Most of you have probably noted that street violence in Richmond, Oakland and San Francisco has been making headlines. Most recently, a spate of shootings led to the closure of the Center for Health and the Service Integration Site in North Richmond. I want to share with you some of the steps we are taking to improve staff safety and, on a more long-range basis, to partner with other organizations to explore strategies to reduce street violence.

**Some facts**

Since the spate of shootings in West County, we have been talking with law enforcement officials in the Contra Costa Sheriff’s Office and in the Richmond Police Department. They point out some discouraging facts. The Richmond Police Department reports that the level of shooting experienced during the last two weeks of August is not unusual. Last year in Richmond, there were 40 homicides and 350 shootings (with likely more shot at but not reported). Both the Sheriff’s Office and Richmond Police Department agree that most of the shootings were not random. Many of the people shot were involved in at-risk behavior: drug or gang activity, sitting in cars in the middle-of-the-night or associating with felons. Some were homeless and were at-risk because they were carrying their possessions, including money, with them. Because many were involved in illegal or at-risk behavior, the police report that suspects and witnesses are generally unwilling to cooperate.

While I find it interesting to know that the shootings are usually not random, I don’t want to minimize the problem or to dismiss the concerns of staff who may be anxious about their safety. We are always concerned about the exposure of both our employees and the communities we serve.

**Looking for solutions**

Addressing employee safety may be easier than trying to eliminate street violence. We’ve been trying to reduce violence for decades. We worked successfully on reducing the number of gun outlets in the County, but clearly people are finding ways to arm themselves. With a broad range of partners, we have developed several violence prevention plans. A number of years ago, our Mental Health staff were partners in a collaborative program called Safe Futures that helped young people involved in gangs and criminal activity turn their lives around. Unfortunately, there is no indication that the communities impacted by street violence are healthier than they were decades ago.

Our Public Health Outreach, Education and Collaboration Unit (PHOEC) prepared an inventory earlier this year on the programs we are conducting to address community issues and provide services for children and youth, families and people who are homeless. We have programs through our Public Health, Alcohol and Other Drugs Services and Mental Health divisions. Although the list is almost 15 pages long and even with the efforts underway by community-based organizations we fund and other community agencies, the need for more prevention and intervention efforts is evident.

To begin to look at those needs and especially how we coordinate our efforts, a CCHS group convened by PHOEC sought input from community leaders and developed 12 recommendations. An inter-divisional committee was established to begin implementing those strategies. (The inventory and recommendations are available online at cchealth.org/topics/violence) The committee is a positive step in trying to coordinate our internal efforts and minimize the impact of different “silos” in CCHS and identify ways we can more effectively partner with and support...
our community. (You can read more about the committee’s progress in a separate story on this page.)

**Issues to be addressed**

In my mind, there are at least two issues that have to be tackled: What exactly is the role of a public health system like ours in addressing the very complicated issue of preventing and intervening with street violence? And with the limited funding and state and federal regulations and constraints that we have, what is the most effective way to deploy our resources? In truth, it is apparent to me that many interventions are long term: working with the schools to reduce truancy and address violent behavior; finding jobs for teens; providing programs for youth who have been incarcerated and are transitioning back into the community; working with families to provide the structure and supervision young people need to make the right choices. While many of these interventions are beyond our expertise, our resources and indeed, our mandate, we need to examine how our programs and services can contribute to these interventions.

As we work to try to answer these questions — to search for the most effective strategies and define our role — I know staff are impatient. They want to help the communities they work in, the patients they serve. And they want to be safe.

**Staff Safety**

Be assured that your safety and the safety of our patients is ever on my mind, whether you work in a Health Center, an office or are out in the field inspecting restaurants, visiting new moms, following up on patients with TB or performing other critical functions.

It cannot be denied that living and working in an area with a high incidence of shooting and street violence is stressful and dangerous. While we look for ways to protect our staff, arm them with information and train them to practice safety techniques, it is clear that we cannot and will not abandon those communities that have the highest need.

The Richmond Health Center has been working for the past year on a number of efforts to help staff, including brown bag lunch meetings, law enforcement safety tips and training. Our Public Health Division managers recently met to map out ways to help their field staff get accurate information about incidents quickly, and those techniques will be shared with staff in other divisions. County Administrator John Cullen is also concerned about these issues and will be convening an inter-agency group to look at how best to ensure employee safety. The Sheriff’s Office has designated a phone line, 925-370-5989, to help employees get updated information about criminal activity in the Richmond/North Richmond area.

