

**Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)**

Meeting Minutes

April 16, 2021 / 9:30 AM – 11:00 AM

Meeting Location

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Conference ID: 1655150

Attendees: Elise Bluemel, Vince Gallo, Cindy Hooker, Paula Lomazzi, Namitullah Sultani, Jan Winbigler, Nora Aaron Washington

Staff: John Dizon, Sharon Hutchins, Dr. Mishra, Mehrabuddin Safi, Vanessa Stacholy

Topic
<p>Opening Remarks – <i>Jan Winbigler, Chair</i></p> <ul style="list-style-type: none">• The Chair took roll.• The minutes from 03/19/21 were approved with a minor revision – to reflect that the term limits for Officers should be four years not two – corrected.<ul style="list-style-type: none">○ <i>Ms. Bluemel moved to approve the revised minutes.</i>○ <i>Ms. Washington second the motion.</i>○ <i>All CAB members presented voted to approve the revised minutes.</i>
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none">• Ms. Lomazzi announced that she will be attending the national Health Care for the Homeless Conference, which will be virtual-only this year. Her organization will be paying for her to attend, and she does not need CAB to support that. Dr. Hutchins reminded CAB members that she had asked for anyone wishing to attend to let her know. CAB usually sends one member and one staff person to this national conference. There is a large discount for consumer board members. Dr. Hutchins will be attending.• Ms. Winbigler let the CAB know that she had sent flowers and a card on behalf of the CAB to the family of Ms. Hall following her untimely demise.• Dr. Hutchins let the CAB know that the California Primary Care Association recently offered training opportunities to health center board members. Mr. Sultani attended the new member training. Ms. Winbigler and Dr. Hutchins attended that training as well as one on board member recruitment. Dr. Hutchins is working with CPCA to see if they can provide a tailored training (appropriate to a public entity FQHC) for the CAB. IN the meantime, Dr. Hutchins will send all training materials to CAB members and encourage them to review them, as the training was excellent and extremely important.<ul style="list-style-type: none">○ <i>Ms. Winbigler echoed the importance of the training and its focus on the proper role of the board and its members versus leadership and excellent advice and best practices for recruiting new members.</i>

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Follow up Items – *Dr. Hutchins*

- Attendance review
 - *CAB is doing well with attendance at present; we have had no unexcused absences for current members.*
- Update on addressing compliance issues found in the OSV.
 - *Dr. Hutchins reminded the CAB members that we had 90 days after receiving the final written report from the Operational Site Visit to come into compliance on deficiencies found. The end date of the 90 days is coming soon. We need to upload everything by 4/30/21.*
 - *Most of the areas have been addressed and submitted; some approved by HRSA.*
 - *The areas that remain related to Board Authority, Board Composition, and Sliding Fee Scale.*
 - *Three of the areas related to Board Composition will be ready if the revised bylaws are approved today.*
 - *Chapter 9 (Sliding Fee Scale) is still in progress. We have submitted the newly revised and approved Sliding Fee Scale policy and procedure, we need to*
 - *Have the CAB review and approve the Sliding Fee Scale Evaluation Report (hopefully at this meeting); and*
 - *Finish the process of amending contracts and providing documentation that all patients at SCHC who have no insurance or chose by pay themselves have access to the required specialty services and discounted rates, if they are eligible. These negotiations are still in progress.*

*Review and approval of revision to bylaws and revision to *PP 01-03 Conflict of Interest*

- Dr. Hutchins opened the revised Conflict of Interest Policy and reminded members that they had reviewed it in the February meeting. Dr. Hutchins showed the single change made since that time, which was to change the name of the attestation form signed by CAB members to bring it into alignment with the revised Bylaws.
- Chair Winbigler asked if there was a motion.
 - *Ms. Lomazzi moved to approve the revised PP 01-03 Conflict of Interest as shown to the CAB.*
 - *Ms. Bluemel seconded the motion.*
 - *All members of the CAB voted yes on the motion to approve the revised policy and procedure.*
- Dr. Hutchins opened the revised Bylaws. She indicated that only one change was made since the review by CAB in March. She showed the section on Officer positions to ensure that the bylaws reflected term limits of four years (or rather four consecutive one-year terms). That is indeed what the bylaws stated. The change made was to the Appendix – to ensure that the attestation form was on a single page.
- Chair Winbigler asked if there was a motion.
 - *Ms. Bluemel moved to approve the revised bylaws.*
 - *Ms. Lomazzi seconded the motion.*
 - *All members of the CAB voted yes on the motion to approve the revised bylaws.*
- Dr. Hutchins will send a hard copy of the bylaws to Ms. Winbigler for signature.

