INTERSTATE 5 PROJECT TO IMPACT SACRAMENTO TRAFFIC

Beginning May 30, 2008, motorists using Interstate 5 (I-5) through downtown Sacramento can expect traffic controls and congestion while Caltrans replaces pavement, improves drainage and installs new de-watering wells and monitoring equipment on I-5 between L and S Streets.

Most of the traffic-interfering work will occur between May and July. Motorists can expect lane and ramp restrictions affecting each direction of I-5 between Richards Boulevard and the U.S. 50/Capitol City Freeway interchange.

Access to Old Sacramento and downtown Sacramento will be maintained. More work associated with the project will continue into the fall. Caltrans staff have been working closely with its partners to identify alternative traffic patterns to lessen congestion on nearby streets and highways.

Other traffic measures include an optional truck detour, dedicated tow truck service and a regional public outreach campaign.

So what should Department of Health Care Services (DHCS) employees do to ensure they get to work safely and on time? Here are some suggestions:

- Plan your commute.
- Obtain alternative routes to your worksite building.
- Patronize other modes of transportation.
- Discuss your work schedule with your supervisor.

Commuters may obtain more information about the project by visiting www.fxli-5.com or contacting Caltrans’ District 3 Public Information Office at (530) 741-4572.

SAN DIEGO PACE OPENS

DHCS’ Long-Term Care Division announced that its San Diego PACE (Program of All-Inclusive Care for the Elderly) site opened on February 1, 2008. PACE is a model program for providing services to the frail elderly. There are now 37 PACE programs providing services in 23 states.

Eligible participants are at least 55 years old, determined to be at the skilled nursing facility level of care by DHCS and must reside in the PACE catchment area. The San Diego site is the fifth in California; the others are On Lok in San Francisco, Sutter Senior Care in Sacramento, AltaMed Health Services in Los Angeles and the Center for Elders’ Independence in Oakland. The PACE program serves approximately 2,200 participants statewide.

PACE participants receive assistance with daily living activities, medications, therapies, medical specialists and whatever else is required to prevent or abridge hospitalizations. The services are rendered at the PACE center, in the home, in a board and care setting, hospitals and skilled nursing facilities. Their intent is to assist the elderly in remaining in their own home or to transition back home as soon as possible.

The San Diego PACE site started with 20 clients and will increase monthly to a goal of approximately 250.
Heroes inspire us to rise above day-to-day challenges and to be heroic in our own work. DHCS recently honored the 2008 public health and public service heroes.

The 2008 award winners have vision and passion. Each of them saw a challenge and through dedication, hard work, inspiration and follow-through changed that challenge into an opportunity to preserve and improve the health of Californians.

The DHCS Public Service Award recognizes a DHCS employee who exemplifies excellence in public service. The 2008 DHCS Public Service Award winners are Marian Dalsey, MD, MPH, and Joyce Davis, RN.

Dr. Dalsey, chief of DHCS’ Children’s Medical Services (CMS) Branch, has been instrumental in the development and promotion of health services for children with special health care needs. Under Dr. Dalsey’s leadership, the CMS Branch and the California Children’s Hospital Association partnered on a statewide Neonatal Quality Improvement Initiative. In 2007, the first year of the initiative, 13 regional neonatal intensive care units collectively reduced their catheter-associated bloodstream infections by 29 percent. Dr. Dalsey’s leadership has served to improve the health status of countless children.

Joyce Davis, field office administrator for DHCS’ San Bernardino Medi-Cal Field Office, was recognized for her exemplary performance during last year’s Southern California wildfires. Joyce and her staff quickly identified more than 600 available beds that could be used for residents of nursing facilities who needed to be evacuated due to the fires.

The fires forced Joyce’s field office to close, but she continued to work from home to contact nursing facilities and coordinate with her staff and the California Department of Public Health (CDPH) as the fires raged.

I begin my column with a little quiz. So pick up your pencils and let’s get started!

