LTACH Collaborative and vSNF Workgroup Joint Meeting on Interfacility Transfer Communication Across the Healthcare Continuum

November 9, 2022

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



Housekeeping Reminders



This session is being recorded



If your name does not show up, please "right click" to rename



Please stay muted if you are not speaking



To comment, you can unmute or type into the Chat



Implicit Bias

- Describes how our unconscious attitudes or judgements can influence our thoughts, decisions, or actions
- Includes involuntary, unintentional perceptions made without awareness
- Occurs as our brains sort information and perceive data to understand our world
- Affects our decisions, contributing to societal disparities
 - Self awareness about implicit bias can promote healthcare diversity and equality
- Learn more about your own implicit bias at <u>Project</u>
 <u>Implicit</u> (implicit.harvard.edu/implicit/)





Agenda

12-12:10PM	Welcome and Project Introductions
12:10-12:20PM	Review Interfacility Transfer Communication Form Becca Czerny, Antimicrobial Stewardship Project Coordinator, HAI Program, California Department of Public Health
12:20-12:30PM	Interfacility Transfer Communication: The LHD Experience Guest speaker: Kelli Clark, Clinical Director, San Bernardino Department of Public Health
12:30-1:25PM	Breakout Groups and Discussion
1:25-1:30PM	Next Steps



vSNF Workgroup - Background

- 1.5 year-long project to support infection prevention and control programs in vSNF (subacute)
- Goal: Prevent outbreaks, contain transmission, and limit spread of MDRO to new facilities and regions.
- To achieve this, participating facilities will:
 - 1. Observe a measurable improvement to hand hygiene and environmental cleaning and disinfection practices by implementing a quality improvement (QI) project that includes an adherence monitoring program,
 - 2. Increase staff awareness and knowledge of MDRO through web-based workshops and dissemination of infection prevention and control materials, and
 - **3. Build relationships** among vSNF, with local health departments, and with LTACH in their referral network.



LTACH Collaborative - Background

- 1.5 year-long project to support Antimicrobial Stewardship Programs in LTACH.
- Goals: Prevent the emergence of MDRO and other collateral effects
 associated with overuse of antimicrobials, and to support facility application
 to the CDPH HAI AS Honor Roll either as a new member or upgrade their
 designation if an existing member to recognize their efforts.
- To achieve this, participating facilities will:
 - 1. **Design one AS intervention** at each facility that includes a monitoring plan.
 - 2. Apply to the **CDPH HAI ASP Honor Roll** as a new member or upgrade designation if applicable.
 - **3. Build relationships** with LHD, other participating LTACH, and vSNF in their referral network.

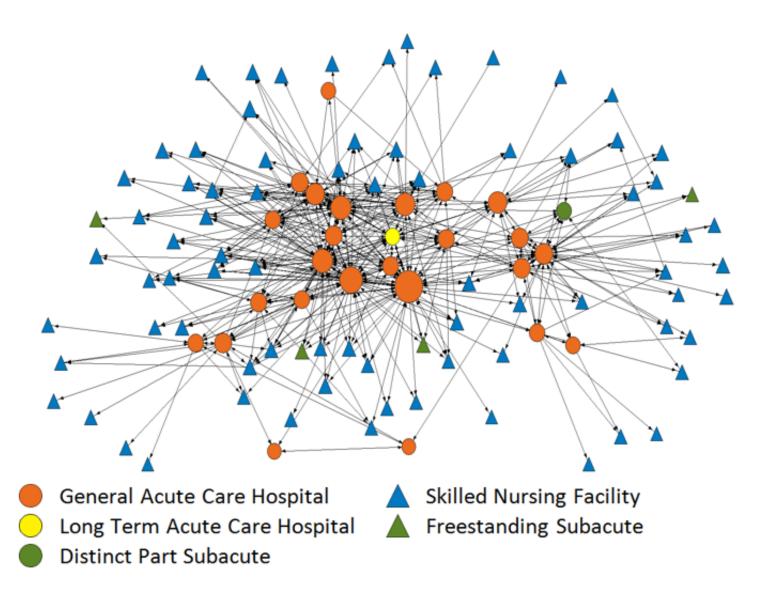


Goals of Joint Meeting

- Build relationships among participating vSNF and LTACH who share patient populations, along with local health departments
- Establish communication expectations among and between facility types
- Collaboratively agree on best practices for interfacility communication success

