Sacramento County
Public Health Advisory Board

Meeting Minutes
April 3, 2019 (12:00 - 1:30 PM)

Meeting Location
Primary Care Center
4600 Broadway
Sacramento, CA 95820
Conference Room 2020

Moderator:	Dr. Steven Orkand
Scribe:	Theresa Vinson
Board Attendees:	Jennifer Anderson, Jofil Borja, Paula Green, Steve Heath, Olivia Kasirye, Steven Orkand, Emmanuel Petrisor, Jeff Rabinovitz, Christina Slee, Kimberly Sloan, Phillip Summers, Kathleen Wright, Jack Zwald
Guests:	Lori Miller, Jessica Do
Board Members Excused:	Farla Kaufman, Barbara Law
Board Members Absent:	

Guest Speakers: Phillip Summers, MD – UC Davis
A Stimulating Discussion: meth and cocaine use

Lori Miller, LCSW - Alcohol & Drug/Behavioral Health Services Sacramento County
Available Treatment for Stimulant Use Disorders

Meeting Opened 12:05 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members, speakers, and guests

Review of Minutes

The minutes of the March 2019 meeting were approved

PHAB Vacancies and Appointments

The Board has one opening (Felicia Bhe resigned in March); the Executive Committee is full

Announcements

- HIV Health Services Planning Council (HSPC) This list is received by PHAB from the Human Services Program Planner at the Ryan White Care Program. Current list was reviewed in consideration of the candidate(s) for the HIV HSPC. The group was asked to advise of any objections; candidate's name (Robyn Learned) was read aloud, no objections or comments were noted. Motion to vote taken – candidate approved.

- Letter of support of Accreditation will be forwarded to the County Executive Officer and the Board of Supervisors this week. A copy will also be sent to PHAB.

- PHAB Board member, Emanuel Petrisor was nominated for the Leukemia & Lymphoma Society's (LLS) 2019, Man of the Year. The LLS is the world's largest volunteering health agency dedicated to curing blood cancer, and to improving the quality of life for survivors, and their families. The title 'Man (or Woman) of the Year' is awarded to the candidate whose team raises the most funds during a 10-week philanthropic competition for leaders and local communities across the United States. Candidates, and their teammates raise funds for the LLS in honor of local blood cancer survivors, the Boy or Girl of the Year. The top Man (or Woman) of the Year raising the most funds is awarded the National title. All funds raised go to the life-saving blood cancer research around the world, and provides lots of free information as well as support services to survivors and their families. Emanuel became a stem cell donor for his brother, Benjamin, the same year but prior to becoming employed as a nurse in the ICU at Sutter. Emanuel will share additional information with PHAB, and asked PHAB to consider supporting the LLS. For those who inquired and are interested, please click here to view campaign information regarding raising funds for the LLS https://pages.mwoy.org/sac/sac19/epetrisor

- There is Legislation moving forward regarding distracted driving; possible points will be added to the CDL for second offense. Beginning in 2021, in California, this bill would add a point via the Department of Motor Vehicle (DMV) system, to those caught displaying distracted behavior while driving (For ex: using cell phone, etc.). PHAB member, Jofil Borja, asked PHAB to consider providing a letter of support for this legislation. Dr. Orkand will follow up and forward documents to PHAB regarding this legislation. Click here to see article published in Sacramento Bee https://www.sacbee.com/news/politics-government/capitol-alert/article225988955.html

Public Health Division Update

Dr. Kasirye reminded the group that flu is still active in Sacramento County and masking mandates continue. She will keep PHAB informed via reporting from Kaiser Permanente. Measles is also a big issue in California in general, one case was diagnosed at UC Davis Medical Center in Sacramento. Assemblyman Richard Pan, a pediatrician, has introduced new legislation to fine tune the medical exemption. Community doctors are to give medical exemption however, in some cases, the exemptions are not being handled properly.

