

## Public Health Advisory Board

### Meeting Minutes

October 6<sup>th</sup>, 2021 12-1:30PM

### Meeting Location

Zoom Meeting (Open to the Public)

**Moderator:** Farla Kaufman

**Scribes:** Liz Gomez

**Meeting Opened:** 12:03 PM

**Those attending:** Dr. Farla Kaufman, Steven Heath, Chase Smith, Dr. Ashley Sterlin, Philip Summers, Christina Slee, Jofil Borja, Elizabeth Abbott, Barbara Law, Sonal Patel

**Those not in attendance:** Emanuel Petrisor

**Board Members excused:** Larissa May

**Other County Leadership:** Lori Miller, Dr. Kasirye

**Review of Minutes:** Review of minutes from September 1<sup>st</sup> and September 9<sup>th</sup> – both approved.

**YouTube link for the minutes:** <https://www.youtube.com/watch?v=XXggY2W-TS0>

### Farla Update

We are here to review and vote on Public Health Priorities. The green areas are related to correctional health the blue are related to more vulnerable populations.

Farla made introductions – she works in environmental health as well as at UC Davis. One thing I was very interested in when I joined the Board was the high rates of STD and some other things take priority and COVID is high on everyone’s priority list. There are a number of issues: correctional health and mental health as well.

Steve will you go next. Steve Heath and I have been a member of the board for 4 years and I am a nonprofit executive. I am a member on behalf of this group on the Medi-Cal Dental Advisory Committee.

Christina Slee. I go by Tina. I am the Director of Quality and Patient Safety at UC Davis. I have been at UCD 24 years and in this role for 7 years. I was at the Center for Healthcare Policy and Research for many years. I have a love for Public Health and this is my way of connecting to that passion. Special interests on PHAB is maternal and child health, and health disparities.

Phil Summers. I have been on PHAB for about 4 years. I am an Emergency Doctor and an addiction doctor mostly in Sacramento. I also have my MPH and have done various research

and advocacy work in this space. My special interests are mainly around health disparities around substance use disorders. Health disparities that exist for people that are incarcerated.

Dr. Ashley Sterlin. I am a pharmacist with CVS. Been here for 11 years. I get my greatest reward when working with the community and have been able to work with high school students. I am originally from S. Florida and the opioid epidemic was pretty bad there. Prevention through education. Looking to get more involved with trauma induced mental health to prevent how racism is impacting the black community – yoga, meditation.

Chase Smith – Asst. Nurse Manager at UCD. Been here about 5 years and now I oversee patient placement (bed control). I supervise mental health workers in close connection with discharge planning for our mental health patients. I am a clinical professor at UCSF. I have an interest in mental health and how Sacramento County can improve and contributing where I can.

Jofil Borja. Jofil works with the legislature for CalTrans and has been appointed to the planning commission for the County.

Libby Abbott. Relatively new member. Born and raised in Sacramento and recently returned. My effort to contribute to my home community and learn about health systems. I have worked abroad on health systems – so I understand a lot on how to make things move in those areas. I lead our health workforce team in my professional work.

Barbie Law. Been on PHAB for 4 or 5 years. My full time job is I work for Sac Metro Fire in Emergency Services.

Sonal Patel. I have been a part of PHAB for about 1.5-2 years. I have a masters in public health and started at the state department of finance and I now work with governor's fiscal policy. My passion is behavioral health as well as the responsible allocation of resources. Public Health never gets enough money and there has to be ways that we do better.

### **Farla updates**

We still have 3 vacancies on our Board and 1 application that is pending currently.

### **Public Health Division Update – Dr. Kasirye**

As far as the COVID numbers go, we do provide updates to the Board of Supervisors and our dashboard. We have hit over 150,000 cases total and over 2,000 deaths. The good news is that our numbers are trending down. We are averaging 250 cases per day. That has come down quite a bit because at one point we had over 500 per day. Case rate has dropped to 15.9. As far as the hospitalizations, we have dropped to 232 cases and ICU 58, so that's almost a 50% reduction. Talking with the hospitals, they are also seeing a little reprieve. But they are usually pretty full because of other emergencies and one of the areas they have a lot of concern about is behavioral health holds and wait times.