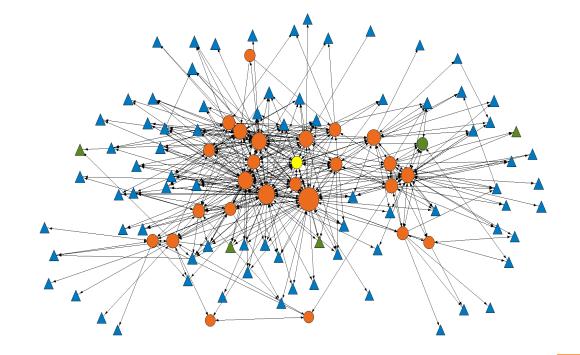


Patient Sharing Networks Lead to MDRO Spread



Can spread easily
 within and between
 healthcare facilities





A REGIONAL APPROACH



Communication

- Key to preventing interfacility transmission!
- Actively seek MDRO status of all admissions
- Flag medical record for future admissions
- Inform receiving facility of patient MDRO status and IPC recommendations
- Educate patients and family
- Use interfacility transfer form

Interfacility Transfer Communications Guide (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Interfacility Communication.aspx)

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

10

1EALTHCARE FACILITY TRANSFER FORM

Patient Name (Last, First):

Date of Birth:

Ise this form for <u>all</u> transfers to an admitting healthcare facility.

MRN:

Affix patient labels here.

Transfer Date:

Receiving Facility Name:		•					
Contact Name:	Cor	tact Phone:					
Sending Facility Name:							
Contact Name:	Cor	tact Phone:					
RECAUTIONS							
Patient currently on precautions	s? If yes, check all that	apply:					
☐ Yes ☐ No		ntact 🗆 Droplet 🛭	☐ Enhanced	Standard*			
Personal protective equipment (PPE) to consider at receiving fa	acility*:					
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☐ Gloves ☐ Gown	☐ Mask	☐ N95/PAPR	☐ Eye Pr	otection			
Long-term care facilities may impler							
ransmission, i.e., gown and glove us							
DPH%20Document%%20Library/AF	- <u>L-19-22.par</u>); such patients may i	be on Contact precauti	ons in acute ca	are settings.			
ORGANISMS (Include copy of lab	results with organism ID and a	ntimicrobial suscept	ibilities.)				
Patient has multidrug-resistant of	organism (MDRO) or other lal	results requiring pr	ecautions?				
☐ Yes (record organism(s), spec	imen source, collection date)	□ No					
☐ Exposed to MDRO/other (rec	ord organism(s) and last date(s) of exposure if know	wn)				
Ougon	No.	Carbapenemase	Source	Date			
Organ	115111	(if applicable)**	Source	Date			
☐ Candida auris (C. auris)							
☐ Clostridiodes difficile (C. diff)							
Acinetobacter, multidrug-resis							
Carbapenem-resistant Enterol				ļ			
☐ <i>Pseudomonas aeruginosa,</i> mu		()					
☐ Extended-spectrum beta-lacta							
☐ Methicillin-resistant <i>Staphyloc</i>							
☐ Vancomycin-resistant <i>Enteroc</i> e							
\square No organism identified (e.g., n							
☐ Other, specify:							
(e.g., SARS-CoV-2 (COVID-19), lice	e, scabies, disseminated						
shingles (Herpes zoster), noroviru							
*Note specific carbapenemase(s) (e.g., NDM,KPC, OXA-23) if known							

INTERFACILITY TRANSFER COMMUNICATION



Elements of Interfacility Transfer Communication

- Where to record information and where to find it (how to find it)
- 2. What to record, what to share
- Who to communicate with
- When to share information
- 5. How to communicate (verbally, IP-to-IP, by email (to PH), in a big stack of EMR, inter-facility transfer form)



