

# Sacramento County Public Health Advisory Board

## Meeting Minutes

December 5, 2018 (12:00 PM - 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, Peter Beilenson, Sandy Damiano, Paula Green, Steve Heath, Olivia Kasirye, Farla Kaufman, Barbara Law, Steve Orkand, Emmanuel Petrisor, Christina Slee, Kimberly Sloan, Kathleen Wright, Jack Zwald

## Board Members Excused:

Felicia Bhe, Jofil Borja, Jeff Rabinovitz, Phillip Summers

## Board Members Absent:

## Guest Speakers:

Eduardo Ameneiro and Meghan Marshall  
Department of Human Assistance  
County of Sacramento

## Guests:

None

**Meeting Opened at 12:12 PM**  
**Welcome and Introductions**

Dr. Orkand welcomed PHAB members, guests and speakers.

**Minutes Review**

Minutes from the November meeting were approved.

**PHAB Vacancies and Appointments**

PHAB Elections were held; the following were elected or re-elected for 2019.

Steven Orkand, Chair  
Farla Kaufman, Vice Chair  
Christina Slee, Executive Committee  
Jeff Rabinovitz, Executive Committee

Dr. Orkand thanked Jack Zwald and Paula Green for their service to the Public Health Advisory Board, as well as the Executive Committee.

**Public Health Division, Olivia Kasirye**

This is the beginning of the flu season and we received a report from Kaiser as they are a sentinel site. As the flu season continues tracking will also continue. Recently, we received hospital records of child who was sick, but the child was from another County, so his case was not counted toward Sacramento.

Due to recent Camp Fire, the Sacramento region was adversely impacted, and air quality went well over 100 for a number of days. Sacramento County along with the Air Quality Management District worked diligently to monitor the situation. Dr. Kasirye distributed a handout: Public Health Emergency Preparedness (copy attached) for public health emergencies and

air quality, which provides a summary of what we have seen over the last five years (2013-2017). It also indicates heat related illnesses, which are always an issue in warmer months. Regarding flood risk, figures 3 and 4, social vulnerability index, there is an overlay in that it closely mirrors the fact that the areas with the highest flood risk, are also the ones with a higher vulnerability index. This information is helpful in planning for our Public Health Emergency Preparedness (PHEP) program to ensure we have services in place for these types of emergencies.

Second Handout: % Positive Flu A, Flu B and RSV (with last two years comparison) run by Centers for Disease Control (CDC). This data comes from the emergency departments. This system shows it by different symptoms and indicates the number of ER visits related to smoke from the Camp Fire.

Sacramento County received a request to support emergency services during the fires; two teams were dispatched.

## **Primary Health, Sandy Damiano** **Correctional Health**

Waived - no update provided.

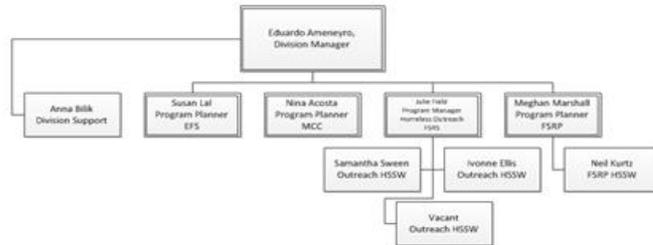
## **Presentation**

**Eduardo Ameneiro**  
**Division Manager, Homeless Services**  
Homeless Services  
Department of Human Assistance  
County of Sacramento

### Program Introduction and Overview

In March 2017, Cindy Cavanaugh, Director of Homeless Services, presented a concept to the Board of Supervisors regarding the most vulnerable homeless individuals on the streets, and specifically those who will not seek our services. Within the Department of Human Assistance (DHA), the Division of Homeless Services is a small team with a far reach.

## Division of Homeless Services



**Meghan Marshall**  
**Manager, Flexible Supportive New Housing Program**  
Homeless Services  
Department of Human Assistance  
County of Sacramento

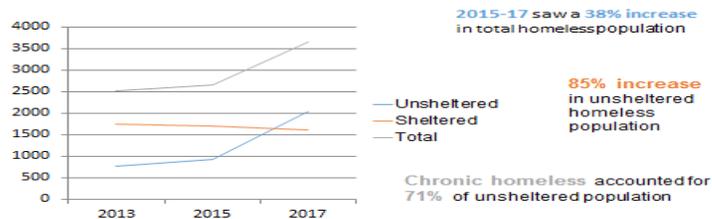
### “Changing Course, Changing Lives”

The populations most effected by the initiatives are the unsheltered and the chronic homeless. DHA’s primary focus is to serve the literally homeless population. A shelter analysis in 2015 found that in family shelters as well as the single-adult shelters, we were sheltering primarily unstably housed individuals, but there was a whole other homeless population not receiving services. Within the County contracts we then required, for family shelters, that families be able to register online, and that the County act as the front door to accessing shelter services. This way, we can insure we are always serving literal homeless populations as well as those with the highest vulnerability, and offering diversion services for those that are unstably housed. Within the chronic homeless population, are individuals identified as those who have multiple incidents of homelessness for more than six months.

