

Public Health Advisory Board

Meeting Minutes

February 2nd, 2022 12-1:30PM

Meeting Location

Zoom Meeting (Open to the Public)

Moderator: Farla Kaufman

Scribes: Liz Gomez

Meeting Opened: 12:02 PM

Board Members: Farla Kaufman, Steve Heath, Sonal Patel, Elisabeth Abbott, Phil Summers, Dr. Ashley Sterlin, Barbie Law, Jofil Borja, Larissa May, Sara Bowsky, Sandy Damiano (ex officio) Olivia Kasirye, (ex officio)

Those not in attendance: Chase Smith

Board Members excused:

Other County Leadership: Lynnann Svensson, Andrew Mendosa, Michelle Besse, Stephanie Kelly

Review of Minutes: December minutes approved.

YouTube link for the minutes: <https://www.youtube.com/watch?v=xrFAK-dVbV8>

Farla Update

Are there any amendments to the January meeting minutes? Hearing none. Is there a motion to approve the minutes? Yes.

Minutes are approved.

Update on PHAB board members and vacancies: we have 3 vacancies as we had a new appointment. As soon as all the forms are completed we will welcome our new member. Then we will be looking to fill 3 other positions.

Public Health Division Updates – Dr. K

As far as a COVID update, we are on the good side of the Omicron surge. The numbers are starting to go down. Our last case rate was 110 per 100,000. Our areas of concern is with the hospitalizations – it is going down but it is still high. We worked with our EMS partners to put together some media pieces to remind folks to reserve 911 and the emergency room for true emergencies because we were hearing of people especially in the peak of the surge people were showing up for testing and mild symptoms. The other area of concern is with the jail outbreak, Sandy will give you the update on that. I am sure everyone is exhausted with everything related to the pandemic, so our hope is that as this goes down I know the governor

has announced they are developing a plan to start looking at COVID as an endemic. We don't know exactly what that will look like but we will update you as soon as we have details.

Questions:

- Phil Summers: regarding the availability of Paxlovid do we have an idea of estimated availability of doses? Increased access to that would be good.
 - o It has been a bit of a slow start. The amount we are getting I will have to get back to you. And it's not easy for pharmacies to receive prescriptions from different entities. That has caused some delays. When we were first given instructions about Paxlovid we were told to limit to patient pharmacies so hospitals got left out. So we are trying to straighten that out now. The rollout has had a bit of a rough start.
- Steve Orkand: Things that have occurred along with COVID, and that is the mental health issues, increased suicides and drug addiction issues with overdoses, steps your department has been taking to look at related issues?
 - o The issues you have named are in our behavioral health division and we work closely with them but they would be in the best position to respond. Anecdotally we have heard about increased anxiety, increased violence in schools. There is definitely a huge need for additional behavioral health support. It would be great to have Dr. Ryan Quist talk to you in more detail about that. We are working with the school superintendents and we got some funds as part of the CARES Act and also with the State where we are working with the schools to increase the services available for students especially for counseling. For drug overdoses, I have heard anecdotally I have not seen the numbers yet. But, we know that deaths are just the tip of the iceberg. This is another area we should look at again. The Behavioral Health Director would be the best person to speak more on that.
 - o Farla: we will invite Ryan to come give us an update.
- Jofil Borja: Thank you for your op-ed. I wanted to see the availability of testing kits and if our in-house county pharmacy had received kn95 masks promised by the administration?
 - o Masks are being handled by the federal government so Counties are not a part of that. We have been waiting for an allocation that we have requested but there have been a lot of delays with supplies and unfortunately the mask supplies have been affected by that. We did receive an allocation from the State a while back we were able to give 95,000 kits to the general public. The kits that we have right now are designated for health care entities so we don't have any available for the general public but if we get anymore I will let you know.
- Andrew would you like to give a quick update to respond to Steve's questions: Yes, to answer your question Steve, we have seen anecdotally that overdoses are up. Fentanyl deaths. We are active in working with schools, our prevention and treatment partners to get the word out there. A mixture of opioids, methamphetamines, we get information from coroner's office on a regular basis. My unit is very engaged in working closely with our mental health partners to get all the resources out there that we can.

