

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

Meeting Agenda

September 16, 2022 9:30 AM to 11:00 AM

Meeting Location

Via Zoom: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1607171817?pwd=alprVXJvMlhqQnNibWRNQkNJVTEzUT09>

Meeting ID: 160 299 6161

Passcode: 250277

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OR

Dial by your location

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Meeting ID: 160 299 6161

In Person: Conference Room 2800

- Please RSVP at least 24 hours in advance to Mr. Safi at SafiM@saccounty.net to reserve a place.
- Please arrive 15 minutes before the meeting start so that someone can bring you behind the locked doors. Wait in the main lobby (entrance on garage side) for someone to bring you upstairs.
- Facemasks are still required in the Primary Care Center.

Topic
<p>Opening Remarks and Introductions – <i>Ms. Winbigler, Chair</i></p> <ul style="list-style-type: none"> • Roll Call and Welcoming of Guests/Potential New Members • *Review and approval of minutes from 08/19/22 meeting
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none"> • SAC application submitted successfully
<p>Health Resources and Services Agency (HRSA) Project Director Update – <i>Dr. Mendonsa</i></p>
<p>Quality Improvement and Compliance – <i>Dr. Hutchins</i></p> <ul style="list-style-type: none"> • Q3 Quality Improvement Plan Monitoring Report • Report on HIPAA Audit for Adult Medicine, Family Medicine and Pediatrics
<p>*CAB Governance – <i>Committee Chairs</i></p> <ul style="list-style-type: none"> • Committees Updates to CAB <ul style="list-style-type: none"> ○ *Clinical Operations – <i>Mr. Gallo</i> <ul style="list-style-type: none"> ▪ Program Review: After Hour Clinics ▪ *Policy and Procedure Review and Approval: PP 04-23 Patient and Visitor Service Animals and Pets ○ *Finance Committee – <i>Ms. Winbigler</i> <ul style="list-style-type: none"> ▪ Comparison of FY 2022-23 growth items to Strategic Plan ▪ Prioritization/Re-evaluation of Strategic Plan

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| <ul style="list-style-type: none">▪ FY 2023-24 growth recommendations to Clinic Management by November CAB meeting▪ July Financial Status Report (FSR)▪ Update on grants – existing and potential○ Governance – <i>Ms. Winbigler</i><ul style="list-style-type: none">▪ Recruitment update |
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Next Meeting Items – All

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| <ul style="list-style-type: none">● Program Review: Healthy Partners● August Financial Status Report● CAB Officer Nominations● Committee Updates<ul style="list-style-type: none">○ *Policy and Procedure Review |
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Public Comment – <i>Mr. Sultani, Vice-Chair</i>
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Closing Remarks and Adjourn – <i>Ms. Winbigler, Chair</i>
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Next Meeting: Friday, October 21, 2022 9:30-11:00 via Zoom or in person

*Items that require a quorum and vote.

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.

The agenda is posted on-line for your convenience at <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

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**Sacramento County Department of Health Services
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Meeting Minutes

August 19, 2022 9:30 AM to 11:00 AM

Meeting Location

Via Zoom: To see/share documents on the screen, go to

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Meeting Attendees

Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Nicole Miller, Namitullah Sultani, Jan Winbigler

Staff: Robyn Alongi, John Dizon, Joy Galindo, Neilu Golshanara, Sharon Hutchins, Andrew Mendonsa, Mehrabuddin Safi, Vanessa Stacholy

Topic
<p>Opening Remarks and Introductions</p> <ul style="list-style-type: none">• Chair Winbigler took roll and welcomed Ms. Fryer, the newest CAB member.• The group reviewed the minutes from the 07/15/22 meeting.<ul style="list-style-type: none">○ Ms. Bohamera moved to approve the minutes from the 7/15/22 meeting as amended.○ Ms. Bluemel seconded the motion to approve the minutes from the 7/15/22 meeting as amended.○ All members voted "yes" on the motion to approve the minutes from the 7/15/22 meeting as amended.
<p>Brief Announcements</p> <ul style="list-style-type: none">• Dr. Hutchins announced that she had received confirmation that the Sacramento County Board of Supervisors ratified CAB's selection of Ms. Fryer as a new member. Ms. Fryer is undergoing orientation and completing ethics and conflict of interest training and paperwork.

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- Dr. Hutchins explained that Ms. Bluemel is "piloting" the new CAB consumer member laptops. She reported at the Governance Committee meeting on some challenges that we will try to work through. Dr. Hutchins asked Ms. Bluemel to send a list of the challenges in writing so we can fix them.

