

Sacramento County Public Health Advisory Board

Meeting Minutes

January 6, 2021 12:00 PM - 1:30 PM

Meeting Location

Zoom Meeting (Open to the Public)

Moderator:

Dr. Farla Kaufman

Scribe:

Theresa Vinson

Board Attendees:

Jofil Borja, Sandy Damiano (ex-officio), Steve Heath, Olivia Kasirye (ex-officio)
Farla Kaufman, Barbara Law, Sonal Patel, Tina Slee, Annie Tat

Guests:

Gail Brosnan, Jim Hunt, Steve Orkand, Jeff Rabinovitz, Ben Avey, Libby Abbott, Lori
Lusser

Board Members Excused:

Phil Summers

Guest Speakers:

Dr. Lianne Wick
Department of Health Services, Behavioral Health Services

Meeting Opened:

12:00 PM

Welcome and Introductions:

Dr. Kaufman welcomed all Board members and guests. There were online
introductions.

Review of Minutes:

The December minutes were approved

Vacancies and Appointments:

Division of Public Health Update

COVID-19 numbers are being watched carefully as there has been increases since the holidays. We are still under the stay at home order. The State Health Officer issued new orders to hospitals to accept transfer patients from regions with no capacity, and Sacramento could potentially receive some transfer patients, and we will talk with hospitals regarding that. Sacramento County received the vaccine the week of Christmas, and last week we started vaccinations, but this is the first full week. We are ramping up Primary Care clinics as well as setting up clinics at Cal-Expo. We are also ramping up redistribution of vaccines to our hospitals and community partners. It was slow as the State system would only allow us to distribute to entities registered in the State system, which was over-run. We now have quite a number of entities on board and are working our way through Phase 1A (anyone in the healthcare environment and those in long-term care facilities), and there is pressure to have more sites. Some smaller counties have gone through Phase 1A and are ready to get to Phase 1B (essential service workers, Law Enforcement, Probation, Fire and Teachers). There are a lot of people in Sacramento, and we don't want to fall too far behind. Hopefully, the State will increase allocations so we can better plan so all of our partners have enough vaccine for those in Phase 1B. As of now, we hope to start Phase 1B in February, but if we get additional vaccine, we can push more out to our partners. If so, we may be able to get to Phase 1B before the end of January. Sacramento County has received 42,000 doses, and we have an allocation for some next week. Public Health received about 16,000 doses, and by the end of the week we anticipate we will have about 7,000 already distributed. Hospital allocations are separate so we do not have a good number for them as of now, the same with long term care facilities, which is being handled by CVS and Walgreens; Public Health is not currently part of that process and we are not currently receiving updates/progress reports from them.

Division of Primary Health and Correctional Health

JUVENILE CORRECTION HEALTH

- Census as of today is 103
- As of 1/6/21, there is (1) COVID-19 case in YDF.
- There have been 21 COVID-19 positive cases throughout the pandemic.
- COVID-19 vaccinations started last week.

ADULT CORRECTIONAL HEALTH

Weekly COVID-19 Dashboard As of 12/30/20:

- Total Inmate Population (Main Jail & Rio Cosumnes Correctional Center): 3,2333,233
- Total number of COVID-19 tests: 7,840 (*Net increase = 404*)
- Total number of confirmed COVID-19 cases: 298 (*Net increase = 84*)
- Total number of confirmed COVID-19 cases during the intake observation/quarantine period: 242 (*Net increase = 29*)
- Total number of COVID-19 positive inmates currently in custody: Main Jail - 25 / RCCC – 58
- **SSO Link:** <https://www.sacsheriff.com/pages/covid19.php>

RCCC Outbreak

- Began on 12/30/20 and remains dynamic due to contact tracing, quarantine of pods and testing, etc.
- There is already an ongoing COVID-19 meeting with health/SSO. Also met with Public Health Monday and have another meeting scheduled.
- Prior to 12/30 there had been no transmission or spread of COVID-19 at either jail.
- Consent Decree Experts reviewed COVID-19 protocol in late October 2020 per county request.

COVID-19 Vaccines

- Began at RCCC 1/4/21 and Main Jail 1/5/21. Initially planned for a few clinics a week but now daily.

PRESENTATION

Lisanne Wick, Director, Well Space
Suicide Prevention Services

Suicide Prevention

In California for over fifty years, Well Space Crisis Center has been providing hotlines and content expertise on suicide.

Dual-Accreditation Nationally

(American Association of Suicidology, Joint Commission on Behavioral Health)

Statewide provider for the National Suicide Prevention Lifelines

(Primary and/or Backup for 50/58 counties in CA)

Local & Regional Suicide Prevention Crisis Lines, Foresthill Bridge phones

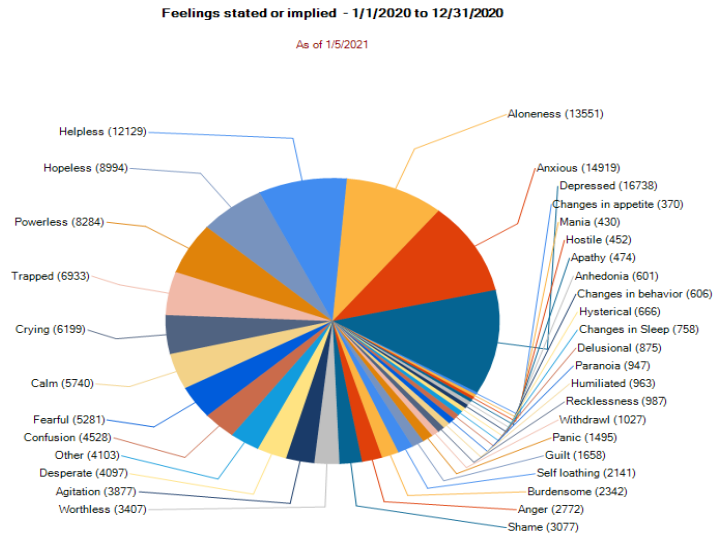
Crisis Chat & Crisis Texting – text HOPE to 916.668.iCAN or go to: www.suicideprevention.wellspacehealth.org

The program offers emergency depart follow up for suicide or an attempt, and all are eligible for services which include a 30 day follow up. Well Space initiated the only primary care follow-up developed to meet needs before they get to the Emergency Room (ER), clinics, etc. linking them to services in addition to BHS referral and medications, 30 days to emotional support, addressing suicide triggers, etc.