Primary Health Division Updates – Dr. Damiano

- Also introducing Stephanie Kelly she is the new Health Services Administrator for Adult Correctional Health. Welcome Stephanie!

PHAB REPORT:

Correctional Facilities/COVID-19

Juvenile Correctional Health

Case Data for the period of 1/23 – 1/30

- Total confirmed throughout pandemic: 95
- Total tests for period: 31
- Total new cases for period: 7
- Census as of 112. Total number of positive cases at YDF as of 1/30 = 2

Vaccination Data

- Youth vaccinated as of 01/22/22: 114
- Incentive Program began in mid-July. Boosters are offered.

Adult Correctional Health

Point in Time Data as of 2/1/22:

<u>Facility</u>	<u>ADP</u>	<u>COVID-19 Positive in Custody</u>
Main Jail	2,005	222
RCCC	1,351	316

Data is posted weekly at SSO COVID-19: <https://www.sacsheriff.com/pages/covid19.php>

CDCR/State Hospital has been closed to admissions during Omicron.

- Pending transfer to CDCR = 263 (will accept 25 this week)
- Transfer to State Hospital = 118

SSO Actions

- Additional mitigation protocols were implemented.
- Began to utilize Government Code 8658 for release of inmates during an emergency last week. (90 days early for sentenced inmates) 203 were released.
- Initiated temporary booking restrictions.
- ACH pulled lists from those on the “120 day release list” age 65 years or older AND those with certain health conditions regardless of age. Out of 43 reviewed, 7 released.

Outbreak

Staff reported a COVID-19 outbreak the week of January 10th. This is the 3rd outbreak during the pandemic and has been tremendously difficult --- *highly infectious with very short incubation period*. Unlike the other outbreaks, this greatly impacting staffing. While it is slowing in the community, staff continue to report high numbers due to testing of close contacts associated with confirmed cases

and/or suspect cases within respective COVID-19 designated housing (intake quarantine, close contact quarantine, suspect isolation and case isolation).

COVID-19 Guidance modified per CDC/State Public Health to 10 day quarantine/isolation periods as recommended for correctional facilities.

Inmate Vaccination Incentive Program –

Began 7/23/21, incentive was enhanced 9/14/21, and further enhanced 10/25/21 for inmate workers. Incentive is \$20 (single dose vaccine) or \$10 per vaccination (for two dose vaccine). This was increased for inmate workers \$40 (single dose vaccine) / \$20 (two dose vaccine). Inmates will also receive the incentive for booster doses.

Vaccination Data – Inmates

As of 1/26/22, 2,741 inmates received at least one COVID-19 vaccine dose.

- Net increase of 22 new inmates receiving initial doses.
- Net increase of 11 2nd doses.
- Net increase of 20 booster doses.
- Total of 53 doses provided this past week.

Facility	Total Patients	Total Doses	Completed Vaccine Series			Fully Vaccinated Patients	Booster Doses
			Moderna	Janssen	Pfizer		
Main Jail	1,662	2,257	551	850	45	1,446	87
RCCC	1,079	1,482	394	536	14	944	82
Total	2,741	3,739	945	1,386	59	2,390	169

This is a cumulative number since the inmate vaccination program began on 01/29/21

State Public Health Order for Correctional/Detention Facilities - This order was amended 12/22/21 and mandates vaccination boosters for all eligible workers by 3/1/22. Staff who have qualified exemptions or who are booster eligible and have not received boosters must test weekly. Testing clinics are onsite twice weekly at the jail facilities.

Vacancy Reports

Medical Positions (1/25/22)	Vacancies	Background
Medical Assistant	1	0
Licensed Vocational Nurse	13	1
Registered Nurse	5	2
Supervising RN	1	0
Physician	6	1
Nurse Practitioner	1	0
Pharmacy Technician	1	0
Dentist	1	0
Total	29	4
Administrative Positions (1/25/22)	Vacancies	Background
Admin Services Officer 3 – E.H.R.	1	

Admin Services Officer 1 - Med Records	1	Some are in process of interviews, others pending civil service list or newly reallocated positions.
Med Records Technician	1	
Registered Nurse – QI	2	
Supervising RN - Case Management	1	
Senior Office Assistant – Case Mgt.	1	
Total	7	0

