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

Thursday, May 2, 2024, 9:30 a.m.
SPECIAL SESSION
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB meeting will be held in person at 4600 Broadway, Room 2020. 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).

- If any Board member needs to teleconference for this meeting, a notice will be uploaded to our website at https://dhs.saccounty.gov/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx by 9:00 a.m. on the morning of the meeting along with a link available to the public to observe the meeting via Teams video and/or teleconference.

- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email DCO@saccounty.gov as soon as possible prior to the meeting.

CALL TO ORDER (9:30 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

PUBLIC COMMENT (9:35 AM)

Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. Comments are limited to a maximum of two (2) minutes per speaker per agenda item, and individuals are limited to a single comment per agenda item. The Board may not take action on any item not on the agenda except as authorized by Government Code section 54954.2.

- Should the meeting be made available via teleconference platform, public comment may also be made via Teams teleconference by using the raised hand feature. Those joining the meeting via Teams are requested to display their full name.

INFORMATION/DISCUSSION ITEMS (9:40 AM)

1. CAB Committee Updates
   a. Clinical Operations Committee – *Vince Gallo*
   b. Finance Committee – *Laurine Bohamera*

Grant Applications/Reports Update

   c. Governance Committee – *Jan Winbigler*
      - Preparation for HRSA Operational Site Visit
      - Recruitment and Training Updates
      - Candidate Recruitment and Recommendations

INFORMATION/ACTION ITEMS[1] (10:10 AM)

BUSINESS ITEM I. April 19, 2024, CAB Meeting Minutes

a.) Recommended Action: Motion to Approve the draft April 19, 2024, Meeting Minutes

BUSINESS ITEM II. Vote to Approve CAB candidate applications – Dedra Russell and Ricki Townsend

a.) Recommended Action: Motion to Approve application of consumer member Dedra Russell for CAB membership and send to the Board of Supervisors for ratification.
b.) Recommended Action: Motion to Approve application of community member Ricki Townsend for CAB membership and send to the Board of Supervisors for ratification.

BUSINESS ITEM III. Vote to Re-Appoint and Request Board of Supervisors Ratify CAB members Elise Blumel and Vince Gallo.

a.) Recommended Action: Motion to Re-Appoint Elise Bluemel to CAB Board. Motion to Request and Approve staff requesting Board of Supervisors to ratify Elise Bluemel as a CAB Board member.
b.) Recommended Action: Motion to Re-Appoint Vince Gallo to CAB Board. Motion to Request and Approve staff requesting Board of Supervisors to ratify Vince Gallo as a CAB Board member.

BUSINESS ITEM IV. Vote on Removal of CAB members Jeanette Barnett, Robyn Dequine, and Namitullah Sultani due to excessive unexcused absences. [*Note: Gov. Code § 1770(g) already confirms vacancies. This is a formality to ensure clear recordkeeping.]*

a.) Recommended Action: Motion to Approve removal of CAB members Jeanette Barnett, Robyn Dequine, and Namitullah Sultani for non-attendance for submission to the Board of Supervisors.
b.) Recommended Action: Motion to Direct the County to create a new membership roster and upload it to the CAB website, in line with today's votes

BUSINESS ITEM V. Vote to change length of monthly CAB meetings

a.) Recommended Action: Motion to extend the length of CAB meetings by 30 minutes to last from 9:30-11:30 on the third Friday of the month.
b.) Recommended Action: Vote to amend all times for the remainder of this year:
    - Original: https://dhs.saccounty.gov/PRI/Documents/Neilu/12-15-2023/Handout%20%20CAB%2012-15-23.pdf
    - Amended:

BUSINESS ITEM VI. Vote to Eliminate Standing Committees Not Listed in the Bylaws

a.) Recommended Action: Motion to disband any prior establishment of Governance and Clinical Operations Committees. Any necessary discussion or duties will occur at future elongated CAB meetings.
b.) Recommended Action: If necessary and identified, motion(s) to create and appoint ad hoc committees as needed.

