

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

Monday, July 1, 2024, 9:30 a.m.

Meeting Minutes

4600 Broadway, Community Room 2020, Sacramento, CA

**Meeting Attendees**

CAB Members: Jan Winbigler, Elise Bluemel, Vince Gallo, Eunice Bridges, Laurine Bohamera, Ricki Townsend

SCHC Leadership: Dr. Andrew Mendonsa, Dr. Michelle Besse, Dr. Sumi Mishra, Dr. Sharon Hutchins

SCHC Staff: Cortney Hunley

Others: Deputy County Counsel Corrie Brite, Deputy County Counsel Julia Jackson

**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. Comments are limited to a maximum of two (2) minutes per speaker per agenda item, and individuals are limited to a single comment per agenda item. The Board may not take action on any item not on the agenda except as authorized by Government Code section 54954.2.

- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email [DCO@saccounty.gov](mailto:DCO@saccounty.gov) as soon as possible prior to the meeting.
- Should the meeting be made available via teleconference platform, public comment may also be made via Teams teleconference by using the raised hand feature. Those joining the meeting via Teams are requested to display their full name.

**CALL TO ORDER**

Opening Remarks and Introductions – Laurine Bohamera

- Vice-Chair Bohamera took roll.
- Announcements

- i. COI Attestation Needed by 07/02/24: **Laurine Bohamera** reported a typo in the Conflict of Interest form; Dr. Hutchins corrected it.

## INFORMATION/DISCUSSION ITEMS

### 1. **CAB Diversity and Recruitment Priorities**

**Dr. Besse** explained to CAB that during the Operational Site, the HRSA site reviewers indicated that our CAB patient members do not have the same breadth of demographic characteristics as the populations we serve. For example, all current CAB patient members are women. She indicated that staff want to make sure we are accurately gathering information about the race, ethnicity, gender and other characteristics of our CAB members. Dr. Besse created the form in the handout packet to do so and asked that all CAB consumer members complete it and return it to Cortney after the meeting ends

She explained that this survey will allow staff and CAB to fine-tune the recruitment of new consumer members to represent additional diverse populations.

### 2. **Review of HRSA Operational Site Visit Corrective Actions Needed**

**Dr. Hutchins** presented a table summarizing the items for which SCHC was found non-compliant in the preliminary HRSA report. She mentioned that it was nearly identical to the information presented in the Exit Conference in May. She then explained, for each item, what the current status was and which required additional action from the CAB.

Element A under Needs Assessment: Dr. Hutchins submitted to HRSA the 2024 Service Area Analysis and requested that two additional zip codes be added to the Health Center's service area. This item has been approved by HRSA.

Element A under Required and Additional Health Services: Dr. Hutchins indicated that two items were required. The first was to request an update to Form 5A to reflect how SCHC provides each of the HRSA-required and additional service. This first item was submitted to HRSA and has been approved by HRSA. The second part of requires submission of evidence that we are referring our school-based mental health patients to other HRSA-required and additional services. Drs. Mishra and Besse are working on a new template and system to record such linkages in the OCHIN chart. In addition, the Board of Supervisors just approved contracts with other FQHCs in the Sacramento area which will help provide standardized procedures for linking patients who receive mental health services at the school-based sites but whose medical home is not SCHC. More will be presented to CAB about progress at a later date.

Element C of Accessible Locations and Hours of Operations: This item was cited at the exit conference, but was found to be compliant in the preliminary report.

Element C of Sliding Fee Discount Program: The dental sliding fee scale was found to be non-compliant. SCHC staff discussed the finding with our partners at the Sacramento Native American Health Center, with whom we have an agreement to provide preventive dental services to our patients. They indicated that the information they sent to help CAB set the nominal fee was accidentally incorrect. SCHC staff reviewed all dental charges and proposed changes. SCHC staff also proposes that CAB approve a change to the dental sliding fee scale to change the nominal fee for those at or below the federal poverty guideline to \$20 per vision, rather than the \$40 per service that CAB approved in March. This item is on the agenda for a CAB vote later in this meeting.