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

	ACILITY TRAN	SFER FORM nitting healthcare fac	cility.			ix patient els here.
Patient Name (Last						
Date of Birth:	MRI	N:		Transfer Date:		
Receiving Facility N	lame:					
Contact Name:			Contac	t Phone:		
Sending Facility Na	me:					
Contact Name:			Contac	t Phone:		
RECAUTIONS						
Patient currently o	n precautions?	If yes, check all	that an	ply:		
□ Yes □ No				ct Droplet D	Enhanced :	Standard
Personal protective	equipment (PPF)	to consider at receivi	ing facili	tv*:		
ersonal protective	equipment (i i e)	to consider de receive	ing rocin	., .		
				\bigcirc	*	7
Gloves	Gown	☐ Mask		N95/PAPR	☐ Eye Pro	otection
MDRO or risk factor hay be on Contact p PRGANISMS (Includ Patient has multid	s for transmission, precautions in acute le copy of lab result rug-resistant organ	ts with organism ID a	use for	high-contact care	activities; sub	
		source, collection da		□ No f exposure if know	vn)	
				f exposure if knov Carbapenemase	vn) Source	Date
☐ Exposed to MDF	Organism	source, collection da		f exposure if know		Date
☐ Exposed to MDF	Organism . auris)	source, collection da		f exposure if knov Carbapenemase		Date
☐ Exposed to MDF ☐ Candida auris (C ☐ Clostridiodes difj	Organism . auris) ficile (C. diff)	source, collection da rganism(s) and last d		f exposure if knov Carbapenemase		Date
☐ Exposed to MDF ☐ Candida auris (C ☐ Clostridiodes diff ☐ Acinetobacter, n	Organism . auris) ficile (C. diff) nultidrug-resistant	source, collection de rganism(s) and last de (e.g., CRAB**)		f exposure if knov Carbapenemase		Date
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^{**} Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

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			Date of Birth:	MRN:		Transfer Date:		
	LITY TRANSFER FORM fers to an admitting healthca			Affix patient abels here.	Contac	ct Phone:		
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Date of Birth:	MRN:	Transfer	Date:		all that ap Conta	ct Droplet	☐ Enhanced	Standard*
Receiving Facility Name	:					([Z	7
Contact Name:		Contact Phone:			ment%201	N95/PAPR autions (PDF) Library/AFL-19-22. high-contact care		ents with
Sending Facility Name:					D and anti	imissobial sussenti	hilities \	
Contact Name:		Contact Phone:			ther lab re	imicrobial suscepti esults requiring pro No of exposure if knov	ecautions?	
						Carbapenemase (if applicable)**	Source	Date
						(ii applicable)		
to to the effect of			☐ Extended-spectrum b ☐ Methicillin-resistant s	nosa, multidrug-resistant (e.g seta-lactamase (ESBL)-produc Staphylococcus aureus (MRSA	er			
	ansfer Communication		☐ Vancomycin-resistan	t Enterococcus (VRE) ed (e.g., molecular screening	test**)			
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** Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known



				HEALTHCARE FACILITY TRANSFER FORM Use this form for all transfers to an admitting healthcare facility. Patient Name (Last, First):				fix patient pels here.
				Date of Birth:	MRN:	Transfer Da	ite:	
				Receiving Facility Name		•		
PRECAUTIONS								
Patient currently ☐ Yes ☐ No	on precautions?	If yes, check al		•	☐ Enhanced Star	ndard*		
Personal protect	ive equipment (PPE) t	o consider at receiv	ing facility	/* :			Enhanced	Standard*
	9-1-10		c	\bigcirc			Eye Pro	_
☐ Gloves	☐ Gown	□ Mask		195/PAPR	☐ Eye Protect	ction	df) for patie	ents with
(www.cdph.ca.gov	acilities may impleme v/Programs/CHCQ/LCI ors for transmission, i	P/CDPH%20Docum	ent%20Lib	orary/AFL-19-2			ilities.) cautions?	ur patients
may be on Contac	t precautions in acute	care settings.					Source	Date
(www.cdpl	y Transfer Commu h.ca.gov/Programs rfacilityCommunic	/CHCQ/HAI/		☐ Carbapenem-resistan ☐ Pseudomonas aerugii ☐ Extended-spectrum b ☐ Methicillin-resistant S ☐ Vancomycin-resistant ☐ No organism identifie ☐ Other, specify: (e.g., SARS-CoV-2 (COVII shingles (Herpes zoster),	rug-resistant (e.g., CRAB**) t Enterobacterales (CRE**) tosa, multidrug-resistant (e.g., CRP) eta-lactamase (ESBL)-producer taphylococcus aureus (MRSA)			



