

PHAB

Public Health Advisory Board Regular Meeting

Date: May 14, 2014
Time: 12:00 – 2:00 pm
Location: Shasta County Public Health
2660 Breslauer Way
Community Conference Room

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- **Agenda: May 14, 2014**
- **Draft Minutes: March 12, 2014**
- **Directors' Report: HHSA & PH-RS Branch Highlights**
 - **Attachment: SHARC Strategic Plan**

Next Meeting: Wednesday, May 14, 2014

PHAB

Public Health Advisory Board Agenda - Regular Meeting

Date: May 14, 2014
Time: 12:00 – 2:00 pm
Location: Shasta County Public Health, 2660 Breslauer Way
Community Conference Room

1. **Call to Order and Introductions**

2. **Public Comment Period** (5 min.)

To address the Board during Public Comment Time: The speaker should approach the table and, after receiving recognition from the chair, give their name and affiliation prior to comments or questions. Sixteen (16) copies of any written material used in the presentation must be provided to the clerk. There is a three-minute limit to an individual's comments, and the speaker may defer comments to a specific agenda item. Pursuant to the Brown Act, action or Board discussion cannot be taken on open time matters other than to receive comments.

3. **Action:** Approval of Minutes – March 12, 2013 (5 min.)

4. **Committee Reports:**

a. Executive Committee: Theresa Flynn Gasman (5 min.)

b. Membership Committee: Brad Frost (5 min.)

c. Excellence in Public Health Awards: Robin Glasco/Theresa Flynn Gasman (5 min.)

5. **Health & Human Services Agency Director's Report:** Donnell Ewert (10 min.)

Public Health Branch & Regional Services Branch Directors' Report:

Terri Fields Hosler / Mary Schrank (15 min.)

6. **Presentation:** Childhood Immunization Issues

a. Health Officer Andrew Deckert: (15 min.)

▪ Diseases & Data

b. David Maron: (15 min.)

▪ Personal Belief Exceptions, AB-2109

▪ Working with our schools

7. **Discussion:** Reversing our immunization rates through partnering and messaging
(30 min.)

8. **Member Sharing** (10 min.)

9. **Adjourn**

Reminder: **Next PHAB Meeting – July 9, 2014**

Public Health Advisory Board

DRAFT

Minutes for March 12, 2014

Item 1: Call to Order:

Chair Glasco called the meeting to order at 12:00 pm. The following Public Health Advisory Board (PHAB) members were present: Joe Ayer, Katharine Ann Campbell, John Coe, Theresa Flynn Gasman, Robin Glasco, Barbara Jackson, Linda Heck Kilzer, Cathleen Wyatt and Richard Yoder.

Members not in attendance: Lori Chapman-Sifers, Jessica Delaney, Brad Frost, Julie Gee and Jim Holdridge.

Others Present: Donnell Ewert, HHS, Health Officer Andrew Deckert, PH Branch Director Terri Fields Hosler, PH Deputy Branch Director Brandy Isola, Regional Services (RS) Deputy Branch Director Mary Schrank, Community Development Coordinator Nicole Bonkrude, HHS – Community Relations Tim Mapes, Intern Kelsey Drake, Clinical Nurse Educator at Mercy Sandra Rock, Executive Assistant Katherine Hughes and Administrative Secretary Marjie Andrews.

Welcome:

Chair Glasco extended a warm welcome to PHAB members, guests and Public Health Staff.

Item 2: Public Comments – No public comments.

Item 3: Approval of Minutes: January 8, 2014

Motion: Member Heck Kilzer, seconded by Member Gasman, made a motion to approve the minutes of the January 8, 2014 meeting as presented. The motion passed by a unanimous vote of the members present.

Item 4: Committee Reports

a. Executive Committee:

Chair Glasco reported the Executive Committee met on February 21, 2014 to set the agenda. It was decided the topic would focus on disaster preparedness followed by a field trip over to the PH Lab for those who wish to tour the facility.

b. Membership Committee:

PH Branch Director Fields Hosler presented the Membership Committee report in Member Frost's absence. She advised the committee met and discussed the upcoming slate of officers, recommendation of renewals for the term 2014-2017, and one membership vacancy.

- i. **Action:** Nominate and elect Chairperson, Vice-Chairperson, Executive Committee Member-at-Large and Membership Committee Chairperson for the term of April 2014 – March 2015. The recommended nominations are: Theresa Flynn Gasman to Chair, Joe Ayer as Vice Chair, Brad Frost to act as the Membership Committee Chair, and Linda Heck Kilzer to act as the Member-at-large. Member Glasco would move into the Parliamentarian role.