*CAB Governance

- Sub-Committee Updates to CAB
 - **Clinical Operations – Aaron Washington*

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- *Dr. Hutchins let the group know that PP 03-05 After Hours was being withdrawn due to a needed change caught at the last minute. Staff will update the policy and procedure and bring it back to the Clinical Operations Sub-Committee for another review.*
- **Finance – Jan Winbigler*
 - **Review of Sliding Fee Scale Evaluation Report: John Dizon showed the report to CAB members and explained that the Admin Team reviewed the requirements form HRSA for the evaluation report and tried to follow them. While HRSA would like to see a comparison of service utilization of patients in different sliding fee bands (by Federal Poverty Levels), we do not have sufficient patients in specific bands to make statistical comparisons. Mr. Dizon pointed out the final Figure that showed the result of the analysis conducted, which was to compare the average utilization of services by SFS patients in each tier to the average utilization of all patients (SFS or not) in that tier.*
 - *Dr. Hutchins clarified that when the hard copy handouts were sent by US mail, the decision as to how to conduct this final analysis had not been made. Therefore what Mr. Dizon is showing is new to you. The HRSA Compliance Manual instructs us to compare the utilization of services (i.e. number of visits per year) among patients of different bands. We have 5 bands, but have 0 patients in one of the bands and 1 patient each in two of the bands. This is insufficient to make any statistically accurate generalizations or comparisons. We had to really discuss this and check with HRSA on this question to best comply with the requirements. The analysis presented is our best effort to comply.*
 - *On average, our SFS patients had MORE visits per year, during the three year time period of the evaluation, than non-SFS patients, which leads us to think that the SFS does not provide a barrier to care.*
 - *Mr. Dizon explained that no SFS patient had asked that their fees be waived due to economic hardship during the time examined in this report.*
 - *Dr. Hutchins then explained that, as Mr. Dizon had said before, our County Healthy Partners program for undocumented patients absorbs many of the patients who would otherwise be uninsured and need to pay for care on their own, and thus likely qualify for SFS. However, as CAB members know, the County itself covers the cost of primary and limited specialty services for these patients, who are not charged anything. Therefore, they are not eligible for (or need) SFS. This reduces the amount of patients in the program.*
 - *A second reason for few patients being in the SFS program has to do with staff shortages and changes in procedures and workflows during the pandemic. Staff with access to the registration and check in modules (when family size and income are normally asked) were not interacting with telemedicine patients and thus could not collect this information. Likewise, to avoid lines and making patients late, those at the registration windows were sometimes skipping these questions out of compassion. However, all staff have been retrained on the importance of collecting this and other pieces of demographic information.*
 - *Dr. Hutchins reviewed the report's conclusions and recommendations (see handout).*
 - *Ms. Bluemel asked to verify that SCHC has a process by which patients can ask for and obtain a waiver of fees if they have economic challenges. Dr. Hutchins said that yes, this is in the Billing and Collections policy and procedure recently approved by the CAB.*
 - *Without additional question or comments being offered, Ms. Winbigler asked if there was a motion.*
 - ❖ *Ms. Bluemel moved to approve the Sliding Fee Evaluation Report for 2018-2020.*
 - ❖ *Ms. Washington second the motion.*
 - ❖ *All CAB members present voted yes on the motion to approve the Sliding Fee evaluation report for 2018-2020.*
 - *PPS rate: Mr. Dizon informed attendees that he had updated the Finance Sub-Committee that we are still waiting to hear back from the state given that their auditor is leaving and a new one is being trained. There are no new updates at this time.*

