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| **Sacramento County Health Center Co-Applicant Board (CAB)**Thursday, February 13, 2025 |
|  Special Session CAB Meeting Minutes |
| 4600 Broadway, Community Room 2800, Sacramento, CAAgenda materials can be found at <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx> |
| The CAB was held in person at 4600 Broadway, Room 2800.* County Staff, Robert Rushing; Administrative Services Office I, attended by teleconference on Teams.
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| CALL TO ORDER (9:35 AM) |
| Opening Remarks and Introductions– *Suhmer Fryer, Chair* * 1. Roll Call and Welcome

**PRESENT**

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| Suhmer Fryer - Chair | Michelle Besse – Health Program Manager |
| Laurine Bohamera – Vice Chair | Sharon Hutchins – Health Program Manager |
| Jan Winbigler - Member | Rachel Callan – Sr. Administrative Analyst |
| Vince Gallo – Member | Corrie Brite – County Counsel |
| Ricki Townsend - Member | Adam Prekeges – Administrative Services Officer II |
| Eunice Bridges - Member | Shalina Owens – Administrative Services Officer II |
|  | Heather Vierra – Interim Medical Director |
|  | Aliah Martin – Senior Office Assistant |
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| INFORMATION ITEMS (9:35 AM) |
| 1. **Recommended HRSA Program & County Budget FY 25/26 (presented by Adam Prekeges and Rachel Callan)**
* **Please refer to the Budget Handouts**
* **Colored Lines Are Not Decided by SCHC**
* **Budgeted $0 General Fund Draw will create difficult adjustments, created line increases and decreases**
* **All Refugee patients now have access to Medi-Cal**
* **Executive Orders have decreased Refugee patients, costs have gone down from roughly $800,000 to $100,000**
* **No new Refugee patients since January 23, 2025, further details unknown**
* **Object 20 – Goods, Services, Contracts, and Supplies**
* **Decreased by $1,573,455**
* **Mobile Medical Van Maintenance, GL increased from $0-$5200, looking to add line to budget, keep under 10k**
* **Dental Program ended, decreased by $2000**
* **Contracts down due to less outsourcing**
* **Object 30 – Contracts and Other Small Expenses**
* **Contracts down $100,000**
* **Object 60 – County Services Provided to the Health Center**
* **Increased by $1,290,651**
* **Clinics costs to Pharmacy increased by $1,571,611**
* **Object 69 – Reimbursement from other County Divisions**
* **No major change**
* **Object 95 – Main Revenue**
* **Medi-Caid Revenue increased by $600,000, target not met**
* **HRSA Grant expires 8/31/25**
1. **Uniform Data System (UDS) Report (presented by Sharon Hutchins and Robert Rushing)**
* **Please refer to UDS Handout**
* **Top 10 Zip Codes from SCHC Catchment Area**
1. **95823 6. 95670**
2. **95820 7. 95608**
3. **95824 8. 95828**
4. **95821 9. 95660**
5. **95825 10. 95842**
* **SCHC Patient Demographics**
