

# Sacramento County Public Health Advisory Board

## Meeting Minutes

June 3, 2020, 12:00 PM - 1:30 PM

## Meeting Location

Zoom Meeting (Open to the Public)

## Moderator:

Dr. Farla Kaufman

## Scribe:

Steven Orkand

## Board Attendees:

Jennifer Anderson, Jofil Borja, Sandy Damiano (Ex-officio), Paula Green, Steve Heath, Farla Kaufman, Barbara Law, Steven Orkand, Sonal Patel, Emanuel Petrisor, Jeff Rabinovitz, Christina Slee, Philip Summers, Annie Tat, Jack Zwald

## Board Members Absent:

Olivia Kasirye (Ex-officio), Kathleen Wright

## Guests:

Kimberly Bankston-Lee (Sacramento County Tobacco Control Coalition), Paula Gammell (HIV Health Services Planning Council), Jena Grosser, Erin Johansen (CEO, Hope Cooperative), Twlia Laster (SOL Project, Sacramento County Tobacco Control Coalition), Carol Maytum (Sacramento County Tobacco Control Coalition), Iliana Ramos, Elisa Tong, Kim Vagadori (Sacramento County Tobacco Control Coalition)

## Meeting Opened:

12:03 PM

## Welcome and Introductions:

Dr. Kaufman welcomed PHAB Board members and guests. She acknowledged that these are very difficult times because of events surrounding the murder of George Floyd and our country's history of racial injustice. With our interest in public health, we need to address our tragic history of health disparities. That will be Dr. Kaufman's focus this year.

There are no Board vacancies.

**Consideration of Minutes:** The Minutes of the May meeting were approved with one abstention.

**HIV Health Services  
Planning Council:**

Names of 5 candidates were submitted for approval. Paula Gammell, who is Staff Support for the HIV Health Services Planning Council explained that the Council is required to maintain a membership which is 33% non-aligned HIV consumers. This is a Federal mandate. Membership is fairly fluid, so requests may be frequent to fill seats. The candidates:

Tom Hannon to Seat Number 17

Charles McDonald to Seat 27

David Contreras to Seat 31

Minerva Reid to Seat 32

Zachary Reau to Seat 18

There were no comments from PHAB. Candidates were approved unanimously.

**Public Health Update**

Dr. Beilenson and Dr. Kasirye were not present.

**Mental Health:**

The Guest Speaker was **Erin Johansen, Executive Director of HOPE Cooperative** (also known as TLCS). Her PowerPoint will be posted.

The COVID-19 pandemic and the recent civil unrest have had a tremendous impact on clientele with serious mental illness, as well as the staff. The HOPE Cooperative has been delivering mental health services in Sacramento for almost 40 years. They currently serve almost 8000 clients per year. Most of the funding comes from Sacramento County or the Federal Government. Hope Cooperative's Mission Statement is "To transform the lives of those living with mental health challenges, substance use disorders, and homelessness by supporting their independence, promoting their housing stability, and empowering them to make positive changes in their lives."

Ms. Johansen displayed the **Adult Mental Health Service Continuum** for Sacramento County. This is a complex system with multiple parts. It includes a variety of areas of focus: prevention, entry points for mental health services, outpatient resources, specialty services, crisis care, acute care, subacute care. HOPE's services include respite care, primary and specialty mental health services, and a regional support team. They also provide an entry point into multiple county services.

The County and its contracted providers (like HOPE) provide a robust system of care. Unfortunately, the economic impact of the COVID-19 pandemic will undoubtedly have an impact on funding. Important funding sources, the 1% tax on millionaires, and funds for "realignment" (from various State fees), will be impacted and this will have implications for mental health funding. 90% of mental health services are provided by contractors, for-profit and nonprofit.

HOPE provides a variety of services:

**New Direction** is a program that is a full service partnership serving 320 people with serious mental illness experiencing homelessness. They follow a "whatever it takes" approach. They pair county-funded services with HUD-funded housing vouchers. Their services including psychiatry, nursing, groups, and psychotherapy. Their clients live in a variety of housing. Many have been homeless and lack natural supports.

**TCORE** is a moderate intensity program serving 750 people who have been hospitalized or been in jail. Many of their referrals are from mental health court. The program reaches out to patients while they are still in the hospital to ease the transition. The purpose of TCORE is to assess and to stabilize; it is not a long term program. While at TCORE an attempt is made to connect clients to longer term, full service programs. TCORE provides medication management and is able to link clients to community resources for therapy, substance use problems, housing, medical care, advocacy, and other services.