We conducted a lengthy community engagement process where all our constituents who expressed interest at BOS, existing contracted service providers, and contracted service providers from other communities, who were interested in

coming to Sacramento, or had a different set of services that they offered, were invited to join us. The first order of business was to discuss and determine whether or not the dollars we invested in existing contracts were still effective, and if not, how could we re-purpose those dollars into new programs the community felt were needed. Or, what additional investments could be made in contracts to make sure those services were beneficial, and effective in the community.

### Point-In-Time Count Data



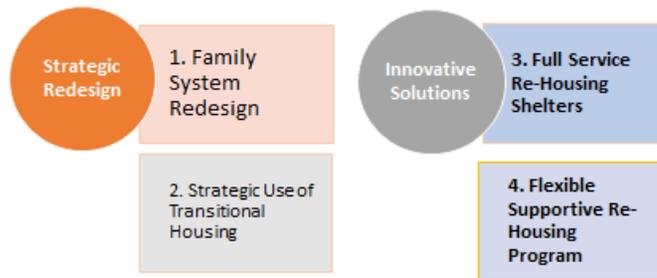
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### Community Needs

- Community assessment of County investments in homeless services to determine:
  - Programs that were no longer effective in meeting the needs of the community and opportunities to repurpose funding for new services
  - Services that could be enhanced through strategic redesign
  - Unmet community needs that required **innovative solutions** and new program services

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## Initiatives to Reduce Homelessness



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### Developed 4 initiatives Strategic Redesign

1. Family System Redesign – DHA is the primary funder of emergency family shelters. The type of funding received is limited to who we could serve in those shelters (only CalWORKS). These shelters are reserved for those in the CalWORKS program.

Redesigned program – approximately 1,000 individuals have registered online, not all are homeless but most are unstably housed, and those individuals are being targeted with diversion systems. It is more financially efficient to retain housing than it is to enter into homelessness just to receive services.

2. Strategic Use of Transitional Housing – County replaced 2.5M lost from Housing Urban Development (HUD) and as a result, nearly 400 singles/families/former foster youth were allowed to retain their traditional housing.

Innovative Solutions – DHA nor Sacramento County had an initial investment in the design of these solutions.

3. Full Service Re-Housing Program (FSRS). This program is modeled after the Department of Health Services, Housing for Help Program in Los Angeles County. Their data teaches how a County can and should be flexible in allocation of dollars, contracts, and addressing needs of the individual. When they began, they housed 212 individuals and as of now 97 percent of them are still housed. Close to 10,000 are still rehoused. Their target population was a captive audience, and they captured frequent users of their County hospital systems. The County of Sacramento does not have County hospitals but, in Sacramento there are Behavioral Health Services (BHS), and Jail. In targeting these two systems it allows us to have a countywide view of who those frequent users are because everyone goes to the same jail and everyone can access the same BHS so it is not jurisdictionally specific in this program.
4. Flexible Supportive Re-Housing Program - Scatter site shelter model, It is our lowest barrier single adult shelter program in the community, come as you are. We work with park rangers and sheriffs to identify encampments that are high priorities, and cause most impact in communities, and it offers placement to individuals in the encampment. This is modeled after the Navigation Shelter Program in San Francisco (SF), which has been very successful. The Permanent housing project is federally funded and it is something we have in very short supply. Homeless members are most likely to benefit in stabilized, and permanent supported housing situations.

### Holistic Services Approach



## Holistic Services Approach

- Housing Disability Approach Program (HDAP) is a State funded program that has primarily had challenges because it is so new. It links individuals who are not employable due to a disability with disability assistance. These services have always been available in our County through Public Health at Guest House, and the General Assistance program, but the types of services needed by individuals in this population require a serious dedication of staff, time and resources, in the acquisition of those benefits. We will have a ratio of 1-6 (1 coordinator to 6 clients at any given time); they are with them until their benefits are set.

## Potential PHAB Future agenda items

Dr. Orkand distributed a list of topics discussed over the last two years (2017/2018) and indicated possible action/vote to decide which topics PHAB might focus on in 2019. PHAB was asked to send Dr. Orkand any topics of interest for 2019 to be reviewed and discussed at next meeting, January 9, 2019.

## **Public Comment**

There was none.

The meeting was adjourned at 1:12 PM.

Submitted by Theresa Vinson, Scribe and Dr. Steven Orkand, Chair

## **Next Meeting of PHAB**

**January 9, 2018, 12:00 PM - 1:30 PM**

Primary Care Center, Conference Room 2020

4600 Broadway

Sacramento, CA 95820

