Meeting Minutes

March 18, 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/1619656307?pwd=ZTBkU3BUNUFyUGpLN2RvTEVwd0RLQT09

Meeting ID: 161 965 6307 Passcode: 210109 One tap mobile

> +16692545252, 1619656307# US (San Jose) +16692161590,,1619656307# US (San Jose)

OR

Dial by your location

+1 669 254 5252 US (San Jose) +1 669 216 1590 US (San Jose)

Meeting ID: 161 965 6307

Meeting Attendees:

CAB Members: Elise Bluemel, Laurine Bohamera (pending ratification), Vince Gallo

Paula Lomazzi, Nicole Miller (pending ratification), Namitullah Sultani (Vice

Chair), Jan Winbigler (Chair)

SCHC Personnel: Robyn Alongi, John Dizon, Joy Galindo, Sharon Hutchins, Susmita Mishra,

Mehrabuddin Safi

Prospective Members: Suhmer Fryer, Rachel Hoff, Angel Lopes, Mercelien Van Zen

Topic

Opening Remarks and Introductions

- Chair Winbigler called roll, and asked potential members to introduce themselves.
- The members reviewed the meeting minutes from the 02/04/22 Special Budget Meeting and suggested a few edits.
 - o Ms. Bluemel moved to approve the minutes as amended.
 - o Ms. Lomazzi seconded the motion.
 - 'Yes' votes: Ms. Bluemel, Mr. Gallo, Ms. Lomazzi, Mr. Sultani, Ms. Winbigler
 - 'No' votes: None
- The members reviewed the meetings from the 02/18/22 meeting and offered several edits.
 - Ms. Lomazzi moved to approve the minutes as amended.
 - o Ms. Bluemel seconded the motion.
 - 'Yes' votes: Ms. Bluemel, Mr. Gallo, Ms. Lomazzi, Mr. Sultani, Ms. Winbigler
 - o 'No' votes: None

Brief Announcements

Timeframe for distributing meeting materials

04/05/22 v. 1

- Dr. Hutchins told the CAB members that the Executive Team met and discussed having a
 7-day period to send materials prior to the meeting. Staff will send out materials electronically on the Friday before the main meeting.
 - Ms. Winbigler asked how CAB members would be notified if changes occur after the materials are sent or if new materials are sent.
 - Dr. Hutchins responded that staff would mark changed documents as revised.
- Technical support for (consumer) members
 - Or. Hutchins informed CAB members that the Executive Team also discussed returning to an older idea of providing laptops or tablets to support consumer members with challenges accessing the internet or electronic materials. Mr. Dizon is working with the Department of Technology what we can do, within County rules, in this regard.
- Dr. Hutchins reminded members who attended the Special UDS Meeting to delete the
 initial handouts (that contained one page with PHI) and the email. She asked those
 members also to fill out and return the attestation of destruction of these records. Dr.
 Hutchins will send the attestation forms again to members who have not returned
 them.

Return to In-Person (or Hybrid) Meetings

- Dr. Hutchins brought forward another item discussed at the CAB Executive Team Meeting – whether or not to return to in-person meetings. The County has removed many restrictions due to the pandemic. It is important to know what CAB members wish to do regarding meetings.
 - Members agreed that hybrid meetings were a good choice so that some can attend if that works for them but allowing attendance for others.
 - Dr. Hutchins requested that CAB members who wish to attend in person let Mr. Safi know a week in advance to make sure that we have sufficient room in Conference Room 2800 and can meet those who will attend and bring them behind the security doors.
 - Chair Winbigler also suggested posting a sign on the doors with a number that people can call to be let into the meeting.
 - Ms. Bluemel asked if in-person attendees could arrive at 9:15, so that there is sufficient time for people to get to 2800 before the meeting starts at 9:30.
- Ms. Bluemel then asked whether the CAB could begin meeting again in the Community Room (2020). Dr. Hutchins explained that that room is not set up to handle teleconference meetings. In order to maintain capacity for teleconferencing, CAB meetings would be better held in Conference Room 2800, which is smaller than the Community Room, but has Zoom capacity.
 - Several CAB members requested that SCHC leadership look into how Community Room 2020 could set up for teleconference.
 - Mr. Dizon will look into funds to retrofit the Community Room with teleconferencing capacity. Since it is not a space assigned to the Health Center, but is rather a shared space across several departments, this is not guaranteed.
 - Ms. Lomazzi pointed out that the Zoom audio in Conference Room 2800 is not very good. She asked if we could get a microphone/speaker to fix the problem.
 - Dr. Hutchins indicated that Mr. Safi would look into this.

