

**Sacramento County
Public Health Advisory Board**

Meeting Minutes

March 1, 2023 12-1:30PM

Meeting Location

7001-A East Parkway, Conference Room 1
Sacramento, CA 95823

Moderator: Sonal Patel, Co-Chair

Scribe: Nick Mori

Meeting Opened: 12:04 PM

Board Members:

Category	Name	Attendance
Community Member	Vacant	
Community Member	Vacant	
Community Member	Vacant	
Co-Chair	Elisabeth Abbott	Yes
Community Member	Phillip Summers	Yes
Public Health Professional	Vacant	
Public Health/Health	Vacant	
Co-Chair	Sonal Patel	Yes
Community Member	Chase Smith	Yes
Community Member	Bekalu Amare	
Public Health/Health	Sara Bowsky	
Public Health Professional	Vacant	
Public Health/Health	Vacant	
Community	Vacant	
Community	George Meyer	Yes
County Staff	Dr. Olivia Kasirye (Ex-officio)	Yes
County Staff	Noel Vargas (Ex-officio)	

Other County Leadership: Tim Lutz, Lori Miller

Review of Minutes:

December, January, and February minutes were approved. (Motion: Meyer; Second: Smith; unanimous vote).

Announcements

Due to the termination of the California COVID-19 State of Emergency, Brown Act exemptions have ended and all PHAB meetings must occur in person. Members must be in person to count towards a quorum, with limited exceptions. PHAB members may participate virtually up to two times per year due to personal illness or to care for someone who is ill. There may be proposed legislation that would allow for more flexibility in the future.

Admin Updates-PHAB Recruitment-Sonal Patel

PHAB currently has 7 members, meaning 4 members must be present to have a quorum. Approximately 10 candidate interviews have been scheduled and we hope to have a Board of 12-15 members by April or May.

Nomination and Vote: PHAB Representatives on Human Services Coordinating Council

Phil Summers was selected to represent PHAB on Human Services Coordinating Council (HSCC). (Motion: Meyer; Second: Abbott; unanimous vote) PHAB needs a total of two representatives on HSCC. Will be discussed again at future meetings.

Nomination and Vote: PHAB Representatives on First 5 Advisory Committee

Chase Smith was selected to represent PHAB on First 5 Advisory Committee. (Motion: Meyer; Second: Abbott; unanimous vote).

Nomination and Vote: Approval of HIV Health Services Planning Council Member Appointments: Yingjia Huang and Lenore Gotelli

Both Yingjia Huang and Lenore Gotelli were approved for appointment to HIV Health Services Planning Council (Motion: Smith; Second Abbott; 3 ayes; 0 noes; 1 abstention (Meyer))

Presentation on Sacramento County Department of Health Services (DHS) Priorities: Tim Lutz, Director of Sacramento County DHS

Tim has an 18 year county government career, 16 of which were with Tulare County, most recently as Health and Human Services Agency Director, which gives him a good understanding of government systems. He emphasized the important role that advisory bodies play, noting that Sacramento County has a lot of them, which underscores the importance of the Human Services Coordinating Council, which serves to help bring them all together and reduce silos. He intends to attend as many advisory board meetings as possible and has met with the Chairs of each and asked them to reach out if there is a meeting that is particularly important for him to attend.

Tim outlined his role as both a thought leader and participant, emphasizing:

- Communication;
- Collaboration;
- Coordination;
- Customer service; and
- Civility.

He outlined some key issues of focus for him:

Social Health Information Exchange

Better linkages for services, enhanced care coordination, and measuring good outcomes.

This is a multi-year initiative and will take roughly three years to roll out.

Workforce Development

DHS has a 20-30% vacancy rate, with some job classes specifically impacted:

- 45% Mental Health Counselor
- 35% Sr. Mental Health Counselor
- 40% Licensed Vocational Nurse

Many partner organizations are experiencing the same phenomenon, which creates challenges with expansion of programs and services. DHS is exploring pipeline programs in collaboration with Sacramento County Office of Education to help develop a larger, qualified workforce in the future.

Homeless and Community Based Response

DHS involvement through crisis response teams and Substance Use Prevention & Treatment. Working towards 24 hour crisis coverage and coordinated dispatch in field (9-8-8). DHS is also building out encampment response teams.

Infrastructure/Funding Opportunities

- Future of Public Health funding (\$7M annually) for public health infrastructure
- CDC Workforce Development funding
- Opioid Settlement funding
- Behavioral Health seeking funds for 64 bed subacute facility and new youth facilities

Correctional Health Care and Justice Involved Populations

Connections to services to prevent entry/return to incarceration, including emphasis on crisis response. Alternatives to drug arrests, integrated resource centers that could serve as a single stop for multiple types of services.

Suggestions (Meyer): DHS could fund a Psychiatry resident from UCDCMC. DHS could consider utilizing Medical Reserve Corps (MRC) volunteers (e.g. retired psychiatrists).

