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## Focus on Children

Many of you have probably heard the story about the town that kept removing dead bodies from the river. It wasn't until they went upstream and addressed the question of why so many people were falling into the river that they solved the problem.

I think of this story when I look at our children's health programs, because we work hard to prevent serious health problems for the children of our county and we intervene as early as we can to reduce poor health outcomes. This work is part of our commitment to reducing health disparities in our County.

Cheri Pies, Director of our Family, Maternal and Child Health Program, is working with CCHS programs and community partners to integrate the Life Course Model into current and future programs. This is a 15-year initiative to reduce disparities in birth outcomes, in order to improve health overall for children, adolescents and families.

### Life Course Model

The Life Course Model suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person's life. For example, poor birth outcomes, such as low birth-weight and infant mortality, are often explained by the quality and frequency of prenatal care. In contrast, the Life Course Model suggests that these disparities result from differences in protective and risk factors among groups of women over the course of their lives. This model suggests that the health and socioeconomic status of one generation directly affects the health status of the next one.

Cheri learned about the Life Course Model several years ago when she heard Dr. Michael Lu make a presentation at a conference she attended. She realized that his theory provided a framework for something CCHS and others were already doing: Looking at positive birth outcomes as something much more complex than how early a mother received prenatal care, whether she used drugs and tobacco during her pregnancy and whether she ate healthily.

Of course those things are extremely important. But so are factors farther upstream, like the environment, employment opportunities, racism, violence, access to health care, good education, and other factors in the potential



— Dr. Walker

mother's and father's lives. Dr. Lu didn't just postulate this theory. He set out to prove it with scientific research. It is sobering to consider what he found — a woman who was born a low birth-weight baby, for example, no matter how excellent her mother's prenatal care, ended up having a low birth-weight baby. What does this mean? It means we have to start early to improve and maintain good health and that if we are going to turn around the disparities in birth outcomes in Contra Costa, we must think about changing and improving the health of a generation. We must start now, as the FMCH Programs are planning to do, to take the steps necessary that will move us upstream to intervene and improve the health of our children and our children's children. In spite of the hard times we've faced in the last few years, we think we still have a remarkable array of services that can contribute to that effort.

### First Five Funding Helps

One area that is extremely gratifying — and quite consistent with the Life Course Model — is the collaboration of a number of our programs with First 5 Contra Costa on behalf of young children and their families. First 5 funding is the result of a voter initiative, Prop. 10, which added a 50-cent tax on tobacco products. Using First 5 funds, the Children's program of our Mental Health Division contracts with three community-based organizations for early childhood mental health

*Continued next page*

## DID YOU KNOW

Contra Costa has 256,267 residents under age 18, which is 25.9% of the population.

## Director's Message Continued...

therapeutic services. The organizations provide screening and mental health treatment for young children who have severe mental health problems (e.g., have experienced severe physical or sexual abuse, extreme or chronic neglect, or have been exposed to extreme violent behavior). With our partners, the “wraparound” approach for treating children and families with multiple needs has been extended to very young children. We have been able to match First 5 funding with Medi-Cal to increase the money available to serve families, including those without health insurance for mental health services.

We (along with Employment & Human Services and Community Services) also receive First 5 funds for a collaborative home visiting program. More than 3,000 families – teen parents, first-time parents, and children up to age three living in Contra Costa’s highest risk neighborhoods – are benefiting from individualized care and support.

First 5 provides the sole funding for the Rosemary Corbin House (RMCH), a residential substance abuse program that provides treatment, counseling and parenting education for pregnant and parenting mothers and mental health treatment for their children. The program helps pregnant and parenting mothers at risk of losing their child(ren) due to substance abuse and reunites mothers and children in a healthy setting.

Recognizing that young children are especially vulnerable to secondhand smoke because they are still growing and developing, First 5 also funds the Promoting Smoke-Free Families (PSFF) Collaborative, a partnership between our Family, Maternal and Child Health Program and the Community Wellness & Prevention Program’s Tobacco Prevention Project. PSFF coordinates outreach and education efforts, including a public education campaign on reducing the effects of secondhand smoke and training for prenatal care providers on how to help their pregnant patients quit smoking and reduce their children’s exposure to secondhand smoke.

