

# PUBLIC HEALTH DIVISION FY18-19 IMPACT REPORT



NAPA COUNTY PUBLIC HEALTH 2751 Napa Valley Corporate Drive Napa, CA 94558



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Napa, CA 94558, ph: (707)253-4270

## VISION

Napa County is an informed and engaged community where everyone has the opportunity to lead a healthy, safe, and fulfilling life.

## MISSION

We work in partnership with our community to promote well-being for all by preventing and addressing the conditions that challenge health and by providing respectful, equitable, and inclusive services.

## PUBLIC HEALTH INFRASTRUCTURE



Communicable Disease Control



Chronic Disease and Injury Prevention



Environmental Public Health



Maternal, Child, and Family Health



Access to and Linkage with Clinical Care

<https://phnci.org/uploads/resource-files/FPHS-Factsheet-November-2018.pdf>

## VALUES

### People-focused

We collaborate with our community to design inclusive services that are responsive to their needs and lived experience. We approach this partnership with humility and compassion, acknowledging diverse expertise.

### Respect

We value the diverse beliefs, cultures and abilities of our community and colleagues. Our services and spaces are welcoming to all.

### Integrity

We are committed to executing our programs with accountability, transparency and data-driven decision making. We steward public resources ethically and fairly.

### Dedication

We take pride in our commitment to improving individual and population-level health outcomes and are passionate about delivering high quality services to our community.

### Equity

We recognize the social, structural and individual barriers that create inequities in our community and work to reduce disparate outcomes through authentic community engagement and collaboration.



To find out more, please visit  
[www.countyofnapa.org/publichealth](http://www.countyofnapa.org/publichealth)

# Public Health Division Annual Dashboard

Napa County Health and Human  
Services Agency



Report time frame: FY 18-19

(comparing to: FY 17-18)

Health Care Program for  
Children in Foster Care

**137**

(-32%)

Avg. Youth served

Children's Medical Services

**500**

(-0.4%)

Average monthly caseload

Therapeutic Child Care Center

**24**

(+0.2%)

Children served

Division Budget

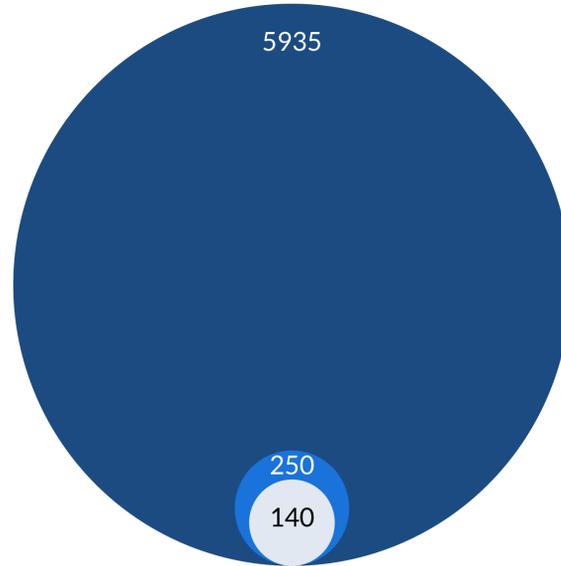
**\$11,951,477**

(+3.7%)

9.8% of overall HHS budget

## How many people did we engage?

Outreach, Engagement and Community Education



● Outreach (93.83%) ● Community Convenings (2.21%) ● Presentations (3.95%)

Graphic includes duplicated numbers served. Key includes % served.

## Individuals Served by Public Health Programs

61.35 FTEs across 17 different programs

MCAH

**1183**

-6%

Annual nurse home visits

Free Produce Markets

**1383**

-1.6%

Duplicated individuals served

EMT Certifications

**135**

-1.5%

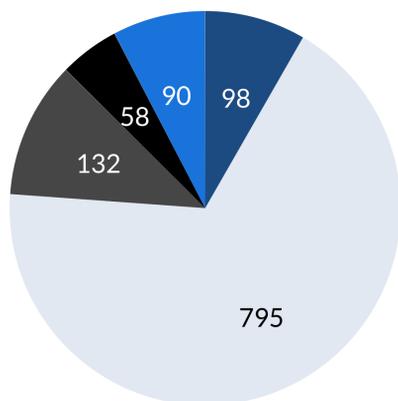
New Certifications and Renewals

Communicable Disease Investigations

**1173**

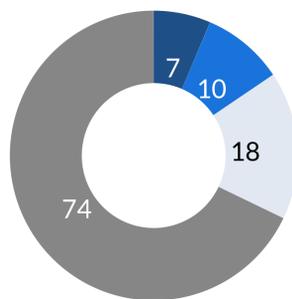
-7%

## Types of Communicable Disease Cases Investigated, n=1173



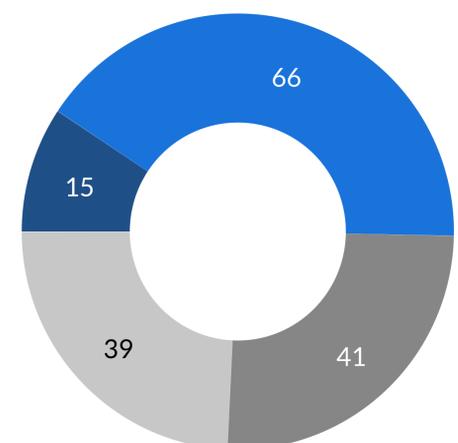
■ Tuberculosis (8.35%)  
 ■ Sexually Transmitted Infections (67.77%)  
 ■ Gastrointestinal (11.25%) ■ Respiratory (4.94%)  
 ■ Other (7.67%)

## Medical Therapy Program Demographics, n=109



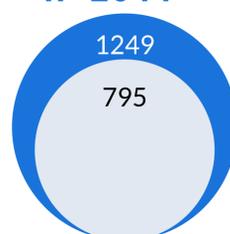
■ Other (6.42%)  
 ■ Up Valley (9.17%)  
 ■ NCOE (16.51%)  
 ■ NVUSD (67.89%)

## Kids served by the Nurse Home Visiting Program, n=161



■ At-Risk for Neg. Health Outcomes (9.32%)  
 ■ Under 21 (40.99%) ■ Medically Fragile (25.47%)  
 ■ Under age 1 at Admission (24.22%)

## Vital Statistics Types of Certificates Issued, n=2044



● Birth (38.89%) ● Death (61.11%)

## Stories behind the numbers

The full impact report contains the stories behind these numbers. Click [HERE](#) to learn more about our public health programs and individuals served.

## Emergency Preparedness

**96%**

% of deliverables completed on time



# NAPA COUNTY PUBLIC HEALTH

## California Children's Services (CCS) Program



### PROGRAM SUMMARY

CCS provides access to specialty health care for children with [CCS eligible medical conditions](#)<sup>1</sup>. Through this program, children up to 21 years old can get the health care and services they need.

CCS staff work hard to ensure that kids get the right service, at the right time, from the right provider. Referrals typically come from University of California in San Francisco Medical Center, Children's Hospital Oakland, Kaiser Permanente, University of California Davis Medical Center, John Muir Health, Stanford Health, Lucile Packard, local providers such as Ole Health and Queen of the Valley, and family members.

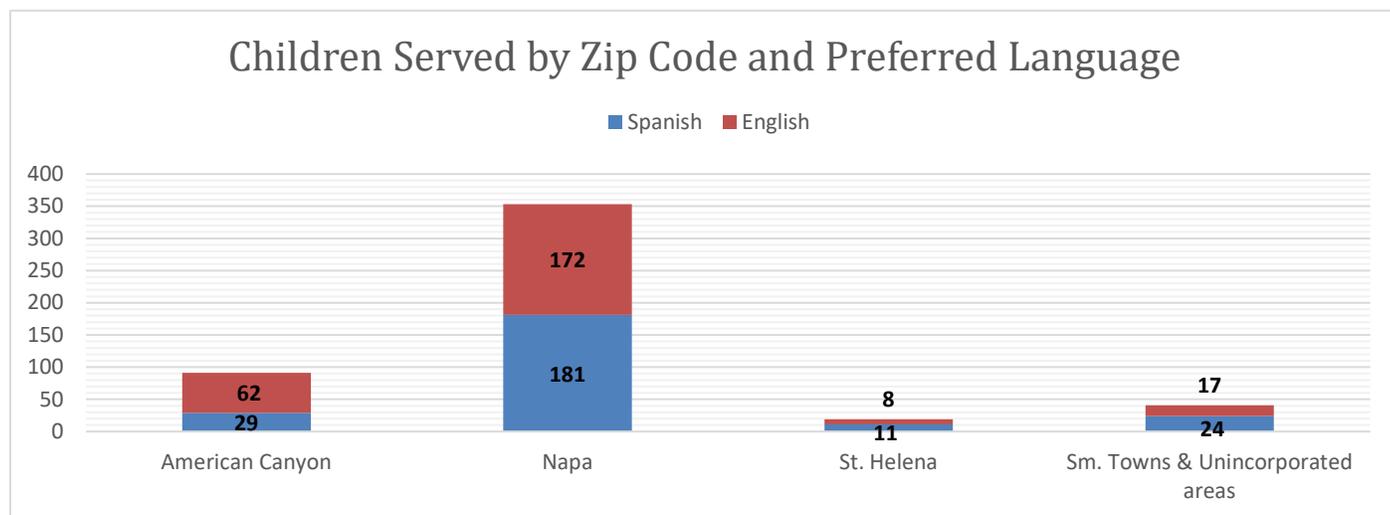
### MAIN ACTIVITIES

CCS staff are responsible for:

- Determining medical, residential and financial eligibility
- Ensuring kids get the right care at the right time, from the right provider
- Authorizing specialty medical services and durable medical equipment
- Care coordination/case management
  - Including, but not limited to, maintenance and transportation support
- Providing bilingual and bicultural support in English/Spanish

### DEMOGRAPHICS AND NO. SERVED – JANUARY 1, 2019-JUNE 2019

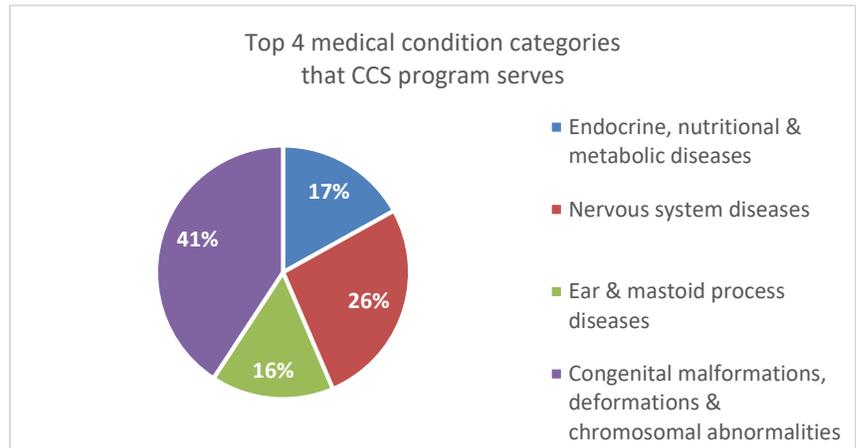
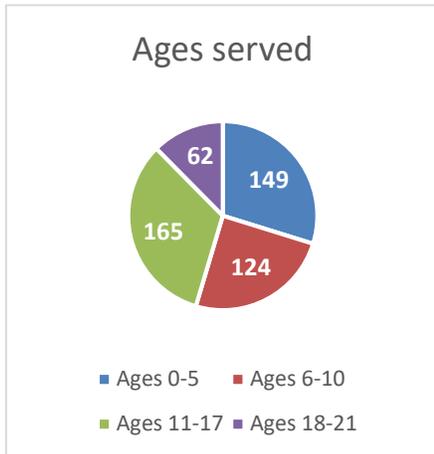
- Average no. of individuals served per month: 500



<sup>1</sup> Ca. Dept. of Health Care Services. <https://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx>. February 13, 2019.

