

**Sacramento County
Public Health Advisory Board**

Meeting Minutes

April 7th, 2021, 12:00 PM - 1:30 PM

Recording can be found here: <https://www.youtube.com/watch?v=A-dyAmYT6b8>

Meeting Location

Zoom Meeting (Open to the Public)

- Moderator:** Dr. Farla Kaufman
- Scribes:** Liz Gomez
- Board Attendees:** Phil Summers, Jofil Borja, Farla Kaufman, Larissa May, Sonal Patel, Steve Orkand, Libby Abbott, Emanuel Petrisor, Steve Heath, Barbie Law, Sandy Damiano (ex-officio)
- Guests:** Jim Hunt, Nick Mori,
- Board Members Excused:** Tina Slee, Annie Tat
- Meeting Opened:** 12:00 PM
- Welcome and Introductions:** Dr. Kaufman welcomed everyone to the meeting and outlined the goal of our time together.
- Review of Minutes:** Minutes of the March Meeting 2021 were approved as submitted.

Board Update – Farla Kaufman

Vacancies for the board: we have 3 vacancies so hopefully those will be filled soon. We have a couple of interviews in the queue. There are 2 advisory boards that have vacant positions for PHAB representation – First 5 & Human Services Coordinating Council.

Public Health Update – Nick Mori

Nick Mori provided an update around the current status related to COVID-19. As of this morning we have experienced 99,157 cases and 1,627 deaths this latest represents an increase of 115 new cases for today 4/7. The last week or two we had seen numbers going up a little bit, so this 115 number is more in line with what we had been seeing previously. The adjusted case rate per 100,000 is what's used by the State to determine our placement on the blueprint. We have been in the red tier for a while. We are at 9.0 per 100,000. Yesterday we met the vaccine equity metric of 4 million vaccine doses administered in Health Place Quartile Number 1. To get to orange we have to get below 6.0 and right now we are at 9.0 so we still have work to do. We are seeing a lot of progress on vaccinations, a total of 731,220 doses administered to residents of Sacramento County (includes both 1st and 2nd for those that require 2 doses). We continue to see new vaccine providers come on board and our allocations have been increasing so

capacity is looking better. Earlier this month eligibility opened up to residents 50 and older. On April 15th of this month it will be opening up to 16 and older. We are transitioning CalExpo over to Curative shortly. That site will continue to operate and have capacity but will be done by an outside provider so we can focus our internal resources on targeted events for communities that may not be able to access these larger events. We have worked with the farm bureau and Walgreens around events for farm workers. We are working on additional farm worker events. Last month we held an event for the Marshallese community. We are working with the City of Rancho Cordova for a pop-up event at City Hall. We are also working at a large pop-event here in South Sacramento in Sears parking lot. Schools had been required to submit reopening plans to our office and when we moved into the red tier that changed so most of the schools have either reopened on some level or are preparing to do so shortly. We have a dedicated schools team that provides guidance to schools around a safer reopening. The State did make changes to allow for school athletics and we have seen outbreaks within school athletic teams. The State has announced intention to move beyond the blueprint, ideally on June 15th to move away from blueprint and tiers around that time. The thought is we should have significant vaccine availability and residents vaccinated that we can start moving towards allowing for more activities.

Has the County been able to track wasted vaccine doses?

Anecdotally with the providers we are working with we have had minimal wastes.

Primary Health Update – Sandy Damiano

Women, Infants & Children (WIC)

- March Caseload was 101.9%
- WIC began participating in a Telehealth pilot as part of the Statewide Telehealth roll out.

Juvenile Correctional Health

COVID-19 Data for the week of March 28th.

- COVID-19 confirmed cases throughout the pandemic = 29
- Number of active cases last week = 2
- Census as of 4/4 = 105
- Juvenile Correctional Health is applying for accreditation – National Commission on Correctional Health Care (NCCHC)

Adult Correctional Health (ACH)

- I provided responses to a letter PHAB will discuss today. Responses are from ACH, SSO and the CJ Planning Analyst.
- Data below.

