**Meeting Minutes** 

May 11, 2023, 11:00 AM – 1:00 PM

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**Meeting Location** 

2029 H Street, Sacramento, CA 95811

#### Attendance

Name	Attendance		Name	Attendance		
SCHA Consumer Protection Committee Voting Members						
Kyle Stefano, Chair	⊠Present	☐Absent	Kim Williams	⊠Present		
John Landefeld, MD,	□Present	⊠Absent	Patricia Sherrod	☐Present ⊠Absent		
Vice-Chair						
Edwin Kirby	⊠Present	Absent	Darrel Lake	⊠Present		
County Staff to SCHA						
Jenine Spotnitz	⊠Present	Absent				
Jake Abarca	⊠Present	Absent				
Consultants to SCHA						
Sarabeth Zemel	⊠Present	Absent				
Lisa Chan-Sawin	⊠Present	Absent				
Alexis Sabor	□Present	⊠Absent				

Agenda Item	Time
1. Welcome and Agenda Review – Kyle Stefano, Committee Chair Chair Kyle Stefano convened the meeting at 11:10 a.m. Jenine Spotnitz reviewed the agenda with the Consumer Protection Committee.	11:00 – 11:05 am
<ul> <li>Announcements and Updates – Kyle Stefano, Committee Chair</li> <li>A. PATH Collaborative Planning and Implementation Initiative meeting on May 17, 2023 – Register here.</li> <li>B. Commissioner updates</li> </ul>	11:05 – 11:10 am
3. Presentation and Discussion: Communications/Marketing Goals and Strategies – Samantha Mott and Macy Obernuefemann, Sacramento County Public Information Officers  The Consumer Protection Committee has a \$250K annual beneficiary	11:10 – 12:00 pm
engagement budget. Currently, there is no well-defined process to hear the voices of Medi-Cal populations to understand challenges	

and successes and encourage a feedback loop to complement quantitative performance data.

Samantha Mott primarily works in health, adult, and child services. Most of her work is on media relations and public and behavioral health. Currently, the media relations team, or the County Public Health Information (PHI) Office, is reducing mental illness stigma with lived experience and using this as a compass. The media relations team is not looking to tell people information but to reach utilizers and get information from them.

Jenine Spotnitz clarified that the project is part of a broader move to connect to eligible populations, not just Medi-Cal.

Commissioner Darrel Lake also agrees that reaching different populations outside the traditional health system is essential. Other groups may exist that can help address or reach subpopulations.

Samantha Mott agreed that the County goes through CBOs; for example, to reach Russian/Ukrainian communities, the County goes through religious organizations. With no robust relationship ingrained in this community, CBOs that align with the target audience should be identified. With a \$250K annual budget and given that these are hard-to-reach populations, the Consumer Protection Committee will need to expense translation services. Some CBOs could provide an in-kind translation. Sacramento County has seven threshold languages. Proper translation requires cultural affinity with the group. It is helpful to frame the top 5 goals, e.g., consumer feedback on what services are out there. To better understand how their services and expertise could apply.

Macy Obernuefemann suggests that if the Consumer Protection Committee wants to reach the community via flyers/media, the media team can create a base for that and would need the translation. County media profiles have a good following, with 5K for health services and 40K followers through Sacramento County's Facebook. Communicating success stories is also an option.

The goal is to reach many members, including soliciting input from Medi-Cal members. The Consumer Protection Committee is not there yet. The low-hanging fruit is building a survey via a flyer or email. Surveys require careful design, including selecting the information the Consumer Protection Committee wants to include and the mode of delivery and collection. The Consumer Protection Committee should reduce friction as much as possible for it to be easy to complete.

Focus groups are another option, as they give robust information. When the County's contractors did it, they subcontracted with a company specializing in focus groups with equitable representation of consumers. Samantha Mott thinks focus groups would be an excellent way to go.

One concern is the cost of a consultant group to lead focus groups. The Consumer Protection Committee is worried about leftover funds for incentives.

In stigma work, people are compensated with gift cards. Macy Obernuefemann is not sure how much budget there was for this firm, but Samantha Mott can get that number for us. The cost was substantial, including all-day expenses, gift cards, lunch, and breakfast. Campaign design can be an obstacle, as there must be clarity on goals, language, and colors that work, and approximately 50-100 people are recruited in focus groups. Nevertheless, subcommunities were sectioned out based on shared traits.

Commissioner Kim Williams mentioned one company with different CBOs to care for different groups. For example, Black Child Legacy did seven groups of 10; each got a gift card. Spent less money on consultants and sent more funds to organizations and beneficiaries participating in the work. She will find out who put the questions together. Questions asked were about the experience of folks (La Familia).