**Regional Support Team** is a mild-moderate intensity program serving 1600 people with serious mental illness, many who are homeless or housing insecure. There are four Regional Support Teams in the County. HOPE runs the one in Arden-Arcade. They offer an array of clinic-based services, with a range of providers, including psychotherapy, medication management, psychosocial rehab, and support with substance use disorders, crisis intervention, advocacy, employment readiness, benefit assistance, and housing support. They were able to transition during the COVID-19 crisis. Telemedicine has been effective. There is a Clubhouse (see below) on the same campus.

HOPE provides **Triage Navigators** who are embedded in emergency departments, at Loaves and Fishes, and with law enforcement. These include peer navigators who follow clients for up to 60 days to create linkage to community mental health services.

**Mobile Crisis Teams** consist of law enforcement and a county mental health clinician. They make contact with a person needing mental health services, diffuse any tension, then see if that person is willing to meet with a peer navigator, who is supplied by HOPE. If the subject is willing, he/she will meet with the peer navigator for up to 60 days. During that period, the peer navigator will establish the appropriate linkages for continuing care.

The **Crisis Respite Center** is a non-medical facility that is open to anyone for crisis support. Clients may be self-referred, though many are referred from law enforcement, first responders, community agencies, clergy, etc. It is an alternative to traditional emergency room and inpatient care. There is a brief “friendly” screening to make sure a higher level of care isn’t needed. There is a highly trained, culturally competent staff that help the clients de-escalate, primarily through deep listening. Average stay is 8 hours. They provide services to 25-30 people per day. The Center handles about 3000 crises per year. The program is very cost-effective, ~\$300 per visit compared to \$1,500 per visit to an ED. Most of the staff are para-professionals. Licensed staff are on-call.

The **Flexible Supportive Re-Housing Program (FSRP)** is an intensive case management program for high utilizers of county services, but without mental illness. The 250 top utilizers of County services have been identified. The “whatever it takes” approach enables The Department of Human Assistance and HOPE to place these individuals into housing, then to provide necessary services to help the client succeed.

**Clubhouse**, just as it sounds, is a venue that provide day programs that offer supported employment and meaningful work-oriented activities to improve social connectedness, important in this time of social isolation.

Entry points into the programs may be through Sacramento County Access, through triage navigators, the mental health treatment center, and other programs.

Erin showed the **County’s Substance Use Disorder Program** elements. Funding for these programs has improved, and there is now self-referral. HOPE helps with the outpatient components, but can refer for hospitalization and residential services as needed. The biggest challenge is patients with methamphetamine use disorder. This requires long term management, and Medi-Cal funding may be difficult to sustain.

Jofil Borja pointed out that the care systems available for the homeless with mental health issues seemed very complex. He wondered how the “stand alone” programs described by Ms. Johanson interconnect with programs available through Sacramento Steps Forward. Ms. Johanson responded that all those trying to provide services for the homeless and the mentally ill meet and plan together. One difficulty to creating a “unified” approach is that the way mental health patients are evaluated for housing and the way they are evaluated for mental health services is different. HOPE is funded by HUD and by Mental Health. The systems are not streamlined, but HOPE tries to make services seamless.

HOPE has been providing services during the COVID-19 pandemic remotely. Providers are able to access some information while home, but this has been limited because of bandwidth issues. Nonetheless, the tele-medicine program has been successful, especially the Co-Occurring Disorders program. They are trying to access more psychiatric backup.

Recent data from the Point in Time Count and Sacramento Steps Forward indicate that in the homeless population, 26% have a debilitating cognitive or physical impairment, 21% have a severe psych problem, 60% state they use alcohol or non-medical drugs, but only 9% admit that their use of alcohol or drugs prevents them from keeping a job or maintaining stable housing. 77% cited two or more specific conditions; the most common combination was a psychiatric condition with a physical impairment.

The HOPE Cooperative operates **Palmer Apartments**, a 48 bed interim housing program. This serves as the first step from the streets for people with serious mental illness experiencing homelessness. Residents receive a variety of supportive services. This has been a successful intervention. 88% did not return to the streets, hospitals or jail. Last year, 105 clients were served.

Mental Health Services Act funding has been used successfully to support housing in this population. There are 161 MHSA funded units, last built in 2012. Rental assistance is also provided to 909 clients. The **No Place Like Home** capital funding will support another 130 units. The County has promised to provide support for another 20 years.