### Prop 63

When voters last November passed Proposition 63, the Mental Health Services Act, they might not have been thinking about the Life Course Model, but one of the focus areas of that initiative is children. A stakeholder work group has been hard at work for the last few months reviewing community issues (one of four workgroups currently meeting). The issues that the State Department of Mental Health has targeted for services and support include the inability to be in a mainstream school environment, school failure, hospitalization, peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice systems. I’m extremely pleased that we were able to hear from the community about their concerns and that Prop. 63 will provide us with funds to begin to develop solutions.

### Focus on Older, Homeless Children

Public Health’s Homeless Program provides a continuum of services, from outreach to permanent housing, for runaway and homeless youth. One service we provide is the only

emergency housing shelter in the county for those 18-21 years old. The philosophy of the program is that every young person has the ability to make good choices for themselves when provided with gentle guidance, support and positive opportunities.

### Hard Times, Hard Choices

In a time of county, state and federal budget reductions, the issue of how we spend our money almost always involves a discussion about values. When we have to make recommendations about where to reduce costs, we try to keep the big picture in view. That isn’t always easy, because often early intervention or prevention programs are the ones targeted for reduction while we focus on those areas where the needs are acute and visible. We saw this process during the Board of Supervisors’ recent discussions about funding for health and social services programs and for staffing the Sheriff’s Office. When the talk is about how to keep jails staffed and deputies on the street and/or meet the increasing numbers of ill and uninsured in our hospitals and health centers, there’s no easy answer.

What we try to do when we are required to make reductions — especially in early intervention and prevention programs — is to trim them without completely eliminating them in hopes of rebuilding in better times. One of the most frustrating facts I have to contend with in my job is the lack of sufficient federal and state funds for prevention and early intervention programs. Instead we have invested local discretionary funds there, but as county funds are reduced they are pulled from these very areas of prevention and early intervention.

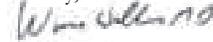
### Where We Are Now

Nonetheless, we are where we are and thanks to the Board of Supervisors, we are able to continue many programs for children that might have been dramatically reduced. We also have our Basic Health Care program, which assures access to our health care system, kept intact for low-income adults and children without insurance who live in Contra Costa. We have preserved Public Health’s major immunization programs, Child Health and Disability Prevention’s early intervention and health care outreach and enrollment, and California Children’s Services programs.

We are revamping the way we deliver care for teens in the Chris Adams Center and the Summit Center, using more Mental Health staff and less Probation staffing, to keep the Centers going. And we aren’t doing this alone. Besides First 5 Contra Costa, we have major partners in the Alcohol and Other Drugs Advisory Board, Mental Health Commission, Developmental Disabilities Council, Health Access Coalition and Public and Environmental Health Advisory Board.

Regardless of how we configure our programs, our commitment is that while we must work downstream to intervene in acute situations, we also know that the further upstream we go, the better the outcomes. That is especially critical as we work to meet the needs of Contra Costa’s children, especially those most vulnerable to health disparities.

Sincerely,

  
William Walker, MD

## There will be no August issue of the Director's Report.

**The Director's Report is published monthly.** Deadline for the September edition is August 8. Publicize your upcoming events and successes by sending information to Julie Freestone at 597 Center Avenue, Suite 255, Martinez 94553, fax 925-313-6219, email: jfreestone@hsd.co.contra-costa.ca.us. The Director's Report is available online at [cchealth.org](http://cchealth.org) and on the Intranet at [cchs](http://cchs).

# GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

## Honor Roll

### **Sylvia Elizarrarez**

*Clinic Coordinator  
Brentwood Health Center*

In getting the new Brentwood Health Center launched, she gave it her “all,” including her own time. Sylvia follows the motto: “Patient care is first priority.”

—Nominated by the Brentwood Health Center Staff

### **Kim Duir, MD**

*Richmond Health Center*

For quickly identifying a possible communicable disease in a patient, notifying Public Health promptly and working with the patient to be sure all precautionary measures were followed. With new infectious diseases emerging throughout the world, the alert clinician is the community's first line of defense against disease outbreaks.

