

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

**Meeting Agenda**

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

**Meeting Location**

Community Room 2020 at 4600 Broadway / Sacramento, CA

- The Community Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).
- CAB members: please RSVP at least 24 hours in advance to Dr. Hutchins at [HutchinsS@saccounty.gov](mailto:HutchinsS@saccounty.gov) for staff to prepare you a packet if you wish to attend in person.

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 06/16/23 CAB meeting minutes</li> <li>• *Review and approval of 07/21/23 CAB meeting minutes</li> </ul>
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none"> <li>• Loss of staff member</li> </ul>
<p>Items with Legal Implications – Ms. Julia Jackson, Ms. Stacholy, Dr. Hutchins</p> <ul style="list-style-type: none"> <li>• Discussion of End of Public Health Emergency Waivers for the Brown Act – Group and Ms. Julia Jackson, County Counsel</li> <li>• Review of *PP 04-22 Review of Patient Discharge Policy</li> </ul>
<p>Combined Health Resources and Services Agency (HRSA) Project Director Update and Health Resources and Services Agency (HRSA) Medical Director Reports – <i>Dr. Mishra</i></p>
<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>▪ Meeting cancelled – no report</li> </ul> </li> <li>○ Finance Committee – <i>Ms. Winbigler</i> <ul style="list-style-type: none"> <li>▪ *Review of <i>PP-CS-11-02 Billing and Collections</i></li> </ul> </li> <li>○ *Governance Committee – <i>Ms. Winbigler</i> <ul style="list-style-type: none"> <li>▪ *2023 CAB Member Recruitment Plan</li> <li>▪ *Proposal to request a waiver of CAB member requirements from HRSA</li> <li>▪ Meet candidate member Nicole Robinett</li> </ul> </li> </ul> </li> </ul>
<p>September Monthly Meeting Items – <i>All</i></p> <ul style="list-style-type: none"> <li>• HRSA Project Director Report</li> <li>• HRSA Medical Director Report</li> <li>• Committee Updates <ul style="list-style-type: none"> <li>○ *Policy and Procedure Review: <ul style="list-style-type: none"> <li>▪ PP 04-23: Peer Review for Clinicians</li> </ul> </li> </ul> </li> </ul>

**Sacramento County Department of Health Services  
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| <ul style="list-style-type: none"><li>▪ PP 04-18: Standing Orders</li><li>▪ PP 08-14: Documentation</li><li>○ Program Review: Street Medicine</li><li>○ Patient Feedback Survey Findings – <i>if ready</i></li><li>○ Recruitment and Training Updates</li></ul> |
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*Vote on CAB membership application
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Public Comment Period – <i>Ms. Fryer, Vice-Chair</i>
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Closing Remarks and Adjourn – <i>Jan Winbigler, Chair</i>
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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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**Meeting Minutes**

June 16, 2023 / 9:30 AM to 11:00 AM

**Meeting Location**

Either *by Zoom*: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1618897122?pwd=MWdoR2JURFVUQUtHbU4yUW5oRklnUT09>

Meeting ID: 161 889 7122

Passcode: 153371

One tap mobile

+16692545252,,1607428658# US (San Jose)

+16692161590,,1607428658# US (San Jose)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Or *in Person*: Community Room 2020 at 4600 Broadway / Sacramento, CA

- The Community Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).
- CAB members: please RSVP at least 24 hours in advance to Dr. Hutchins at [HutchinsS@saccounty.gov](mailto:HutchinsS@saccounty.gov) for staff to prepare you a packet if you wish to attend in person.

**Meeting Attendees**

Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Paula Lomazzi,  
Nicole Miller, Jan Winbigler

Leadership & Staff: John Dizon, Sharon Hutchins, Andrew Mendonsa

Guest: Areta Guthrey

Topic
Opening Remarks and Introductions <ul style="list-style-type: none"><li>• <i>Chair Winbigler took role and welcomed members, staff, and guests</i></li><li>• <i>CAB members reviewed the minutes from the 05/19/23 CAB meeting.</i><ul style="list-style-type: none"><li>○ <i>Ms. Lomazzi moved to approve the minutes as presented.</i></li><li>○ <i>Ms. Bohamera seconded the motion to approve the minutes as presented.</i></li><li>○ <b>VOTE:</b><ul style="list-style-type: none"><li>▪ <i>Yes votes: Bluemel, Bohamera, Lomazzi, Miller, Winbigler</i></li><li>▪ <i>Nos: None</i></li></ul></li></ul></li></ul>
Brief Announcements <ul style="list-style-type: none"><li>• <i>Dr. Hutchins announced that John Dizon has been recruited for an important position in the Behavioral Health Services Division but would delay his departure as Mr. Vargas searches for a replacement.</i></li><li>• <i>Zach Staab tendered his resignation, effective 6/23/23.</i></li></ul>

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- *CAB members expressed regret at losing both individuals and gratitude for their excellent service.*

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

- *Dr. Mendonsa presented his update.*
  - *SCHC continues to be “on hold” with HRSA regarding the six school-based mental health center sites.*
  - *SCHC personnel met with HRSA staff regarding the HRSA ARP capital grant to get clarification on what is needed to gain approval to start renovations and draw down on the grant.*
  - *The Board of Supervisors approved all the Health Center’s growth requests for fiscal year 2023-24.*
    - *Supervisors will likely be able to recruit for the new positions starting 7/15/23.*
    - *Dr. Mendonsa is considering asking for another Health Program Manager as a growth position in the 2023-24 Fiscal Year.*
  - *SCHC responded to migrant arrivals from other states sent by bus.*
    - *SCHC deployed medical and mental health teams to conduct health assessment needs and acute medical conditions. Several prescriptions were written and delivered. The total to-date is 36 arrivals, 32 of which have decided to stay in Sacramento County long-term due to the warm welcome and assistance they have received.*
    - *SCHC staff is now connecting the migrants with dental services via the Sacramento Native American Health Center.*
    - *Sacramento Covered and SCHC staff enrolled the migrants in emergency Medi-Cal and many in the Healthy Partners program.*
    - *SCHC is preparing for additional arrivals by bus and plane.*
    - *The migrants are being temporarily housed and provided services in the County.*
    - *CAB members expressed their appreciation for the services SCHC and partners provided and the speed of the response.*
  - *Staffing and Space: The move of the SCHC Admin Team to G Street has been delayed. There was a miscommunication concerning the furniture on site.*
  - *Access: The Admin Team is still generating data reports to assist the Access/Panel Size workgroup, which had its first meeting.*
  - *FQHC Relations: Mr. Staab is calendaring our first in a series of meetings with FQHCs; the plan is for lunch and a tour.*
  - *Contracts and New Initiatives*
    - *The discussion with the University of the Pacific (UoP) about sharing space in their new building is on hold as UoP has internal discussions.*
    - *Dr. Mendonsa and Mr. Vargas have been working on a plan to host California State University Sacramento School of Social Work interns. Mr. Lutz is in favor of placements across the Department of Health Services. Dr. Mendonsa and Mr. Vargas are working on Primary Care opportunities.*
- *Dr. Mendonsa presented Dr. Mishra’s update as she is out of the office.*
  - *The Healthy Partners Advisory Committee met for the first time since the COVID pandemic began.*

