

**Sacramento County  
Public Health Advisory Board**

**Meeting Minutes**

April 21<sup>st</sup>, 2021, 12:00 PM - 1:30 PM

Recording can be found here: [https://www.youtube.com/watch?v=l8gHh\\_Oy5Ww](https://www.youtube.com/watch?v=l8gHh_Oy5Ww)

**Meeting Location**

Zoom Meeting (Open to the Public)

**Moderator:** Dr. Farla Kaufman

**Scribes:** Liz Gomez

**Board Attendees:** Jofil Borja, Jim, Sandy, Christine Slee, Libby Abbott, Phil Summers, Farla Kaufman, Sonal Patel, Annie Tat

**Guests:** Brian Jensen, Sandy Damiano

**Board Members Excused:** Larissa May, Barbie Law

**Meeting Opened:** 12:15 PM

**Welcome and Introductions:** Dr. Kaufman welcomed everyone to the meeting and outlined the goal of our time together.

**Review of Minutes:** This was a special meeting and there was not a review of the minutes.

**Board Update – Farla Kaufman**

Farla outlined for the group the desire to understand all the information that is being collected concerning this issue area around the jail and the desire to have a working committee.

**Primary Health Update – Sandy Damiano**

Written updates from Sandy prior to the meeting:

- We created a small quality improvement team within Adult Correctional Health in FY 2019/20. There is a Quality Improvement Committee (QIC) and now have several subcommittees such as MH, P&T, Safety and a new one, Suicide Prevention. These have been added over time. Data reporting was largely nonexistent in the jails in prior years and is increasing over time. As stated in a prior meeting, the consent decree largely mirrors community standards which is helpful.
- As discussed with you individually, we are under focused and robust monitoring by appointed experts. There are (4) SME experts – two medical and two mental health as well as plaintiffs’ counsel (2) agencies with expertise in jails/ADA/SSO practices) who review policies, practices, charts, patient concerns, and data. SMEs and counsel are experts in these fields and bring substantial background and experience.

- If we could change everything at once we would but this is paradigm and major structural shift that you can only do over time. We have identified barriers and are working through each of them. Some are pretty challenging like staff shortages or the building space/design. Lastly, we produce a status report regularly.

Since March 2020 14,647 tests. Last week we did 266 tests. Number of positives confirmed inmates in jail custody on April 14<sup>th</sup>, 3 at main jail and 4 at the branch. These are down to the low beginning phases of COVID. This is a stark difference than when we were in the outbreak mode. As of last Wednesday, we had vaccinated 1,191 inmates and of those 90% were fully vaccinated and that's using both Moderna and Janssen. When we report our data today we may have less because of the Janssen change. Many inmates are reluctant to get the vaccine. We have provided 803 vaccine doses to staff, which is 412 individual staff vaccinated with 96% being fully vaccinated. That does not include our mental health staff that are vaccinated by UCD or who are vaccinated off-site. Our monitors have been very positive about our confirmed cases and our vaccination efforts and programs. We are a little dismayed by the Janssen as many preferred the one dose Janssen.

If we are to have a small working group, I think we need to start with the consent decree and remedial plan. We are required as part of some of these practices that as we complete a practice we review the data elements.

Farla: Our concern is not your expertise but your bandwidth.

Sandy: The magnitude of some of these changes. In order to look at our ADA practice we actually wrote 5 practices, had to change all of our electronic data reporting and facility wide training on that. Then we will start doing some QA on that. So each one of these elements requires a host of efforts.

### **Emergency Medical Services Discussion – Farla Kaufman**

Farla: I want to turn us to the issue of the vote. We thank you for your very thorough presentation and report. I don't know if any people present today have any questions about the recommendations to the Board of Supervisors that were proposed. If you do, I am sure Brian is willing to answer any.

Steve: In your presentation to the Board, did you speak about specific funding sources?

Brian Jensen: We addressed that and have worked through what potential funding sources could be. It became a process of elimination and concluded that they are not very likely for Sacramento County right now. Several tend to involve a level of politics that are not aligned with where we are right now. This would be an ask from the general fund.

Jim: the Board got the message and I am optimistic about what might happen in the proposed budget, but we will wait and see.