—Nominated by Wendel Brunner, MD

### **Michael Gomez**

*Financial Counselor*

For being extremely patient and giving complete and clear answers to questions. “He went far beyond the call of duty in showing care and compassion while I was struggling to help a friend with the paperwork for Basic Health Care. It really felt like he cared.”

—Nominated by a community member

### **Julie Kelley**

*Medical Social Services Director  
CCRMC*

For outstanding character and professionalism, being down to earth and demonstrating compassion while attempting to solve problems and deal with extremely difficult issues and for her fabulous sense of humor.

—Nominated by Susan Meltzer

### **Cecilia Ramirez**

*Experienced Level Clerk  
CCLC Diabetes Collaborative  
Richmond Health Center/Public Health*

For working cheerfully and independently with an incredible “can-do” attitude as an invaluable member of the Diabetes Improvement Team. She has learned increasingly sophisticated tasks on several new computer programs to support our improvement efforts countywide.

—Nominated by Kate Colwell, MD and the RHC Team of the CCLC Diabetes Collaborative

### **Pat Erickson, PHN**

*CHDP  
Pittsburg Health Center/Public Health*

For being an outstanding leader, representing the program in helping the children of our community, supporting the work of her team and encouraging them by keeping good morale in the unit. Even when times have gotten hard for our program she has always been someone to look up to.

—Nominated by Ofelia Dimas, Martha Flores and Vickie Perry

### **Ken Stuart**

*Director  
Environmental Health*

For a highly informative presentation to a Chapman University class and for being generous, affable, professional and constructively interacting with people. “It is evident that your Environmental Health Division is serving the people of Contra Costa County at a very high level.”

—Nominated by Dr. Albert Figone, Humboldt State University

## **Do you know someone who's going the extra mile?**

To recognize a CCHS employee, vendor or volunteer for outstanding Service Excellence performance, submit the “Going the Extra Mile” commendation form, available from every CCHS Division Director, or email your commendation to [ServicEX@hsd.co.contra-costa.ca.us](mailto:ServicEX@hsd.co.contra-costa.ca.us) or fax it to 925-313-6219. The form can also be downloaded from the Internet (About Us page) or Intranet. Please be specific about the behavior being recognized.

# GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

## Honor Roll

### **Leigh Pierson Brown, FNP**

*Richmond Health Center/Public Health*

For always being pleasant, friendly and professional and for her work on behalf of a six-year old with severe allergy problems. She calls, responds to pages and follows up. "She is always willing to do whatever it takes for my son to get the services and help he needs." She is one in a million!

—Nominated by a patient's mother

### **Francine Jolton, MD and**

**Ann Lockhart, MD**

*CCRMC*

For providing excellent and loving care to a family whose infant was in danger of dying of a severe birth defect. The family was offered constant love and support and the infant was given excellent comfort care. Dr. Jolton is now doing home visits to check on the baby.

—Nominated by Michelle Bushong, Perinatal Clinical Nurse Specialist

### **Alicia Garcia, RN**

*Program Manager*

*Richmond Health Center*

For her star performance and excellent commitment to her patients, our staff, the county she serves and the community. She pioneered the diabetic support group, provides support and care management trainings for HIV/AIDS patients and volunteers as a Spanish teacher for RHC staff.

—Nominated by Susan Meltzer

### **Tim Tam**

*Pharmacist I*

*Detention Health*

For innovation, persistence and working collaboratively to improve patient care, nursing workflow and provider practice. He reduced pharmacy expenditures almost 50% by reducing waste and orders for OTC drugs, streamlining formulary, beginning an automated pharmacy system, reducing the numbers of narcotic medications and eliminating frequently abused and dangerous medications.

—Nominated by Miles Kramer

### **Mouang Saeteurn and**

**Nancy Pothyphom**

*Interpreters*

**Arinna Hollander**

*Dietitian*

**Imelda Montances**

*Medical Assistant*

*Richmond Health Center*

For helping to make the Laotian language group visits fully booked and successful.

