

Sacramento County Public Health Advisory Board

Meeting Minutes

November 4, 2015 (12:06pm-1:37pm)

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, Sherry Patterson-Jarrett, Paula Green, Ben Avey, Jack Reeves, Dr. LeOndra Clark Harvey, Allie Shilin-Budenz, Kristen Connor, Dr. Sandy Damiano

Board Members Excused:, Dr. Olivia Kasirye, Dr. Adam Dougherty

Board Members Absent: Dr. William Douglas

Guests: Melinda Ruger (Harm Reductions), Peter Simpson (Harm Reductions), Rachel Anderson (SANE), Karen Giordano (Sac County Refugee Clinic), Pamela Harris c/o Dr. Kasirye

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Topic	Minutes
Welcome and Introductions	Meeting began at 12:03pm
Minutes Review	October Minutes: Approved
Approval of Minutes/PHAB Vacancies/ HIV Health Services Coordinating Council Appointment	<p>Vacancies:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • None

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Primary Health Services Division
Update

HEALTHY PARTNERS

Board letters – Planning Status 11/10/15, SPIRIT 11/17, specialty vendor 12/08. We completed our procurement process and will be recommending Employee Health Systems, Inc. (EHS).

Planning remains on target with a phase in approach. Primary Care will begin in January, SPIRIT is targeted for January, and Specialty vendor will phase in beginning January.

We will transition our stakeholders group into an advisory body. The stakeholders remain dedicated and committed to this effort.

More information is available at: <http://www.dhhs.saccounty.net/PRI/Pages/GI-Planning-for-the-Unisured.aspx>

GMC ENROLLMENT

Total GMC enrollment: as of **October 1, 2015** is **419,612**. Take-up of **6,956 enrollees** from previous month. Default rate percentage: **30% (lowest statewide)**.

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

REFUGEE HEALTH CLINIC

Karen Giordano presented an overview of the Refugee Health Clinic. See attached documents for information and data.

More information is available at:

<http://www.dhhs.saccounty.net/PRI/Pages/Refugee%20Health/GI-Refugee-Health.aspx>

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Guest: Karen Giordano –
Refugee Clinic

US OVERSIGHT

- In 1980, standardized resettlement services for all refugees admitted to US, oversight by Office of Refugee Resettlement and federal funding to provide services at state and local levels.
- Approximately 70,000-80,000 refugees resettle in the US annually.
- Arrangements are made in advance by the US government and screened prior to arrival.
- Refugees commonly refer to entrants who are eligible to receive federal refugee services.

CALIFORNIA REFUGEES

- The Office of Refugee Health Program (ORH) established in 1981, aim to assist newly arriving refugees in achieving self-sufficiency by becoming and staying healthy. This is accomplished through detection, prevention, treatment and referral for follow-up of communicable, chronic or acute health conditions identified during the health assessment process.
- California receives 15-17% of all new refugees in the US making it the largest refugee recipient in the US.
- Sacramento receives the third highest refugees in the State, next to San Diego and LA.

SERVICES

- Resettlement agencies are community-based organizations that provide services and support for 90 days.
- They arrange for housing and amenities prior to arrival, provide transportation within the first 30 days to Department of Human Assistance for benefits, Social Security office, Refugee Health Clinic for comprehensive health exam (two visits) and enrollment in school and/or employment support.

BENEFITS

- Health benefits through Medi-Cal, food through CalFresh and Women, Infants and Children (WIC), employment assistance, supports and cash aid through CallWORKS, Supplemental Security Income, State Supplemental Program or Cash Assistance Program.

SACRAMENTO REFUGEE HEALTH CLINIC

- Clinic provides comprehensive, culturally and linguistically appropriate health and behavioral health screenings which usually takes two visits to complete, within 30 days from arrival (Federal requirement is 90 days), linkage to primary care

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	<p>physicians and dentists, schedule appointments with community providers and confirm appointments kept.</p> <ul style="list-style-type: none"> • The Clinic has a diverse team of bi-cultural and bi-lingual staff who speak eight languages other than English. For other language needs, in person interpreting through contracted providers contracted, in-person interpreters are used. • Fiscal Year 2014-2015, Clinic provided 1,726 health assessments. • Refugee family size range from single adult to 11 family members. <p>RESOURCES</p> <p>http://www.cdph.ca.gov/programs/Pages/RefugeeHealthProgram.aspx</p> <p>http://www.dss.cahwnet.gov/refugeeprogram/PG1537.htm</p> <p>http://www.dhhs.saccounty.net/PRI/Pages/Refugee%20Health/GI-Refugee-Health.aspx</p>
Public Health Division Update	<p>Pamela Harris c/o Dr. Kasirye:</p> <ul style="list-style-type: none"> • The current Flu Vaccine is a very good match with the predominant strain that's circulating. Flu clinics are still available, dates and times are listed on the Sac County Public Health Website. The Mask orders have also been issued. • E.coli – there has been an outbreak involving unpasteurized apple juice from High Hill Farm in Apple Hill; we are currently working with El Dorado County, 13 Sac County cases have been reported. FDA is currently inspecting the juice received from 2 different families. • Public Health has hired one new Sr. Physician Manager, Dr Melody Law, who will be working with Opioid overdose concerns, along with Community partners and Alcohol and Drug Program and with the STD Program.
PHAB 2015 Topic 1: Needle Exchange Updates/Discussion	<ul style="list-style-type: none"> • Dr. Orkand invited 3 guests, Peter Simpson & Melinda Ruger of Harm Reductions and Rachel Anderson of SANE. • Rachel – SANE (Safer Alternatives thru Networking and Education), stated that there