Weekly Data as of April 7, 2021

Total number of COVID-19 tests since March 2020: 14,381 (*Net increase = 329*)

Total number of confirmed COVID-19 cases since March 2020: 1,778 (*Net increase = 4*)

Total number of confirmed COVID-19 cases during the intake observation/quarantine period since March 2020: 370 (*Net increase = 2*)

Total number of COVID-19 positive inmates currently in custody: Main Jail – 4 / RCCC – 4

Total number of COVID-19 related deaths: 0

Vaccination Data – Inmates

As of 04/07/2021, 1,386 vaccine doses were provided to inmates (*Net increase = 285**).

Emergency Medical Services (EMS)

- The Emergency Medical Advisory Group created a Fiscal Work Group to draft an advocacy paper supporting a need to enhance EMS funding and staffing.
- Brian Jensen, Regional Vice President of the Hospital Council, presented to the BOS on February 9 and will present today.
- The paper is outstanding and clearly expresses the need to enhance funding and staffing in order to improve the quality of care for the emergency medical system.

Letter that was circulated – Farla Kaufman

Farla Update: We had a session at a PHAB Meeting on March 3rd, 2021 where we discussed the County Jail. We had stakeholders and community members that provided feedback. The Executive Board reviewed the letter and circulated it to you for your comments. PHAB's procedure is to advise the Board of Supervisors and we typically do so as a letter such as this. Then a vote occurs on whether the Board supports sending a letter to the Board of Supervisors. We are bringing it to you for comment and suggested changes and potentially a vote on whether to send it.

Libby: There is a lot to this issue and a lot in the letter. We had the commentary from decarcerate and the inputs from the community. We then had the responses from ACH, Sheriff and Sandy which counter that version of the situation. There are two sides of this story right now. Is the best place for PHAB to position a recommendation to the board to get to the bottom of what is happening? Are there hygiene and sanitation supplies? Do inmates have timely access to treatment? I'd like to understand a little more about that – how frequently does monitoring and oversight take place? There is reference to existing action plans through ACH and is there monitoring and enforcement around those action plans? Can we monitor those, accelerate those?

Sandy: I am not saying and I don't think the Sheriff is saying we are in compliance. This is going to be a multiyear plan to have these changes. When you are doing culture change it takes time. There's staffing issues, re-training. Some of the COVID protocol which is what we were asked to speak about initially is that COVID has been an evolving process we have had 15-16 revisions of the processes. We have done a tremendous amount of testing 14,381 tests. Some inmates have been tested multiple times. Were we initially informing individuals of their testing results? No. That was a change we made through time. Inmate masking was brought up at the meeting. Those items are brought up to the sheriff's department and then they make changes. The cleaning practices are ongoing in the facility so I am not sure what more I can say about that part. Sheriff's department cover certain areas like masking and sanitation. We do bring things to their attention on a weekly basis. Regarding monitoring we have a group of plaintiffs council and they are extremely involved with engaging with inmates, gathering

feedback, taking calls. We have two medical subject matter experts and we have a mental health expert psychologist and a suicide prevention psychologist. All of plaintiff's council and all of the experts have access to all of our policies and procedures. Additionally, they all have access to electronic health records so when we say we have implemented something, they look. We have a high degree of monitoring. We will have medical experts onsite coming up shortly again. We are presenting our action plans to plaintiff's council and all the experts coming up. I would say there is a tremendous amount of oversight as it relates to this remedial plan. Previously adult correctional health didn't have a Quality Improvement and Data area but now we do. There are a number of policies relating to patients with disabilities and effective communication. We are doing mandatory trainings around those ADA issues.

Our medical experts review all of our COVID data, vaccination data, our COVID guidance. When they see our guidance and our policies for example if we draft a guidance in a certain area and we give that to our medical experts and they may make edits on that process to make sure it's compliant. I'm not saying that what community members experienced isn't accurate as our COVID policies and procedures have changed over the last year and 1 month.

I know a lot of the presentation, community members had comments on alternatives to decrease the jail population. From a health and mental health perspective we would welcome that reduced population. I know Catherine and Jim are also on the line so if there are any questions on any of these strategies we could answer some of those.

