

Community Health Services Advisory Committee
CHIP | Health in All Policies Action Team
Meeting Minutes
February 1, 2023

Members Present/Representation

- Hannah Fairman | Co District 1
- Hongyi Lan | Co District 1
- Rajaram Swaminathan | Co District 1
- Lucy Arias | Co District 2
- Mark Traynor | Co District 2
- John Larkin | Co District 3
- Steve Nelson | Co District 3
- Carol Thunstrom | Co District 3
- Donna Oda | Co District 4
- Manoj Doss | Co District 5
- Sophia Vuelo | Co District 5
- Erica Morris | Co District 6
- Jennifer Arnold | Co District 7
- Hanna Getachew-Kreusser | City of Saint Paul
- David Muhovich | City of Saint Paul
- Sarah Osman | City of Saint Paul
- Regina Rippel | City of Saint Paul
- Kerri Elizabeth Sawyer | City of Saint Paul

SPRCPH Staff:

Sara Hollie | Director
Diane Holmgren | Deputy Director
Tommi Godwin | Planning Manager
Kee Vang | Healthy Communities Manager
Paulina DeGidio | Support Staff
Cathy St. Michel | Support Staff

Guests:

The meeting was called to Order at 5:30 p.m. by Director Sara Hollie. Everyone was welcomed to the meeting and introductions were made around the table.

A motion was made by John Larkin and seconded by Steve Nelson to approve the minutes as written for January 4, 2023. Motion passed by affirmation of the committee. A point of clarification was made to follow up with Heading Home Ramsey and the CSP around housing within the ECGI division.

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| <p>Violence Prevention Updates, Kee Vang, Healthy Communities Manager</p> | <p>Keep handed out two documents describing the emergency response (ER) process. Please see the slides attached to these minutes.</p> <p>Kee gave background information about the Violence Prevention project, appropriate response and public health's role within the ER model. \$16M was approved by the county board to support the Emergency Call Center (ECC), Social Services Division (SSD) and SPRCPH for Appropriate Response.</p> <p>Q: Should schools call 911? R: Yes</p> <p>Q: How would backup be dispatched? It may not be a full medical emergency, but backup for an incident. R: We are looking at referrals for OD cases and connecting people with services. Once on-scene, community responders should have a way to call back in. The safety of the responders is a concern. There may not be a way to follow-up if responders have no phone.</p> <p>Q: Is there a shortage of 911 operators? R: Part of this funding is intended to increase the complement at the ECC. 40 FTEs will be added to ECC, and 20 to Health & Wellness staff.</p> <p>Kee listened in on a welfare check for a resident's brother, who was recently released from the hospitals. Could PH have a role with the hospitals, concerning housing, or following up with safety checks? Not everyone is willing to engage with PH, but we can offer it if people are ready for that support. PH staff may need to visit tent city. Workers always have a right to leave a scene if they feel unsafe.</p> <p>Q: If workers think a neighborhood is not safe, how would we know the visit took place? R: Kee did research from other cities. People that were sent onsite were people who lived in those communities and were familiar with them.</p> <p>Q: How do we make sure staff is reflective of the communities they serve? R: We were mindful of safety when forming this program. It can also be part of the training for these staff.</p> <p>Q: Would part of the prevention be support for parents who are afraid of their own children? For Mental Health (MH) and substance abuse issues, parents need support. Guns and powerful drugs are easily available. R: With some of the funding we should get people in places where drug users can build trust and call for response from someone other than the police. There are 24-hour crisis lines to call the MH crisis team. The idea here is focus on a starting point – youth, a specific community or neighborhood, library, parks. We could provide Narcan training and education, syringe exchange for Hep C prevention, referrals to the MH team, connect with resources within their neighborhoods.</p> <p>We have one county-run voluntary detox facility with 20+ beds.</p> <p>Regarding group and gun violence, Mark Campbell from TST / Healing Streets presented to this committee in the past and is part of this response work. Healing Streets' work is to interrupt the cycle of</p> |
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violence. We can refer people to Mark's team, and they will work upstream to help prevent gun violence. It can take multiple tries to get people into detox.

Kee will take this feedback to the planning team and adjust as needed.

When people call 911, they expect response from the police or fire departments. If there is a P3 or P4 incident and a social worker shows up, residents may have a negative reaction. Residents need to know that the social worker who responded is who they called. Minneapolis has an all-volunteer intervention team. Kee asked them how they identify themselves to residents. Sometimes uniforms help, sometimes they hinder. One idea is to have responders call ahead to the resident when they arrive on scene. Another idea is to partner with community leaders from churches or other well-known organizations. One important consideration is to be on scene when residents are having positive experiences as well – celebrations, festivals, etc.