—Nominated by Troy Kaji, MD

### **Suliana Teo**

*Clerk-Experienced Level*

*Finance*

For her assistance in seeing that an employee got her paycheck in a timely manner. Her insight helped track paper work. "Your obvious attention to detail is greatly appreciated."

—Nominated by Chandra M. Gottschall

This Service Excellence award appeared in error in our June Director's Report

## Employee Milestones

Congratulations to these employees who have given us long years of service: Antoinette Baranov, Carmen P. Saldivar, Derrick A. Tate, Anick Labonville, Siuwing Tong, Mary Gerrard, Deborah Manes, Peggy Pflager (10 years); Steven Loveseth, H. Marc McDaniel, Marsha Krinsky, Jennifer Fischer, Suzanne Cade, Patricia K. Finnegan, Consolacion Resultan, Beverly Rounsaville, Eduardo Villareal, Bernadette Landrito (15 years); Mitchell Applegate, Judith Poole (20 years); Joseph Barger, Jeffrey Smith, Genoveva Calloway, Patricia Wardley, Suzanne Maldonado (25 years); and Dennis Venegas (30 years). *(We know there are lots of other dedicated employees with long years of service. Because of space limitations, we are only reporting those with 10, 15, 20, 25 and 30 years.)*

This page brings news of how the implementation of the CCHS Plan for Reducing Health Disparities is progressing and highlights program efforts. Our divisions have been working on three key areas to reduce health disparities. These are improving linguistic access, implementing educational activities on diversity and cultural and linguistic competence, and developing an organizational climate that values patient, customer and employee diversity.



## Alcohol and Other Drugs Services Partners with Providers to Reduce



*(Left to right) AOD Director Haven Fearn, AOD Community Organizer Amy Chao and AOD Administrative Coordinator Curtis Christy.*

Our Alcohol and Other Drugs Services (AOD) Division is working with its 15 community providers to address linguistic access, cultural competence and other issues as part of our Reducing Health Disparities Initiative (RHDI). AOD relies heavily on its community providers for client care, so it's important to involve them in the effort to reduce disparities in substance abuse treatment and prevention, said AOD Director Haven Fearn. Though a commitment to reducing health disparities isn't a contract requirement, AOD is incorporating the concept into contract language and providers are responding well. "We are asking them to be more responsive to different cultures and to detail how they intend to address these issues. The providers want to do it and they want guidance," Haven said. "Collaboration with community providers creates a ripple effect in the community to help reduce health disparities." AOD staff and providers also recently received cultural competency training. Cultural competency training for different cultures is vital, said Amy Chao, AOD Community Organizer. "What may work in the African-American community may not work in the Southeast Asian community," she said. Amy started what she calls a "Cultural Corner" in her division's office, which includes information and pictures of cultural celebrations, such as the Laotian New Year celebrated in March. AOD also has informational brochures and resources guides available in Spanish and several Southeast Asian languages, including Vietnamese, Lao, Chinese and Cambodian. A Spanish-language option soon will be added to the AOD Information and Referral phone line. They also plan to open a bilingual

(Spanish/English) residential detox program this month in Concord. Outpatient treatment is already offered in Spanish at AOD facilities in Bay Point and West Richmond. On the prevention front, parenting classes are offered in Spanish and an alcohol abuse screening questionnaire has been translated into additional languages to help raise awareness about alcohol abuse in the Southeast Asian community.



*For more information about AOD's efforts to reduce health disparities contact Curtis Christy, who works in AOD administration and is a member of our RHDI Education Committee, at [cchristy@hsd.co.contra-costa.ca.us](mailto:cchristy@hsd.co.contra-costa.ca.us) or 925-313-6300.*

## AOD Works with Community Coalition to Train Staff and Providers

To address the needs of Contra Costa County's growing Southeast Asian population, our AOD Division has teamed up with a community partnership to train staff and providers in cultural competency. The training was taught by the Southeast Asian Youth and Family Alliance (SAYFA), which includes Supervisor John Gioia's office and is a collaboration among community-based service providers. The training included an examination of the Southeast Asian refugee experience and major issues facing youth and families, such as cultural and generational gaps. The Southeast Asian community is very tight-knit and members aren't likely to seek help outside their community, said Curtis Christy, AOD administrative coordinator. Curtis represents AOD on the alliance and also is a member of our RHDI Education Committee. "In particular, there is a cultural resistance to seeking help for substance abuse and mental health problems, making community partnership so critical," Curtis said.