Health Resources and Services Agency (HRSA) Project Director / Medical Director Update

- Dr. Hutchins gave Dr. Mishra's update as Dr. Mishra is out of town.
- Dr. Mishra's report started with the Strategic Priority of Additional Space.
 - The move into Suite 2600 space vacated by the Department of Human Assistance (DHA), has begun. Staff is moving in small groups so we can identify challenges before a larger group of staff move into the space.
 - Suite 2600 will house the mental health counselors, the Care Management Team, Medical Records & Scanning, Member Services, Quality Improvement & Compliance, Referrals, and part of the Refugee Health Program (first visit staff).
- The report then focused on the Strategic Priority of Serving Patients Experiencing Homelessness.
 - SCHC is about to launch the mobile medical center van. We hope to implement clinical services there in time for the van to be listed as a permanent site when we apply for the Service Area Competition. Therefore, we are having a "soft launch" to see patients on 9/13, and will then have a more formal opening celebration with participation by the community.
 - The team is also working on the mobile medical center van's pre- and post-trip logistics.
 - The initial location for service will be the United Methodist Church on J Street.
 - The van will be operating on Tuesday and Friday mornings.
 - Dr. Mendonsa added that he was able to connect with Communicare, a FQHC in Yolo County. They have generously invited our providers who will be part of the mobile medical center van team to do a "ride along" with their van to learn from their efforts.
- Dr. Mishra's report then focused on Program Updates.
 - Dr. Hutchins informed the group that SCHC has been tracking membership in the Healthy Partners programs. CAB members may remember that this is the County program that pays for primary (and some specialty) care for undocumented residents. Medi-Cal has expanded to include individuals 50 years of age and older without legal documentation (provided they meet the income requirements). SCHC has developed a workflow to support patients undergoing this transition and assure the continuity of care. Some patients have chosen to get primary care at other locations, and some have requested to stay at SCHC. Dr. Mishra outlined several steps in this process, including SCHC mailing letters to ~1,000 patients affected by the Medi-Cal expansion to ensure they understand their options. While Medi-Cal sent its letter, SCHC wanted to ensure patients received the message and understood how to choose a medical home and ensure continuity of care.
 - Dr. Mishra's report then focused on the Care Management program. Recruitment has begun to fill two new positions on the team – a Care Manager Nurse (RN) and Public Health Aide. The new staff will enhance the work of the existing Complex Care Management Team and the homeless program team by providing outreach to patients who qualify for Medi-Cal's new Enhanced Care Management support service program.

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- The report then focused on the Comprehensive Perinatal Services Program. The team is still doing research into the contract for this particular service.
- Dr. Mishra's report then focused on health center challenges and solutions.
 - The finding of SCHC's recent health plan access audit suggested that SCHC needs to improve appointment availability. Management is seeking additional information on how the audit was conducted and whether telehealth visits were included. Solutions are being identified to increase appointment access, including opening the schedule further in advance and ensuring that appointment "blocks" for critical needs are not used ahead of time.
 - Management reviews training and best practice materials from other institutions to improve appointment access.
- Dr. Mishra's report then focused on public health pandemics.
 - Dr. Mishra indicated that staff completed the vaccine training to help integrate the delivery of COVID vaccines during normal appointments. We are still waiting for the message concerning vaccine availability for young children to be sent out.
 - Dr. Mishra gave a presentation about Monkeypox, at last, All Staff Meeting. To date, the health center has seen one confirmed case and one suspect case. We expect more cases.

Organizational Chart and HRSA Project Director

- Chair Winbigler summarized recent events, including the corrections offered by CAB to the County's proposal regarding selection of the HRSA Project Director. She reminded members that the County's revised proposal was sent as a handout prior to the meeting. She asked for feedback from members.
 - Ms. Bohamera moved to approve the revised County proposal for the selection of the HRSA Project Director.
 - Ms. Lomazzi seconded the motion to approve the revised County proposal for the selection of the HRSA Project Director.
 - All CAB members voted "yes" to approve the revised County proposal for the selection of the HRSA Project Director.
- Chair Winbigler stated that for a nomination for Dr. Mendonsa as HRSA Project Director would be the logical next step.
 - Ms. Bluemel moved to nominate Dr. Mendonsa to be the HRSA Project Director.
 - Ms. Lomazzi seconded the motion to nominate Dr. Mendonsa to be the HRSA Project Director.
 - All CAB members voted "yes" on the nomination of Dr. Mendonsa as HRSA Project Director.
- Dr. Hutchins stated that after the nomination of Dr. Mendonsa for HRSA Project Director, CAB needs to vote on his selection as HRSA Project Director.
 - Ms. Bluemel moved to select Dr. Mendonsa as HRSA Project Director.
 - Ms. Lomazzi seconded the motion to select Dr. Mendonsa as HRSA Project Director.
 - All CAB members voted "yes" on the selection of Dr. Mendonsa as HRSA Project Director.
- CAB members congratulated Dr. Mendonsa and thanked Dr. Mishra for her service in as former HRSA Project Director.