Motion: Member Campbell moved by acclamation and Member Jackson seconded to accept the recommendation. The elected officials for the term 2014-2015 are: Chair – Theresa Flynn Gasman; Vice Chair – Joe Ayer; Membership Committee Chair - Brad Frost; Parliamentarian – Robin Glasco; and Member at large - Linda Heck Kilzer. The motion passed by a unanimous vote of the members present.

- ii. **Action:** Consider recommending the following individuals to the Board of Supervisors for reappointment to the PHAB for three-year terms to March 31, 2017: Joe Ayers and Linda Heick Kilzer (general members).

Motion: Member Yoder moved, and Member Wyatt seconded, to recommend the following individuals to the Board of Supervisors for reappointment to the PHAB for three-year terms to March 31, 2017: Joe Ayer and Linda Heick Kilzer (general members). The motion passed by a unanimous vote of the members present.

PH Branch Director Fields Hosler provided an update on membership recruitment. Due to Rachel Leuck's resignation, an extensive outreach was conducted to fill the position targeting a youth voice, to join the PHAB team. As of the Executive Committee Meeting two weeks ago, there were no applicants to consider. The decision of the Executive Committee was to wait towards the end of summer or fall to re-recruit. Further recommendations will be made following the recruitment.

c. Membership Committee:

Tim Mapes provided an update on the Excellence in Public Health awards which will be held on Friday, May 16, 2014 from 12:00 -2:00 pm at the Veterans Hall. He is looking for additional members to serve on the Planning Committee if anyone is interested.

The press release and nomination form are ready to go and will be sent out by the end of the week. He asked the members to start thinking about nominations. The deadline for nominations is April 16th. He also asked for a volunteer to help co-MC instead of himself, due to time constraints. Joe Ayers agreed to co-MC with Theresa Gasman.

Item 5 – Group Photo (break for photograph)

Item 6: HHS Agency Director's Report:

Agency Director Ewert, MPH announced Katy Eckert has accepted the HHS Business & Support Services Director position. She will be starting as Leanne Link's replacement on March 24th.

Donnell drew attention to his report and further advised that we will not be taking part in the pilot Cal Fresh Sugar Sweeten Beverages program at this time, as discussed at the last meeting. Kern County "may be" doing the pilot, however they were looking for a backup if Kern doesn't work out. We will touch base with them again in June.

Donnell reviewed the current Mental Health budget situation and explained his request going to the Board of Supervisors later this month for a realignment fund transfer from Social Services and Public Health to Mental Health budget.

Donnell briefly mentioned the plans for the Health Screening, Brief Intervention, Referral and Treatment (SBIRT) to be used by Partnership primary care providers to screen adults for excessive alcohol use. (See attachment)

Public Health Branch & Regional Services Branch Directors' Report:

Public Health Branch Director Fields Hosler reviewed the PH Branch report, noting our involvement in the Chaparral Drive incident and provided an overview on the Mercy Grand Rounds presentation by Dr. Felitti on Adverse Childhood Experiences. Discussion followed.

PH Branch Director Fields Hosler clarified we are providing less IZ's in our clinic now that Partnership is in Shasta County, as the Medi-Cal population should be getting them from their assigned provider. Discussion followed and this topic will be agendized for a future PHAB meeting.

RS Deputy Branch Director Mary Shrank provided an update on Health Care Reform. Chair Glasco suggested we get an updated report after the March 31 enrollment coverage deadline. Mary provided current numbers for the NFP program and a review of an obesity report regarding preschool aged children. Mary also reminded everyone that the Shasta Covered website is easy to navigate and a great source of information. Covered Shasta handouts were provided.

Item 7: Presentation on Disaster Planning and PH Emergency Preparedness

PH Branch Deputy Director Brandy Isola introduced Nicole Bonkrude, Community Development Coordinator for public health and supervisor for the Emergency Preparedness unit. Nicole provided a PowerPoint presentation and emphasized that public health's main role is to "reduce the burden in the health care system and to prevent deaths and illness from occurring during emergency disasters. A hand out was also provided on personal planning for disasters. (See attachment)

A disaster drill will be held on Thursday, May 22nd at the Churn Creek Post Office. A signup sheet was provided for those members wanting to attend the disaster drill on May 22, 2014 and an email will follow with specific information on the event. Member Coe referred members to a website called KAL PIN, California Preparedness Education Network. It is very detailed and now available to the public.