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- *As a reminder, the Healthy Partners program is a County initiative to cover health care for undocumented individuals. It is being phased out as the Medi-Cal program expands eligibility. Medi-Cal is scheduled to be open to undocumented individuals of all ages beginning in January 2024.*
- *The HP Committee asked for a refresh of the data reports typically presented to them regarding numbers served and types of services provided.*
- *The next meeting will be in September 2023.*
- *Provider Availability: Dr. Mishra is working to find coverage for providers who have left permanently or who are on leave.*
  - *She has been successful for all the SCHC programs except Psychiatry.*
  - *For now, Dr. Mishra has decided, with Dr. Mendonsa's blessing, to purchase the Call Psych app which can provide advice to primary care providers (PCPs).*
  - *In addition, Dr. Mishra is pursuing additional training in psychiatry for PCPs.*
  - *She is also working with UC Davis' School of Nursing to possibly bring on psychiatric Nurse Practitioners.*
- *Dr. Mishra is obtaining training in OCHIN Epic designed for providers to make changes in the electronic medical record (EMR) structure to make it more efficient. Some SCHC staff have received training appropriate for their roles.*

**Quality Improvement and Compliance**

- *Dr. Hutchins reviewed the first quarter (Q1) monitoring report for the 2023 Quality Improvement Plan that focused both on new processes that the Quality Improvement Committee (QIC) has adopted and on quantitative results.*
  - *Qualitative report:*
    - *For the 2023 Plan, the QIC has adopted the practice of having each QI team present every three months to QIC using a structured approach. Dr. Hutchins shared the template of what the presentations include.*
    - *Five teams, plus the QIC itself, are working on QI projects related to the Patient Experience aim.*
    - *Two teams are currently working on projects related to Care Coordination within the Population Health Outcomes aim. An additional 10 teams are working on improving clinical performance measures within the Population Health Outcomes aim.*
  - *Quantitative report:*
    - *Dr. Hutchins reviewed progress on the clinical performance measures within the Population Health Outcomes aim. She called out well child visits for those aged 3-21 as a measure for which SCHC is finding it difficult to meet the target; other practices in California are as well. This is a relatively new measure that called for a lot more effort.*
    - *Dr. Hutchins summarized outreach measures using the new Artera messaging system that are planned for this summer to address preventive screenings for breast, cervical and colorectal cancer. She expects Q3 performance to be a dramatic increase over Q1.*
    - *Dr. Hutchins explained that additional interventions are being discussed to meet the quality measure for diabetic and hypertensive patients.*
    - *Dr. Hutchins reviewed two measures (depression screening and follow up) for which data is not currently being collected properly and two measures for which SCHC is working on more timely ways to receive care coordination information from hospitals to allow timely follow ups.*

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

### CAB Governance

- Committees Updates to CAB – Committee Chairs
  - \*Strategic Planning Ad Hoc Committee – *Ms. Fryer*
    - \*2024-2026 Strategic Plan review and approval
      - Ms. Fryer showed a presentation that summarized the work of the Strategic Planning Committee and the methodology used.
      - Dr. Hutchins explained the proposed Priorities, Strategies, Metrics and Targets.
      - The group discussed some of the metrics and targets that have not yet been defined. Some are reliant on analyses being performed by the Admin team to set baselines.
      - The group agreed to review the final metrics and targets in December, before the Plan goes into effect.
      - Ms. Bluemel made a motion to approve the 2024-2026 Sacramento County Strategic Plan, contingent upon final metrics and targets being added in December.
      - Ms. Miler seconded the motion.
      - Yes votes: Bluemel, Bohamera, Fryer, Lomazzi, Miller, Winbigler
      - No votes: None
      - The motion passed.
    - Clinical Operations Committee – *Ms. Stacholy*
      - Committee did not meet; P&P documents were sent by email for review.
    - Finance Committee – *Ms. Bohamera*
      - May Financial Status Summary
        - Ms. Bohamera told the group that Mr. Dizon had done a live review of year-to-date figures as they are changing daily at this point in the fiscal year.
        - She summarized the presentation as saying that the budget is looking really good. Only ~\$2 million will be needed from the general fund, far less than was budgeted. The savings resulted from the inability to hire certain positions (common across the County), SCOE invoices being far less than projected, and increased revenue.
        - No members had any questions.
        - Ms. Bohamera explained that with John being tapped for a Behavioral Health position, Ms. Callan will assume budget duties.
        - Due to Ms. Callan needing time to learn her new duties, Ms. Bohamera indicated that Mr. Dizon had proposed to defer monthly Financial Status Reports until August, a proposal that met with approval by the Finance Committee. She asked if any CAB members objected to this change. There were no objections.
      - Grant updates
        - HRSA leadership met with HRSA representatives about the HRSA Capital renovations grant on 6/14. We have a clear map forward regarding next tasks.
      - Upcoming: The Finance Committee will be reviewing PP11-02: Billing and Collections next month.
    - Governance Committee – *Ms. Winbigler*
      - Training – Info on Roberts Rules of order created
      - The committee is working on the annual member recruitment plan; will bring it forward at the July meeting.
      - Recruitment
        - Meet candidate CAB member Areta Guthrey: Dr. Hutchins introduced Ms. Guthrey, who is an attorney and would be a consumer member. She is an advocate for and expert in disability access. Ms. Guthrey has resided in Sacramento for the past 30 years.
          - ❖ Ms. Guthrey gave a short self-introduction and was welcomed by the group.

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- ❖ Ms. Winbigler indicated that the Governance Committee had vetted Ms. Guthrey's application and recommended that the CAB approve her as a member.
- ❖ Ms. Winbigler moved that the CAB elect Ms. Guthrey as a consumer member.
- ❖ Ms. Lomazzi seconded the motion.
- ❖ Yes votes: Blumel, Bohamera, Fryer, Lomazzi, Miller, Winbigler
- ❖ No Votes: None
- ❖ The motion carried. Ms. Guthrey has been elected by CAB. Dr. Hutchins will forward this information to the Clerk of the Board for Board of Supervisors' ratification.

**July Monthly Meeting Items – All**

- HRSA Project Director Report
- HRSA Medical Director Report
- Committee Updates
  - \*Policy and Procedure Review: TBD
  - Program Review: TBD
  - 2023-Q2 Quality Improvement Plan Monitoring Report
  - Patient Feedback Survey Findings – *if ready*
  - Recruitment and Training Updates

**\*Vote on CAB membership application**

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

There were no comments from guests or the public.

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

- Chair Winbigler expressed gratitude, on behalf of the CAB, for the work Ms. Fryer put into the Strategic Planning process. She also commended Dr. Mendonsa, Mr. Dizon, Mr. Stabb, Ms. Alongi, Ms. Brent, and others who participated in the process.
- Ms. Winbigler adjourned the meeting at 11:06 AM.

**Next Meeting:** Friday, July 21, 2023 / 9:30-11:00 AM

\*Items that require a quorum and vote.