BUSINESS ITEM VII. Vote to Set a Special Meeting on/about June 2, 2024

a.) Recommended Action: Motion to set a special meeting on June 7, 2024 from 9:30 AM-11:30 AM.

BUSINESS ITEM VIII. Vote to approve submission SCHC HRSA 2025 Grant Transitions in Care for Justice Involved Individuals QIF-TJI[2]

[1] Time estimate: 5-10 minutes per item, unless otherwise noted
[2] Time estimate: 15 minutes

a.) Recommended Action: Motion to approve submission SCHC HRSA 2025 Grant Transitions in Care for Justice Involved Individuals QIF-TJI

BUSINESS ITEM IX. Vote to approve SCHC Policies and Procedures: 02-05 Reporting and Investigating Complaints and Grievances

a.) Recommended Action: Motion to approve 02-05 as written.

CLOSED SESSION

None

MEETING ADJOURNED

Sacramento County Health Center Co-Applicant Board Roster

Seat Number	Name	Consumer/Community Member
1	Elise Bluemel	Consumer
2	Suhmer Fryer	Consumer
3	Nicole Miller	Consumer
4	Areta Guthrey	Consumer
5		
6		
7		
8	Laurine Bohamera	Community Member
9	Vince Gallo	Community Member
10	Jan Winbigler	Community Member
11		
12		
13		

Approved by Co-Applicant Board and Pending Board of Supervisors Ratification:

Eunice Bridges (Approved 4/19/2024) Seat 5, Consumer

Dedra Russell (Pending CAB 5/2/2024) Seat 6, Consumer

Ricki Townsend (Pending CAB 5/2/2024) Seat 11, Community Member

GRANT SUMMARY

FY 2025 QUALITY IMPROVEMENT FUND – TRANSITIONS IN CARE FOR JUSTICE-INVOLVED POPULATIONS (QIF-TJI)

BACKGROUND

The Health Resources and Services Administration (HRSA) administers the Health Center program authorized by 42 U.S.C § 254b (Title III, § 330 of the Public Health Service Act (PHSA)), and the **QIF-TJI** funds which will be awarded under **42 U.S.C. § 254b(d)(1)** (Title III, § 330(d)(1) of the Public Health Service Act) as a **one-time** investment. In the Notice of Funding Opportunity (NOFO), HRSA notes that while most of the 1.8 million currently incarcerated individuals across the United States will return to their communities, "the health-related challenges they face during the transition from incarceration are great and the consequences of inadequate care can be severe for both individuals and communities". HRSA further notes that the burden of incarceration is inequitably shared by "Black, Latino, and American Indian/Alaska Native (AI/AN) individuals, who are incarcerated at rates 3-5 times higher than their white counterparts" and thus a lack of adequate care during the reentry period perpetuates existing racial and socioeconomic health disparities.

PURPOSE

The purpose of this funding is to strengthen transitions in care for individuals who will soon be released from incarceration and increase their access to community-based, high-quality primary care services. Awarded health centers will utilize evidence-based models to pilot and evaluate innovative approaches to connect or reconnect justice-involved individuals reentering the community (JI-R) to in-scope health center services that address their unique critical health and health-related needs.

HRSA Program Objective: Increase the JI-R individuals who receive in-scope health center services to facilitate successful transitions in care and improve health outcomes.

TARGET POPULATION

Adult (18+) individuals living in a carceral setting located within the health center's service area who are within 90 days of their expected release date, with a particular focus on engaging with these individuals during the 30 days immediately prior to their anticipated release date.

ELIGIBLE APPLICANTS

Health Center Program award recipients with an active H80 grant award.

FUNDS AVAILABLE

- Total of **$51 million** is available for a **maximum of 51 health centers.**
- Maximum of **$1 million per health center.**
- **2-year budget period** between December 1, 2024 through November 30, 2026.