We will look at zip code data and concentrate on areas with the most need. Having two people for the whole county will make providing coverage a challenge. Kee will be collecting data and learning from COAST experiences, and other community-based agencies. At the start, we will be working with substance abuse and overdose cases. Depending on how the calls are coming in this focus could change. With 988 now available, calls are slowly turning over to 988. Not all cities have hubs yet, but the crisis team will respond to 988 calls in cities that have hubs.

Although starting with two people will be challenging, they will hopefully have an impact. The first minute of interaction can set the stage with how the situation will evolve. Kee has been looking at training and being able to understand cultures and communities. Soft skills are immeasurable, but naturally can build trust and relationships. Community Navigators were selected with a high level of these skills, and people with lived experience who are already familiar with the community.

Q: One issue might be the number of beds in the detox facility.

R: The county detox is voluntary, and people are not turned away. There is sufficient space for this need.

Q: How do residents become aware of these facilities? If it takes more than 24 hours to find resources, it may be too late. There needs to be an immediate response.

R: Our detox facility is located on University near 35E. We could invite Detox staff to present to this committee at a future meeting.

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| <p>Public Health Budget Discussion Diane Holmgren, Deputy Director Tommi Godwin, Planning Manager</p> | <p>This is the third conversation with this committee about CHIP priorities. Tommi will share results of the prioritizing activities. New information presented today is budget allocation by priority. Please see the slides attached to these minutes.</p> <p>Q: How much funding is going for affordable housing? R: The Housing Stability and Community Economic Development (CED) are looking in partnership to define affordable, and how that strategy will be rolled into community.</p> <p>Heading Home Ramsey is another space that is community driven. It is led by Deputy Mayor Tincher. There have been presentations to our board, and ARPA provided funds for housing during the COVID pandemic. \$18M of ARPA funds will be spent on housing. These funds are allocated but not spent yet.</p> <p>It was noted that the housing that is going up is not affordable. There is a lot of construction along University Avenue, but that housing is very high-end. There is no housing for younger people and seniors. Another issue is that houses can be put up for sale due to delinquent taxes. If owners are delinquent on taxes, the lender sells the house for the tax burden. The Summit-University neighborhood is particularly vulnerable. Tommi moved the group into a Menti poll activity.</p> <p>Members shared information and noted a study in Los Angeles that tracked homeless people. The study focused on people who owned houses and businesses and lost everything. Mental Health issues affect their situation. They feel cheated. There should be a deeper dive to find the real reasons behind homelessness.</p> <p>We should consider the immigrant population. Some receive assistance, but others are hidden and not being helped.</p> |
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| Announcements, All | <p>SPRCPH will continue to hold discussions and community conversations. We are ahead of other counties in outreach efforts. The budget kickoff is in February, and we will know if we have an increase or decrease in levy funding. We will have conversations to see how the budget should be applied to priority areas.</p> <p>Lead-Free Program</p> <p>This 10-year program is just getting started. High-risk areas will be targeted first. There will be no cost to the homeowner, but the homeowner has to opt in. Homeowners will need education so they are not fearful of having their pipes replaced. The process will include digging up lawns and replacing plumbing. Saint Paul Regional Water Association will reach out to homeowners, and they must opt in. There are reporting requirements back to the EPA. There has been no education beyond the webpage. WCCO had a news brief. There will be flyers in the mail with the water bill. Work will start on Marshall just over the bridge from Hennepin County, and will include Ramsey County properties.</p> |
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Minutes taken by Cathy St. Michel.

Motion to adjourn at 7:30 p.m. passed by affirmation of the committee.

Next meeting: March 1, 2023.

Violence Prevention Priority Project

Mission:

- Support 911 dispatch, public wellness system and community institutions to more appropriately respond to people in need.
- Putting Well-being & Community at the Center of Justice System Transformation.

Appropriate Responses: Development of new response types and enhancements to dispatch countywide resources.

- Expanding Social Services and Public Health responses.
- Creating Community-Based response capability.
- Enhancing 9-1-1 protocols so new response options can be fully and appropriately utilized.

Long Term Outcomes

Intentional focus of all outcomes is on Black and American Indian communities

1. Improve community well-being.
2. Less people engaged with the public safety system.
3. Less people incarcerated.
4. Less people financially obligated to the public safety system.