Last month our inter-divisional Street Violence Prevention group heard a presentation from a group of people who worked on the Safe Futures project in Richmond. They described the lessons they learned, successes they had and messages they took away. Although I missed the discussion, I was struck by several things shared by Corey Wilson, Child, Family and Teen Facilitator with our Children’s Mental Health Program in West County. Reflecting on how long it had taken one of his young clients who was involved with gangs to lose his way, he said, “It takes a long time to turn around. To work on this day-to-day, you have to have the passion, to be committed for a lifetime, from the crib and on.”

They say that the devil is in the details. It will take us years, with our partners, to work out the details, to forge new solutions and work effectively with our partners. I hope we don’t forget the lessons learned by those who have walked this road before us and that we don’t lose our passion and commitment to save lives.

Sincerely

[Signature]

William Walker, MD

---

**Cross-Divisional Team Develops Staff Resources in Response to Violence**

CCHS’ cross-divisional team for street violence prevention was established in May to help coordinate department efforts and implement recommendations for health department action to help prevent street violence. The team has identified an important resource for CCHS programs whose staff are traumatized by an incident of street violence. Managers can request a debriefing for their staff by calling the ACCESS line at 1-888-678-7277 (M-F 8:30-5). ACCESS line staff will coordinate the request with the Mental Health Division. Other ways the team is looking at to support our staff and the community include: training for clinical and field staff, on-site consultations for clinicians, support groups for adult clients who are traumatized, and education for community leaders on CCHS resources. Team members are also keeping abreast of promising violence prevention practices in other communities that might be useable here.

For more information about this effort, contact Mary Anne Morgan at 313-6715.
Volunteers, Providers Still Needed for Project Homeless Connect 2
Service providers and volunteers are coming together this month in the collaborative effort that is Project Homeless Connect 2, an event October 16 at Willow Pass Community Center in Concord. In the first Project Homeless Connect last December in Richmond, more than 260 volunteers helped connect more than 500 homeless residents of Contra Costa to vital services and benefits. At press time for this newsletter, 45 volunteers had committed to the October 16 event along with more than 30 service providers, covering seven county departments or programs and organizations such as Anka Behavioral Health, Independent Living Resource, Narcotics Anonymous, Rubicon and Shelter Inc. Homeless Contra Costa residents will be able to connect to benefits, medical care, substance abuse counseling, mental health counseling, housing and other services. County Administrator John Cullen has encouraged interested counties employees, with the approval of their supervisors, to use their leave to volunteer for this very worthwhile event or to contribute financial support.

More information and a volunteer application is available on our website at cchealth.org by clicking on Services, then Homeless Services.

A Health Plan That Cares
Sometimes you come across a word or phrase that fits perfectly. When the Contra Costa Health Plan (CCHP) was trying to come up with a caption for its 35th anniversary, the executive team thought long and hard about what CCHP is about, said Teresa O'Riva, Director of Member Services. They thought of the extended hours and weekends put in by staff during busy times, the dedication to the needs and concerns of each individual member, the commitment to community through fundraising and our efforts to cover the uninsured, and most of all, of the attitude staff have about helping their neighbors and their families. The answer was simple: Contra Costa Health Plan – A Culture of Caring.

Stay tuned for more information on upcoming open enrollment and anniversary events! For more information about CCHP, please visit our website at www.contracostahealthplan.org or call Teresa or Wendy at 925-957-7220.

Volunteers Needed to Help Hardworking Families and Individuals Claim Tax Refunds
Bilingual volunteers, greeters, screeners, site coordinators and tax preparers are being recruited for the 2008 Contra Costa “Earn It! Keep It! Save It!” (EKS) program. Last tax season, EKS, a Contra Costa partnership program, helped more than 2,100 low-to-moderate-income families receive more than a total of $2.4 million in tax refunds and credits. The free tax preparation service is made possible only through the many volunteers who give their time to help hard-working families and individuals claim the refunds owed to them. No experience is needed, and volunteer tax preparers will receive 16-20 hours of training in January. Volunteers must be at least 18. Return volunteers can do their training online. Several informational meetings for people interested in volunteering will be held starting October 15 in Antioch, Concord and San Pablo. The deadline for submitting volunteer applications is December 15.