Mental Health Positions (2/1/22)	Positions
Outpatient Program - MJ	1 Supervisor 3 LCSW
Intensive Outpatient Program - MJ	1 LCSW
Enhanced Outpatient - MJ	2 LCSW 3 SWI
Enhanced Outpatient – RCCC	3 SWI
Jail Based Competency - RCCC	1 Supervisor 2 LCSW
Total	16

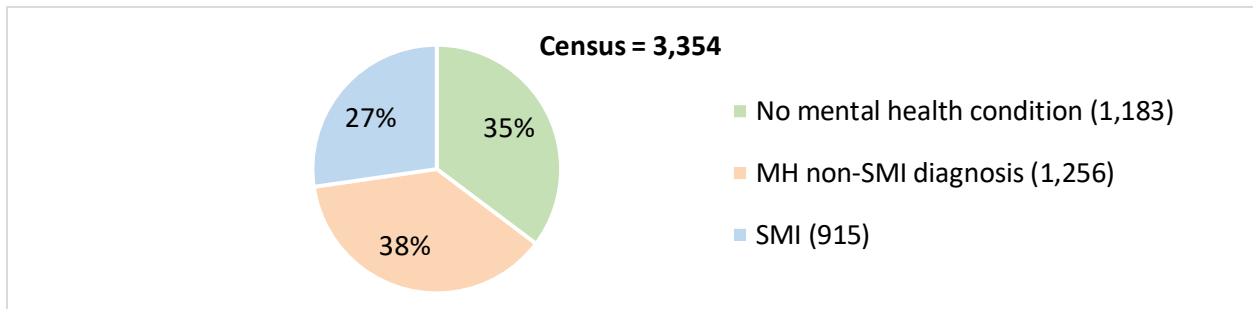
Report on the Jail Population with Serious Mental Illness (SMI)

Report Date: January 26, 2022

Jail Population for January 3, 2022 N = 3,354 inmates

MENTAL HEALTH – *Received mental health services while incarcerated*

- 65% (2,171) received mental health services during incarceration.
- 27% (915) had a Serious Mental Illness (SMI) and 38% (1,256) had a MH Non-SMI diagnosis.



BEHAVIORAL HEALTH SERVICES – *in the community*

Of the 2,171 inmates who received mental health services during their incarceration, only a small number were open to a behavioral health provider in the community on January 3, 2022. Most were closed to services.

960 unduplicated inmates were served by Behavioral Health programs:

Program	Total Served	Open	Discharged
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Outpatient MH	702	48 (7%)	654 (93%)
Full Service Partnership (FSP)	135	42 (31%)	93 (69%)
Substance Use Prevention & Treatment (SUPT)	340	26 (8%)	314 (92%)
Subtotal	1,177	116 (10%)	1,061 (90%)
Served by Mental Health and SUPT	(217)	(1)	(216)
Total Unduplicated Inmates	960	115 (12%)	845 (88%)

Data pull occurs quarterly. See SSO webpage link at:
<https://www.sacsheriff.com/pages/transparency.php>

Other Updates

ACH Leadership Changes –

- Stephanie Kelly, M.S., LMFT, Health Services Administrator
- Mental health management was restructured to be responsive to service demands and Consent Decree needs.

Main Jail American with Disabilities Act Improvements (Department of General Services) – Approve contract with Nacht & Lewis, Inc. for Architectural Services. Item 8 1/25/22 continued to 2/8/22.

Consultant Reports (Main Jail population, recommendations for population reduction) – Pending BOS dates.

Questions for Sandy:

- **Libby:** I'm not sure if this is something we park for next month's meeting if so that's okay but I would love a walk through on the last table on the screen, I'm not sure what the take-a-ways were and how to interpret the open versus discharge columns.
 - o The table on page 4 we would like to have more people open to services so we can readily connect them. We do connect them back to their treatment provider so we can have continuum of care.
 - o Open to care means they are an active patient with one of those mental health programs.
- **Aparna:** Dr. Damiano, my first question is about the vaccination data for incarcerated individuals. We don't know how many people are immunized in custody, can we include that data point?
 - o Every couple of months we do a data pull on the current census of the jail and how many people are vaccinated. We do that and present to PHAB. It's usually about 30% and it's been consistent across the pulls. There is a high churn rate within the facilities.
- **Aparna:** I would appreciate if we can get that data every month
 - o That's not realistic for us given that this is a manual data pull process.
- **Aparna:** Can you add it to the website?
 - o I will present it at this meeting but I won't be able to put it on the website.
- **Aparna:** Are you concerned on the impact of positive cases from custody staff on outbreaks?
 - o The sheriff's office did put out noticing to all of their employees about importance of wearing N95s and surgical masks. All the officers working in the health areas