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Update on the Service Area Competition Application

- Dr. Hutchins informed CAB members that there are two phases of the SAC application. Staff completed the first ahead of time. We have gotten confirmation that it has been accepted by HRSA.
- The second part of the application is due on 9/14/22. Staff is aiming to upload the majority of the application on 9/9/22 to be sure to submit it before the due date. However, we want to verify the change in scope to include the mobile medical center van as a site. As Dr. Mishra's report indicated, services will be implemented in the van on 9/13/22, so we will not be able to submit the application prior to 9/13/22.
- The Admin Team is working on the budget and other pieces and Ms. Alongi has nearly completed the narrative. We are also working on many forms for submission. We are on track for an on-time submission.
- Dr. Hutchins informed CAB members that a special CAB meeting would be needed before staff can submit the SAC application for two reasons. First, CAB must review and approve the changes to the Sliding Fee Discount Policy and Procedure. Second, CAB must vote on one additional candidate consumer CAB member to ensure we have a nine-member board as the Bylaws require.
 - CAB members agreed to meet for a special meeting on 9/9/22 from 9:30-10:30.

*Review and approval of the single federal audit

- Chair Winbigler reminded CAB members that the fiscal 2020-2021 single federal audit had been provided as a handout at the previous meeting. CAB members should have had sufficient time to review it. She asked if there were any questions, concerns or comments from members.
- No members offered feedback.
 - Ms. Bohamera moved to accept the single federal audit for fiscal year 2020-2021.
 - Ms. Bluemel seconded the moved to accept the single federal audit for fiscal year 2020-2021.
 - All CAB members voted "yes" to accept the single federal audit for fiscal year 2020-2021.

*Quality Improvement

- Dr. Hutchins quickly summarized the *2022 SCHC Quality Improvement Plan* completed by the Quality Improvement Committee, focusing on the new proposed items for the *Economic Sustainability* and *Care Team Well-Being* aims. She asked if any CAB members had questions or comments.
 - Ms. Winbigler asked whether specific areas of performance need enhanced scrutiny by leadership.
 - Dr. Hutchins explained that the Quality Improvement Committee carefully reviewed SCHC quality performance when developing the QI plan to select those areas most in need of attention. These were included in the QI Plan to ensure that all team members are aware of the need for improvement and can work together to achieve it.
 - Ms. Lomazzi moved to adopt the *2022 SCHC Quality Improvement Plan* as developed by the Quality Improvement Committee.

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- Ms. Bohamera seconded the motion to adopt the *2022 SCHC Quality Improvement Plan* as developed by the Quality Improvement Committee.
- All CAB members voted "yes" to adopt the *2022 SCHC Quality Improvement Plan* as developed by the Quality Improvement Committee.
- Dr. Hutchins presented the summary of Provider Report Cards for Quarter 2 to the group. She explained the meaning of the color-coding, which helps the reader understand if we have met or are on track to meet the quality metrics.
 - Ms. Winbigler asked how often CAB will be seeing this report.
 - Dr. Hutchins replied that it is intended as a quarterly report.

CAB Governance – *Committee Chairs

● **Committees Updates to CAB**

○ ***Clinical Operations**

- Mr. Gallo informed the group that the Clinical Operations Committee reviewed a program update on the mobile medical van, but this was addressed in Dr. Mishra's report today. In addition, the Clinical Operations Committee reviewed three policies.
 - *PP 04-01 Urgent Services*: Mr. Gallo indicated that this is an update of an existing document. He asked if members had any questions when they reviewed this and the other three policies.
 - *No one had questions.*
 - ❖ Ms. Bluemel moved to approve the presented changes to the *PP 04-01 Urgent Services*.
 - ❖ Ms. Lomazzi seconded the motion to approve the presented changes to the *PP 04-01 Urgent Services*.
 - ❖ *All CAB members voted "yes" to approve the presented changes to the PP 04-01 Urgent Services.*
 - *PP 04-22 Patient Discharge Policy*: Mr. Gallo indicated that CAB had reviewed this document earlier and requested that a patient appeal process be added. Staff amended the policy and procedure and are presenting it for CAB approval.
 - ❖ Ms. Bluemel moved to approve the presented changes to *PP 04-22 Patient Discharge Policy*.
 - ❖ Mr. Gallo seconded the motion to approve the presented changes to *PP 04-22 Patient Discharge Policy*.
 - ❖ *All CAB members voted "yes" to approve the presented changes to PP 04-22 Patient Discharge Policy.*
 - *PP 03-12 Appointment Template Management*: Mr. Gallo told the group that this document had been updated to ensure staff have an appropriate guide to schedule appointments given recent changes at the health center due to the pandemic.
 - ❖ *Mr. Gallo moved to approve the presented changes to PP 03-12 Appointment Template Management.*
 - ❖ *Ms. Bluemel seconded the motion to approve the presented changes to PP 03-12 Appointment Template Management.*
 - ❖ *All CAB members voted "yes" to approve the presented changes to PP 03-12 Appointment Template Management.*