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

**Meeting Minutes**

July 21, 2023 / 9:30 AM to 11:00 AM

**Meeting Location**

*Zoom or in Person:* Community Room 2020 at 4600 Broadway / Sacramento, CA

**Meeting Attendees**

CAB Members: Elise Bluemel, Suhmer Fryer, Paula Lomazzi, Nicole Miller, Jan Winbigler  
 SCHC Leadership: Sharon Hutchins, Susmita Mishra, Vanessa Stacholy, Noel Vargas  
 SCHC Staff: Robyn Alongi  
 Community/Guests: Belinda Brent, Areta Guthrey

Topic
<p>Opening Remarks and Introductions – Jan Winbigler, Chair</p> <ul style="list-style-type: none"> <li>○ <i>Roll Call and welcoming of members and guests</i> <ul style="list-style-type: none"> <li>▪ <i>Roll call was taken and a quorum was established.</i></li> </ul> </li> <li>○ <i>*Review and approval of 06/16/23 CAB meeting minutes</i> <ul style="list-style-type: none"> <li>▪ <i>The June meeting minutes will be presented at the August CAB meeting for approval.</i></li> </ul> </li> </ul>
<p>Brief Announcements – All</p> <ul style="list-style-type: none"> <li>○ <i>CAB Committee Membership</i> <ul style="list-style-type: none"> <li>▪ <i>Dr. Hutchins stated that CAB needs additional members for committees including Clinical Operations. Ms. Fryer volunteered to join Clinical Operations.</i></li> <li>▪ <i>Mr. Sultani has not attended Governance meetings for a while. Ms. Bluemel suggested that staff reach out to him to see if he is still willing to participate.</i></li> <li>▪ <i>Ms. Guthrey will review the committees and decide which one to join.</i></li> </ul> </li> </ul>
<p>Combined Health Resources and Services Agency (HRSA) Project Director Update and HRSA Medical Director Report – Dr. Mishra</p> <ul style="list-style-type: none"> <li>○ <i>HRSA/ Sacramento County Office of Education (SCOE) School-Based Mental Health Updates</i> <ul style="list-style-type: none"> <li>▪ <i>The Health Center continues to communicate with HRSA regarding the School-Based Mental Health sites within SCOE schools.</i></li> </ul> </li> <li>○ <i>Expanded Access Weekend (9am to 1pm) / Evening Clinics (5pm to 7pm)</i> <ul style="list-style-type: none"> <li>▪ <i>The July 15 weekend clinic provided cervical cancer screening (pap smears), well-child visits, immunizations, depression screenings, dental screenings, fluoride varnish, and mammograms through the Alinea mobile van.</i></li> <li>▪ <i>The interpretation iPads have been distributed to programs for use.</i></li> <li>▪ <i>Upcoming clinics: July 27 (evening), and August 26 (weekend).</i></li> </ul> </li> <li>○ <i>Health Center Growth Requests</i> <ul style="list-style-type: none"> <li>▪ <i>Positions have been entered into the COMPASS database; management began the process to fill the positions.</i></li> </ul> </li> <li>● <i>Space/Staffing Updates</i></li> </ul>



**Sacramento County Department of Health Services  
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- Admin's relocation to 711 G Street is delayed because some furniture was misplaced (not by Health Center staff).
- Some of the space maximizing projects (e.g., double desks in offices, measurements to determine how to use space) have been completed. Other projects are pending HRSA approval, or the project still needs to be assigned to a County work team.
- Most staff received the state's Clinic Workforce Stabilization Retention Payment (CWSRP) this month. A few staff were not on the original list and therefore did not receive their payment. They have been notified and the situation explained. An expedited Board of Supervisors Letter will be heard on 8/22/2023 to get payments to those staff.
- Remodeling of a few rooms on both floors has been completed.
- **Access Project / Panel Size Workgroup**
  - This project is ongoing. We are awaiting data and purging panels of patients not seen for three years or other criteria before moving forward to better understand the current panels and capacity.
- **Health Center Meetings with Area FQHCs**
  - The staff assigned to this project has changed. The first meeting will likely be scheduled with One Community FQHC.
- **Sacramento County Interagency Homeless and Housing Collaborative**
  - The County formed an Interagency Homeless Leadership Team to move the Local Homelessness Action Plan and City/County agreements forward. This group will form in late July and will likely meet monthly for up to 2 hours. The goal is to develop a stronger connection between County social service departments and identify where departments can work together and streamline services.
  - Tim Lutz, Director of DHS, has selected a group of senior level leaders to serve on this collaborative; Dr. Mendonsa will represent the Health Services division.
- **Contracts and New Initiatives**
  - CSU, Sacramento (CSUS) School of Social Work
    - Deputy Director Vargas and Dr. Mendonsa have talked with CSUS about using social work student-interns. CSUS has agreed to assign two students to the Health Center beginning in Fall 2023.
  - The normal contract cycle is in full gear. Renewals and contracts are being routed internally and will then be released to contractors.
- **Medical Director Update**
  - Provider and pharmacy staffing update
    - Dr. Alejandro Jimenez - Adult Medicine
    - Holly Kirkland-Walsh - NP Street Med
    - Dr. Kate Richards - FM/Psych- half day a week starting 8/1
    - Alejandra Cuevas - Pharmacist
    - County On Call staffing for HTN clinic, L&F, Same Day Access Clinic
    - Departure - Melissa Fernandez LMFT
    - Parent leave
  - Psychiatry - gap in providers
    - Leadership is strategizing ways to increase the capacity for Dr. Onate to see all the patients.
    - Leadership is working to bring a psychiatry NP to the Health Center in January and a full time Family Medicine/Psychiatry NP in July 2024.

**Sacramento County Department of Health Services  
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- *Mobile van and L&F celebration*
  - *The meeting with the County Information Officer and L&F Director went well.*
  - *There is a tentative plan for a celebration in mid-August. Dr. Tim Lutz and the County Board of Supervisors will be invited to attend.*
  - *We will honor Ms. Washington at the celebration. The County Information Officers handles all the media. We need to solidify plans before we reach out to Ms. Washington's family. It may take a while to get a BOS Resolution passed.*
    - ❖ *Ms. Guthrey knows BOS staff and might be able to help. She will reach out to Dr. Hutchins to get more information.*
  - *It was suggested that we offer snacks and give aways at the celebration. Dr. Mishra will research this.*
- *Homelessness and Housing*
  - *Homeless and Housing Initiative Plan and Street Medicine Contract*
    - ❖ *The County Board letter to accept funding (unknown amount to the clinic) from the health plans was submitted.*
    - ❖ *We are in the process of contracting with HealthNet to pay for Street Medicine.*
  - *We are talking with the Department of Housing Authority to request bi-directional health insurance coverage information to allow the Health Center to bill for services.*
  - *We are working on securing motel vouchers to help homeless individuals, especially those with wounds, stay out of the extreme heat.*
- *School Based Mental Health (SBMH) Clinicians*
  - *We are working on documentation to meet clinical, billing and FQHC compliance. Dr. Mendonsa and Dr. Mishra will be participating in the SBMH orientation July 31 through August 3, to improve their understanding of the collaboration and expectation when working in an FQHC satellite site.*

