

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

Meeting Minutes

June 18, 2021 / 9:30 AM – 11:00 AM

Meeting Location

Due to Public Health Emergency Via Skype: To see/share documents on the screen, go to

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Conference ID: 1655150

Meeting Attendees

Members: Elise Bluemel, Vince Gallo, Cindy Hooker, Paula Lomazzi, Sumi Mishra, Namitullah Sultani

Guests/Presenters: Dr. Carlsen

Staff: John Dizon, Vanessa Stacholy, Mehrabuddin Safi

Topic
Opening Remarks <ul style="list-style-type: none">• <i>Due to Chair Winbigler’s scheduled absence, Vice-Chair Lomazzi took role.</i>• <i>The group reviewed and approved the minutes from 5/21 meeting with no changes.</i>
Brief Announcements <ul style="list-style-type: none">• <i>Dr. Mishra announced that the California Office of Refugee Health would be auditing the Health Center’s Refugee Program on July 1-2. This is the first audit that Dr. Mishra will be participating in for Refugee; the last one was three years ago. Last year, the federal government (and the state) made many changes to the mental health questions we are required to ask as well as the age range of those who are asked these questions.</i>• <i>We are still waiting to hear about the Medi-Cal audit scheduled for this summer (required every three years).</i>• <i>The Health Center is holding another mass COVID vaccination clinic this Saturday. It was originally scheduled to be in the parking garage, but has been moved indoors due to the extreme heat. It is increasingly difficult to find patients interested in being vaccinated. Therefore, this may be our last mass vaccination clinic for some time. We are trying to incorporate COVID vaccination during normal appointments, like any other vaccine. This increases vaccine wastage, but helps us reach patients.</i>• <i>The Health Center has the opportunity to receive a number of funding sources – some of which are guaranteed and some which require applications. We have submitted applications and are waiting to hear back. One grant award is from the American Rescue Plan Act (ARPA) through HRSA, which we will use to grow seven permanent positions, as well as extend and add additional temporary staff. In addition, Sacramento County will receive ARPA dollars; we have been asked to put forth a list of requests for this money. We included additional staff and some technology (including dictation software and video interpretation service) to reduce costs and improve patient care and</i>

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satisfaction. We are also looking to switch to a better messaging system to communicate with patients. We have talked about the issues before with Televox, our current system. We are searching for a more flexible and real-time messaging system. Another funding source that we will apply for is the HRSA ARP Capital grant, which can fund renovations and infrastructural changes. We intend to request money to remodel/renovate to increase the amount of clinical space available (e.g. more exam rooms) as well as workstations to accommodate additional providers and staff.

- *There is another grant, not COVID-related, which can help improve coordination with SCOE and schools for our Mental Health in Schools program. As a reminder, we provide clinical services for mild to moderate mental illnesses to children at 9 schools (with a 10th in the works) and an additional 10 schools to be added for the next school year.*

Finance Committee Update and Report from CFO and Committee

- *Ms. Hooker presented the revised Summary Financial Status Report developed by the Finance Committee that should be easier for all to understand. By next month, the Finance Committee should have a final version of the report that is simple and easy to understand.*
- *Mr. Dizon said that the Health Center is in a good financial position to end the fiscal year with respect to expenses and revenue (see April Financial Status Report in the handouts). The County at large is more interested in using the monthly Financial Status Reports to forecast where we will end the year (they want to avoid budget shortfalls) than our Finance Committee, which is also focused on where we are year-to-date. Dr. Dizon discussed the projection that the Health Center will end the year still in a very good financial position and will come under budget with respect to the net County costs.*

Note: There was a problem with Skype audio, so this part of the agenda ended before the current budget status was addressed.

