Sacramento County
Public Health Advisory Board

Meeting Minutes

April 6, 2016 (12:06pm-1:41pm)

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

Moderator: Dr. Steven Orkand – Chair

Scribe: Cherisse Dossman – Staff

Board Attendees: Dr. Steven Orkand, Dr. Sherri Z. Heller, Dr. Sandy Damiano, Dr. Olivia Kasirye, Paula Green, Kristen Connor, Dr. Adam Dougherty, Kimberly Sloan

Board Members Excused: Dr. LeOndra Clark Harvey, Dr. Jeffery Rabinovitz, Dr. William Douglas, Ben Avey, Sherry Patterson-Jarrett,

Board Members Absent: Allie Shilin-Budenz, Jack Reeves,

Guest Speakers: Staci Syas - STD

Guest: Cathleen Ferraro

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Topic	Minutes
Meeting Opened	Meeting began at 12:06pm
Welcome and Introductions	• Each PHAB member introduced themselves
Minutes Review	• Minutes from March 2016 PHAB meeting were not approved due to no quorum.
PHAB Vacancies/HIV Health Services Coordinating Council Appointment	**Vacancies**: • PHAB has currently 3 vacancies: 1 Community Member, 1 Public Health Professional, and 1 Public Health Care. • There is 1 application pending approval. • No Appointments
Primary Health Services Division Update	**HEALTHY PARTNERS** • As of 04/06/16 am enrollment was 1,609. We expect to reach the target of 3,000 enrollees by the end of June. • The vast majority of referrals are by word of mouth (family and friends) – 47%. The next largest referral sources are from Sacramento Covered and La Familia. • This population has a higher show rate for appointments than the Medi-Cal population. • Commonly diagnosed chronic conditions mirror the Medi-Cal population – diabetes, heart/cardiovascular, hypertension, asthma/respiratory, and mental health. • EHS contract was recently executed. We can begin advanced imaging services and E-Consults. Donated specialty services are being phased in. • HP Program Status Board item (Communication Receive and File) – tentatively at the end of month. • Link: http://www.dhhs.saccounty.net/PRI/Pages/GI-Healthy-Partners-Stakeholder-Advisory-Group.aspx **MEDI-CAL MANAGED CARE**

	• As of March 1st, total enrollment was 432,713. Net gain of 1,464 from the prior month. The default rate was 23% (our comparable county – San Diego was 30%). • State DHCS has not yet released a timeline for new health plans to begin services (Aetna and United Healthcare). • The Committee decided to meet every other month beginning in May 23. On alternate months a Care Coordination Work Group will meet. This is a smaller representative group. This group begins on April 25th. The committee accepted recommendations that a Health Plan facilitates this work group. • Link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx
Public Health Division Update	• Zika Virus – Public Health (PH) is still conducting surveillance; there have been no confirmed cases in Sacramento County. However, PH is still receiving calls from Health Care Providers who are submitting specimens for testing. There have been approximately 48 specimens that have been submitted. CDC has been updating guidelines for testing and they are also setting up a registry for pregnant women who are diagnosis with Zika in order to follow and see if they develop complications with the pregnancy. • Varicella – PH is still dealing with the outbreak at the Community Outreach Academy at McClellan. We've held two parent meetings and two clinics, which both were not very well attended. We've been working with school administrators and we initially decided to excluded, from school, siblings of the cases that were reported to us, and then extended that to exclude classmates of the cases for a period of 21 days, which is the incubation period for Chickenpox for those that were not immunized. The guidelines from CDC suggest exclusion for unvaccinated students in the entire school, but due to high percentage of PBEs in this school, we decided to not to go to that extent, so this is like a middle of the ground step. The number of cases that has been reported has gone down, so we are hoping that this outbreak will come to an end soon.

	• Opioid Taskforce – We have had two meetings and are schedule to have another one on April 19th. • Fentanyl overdoses - March 24, PH received our first call from Poison Control Center, (they get calls from hospitals, EMS and the general public when there are cases of overdoses). They stated that they thought it was unusual that they had received 5 overdose calls in one day. We sent out an email to our partners, EMS, some of the hospitals and Alcohol advising them to let us know if they saw anything unusual. The next day, we received a call from UC Davis. They advised us that they have received four more cases. We then sent out an alert and contacted the Coroner's Office, DEA, and the Sheriff Dept advising them of what was going on. Based on hospital reports, we thought it was Norco pills that were contaminated, but later some individuals submitted pills that they still had in their possession. The pills that were tested showed that it was not were Norco, but it was Fentanyl that was being disguised as Norco. Individuals were purchasing these pills or getting them from friends and relatives thinking that they were taking Norco; they got very severe reactions. There was no hydrocodone and no acetaminophen found in the pill, it was all Fentanyl. • Were advised, by the DEA, that this is the first time that they have actually seen Fentanyl in pill form. What makes this very worrisome is that when you look at the pill, it looks very much like a Norco pill, so for people who are getting them they had no way of knowing. • We got the word out through media, Office of Emergency Services, Twitter and Facebook, warning people that they should not be purchasing pills off the street and especially now, with the Norco, there is also the risk that they could buying something different from what they have. • For Public Health what this epidemic has really brought to light is the extent of the opioid problem. Prior to this, since we did not have a surveillance