Samantha Mott agreed that this is a cost-effective way. The media relations team contracted the firm to handle everything. The contractor can help design surveys, reach out to consumers, create a QR code for surveys, create flyers for folks, or create graphic/collateral pieces. There is a new center the media team uses. The Consumer Protection Committee likely does not need media intermediaries and can also look for CBO lists and identify subcommunity-specific CBOs.

Commissioner Edwin Kirby asked the media relations team if they had sent mail to members who receive services. Funds can be allocated to get broader feedback and a larger sample.

Samantha Mott stated that if the Consumer Protection Committee mails a survey, it needs postage for both ways. That cost can add up. If providers give the surveys, they can spare costs; most surveys come from FQHCs.

Jenine Spotnitz thinks consultants can go out and administer services. It depends on what methods the Consumer Protection Committee wants to use to inform people.

Interns were sent out with iPads to take a public health survey and got many folks to respond. So, consultants are closing the loop there and then. If the consultants can get providers to do it, that is an option. However, this may take longer.

Commissioner Darrel Lake mentioned tablets in the DHA Medi-Cal iPad enroller. He asked what it might take to do that kind of screening at DHA. Jenine Spotnitz thinks the Consumer Protection Committee cannot ask non-County staff to help—potentially, DHA staff can step in. Chair Kyle Stefano thinks the Consumer Protection Committee can tap into folks in the waiting room and leverage FQHC relationships. Alternatively, the Consumer Protection Committee can have a stand with a QR code stating that to "best serve you, please answer our questions."

The County PHI Office can create a survey/QR code. Many online entities do free versions, but a paid option gives access to more data. HI has to make the surveys short and sweet.

Macy Obernuefemann acquired coupon books and candy bars to distribute to individuals. Alternatively, the researchers have the option to offer either a candy bar or \$5 to patients in waiting rooms. It's essential to consider the finite budget available for these incentives.

Commissioner Edwin Kirby advocated for a survey extension to a whole year. Samantha Mott stated there could be a response # target, leaving it open as long as the Consumer Protection Committee can get those responses. Commissioner Edwin Kirby stated that all mediums must be considered within a finite time. Also, consider who the Consumer Protection Committee may miss if they focus on FQHCs. To ensure the Consumer Protection Committee is getting representative information, allocate ample time for social media activities, in-person outreach, and hiring Medi-Cal members to participate in clinic rooms.

Samantha Mott recommended the Consumer Protection Committee plan around reaching each hard-to-reach group requiring specialized tactics. At the end of the year, for example, the Consumer Protection Committee can go into tiny home communities and reach specific areas that are not low-hanging fruit.

Committee Chair Kyle Stefano said CHWs are in jails, and broader Sacramento Covered outreach workers have tablets. Samantha Mott stated that a tablet with built-in internet would work well. The Sacramento Covered team can offer five-question surveys within the current outreach. On the Commission, have people in organizations with CBOs and FQHCs. Samantha Mott mentioned that the Sacramento City also goes to encampments (e.g., HEART team).

Commissioner Darrel Lake mentioned that tracking information for homeless patients in the data bank is crucial.

Commissioner Darrel Lake wants to stratify resources into categories of easy-to-reach and hard-to-reach, while also identifying current resources available to reach homeless patients. CBOs can utilize tablets to distribute and collect surveys, facilitating outreach efforts.

The Management of Commission funds run through the County & Counsel. The Consumer Protection Committee needs to consider contracts and everyone who receives the funds.

The Consumer Protection Committee will come up with a Strategic Outreach Plan, outreach method, and funds amounts, and ensure tracking to help identify gaps.

Commissioner Darrel Lake prefers the Consumer Protection Committee does it right and builds trusting relationships with the public and Medi-Cal members.

Samantha Mott echoed Commissioner Darrel Lake's perspective and flagged that Ukrainian is not considered a threshold language, but they may prefer not to communicate in Russian. This preference should be taken into consideration.

4. Presentation, Discussion, and Action: Review of Statements of Interest for Beneficiary Advocate Seat and Consumer Protection Committee Nomination – Jenine Spotnitz, Sacramento County Department of Health Services

Chair Kyle Stefano made a motion to nominate Dr. Malhotra for the open Advocate for Medi-Cal Beneficiaries seat. The motion carried.

The next step to officially appoint Dr. Malhotra is to submit the Consumer Protection Committee's nomination for the Board of Supervisor's approval.