Brian: Once you convene a meeting and have a quorum then even if someone leaves you can continue to have it.

Farla: Motion put forth around supporting recommendations for Emergency Medical Services Group to provide funding to this program.

Phil put the motion forward. Sonal seconded the motion.

Vote:

- Sonal – yes
- Phil – yes
- Libby – yes
- Farla – yes
- Jofil – yes
- Tina - yes

Everyone voted yes.

Farla: we are very pleased to support your recommendation and we will send a letter to that effect.

We can now turn back to some of the issues we were discussing earlier as to what as PHAB we want to do around correctional health issues. Is there support for forming a working committee to first of all understand the issue, which is very complex and to investigate and explore the concerns of the community in regard to: the implementation of the practices and the data they would presumably be interested in; how well these programs are working; and is there a better way that could potentially be facilitated in a different manner.

Phil Summers: Thank you to Dr. Damiano and congratulations on the COVID numbers. My questions primarily to Dr. Damiano – ideally this working group would be a shared support in improving outcomes in the jails. You have championed a lot of great changes in a system that is not always flexible. What would you envision the role of this work group playing that would support these efforts and in advancing the shared goal we have? The most concerning thing that has given me pause in this whole process is the official reports and then the reports of individuals who have been incarcerated and those who have family members who are incarcerated. Are there mechanisms for feedback as people have felt voiceless?

Dr. Damiano: Right now we do have a process where we are reporting out to our plaintiffs council and they have expertise in people with disabilities, mental health, etc. We have experts that have access to all of our materials, charts, and they also have access to incarcerated people. For example, when the PLO-DRC was looking at ADA issues they met with incarcerated inmates and the same happens with others. I'm not quite sure what the working group role is, I am happy to meet with them and talk about the consent decree role. The leadership that works there – we do believe in all the items in the consent decree and change is hard. Sheriff's Department is separate from us and they have their own reporting structure and are generally supportive of the change. COVID has been this landscape of change that really took everyone by surprise. What happens is as we rolled out COVID protocols we were continually catching up and making fixes to our COVID protocols such as phasing in individual reporting around COVID testing. As these changes occur over time that's where you're going to get reporting around discrepancies. Other reports, I looked at some claims yesterday, where someone claimed they had some problems with COVID and they were not seen and when we looked in the records we looked at how many health checks they had. PHAB has been very supportive of programs in the past. If we are going to endeavor in this I would hope that education would start first before we get into all the specifics.

Phil Summers: Now that these concerns have been raised we want to make sure that these feedback mechanisms are in place and Quality Improvement processes are in place. Thank you for your response.

Cristine Slee: I work in quality at UCD Medical Center. I am certainly not here to cast dispersions on what Dr. Damiano has done. One of the things that I would be most interested in seeing is a simple quality plan such as program design, staffing and oversight, approach to quality improvement when gaps in care are identified. This would give us some insight into what your practice looks like. Just to have a start on that would be helpful and benchmarks if they are available so we can see if the jails are meeting our standards of medical care. Lastly, it would be good to know what kinds of structural barriers are getting in the way of your quality program. We could advocate for you and build an alliance. I am a public health professional but I am also a steward to the community in my role on the PHAB and I want some way for us to have more knowledge and insight on your practices. The community should also have access to this information as well.

Sandy Damiano: Our quality improvement program will not mirror a hospital. Some of what you mention are elements of different parts of our policies and procedures. So there will be different components depending on what kind of information is needed.

Steve Orkand: I spent about 10 years doing patient complaints at Kaiser and I have to say I am very proud of our medical group. Official policy is one thing but the ability of people to take patient complaints to take information back to those who make complaints is very different. The real problem was just in the communication. There is so much in the skill of communication in making the patient feel comfortable.

Sandy Damiano: We rolled out a policy and we revised it to make sure it was clear. That is just one policy but we are doing that a lot. We know a lot of that is in the delivery of the message. This is a cultural change. We are trying to move them to that process and we do need to articulate that in our policy and that is a process that is ongoing.

