases families don't even know who their dental provider is or that they have coverage. This is why education is so important.

Q: The staff that are part of Nurse Family Partnership, were they allocated to another area of Public Health?

A: Yes, we had several vacancies in our CPS nurse programs; we provide nurses for Foster Care, Hearts for Kids and Dependency Foster Care Courts. Due to the issues we were having keeping nurses in the same positions filled (this is statewide not just Sacramento), turns out we had enough vacancies and were able to transfer staff into those positions without any jobs lost.

Q: Regarding dental you said the county received grant awards for dental care transformation. Are the grants to schools, you mentioned Twin Rivers?

A: It is the Dental Transformation Initiative. We are working with several dental providers in the community and they have put together several teams to go into schools to provide dental services to children. The providers are working with the University of Pacific, which piloted this program in other areas. Using the same model, they will have a team to go to school, provide services (including x-rays) and then transmit them to the dental offices and the provider can then give advice regarding x-rays and determine need for services. This is a good way to have children receive services by visiting the schools rather than pulling them out of school to go to the dental offices, which is an advantage for many parents.

Q: How much time will this take from classroom time?

A: I don't have that information but I will try to get it for you.

Q: How many counties are involved in this program or other areas that received funding?

A: There are several counties. I will email the information to Theresa – there is an announcement that has some additional information. I can also send you the link.

Q: What level of care is provided?

A: All preventative services including examinations, fluoride varnish, x-rays and some restorative work. It is a pretty comprehensive preventative plan.

Primary Health Services Division

MEDI-CAL MANAGED CARE

Dr. Damiano reported:

Healthy Partners

- HP Program Annual Report Fiscal Year 2016/17 – distributed. Covers key activities, outreach & enrollment, demographics, program structure, services provided, patient & provider experience, partnerships, accomplishments, challenges, & coming attractions. If interested in HP, this provides an excellent program overview.
- Our wait list continues around 300 – 400 at any point in time.
- We will be preparing a mid-year board item with recommendations for growth based on data.

FY 2017/18 Final Budget

Began this morning. The Emergency Medical Services CARES program (Cardiac Arrest Registry to Enhance Survival) is recommended for funding. (\$5K)

- CARES is a nationally recognized web-based data management system
- Emergency responders and hospital providers input data to create a single de-identified record for each Out of Hospital Cardiac Arrest event.
- Is secured and meets HIPAA compliant to protect confidentiality.
- CA currently has 20 Counties participating in CARES. Current members include 36 States.

Medi-Cal Managed Care Advisory Committee

- Enrollment as of August 1st was 437,963.
- UnitedHealthcare is still tracking to join the GMC market in October 2017.

- Last meeting focused on the Split Mental Health Benefit. Due to the issue complexity there will be a presentation by Plans and County MHP in October 2017.
- We are continuing to work on a Universal Release of Information for within and cross systems work.
- The Care Coordination Work Group will review hospital ED data from the local hospital systems.

Medi-Cal Managed Care Committee Webpage

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

Care Coordination Work Group Webpage

<http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx>

Q: Out of curiosity, regarding the communication interface between health plans and the county, once people are found to have serious mental illness beyond the scope of health plans and move into the county system, what is the communication like?

A: The plan, provider and County mental health is where the referral path goes but it is not always clear how fast that works. That is part of what will be presented, this referral path and how it looks and then a common tool they are using. Usually it is not hard on the mild or serious mental health needs but 'moderate' can be interpreted differently. Particularly, when there are FQHCs who see people who are severely impaired due to mental health issues (here we see patients with psychotic disorders, depression, bipolar disorders). Other FQHCs also have service capacity whether its psychiatry or LCSW and some physician groups have nothing. In that case, they are referred out so the level of expertise between health plan networks is pretty varied as well as what a primary care physician is comfortable with.

Q: You indicated you are presenting this Healthy Partners information to BOS, when?

A: January, a workshop and we will provide ample notification and the board item when it comes out.

Guest Speakers

Dr. Orkand introduced Pamela Gandy-Rosemond, MSN, RN, CCHP, Sacramento County Scarlett Ong, Health Program Coordinator, Clinic Manager

PRESENTATION – Juvenile Medical Services – Sacramento County

Pam shared the Mission statement of Juvenile Medical Services. In collaboration with the Probation Department, they provide medical services to detained youth and run the medical and dental facility. They work with the Department of Human Assistance (DHA) and Public Health (PH) and many other community service agencies. They work to ensure continuity of care for our youth so they can continue with primary care providers once they leave the facility.