Presentation on Sacramento County Public Health (SCPH) Priorities: Dr. Olivia Kasirye, Public Health Officer

The end of the COVID-19 emergency proclamation has allowed SCPH to press a reset button on priorities. They include:

Public Health Accreditation

SCPH worked on accreditation prior to COVID, but had never had staff dedicated to it. Now, there is a dedicated team working on this. It requires a huge amount of documentation and SCPH hopes to achieve accreditation in 2024/25. Components of accreditation are also a requirement of Future of Public Health funding.

Infrastructure/Workforce Development

Future of Public Health and CDC Workforce Development funding will allow SCPH to hire additional staff.

Health and Racial Equity

SCPH has a new Health and Racial Equity team charged with addressing equity through SCPH programs and in the community. This work intersects with other work SCPH is doing, including Maternal, Child, and Adolescent Health (MCAH), climate change, food insecurity, and homelessness.

Infectious Diseases

SCPH does a lot to address infectious diseases beyond COVID-19. Currently working with hospitals and long-term care facilities to address issues with multi-drug resistant organisms being spread through inter-facility transfers. Working to address tuberculosis, especially among refugee populations. Concerns about a different “triple-demic”: HIV, syphilis, and hepatitis. Seeing disparities with these infections and specific concerns and challenges with serving people experiencing homelessness who are pregnant, positive for syphilis, and using drugs.

Other priority issues for SCPH:

- Alzheimer’s Disease (received some funding to do a “blue zone” assessment; want to figure out how to bring in prevention)
- Drug overdose (fentanyl; youth access)
- Mental Health (working with schools to build capacity; access to services; prevention)

Discussion of PHAB Priorities

Q. Where does PHAB fit in with DHS and SCPH priorities?

A. (Lutz and Kasirye) Drug and mental health issues – potential partnership on suicide prevention project (CDPH funding potentially forthcoming). Look at data, understand

patterns with youth, look at nexus with mental health and suicide prevention.

Alzheimer's Disease - Not a lot of visibility for Alzheimer's Disease in the community so good opportunities for partnership there, particularly with blue zone assessment. Lutz: No other advisory bodies are working on this issue, and it doesn't have an obvious home (i.e. it is not a behavioral health issue).

Presentation from Department of Homeless Services & Housing, Liz Gomez, Program Planner

Liz answered the following questions that were sent to her prior to the meeting:

What is the Department of Homeless Services and Housing doing to support the breakdown of silos between the different street medicine groups/initiatives?

We support coordination of 2x per month mobile medicine meetings – Liz Gomez from DSHH facilitates these. Participation in these meetings includes many partners: Elica, in the past WellSpace but they have had capacity challenges in last couple of months in attending, County Primary Care and a host of community partners that support the health and wellbeing of folks experiencing unsheltered homelessness.

Has the Office mapped populations in need and looked at coverage by these groups/initiatives? Where are there gaps in coverage?

The mobile medicine group has started to do that work and there is more to do! The biggest gap identified has been capacity – there are very few providers doing mobile medicine work to persons experiencing unsheltered homelessness and there are around 10,000 people experiencing homelessness in Sac County.

What are the opportunities or priorities going forward to strengthen street medicine and outreach?

Capacity:

- According to the 2022 point in time count we have 9,278 individuals experiencing homelessness throughout Sacramento County on a single night in February. And this represents a 67% increase since the last PIT in 2019.
- Investment in expanding the folks working on this!

What we have heard from our outreach teams:

- Providing healthcare and survival resources whether that's water/toilets/etc to folks experiencing unsheltered homelessness is a critical and necessary function of the homeless crisis.
- But, without the outreach team's ability to offer real-time access to those they serve to the appropriate housing resource, their work can only go so far.
- And it can only go so far because housing first approach is an evidence based approach to serving people experiencing homelessness that recognizes a homeless

person must first be able to access a decent, safe place to live, that does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income.

What is “Housing First”?

- Housing First is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live, that does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income. Under the Housing First approach, anyone experiencing homelessness should be connected to a permanent home as quickly as possible, and programs should remove barriers to accessing the housing, like requirements for sobriety or absence of criminal history. It is based on the “hierarchy of need:” people must access basic necessities—like a safe place to live and food to eat—before being able to achieve quality of life or pursue personal goals. Finally, Housing First values choice not only in where to live, but whether to participate in services. For this reason, tenants are not required to participate in services to access or retain housing.

Another area that we are working on is **integration with CalAIM** which will help with care coordination and medical care. Getting connected and staying connected to Medi-Cal is an important area of work. We meet weekly with 5 managed care plans as we work to connect them in to the homeless system of care. That may be a good deep dive for PHAB to consider in the future.

Does the end of the COVID-19 Public Health Emergency have any implications for the Department of Homeless Services and Housing (e.g. reduced funding)?

DHSH has used and is using ARPA funding for programs, but that funding goes through 2026. At this time we have not identified any programmatic impacts resulting from the end of the Public Health Emergency.

Public Comment

None

Adjournment

The meeting was adjourned at 1:33PM.