* **All Age Groups: Sex (Assigned at Birth)**
* **Male – 7,800 (45.6%)**
* **Female – 9,292 (54.4%)**
* **Homeless Only/All Age Groups: Sex (Assigned at Birth)**
* **Male – 612**
* **Female – 457**
* **Race & Ethnicity**
* **Total Asian; Hispanic, Latin X – 47**
* **Total Asian; Not Hispanic, Latin X – 5,996**
* **Total Hawaiian/Other Pacific Islander; Hispanic, Latin X – 13**
* **Total Hawaiian/Other Pacific Islander; Not Hispanic, Latin X – 155**
* **Black or African American; Hispanic, Latin X – 79**
* **Black or African American; Not Hispanic, Latin X – 1,493**
* **American Indian/Alaska Native; Hispanic, Latin X – 32**
* **American Indian/Alaskan Native; Not Hispanic, Latin X – 85**
* **White; Hispanic, Latin X – 4,325**
* **White; Not Hispanic, Latin X – 2,917**
* **More Than One Race; Hispanic, Latin X – 26**
* **More Than One Race; Not Hispanic, Latin X – 177**
* **Unreported/Chose Not to Disclose Race; Hispanic, Latin X – 555**
* **Unreported/Chose Not to Disclose Race; Not Hispanic, Latin X – 329**
* **Unreported/Chose Not to Disclose Race; Unreported/Chose Not to Disclose ethnicity – 863**
* **Sexual Orientation**
* **Lesbian or Gay – 0.53%**
* **Heterosexual (straight) – 65.52%**
* **Bisexual – 0.64%**
* **Other – 0.43%**
* **Don’t Know – 3.36%**
* **Chose Not to Disclose – 3.83%**
* **Unknown – 25.69%**
* **Gender Identity**
* **Male – 6,230; 36.45%**
* **Female – 7,741; 45.29%**
* **Transgender Man/Male, Transmasculine – 18; 0.11%**
* **Transgender Woman/Female, Transfeminine – 13; 0.08%**
* **Other – 35; 0.35%**
* **Unknown – 2,995; 17.52%**
* **Special Populations**
* **Homeless – 1,866; 10.9%**
* **School-Based Service Site Patients – 743; 4.3%**
* **Veterans – 69; 0.4%**
* **Low English-Proficiency Patients – 10,482; 61.3%**
* **Income by Federal Poverty Level**
* **100% and below – 15,132; 88.53%**
* **101-150% - 588; 3.44%**
* **151-200% - 211; 1.23%**
* **Over 200% - 121; 0.71%**
* **Unknown – 1,040; 6.08%**
* **Insurance Coverage**
* **None/Uninsured 0-17 Yrs – 31; 0.5%, 18 Yrs and Older – 161; 1.4%**
* **Total Medicaid 0-17 Yrs – 5,477; 95.2%, 18 Yrs and Older – 10, 082; 88.9%**
* **Dually Eligible (Medicare & Medicaid) 0-17 Yrs – 1; 100%, 18 Yrs and Older – 126; 14.2%**
* **Medicare 0-17 Yrs – 1; 0.0%, 18Yrs and Older – 885; 7.8%**
* **Private Insurance 0-17 Yrs – 245/ 4.3%, 18Yrs and Older – 210; 1.9%**
* **Clinical Staffing 2023 2024**
* **Physician 10.6 11.6**
* **Mid-Level Practitioner 2.2 3.6**
* **Mental Health Counselor 18.7 50.1**
* **Dental 0.2 0.1**
* **Clinical Pharmacist 3.5 1.6**
* **Pharmacy Tech 2.8 3.1**
* **Nurse 12.3 14.0**
* **Medical Assistant 23.5 35.9**
* **Radiology Tech 1.8 2.2**
* **Clinical Productivity FTE Completed Visits Visits per FTE**
* **Physician 11.6 26,580 2,141.4**
* **Mid-Level Practitioner 3.6 9,900 2,750**
* **Psychiatrist 0.1 179 895**
* **Mental Health Counselor 50.1 10,040 200**
* **Dental (RDHAP) 0.1 74 740**