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- ECT grant extension: Dr. Hutchins indicated that she had reported to the Finance Sub-Committee that our request to extend the ECT grant was approved for a full year, thus giving the vendor time to complete the build of the mobile medical center van, for us to get it set up and ready, and to use it to do COVID testing before the grant ends.
- HRSA CARES grant closeout: Dr. Hutchins informed the group that the HRSA CARES grant ended on 3/31/21 and that the fiscal people are working on the final reports. We submitted the final progress report successfully.
- February Financial Status report: Mr. Dizon explained to members that the Finance Sub-Committee had been working on getting a revised format for reviewing the Finance Report. He showed the template suggested by Ms. Hooker. He then addressed some of the questions Ms. Hooker had written on the template.
 - Mr. Dizon explained that the request to add a “Month” column was complied with, but that this is often not a great way to see how the budget is being spent. The County may pay or receive revenue and credit it to the correct account after the month in which this actually occurred. The best way to track progress is to look at the “Year to Date” column.
 - Ms. Hooker thinks that this template is simplified (compared to the full FSR) and this helps the Sub-Committee and CAB understand the key pieces of information.
 - Ms. Winbigler thinks that the template produced by Ms. Hooker and the addition of the Notes column on the right helps the CAB and Subcommittee understand the issues involved and their implications.
 - The CAB did not object to the adoption of this template and its use to report from the Finance Sub-Committee to CAB monthly (or at least for the months that the County produces an FSR).
 - Current budget status – we are on track to being in the black for the remainder of the fiscal year.
 - New HRSA COVID Award (American Rescue Act): Ms. Winbigler informed the CAB that HRSA has provided a new award of approximately \$2.5 million and asked Dr. Hutchins to provide more details.
 - ❖ Dr. Hutchins indicated that the funds were provided through the American Rescue Plan Act and are related to the COVID pandemic. The ~\$2.5 million is over 2 years. Up to \$500,000 of this can be used for minor alternations and renovations of existing buildings. The rest can be used for staffing or other COVID-related expenses. SCHC management is coming up with a budget proposal that will be presented the CAB Finance Sub-Committee meeting on 5/19, and then likely by the Finance Sub-Committee to CAB at the 5/21 meeting. This budget must be submitted to HRSA within 60 days of the award, so before the end of May.
- Strategic Planning – see individual agenda item
- Governance – Sharon Hutchins
 - Dr. Hutchins reminded attendees that the Governance Sub-Committee has been on hiatus as all of its members are also on the Strategic Planning Sub-Committee. Dr. Hutchins recommends that the Governance Sub-Committee start to meet again in May, as CAB member recruitment is a pressing issue.
 - Mr. Safi will send a meeting invitation for 5/11 and for the rest of the year using the former schedule of 1-2 PM of the Tuesday of the week before the CAB meeting.
 - Governance Sub-Committee Chair Winbigler noted that Mr. McBrayer’s resignation from the CAB meant that this Sub-Committee also lost a member and invited other CAB members to consider joining.

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Review of Draft Strategic Plan – *AAron Washington*

- Ms. Washington went over the handout summarizing the Strategic Plan's priorities, strategies and action steps.
- After reviewing a lot of data and much discussion, the Sub-Committee has selected three strategic priorities for the next three years:
 - *Space*
 - *Staffing*
 - *Focus on homelessness*
 - Concerning the proposed priority of Space, Ms. Lomazzi asked which program(s) in the health center have space problems, noting that the 4600 Broadway location is large.
 - *Dr. Hutchins responded that overall we have outgrown the Broadway location. There are days that every exam room is in use. We have people sharing workstations and others telecommuting due to lack of office space. In addition, we have two programs sharing Suite 2100 – Refugee and Family Medicine – but that this sharing will not work if the Refugee program needs to go back to seeing patients in person after the pandemic. We have asked the federal Office of Refugee Resettlement and the California Department of Public Health for permission to continue seeing refugee patients through telehealth, but have not yet received an answer. If we do not get a positive answer soon, we may need to move a program to a different site or make other large changes.*
 - *Ms. Washington also pointed out that part of the Strategic Plan being proposed is to enhance space at Loaves and Fishes, as we are maxed out with our current space. The mobile medical center van can help as we are intended to use it at Friendship Park – this is also part of the Strategic Plan being proposed. Ms. Washington also indicated that we are working on a possible collaboration with Public Health for the mobile medical center van and asked Dr. Mishra to elaborate further.*
 - ❖ *Dr. Mishra said that she has been talking with Dr. Kasirye and others from Public Health about extending HIV and STI testing using the mobile medical center van, once the ECT grant is over. We have only had one meeting with Public Health at this point. Public Health has grant funds to pay for STI screening and navigation for those at risk. We could use their grant to jointly provide services. Public Health would do the screening and navigation. The health center would provide treatment and education. Public Health's Sexual Health Clinic could then provide more education and navigation for specific patients. A second meeting with Public Health will occur in about two weeks' time.*
- Ms. Washington said that the second priority was staffing. The health center is understaffed and needs to develop a business case to indicate what staffing is needed how this will be paid for, and why this is important to providing quality care in a cost-effective manner.
 - *No one objected or offered thoughts regarding this priority.*
- Ms. Washington then said that the third priority is to better serve the homeless population. We will be conducting health needs assessments of the homeless population and working on getting more homeless patients assigned to our health center. Transportation has been a long-term issue for homeless patients who want to be seen at SCHC. The mobile medical center van offers the opportunity to serve patients at Loaves and Fishes or other more convenient locations. This should allow us to increase our homeless patient enrollment, which has been dropping to concerning levels.
 - *No one objected or offered thoughts regarding this priority.*