- are required to be vaccinated. We do meet with the Sheriff's Office regularly and have contact every day.
- **Aparna:** Do you know how many sheriff's employees are vaccinated?
 - o You can contact the sheriff's department directly.
 - o Farla noted that our working committee will contact the Sheriff's contact person to get that information.
 - **Mack Wilson:** I want to double down in the Point in Time data, such as currently in custody, testing positive/negative, testing numbers, vaccination numbers. I recognize that turnover is high but considering that there is high turnaround. If people are moving in and out like that, maybe we shouldn't have them there in the first place.
 - o **On the average daily population there's the short term turn around population and long term turnaround**
 - Sandy: 55% are released within 3 days
 - o **Why were only 200+ people released?**
 - Sandy: Those were very specific releases to help with compression. Sheriff's Department takes lead on this. This was for County sentenced individuals.
 - o **What is the process, who is making the decisions what is your power in this decision making?**
 - o **Folks inside the jail have indicated that they have a lack of ability to isolate and said they're not giving soap or masks? Guards are not wearing masks?**
 - Sandy: Every time I get a concern I send it to the sheriff's department. Whenever my staff see people without masks we remind them to wear their masks.
 - o Sandy: If you have specific concerns around corrections, please provide them to Farla and she will coordinate with Corrections.
 - **Mack:** and if 55% of people are in and out in 3 days, why aren't restrictions on booking higher..?
 - **Aparna:** If the point in time data needs to be processed manually each time, I would recommend that the data processing and collection process is optimized. There are several technologies and tools that can be adopted for automation. There are other correctional health providers who are able to provide this data every week.
 - **Aparna:** I also find it disappointing that my team and I have been pushing for vaccine data transparency for the sheriff's office and there has been no movement for several months. It is surprising that healthcare services has periodic meetings with the sheriff yet you have no knowledge of their vaccination rate or compliance with periodic testing. It seems like critical information for contact tracing.

Presentation from Air Quality, Climate Change and Public Health:

Dr. Alberto Ayala

Please see attached presentation.

Questions for Dr. Ayala:

- Herman Barahona: We are very concerned about the high concentration of pollution in low income communities. South Sacramento is one of those communities. Traffic, the freeways, and other cumulative effects, this localized issue will take decades to reverse, but I would like to hear from Dr. Ayala on if there will be a moratorium on more polluting sources?

