Sacramento County
Public Health Advisory Board

Meeting Minutes
August 2, 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, Olivia Kasirye, Farla Kaufman, Barbara Law, Martha Moon, Emanuel Petrisor, Kimberly Sloan, Jack Zwald
Board Members Excused:	Cathleen Ferraro, Sherry Patterson-Jarrett, Jeffery Rabinovitz
Board Members Absent:	None
Guest Speakers:	Susan Farrington, Executive Director, Sierra Foothills AIDS Foundation Sacramento HIV Health Services Planning Council
Guests:	Paula Gammell, Ryan White CARE Program Planner Department of Health and Human Services Sacramento HIV Health Services Planning Council

Meeting Opened at 12:06 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members and guests.

Minutes Review

Minutes from the June meeting were approved as submitted.

PHAB Vacancies and Appointments

There are currently 0 vacancies.

Public Health Division

Dr. Kasirye stated CD has been very busy with a number of outbreaks. A couple months ago there was a Botulism outbreak. Botulism is a very rare disease and usually the cases are related to IV drug use, three cases were received within a few weeks, all food-borne and all adults. There was no history of canned food use which is something that we look for. All patients were in Intensive care so we had to talk to relatives as it is difficult to talk to someone who is intubated. A couple of them mentioned eating cheese at a gas station. There was enough concern that maybe this is where the source of the illness was so we took the cheese bag. Ultimately, we ended up having 10 cases, all ate cheese at this gas station, tests results were positive for botulism spores as well as the toxin. We worked to figure out how contamination occurred, we have theories but not able to confirm. We feel it was probably when the bag was opened to put into machine. Unfortunately, one person died.

A couple weeks ago we had an unusual call from UC Davis indicating a recipient of a kidney had developed an infection and they were unable to identify the bacteria growing in the blood culture, they sent it to our lab. Our lab, through PCR, identified Francisella Tularensis which causes Tularemia. Francisella and Botulism are both on the list of bio weapons so we are very lucky that we have a lab that is able to handle those kinds of agents. We have been in conference calls with the State, UCD, CDC and as details developed it turned out a deceased person was a donor (heart and kidney) so one patient who received the other kidney ended up in Nevada state and died, the diagnosis was made after the person died.

Fortunately, in our county we were able to make a diagnosis quickly enough the person was put on the appropriate medication and is recovering well.

Dr. K confirmed Sutter was one of the hospitals where patients were treated.

Dr. Orkand asked if the donor presented any Tularemia prior to organs being harvested. It turns out the donor did have fevers and ended up getting 19 units of blood but all blood cultures were negative so organ donation went forward. Tularemia is not on the list of diseases tested for organ donation and was not expected. The heart transplant recipient did well and was placed on medication as well as the medical staff at UCD. Many of them treated the infected patient prior to diagnosis and fortunately, no one else became sick. This was the first time Tularemia was passed on through organ donation.

Additionally, we had a number of food-borne outbreaks including salmonella, connected to a grocery store and are still currently being investigated. We've also had a case of e-coli related to an outbreak in Nevada County and connected to a lake.

BUDGET UPDATE/OUTCOME FY 17-18 – Dr. Kasirye

Limits were placed on what we could request; only approved funded projects or requests that did not ask for General Fund. In Public Health we had two requests: One for changes in the Emergency Preparedness Program (PHEP) and one in Vital Records (we requested one more individual).

We were notified for this fiscal year some of our program funding was going to be drastically cut, specifically the Nurse Family Partnership program (NFP). This program has been federally funded and the state is the pass-through. Due to changes of how the money was being divided, the amount coming to California was drastically reduced. We had two teams of four nurses each, we were getting $2M and it was cut to $1M. There were also limitations as to how much we could spend for administrative support and other support for the program. At one point we needed an additional $200,000 to keep just one team going however with making some adjustments in current funding and new money from prop 56, we were able to move some administrative staff; so we are able to continue with one team for the rest of this year. During 2009 budget cuts, field nursing units were cut from Public Health and only NFP remains which provide services to high-risk pregnant women. If we are unable to sustain that we will have no nurses able to see high-risk mothers or infants. However, this will come up again next year as to what the decision will be for continuing NFP. Letters of support from PHAB could be requested in the near future as this is an area of concern.

On very good note, we were notified that we are getting half million for oral health and we are waiting for additional guidance on the scope of work. One of them will be developing a comprehensive oral health plan for the entire county. Also through prop 56, we received $1.2M for tobacco and we are currently waiting for guidance as to how the money is to be spent.

Primary Health Services Division

MEDI-CAL MANAGED CARE

Dr. Damiano reported:

MEDI-CAL MANAGED CARE

- As of July 1, 2017, enrollment = 435,114. Enrollment stabilized in 2016 and there has been a net decrease in enrollment in 2017.
- New health plan dates for go live have been delayed. The new targets are 10/1/17 for UnitedHealthcare and 01/01/18 for Aetna Better Health.
- New resources are posted on the Committee webpage under resources: Urgent Care Clinics, Eligibility and Enrollment PowerPoint.