○ ***Finance Committee**

- Ms. Bohamera told the group that the Committee reviewed the End of Year Financial Status Report (FSR) in detail. Overall, the Committee concluded that the SCHC budget was in excellent shape. SCHC did not require any additional County General Fund to provide clinic services due to \$3.7 million greater revenue than expected.

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

- **PP 11-01 Sliding Fee Discount Program: DEFERRED to September CAB meeting.*
- Update on grants – existing and potential: Ms. Bohamera stated that most grants are on track. One was completed and closed out, as noted on the report in the handouts.
- Governance
 - Strategic Plan monitoring – August Report: Ms. Winbigler informed CAB members that the Committee had discussed with staff the advisability of adjusting some steps and due dates in the Strategic Plan. In particular, as our new HRSA Project Director, Dr. Mendonsa will need more time to evaluate policies and plans regarding remote work at SCHC. The Committee proposed to move this deadline to November 2022.
 - Ms. Winbigler indicated that SCHC needs to secure funding to seek space outside of the footprint of the 4600 Broadway site. Therefore, the Committee proposed to extend the deadline for SCHC leadership to present a plan for additional space to CAB until August 2023.
 - Finally, the Committee proposed to move the deadline for business case for staffing ratios until July 2023.
 - Ms. Winbigler asked if CAB members supported these proposals.
 - Ms. Bluemel moved to approve the changes to the 2021-2023 SCHC Strategic Plan recommended by the Governance Committee.
 - Ms. Bohamera seconded the motion to approve the changes to the 2021-2023 SCHC Strategic Plan recommended by the Governance Committee.
 - All CAB members voted "yes" to approve the changes to the 2021-2023 SCHC Strategic Plan recommended by the Governance Committee
 - Recruitment update: Ms. Winbigler informed the group that Dr. Hutchins reported to the Committee that no additional CAB member applications have been received and there have been no other contacts from potential members.
 - Attendance policy reminder: Ms. Winbigler asked Dr. Hutchins to address this issue. Dr. Hutchins opened the Absence Tracker that CAB used to review at every meeting. Dr. Hutchins reminded CAB members that the Bylaws require CAB member attendance at all monthly meetings. She asked members if any entries in the Tracker needed to be corrected. One correction was offered and made.

Next Meeting Items – All

- Remembrance of CAB Member Nora Aaron Washington
- HRSA Project Director/Medical Director Report
- Final Update on Service Area Competition Application process
- Program Review: Healthy Partners
- July Financial Status Report
- Discussion of Officer Elections
- Committee Updates
 - **Policy and Procedure Review*

Public Comment

- Vice-Chair Sultani asked if there were any public comments. None was offered.

Closing Remarks and Adjourn

- Chair Winbigler adjourned the meeting at 11:05 AM.

Next Meeting: Friday, September 9, 2022 from 9:30-10:30 via Zoom or in person (SPECIAL MEETING)

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

Next regular meeting: Friday, September 16, 2022 from 9:30-11:00 via Zoom or in person

*Items that require a quorum and vote.

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DRAFT

CAB Updates
Andrew Mendonsa, Psy.D., MBA – HRSA Project Director
September 16, 2022

1. The Health Center will be participating in the HRSA’s Health Center Workforce Well-being Survey.

- The SCHC is in the first cohort to receive the study which will be released the week of Oct 3.
- SCHC will receive aggregate data that we can use to develop strategies and programs to increase employee satisfaction, retention, and well-being.
- In addition, we will be able to compare our results to health centers across the nation. This is valuable data (at no cost to the SHCH) that will allow us to address one of our Quality Improvement Plan goals: Care Team members understand and believe in their role and are supported to carry it out in a positive environment. [See Below]
- The Well-Being study checks all the boxes for this goal.

QI Plan Goal for Care Team Well-Being: *Staff members understand and believe in their role and are supported to carry it out in a positive environment*

Goal: Identify barriers and obstacles to long-term retention for County staff.

- Objective 1: Develop with a consult a targeted staff survey to be conducted before the end of December 2022.

Goal: Improve morale and retention of the Care Team.

- Objective 1: Develop a short personnel survey (with mainly Likert-scale questions) that focuses on job satisfaction and morale of self, work team, and SCHC as a whole and administer it before the end of the calendar year.

Going forward, this should be an annual survey for comparison purposes.