ELIGIBLE USES

Funds must be used to **pilot** and **evaluate** a project that uses patient-centered, scalable, and sustainable evidence-based models of care to support transitions in care for JI-R individuals. Activities must **build upon** and **have the potential to advance the evidence** for improving transitions in care.

GRANT SUMMARY

FY 2025 QUALITY IMPROVEMENT FUND – TRANSITIONS IN CARE FOR JUSTICE-INVOLVED POPULATIONS (QIF-TJI)

Health Center Program Scope: the health center may only provide existing in-scope activities.

Critical Health Needs: the project must focus on **one or more** critical health need.

- Managing chronic conditions.
- Prevention, screening, diagnosis and treatment of HCV, HIV, and other infectious diseases.
- Reducing risk of drug overdose.
- Addressing mental health and substance use disorder treatment needs.

Health-related Social Needs: project must also provide case management services and work with community partners to address one or more health-related social need.

- Housing insecurity.
- Food insecurity.
- Financial strain.
- Lack of transportation/access to public transit.
- Intimate partner violence.
- Other health-related social needs.

Telehealth v. In Person: while some telehealth activities are allowed, the project must include some in-person services as well.

Equipment: up to $250,000 may be requested for equipment purchases, including a mobile unit.

Carceral Authority & Responsibility to Provider Healthcare: Health centers **may not** use QIF-TJI funding to replace obligations of carceral authorities to provide medical care or for any activities that are not specifically focused on engaging JI-R individuals with health center community-based primary health care.

TIMEFRAMES

Date	Action
April 10, 2024	**NOFO** released by HRSA
June 10, 2024, by 11:59PM EST	**Phase 1 Application Documents Due in Grants.gov:** • Application for Federal Assistance (SF-424) • Project Abstract Summary • Project/Performance Site Locations • Grants.gov Lobbying Form • Key Contacts
July 2, 2024, by 5:00pm EST	**Phase 2 Application Documents due in EHBs:** • Project Narrative • SF-424A Budget Information Form • Budget Narrative and Table of Personnel Paid with Federal Funds • Program-Specific Forms • Attachments
December 1, 2024	**Performance Period Begins** **Notices of Award** released around this date
November 30, 2026	**Performance Period Ends**

FY 2025 QUALITY IMPROVEMENT FUND – TRANSITIONS IN CARE FOR JUSTICE-INVOLVED POPULATIONS (QIF-TJI)

APPLICATION REQUIREMENTS

An application for funding must include:

- All **standard forms** required for a Grants.gov or EHBs submission (see above).
- Identification of the carceral partner.
- Explanation of the **Community Engagement** approach to be used.
- Identification of the **Critical Health** and **Health-related Social needs** to be addressed with the funding.
- **Evaluation measures** to be used by the health center to evaluate program performance.
- **Letters of Commitment** are required from the following community partners, at minimum:
    - One Carceral authority.
    - Two local community organizations who can address the health-related social needs.

REPORTING

The following reporting and review activities will be required:

- **Federal Financial Report (SF-425**) – annual.
- **Monthly Data and Progress Updates** – at least monthly data and periodic updates to the contractor-led (selected by HRSA through a separate funding opportunity) collaborative learning and evaluation center. Recipients will report on our own identified metrics and *may* also be required to report of HRSA-selected metrics, more information will be available in the NOA.
- **Final Report** – due within 90 days of the end of the reporting period.
- **Integrity and Performance Reporting** – as required in FAPIIS by 45 CFR part 75 Appendix I,F.3. and 45 CFR part 75 Appendix XII.

County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure		Policy Issued(Unit/Program)	**Organization**
		Policy Number	**02-05**
		Effective Date	**11-06-20**
		Revision Date	**11-13-20**
Title: **Variance Reporting**	Functional Area: **Clinic Services**		
Approved By: **Susmita Mishra, MD, Medical Director**			

Policy:

Patient variances, which include complaints and formal grievances, will be collected, investigated, discussed, resolved, and tracked to ensure patients receive quality and timely care in a respectful and culturally competent manner. Variances will be categorized according to their possible consequences into three levels.