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is no such thing of a best practice for needle reduction. However, National or International, their organization has been closely linked with academic research. She mentioned that in Ukraine, if they had over a certain amount of syringes and supplies, the MOB would come in and demand the excess.

- The needle exchange methods need to be designed to fit local context of local drug communities.
 - Distribution and collection works better than 1 for 1, this has to do with coverage.
 - Herr Community comes with distributions and collections.
 - Yolo County mandated 1 for 10
 - Use of satellite syringes and exchanges, not everyone is served by this method; some are served individually.
 - Bulk of programs done by delivery – home and hang outs, along with their fixed sites.
 - Service is provided to approximately 2500-3000 duplicate contacts per years; which do not include 100-200 new contacts per year.
 - Educate – transmission and prevention
 - Train – how to educate others, not just needle exchange protocol, but also in overdose, prevention, recognition and response and to avoid abscess infections, which are usually caused by frequent needle users.
 - Deaths - from use of drugs, speed, powder cocaine as well as unsafe needle use
 - 1 to 8 % Female
 - Trans-genders are increasing, as well as transients.
 - 25% trades sex for money along with sex transactions.
 - 20% are under 30 years old
- To cover all of Sac County, it will take approximately 180 thousands to 1 million needles a year.
 - **Peter – Harm Reductions** mentioned that they started in 2007, and was restricted to city due to legal formalities.
 - Sac County refuses to allow legal distributions.

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	<ul style="list-style-type: none"> • 16-17% started using Opioid pills • Addictions leads to Heroin, due to the cost is less • The beginning of 2015, there were 25-30 per day for needle exchange; currently there is 50-60 per day. • Mentally ill users are very common active drug users • San Francisco has 5 programs all financed by outreach programs • Women with children and sex workers are also frequent users. <p style="text-align: center;">Melinda – Harm Reductions</p> <ul style="list-style-type: none"> • They are not a 1 for 1 program • No cap should be given to run the program effectively • Need space distributions, had better results than non-sites • They provide: <ul style="list-style-type: none"> ◦ Exchange Tools ◦ Cookers – HIV & Hep C can live in cookers, i.e. spoons ◦ Little caps ◦ Sterile cotton ◦ Ties • 2014 gave out 750,000 and took in 100,000 (8000 pounds) • Most people will do better if they know better
<p>PHAB 2015 Topic 2: STD's Updates/Discussion</p>	<ul style="list-style-type: none"> • Morgan advised the Board that they can present their messages to be heard at the December 8 BOS meeting.
<p>PHAB 2015 Topic 3: Affordable Care Act Updates/Discussion/Remaining Uninsured</p>	<ul style="list-style-type: none"> • Remaining Uninsured – See DHHS Primary Health Services Report for an update on planning for the uninsured (undocumented residents).
<p>PHAB 2015 Topic 4: Collaboration with other Boards/Committees Update/Discussion</p>	<ul style="list-style-type: none"> • Morgan mentioned to the Board that he is still waiting to meet with the COS to see what we can or cannot do in regards to eliminating certain Related Board Committees. • <u>Action Item:</u> The PHAB Executive Board is still currently looking into the bylaws and will discuss their concerns at the next COS meeting.

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PHAB 2015 Topic 5: MAPP Process Updates	<ul style="list-style-type: none">• Jamie White, the new Epidemiology will be doing a presentation at our next upcoming meeting on December 2, 2015.<ul style="list-style-type: none">◦ Action Item: Cherisse will confirm with Dr. Kasirye that they will be ready to do their presentation in December 2015.
New Priorities for 2016	<ul style="list-style-type: none">• Morgan encouraged the Board to think about 2016 priorities. Dr. Orkand suggested that the Board members write down three topics to start off with.
Public Comments	<ul style="list-style-type: none">• None
Adjourn	Meeting ended at 1:37pm