Sacramento County Human Services Coordinating Council

Meeting Minutes:

August 13, 2020

Meeting Location:

Zoom: https://zoom.us/j/97779530798?pwd=MktTTmtKRDJBcHBmbDhvNENuZWlLdz09

Meeting ID: 977 7953 0798

Passcode: 833326

Facilitator: Raymond Kemp; Chair; Melinda Avey; Vice-Chair

Staffed by: Gloria Bedford and Cindy Marks

Meeting Attendees:

- HSCC Members Raymond Kemp, Melinda Avey, Randy Hicks, Caroline Lucas, Steven Orkand, Angela Woodberry, Lauren Sheeley, Bill Fallai
- Ex-Officio Members Julie Galello (First 5 Sacramento), Martha Haas (for Michelle Callejas, DCFAS)

Public: Christy DeMaria (River City Medical Group), Linda Ram (Children's Coalition)

Absent Members:

- HSCC Members Paula Green, Robert Silva, Jr.
- Ex-Officio Members: Cindy Cavanaugh (Homeless Initiatives), Peter Beilenson (OFCA), Aaron Chong (BOS), Ann Edwards (DHA), Bruce Wagstaff (CEO)

| Call to Order, Introduction of New Staff | Acting Chair, Raymond Kemp, welcomed everyone and called meeting to order. Introductions were made welcoming Gloria Bedford as the new staff for the HSCC and wishing outgoing staff, Cindy Marks, well as she moves from DHA to DCFAS. |
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| Approval of June 11, 2020 Minutes | Approval of June 11, 2020, Minutes moved by Randy Hicks and seconded by Melinda Avey. |
| Ernie Brown Memoriam | Chair announced plans to issue a resolution in honor of Ernie Brown's contribution to the HSCC and to the County. |
| | Comments: Ernie was also a member of First 5 Sacramento Advisory Committee and will be missed. (Julie Gallelo) |
| Presentation – Herman Barahona from United Latinos and Latino Leadership Council | Mr. Barahona works with United Latinos, a health and environmental justice community organizing group in Sacramento County. He serves as president on the board of the Latino Leadership Council, a health service organization. He also served for 10 years as an eligibility supervisor in the GA, CalFresh and Medi-Cal programs in Sacramento County. Founder, Executive Director of the LLC, Elissa Herrera. LLC history: Placer County had an influx of Latino families into child welfare 14 years ago. There were no bilingual services available. Placer asked for assistance to understand how best to serve the Latino families and the LLC was created with help of MHSA funding. The Latino community needed health services but there were no Spanish speaking doctors. LLC started a pilot program to help families navigate the services available. LLC now serves 300-400 families per year providing health navigation services including medical, dental, vision, nutrition, education, and mental health. LLC works in collaboration with Stanford Settlement doing home visits and providing case management. |
| | Questions Randy: How are ESL and disability services provided? LLC partners with a number of schools in Placer and Sacramento counties, including Natomas High School, to work with ESL students. Recommend that adult ESL services be made available within walking distance of students' homes to increase adult ESL class participation. Partner with Warm Line to connect families to child ESL services. In Placer County, typically LLC will use graphs and pictures so non-English speaking people can understand the resources available to them. This has been especially helpful during COVID-19. |

Raymond: It seems that ESL children are falling through the educational cracks due to COVID-19. Is that something you are seeing?

When the COVID-19 shutdown began, we began to see a lot of schools have difficulty with connecting families to the internet. We created mobile Wi-Fi hotspots.

Caroline: What are the primary funding streams?

The majority of our funding comes from Placer County Mental Health Services Act. We receive a smaller pot of money from Child Welfare and from Sutter Health. Other funding comes from Well Space, ELICA, First 5 Placer, and Placer County Public Health This funding helps us to provide support for families in Lincoln. There is a mask campaign with a focus on Spanish speaking people and business owners in Placer County so that others know to use their masks at all times.

Caroline: With the Latino community being disproportionately impacted by COVID, is there a shift in your focus? Are you doing targeted outreach to provide health services to Latino communities for testing?

Placer County Public Health provided CARES Act funding that LLC uses to purchase toiletries, cleaning supplies, and food boxes to deliver to families at their homes. That funding also helps LLC to serve COVID positive folks by sharing information on how to care for infected family members.

Raymond: What are the biggest barriers for Latino families in Sacramento?

Poverty. There are 500,000 people in this county that make less than \$2,000/month. In North Sacramento there are many people who are struggling to make ends meet. Rent, high-capacity internet with kids trying to do homework.

Caroline: Is LLC doing anything to make sure Latinos are being properly counted in the census so that we can receive the funding that is needed?

