

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

**Meeting Agenda**

September 15, 2023 / 9:30 AM to 11:00 AM

**Meeting Location**

Community Room 2020 at 4600 Broadway / Sacramento, CA

- Community Room 2020 is accessible without staff/security needing to let you in. The room is located on the 2<sup>nd</sup> floor at the top of the back stairs (near the Broadway entrance).
- CAB members: please RSVP at least 24 hours in advance to Dr. Hutchins at [HutchinsS@saccounty.gov](mailto:HutchinsS@saccounty.gov).

Public comment will be taken after each agenda item and at the end of the meeting.

Topic
<p>Opening Remarks and Introductions – <i>Jan Winbigler, Chair</i></p> <ul style="list-style-type: none"> <li>• Roll Call and welcoming of members and guests</li> <li>• *Review and approval of 08/18/23 CAB meeting minutes</li> <li>• Public Comment</li> </ul>
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none"> <li>• HRSA Operational Site Visit tentative time period announced</li> <li>• Time to Update CAB member bios</li> <li>• Public Comment</li> </ul>
<p>Leadership Updates – <i>Drs. Mendonsa and Misra</i></p> <ul style="list-style-type: none"> <li>• Health Resources and Services Agency (HRSA) Project Director Update -<i>Dr. Mendonsa</i></li> <li>• HRSA Medical Director Reports – <i>Dr. Mishra</i></li> <li>• Public Comment</li> </ul>
<p>CAB Governance</p> <ul style="list-style-type: none"> <li>• Committees Updates to CAB – Committee Chairs <ul style="list-style-type: none"> <li>○ Clinical Operations Committee – <i>Ms. Stacholy</i> <ul style="list-style-type: none"> <li>▪ Program Review: Street Medicine</li> </ul> </li> <li>○ *Finance Committee – <i>Ms. Bohamera</i> <ul style="list-style-type: none"> <li>▪ Review of August Financial Status Report</li> <li>▪ Updates on grants <ul style="list-style-type: none"> <li>➢ *Vote on Budget Progress Report submission for HRSA main grant</li> <li>➢ *Vote on accepting HRSA Bridge grant</li> <li>➢ *Vote on HRSA HIV Ending the Epidemic: Year-End Report submission</li> </ul> </li> <li>▪ Review of Policies and Procedures - NA</li> </ul> </li> <li>○ *Governance Committee – <i>Ms. Winbigler</i> <ul style="list-style-type: none"> <li>▪ Proposal to amend Bylaws to align conflict of interest definition with policy and procedure document — ≥14 day notification for discussion and vote on 10/20/23</li> <li>▪ Update on recruitment</li> </ul> </li> </ul> </li> </ul>



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

**Meeting Minutes**

August 18, 2023 / 9:30 AM to 11:00 AM

**Meeting Location:** 4600 Broadway, Sacramento, CA, Community Room 2020

**Meeting Attendees**

CAB Members: Elise Bluemel, Laurine Bohamera, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler

SCHC Leadership: Sharon Hutchins, Andrew Mendonsa, Susmita Mishra, Vanessa Stacholy

SCHC Staff: Robyn Alongi, Robin Skalsky

Community Members: Belinda Brent, Areta Gurthrey (member-elect)

Topic
<p>Opening Remarks and Introductions – <i>Jan Winbigler, Chair</i></p> <ul style="list-style-type: none"><li>• Roll Call and welcoming of members and guests<ul style="list-style-type: none"><li>○ Jan Winbigler welcomed the group, and a quorum was established.</li></ul></li><li>• *Review and approval of 06/16/23 CAB meeting minutes<ul style="list-style-type: none"><li>○ Elise Bluemel made a motion to approve the June minutes as written. Paula Lomazzi seconded the motion. A roll call vote was taken.<ul style="list-style-type: none"><li>▪ <u>Yes Votes:</u> Elise Bluemel, Laurine Bohamera, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler</li><li>▪ <u>No Votes:</u> None</li></ul></li><li>○ The motion carried; the minutes were approved.</li></ul></li><li>• *Review and approval of 07/21/23 CAB meeting minutes<ul style="list-style-type: none"><li>○ Paula Lomazzi made a motion to approve the July minutes. Laurine Bohamera seconded the motion. A roll call vote was taken.<ul style="list-style-type: none"><li>▪ <u>Yes Votes:</u> Elise Bluemel, Laurine Bohamera, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler</li><li>▪ <u>No Votes:</u> None</li></ul></li><li>○ The motion carried; the minutes were approved.</li></ul></li></ul>
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none"><li>• Loss of staff member<ul style="list-style-type: none"><li>○ Dr. Hutchins shared that a staff member passed away unexpectedly. The Health Center has provided support for staff.</li></ul></li><li>• Mehrabuddin Safi, Senior Office Assistant to Dr. Hutchins submitted his resignation.</li></ul>
<p>Discussion of End of Public Health Emergency Waivers for the Brown Act – Group and Ms. Julia Jackson, County Counsel</p> <ul style="list-style-type: none"><li>• The California state of emergency ended February 28, 2023. With the ending of that order, the exceptions governing meeting requirements were revoked. Certain circumstances will allow temporary virtual meeting attendance for individuals who have hardships.</li></ul>

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

- A handout outlining the exception to in-person meetings will be sent to CAB members after this meeting.
- Actions that are passed at virtual meetings are considered unauthorized if the Brown Act rules are not followed.
  - CAB members are required to disclose the location from which they are participating if they are not attending the meeting in person.
  - Meeting notices must be posted 72 hours before the meeting at any location from which a member plans to attend.
  - CAB meeting notices are posted at the front of the building, on the doors facing Broadway, on the meeting room door, and on the internet.
    - A public attendee said the notices are posted too high and do not meet the ADA requirements of 3.5 - 4 feet. Staff will ensure ADA requirements are followed in the future.
  - Committees are allowed meet virtually.
- There is proposed legislation to modify the Brown Act. If adopted, it would go into effect in January 2024.
- Staff will make a note on future agendas that public comment will be taken after every agenda item.
- A CAB member requested a gender-neutral name card.
  - A second member suggested that the courtesy titles (Mr., Ms., etc.) not be printed on the table tents for future meetings. All CAB members agreed to this change.

### CAB Governance

- Committees Updates to CAB – Committee Chairs
  - Clinical Operations Committee – *Vanessa Stacholy*
    - \*Review of *PP 04-22 Review of Patient Discharge Policy*
      - SCHC consulted with another FQHC on the Health Center's discharge policy.
      - County Counsel is working on a letter of dismissal. County Counsel said that an appeals process may not be necessary. It is up to CAB to decide if they want to offer an appeals process and if they want to make the warning letter more robust. The current policy does not contain sufficient information about the appeals process; it offers no guidance on who handles an appeal, who reviews it, how the patient is notified of a decision, and if the Health Center will continue to provide services to the patient during the appeals process.
      - In a recent real-world application of the CAB-approved policy and procedure document, the patient was offered the ability to appeal termination was offered, but there was no process in place for the appeal. If we are going to offer an appeals process, the Health Center must document the causal incident(s) well and provide clear direction to the patient on what changes are needed for them to remain a patient. The process creates the need for more required documentation.
        - ❖ CAB member thoughts:
          - We need to consider the patient's perspective. We need a better understanding of why certain behaviors happen and how the Health Center staff can help patients get resolution without escalating the situation.
          - We cannot send a certified letter to a homeless person or a blind person, for example, even though the policy only discusses a letter as the means of notifying the patient. We don't know what written language they understand or if they have someone who can help them with an appeals process. The Health Center must comply with applicable statutes.
      - CAB agrees to have SCHC staff edit the policy with the help of County Council and bring it to the Operations Committee for discussion, and then to CAB.