Item 8: Discussion:

Nicole proposed the question to the members "how can we better assist our vulnerable populations during emergency health threats?" A robust discussion followed.

PH Branch Director Fields Hosler also reminded members about the elective lab tour at 2:00pm following the PHAB meeting.

Dr. Andrew Deckert reported that the meningococcal Group B vaccine not currently available in the US is being administered at UC Santa Barbara under investigational protocol due to a recent outbreak. He also distributed two e-cigarettes fact sheets called "The Truth" and stated this information is available on the PH website.

Chair Glasco said an e-cig policy was just implemented at Shasta Community Health Center. Dr. Deckert commented that e-cigarettes policies are still being discussed and adopted at the local level and PH is collecting that data and supporting these efforts.

Item 9: Member Sharing: None

Item 10: Adjournment at 1:57 pm

**Health & Human Services Agency, Public Health & Regional Services
Directors Report - Public Health Advisory Board
May 14, 2014**

CURRENT ISSUES:

Health & Human Services Agency (HHS) Update:

- The Shasta Health Assessment and Redesign Collaborative (SHARC), a local collaborative of health care institutions, completed its 2014-15 strategic plan recently, a copy of which is distributed with the meeting documents for the May meeting. The three main goals in the plan are to (1) increase provider capacity for both primary care and specialties, (2) integrate mental health and substance use disorder treatment into primary care settings, and (3) develop a health insurance exchange.

(See copy of the strategic plan in the meeting packet.)

Public Health Branch Update:

- April 7-11 was National Public Health Week, and using social media we spotlighted programs in each of our 4 Divisions, with a final article from the Director focusing on Prevention on the last day. A banner graphic was on the shastahsa.net homepage, with a direct link to the Public Health page. New information was uploaded each morning and also shared on HHS and community partner facebook pages, and seen by more than 1,500 facebook users. We also celebrated our amazing Public Health staff with a luncheon sponsored by Public Health Branch leadership and the social committee.
- We had one confirmed case of Measles in an unvaccinated adult in Shasta County in April. This required our Public Health CD staff to follow up and investigate nearly 100 leads to prevent secondary cases. We appreciate our staff's professional dedication and the exceptional partnership from local medical institutions and private businesses to address this concerning CD issue.
 - After more than 6 months of planning, the NO MORE Campaign to end Domestic Violence and Sexual Assault was launched at a Women's Fund Community Forum, Community Leader Discussion session, and the Take Back the Night event. This was a hugely successful collaborative effort from The Women's Fund, One Safe Place and Public Health. Dr. Alan Berkowitz was our keynote speaker and introduced the concept of Bystander Engagement. Through funding from The California Endowment and local in-kind contributions, print, TV and Radio PSA's will be seen throughout the community over the next year. For more information or to request a NO MORE presentation at a business or community meeting, go to One Safe Place's website at <http://www.ospshasta.org/>

Regional Services Branch Update:

- **Health Care Reform:**
 - Covered Shasta Community Stakeholders Meeting: During March's meeting, Jonathan Taylor, HHS MediCal Analyst, reviewed portals for enrollment including: Online (C4Yourself); by mail; in person at one of HHS Regional Offices; over the phone via Covered California and Shasta County's Customer Service Center. He also reviewed options for Community Based Organizations to set up their own C4Yourself account which allows them to track aggregate data on their enrollments.
 - Covered California open enrollment for 2014 closed March 31st. However, if someone experiences a life-changing event like marriage, birth of a child or loss of employer-sponsored health coverage, they may sign up for coverage within 60 days of the event in a special enrollment (see coveredshasta.com for details). As always, MediCal enrollment continues year-round. Call volume to both the Regional Call Center and to our local Customer Service Call Center has continued to be high through the month of April.
- **Nurse Family Partnership (NFP):** As of 4/7/2014, the NFP program has received 326 unduplicated referrals and the program met the April 21st deadline to be at full caseload of 100 families!! Sixty-one babies have been born into the program since November 2012.

- **Regional Services Relocates to McArthur:** In May, the Fall River Mills site will relocate to the McArthur Intermountain Fairgrounds and offer both WIC services and CalFresh/MediCal application assistance.
- **WIC Turns 40:** This year, WIC marks 40 years of providing nutritious food and education, breastfeeding support and referrals for health and social services for millions of young families. The California WIC Program serves over 1.4 million participants. Shasta County served 6185 clients in March.