For more information or an application, visit our website (cchealth.org) or contact program manager Lloyd Madden at Lmadden@ehsd.cccounty.us or 925-313-1736.

Healthy Outlook Column Discusses New Contraceptive Pills
Dr. Judy Bliss writes about new birth control pills that cause fewer menstrual periods in a recent installment of our “Healthy Outlook” column, which runs in the Contra Costa Newspapers chain. Called Seasonale and Seasonique, the pills cause women to have periods only once every three months. There is no buildup of toxins, and a period every three months is thought to be safe. Advantages of continuous hormonal levels include decreased flow, less cramping and more effective contraception. Continuous hormones are also helpful in suppressing the condition called endometriosis. Disadvantages are that spotting is more common, and the diagnosis of an unintended pregnancy may be delayed. Doctors are also concerned that continuous birth control may raise some women’s lifetime intake of female hormones, increasing the risk of stroke and blood clots, especially for women who smoke and are over age 35.

To read more of this and other Healthy Outlook columns, visit cchealth.org and click on the Healthy Outlook link in Items of Interest or on the Publications page.
Marlene Apodaca, Beth Brown, Alex Dronkers, Arlene Navarra, Molly Porter, Diane Ringue and Julie Waring
Perinatal Nurses
CCRMC

For participating on committees working to improve perinatal safety, and attending meetings on their own time. Due to their hard work, the unit is improving work efficiency and patient flow and establishing standards for safe practice.

—Nominated by Michelle Bushong

Kristine Calkins
Account Clerk-Experienced Level
Health Services Finance

For asking the right questions and researching necessary information to obtain the reimbursement for me. I am a happy camper now.

—Nominated by La Tonya Davis

Gail Doyle
Senior Health Education Specialist
Lead Poisoning Prevention Project

For good work in organizing toy drop-off sites, developing the drop-off containers, creating information packets and updating the Project’s website so that families could identify contaminated toys and know what to do with them.

—Nominated by Joanne Genêt

Lowell Cervantes
Institutional Services Worker-Specialist
CCRMC

For always having a smile on his telephone voice, being courteous and willing to assist others with their requests even though he is already very busy. He is a jewel.

—Nominated by Patricia S. Bernhardt

Elvia Colmenares
Medical Record Technician

Maria Montoya
Martha Rodríguez
Irma Zuniga
Medical Records Clerks
Brentwood Health Center

For being so efficient in all of their daily duties. They are part of a great team.

—Nominated by Delia Mariscal

Emergency Room Staff
CCRMC

For the wonderful care my children have received. I've been satisfied and delighted with the outstanding care.

—Nominated by the mother of two patients

Health Plan Gets Good ‘Report Card’
The Contra Costa Health Plan (CCHP) recently announced the results of the 2007 Healthcare Effectiveness Data and Information Set (HEDIS), an annual report conducted for both the California Department of Health Care Services and the Major Risk Medical Insurance Board. It is designed to measure the quality of care being provided to the state’s Medi-Cal and Healthy Families beneficiaries. CCHP saw improvements over last year for Medi-Cal recipients in the use of appropriate medications for people with asthma and an increase in well-child visits for children ages 3-6 years old and infants in the first 15 months of life. They also scored well for Healthy Families enrollees for well-child visits for children ages 3-6 and for adolescents. In addition, CCHP did not statistically decrease in any category in 2007. “These results reflect our staff’s dedication to delivering high quality, affordable health care,” said Patricia Tanquary, Chief Executive Officer of CCHP. “It’s very rewarding to see hard work validated by an independent audit. We will continue to focus on finding ways to improve service quality.” Ken Tilly, CCHP Director of Quality Management, oversees the HEDIS project.
Going The Extra Mile for Service Excellence

Honor Roll

Wendy Gollop, RN
Specialty Clinics
CCRMC

For her dedication to doing the best job possible, being the ever vigilant patient-advocate, and her attention to detail and commitment to her patients in the early detection and treatment of precervical cancer.

—Nominated by Judith Palmieri

Trish Keane
Account Clerk-Experienced Level
Health Services Finance

For her knowledge of invoice processing, professionalism, helpfulness and willingness to find answers.