The other items that require CAB review are

Element A and C of Board Authority: For element A, HRSA has indicated that the Co-Applicant Agreement does not designate CAB (governing board) authorities property. External Counsel is working on a proposed revision to the CO-Applicant Agreement that will be presented to CAB on July 19, 2024 (or after) as well as to the Sacramento County Board of Supervisors.

For element C, HRSA indicated that "*The co-applicant board does not receive information by site/location that enables it to evaluate either service utilization patterns or the efficiency/effectiveness for all of its sites.*" Dr. Hutchins indicated that a more detailed report on no shows at all sites will be presented to CAB later during the meeting.

Elements A, B, and C of Board Composition: Dr. Hutchins reported that HRSA found that the Co-Applicant Agreement and Bylaws do not align with HRSA requirements, particularly regarding Board of Supervisors ratification of CAB membership. External Counsel is working on proposed edits to these documents. County Counsel will then review these. After that, the proposed revisions to the documents will be brought to CAB for review and approval, then the Board of Supervisors.

In addition, for element B, policy and procedure document PP-CS-01-03: Co-Applicant Board Conflict of Interest and the Conflict of Interest Attestation form need edits to be compliant. Dr. Hutchins indicated that the proposed revisions will be presented to CAB for a vote later in the meeting.

For element C, the HRSA report indicated "

*The co-applicant board currently consists of 10 members, six of whom are patients of the health center. All of the patient members are women, while 57.6% of patients are women; the board does not have any Asian patient representatives, while 33.7% of patients are Asian.."* Dr. Besse discussed this item earlier in the meeting.

Dr. Hutchins deferred discussion of the remaining non-compliant elements to the end of the meeting.

### **3. 2024 Quarter 1 No Show Report by Health Center Site**

**Dr. Hutchins** explained that the report included in the packet presents a great deal more detail about the percentage of visits for which patients do

not show. This is important because when a patient does not come to a scheduled appointment, not only do they not receive that service, but SCHC may also lose the opportunity to see another patient.

The first table presented no shows for Quarter 1 of 2024 by site. In addition, in the first table, a total was calculated for the school-based sites, since some of them (especially the elementary schools) have small numbers of appointments. Dr. Hutchins reminded attendees that two sites operate mostly on a walk-in basis, rather than with scheduled appointments (SCHC Loaves and Fishes site and the Mobile Medical Center van). Of all sites, the site at Inderkum High School site has the highest percentage of no-shows, followed by the site at Luther Burbank High School. However, several school-based sites experienced zero no-shows.

The second table presented a breakdown of no-show appointments by department at PCC (as well as Homeless and Mobile Services). Patients receiving behavioral health services were the most likely to fail to show for an appointment; within behavioral health services, 60% of patients with telephone appointments in the quarter did not attend their scheduled appointment. The second highest no-show rate was for the Pediatric Department. A Quality Improvement team has been working on this problem. The lowest no-show rate was for Refugee Services. In general, patients who receive services in languages other than English are less likely to fail to show for an appointment than are English-speaking patients.

**Dr. Besse** added that no shows are a real problem for the Health Center, costing us just under just under 1 million dollars potential revenue this past quarter. If the trend continued, the Health Center could lose \$4 million in revenue per year.

**Elise Bluemel asked if SCHC is** able to track which specific patients or families no show. Dr. Hutchins responded that we can, and have identified some patients who have had repeated no-shows. As CAB members will remember, the Patient Discharge Policy allows SCHC to discharge a patient from care for repeated no shows. She added that this may make an interesting presentation and discussion for another CAB meeting.

There were no other questions or comments.

