

# Sacramento County Public Health Advisory Board

## Meeting Minutes

March 1, 2017 (12:06 PM - 1:28 PM)

## Meeting Location

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

**Moderator:** Dr. Steven Orkand

**Scribe:** Dr. Steven Orkand

**Board Attendees:** Adam Dougherty, Paula Green, Barbara Law, Sherry Patterson-Jarrett, Jeffery Rabinovitz, Steven Orkand, Kimberly Sloan, Sandy Damiano, Olivia Kasirye

**Board Members Excused:** None

**Board Members Absent:** Cathleen Ferraro

**Guest Speaker:** Uma Zykofsky, Behavioral Health Services Director

**Guests:** Lori Miller, Alcohol & Drug Services; Sherri Chambers, Primary Health Services; Carol Jong, prospective member; Steve Health, prospective member; Emanuel Petrisor, prospective member; Lori Lussier, LCSW; Farla Kaufman, prospective member; Felicia Bhe, prospective member; Martha Moon, prospective member

**Meeting Opened** at 12:06 PM

## Welcome and Introductions

Dr. Orkand welcomed PHAB members and guests

## **Minutes Review**

Minutes from the February meeting were approved with additions and corrections by Marcia Jo and Sandy Damiano

## **PHAB Vacancies and Appointments**

There are currently 7 Board vacancies. There are three prospective members who have been interviewed and are awaiting Board action. Two candidates will be interviewed tomorrow, and another application has been submitted.

## **Primary Care Division**

Dr. Damiano reported that as of February 1, 2017, Medi-Cal Managed Care enrollment was 438,998. The Medi-Cal Managed Care Advisory Committee last met on Monday, February 27, 2017, and a status report was presented for the two health plans that will become providers in the program, UnitedHealthcare of California and Aetna Better Health. They anticipate startup in July.

The Committee is beginning to develop a Care Coordination Release of Information form. As the system has expanded and become more complex, it is possible to share information between treating parties, but it is also important that there be easy flow of information across service lines, including alcohol, mental health, housing navigators, and others. This is particularly important for the high utilizers. The Health Plan 2016 Data Report of High Utilizers and strategies will be the focus for the March 27, 2017 Care Coordination Work Group. It is important to understand more about the high utilizers. What are their characteristics, their co-morbidities, and factors that contribute to their use profiles?

## **Medi-Cal Managed Care Advisory Committee LINKS:**

See meeting dated 02/27/17 for enrollment data, aggregate HEDIS, etc.

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

Care Coordination Work Group:

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

## **Healthy Partners**

This program, providing primary care and some specialty medical services to undocumented residents of the County, remains at full capacity with 3,000 enrollees and 300 on the waiting list. Here is a link to the Healthy Partners Advisory Group webpage: <http://www.dhhs.saccounty.net/PRI/Pages/GI-Healthy-Partners-Stakeholder-Advisory-Group.aspx> The Healthy Partners Program 2016 Annual Report, Healthy Partners Dashboard, and Patient Experience Data are all available at that site. The program has been very successful, with outstanding collaborations with various partners, and excellent patient satisfaction.

## **Affordable Care Act**

The Legislative Analyst's Office has provided a document of interest: The Uncertain Affordable Care Act Landscape: What It Means for California, February 2017 <http://www.lao.ca.gov/Publications/Report/3569> This document addresses a variety of issues, including commercial pieces, the Exchange market, and Medicaid expansion. The ramifications to California of changes in the ACA could be enormous since this state was aggressive in establishing the exchange market and embracing Medicaid expansion.

An additional document of interest comes from Kaiser Health Tracking Poll: Future Directions for the ACA and Medicaid, February 24, 2017: <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-future-directions-for-the-aca-and-medicaid/>

## **Behavioral Health Services in Sacramento County**

**Uma Zykofsky, Behavioral Health Services Director, Division of Behavioral Health Services (DBH), DHHS** was greeted. She distributed a packet that included a number of documents: Adult Mental Health Services Continuum; Child and Family Mental Health Service Continuum; and the Alcohol and Drug Services Continuum. She then began a PowerPoint presentation which was reproduced in the packet.