**Quality Improvement and Compliance – Dr. Hutchins**

- *2023-Q2 QI Plan Monitoring Report and additional QI reports*
  - *The SCHC QI Population Health Outcomes data was shared. Well-child visits (WCV) for children 3-21 years old is a difficult measure to meet across the state. The Health Center is at ~13% compliance after Q2. We have made progress, but we are not on track to meet this goal. We have strategized and decided the more important metric for SCHC is the WCV for children under three years old. We are on track to meet that measure.*
    - ❖ *The Health Center hired a pediatrician and who will start in August and leadership is working to hire a Family Medicine provider.*
  - *We have increased the number of children and adolescents who have received immunizations and we are on track to meet these measures.*
  - *Lead screening: The Health Center bought two point of care analyzers so that families don't have to stop at Quest. Staff was trained on the devices on 7/18 and we expect a big increase in the number of children who are tested this summer.*
  - *Topical fluoride application: This is a new measure without a set target. Staff is applying fluoride varnish.*
  - *Prenatal care: We have been working to increase the number of women who receive prenatal care within their first trimester. By the time some women are assigned to the Health Center, especially refugee patients, they are already past their first trimester. A first appointment with a PCP versus an OB provider counts toward the measure.*

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- *Cancer screenings: We are on track to meet the measure for breast cancer and colon cancer screening. We will be using Artera messaging to alert patients who are due that a FIT kit will be mailed to them.*
- *Chlamydia screening: We are on track to meet this measure.*
- *Diabetes: The Health Center lost some patients who were under control to disenrollment. We are working to get more patients tested and setting up education classes.*
- *Mental Health and substance use conditions: These are new measures without set targets. We do not get notified immediately when a patient is released from the emergency department which makes it difficult to provide follow-up within seven days. We continue to work on resolving this issue.*
- *The no show report was shared.*
  - *The highest no-show rate is in the behavioral clinic.*
  - *Patients who select their communication preference in MyChart receive either a text or robo-call appointment reminder.*
  - *Healthy Partners have a lower no-show rate.*
  - *A CAB member asked if the Health Center surveys patients to capture why they didn't show.*
    - ❖ *The Gaps in Care team has discussed this. Staff is working on a survey to collect this data. Our regular patient feedback survey is long and can't be done over the phone.*
  - *A CAB member asked if the Health Center has a connection with Alta Regional Center? Alta can make arrangements for transportation.*
- *Overall Demographics and Compliance*
  - *The Health Center did not receive the July patient roster to enable us to update this report for Q2. The data will be shared at the next CAB meeting.*

### CAB Governance

- *Committees Updates to CAB – Committee Chairs*
  - *Clinical Operations Committee – Ms. Stacholy*
    - *\*Review of PP 03-01: Telephone Protocol*
      - ❖ *Ms. Bluemel made a motion to approve the telephone protocol as written. Ms. Lomazzi seconded the motion.*
      - ❖ *Yes votes: Elise Bluemel, Suhmer Fryer, Paula Lomazzi, Nicole Miller, Jan Winbigler.*
      - ❖ *No votes: none*
      - ❖ *Motion passed.*
    - ❖ *\*Review of PP 03-13: Chaperone Use for Sensitive Exams*
      - ❖ *Ms. Stacholy introduced the policy and procedure document and the purpose.*
      - ❖ *Ms. Bluemel made a motion to approve the Chaperone Use for Sensitive Exams policy. Ms. Fryer seconded the motion.*
      - ❖ *Yes votes: Elise Bluemel, Suhmer Fryer, Paula Lomazzi, Nicole Miller, Jan Winbigler.*
      - ❖ *No votes: none*
      - ❖ *Motion passed.*
    - *Overview of programs and services: Pharmacy Refills*
      - ❖ *Ms. Stacholy informed the attendees that the Health Center had clarified the process of requesting refills for patients. Ms. Stacholy shared the handout created that is being handed out to patients and provided through MyChart.*
  - *Finance Committee – Ms. Bohamera*
  - *Grant updates*

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- ❖ *We cannot use Capitol grant funding because it has not been approved by HRSA yet.*
- ❖ *We closed out the HRSA ARPA grant used mainly for staffing..*
- ❖ *The HIV grant is finishing its first year in August.*
- *\*Review of PP-CS-11-02 Billing and Collections*
  - ❖ *We do not have numbers at this time, but the Health Center has a savings of \$3.2 M that will be returned to the County General Fund. Staffing and SCOE not being able to bill has contributed to the surplus.*
  - ❖ *Mr. Rushing presented the proposed revisions to the policy document.*
  - ❖ *CAB discussed the presence of two different approving agents on this policy document. Mr. Rushing will reach out to Maryann Luke from OFCA to see if she is OK with the proposed changes and if she needs to remain an approval*
- *\*Governance Committee – Ms. Winbigler*
  - ❖ *2021-2023 Strategic Plan Monitoring Report - No questions about the report were raised.*
  - ❖ *\*2023 CAB Member Recruitment Plan*
    - ✓ *Ms. Fryer stated that she did not have time to review the email asking if she was willing to be the new member contact. We will bring this item back to CAB next month.*
  - ❖ *\*Recruitment*
    - ✓ *Meet candidate CAB member Natalie Robinett – Ms. Robinett was unable to attend.*

*August Monthly Meeting Items – All*

- *HRSA Project Director Report*
- *HRSA Medical Director Report*
- *Committee Updates*
  - *\*Policy and Procedure Review: TBD*
  - *Program Review: TBD*
  - *Patient Feedback Survey Findings – if ready*
  - *Recruitment and Training Updates*
  - *Review of PP-CS-11-02 Billing and Collections*


*\*Vote on CAB membership application - DEFERRED*

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

*Closing Remarks and Adjourn – Jan Winbigler, Chair  
The meeting was adjourned at 11:04 am*

**Next Meeting:** Friday, August 21, 2023 / 9:30-11:00 AM

\*Items that require a quorum and vote.

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Primary Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>04-22</b>
	Effective Date	<b>6-28-2022</b>
	Revision Date	<b>7/18/2023</b>
Title: <b>Patient Discharge from Care</b>		Functional Area: <b>Clinical Services</b>
Approved By: Dr. Susmita Mishra, Medical Director		

**Purpose:**

To identify reasons as to why and how a patient would be dismissed from the services offered at Sacramento County Health Center (SCHC).

**Policy:**

It is the policy of Sacramento County Health Center (SCHC) to maintain a cooperative and trusting provider-patient relationship with their patients. When such a relationship is no longer proceeding in a mutually productive manner, it is the policy of SCHC to terminate the provider-patient relationship within the bounds of applicable State and Federal laws, rules and regulations. This policy will establish guidelines for dismissing patients from care and/or refusing care from the services offered.

**Procedure:**

There are situations and circumstances that arise when it may be appropriate to dismiss patients from care or refuse patient's care from the services offered at SCHC. The most common dismissal reasons include, but are not limited to:

- A. Aggressive and threatening behavior towards staff;
  - This reason is used whenever a patient exhibits behavior, either verbally and/or physically, in which an employee perceives the situation to be hostile and/or dangerous.
- B. Conflict of interest;
  - This reason is used whenever a patient, typically an employee or former employee, is aware of internal processes and tries to game the system in her/his favor at the expense of the organization.
- C. Doctor shopping;
  - This reason is used whenever a patient sees multiple providers, either during a single illness episode or to procure prescription medications illicitly, or to procure medical treatment/services that are not approved by a provider.
- D. Drug seeking behavior;
  - This reason is used whenever a patient exhibits behavior that is perceived as a mechanism for obtaining additional medications, from 1 or more providers and/or 1 or more pharmacies.
- E. Excessive no-shows;
  - This reason is used whenever a patient has three consecutive no-shows in a 6-month period.