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- Finance Committee – *Jan Winbigler*
  - Grant updates
    - Dr. Hutchins stated the Health Center applied for or intends to apply for four State Refugee grants -- the Refugee Health Assessment Program (RHAP) grant and three Refugee Health Promotion Program (RHPP) grants that are meant to link patients to the local health care system and provide health education. The RHPP grants differ by the eligible recipients; the main RHPP grant can serve all but Afghan arrivals, the RHPP-AHP can only serve Afghan arrivals; the RHPP-UHP grant is designed to serve those from the Ukraine. The Health Center requested the maximum or close to the maximum for each of the three RHPP grants. The Health Center needs CAB approval to submit the documents to apply for the RHAP grant and then go to the Board of Supervisors.
      - ❖ Laurine Bohamera motioned to allow SCHC to submit the RHAP grant applications to the state. Jan Winbigler seconded the motion.
        - Yes votes: Elise Bluemel, Laurine Bohamera, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler
        - No votes: None
        - The motion passed.
  - \* Review of *PP-CS-11-02 Billing and Collections*
    - Dr. Hutchins said the policy was discussed by the Finance Committee and the Committee's requested changes were made by staff.
    - Jan Winbigler made a motion to approve *PP-CS-11-02* with one corrected typo. Laurine Bohamera seconded the motion.
      - ❖ Yes votes: Elise Bluemel, Laurine Bohamera, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler
      - ❖ No votes: None
      - ❖ The motion passed.
- \*Governance Committee – *Jan Winbigler*
  - \*2023 CAB Member Recruitment Plan
    - Some of the writing on the recruitment posters is too small and posted too high to comply with ADA requirements.
      - ❖ We are creating new flyers and will make the font larger.
    - A motion was made by Elise Bluemel to approve the 2023 CAB member recruitment plan. Nicole Miller seconded the motion.
      - ❖ Yes votes: Elise Bluemel, Laurine Bohamera, Vince Gallo, Paula Lomazzi, Nicole Miller, Jan Winbigler
      - ❖ No votes: None
      - ❖ The motion passed.
  - \*Proposal to request a waiver of CAB member requirements from HRSA.
    - We do not need to submit a proposal because CAB members are willing to attend in person.
      - ❖ Meeting with candidate member Nicole Robinett was postponed.

**Updates from Leadership**

- Health Resources and Services Agency (HRSA) Project Director Update - *Dr. Mendonsa*
  - HRSA has been non-responsive regarding the school-based program despite multiple attempts including Mr. Vargas reaching out to HRSA directly.
  - Extra Hour Clinics Report
    - Saturday, July 15 – Well-child visits, cervical cancer screening, dental care, fluoride, immunizations, and mammograms through the Alinea van were provided. Between all the services offered and distributing FIT kits to those who were due, 55 care gaps were closed.

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- Thursday, July 27 evening pediatrics clinic. Well-child visits and immunizations were offered. It was a successful event with a low no-show rate.
- Saturday, August 26 is the next scheduled extra hours clinic. Cervical cancer screening, well-child visits, fluoride, and immunizations will be offered.
- Growth & Staffing
  - Management continues to fill positions approved in the 2022-23 growth request.
  - Leadership is considering converting position(s) to add additional senior management positions.
  - We welcomed Robin Skalsky, LCSW, Sr Health Program Coordinator to the team.
  - Admin is in the process of moving to the G Street location.
  - The panel size access group continues their work.
  - Referrals department improvements are in progress.
    - Leadership met with area experts and local FQHC's to understand how referrals are handled in other organizations.
    - SCHC recently hired a permanent staff to take calls from patients about their referral.
    - Three more positions were added to Referrals in the last growth request, and we are in the process of hiring.
- Meeting with other FQHCs
  - Met with WellSpace on 8/14.
  - A meeting request was sent to Communicare for mid-September.
  - A request was sent to Elica and we are waiting for a response.
- Mobile van celebration
  - A proclamation honoring CAB Member Nora Aaron Washington will be presented to the Board of Supervisors on September 26.
- New initiatives and miscellaneous
  - The project to place CSU Sacramento School of Social students at SCHC is ongoing. We are waiting for fall placement information.
  - Contracts for consultants and SCOE are in the routing process.
- HRSA Medical Director Report – *Dr. Mishra*
  - Services for Patients Experiencing Homelessness
    - Mobile Van Open House event at Loaves and Fishes.
      - The tentative celebration date is August 23, 9:30-11am with light music and snacks from 9:30-10 or 10:30 followed by speakers and media touring facilities.
      - Invitees will include Director of Health Services, County Board of Supervisors, CAB officers or members, and media outlets.
    - Street Medicine
      - We received approval from the County Board of Supervisors to receive Homeless and Housing Incentive Program (HHIP) grants from all five managed care plans. HealthNet has offered a concrete dollar amount; we are waiting to hear exact dollar amounts from the other health plans.
      - We continue to meet with HealthNet to talk through details and questions to ensure the direct contract with HealthNet to provide street medicine is a value add for the clients and the Health Center. This would be the first time HealthNet is contracting for street medicine, so they are thinking through the questions and answers.
  - School-Based Services
    - About eight hours will be spent onboarding current and new school-based mental health and wellness staff (family navigators, peer specialists, associate and licensed mental health clinicians) and 12 hours will be focused training on documenting services to meet clinical and regulatory requirements.
  - Referral Management and Scanning

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- Dr. Mishra is working with the Dr. Mendonsa to improve team building and workflows to decrease the time to get specialty and imaging appointments.
- We have had temporary staff, but it is not a good solution because they turn over quickly and a lot of time is spent training.
- Utilizing the EMR tools will improve workflows and make the referral process more efficient. Staff training is needed.
- A care team model approach, embedding a referrals staff member within the care team, is being considered.
- Access: Video Visits
  - Systemic roll out for the Health Center began 8/8/23.
  - Telehealth visits will be by video if it meets video visit criteria. If a video visit cannot be done for technical reasons or client prefers a phone visit, the telehealth visit may be a phone visit.
  - We expect to edit the video visit workflow as we get more experience with this modality.
- Immunization Program
  - Influenza Vaccine
    - Flu vaccine for adults will be shipped to our pharmacy by August 15.
    - We expect the flu vaccines for children to be shipped by the end of August. We plan on administering the vaccines as soon as they arrive.
- COVID Vaccines
  - The feds halted orders of existing COVID vaccine (those developed using federal funds) as of 8/3 until late September when the Federal Advisory Committee on Immunization Practices (ACIP) and CDC met regarding potentially new formulations and dosing guidelines.
  - We received notice that we can purchase commercial COVID vaccines.

\*Vote on CAB membership application – no applications were received.

Public Comment Period – *Ms. Fryer, Vice-Chair*  
No public comments were made.

Closing Remarks and Adjourn – *Jan Winbigler, Chair*  
Meeting adjourned at 11:00 am.

Next Meeting: Friday, September 15, 2023 / 9:30-11:00 AM

\*Items that require a quorum and vote.

The Co-Applicant Board welcomes and encourages public 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>

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.