- Objective 2: Review the results of the personnel survey and identify one to three areas for action to improve care-team well-being in calendar year 2023.
- Objective 3: Review institutional policies and practices to determine if changes can be made to aid retention efforts.

2. The Health Center hosted staff from Behavioral Health Services Substance Use Prevention and Treatment Staff on August 31st for Overdose Awareness Day.

- Behavioral Health Staff distributed information about where to seek treatment, harm reduction services, and signs of overdose.
- Information was provided in the County's threshold languages. They also gave out 350 boxes of Narcan which is the overdose reversal agent if someone is overdosing from opioids.
- Staff, patients, and the general public were recipients of Narcan.

3. On August 25th, DHCS Announced New Managed Care Contracts Will Prioritize Equity, Access, Quality, and Transparency

- This change is part of DHCS' broader efforts to redefine how care is delivered to Medi-Cal beneficiaries. DHCS entered into contracts with the following health plans – Molina, Anthem, Health Net, and Kaiser.
- For our purposes, the Health Plans that will service Sacramento are only Molina and Anthem. This may affect our UC Davis Health Net patients (~2000 patients).
- We are in conversations with UCD and it appears a solution may be in the works. As we know more, I will update CAB.
- HealthNet is engaged in an appeal. Contracts set to go live in 2024.

4. Kaiser Community Medicine Fellow – Pediatrics

- Thanks to the introduction from our UCD peds lead, Dr. Ratanasen, Dr. Mishra and I have started initial conversations with Kaiser regarding having a Community Medicine Fellow provide clinical care at the Health Center one half day per week (possibly two depending on future scheduling) to pediatric patients which can include WCC and urgent care appointments.
- She is available now until 8/31/2023 when her fellowship concludes.
- Likely in the clinic Wednesdays AM and also consider Tuesday PM occasionally.
- She is board certified in pediatrics and does not require supervision.
- We are working to secure a MOU and also seeing if we might leverage an existing agreement Kaiser already has in place with Public Health.

5. Consultant Working with Call Center and Referrals Team

- We have engaged MRG consulting to work with both the Call Center and Referral Team to identify areas for improvement, help develop workflows that are consistent with industry standards, leverage resources and technology, and identify additional needs for ongoing success.
- At the end of MRG's work, a report will be produced with recommendations which management will operationalize. I will also present the reports to CAB if you wish.

6. Mobile Medicine Van

- Last week we met with CommuniCare of Yolo County.
- We were able to pick their brain on how they operate their van, workflows, equipment, and things to avoid when launching the van for the first time.
- Additionally, our doctors were able to do ride alongs with them and gain valuable insight.
- Also, we have been fortunate to have been provided P&Ps and background information from Marin and other programs who have Mobile Vans and have incorporate multiple perspectives into ours.
- I am proud to announce that on this past Tuesday, our Mobile Medicine Van had its maiden voyage!
- Several of our management and provider staff went out as well as our PH staff partners. The launch was meant to be a short trial run to test the vehicle, workflows, and equipment.
- We saw 5 patients! We are in the process of finalizing workflows and P&P with the feedback from Tuesday's trial run and then plan to officially place the van in regular operation in the 3 to 4 weeks.
- We saw 2 patients that PH were trying to locate for over 4 years!
- I want to thank my team and our partners at PH for all their assistance with the planning and launch of our van.

7. Community Health Quality Recognition (CHQR) Badge

- I am proud to announce the Health Center has been recognized by HRSA with a Community Health Quality recognition badge this year for Health Information Technology (HIT).

- This award is based on several factors such as: Adopted an electronic health record (EHR) system, Offers telehealth services, Exchanges clinical information electronically with key provider's health care settings, Engages patients through health IT, and Collects data on patient social risk factors.
- Special recognition goes to our Admin Team which supports a lot of the structure that allowed us to earn this award.

8. HIV Grant Awarded

- Happy to announce the Health Center was awarded a HRSA grant for up to 3 years; up to \$975k.
- A broad summary of the grant for today, it will help reduce new HIV infections through 4 grant focused areas: (1) Pre-Exposure Prescribing (PrEP), (2) Testing, (3) Workforce Development, (4) Outreach. This grant really leverages our partnership with Public Health and develops a partnership with the Sexual Health Clinic.
- Additionally, the grant aims to Increase the number of patients counseled and tested for HIV, increase the number of patients prescribed PrEP, and increase the number of patients linked to HIV care and treatment within 30 days of diagnosis. We will be utilizing grant dollars here at the clinic, at Loaves and Fishes and on our Mobile Medicine Van.
- Special thanks to Vanessa for leading this grant. She is in the process of developing an implementation plan for this grant and will have updates later this year.