—Nominated by Cheryl Perez

Shirley Mariscal
Clerk-Senior Level
Pittsburg WIC

For providing excellent customer care to WIC clients. Shirley always goes the extra mile providing referrals for services needed by the Spanish-speaking clients. Shirley also shares her artistic talents in creating beautiful bulletin boards and special nutrition education projects.

—Nominated by Mary Jane Kiefer

Carol Pedersen
Brentwood WIC

For the excellent job she did in coordinating Breastfeeding Awareness Day at the Pittsburg WIC site for the last two years. The clients and staff appreciated all of her hard work to make it such a successful event.

—Nominated by Mary Jane Kiefer

Rose Tripp
Medical Social Worker
Pittsburg/Brentwood Health Center

For caring about women getting what they need emotionally as well as physically, looking at things realistically, being truthful and encouraging everyone she works with to be the most of who they are and grow stronger.

—Nominated by Gena McCarthy

Gwenn White
Health Education Specialist
Community Wellness and Prevention Program

For her willingness to step into a training situation with a smile on her face. She fearlessly took on a new role and fulfilled an important commitment to the Pittsburg Unified School District.

—Nominated by Charlotte Dickson

Employee Milestones

Congratulations to these employees who have given us long years of service: Saraphi Chawengchot, Herbert A. Chew, Teresa D. Gibson, John L. Gragnani, Sandra Marsh, Radhika J. Miles, Ziba Rahimzadeh, Evelyne T. Zulueta, Leda I. Mullen, Chekesha N. Johnson, Wendy A. Katchmar, Elmer M. Taglorin, Charles E. Holley, Donald R. Maree (10 years); Katherine Hudson, Lorna V. Napigkit, Susan C. Conner, Jacqueline C. Maguire, Beatrice M. Wills (15 years); May A. Riley, Richard Goldberg, Frine L. Eger, Marlene Uri Stanton, Elise P. Judy, Minda V. Lejano, Sigmund Moskovitz, Beth A. Chew, Sylvia Elizarraraz (20 years); Sally V. McFalone, Patrick A. Killelea (25 years); Margaret L. Dean, Kim D. Jones, Winston P. Dea, Marietta A. Wikstrom (30 years); and Herbert L. Dungeon (35 years).

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-cost.ca.us or fax it to 925-313-6219. The form can also be downloaded from the Internet [About Us page] or iSite, our Intranet.
As part of our Reducing Health Disparities efforts, our divisions are working to achieve outcomes in four categories: consumers/clients/patients/customers; the community; our staff; and our systems. Each month this page highlights what different divisions of CCHS are doing to reduce disparities in health and health care, and what still needs to be done.

Reducing Health Disparities

New Chair for Mental Health Workgroup

Ethnic Services, Reducing Disparities Both Central to One Woman’s Career

Vidya Iyengar, Ethnic Services and Training Manager for our Mental Health Division, has been an advocate for the unserved, underserved, and indigent for most of her life. She received a degree in Homeopathic Medicine and Surgery that allowed her to practice medicine in India and later transitioned to studying psychology, a key component of holistic medicine, and obtained her Master’s Degree in Counseling Psychology from California State University, Sacramento.

Vidya, who was born and grew up in India, joined our Mental Health Division in 2006 and has been chairing the Mental Health Reducing Health Disparities (MHRHD) workgroup for the past three months. One task of the group is to help develop and implement a cultural competency work plan.

The MHRHD workgroup, which is comprised of members from all levels of staff and administrative and clinical positions, is in the process of defining their values, vision and mission statements. The group is also drawing ideas from the Reducing Health Disparities 5-Year Overview. “I’m seeing the group growing in strength and feel a new force forming, thanks to the Department’s Reducing Health Disparities team (Dr. William Walker, Jose Martin and Dawna Vann) and our Director, Donna Wigand,” she says. Vidya also works with individuals and groups to connect them to resources within our system of care, develops staff trainings and is working to create a training plan for the Mental Health Division.
The Mental Health Reducing Health Disparities workgroup, using a national competency survey as a guide, developed the “Cultural Competency Assessment Tool” to measure the cultural competence of Mental Health Programs and units. Members of the group worked on different sections, keeping in mind the survey had to be simple and at the same time give a comprehensive picture of the different aspects of a culturally competent organization. Some of the aspects that were measured with the CCAT and that will be closely looked at in the design of the new mental health cultural competency work plan are service accessibility, service delivery, organizational values, education and training, systems, language capacity and more.