	system, we really didn't have any numbers to put to it, and we relied on anecdotal information from ER's and others affected by it in the community. • The cases we got were from every neighborhood; all ages from 16-67 years old; male/female and all race ethnicities. It seems like this epidemic has no boundaries. What surprised us was how casually people can get pills from friends, neighbors and/or buying them off the street for casual use. Not all were using them to get high, some of them describe that they had one pain or another such as fibromyalgia, chronic back pain; knee pain and they were using the pills to relieve the pain. • Another thing that we hadn't really focused on when we started the Opioid Taskforce was the illegal acquisition of these pills. We were focusing on being able to reduce access from physicians through safe prescribing. This made us realize that we also need to think about the other sources of these pills and expand the stakeholders involved to address this as well. • The State is also aware of what's happening in Sacramento, so they are gearing up to do more. So we should get more directions on that. • 48 total including 10 deaths. The Sheriff and DEA are doing an investigation on these cases; these totals include 1 in Yolo and 1 El Dorado County.
Guest Speaker: **Staci Syas / STD**	• Staci presented, to the PHAB members, very informative statistics on STDs; details are provided through the link below. Public Health STD Presentation
Action Topic: **Needle Exchange Update Report From Meeting with Law Enforcement**	• On Tuesday, March 22, Steve Orkand and Ben Avey joined Dr. Heller and Dr. Kasirye at a meeting with Erik Maness, a veteran officer in the Sacramento Sheriff's Department who was just appointed Undersheriff, which means second-in-command of the entire Department. He was acting as eyes and ears for Scott Jones, the Sheriff.

	• Dr. Heller introduced the issue of concern: whether it was advisable to allow a syringe exchange clinic in the unincorporated area of Sacramento County. Ben Avey spoke at greater length about how needle exchange programs function and about his experience in San Diego. He stressed that there is no evidence that such programs encourage illicit drug use or lead to more crime. Rather, syringe exchange programs help prevent HIV and hepatitis C, they get dirty syringes off the street, and they also serve as a touchstone for drug users to receive counseling and necessary social services. Ben spoke about the relationship with law enforcement. Finally, he emphasized that we are doing research, trying to understand whether such a program would be acceptable in our County. • We answered some of the Undersheriff's questions. At the end of the meeting he asked for research materials and for a list of California sheriffs who have experience in this area. •
Research Topic: **Emergency Services** **Report From Meeting with Dave Magnino and Hernando Garzon**	On Monday, April 4, Dr. Orkand met with Dave Magnino, Administrator, and with Hernando Garzon, Medical Director, of Sacramento County's Emergency Medical Services Agency. Summarizing the discussion: 1. Funding and personnel Our EMSA is generally a fee-based agency, which means that the bulk of their budget comes not from the county's general fund, but from other sources. They receive a share of fines for criminal activity, certification fees, training program fees, and payments from the fire services that answer the 911 calls. Fees have been increased periodically, but currently support a very limited staff. A continuous quality improvement analyst was recently hired, but from general fund money. The staff in our county number 7 positions. The staff in Contra Costa County, which is smaller in population, is about double that. When Dave spoke to us about his desire to improve data flow so that the agency could better analyze the work done, he was speaking primarily of software programs. He is

	currently understaffed, especially of the analysts who can do this work. 2. Data access Another barrier is limited data access. Although the primary responsibility of the EMS Agency is pre-hospital care, what happens in the emergency departments has a direct impact on their ability to do this work. Also, the programs that are designed to prevent morbidity and mortality from heart attack, from stroke, from adult and pediatric trauma, from burns - all require a close working relationship between the acute care hospitals, the first responders, and the EMS Agency. In our county, the hospitals refuse to share data because they claim patient confidentiality. That is not an issue in counties that have model EMS systems like Contra Costa and Los Angeles. 3. Hospital Cooperation When I visited the Hospital Council's Emergency Medical Services Task Force, I encountered a group that, to me, seemed torn by competing interests. I was told that this was a relatively calm meeting. Even so, I did not witness the problem-solving approach that I hoped to see. For example, the term "wall time" was used. In order to understand and deal with this phenomenon, it has to be measured, but first it must be defined. Currently, the hospitals and the ambulance services acknowledge that they don't see eye-to-eye on how to define this. I shared these observations with Mr. Magnino and Dr. Garzon. 4. Initiative I asked about programs that might be possible if the EMS Agency had better staffing. We talked about one: how to handle high emergency department recidivism. There are patients who come to the ED more than 5 times per year. Some come much more frequently, more than monthly. These are people who may have unstable medical problems, like brittle diabetes, but some have serious behavioral or psychiatric problems. There are model programs in other counties that address this problem, some saving

	millions of dollars. Dave and Hernando were very cooperative, and would be willing to help further in our research.
Public Comments	No comments
Adjourn	Meeting ended at 1:41pm