**\*School-Bases Site Counselors need to increase productivity, work in progress****\*NO SHOW Rates are not reflected in Clinical Productivity*** **Clinical Utilization**

**Care Type Avg Annual Billable Visits Per Pt****Medical 2.41****Mental Health 6.49****Dental Health 1.01****\*Dental Services weren’t being used enough; Patients were being referred out after one visit. Medi-Cal coverage includes dental care.*** **Training Clinicians – SCHC’s mission includes training the next generation of Clinicians.**

**Medical Pre-Graduate/Certificate Post-Graduate Training****Physicians 44 126****Nurse Practitioners 8 1****Physician Assistants 7 0****Mental Health &** **Substance Use Disorder****Clinical Social Workers 3 0*** **Services & Patient Health**
* **Frequent Conditions (Top 10 Among SCHC Patients) (% of Pts w/Diagnosis)**
* **Overweight and Obesity – 51.6 %**
* **Hypertension – 15.8%**
* **Diabetes Mellitus – 11.2%**
* **Depression and Other Mood Disorders – 10.3%**
* **Other Mental Disorders, excluding drug or alcohol dependence – 9.8%**
* **Anxiety Disorders, including post-traumatic stress disorder (PTSD) – 9.3%**
* **Asthma – 4.4%**
* **Tobacco Use Disorder – 4.1%**
* **Heart Disease (selected) – 3.3%**
* **Contact Dermatitis and Other Eczema – 2.3%**
* **Homeless: Frequent Conditions (Top 10 Among SCHC Patients) (% of Pts w/Diagnosis)**
* **Overweight and Obesity – 50.9%**
* **Hypertension – 23.0%**
* **Diabetes Mellitus – 8.7%**
* **Asthma – 5.3%**
* **Heart Disease (selected) – 4.9%**
* **Sexually Transmitted Infections (gonococcal infections and venereal diseases) – 2.7%**
* **Chronic Lower Respiratory Diseases – 2.6%**
* **Contact Dermatitis and Other Eczema – 2.0%**
* **Hepatitis C – 1.8%**
* **Symptomatic/Asymptomatic Human Immunodeficiency Virus (HIV) -1.2%**
* **Preventative Measures in 2024 QI Plan, I (includes children & Adolescents)**
* **Childhood Immunization Status – Measure: Percentage of children 2 yrs of age who received age-appropriate vaccines by 2nd birthday**
* **Total Pts – 343; # of Pts Immunized – 60; Percentage – 17.5%**
* **Preventative Care and Screening: Screening for Depression and Follow-Up Plan – Measure: Percentage of Patients 12 yrs of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented**
* **Total Pts – 12,345; # of Pts Screened for Depression and Follow-Up Plan Documented as Appropriate – 7,803; Percentage – 62.8%**
* **Depression Remission at Twelve Months – Measure: Percentage of patients 12 yrs of age and older with major depression or dysthymia who reached remission 12 months (+/-60days) after an index event**
* **Total Pts – 3,905; # of Pts Who Reached Remission – 183; Percentage – 4.7%**

**\*Depression Remission is a QI Project this year, hoping to increase productivity.*** **Preventative Measures in 2024 QI Plan, II (Cancer Screening)**
* **Breast Cancer – Measure: Percentage of women 52-74 yrs of age who had a mammogram screening**
* **Total Female Pts-1,745; # of Pts w/mammogram-599; Percentage-34.3%**
* **Cervical Cancer – Measure: Percentage of women 24-64 yrs of age who were screened**
* **Total Female Pts-5,064; # of Pts screened-1,972; Percentage-38.9%**
* **Colorectal Cancer – Measure: Percentage of Patients 46-75 yrs of age who had appropriate screening (Increased from last year)**
* **Total Patients-4,780; # of Pts screened-1,440; Percentage-30.1%**
* **Disparities in Hypertension, I (Pts must be 18-85 yrs to be included)**

 **RACE # of Patients w/ Hypertension Percentage** **Hispanic/Latin X NOT Hispanic/Latin X****Total Asian 11 416 23.4% 6.9%** **Total Native Hawaiian <10 36 NA 23.2%****Or Pacific Islander** **Black or African American <10 444 NA 29.7%****American Indian/Alaska Native <10 15 NA 17.6%****White 1074 539 24.8% 18.5%****More Than One Race <10 32 NA 18.1%****Unreported/Not Disclosed 81 49 14.6% 14.9%*** **Disparities in Hypertension, II (Pts must be 18-85 yrs to be included)**

 **RACE # of Patients w/ Controlled Hypertension Percentage****Total Asian <10 230 NA 55.3%** **Total Native Hawaiian <10 17 NA 47.2%****Or Pacific Islander** **Black or African American <10 183 NA 41.2%****American Indian/Alaska Native <10 <10 NA NA****White 643 252 59.9% 46.8%****More Than One Race <10 16 NA 50.0%****Unreported/Not Disclosed 50 19 61.7% 38.8%*** **Hispanic patients have a higher diagnosis of Hypertension**
* **Non-Hispanic patients have a higher percentage of controlled hypertension**
* **Disparities in Control of Diabetes**
* **\*Patients must be aged 18-75 to be included**
* **@ HbA1c reading of >9.0**

