

Sacramento County Public Health Advisory Board

Meeting Minutes

April 1, 2015, 12:00 – 1:30pm

Primary Care Center

4600 Broadway

Sacramento, CA 95820

Conference Room 2020

Moderator: Morgan Staines - Chair

Scribe: Mark Thorpe / Cherisse Dossman - Staff

Board Attendees: Morgan Staines, Dr. Steven Orkand, Peter Simpson, Allie Shilin Budenz, Dr. LeOndra Clark Harvey, Sherry Patterson-Jarrett, Dr. Olivia Kasirye

Board Members Excused: Dr. Adam Dougherty, Michelle Rivas, Dr. William Douglas, Dr. Sandy Damiano

Board Members Absent: Michael Blair

Guests: Alan Lange, Raven Hoopes, Marcia Jo, Bob Erlenbusch

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Topic	Minutes
Welcome and Introductions	Meeting began at 12:08 pm
Minutes Review	March Minutes: No Quorum
Appointments and Vacancies	<p>Vacancies:</p> <ul style="list-style-type: none"> • PHAB has currently 6 vacancies: 3 Community Members, 2 Public Health Professionals, and 1 Public Health/Health Care. • There is 1 application pending approval. <p>Action Item: PHAB members discussed contacting County Council to allow a quorum based on a majority of standing members due to the amount of vacancies.</p>
Public Health Division Update	<p>Dr. Olivia Kasirye:</p> <ul style="list-style-type: none"> • Dr. Kasirye provided a handout from the CDC that discussed how drug overdose is the leading cause of injury deaths in the United States. The document states that deaths from drug overdose have risen steadily over the past two decades. Prescriptions opioids were involved in 37% of drug overdose deaths in 2013. Sales of the drugs nearly quadrupled from 1999 to 2013, and overdose deaths quadrupled in lockstep. • Dr. Kasirye pointed out her concern that the deaths are affecting mainly the youth population. • Raven Hoopes from Harm Reduction Services added that HRS provides a free Naloxone training program to reduce opiate overdose deaths. Anyone interested in being trained or would like additional information can contact HRS at (916) 456-4849 or e-mail: hrrsdir@pacbell.net for more information. • Dr. Kasirye provided a handout from the California Family Health Council who strongly urges California legislatures to address rising STD rates by increasing annual funding for STD prevention by \$10 million. • Dr. Kasirye pointed out that the rates of sexually transmitted diseases are alarmingly high and affect youth ages 15-24, MSM populations, and communities of color. • Dr. Kasirye reported that the existing infrastructure plus low funding levels affect the ability to properly address the issue. The California STD Control Branch is currently receiving \$1.6 million to provide funding assistance to 41 local health jurisdictions (LHJ) across the

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state with high STD morbidity rates for STD prevention activities. At current funding levels, it is projected that funding will be eliminated for 13 LHJs in fiscal year 2015-2016, leaving only 28 LHJs in the state with state-local assistance for STD prevention. Some LHJs are receiving as little as \$4,500 each year to support all STD prevention activities at the county level.

- Dr. Kasirye reported that the flu season has come to a close.
- Dr. Kasirye reported that she is still monitoring up to 10 at-risk travelers for possible Ebola exposure. So far everyone has been very compliant and staffing resources are still being affected, but have been adequate so far.
- Dr. Kasirye reported that the second round of TB testing will take place at Florin High, Franklin High, and Franklin Elementary in May and suspects that exposure rates will be low based on initial skin tests that indicated no transmission. She confirmed the cases in Franklin High and Franklin Elementary are connected as exposure came from the same family.
- Dr. Kasirye provided a handout that addressed updates to the MAPP process (Mobilizing for Action through Planning and Partnerships), a community-driven strategic planning tool for improving community health.
 - Volunteers have conducted surveys in Sacramento County on iPads and are using social media like Facebook with a total of 37 surveys completed.
 - The MAPP Team is going to recruit high school students to participate with surveying. The first surveying event will be held on May 9, 2015.
 - PHAB members were provided a link to the [Community Survey](#) to provide to their constituents.
 - The MAPP Team has contracted with [SurveyAnalytics](#), an independent research firm, to field confidential survey responses.
 - PHAB members suggested pushing the survey out to the [Sacramento County News System](#), the [Community Planning Advisory Council](#), and the [Human Services Coordinating Council](#).
 - Dr. Kasirye discussed the closing of Drexel's Sacramento campus and the MOU that was in place. PHAB members suggested looking to the University of Southern California for volunteers.
- Addressing a question from a board member regarding the work that is being done in