F. Failure to maintain acceptable behavior;

This reason is used whenever a patient is acting in an inappropriate manner towards either staff, providers or other patients. This can include public intoxication with disruptive behavior that is not conducive to appropriate care.

G. Lewd and inappropriate behavior towards staff;

This reason is used whenever a patient exhibits behavior in which an employee perceives the situation to be harassing and/or sexual in nature.

H. Manipulation of health records and/or documents;

This reason is used whenever a patient is found to have altered or manipulated her/his health records or documents, e.g., modifying optometry-related records to appear blind in an effort to qualify for disability.

I. Misrepresentation;

This reason is used whenever a patient is found to have intentionally provided inaccurate information about her/himself or has claimed to be an entirely different patient altogether, e.g. using the insurance of another patient to avoid having to pay for services.

J. Multiple failed drug screenings;

This reason is used when a patient fails multiple drug screens and a provider requests s/he be dismissed.

K. Non-compliance with medical advice to include but not limited to: Behavioral Health and Dental Advice;

This reason is used whenever a Medical provider feels that a patient does not agree with the medical advice or care plan that is recommended and believes there is nothing further s/he, as the provider, can do for the patient.

L. Property damage/vandalism;

This reason is used whenever a patient intentionally causes property damage and/or vandalism to SCHC assets/property.

M. Self-requested dismissal; and

This reason is used whenever a patient states that s/he no longer wants to be seen at SCHC

N. Theft:

This reason is used whenever a patient steals any item of value from SCHC.

O. Inappropriate use of MyChart:

This reason is used whenever the patient or authorize representative misuses the communication platform such as using inappropriate language, use of threatening/strong language against your provider and/or SCHC staff

### **Warning to Terminate Patient:**

1. When the provider or staff person identifies a patient, with whom the provider-patient or SCHC relationship has been negatively affected, after having a significant event or more than one negative occurrence, the patient will be served with a warning notice, which may include a warning to terminate letter, if inappropriate behavior persists.
2. Providers and/or staff will ensure concise and appropriate documentation to support the warning of the dismissal of the patient in the EMR.
3. Documentation regarding the warning (EMR or letter) will outline the concerns in a clear, concise, and respectful manner in regards to the inappropriate/hostile behavior, and that such behavior will result in possible termination as a patient of SCHC.
4. The type of circumstances that can result in a warning to a patient include, but are not limited to the following:
  - A. Persistent noncompliance with treatment plan recommended by the health center, physician or other health care provider
  - B. Failure to keep appointments (e.g., no shows at least 3 times in a row or excessive no shows within 6 months).
  - C. Exemplifying rude, disruptive or unreasonable demanding behavior toward staff.
  - D. Threatening or verbally abusive behavior directed at staff, physicians, or other health care providers or patients.
  - E. Sexual harassment toward staff or other patients.
  - F. Refusal to apply for financial relief if bill payment is onerous or to pay a bill for services within 30 days of service if financial relief was not warranted.

### **Intent to Terminate Patient:**

1. The type of circumstances that can result in immediate termination include, but are not limited to the following:
  - A. Persistent noncompliance with medical advice and/or treatment recommended by the health center, physician or other health care provider
  - B. The patient fails to keep appointments (e.g. no shows three times in a row, or greater than three missed appointments in a six-month period
  - C. The patient exhibits persistent threatening or verbally abusive behavior (including sexual, racial or ethnic harassment) directed at office staff, physicians, other health care providers or patients, even after the issue has been brought to the patient's attention.
  - D. The patient abuses medication or is a drug-seeker.
  - E. The patient decides to leave the practice.
  - F. The patient falsifies or provides misleading medical history.
  - G. The patient refuses to pay bills or to apply for financial assistance to pay for services rendered.

### **Warning/Termination Follow-up Process:**

1. An incident report is created by the provider and/or staff to report the circumstances.
2. The provider and/or staff notifies their Supervisor, Health Program Manager for Operations, and/ or Medical Director of the concern.
3. The manager will review the case at the Health and Safety Committee meeting or request an ad hoc meeting depending on the urgency of the dismissal where the course of action will be decided.
4. SCHC will seek advice from County legal counsel if necessary.
5. In severe cases, termination might be indicated immediately.
6. The Medical Director or provider or his/her designee will utilize the Standard Warning or Termination template to complete the letter (see Attachments A & B for Warning and Termination Letters). Termination letter template will:
  - A. Inform the patient of the discharge from the health center as well as the opportunity to appeal.
  - B. Include reasons for the termination.
  - C. Attach valid medical records release form.
  - D. Explain to the patient that SCHC values a mutually cooperative, trusting provider-patient relationship that clearly does not exist.
  - E. Explain to the patient that during initial registration with the clinic, the patient signed the "Patients' Rights and Responsibilities" acknowledging that inappropriate behavior will not be tolerated by the Health Center. If necessary, provide a copy of the "Patients' Rights and Responsibilities" brochure.
  - F. Identify any medical conditions that require immediate or continued care.
7. Notify the patient that care will continue for 30 days from the date the termination letter was sent. Patient will be responsible to contact his/hers Health Plan for reassignment of new medical home.
8. Patient Dismissal reports are routed to the Quality Improvement & Compliance Manager and the Medical Director.
9. The Medical Director or assigned staff must enter an alert in the patient's chart to notify staff with the following alert phrase: "Patient has been sent a termination notice as of "enter the date the letter was sent." Staff will enter the 30-day timeframe that starts from the date the letter was sent. During the 30 days' timeframe, the patient can be seen for transition of care". Designation of PCP will be updated to "None".
10. Two copies of the termination letter will be mailed to the patient; one sent certified mail, one regular mail by clinic support staff. If possible, a copy of the letter will be provided to the patient at their final visit to SCHC. SCHC will make every reasonable attempt to ensure the patient receives the termination letter within a reasonable timeframe in order to provide the patient the time necessary to respond with an appeal.
11. Support staff will place a copy of the letter directly into the patient's medical record, under the "Confidential Admin Use" folder.
12. A copy of the letter will be uploaded in the Variance folder.



13. If patient is enrolled with an IPA, a copy of the letter will be sent to the IPA notifying them of the patient's termination as an assigned member of SCHC

**Patient Appeal:**

1. Once the determination has been made to dismiss the patient(s), the patient may appeal the termination if he/she feels the decision is harsh and/or without merit.
  - A. The appeal process needs to be completed by the first 14-business days after the letter's postmark date.
  - B. The appeal letter includes the instructions on how to complete the process.
  - C. A pre-paid envelope and a medical records release form will be provided with the dismissal and the appeal letter for the patient's use and review. Once the appeal letter is received, the letter will go to the Health and Safety Committee for review.
  - D. The QIC Manager (QIC) and the Medical Director will make the final decision 10- business days after receiving the appeal letter (see Attachment C).