# NAPA COUNTY PUBLIC HEALTH

## California Children's Services (CCS) Program



### PERFORMANCE MEASURES – JANUARY 1, 2019-JUNE 2019

#### Performance Measure 1: Eligibility determination (timeliness of entry to services)

**Program Goal: 100%**

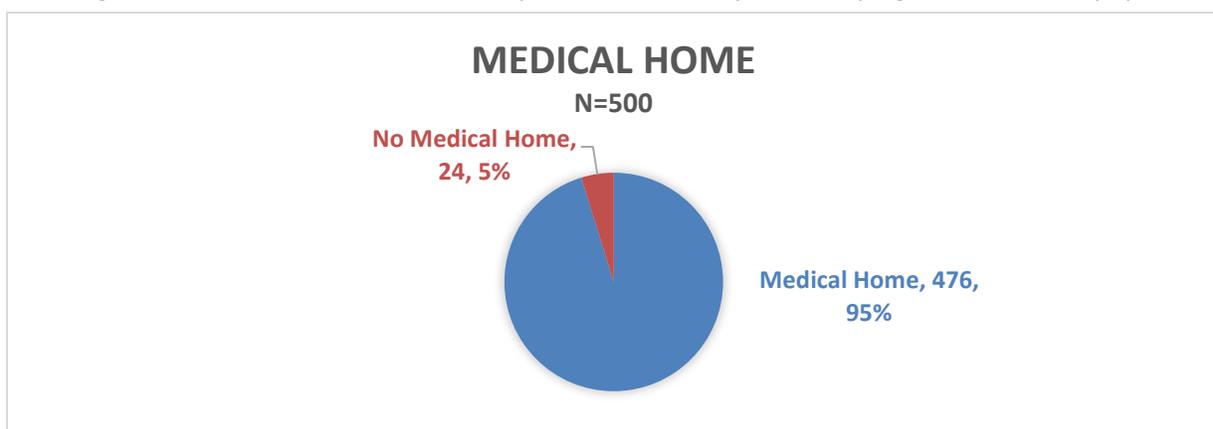
- Of the 62 referrals received 92% (n=57) of kids' medical eligibility is reviewed within five business days.
- Of the 62 referrals received 98% (n=61) of kids' Medi-Cal eligibility is reviewed within 30 days.

\*No state standard for medical nor Medi-Cal eligibility exists at this time; the program determined their own goal. This measure ensures that children get the appropriate services in a timely manner and do not lose access to healthcare.

#### Performance Measure 2: 95 percent of children in CCS have a medical home

**State Goal: 100%**

The County is required to develop a formal improvement plan if less than 80 percent of children have a medical home. Having a medical home ensures continuity of care, which is particularly significant for this population.



# NAPA COUNTY PUBLIC HEALTH

## California Children's Services (CCS) Program



### QI PROJECTS – JANUARY 1, 2019-JUNE 2019

- Improve timeliness of eligibility determination
- Tracking children who lose Medi-Cal eligibility and mitigating risk

### ADMINISTRATIVE INFORMATION

The CCS budget in FY18-19 was \$993,604. This program is a mandated program. The Department of Healthcare Services (DHCS) provides program oversight.

The funding source for a county CCS program is a combination of monies appropriated by the county, State General Funds, and the federal government. AB 948, the realignment legislation passed in 1992, mandated that the State and county CCS programs share in the cost of providing specialized medical care and rehabilitation to physically handicapped children through allocations of State General Fund and county monies. The amount of State money available for the CCS program is determined annually through the Budget Act<sup>2</sup>.

Health and Safety Code, Section 123800 et seq. is the enabling statute for the CCS program. The explicit legislative intent of the CCS program is to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for these services, wholly or in part. The statute also requires the DHCS and the county CCS program to seek eligible children by cooperating with local public or private agencies and providers of medical care to bring potentially eligible children to sources of expert diagnosis and treatment<sup>3</sup>.

The CCS program is mandated by the Welfare and Institutions Code and the California Code of Regulations (Title 22, Section 51013) to act as an “agent of Medi-Cal” for Medi-Cal beneficiaries with CCS medically eligible conditions. Medi-Cal is required to refer all CCS-eligible clients to CCS for case management services and authorization for treatment. The statute also requires all CCS applicants who may be eligible for the Medi-Cal program to apply for Medi-Cal.<sup>4</sup>

Position	FTE
<b>PH Administrative Manager</b>	.3 FTE
<b>Health Services Nursing Supervisor</b>	.5 FTE
<b>Nurse</b>	1.75 FTE
<b>Medical Secretary</b>	2 FTE

<sup>2</sup> Ibid.

<sup>3</sup> Ca. Dept. of Health Care Services. <https://dhcs.ca.gov/services/ccs/Pages/ProgramOverview.aspx>. May 22, 2019.

<sup>4</sup> Ca. Dept. of Health Care Services. <https://dhcs.ca.gov/services/ccs/Pages/ProgramOverview.aspx>. May 22, 2019.

# NAPA COUNTY PUBLIC HEALTH

## California Children's Services (CCS) Program



As of January 1, 2019, the **Whole Child Model** (WCM) came into effect. The CCS Program is now administered as a partnership between local health departments, DHCS, and some County Organized Health Systems (COHS) plans. Senate Bill (SB) 586, Chapter 625 Statute of 2016 authorizes DHCS to establish the WCM in all COHS counties, except Ventura County, to incorporate CCS covered services for the Medi-Cal eligible CCS children and youth into a Medi-Cal managed care health plan (MCP) contract. Additionally, under the WCM, some CCS administrative functions that are currently the responsibility of the county CCS Programs have moved to the WCM MCP. For Napa County, the MCP is Partnership HealthPlan of California (PHC).

CCS clients who have Medi-Cal are now case managed by PHC. Children without PHC who qualify for CCS as CCS Only/County CCS patients will be case managed by our Napa County CCS team. The CCS team is working closely with PHC to resolve operational glitches as they arise.

### GOALS FOR UPCOMING FY:

- The CCS Program is currently undergoing major programmatic changes with a major transition to [Whole Child Model](#)<sup>5</sup> (WCM) that started on January 1, 2019.
- Program staff will continue to ensure a smooth implementation of WCM.
- Program staff will start tracking implications of WCM once the implementation phase is completed.

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TO LEARN MORE ABOUT THE CCS PROGRAM, PLEASE CALL:

**PHONE: (707) 253 –4391 OR VISIT: <https://www.countyofnapa.org/415/California-Childrens-Services-CCS>**



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<sup>5</sup> Ca. Dept. of Health Care Services. <https://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>. February 13, 2019.

# NAPA COUNTY PUBLIC HEALTH

## Child Health and Disability Prevention Program



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FY 18-19

### PROGRAM SUMMARY

The Child Health and Disability Prevention (CHDP) Program has a prevention focus in that it offers routine well-child exams and health-related services to low income children and youth in California. CHDP also provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

The CHDP program offers:

- Health exams/physicals
- Vaccines
- Eye exams
- Dental exams
- Nutrition assessments
- WIC eligibility review and referral

### MAIN ACTIVITIES

Public Health primarily maintains a quality control role to ensure CHDP providers apply CHDP program standards for approved services. Quality control functions include: Provider Recruitment and Enrollment, Provider Quality Improvement, Provider Site reviews which include facility review and medical record review, Provider Training, Technical Assistance to Providers, Care Coordination, and Interagency Collaboration.

Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts. Napa County Public Health:

- Encourages families with low and moderate incomes to seek preventive health care for their children
- Helps children get well-child exams, including school health exams and sports physicals
- Assists families with children who need healthcare for problems identified during the CHDP exam
- Recruits new providers
- Conducts site visits to assure that the providers give quality well-child exams
- Looks for trends and works with the community to address specific health risk

### DEMOGRAPHICS AND NUMBERS SERVED

CHDP providers **enrolled kids** through CHDP Gateway (kids with no insurance) and **babies were deemed eligible for CHDP** (uninsured at birth).

Completed last year's goal of offering hearing and vision screening trainings for providers. Completed two trainings in FY18-19.

# NAPA COUNTY PUBLIC HEALTH



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## Child Health and Disability Prevention Program

### PERFORMANCE MEASURES

- 100% of CHDP sites were re-certified (2 out of a total of 12 sites that recertify on a three to five year cycle)
- New performance measures will be developed by the State CHDP in FY 19-20

\*Providers must pass with a minimum of 85% to re-certify as a CHDP provider. Certification tool includes review of medical education, emergency preparedness, immunization compliance, anticipatory guidance (education on developmental milestones) for youth ages 0-21.

### LOCAL COMPLIANCE WITH CHDP COMMUNICATION

Public Health CHDP staff also ensure that CHDP Provider Sites stay informed and implement new policies and regulations. Public Health CHDP staff make themselves available to answer any questions and ensure that provider information Notices and Program Letters reach healthcare providers.

### ADMINISTRATIVE INFORMATION

The CHDP budget for FY18-19 was \$307,410. This program is a mandated program. The California Department of Health Care Services provides program oversight.

Enabling legislation of the CHDP program

- Reference: Health and Safety Code, Sections 104395, 105300, 105305, 120475, and 124025 through 124110 CHDP program regulations that implement, interpret, or make specific the enabling legislation.
- Reference: California Code of Regulations (CCR), Title 17, Sections 6800 through 6874. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP program.
- Reference: CCR, Title 22, Sections 51340 and 51532.

Position	FTE
<b>Administrative Manager</b>	.15 FTE
<b>Nursing Supervisor</b>	.5 FTE
<b>CHDP Public Health Nurse</b>	.25 FTE
<b>Medical Secretary</b>	.75 FTE

### GOALS FOR UPCOMING FY:

- Develop curriculum for and offer Fluoride Varnish trainings
- Increase dental follow-up (coordination of care)
- Inform and support local medical offices with new information regarding vaping

FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 253-4316 OR VISIT: <https://www.countyofnapa.org/416/Child-Health-Disability-Prevention-Progr>**



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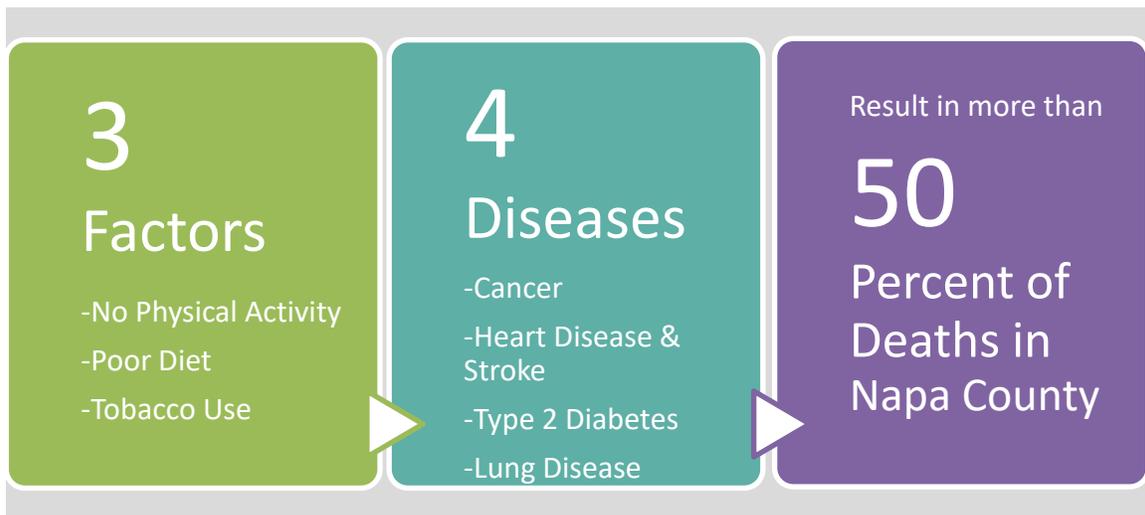
# NAPA COUNTY PUBLIC HEALTH

## Chronic Disease and Health Equity Program

### Outcomes Summary

#### PROGRAM SUMMARY

The mission of the Chronic Disease and Health Equity (CDHE) Unit is to improve chronic disease-related health outcomes by increasing health equity in Napa County. Health equity means that everyone has a fair and just opportunity to be healthier. CDHE is modeled after the 3-4-50 framework (originally developed by the Oxford Health Alliance).