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- Dr. Hutchins let the group know that the Strategic Plan Sub-Committee is still working on some of the details of the three year Strategic Plan, which will run through 2023. The Admin Team is reviewing the timeline of the Action Plan. The Strategic Plan Sub-Committee is meeting again on 4/27, and will hopefully have the full plan developed then for presentation to CAB at the 5/21 meeting.
- Ms. Winbigler asked for questions, comments, concerns. None were offered. Ms. Winbigler noted that the Sub-Committee could then continue its work and develop the complete plan to present on 5/21 at the next CAB meeting.

Quality Improvement

- Deferred to May meeting due to time

Compliance Report

- Deferred to May meeting due to time

Medical Director Update – Dr. Mishra

- Dr. Mishra indicated that she had already given one of her updates – the potential collaboration with Public Health for STI screening.
- The second updates relate to the COVID vaccination clinic. Management has just switched to using J&J single dose vaccine due to the ease of scheduling and patient requests when the reports of adverse events were noted and the federal government put a pause on its use.
 - *We have given 134 doses of J&J vaccine. The providers of these patients are reaching out to each patient to explain the possible side effects and ensure that the patients are doing OK. We have received no notice of any side effects in our patients.*
 - *If the federal government approves J&J administration again, we may resume its use. In the meantime, however, we have continued with our vaccination clinics and switched back to using the two-dose Moderna vaccine. We have enough of that vaccine on hand to administer vaccine to all patients with scheduled appointments last week, so we did not have to cancel any appointments. We have ordered more Moderna vaccine so that we can keep the vaccine clinics scheduled for next week and after.*
- Dr. Mishra also informed the group that leadership made the decision to remove the Mobile Medical Center tent, the large tan tent taking up much of the back parking lot, due to the high cost of paying for security 24/7. We can continue evaluating COVID patients using pop up tents rather than this large army hospital tent, which will save money. We are working out the logistics of this plan, including possibly portable air conditioning units for the summer months.
- Dr. Mishra reminded the group that she had announced the implementation of the Hypertension Clinic at the last CAB meeting. In addition to the Diabetic Chronic Disease Program, we now have the Hypertension Chronic Disease Program and see patients with uncontrolled hypertension.
- Dr. Mishra also informed the group that UC Davis is going to issue a major press release featuring the CIRCLE Clinic, our new foster care clinic, in May. Dr. Mishra indicated that we have to follow all County rules regarding Public Information releases.

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Next Meeting Items – All

- *2021-2023 SCHC Strategic Plan review and approval*
- *March Financial Status Report*
- *Quality Report*
- *Compliance Report*
- *Sub-Committee updates*
- *Mental Health in Schools Program presentation (possibly)*

Public Comment – Paula Lomazzi, Vice-Chair

- There were no public comments offered.

Closing Remarks and Adjourn – Paula Lomazzi, Vice-Chair

- The meeting was adjourned at 11:05 AM.

Next Meeting: May 21, 2021/ 9:30-11:00 AM

*Items that require a quorum.

The Co-Applicant Board welcomes and encourages participation in the meetings.

Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

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