Who provides the following:

-Health coverage for 1 out of 5 Californians over age 65?
-Health coverage for more than 1 out of every 3 children in the state?
-Health coverage for most people living with HIV/AIDS?
-Coverage for the most chronically ill children and adults in the state?

-Coverage where Medicare and private insurance leave off?
-Coverage for two-thirds of all nursing home patients and coverage of many alternatives to nursing home care that enable people to stay at home?
-Critical support to California’s safety net, including the major funding source for public hospitals and community clinics?
-Immunizations and well-child visits to the most vulnerable children in the state?
-Coverage for critical live-saving treatments?

The answer is YOU – the employees of DHCS. The programs we operate accomplish all of this and more. The role we play in providing health care for Californians is unsurpassed by any other organization in the state. Each and every one of you contributes to DHCS’ mission and the health of all Californians. Take great pride in what you do because it means a lot to the people we serve.
While interning in Washington, D.C., at the U.S. Department of Labor, Office of Disability Employment Policy, Rachel Stewart realized that the metropolitan area lacked the services and benefits she needed in order to remain independent.

In a wheelchair since age 5 due to the effects of spinal muscular atrophy, Rachel returned to California because of the Medicaid buy-in and In-Home Supportive Services programs that provide funding for personal care assistance.

Currently, Rachel is a program manager for the California Health Incentives Improvement Project (CHIIP) and works with state departments and agencies to remove barriers to employment and increase the self-sufficiency of those living with disabilities.

Specifically, CHIIP partners with the Governor's Committee on Employment of People with Disabilities to increase employment for workers and job seekers with disabilities.

According to the state’s 2006 Annual Report on the Employment Status of Californians with Disabilities, California is the largest employer of those living with disabilities.

“My disability only adds to my ability to do my job because it gives me a unique perspective that other people do not have,” said Rachel.

Upon meeting Rachel for the first time, CHIIP program director Megan Juring remembers being impressed by her positive energy.

“Her personal experience as a worker with a disability was a perfect match for our team,” she said.

Rachel educates state agencies by giving presentations and training sessions detailing the benefits and work incentives for those living with disabilities.

A graduate of the University of California at Berkeley with a degree in psychology, she also shares her experiences with others, inspiring them to seek full-time employment, despite being disabled.

DHCS LAUNCHES DISABILITIES ADVISORY COMMITTEE

DHCS’ new Disabilities Advisory Committee (DAC) is onboard and working hard.

There are DACs at every level of government, focusing on improving workplace equal employment opportunities for individuals with disabilities. They share goals, but the implementation is expressed in many different ways.

State law also established DACs in all state agencies. DACs act in an advisory capacity on matters relating to employees with disabilities, including:

- Ensuring that DHCS is in compliance with all state and federal laws pertaining to workplace rights for individuals with disabilities.
- Creating recruitment strategies to increase DHCS’ workforce of individuals with disabilities.
- Providing training for all staff on disability awareness.
- Ensuring equal employment opportunities for employees/applicants with disabilities in all aspects of the work arena.

DHCS’ DAC advises Director Shewry on matters pertaining to equal employment opportunities and reasonable accommodation issues for DHCS employees with disabilities.

In conjunction with the Office of Civil Rights, DAC plays an important role in DHCS’ commitment to equal opportunity and in addressing issues involving individuals with disabilities.

DAC’s goal is to educate, motivate and implement changes in the workplace that make equal employment opportunities a reality.

DHCS’ DAC has some great ideas and a plethora of opportunities, but is always looking for more.

Please join DAC at one of its upcoming meetings to share your ideas.

For more information about DHCS’ DAC or to obtain 2008 meeting dates and times, please contact DAC Chairperson Cindy Walton at (916) 650-0183.
DHCS Director Sandra Shewry joined CDPH Director Dr. Mark Horton and county and hospital officials at U.C. Davis Cancer Center in Sacramento to unveil the nation’s first comprehensive guidance for how hospitals, other health care facilities and local health departments should respond to a sudden increased demand for services following a catastrophic event.