PROGRAM UPDATES

- Juvenile Medical Services - Pamela Gandy-Rosemond, RN, MSN, will provide a service overview at the September 2017 meeting.
- Healthy Partners – We are almost finished with our annual report. Will circulate it once finalized. There are approximately 400 individuals on the wait list.

JUNE PROPOSED BUDGET

- Only requests funded by categorical (non-General Fund) were approved. There were two in the Primary Health Division. Both involve a reallocation of existing positions and funds to better meet business needs. These were for Clinic Services and WIC.
- There was a great deal of testimony from advocates about the Healthy Partners growth request which was not funded. They had positive testimony about the program and wanted increased enrollment and elimination of the upper age limit. Staffs were directed to return to the board midyear with recommendations.
- EMS growth requests were also not funded. These include some staffing requests and implementation of Cardiac Arrest Registry to Enhance Survival (CARES). This is a registry program that provides data reports on trends to

improve identification and tracking of cardiac arrest within a defined geographic area. If implemented it would be incorporated in all local hospitals and emergency responders. Staff will begin work on an EMS Strategic Plan which will identify needs and possible fund sources.

Q: Would there be any kind of grant funding available?

A: EMS received a grant to assist with mobile electronic devices for Airport Fire entity, the Board of Supervisors also approved an additional levy that will result in an increase of EMS Maddy Funds. However, there is also legislation (SB 185 Hertzberg) that may substantially impact these funds. Staff is tracking the legislation and is also looking at other revenue sources.

Guest Speakers

Dr. Orkand introduced Susan Farrington, Executive Director, Sierra Foothills AIDS Foundation
Sacramento HIV Health Services Planning Council, Chair and
Paula Gammell, Ryan White CARE Program Planner, Sacramento County Department of Health and Human Services,
Sacramento HIV Health Services Planning Council

PRESENTATION - HIV Services in Sacramento County

The Sacramento HIV Health Services Planning Council is made up a variety of providers and actual consumers of services around the Ryan White Care Act. The council supports the ability of PHAB to look at our potential council members and qualifications to be on the council. The council is provided training on a regular basis and we provide mentorship within for new members to help them understand our responsibilities and how we can best meet them. Regarding membership, there is an application to complete, applicants go through a vetting process and they are interviewed by three-four council members and the fiscal agent staff before they are recommended to PHAB. Not all applications to the council are accepted and decisions are made as a group. Conflict of Interest is stated at every committee meeting; particularly around priorities and allocations as many of those members are service providers, so it is important that people are upfront about where possible conflicts could be and recuse themselves from certain decision making. The Fiscal Agent is assessed on a regular basis to ensure timely compliance with Federal Program guidelines. Currently, it is done bi-annually.

The way legislation is currently written, the council cannot do our job without the help of the grantee (County of Sacramento) and the grantee can't do their job without assistance from the council. We spend a lot of time collaborating on best approaches to different situations and remembering our obligations to follow the legislation as the federal government has interpreted it, at any given time. Shared things we do together are needs assessments where we ask consumers to give us a good idea of where they seek services and unmet needs or where challenges from seeking services may prohibit them from staying in care. We do comprehensive planning as a local transitional grant area and in collaboration with the State of California to end new HIV infections and maintain quality of care necessary to keep current patients in care for as long as possible; ultimately, reducing the likelihood of transmission. These are basic goals as they relate to comprehensive planning.

Quality management of everything the council does is very important and is constantly reviewed. Our work is checked to be sure we are in compliance with legislation, best practices, innovative solutions are being utilized and that we are measuring quality of programs to be sure we are all held to same standard. A standard of care has to be in place at all times when there are multiple sub-grantees. We review cost effectiveness as we have less funds than needed – there is an increasing number of people living with HIV and AIDS in the Sacramento region (transitional grant areas include three counties; Sacramento, El Dorado and Placer). The program also services people living with HIV in Placer and El Dorado and we have individuals here doing the same things we do out there. Outcome evaluations are also reviewed to see if we are producing the outcomes we hope for. In general, we follow best practices in place around the country. Working arrangements are established through MOUs and with various sub-grantees and different healthcare providers within our jurisdiction.

Funds are distributed according to priorities and allocations and there is a priorities and allocations committee. Council members are encouraged to participate on different committees. There are services being provided to Women Infant Children and Youth (WICY); youth being described as those ages 18-24. We are required to set aside funding to make sure their needs are met as they have an individualized set of needs.

One caveat of this legislation is that the council is a 'payer of last resort.' We look for any other community resource to meet needs before we spend Ryan White funds to meet that need. The effort is to make sure services are available to anyone who needs them. If one provider is no longer able to provide services we have an alternative – hopefully to keep people from falling out of care.