Major developments recently is the governor on Friday announced that California would issue a new mandate for vaccinations for children which will be contingent upon full approval of vaccine for children. Earlier this could go into effect is January 1<sup>st</sup> but with the timeline more likely to occur July 1<sup>st</sup>. There are some school districts that have issued their own mandates. We have had some concerns with other state mandates for healthcare workers, the deadline was October 1<sup>st</sup> and there was some concern on staffing shortages if people chose to quit their jobs or delay in meeting the guidance. For the larger health systems the compliance has been pretty good.

Because the hospitals are still experiencing a huge flow of patients, some have continued to request assistance from the State for staffing.

I have been asked quite a bit around the masking mandate. Sacramento County has a masking mandate for vaccinated and unvaccinated. There are a few other counties that have had mandates. Supervisors asked when we would end the mandate. If we did end it, we would defer to the State's mandate. And this would be for unvaccinated, they still have to wear masks indoors and we anticipate doing so if we get to a case rate to 5 per 100,000.

Question around rapid testing: widely available antigen testing. We are using the bionex kits. We have had to prioritize schools. We have gotten allocation from the State. There are others available at pharmacies. The at-home test kits there are some limitations to places where they are accepted like international travel. All of our testing sites except the Branch Center road and Natomas site are offering antigen.

[https://www.saccounty.net/COVID-19/Pages/Symptom-Screening\\_MobileTestingSite.aspx](https://www.saccounty.net/COVID-19/Pages/Symptom-Screening_MobileTestingSite.aspx)

Questions around flu season: Last year we hardly had any flu cases but this time around the only measure we have apart from vaccination is masking. We know masking does help, but I don't have any prediction around what type of flu season we will have. We will wait to see also any information from the CDC.

### **Health Services Update – Chevon Kothari**

Had a 1:1 with Farla to discuss PHAB priorities and I reviewed the budget priorities. One of the things Farla asked me to talk about is now that I'm 5 months in, the things that are coming up to my attention as priorities. I don't think anything will be shocking because as I look over your priorities I see alignment.

What we have seen is COVID has had a significant impact on the way we deliver services and our ability to hire and retain staff to meet the challenges. We have vacancies in our programs and difficulty in hiring and keeping up with demand is significant. We need to see how we train our next generation of professionals, para professionals and peers to meet the demands. We are working alongside the State to invest in career ladders.

Funding sources – one of the things we have been advocating for is to move away from some of the categorical funding so we can have more flexible funding and be responsive to community need. Funding can often box us in and if they don't braid with other sources they can become hard to get out.

Social determinants of health is a big area in Public Health and across the Department. When we are responding to our community we are linking them to food, shelter and other services need. To the extent that we can continue partner we want to effectively link people.

Health equity – the resources we do have should get out to the most vulnerable populations that need them. In order to that we need strong data systems so we can ensure we are targeting those resources effectively. We are looking at how to create Social Health Information Exchange – a data system that ties together all of our electronic health records not only County but private partners. We want to tie in housing systems, eligibility, etc. This would allow us stronger care coordination and looking at population health.

Every door is a right door approach which is seamless linkage behind the scenes. We have lots of great services in Sacramento, but sometimes, we tend to operate in silos. Which often time goes back to funding and workload. But to the folks that we serve that fragmentation can lead to being overwhelmed. So we want to seamlessly link behind the scenes.

Behavioral Health Continuum of Care – the hospital emergency departments are really impacted. We know there are folks that need to move out of acute care and into step downs or sub-acute care but we don't have enough beds. If we don't get folks into transitional or permanent supportive housing we will see them back in crisis. We need to look at all the pain points in that continuum of care and how we build that out. In Sacramento County and the region we are also trying to figure out what areas we need to focus in and what areas we need to build out.

Mays consent decree & medical care, substance use disorder care, behavioral health care for persons that are incarcerated both while they are incarcerated but also when they exit to the community so we prevent recidivism.

Our work that we are doing with the Health Authority Commission. SB 226 codified this. This Commission is to ensure that folks who are receiving medical services through the Medi-Cal Program have access to services, have quality services and that we reduce the fragmentation as much as possible. Department of Healthcare Services (DHCS) is going through a managed care procurement to go from 5 plans to some amount that is lesser than that. The Health Authority Commission is not only watching that but will also make recommendations to the Board of Supervisors about which plans to recommend to DHCS.

