

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

Meeting Minutes

March 19, 2021 / 9:30 AM – 11:00 AM

Meeting Location

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Conference ID: 1655150

Members: Elise Bluemel, Vince Gallo, Paula Lomazzi, Jan Winbigler, Aaron Washington

Staff: Muna Adhikari, Sharon Hutchins, Mehrabuddin Safi

Topic
<p>Opening Remarks – <i>Jan Winbigler, Chair</i></p> <ul style="list-style-type: none">• <i>The group reviewed the minutes sent out.</i><ul style="list-style-type: none">○ <i>Ms. Bluemel moved to approve the minutes as sent.</i>○ <i>Ms. Lomazzi seconded the motion.</i>○ <i>The motion carried unanimously.</i>
<p>Review of proposed bylaw and other document changes to comply with OSV findings</p> <ul style="list-style-type: none">• <i>Dr. Hutchins presented the document that had been sent to CAB members for review. She went through each proposed change to the bylaws.</i><ul style="list-style-type: none">○ <i>Three changes were proposed due to the fact that the bylaws had not been updated since 2018</i><ul style="list-style-type: none">• <i>Through the document, the new name of Department of Health Services was substituted for the old name Department of Health and Human Services.</i>• <i>The old website was also removed and the new website added.</i>• <i>The new Vision, Mission and Values approved by CAB in 2020 replaced the old Vision, Mission and Values.</i>○ <i>In addition, due to changes due to the pandemic, information about tele-meetings was included and the requirement to have a written sign in sheet was removed.</i>○ <i>The name of the policy cited in the bylaws was updated from Performance Improvement and Procedures to Credentialing and Privileges.</i>○ <i>SCHC was informed that the language in the bylaws regarding prohibited members, how we vet members, the member selection process, and how members are replaced if they leave before the end of the term were all deemed not fully compliant with requirements. Dr. Hutchins reviewed the new proposed language to bring these items into compliance.</i><ul style="list-style-type: none">• <i>Members will recall that an ad hoc committee was formed, made up of Aaron Washington and Dr. Hutchins, to propose changes to the CAB. Dr. Hutchins reviewed the changes proposed with the HRSA Project Manager, Ms. Ladipo, yesterday. These changes were in wording, in switching information from section to section, creating new sections, and including information that the HRSA OSV indicated was missing. The HRSA Project Manager indicating that, while the By-Laws will be reviewed by HRSA once approved by CAB and submitted through the EHB, she felt that the proposed changes would bring the document into compliance with HRSA regulations.</i><ul style="list-style-type: none">▪ <i>The language changes included using the exact language from the HRSA compliance manual, so we are proposing using “sibling” rather than “brother or sister” as the old bylaws had contained. While we met HRSA’s intent with the old bylaws – to ensure that relatives of</i>

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the health center are not on the board making decisions about the health center and the HRSA grant – it did not comply in exact language.