PH Role in Violence Prevention

- Two community health workers
- Initial focused on substance abuse and overdose
- Only respond to non-related overdose calls (level 3 or lower from ECC) dispatched and community outreach from partner referrals (probation, community partner agencies,
- Outreach, education, and prevention
- Resource referrals to other county programs (housing, FAS, mental health, PH) or community-based programs

Discussion and Next Steps

- Scheduling? Looking to develop based on the number of calls coming in (days/nights/weekend)
- Safety consideration? How do we ensure the safety of staff going into community spaces/homes by themselves ?
- Is there an area of focus we should consider? (focus on an ethnic community, youth, homelessness, etc.)
- Share with CHSAC (Feb) and community partners who were part of co-design for ARI

- Questions?

Saint Paul – Ramsey County Public Health Priorities and Resource Allocation

Community Health Services Advisory Committee

February 1, 2023

Agenda

- CHIP Priorities
 - Review of January Prioritization Discussion
 - Budget allocation by Priority
 - Mandated and Discretionary Services
 - Discussion
 - Next Steps
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Community Health Improvement Plan (CHIP) Priorities

- Racial and Health Equity
 - Healthy Eating, Active Living, and Tobacco-Free Living
 - Access to Health Care Services
 - Mental Health and Well-being
 - Violence Prevention
 - Climate Change
 - Homelessness
 - Opioid Prevention and Response
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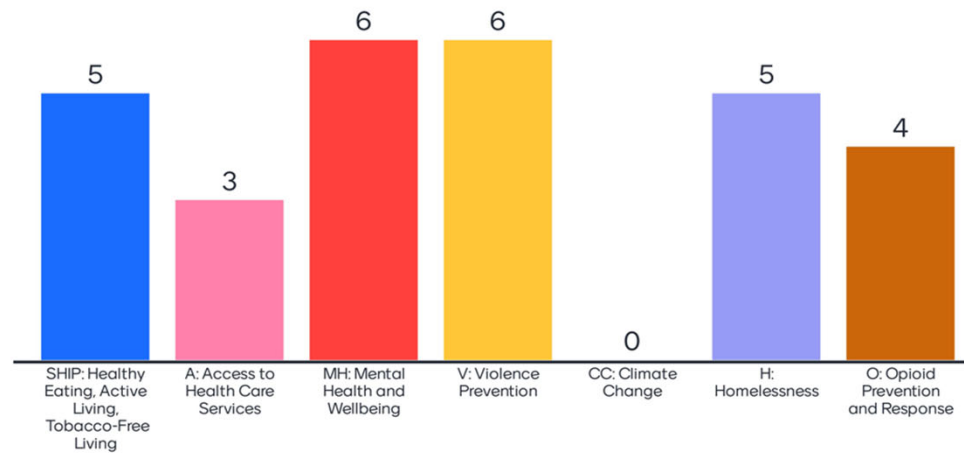
January Prioritization Activity

- Voting on priority areas with the **greatest disparities through a racial and health equity lens.**
 - Voting on overall **highest priority.**
 - What would you like Public Health to focus on to have the greatest **impacts** to improve health?
 - What **opportunities** do you see for Public Health?
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Prioritization Results

Thinking through a Racial and Health Equity lens, which areas experience the greatest disparities (up to 3)?

 Mentimeter



Prioritization Results

Thinking about these priorities overall, which are your top three areas to address (up to 3)?

Mentimeter



Prioritization Discussion Results – Focus for Impact

Housing supports all health

Mental Health and Wellbeing

All work through racial equity lens

Opioid settlement and fentanyl crisis

Early intervention programs for children with trauma history

Access to services

More food stamps and protection for Seniors

Foster children with guns

Sexual violence

Continued/Improved interagency collaboration

A healthy community is a collective effort

Prioritization Discussion Results - Opportunities

Housing: No home = poor health; adult shelters with resources

Medication Assisted Treatment (MAT) program expansion, Chemical Dependency

Mental health

Community Stabilization Program

Ethnocentric methods of spiritual healing

Negative impacts of climate change affecting BIPOC population the hardest

Resource Allocation for Community Health Improvement Priorities

Approximate Resources by Priority Area

Resources identified are approximate, and not fully inclusive of all resources.

These numbers do not always include overhead, full budgets or distribution of indirect costs associated with programming – such as dept administration, accounting, contract management and other supportive services which possibly also includes rent, IS fees, etc.

There is overlap between some priority areas and costs could have been reflected in a variety of ways, for example, some Access resources could have been allocated to Racial & Health Equity.