			SFER FORM itting healthcare facility	<i>i</i> .		ix patient els here.
ORGANISMS (Include copy of lab results with organism ID and ant	imicrobial suscepti	bilities.)		Transfer Date:		
Patient has multidrug-resistant organism (MDRO) or other lab re	esults requiring pro	ecautions?				
☐ Yes (record organism(s), specimen source, collection date)	□ No			Phone:		
☐ Exposed to MDRO/other (record organism(s) and last date(s) or	of exposure if know	n)				
Organism	Carbapenemase (if applicable)**	Source	Date	Phone:		
☐ Candida auris (C. auris)				Droplet	Enhanced S	Standard*
☐ Clostridiodes difficile (C. diff)				.		
☐ Acinetobacter, multidrug-resistant (e.g., CRAB**)				\bigcirc	W	ご
☐ Carbapenem-resistant Enterobacterales (CRE**)				195/PAPR	☐ Eye Pro	tection
☐ Pseudomonas aeruginosa, multidrug-resistant (e.g., CRPA**)				rary/AFL-19-22.p		
☐ Extended-spectrum beta-lactamase (ESBL)-producer				igh-contact care a	ictivities; suc	cn patients
☐ Methicillin-resistant Staphylococcus aureus (MRSA)				icrobial susceptil		
☐ Vancomycin-resistant Enterococcus (VRE)				ults requiring pre	cautions?	
☐ No organism identified (e.g., molecular screening test**)				exposure if know	n)	
☐ Other, specify:				arbapenemase if applicable)**	Source	Date
(e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated						
shingles (Herpes zoster), norovirus, influenza, tuberculosis)						
** Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if kno	own					
Interfacility Transfer Communications Guide (www.cdph.ca.gov/Programs/CHCQ/HAI/	☐ Vancomycin-☐ No organism☐ Other, specif	resistant Stapnylococcus resistant Enterococcus identified (e.g., molecu y: 2 (COVID-19), lice, scal s zoster), norovirus, infi	(VRE) ular screening test**) pies, disseminated			

** Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

Pages/InterfacilityCommunication.aspx)



HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

					Affix patient labels here.		
CUNICAL STATUS					labels fiere.		
Patient has any of the f	following s	vmntoms or cl	inical status?				
☐ Yes ☐ No	onowing s	ymptoms or c	inical status:				
If yes, check all that currently apply: ☐ Cough/uncontrolled respiratory secretions ☐ Vomiting ☐ Acute diarrhea or incontinent stool [§] ☐ Incontinent of urine [§]			 □ Total dependence for activities of daily living ⁵ □ Rash consistent with an infectious process (e.g., vesicular) □ Draining wounds ⁵ □ Other uncontained bodily fluid / drainage 				
ANTIBIOTICS/ANTIFUNG	ALS						
Patient is currently on	antibiotics	/systemic anti	fungals?				
☐ Yes ☐ No							
If yes, specify:							
Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date		
DEVICES §							
Patient currently has a	ny of the f	ollowing device	es?				
☐ Yes ☐ No							
If yes, check all that cur	rently app	y:	☐ Wound VAC				
☐ Central line/PICC, Da	te inserted	l:	☐ Tracheostomy				
☐ Hemodialysis cathete			☐ Urinary catheter, Date inserted:				
☐ Fecal management s☐ Percutaneous gastro	-	ling tubo	☐ Suprapubic catheter ☐ Mechanical ventilation				
- Percutaneous gastro	storily reed	illig tube	□ iviectianicai ventila	tion			
MMUNIZATION STATUS	6						
Patient received immu			occal, Influenza, COVID-1	9) in the past	12 months?		
☐ Yes (specify below)	□ No						
v	accine			Date(s)			
				100000000000000000000000000000000000000			
Risk factors for MDRO tra	nsmission n	er Enhanced Sta	Indard Precautions (PDF)				





⁽www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

☐ Yes No If yes, check all that currently apply: ☐ Total dependence for activities of daily living ⁵ ☐ Cough/uncontrolled respiratory secretions ☐ Rash consistent with an infectious process ☐ Vomiting (e.g., vesicular) ☐ Acute diarrhea or incontinent stool ⁵ ☐ Draining wounds ⁵
linical status? ☐ Total dependence for activities of daily living [§] ☐ Rash consistent with an infectious process (e.g., vesicular) ☐ Draining wounds [§] ☐ Other uncontained bodily fluid / drainage
Fecal management system

(www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

Pages/InterfacilityCommunication.aspx)



			CLINICAL STATUS Patient has any of the follow Yes No If yes, check all that currently Cough/uncontrolled respir Vomiting Acute diarrhea or incontin	ratory secretions Rash (e.g.,	Affix patie labels here dependence for activities of daily living ⁵ consistent with an infectious process vesicular) ning wounds ⁵ er uncontained bodily fluid / drainage
Patient is currently on a Yes No If yes, specify:		/systemic antif	ungals?		
Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date