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	<p>Sacramento County to address the prescription drug issue:</p> <ul style="list-style-type: none"> ○ Dr. Kasirye mentioned that her department is planning on attending a continuing education seminar provided by Sacramento State and California Northstate University – College of Pharmacy for healthcare professionals that addresses Prescription Drug Abuse and Diversion. The seminar will provide continuing education for pharmacists and nurses, discuss the value of the CURES program, and discuss AB-1535 updates from the BOP. Keynote speaker from the DEA is Tom Lenox who will discuss prescription drug abuse and diversion. The event will take place on Saturday, April 18th from 9am – 3pm at the Sacramento State Well Facility at 6000 “J” Street, Sacramento, CA. This is a free seminar. Space is limited and pre-registration is required. There will be no on-site registration. Lunch will be provided. ○ Dr. Kasirye recommended more discussion on the issue; especially because the issue crosses all ethnicities, all communities both rich and poor, but she is mainly concerned that the youth have gravitated towards opiate drug use in alarming numbers. ○ She also suggested working with the Alcohol and Drug Advisory Board. ○ PHAB members discussed the CURES program (Controlled Substance Utilization Review and Evaluation System). <p>Action Item: Dr. Kasirye will provide Morgan with a copy of the MOU for review. Action Item: Dr. Kasirye will invite Jamie White, the new Epidemiology Program Manager to present the survey results and introduce herself to the PHAB members.</p>
Homeless Deaths Overview	<p>Bob Erlenbusch, Executive Director, Sacramento Regional Coalition To End Homelessness:</p> <ul style="list-style-type: none"> ● Bob reported on the Homeless Death Report that was developed 2002-2013 and updated in 2014. The report is dedicated to the memory of all the people who experienced homelessness who have died in our community. ● The purpose of the report is to provide a dignified memorial to homeless people who have died in our community, identify gaps in homeless service delivery system and provide recommendations, and be a catalyst for change. ● Bob spoke on the various partnerships and their roles including:

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- [Sacramento Regional Coalition to End Homelessness](#) - wrote final report; developed recommendations with SRCEH board, SRCEH Strategic Advisory Board and SSF's Health Committee
- [Sacramento Steps Forward](#) - provided all analysis of HMIS data
- [Sacramento Coroner](#) – provided data and reviewed drafts
- [County of Sacramento](#) – provided all data analysis and reviewed draft
- [Sacramento Sheriff](#) - provided analysis of jail data
- Bob reported that the Homeless Death Report shows 604 deaths over a 12.5 year period, or one person per week for a decade. That's an average of 48 deaths a year.
- Bob broke the report down into various segments that included:
 - Demographics:
 - Within the age range of 19-81 year olds: 70% between the ages of 40-49, and 30% between the ages 50-64.
 - Average age of deaths: 50 for males, 47 for females (10-12 Hispanic women reported an average age of 35)
 - Gender: 87% Male, 13% Female
 - Bob reported in 2014 the percentage of females almost doubled to 25-26%
 - Ethnicity: 69% Caucasian, 17% African American, 9% Hispanic, 5% other
 - Bob reported that other is primarily Asian and Native American
 - Veteran Status: 10% [47] were Veterans
 - 6% [11] were WW2-era Veterans
 - 38% [18] were Vietnam-era Veterans
 - 56% [56] were post-Vietnam-era Veterans
 - Marital Status: 74% single at time of death
 - 36.7% never married
 - 32.9% divorced
 - 4.1% widowed
 - % of Years of Life Lost due to Untimely Death: 34% or 25 years
 - Women: 37%, Men: 34%
 - Ethnicity: Latino 39%, Black 35%, White 33%, Asian 32%
 - Seasons of the year: Bob reported that the deaths are evenly distributed throughout

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the year and not just during the winter months as everyone expects them to. He recommends expanding shelters year around and not just during the winter time.