All variance reports will be completed in a timely fashion, with the following guidelines.

- For Level Ill (most serious) variances, members of the Health and Safety Committee (the Medical Director, HRSA Project Director/Director of Quality, Health Program Manager for Operations, Director of Pharmacy, HRSA Chief Financial Officer, Senior Health Program Coordinatior and relevant supervising nurse[s]) will be notified immediately.
- All variance reports will be submitted to the Variance Coordinator within 72 hours of incident.
- All open reports will be reviewed monthly by the Variance Committee.
- The HRSA Project Officer will present a summary of patterns and trends in variances to the Quality Improvement Committee and the Co-Applicant Board at least annually.

Procedures:

A. Complaints directly from patients

1. Receipt of Complaint

   Any staff member who receives a complaint from a patient (or patient guardian) listens to the patient (or guardian) and follows the steps detailed below.

   a. Attends to the issue immediately;

   b. Thanks the individual(s) for bringing the issue to him/her;

   c. Listens to the details of the complaint;

   d. Validates emotions of the individual (e.g. “that must be frustrating”);

   e. Confirms and states back what staff member understands to be the complaint;

   f. Verbally sets expectations of issue resolution (steps, time, closing the loop);

   g. Assesses patient for understanding;

   h. Thanks the individual(s) again;

   i. Writes the information down.

   As soon as the staff member finishes talking with the patient and finishing written notes, s/he contacts his/her supervisor to explain the situation and provides them with the written notes.

The supervisor reviews the information and either accepts responsibility for the investigation or informs the supervisor of the area most implicated in the complaint and sends him/her the written notes. This person becomes the Supervisor in Charge.

2. Investigation

   The Supervisor in Charge investigates the complaint, following these steps:

   a. Interviews all witnesses to the incident
   b. If an accident, assesses the scene of the event (e.g. water on floor after slip)
   c. Double-checks basic facts of the incident (e.g. reason for visit, Rx history)
   d. If an outside department is needed, contacts them to assist
   e. Compiles as much detail about the incident as possible

3. Documentation

   The Supervisor in Charge documents the details of the complaint, filling in the Variance Report, following the steps outlined below.

   a. Fills in all requisite fields, including date of incident, persons involved, type of incident, etc.
   b. Summarizes findings in variance form, writing in succinct, clear, and objective language.
   c. Writes in a third person narrative (do not use "I"), using the full names and titles of all persons included.
   d. Presents the issue in chronological order from when the incident occurred, and includes all subsequent action.
   e. Starts a new paragraph for each person's actions.
   f. Answers the who, what, when, where, and why of what occurred.
   g. Includes an accurate description of own role.
   h. Proofreads report for accurate facts, grammatical mistakes, comprehensiveness, and understanding
   i. Saves document as a Word document on shared drive under W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances\Complaints using the naming convention:
      - Level_complaint_date of receipt_consecutive number if more than one complaint of the same level was received on the same day
      - Examples
        - ✓ I_complaint_091020.doc
        - ✓ II_ complaint I_073120_1.doc
        - ✓ III_ complaint _123119.doc
   j. Enters basic information into the Complaint Tracker Excel spreadsheet in the same shared drive file.

4. Communication with Patient

The Supervisor in Charge informs the Variance Coordinator of the results of the investigation and then

a. Updates patient within 5 business days of status of variance;
b. If the incident relates to health of patient, documents in chart under telephone message;
c. Documents all communication in variance report;
d. Fills in the information in the Complaint Tracker.

5. Report Submission

The Variance Coordinator assesses the level of variance and assigns rank (I, II, Ill) as shown in the table below.

Category	**Description**	**Examples**
Level I	Access challenges	Complaints about call center wait times; difficulty making an appointment
Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P	Delayed prescription refills; patient billed in error; unprofessional or disrespectful treatment of patients
Level III	Issues impacting patient safety, or violating privacy or security laws, or involving possible litigation	Medication error; Needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm

The Variance Coordinator then sends the report to the correct parties, as detailed below.