Interfacility Transfer Communications Guide (www.cdph.ca.gov/Programs/CHCQ/HAI/ Pages/InterfacilityCommunication.aspx)

Patient received immunizations (e.g., Pneumoo (Attach immunization record, if available.)	coccal, Influenza, COVID-19) in the past 12 months?					
☐ Yes (specify below) ☐ No						
Vaccine	Date(s)					



	Affix patient
	labels here.
	CLINICAL STATUS
	Patient has any of the following symptoms or clinical status?
	☐ Yes ☐ No
	If yes, check all that currently apply: ☐ Total dependence for activities of daily living ☐ Cough/uncontrolled respiratory secretions ☐ Rash consistent with an infectious process
	□ Vomiting (e.g., vesicular)
DEVICES §	
Patient currently has any of the following devi	ices?
□ Yes □ No	
☐ Yes ☐ No	
If yes, check all that currently apply:	☐ Wound VAC
☐ Central line/PICC, Date inserted:	☐ Tracheostomy
☐ Hemodialysis catheter	☐ Urinary catheter, Date inserted:
☐ Fecal management system	☐ Suprapubic catheter
☐ Percutaneous gastrostomy feeding tube	☐ Mechanical ventilation
Percutaneous gastrostomy reeding tube	□ Mechanical ventilation
	☐ Fecal management system ☐ Suprapubic catheter ☐
	☐ Percutaneous gastrostomy feeding tube ☐ Mechanical ventilation
	IMMUNIZATION STATUS
	Patient received immunizations (e.g., Pneumococcal, Influenza, COVID-19) in the past 12 months?
	(Attach immunization record, if available.) □ Yes (specify below) □ No
	Vaccine Date(s)
nterfacility Transfer Communications Guide	
www.cdph.ca.gov/Programs/CHCQ/HAI/	
	⁵ Risk factors for MDRO transmission per <u>Enhanced Standard Precautions</u> (PDF)
Pages/InterfacilityCommunication.aspx)	(www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

Pages/InterfacilityCommunication.aspx)

	Affix p. labels CLINICAL STATUS Patient has any of the following symptoms or clinical status? Yes			
IMMUNIZATION STATUS				
Patient received immunizations (e.g., Pneumococ (Attach immunization record, if available.) Yes (specify below) No	cal, Influenza, COVID-19) in the past 12 months?			
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rfacility Transfer Communications Guide	Vaccine Date(s)			



(www.cdph.ca.gov/Programs/CHCQ/HAI/
Pages/InterfacilityCommunication.aspx)

*Risk factors for MDRO transmission per Enhanced Standard Precautions (PDF)
(www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

INTERFACILITY TRANSFER COMMUNICATION: THE LHD EXPERIENCE



LHD Discussion

• Kelli A. Clark, MSN, RN, PHN, Clinical Director, San Bernardino Department of Public Health



BREAKOUT GROUPS AND DISCUSSION



Introductions

- Name
- Facility/County
- Role
- How are you involved in interfacility transfer communication? (Or how would you like to be involved?)



Discussion Questions

- Do you proactively reach out to a facility to obtain MDRO status? What is your process?
- Who is responsible for collecting and sharing patient information for transfers at your facility?
- What information do you share?
- When do you share patient information?
- Do you use a built-in system in the EMR or other tool to communicate key information?
- What is the chain of communication between and among vSNF and LTACH for all transfers? (e.g., IP-to-IP, by email)
- How do you ensure the information gets to the receiving facility? Who checks
 on if the communication occurred?
- How can local public health support this effort?



NEXT STEPS



Next Steps

- ☐ Fill out the **course evaluation** (required for CEU)
- ☐ Join us for upcoming meetings:
 - LTACH: Developing QI Projects Strategies and Barriers
 - Cohort 2: December 13, 2022
 - Cohort 3: January 10, 2023
 - Wednesday, February 8, 2023: vSNF meeting on Environmental Cleaning and Disinfection Strategies for EVS Managers – Part 1

For vSNF:

- ☐ Continue to **check in monthly** with your HAI Program IP and continue **planning and implementing your QI project**
- ☐ Access resources on the <u>vSNF webpage</u> (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)



Questions?

LTACH Contacts

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Becca.Czerny@cdph.ca.gov

vSNF Contact Erin.Garcia@cdph.ca.gov