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

- Dr. Mishra started her report with Sufficient Space (one of the Strategic Plan priorities).
 - o Dr. Mishra reported that SCHC personnel are still working with HRSA on the ARP capital infrastructure grant. There is a lot to do before any remodeling can begin. The good news is that we may not need a "force account labor" request to use our own County Department of General Services workforce rather than an outside entity. We are waiting for the final decision on this question.
 - The space in Suite 2600 will not be available until May 31, as there has been a delay in plans of the Department of Human Services. After they move, equipment must be moved and some minor changes made in June. Thus, it is unlikely that primary health staff will be able to move into this area before July.
- Dr. Mishra then turned to the Strategic Priority of Sufficient Staffing.
 - Or. Mishra shared that a Nurse Practitioner is starting in two weeks in the Refugee Clinic, which will give some relief. She indicated that she would also discuss another potential provider, a pediatrician, with Dr. Hutchins later today so that we have additional help during the surge.
 - Two adult medicine physicians will start in April in Suite 1100-1200. One of these providers, in addition to an existing physician, will also be helping part-time in the Refugee Clinic.
 - Once the Board of Supervisors approves the last Refugee grant, we should be able to hire some more positions for staffing in Refugee.
 - SCHC is hoping to get a Division Manager who will oversee grants, compliance, and some programs. She is currently interviewing; that process should conclude after mid-April, and then the hiring process can begin.
 - SCHC is still looking to hire at least two Senior Office Assistants. There three candidate interviews today.
 - SCHC is still in need of a clerical supervisor, but cannot begin the hiring process until March 31.
 - Finally, SCHC has recruited additional nurses to help with continued COVID vaccination and some COVID testing, so that our permanent nurses can focus on other duties such as triage and administering medication and other vaccines.
- Dr. Mishra then spoke about the Strategic Priority of Renewing the Focus on Patients Experiencing Homelessness.
 - Dr. Mishra informed CAB members that she had put in a "growth request" for a new position for a Homeless Lead that will be occupied by Dr. Landefeld. This position will liaise with outside organizations serving the homeless populations and coordinate SCHC services for the unsheltered population.
 - Dr. Mishra mentioned that there have been some security issues at the SCHC clinic site at Loaves and Fishes. SCHC leadership and Loaves & Fishes are looking at what is needed to ensure the safety of SCHC staff.

- The mobile medical van has been approved by HRSA as a new site for clinical services. The last remaining items on the checklist are to register it with DMV and install a hose in the SCHC parking lot. We must continue to use the van for COVID testing. As of May 1, we are free to use it for other purposes. For now, SCHC will be dedicating the van to serving those experiencing homelessness.
 - Dr. Hutchins mentioned that SCHC's consultants are looking into getting a separate National Provider Number (NPI) to allow separate billing through the van, and are advising leadership on the process.
- Dr. Mishra addressed grants to SCHC.
 - The bigger grants currently are the HRSA ARPA grant (to be used primarily for staffing), the HRSA ARP capital grant previously mentioned for building renovation and other work, and several Refugee grants. As CAB members may remember, SCHC recently submitted a grant to HRSA to support identification, screening, testing, and treatment for those at risk of HIV.
 - SCHC also has a small grant from Anthem to improve patient's control of diabetes.
 Through this grant, we have purchased cookbooks in different languages, placemats that show portion sizes and healthy foods in different languages, as well as glucose monitoring devices so that patients can measure their glucose levels.
- Dr. Mishra then addressed compliance issues.
 - Dr. Mishra reminded CAB members about the HRSA site visit in December 2020, which was followed by the state Medi-Cal audits starting last July, and our annual reporting to HRSA through the UDS report in February of this year (that had the special meeting for approval before submission). HRSA has accepted all of our UDS responses and the report as a whole.
 - Now, we have found out that we may have another audit coming up for our 340B program. The 340B program is a federal program that permits certain facilities (such as federal-qualified health centers) to purchase outpatient prescription drugs at discounts to stretch federal resources. SCHC has to ensure that we keep meticulous records of drug inventories and dispensing as well as purchasing and other details. As we have not undergone such an audit before, SCHC is looking for a consultant familiar with 340B audits to help us prepare for a successful audit.
- Finally, Dr. Mishra brought up key Operational issues.
 - SCHC's Complex Care Coordination (CCC) Team received a list from UC Davis about patient with frequent emergency department (ED) visits and hospitalizations. The CCC Team reaches out to these patients and uses a protocol to assess their barriers to care, including social determinants of health (like transportation or housing, understanding medications and the referral process, etc.). CCC Team works with patients to overcome these barriers.
 - Data from the past 3-6 months has shown great success for this program. CCC-enrolled patients have had a 50-60% reduction in ED visits and hospitalizations.
 - The CCC Team submitted a summary of the program and findings to a large medical conference called Society for General Internal Medicine (SGIM) and the project has been approved to be presented at the national convention.
 - SCHC is in the process of project plan to implement a Comprehensive Perinatal Services Program (CSPS). Anyone serving Medi-Cal patients who are pregnant is obligated to