9. Access Issues

- As you are all aware, Dr. Mishra and I have been working diligently to address access issues in the clinic.
- We are not only looking at it from simply ensuring coverage is present, but also applying innovation and collaboration lenses to the problem.
- As I already mentioned earlier, we are pursuing a Kaiser Pediatric Fellow which will help with Well Child Visits. We are hoping to make the fellowship a permanent placement at the Health Center.
- This is a zero cost to the County as well.
- We are also looking to leverage telehealth more as appropriate to the patient population and enrolling more patients in MyChart (EHR).

- Additionally, Dr. Mishra has launched a Pap Clinic to reduce that gap in care and we are hoping to increase visits in that clinic through more consistent scheduling.
- We are also preparing to start offering evening and weekend clinic services. Our first weekend clinic will be October 15th.
- We are hoping to target Flu/Peds IZs, Diabetes/HTN / Flu clinic - and give BP machine give away and really increase MyChart downloads which establishes a connection to communicate with patients and remind them about visits and care needs.

10. Quality Improvement

- I am excited to share that we are moving with implementing additional Quality Improvement activities here at the Health Center.
- This will include things such as morning huddles, communication boards, afternoon huddles, newsletters, and small QI team projects.
- It really engages frontline staff in QI. More to come on it but I hope to use it as a vehicle to improve our HRSA and other regulatory metrics.

11. Hiring/Staffing Updates


- We continue to recruit for open positions in administration, pharmacy, and within the clinic. We have 14 open requisitions. We recently had two (2) ASO-1 staff start in Admin which is a much needed addition. We continue to have typical in-flow/out-flow of registry and on-call staff.
- We have identified a licensed behavioral health candidate for our IBH team who is a Clinician with the MH ACCESS Team. Because it is considered a lateral, and the ACCESS Team is having significant staff shortages currently, we may need to wait a bit.
- We are excited to share that we recently made a conditional offer to a candidate for the Clerical Supervisor position. This is a key position for the Health Center which will eventually oversee our Call Center, Member Services, and other key clerical areas.
- And just this morning I made a conditional offer to a candidate to hopefully become my Assistant. He comes with a diverse background that should complement the HC and hopefully help keep my life organized!
- Hiring is taking a little bit longer just because of volume and county resources, so although we have candidates with conditional offers, starts are out a ways.

12. SAC Application

- We submitted our SAC Application on Tuesday evening.
- Late last night we learned there was an additional approval that was accidentally missed.
- First thing this morning at 6am we reached out to HRSA and started the process of requesting a waiver to allow us to submit our application late.
- They have acknowledged our request and said they will be in touch shortly.

Program Summary: After Hours/Weekend Clinics Proposals

Name of Program	Description
Summary and purpose	Division Manager and QI/ Compliance HPM discussed the need to provide additional clinic days/times to meet QI measures
Why did we start this program?	Fall 2022
Is our reason still relevant?	Yes
Description of current scope and activities. Which types of patients are served? At which sites? What are the hours?	<ul style="list-style-type: none"> • Identify patients that in need of medical services that are in our Gaps in Care measures • Schedule appointment with staff/provider to address the GIC and meet quality measures. Examples of the proposed clinics are: HTN/DM management to include retinal exam, foot exam, and A C and Microalbumin tests. • Provide flu shots and other immunizations if needed
Current staffing levels	1-2MDs; 3 MAs, 2 OAs registration
Financing and Budget	OT, flex time or CTO will be offered to staff, Security officers-\$625.44, pending janitorial cost
How effective are we being (and how do we know)?	The weekend clinics that were offer before were highly attended and highly efficient.
Are we meeting our patient satisfaction and quality goals with this program?	Hoping to 😊

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	04-23
	Effective Date	07/12/2022
	Revision Date	
Title: Patient and Visitor Service Animals and Pets		Functional Area: Clinic Services
Approved By: Andrew Mendonsa, Psy D, MBA		

Definitions:

- A. Service Animal-a dog that is individually trained to do the work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability.
 - 1. Other species of animals, whether wild or domestic, trained or untrained, are not service animals under this definition; however, a miniature horse may qualify in some situations.
 - 2. Service animals in training are included in the definition of service animal for the purpose of this policy.
 - 3. Animals, including dogs, that serve solely to provide a crime deterrent effect, or to provide emotional support, comfort, or companionship are NOT service animals under this definition.

- B. Support Animal-an animal that provides emotional support and comfort.
 - 1. Support animals are animals that provide emotional, cognitive, or other similar support to an individual with a disability. Support animals are also known as comfort animals or emotional support animals. Support animals are not service animals because they are not trained to perform a service or task.
 - 2. Support animals are not covered by the Americans with Disabilities Act (ADA), therefore, for the purposes of this policy, are considered pets.