Primary Health Services Division Update

EMS Proposed Programs & Fees
EMS is proposing new programs and fees. Initial stakeholder meetings were March 6 and 7th. Due to feedback, EMS substantially revised their materials and recirculated/posted them on 3/28.
The revised document and public meeting comments may be found at http://www.dhs.saccounty.net/PRI/EMS/Pages/EMS-Home.aspx. Another stakeholder meeting is planned for April 5th.
Fees offset staff time for new services. Funds will cover the costs of an additional position (EMS Coordinator), small increase in Medical Director time, and absorb reallocation of existing staff to new programs due to a revenue shortfall. Shortfall is due to decreased Vehicle Code Fine revenue. This is a cost based allocation method.

Women, Infants & Children (WIC) Clinic Changes
- Oak Park: Move from Martin Luther King Blvd. in Oak Park to the Primary Care Center – mid-May.
- South Area: Move from Florin Road to Bowling Green – end of May.
- Laguna Satellite: Closing down due to Church needing the space. Will open an additional day at the Elk Grove satellite.
- Other WIC Clinics are not relocating (Del Paso Heights and Rancho Cordova.

http://www.dhs.saccounty.net/PRI/WIC/Pages/Women-Infants-and-Children-Home.aspx

New Publications re: Medi-Cal Managed Care
See *Medi-Cal Explained* (February 2019) publications at: https://www.chcf.org/collection/medi-cal-explained/
See *Mapping the Future of Medi-Cal* (March 2019) at http://www.itup.org/mapping-the-future-of-medi-cal/
Medi-Cal Managed Care Committee webpage **–** www.SacGMC.net

PRESENTATION
A Stimulating Discussion: meth and cocaine use - Phillip Summers MD MPH

In Sacramento County there is a lot of talk and attention given to the current Opioid epidemic, but Methamphetamine is our biggest issue in Sacramento. We have to understand the dynamics of what these drugs are, and why and how they are used.

History of Cocaine – cocaine came from cocoa plant in South America, the leaves were chewed for thousands of years. Also, for stimulating abilities especially in high elevation areas where it increases respiration. Cocaine was isolated in 1850's in Germany. It was used by Sigmund Freud as an antidote for depression and surgical anesthetic.
Proliferation in early 1990s – cocaine was used in the original formula for Coca Cola, tooth pick drops, tonics, and some alcoholic beverages, etc.

The crack cocaine epidemic began in the 1980s-largely due to massive influx during the 70s that made cocaine very cheap on the streets; crack cocaine evolved and proliferated in the inner-cities and many other places including the streets of the U.S. In the wake of all of this, the Anti-Drug Abuse Act of 1984, in an attempt to curb the proliferation of crack cocaine, implemented very racist laws that increased punishments for crack cocaine use.
Street names: coke, white, blow, flake, crack, nose candy, lines, rails

History of Meth – meth comes from a Chinese medicinal plant called Ephedra, first synthesized in 1893 and mass produced in 1919. Meth was used for medical uses such as; narcolepsy, asthma, and as a weight loss medication. Meth was also used in the military during WWII and given to troops on front lines, pilots, etc. and factory workers so they could complete their tasks. In the 1950s meth was available in a non-prescription form called Benzedrine or "bennies." Also, in 90's there was a proliferation of meth labs and a crackdown on the use of over the counter cold medicines, ephedrine, and pseudoephedrine. Street names: crank, speed, crystal, etc.

How these substances are used - Smoke solid forms (crystal, crack). Snort powder forms, inject soluble forms, rectal, oral.