- *The ad hoc committee suggests clearly demarking what the procedure was used to originally form the CAB from the processes the CAB now uses. In several places a new section was added to make this distinction clearer.*
- *The ad hoc committee also suggests language explaining that the CAB has formed a sub-committee to develop an annual recruitment plan for new members, as well as the process used to vet potential members. The plan will change each year, depending on what members leave the CAB and what gaps in experience, perspective, skills, representation, etc. need to be filled on the Board.*
- *HRSA also requires more information on filling a seat if a member leaves their term before it is up. Dr. Hutchins reviewed the proposed new language. The recruitment plan can designate a time period during which membership applications will be accepted and reviewed for a specific vacant term. If a person leaves early, or an existing member will not be renewed for a new term, the proposal is to recruit new membership by September. New terms begin in January.*
 - *However, it is desirable to be flexible, since we do not know when a vacancy will occur, so the period during which applications will be accepted may need to be earlier or later accordingly.*
- *HRSA also wants to see the process used to ensure that those who apply are eligible for membership. The ad hoc committee suggested that applications should be submitted to the health center staff designated by Dr. Mishra. The staff will then verify that the member meets eligibility requirements as detailed in the HRSA Compliance Manual. The staff will forward the names and applications of those who are eligible for membership to the Governance Sub-Committee. The Sub-Committee will then review the applications, and possibly speak with the potential candidates. They will then ask the designated staff member to send the names to the full CAB for review. The membership application will not be sent to all CAB member, since doing so would make it public information. The application contains some potentially sensitive information. Any CAB member who wishes to examine a membership application can do so, but not in an open meeting.*
- *The next change is to add how we verify that existing CAB members are still eligible for membership. HRSA pointed out that this is missing in the existing bylaws. In fact, this has not been the practice, which is why we missed the status change of one of our members, which we discovered last fall. We do not want a repeat of that occurrence. The ad hoc committee is proposing to send a form out each year to each member to that they verify their continued eligibility as well as update their contact information. In a normal calendar year, we will send this in the fall, so that by the end of the year we will have verified all existing CAB members' eligibility.*
- *HRSA requires additional information related to Conflict of Interest. Dr. Hutchins reviewed suggested changes to this section of the bylaws. This includes a restatement of the prohibited membership categories verbatim – being a member of the health center and/or a family member would be a conflict of interest. The ad hoc committee proposes making the same change to this section as to the membership section reviewed earlier in the meeting.*
- *Chair Winbigler asked how CAB accepts resignations. The bylaws state that they will be accepted in writing or by email. She asked if verbal resignations would be accepted. Dr. Hutchins indicated that recently we accepted Mr. Koerber's resignation that was given verbally. Ms. Winbigler suggested amending the bylaws to reflect that fact.*
- *Additional changes are proposed to the bylaws that are NOT required by HRSA.*
 - *Membership Term Limits*
 - *If a member has been a member for four four-year terms (16 years total), they are not eligible for re-selection and membership for one year. After the one year passes, these former members are eligible for re-selection.*

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- *The group engaged in active discussion about the value of term limits and the length of service. The group consensus was to not adopt the suggestion for term limits.*
- *Eligibility for Officer Positions*
 - *The ad hoc committee is proposing that brand new CAB member not be eligible for an office until they have learned enough about the CAB to be successful. The ad hoc committee is proposing a 6-month period.*
 - *The group discussed this proposal, and decided to accept it, and further to indicate that the new member must have attended at least 4 meetings before he or she could become an officer. "Active" membership is defined as attendance at least 4 meetings in a six-month period.*
- *Officer Term Limits*
 - *To encourage participation by new individuals and new perspectives being available to the CAB, the ad hoc committee proposes to institute term limits on officer positions. Each term is for one year. The proposal is to limit officers to four consecutive one-year terms (unless no one else is available).*
 - *After discussion, the group agreed with this proposal.*

Presentation on Refugee Health Assessment Program

- *Muna Adhikari, Supervising RN for the Refugee Health Assessment Program, presented information on the program as requested by CAB members at the special February UDS meeting.*
- *Ms. Adhikari explained the program covers a number of new arrivals to the US, including refugees, those with Special Immigration Visas (SIVs), asylees, Victims of [Human] Trafficking, and immigrants from Haiti or Cuba.*
 - *Refugees are processed in their native countries before they arrive in the US and are sponsored by a Refugee Resettlement Agency. At present, Sacramento receives refugees primarily from Ukraine, Moldova and other former USSR republics, and from Turkey.*
 - *SIVs – individuals who worked for the US government, usually in Syria, Iraq or Afghanistan, and their immediate family members; these individuals may work with a Refugee Resettlement Agency or arrive on their own*
 - *Asylees may enter the country in many ways, whether documented or not, and then have their case adjudicated by an immigration court; these individuals do not work with Refugee Resettlement Agencies*
 - *Victims of Trafficking have been classified so by a US court*
- *There are 9 clinics in California that provide the health assessments required by the US government for these new arrivals. One of these is located in Sacramento, which is sometimes the largest and busiest of these clinics.*
- *SCHC sees families ranging from a single person to 16 members (or more). There are five Resettlement Agencies in Sacramento; SCHC works with them all. The Resettlement Agencies are responsible for meeting the new arrivals, housing them, providing transportation to health appointments, and otherwise orienting them to life in the US*
 - *International Rescue Committee (IRC)*
 - *Sacramento Food Bank and Family Service*
 - *Lao Family and Community Development*
 - *Opening Doors*
 - *World Relief*
- *Once the Resettlement Agencies send SCHC the bio and medical records for new arrivals, their health assessments are scheduled. These must take place within 90 days of arrival. The assessment consists of a very specific set of requirements.*