#### INFORMATION/ACTION ITEMS

##### **BUSINESS ITEM I.**

##### **Presentation of Proposed Revised Sliding Fee Discount Scale for Preventive Dental Service and Preventive Dental Charges**

- a.) *Recommended Action:* Motion to Approve the preventive dental charges and revised preventive dental sliding fee scale

**Dr. Hutchins** reminded attendees that this item is related to Element C for the Sliding Fee scale. After discussions with our partners at the Sacramento Native American Health Center, and work by SCHC fiscal experts, SCHC is proposing a change in preventive dental charges and a change in the nominal fee for the dental sliding fee scale as shown in the revised Policy and Procedure document.

**Vince Gallo** made a motion to approve BUSINESS ITEM I: Approve the preventive dental charges and revised preventive dental sliding fee scale.

**Jan Winbigler** seconded the motion to approve the preventive dental charges and revised preventive dental sliding fee scale.

**YES VOTES**

- Jan Winbigler, Ricki Townsend, Eunice Bridges, Vince Gallo, Elise Bluemel, and Laurine Bohamera

**NO VOTES**

-None

**The motion carried.**

**BUSINESS ITEM II.**

**Revision of PP-CS-01:03: CAB Conflict of Interest and Attached COI Attestation Form to Reflect Correct Eligibility Requirements**

a.) *Recommended Action:* Motion to Approve the proposed revision of Policy and Procedure document 01:03: Co-Applicant Board Conflict of Interest.

**Elise Bluemel** moved to approve BUSINESS ITEM II. Approve the proposed revision of Policy and Procedure document 01:03: Co-Applicant Board Conflict of Interest

**Ricki Townsend** seconded the motion to approve BUSINESS ITEM II. Approve the proposed revision of Policy and Procedure document 01:03: Co-Applicant Board Conflict of Interest

**YES VOTES**

- Jan Winbigler, Ricki Townsend, Eunice Bridges, Vince Gallo, Elise Bluemel, and Laurine Bohamera

**NO VOTES**

-None

**The motion carried.**

**BUSINESS ITEM III.**

**Primary Care Center and Loaves and Fishes site hours of operation and planned expanded hours for HRSA Expanded Hours grant.**

a. *Recommended Action:* Motion to Approve expansion of Primary Care Center and Loaves and Fishes site hours in advance of grant decision by HRSA.

**Dr. Hutchins** explained that at the previous meeting, CAB approved submission of this grant application. Staff submitted the first phase of the application. Before we can submit the second phase, we want to discuss

with CAB how best to improve access to services by expanding Health Center hours of operations. In addition to this discussion, Dr. Hutchins asked that consumer members of the CAB fill out the attached survey with their personal extended hours preferences. SCHC staff is proposing to expand Primary Care Center site operations to one Saturday per month from 8 AM to 5 PM as well as SCHC Loaves and Fishes site operations on one day per month from 12 PM to 2 PM.

**Vince Gallo** suggested that for the SCHC Loaves and Fishes Site, hours be added to one day of the last week of the month due to patients having run out of benefits, which brings more patients to Loaves and Fishes for resources.

**Dr. Besse** suggested the last Wednesday of the month specifically due to staffing

**Elise Bluemel** highlighted the need for Saturday services at the SCHC for Urgent Care.

**Laurine Bohamera** made a motion to approve BUSINESS ITEM III. Approve expansion of Primary Care Center and Loaves and Fishes site hours in advance of grant decision by HRSA.

**Vince Gallo** motions to approve BUSINESS ITEM III. Approve expansion of Primary Care Center and Loaves and Fishes site hours in advance of grant decision by HRSA.

**YES VOTES**

- Jan Winbigler, Ricki Townsend, Eunice Bridges, Vince Gallo, Elise Bluemel, and Laurine Bohamera

**NO VOTES**

-None

**The motion carried.**

**PUBLIC COMMENT**

No comments were offered.

**MEETING ADJOURNED**

Vice-Chair Bohamera adjourned the meeting at 10:31AM.