Other Ramsey County Funding That Supports CHIP Priorities

- Mental Health and Wellness – Adult Mental Health, Mental Health Crisis, Children's Mental Health
 - Violence – Healing Streets
 - Homelessness – Housing Stability Department
 - Race and Health Equity – Race & Health Equity Administrators and Liaisons,
 - Climate Change – County Manager's Office
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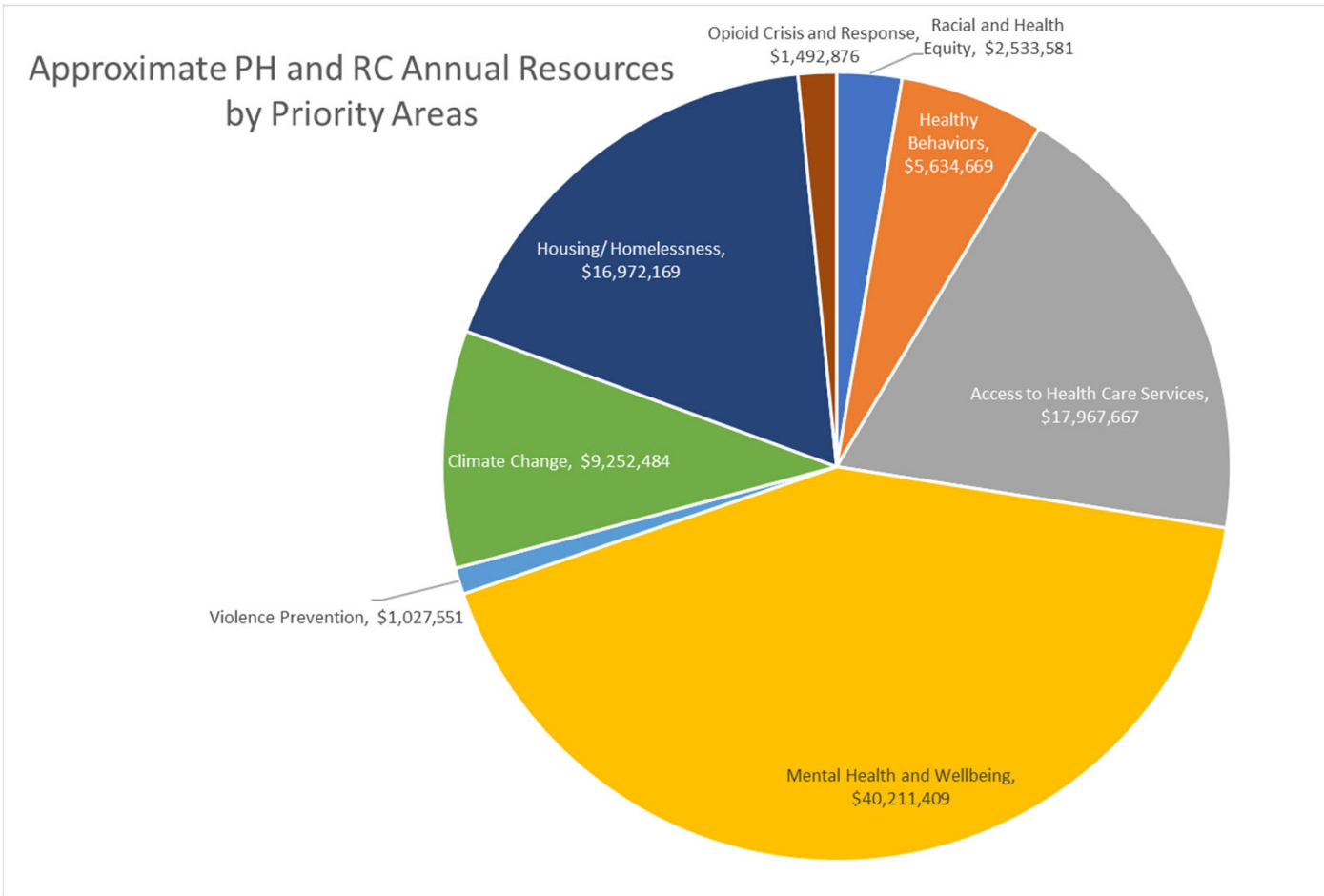
Multi-Year Funding That Supports CHIP Priorities