If Level III, sends report by:

a. Email, as an attachment
b. Mark as High Priority
c. Subject in email: "Variance lll_complaint_[Date received[“

The Variance Coordinator submits the report to Correct Party

a. Level I or II: uploads to shared drive
b. Level Ill: emails to members of the Health and Safety Committee.

The Variance Coordinator saves the report on the shared drive under W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances\Complaints.

6. Variance Completion

The Variance Coordinator works with the supervisor to

a. Make sure that all steps have been taken to resolve the issue;
b. Follow the variance through closure, and document any continued action with dates; and
c. "Close the Loop" with patient.

7. Final Review and Closure

The Variance Coordinator reviews the variance report and follows the steps below.

a. If Level III, emails the complaint information to Health and Safety Committee members within 72 hours and prepares a summary to present at the next meeting.

b. Presents a summary of Level I and II grievances at the Variance Committee meeting.

c. Facilitates discussions of the need for corrective action or further escalation at Variance and Health and Safety Committee meetings.

d. Facilitates discussion at Health and Safety Committee meetings as to whether each variance can be closed. A report is closed when communication has been closed with issuer of complaint or grievance, when no further action around the incident is merited by SCHC, or when no legal liability or risk is evident.

e. Ensures that the final complaint information is appropriately recorded in the Complaint Tracker.

f. Archives closed complaint reports in a separate file on the shared drive under W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances\ Complaints\Closed.

g. Reviews the grievance tracker at least once a month and prepares a summary of patterns and trends to present at least annually to the Quality Improvement Committee and the Co-Applicant Board.

B. Grievances from IPAs and Health Plans

1. Receipt of Grievance

a. Whoever receives a grievance from a health plan or IPA reviews it and looks the patient up in OCHIN to find out

i. Medical record number (MRN);

ii. PCP or doctor most recently seen; and

iii. Clinic area (e.g., Adult/Peds/FM) where patient is normally seen.

2. Investigation

a. The person who received the grievance

i. Sends the original grievance communication received to

- The supervising nurse of the clinic area where the patient is normally seen (if this person is not at work, notifies their manager also) or where the issue occurred;
- The supervisor of any other areas mentioned in the grievance (e.g. referrals, call center, member services); and
- The Variance Coordinator.

ii. Puts “Grievance with due date DD/MM/YY” as the subject of the email and classifies the email as “high importance.”

b. Supervising nurse

i. Upon receiving the grievance email, the supervising nurse of the clinic/ program reviews the grievance to understand it.

ii. Within 48 business hours, the supervising nurse then interviews any providers, staff and contractors involved to get more information on what may have happened.

iii. Within the same 48 hour period, examines relevant records, such as medications prescribed, referrals notes, and phone call records.

iv. Consults with the Variance Coordinator to assign the risk level of the grievance.

c. Other supervisors

i. Upon receiving the grievance email, the other supervisors whose programs were mentioned in the grievance review the grievance to understand it.

ii. Then these supervisors interview their staff to get more information on what may have happened.

iii. If needed, these supervisors examine relevant records.

iv. Within 24 hours of receipt of the grievance information, these supervisors email or discuss their findings with the supervising nurse.

d. Variance Coordinator

Upon receipt of the grievance email, the Variance Coordinator reviews the information and preliminarily assigns a level to the grievance, as shown in the table below.

Category	**Description**	**Examples**
Level I	Access challenges	Grievances concerning access obstacles
Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P	Delayed prescription refills; patient billed in error; unprofessional or disrespectful treatment of patients
Level III	Issues impacting patient safety, or violating privacy or security laws, or involving possible litigation	Medication error; Needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm

i. The Variance Coordinator sends the supervising nurse the risk level assigned

ii. The Variance Coordinator then sends the report to the correct parties, as detailed below.

