

# Sacramento County Public Health Advisory Board

## Meeting Minutes

December 4, 2013, 12:00 – 1:30 p.m.

## Primary Care Center

4600 Broadway

Sacramento, CA 95820

Conference Room 2020

**Moderator:** Morgan Staines - Chair

**Scribe:** Mark Thorpe - Staff

**Board Attendees:** Morgan Staines, Adam Dougherty, Ana Estrada , Raquel Simental, Allie Shilin, Michelle Rivas, Raymond Wilson, Robert Meagher, Don McClurg, Mildred Kahane, Sandy Damiano

**Board Members Excused:** Pheng Lee

**Board Members Absent:** Peter Simpson, Sheila Johnson, Olivia Kasirye

**Guests:** Glenn Backes

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Topic	Minutes
Welcome and Introductions	<p>Meeting began with introductions at 12:05pm</p> <p>Motion to change order of Agenda – Approved</p> <p>Welcomed Allie Shilin to PHAB and said goodbye/thank you to Raymond Wilson and Don McClurg.</p>
Minutes Review	November minutes – Approved
Opiate Drug Abuse Speaker	<p>Glenn Backes:</p> <ul style="list-style-type: none"> <li>• The rapid increase of Opiate Drug Overdose in Sacramento County is consistent with State and National trends.</li> <li>• Estimated 250% increase over the last 12 years.</li> <li>• A report from the California Department of Public Health shows Sacramento had 6/100K deaths from drug-induced deaths in 2000 that increased to 15/100K deaths by 2011.</li> <li>• The old school thought was to under manage pain. Currently, pain management is thought to be over managed.</li> <li>• Naloxone is an anti-overdose medication that reverses the effects of opiates and is offered as a generic prescription and administered as an injection or inhalant.</li> <li>• Naloxone bonds to the opiate receptors in the brain better than opiates, eliminating the effects of opiates.</li> <li>• Naloxone costs approximately \$25 for the inhalant and \$10 for the injectable, has a very short half-life and can be stored up to 82 degrees for about a year.</li> <li>• The most common complaint from individuals who were administered Naloxone report they didn't like that the drug took away the "high".</li> <li>• CDC reported that out of 80 National programs that provide training and administering of Naloxone, 50,000 doses of Naloxone were provided and 10,000 reversals were self-recorded.</li> <li>• San Francisco has a great program reducing drug overdoses using Naloxone.</li> <li>• Law Enforcement, First Responders, EMT 1, Family members, and Elicit Drug Users can be trained to administer Naloxone.</li> <li>• Currently funding for training is very low.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Recognizing the signs of an overdose and early administering of Naloxone can help save lives.</li> <li>• Signs of an overdose include: Slow or shallow breathing, unable to communicate, blue fingertips or lips, not responsive.</li> <li>• At Risk Population includes patients being treated for pain, individuals discharged from the hospital following an overdose, individuals mixing opiates with alcohol or benzodiazepines, resuming opiate use after being discharged from jail or rehabilitation service.</li> <li>• There is no specific demographic for at-risk individuals; however, Caucasian males in their early 20's and 35-54 year olds report higher death rates from overdoses.</li> <li>• Reaching the at-risk population is challenging because these individuals are not typically profiled as opiate abusers, are unconnected to County services, and don't hang around other drug abusers.</li> <li>• Section 1714.22 of the Civil Code "A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution [and administration] of an opioid antagonist..."</li> <li>• AB 472 protects individuals seeking medical treatment and individuals assisting those who are seeking medical treatment for drug related overdoses.</li> <li>• If a County has the will and the funding, training can be provided to Law Enforcement, First Responders, EMT 1, Family members, and Elicit Drug Users to administer Naloxone to individuals experiencing an overdose.</li> <li>• Funding is the main obstacle when it comes to getting County programs to use Naloxone.</li> <li>• <a href="#">Controlled Substance Utilization Review and Evaluation System</a> (Cures): Database to check whether or not a person has previously been prescribed opiates.</li> </ul>
Primary Health Services Update	<p>Sandy Damiano, PhD:</p> <p><b>LIHP:</b></p> <ul style="list-style-type: none"> <li>• Current enrollment = 12,404 as of 11/13/13. As of September 30, 2013, our Local LIHP has served approximately 14,800 consumers. The target for the project is 10,000-14,000.</li> <li>• State DHCS sent out 60 Day Notice Correction Letters 11/12/13 following a letter with</li> </ul>

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incorrect information. The corrected notice stated their primary care physician or clinic does work with Medi-Cal Managed Care and patients could continue seeing them. Molina Health Care has been handling consumer calls. We appreciate corrections were sent in a timely manner. Notices impacted 2,166 consumers in Sacramento. Over 246,000 statewide.