The mission of the Division of Behavioral Health Services is “To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.” Services are provided in different languages, and interpreter assistance is available free-of-charge. The Medicaid programs and the uninsured programs are managed by the County through a contract relationship with the Department of Health Care Services (DHCS) at the State, where these specialty services are provided through a waiver. The waiver is known as the 1915(b) waiver for specialty mental health services. Lower level mental health services are provided through the geographic managed care network, but more intensive care is provided by the County’s mental health system. While the mental health waiver has many services included in it, the current Medi-Cal program for alcohol and drug services has a more restricted number of services.

In fiscal year 2015-2016, the budget for the alcohol and drug services continuum of care was \$41 million. There were 20 contracted providers and there were 6,514 admissions for services. Services include prevention services, outpatient treatment, limited residential treatment, medication-assisted treatment, detoxification services, sober living environments, perinatal services, DUI programs, specialty courts, and drug diversion programs. There are a number of different entry points into the Alcohol and Drug System of Care. These include the Sacramento County Jail, the Probation Department, Primary Care Center, Guest House Homeless Clinic, and Juvenile Court, as well as directly through a variety of community based outpatient providers. Lori Miller, Program Manager, Alcohol and Drug Services, has been working with Ms. Zykofsky to improve the ease of entry for those who need services. Access points have been added. The Mobile Crisis Support Teams and Mental Health Navigators at the hospitals are conducting alcohol and drug screening, and doing preliminary assessments and referrals. There are also efforts to increase service capacity. Medicaid dollars currently do not pay for residential treatment in the drug and alcohol system. This level of service is funded either through local County funds or through grants. The Board of Supervisors approved \$1,035,000 to expand residential treatment and detoxification services in Sacramento County through the allocation of local funds in FY 15-16. This expansion is now being implemented, creating more capacity locally. Sacramento also applied for a Proposition 47 grant in March 2017, which would increase alcohol and drug services where mental health diagnoses and drug or alcohol dependency co-exist. Efforts are also underway to expand the Early Intervention Family Drug Court (EIFDC).

There are currently two new, important initiatives in the alcohol and drug service area. One addresses the abuse of prescription drugs, opiates, and heroin. There is an Opioid Task Force, co-chaired by Ms. Miller (DBH) and Dr. Kasirye,

Public Health Officer. The other initiative involves the Methamphetamine Committee, chaired by Ms. Zykofsky. Both of these initiatives are also tied to problems of homelessness.

There are currently limited services available through the drug Medi-Cal system. However, the State is allowing counties to opt in to a special waiver that will allow the county to build a fuller continuum of services, supported by federal dollars. The waiver would also increase program oversight, compliance, and quality assurance. It would improve coordination with other service systems. New services would include residential treatment, additional medication-assisted treatment, recovery services, case management, physician consultation, coordination with the criminal justice system and hospitals, and increased quality assurance.

The Board of Supervisors has directed the Division of Behavioral Health Services to develop an implementation plan as it decides whether to opt in for the waiver. The implementation plan must be submitted by June 1. Ms. Zykovsky encourages our Board to support these efforts. Obviously, these efforts will also depend on the future of healthcare funding at the Federal level under the Trump Administration.

The 2015-2016 budget for Mental Health Services was \$248,583,248. There were 95 contracted and county-operated service providers, and 31,822 clients were served. Each of the geographic managed care providers is required to provide mental health services to members with mild to moderate needs. Those with more intensive needs are seen in the County's Mental Health Plan system. There are prevention and early intervention services, early childhood mental health services, outpatient services, crisis intervention and stabilization, residential services, and inpatient psychiatric hospitalization. There are multiple entry points into the system. Entry points include the Access Team, the Mobile Crisis Support Teams, the Community Support Team, the mental health triage/peer navigators, and specialized referrals from CPS, and the juvenile justice system and youth detention facility.