Scope of healthcare: they operate under the Board of Supervisors and under the California Department of Corrections and Rehabilitation or CDCR, Title 15, Minimum Standards for Juvenile facility. They also look at the National Commission on Correctional Healthcare which is an agency that encompasses all states looking at standards of correctional healthcare provided in jails, prisons, juvenile detention facilities and any component of mental health. They also follow the standards of the American Academy of Pediatrics. There are two pediatricians on site at Juvenile Medical Services which is not common; both are board certified. They follow guidelines of the California Board of Nursing. The nurses' practice under standardized procedures, they provide medical care based upon their assessment skills and based upon on protocol established by our lead physician and in accordance with the California Board of Nursing. They also follow guidelines of the California Board of Pharmacy. Juvenile Medical Services operates a licensed correctional pharmacy on site.

Program components: they conduct health screenings and examinations, for every youth that comes into the facility before they are seen by Probation and technically booked into the facility; they are seen by a registered nurse. Based upon pre-screening criteria, the nurse determines whether they are healthy enough to come into the facility or if they need clearance from a hospital. They cannot accept youth who have been severely injured or tased, or involved in a massive motor vehicle accident, they have to be seen at the hospital first.

Health Examinations: by Title 15 requirements, every youth coming into the facility has to be seen within 96 hours and given a full medical examination by a licensed physician, average time frame at facility is about 8 hours.

Patient Health Education: this is one of the 2017 performance improvement measures currently under review. For many youth due to home life and circumstances, basic health education has not been provided. We have been fortunate to have many of Dr. Moon's students from Sacramento State come to our program and we have been able to give them assignments. In particular, having the students conduct patient needs assessments and based upon those assessments, each semester since they started we have had one of our staff persons provide patient health education. There is now a resource booklet with current patient education presentations for patient education.

Communicable Disease Testing and Immunizations: utilizing CARES (a state-wide registry) they review each youth to determine if they have had immunizations. We try to get medical records of each youth so we can track health history carefully. Youth are tested for STDs and we talk to them about why it is important to get tested. Many youth do not want testing because they believe it is evidentiary but we do not provide any evidentiary examinations/information for cases. We are simply the medical staff providing these services and the education.

Routine medical care including medications and treatments: pregnant females are kept in the infirmary in the last two months before delivery so we can monitor them. Many of them go out to deliver and return - we provide postnatal care when they return to our facility. We have attended to wound care for youth who have been victims of gunshots, etc. We also provide medication through the on-site pharmacy. We just completed emergency skills training, we are all CPR certified, and some staff have emergency room ICU training.

We have case management for specialty care. Some youth come in injured. If there is no treatment plan already established we do our best to find out where they were treated and come up with a treatment plan so we can ensure continuity of care while with us.

Dental Evaluation and Treatment: we have two dental hygienists and a dentist who is there two days per week. We focus on evaluation, assessment, treatment and education. If youth come in with braces we conduct an evaluation and try to contact their provider so we can follow the plan they provided. Many youth need root canals; we see lots of dental issues that are not necessary related to pediatric dental care.

Vision and Optometrist Examinations: we have a visiting optometrist who comes out once a month. We also have a local one close by which is helpful in case we have someone who is being transferred out of state and needs glasses or an examination before being transferred. This optometrist has been very accepting of our clients as they do arrive in shackles and are with armed officers. There are some community partners who are not comfortable having transfers come through their front door while other patients are waiting. If there is no side door or back door access they are reluctant to see them during regular business hours.

Mental Health Services, Medication and Psychiatric Evaluations: we have a fulltime psychiatrist on site Monday through Friday and we provide psychiatric medications when needed.

Access to Healthcare: we have one RN on site 24 hours per day – it used to be a requirement by Title 15 to have at least one nurse onsite but this is no longer the case. However, we work hard to maintain that standard because our partners at

Probation appreciate having a nurse onsite. There are some facilities that require non-healthcare staff to administer medication.

Nurse Sick Call: if a youth is sick during the night or just doesn't feel good Probation staff can call for nursing staff to come. We also have infirmary care.