- C. Handler-the individual that utilizes the service animal

Policy:

- A. Policy against discrimination:
 - 1. The Americans with Disabilities Act ("[ADA](#)") broadly protects the rights of individuals with disabilities in employment, access to State and local government services, places of public accommodation, transportation, and other important areas of American life. The ADA title II regulations establish standards for service animals in settings where these regulations apply, including Sacramento County Health Center (SCHC).

 - 2. It is the policy of SCHC that no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of SCHC's services, facilities, and accommodations. Accordingly, any individual with a disability (including, but not limited to, patients and visitors) shall have the right to be accompanied by a service animal in SCHC (except as otherwise provided in this policy).

B. A service animal may go anywhere that the general public may go. However, in accordance with Centers for Disease Control and Prevention guidelines, service animals will be excluded from limited-access special care areas such as special procedure rooms.

1. Permitted inquiries

a. If it is not readily apparent that the animal is a service animal trained to do work or perform tasks for an individual with a disability (e.g., the dog is observed guiding an individual who is blind or has low vision, pulling a person's wheelchair, or providing assistance with stability or balance to an individual with an observable mobility disability), University employees may ask the handler only the following two questions:

i. Is the animal required because of a disability; and

ii. What work or tasks the animal trained to perform for the individual's benefit

C. Documentation

1. The handler cannot be required to provide medical documentation of their disability or produce a special identification card or training documentation for the service animal.
2. A handler may choose to provide a special identification card, training documentation, or letter from a physician in an attempt to prove that the animal is a service animal. SCHC employees may use this documentation in their analysis to determine whether an animal is a service animal. However, SCHC employees are not required to view this documentation as conclusive evidence that the animal constitutes a service animal, and the permitted inquiries may still be asked.

D. Removal of a service animal

1. SCHC employees may request a handler to remove a service animal or pet for the following reasons:
 - i. If the animal is out of control and the handler does not take effective action to control the animal, as determined by SCHC.
 - ii. If the animal is not house-trained
 - iii. If the animal poses a substantial and direct threat to the health and safety of others, as determined by SCHC, and the threat cannot be reduced or eliminated by a reasonable accommodations.
 - iv. If the animal would cause substantial physical damage to the property of others, which cannot be reduced or eliminated by a reasonable accommodation. This determination requires an individualized assessment, not mere speculation.
 - v. A service animal may be excluded if its presence would fundamentally alter the nature of the Medical Center's goods, services, facilities, privileges, advantages, and accommodations. Consult County Counsel in making such a determination.

2. If an individual requests that a service animal be removed due to a medical condition that is affected by an animal (e.g., a respiratory disease, asthma, or severe allergies), the Medical Center will perform an individualized assessment of the situation and consider the needs of all parties in meeting its obligation to provide reasonable accommodations. The individual asking for the animal to be removed due to a medical condition may be asked to provide medical documentation.
3. If it is determined that the service animal must be removed, the individual with a disability must be given the opportunity to remain on the premises and receive services without having the service animal present.

E. Removal of a support animal or pet

1. SCHC employees may request removal of a support animal or pet at any time for operational or business reasons.

F. Damages

1. If SCHC would normally charge individuals for the damage they cause, an individual with a disability may be charged for damage caused by his or her service animal and a support animal or pet owner may be charged for damage caused by their animal.
2. SCHC may not charge an individual with a disability a "surcharge" for the service animal.

G. Responsibilities

1. Handler, responsible party, or visitors
 - i. Must attend to and be in full control of the service animal, support animal or pet at all times, including all care and supervision of the animal.
 - ii. Must keep the service animal, support animal or pet on a harness, leash, or other tether, unless the handler of a service animal is unable to use a harness, leash, or tether; or if such use would interfere with the service animal's ability to perform its duties safely and effectively. In such cases, the service animal still must be under the handler's control (e.g., voice control, signals, or other effective means).
 - iii. Must assure that the animal does not display any behaviors or noises that are unduly disruptive to others, as determined by the SCHC.
 - iv. Must remove or arrange for the removal of any animal waste.
 - v. Must comply with the Sacramento County Code, including dog control and licensing laws, and maintain current vaccinations. Documentation may be required.

- vi. Is financially responsible for the animal's actions, including any bodily or property damage, or cleaning costs.
- vii. Is encouraged, but not required, to have a service animal wear some type of commonly recognized service animal identification symbol.