**Attachments:**

Attachment A: Patient Warning Letter

Attachment B: Patient Dismissal/Termination Letter

Attachment C: Patient Appeal Letter

Attachment D: Final Dismissal Letter

**Contact:**

Susmita Mishra, MD, Medical Director

**Attachment A**

**Patient Warning  
Letter**

Date:

Patient Name:

Patient

Address:

Patient City, State, Zip:

Patient Account

Number:

Patient Date of Birth:

Dear (Patient),

This letter is a written warning to notify you that you are in violation of the Sacramento County Health Center's Patient Rights and Responsibilities, and that if inappropriate behavior such as abuse, harassment, or violence of any kind continues to exist, this will result in your immediate termination as a patient of SCHC. The primary difficulty has been one or more of the following:

\_\_\_ Inappropriate verbal/physical abusive behavior directed at Provider and/or office staff

\_\_\_ Noncompliance with treatment recommended by Provider/health center

\_\_\_ Failure to keep appointments

\_\_\_ Patient abuse of medication

\_\_\_ Falsifying or providing misleading medical history

\_\_\_ Sexual harassment toward staff or other patients

\_\_\_ Other:

Our center has a zero-tolerance policy for any behavior that violates the SCHC code of conduct such as abuse, harassment, or violence of any kind to name some examples. On **(date) and (date)**, our staff witnessed this inappropriate behavior(s). Your violation to the SCHC code jeopardizes the trust between the patient and SCHC, which is the cornerstone of a good patient-provider relationship.

Sincerely,

Sacramento County Health Center Management

**Attachment B**

**Patient Dismissal/Termination Letter**

Date:

Patient  
Name:

Patient  
Address:

Patient City, State,  
Zip:

Patient Account  
Number:

Patient Date of Birth:

Dear Patient's name,

This letter is written to notify you that your status as a patient of Sacramento County Health Center (SCHC) will be terminated. The reason(s) for the termination include:

- Repeated inappropriate verbal/physical abusive behavior directed at Provider and/or office staff
- Noncompliance with treatment recommended by Provider/health center
- Consistent failure to keep appointments
- Patient abuse of medication
- Falsifying or providing misleading medical history
- Sexual harassment toward staff or other patients
- Other:

After consideration, we have determined that you should seek medical care with another medical home (clinic). We are informing you that we will no longer be able to serve as your medical home as of 30 days from the date of this letter. Your assigned PCP or available provider will remain available to provide medical services to you on an emergency basis only. You may want to contact your health plan to obtain names of other physicians who are accepting new patients as soon as you can. Any delay could jeopardize your health, so we urge you to act promptly. SCHC staff can review with you any medical conditions that require immediate attention.

A medical record release authorization form is enclosed for your convenience. Upon receipt of your signed authorization, a copy will be forwarded of your medical record. If requested, the SCHC staff will discuss your case with the physician who assumes your care. You have the right to appeal this decision; please see enclosed the Patient Appeal letter. Should you have any questions concerning the contents of this letter, contact this health center as soon as possible.

Please refer to the back of your insurance card for the phone number of your health plan's Member Services.

Sincerely,  
Sacramento County Health Center Management

**Attachment C**

**Patient Appeal Letter**

**Response to Letter of Termination of Services**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provider Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Date of Letter: \_\_\_\_\_

I have reviewed the Letter of Termination and the Patient's Rights and Responsibilities pamphlet and  
*[CHOOSE ONE]*

I accept dismissal from Sacramento County Health Center (SCHC) and will follow up with my health insurance plan to identify a new primary care provider (PCP).

*OR*

I wish to appeal my dismissal from the Sacramento County Health Center, because

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please place the completed letter in the pre-paid envelope included. If the SCHC does not receive the appeal letter by the end of the 14 business days, the patient discharge will take effect immediately

You can reach me at \_\_\_\_\_ for more information.

\_\_\_\_\_  
Patient's  
Signature

\_\_\_\_\_  
Date

**Attachment D:**

SCHC / Primary Health Division

**Date:**

XXXXXXXXXX  
Patient's Address  
Account Number: XXX  
Patient Date of Birth:

Subject: DECISION ON APPEAL FOLLOWING NOTICE OF TERMINATION

The Sacramento County Health Center (SCHC) is in receipt of your [DATE] Request for Appeal of the Letter of Termination, sent to you on [DATE]. The Director has reviewed the SCHC's Termination Letter, your appeal, the medical chart notes, and any other information submitted by you regarding this matter to render the decision on appeal.

**BACKGROUND AND DECISION ON APPEAL**

It is the policy of SCHC to maintain a cooperative and trusting provider-patient relationship with our patients, 04-22 Patient Discharge Policy. When such a relationship is no longer proceeding in a mutually productive manner, policy states that SCHC could terminate the provider-patient relationship, pursuant to State and Federal laws, rules and regulations and in accordance with SCHC's Patient Rights and Responsibilities.

SCHC's Patient Rights and Responsibilities requires, in relevant part, that patients must:

**[Insert Violation here]**

In accordance with SCHC's Policy No. 04-22-Patient Discharge Policy and SCHC's Patient Rights and Responsibilities form. SCHC sent a certified letter of termination to you on [DATE] at the above-identified address. The TERMINATION letter specified that your **[Reason for dismissal]**, is in violation of the SCHC's Patient Rights and Responsibilities.

On appeal, you provided information to the County stating that **[Reason for dismissal documentation] Ex. you did not refuse to comply with the most recent treatment recommendation; rather, you sought to terminate your relationship with your provider on September 29, 2022. Such a termination would have been the third request to terminate a SCHC provider since 2020. Moreover, you have not provided any information that demonstrates that you complied with treatment recommendations given by the previous two (2) Providers. Therefore, I have reasonably determined that the most recent provider-patient relationship was no longer proceeding in a mutually productive manner,** which is a violation of SCHC's Policy and Patient Rights and Responsibilities and constitutes good cause for SCHC to terminate you as a patient. To our knowledge, you are not requesting services or care for any condition that poses a danger of loss of life or serious injury or illness. (Health & Saf. Code, § 1317.) SCHC hereby sustains your termination as a patient of SCHC.

Enclosed is a list of the names and telephone numbers of **[Name of HP/IPA]** Urgent Services locations should you require medical attention during your transition to a new provider. Please contact your health plan 916-228-4300 to begin the process of establishing care with a new provider.

**Andrew Mendonsa, Psy.D., ABBHP, MBA**  
Clinic Services Division Manager  
Sacramento County Health Center Director  
Department of Health Services



## HRSA Project Director Updates

*August 18, 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.
- Dr. Mishra spent a significant amount of time onboarding new staff who will be providing services under this contract. Clinical staff completed several chart audits and results have been shared with SCOE for quality improvement purposes.

### **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)
- Saturday, July 15 – Well-child visits, cervical cancer screening, dental care, fluoride, immunizations and mammograms through the Alinea van were provided. Between all of the services offered and distributing FIT kits to those who were due, 55 care gaps were closed. We expect that number to increase as FIT kits are returned. Patients were scheduled for immunizations and Artera messages were sent inviting walk-in patients.
- 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. Appointments for immunizations will be scheduled and walk-ins will be welcomed.
- Saturday Dates: 8/26, 10/7, 11/18, 12/16.
- Evening Dates: 7/27, 8/24.

### **3. Health Center Growth / Staffing**

- Management continues to fill the positions from FY23-24 Growth Request.
- Initial exploration started to identify growth for FY 24-25.
- Conversion of position(s) being considered to add additional senior management position.
- We welcomed Robin Skalsky, LCSW, Sr Health Program Coordinator to the team.