**Sacramento County Department of Health Services  
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<b>HEALTH CENTER CO-APPLICANT BOARD Voting Record August 18, 2023</b>							
<b>Present</b>	<b>First Name</b>	<b>Last Name</b>	<b>06/16/23 CAB meeting minutes</b>	<b>07/21/23 CAB meeting minutes</b>	<b>PP-CS-11-02 Billing and Collections</b>	<b>2023 CAB Member Recruitment Plan</b>	<b>Allow SCHC to submit the application for the refugee grants to the state</b>
	Jeanette	Barnett					
X	Elise	Bluemel	Yes	Yes	Yes	Yes	Yes
X	Laurine	Bohamera	Yes	Yes	Yes	Yes	Yes
X	Vince	Gallo	Yes	Yes	Yes	Yes	Yes
	Suhmer	Fryer					
X	Paula	Lomazzi	Yes	Yes	Yes	Yes	Yes
X	Nicole	Miller	Yes	Yes	Yes	Yes	Yes
	Namitullah	Sultani					
X	Jan	Winbigler	Yes	Yes	Yes	Yes	Yes



# HRSA Project Director Updates

September 15, 2023 CAB Meeting

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- 1. Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates.**
  - The Health Center awaits communication from HRSA regarding our School Based Mental Health satellite sites pending applications and regarding sites which became inactive.
  - Ongoing appreciation to Dr. Mishra for her ongoing time spent onboarding new school-based staff who will be providing services under this contract.
  
- 2. Expanded Access Weekend (9am to 1pm) / Evening Clinics (5pm to 7pm)**
  - We continue to offer extra-hours clinics aimed at expanding access and meeting Gaps in Care (GICs). QI staff are continuing to measure the success of these clinics and identify future areas for opportunities within these clinics.
  
- 3. Health Center Growth / Staffing**
  - Management continues to fill the positions from FY23-24 Growth Request.
  - Interviews for OA-II to begin ASAP. This classification is in major need at the Health Center.
  - Initial exploration starting regarding growth for FY 24-25.
  - Potential candidates identified for Human Services Planner supporting HPMS and Senior OA supporting Dr. Mendonsa.
  
- 4. Space/Staffing Updates**
  - Admin relocation to 711 G Street is complete. They will maintain an office here at the Health Center to assist Clinic staff fulfilling tech and other admin-related needs.
  - Some of the space maximizing projects (e.g., double desks in office, measurements to determine how to use space) have been completed. Other projects are still pending either due to HRSA approval or awaiting the project to be assigned to a county work team.
  - New signage quote has been approved and is moving forward. This project will result in new signage throughout the Health Center, including new vinyl lettering along the hallway ceilings.
  
- 5. Mobile Van and Homeless Medicine Media Event**
  - On August 23, 2023 from 9:30am to 11:00am, the Health Center hosted all the major media outlets for a touring event at our Loaves and Fishes clinic which included a tour of our mobile medicine van. The event was well attended by the media and members of the community and the Health Center's Co-Applicant Advisory Board. Media clips can be found at: [Sacramento County showcases mobile medicine van](#) and [Mobile clinic brings health care to homeless in Sacramento County](#). You can also learn more about the DHS' services for the homeless by clicking [here](#).
  
- 6. Referral Department Improvement Project**
  - This project is ongoing.
  - Exec Team and Planner Robyn A. will be meeting on Thursday to develop a formal workplan and benchmarks.
  - Meeting with external Subject Matter Experts and FQHCs.



# Medical Directors Report to CAB

## September 15, 2023

### Vaccines

- We have begun administering flu vaccines for adult and children.
- Employee Flu clinic runs from 9/11-9/22.
- Member Flu Clinic will be held 9/25- end of October.

### Covid boosters

- Are available for free for children.
- We must purchase commercial vaccine boosters for adults which is costly. Our initial order will be 500 doses and will cost \$65,000.

### Quest Lab: Prolonged wait times

- Efforts to reduce wait time include adding a third phlebotomist permanently; making flyers indicating other Quest locations and hours more visible; finding additional space to house the third phlebotomist; consideration of phlebotomy retraining for the Medical Assistants.

### Continuing Education and Longitudinal Knowledge:

- Provider Meetings for Physicians, Nurse Practitioner, Physician Assistant, Mental Health Counselors are held every 3<sup>rd</sup> Tuesday.
- 9/19 meeting trainings will include:
  - Resources and medication management for psychiatry conditions above and beyond mood disorders, e.g., night terrors, eating disorder, PTSD, presented by Dr. Shannon Suo (Family Medicine/Psychiatry).
  - Stimulant management for Adult Hyperactivity Disorder, presented by Dr. Onate (Internal Medicine/Psychiatry).
  - Update on eligibility and services provided by our Complex Care Management program presented by Dr. Kirti Malhotra.

### After Hours Clinic:

- Dates are set for October, November and December. We are not finding enough providers due to UCD payment structure that pays the faculty at the Health Center less than the customary rate if they work after hours.
- We have mentioned this issue to UCD, and they are looking into the issue.

### Referrals Program:

- We continue to work to increase specialty access. Two gastroenterology physicians are interested in volunteering/expanding volunteer scope at the health center.
- The SPIRIT organization has found a urologist and has an additional dermatologist group in Davis for our Healthy Partner patients.

### Operational Improvement

- The new referrals workflow is almost complete and utilized for training the referrals team staff. Executive management team is reviewing the referrals team dashboard to visualize the status of referrals and seeking assistance from a consultant.

**Street Medicine:**

- We are in the process of increasing a County On Call Nurse Practitioner to an additional half day of street medicine service.
- A direct contract with a health plan has been greenlighted and moving through the contract process.

<b>Period</b>	<b>2</b>
<b>Current Month</b>	<b>August</b>
<b>Percentage of Year</b>	<b>17%</b>

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Notes
<b>Revenue</b>							
Inter/Intrafund Reimbursements	\$ 12,284,581	\$ 515,965	\$ 515,965	\$ -	\$ 515,965	4%	Typically a lag due to Fiscal processes
Intergovernmental Revenue	\$ 21,712,340	\$ 3,608,888	\$ 4,765,646	\$ -	\$ 4,765,646	22%	Medi-Cal revenue, HRSA & Refugee grants
Charges for Services	\$ 18,000	\$ 1,040	\$ 1,040	\$ -	\$ 1,040	6%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	0%	
<b>Total Revenue</b>	<b>\$ 34,014,921</b>	<b>\$ 4,125,893</b>	<b>\$ 5,282,651</b>	<b>\$ -</b>	<b>\$ 5,282,651</b>	<b>16%</b>	
<b>Expenses</b>							
Personnel	\$ 15,782,496	\$ 920,085	\$ 1,352,183	\$ -	\$ 1,352,183	9%	Low due to vacancies (currently 33.0 FTE)
Services & Supplies	\$ 19,071,205	\$ 272,739	\$ (1,068,775)	\$ 247,463	\$ (821,312)	-6%	Low due to SCOE invoices and accruals not being paid yet. Multiple FY 23-24 Contracts are not yet executed
Other Charges	\$ 1,060,633	\$ 2,165	\$ (4,947)	\$ 88,284	\$ 83,337	0%	All accruals have not been paid.
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	0%	
Intrafund Charges (Allocation costs)	\$ 3,007,297	\$ 38,888	\$ 51,178	\$ 14,577	\$ 65,755	2%	
<b>Total Expenses</b>	<b>\$ 38,921,631</b>	<b>\$ 1,233,877</b>	<b>\$ 329,639</b>	<b>\$ 350,324</b>	<b>\$ 679,963</b>	<b>1%</b>	

