

YOLO COUNTY MCAH ADVISORY BOARD

February 18, 2015

MINUTES

The Yolo County MCAH Advisory Board met on the 18th day of February 2015, in the Thomson Conference room at the Bauer Building located at 137 N. Cottonwood St, Woodland, CA at 8:45 a.m.

Voting Members Present: Barb Boehler, Julie Gallelo, Katy King-Goldberg, John McKean, Stephen Nowicki, Tia Will

Voting Members Absent: Dian Baker, Jessica Cerniak, Kathleen Middings, Jenifer Newell

Staff & Guests: Jan Babb, Ashley Logins-Miller, Anna Sutton, Amy Thurman, Ramy Hussein, Zach Romawac

8:30 A.M. CALL TO ORDER

1. Welcome and roll call.

- The meeting was called to order at 8:52 a.m. by Julie Gallelo, at which time around the table introductions were performed.

2. Approval of Minutes and Agenda

- The consideration for approval of the revised February 18, 2015 agenda. The agenda, with a revision to include an MCAH Director's report after item #5, was approved by Katy King-Goldberg, second by John McKean, approved by consensus and the motion carried.
- The consideration for approval of the January 14, 2015 minutes. The motion was approved by John McKean, second by Katy King-Goldberg, approved consensus and the motion carried.

PUBLIC COMMENT

3. There was no public comment.

REPORTS & ACTION ITEMS

4. Review Platform Statement, *Jan Babb*

- Jan Babb and Julie Gallelo shared the history of the Platform Statement (Please see [Attachment A](#))
- After individual review, the following recommendations were given.
 - Add the following concepts:
 - Recommendations from the 2007-2011 FIMR Report
 - Immunization statement
 - Access to medical care, including to the undocumented populations and infants
 - Infant/Child developmental science, early experiences, and importance of screening
 - Proactive well child visits that address medical and mental health

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- Strengthening families framework
- Trauma Informed Care (TIC), Adverse Childhood Experiences
- Other suggestions included:
 - Separate out the adolescent section
 - Update the heading to read "Safe and Healthy Communities and Homes"
 - Updating the delivery of messages, web presence, etc.
 - Make sure to include in any presentation before the BOS.

Action Item: Jan Babb will make some initial revisions, then provide to the group for further edits using track changes, with the aim of an updated draft to be brought to March or April meeting.

5. Debrief on Upstream Sonoma Field Trip, *Julie Gallelo/Jan Babb*

- Julie and Jan shared an overview of Upstream Sonoma, which is Sonoma County's effort to have a collective impact on health outcomes. Back in September 2014, about 20 individuals from various disciplines in Yolo County attended a field trip to Sonoma to learn more.
- A large piece of Upstream Sonoma is "Invest Early, Invest Wisely, Invest Together".
- With all County agencies, and many community agencies and businesses collaborating on this project, funding has come from local discretionary funds and support from the wine industry and local foundations. The initiative is supported by three full time staff. There is a three-tiered funding model:
 - Tier 1: Evidence Based models – receives the most funding
 - Tier 2: Promising Practices – receives less funding
 - Tier 3: Innovative – least funded.

Action Item: The Advisory Board was interested in adding language into the platform statement that included upstream thinking and collective impact.

Action Item: Jan/Julie will connect with Supervisor Provenza's office, as well as Upstream Sonoma to coordinate a formal presentation. Invitations to this potential presentation will also go out to Health Council and to City Council members from each local community.

6. MCAH Director's Update, *Jan Babb*

- **County Strategic Plan:** The CAO's office is currently working on revising the County Strategic Plan. All County employees have been invited to participate in developing the vision, mission, and goals of the County.
- **Health and Human Services Integration:** On January 27, 2015, the consultants for the Health and Human Services Integration presented the integration plan to the Board of Supervisors. The Board of Supervisors has approved the plan and the County is continuing to move forward. A Director for the Health and Human Services Agency is expected to be in place by the end of March. We are currently in Phase I of the integration with the goal of Phase II beginning in July 2015. The Board of Supervisors presentation can be found [HERE](#).
- **Healthy Yolo:** Health Services, through Healthy Yolo, is working on a Community Health Improvement Plan, which is based off of the results of the Community Health Assessment that was completed in summer 2014. Three strategic areas have been identified: Health issues associated with aging, mental health, and chronic disease prevention. Community workgroups will be forming for each of the strategic areas. If you are interested in being involved, please email [Jan Babb](#).

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- **MCAH Priority Areas:** Anna Sutton has been promoted to Supervising Public Health Nurse and is supervising Ramy Husseini, the Outreach Specialist that was recently hired to address Adolescent Sexual Health. Ramy has been focusing on researching evidence based interventions.

7. Board of Supervisors Presentation Update, *Julie Gallelo*

- After discussing current issues, it was decided to postpone the Board of Supervisors presentation until later in the year. It would be ideal to have the Platform Statement updated, as well as more information on Upstream Sonoma prior to the presentation.