- provide or refer to a CSPS program, which provides additional education on a healthy pregnancy and nutrition.
- In addition, SCHC is starting a conversation with the UC Davis MIND Institute to bring to SCHC neuro-developmental disability assessments for children. Patients who may be in the autism spectrum that are identified early may benefit from early intervention.
- SCHC has expanded e-consultations as an option for referrals for specialty services. SCHC providers can now consult with a broader range of specialists, mostly free of charge. This allows SCHC providers a rapid response from experts to recommend the best course of action for patients, whether or not that is an in-person evaluation by a specialist.
- Undocumented patients who in our Healthy Partners program and are aged 50 or more will quality for full-scope Medi-Cal as of May 2022, rather than just the emergency Medi-Cal coverage they have now. SCHC will be sending members to the affected patients to ensure they are aware of the transition.
- Dr. Mishra is working on an Executive Team / Organizational Development Plan. In the meantime, the Department of Health Services is working, on not only executive team leadership, but also leadership and cultural workshops for all staff. This program will roll out this year.

Quality Improvement Plan Report: Racial and Ethnic Disparities in the Control of Hypertension and Diabetes

- Dr. Hutchins presented the handout to the group and indicated that she would touch
 on key highlights and give an overview of the report. It is important to make sure we
 have fair access to care and are consistent in the quality of care we are providing. To
 do so, we assess how well we are doing regarding health equity, which is a major
 goal of the SCHC's Quality Improvement Plan(s) as well as being endorsed by the
 Board of Supervisors.
- Dr. Hutchins explained the origins of the analysis and the methodology used. She indicated that it is very difficult to identify real differences among patient groups when the groups are small (which is known to statisticians as the "small N" problem). To make sure SCHC is providing equal access and good quality care, we need to determine whether groups differ in their health outcomes by race or ethnicity. SCHC has patients of many racial/ethnic groups, some larger than others. To detect any differences that might exist, we need to look at very common conditions, such as diabetes or hypertension.
 - Ms. Bluemel asked whether the Anthem QI grant could be used toward this initiative.
 - Dr. Hutchins responded that yes, in fact culturally- and linguistically-specific materials are being provided through that grant to help patients control their diabetes. For example, for someone who eats a traditional Pacific Islander diet and we provide him or her information only on a typical American diet, this is not very helpful. We want to be able to provide information that is relevant to the patient.
- Dr. Hutchins asked that CAB members take a detailed look at the report, and provide their feedback, based on professional or personal experience.

- Ms. Bluemel suggest that SCHC send all patients a survey about how best to help them manage their condition.
- Dr. Hutchins agreed that the feedback from patients is extremely important to get. However, there are some issues with the survey idea, including the expense and the need to provide it in multiple languages. Instead, SCHC is planning to conduct focus groups and is working with experts at UC Davis on best practices to do so.
- Chair Winbigler asked CAB members to read the report in detail and send their feedback to Dr. Hutchins by email or be prepared to discuss it at the next meeting.