Each year the Council submits an application to HRSA to continue to receive Ryan White, Part A funding. Part A funding goes directly to jurisdictions that have a significant number of people impacted by the epidemic. There is also Part B

funding which goes to states to distribute among counties. Generally states distribute funding based on utilization data, and epidemiology which is a standard practice across the country.

The Council has fiscal agents and staff that performs contract monitoring to ensure service providers is living up to obligations. The fiscal agent is assessed on a regular basis. Fiscal agents have the ability reallocate funds, if necessary.

Q: You mentioned the ability to test patients for HIV coming into Sutter ER?

A: Yes, it's "opt out" so unless someone says not to test them they will be tested.

Q: Do you have an opinion about syringe exchange?

A: Internationally up to 15 percent of HIV cases are contracted through shared needles or some sort of blood borne transmission. In Sacramento the most recent epidemiology shows that it was under 7 percent and that is directly correlated with the syringe exchange and the great work being done by Sacramento County and Harm Reduction Services because they recognize they are not only serving Sacramento County, but a region. They provide access in Placer and El Dorado Counties. There has not been a new case of blood borne HIV in Placer or El Dorado County in the past twelve years.

Q: Budget wise, do you have the funding to continue this good work and specifically regarding HIV screening, do you think everyone should be screened coming into all hospitals/ER – would it be cost effective?

A: There have been studies around this, most recently last year; Humboldt County did a study where the community hospital and the urgent care center at the University provided testing. They found that if we can get a positivity rate of .2 percent, we are saving money in the long-run and presenting it as a best practice. Here, when we do targeted testing for high-risk people we want to see that percentage well above 1 percent and we generally run between 2 and 3 percent with targeted testing. Across the board the value is not that different than testing for Syphilis, the test is not expensive and it's not very invasive. In an effort to get to 0 percent we need to be able to identify that other 8 percent of the population who are living with HIV and AIDS and are unaware of it.

Impact Teen Drivers – Presentation Follow Up (Dr. Orkand raised this topic and explained the program again).

There was a post meeting online discussion and Dr. Orkand was asked to ask Dr. Browning to send research data/links as to the effectiveness of the program. Paula has been involved in instituting the program in Solano County.

Q: Is this something PHAB would like to recommend in some form to Sacramento County?

A: PHAB agreed to let the Executive Committee investigate further the possibility of forming alliances to support Impact Teen Driver.

Member Responses:

Missing from the presentation was outcome evaluation (this is very important) – the rationale is clear but research effectiveness is missing - would not embrace without more research.

More information was requested – Jofil offered to get more information, legislation information and resources for PHAB to review.

Links sent involved all insurance industry and Highway Patrol documentation and indicated there is a risk from irresponsible and poor driving choices – that is clear. However, the harder question would be: Is there evidence that any kind of program (lectures or classes) could actually make a difference?

Dr. Browning did give some examples of seatbelt utilization and it is not the issue it once was – her purpose was to present education and increased awareness does have a positive effect on injury prevention. There is no cost associated with this. The Graduated Driver's License (GDL) is another important factor as many parents do not know what this is. The education just on the GDL will be helpful as well. The program goes out, educates and increase awareness. The main focus of Impact Teen Driving is responsible driving and making good choices. The every 15-minute program addresses impaired driving but they are both CHP programs. This one is predominantly favored although there are other programs out there. This *is* a public health issue.

If there is no cost and no programs in schools and there is a need what is the down side? Perhaps we could suggest a questionnaire of the students who take it as they exit to see if they are receptive? Or, do they think it is

important to have this program? Understanding there is a need and not providing education and awareness is not productive and people are dying.

It would be helpful to partner with the Sacramento County Youth Commission which is a group of teens set up in a commission form and it discusses various matters that pertain to youth. It is sponsored by Sacramento County. The presentation we had was a no cost program but there was an aligned program called Adept and there is a cost for that. We do not have a budget or money for this but we could write a Letter of Support or partner with the youth commission. The letter would go out as a communication/sense of opinion from PHAB.

This board could authorize the Executive Committee to contact the youth commission and other interested bodies to see what level of interest there is to endorse or partially endorse the program.
Research is an issue found with many health education programs. It is very difficult to get the research data and sometimes it can take years. We should do whatever we can to help especially if it is not going to incur any costs. That said, because schools get lots of requests for different education programs, I don't know how good it would be to take this particular program on. It is something the executive board can check on yes but then how much work do we want to put into convincing schools? There has to be more discussion.

Obviously, it is a good program for raising awareness and providing education to our community. Where are our priorities?

Announcements

Pamela Gandy-Rosemond, RN, MSN, Juvenile Medical Services, Guest Speaker for September 6, 2017.

Public Comment

There was none.

Adjourn

The meeting was adjourned at 1:30 PM.
Submitted by Theresa Vinson, Scribe and Dr. Steven Orkand, Chair

Next Meeting of PHAB:

September 6, 2017, 12:00 PM - 1:30 PM
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