This guidance, “Standards and Guidelines for Healthcare Surge During Emergencies” was issued by CDPH’s Emergency Preparedness Office and is part of the Governor’s ongoing commitment to improving California’s ability to care for its residents in a catastrophe.

“This effort represents an innovative approach that is consistent with the Governor’s commitment to ensuring that California is prepared to respond efficiently to a wide variety of emergency situations,” said Shewry.

The development of the Standards and Guidelines involved an unprecedented collaboration of representatives from a diverse group of doctors, nurses, allied health professionals, medical ethicists, lawyers, state government agencies and other interested parties from across California. The Standards and Guidelines address a variety of challenging issues, such as the ethical allocation of limited medical resources, standards for the delivery of medical care outside of normal settings and ensuring the effective use of medical professionals and volunteers to maximize life-saving efforts during a catastrophic event.

“We know that if we don’t prepare now, we won’t be prepared when disaster strikes,” said Shewry.

Additional guidelines will soon be released for community clinics, long-term care facilities and licensed health care professionals.

Further information about the Standards and Guidelines for Healthcare Surge During Emergencies, including a downloadable version of the manuals, is available at www.cdph.ca.gov.

Consistent with its continuing efforts to detect, identify and prevent fraud and abuse in the Medi-Cal program, DHCS released its third annual Medi-Cal Payment Error Study (MPES), the nation’s most comprehensive study of payment error in a state Medicaid program.

The study found that in 2006, 92.73 percent of fee-for-service reimbursements paid to Medi-Cal providers were for claims that were billed appropriately and paid accurately. This percentage is an increase from 91.6 percent in 2005. A total of 7.27 percent (down from 8.4 percent in 2005) of reimbursements were potentially billed and paid inappropriately.

Total erroneous claims represent $1.2 billion of the total $18 billion paid for Medi-Cal services in 2006. Of the total payments billed and paid inappropriately, 2.75 percent, or $445 million, were for claims submitted by providers that disclosed characteristics of potential fraud.

California’s MPES is the only study conducted by a state or federal entity that includes an estimate of potential fraud.

“By identifying where Medi-Cal is at greatest risk for paying claims with provider errors, we are better able to stamp out errors and fraud within the program,” said DHCS Director Sandra Shewry.

The MPES findings reinforce the need to identify those areas of the Medi-Cal program that are most vulnerable to fraud and abuse and to use these findings to guide DHCS in its allocation of fraud control resources and its development of innovative anti-fraud strategies and prevention tools.
Every seven seconds someone in America turns 50. Forty-four percent of California’s current workforce is over age 45. By 2010, more than one-third of the state’s current workforce will be eligible for retirement.

While some individuals will continue to work past the conventional retirement age, it’s difficult not to ask the obvious:

-Will experienced employees want to keep working for the state of California?
-Who will replace these valuable, experienced employees?
-What steps are the state and individual agencies taking today to plan and prepare for tomorrow’s needs?

In the next 10 years, we can expect to see a large number of employees leaving the workforce and fewer workers available to take their places. These demographic trends are already having an effect on the American workplace: employers everywhere report increasing difficulty finding qualified workers. Long-term demographic trends will only continue to restrict this supply.

Anywhere you go in the business world today you’re almost certain to hear the buzz about “workforce planning” and “succession planning.” What is the difference or are these interchangeable terms? The Department of Personnel Administration defines them as two distinct processes:

-“Workforce planning” is having the right number of people with the right skills, experiences and competencies, in the right jobs, at the right time.
-“Succession planning” is an important subset of workforce planning. Its goal is the same, but its focus is specifically on having the right leadership in place at every level of the organization.

Now that you know some of the facts facing our workforce dilemma and you know how we define differences between workforce and succession planning, the next question is: what is DHCS doing about the inevitable shift in the workforce?