#### MAIN ACTIVITIES

Programs within CDHE include:

- the Tobacco Control Program
- the Supplemental Nutrition Assistance Program – Education (SNAP-ED)
- Epidemiology and Surveillance
- Medi-Cal Administrative Activities (MAA)

Together, these programs aim to address the factors contributing to the leading causes of death in Napa County by 1) providing data to inform and educate the community and 2) working collaboratively with community partners on strategies related to policy, systems, and the environment.

CDHE staff also provides support to the Live Healthy Napa County (LHNC) community collaborative, which has a strong focus on addressing social determinants and health inequities in Napa County. LHNC, working with Public Health, develops the [Community Health Assessment \(CHA\)](#) and the Community Health Improvement Plan (CHIP). These plans are developed every 5 years and are available on the [LHNC website](#).



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# NAPA COUNTY PUBLIC HEALTH

## Chronic Disease and Health Equity Program

### Outcomes Summary

#### GUIDING PRINCIPLES OF THE CDHE WORK

The Chronic Disease and Health Equity Team work with a number of local, regional and State partners to provide relevant, accurate and accessible information and education. As a team, community partners and the CDHE Unit seek to address racial and health inequities, as these are inextricably linked. CDHE recognizes that our community health cannot improve until we all have the opportunities to be healthy and well.

#### TARGET POPULATIONS – AREAS OF FOCUS

The Tobacco Control Program is completely grant funded by the California Department of Public Health (CDPH). Grant deliverables include activities designed to promote changes in access and availability of tobacco products as well as limit exposure to secondhand smoke. The main areas of focus for the current grant include exposure to secondhand smoke in multi-unit housing and the availability of tobacco products, including electronic smoking devices, in youth sensitive areas. Program activities include education, outreach, community collaboration and engagement, and evaluation.

The Supplemental Nutrition Assistance Program – Education (SNAP-ED) is funded by the United States Department of Agriculture (USDA) and is intended to promote healthy eating and physical activity among recipients of SNAP. Along with direct nutrition education, the program supports community collaboration for policy, systems, and environmental changes that support access to nutritious food and consumption of healthy beverages.

Epidemiology and Surveillance offers technical support, data collection and analysis, and education to all programs to ensure decisions are data-driven. This includes data support for community coalitions such as the Napa Opioid Safety Coalition, Live Healthy Napa County, the HIV Providers' meeting, Tobacco Free Napa, and the Suicide Prevention Council.

LHNC is finalizing the 2019 Community Health Improvement Plan and starting to implement strategies. Top areas of focus include Respect and Social Inclusion, Food Insecurity, Housing, and Transportation. LHNC is working to ensure interventions are community-driven and designed, with the aim of shifting power to community members to make positive changes. The work of the Adelante group in Calistoga may serve as a model for future community work.

*“Adelante formed two years ago after a community meeting where Public Health did a survey. People were interested in improving parks and outdoor space. Adelante members attended City Council Meetings and met with school staff to advocate for their needs, which led to improved park space for their kids. I feel like an empowered leader being part of Adelante.”*

*-Calistoga Parent*



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# NAPA COUNTY PUBLIC HEALTH

## Chronic Disease and Health Equity Program

### Outcomes Summary

Staff within CDHE coordinate the Medi-Cal Administrative Activities (MAA) program. MAA allows Napa County to receive federal reimbursement for the cost of performing activities that support efforts to enroll individuals into Medi-Cal, connect individuals with covered services, and provide accessible and effective Medi-Cal covered services. Through MAA, Napa County promotes access to health care for clients, minimizes healthcare costs and long-term health care needs for at-risk populations, and coordinates client needs with other providers. For FY 17/18, \$1,058,949.00 in federal reimbursement was claimed for MAA.

#### PROGRAM HIGHLIGHTS

In FY 2018/2019, CDHE staff:

- Completed the Healthy Stores for a Healthy Community survey for 105 retail locations in Napa County, as part of the tobacco control program's strategy to improve the health of Californians through changes to the retail environment.
- Published the 2018 [Community Health Assessment](#) and worked with community partners to draft the 2019-2024 Community Health Improvement Plan (CHIP).
- Supported LHNC in order to engage over 25 healthcare and community based organizations in asset mapping and developing a plan to engage community members around CHIP strategies.
- Coordinated monthly Free Produce Markets at HHS, providing free fresh fruits and vegetables to 1383 households.
- Established five MAA subcontracts with Community Based Organizations (FY18/19), which resulted in Medi-Cal outreach activities that reached 32,037 individuals (not unduplicated) and 1,537 Medi-Cal applications and/or renewals facilitated.

#### ADMINISTRATIVE INFORMATION

The CDHE annual budget, including the MAA program, is \$1,349,816. Specific functions of this program are required of Public Health Departments under Title 17 CCR § 1276, including:

- (a) Collection, tabulation and analysis of all public health statistics, including population data, natality, mortality and morbidity records, as well as evaluation of service records.
- (h) Services in chronic disease, which may include case finding, community education, consultation, or rehabilitation, for the prevention or mitigation of any chronic disease.
- (i) Services directed to the social factors affecting health, and which may include community planning, counseling, consultation, education, and special studies.



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# NAPA COUNTY PUBLIC HEALTH

## Chronic Disease and Health Equity Program

### Outcomes Summary

Funding for CDHE programs comes from CDPH (tobacco and HIV surveillance), the USDA (SNAP-ED), IGT funds (LHNC support), County general funds, and small grants to support LHNC work.

Position	FTE
<b>CDHE Manager</b>	0.9FTE
<b>Supervising Staff Services Analyst</b>	1 FTE
<b>Epidemiologist</b>	0.5 FTE
<b>Staff Services Analyst II</b>	1 FTE
<b>Health Education Specialist</b>	1 FTE
<b>Epidemiology Fellow</b>	Contractor
<b>HHS Tech</b>	0.5 FTE

#### GOALS FOR FY 19/20:

- Finalize and begin implementation of the Community Health Improvement Plan with community involvement and LHNC Collaborative support.
- Work collaboratively with community partners on strategies to address food insecurity.
- Increase frequency and quality of exposure to tobacco prevention services by coordinating entities currently working in tobacco prevention (for the purpose of preventing duplication and increasing the quality of prevention services provided to schools).
- Outreach to Non-Traditional Partners to inform and involve broader community in tobacco control activities.
- Provide local health-related information to the community using standard epidemiological methods including quantitative and qualitative analysis and geographic information systems (GIS) analysis

FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 253 –4231**

**OR VISIT: <https://www.countyofnapa.org/672/Chronic-Disease-Health-Equity>**



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# NAPA COUNTY PUBLIC HEALTH

## Communicable Disease (CD) Program



### PROGRAM SUMMARY

CD is responsible for receiving reports of Title 17 diseases from healthcare providers and labs, investigating and preventing the spread of more than 80 diseases, such as tuberculosis, food-borne pathogens, respiratory infections, sexually transmitted infections, vaccine-preventable diseases, bio-terrorism agents, emerging infectious diseases, outbreaks and pandemics. The CD team serves all of Napa County.

### MAIN ACTIVITIES

CD staff are responsible to:

- Provide 365/24/7 availability to receive reports of diseases.
- Investigate cases, contacts and outbreaks of Title 17 reportable infectious diseases in the community.
- Report cases, contacts and outbreak investigations to California Department of Public Health.
- Provide directly observed therapy for tuberculosis cases to ensure treatment adherence.
- Send Health Alerts, advisories, and clinical information to local health care providers.
- Promote infectious disease prevention strategies such as infection control measures and preventive treatments, such as vaccines and other medicines.
- Partner with Environmental Health, Animal Services, and healthcare facilities.

### DEMOGRAPHICS AND NUMBERS SERVED (FY 2018/19)

See **attachment 1**.

### PERFORMANCE MEASURES

Over **90%** of referrals were triaged for assignment within three days to prevent the spread of disease and reduce any threat to public during FY 2018/19. This measure continues to be monitored monthly.

**100%** of Priority 1 referrals were triaged and assigned in the first two months of FY 2018/19. This measure continues to be monitored monthly.

CDPH TB Control Branch is notified using the RVCT (Report of Verified Case of Tuberculosis) form via CalREDIE **within 2 weeks** of case confirmation.

The California Department of Public Health (CDPH) notifies Public Health Departments of arriving refugees and immigrants who require medical follow up. Public Health Departments are expected to make contact with refugees to begin the medical evaluation process and must notify CDPH if, after several attempts and 30 days from notification, contact has not been established.

### QI PROJECTS

The CD team embarked or is in the process of developing a number of QI projects for the upcoming year with the purpose of increasing productivity, timeliness, and quality.

# NAPA COUNTY PUBLIC HEALTH



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## Communicable Disease (CD) Program

- CD increased productivity by using data to illustrate current open caseloads, as well as identifying prior years' cases that need closure. In March 2018, CD had 468 cases that needed review and/or resolution. By March 2019, CD had fewer than 100 such cases and has continued to maintain this low level to date. CD accomplishes this by regularly and closely monitoring case activities.
- CD is in the process of improving case management and case management oversight in two areas:
  - Create procedures that standardize data entry for non-state required Cal REDIE fields (e.g. Language) so that we can pull consistent data as desired.
  - Implement a case review process for investigated diseases that will incorporate analysis of disease classification, case notes, and appropriate next steps.

### ADMINISTRATIVE INFORMATION

The CD budget for FY17-18 was \$1,156,856. This program is a mandated program and overseen by the California Department of Public Health. For a list of regulations and mandates, please refer to the [HEALTH OFFICER PRACTICE GUIDE FOR COMMUNICABLE DISEASE CONTROL IN CALIFORNIA](#).

Position	FTE
CD Manager	0.2 FTE
Nursing Supervisor	1 FTE
CD Nurse	2 FTE
CD Investigator	2 FTE
Tech I	1 FTE
Epidemiologist	0.1 FTE

### GOALS FOR UPCOMING FY:

- Assess/update 2018 TB closed referrals to ensure correct classification
- Create and implement a case review process that measures triage, investigation, case management, and closure actions against procedures, protocols, and other resources (e.g. algorithms, etc.).
- Create documentation standards including agreed upon format (e.g. SBAR or SOAP) and “next step / due date” components to ensure case management is effective
- Develop a communicable disease education and prevention campaign for healthcare providers, stakeholders and the community
- Track the investigation and closure of non-tuberculosis case a to ensure completion within 180 days
- Create TB dashboard to provide “at a glance” status of caseload
- Develop Infection Control Procedures for Health & Human Services Agency

FOR PROGRAM INFORMATION, PLEASE CALL:

PHONE: (707) 253 –4231 OR VISIT: [www.countyofnapa.org/CDinformation](http://www.countyofnapa.org/CDinformation)