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- *SCHC provides linguistically and culturally appropriate health and behavioral health screening, which includes laboratory tests and immunizations (at least for children). SCHC conducts these assessments in two visits. During the pandemic, these visits are being conducted by telehealth, except of course for lab draws and immunizations.*
 - *The first visit is conducted by a medical assistant.*
 - *The second visit is conducted by a medical provider.*
- *After the second visit, SCHC also provides special services to link new arrivals to a primary care provider, dentist, and to other needed services and resources. Fortunately, there are many services that are provided within the 4600 Broadway location that are needed by these new arrivals, including the Public Health Chest Clinic, Radiology (x-ray), Quest Lab, County Pharmacy, Department of Human Assistance (DHA), Sacramento Covered. In addition, SCHC has its adult/internal medicine, family medicine, pediatric, behavioral health, and immunization programs.*
- *The Refugee Clinic has a very diverse team of bilingual (or multilingual) and bicultural staff members. Together, we can provide services in Arabic, Dari, Farsi, Gaggozian, Hindi, Nepali, Russian, Spanish, Ukranian, and Urdu. These skilled staff, many of whom have been new arrivals themselves, make patients comfortable to share information that is needed to provide good quality care.*

*CAB Governance

- **Sub-Committee Updates to CAB**

- ***Finance**

- *These changes were not fully reviewed by the Finance Sub-Committee. The major changes include*
 - *A list of services to which the SFS applies and which it does not;*
 - *Extremely detailed procedures for reviewing patients for eligibility depending on their health insurance status and other factors;*
 - *What documents are required to prove eligibility;*
 - *Definitions of terms (e.g. what a family is – we define as the individuals included in a tax return form);*
 - *Explanation that patients are billed later and not charged at the time, to be consistent with the newly revised (and HRSA approved) Billing and Collections policy;*
 - *Processes for how we monitor that staff is complying with the policy and procedure; and*
 - *How we evaluate the effectiveness of the SFS program once every three years.*
- *Ms. Bluemel commented that the changes seem to have made the document clearer and the procedure easier for patients to follow.*
- *Chair Winbigler asked if members were OK with the changes.*
 - *Ms. Lomazzi moved that the Sliding Fee Scale policy and procedures be approved as revised.*
 - *Ms. Bluemel seconded the motion.*
 - *Chair Winbigler began to poll the members. However, Dr. Hutchins noted that a quorum is necessary to vote, which is five members. Ms. Washington just dropped off the call, so there was not a quorum.*
- *Ms. Winbigler gave a brief update on the recent Finance Sub-Committee meeting. The group discussed*
 - *The PPS rate update progress (since it has not been increased in years),*
 - *The request to extend to ECT grant for the mobile van for another year, to have longer to spend the funds;*

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➤ *Expenditures and revenues – the group is discussing how to best present this information to be most useful.*