**Ethnic Category Patients w/ Diabetes\* Patients w/ Uncontrolled** **Diabetes@ or No Test** **# % # %** **Total Hispanic,** **Latino/a, or Spanish 1,036 20.4% 269 26.0%****Origin****Total NOT Hispanic,****Latino/a, or Spanish 858 7.7% 259 30.2%****Origin****Unreported/Chose Not** **To Disclose 51 5.9% 15 29.4%*** **Hispanics have a higher diagnosis of Diabetes**
* **Non-Hispanics have a higher percentage of uncontrolled Diabetes**

**\*SCHC follows HRSA Guideline on ICD Codes, therefore not all Patients may be included in these charts.*** **Billing & Finances**
* **Total Medical Care Services; $23,201,517**
* **Total Other Clinical Services; $9,374,357**
* **Total Enabling and Other Services; $3,455,052**
* **Total Accrued Costs; $36,030,926**
* **Value of Donated Facilities, Services, and Supplies (specify: Pharmaceuticals); $52,011**
* **Total w/Donations; $36,082,937**
* **In 2023, the Board of Supervisors approved a write-off of “ancient” patient accounts. In 2024, SCHC had no bad debt write off.**
* **In 2024, difficulties with accurate patient billing led to a low amount of collection for Sliding Fee Discount patients.**
* **In 2024, charges to patients, health plans, and IPAs totaled $11,843,837, while $19,324,312 was collected from the same entities.**
* **In 2024, there was a draw down from Federal and State grants in the amount of $7,427,368**
* **$9,384,191 collected from the State through realignment**
* **$2,007,298 collected from other programs SCHC provided services for**
* **In contrast to the $3,000,000 declared last year, this year we declared $0 due to more patients receiving Full Scope Medi-Cal, which reduced costs.**
* **$1,300,000 reimbursed from FEMA for Covid Revenue**
1. **CAB Goals**
* **A potential CAB member has been recruited, added to 2/21/25 Regular CAB meeting agenda w/ vote.**
* **Member Jan Winbigler has conducted the initial interview and has invited the candidate to the next CAB meeting**
* **Encourage current members to attend all meetings.**
* **Volunteer member to communicate with other members who aren’t attending meeting regularly, checking on them and showing compassion**
* **No Group Text or Group Email**
* **Okay to voluntarily exchange phone numbers for the sole purpose of checking in on other members**
* **Create a contact sheet with rules and regulations for communication**
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| INFORMATION/ACTION ITEMS[[1]](#footnote-2) |
| \* Jan Winbigler Motioned to Approve BUSINESS ITEM I. Proposed HRSA Program & County Budget\* Laurine Bohamera Seconded the Motion to Approve BUSINESS ITEM I to Approve the Proposed HRSA Program & County Budget-Yes Votes: Vince Gallo, Eunice Bridges, Ricki Townsend, Laurine Bohamera, Jan Winbigler and Suhmer Fryer-No Votes: None -Motion Carried\* Laurine Bohamera Motioned to Approve BUSINESS ITEM II. The Uniform Data System (UDS) Report\* Vince Gallo Seconded the Motion to Approve BUSINESS ITEM II. The Uniform Data System (UDS) Report -Yes Votes: Vince Gallo, Eunice Bridges, Ricki Townsend, Laurine Bohamera, Jan Winbigler and Suhmer Fryer-No Votes: None -Motion Carried |
| PUBLIC COMMENT  |
| Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB’s subject matter jurisdiction. The Board may not act on any item that is not on the agenda except as authorized by Government Code section 54954.2. * No public comments were made.
 |
| CLOSED SESSION  |
| None |
| MEETING ADJOURNEDThe meeting adjourned at 11:18 am. |

1. Time estimate: 5-10 minutes per item, unless otherwise noted [↑](#footnote-ref-2)