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# NAPA COUNTY PUBLIC HEALTH

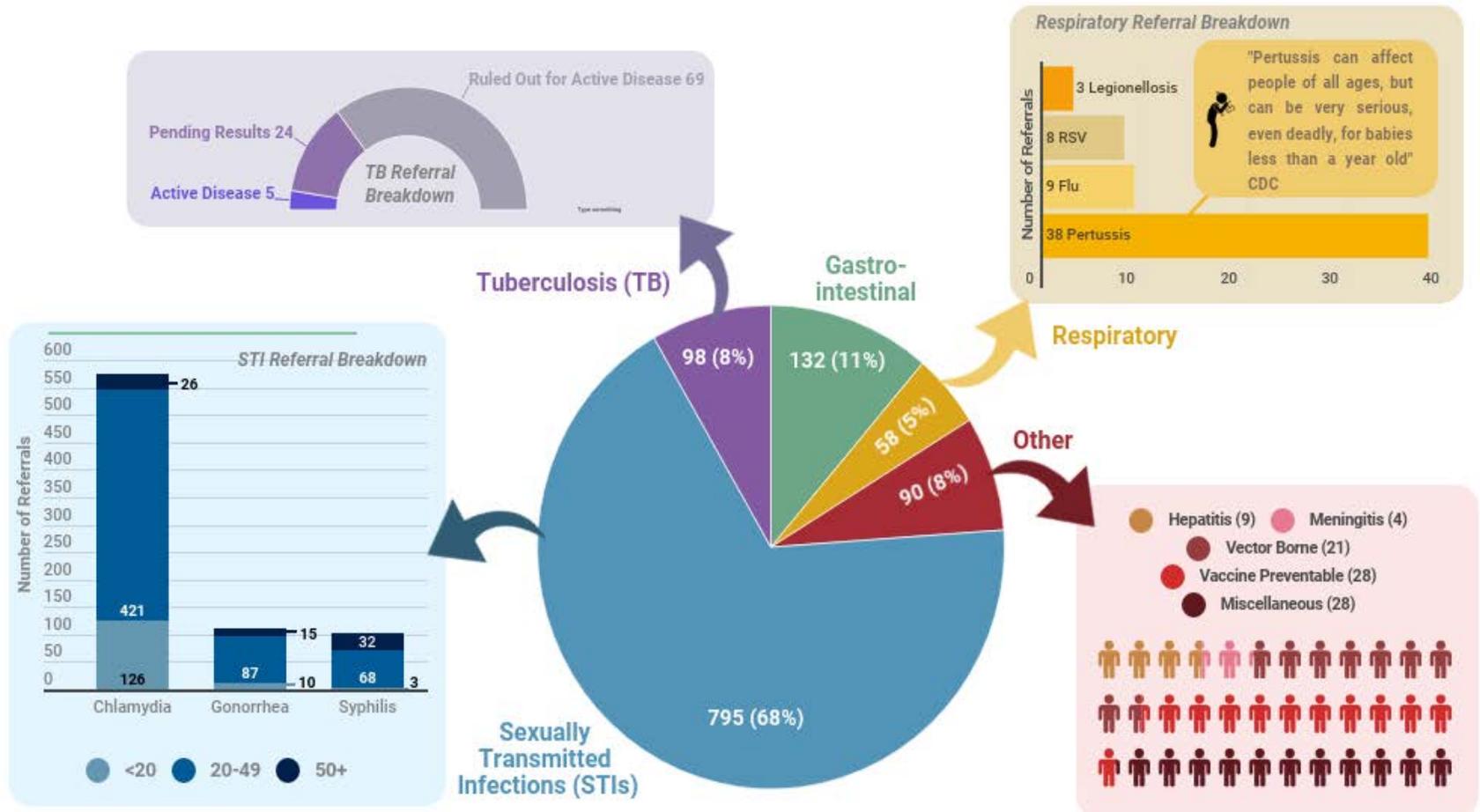
## Communicable Disease (CD) Program



Attachment 1:

## FY 2018/19 Communicable Disease Referrals

Referrals are received from healthcare providers who are mandated, per Title 17 of the California Code of Regulations (CCR), to report to the Public Health Officer a case or a suspected case of over 80 communicable diseases.



# NAPA COUNTY PUBLIC HEALTH

## Emergency Medical Services Agency (EMS)



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*FY 18-19*

### MISSION STATEMENT

Incorporate multiple emergency medical services agencies and healthcare facilities into a dynamic emergency medical care delivery system that is focused on rapid access, quality assessment, stabilization, and transportation when emergency services are necessary.

### PROGRAM SUMMARY

We plan, implement, and evaluate the local emergency medical services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA). State law (H&SC 1797.105) requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS Agency.

### MAIN ACTIVITIES

The Napa County EMS Agency is responsible for the following:

- Authorizing, planning, implementing, monitoring and evaluating emergency medical services including a trauma system and advanced life support (ALS) programs.
- Approving and monitoring training programs for Emergency Medical Technicians (EMT), Paramedics and Emergency Medical Dispatchers (EMD).
- Certification, accreditation, and authorization for all EMS personnel in Napa County.
- Establishing policies and procedures for medical control and quality improvement of the EMS system, including dispatch, patient care, patient destination, clinical systems of care, and ALS designations.
- Establishing ordinances and/or exclusive operating areas for the regulation of ambulance services; licensing the ambulance providers; coordinating and monitoring both air and ground ambulances.

### DEMOGRAPHICS AND NO. SERVED

- In 2018, there were 16,606 ambulance transports in Napa County. Eight different EMS providers performed these transports: the county's exclusive operating area (EOA) provider, American Medical Response-Napa, two EMS aircraft providers (California Highway Patrol and REACH Air Medical Services); a former volunteer ambulance company (Angwin Community Ambulance); a Department of State Hospitals fire department; and four basic life support /critical care transport inter-facility providers. The total number of patient transports represents 9-1-1 and inter-facility transports.
- In 2018, the Napa County EMS Agency issued 95 EMT re-certifications, 40 new EMT certifications, and 20 paramedic accreditations. The EMT certification/paramedic accreditation process involves a comprehensive evaluation of continuing education certificates, skills competency verification, American Heart Association certification in pediatric care, basic and advanced cardiac care, certification in trauma care, and for new EMTs a full Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) background report.



# NAPA COUNTY PUBLIC HEALTH

## Emergency Medical Services Agency (EMS)



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**FY 18-19**

### PERFORMANCE MEASURES

The Napa County EMS Agency measures ambulance patient offload times (APOT) to ensure patients are offloaded to emergency departments in a timely manner and to ensure ambulances are returning to the 9-1-1 system in an efficient way. This data is measured in the 90th percentile, per month, and per emergency department. Our goal is to have every ambulance return to service in < 20 minutes of arriving to their destination 95% of the time. In 2018, we accomplished that goal 98.12% of the time.

The Napa County EMS Agency tracks State Core Measures, which captures key clinical information for Trauma, Stroke, STEMI, and Pediatric Systems of Care. One example is STR-2, Glucose testing for suspected Stroke patients. In 2018, we performed with 90% success in this measure. In total, we submitted 13 core measures to the State EMS Authority.

Locally, the Napa County EMS Agency is continuing to measure and adjust a recent Continuous Quality Improvement (CQI) project around pediatric medication administration. Our goal is to administer medications to the pediatric population within a 5% variance of expected dose, 95% of the time. In 2018, the Napa County EMS system accurately administered weight-based medications to pediatric patients 78.95% of the time. In 2019, this increased to 100%.

### QUALITY IMPROVEMENT PROJECTS

Continuous Quality Improvement (CQI) is a formal approach to the analysis of system performance and efforts to improve it. The Napa County EMS Agency is committed to the process of CQI. The Napa County EMS Agency monitors the CQI activities of all the different components of the EMS System in a prospective (protocols, research), concurrent (ride-along, Field Training Officers) and retrospective (incident investigation, random audits) manner. Many of the CQI activities take place at the organizational level.

Additionally, we create Ad Hoc workgroups to address CQI projects at a grass roots level. Most recently was the Advanced Airway Workgroup aimed at improving endotracheal intubation success rates and the Multi-Causality Incident (MCI) workgroup aimed at re-designing a plan providers could successfully operationalize. Both Ad Hoc workgroups resulted in numerous policy changes.

The Napa County EMS Agency has made a commitment to local providers on giving clinical feedback for Cardiac Arrest, Stroke, and STEMI performance. Our goal is to improve clinical care through objective and timely feedback on performance metrics in each system of care.

The Napa County EMS Agency is currently working on:

- Revising and updating Policies and Treatment Guidelines
  - Continuous Process
- Pediatric Medication Project (CQI)
  - The Napa County EMS Agency aims to administer medications to the pediatric population within a 5% variance of expected dose, 95% of the time.
- Intubation Performance
  - The Napa County EMS Agency aims to increase Endotracheal Intubation success rate per attempt to 75% by January 2021.
- Stroke System of Care



# NAPA COUNTY PUBLIC HEALTH

## Emergency Medical Services Agency (EMS)



**Public Health**  
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- The Napa County EMS Agency aims to increase Last Known Well Time documented in clock time to 100% by January 2021.
- Cardiac Arrest Pre-Arrival Instructions
  - The Napa County EMS Agency aims to provide accurate cardiac arrest pre-arrival instructions 100% of the time.
- Healthcare Coalition (HCC)<sup>1</sup>
  - The Napa County EMS Agency aims to have timely response to HaVBED polling by local hospitals 95% of the time.

### ADMINISTRATIVE INFORMATION

The budget for the EMS Agency in FY 18-19 was \$1,183,151. The EMS system management is the responsibility of the local and regional EMS agencies. The State of California has a two-tiered regulatory oversight process that includes the State-level EMS Authority and these county or regional-level Local EMS Agencies (LEMSAs). State law establishes the authority of the local EMS agency (H&SC 1797.200 – 1797.276).

Position	FTE
<b>EMS Administrator</b>	1 FTE
<b>EMS Medical Director</b>	.25 FTE
<b>EMS Specialist</b>	2 FTE
<b>EMS Tech II</b>	0.5 FTE

### GOALS FOR UPCOMING FISCAL YEAR: 2019-2020

- Begin presenting Emergency Medical Dispatch (EMD) measures for all communications centers as part of the County Continuous Quality Improvement Committee meetings.
- Improve training and preparedness for Medical Health Branch staff in coordination with the Emergency Preparedness program, Mental Health Division, and Environmental Health Department.
- Establish a fully developed Napa Unit of the Medical Reserve Corps with regular training, exercises, and appropriate equipment.

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FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 253-4341**

**EMAIL: [EMS@countyofnapa.org](mailto:EMS@countyofnapa.org) OR VISIT: [www.countyofnapa.org/ems](http://www.countyofnapa.org/ems)**

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<sup>1</sup> The primary mission of the HCC is to support healthcare organizations in Napa County to prepare for, respond to, and recover from emergencies and disasters. For more information about the role of the HCC please click [here](#).



# NAPA COUNTY PUBLIC HEALTH

## Emergency Preparedness (EP) Program



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*FY 18-19*

### PROGRAM SUMMARY

The purpose of the Emergency Preparedness (EP) Program is to strengthen and enhance the abilities of public health and health care systems to respond effectively to evolving threats and other emergencies in Napa County. In particular, EP's purpose is to mitigate the loss of life and reduce the threats to the community's health and safety.

The Emergency Preparedness Program receives funding from three grants.

- **Public Health Emergency Preparedness (PHEP):** the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) funds the continuation PHEP Cooperative Agreement. The purpose of the funds is to upgrade state and local public health jurisdictions' preparedness and response to bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. LHDs are to develop and maintain public health disaster preparedness.
- **Hospital Preparedness Program (HPP):** The Pandemic and All-Hazards Preparedness Act is responsible for public health and medical response to emergencies. It has authority over and responsibility for the Hospital Preparedness Cooperative Agreement Program. These funds are for healthcare facilities and emergency medical services (EMS) to develop and maintain all-hazards disaster preparedness. This all falls under the Emergency Preparedness Program umbrella and completion of deliverables happens with EMS and EP.
- **Pandemic Influenza Funds (Pan Flu):** HHS and California Influenza Preparedness Funds contribute to the Local Public Health and Healthcare Preparedness Comprehensive Agreement that require each LHD to develop an operational pandemic influenza response plan. The Pan Flu funds enhances our ability for preparedness of an influenza pandemic or a surge of influenza during a season.

### MAIN ACTIVITIES

Each year the California Department of Public Health (CDPH) reviews and approves EP Program's work plans. The Work Plans list the activities and documentation that EP agrees to complete during the grant fiscal year. Those listed activities link our efforts to the capabilities derived and based on federal guidance and standards.

The fifteen PHEP are listed in the table below:

PHEP CAPABILITIES
1. Community Preparedness
2. Community Recovery

# NAPA COUNTY PUBLIC HEALTH

## Emergency Preparedness (EP) Program



**Public Health**  
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PHEP CAPABILITIES
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Material Management & Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance & Epidemiologic Investigation
14. Responder Safety and Health
15. Volunteer Management

The Pandemic Influenza work plan has its own objectives and deliverables that are different from the other two grants.

EP collaborates with the Emergency Operations Center during incidents/events.