○ ***Clinical Operations**

- *Ms. Washington could not reconnect to the meeting. Dr. Hutchins summarized recent developments.*
 - *Mr. Sultani is going to join this Sub-Committee.*
 - *The Sub-Committee was informed about the beginning of the annual HIPAA audit (mandated by the County). We have completed the on-site review, and will need to undergo medical record review. We expect to have the results in time for the April CAB meeting.*
 - *SCHC was informed that its once-every-three years Medi-Cal audit will be conducted by Aetna for DHCS on April 5.*
 - *Finally, the Sub-Committee looked at the major programs operated by the SCHC and the hours of operations for our non-school sites. All CAB members received these handouts.*

○ **Strategic Planning**

- *Since Ms. Washington had not yet rejoined the meeting, Dr. Hutchins informed the group that the SP Sub-Committee has selected three Strategic Priorities that will form the basis for the plan. These priorities are*
 - *Maintaining our historical focus on serving individuals experiencing homelessness,*
 - *Getting a better understanding our needs for space and generating a plan for those, and*
 - *Improving staffing – what do we really need, and how do we develop a business case to convince decision makers.*
- *A detailed handout was included in the meeting packet and mailed to all members.*

2021 Activity Calendar – Deferred

Brief Announcements

- **Healthcare for the Homeless Conference (May 10-14)**
 - *The Health Care for the Homeless Conference is occurring again this year in May in virtual format. If anyone is interested in attending, please let Dr. Hutchins know.*
 - *We typically send one CAB member and one staff member. If you are a consumer member, there is a substantial discount.*
- *Unfortunately, Chuck McBrayer has resigned from CAB. CAB members expressed regret and losing him and commended his years of service.*
- *Tragically, we were informed that Dajonae Hall passed away unexpectedly this week. Many CAB members worked with Ms. Hall when she assisted the CAB.*
 - *A brief discussion was held about how to honor Ms. Hall and express CAB members' condolences to her family. Chair Winbigler will send flowers and a card on behalf of the CAB.*

Medical Director Update

- *Dr. Mishra is unable to attend and requested that Dr. Hutchins present on her behalf.*
- *SCHC has been invited to enroll in a federal program to receive vaccine directly from HRSA. We are studying this opportunity. We may be able to shorten the process by not going through our local public health department. Provided that it does not entail too much additional reporting, we will likely enroll.*
- *A new residency shadowing program is starting in a partnership between our Refugee Health Assessment Program and the Sutter Family Medicine Residency Program. In July, this will extend to shadowing SCHC providers at Loaves and Fishes as well.*
- *SCHC has been working with the UCD Mind Institute which looks a neurodevelopmental disorders in children. We may have opportunities to collaborate with them to provide additional*

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support to our pediatric patients as well as to provide training opportunities to Mind Institute students and fellows.

- *SCHC and SCOE have now implemented behavioral health services at all 9 schools that are participating this year. We are working on the application for another school to replace two schools in Elk Grove that dropped out of the program for this year.*
- *SCHC is getting new lobby seating.*
- *SCHC has started fit-testing its staff this week.*
- *SCHC has ordered more than 1,000 blood pressure monitors for patients to take home to help control their hypertension.*

Other Business

- *Ms. Washington could not reconnect to the call, but contacted Dr. Hutchins to say that she was voting “yes” on Ms. Lomazzi’s motion to accept the revisions to the Sliding Fee Scale policy and procedure. This means a quorum was achieved, and the approval was unanimous.*

Next Meeting Items

- Approval of bylaw changes
- Review of other OSV follow up items
- Review of proposed *SCHC Strategic Plan 2021-2023*
- Quarter 1 QI measures
- February Financial Status Report
- Sub-Committee updates

Public Comment – Paula Lomazzi, Vice-Chair

NA

Closing Remarks and Adjourn – Paula Lomazzi, Vice-Chair

- *Ms. Lomazzi adjourned the meeting at 12:02.*

Next Meeting: April 16, 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.

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>

Due to the public health emergency created by the COVID-19 pandemic, in person meetings are not permitted at this time. Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.