Well Space provides community outreach trainings, risk assessment, evidence based online training. The Peace Officers Standard Training, (POST), launched a program for all dispatchers statewide. We also assist local law enforcement.

Calls peaked in March and there has been some fluctuation. Increases in call volume, not specific to Covid, is part of it. We covered a larger territory than we typically cover during the pandemic. There has been significant push to promote the hotlines, and so far we have done pretty well meeting the needs of the community.

All callers are not suicidal, but many are anxious, depressed, alone, some are calm not in crisis just alone. There are trends as to what people are feeling, to different extremes. The pie chart below is a snapshot of feelings about 2020 at a glance through the lens of our 24hr Suicide Prevention Crisis Line callers.



Pandemic impacting Suicide

Across the nation and locally we are being careful not to speak before we have the data to support it. Data for suicide deaths does not happen quickly but on the hotlines our volumes have increased, for many reasons not just pandemic. Suicidal content that involves suicide calls was 46% in 2019, in 2020 it was 54%. Those having Suicidal desires (thoughts or ideations) in 2019 was 27% in 2020 30%, and we think that could be directly related to Covid. Those who are feeling suicidal are more acute, it does not equate to more welfare checks as we are able to deescalate and create a safety plan for most, less than half of a percent end up in an emergent (911) rescue. This year we anticipate hitting 60,000 calls.

When there is higher acuity (having higher level of suicidal intent) at the beginning of the call, we give them/we use a self-rated scale 1-5; (1) definitely (5) not likely to harm themselves. Callers self-rate at the beginning of the call, and again at the end. We find it is a very effective tool within the call in addition to other risk factors. When they are 3 or higher (moderate to imminent risk), many factors come in to play such as; financial problems, existing depressive situations, and Covid, in many cases are making those individuals feel worse. In 2019, it equated to 8 percent that were moderate to imminent risk and in 2020, it was 12 %.

California at a glance, 1 person dies every two hours by suicide. The cost per suicide is very high to health systems to individuals, families and community. Suicide is the 11th leading cause of death in California. CA stats are usually closer to national trends but usually a bit lower.

Race and Ethnicity

Among those who die by suicide – California is a little behind the national suicide death rates in almost every category except with Blacks. Whites usually have the highest rates, across all age groups, but especially middle-age white males.

Ages

In California, the highest rates are among the elderly – and are higher here than the national rate. 85+ and 75+ groups. Middle age white males, highest. Youth is lower but disproportionately

Trends

2008-2009 indicate ebbs and flows, small rises, and California fluctuates a bit more than the national rates. In 2019, there was a 3/10 of a percent decrease in suicide rates nationally. This data for 2020 won't be available until very late 2021.

Suicide Facts & Figures:

California 2020

On average, one person died by suicide every two hours in the state.

More than four times as many people died by suicide in California in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 84,137 years of potential life lost (YPLL) before age 65.

Suicide cost California a total of **\$4,246,494,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,085,227 per suicide death**

11th leading cause of death in California

2nd leading
cause of death for ages 10-34

8th leading
cause of death for ages 55-64

4th leading
cause of death for ages 35-44

16th leading
cause of death for ages 65+

5th leading
cause of death for ages 45-54

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
California	4,491	10.81	44
Nationally	48,344	14.21	

CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/2020).

afsp.org/statistics

Concerns

- Gun sales have doubled nationally. Over 50% of suicide deaths annually are by firearms. For every 10% increase in gun ownership, youth suicide rate historically increased 25% among youth 10-19. (*Anita Knopov et al, American Journal of Preventative Medicine, March 2019*)
- Rate of gun suicides in youth have increased 214% (10-14 y/o) and 51% (15-24 y/o) (CDC, March – July 2020) *CDC, WISQARS Fatal Injury Reports, Ages 10-24, Percent Change: 2009 to 2018*
- INCREASES IN ANXIETY, DEPRESSION, AND ISOLATION have been observed throughout the pandemic. Over 1/3 of Americans are currently struggling with anxiety and depression. Reports of depression and anxiety among youth 18-24 have doubled. 11% of all respondents (all ages) had suicidal thoughts in the last 30 days.
- USE OF TECHNOLOGY AND SOCIAL MEDIA – double edged sword
- 9-8-8 is rolling out soon with no federal funding attached. State funding is needed for crisis centers to prepare and respond to the expected increases in call volume

Prevention

- Improve funding to increase capacity for established accredited suicide prevention crisis centers now and for incoming 988 calls to follow
- Improve access to mental health services for those struggling with their mental health
- Improve and coordinate care transitions especially between providers for suicidal clients
- Reduce isolation and increase connectedness
- MEANS RESTRICTION- Encourage means restriction to firearms in the home- keep them locked up.
- Promote the use of 24hr Suicide Prevention Crisis Lines, chat, and text services- confidential, free, and available 24/7/365.
- Elevate the dialogue about suicide prevention to reduce stigma around help-seeking

Public Comment

None.

Adjournment