

MCAH STATEWIDE ACTION MEETING

Business Day

OCTOBER 22, 2014

Hilton Sacramento Arden West

Welcome and Introductions – Kiko Malin

President's Report

Overview of the day & changes to the agenda.

Three things Kiko is excited about:

- CDPH - There is new leadership at the Center for Family Health (Dr. Connie Mitchell) and some reorganization within MCAH. Exciting time of transition.
- MCAH Action Strategic Planning – Yesterday's session was successful and leading us in a positive direction.
- California WIC Association (CWA) and MCAH Action potential merger/collaboration – There was a MCAH Action/CWA Retreat in November with MCAH Action executive committee members, CWA staff and representatives from local WIC agencies where we discussed similarities and differences of our two organizations. Bobbie Wunsch from Pacific Consulting facilitated the retreat. There was a great deal of synergy and similar philosophies found. The meeting discussed what a potential merger would look like. There were also potential divergent points that need to be discussed. There is a great potential for advocacy. CWA has a strong infrastructure for advocacy and MCAH action could from their CalWIC expertise in this area.

Introductions of MCAH Directors were conducted by the number of years in the MCAH Director and Coordinator role.

State and FHOP staff introduced themselves.

MCAH Action Strategic Planning Session – Pacific Health Consulting Group

A draft strategic plan incorporating the work from Tuesday's session was distributed. The group was asked to review the priority areas and give feedback. Each table was to: Go through the plan and see if there are any 'big' issues to be corrected; as a group discuss the issues; write comments and share the 'big' issues. Revision of the plan will be made in the next two weeks and implementation activities will begin. The executive committee will review changes and send to MCAH Action members.

There was time for feedback with many insightful comments.

Call to action: Members were asked to form workgroups for each priority area to begin the implementation process for a three-year plan. More direction about the expectations for group members (time commitment etc.) will be communicated once the executive committee meets to review the final version of the plan and makes plans for implementation. Members signed on to the following workgroups:

Branding and Visibility Taskforce

1. Adriana Ramirez, Imperial
2. Lynn Mello, San Benito
3. Donna Fry, Nevada
4. Melissa Parrish, Tuolumne
5. Megan Blanchard, Trinity
6. Laura Warren, Mendocino
7. Marilyn Powell, Humboldt
8. Ann Dickman, Butte
9. Quinn Wells, Sacramento
10. Lynnann Svensson, El Dorado
11. Eva Lambert, Lake
12. David Nunez, Orange

Leadership Development

1. Robin Schurig, Shasta
2. Janine Woods, Monterey
3. Rhoda Blankenship, Santa Clara
4. Marjorie Batin, Kings
5. Cindy Watson, Placer
6. Katie Eastman, Siskiyou
7. Julie Falkenstein, Stanislaus
8. Nancy Calvo, Solano
9. Michelle Curioso, Kern
10. Anna Sutton, Yolo
11. Rose Mary Garrone, Fresno
12. Sandra Copley, Santa Barbara
13. Sherylin Taylor, Lake

Resource Sharing and Best Practices

1. Ann Soliday, Yuba
2. Jennifer Rienks, FHOP
3. Rhonda Freeman, San Diego
4. Cindy Tso, San Diego
5. Cheryl Assante, Merced
6. Michelle Schmidt, Tehama
7. Julie Falkenstein, Stanislaus
8. Shanna Anseth, Sierra
9. Elaine Anthony, Kern
10. Schsleen Lee, Colusa
11. Anna Gruver, Alameda
12. Melody Kellar, Madera
13. Sherylin Taylor, Lake
14. Eva Lambert, Lake
15. Diana Ramos, Los Angeles

Policy/Advocacy

1. Linda Winn, Calaveras
2. Mary Hansell, San Francisco
3. David Nunez, Orange County
4. Robert Gilchick, Los Angeles
5. Sherylin Taylor, Lake
6. Diana Ramos, Los Angeles
7. Lorena Martinez-Ochoa, Contra Costa
8. Jennifer Rienks, FHOP
9. Sandy Szalay, Napa
10. Robin Bunch, Calaveras
11. Tammy Higgins, Tulare
12. Cathy Volpa, Tulare
13. Nancy Calvo, Solano
14. Jan Babb, Yolo

Population Health, System Transformation and Integration

1. Tom Coleman, San Diego
2. Claudia Benton, Ventura
3. Michelle Schmidt, Tehama
4. Charisse Feldman, Santa Clara
5. Anand Chabra, San Mateo
6. Vanessa Long, San Bernardino
7. Sherylin Taylor, Lake
8. Curtis Chan, San Francisco
9. Lorena Martinez-Ochoa, Contra Costa
10. Sandra Rosenblum, Marin