### DEMOGRAPHICS AND NO. SERVED

- Anyone who lives in Napa County
- Organizations, with a focus on healthcare facilities, serving people in Napa County.

### PERFORMANCE MEASURES

**Ninety-six percent of the expected work plan activities were completed by 6/30/2019.**

Work plan activities include:

- Planning and conducting discussion-based and functional exercises
- Developing products and processes with healthcare partners to enhance preparedness capability
- Other miscellaneous projects completed within the EP program and with other partners

### QUALITY IMPROVEMENT PROJECTS

EP conducts both an annual Statewide Medical Health Tabletop Exercise (discussion based) and an annual Statewide Medical Health Functional Exercise (simulated actions taken) with healthcare facilities and response partners. EP completes an After Action Review and creates an Improvement Plan (AAR/IP) based on lessons learned and tracks all corrective actions through completion (or states reason for non-completion.) An AAR is conducted and an IP is created after actual emergencies and other qualifying exercises.

# NAPA COUNTY PUBLIC HEALTH

## Emergency Preparedness (EP) Program



### ADMINISTRATIVE INFORMATION

The United States Department of Health and Human Services (HHS) and the California Influenza Preparedness Funds, all of which pass through the California Department of Public Health (CDPH), fund the Emergency Preparedness Program at Napa County. The program is not required by statute or regulation, but is considered an essential service that is vital to our community.

EP Budget: \$464,543

Position	FTE
<b>Emergency Preparedness Manager</b>	.5 FTE
<b>Emergency Preparedness Staff Services Analyst</b>	1 FTE
<b>HHSA Tech II</b>	.5 FTE

California Health and Safety Code §1797.153 establishes the Medical Health Operational Area Coordinator (MHOAC).<sup>1</sup>

### GOALS FOR UPCOMING FISCAL YEAR: 2019-2020

- Complete 100% of corrective actions from Improvement Plan in a timely manner.
- Continue to fulfill at least 95% of grant workplan items in a timely manner.

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FOR PROGRAM INFORMATION, PLEASE CALL:

Phone: (707) 253 -4341

OR VISIT: <https://www.countyofnapa.org/901/Public-Health-Preparedness>



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<sup>1</sup> Emergency Operations Manual.

<https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>. June 4, 2019.

# NAPA COUNTY PUBLIC HEALTH

## Health Care Program for Children in Foster Care



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**FY 18-19**

### PROGRAM SUMMARY

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located in county Child Welfare Service Agencies and Probation Departments to provide public health nurse expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care.

### MAIN ACTIVITIES

The HCPCFC Nurse is responsible for:

- medical and health care case planning, including participation in multi-disciplinary team meetings, and review of health-related issues;
- help foster caregivers to obtain timely comprehensive health assessments, dental examinations and follow up screenings that meet reasonable standards of medical practice;
- expedite referrals for medical, dental, mental health and developmental services;
- coordinate health services for children in out of home placements;
- provide medical education through the interpretation of medical reports and training for foster team members on the special health care needs of children and youth in foster care;
- monitoring and oversight of psychotropic medications;
- participate in the creation and updating of the Health and Education Passport for every child as required by law;
- Serve as health consultant to Child Welfare Staff;
- Send courtesy reminders of upcoming or notices of past due periodic well child and dental exams

Although the child's social worker is ultimately responsible for addressing the child's educational, emotional, and medical needs, the HCPCFC Nurse is one member of a multi-disciplinary team, collaborating with the child's social worker to meet the needs of the child.

### DEMOGRAPHICS AND NO. SERVED

The Health Care Program for Children in Foster Care served **137 kids** in FY 18-19

- Of the 137 kids (average of 108 cases are active per month).
  - youth served (age 17 and under)
  - individuals age 18 and over served (extended Foster Care – ages 18-24)
- Of the 137 youth served, 11.67% were jointly served by the HCPCFC Nurse and Juvenile Probation.

# NAPA COUNTY PUBLIC HEALTH



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## Health Care Program for Children in Foster Care

### PERFORMANCE MEASURES

- 93% (1203/1293\*) of children (ages 17 and under) in out of home placement received a preventative health exam, which exceeded the current state average of 70.8%
- 12% (946/252\*) of children (includes youth 18 and over) in out of home placement received a preventative health exam. Services for youth 18 and over is not mandatory and no current state average exists.
- 73% (946/1293\*) of children (ages 17 and under) in out of home placement received a preventative dental exam, which exceeded the current state average of 60.4%
- 17% (43/252\*) of children (includes youth 18 and over) in out of home placement received a preventative dental exam. Services for youth 18 and over is not mandatory and no current state average exists

Specialty dental services are generally very difficult to access for Denti-Cal recipients. It is an on-going goal to ensure appropriate access to dental services for all children in foster care.

\*No. based on average no. of kids served on a monthly basis.

### ADMINISTRATIVE INFORMATION

The HCPCFC annual budget for FY18-19 was \$201,305. California Department of Health Care Services provides program oversight. The Public Health Division provides in-kind program supervision and support. Funding currently only covers 1FTE Public Health Nurse as well as other indirect program expenses.

The State Budget Act of 1999 appropriated State General Funds to the California Department of Social Services (CDSS) for the purpose increasing the use of PHNs in meeting the health care needs of children in foster care.

Position	FTE
<b>Administrative Manager</b>	0 FTE
<b>Nursing Supervisor</b>	0 FTE
<b>HCPCFC Nurse</b>	1 FTE
<b>Medical Secretary</b>	0 FTE

The enabling legislation for the HCPCFC is Assembly Bill 1111. This legislation defined the components of the program and added to the [Welfare and Institutions Code](#), Section 16501.3 (a) through (e).

# NAPA COUNTY PUBLIC HEALTH

## Health Care Program for Children in Foster Care



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### GOALS FOR UPCOMING FY:

- Continue to work with local providers to reduce barriers to access for dental services and increase education to foster parents about the importance of preventative dental care
- Continue collaboration with Juvenile Probation staff to reduce barriers to access and improve health outcomes for youth
- Participation in the statewide development of a psychotropic medication performance measure focused monitoring of medication for compliance, safety and oversight.
- Identification of best practices around psychotropic medication procedures
- Streamline HCPCFC services by providing training to new Child Welfare staff during onboarding orientation
- Outreach and engage youth over 18 to ensure they are aware of health-related services available to them (HCPCFC services are not mandatory for youth over 18)

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FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 259-8723 OR VISIT: <https://www.countyofnapa.org/427/Health-Care-Program-for-Children-in-Fost>**



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# NAPA COUNTY PUBLIC HEALTH

## Immunization Clinic Program



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*FY 18-19*

### PROGRAM SUMMARY

The Immunization (IZ) Clinic seeks to improve vaccine access and coverage rates, assist with perinatal Hepatitis B prevention, and provide education and information through collaborations with internal and external groups. In addition, the IZ Clinic provides guidance for partners that receive State Immunization Branch-supplied vaccines to facilitate compliance with current protocols, policies, and procedures for vaccine accountability.

The IZ Clinic primarily serves individuals with Medi-Cal and individuals who do not have other insurance options.

There are a variety of state and federal laws and county policies related to immunizations., including for Child Care Staff, K-12, 7th Grade, College and for Health Care Providers. Other specific laws include, AB 576, AB 499 and the California Thimerosal Law.

### MAIN ACTIVITIES

- Provide vaccines for Vaccine Preventable Diseases (VPD)
- Main point of contact to triage in-coming Public Health calls (providers and community)
- Partner with Communicable Disease (CD) on preventing or mitigating VPD outbreaks such as Hepatitis A, pertussis, measles, mumps, Hepatitis B and meningitis.
- Provide tuberculosis testing for eligible individuals (individuals in treatment programs and health care workers)
- Serve as point of contact for providers, schools, hospitals, and community members.
- Assist and/or train childcare providers and schools to annually report vaccine rates to California Department of Public Health (CDPH)
- Facilitate well water and tick testing through Public Health Lab
- Provide mass flu clinics in the community
- Serve as public sharps disposal site
- Distribute State supplied vaccines to local health organizations and correctional facilities
- Comply with State vaccine requirements
- Transcribe vaccine records from foreign countries or other states into California system

### DEMOGRAPHICS AND NO. SERVED

- In FY 2018-2019, IZ administered 1059 vaccine doses to adults, and 867 vaccine doses to children (Exhibit A).
- The IZ Clinic provided access to care for uninsured and Medi-Cal members of the community. In FY18-19, for example, 62% of administered vaccine doses went to uninsured children (Exhibit B).
- IZ Clinic played an important prevention role in providing immunization clinics throughout Napa County (exhibit A).
- Languages spoken by clients:
  - English (74.7%)

# NAPA COUNTY PUBLIC HEALTH

## Immunization Clinic Program

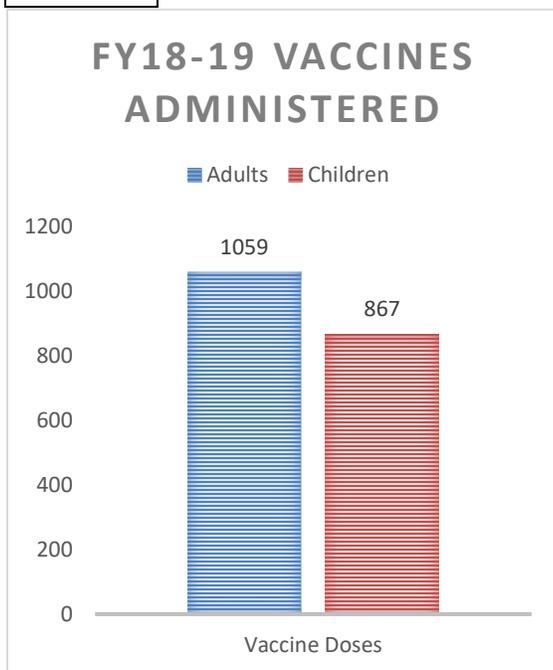


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**FY 18-19**

- Spanish (25.0%)
- Other (less than 1%): Tagalog, Chinese, Thai, Portuguese, and Russian, for example.
- 96 record transfers were completed, which allowed individual students entry into to the local school districts.
- In collaboration with WIC, IZ performed 450 hemoglobin tests, which prevented gaps in WIC benefits.
- 945 doses given by Ole Health and Jail, County Partners, to high risk or uninsured adults
- Administered 86 doses of Hepatitis A through Ole Health and County Public Health Immunization Clinic (38 by IZ Clinic staff)
- Number of doses given to children uninsured = 541 (Exhibit B)
- Number of doses given to children with MediCal = 326 (Exhibit B)
- Number of total doses given to both these groups= 876 (Exhibit B)