- Summer: 25.5%, Fall: 25.5%, Winter: 25.3%, Spring: 23.7%
- Days of the week: 48.5% occur on Friday, Saturday, and Sunday
 - Mon: 14.3%, Tues: 12.1%, Wed: 13.2%, Thurs: 17.1%,
 - Fri: 16%, Sat: 16% Sun: 15.4%
- Location:
 - 38% Outside – alley, highway, field, and parks
 - 35% Hospital – emergency room or inpatient
 - Bob provided maps showing where the locations occur pointing out that they occur downtown and along transit corridors.
 - Bob provided maps locating shelters, transitional housing, and PSH.
- Manner of Death: Bob reported that 1 in 10 deaths occur by murder or suicide.
 - Accident: 66.7%, Natural: 27.1%, Suicide: 4.2%, Homicide: 2.1%
- Bob showed a slide highlighting the causes of death broken into percentages. The top 5 causes of death included:
 - Alcohol and Drug Induced: 28%
 - Injury: 18%
 - Cardiovascular Disease: 13%
 - Infection: 6%
 - Wound (gunshot or stabbing): 5%
 - Bob pointed out that hypo/hyperthermia is only 3%
 - Bob provided slides that broke causes of death down by Gender and Ethnicity.
- Bob spoke about the use of homeless services, pointing out that there needs to be an aggressive approach to outreach and enrollment of homeless people in the Affordable Care Act, as nearly 40% have never been seen by a County clinic.
- Bob stated that 82% of homeless individuals don't self-identify as having a chronic health condition.
- Bob stated that 10% of homeless individuals die within 1-7 days, and 50% die within 6 months after leaving a winter homeless shelter.
- Bob reported that 77% of homeless individuals had been in custody at some point of their homelessness.

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- Bob provided comparisons between homeless mortality rates to the general population mortality rates, pointing out that homeless mortality rates are 2-3 times higher.
- When comparing homicide rates between homeless individuals compared to the general population, homeless individuals have a homicide rate 2-12 times higher.
- When comparing alcohol and drug related deaths between homeless individuals compared to the general population, the homeless rate is 5-7 times higher.
- Bob provided an overview of 10 policy recommendations:
 - Expand the Sacramento City & County Affordable Housing Trust fund to create more affordable housing.
 - Support for housing first approach, but where housing is lacking – increase the capacity of crisis response system to serve more homeless people through a variety of means including rapid rehousing and year round emergency shelter.
 - Fund a Weekend Drop in Center to provide a safe location for homeless people.
 - Increase funding for alcohol & other drugs and mental health treatment programs - Refund VOA's free treatment on demand program.
 - Expand funding for Respite Care facilities.
 - Increase funding for nurse street outreach program.
 - Continue outreach, enrollment and navigation services for homeless people on MediCal or other plans.
 - Ensure full enrollment of homeless people on CalFresh & full implementation of Restaurant Meals Program.
 - Free or subsidized transportation for homeless people.
 - Full implementation of CA Public Utilities Commission "LifeLine Program" – free cell phones for homeless & low-income people.
- Bob reported that in 2014, Sacramento County Board of Supervisors allocated \$260,000 in FY 2014-15 budget to increase RN street outreach to homeless people.
- [Sacramento Steps Forward](#) provides street outreach/system navigators focused on geographic areas of high mortality rates.
- Public education efforts are being made within the community as well as media coverage to shed light on the issue.