Farla: We saw a decrease in the jail population when COVID started and now the population has increased again and that is disconcerting.

Sandy: Back in March and April there was a tremendous effort by Sheriff's department and courts to reduce the jail population. For those of us who worked in the jail and working on COVID it was wonderful. Prison system in response to COVID stopped transfers for a while.

Catherine York: There is in fact a large proportion nearly 20% of the population sentenced to prison that cannot be transferred to prison because of their intake protocols. In addition, there are federal inmates that we don't have control over who goes and stays relative to their pretrial status. The County is doing as much as possible to keep out anyone who can safely be kept out. The individuals who are in there are in there for serious felonies. There is also no one getting admitted to the State hospitals there's about 100 people on that list.

Phil: Especially in the context of the pandemic, the jail daily population is an important item to think about. I understand there are lots of different policies at play above my paygrade. But what about the local discretion that is available? We get a lot of patients that come through for medical clearance, anecdotally I see a lot of people who come through emergency department, and it feels there is a lot of discretion locally for short stays that may not be necessary. I would like to explore where local discretion exists for officers as to whether they book, cite, etc.

Catherine: Approximately 35% of all bookings are cite and release that's the historical average. What happens is they all know that most low level offenders will be cited and released. But sometimes what they are arrested on is not what the DA makes a decision on, the charge the file on impacts whether they can cite and release.

Phil: A lot of these short stays especially in the context of the pandemic are concerning it feels like an avoidable risk.

Jofil: My recommendation is at the end of the letter to relate back to have a citizen's oversight commission on top of the sheriff that would have the ability to examine these types of complaints.

Sam: I want to echo what Jofil said about oversight and it feeds into my comment which on point #6 and I want to know what type of record keeping is done internally around their own protocols on COVID and mask wearing and distancing. If those records are made available, some standard on paper we can know about.

Sandy: Adult correctional health has staff guidelines and if PHAB wants to see those, I can send to Farla. I can't just give you Sheriff's guidelines but I can ask them if I can send them to you as well. Our guidelines have been reviewed by medical experts who specialize in correctional care.

Steve: I have been impressed for months now around Dr. Damianos plans over the last couple of months. Are you happy yourself with the oversight happening in the jail?

Sandy: What I can tell you about COVID is that it's very challenging to monitor COVID and do all the strategies in the jail settings. What we are seeing is not uncommon in jails, prisons and long-term care facilities. We were disappointed after doing so well for so long. One it spreads it spreads like fire and getting it contained again is challenging.

Farla: do individuals want to vote on the letter today or have another meeting to discuss?

- Feedback was to defer as some board members are not ready to vote as it's written today and there were no objections to calling a special meeting to discuss this further.

Brian Jensen Presentation

Brian Jensen is Regional Vice President for the Hospital Council. The presentation that outlines the areas around this important area can be found [here](#).

Public Comment

Larissa May: what proportion of the increase in volume pre-COVID was related to mental health that offer the opportunity for collaboration to other services?

Brian Jensen: Number one problem we are facing is mental health and substance use. It is by far what we spend the most time on with our stakeholders. I know the County also has some proposals to provide some new and different responses to address this.

Steve: Just a few years ago a major focus of ours was wall time – how long it took ambulances to drop patients off at emergency departments. Sometimes ambulances had to wait a long time to drop patients off. At that time we wrote a letter to the BOS advocating for increased funding for MSA. I would encourage PHAB to support these efforts to better fund Emergency medical services agency that we have. The numbers show we are far behind counties with similar numbers and populations. MSA has taken on new duties such as monitoring stroke care, those are extra duties taken on without extra funding.

Brian Jensen: In 2019, part of the reason for increased fees was the State has mandated new stroke programs that the MSA has to oversee.

Farla: We will meet and discuss whether we consider a letter of support for MSA. We will also vote on support for the EMS proposal.

Adjournment

The meeting was adjourned at 1:27PM

Submitted by Liz Gomez, scribe