Program Presentation

- *Dr. Carlsen presented a brief overview on the purpose and goals of the new Pediatric CIRCLE Clinic (see PowerPoint presentation in handouts).*
- *The intention of creating the new CIRCLE Clinic is a comprehensive integration of resilience into foster children's life experience through this clinical service. The acronym of CIRCLE refers to the integration of three major components of service and resources and inclusion of children and families in the Health Center.*
- *The comprehensive piece is a collaboration with the Department of Child and Family Service, who refers children to the Health Center, as well as foster care agencies and family informal supervision. We are coordinating medical care, mental and behavioral health care, and development in one clinic visit, as an intake visit.*
- *The pediatric medical care component consists mostly of well-child visits, as well as trauma screening. UCD pediatric faculty at the SCHC Pediatric Clinic conduct these. The program also adds trauma screening, evaluation for mental and behavioral health issues and refers for Parent-Child Care (PC Care) performed by SCHC providers.*

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Mental health providers and specialists in the community visit families in their homes and provide parenting modeling and coaching for parent-child interaction.

- *The patient population is being expanded from the original focus on 1-5 years to 0-17 years. Developmental assessments are conducted at every visit. However, this is supplemented by twice-monthly visits to the program by developmental analysts from the UCD Mind Institute. At present, CIRCLE Clinic is held twice weekly (Tuesday and Thursday mornings), but has the potential to expand. At present, the program is working on building capacity as well as to make linkages to the schools, prosecutor-liaison community, the Sacramento County Office of Education (SCOE) and the Alta Regional Center. A Family Navigator works with the program as well.*
- *County Departments refer to CIRCLE Clinic including social workers and PHMS within foster care, as well as external health care providers. Whatever the source of referrals, Dr. Carlsen acts as Care Coordinator and tries to get background information on the child and family before the initial intake appointment occurs to be more effective at the first visit. After the intake, Dr. Carlsen creates a summary report and sends it to the Department of Child and Family Services, which conducts a comprehensive review of services provided, assessments conducted, and referrals given.*
- *The CIRCLE Clinic can act as the child's medical home if the child (or family) does not already have one. The Clinic also works with outside medical homes to coordinate care. CIRCLE Clinic's goal is to become the medical home for those without one.*
- *CIRCLE clinic follows up with patients every two months, because foster children (especially those in the teen years) often have complex conditions.*

Training Presentation

- *Ms. Lomazzi reviewed the highlights from her attendance at the Healthcare for the Homeless Conference. She noted that she has written an article about the Conference (see handouts). The conference was good for medical professionals but also consumers. Ms. Lomazzi attended workshops on racism, advocacy, social media, special health needs of LGBTQ+ consumers, drug policy and addiction treatment, trauma-informed care, and consumer leadership.*
- *Ms. Lomazzi indicated that she has some videos to share with the group, which can be a good source of information. She is working out how to make those available to the CAB.*

***CAB Governance**

- **Committee Updates to CAB**
 - ***Clinical Operations**
 - *Mr. Gallo (due to Ms. Washington's absence) let the CAB members know that the Clinical Operations Committee worked on three policies and plans, all of which are ready for your review.*
 - *The first is the SCHC 2021 Quality Improvement Plan developed by the Quality Improvement Committee. The Committee discussed measures and goals in the area of Patient Experience, Clinical Performance Measures, Reducing Costs, and Care Team Well-Being.*
 - ✓ *Ms. Bluemel moved to approve the SCHC 2021 Quality Improvement Plan as presented.*