- Dr. Ayala: Cleaner standards at federal and local level are needed. The fact that the very progressive utility has a plan for 2030. As we see electric vehicles come into play we will see that impact other sectors. Our economies are dependent on fossil fuels so we need to cut the cord.
- Herman Barahona: Will the airport stop using leaded fuels?
- Dr. Ayala: They could because the engines aren't designed for specific fuel. There is awareness and concerns around the airports having outsized impacts. Airports are federal jurisdiction. Thankfully we have a Biden administration that knows these issues need to be tackled ASAP.
- Herman: The moratorium on permits, anyway to prevent that from continuing?
- Dr. Ayala: Where a business is located is a local jurisdiction decision. Your organization needs to advocate to the County on where they place those businesses. Our role is to make sure those businesses comply with the rules. Many of our resources are making sure people comply with the rules that are legally binding.
- Jofil Borja: We also help advocate and support here on PHAB. Are there any near terms programs that you may be advocating for at the local and regional level that we can send a support letter around?
- Dr. Ayala: There are many efforts at the State and Federal level. We are working to make sure many of our agencies are aligned to be competitive with funding coming out. We have identified 10 neighborhoods that need attention in our region and the State has only prioritized 1. I am sure there are many intersections where we can help each other in that regard. I will work with Dr. Kaufman to make sure we are engaged and can lend a voice of support should those opportunities arise.
- Libby Abbott: Great presentation! I had a question similar to Jofil. Excited to learn about County actions we can take and support you. Two specific questions (1) Are there any local efforts on air filtration centers particularly for individuals who don't have access to individual or home level filters? (2) Any health impacts around that? (3) electrification for public transport what are we doing and what can we do more of?
- Dr. Ayala:
 - o We need your help because the demand for funding exceeds what the State has so one of the things we are working on is to be competitive as a region. There is a healthy competition on a yearly basis as the State budget comes out. We want to have access to those State funds so we can leverage local funding and achieve more with the transition.
 - o Clean Air Centers: We are trying to figure out if having clean air centers if that is part of the solution and it does need to be an organized approach. So it's not just setting up a clean air center but can people get to it. Sometimes we have been under such awful pollution impacts, so we talk about setting up a room. As we get hit by wildfires, this year we will be better off because we are learning lessons. We are working by legislative mandate to put together a better plan for dealing with wildfires. So in the coming months you will hear more about that work. We are in the stage of climate adaptation the warming future is already here.
 - o Electrical vehicle shuttles, charging infrastructure are all things we are partnering with. 98% of our State dollars we are dedicated to electrification. Now what we want to do is continue that and bring some of the federal funding our way.
- Farla: The County's Climate Action Plan has been criticized for not stressing infill as much as continued development. We need housing but as we spread out, that impacts how much pollution is contributed to the climate through transportation. Have there been any calculations as to how much that would add to our pollution burden with these various developments?

- Dr. Ayala: I will channel our friends at SACOG. In many of these areas we work shoulder to shoulder and it's no secret if you will force people to depend on the car you will have an impact on air pollution. We are very supportive to do anything to promote infill development, alternatives to single vehicle driving. Before the pandemic we had one of the most successful electric bike sharing programs in the world just behind Paris. We are now talking about what we can recover what we lost during the pandemic. If we continue to develop and plan for the vehicle instead of for the pedestrian we will deal with transportation combustion emissions. The transition for every car to be electric it's going to take decades and every year of combustion is every year we are going to have to deal with adverse health effects from pollution.
- Farla: What can we do to help influence this? Do you weigh in on these action plans?
 - Dr. Ayala: SACOG they do those types of calculations around a development and what traffic that will create. We work with SACOG in partnership around those plans. The solutions are there, political will and money to fund it is what is needed.
- Herman: We could also install Federal Regulatory air monitors in South Sacramento (where there are none). See AQMD map below:

<https://www.google.com/maps/d/viewer?mid=1LES7fKWSFC95Hpl4aNoWR0cQ7ZUK0OLf&ll=38.50761612611982%2C-121.33409499999998&z=10>

 - Dr. Ayala: We have the richest air monitors in the region. We will be releasing a public document where we have actually identified 6 distinct air monitoring efforts, 1 of them being the federal network we run – a dozen stations. But there are distinct efforts. So we are not lacking monitoring, we just want data to be actionable.
- Herman: The low cost monitors deployed in town those are different than federal monitors that are enforcement monitors?
 - Dr. Ayala: You can take enforcement based on the low cost monitors. EPA monitors are federal so if EPA wants to give the Sacramento region to do more monitors then we can do that. We don't need more regulatory monitors to meet the Clean Air Act.

PHAB Working Committee Update – Libby

We have split into 3 work streams for this year to double down on a couple of areas:

1. Data transparency (Phil)
 - a. No specific updates, laying the groundwork and drafting some of the data elements that we are hoping to produce and hoping to be able to obtain those in a regular manner. No deliverables at this point.
2. Alternatives to incarceration (Liz)
 - a. We are working on a letter of recommendations for priorities of what the Board can invest in ahead of their budget decisions this year to have an impact on decreasing the jail population recognizing that it will be easier to improve care with a lower jail population. We are working on that letter.
3. Connections (Steve)
 - a. Making sure we are connecting with all the right people. We connected with Forensic Behavioral Health Division and how that impacts the space we are investigating. He connected us to Judge Brown who leads specialized courts including Mental Health Courts.

The goal is to present the alternatives to incarceration letter in one month in March.

Public Comment

Any public comments?

Adjournment

The meeting was adjourned at 1:35 PM

Submitted by Liz Gomez, scribe