**GRAND TOTAL**  
**(Net County Cost)      \$ (4,906,710)    \$ 2,892,017    \$ 4,953,012    \$ (350,324)**

**GRANT SUMMARY**

HRSA	Grant Year Start	Grand Year End	Total Grant	Available to Claim		YTD Claimed	Remaining	Notes
				7/1/23-6/30/24				
HRSA Homeless (Main)	3/1/2023	2/28/2024	\$ 1,386,602	\$ 1,386,602	\$ -	\$ 636,551	\$ 750,051	Spending on track
HRSA ARP CIP	9/15/2021	9/14/2024	\$ 619,603	\$ -	\$ -	\$ -	\$ -	Construction timeline not yet determined
HRSA HIV	9/1/2022	8/31/2025	\$ 975,000	\$ 325,000	\$ -	\$ 136,534	\$ 188,466	Spending slow to start. Will carryover funds
<b>Refugee</b>							\$ -	
RHAP	10/1/2022	9/30/2023	\$ 1,789,062	\$ 1,789,062	\$ -	\$ 1,307,859	\$ 481,204	Spending on track - 3 vacancies
RHPP	10/1/2022	9/30/2023	\$ 82,014	\$ 82,014	\$ -	\$ 14,268	\$ 67,746	Spending slow due to vacancies - Currently 0 vacancies
RHPP Multi-Year	10/1/2022	9/30/2023	\$ 153,000	\$ 153,000	\$ -	\$ 24,626	\$ 128,374	Spending slow due to vacancies -2 HSA vacant, 1 MA vacant
RHPP AHP	10/1/2022	9/30/2023	\$ 200,000	\$ 200,000	\$ -	\$ -	\$ 200,000	Spending slow due to vacancies - 1 OA vacant
<b>Miscellaneous</b>							\$ -	
County ARPA - 1 (H4)	1/1/2022	12/31/2024	\$ 2,451,919	\$ 2,451,919	\$ -	\$ 810,272	\$ 1,641,647	Spending on track, increased April 2023 when HRSA ARPA expired
County ARPA - 2 (H18)	1/1/2022	12/31/2024	\$ 500,000	\$ 500,000	\$ -	\$ 6,414	\$ 493,586	Telehealth Equipment Award
County ARPA - 2 (H19)	7/1/2022	12/31/2024	\$ 815,000	\$ 815,000	\$ -	\$ 19,307	\$ 795,693	New award, spending slow to start



**Recipient Information**

- 1. Recipient Name**  
SACRAMENTO COUNTY PRIMARY  
Division Line: Department of Health Services  
4600 Broadway  
Sacramento, CA 95820-1527
- 2. Congressional District of Recipient**  
06
- 3. Payment System Identifier (ID)**  
1946000529A5
- 4. Employer Identification Number (EIN)**  
946000529
- 5. Data Universal Numbering System (DUNS)**  
153418327
- 6. Recipient's Unique Entity Identifier**  
ZAAWD532JG73
- 7. Project Director or Principal Investigator**  
Andrew D Mendonsa  
HRSA Project Director/Division Manager  
mendonsaa@saccounty.gov  
(916)619-2401
- 8. Authorized Official**  
Sharon S Hutchins  
Health Program Manager  
hutchinss@saccounty.net  
(916)619-9058

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Patrick Johnson  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
pjohnson3@hrsa.gov  
(301) 443-0157
- 10. Program Official Contact Information**  
Gregg Gnipp  
Bureau of Primary Health Care (BPHC)  
GGnipp@hrsa.gov  
(301) 287-0253

**Federal Award Information**

- 11. Award Number**  
1 H8LCS51859-01-00
- 12. Unique Federal Award Identification Number (FAIN)**  
H8L51859
- 13. Statutory Authority**  
American Rescue Plan Act of 2021 (P.L. 117-2)
- 14. Federal Award Project Title**  
FY 2023 Bridge Access Program
- 15. Assistance Listing Number**  
93.527
- 16. Assistance Listing Program Title**  
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 09/01/2023 - End Date 12/31/2024</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$41,886.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$41,886.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$41,886.00</b>
<b>26. Project Period Start Date 09/01/2023 - End Date 12/31/2024</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$41,886.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Sarah Hammond on 08/25/2023

**30. Remarks**



Notice of Award  
Award Number: 1 H8LCS51859-01-00  
Federal Award Date: 08/25/2023

**Bureau of Primary Health Care (BPHC)**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$41,886.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$41,886.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$41,886.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$41,886.00

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	\$41,886.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$41,886.00

**33. RECOMMENDED FUTURE SUPPORT:**  
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

**34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)**

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.51

**37. BHCNIS#**

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 398BAP1	93.527	23H8LCS51859C6	\$41,886.00	\$0.00	N/A	23H8LCS51859C6

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under “Expanded Authority,” as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See “Prior-Approval Requirements” in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:

<http://pms.psc.gov/find-pms-liaison-accountant.html>

### Program Specific Term(s)

1. Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed under each award. These records must reflect the total activity for which the employee is compensated, not to exceed 1 FTE across all Federal awards ([45 CFR 75.430\(i\)\(1\)](#)). You shall maintain appropriate records and cost documentation including, as applicable, documentation described in 45 CFR § 75.302 – Financial management and 45 CFR § 75.361 through 75.365 – Record Retention and Access, to substantiate the charging of salaries and other project activities costs. You shall promptly submit copies of such records and cost documentation upon the request of HHS, and you agree to fully cooperate in all audits that HHS, the HHS Inspector General, or the Pandemic Response Accountability Committee conducts to ensure compliance with these terms and conditions.
2. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.
3. The Health Center Program COVID-19 Bridge Access Program funding (Bridge funding) may support the following allowable activities (in alignment with your Health Center Program scope of project and consistent with all Health Center Program requirements):



- COVID-19 testing
- COVID-19 vaccination
- COVID-19 therapeutics
- Enabling/patient support services (such as outreach, education, enrollment assistance, transportation, translation, and care coordination) to support COVID-19-related services
- Community COVID-19 vaccination events
- Personnel who support COVID-19-related services and care delivery, including personnel costs necessary to develop, support, or expand collaborations, including collaborations with state/jurisdiction immunization programs
- Supplies that support COVID-19-related services and care delivery

You must make every reasonable effort to get vaccines, therapeutics, and other COVID-19 supplies through the HHS programs that provide free COVID-19 supplies to health centers, as detailed below:

- COVID-19 vaccines for uninsured and underinsured adults from the CDC [Bridge Access Program for COVID-19 Vaccines](#)
- COVID-19 vaccines for children from the CDC [Vaccines for Children Program](#)
- COVID-19 oral antiviral treatments for the outpatient treatment of mild to moderate COVID-19 from HRSA's [COVID-19 Therapeutics Program](#)
- COVID-19 testing supplies from HRSA's [COVID-19 Testing Supply Program](#)

If through reasonable efforts you are not able to meet the COVID-19-related needs of your patients and community at no cost and in a timely manner, the purchase of vaccines, therapeutics, and testing supplies is an allowable use of these funds. If you use Bridge funding for such purposes, you must document both the unmet need among your population and the reasonable efforts made by your health center to secure COVID-19 supplies that are otherwise available through the HHS programs detailed above. You must maintain documentation of your reasonable efforts to obtain them for free and how the result of those efforts was insufficient to meet the needs of your community.