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- ✓ *Mr. Gallo seconded the motion.*
- ✓ *All CAB members present voted to approve the adoption of this plan.*
- *Mr. Gallo indicated that CAB must review PP 01-01 Quality Improvement annually; no substantial changes are recommended this year.*
 - ✓ *Mr. Gallo moved to approve PP 01-01 Quality Improvement as presented.*
 - ✓ *Ms. Bluemel seconded the motion.*
 - ✓ *All CAB members present voted to approve the adoption of this policy and procedure document.*
- *Mr. Gallo presented PP 03-04 Emergency Medical Response for CAB review and approval and explained that the paging protocol information was updated to remove codes and make information clearer to patients and visitors.*
 - ✓ *Ms. Bluemel moved to approve PP 03-04 Emergency Medical Response with the recommended changes.*
 - ✓ *Mr. Gallo seconded the motion.*
 - ✓ *All CAB members present voted to approve the adoption of this policy and procedure document.*
- ***Governance**
 - *Ms. Bluemel presented PP 01-02 CAB Authority that was recommended for approval by the Governance Committee. Due to the COVID pandemic, a few changes were needed, including extending the time to process and post the minutes (to 10 business days after approval by CAB) and allowing for electronic “binders” for members not just hard copies. In addition, the link to the CAB webpage was added to assist members and the public to find CAB meeting materials.*
 - *Ms. Lomazzi moved to approve PP 01-02 CAB Authority with the recommended changes.*
 - *Mr. Gallo seconded the motion.*
 - *All CAB members present voted to approve the adoption of this policy and procedure document.*
 - *Ms. Bluemel also explained to the CAB that the Governance Committee, upon review of the bylaw language, recommends that the “sub-committees” be re-termed “committees” as they are not sub-committees of any committee. The bylaws permit CAB to establish committees and sub-committees. Monitoring of the Strategic Plan has been assigned to the Governance Committee, so that will retain the title of Strategic Planning Sub-Committee. However, the Clinical Operations, Finance, and Governance groups will now be called committees, unless CAB objects.*
 - *No one objected.*

Follow up Items

- *Dr. Mishra deferred the Attendance review for the next meeting.*
- *Dr. Mishra explained that we had a County HIPPA Audit of our Radiology Clinic as well as of the Electronic Medical Record System (called OCHIN EPIC). Both went very well. The medical records system will be audited in the next two weeks, to complete the audit of the Adult, Pediatric, and Family Medicine Clinics that began in February.*

Medical Director Update

- *Dr. Mishra told the CAB that the mask requirement for those entering the health center buildings. However, we will now be giving out masks to those who need them in the individual clinic lobbies rather than the front lobby. The greeter/screener position (that gave out masks and did the COVID screening) has been discontinued. Registration for each clinic (and other departments and divisions) will be handling these duties and will*

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inform the supervising nurse or clinician if anyone has a positive COVID screen to make the determination how best to evaluate that individual.

- *Evaluation of patients suspected of COVID infection or illness will no longer take place in the outside tents. We will soon eliminate the outside tents, as we are moving operation inside as fewer and fewer people present with COVID symptoms.*
- *SCHC is doing some video visits, but this is restricted to patients who have the capability to do a video visit. We are unsure if the state will continue to allow phone visits and allow us to charge (the same or a reduced fee) for a phone visit. This policy is being debated.*
- *For the Pediatrics (and Family Medicine) Clinics, we are trying to figure out how to bring in more children for their recommended annual well-child visits. We were unable to do so for many children last year, but are trying to reduce the backlog this year. We need more well-child visit slots than currently have scheduled to do this, so we have a workgroup tackling this challenge.*
- *For cervical cancer screening, we have reached out to the health plans to see if they can help with outreach to persuade patients to come in for these visits. We are targeting July 16 as a special cervical cancer-screening day at SCHC.*
- *We have learned of a limitation with the use of the mobile medical center van being built. We cannot store or administer medications from the van (due to state law) and have not made progress in overcoming this obstacle.*
- *SCHC finally obtained the Board of Pharmacy permit for our Loaves and Fishes site, so we will have 6-7 medications there that can be given to those in need at that site.*

Next Meeting Items

- May Financial Status Report
- Committee updates
- 2021 CAB Member Recruitment Plan
- Service Area Competition Update & Health Needs Assessment Update

Public Comment

- *There was no public comment.*

Closing Remarks and Adjourn

- *Paula Lomazzi, Vice-Chair, adjourned the meeting at 11:00 AM.*

Next Meeting: July 16, 2021/ 9:30-11:00 AM **** IN PERSON

*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

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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.