12:00 - 12:25 pm

5. Presentation, Discussion, and Action: Potential Role of Consumer Protection Committee in Health Promotion Efforts and in Community Health Improvement Plan – Jenine Spotnitz, Sacramento County Department of Health Services

Want to identify the right fit for inputting priorities of public health efforts? Public Health will complete the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) as a result of accreditation. Based on this, they identify different areas of health needs, and the prioritization process commences to select issues to focus on for the County.

The Health Authority's role could be to be part of the prioritization of that process. Commissioner Darrel Lake agrees that this should be a priority.

Public Health seeks alignment with other health needs assessments, and MCPs must try to align with this. The State released guidance to use the same assessment or the same information from the State. There is an attempt to weave together assessments to prioritize needs collectively. Contributing to these assessments would be a good fit for the Health Authority. Public Health has yet to start the CHIP, so there is no exact next step.

12:25 – 12:50pm

Chair Kyle Stefano expressed that she is concerned about the whole authority and not representing the interests of consumers as the Consumer Protection Committee is meant to.

Jenine Spotnitz stated that this would entail no extra work outside of meetings. Top priorities can be determined based on aggregated information, and then the top ones are selected. With that, the Consumer Protection Committee can draft an implementation plan.

Commissioner Darrel Lake thinks goals of setting priorities should be a Health Authority goal. The Health Authority had no role in plan selection, but this would provide intentional responsibility.

Commissioner Kim Williams wanted clarification on prioritizing data from the County side, not from MCPs and other hospitals. Jenine Spotnitz said the Commission will likely use MCP data less than hospitals.

Commissioner Kim Williams had seen prioritization before, and often, issues prioritized needed to make more sense. Hospital systems go through this process. Everyone's priorities might be different. How

can the Consumer Protection Committee get consensus across these priority plans? Connecting on the top three would make a difference.

A formal vote was called to determine if the Consumer Protection Committee will participate in the County's CHIP process.

Jenine Spotnitz calls a vote for the Consumer Protection Committee to participate in CHIP. The motion was voted unanimously. The motion carries.

**6.** Public Comment – One comment per person, limited to two minutes.

Chair Kyle Stefano opened the floor for public comments.

Commissioner Amber Kemp commented that PATH Technical Assistance provides an opportunity to leverage more formal participation in the County process. Transform Health is seeking an extra project that might fall under its budget. In addition, survey information collected would automatically be required to be reported to the State and all activities to DHCS.

CHIP/CHNA is exciting because the State is working on updating MCP APL in this space. Under CalAIM, DHCS intends to implement a more modified population needs assessment for plans requiring them to provide robust descriptions of members and communities served. More data collection means more reliance on community sources and systematic engagement. County and MCPs would develop CHIP in partnership with hospitals.

12:50 – 12:55 pm

Commissioner Amber Kemp continued, noting that the challenge with CHNA has been with CHIPs; hospitals are bound to a rigid timeline (3-year cycle). So, hospitals are under specific requirements, and local health jurisdictions have different requirements. The State wanted hospitals under the same timeline but was restricted under APA. Flexibility for the State to align CHIP timing is coming. The exciting news is that DHCS has stepped into this space to recognize the opportunity for alignment. Before, the hospital CHNA process was not an area where many proposed changes were made to existing requirements. However, the State has been insisting on aligning. Alignment with CalAIM is a step in the right direction. The State will update its Letters and include PNA requirements modifications that will be released in 2023, with kick-off planning to be held in 2025. The

opportunity here is to lean in in a coordinated fashion. Once aligned with the State, MCPs and the Commission will have a clearer vision of Sacramento County involvement.		
7. Next Steps and Adjournment – Kyle Stefano, Committee Chair  Jenine Spotnitz shared that the next Consumer Protection Committee meeting is on June 8, and the next Commission meeting is next week on June 16.	12:55 – 1:00 pm	
Chair Kyle Stefano motioned to close. The motion was seconded by Vice-Chair Dr. John Landefeld and the motion carried. The meeting adjourned at 12:55 p.m.	·	

Members of the public are encouraged to attend. Public comments are accepted during designated time. Electronic or hard copies of documents are available upon request. To request documents, or if you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Jake Abarca at AbarcaJ@saccounty.gov or (916) 708-0668. Electronic copies of documents will be emailed upon request and hard copies of documents may be picked up at 7001-A East Parkway, Sacramento, CA 95823. For more information regarding the Sacramento County Health Authority Commission, please visit our website at Sacramento County Health Authority.