4. Within 90 days of the end of the period of performance, you must submit a final report into the HRSA Electronic Handbooks (EHBs). Reports will document completed activities and use of Bridge funding, and may request additional information such as issues and barriers experienced while implementing projects. HRSA will post details to the [Bridge technical assistance webpage](#) when available.
5. This notice of award provides one-time funding for health centers to continue essential COVID-19-related services and mitigate adverse impacts of COVID-19 on underserved populations as vaccines and therapeutics move to the commercial market. The authority for these awards is section 2401 of the [American Rescue Plan Act of 2021](#), P.L. 117-2 (ARP). HRSA determined your award amount using the following formula: (1) \$10,029, plus (2) \$11.53 per uninsured patient reported in the 2022 Uniform Data System (UDS). When you draw down award funding, you are accepting all the terms and conditions of the award, and must comply with all requirements including the terms, conditions, and all applicable statutes, regulations, and policies. Non-compliance with these terms or other applicable requirements is grounds for HRSA to take actions pursuant to 45 CFR § 75.371 (Remedies for non-compliance) which may include repayment of all or part of the award.  
The availability of these funds is dependent on your continued status as a current Health Center Program (H80) award recipient or your continued status as a designated look-alike under Section 1861(aa)(4)(B) of the Social Security Act.  
**Note:** This one-time funding is not awarded under the authority of section 330 of the Public Health Service Act (42 U.S.C. 254b); thus, receipt of these funds does not confer Health Center Program award recipient status under Section 330.
6. You must follow all Health Center Program requirements, including those related to billing, collections, and sliding fee discounts. See the [Health Center Program Compliance Manual](#) for information about reasonable efforts to collect appropriate reimbursement for your costs. Review the [Billing and Cost Sharing Overview for COVID-19 Vaccination, Testing, and Treatment resource](#) for information about reimbursement and your sliding fee.
7. Bridge funding activities must be aligned with your Health Center Program scope of project. You are responsible for ensuring that your Health Center Program scope of project is accurate and includes service, site, and/or activity changes necessary to implement your Bridge activities. This includes: (1) Form 5A: Services Provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the [Scope of Project webpage](#).
8. You may not use this funding for: costs not aligned with the Bridge funding purpose and allowable activities; costs already paid for by any other federal award, including H80, H8F, H8G, and L2C funding from HRSA; costs that are reimbursed or compensated by other federal or state programs; equipment purchases, including electronic health record (EHR) systems, vehicles, and mobile units; construction and alteration/renovation projects; and facility or land purchases.

Award funds may not be used to pay the salary of an individual at a rate in excess of [Executive Level II](#), which is currently \$212,100. This amount reflects an individual's base salary including bonuses and overtime, but not including fringe and any income that an individual may be

permitted to earn outside of the duties to your organization. For more information about allowable expenses, see [45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS). The requirements of [45 CFR part 75](#) apply to this award.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

9. You do not need prior approval to rebudget these funds, except as noted below, if the proposed use of funding aligns with the allowable uses of funds and your Health Center Program scope of project, avoids ineligible uses of funding as outlined in this notice of award, and complies with [45 CFR part 75](#) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. If the amount of the costs to be rebudgeted exceeds 25% of the total federal award or shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.
10. You must respond to the HRSA [Health Center COVID-19 survey](#), until HRSA ends the survey. You must submit periodic progress reports into the HRSA Electronic Handbooks (EHBs) to document the use of Bridge funding. HRSA will monitor implementation of Bridge funding in part by comparing your progress with your approved post-award submission. HRSA will post details to the [Bridge technical assistance webpage](#) when available.
11. If you cannot use all or part the Bridge funding in accordance with the terms of this award for the allowable uses of funds, you must relinquish all or part of the award back to HRSA. If you choose to relinquish all or part of your award, contact the grants management specialist noted on page 1 of this notice of award to discuss the relinquishment process.
12. Bridge funding may be used to purchase supplies necessary for use by health center patients to access in-scope COVID-19-related services via telehealth or virtual care or to support such services via remote monitoring technology. Items may include health and wellness-related technology hardware and software, computer and mobile phone applications, and devices that support patient participation in virtual appointments, remote home monitoring, and engagement in care through telemedicine. If you choose to use HRSA funds to purchase supplies for these purposes, be aware that funds may not be used to provide these items as incentives to individuals to induce them to select the health center as their provider. Additionally, you must ensure such purchases align with your organization's policies and procedures, and maintain appropriate records and cost documentation as required by [45 CFR §75.302](#). HRSA encourages you to review the following guidance on the federal anti-kickback and physician self-referral law. In particular, you cannot provide incentives conditioned on an individual's past or anticipated future use of services that are reimbursable in whole or in part by federal health care programs. For specific inquiries, please contact [OIGComplianceSuggestions@oig.hhs.gov](mailto:OIGComplianceSuggestions@oig.hhs.gov).
  - [Office of Inspector General Safe Harbor Regulations](#)
  - [Final Rule: Safe Harbor for Federally Qualified Health Centers Arrangements Under the Anti-Kickback Statute](#)
  - [Office of Inspector General Fraud and Abuse Laws](#)
13. You are expected to monitor and use available COVID-19 guidance and resources, such as those available at the Centers for Disease Control and Prevention [COVID-19 webpage](#) and [CDC COVID-19 Vaccination Program](#). For health center-specific information, see [COVID-19 Information for Health Centers and Partners](#) and the [Health Center Resource Clearinghouse](#).
14. You may use Bridge funding for allowable activities from September 1, 2023 through December 31, 2024. Pre-award costs dating back to June 1, 2023 are allowable with approval of your post-award submission. Such costs must align with the allowable uses of funds and be necessary for efficient and timely performance of your Bridge funding activities. If you draw down funds before your Bridge funding post-award submission is approved, the costs are incurred at your own risk.

## Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

## Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

**2. Due Date: 10/02/2023**

Within 30 days of award release date (i.e., the date HRSA emailed you this notice of award), you must submit the following in EHBs: (1) SF-424A Budget Form and (2) Budget Narrative, indicating the activities that Bridge funding will support. Include a statement that no staff member will be budgeted at more than 1 FTE across all Federal awards. If you include pre-award costs in your budget, clearly indicate the date incurred. See the [Bridge technical assistance webpage](#) for instructions to support your submission, a Budget Narrative sample, and information for joining a Q&A webinar to address your submission questions.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

**Contacts****NoA Email Address(es):**

Name	Role	Email
Joy Galindo	Business Official	galindojo@saccounty.net
Andrew D Mendonsa	Program Director	mendonsaa@saccounty.gov
Sharon Hutchins	Point of Contact	hutchinss@saccounty.net
Sharon S Hutchins	Authorizing Official	hutchinss@saccounty.net

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

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

**Governance Committee Report to CAB  
September 15, 2023**

hi

**1. Member Recruitment Flyer and One-Page Information Sheet\***

The Governance Committee presents a CAB member recruitment flyer for review and approval. If approved, this flyer will be posted around the Health Center and will replace the testimonial videos currently playing on the lobby TVs.

The intent of the one-page information sheet is to provide a quick overview of the responsibilities of CAB members, membership requirements, and other key information. It will be posted on the CAB webpage so that potential applicants can easily access it and the CAB member application.

**2. Bylaw Change – Conflict of Interest\***

To align with the current Conflict of Interest Policy, Governance suggests that CAB update the wording of the bylaws to define a conflict of interest as: an actual or perceived interest by a Board member in an action which results, or has the appearance of resulting, in personal, organizational, or professional gain. A financial interest is a type of conflict of interest.

**3. Extend a CAB Meeting for Brown Act Training\***

The Governance Committee recommends extending a CAB meeting and inviting the Sacramento County legal counsel to provide training on the Brown Act. The Governance Committee also recommends providing lunch for in-person attendees.

\*Denotes a vote is needed.