*CAB Governance – Committee Chairs

- Committees Updates to CAB
 - *Clinical Operations
 - Mr. Gallo told AB members that the clinical Operations Committee reviewed two policies and procedures that the Committee recommends for CAB approval. We will take these one by one.
 - *Review of PP 08-08 Advance Health Care Directive:
 - ✓ Mr. Gallo asked Dr. Hutchins to summarize the changes made. Dr. Hutchins indicated that the law changed since the last time the document was revised. The changes reflect the changes in the law.
 - ✓ There were no problems noted by staff, but we wanted to make sure that the
 document reflects the current laws.
 - Ms. Bluemel suggested correcting a few typos that she noted and moved to approve the policy and procedure with those revisions.
 - Ms. Lomazzi seconded the motion to approve the revised PP 08-08 Advance Health Care Directive with the changes noted by Ms. Bluemel.
 - All members voted yes: Bluemel, Gallo, Lomazzi, Sultani, and Winbigler.
 - *Review of PP 04-22 Patient Discharge from Care:
 - ✓ Mr. Gallo noted that this is a brand new policy that was created to deal with specific issues that have recently arisen. Dr. Hutchins noted that most health centers like us have such a policy.
 - ✓ Ms. Winbigler noted that most policies such as this incorporate a process that allow the patient to respond before a decision is made.
 - Dr. Hutchins agreed with Ms. Winbigler and pointed out that the first letter sent is a "warning letter" to which the patient may respond. The letter and patient response go to the Health and Safety Committee for review and discussion. That Committee then decides whether to discharge the patient. The Committee can also seek County Counsel support to better understand patient and health center rights and legal issues.
 - Dr. Mishra said that perhaps the policy and procedure does not clearly state the process and the timeframe. This can be amended to be clearer.
 - The group agreed that this was an important issue that needed to be resolved.
 - The P&P will be sent back to the Operations Team for continued discussion and clarification. The P&P will then go back to Clinical Operations for review before being considered again by the full CAB.
 - Finance Committee
 - Ms. Winbigler summarized the January Financial Status Report (FSR), noting that the SCHC budget is good shape, and moving along as expected with no major issues.
 - Mr. Dizon told CAB members that the Department of Health Services' combined budget has been turned in. We are in the process of responding to questions from analysts in the Budget

Office. The first step for them is to determine how much it will cost the County as a whole to provide the same services as last year (base budget) across all departments. After this is determined, growth requests for new services may be entertained.

 Ms. Winbigler indicated that Dr. Mishra had provided a good summary of the grants updates, and Ms. Winbigler would skip this item.

Governance

- Dr. Hutchins summarized the Report on Strategic Plan progress, since Ms. Alongi's audio was not working. The Governance Committee reviewed the plan and the two timely deliverables:
 - ➤ Homeless Focus: Review the homeless needs assessment findings and identify key needs to address with new or expanded services at SCHC. SCHC leadership proposed to address mental health and substance abuse (e.g. medication-assisted therapy) and has chosen Dr. Landefeld to lead these efforts.
- Dr. Hutchins also indicated that the Board of Supervisors is scheduled to ratify the newly elected CAB members, Ms. Bohamera and Ms. Miller and to extend the terms for Ms. Lomazzi and Ms. Winbigler at the BOS meeting next Tuesday (3/22).
- Dr. Hutchins also indicated that SCHC would be applying for its next three-year grants as a federally-qualified health center. Our grant was actually up last year, but we were extended for a year due to the pandemic. Preparation for the Service Area Competition (grant application) will become a standing agenda item as of the May CAB meeting.
- Ms. Winbigler told CAB members that Dr. Hutchins is continuing to work on identifying training opportunities for members, assisted by the Governance Committee. She also indicated that existing members are doing their best to provide mentoring to the new members. Ms. Winbigler provided her telephone number so that new members with questions about the CAB can contact her directly.
- Ms. Winbigler let CAB know that active recruitment of consumer members continues. She expressed excitement about the attendance at today's meeting of several potential members. She expressed hope that these folks will be interested in turning in a membership application. Ms. Winbigler and Dr. Hutchins are available to answer questions.

Next Meeting Items – All

- HRSA Project Director/Medical Director Report
- February Financial Status Report
- Committee Updates
- Final Report on 2021 Quality Improvement Plan

Public Comment

Vice Chair Sultani asked for any public comment. There was none.

Closing Remarks and Adjourn

Chair Winbigler adjourned the meeting at 11:15.

Next Meeting: Friday, April 15, 2022 9:30-11:00 via Zoom

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.

^{*}Items that require a quorum and vote.

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.

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