We provide fliers about the census and are showing them how to be counted online. We are also sending info out via social media and Spanish language media. We understand that Placer County is doing well and in some areas we have exceeded the counts from previous years.

Caroline: In Sacramento County?

We are not a partner in Sacramento County. But we do give information that connects people to others. We make sure people know that the enumerators are out and that they feel safe opening the door... which is completely contrary to what we've been telling them for many years. Making sure to look for a badge, this is what they will look like and this is what they will say.

Herman: LLC understands that HSCC advises the BOS and we are advocating for more resources and support for Latino families. We estimate that there are 130,000 in North Sacramento, Antelope, North Highlands, Arden-Arcade, South Natomas, and

Gardenland. We want to be able to expand our services and continue to meet with you to find ways to better serve families in those areas.

Covid-19 Q & A Review and Discussion

The Chair stated that from the beauty/barbering industry, a lot of beauty salons and barber shops are working despite the statewide shutdown recommendations. However, many are following the state PPE guidelines and limiting the number of customers.

Randy: From the disability community perspective, we are still having the internet access issue. Also, interested in how telehealth is going. Many providers are not doing any in-person visits and instead are opting for tele-health visits. With the county self-evaluation coming up, the disability community would like to see how clinics are doing with access. The disability advisory commission will be looking at COVID-19-safe access for the disabled as we near the election.

Chair: Are hospitals waiving the ER co-pay? That was true initially, but will need to double-check to see if that is still in place.

Randy: Current Brown Act rules do not allow for holding virtual meetings. We are looking at finding a way to modify the Brown Act to make it friendlier for people with disabilities. COVID-19 has brought the issue of limited access, especially for disabled, into focus.

Cindy: The Brown Act rules were loosened with the COVID-19 shutdown. However, the HSCC continues to follow the guideline by posting information for Zoom meetings on the HSCC website.

Paul: One unintended benefit from COVID-19 is that many alcohol and drug treatment clients had transportation problems getting to treatment centers. Zoom allows people to participate without those problems. Also clients don't need to travel to treatment centers with their children on public transportation.

Julie: We have seen some silver linings in the 0-5 world too. We used make home visits and stay for an hour to provide info on parenting. We've found that families really like visiting via Zoom instead. They are visiting more often for shorter amounts of time. Staff are seeing the children on a more regular basis. It's also much less invasive because parents don't have to run around and clean everything because someone is coming to their house.

Melinda: I think what we're doing is building a new normal with the new processes we are using. We've changed profoundly. I think this group should be working on the things that we should keep from what we've learned from COVID-19 so that we can combine those with practices that worked before, and probably get better and more effective with the people that we serve.

Steve: A lot of potential for change will depend upon funding. For example in the field of medicine, Medicare allows doctors to provide tele-health visits. If that funding stream were to dry up, the model will change. Many "physical examinations" that we used to expect were really unnecessary visits. But sometimes visits are necessary and a doctor can pick up on something that he or she would not see on a virtual visit. I think we need to wait some months before we decide which of these valuable lessons turn out to be true lessons.

Julie: Child abuse calls to CPS are down by 40-50%, so we worry about not having eyes on the kids. We feel better because we see them 2-3 times a week via FaceTime, but were not actually in the house to assess all of the other things we look at during a home visit. It is kind of exciting to have a different service delivery model option out there and I'm hoping it's just one of the tools in the toolbox that we can now add to reaching families.

Instances of law enforcement taking children into protective custody children have actually gone up. To your point we don't know what's being missed without the face-to-face visits. Long-term outcomes will be interesting to study.

Schools are where a lot of abuse is first reported. Distance learning is limiting the reach of the mandated reporters in teachers.

Worry about the cases (of abuse) that we have not identified. Without schools, there is a lot that we're missing.

One thing that has been phenomenal is the rate of medical research that has gone on around the world. There have been so many research papers written, that medical journals have been flooded and have been unable to really do proper peer review before bringing them online. Hoping that from the perspective of social services that prospective research is also done in such a way that we can measure whether some of the models we are talking about come to fruition. Is it really better to do a home visit or is it better to do tele-visit, or some mix of those things? We won't know the answers until people create hypotheses and then do the appropriate studies to find out.

The Probation Dept. started doing visits via Zoom and has had success. They were surprised to find out that many people who didn't show up for a probation visit would show up on Zoom because they had transportation problems or they had a job and just couldn't get there.