ANNOUNCEMENTS

8. There were the following announcements:

- **Stephen Nowicki:** Would like to give kudos and thanks to Partnership HealthPlans of California for all the work with Beacon to provide services to children with mild to moderate mental health needs.
- **Tia Will:** As of the end of this month, Tia will be stepping off Kaiser Administration. Tia does not anticipate a change in her participation at MCAH Advisory Board at this time.
- **Barb Boehler:** The CommuniCare Perinatal Home Visiting program had a soft opening last week and is expected to be fully implemented in March. The goal is that 100% of the 600 births will be visited by the program.
- **Barb Boehler:** Participation in the West Sacramento and Woodland prenatal clinics is on the decline, while Davis is booming. If anyone has any insight into what is happening, please email [Barb Boehler](#).
- **Anna Sutton:**
 - **Yolo County ACEs** will be meeting this Friday from 12:00 – 1:30 pm at the Bauer Building, please feel free to join.
 - The 2007-2011 FIMR Report is available and can be found on the [website](#).
 - Please share any ideas on increasing the visibility of MCAH. A lot of great things are provided but there is a lack of awareness.
 - In the interest of time, Anna Sutton will send additional information out via email.

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ADJOURNMENT

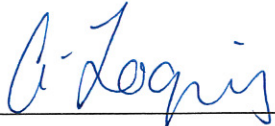
9. **Next meeting** scheduled for: March 11, 2015. Adjournment at 10:22.

- Agenda Items:
 - Restorative Justice Program
 - Trauma Informed Care

10. **Attachments:**

- Attachment A: Platform Statement

Respectfully submitted by:



Ashley Logins-Miller, Secretary

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ATTACHMENT A

PLATFORM STATEMENT

The goal of MCAH is to protect, promote and improve the health and well-being of all Yolo County mothers, infants, children, adolescents and their families. We work to reduce disparity in health outcomes across racial/ethnic, geographic and socioeconomic groups. Yolo County MCAH acknowledges the emerging evidence that health outcomes are a result of the complex interplay of biological, behavioral, social and environmental factors across the course of a person's life. The science of early childhood development recognizes the importance of early experiences as a foundation for future health. The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.

WE SUPPORT AND ADVOCATE FOR EFFORTS TO IMPROVE SYSTEMS IN THESE AREAS:

ORGANIZATION AND DELIVERY OF HEALTH SERVICES

- Women, children and families must be provided with continuity of care, starting before pregnancy and continuing throughout all phases of life.
- All community members should be able to identify a primary medical and dental care provider and maintain care with that provider over time regardless of changes in income or jobs.
- Access to preconception, and inter-conception healthcare should be available to all women during their reproductive years in order to improve birth outcomes

MATERNAL AND ADOLESCENT HEALTH

- Family planning services for adolescents and adults must be available in accessible, culturally competent, confidential settings and should encompass reproductive life planning, including screening, treatment and education about sexually transmitted infections (including HIV), pregnancy testing, and all forms of reversible and permanent methods of birth control. These services should be available for males as well as females.
- Comprehensive and sound medical practice in counseling pregnant women must include presentation of all options including pregnancy termination.
- Emergency contraception should be available to all women.
- All women should have access to preconception counseling.
- All pregnant women should have access to quality prenatal care in the first trimester (12 weeks) and continuing through the postpartum period.
- Women at risk for tobacco, alcohol and other drug use and those with mood disorders must have access to treatment services prior to, throughout and following pregnancy.
- Teen pregnancy prevention efforts should be based on science and not rely on abstinence-only education. The scope of teen pregnancy prevention needs to be expanded to address the role of the father and include special populations such as children in foster care.

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- Obesity treatment options at the appropriate level of intervention should be available to all women and children.

INFANT AND CHILD HEALTH SERVICES

- Breastfeeding support services and breastfeeding-friendly community and workplace environments should be available for all community members in order to promote exclusive breastfeeding for the first six months of life and continued breastfeeding for at least the infant's first year of life.
- Overweight and obesity among children and adolescents has become a significant health concern. Efforts should focus on prevention, including improving nutrition and physical activity environments for all children and their families.
- Obesity treatment options at the appropriate level of intervention should be available to all children.
- Access to pediatric dental care must be available and accessible for all children as well as access to fluoridated water in all communities.

SAFE AND HEALTHY COMMUNITIES

"To eliminate health disparities, we need to take a more active role in improving the environments of young children"

- Neighborhood conditions such as crime, violence and environmental health hazards put children at risk. Resources should be directed to neighborhoods that put children at the highest risk.
- All neighborhoods should have access to healthy foods, including fresh fruits and vegetables and local availability of child nutrition programs for low income families
- Children at risk should be screened and tested where appropriate for elevated blood lead level. Cases of elevated blood lead should include environmental investigation and elimination of the lead source
- Safe walking, biking and open parks should be available in all Yolo County neighborhoods
- New and infill development should incorporate designs for walk-ability and neighborhood markets

STRONG FAMILIES

- All young children should have the opportunity for safe, nurturing child care that provides stable relationships and a cognitively rich environment in the absence of the parent
- Children that have been abused, neglected or exposed to substances should receive early intervention services including parenting education, home visitation, developmental screening, assessment, and treatment as indicated
- Housing and energy assistance should be available to low income families with children