Sonal questions:

- (1) Data systems – is it an infrastructure need, increased data collection?
  - a. Building a health information exchange is more of a verb than a noun. It's integration of data systems. But also a lot of it is the work we do as community partners, navigating relationships, legal, engaging with folks that we serve and they see the benefit of us sharing information on their behalf.
  - b. We have requested through ARPA the opportunity to build a Social Health Information Exchange. Alameda County has done this and we are looking to them. We have a lot of our data systems connecting through Care Quality. But we want to do more real time care coordination. If my patient shows up in the Emergency Department I can better wrap services around them in a meaningful way to get them quickly linked back to their provider.
- (2) To what degree will this platform potentially interact with hospital systems, Medi-Cal records, etc?
  - a. That's the goal. And certainly a lot of counties have been really successful in doing this. Some of the Counties that are more successful have fewer plans, maybe a County Organized Health Systems and a County run hospital. We will have a bigger challenge in Sacramento.
  - b. We won't need to share all information but we also want to see our outcomes. There is also the issue of trauma informed care, the more times I have to tell my story the less likely I will be to follow-up with care.

Steve Orkand question:

- (1) How do you feel at this point about the level of funding for the Department of Health Services and funding for programs like WIC and Healthy Partners?

- a. There has been a recognition by the Board of Supervisors that the work that we do is very important. The pandemic has done a lot to shine a light on the importance of our work and I am hopeful that moving forward there will be more of an understanding of the need to not only respond to crises but also to put infrastructure in place that will allow us to get out ahead of some of these crises.
- b. I know the County is considering a climate action plan and Public Health has a very important role in that. There has been some attention – the work we have to do as a Department to ensure this stays front and center to move forward is going to be really important.
- c. Dr. K: we need to continue to lift up the importance of the projects so being able to keep an eye on some of the ones you have noticed and sometimes they tend to be overlooked. We did have to advocate for the WIC program and we will continue to do that and we continue to appreciate the support PHAB has provided.
- d. Sandy: I agree with Chevon and Dr. K. Some of our big efforts are being funded by COVID and Public Health. Some of our smaller programs it's much harder to get those funds and we often come to you and we appreciate your support.
- e. Lori Miller: I agree with all of you, there are a lot of competing priorities but we don't want to lose sight of some of those smaller projects.

Steve Heath brought up a question around coordination with pharmacies. Chevon indicated she would connect with Steve around this area.

Dr. Ashley Sterlin mentioned workforce development and wanted to hear more about this area.

- We are often not competitive to what we pay people and the rate we pay to our providers and contractors so there's been a lot of work on that to see how we can bring up rates.
- The other area is working with the universities to see how we can encourage more folks to enter our field and we need a greater pipeline coming into these fields in general. In the Behavioral Health space, we really need folks with lived experience and peers. The State has recently acknowledged that and State is developing the peer certification program. The other way the pandemic has really shown us is working with community based organizations that are already tied to the communities we want to serve so it's not reliant on public health professionals to do the model but looks at promotores model and we provide a certain level of training to get access to information and services out there. From the job satisfaction perspective, our new CEO is looking at climate and culture when it comes to organizations and organizational health and something we are looking at across the board.
- Sandy indicated that we have had an extreme shortage of positions and they are looking at a number of efforts to work on that. It will probably take 4-6 months to get positions up. It's not just the County because in the meeting with hospital CEOs they are struggling with staffing as well. We have competition that we have a hard time competing with. For programs like WIC, we are looking at paraprofessionals.

### **Primary Health Division Update – Dr. Damiano**

#### Women, Infants & Children (WIC)

- WIC Report 2021 distributed. *Please review and share!*

#### Emergency Medical Services (EMS)

- Three new positions are filled or pending start dates.
- EMS continues to work with stakeholder groups on Ambulance Patient Offload Time (APOT) or “wall times” with prehospital and hospital providers. Currently working on a “assess and refer” policy draft for low acuity patients. Hospitals, Fire Chiefs and County meeting with various agencies as possible referral sources. Stakeholders would like to have a *Community Paramedicine* program when State EMS regulations are approved. This would also include an EMS Policy for alternative destination from the emergency department. This requires sufficient community resources for capacity.