- If Level III, sends report
  - ✓ By email, as an attachment
  - ✓ Classifies as “high importance”
  - ✓ Enters "SCHC_Variance_ lll_Date_Patient MRN in the subject line.
  - ✓ To the Health and Safety Committee members

3. Documentation

The person who received the grievance enters basic information in to the grievance tracker located at W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances\ Grievances.

The supervising nurse (or other supervisor) who investigated the complaint,

a. Fills out the rest of the grievance tracker,

b. Informs the Variance Coordinator of that fact.

c. Summarizes finding written form.

The supervisor who conducted the investigation

1) Writes a written response to the grievance, addressing each of the points mentioned in the grievance and the relevant facts discovered in the investigation.
2) Saves document as a Word document on shared drive under W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances using the naming convention:
    - [Level]_[health plan abbreviation[1]]_[date of receipt]_[consecutive number if more than one grievance of the same level was received from the same health plan on the same day
    - Examples
        - ✓ I_AnBC_091020.doc
        - ✓ II_ Mol_073120_1.doc
        - ✓ III_HN_01219.doc
3) Enter into the Variance Tracking Excel Spreadsheet.

4. Submission of report to IPA or Health Plan

   Once the final report is agreed upon with the Variance Coordinator, the Supervisor in Charge informs the IPA or Health Plan that sent the report by the due date by secure email.

5. Final Review and Closure

   The Variance Coordinator follows the steps below.

   1) If Level III, emails the complaint information to Health and Safety Committee members within 72 hours and prepares a summary to present at the next meeting.
   2) Brings a summary of Level I and II variances to ad hoc Variance Committee meetings.
   3) Facilitates discussions of the need for corrective action or further escalation at Health and Safety Committee meetings.
   4) Facilitates discussion at Health and Safety Committee meetings as to whether each variance can be closed. A report is closed when communication has been closed with issuer of complaint or grievance, when no further action around the incident is merited by SCHC, or when no legal liability or risk is evident.
   5) Enters the final information about the variance once closed into the complaint or grievance tracker.
   1) Archives closed reports will be achieved in separate file on the shared drive W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances\ Grievances\Closed**.**

[1] Standard abbreviations for health plans and IPAs can be found in the IPA_Health Plan Grievance Tracker (see Drop down worksheet) in this folder.

6) Reviews the grievance tracker at least once a month and prepares a summary of patterns and trends to present at least annually to the Quality Improvement Committee and the Co-Applicant Board.

Attachments:
Variance Report Form

Contact: Sharon Hutchins, Ph.D., MPH, Health Program Manager

Co-Applicant Board Approval: 11/20/20

Sacramento County Health Center

Variance Report

Please complete this form with as much detail as possible, creating a narrative in chronological order. For Variance Levels I & II, document completely, resolve issue, and upload to shared drive at W:\Primary-Health\Clinic-Services\MEDICAL HOME FOLDER\Variances. For Variance Levels Ill, email to CEO, COO, CFO, & DON. *For quality and tracking purposes only- do not scan into patient's chart*

_____	_____	___/___/___
Supervisor in Charge	Title	Date

****

Individuals Involved:

_____	_____	___/___/___	(___) ___ - _____
Patient Name	MRN	DOB	Phone

_____	_____	(___) ___ - _____
Patient Guardian or Representative	Relationship	Phone

_____	_____	___/___/___
Provider Name	Category (e.g. faculty resident)	Date

****

Incident Description:

___/___/___	_____ AM / PM	_____
Date	Time	Location

_____

_____

_____

_____

_____

Level of Variance:

Check Level	Category	Description	Examples
	Level I	Access challenges	Complaints about call center wait times; difficulty making an appointment
	Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P	Delayed prescription refills; patient billed in error; unprofessional or disrespectful treatment of patients
	Level III	Issues impacting patient safety, or violating privacy or security laws, or involving possible litigation	Medication error; Needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm

Reviewed by Variance Coordinator:

_____ ___/___/_____
Initials Date