What is needed? Coordinated access points that the community can find. There should be a coordinated entry system. More substance abuse treatments, especially for methamphetamines. Further research for medically assisted treatment of meth is needed as well. Finally, attention should be directed to the criminal justice population, coordinating pre-release to include housing.

## **Primary Health Update**

Dr. Damiano explained that Unite Us is an electronic platform that will allow health care providers and various social service agencies to make multiple referrals to other social service agencies. This will include hospital ERs, the jail health care system, federally qualified health clinics, Department of Human Assistance, and many others, to centralize and simplify their referrals. It appears very user-friendly.

A full service partnership is being organized to help decrease the population in jail of those with serious mental illness. Dr. Damiano will keep us informed about progress in this work. Currently, the average daily population in the jail is low because of the reduction strategies. There are about 2400 inmates. The Courts will resume operations soon, and at the same time officers will resume issuing DUIs, etc. This will increase the census.

850 people have been tested for coronavirus in the jails. Only two have tested positive, and they were in intake observation quarantine. All the necessary contact tracing was done by Public Health and custody authorities.

A consultant is looking at the population served by mental health in the jail and merging this information with that from the same individuals in the County outpatient setting. Unified data will prove very helpful to providers.

Emergency Medical Services have distributed over 6.9 million individual items of PPE in the community. These have been widely distributed, including to dental offices, retail, etc. They continue in that effort.

Women, Infants, and Children went telephonic almost entirely since the COVID-19 pandemic. Caseloads rose because of unemployment. The telephonic approach has been very popular and hopefully will continue to some degree.

Dr. Damiano noted that Drs. Beilenson and Kasirye have been very busy with the plans to ramp up from “shelter-at-home.” Lab testing has been increased. There is active training for contact tracers. They are beginning to address the difficult issue of how to open the schools.

## **Public Comment**

Carol Maytum, Chair of the Tobacco Control Coalition (TCC), a subcommittee of PHAB, spoke. Recently the TCC wrote a letter to the Rancho Cordova City Council regarding a young man who was detained and treated inappropriately on April 27 because he was in possession of a Swisher Sweets (a small flavored cigar). Hearing of this episode, the California

Tobacco Control Program, which funds TCC, indicated that local agencies should respond to this episode. A letter was written, and submitted to Public Health staff, but the TCC was advised the letter was “too political,” and that it should contain information only about education and resources. The Coalition has already done a significant amount of policy work in Sacramento County, and even with the Rancho Cordova City Council in the past. Carol came to PHAB today to discuss the letter that they prepared. The intent of the Coalition is to engage in grassroots efforts to modify policy systems and environments to support social norm change in education to reduce tobacco use and to address industry efforts to increase use.

Dr. Kaufman explained that no one on PHAB has seen the letter. The letter was shared with Public Health staff and referred to management. Ms. Matyum promised to make the letter available.

There are Tobacco Control Coalitions throughout California. In many places, the Coalitions are more independent than it is here in Sacramento. Carol also would like us to look at how the structure of the TCC - PHAB relationship was established and whether the current reporting relationship may be causing difficulty.

The incident was explained: On April 27 a youth was detained by the Rancho Cordova Police. A video was taken, which showed the police officer punching the youth in the chest. The youth had bought a Swisher Sweet. The statute in Rancho Cordova makes possession of tobacco products by youth illegal, which is different from the State law, where possession is decriminalized. The letter prepared by the TCC explains that the Rancho Cordova statute is antiquated. The TCC would like to help Rancho Cordova work toward a more comprehensive tobacco policy.

Kim Vagadori, Co-Chair of the Coalition explained: Tobacco tax money funds tobacco control programs in the Public Health Departments of each county. The tobacco control programs are required to have community-based tobacco control coalitions. These are staffed by the counties, but often function independently to serve as advocates for improved tobacco control legislation. In Sacramento, the Tobacco Control Coalition is also staffed by the Division of Public Health’s Tobacco Control Program. It is also set up as a subcommittee of the Public Health Advisory Board. The TCC here would like to find out how to separate from Public Health so that it may function more independently and rapidly in situations that come up.

Dr. Kaufman will distribute the Tobacco Control Coalition’s letter to PHAB, and inquire from Public Health staff about the status of the TCC request. She has also requested that the TCC present at the next meeting, and Carol Matyum agreed.

**Adjournment:** The meeting was adjourned at 1:43 PM  
**Submitted by:** Steven Orkand, Scribe