Life Course Theory (LCT) Workgroup - Mary Hansell and Claudia Benton

Webinars were held this year on basics of LCT and integration of LCT into the BIH program. Provided resources with the assistance of FHOP. Sent out survey to MCAH Action members about knowledge level re: LCT and member desires for further info/support- 45 responded

- 80% had some knowledge of the LCT
- 52% had integrated LCT in their program
- 57% had integrated LCT in the scope of work
- 77.8% wanted more training about the application of the LCT
- Survey respondents asked for 1:1 assistance
- Recommend another short survey about who is using LCT, who needs assistance, who would like to be a mentor and be mentored by benchmark counties
- This workgroup plans to be integrated into the strategic planning process
- Suggest new members review the FHOP webinar archive
- Suggest the LCT 101 be incorporated in education for new members on a regular basis

- Plan brought for vote by members: Recommend survey about need for mentoring and need to be mentored with a guide on LCT. The majority of members agreed on this plan.

Treasurers Report – Elisabeth Chicoine

Elisabeth C. is working with Lena Workman, CWA fiscal agent in developing new systems to monitor MCAH Action.
Current balance is \$83K.

Letter of Support – Nancy Calvo

Sign on to a letter of support from ‘Prevent Child Abuse America.org’ to maintain funding for MIECHV (Maternal, Infant, Early Childhood Home Visiting Program) is requested. This letter will be submitted to federal legislators. Nancy will ask for vote to approve later in the meeting.

Policy Committee – David Nunez

David discussed SIDS policy changes that were made by the Southern Region SIDS Council and State MCAH this past year. There were members of MCAH Action that did not agree with the changes in the policy regarding ‘safe sleep’ guidance. Changes to the document were made to reflect MCAH Action and the Policy Committee’s recommendations. State MCAH has agreed to include MCAH Action in this type of policy change in the future. Co-sleeping is not recommended as per the AAP 2011 policy statement. Claudia Benton and Elisabeth Chicoine encouraged motivational interviewing tools to use with SIDS education. Tools are on the FIMR website.

Nominations for ‘Member at Large’

Robin Bunch from Calaveras was nominated to replace Ifeyinwa Asiodu who has resigned her Executive Committee post. Robin accepted the nomination. Sherilyn from Lake County was also nominated but she declined. Election will be held at the end of the meeting.

LCT Workgroup – Gerri Perry-Williams

Goal - Build a three-minute elevator speech and development a package for MCAH Action members. The social-economic model and social determinants of health are to be included. This work will also be wrapped into the strategic plan.

MIHA (Maternal Infant Health Assessment) External Workgroup– Sandra Rosenblum

MIHA workgroup meets once yearly about design of annual MIHA surveys and plan for disseminating data. Sandra requested input from members about data needs. The 20 largest counties have individual county data available currently. It was requested that the needs of small county be emphasized. Sample size is an issue. Next year the 35 largest counties will begin county-wide data compilation. The aggregate data will begin to be compiled in 2015.

State MCAH Program Report and Discussion

Addie Aguirre – Interim MCAH Director

Introduced new Deputy Director, Center for Family Health: Dr. Connie Mitchell

Dr. Connie Mitchell

Dr. Mitchell's experience includes work as a Public Health Medical Officer with State MCAH (Maternal Health and Policy Branch Chief) and most recently with the Office of Health Equity where she worked on addressing the social-determinants of health with California health leaders and legislators.

Vision:

Reorganization of the CFH and MCAH

Hired a WIC Director

In process of hiring an MCAH Director

Genetic Disease Screening: new Director as well

Cross-fertilization of programs

Foster sense of community and support within the CDPH

Regular stakeholder meetings

Enhanced communication

Maintain strong leadership as a State

Key issues

- CDPH Public Health Accreditation
 - Ebola – Currently all requests for information from the public are directed to the Local Health Department. Dr. Mitchell noted that there is an increase in maternal deaths with Ebola in West Africa. If needed, MCAH will address the management of infected women and infants.
 - Policy issues – Gave an update from the Office of Legislative Affairs. State can send this information to the MCAH members. State staff can present legislation that is currently in process without discussing planning legislation or lobbying efforts.
- AB 496 Continued Medical Education on expansion of care of TGBTI
 - AB – Addition of a new disease to genetic screening - ALD
 - AB 1819 - Prohibits smoking in child-care centers
 - AB 2321 Authorize DMV to have a license for Domestic Violence. Proceeds to the Office of Emergency Management
 - AB 2413 Farm Corp
 - AB 549 After school programs – healthy eating
 - SB 1266 Public Schools to provide emergency epinephrine by trained volunteers
 - AB 1787 Lactation facilities in airports with more than 1000 enplanements

BIH Laurel Cima-Coates

See State PowerPoint Handout

- The issue: There is a Black White disparity even though infant mortality rates have decreased over time. African American infants also face disproportionately higher rates of preterm births and low birthweight.