### **4. Space/Staffing Updates**

- Admin relocation to 711 G Street is in the process. They will be moved as of next Monday. Management will start exploring space use once drawings/space study is completed.
- 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.

**5. Access Project / Panel Size Workgroup**

- This project is ongoing.

**6. Referral Department Improvements**

- Meeting with external Subject Matter Experts and FQHCs.
- Implementing consultant recommendations.
- Discussing team-building strategies.

**7. Health Center Meetings with Area FQHCs**

- This project is ongoing.
- Meeting with WellSpace leadership occurred 8/14.
- Meeting with CommuniCare scheduled for mid-September.
- Invitation to meet sent to Elica last week.

**8. Mobile Van Celebration and CAB Proclamation**

- August 23, 2023, 9:30am to 11:00am, music and refreshments followed by speakers and media touring facilities (Loaves and Fishes, Van). Invitees will include Director of Health Services, County Board of Supervisors and media.
- Management is working on a Board of Supervisor Proclamation honoring CAB Member Nora Aaron Washington. The Board will present the Proclamation on September 26, 2023.

**9. New Initiatives and Miscellaneous**

- CSU, Sacramento (CSUS) School of Social Work – This is ongoing. Awaiting Fall placement information.
  - Contracts such as consultants and SCOE are going through standard routing process.
  - Street Medicine – Deferred to Dr. Mishra's report.
-



## Medical Director Report to CAB August 18, 2023

### 1) Services for Patients Experiencing Homelessness

- a. Mobile Van Open House (event at Loaves and Fishes)
  - i. Tentative celebration date is August 23<sup>rd</sup>, 9:30-11am with light music and snacks from 9:30-10 or 10:30 followed by speakers and media touring facilities.
  - ii. Invitees will include Director of Health Services, County Board of Supervisors, CAB officers or members, and media outlets.
- b. Street Medicine
  - i. We received approval from County Board of Supervisors to receive Homeless and Housing Incentive Program (HHIP) grants from all 5 managed care plans. So far Health Net has offered a concrete dollar amount. We are waiting to hear exact dollar amounts from the other health plans
  - ii. Direct contract with Health Net to provide street medicine- We continue to meet with Health Net to talk through details and questions to ensure the contract is a value add for the clients as well as the clinic. This would be the first time Health Net is contracting for street med, so they are thinking through the questions and answers.

### 2) School-Based Services

- a. (SBMHW)- About 8 hours this month will be spent on onboarding current and new School Based Mental Health and Wellness (SBMHW) staff (Family navigators, Peer Specialists, Associate and Licensed Mental Health clinicians) and then another 12 hours will be focused on documentation that meets clinical and regulatory requirements.

### 3) Referral Management and Scanning


- a. Dr. Mishra is working with the Dr. Mendonsa to improve team building and workflow to decrease the time to specialty and imaging appointments.

### 4) Access: Video Visits

- a. Systemic roll out for the Health Center began 8/8/23.
- b. Telehealth visits will be by video if it meets video visit criteria.
- c. However, if a video visit cannot be done for technical reasons or client preference for phone visit, the telehealth visit may be a phone visit.
- d. We expect to edit the Video Visit workflow as we get more experience with this modality.

**5) Immunization Program**

- a. Influenza Vaccine
  - i. Flu vaccine for adults will be shipped to our pharmacy by August 15th
  - ii. We have heard that flu vaccines for children will be shipped by the end of August. We plan on administering the vaccines as soon as they arrive. There is no reason to wait for “flu” season.
- b. Covid Vaccines
  - i. The feds put a halt to orders of Covid vaccine (that was developed using federal funds) as of 8/3 until late September when FDA, Advisory Committee on Immunization Practices (ACIP), and CDC met regarding potentially new formulations and dosing guidelines.
  - ii. We just received notice that we are now able to order commercial Covid vaccines to purchase.

 <p style="text-align: center;"><b>County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>11-02</b>
	Effective Date	<b>01-31-13</b>
	Revision Date	<del>02-17-2021</del> <b>07-19-23</b>
Title: <b>Billing and Collections</b>		Functional Area: <b>Fiscal Services</b>
Approved By: <del>Susmita Mishra, MD, Medical Director</del> <del>Andrew Mendonsa, Division Manager / HRSA Project Manager</del>		Approved By: <del>MaryAnn Luke, Chief Fiscal Services</del>

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**Policy:**

Depending on eligibility type, some patients are responsible for part of their cost in care and some for the entire cost of their care.

This policy, developed jointly by health center staff and Department fiscal services staff, outlines the process and workflow for managing collections of amounts owed by these patients.

**Procedures:**

**A. Payment: Managed by OCHIN Billing Service (OBS)**

1. For patient balances equal to \$15 or more, payment in full is expected within 30 days from receipt of a billing statement, unless other arrangements are made and approved.
2. Credit cards are not accepted at this time.
3. Patients may arrange for a payment plan to allow full balance to be paid in three equal payments over three ~~month~~statement periods.
4. Patients will continue to receive statements reflecting their- remaining balance until the account balance is paid, or their account is sent to the Sacramento County Department of Revenue Recovery (DRR), as shown below.

Patient is sent initial statement after receiving services for which they are wholly or partially responsible for payment.		
<b>Patient requests payment plan</b>	<b>Patient neither remits payment nor requests payment plan</b>	<b>Patient responds and remits payment</b>
Staff work with patient as defined above		Account updated. No further action required
First scheduled payment that is missed results in:		
A payment reminder letter being sent to patient, and:		
Account balance is deferred for 30 days.		
If no payment is received after 30 days, a second letter is sent and the account balance is deferred for an additional 20 days.		

<p>If no payment received after 20 days, the patient account is:</p> <ul style="list-style-type: none"> <li>• Prepared and sent to Sacramento County Department of Revenue Recovery (DRR)</li> <li>• Flagged in OCHIN with "Bad Debt" account status</li> <li>• Flagged with a message to alert staff, who will remind patient of outstanding balance.</li> </ul>	
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**B. Patient billing or service issues and waivers**

1. Any issues that cannot be resolved by OBS are sent to the health center's Budget Analyst.
2. Patients with extreme economic hardship may have all fees waived at the discretion ~~and judgement~~ of health center management, consistent with federal regulations (as outlined in the HRSA Health Center Program Compliance Manual, see References section), using the criteria outlined below.
  - a. Health Center Management shall, at the regular administration meetings, consider all waiver requests received and render a decision within 30 days.
  - b. Patient billing is paused during ~~this the~~ period in which the waiver request is under consideration.
  - c. Waivers are granted on the basis of financial pressure that the patient/family is facing, such as loss of employment, loss of housing, bankruptcy, or other serious financial factors.
    - 1) When the health center receives a bankruptcy notice, the appropriate health center ~~Budget Analyst administrative staff~~ notes this in the patient account and, in compliance with the Sacramento County Bankruptcy Notice Policy:
      - a. If the account has not been sent to DRR, the amount owed is sent to DRR together with the bankruptcy information with a request to not collect. If this process is changed by DRR, the Health Center will comply with County policy.
      - b. If the account has already been sent to the Department of Revenue Recovery (DRR), the health center immediately notifies DRR so that collection activity can be halted.
      - c. If OBS receives a call regarding patient filing for bankruptcy, the OBS point of contact forwards that information to the health center Budget Analyst for resolution.
    - d. If waived, the patient balance is written off and the account noted. If not waived, the patient balance will remain and will continue to be subject to the provisions of this policy.