BOARD OF SUPERVISOR STAFF REPORTS (March – April 2014):

- Agreement Funding Application for Maternal, Child and Adolescent Health Program
- Ongoing Support of Healthy Shasta from Dignity Health, dba Mercy Medical Center Redding
- Retroactive Agreement with BtB Software, LLC
- California Department of Health Care Services Certification for Children's Medical Services Funding Allocations for FY 2013-14
- Reappoint members to the Public Health Advisory Board and Receive Annual Report
- Receive Biennial Report on Blood-Borne Disease Prevention Program

Shasta Health Assessment and Redesign Collaborative (SHARC)

Convening Agency: Health Alliance of Northern California
2280 Benton Drive, Bldg C, Ste C
Redding, CA 96003 - 530-247-1560

Mission: Improving care and health for Shasta County and the region by working together to achieve the Triple Aim – “better care and better health at lower cost.”

Members

Doreen Bradshaw
Health Alliance of Northern California

Chris Bayless
Planned Parenthood Shasta Pacific

Katrina Cantrell
Women’s Health Specialists

Lynn Dorroh
Hill Country Health and Wellness Center

Donnell Ewert, Chair
Shasta County Health and Human Services

Tami Fraser
Shingletown Medical Center

Dean Germano
Shasta Community Health Centers

Cyndy Gordon
Shasta Regional Medical Center

Randall Hempling
Community Member

Dave Jones
Mountain Valleys Health Centers

Margaret Kisliuk
Partnership HealthPlan of California

Marta McKenzie
Community Member

Patrick Moriarty
Community Member

Suzanne Ness
Hospital Council of Northern & Central California

Karen Preisser, Vice-Chair
iPlan

Ron Reece, M.D.
Dermatologist

Matt Rees
Mayers Memorial Hospital

Ron Sand, M.D.
Primary Care Physician

Deb Schoenthaler
North Valley Medical Association

Patrick Varga
Dignity Health Mercy Medical Center Redding

Jordan Wright
Dignity Health North State

Non-voting Members

David Kehoe
Shasta County Board of Supervisors

Lynda Scheben
Facilitator

SUMMARY OF STRATEGIC PLAN

July – October 2013 - SHARC members completed a survey to assess the group's priority areas for 2014-2015. Survey results were presented, discussed and 5 priority areas selected for further review and prioritization. SHARC members agreed to continue working at the systems level to achieve the Triple Aim goals of "better care and better health at lower cost." Team leaders and committees were established and presentations were given on each topic area for further study and prioritization.

November – December 2013 – SHARC members continued to refine priority areas for 2014 – 2015 at general and committee meetings. Members participated in the Rural County Collaboratives Summit at the Gaia Hotel where further prioritization discussions occurred. Two original topic areas were eliminated (access to health coverage and Medi-Cal managed care implementation) and one topic area was expanded (specialty care access was added to primary care capacity/efficiency). SHARC members agreed to extend their planning process through February/March 2014.

January – March 2014 – Co-team leaders were established for the three SHARC strategic planning committees. Team leaders and workgroups refined topic areas to be more specific, measureable, and time-bound. The SHARC Strategic Plan for 2014-2015 was approved at SHARC's regular meeting on February 28, 2014. SHARC members agreed to continue their financial commitment to HANC as the lead agency to convene, facilitate and coordinate SHARC activities.

STRATEGIC PLAN AREAS and TEAM LEADERS for 2014 - 2015

- **Increase access to health services (primary care and specialty care capacity/efficiency)**
Team leaders: Doreen Bradshaw, ED, Health Alliance of Northern California (regional clinic consortia)
Cyndy Gordon, CEO, Shasta Regional Medical Center (hospital)
- **Promote integration of behavioral health into primary health care (within Medi-Cal Managed Care/COHS)**
Team leaders: Lynn Dorroh, CEO, Hill Country Health and Wellness Center (community clinic)
Donnell Ewert, Director, Shasta County Health and Human Services Agency (county HHSA)
- **Develop and support a Health Information Exchange**
Team leaders: Deb Schoenthaler, ED, North Valley Medical Association (regional medical society)
Ronald Reece, M.D., Dermatologist, North Valley Medical Association (private physician)

Goal 1: Increase access to health services by expanding primary and specialty care capacity and improving efficiencies in delivery.

Objective 1: By June 30, 2014, conduct assessment of Shasta County's Primary and Specialty Care capacity to determine network adequacy.

Action Steps:

1. Work with Partnership HealthPlan of California, NVMA and others to determine capacity for primary and specialty care.

Objective 2: During 2014-2015, enhance Primary Care Physician Recruitment Activities.