**COVID-19**

<i>Juvenile Correctional Health – period of 9/26 – 10/1/21</i>
<ul style="list-style-type: none"> <li>• Total confirmed throughout pandemic: 54</li> <li>• Total tests for period: 46</li> <li>• Total new cases for period: 1</li> <li>• Census as of 10/01/21: 101</li> </ul>
<ul style="list-style-type: none"> <li>• Youth vaccinated as of 9/24/21: 72</li> <li>• Incentive Program began in mid-July.</li> </ul>

<i>Adult Correctional Health</i>
<i>As of September 29, 2021</i>
<ul style="list-style-type: none"> <li>• Total number of COVID-19 tests since March 2020: 22,653 (<i>Net increase = 349</i>)</li> <li>• Total number of confirmed COVID-19 cases since March 2020: 1,904 (<i>Net increase = 5</i>)</li> <li>• Total number of confirmed COVID-19 cases during the intake observation/quarantine period since March 2020: 474 (<i>Net increase = 4</i>)</li> <li>• Total number of COVID-19 positive inmates currently in custody: Main Jail – 6 / RCCC – 0</li> </ul>

*Inmate Vaccination Data as of September 29, 2021*

Facility	Total Patients	Total Doses	Completed Vaccine Series			Fully Vaccinated Patients
			Moderna	Janssen	Pfizer	
Main Jail	1,323	1,767	441	666	4	1,111
RCCC	939	1,281	342	450	4	796
Total	2,262	3,048	783	1,116	8	1,907

*Inmate Vaccine Incentive Program* - Provides a fiscal incentive for completed vaccinations. Money is placed in the inmate commissary account. Funds were provided by Public Health. Daily logistics – Adult Correctional Health / Custody (places funds in inmate accounts) per tracking sheet. Incentive Program was updated 9/14/21 (incentive increased for vaccinations).

**Point in Time Data Snapshot for 09/15/21**

Of the 924 who received at least one dose of the COVID-19 vaccine, 79% have been in custody for 61 days or more.

Inmates who Received at Least One Vaccine Dose			
Length of Stay			
	Main Jail	RCCC	Total
0 – 15 days	36	0	36 (4%)
16 – 30 days	32	17	49 (5%)
31 – 60 days	54	55	109 (12%)
61 - 90 days	48	45	93 (10%)
91+ days	365	272	637 (69%)
Total	535	389	924 (100%)

### State Public Health Order for Correctional/Detention Facilities

State Public Health Officer Order related to Correctional Facilities (dated 08/19/21) with full compliance by October 14, 2021. [Order of the State Public Health Officer Correctional Facilities and Detention Centers Health Care Worker Vaccination Order](#)

- Requires vaccinations (health care staff, correctional officers, and inmate workers)
- Vaccination verification, or a qualified medical exemption (new system rolled out called Qualtrics)
- Weekly testing clinics for unvaccinated staff working in the jail facilities (offered twice weekly at each jail).

### **PHAB Working Committee Update**

Please see power point.

#### **Notes from inspiration slide:**

Anytime there are in custody deaths they draw concern and there is not always publicly available information.

For the CARES act funding there was concern around how this money was allocated and there was a lack of transparency around that as a lot of money went to Sheriff's Department. Money that was promised to Public Health was not delivered. Lack of community engagement, lack of transparency around this funding raised concern for us.

May's consent decree – lawsuit against our local jail system. This is a super complex topic that most of us were not very familiar with.

Special PHAB Meeting – we had information sharing from sheriff, Decarcerate and Adult Correctional health and multiple community members directly impacted by incarceration. The outcome of that meeting was there was a broad divergence between perspectives on conditions in the jail. So, we wanted to embark on some more data collection to better understanding the situation at hand.

Farla: Does anyone have any comments around content from the presentation that should be included in the letter? Any objections? This will be on the agenda for the next meeting.

No response.

Sandy: Our Youth Detention Facility was under consent decree for 7-10 years and they just recently received national accreditation. So it does take time. It does take significant efforts when you've been underfunded and a different culture and it's a long haul endeavor. Just to let you know when people do die at a hospital, it does count as an in custody death.

## **Public Comment**

Farla: Do we have any public comments?

Public:

- Lori Miller: I wanted to provide a couple of updates to this Board as I know many of you have an interest in addiction medicine and the work we're doing. I sent some info to Liz to add to minutes. (flyer included as attachment to the meeting minutes on the PHAB website) October 18<sup>th</sup> our next opioid commission meeting is. Substance use prevention and treatment is working with the DA on an effort that will span about 2 years.
  - o We continue to have our Meth coalition next meeting is November 4<sup>th</sup>

## **Adjournment**

The meeting was adjourned at 1:32 PM

Submitted by Liz Gomez, scribe