**C. Non-Sufficient Funds (NSF) Check**

1. If a payment is returned to the health center and identified as non-sufficient funds:
  - a. The health center Budget Analyst, will notify OBS.
  - b. OBS will reverse the payment using Debit Adjustment reason code 1607- NSF Check.

- c. OBS will mail the Health Center NSF Check letter from Epic, notifying the Account holder of the returned check event.
  - d. OBS will note the Account and collection efforts will resume following the established billing and collection policies and procedures.
2. Notwithstanding any County ordinance, policy, or rule to the contrary, including but not limited to Sacramento County Code (SCC) § 2.01.030, no extra fee will be charged to the patient.

**D. Patient Refunds**

1. Refunds are identified via monthly review by OBS staff, or via patient request.
2. OBS will review for claims which are processing. Refunds are not processed if patient has current open claims.
3. Patients are advised to allow 8 weeks for receipt of refund from the health center.
4. A refund is only initiated if the response to all of the the following questions is NO:
  - a. Does the patient / guarantor have another account? Is there a balance due on the other account?
  - b. Are there any outstanding balances on the account the credit can be distributed to?
  - c. Are there any pending charges or open encounters for this patient?
  - d. Are there any outstanding insurance balances / date of service (DOS) pending payment from insurance?
  - e. Does the patient have any upcoming appointments?
5. OCHIN Billing Services (OBS) will identify and code the reason for the refund. Refund is posted and Epic Refund Request slip is generated.
6. Refund is placed on file transfer protocol (FTP) site with a copy of the transaction inquiry showing the undistributed credit amount.
7. An e-mail is sent to the health center administrative staff indicating that a refund is ready to be issued.
8. Once health center has approved the refund and notified OBS of the check issuance, OBS will reverse the credit from Epic.
9. Once a refund is approved, a check will be issued by the health center to the appropriate party and a note will be entered in the Account snapshot containing the check information (date, check number, amount, etc.) and the date the check was sent out, as well as to whom the check was issued and the address where the check was sent.

**Attachments:**

N/A

**References:**

[HRSA Health Center Program Compliance Manua, Chapter 16: Billing and Collections](#)

**Contact:**

Sharon Hutchins, PhD, Health Program Manager

Co-Applicant Board Approval Date: ~~02/19/24~~

11-02-04

## 2023 CAB Membership Recruitment Plan

### Background

The number of CAB board members is governed by CAB bylaws, which permit between 9 and 13 at large voting members and one ex-officio, non-voting member (the HRSA Project Director). If CAB needs additional resources to accomplish its workload, this number can be increased by CAB action in amending the bylaws. HRSA requirements mean that the Board must have at least 51% consumer members. The current composition is 9 members, with 4 community members, 5 consumer members (one of who has never attended and should be removed; plus, an additional one elected by CAB but not yet ratified by the BOS).

### Intention

It is the intention of CAB Board to arrive at a membership of 11-13 members by the end of December 2023, with at least two new consumer members to maintain the mandated percentage.

### Board Composition: Representativeness and Skills

Based on the unique demands placed upon the CAB Board to ensure its committees have the skills and/or lived experiences helpful to fulfill the requirements of basic good government operations, (See “Health Center Program Governance Requirements Governing Board Responsibilities and How to Do Them”), we propose particular skills and characteristics that should make especially effective members for 2023. These preferred attributes are

- Knowledge of and ability to represent (including via lived experience) Health Center’s client populations, focusing on those currently not/under-represented on the Board (e.g., undocumented, non-English proficient, LGBTQIA+ individuals, and/or guardians of patients obtaining school-based services).
- Business experience
- Experience in providing health or human services to populations similar to those served by the Health Center

### Method

The Governance Committee will reach possible applicants using the following means.

- Continue recruitment videos in building lobbies.
- Refresh recruitment posters within building.
- Provide a refreshed flyer to Health Center providers detailing the attributes we need, so they can recruit among their patients. Finding the needed skills among the Health Center Client base is the preferred alternative.
- Place an ad in the Sacramento County volunteer newsletter for volunteers with lived experience or experience serving populations similar to those served by the Health Center but not or under-represented by the current CAB membership.

### **Evaluation of Applicants**

As specified in the CAB Bylaws, the Governance Committee will manage the recruitment process for the current and future vacancies. The Committee will identify a contact person to welcome potential members, prepare and manage advertising, and follow up on recruitment efforts. Interested persons will be referred to the contact person by (other) Board Members, the Health Program Manager, or clinic staff. The contact person will answer questions, provide information about the responsibilities and opportunities for service on the board, provide examples of agendas and minutes for meetings, and invite the potential board member to attend an online or in person CAB meeting. If requested, the contact person will send the CAB Member Application. The candidate will also be offered the opportunity to speak with the CAB Chair or Vice-Chair. For 2023, the recruitment contact person will be the HRSA Health Program Manager.

The Governance Committee will review applications, giving special attention to the experiences, skills, and abilities the candidates would bring to the Board and identifying their commitment to the work of the Board committees who specifically request assistance, and forward those applications that they will support to the Health Program Manager to check references. The Health Program Manager will summarize the comments by references for the Governance Committee. If the references are positive, the Governance Committee will recommend that the CAB vote to elect the candidate as a member.

At the CAB meeting attended by the potential CAB member, the candidate will be asked to talk about his or her experience and interest in becoming a board member. If the applicant prefers, he or she may attend the first meeting, and at a following meeting address experience and interest with the Board.

Board Committees that require particular skills, experience, and abilities to fulfill their responsibilities will relate these needs to the Governance Committee for recruitment purposes.

### **References**

- 2023 Health Center Co-Applicant Board Membership Roster
- Sacramento County Health Center Co-Applicant Board Bylaws, 2021
- National Association of Community Health Centers, Inc. Governance Information Bulletin #4 as described in the “Health Center Program Governance Requirements Governing Board Responsibilities and How to Do Them,” prepared by National Associate of Community Health Centers and funded by the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC), pages 1.1, 4.1,4.3, 6.1, 7.1, and 9.1.



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

**Governance Committee Report to CAB  
July 21, 2023**

**1. 2023 CAB Member Recruitment Plan**

The Governance Committee discussed and made minor changes to the draft Member Recruitment Plan and recommend approval of the Plan as written.

Governance recommends that CAB continue to focus on recruiting and maintaining consumer members to ensure the 51% consumer majority.

**2. Laptops for CAB Members**

The laptops purchased by SCHC were distributed to CAB members who requested them to allow members to easily review and make suggested edits to CAB documents, but Governance members report the laptops are not working as intended. The Microsoft Suite of programs is pre-installed on the laptop and will run for free with the Windows Product Key (that is assigned with each laptop upon sale or renewal of Windows), but the Product Key has not been issued to CAB members who received a laptop. Dr. Hutchins will follow-up with Admin.

Governance suggests that CAB develop a plan to provide oversight and ensure accountability of the devices while in the possession of CAB members.