Action Steps:

1. Convene SHARC task force to advance Shasta County recruitment and retention efforts.
2. Develop stronger partnerships with CMA, UC Davis Rural Prime Program, Touro University and others.
3. Promote loan repayment opportunities.

Objective 3: By 2015, increase the annual retention of Family Practice Residents in Shasta County from two to five.

Action Steps:

1. Conduct survey to Family Practice Residents to gather information for retention strategies.
2. Develop closer network for younger physicians.
3. Host annual event in support of community physicians.

Objective 4: By 2015, advocate for policy to develop payment reform pilot projects.

Action Steps:

1. Increase knowledge of other pilot projects utilizing alternative primary care models and payment methodologies.
2. Increase the use of technology for alternative visits.

Objective 5: By 2015, establish baseline and monitor inappropriate emergency use by Medi-Cal patients.

Action Steps:

1. Increase promotion of the Patient Centered Health Home (PCHH).
2. Monitor referrals to PCHHs.

Objective 6: By 2015, work with PHC to improve specialty care access for Shasta County and surrounding communities.

Action Steps:

1. By June 2014, explore models to improve specialty care.
2. By September 2014, select one model for implementation and report progress to SHARC.

Goal 2: Improve the health of Medi-Cal patients by promoting the integration of mental health and substance abuse services into primary care.

Objective 1: By June 30, 2014, work with the Shasta County Health and Human Services Agency, Partnership HealthPlan, Shasta County FQHCs and Shasta County substance abuse providers to assess need, available services, and current data collection processes.

Action Steps:

1. Develop current snapshot of mental health substance abuse and mental health needs/services in Shasta County.
2. Committee identifies measurable objectives based on currently available data.

Objective 2: By Sept 30, 2014, substance abuse, primary care and mental health providers are more fully informed about currently available services.

Action Steps:

1. Increase participation in committee by including substance abuse providers, probation and others as identified to develop a Shasta County Integrated Care Network.
2. SHARC sponsors a providers summit focused on the development of improved referral relationships to already existing services.

Objective 3: By October 2014, increase the availability of integrated primary care/mental health/substance abuse treatment services with multiple strategies as available and appropriate.

Action Steps:

1. Improve coordination between substance abuse providers and primary care providers, e.g. replicate relationships similar to that between Shasta Community Health Center and Empire Recovery.
2. Co-locate substance abuse providers in primary care settings, e.g., possible co-location of substance abuse provider at Mountain Valleys Health Centers.
3. Promote a primary care provider(s) to become “Drug Medi-Cal certified,” e.g. explore the possibility of Hill Country Health and Wellness Center becoming Drug Medi-Cal certified.

Objective 4: By December 2014, increase screening for behavioral health and substance abuse using tools such as Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings.

Goal 3: A working Health Information Exchange (HIE) for the counties, in whole or in part, of Lassen, Modoc, Shasta, Siskiyou, Tehama and Trinity will be established and patient health information will be shared in a safe and secure environment.

Objective 1: By March 2014, identify planning partners and develop a planning agreement or MOU.

Action Steps:

1. Convene monthly planning meetings.
2. Clarify and obtain multi-stakeholder consensus on shared vision for regional HIE.
3. Identify specific planning action steps, lead agency, and partner responsibilities; and obtain buy-in from the agency CEOs and county health collaboratives (SHARC, Siskiyou Health Collaborative, CA 299 Collaborative, and Lassen Health Collaborative).
2. Finalize MOU agreement and obtain signatures from planning organizations.

Objective 2: By December 2014, complete the HIE planning process and finalize business plan.

Action Steps:

1. Develop and convene Executive Committee to lead activities and hire facilitator and/or consultants.
2. Work with health collaboratives and partners to coordinate HIE planning activities.
3. Define shared goals, objectives and expectations that address the following:
 - a. Governance structure and legal issues
 - b. Technology and network infrastructure
 - c. Standards for data sharing and protection
 - d. Start-up funding and ongoing financial sustainability
4. Develop a framework to select a HIE vendor, i.e., review existing work defining HIE criteria and specifications and provide appropriate new criteria as appropriate;
5. Complete due diligence and validation of HIE specifications with Inland Empire HIE; and if necessary develop a vendor Request for Proposal (RFP);
6. Develop scoring criteria for the selection of an HIE on a regional basis and support the collaborative process for final selection of a regional HIE;
7. Work with North State Health Connect to establish Governing Board and HIE participation agreements.

Objective 3: By December 2015, test and implement HIE.

Action Steps:

- 1 Pilot test and begin implementation of vendor HIE
- 2 Continue addressing funding and ongoing sustainability.