The survey, which was distributed in Winter 2006/2007, was completed by 225 employees representing 13 Mental Health programs and units. A report is being finalized and preliminary findings show staff want more training. The same survey was issued to community-based organizations and is in the process of being analyzed. The group is also working on developing a similar survey for consumers.

Once all information is collected and analyzed, the group will use the results to develop their cultural competency work plan. “Our idea is to build on areas where the report indicates we’re already doing well, to implement new strategies in areas that need improvement, and to develop a plan that’s simple, has specific action steps and can be easily implemented by staff at different levels,” said Vidya Iyengar, workgroup chair. The new plan will build on last year’s plan and will use as guides the Reducing Health Disparities updated plan, the Mental Health Services Act program requirements, CHAPE’s Executive Report and the Division’s cultural competency plan.
CCRMC Decreases Discharge Time

Knowing that late discharges at CCRMC were impacting the flow of patients in the Emergency and Surgery departments, the Inpatient Flow Team, working with a consultant firm, took on the task of reducing the time it took to complete the discharge process. The goal was getting the discharges completed before noon. Besides increasing the number of patients discharged by noon from 28% to 50%, the team got an unexpected outcome: an average of one hard-to-place patient discharge per day. A hard-to-place patient is defined as a patient with a length-of-stay greater than 10 days, no social support for living arrangements, and/or a placement issue for continuation of medical care outside of the facility since an acute inpatient stay is not deemed medically necessary. The improvement effort, led by Lisa Massarweh, Chief Nursing Officer, has required collaboration between CCRMC departments and disciplines including nursing, medical staff, social work, environmental services, and discharge planners.

Public Health Nursing Launches Baby Spacing Campaign

Our Public Health Nursing staff have launched the “Just Us for 2 Years” campaign to highlight how important it is to wait a while between pregnancies to protect infant health and the health and well being of families. Research shows that babies born too close together are smaller and get less attention from their parents than those born at least two years apart. The benefits of spacing babies include more time for the mother's body to restore itself to good nutritional health, with return of good levels of folic acid and overall better health. More time also helps the mother have a healthier next pregnancy and generally more energy for each baby in turn. The staff are using fliers, bus shelter ads and information to health providers to get out the message, and every Public Health Nurse in the CCHS system will be letting patients they see know about “Just Us for 2 Years.” The campaign was designed by Jeannette Breaker, PHN, CCHS Graphic Designer Andi Bivens and two nursing students — Shalonda Reynolds and Erin Costa — with enthusiastic participation from all of CCHS’ Public Health Nurses.

New Mental Health Programs Up and Running

The Mental Health Division (MHD) recently opened two of its new Mental Health Services Act-funded (Prop. 63) programs. The new Families Forward program — a collaboration between Familias Unidas, Asian Pacific Psychological Services and the MHD — is located in Brentwood and serves children 0-18 years old who are seriously emotionally disturbed with multiple failures in school and home. Program Supervisor Cesar Court, Mental Health Clinical Specialist Christine Madruga and Community Support Worker Corina Hildago will be staffing that effort. In West County, the new Transition Age Youth (TAY) program targets West County young adults with severe mental illness ages 16-25, who are at imminent risk of homelessness and are exiting the foster care system. Michaela Mougenkoff, Mental Health Program Supervisor, Kathryn Wade, Community Support Worker, and Dr. Dan May are working with community partners including Fred Finch Youth Center, the Greater Richmond Interfaith Project and the Latina Center on that effort.

New Disaster Service Worker Training for CCHS Staff

During the month of October, we will be rolling out a new/expanded Disaster Service Worker training program for all CCHS managers to review with their staff. In the event of a disaster, California law states that all public employees can be called upon as Disaster Service Workers. The training will address the roles and responsibilities of Disaster Service Workers, when and how to report during a disaster, and the CCHS systems in place for responding to and managing a health emergency or disaster. The training module (approximately 30 minutes long) will be provided on a CD and come with an accompanying facilitator guide.

For questions about this training, please contact Kim Cox, Health Emergency Response Coordinator, at 925-313-6648.