There are currently two Mobile Crisis Support Teams, with two more coming this summer. In one unit, a law enforcement officer from the Sacramento Police Department and a County mental health clinician ride together. They focus on the downtown corridor and the surrounding area. In the other, a County mental health clinician meets a sheriff's deputy on site. Peers with lived experience also support the Mobile Crisis Support Team activities and work after the specific encounter to ensure that individuals are connected to appropriate services. This team focuses on South Sacramento. From April 2015 - Sept 2016, these teams provided services for a total of 1,319 encounters. 86.5% of their encounters did not meet 5150 criteria. 13.5% were placed on a 5150. Only 59.6% of these were taken to an emergency room for medical clearance. It is hoped that this approach will help avoid unnecessary and inappropriate emergency department visits.

The Sacramento County Mental Health Treatment Center (SCMHTC) was most severely affected by budget cuts in 2009, but services are being rebuilt and expanding. SCMHTC operates a Crisis Stabilization Unit, which is a locked outpatient program providing crisis stabilization services to adults and children/adolescents. It is a 23-hour facility where efforts are made to determine whether patients will require a psychiatric hospitalization. SCMHTC also contains a 50 bed inpatient facility. Efforts are under way to reopen the crisis unit and allow direct admissions from the community, a service that existed prior to 2009. They currently handle about 700 admissions per month, which is near the 2009 levels.

Barbara Law asked about triage of calls into the police/sheriff departments and the fire departments. Ms. Zykofsky said that calls to Sacramento Police (911) that are suspected to be for mental health problems are sent to the Mobile Crisis Support Teams for review and follow-up. Unfortunately, it is not always easy to determine which calls are related to a mental health crisis. Ms. Zykofsky is uncertain exactly how calls to the Sheriff or fire departments are handled, but she did indicate that where MCSTs are located, there is an internal routing of mental health calls to them. It is important that the Mobile Crisis Support Teams (MCST) are dispatched where and when they can prove of value, as they have proven successful in diverting unnecessary transfers from the emergency departments. It has also proven very helpful to have a few, dedicated police officers involved with the MCST clinicians, since there is a "learning curve" of how to handle mental health cases. Barbara Law pointed out that many calls still come directly to the Fire Department, and it is required that they transport mental health patients to ERs. Perhaps they can divert some of these calls to the Sheriff's Dept. Ms. Zykofsky said this was "on their radar."

The County has been able to place Triage/Peer Navigators in hospital emergency rooms, at Loaves & Fishes, and at the Main Jail. The Navigators are able to access the County's Mental Health system to review history and provide critical information. They can make important connections for follow-up. They also have access to the Crisis Unit and can facilitate transfers out of the emergency departments.

The County is trying to expand crisis residential programs. This is for clients who would benefit from a home-like environment to help them resolve their mental health crises, but who do not meet a threshold for psychiatric hospitalization. There are currently two facilities, one in South Sacramento, and the other in Rio Linda. Three others are under development. This would provide a 72 bed capacity. Geographic siting is not yet complete.

Inpatient psychiatric facilities can currently house 369 adults and 63 child/adolescents. A new 16-bed psychiatric health facility has a target operational date of December 2017. Sacramento has more beds than most communities, but 35-40%

of these beds are used by patients from other counties. These beds are in for-profit psychiatric hospitals that have the option of taking patients from other counties or from insurance payers other than the County public mental health system.

Behavioral Health Services is planning to open a mental health urgent care clinic in July. This would provide voluntary and immediate access to urgent care services. These would be walk-in, face-to-face, unscheduled services, including law enforcement referrals, if appropriate. The clinic will provide comprehensive mental health / co-occurring substance abuse disorder assessment and evaluation.

Other initiatives are being pursued. No Place Like Home will provide housing units for the homeless with psychiatric problems. Application has been made for a Proposition 47 grant to expand capacity at the mental health court in Sacramento. There are a number of initiatives targeted to youth: Cross Over Youth Practices, as well as programming focused on Transition Age Youth needing mental health services.

The priority goal is to have the Mental Health Treatment Center's Crisis Stabilization Unit at the SCMHTC, the center of mental health crisis services, open again for direct admissions from the community. Currently, it receives individuals through the MCSTs, from hospital referrals, Law Enforcement consult lines, jail referrals, or other dedicated entry points, but direct walk in has not yet been restored. Once the County has built out the crisis residential programs and the urgent care clinic, we will have a variety of incoming and outgoing programs to support an open crisis unit.