**Exhibit A**



**Exhibit B**

### Doses of Vaccine Administered to Children (18 and under) in FY 18-19



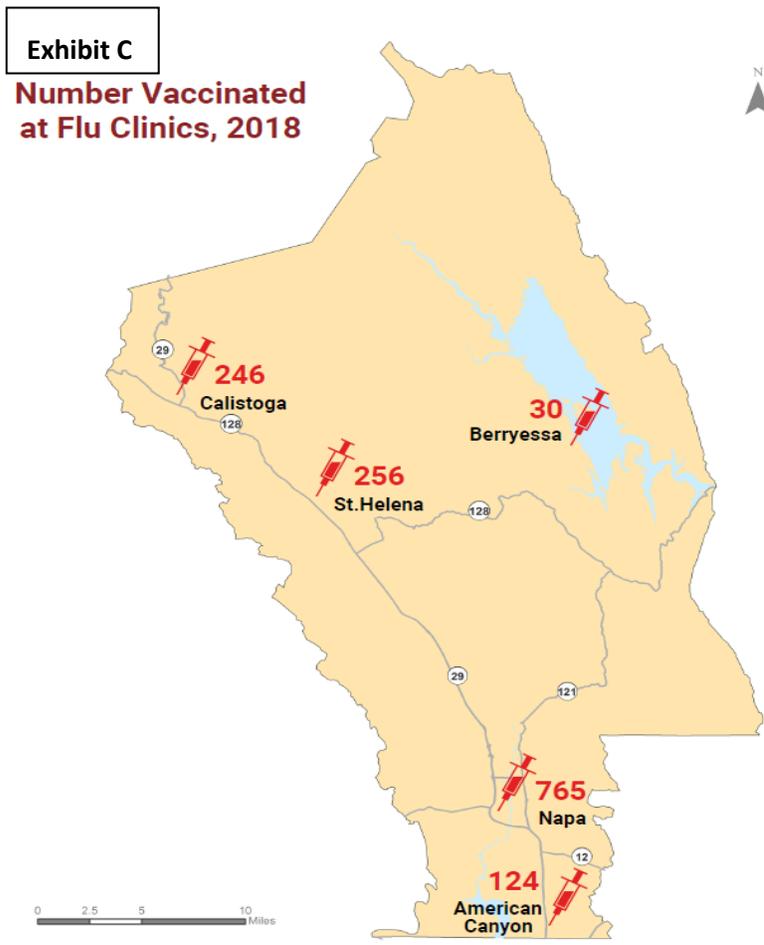
# NAPA COUNTY PUBLIC HEALTH

## Immunization Clinic Program



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FY 18-19



### PERFORMANCE MEASURES

- Vaccine accountability and management:
  - 100% compliant for the Vaccine For Children (VFC) recertification- met 2018
  - VFC recertification is critical to public health because it provides the community an IZ clinic that has met rigorous Federal and State guidelines on how to receive, transport, store, and administer vaccines. Includes the following requirements:
    - Data logger calibration collected daily and reported annually – met annually
    - Completion of annual training – met annually
    - Mitigation plans for power outages or other power emergencies – met annually
- Assess and Improve Compliance with Childcare and School Immunization Entry:
  - 100% of schools reported Kindergarten and 7<sup>th</sup> grade vaccination requirements to CDPH.
  - 95% of students had all the required immunizations.

FY17-18 Objectives met:

- Improve outreach, education and engagement activities for flu clinics and other vaccine-preventable diseases

# NAPA COUNTY PUBLIC HEALTH

## Immunization Clinic Program



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**FY 18-19**

- Met with school nurses and Redwood Community Health Coalition to establish relationships and offer provider information.
- Continue to coordinate with Pacific Union College to increase vaccination capacity by nursing trainees during flu clinics
  - Met objective by partnering with PUC for FY18-19 flu season

### QI PROJECTS

- 90% of IZ Coordinator Grant deliverable will be met and submitted on time. – currently met and ongoing (reported every 6 months)
  - This includes oversight and distribution of State-funded vaccines to local clinics and other community partners (e.g. Ole Health, Jail).
- Track the type and volume of incoming calls to analyze opportunities to improve public service access. – not met (continue)
- Vaccine Management - temperature tracking (upcoming project – refer to IZ grant/recertification)

### ADMINISTRATIVE INFORMATION

The IZ budget for FY18-19 is \$898,709. The California VFC Program is administered by the California Department of Public Health (CDPH) Immunization Branch. The Public Health Division provides in-kind program supervision and support.

<b>Position</b>	<b>FTE</b>
<b>Public Health Manager</b>	.15 FTE
<b>Nursing Supervisor</b>	.5 FTE
<b>IZ Nurse Coordinator</b>	0.8 FTE
<b>LVN (started March 2019)</b>	0.25 FTE
<b>Bilingual OA II</b>	2.0 FTE

### GOALS FOR UPCOMING FY:

- Increase number of flu clinics offered
- Prepare for potential increase in demand due to school vaccine requirements
- Develop process improvement protocol for data collection
- Whole Person Care (WPC) Grant requirements – serve individuals experiencing homelessness registered in WPC to increase vaccine coverage

FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 253-4270 OR VISIT: <https://www.countyofnapa.org/858/Seasonal-Influenza-The-Flu>**



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# NAPA COUNTY PUBLIC HEALTH

## Maternal, Child-Adolescent Health (MCAH)



**Public Health**  
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FY 18-19

### PROGRAM SUMMARY

The Public Health Nursing Maternal, Child and Adolescent Health Program provides critical primary prevention and early intervention services that are intensive, comprehensive and address both the health and social needs of individuals and families to improve the health and well-being of this vulnerable population.

Public Health Nurses (PHN) provide home visitation for the Maternal, Child and Adolescent Health (MCAH) population that includes pregnant women, postpartum women, fathers, infants, and children up to age 21. Comprehensive interventions are based on research and best practices in home visiting, as well as providing comprehensive case management through the Targeted Case Management program.

Perinatal Outreach & Education (POE) uses Community Health Assistants (CHA) to link the MCAH population to medical, social, dental, and community services to promote equity in access to quality services, especially for those who are eligible for Medi-Cal or other publicly provided health care programs. Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits.

### MAIN ACTIVITIES

MCAH Public Health Nurses provide:

- Comprehensive health and nursing assessments
- Comprehensive Case Management and interventions
- Health promotion and primary prevention in the home, with individuals, groups and in the community
- Touchpoints Model, a strength-based, relational model of care and service for families
- Promotion of brain development, child and family development, and attachment and regulation as primary prevention strategies

MCAH Public Health Nurses specialize in:

- High risk, low income and Medi-Cal families
- Families with multiple health, psychosocial, mental health, substance and alcohol problems, domestic violence, mono-lingual Spanish, isolation, lack of support systems, barriers to health care access
- Health problems such as infants with congenital birth problems, prematurity, cerebral palsy, cleft palate, developmental delays, multiple births, prenatal exposure to drugs and alcohol, attachment and regulatory problems, childhood obesity, diabetes etc.
- Postpartum depression, Adverse Childhood Experiences (ACEs) and trauma
- Breastfeeding and infant feeding
- Child and family development, developmental delays and early intervention
- Targeted Case Management

Perinatal Outreach - Community Health Assistants (POE CHA)

- Assist clients with navigating complex social services and medical systems
- Assist with paperwork and application for Medi-Cal and other insurance programs

# NAPA COUNTY PUBLIC HEALTH



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## Maternal, Child-Adolescent Health (MCAH)

- Ensure that women obtain prenatal care and stay in prenatal care
- Ensure that mothers and babies get the resources they need through the first year of life
- Assist clients in overcoming barriers to services including language, literacy, comprehension, transportation, culture and others

### DEMOGRAPHICS AND NO. SERVED

**PHN conducted 667 face to face visits**, serving 122 clients from a total of 223 referrals.

**POE CHA staff conducted 516 face to face visits, serving 116 clients.**

Of the 122 PHN clients served:

- 15 (12 %) of clients are at risk for negative health outcomes
- 66 (54%) are children under 21 years old
- 41 (34%) are considered medically fragile
- 39 % of clients were under 1 year of age at Admission
- 66% of PHN clients identify as Hispanic/Latino, 26% White, 4% African American or Asian/PI (combined to protect confidentiality), 2% Multiracial, 1% Other

### PERFORMANCE MEASURES

A targeted case management audit was conducted in April 2017. There were no TCM audit findings and program was found to be in compliance with documentation requirements. Audit findings can result in loss of revenue which can significantly impact a program. Program continues to focus on improving documentation standards through quality improvement practices, including supervisor and peer reviews. All procedural and billing errors, found during these reviews, are addressed prior to billing.

The MCAH program continues to track TCM documentation audit billing and procedural accuracy to prevent loss of revenue. Accuracy rates for FY18-19 was: 97%.

In FY 19-20 MCAH will track the following indicators:

Baseline data on documentation and productivity to refine performance standards.

Children assigned a medical home and developmental screening during enrollment

### ADMINISTRATIVE INFORMATION

The MCAH budget in FY18-19 was \$1,698,873 (with \$524,717 in TCM revenue). This program is overseen by the California Department of Public Health. Funding sources that support MCAH activities include: Title V, Maternal, Infant and Early Childhood Home visiting Grant (MIECHV), State General Fund (SGF), Title XIX, and Federal Positive Youth Development (OAH) Funds.

The TCM Program is authorized under Sections 1905(a)(19) and 1915(g) of the Federal Social Security Act and California's Welfare and Institutions Code, Sections 14132.44, 14132.47, 14132.48 and 14132.49. Regulations governing the TCM Program are contained in Title 22 of the California Code of Regulations (22 CCR), Division 3,

# NAPA COUNTY PUBLIC HEALTH

## Maternal, Child-Adolescent Health (MCAH)



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Chapter 3, and the California State Plan. In addition, the Department periodically issues Policy and Procedure Letters regarding the Program.

Position	FTE
<b>PH Nursing Director</b>	0.9 FTE
<b>Health Services Nursing Supervisor</b>	1 FTE
<b>Public Health Nurse</b>	2.3 FTE
<b>Perinatal Outreach Educator</b>	2 FTE
<b>Tech I</b>	1 FTE
<b>Staff Services Analyst</b>	1 FTE

### GOALS FOR UPCOMING FY:

- We hosted training: Trauma Informed Public Health Nursing Visits to Parents and Children presented by the Sonoma Field Nursing Program based on their evidence informed model that they have been sharing with the Persimmony regional collaborative members. We are on track to implement new strategies learned at this training.
- Working to adopt an evidence-based home visiting practice in FY20-21
- Co-developing a unified set of outcome measures to demonstrate PHN impact with our 11 county Persimmony (EHR) regional collaborative.

FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 253 –4807**

**OR VISIT: <https://www.countyofnapa.org/2041/Public-Health-Nursing>**



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# NAPA COUNTY PUBLIC HEALTH

## Medical Therapy Program (MTP)



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*FY 18-19*

### PROGRAM SUMMARY

The Medical Therapy Program (MTP) is responsible for providing medically necessary occupational and physical therapy treatment, consultation and physician oversight for children from birth to 21 whose diagnosis meets the California Children's Services MTP [medical eligibility](#). The MTP team serves all of Napa County.

[Health and Safety Code, Section 123800 et seq.](#) is the enabling statute for the CCS program. The explicit legislative intent of the CCS program is to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for these services, wholly or in part. The statute also requires the DHCS and the county CCS program to seek eligible children by cooperating with local public or private agencies and providers of medical care to bring potentially eligible children to sources of expert diagnosis and treatment.

### MAIN ACTIVITIES

MTP staff are responsible for:

- Determining program eligibility
- Physical and occupational therapy assessment, including gross and fine motor skills, activities of daily living, sensory and developmental status, postural alignment, oral motor control, strength, range of motion, durable medical equipment needs, household accessibility and community access.
- Developing functional goals and objectives with the family and child, and establishing a treatment plan for therapy services
- Providing physical and occupational therapy services that are developmentally appropriate and evidence informed, monitoring treatment plan changes over time
- Providing consultation to all members of the child's treatment team (family, school, etc.)

### DEMOGRAPHICS AND NO. SERVED

Number of children in the program as of March 2019 (point in time count): **113**

Please note that data is available through March 2019 at this time as the MTP is currently transitioning to a new electronic health record, MTU Online. It is expected that data will be available for FY18-19 and 19-20 by spring of 2020.

Below is a chart of the children served by region. Because of small numbers, the Up Valley section includes numbers for children served from Yountville to Calistoga in order to maintain confidentiality.

