

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

Meeting Agenda

December 16, 2022 9:30 AM to 11:00 AM

Meeting Location

Via Zoom: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1607428658?pwd=VWNWVmpjZ0UzbWc2OGlyeTVJRUh5UT09>

Meeting ID: 160 742 8658

Passcode: 849063

One tap mobile

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Dial by your location

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+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

+1 646 828 7666 US (New York)

Meeting ID: 160 742 8658

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).
- Please RSVP at least 24 hours in advance to Dr. Hutchins at HutchinsS@saccounty.net for staff to prepare you a packet if you wish to attend in person.
- Facemasks are still required in the Primary Care Center.

Topic
<p>Opening Remarks and Introductions – <i>Ms. Winbigler, Chair</i></p> <ul style="list-style-type: none"> • Roll Call and welcoming of guests • Review of 11/18/22 CAB meeting minutes
<p>Brief Announcements – <i>All</i></p> <ul style="list-style-type: none"> • New Director of Health Services, Mr. Timothy Lutz, hopes to join CAB later in the meeting. • The new Deputy Director for Primary Health, Noel Vargas, will start in January. • M. Safi should return 12/19. • BOS ratification of new CAB members scheduled for 1/10/23 BOS meeting.
<p>Health Resources and Services Agency (HRSA) Project Director Update – <i>Dr. Mendonsa</i></p>
<p>Medical Director Update – <i>Dr. Mishra</i></p>
<p>Quality Improvement and Compliance – <i>Dr. Hutchins</i></p> <ul style="list-style-type: none"> • Brief report on immunization-related audits

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

<ul style="list-style-type: none"> ● Conversations with HRSA regarding SCHC designation under Section 330 of the Public Health Act
<p>*CAB Governance</p> <ul style="list-style-type: none"> ● 2023 proposed CAB meeting calendar – <i>Dr. Hutchins</i> ● Committees Updates to CAB – Committee Chairs <ul style="list-style-type: none"> ○ *Clinical Operations – <i>Mr. Gallo</i> <ul style="list-style-type: none"> ▪ *Policies & Procedures <ul style="list-style-type: none"> ➤ *PP-CS-01-10: Mobile Medicine Clinic Program Design ▪ Program Summary: Integrated Behavioral Health Program ○ Finance Committee – <i>Ms. Bohamera</i> <ul style="list-style-type: none"> ▪ November Financial Status Report (FSR) ▪ Grant updates ▪ Budget priorities for 2022-2023 Fiscal Year ○ *Governance – <i>Ms. Winbigler</i> <ul style="list-style-type: none"> ▪ Recruitment & training update ▪ *Proposal for evaluation of HRSA Project Director and CAB support personnel ▪ *December Strategic Plan Monitoring Report ○ *Strategic Planning Ad Hoc Committee – <i>Ms. Winbigler</i> <ul style="list-style-type: none"> ▪ *Vote on creation ▪ Choose first meeting date
<p>Next Meeting Items – All</p> <ul style="list-style-type: none"> ● Committee Updates <ul style="list-style-type: none"> ○ *Policy and Procedure Review ○ Program Review: TBD ○ Mid-Year Financial Status Report ○ Recruitment and Training Updates
<p>Public Comment Period – <i>Mr. Sultani, Vice-Chair</i></p>
<p>Closing Remarks and Adjourn – <i>Ms. Winbigler, Chair</i></p>

Next Meeting: Friday, January 20, 2023 9:30-11:00 via Zoom or in person (Community Room 2020)

*Items that require a quorum and vote.

The Co-Applicant Board welcomes and encourages participation in the meetings.

Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

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.

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

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
Health Center Co-Applicant Board (CAB)**

Meeting Notes

November 18, 2022 9:30 AM to 11:00 AM

Meeting Location

Via Zoom: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1607171817?pwd=alprVXJvMlhqQnNibWRNQkNJVTEzUT09>

Meeting ID: 160 299 6161

Passcode: 250277

In Person: Community Room 2020

Meeting Attendees

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

Staff: Robyn Alongi, Belinda Brent, John Dizon, Joy Galindo, Sharon Hutchins, Andrew Mendonsa

Topic
Opening Remarks and Introductions – <i>Ms. Winbigler, Chair</i> <ul style="list-style-type: none">• Roll Call and Welcoming of Guests/Potential New Members<ul style="list-style-type: none">○ <i>Chair Winbigler took roll and welcomed attendees.</i>• Review of 9/16/22 and 10/19/22 minutes<ul style="list-style-type: none">○ <i>The committee reviewed the 10/19/22 minutes.</i>○ <i>Ms. Bohamera moved to approve the 10/19 minutes. Mr. Gallo seconded the motion. The minutes were approved.</i>○ <i>Approval of the 9/16 minutes was deferred to December.</i>
Brief Announcements – <i>All</i> <ul style="list-style-type: none">• New Director of Health Services hired and started – 11/07/22• New Deputy Director for Primary Health will start in January• M. Safi’s leave was extended through Thanksgiving
*Election of CAB Officers for 2023 – <i>Dr. Hutchins</i> <ul style="list-style-type: none">• <i>The majority of CAB members cast their votes. It was unanimously decided that Jan Winbigler will be the 2023 CAB Chair and Suhmer Fryer will be the Vice Chair.</i>
Health Resources and Services Agency (HRSA) Project Director Update – <i>Dr. Mendonsa</i> <ul style="list-style-type: none">• HRSA’s Health Center Workforce Well-being Survey<ul style="list-style-type: none">○ <i>As discussed last month, the Health Center will be participating in HRSA’s Workforce Well-being Survey. The survey will go out on November 28th. The Survey satisfies the goal of our strategic plan to assess and support our workforce.</i>• New Director of Health Services – Timothy Lutz<ul style="list-style-type: none">○ <i>Mr. Lutz has been invited to join the December CAB meeting. The Deputy Director will also be invited to attend, but that person has not started yet.</i>• Mobile Homeless Medicine Van