2. SCHC Staff

- i. SCHC staff shall not be responsible for the care, supervision or safety of any animal (service animal, support animal or pet) permitted to on its premises, and shall not undertake such responsibility (e.g., by agreeing to walk a dog).
- ii. Must allow service animals to accompany the handler, as permitted under this policy.
- iii. Must not touch (without permission of the handler), feed, harass, or deliberately startle service animals.
- iv. Must not attempt to separate the service animal from the handler.
- v. Should avoid discussing the service animal handler's disability

Procedures:


- A. Patients and visitors should be advised that the care or supervision of the animal is solely their responsibility, and that staff is not required to provide care, food, or a special location for the animal.
- B. Staff should discuss all aspects of anticipated care with patients who use service animals prior to the admission or scheduled procedures and determine what arrangements need to be made regarding care of the animal, including the patient's preference to be accompanied by the animal.
- C. if the patient is immunocompromised (less than 500 absolute neutrophils), the attending physician must be consulted to determine whether allowing the service animal to stay with or visit the patient will cause a direct threat or fundamental alteration or will cause other clinical concerns.

References:

[American with Disabilities Act](#)

Contact:

Vanessa Stacholy, Health Program Manager
Susmita Mishra, MD, Medical Director

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	04-23
	Effective Date	09-16-2022
	Revision Date	
Title: Patient and Visitor Service Animals and Pets		Functional Area: Clinic Services
Approved By: Andrew Mendonsa, Psy D, MBA		

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v. A service animal may be excluded if its presence would fundamentally alter the nature of SCHC's goods, services, facilities, privileges, advantages, and accommodations. Consult County Counsel in making such a determination.

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References:

[American with Disabilities Act](#)

Contact:

Vanessa Stacholy, Health Program Manager
Susmita Mishra, MD, Medical Director

Co-Applicant Board Approval:

9/16/2023

Period	2
Current Month	August
Percentage of Year	17%

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	YTD		Notes
					Total (YTD+Encumbrance)	Percentage (Total/Budget)	
Revenue							
Inter/Intrafund Reimbursements	\$11,545,902	-8	-190,008	-\$451,629	-\$641,637	-2%	Negative YTD due to Q4 true-ups
Intergovernmental Revenue	\$18,879,249	957,499	2,226,386	-\$6,518	\$2,219,868	12%	Medi-Cal revenue, HRSA & Refugee grants
Charges for Services	\$52,000	9,144	9,494	\$0	\$9,494	18%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$0	12	12	\$0	\$12	0%	
Total Revenue	\$30,477,151	\$966,647	\$2,045,885	-\$458,147	\$1,587,738	7%	
Expenses							
Personnel	\$13,387,648	920,076	1,467,751	\$0	\$1,467,751	11%	
Services & Supplies	\$17,857,856	571,021	-1,325,131	1,013,343	-\$311,788	-7%	Negative YTD due to accruals
Other Charges	\$399,477	2,865	4,631	138,867	\$143,498	1%	
Equipment	\$0		-78,602	184,825	\$106,223	0%	Negative YTD due to accruals
Intrafund Charges (Allocation costs)	\$2,542,564	31,046	31,046	\$0	\$31,046	1%	
Total Expenses	\$34,187,545	\$1,525,008	\$99,695	\$1,337,035	\$1,436,730	0%	

GRAND TOTAL
(Net County Cost) **-\$3,710,394** **-\$558,361** **\$1,946,189**

GRANT SUMMARY

	Grant Year		Total Grant	Available to Claim		YTD Claimed	Notes
	Start	End		7/1/22-6/30/23			
HRSA							
HRSA Homeless (Main)	3/1/2022	2/28/2023	\$ 1,039,952	\$ 924,401	\$ -	-	Spending on track
HRSA ARPA	4/1/2021	3/31/2023	\$ 2,533,875	\$ 1,756,940	\$ -	-	Spending on track
HRSA ARPA UDS+	4/1/2021	3/31/2023	\$ 65,500	\$ 65,500	\$ -	-	New award, no spending yet
HRSA ARP CIP	9/15/2021	9/14/2024	\$ 619,603	TBD	\$ -	-	Construction timeline not yet determined
Refugee							
RHAP	10/1/2021	9/30/2022	\$ 1,958,204	\$ 802,320	\$ -	-	Spending low due to less visit volume than anticipated
RHPP	10/1/2021	9/30/2022	\$ 82,014	\$ 17,118	\$ -	-	Spending on track
RHPP Multi-Year	10/1/2021	9/30/2022	\$ 153,000	\$ 153,000	\$ -	-	Spending on track
RHPP AHP	10/1/2021	9/30/2022	\$ 200,000	\$ 200,000	\$ -	-	Extension may be granted
Miscellaneous							
County ARPA - 1	1/1/2022	12/31/2024	\$ 2,451,919	\$ 462,957	\$ -	-	Spending on track
County ARPA - 2	7/1/2022	12/31/2024	\$ 1,315,000	\$ 576,183	\$ -	-	New award, not in budget yet
Anthem QI			\$ 16,000	\$ 1,819	\$ -	-	Spending on track