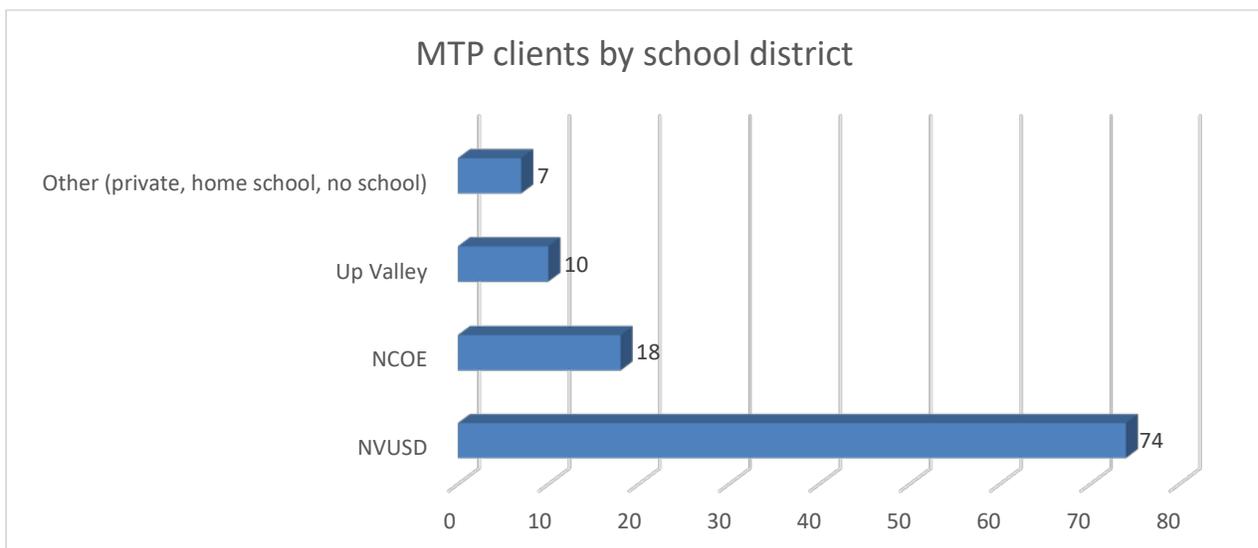
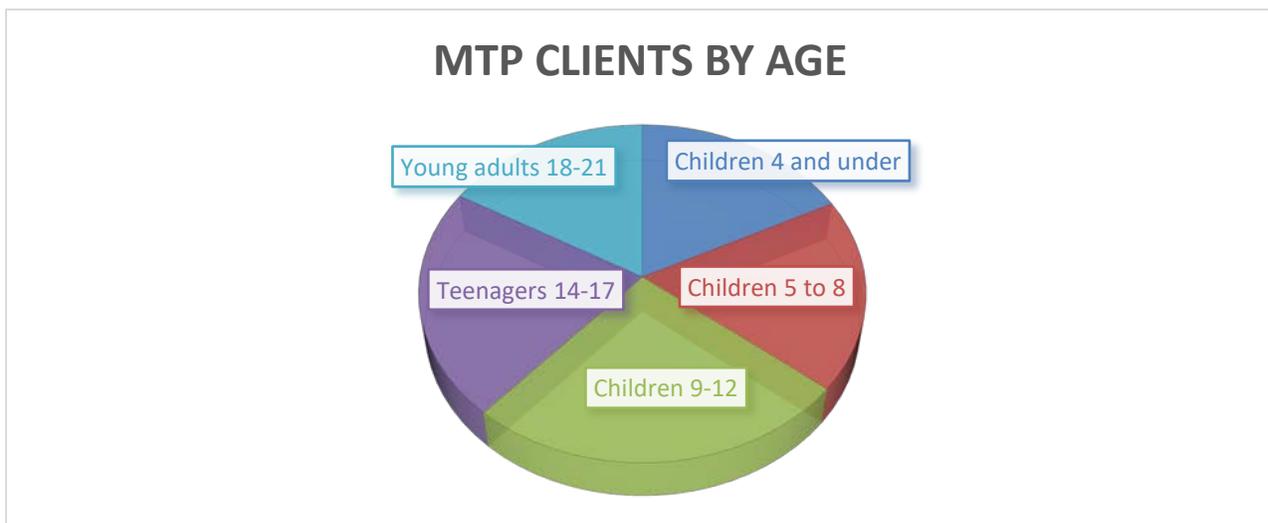
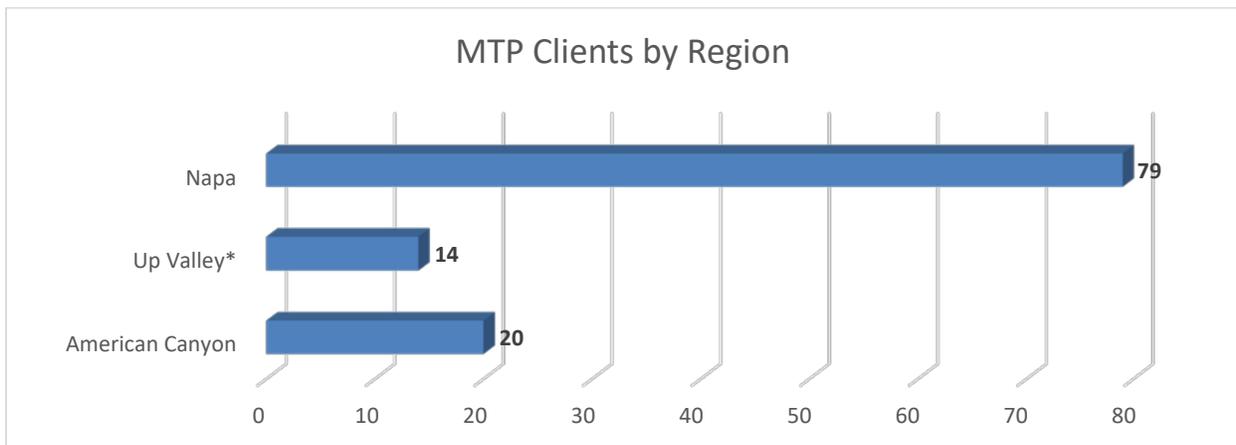
# NAPA COUNTY PUBLIC HEALTH

## Medical Therapy Program (MTP)



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*FY 18-19*



# NAPA COUNTY PUBLIC HEALTH

## Medical Therapy Program (MTP)



FY 18-19

Napa Valley College students are also served as long as they meet the age requirement. For the purposes of this section, Up Valley includes children served in St. Helena and Calistoga. Napa Valley College is not included because of small numbers and the need to maintain individual confidentiality.

- Number of hours of physical and occupational therapy provided per year (clients under 21 years of age) based on current therapy prescriptions: **6,700**
- % of families who are monolingual Spanish-speaking: **32%**
- % of clients ages 0-21 with cerebral palsy: **45%**. Other neuromuscular and orthopedic diagnoses seen at MTP include: spina bifida, muscular dystrophy, osteogenesis imperfecta, arthrogryposis

### PERFORMANCE MEASURES

In 2013, Napa County's Medical Therapy Program began requiring the use of three standardized scales for each child with a cerebral palsy diagnosis (diagnosis for majority of children served by MTP) whose age met the scale criteria. This continues to this day. In highlighting the functional use of these scales, the Gross Motor Function Classification Scale (GMFCS) is used to track hip dysplasia in children with cerebral palsy:

One of the scales is the GMFCS which measures functional mobility, from I (walking with no assistance) to V (dependent on others to push a wheelchair). Children with Cerebral Palsy are at increased risk for hip dysplasia, including dislocation. Depending on their GMFCS score, their risk increases significantly. Research has found that measuring hip "migration percentage" (as measured on x-ray), and by performing soft tissue surgical releases early, hip displacement is preventable<sup>1</sup>. MTP program staff work collaboratively with Queen of the Valley Radiology to measure hip migration and with our Medical Therapy Conference physician to make referrals to orthopedists for surgical consultation.

The goal of the MTP on a statewide basis is to engage in hip surveillance for all children with Cerebral Palsy.

### QI PROJECTS

Napa County Information and Technology Services is currently developing an enhanced electronic treatment management tool for the MTP, which will include automated data collection.

Expected to go live later this year, "MTUOnline" will have several data collection features, including hip surveillance, enabling the MTP to produce a monthly list of children due for hip x-rays based on their diagnosis, age and GMFCS level. This will enable the MTP to identify and refer for x-ray and follow-up all children with cerebral palsy at the appropriate time.

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<sup>1</sup> <http://shrinerschildrens.org/wp-content/uploads/2015/09/Hip-Surveillance.pdf>

# NAPA COUNTY PUBLIC HEALTH

## Medical Therapy Program (MTP)



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### ADMINISTRATIVE INFORMATION

The MTP budget for FY18-19 is \$1,268,350. This program is a mandated program and overseen by the California Department of Health Care Services, Integrated Systems of Care Division.

The funding source for a county CCS program (MTP within CCS) is a combination of monies appropriated by the county, State General Funds, and the federal government.

Position	FTE
<b>CMS Manager</b>	.05 FTE
<b>Supervising Therapist</b>	1 FTE
<b>Physical Therapist</b>	2.6 FTE
<b>Occupational Therapist</b>	2.25 FTE
<b>Medical Secretary</b>	1 FTE

### GOALS FOR UPCOMING FY:

The Medical Therapy Program seeks to continually improve services. Monthly journal review, monthly case studies, conference attendance and participation in statewide projects focusing on evidence-based service delivery are routine efforts in the Napa County MTP. Implementation of "MTUOnline" will allow the program to:

- Collect Pediatric Evaluation of Disability Inventory (PEDI) scores and compare over time for measure of individual improvement using a standardized assessment.
- Institute the use of the Measure of Processes of Care (MPOC) to assess family perceptions of the care they and their children receive in the MTP. It is a means to assess family-centered behaviors of health care providers.
- Institute the use of the Measure of Processes of Care-service providers (MPOC-SP) to assess staff self-perception of family centered service provision.
- Modify and continue to collect Goal Attainment Scale scores for comparing percentage of goals met as both as a measure of individual improvement and as a program assessment tool.

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FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 299-1920**

**OR VISIT: <https://www.countyofnapa.org/433/Medical-Therapy-Program-Unit>**



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# NAPA COUNTY PUBLIC HEALTH

## Therapeutic Child Care Center (TCCC)



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*FY 18-19*

### PROGRAM SUMMARY

The Napa County Health & Human Services Therapeutic Child Care Center (TCCC) began operating in March 2001. The planning team spent several years designing and implementing a therapeutic model that has served the focal families for 18 years. Health and Human Services (H&HS) Public Health Division provides the Clinical Team and, as partners, Child Start Incorporated (CSI) delivers childcare, early education, and family services for kids ages 0-3. Twenty-four children are served in three classrooms: Infant, Early Toddler and Older Toddler.

The Clinical Team includes a Public Health Administrator, a Clinical Psychologist and a Marriage Family Therapist (MFT) who provide mental health assessments, interventions and staff consultation and training, and an Occupational Therapist (OT) who performs evaluations and makes recommendations for healthy physical development

All children at the TCCC receive regular assessments and interventions from Clinical members of the Therapeutic Team. In addition, the Clinical Psychologist, MFT and OT conduct comprehensive assessments and provide treatment for children who have been identified as needing more concentrated therapeutic interventions. This is accomplished through consent of the families and with their participation. Approximately 75% of TCCC children and their families are receiving individualized mental health and/or OT treatment. All TCCC children receive ongoing support and interventions on an individual basis, in the classroom and in consultation with teachers by the therapeutic team.

### MAIN ACTIVITIES

The Clinical Team provides:

- Comprehensive mental health assessments and sensory integration assessments
- Therapeutic infant, child and parent mental health interventions and treatment
- Training for parents using the Circle of Security evidence-based model
- Staff consultation and training
- Neurosequential Model of Therapeutics assessment, brain mapping and interventions

### DEMOGRAPHICS AND NO. SERVED

**Total:** Since inception to June 30, 2019, the TCCC has served 264 children from 210 families. Ages of the 112 girls and 152 boys ranged from one to 67 months. The children qualified for therapeutic childcare through their parents' participation in Napa County HHS Alcohol and Drug Services (ADS), Mental Health, Child Welfare Services, Public Health and CalWORKS. Children who enroll at the TCCC are considered at-risk for mental health, attachment and developmental disorders because of chronically stressful circumstances that impact their emotional and neurophysiological development.