Pharmacology (see chart)

	Methamphetamine	Cocaine
Mechanism	↑Release, ↓ Reuptake Stimulates adrenergic receptors	↓Reuptake Blocks Na+ channels
Neurotransmitters	Dopamine, serotonin, NE	Dopamine, serotonin, NE
Activates	CNS, Cardiovascular	CNS, Cardiovascular
Onset	Oral: 3-6 hours Snort: ~5 min Inject/smoke: instantaneous	Nasal: ~5 min Inject/smoke: instantaneous
Half Life	~11 hours	30-90 min
Duration	8-24 hours	Nasal: ~30 min Inject/smoke: ~10 min
Metabolism / Excretion	Liver / Urine	Blood stream / Urine

*Complications of use
Injection: abscess, endocarditis, HIV, HCV
Snorting: nasal erosion, septum perforation, HCV
Smoking: lip burns, “crack lung”

Oral disease (meth mouth)
Hypo salivation, ↓pH, teeth grinding, craving sugary drinks, poor oral hygiene

Withdrawal
Fatigue, excessive sleep (days)
Hunger, dehydration (days)
Cognitive slowing, impaired concentration (weeks)
Anhedonia, depression (months)
Craving (months)

Why people use stimulants
Euphoria, social, party drugs, sex, endurance, stamina, studying, computer coding, driving, safety, coping w/mental illness

*See handout for additional details regarding complications of use

PRESENTATION
Available Treatment for Stimulant Use Disorders – Lori Miller LCSW

Culturally competent and linguistically proficient behavioral health services are provided in many languages, including these threshold languages other than English: Arabic-NEW, Cantonese, Hmong, Russian, Spanish, and Vietnamese. There are Bi-lingual/bi-cultural staff or interpreters available at no cost to youth/families. Services are also provided for deaf and hearing impaired at no cost to youth/families.

Meth is still the number one drug of choice across our system as well as many other systems: hospital, child welfare, criminal justice, etc. 37 percent of people entering County system for services are doing so for Meth. Meth is currently

overshadowed by opioids but it is a problem that is not being talked about enough right now. We are putting more focus and emphasis on meth use, and since it is the number one issue, we are targeting services towards meth use.

Data

Sacramento County Fiscal Year 2017-2018
Individuals Receiving Alcohol and Drug Treatment Services
Primary Drug of Choice

Primary Drug of Choice	All ADS Modalities (Medication Assisted Treatment, Detox, Outpatient, Residential) N=5691	Detox, Outpatient, Residential Only N=4146
	Percentage	Percentage
Opiates	38%	16%
Methamphetamine	27%	37%
Marijuana	14%	19%
Alcohol	17%	23%
Other Drugs	4%	5%
Total	100%	100%

Note: table references the percent of admissions where methamphetamine was indicated as the primary drug of choice. This does not represent an unduplicated count of individuals.

Data Race/Gender

Total Client Count for FY 17/18: 5691

Fiscal Year 17/18	
Race	Meth Use
1 White	933
2 Black/African	308
3 American Indian	43
4 Alaskan Native	5
5 Asian Indian	2
6 Cambodian	0
7 Chinese	1
8 Filipino	22
9 Guamanian	1
10 Hawaiian	1
11 Japanese	0
12 Korean	1
13 Laotian	6
14 Samoan	0
15 Vietnamese	2
16 Other Asian	10
17 Other Race	234
18 Mixed Race	79

Fiscal Year 17/18	
Gender	Meth Use
1 Male	673
2 Female	881
3 Other	0
Total	1552

Fiscal Year 17/18	
Race	Cocaine Use
1 White	58
2 Black/African	72
3 American Indian	1
4 Alaskan Native	0
5 Asian Indian	0
6 Cambodian	0
7 Chinese	0
8 Filipino	0
9 Guamanian	0
10 Hawaiian	0
11 Japanese	0
12 Korean	0
13 Laotian	0
14 Samoan	1
15 Vietnamese	0
16 Other Asian	1
17 Other Race	11
18 Mixed Race	10

Fiscal Year 17/18	
Gender	Cocaine Use
1 Male	70
2 Female	85
3 Other	1
Total	154

Characteristics of Methamphetamine Users

People struggling with methamphetamines **differ from other substance users in that they enter treatment with far more symptoms of paranoia and psychosis** than other substance misusing groups, and they are more likely to:

- Be female
- Suffer cognitive impairment during the early weeks and months of recovery
- Have clinically significant associations between their drug use/misuse and sexual behavior, including risky sexual behavior
- Be at risk for non-injection transmission of HIV (especially for men who have sex with men)
- Be the victims (especially women) and/or perpetrators of violence

Access to Care

Assessment and Referral Access Points

- System of Care
- Sacramento County Jail
- Probation Department
- Primary Care Center
- Guest House Homeless Clinic
- Juvenile Court
- Youth Detention Facility
- Children's Receiving Home
- Wind Youth Services

Handout: *Alcohol & Drug Services Assessment Location Map*

Alcohol & Drug Services System of Care

Entry point for alcohol and drug treatment services

Assessment and Referral to alcohol and drug treatment service provider

Monday – Friday
8:00 A.M. – 5:00 P.M.

Drop-In
3321 Power Inn Road, Suite 120
Sacramento 95826

(916) 874-9754

Alcohol and Drug Services Continuum of Care

Fiscal Year 2018-19
$40,903,275

23 contracted providers

Fiscal Year 2017-18
approximately 5,700 admissions

- Prevention Services
- Outpatient Treatment (Includes IOT)
- Residential Treatment
- Detoxification/Withdrawal Management
- Sober Living Environments
- Perinatal Services
- DUI Programs (Driving Under the Influence)
- Specialty Courts
- Drug Diversion Programs

Handouts: *Alcohol & Drug Services Continuum of Care Fiscal Year 2017-18*
Alcohol & Drug Services Resource List

Within the Department of Alcohol Drug Services and Behavioral Health Services (ADS/BHS), an attempt to diversify and remove barriers of access to care is being made. We continue to work to identify barriers and we are trying to develop more access points; there are counselors at each access point. Currently, the focus is in the north area of Sacramento.

In 2014, we had a 40 million dollar budget compared to the mental health side of the house which was 280 million. We provide a lot of services on very small budget. There is a need for capacity building to be able to continue servicing individuals in our community.

For individuals entering care, there are waitlists for those seeking residential or detox treatment. There are federal priorities in place that are determined by the Federal government, not by Sacramento County. ADS/BHS must adhere to these federal priorities as it relates to who gets into the detox programs, and when. These priorities include: Pregnant IV drug users, Pregnant, IV Drug users, all others (multi-system uses, CPS/Probation, CNO program).

Outpatient Treatment (For Youth and Adults)
This is a Drug-Medi-Cal Funded Service, which means treatment is provided on demand and there is no waitlist. Intensive Outpatient Treatment differs from regular Outpatient Treatment; Intensive is 3 hours per day, 3 days per week.

Withdrawal Management/Detox Services
This is a **non**- Drug Medi-Cal funded service, which means there are other funding services that will pay for these services, and because there is an increase in demand for this type of care, there is a waitlist. Unfortunately, there is no youth detox facility in the Sacramento County system so for adolescents who may be struggling with stimulants, they are referred out of County. For Detox there are a total of 72 contracted beds and the average wait time is 14-30 days, wait times may vary.

Residential Treatment (For Adults Only)
There is an increased demand and a long wait time (30+ days) for this service; currently there are approximately 257 beds.

Sober Living Environments (SLE/Recovery Residences)
This is also a non- Drug Medi-Cal funded service, and there is an increased demand. SLEs are for adults only and there are currently 3 contracted providers. There are a total of 49 contracted beds (additional 15 units were added in FY 2017-18 at Mather Campus (Homeless initiative/CalWorks funding)).