*For more information about the Southeast Asian Youth and Family Alliance, contact Curtis Christy at [cchristy@hsd.co.contra-costa.ca.us](mailto:cchristy@hsd.co.contra-costa.ca.us) or 925-313-6382.*

# Earn It! Keep It! Save It! has Stellar Second Year

This year's Earn It! Keep It! Save It! Contra Costa campaign helped low-to-moderate-income people claim more than \$2 million in 2004 tax credits and refunds, exceeding the program goal by half a million dollars. More than 100 volunteers, including 27 CCHS employees, participated in the program to provide free tax preparation for 1,700 low-income Contra Costa families and individuals. Earn It! Keep It! Save It! (EIKISI) is sponsored by the Family Economic Security Partnership (FESP), which includes Contra Costa Health Services, Employment and Human Services, United Way of the Bay Area, First Five Contra Costa, IRS and several community-based organizations. In its first year in Contra Costa, EIKISI helped 1,300 families and individuals collect \$1,350,000 in tax credits and refunds. Special thanks to CCHS staff that participated in this year's campaign: Margarita Allen, Sylvia Arita, Richard Bermudez, Paul Cardinet, Michael Cedilos, Jewelyn De La Cruz, Elizabeth Garcia, Steven Garcia, Martha Garza-Zuniga, Charles Harrington, Pamela Henry, Geniveve Heredia, Pat Killalea, Linda Kirkhorn, Stephanie Lobato, Sue Meltzer, Shari Miller, Brenda Muhareb, Edna Noguera, Nancy Olsson, Cristina Perez, Nathan Pickron, Jose Robles, Graciela Ruiz and Linnea Snyder.



For more information or to volunteer for the 2006 campaign, contact campaign manager Lloyd Madden at 925-313-1736.



A reporter from KCBS-AM prepares to interview Dr. Mark Stinson, in hazmat suit at left.

## CCRMC's Disaster Open House Day on the Green

CCRMC's Safety Department hosted a Disaster Open House last month on the lawn in front of the cafeteria. The Emergency Department's Mark Stinson, MD demonstrated set up, use and tear-down of hospital decontamination equipment, including showers, mass casualty tents, personal protective equipment, powered air purifiers and hazmat suits. He showed staff how to set up decontamination equipment, don and doff the suits, wash contaminated victims in the decontamination showers, practice soiled water control, limit exposure to hazardous substances symptoms, perform disaster triage and experience the need for teamwork at every level. Infection Control Nurse Kathy Ferris, Patient Care and Staffing Coordinator Lindy Haagensen and Safety Coordinator Kristina Spurgeon talked about CCRMC's Hospital Emergency Incident Command System (HEICS), employee responsibilities in the time of a disaster, communications with our new radio system, how the hospital functions during disasters, and what's it's like to wear and work in the hazmat suits. Even CCHS Director William Walker, MD participated in the demo as a contaminated victim and walked through the shower. (Thanks to Christina Spurgeon for this story.)



## New on our Website: cchealth.org

As our monthly external visit count inches up to the 50,000 mark, we've added something new: streaming video. You can view the 30-second public service announcement, "No Smoking in the House," featuring the children of several of our employees. Also available are videos about asthma triggers in the home, the Spectrum of Prevention: a Framework for Public Health, and a five-minute Comcast interview about West Nile Virus with Communicable Disease Programs Chief Francie Wise.