Farla Kaufman: My vision for this working committee is to help PHAB understand all of this because we are responsible for being responsive to the public on these issues. This is a committee that can have public involvement it has a maximum of 9 members. The majority should be PHAB members, but I will check on membership requirements. The purpose for this committee is to educate PHAB so we are not wasting anyone's time and so we better understand the scope of the issues, the players, etc. So that way we can bring to the whole board, more of an informed idea of what we can do to help facilitate improvements and help you in your job. If there is something we can identify that would help then that would be the best outcome for this committee. It was great to have so many of the public participating and public voice should be heard at all public meetings. It was wonderful and difficult. I want to encourage that kind of involvement and participation. The working committee would be a good pipeline into the public, we would hopefully get representatives from groups that have already let us know about their concerns.

Jofil Borja: It helps to have a good conversation of compassion and I appreciate all the feedback. Having come from the community side of things it helps to have some measurable goals outcomes to report to the public that could perhaps help shape the conversation. Amount of feedback heard, amount of nurses that have provided positive interactions, that would be

good because then community will know that we are listening. I do want to support County staff for the work they are doing. There can be a lot of blame.

Libby Abbott: What would the working committee look like and how that connects back to PHAB?

It is one of our options and in terms of what it would look like it would be a group of people getting together compiling the information Sandy keeps providing us with and going through it to have a very vast and detailed understanding of what we are doing as a County in this regard. The policy changes, the implementations of these practices and whatever data is available. They would look at all this and make sense of how are we doing and where are we going. Having the public component would allow for individuals to raise areas of concern. And then all of this would be brought back to the full PHAB board and we would be kept abreast of it. Anything we could identify to advise the Board of Supervisors we could do as an outcome for this. This is an idea that came to my mind very recently so it's not completely fleshed out.

Steve Orkand: There are fewer administrative requirements for ad-hoc committees. You are not required to post meetings publicly. So there are certain things that are not required as they are of PHAB.

Farla: Obligation we have under Brown Act limits how much conversation and the notices. That makes it difficult to call quick meetings. My impetus for creating the committee is that it can be more flexible and more responsive.

Libby: Has some questions around scope so what are you thinking of the scope. I think it would be good to leave it open for now. The committee can look at the purview and the scope. I am not going to set that right now it would be a good conversation for people who want to serve on it.

Sandy: This would not include stuff from the Sheriff's Office. There are a variety of people who are doing efforts to decrease the jail population, if we wanted to talk about those we would need to invite people to the meeting with us. There are efforts around alternatives.

Farla: As a board we could continue to look at this and as a Board invite some of the participants in these various areas. I am going to ask, do people feel like this would be a productive or good idea and how many people would be willing to participate on the committee?

Phil Summers: I think this is a great idea and I think there is a quorum of us who would be interested in participating.

Libby Abbott: Would love to support and think it's a great idea.

Christine Slee: I like the idea of a committee

Sonal Patel: This is a really good idea!

Farla: For now we need to hold off on the letter. I suggest we do not vote on it and we use it as a guide for what we might want to look at for the workings of the committee.

Phil Summers: One alternative suggestion is we have created a pretty good template and shared understanding and perhaps the letter could be modified one last time and announcing

the working committee and some of our concerns and maybe that would convey this process to the board of supervisors and unify PHAB around these shared concerns.

Sonal Patel: One thing that I think Christine and Steve really clearly acknowledged and maybe part of that initial notice could be a broad acknowledgment is what we have learned. We want to make sure that people at least feel that they were heard and we acted with good intentions for what we learned from them.

Farla: This has been a different kind of conversation, I really like it. This allows for more exploration than we typically have during PHAB meetings. Thank you Sandy for your patience with PHAB as we walk through this process on how we do business and where we need to put our efforts and also we make your life harder many times. I know you appreciate our support and lately we have been a thorn in your side. We will stay up to date on our knowledge of the subject matter and find ways to be educated and more supportive of your goals.

Sandy Damiano: It's hard to convey all the different action plans we are working on and it's challenging for everyone.

Farla: Would you like to have more time to present a broader and more detailed view of what's going on? And all these different practices and policies so the whole PHAB has some idea of what's going on and that could launch the working group. Would you be willing to do that Sandy?

Sandy: It would depend on what level of depth.

Farla: Okay we can talk about that offline. We will adjourn, take up the suggestion to revise the letter to acknowledge public involvement and discussion of our role moving forward.

Ended: 1:08PM