TREATMENT

Fundamental strategies for treating psychostimulant users are available from the Substance Abuse and Mental Health Services Administration (SAMHSA).[1] ***There are <u>NO</u> FDA-approved medications/pharmacological interventions for stimulant use disorders***

Research has shown that effective psychosocial treatments for treating cocaine users are also appropriate in treating methamphetamine use, including:

- Community Reinforcement Approach
- 12-Step Facilitation Therapy
- Manualized Individual Counseling + Group Counseling

Evidence supports several approaches that have been specifically tested for methamphetamine use including:

- Contingency Management
- Cognitive Behavioral Therapy
- Matrix Model

STEPS TO TREATMENT RETENTION

- Understand there is a strong relationship between length of time in treatment and positive outcomes (i.e., clients who complete treatment programs have better outcomes than those who do not, and the longer clients stay in treatment, the better the outcomes). Consider treatment involvement that is long enough to be effective (4-6 months minimum), but not so long as to make program completion unlikely.
- Encourage long-term support activities (e.g., Alcoholics Anonymous, Narcotics Anonymous, counseling, religious or spiritual activities, and recreational programs).
- Consider urine testing an essential, required component of treatment. Urine testing can monitor client progress and provide clear, objective information on drug use status.
- Promote family involvement in treatment. Helping family members and close, friends understand the process of addiction and recovery can be extremely useful in promoting a client's treatment progress. Successfully involving families in the process enhances treatment outcomes, but intensive family therapy is not required to make family involvement useful.
- Firmly encourage abstinence from alcohol and other drugs. Achievement and maintenance of methamphetamine abstinence is strongly related to abstinence from alcohol, marijuana and other drugs.

CURRENT CHALLENGES

- **Increased Service Demand**
  - Residential treatment
  - Detox Services
- **Need for capacity building**
- **Limited Funding**
  - Residential treatment
  - Detox Services
- **Possible Delay in Treatment**
  - Residential treatment
  - Detox Services
- **Lack of**
  - Aftercare Services
  - Youth Residential Facilities
- **Limited Targeted Services**
  - Severe Mental Illness
  - Homelessness
  - Developmentally Disabled
  - Senior and Older Adults
- **Access to Care**
  - Transportation (Limited bus passes provided)
  - Childcare

DRUG Medi-Cal (DMC) Organized Delivery System (ODS) Waiver

Goals:

Improve Substance Use Disorder Services through an organized service delivery system
Full continuum of multiple levels of funded evidence-based services
Increase program oversight, compliance and quality assurance
Improve coordination with other service systems

Elements of the Waiver

- **Critical Elements** of the DMC-ODS Pilot Program include:
  - Continuum of care modeled after ASAM
  - Increased local control and accountability
  - Greater administrative oversight
  - Utilization tools to improve care and manage resources
  - Evidence-based practices
  - Care Coordination with other systems of care
  - Special considerations for the criminal justice population

Drug Medi-Cal Waiver Services & Requirements

(Opt-in Model)

BOLD = new services and requirements

Coming in July 2019

Services
Early Intervention
Outpatient Services
Residential Treatment
Medication-Assisted Treatment (MAT)
Withdrawal Management
Additional Medication-Assisted Treatment (MAT)
Recovery Services
Case Management
Physician Consultation

Requirements
Coordination with Criminal Justice and Hospitals
Increased Quality Assurance

SACRAMENTO COUNTY

DMC-ODS Waiver

What is the Annualized Cost for Sacramento County:

Combined Funding	Total	FFP	Realignment / NCC
ODS Plan Services covered under DMC-ODS Waiver	$10,991,692	$5,495,846	$5,495,846
BHS Admin Staff	$462,906	$231,453	$231,453
Total	$11,800,000	$5,900,000	$5,900,000
FY 2018-19 Projected costs (January-June 2019)	$5,900,000	$2,950,000	$2,950,000

SACRAMENTO COUNTY

Public Comment

(1) Visitor thanked PHAB and the presenters today – he stated he has attended before and always enjoy being here. He did not sign the Guest (Attendance) page, and it is not required.

There was none.

The meeting was adjourned at 1:30 PM

Submitted by Steven Orkand, Chair