**Sacramento County Health Center  
Co-Applicant Board**

**BOARD BYLAWS**

Revision Date: April 16, 2021

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## **Introduction**

This body shall be known as the Sacramento County Health Center Co-Applicant Board, and shall be hereafter referred to as "CAB". The CAB is also known as "Board" under Health Resources and Services Administration (HRSA). The CAB shall serve as the independent local co-applicant governing board pursuant to the Public Health Services Act and its implementing regulations. The County of Sacramento, a public entity and political subdivision of the State of California, shall act as co-applicant with the CAB.

## **Article I: Purpose**

The CAB is the community-based governing board mandated by the Health Resources Services Administration's ("HRSA") Bureau of Primary Health Care ("BPHC") to set health center policy and provide oversight of the County's Federally Qualified Health Center ("FQHC"), which shall be hereafter referred to as "Health Center".

The CAB shall work cooperatively with the County of Sacramento acting in its role as co-applicant, to support and guide the Health Center in its mission:

**Vision:** Unparalleled experience as a trusted partner in health care for our Sacramento County community.

**Mission:** Provide high-quality, caring, and comprehensive healthcare services for our diverse Sacramento County community through partnering with patients, academic institutions, and community-based organizations.

**Values:** Respect, Compassion, Learning, Excellence, Efficiency, Accountability

## **Article II: Responsibilities**

The CAB has specific responsibilities to meet the governance expectations of HRSA, while day-to-day operational and management authority reside with Sacramento County, Department of Health Services (DHS), Primary Health Services Division staff.

The CAB's responsibilities include providing advice, leadership, and governance in support of the Health Center's mission.

The CAB shall have the following responsibilities:

- A. Hold final authority on all areas assigned to the Health Center's HRSA scope of project, including services and supports provided through HRSA grant funds, program income, and all appropriated funds;
- B. Hold monthly meetings and maintain a record of all official actions;
- C. Approve the annual Health Center budget;
- D. Identification, consultation and selection of services beyond those required in law to be provided, as well as the location, mode of delivery of those services and the hours of operation;

- E. Adopt policies necessary and proper for the efficient and effective operation of the Health Center;
- F. Periodic evaluation of the effectiveness of the Health Center in making services accessible to County residents, particularly those experiencing homelessness;
- G. Develop and implement a procedure for hearing and resolving patient grievances; Approve quality of care protocols and audits;
- H. Delegate credentialing and privileging of providers to the Medical Director of the Health Center, as referenced in the PP CS 07-05 Credentialing and Privileging;
- I. Ensure compliance with federal, state, and local laws and regulations;
- J. Adopt Bylaws;
- K. Approve the selection, performance evaluation, retention, and dismissal of the Health Center's Project Director;
- L. Approve Health Center Sliding Fee Discount policy;
- M. Long-term strategic planning, which would include regular updating of the Health Center's mission, goals, and plans, as appropriate;
- N. Approve HRSA applications related to the Health Center, including grants/designation application and other HRSA requests regarding scope of project;
- O. Ensure new board members are oriented and trained regarding the duties and responsibilities of being a board member of an organization subject to FQHC requirements and satisfying the educational and training needs of existing members; and
- P. Officially, accept the annual audit report and management letter performed by an independent auditor in accordance with federal audit requirements.

NOTE: No individual member shall act or speak for the CAB except as may be specifically authorized by the CAB. Members (other than the Health Center Chief Executive Officer/Project Director) shall refrain from giving personal advice or directives to any staff of the Health Center.

### **Article III: Limitations of Authority**

The Board of Supervisors shall maintain the authority to set general policy on fiscal and personnel matters pertaining to the Health Center, including financial management practices, charges and rate setting, and labor relations and conditions of employment. The CAB may not adopt any policy or practice, or take any action, which is inconsistent with the County Code, or which alters the scope of any policy of the Board of Supervisors regarding fiscal or personnel issues. All policies and practices must adhere to California law, Brown Act requirements, and are subject to the Public Records Act.

The COUNTY through its DHS in consultation with the CAB, shall be solely responsible for the management of the financial affairs of the Health Center, including capital and operating borrowing; for the development and implementation of financial policies and controls related to the Health Center; and receive, manage, allocate, and disburse, as applicable, revenues necessary for the operation of the Health Center.



## **Article IV: Members**

### Section 1: Membership

There shall be between nine (9) and thirteen (13) at large voting members of the CAB and one (1) ex-officio non-voting member.

#### A. Membership categories:

##### 1. Board Members - Consumers:

- a. A majority of members of the board shall be individuals who are served by the Health Center. This means an individual who is a currently registered patient who has accessed Health Center services in the past 24 months and received at least one service.
- b. As a group, patient members of the board reasonably represent individuals who are served by the Health Center in terms of demographic factors such as race, ethnicity gender, socioeconomic status, and age.
- c. At least one representative on the board will be from each targeted population serviced by the Health Center including homelessness, as specifically defined under the section 330 grant.
- d. A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant, may also be considered a patient for purposes of board representation.

##### 2. Board Members - Community Members:

- a. Members of the board have a broad range of skills, expertise and perspectives representing the community served by the Health Center.
- b. Members shall be individuals from differing segments of the County with expertise in community affairs, finance, legal affairs, business or other commercial concerns.
- c. Members may be an advocate who has personally experienced being a member of or represent, or have expertise in or work closely with the special population such as individuals experiencing homelessness.

##### 3. The HRSA Project Director, or designee, shall serve as an ex-officio non-voting member of the CAB.

### Section 2: Membership Qualifications

- A. No more than half of the Community members may receive more than ten percent (10%) of his or her annual income from the health care industry (health care industry is understood to mean any community clinic or hospital providing health services to low income residents of Sacramento).
- B. All members must work, reside in, or be associated with, Sacramento County. No member of the CAB shall be an employee or an immediate family member (i.e., spouse, child, parent, or sibling, [related by blood, adoption, or marriage]) to such an employee of the Department of Health Services of the County of Sacramento, or CAB officer. No member shall have a financial interest, which would constitute a conflict of interest.

### Section 3: Member Recruitment, Selection, and Ratification

#### A. Establishment of CAB

The initial voting members of the CAB were nominated and appointed by the Board of Supervisors.

#### B. Continuation of CAB

##### 1. Member Recruitment

The CAB (or a sub-committee appointed for this purpose) develops a recruitment plan each year, to identify and recruit potential members that help fill existing and forecasted gaps in CAB membership including regarding

- a. Member classifications,
- b. Populations represented on the CAB,
- c. Member skills, experience and perspectives; and
- d. Segments of the community about which members have expertise.

The recruitment plan includes strategies designed to effectively reach targeted groups or classes of individuals.

##### Expiring Terms

- a. Terms end in January. Recruitment for soon to be expiring terms will begin in September so that candidate members can be considered and a new CAB member approved prior to the end of the term.

##### Vacancies during Terms

- a. The recruitment plan may designate a period during which membership applications will be accepted and reviewed

##### 2. Application Review

The application for CAB membership and instructions for completing and submitting it—as well as information about the Health Center, the CAB, and its role, as well as open seats and deadlines for application—are made widely available to possible members, including on the Health Center website.

- a. Nominations for voting membership on the CAB may be submitted by anyone so long as the nominee meets the membership requirements of these Bylaws.
- b. Nominated individuals must submit an application to provide required information and to verify their interest and ability to serve as CAB members.
- c. Applications are submitted to Health Center staff designated by the HRSA Project Director. Staff verify that applicants meet CAB membership requirements. The names of all applicants who meet the membership requirements are presented to the Governance Committee.
- d. The Governance Committee of the CAB reviews the membership

applications and talk with possible candidates.

3. Approval of CAB members

The CAB (or a designated Committee or staff member) interviews prospective members that meet membership requirements and review their skills, experience, perspectives, and other possible contributions to the CAB. The CAB votes on prospective members.