Upcoming Speakers for 2020

September – Jofil Borja, SacRT GO Paratransit Services

October – Dr. Peter Beilenson, Dept. of Health Services: COVID-19 updates

November – Cynthia Cavanaugh, Homeless Initiatives, and Eduardo Ameneyro, Human Assistance: Homelessness in Sacramento

| | December (Potluck) – Julie Gallelo, First 5 Sacramento |
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| Member Comments – Heroes of Human Services Awards | Possible dates for awards ceremony: Oct. 20 or Nov. 17. The awards ceremony will be virtual. Question: Can someone who works in one of our agencies but went above and beyond what would be her normal job be nominated? Yes. Nominees can be employees of County or other agencies or they can be volunteers. |
| Public Comments | Erica: Eviction protection. The judicial council is not going to lift rules 1 and 2 until September 1, pending legislation. Rules 1 and 2 involve closing the courts so they're not processing paperwork and if landlords can prove that an eviction is because of a public health or safety reason, eviction paperwork can be filed. |
| | Have you talked about the budget stuff and how it was all allocated? Is Public Health suffering from this? |
| | Melinda: Could we get a presentation [about the budget]? I think there are enough questions around that issue that we need some clarification. So maybe at our next meeting we can have a budget presentation from people at the county that are making those decisions. So we can ask questions and clarify for ourselves if that something that we think is a good thing to do or not. What do you all think about that? |
| | Hear, hear, Melinda. I think that makes total sense. |
| | Melinda: Really, the explanation we get is kind of the interpretation in the Sac Bee. I want to hear both sides and that's the best way for us to do it. Maybe we can have both presentations. |
| | Is anyone on this call closer to County Administration who would have an explanation about what happened to the CARES Act money? |
| | Julie: I know a little bit from sitting in on department heads meetings. What I'll say is the Sheriff's Dept. didn't get any additional money from the CARES Act. The County decided to pay the Sheriff Dept. with the CARES Act funds simply because it left more money in the General Fund to make decisions later about what services we desperately need to keep. Being able to claim the \$140 million from the CARES Act allowed us to free up money in the GF that we would have had to spend on the Sheriff's Dept. anyway and now we get to figure out how to use those funds moving forward. It allows the county to have the most flexibility to look at what's really important. The Black Child Legacy Campaign is funded out of GF, for example. There are so many things that |

are of really high importance and they're all going to be vying for money. So it was a way to claim all of that (funding) and have this other pot of money that we get to decide on in the future.

So it's really about fungibility so that it could be spent in different ways. It sounded sort of malevolent in the Bee article. Did the department heads feel they had been robbed?

Julie: No. The County was due \$181 million. It claimed \$181 million. The easiest thing to do was to fill the positions we have to pay for anyway. What programs they consider essential that are paid for from GF, we'll find out either this September or next June. My guess is not until next June because I think they're going to work through the budget as best they can in September and try not to make any major cuts, and then reevaluate next June when they have the CARES Act money and they have a clearer picture of what the budget will look like.

Can the Sheriff's Dept. reallocate any funds it does not need?

Julie: There was no extra money that went to the department. It covered the regular employee complement salaries/benefits, as an example, but because they were emergency service, the County was able to bill it all to CARES so we can keep the GF balance and use it to fill the COVID-19 gaps. The County did have to spend a lot of money in all kinds of things related to COVID-19: screening, outreach, education, and tracking. I think we will see Public Health getting a large chunk of the discretionary funds now that we've claimed the CARES funding.

Caroline: Isn't part of the problem that with all of the advocacy right now to re-direct funding away from law enforcement, that having that lump sum allocated to the Sheriff's Dept. this early limits the ability for folks to advocate for defunding or reduced funding for law enforcement moving forward?

Randy: Yes, defunding the police has been the trend in the City of Sacramento as well. So this kind of goes against public opinion.

All law enforcement were considered essential and the CARES Act clearly states that it could be used to fund existing law enforcement. So it was 100 percent legal for the County to allocate it there.

Melinda: I think we should give them the opportunity to explain why they made the decision they did and I think we should be part of the conversation.

| | Raymond: Let's have staff request someone from the County Budget Office to present at our next meeting. |
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| Announcements | Randy: Courtney Bailey sent an email saying we need more accessible polling places. We only have 52. We are requesting that everyone reach out to all of their affiliated organizations to request the use of building as polling places. |
| | Lauren Sheeley: I'm new to the Council. I'm from the Mental Health Board. I have a family member seat on that board. |
| | Linda Ram: I'd also like to introduce myself. I'm Linda Ram. I'm here with Angelina Woodberry. We are from the Children's Coalition. |
| | Bill Fallai: My name's Bill Fallai. I'm the Chair of the Disability Advisory Council. Thank you very much for the discussion. |
| | Cindy: I wanted to let everybody know what a pleasure it's been to serve with all of you. I have really enjoyed my time and I'm sure that I'll still be on future calls. Thank you. |
| | Melinda: Cindy, you can apply to be a public member. We would welcome you. |
| Adjournment | Meeting adjourned in memory of Ernie Brown. |