ARPA Funds

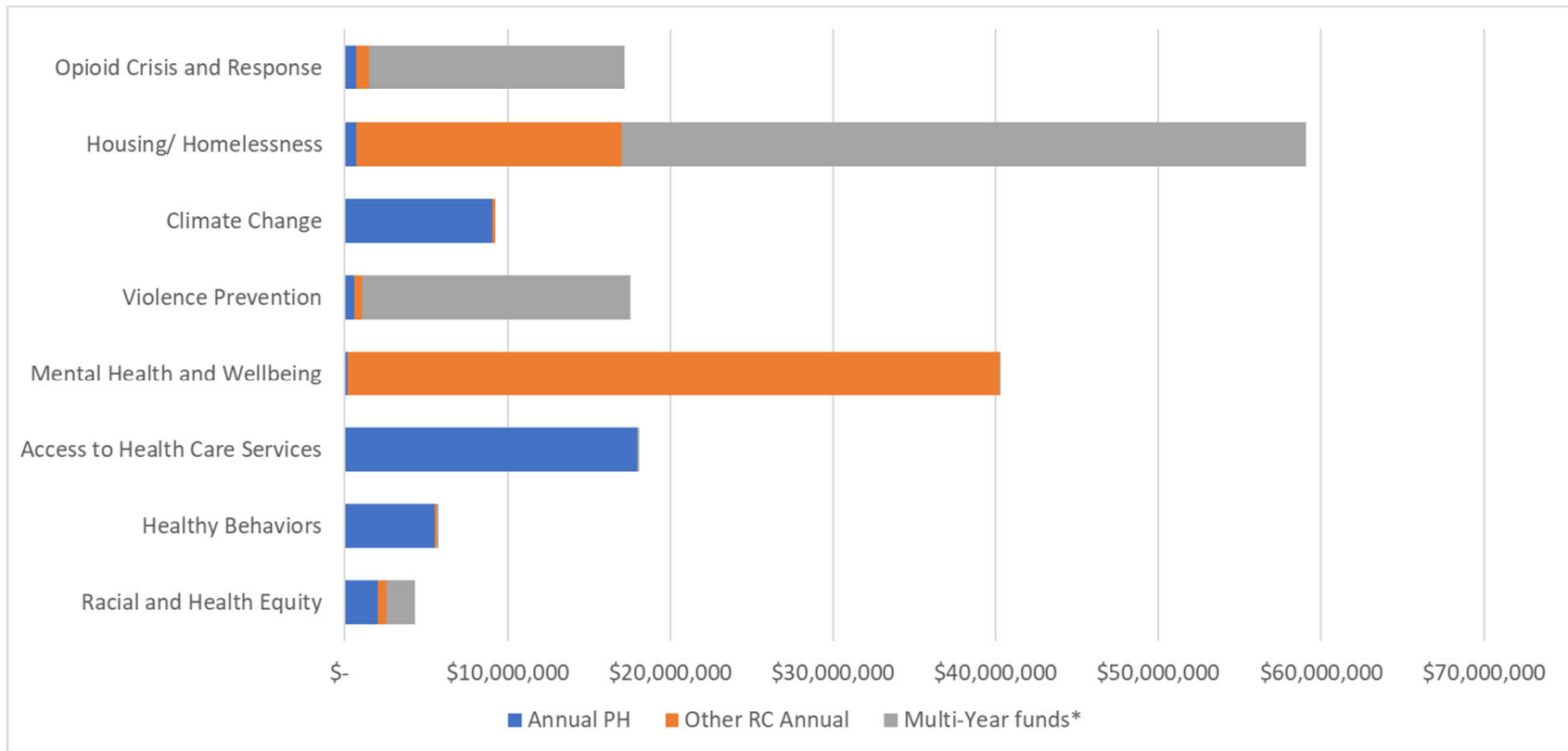
- Mental Health and Wellness
- Healthy Behaviors – WIC
- Violence – Sexual Violence (SOS), Healing Streets, Appropriate Responses
- Homelessness – Housing Stability Department

Opioid Settlement Funds

Opioid Prevention & Response – Public Health



Approximate Annual and Multi-Year Resources by Community Health Improvement Priority



Discussion and Mentimeter Activity

Leveraging and Aligning Resources

- Based on the priorities and funding, choose 3 priorities where you see a need for additional resources.
 - What programs or activities would the additional resources be used for in order to address top priorities?
 - Which populations should additional resources be focused on?
 - How will we know we have been successful in addressing the priorities?
 - What other things does Public Health need to consider when developing the budget?
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Open Discussion

What questions does this discussion raise for you?

Is there any additional information that you are interested in?

Next Steps

- Additional discussions with Public Health partners, community and staff
 - Ramsey County Budget Kick-off, Instructions and Levy Targets
 - Share Resource Allocation information with Department Leadership and RHELT
 - Develop Department Budgets
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Thank You!