4. Ratification of CAB members

- a. As outlined in the Co-Applicant Agreement between the CAB and the Sacramento County Board of Supervisors, Once approved by the CAB, Health Center staff provides the names of approved CAB members to the Clerk of the Board or designee.
- b. The Clerk of the Board, or designee, reviews materials and submits for ratification by the Board of Supervisors.
- c. The Clerk of the Board notifies the designated Health Center staff of BOS actions related to CAB members and sends a ratification letter to each new ratified CAB member.

B. Verification of Eligibility of Existing CAB members

1. By December 31st of each calendar year, Health Center staff will verify existing CAB member eligibility. Each CAB member will complete the Co-Applicant Board Member Secondary Attestation Form attesting to their eligibility (in October).

Section 4: Responsibilities and Rights of Members

A. All members must:

1. Attend all CAB meetings, unless excused by the Chair.
2. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Sacramento and the laws of the State of California.

B. Members shall be entitled to receive agendas, minutes, and all other materials related to the CAB, may vote at meetings of the CAB, and may hold office and may chair CAB committees.

**Article V: Term of Office**

The term of office for CAB members shall be for four (4) years. A member shall be limited to no more than four (4) consecutive terms of membership. The effective date of membership corresponds to the date of appointment.

Any elected member who has served four (4) consecutive, four (4) year terms shall not be eligible for re-election until one (1) year after the end of his or her fourth term. Election to fill a vacancy for less than three (3) years shall not be counted as service of a four (4) year term for this purpose. Unless terminated earlier in accordance with the Bylaws, members shall serve their designated term until their successors are elected and qualified.

## **Article VI: Removal**

Any member may be removed whenever the best interests of the Health Center or the CAB will be served. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the CAB. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the CAB.

Continuous and frequent absences from the CAB meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is, absent without acceptable excuse from three (3) consecutive CAB meetings or from four (4) meetings within a period of six (6) months, the CAB shall automatically consider the removal of such person from the CAB in accordance with the procedures outlined in this Article.

The CAB will accept a written or emailed resignation of a CAB member, or a verbal resignation if given during a full CAB meeting. The CAB Chair or designee will send an email or letter to the CAB member confirming the resignation. Following seven (7) days of receipt of the letter by the CAB, the resignation is accepted.

## **Article VII: Conflict of Interest**

A conflict of interest is a transaction with the Health Center in which a CAB member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by CAB members, employees, consultants and those who furnish goods or services to the Health Center must be declared. CAB members are required to declare any potential conflicts of interest by completing a *Conflict of Interest: Disclosure and Attestation Statement* per County of Sacramento policy for members appointed to advisory boards (see Appendix A) as well as annually complete the *Co-Applicant Board Conflict of Interest: Disclosure and Attestation Statement* (see Appendix B), in which they attest that they are not,

- An employee of the Sacramento County Health Center; nor
- An immediate family member (i.e., spouses, children, parents, or siblings [through blood, adoption, or marriage]) of an employee or CAB officer.

In situations when a conflict of interest may exist for a member, the member shall declare and explain the conflict of interest. No member of the CAB shall engage in discussion about or vote on a topic where a personal conflict of interest exists for that member. In addition to the requirements imposed by these Bylaws, CAB members shall also be subject to all applicable state and federal conflict of interest laws.

## **Article VIII: Compensation**

Members of the CAB shall serve without compensation from the Health Center. Travel and meal expenses when traveling out of Sacramento County for CAB business shall be approved in advance by the CAB.

## **Article IX: Meetings**

### Section 1: Regular Meetings

The CAB shall meet monthly and maintain records/minutes that verify and document the Board is functioning. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

### Section 2: Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of The Sturgis Standard Code of Parliamentary Procedure unless otherwise specified by these Bylaws.

### Section 3: Open and Public

All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

### Section 4: Notice, Agenda and Supportive Materials

- A. Written notice of each regular meeting of the CAB, specifying the time, place and agenda items, shall be sent to each member not less than seventy-two (72) hours prior to the meeting except as permitted by the Ralph M. Brown Act. Preparation of the agenda shall be the responsibility of the Chair in conjunction with the Project Director, or his or her designee.
- B. The agenda of each regular meeting shall be posted at the Health Center and on the Health Center's website: <https://dhs.sacounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>.
- C. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the agenda. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a CAB vote is established by the Chair of the CAB, an item may be placed on the agenda although supporting materials are not available in time to be distributed. However, such material shall be available at the meeting.
- D. Items, which qualify as an emergency, can be added to the agenda pursuant to the Ralph M. Brown Act.

### Section 5: Special Meetings

- A. To hold a special meeting, advance notice of such meeting shall be given.
- B. The CAB shall hold an annual meeting during November, at such time and place as is established by the Board upon proper notice, for election of new members and officers, and for the transaction of such other businesses as may properly come before the CAB. The annual meeting shall serve as the regular meeting for that month. Notice of the annual meeting shall be given in writing by the Project Director or his or her designee to each member not less than thirty (30) nor more than sixty (60) days prior to the date of such meeting.

## Section 6: Quorum and Voting Requirements

- A. A quorum is necessary to conduct business, make recommendations, or approve items. A quorum shall be constituted by the presence of a majority of the appointed members of the CAB.
- B. A majority vote of those CAB members present and voting is required to take any action.
- C. Each member shall be entitled to one (1) vote. Voting must be in person or telephonically; no proxy votes will be accepted.
- D. CAB member attendance at all meetings shall be recorded. Members are responsible for signing the attendance sheet or informing the Chair of their participation by telephone or teleconference software. The names of members attending shall be recorded in the official minutes. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties. Attendance will be recorded by the Project Director or his or her designee with a roll call and participation recorded in the official minutes.
- E. The Project Director shall have direct administrative responsibility for the operation of the Health Center and shall attend, or assign a delegate in his/her absence to all meetings of the CAB, but shall not be entitled to vote.

## **Article X: Officers**

### Section 1: Eligibility

The Chair and Vice-Chair shall be chosen from among the voting members of the CAB. Members of the CAB shall not be eligible for an officer position until they have served for at least six (6) months with the CAB as an active member. An active member is defined as a member who has attended all meetings, with the exception of up to two (2) excused absences, in the past six months.

### Section 2: Nomination and Election

Initial selection of officers upon creation of the CAB transpired at the same CAB Board meeting following the adoption of these Bylaws.

Henceforth, nominations for officers shall be made at the regular October meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of those members present and voting, as the first order of business at the November meeting of the CAB.

### Section 3: Appointment of Chair and Vice-Chair

Only members who have been an active member of the CAB for at least six (6) months are eligible to be appointed and serve as officers.

Officers shall be elected for a term of one (1) year, or any portion of an unexpired term thereof. A person shall be limited to no more than four (4) consecutive terms of office. Any elected officer who has served four (4) consecutive, one (1) year terms of office shall not be eligible for re-election until one (1) year after the end of his or her second term of office.

This limitation of consecutive terms may be waived by a majority vote of the CAB (with the officer in question recusing him or herself from the vote) if no other CAB member is willing to serve in that office. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year; however, an officer may serve after his or her term ends until a successor is elected.

#### Section 4: Vacancies

Vacancies created during the term of an officer shall be filled for the remaining portion of the term by special election by the CAB, at a regular or special meeting in accordance with this Article.

#### Section 5: Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws or other directives of the CAB.

##### A. Chair

The Chair shall preside over meetings of the CAB, shall serve as Chair of the Executive Committee, and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the CAB.