Walk-ins and Unimpeded Healthcare: one requirement of Title 15 is that youth have unimpeded access to healthcare so Probation staff can bring youth during the day as walk-ins, Monday through Friday, 8:00am until 5:00pm. We have a probation officer in our clinic because the youth have different security classification. We work to be sure we do not have opposing gang members in the same area, at the same time, and we ensure if there are two or more youth involved in the same case that there is no communication between them.

We have a de-escalation room for youth who have sensory issues. There are murals and padding and soft toys, it is very useful. If youth ask to be seen for any reason they can sign-up in a locked confidential request box. The requests are collected by nurses daily and youth are scheduled to be seen the next morning.

Data Collection

Pamela presented slides indicating differences between intakes and admission. STD testing, continuity of care and follow-up; detailed discharge instructions and referrals, 2017 performance improvement plan and electronic medical records (correctech); skills training and performance competency, continuing education units for nurses, and national accreditation were discussed.

Q: How many youth do you have at once and are you over-crowded?

A: We have a rated capacity from the State for 444. The census has gone down dramatically, today we are at 154. There have been lots of initiatives, Assembly and Senate bills looking at youth sentenced for certain criminal offenses and they are now being allowed to go home with electric monitors. Though the census is low, 95% to 98% of the youth are there on felony charges. In the past there were more misdemeanors.

Q: Do you provide care for young people in group homes?

A: Yes, if they come to us and are being detained they are provided care while there.

Q: You mentioned STD testing. Do you do case findings or do you send word to Public Health?

A: We send it all to Public Health.

Q: What about special care for transgender youth?

A: We do have a transgender youth; she is pre-op and has not had a psyche evaluation yet but is wanting to transition. We will work with her and start any treatments needed.

Q: What size is your staff?

A: Currently, we have 34 staff (including clerical)

Q: Looking at the STI graph, your target seems low?

A: We were involved with other counties looking at how many youth could be tested, again here we do ask multiple times about STDs and educate them. We will take another look at the graph, it probably does need revising.

Q: Is any of this information being passed on regarding positive test and tracking?

A: Yes, that goes to Dr. Kasirye and her staff.

Q: Imagining some kids are emancipated youth, is passing information to parents a big issue?

A: We make efforts to contact parents but they do not always respond.

Q: Are kids connected to Medi-Cal at some point?

A: Yes, and we are trying to refer them to providers close to home.

Q: Are there special services for addiction?

A: Not from us because we are not licensed to do so. We have had some kids on methadone and have worked with the methadone clinic and arranged for probation to transport them for medication.

Q: Why isn't medical record information sent to you when injured youth arrive?

A: Most times they have been seen in the ER and there was no follow-up. Generally, we find out in conversation from youth or family something happened – we then have to start from there trying to follow-up to obtain that information.

Q: How can that be made easier for you?

A: It would be nice if everyone visited the doctor. However, we have some special numbers to reach certain healthcare people and we do the best we can with the resources we have.

Dr. Dougherty mentioned some local Emergency Rooms have implemented the EDIE system. It is an ER-centric system where we get a one page summary of every ER encounter across the County – it might be a pretty easy thing to roll into just to get that basic data. It integrates and is a very low overhead, one page text, regarding psychiatric and other types of ER visits.

Q: What are the ages of youth in the facility?

A: 14-18

Q: What is your annual budget?

A: Around \$6M - its General Fund budget (local mandate, no grants no federal reimbursement)

Q: Are you empowering youth to call the doctors, schedule appointments, etc.?

A: Yes, that has been part of our performance improvements when utilizing the Sac State students. We have explained Medi-Cal packets to our youth who are 18 and educate them about being their own healthcare advocates.

Q: Are you able to involve P.O.s after discharge?

A: Yes, although they may no longer be detained, many of the youth have placement field officers so if there is something they are not following up on we will contact the P.O.

Announcements

Jason M. Guardino, DO, MS

Kaiser Permanente Medical Center, Guest Speaker for October 4, 2017.

Public Comment

There was none.

Adjourn

The meeting was adjourned at 1:25 PM.

Submitted by Theresa Vinson, Scribe and Dr. Steven Orkand, Chair

Next Meeting of PHAB:

October 4, 2017, 12:00 PM - 1:30 PM

Primary Care Center

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Sacramento, CA 95820

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