### Special Note from Dr. Walker

*In the last few months a number of you have written to thank me for my efforts related to the budget. You've mentioned the information I've provided through my all staff messages and my advocacy at the Board of Supervisors' meetings. I really appreciate hearing from you and knowing that you are finding reassurance and inspiration. During stressful times such as what we've just been through, it helps me to know that I have a cheering section around me. Please continue to share your thoughts and concerns with me.*

*— William Walker, MD*

## Have Fun and Be Active

Our WIC program has helped produce Have Fun and Be Active, a video showing parents, grandparents and young children having fun being active at home and in a park. Developmentally appropriate activities are coordinated with lively music to give families affordable and creative ways to be physically active. The video, part of WIC's Have Fun and Be Healthy campaign, was produced in conjunction with First Baptist Head Start and Families CAN with funding from First 5 Contra Costa and California Nutrition Network. It was distributed to 3,000 participants in WIC physical activity classes and Head Start preschool and day care sites. A survey conducted after the distribution showed that nearly 85% of people who received the video watched it and more than half said they were motivated to try the activities they saw.



For more information call Mary Jane Kiefer at 925-431-2467.

## Jazz in the Park

The Contra Costa Regional Health Foundation (CCRHF) has set Saturday, August 27, for its 2nd Annual Jazz in the Park Gala. Carlos Reyes returns to be the featured entertainment, along with the jazz quartet from Cal State East Bay Jazz Program. The event also features food and drinks. A live auction will include weekends in Tahoe, Ben Bow Inn, Healdsburg, Pajaro Dunes, Las Vegas, and a week at Lake Almanor. Silent auction items include luxury box seats for the Oakland A's, luxury box seats with dinner and a show at the Concord Pavilion, VIP tickets to see Paul McCartney, wine packages and much more. Tickets are \$125 each or \$200 for two. Proceeds go to CCRMC and Health Centers for equipment and other program enhancements unable to be funded due to the budget situation. CCRHF was incorporated in December 2003 to inform county residents of the importance of the services of CCRMC/HC, including those residents who live in communities that may never need the services provided. It is the fundraising entity for the hospital and health centers. The event will be held at the John Muir Historic Site, 4202 Alhambra Ave. in Martinez.



For more information and hours of the event, contact Frank J. Puglisi Jr. at 925-370-5020.



Carlos Reyes played at the 1st Annual Jazz in the Park Gala and returned this year.

## Countywide Drill Tests Coordination

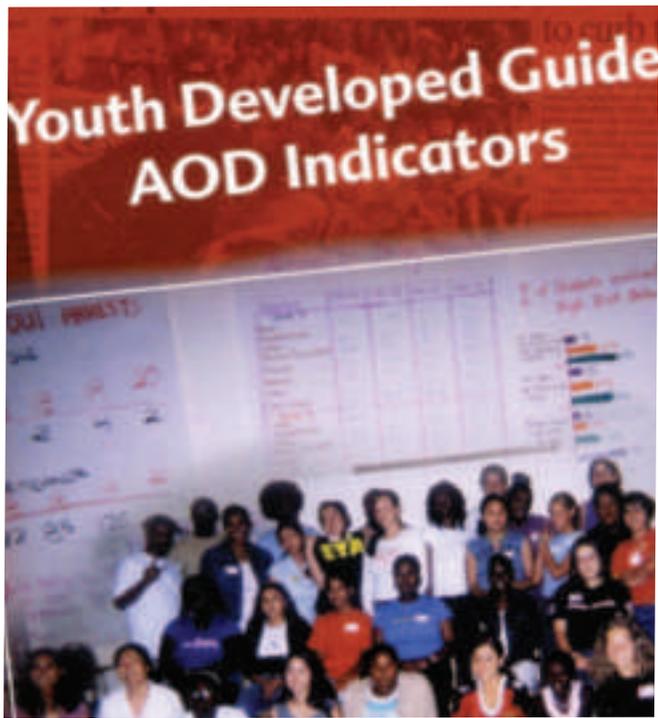
Our efforts to prepare for a variety of possible health emergencies continued last month when some of our Divisions participated in "Exercise Code Orange" featuring multiple "victim patients" hypothetically exposed to potentially lethal pesticide. Emergency Medical Services and Public Health joined CCRMC and other local hospitals including Doctor's-San Pablo, John Muir Medical Center, Kaiser-Walnut Creek, Mt. Diablo Medical Center, and San Ramon Regional Medical Center in an exercise funded by the federal Health Resources and Services Administration as part of the National Bioterrorism Hospital Preparedness Program. The drill tested the capacity of hospitals in the county to handle a large influx of patients and the communication lines between EMS/Public Health and the hospitals. Our Emergency Preparedness Manager Dan Guerra pointed out that much of the preparedness money the county has received for hospitals in prior years has gone for emergency response equipment. This exercise prompted the hospitals to practice how to use the equipment and their decontamination procedures. Joining Dan in designing the exercise for CCHS were Maria Duazo, Kate Fowlie, Bruce Kenagy, Kristina Spurgeon and Gerald Tamayo.