##### B. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the CAB.

### **Article XI: Amendments and Dissolution**

#### A. Amendments

The Bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the CAB at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Any revisions and amendments must be approved by the CAB. County Board of Supervisors must approve any change that alters or conflicts with their action establishing CAB.

#### B. Dissolution

Dissolution of the CAB shall only be by affirmative vote of the CAB and County Board of Supervisors at duly scheduled meetings.

**Certification**

These Bylaws were approved at a meeting of the board by a two-thirds (2/3) majority vote on December 15, 2017.

These Bylaws were amended at a meeting of the board by a two-third (2/3) majority vote on September 15, 2023.

Signed copies available upon request,

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Jan Winbigler, CAB Chair September 15, 2023



**Appendix A**

**Sacramento County Health Center Co-Applicant Board Conflict of Interest:  
Disclosure and Attestation Statement**

Conflict of Interest: Defined as an actual or perceived interest by a Board member in an action which results, or has the appearance of resulting, in personal, organizational, or professional gain. A financial interest is a type of conflict of interest.

Duty of Loyalty: CAB members shall be faithful to the organization and can never use information obtained in his/her position as a CAB member for personal gain.

**Responsibilities of CAB Members:**

- A. A CAB member must declare and explain any potential conflicts of interest related to:
  - 1. Using her/his CAB appointment in any way to obtain financial gain for the member's household or family, or for any business with which the CAB member or a CAB member's household or family is associated; and/or
  - 2. Taking any action on behalf of the CAB, the effect of which would be to the member's household or family's, private financial gain or loss.
- B. No member of the CAB shall vote in a situation where a personal conflict of interest exists for that member.
- C. No voting member of the CAB shall be an employee or an immediate family member of an employee of the Health Center; however, a member may otherwise be an employee of the County or Department of Health Services.
- D. No CAB member shall be an employee or an immediate family member of an employee of a Federally Qualified Health Center.
- E. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the CAB's Bylaws, Article IX.

As a CAB member, my signature below acknowledges that I have received, read, had an opportunity to ask clarifying questions regarding these conflict of interest requirements and the CAB Conflict of Interest Policy and that I understand the contents of this policy as it relates to my membership and responsibilities as a CAB member in capacity of officer, expert volunteer, advocate, consumer, or County staff member. I understand that any violation of these requirements may be grounds for removal from CAB membership. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws.

I declare that the above statement is true and accurate to the best of my knowledge and hereby attest to the fact that I am not,

\_\_\_\_\_ A Sacramento County Health Center employee; nor  
*INITIALS*

\_\_\_\_\_ An immediate family member (defined as a spouse, child, parent, or sibling [by  
*INITIALS* blood, adoption, or marriage] of

\_\_\_\_\_ A Sacramento County Health Center employee; nor  
*INITIALS*

\_\_\_\_\_ A Sacramento County Health Center Co-Applicant Board Officer.  
*INITIALS*

\_\_\_\_\_  
*PRINTED NAME*

\_\_\_\_\_  
*SEAT NUMBER*

**Appendix A**

**Sacramento County Health Center Co-Applicant Board Conflict of Interest:  
*Disclosure and Attestation Statement***

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

# JOIN THE HEALTH CENTER'S ADVISORY BOARD



The Health Center is looking for patients to

- Volunteer time for their community
- Share ideas to improve services
- Have a voice in Health Center decisions

Is this for you?

- Can you attend one to two meetings 60-90 minutes per month?
- Do you have 5 hours per month outside of meetings to review documents and proposals for improvement?
- Can you read and speak basic English?

For more information, contact Sharon Hutchins at (916) 875-9755 or [hutchinss@sacounty.gov](mailto:hutchinss@sacounty.gov)

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

**Meeting Agenda**

September 15, 2023 / 9:30 AM to 11:00 AM

**Meeting Location**

Community Room 2020 at 4600 Broadway / Sacramento, CA

- Community Room 2020 is accessible without staff/security needing to let you in. The room is located on the 2<sup>nd</sup> floor at the top of the back stairs (near the Broadway entrance).
- CAB members: please RSVP at least 24 hours in advance to Dr. Hutchins at [HutchinsS@saccounty.gov](mailto:HutchinsS@saccounty.gov).

Public comment will be taken after each agenda item and at the end of the meeting.

Topic
<p>Opening Remarks and Introductions – <i>Jan Winbigler, Chair</i></p> <ul style="list-style-type: none"> <li>• Roll Call and welcoming of members and guests</li> <li>• *Review and approval of 08/18/23 CAB meeting minutes</li> <li>• Public Comment</li> </ul>
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none"> <li>• HRSA Operational Site Visit tentative time period announced</li> <li>• Time to Update CAB member bios</li> <li>• Public Comment</li> </ul>
<p>Leadership Updates – <i>Drs. Mendonsa and Misra</i></p> <ul style="list-style-type: none"> <li>• Health Resources and Services Agency (HRSA) Project Director Update -<i>Dr. Mendonsa</i></li> <li>• HRSA Medical Director Reports – <i>Dr. Mishra</i></li> <li>• Public Comment</li> </ul>
<p>CAB Governance</p> <ul style="list-style-type: none"> <li>• Committees Updates to CAB – Committee Chairs <ul style="list-style-type: none"> <li>○ Clinical Operations Committee – <i>Ms. Stacholy</i> <ul style="list-style-type: none"> <li>▪ Program Review: Street Medicine</li> </ul> </li> <li>○ *Finance Committee – <i>Ms. Bohamera</i> <ul style="list-style-type: none"> <li>▪ Review of August Financial Status Report</li> <li>▪ Updates on grants <ul style="list-style-type: none"> <li>➢ *Vote on Budget Progress Report submission for HRSA main grant</li> <li>➢ *Vote on accepting HRSA Bridge grant</li> <li>➢ *Vote on HRSA HIV Ending the Epidemic: Year-End Report submission</li> </ul> </li> <li>▪ Review of Policies and Procedures <ul style="list-style-type: none"> <li>➢ <i>PP-CS-11-03: Budget Development, Procurement and Compliance</i></li> </ul> </li> </ul> </li> <li>○ *Governance Committee – <i>Ms. Winbigler</i> <ul style="list-style-type: none"> <li>▪ Proposal to amend Bylaws to align conflict of interest definition with policy and procedure document — ≥14 day notification for discussion and vote on 10/20/23</li> </ul> </li> </ul> </li> </ul>

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

- Update on recruitment
- Update on training
- Proposal for annual review of HRSA Project Director and HRSA Project Manager

**October Monthly Meeting Items – All**

- HRSA Project Director Report
- HRSA Medical Director Report
- Annual review of HRSA Project Director and staff (closed session)
- Nominations for officer positions for 2024
- 2023 QI Plan: Monitoring Report for Quarter 3
- Committee Updates
  - Policy and Procedure Review
    - *PP-CS-03-01: Telephone Protocol*
    - *PP-CS-03-02: Incident Reporting*
    - *PP-CS-03-04: Emergency Medical Response Team*
    - *PP-CS-04-18: Standing Orders for Primary Care*
    - *PP-CS-04-22 Peer Review*
  - Patient Feedback Survey Findings – *if ready*
  - September Financial Status Report
  - Recruitment and Training Updates
- Public Comment

**Public Comment Period – Ms. Fryer, Vice-Chair**

**Closing Remarks and Adjourn – Jan Winbigler, Chair**

**Next Meeting:** Friday, October 20, 2023 / 9:30-11:00 AM

\*Items that require a quorum of CAB members and vote.

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters on the agenda may be addressed by members of the public at the end of that agenda item. In addition, 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>

Per the Brown Act, CAB members 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.