We have established a goal in our Strategic Plan to address the issues related with this shift; are in the process of establishing a Workforce Development Office to focus on recruitment, hiring, retention and training; and will identify barriers, streamline hiring processes and provide more opportunity through online testing.

These are just a few of the activities underway to ensure DHCS’ workforce remains strong and capable. We encourage your participation and look forward to hearing from you through an upcoming survey.

We dream of the day when all babies are born healthy. But too often, babies are born too small or with a serious birth defect, which subjects them to a lifetime of medical complications and disabilities.

DHCS was proud to partner with the March of Dimes on their March for Babies campaign. The fun-filled walking event raised critical dollars for lifesaving research, services, education and advocacy that help babies get a healthy start in life.

For those we love, we walked in this year’s six-mile March for Babies on April 26 starting at the West Steps of the State Capitol. DHCS raised more than $13,000, and nearly 80 employees participated in the March for Babies walk.

DHCS held several departmental activities to increase awareness and participation, including a kick-off rally and basketball game between DHCS and Department of Social Services (DSS) employees at Arco Arena (DSS won 55-48).

In addition, the DHCS March for Babies team enjoyed a night of baseball with the Sacramento River Cats.

DHCS employees out-hula hooped their colleagues at DSS in a friendly competition. Among the last standing for DHCS were Director Sandra Shewry and Chief Deputy Director Karen Johnson (below).

DHCS employees had a great time, while at the same time supporting prevention programs to lower the state’s infant mortality rate.
It Happens When? is a listing of monthly observances as well as events and meetings for employees of DHCS. If you have any suggestions, dates of events or information that concerns DHCS, please submit them to Tony Cava at Anthony.Cava@dhcs.ca.gov or (916) 440-7660.

**MAY 2008**

**MAY 1-31**
- Women’s Health Month
- National Teen Pregnancy Prevention Month
- Long-Term Care Awareness Month
- Asthma & Allergy Awareness Month
- Mental Health Month
- National High Blood Pressure Education Month
- National Physical Fitness and Sports Month

**MAY 6**
“Unnatural Causes” Episode I – “In Sickness and In Wealth”

**MAY 11-17**
National Women’s Health Week

**MAY 12**
National Women’s Check-Up Day

**MAY 15**
“Unnatural Causes” Episode 2 – “When the Bough Breaks”

**MAY 18-24**
National Emergency Medical Services Week

**MAY 19**
Prevention Forum—Collaborating to Improve Immunizations

**MAY 20-26**
National Women’s Health Month
- Women's Health Month
- National Teen Pregnancy Prevention Month
- Long-Term Care Awareness Month
- Asthma & Allergy Awareness Month
- Mental Health Month
- National High Blood Pressure Education Month
- National Physical Fitness and Sports Month

**MAY 21**
National Employee Health and Fitness Day

**MAY 26**
Memorial Day (State Holiday)

**MAY 29**
“Unnatural Causes” Episode 3 – “Becoming American”

**OFFICE OF WOMEN’S HEALTH CELEBRATES WOMEN’S HEALTH MONTH**

The Office of Women's Health observes May as Women's Health Month to raise awareness of health issues that affect the lives of California's women and girls.

Women's Health Month celebrates state, local and community efforts to enhance awareness of women's wellness and to encourage all women to take proactive steps to safeguard their health.

The theme for Women's Health Month in 2008 is the "Power of WE - Many Voices, One Vision." (See the “Power of WE” poster to the right, above credits.)

Women from many different backgrounds gain strength through shared efforts to improve the lives of women in California. The purpose of Women's Health Month is threefold:

- Increase public awareness of significant women’s health issues.
- Educate and empower women to act as their own health advocates.
- Promote and improve the health and well-being of women in California.

For more information about Women’s Health Month activities, please log on to www.dhcs.ca.gov/services/OWH.

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NORMAN WILLIAMS
Deputy Director
Office of Public Affairs

TONY CAVA
Editor/Writer

Submissions to: P.O. Box 997413, MS 0025, Sacramento, CA 95899-7413
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