## **Public Health Division**

Dr. Kasirye announced that Val Siebal, Director of Environmental Management Department would be retiring later in March. There has been no word yet of a replacement.

New money has been made available for public health programs:

Dental Transformation Initiative Grant (part of 2020 Medi-Cal Waiver) - Sacramento County submitted an application and was one of 15 projects awarded. The Public Health Division will initiate three pilot projects: (1) virtual dental homes, where dental teams will provide dental services in select schools, including x-rays and tele-dental consultations with a dentist; (2) medical / dental collaborations to increase preventive dental services in pediatric offices and referral to dentists; and (3) oral health education and assistance by community navigators to assist community members in accessing care. The overall aim is to improve utilization rates for Denti-Cal beneficiaries and improve oral health. The

funding will be about \$ 10 million over a 10 year period. Most of the money will be channeled to community partners. Public Health will add a few administrative positions to coordinate the programs.

Oral Health allocation from Prop 56. This will be to develop a strategic plan to improve overall oral health of the community. It is not clear yet how much Sacramento will receive.

Tobacco prevention Prop 56 allocation. Sacramento will receive about \$ 1.5 million. The Division is developing a scope of work.

Sierra Sacramento Valley Medical Society was awarded \$50,000 for work with the Opioid Taskforce. This will help with the production of educational materials.

Flu season has peaked. New cases are still being reported, but not as many. This year, the age group over 65 years was most effected. There have been over 15 outbreaks reported in long term care facilities. Reports from the hospitals are consistent.

## **Announcements**

1. Many on this Board recall that at PHAB's January meeting Amelia Schendel, WIC Director, described the difficulty her lactation staff had contacting pediatricians in the community. She made special reference to Kaiser. Jeff Rabinovitz contacted the Chiefs of Pediatrics at Kaiser North and Kaiser South, and they set up a meeting with Amelia to resolve this issue. Hopefully, they'll be able to work out a solution, and perhaps this will serve as a model for facilitating contact with other pediatricians.
2. After the last PHAB meeting, Dr. Orkand met with Sue Frost, the newly-elected Supervisor for District 4, and Matt Hedges, her Chief-of-Staff. Coincidentally, Matt is a former Chair of PHAB. The purpose of the meeting was for Dr. Orkand to introduce Supervisor Frost to the work of the Public Health Advisory Board. They spoke about a number of topics, but spent most of the time discussing the proposal to allow a syringe-exchange program in the County. Dr. Orkand described this as a public health and public safety measure. Sue was very receptive to this. There was quite a drug problem in Citrus Heights, where she served on the City Council. She has also witnessed the problem of drug addiction in her extended family. She made no pledges, nor did Dr. Orkand ask for any, but she said she supported the concept, even if it's politically difficult in her conservative district. About a week after our meeting, Dr. Orkand received an email that

walked back her position a bit. Nonetheless, she appears to be supportive of our proposal. Last week Dr. Orkand contacted Supervisors Serna and Kennedy, both whom have expressed strong support. Dr. Orkand offered the services of Alessandra Ross, who is the Injection Drug Use Specialist in the Office of AIDS, California Department of Public Health. She has helped draft empowering legislation in a number of Counties, and has volunteered to help Sacramento County change our rules.

3. Most of this Board is aware that one of our research items this year deals with cancer screening in Sacramento County. National organizations have recommended screening for cancers of the cervix, breast, and colon. The Centers for Medicare and Medicaid Services requires HMOs to submit quality data in order to provide Medicare Advantage. They hired the National Committee for Quality Assurance, NCQA, to create standards by which these plans can be measured. These standards include HEDIS, which stands for Healthcare Effectiveness Data and Information Set. Health Plans throughout the country provide HEDIS data to the NCQA on a yearly basis. Similar measures are applied to clinics that see patients covered by Medicaid. Our research in this area is preliminary, but it is already apparent that there are discrepancies between various types of health plans with regard to screening. We'll be reporting on this in detail in a few months.

## **Public Comment**

There was none.

**The meeting was adjourned at 1:28 PM.**

Submitted by Steven Orkand, MD, Chair