- The 30 day notice to consumer is based on a Nov 15 sweep of the MEDS system. This has been the expected cut-off for any new enrollees to be FFS versus Managed Care in January. The State is still working on a plan to get late enrollees into managed care.
- Enrollees who turn 65 prior to 01/31/14 will not be eligible for the transition to Medi-Cal. DHCS has sent out guidance to eligibility.
- DHCS has sent out guidance regarding continuity of care. This is posted.
- Molina will be convening a LIHP PCP Network meeting in early December regarding transition updates for transfer of care. Molina will also schedule meetings with health plans for continuity of care transitions.

### **CMISP**

- Notices – County Eligibility is preparing to send out the second set of notices to enrollees. The notices inform beneficiaries of new coverage programs and encourage them to apply during the open enrollment period (Oct 1, 2013 – March 31, 2014). CMISP is a last resort health care program. Most CMISP will be eligible for the new expanded Medi-Cal. Some of the CMISP Share of Cost may be eligible for a federal subsidy with the exchange.

### **Medi-Cal:**

- Criminal Justice Partners are beginning to work on ACA transition and obtaining Medi-Cal for individuals on Probation and those discharged from Jail meeting criteria.

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	<ul style="list-style-type: none"> <li>• DHA is trying to secure funding for an outreach and enrollment grant targeting key populations – individuals who may be homeless, with behavioral health disorders and/or criminal justice issues. As of today, they have not yet received feedback from the State. They should know status by January 1, 2014.</li> <li>• Medi-Cal Managed Care Advisory Committee met 12/02/13 after a long hiatus to discuss LIHP Learning Lessons, ACA readiness, and topics for 2014. Minutes should be posted in the near future. There is a PHAB vacancy on the committee. Please advise if you want to maintain the seat and make an appointment. The next meeting is scheduled for January 27<sup>th</sup>.</li> </ul> <p><b>DHHS Primary Health:</b> <a href="http://www.dhhs.saccounty.net/PRI/Pages/PRI-Home.aspx">http://www.dhhs.saccounty.net/PRI/Pages/PRI-Home.aspx</a></p>
Don't Rush to Flush	<p>Meagher</p> <ul style="list-style-type: none"> <li>• Last June a guest speaker came to address PHAB regarding the “Don't Rush to Flush” program encouraging the County to place pill disposal bins in pharmacies around the County.</li> <li>• PHAB's Research and Evaluation Committee looked into the program further and provided a brief update to the PHAB Board.</li> <li>• PHAB has not had a formal vote on whether or not they support the “Don't Rush to Flush” Campaign.</li> <li>• PHAB would like to place this topic on the January agenda for further discussion and formal vote.</li> </ul>
Update on Covered CA Grantees	<p>Raquel Simental:</p> <ul style="list-style-type: none"> <li>• There has been a lot of continued activity with Covered CA Outreach and Enrollment.</li> <li>• December 23rd is the last day to enroll in Covered CA to be covered on January 1<sup>st</sup>.</li> <li>• March 31<sup>st</sup> is the last day to enroll in the Affordable Care Act.</li> <li>• March 31<sup>st</sup> is the cutoff for enrolling in the Affordable Care Act without penalty.</li> <li>• Covered CA Enrollment Counselor Training and Certification is still backlogged.</li> </ul>
Public Comments	<ul style="list-style-type: none"> <li>• January's PHAB meeting is moved to the 8<sup>th</sup> due to the Holiday on the 1<sup>st</sup>.</li> </ul>

**Sacramento County  
Public Health Advisory Board**

Adjourn

- Meeting adjourned at 1:35 p.m.