- Current science suggests that social factors play a key role. Disparities are not explained by differences in access to health care, risk behaviors or other known causes of adverse birth outcomes. Promising approaches focus on reducing stress and empowerment.
- BIH is an empowerment-focused, culturally-affirming group intervention.
- Data shows that too few women participate in group activities
- Program revisions ensure women receive the entire intervention of group and case management. Changes include: prenatal entry only; women must start group 30 days after enrollment; develop guidelines for staggered group scheduling to increase client participation in group; enrolled women who can't participate in group will receive brief case management and be closed out after 60 days.
- Milestones - \$4M restored to BIH from State General Fund. As a result, Riverside and San Bernardino counties BIH programs were re-instated; MCAH revising funding formula for LHJ allocations; Local staffing requirements ensure program can be implemented as designed with staffing of a community outreach liaison, PHN, mental health professional and data entry person.
- Received CDC Prevention Block Grant for a Messaging Toolkit to create standard BIH messaging.
- Counties have not always had adequate funding and staffing for BIH implementation.
- Funding will come with good evaluation tools and data analysis. Model fidelity is needed for evaluation purposes.
- There will be revisions and recommendations to the State-wide group for review.

MCAH/WIC Collaboration – Martha Dominguez

See State PowerPoint Handout

- Parallel missions between MCAH and WIC
- System of Care developed to improve access and delivery of services
- WIC – nutrition, breastfeeding, referrals, provision of nutritious foods
- MCAH is broader in perspective
- Building a system of care together
- Planning Process
- Idea of having a WIC/MCAH PHN as Community Ambassador is being discussed
 - Perinatal Health Community Coordinator to strengthen and maximize collaborations between MCAH and WIC; build infrastructure; improve referral system; standardize health messaging; improve health education.
 - Question – who will supervise this PHN? No answers yet...all of this is still being explored.
- Benefits

- Maximize collective impact through collaboration, program outreach, triage to services
- There are five WIC planning subgroups and one is dedicated to MCAH/WIC collaboration.
- Members on this group consist of: MCAH Directors/PSCs, WIC and State reps from WIC and MCAH.
- Sandra Rosenblum from Marin asked why is this extra USDA funding being transferred to MCAH vs. staying with WIC. There is some miscommunication at the local level. Laurel Cima-Coates responded that there is a need for common and clear messaging and it's important to stress the public health benefits of this collaboration. The USDA monies have not been directly allocated at this time and it is not certain how it will be executed.
- Jan Babb: Discussed the need to utilize the PHN within her scope of work.
- Kiko Malin: Will each county receive extra funding for this PHN position?
- Sherilynn – Lake County: USDA has incorporated collaboration in their scope of work.
- Kathy from Tulare County discussed attempts to coordinate efforts with WIC utilizing PHN time. This is very encouraging for the future of this collaboration at the State-level and leverage resources.
- State MCAH will need this plan accepted at the State level before they can approach USDA for approval.

CHVP Funding – Dr. Kristen Rogers

See State PowerPoint handout

- Introduced new program staff
- Discussed data updates, federal reporting, grant writing, AFA, P&Ps, website, State-level partnerships
- Federal Funding
 - Competitive grant submitted 10/16/14 for existing funding. 3/1/15 to 9/30/17
- Formula Grant due 11/3/14 for \$13.2M as expansion funding. 3/1/15 to 9/30/17. It is not clear if this will be for existing sites or for new sites. Current grant does not ask for this information.
- Jan Babb asked if there will be funding for new counties? At this time, this is not in discussion or in the grant. Will wait until grant is received and then revisit this issue.
- MCAH counties that do not have NFP would like to be informed of the possibility of being included in funding for new sites.

CoIIN on Infant Mortality – Dr. Maria Jocson

See State PowerPoint handout

- Initiatives to improve birth outcomes reviewed
- CoIIN (Collaborative Innovation and Improvement Network) Infant Mortality Initiative – sponsored by HRSA/MCHB and NICHQ

- Cyber-team work to develop, implement and evaluate strategies to reduce infant mortality
 - Emerged in January, 2012 with five priority strategies
 - Members from each state and HRSA/MCHB
 - Region IX (CA, NV, AZ, HI) invited in July, 2014
 - State strategy teams include program/policy staff and epi staff
 - NICHQ National Institute for Children's Health Quality will complete synthesis of state results. Three strategic priorities will be formed
 - Infant Mortality review by Michael Curtis was not presented for lack of time.
- Data
- One focus of the CoIIN may possibly be some place-based efforts to address geographic pockets where there are deep disparities.
 - Curtis Chan – Highlighting the disparities in infant mortality will enhance our advocacy for our home visiting, WIC, adolescent health and other local programs.