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- On December, 19, 2014, a Homeless Interfaith Memorial Service was held to raise awareness of the homeless death issue impacting Sacramento.
- Members of PHAB discussed the recent reduction the BOS made to the percentage of affordable housing (Section 8) for new housing construction. Members also discussed the displacement of section 8 housing projects within the community.
- Bob Erlenbusch can be contacted at 916-993-7708, bob@srceh.org, or by visiting www.srceh.org.
- Members of PHAB are very interested in learning more about the Health Navigation Program for the Homeless. Bob reported that there are about 50-70 Navigators, and strongly encourages the cross-training of the navigators to provide a wider range of health services to every population.
- Regarding Law Enforcement's response to homelessness, Bob reported that SRCEH's legal team is addressing the issue by looking at the excessive cost to the community by analyzing public records of the "Anti-camping" ordinance and the general criminalization of homelessness. Bob reported that the [Western Regional Advocacy Project](#), in support of [SB-608 "Right to Rest Act"](#), reported that between 2012 and 2014, California Park Rangers handed out almost 2,900 citations to homeless individuals. A public records request was submitted to determine the cost. Bob reported that the Sacramento City Police Department has implemented an Impact Team comprised of officers with degrees in mental health who have received sensitivity training regarding homelessness issues, but the team is very small. Bob's recommendation is to increase the funding of that team.
- Bob reported that SRCEH is currently involved in a homeless community discrimination survey to address issues impacting the homeless population. Bob reports preliminary findings show that Transit Employees and Park Rangers are the least sensitive to homeless issues.
- Raven Hoopes from HRS reported that there is very little data captured on homeless youth due to the criminalization stigma, given that youth are not allowed to be without a guardian. So homeless youth do not self-report their status in fear of being criminalized.
- Bob reported that homeless youth advocacy members within Sacramento County tried to obtain a current count of homeless youth because two years when the count was taken, only 5 youth were recorded. Bob stated that there are currently 12,743 homeless youth in the K-12 Sacramento public school system.

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	<ul style="list-style-type: none"> • Peter Simpson recommended focusing on a Harm Reduction approach that focuses on health, safety, and nutrition when working with homeless individuals who are also dealing with alcohol and drug issues, instead of just focusing on drug and alcohol treatment; citing that out of 100 users active today, 10% or fewer will participate in a treatment activity. • Bob stated that the recommendation of a harm reduction model will be considered during the next report. • Bob reported that SRCEH is currently working with WellSpace Health and Safe Ground Sacramento to provide transitional housing that focuses on a Harm Reduction model.
Healthcare Navigation	<p>Marcia Jo, Health Program Manager, Healthcare for the Homeless:</p> <ul style="list-style-type: none"> • Marcia Jo was unavailable to present.
PHAB 2015 Topic 1: Needle Exchange Updates/Discussion	<ul style="list-style-type: none"> • Allie Shilin Budenz provided her draft document of the Needle Exchange discussion. • Members provided quick feedback on the document: IDU not IUD. • Members thanked Allie for the document preparation. • Members suggested for Action Item #2: “Engage with Sacramento County Sheriff Department to discuss the issues,” should also include engagement with separate city governments. • Dr. Kasirye reported that County level data for IDU infection rates is available through the recently released County HIV/AIDS Surveillance Annual Report (See handouts). <p>Action Item: PHAB members are encouraged to provide their feedback for review before the Executives meet on April 16th.</p>
PHAB 2015 Topic 2: STDs	<ul style="list-style-type: none"> • No Updates
PHAB 2015 Topic 3: Affordable Care Act	<ul style="list-style-type: none"> • Allie reported that her colleagues were approached with different options regarding how to approach care for undocumented individuals. One specifically was to contract with community providers. She recommends that PHAB should be involved with that discussion. <p>Action Item: It was suggested that the May meeting be spent working on action items instead of reports.</p>

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PHAB 2015 Topic 4: Collaboration with other Boards/Committees	<ul style="list-style-type: none"> • No Updates
Public Comments	<ul style="list-style-type: none"> • Peter Simpson reported on Austin, Indiana, a community that experienced 11 opioid overdoses last year. He reported that since January, there have been 79 HIV cases detected from injection drug use. Peter reported that the governor of Indiana has authorized needle exchange for 30 days in response to the issue. • When asked, Peter clarified that Pharmacies and Needle Exchange programs that go through the State certification program must provide sharps containers as part of their sharps disposal plan. HRS provides sharps containers for free voluntarily, and they dispose of up to 50 lbs. of sharps per week. <p>Action Item: Members requested a model of needle exchange programs' best practices to recommend to the BOS.</p>
Adjourn	Meeting ended at 1:25 pm