# NAPA COUNTY PUBLIC HEALTH

## Therapeutic Child Care Center (TCCC)



Fiscal year 2018-2019 based on 24 TCCC children:

- **13%** children are currently with CWS/Family Preservation/foster care.
- **42%** children have a family history of CWS/Family Preservation/foster care.
- **8%** children current enrollees have been adopted during their stay at the TCCC
- **8%** children are currently in foster-adopt families awaiting legal decisions.
- **58%** children have/had incarcerated parent(s).
- **67%** children have parent(s) with history of substance abuse.
- **29%** children have been exposed to drugs in utero.
- **54%** children have been exposed to domestic violence.
- **58%** children have been homeless for periods.
- **71%** children with disruptions in caregiving/parenting.
- **38%** children with psychiatric diagnoses (PTSD, ADHD, Depression, Anxiety, Regulatory Disorder, Developmental Disorders)

### PERFORMANCE MEASURES

Children’s development is screened biannually using the Ages and Stages Questionnaire. The Third Edition (**ASQ-3**), monitors children over time from 2-60 months. Five domains of functioning are screened to help identify children who are at-risk for developmental delays. The table is based on data comparing initial assessment scores to scores collected June 2019.

*% Change in Developmental Ratings from Initial Assessment to June 30, 2019 ratings. (N=22)*

ASQ (Development)	Positive Development	Below Cutoff/Need Monitoring
Communication	91% (20)	9% (2)
Gross Motor	86% (19)	14% (3)
Fine Motor	100% (22)	0% (0)
Problem Solving	91% (20)	9% (2)
Personal Social	91% (20)	9% (2)

# NAPA COUNTY PUBLIC HEALTH

## Therapeutic Child Care Center (TCCC)



### VALUE ADDED

Of interest, from data gathered is the comparison between ASQ screening scores and mental health estimates. Most TCCC children have ASQ developmental scores that fall Within Normal Limits (WNL) even though almost 38% of the 24 enrolled have individual mental health, relational challenges and/or occupational therapy concerns. The stability of the TCCC experience has relational and therapeutic benefits that likely provide a context in which healthy development can thrive. The nurturing, consistent care and rich relational environment created at the TCCC by the therapeutic team and Early Head Start staff provides strong and secure secondary attachments with supportive and dependable adults that build resiliency and capacity in TCCC children.

### ADMINISTRATIVE INFORMATION

The TCCC budget for FY18-19 was \$267,322. This program was developed in partnership with Child Start and Napa County Public Health. Funding for this program comes from local general funds and Child Start.

Position	FTE
<b>Public Health Administrator</b>	0 FTE
<b>Clinical Psychologist</b>	.5 FTE
<b>Marriage Family Therapist (MFT)</b>	.5 FTE
<b>Occupational Therapist</b>	.5 FTE
<b>Office Assistant-Parent Liaison</b>	1 FTE

### GOALS FOR UPCOMING FY:

- Work on long-term Outcome Evaluation with QM program

FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 253-6992**

**OR VISIT: <https://www.countyofnapa.org/463/Therapeutic-Child-Care-Center-TCCC>**



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# NAPA COUNTY PUBLIC HEALTH

## Vital Statistics Office



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*FY 18-19*

### PROGRAM SUMMARY

The Vital Statistics office serves as the Local Registrar of deaths and births in Napa County. Vital Statistics also issues permits for the disposition of human remains, provides data for the reporting of communicable diseases to the State of California, and processes applications for the California Medical Marijuana Identification Card program.

### MAIN ACTIVITIES

The responsibilities of Vital Statistics staff include:

- Certifying and registering the births of all babies born in Napa County
- Certifying and registering all deaths that occur in Napa County
- Issuing certified copies of birth and death records within one year of the event to authorized individuals
- Assisting with completion of amendments to birth and death records
- Issuing disposition/burial permits for all deaths that occur in Napa County and transfers of remains
- Issuing Medical Marijuana Identification Cards

### DEMOGRAPHICS AND NO. SERVED FY2018-2019 DATA

Vital Statistics customers include funeral homes, hospitals, the coroner's office, and members of the public.

- 795 births were registered in 2018
- 1249 deaths were registered in 2018
- 11 medical marijuana ID cards were issued in 2018

### PERFORMANCE MEASURES

#### Funeral Home Customer Satisfaction Surveys

Year of Survey	Percent of Funeral Homes satisfied or highly satisfied with Vital Statistics Services
2016	100% (10/10)
2017	100% (9/9)
2018	100% (9/9)
2019	90.9% (10/11)

#### Timeliness of Death Certificate Registration\*

Year	Percent of Napa County Deaths Registered within 8 days	Percent of California Deaths Registered within 8 Days
2016	81.5%	Data Not Available
2017	79.2%	Data Not Available
2018	79.33%	Data Not Available

# NAPA COUNTY PUBLIC HEALTH

## Vital Statistics Office



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*FY 18-19*

### Timeliness of Birth Certificate Registration\*

Year	Percent of Napa County Births Registered within 10 days	Percent of California Births Registered within 10 Days
2016	51.0%	79.9%
2017	39.0%	90.5%
2018	68.7%	93.4%

\*Per California Health and Safety Codes 102400 and 102775, birth certificates must be registered within 10 days after birth of the baby and death certificates must be registered within 8 days of death. There are no fines issued locally or by the California Department of Public Health for lack of compliance to timelines, which makes enforcement difficult.

### QI PROJECTS

Vital Statistics staff is currently working with local hospitals to ensure that all births are registered within 10 days of the event. In October of 2018, Napa County implemented the Electronic Birth Registration System, which automated the submission of birth records to the Local Registrar. Timeliness is important not just because it is a state requirement, but from a customer service perspective it is important to be able to give individuals access to these vital documents in a timely manner.

### ADMINISTRATIVE INFORMATION

The Vital Statistics budget in FY18-19 was \$201,503. This program is a mandated program and overseen by the California Department of Public Health.

Position	FTE
<b>PH Manager</b>	0.1 FTE
<b>HHSA Technician I</b>	1.0 FTE
<b>Epidemiologist</b>	0.15 FTE
<b>Total</b>	<b>1.25 FTE</b>

### GOALS FOR UPCOMING FY:

- Increase timeliness of birth registration in local hospitals through technical support and monitoring
- Collaborate with Funeral Homes, Public Guardian, and Coroner to ensure that records for decedents without next of kin or ability to pay are filed in a timely manner

FOR PROGRAM INFORMATION, PLEASE CALL:

**PHONE: (707) 253 –4506**

**OR VISIT: <https://www.countyofnapa.org/880/Vital-Statistics>**



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# NAPA COUNTY PUBLIC HEALTH

## Special Supplemental Nutrition Program for Women, Infants and Children (WIC)



*FY 18-19*

### PROGRAM SUMMARY

WIC (Women, Infants and Children) is a federal nutrition education program, serving over 6.9 million nationally as of 2018, that promotes healthy eating, encourages and supports breastfeeding, and provides referrals to health and community resources. Pregnant women, women up to one year postpartum and children up to age five living in California who meet income qualifications are eligible for WIC program participation.

In addition to nutrition counseling, WIC Participants receive benefits to purchase supplemental healthy foods, education for healthy eating and active living, support and help with breastfeeding, infant formula when needed, screening and education for anemia prevention and referrals to community programs.

Families and children who receive CalFresh, Temporary Assistance for Needy Families (TANF) or Medi-Cal benefits are adjunctively eligible for WIC program participation.

On June 3, 2019 Napa WIC, as a pilot agency with Solano County, went live with new case management software called WIC WISE. This was part of a statewide transition to EBT benefit issuance. Napa and Solano Counties' successful implementation led the way for a statewide rollout. Although the new system had and still has challenges, the modernization from paper checks to EBT has benefited WIC customers. Due to this software change, only 11 months of the 2018-2019 data is available, July 2018 through May 2019. Data extraction capabilities in the new system are under development. Recent data is not available for some measurements.

### MAIN ACTIVITIES

WIC Staff:

- Provide participant-centered nutrition education through individual counseling and group classes
- Conduct services in the clients' preferred languages
- Promote and encourage breastfeeding by providing direct lactation support
- Educate and assist participants in using breast pumps provided by the WIC program
- Offer services at four different clinic sites throughout Napa County (American Canyon, Napa, St. Helena and Calistoga)
- Issue benefits to participants to redeem for healthy foods at authorized stores

# NAPA COUNTY PUBLIC HEALTH

## Special Supplemental Nutrition Program for Women, Infants and Children (WIC)



FY 18-19

### DEMOGRAPHICS AND NO. SERVED

Total monthly WIC benefits issued to participants during County Fiscal Year 2018-2019: 22,373

During Federal Fiscal Year 2018-2019, Napa WIC participants redeemed just under \$1.5 million in food benefits within the local community.

Approximately 60% of Napa County WIC participants were children aged 1-5 years, 20% were infants less than 1 year, and 20% were pregnant or post-partum women during county fiscal year 2018/2019.

During county fiscal year 2018-2019, Napa WIC participants resided in the following locations:

Town of Residence	Percentage of Napa WIC Clients
Napa	<b>71%</b>
American Canyon	<b>13%</b>
Calistoga	<b>5%</b>
St. Helena/Yountville	<b>4%</b>
Fairfield/Suisun City/Vallejo/Benicia	<b>4%</b>
Angwin/Pope Valley/Rutherford/Oakville	<b>2%</b>
Other	<b>1%</b>

### PERFORMANCE MEASURES

- Napa WIC had fully breastfeeding rates among participating infants of 27.6% at six months of age and 20.6% at 11 months of age as compared to statewide averages of 16.8% and 15.3% respectively during county fiscal year 2018/2019.
- On average, Napa WIC offers over 18 classes per week to participants, in English and Spanish, on approximately 6 different health topics weekly.
- WIC has been shown to reduce likelihood of preterm births and very low birth weight infants. Preterm births cost the US over \$26 billion annually, and it has been estimated that approximately \$28,000 in healthcare costs could be saved for just a one pound increase in birth weight among very low birth-weight infants. Only 4.7% of infants on the WIC program in Napa County born during county fiscal year 2017/2018 were low birth weight or very low birth weight, compared to the countywide rate of 8.8%.
- Participants show high satisfaction rates in regard to the education they received for E-WIC changes.
- State audits of Napa WIC program dating back to 2014 have all resulted in zero audit findings.
- State fiscal audit of Napa WIC program conducted in 2017 resulted in zero audit findings.

# NAPA COUNTY PUBLIC HEALTH

## Special Supplemental Nutrition Program for Women, Infants and Children (WIC)



FY 18-19

### QUALITY IMPROVEMENT

The Napa WIC program is working on improving breastfeeding rates by leading a community-wide research project utilizing human-centered design principles for improving breastfeeding rates. Testing and implementation is scheduled to start in FY 19-20.

### ADMINISTRATIVE INFORMATION

The total Napa WIC budget is \$1,345,852 for County Fiscal Year 2018-2019. This national program is administered by the California Department of Public Health, including funding and oversight.

**Authority for the WIC Program:** The WIC Program is authorized by the Child Nutrition Act of 1966 and the Healthy, Hunger-Free Kids Act of 2010 (Title 42, United States Code, section 1786). The CDPH/WIC Division is authorized to administer California's WIC Program through California Health and Safety (H&S) Code sections 123275-123355. **Primary Regulatory Guidance for the WIC Program:** CDPH/WIC follows both Title 7 of the Code of Federal Regulations Parts 246 and 248 (i.e., federal regulations) and Title 22 of the California Code of Regulations.

Position	FTE
<b>PH Nursing Director</b>	0.1 FTE
<b>WIC Coordinator</b>	1 FTE
<b>Community Aide</b>	3 FTE
<b>Health Education Specialist</b>	1 FTE
<b>Senior Office Assistant</b>	1 FTE
<b>Office Assistant</b>	1.5 FTE
<b>Nutritionist</b>	0.5 FTE

### GOALS FOR UPCOMING FY:

- Implement new interventions for community-wide breastfeeding promotion, which emerge from the human-centered breastfeeding project.
- Continue strengthening collaborative relationship with Self-Sufficiency Services Division to ensure co-enrollment of individuals and families with Medi-Cal, CalFresh, and WIC.
- Successfully implemented eWIC transition to EBT program benefits as pilot agency for statewide transition. Napa WIC continues to serve as the subject matter experts for Statewide roll out.

FOR PROGRAM INFORMATION, PLEASE CALL:

PHONE: (707) 253-4853 OR VISIT: <https://www.countyofnapa.org/883/Women-Infants-Children-WIC>



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