California Adolescent Health Collaborative (CAHC) - Julia Zeuli/Liz Worthy

- Goal to understand adolescence as a developmental period and how collaborative can help local health jurisdictions (LHJ). Functions:
 - CAHC assists programs towards positive youth development
 - There are regional convenings, e.g. health care for LGBT youth; promoting the health of youth affected by commercial sexual exploitations and human trafficking, etc.
 - Provide training on best practices on adolescent health. Trainings include: Minor Consent and Confidentiality; Healthy Relationships and Adolescent Relationship Abuse; Positive Youth Development; Promoting Sexual and Reproductive Health in Foster Care
 - Provide Resources and Data
 - Conduct Research
- ASHWG – Adolescent Sexual Health Work Group (CAHC is a member)
 - Increasing awareness of ways to foster an integrative approach to HIV, STD and teen pregnancy prevention
 - Strengthening communication and collaboration among HIV, STD and teen pregnancy prevention
- Through ASHWG, the CAHC developed a 'Positive Youth Development Framework and Toolkit', trained over 2000 MCAH professionals and increased availability and utilization of adolescent health data – Available on website
- Twitter @teenhealthca
- Group discussion on gaps and/or emerging issues, policy opportunities and support needed to meet LHJ goals
 - Mental Health resources for youth – CAHC working with Juvenile Justice system working in collaboration with community programs

- Unaccompanied minors over the border that are pregnant? Arrival of unaccompanied minors from Honduras and Guatemala since 2007 has increased by 400%. Pregnancy data not known.
- Pregnant teen bullying? Yes, this is a hot topic at the time.
- Can MCAH work with the Office of Education to get school credit? This will need to be looked into.
- High pregnancy rates among 18-19 y/o in some rural counties.
- High rate of self-reported depression in teens, especially in girls. Is this being addressed? The focus is mostly on Internet Bullying that can lead toward depression. Currently there are limited services and resources.
- CalSAFE program has been cut or lost. Will CalSAFE return? How are School Nurses used in adolescent health? This is good for CAHC to work with.
- It was mentioned by LA MCAH that MCAH does not receive the resources that are needed to address these major issues
- ACE screening tool has been helpful in addressing teen issues

Hot Topic Roundtables Report Back

SIDS – David Nunez

- There is an internal debate about the promotion of room sharing and not co-sleeping
- A standardized message is needed in collaboration with MCAH, AAP, MOD, and WIC
- Mike Curtis will be working with the SIDS program, revisions to MIHA and the CDC PRAMS data
- A standard is needed for death scene investigation to take into account high risk factors
- Conflicting view of data by breastfeeding advocates vs Public Health

TCM vs FFP budget in Home Visitation – Mary Hansell

- Discussed the rationale of both TCM vs FFP
- Fiscal analysts may want to talk to each other about budget options

ACA and how it is affecting MCAH – Diana Ramos

- Group asked for Medi-Cal representative to give members information on the following:
- How do members get assigned to Medi-cal managed care vs. State Medi-Cal?
- Presumptive Eligibility (PE)
- Educating providers on how to extend presumptive eligibility
- How do clients access services and know what services are provided?
- Under the umbrella of case management, the provider can ask about Medi-Cal eligibility

Wrap-up and Adjourn

Revisited the Ebola Discussion since it is a potentially hot topic

- Communication plans should be developed for staff, the hospital and public media
- Prevent alarmist views. We can calm fears from our clients.
- The Public Health Department is the first responder
- Some LHJ's are taking nursing time for Ebola
- Curtis Chan – PHNs will assist as needed. At the ICS meeting, the PHNs will be activated for home surveillance if needed. Communication and leadership will be needed to disseminate pertinent information.

Election of new member to MCAH Action executive committee

Robin Bunch of Calaveras County was elected to the executive committee member at large position by unanimous vote.

Letter of Support for MIECHV– Nancy Calvo

Approved by unanimous vote for MCAH Action to sign on to support Maternal Infant Early Childhood Home Visiting (MIECHV).

Urban and Rural Caucus Meetings

The urban and rural caucus meetings due to time constraints.

Meeting adjourned at 5:03 p.m.