For more information, contact Dan Guerra at 925-646-4492.



Drill participants work the phones.



## Youth, AOD Division Produce New Booklet

*A Youth Developed Guide to AOD Indicators* is the title of a new booklet that emerged from last year's Alcohol and Other Drug Prevention Youth Summit. The two-day summit was spearheaded by members of the Safe and Drug Free Schools and Communities Project and the Contra Costa Friday Night Live Youth Council. About 30 middle and high school students came together and reviewed existing data about alcohol and other drugs. Then, additional data were collected from their peers by six other youth groups: Asian Pacific Psychological Services; Friday Night Live/Club Live; Richmond-based Discovering the Reality of our Community; Bay Point-based Beyond the Youth; New Connections; and Rodeo-based Youth in Power. The result is an attractive 48-page book sponsored by our Alcohol and Other Drug Services Division that features both the older and newer data about alcohol use and accessibility by minors. It also includes a list of agencies and phone numbers to call when youth access to alcohol is witnessed.



*For more information about the booklet, call 925-313-6300.*

## CCHP Spearheading Long Term Care Project

Ten years ago, the County's Advisory Council on Aging Health Committee initiated a grassroots effort to address the fragmentation of services in the arena of long-term care, and the resulting confusion and barriers for consumers. With Employment and Human Services Department (EHSD), we committed to a collaborative effort to create an integrated medical and social services care model. Since then, stakeholder groups including staff, advocates, consumers, community-based organizations and others have been working towards that goal. In January, the County was awarded a grant to explore design options for an Acute and Long Term Care Integration (ALTCI) program. As the lead, CCHP convened key staff from CCHS and EHSD to identify obstacles to implementing ALTCI. They are working closely with the ALTCI Advisory Committee and the Consumer Continuity Group, both of which represent the various stakeholders. ALTCI, a program for seniors and persons with disabilities with Medi-Cal, will integrate home and community-based services with a person's medical care and relieve the "care chaos" and access burdens that consumers often face in obtaining services. Currently, a senior or person with a disability calls multiple numbers, completes multiple applications and assessments and receives multiple visits from people asking the same questions in order to receive services. A person participating in the ALTCI program will have access to a care team that will coordinate all medical and social services that a person needs in an efficient and seamless manner.



*For more information call Pat Sussman at 925-335-8824.*

## Diabetes Registry at CCRMC/Health Centers

Information Systems staff has been working hard since October to develop a Diabetes Registry that will help improve care for the 9,000 diabetic patients in our Hospital/Health Centers system. As part of a statewide Chronic Care Collaborative, Drs. Troy Kaji and Kate Colwell at the Richmond Health Center (RHC) have been testing the new Diabetes Registry since February. The registry will be in use across all our Health Centers by the end of 2006. A registry makes disease-specific information accessible across our system when a patient chart is not available, and allows data tracking and quality improvement projects.

The Diabetes Registry resides within PCIS (Patient Care Information System). Clinical staff can use PCIS to review a problem list, a medication list and diabetes test results when they see a patient. The registry makes quality care easier for clinicians because it displays which lab test or referral is due and which results are out of range and need more treatment. This saves times flipping through the chart to remember what has been done and what needs to be done. The registry highlights patient self-management goals so that care is customized to the each patient. A provider can also look at all the diabetics in his or her practice whose test results are out of range and plan interventions. Systemwide, we can use quality data to prioritize improvement projects. Nurses and other providers at RHC are now starting to test the registry to help refine it before it is rolled out to everyone.



*For more information, email Kate Colwell, MD at [kcolwell@bsd.co.contra-costa.ca.us](mailto:kcolwell@bsd.co.contra-costa.ca.us)*