**Sacramento County Department of Health Services
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- *The mobile van continues to operate twice weekly. Vanessa and her team are finishing up policy and procedures that will be presented to CAB in December for review/approval.*
- **Weekend Clinic**
 - *The SCHC held a successful weekend clinic (9am to 1pm) in October. We saw 20 adult and pediatric patients. We received great feedback from patients and staff.*
 - *Management conducted debrief sessions to understand what went well and to hear suggestions for improvement.*
 - *The next weekend clinic will be in January – either Saturday the 21st or 28th and ongoing every 6 weeks. Leadership is still brainstorming how to best leverage use of the clinics for QI goals or Gaps in Care measures.*
 - *SCHC will be piloting evening hours in 2023 to increase access; potentially staying open until 7 pm on some Thursday nights.*
- **Growth Request**
 - *The Management Team will be meeting on Monday to develop our proposed priorities.*
 - *They are getting a sense of how much funding they have to work with and will present recommendations to CAB in December.*
 - *The funding is only an estimate. The state announced a deficit, the County budget is unknown, and other factors will influence SCHC's budget.*
- **Space/Staffing/Access Updates**
 - *John Dizon, with Admin and Dr. Mendonsa continue to explore locations to move the Admin Team to repurposed space or offsite. The County facilities on Micron Ave. is an option. Space is about \$90,000 per year.*
 - *We continue to recruit for open positions in administration, pharmacy, and within the clinic. Vacant positions can be lost if not filled so we are working hard to fill them. Workforce shortages make it difficult.*
 - *We extended an offer to a Supervising RN currently working at the jail who accepted a transfer to oversee Referrals. She will start at the beginning of December.*
 - *Integrative Behavioral Health (IBH) has a new clinician who is slowly transitioning from Behavioral Health until at the Health Center 40 hours/week.*
- **Sacramento County Office of Education (SCOE) – School-Based Mental Health Updates**
 - *Funding from DHS: the Student Behavioral Health Incentive Program (SBHIP) through DHCS – Social Health Information Exchange (SHIE). Broadly, the SHIE is intended to improve care coordination between health and social service providers in Sacramento County. The SHIE refers to healthcare and social care data exchange infrastructure that serves community organizations that have agreed to share data under a set of rules guided by federal and state regulations. This system will interface with EPIC/OCHIN.*
 - *There is a lot of funding from the state and the County.*
 - *The ultimate goal is to include everyone's information but the system is starting with students receiving mental health services at schools.*

**Sacramento County Department of Health Services
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- **SAC Application**
 - *The application was submitted and we are waiting response from HRSA.*
- **Refugee Clinic**
 - *A potential candidate for the Senior Health Program Coordinator (SrHPC) Position interviewed this week. He was a strong candidate and we are moving forward with the hiring process. If hired, he will oversee the Refugee Clinic and Immunization Program under Dr. Hutchins.*
- *Dr. Damiano (Interim Director of Health Services) will be retiring at the end of November and she sent a note of thanks to CAB.*

Medical Director Update – DEFERRED

Quality Improvement and Compliance – Dr. Hutchins

- **Quality Improvement Plan (QIP) - Q3 Monitoring Report**
 - *Dr. Hutchins presented the QI Plan and how SCHC did on meeting the goals and objectives through Quarter 3.*
 - *We are continuing to work to create a Central Contact pool using a single email and a direct phone line to improve the coordination between SCHC and hospitals to ensure that people discharged for substance use or mental health issues receive follow up within 30 days. We are not receiving consistent data from the IPAs at this time. The Central Contact is expected to increase how easily a discharge nurse can alert the SCHC of a discharge to ensure follow-up is received within 30 days.*
 - **Clinical Performance**
 - *We have met the hypertension goal.*
 - *We are close to meeting the diabetes measure (percentage of with patients with controlled blood sugar).*
 - *Childhood issues – we are working hard on the well-child visit measure. However, it is a new measure and it will be impossible to meet it this year.*
 - *Immunizations – we cannot meet this measure this year because all eligible children have aged out at this point.*
 - *Depression Screening – the data we receive on this measure is not correct. We are working internally to capture correct data. We are working to increase the number of patients who receive a screening.*
 - *Belinda shared that she is a Project Manager with UCD and acting as a consultant for SCHC. She has been working with several of the SCHC quality improvement teams to address quality measures. We are taking a step by step analysis of what is happening internally to increase statistics. We need to increase outreach to parents/patients to ensure children receive their vaccinations before they age out.*

Strategic Planning – Dr. Hutchins

- **Development of the strategic plan in 2023 for 2024-2026 Strategic Plan**
 - *Dr. Hutchins said we need to start planning for development of a new strategic plan. An ad hoc committee developed the current strategic plan.*

***CAB Governance – Committee Chairs**

- **Committees Updates to CAB**
 - ***Clinical Operations – Mr. Gallo**
 - ***Policies & Procedures**

**Sacramento County Department of Health Services
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- PP-CS-01-07 Healthy Partners Program-Design
 - ❖ When Healthy Partners patients turn 50 years old, they age out of the program. The changes to the policies and procedure document (P&P) reflect changes in the Medi-Cal policy which now makes people 50+ who meet the criteria, eligible for Medi-Cal.
 - ❖ Mr. Gallo motioned to approve the policy as revised, Ms. Winbigler seconded this motion.
 - ✓ 'Yes' notes: Blumel, Bohamera, Fryer, Gallo, Lomazzi, Miller, Winbigler
 - ✓ 'No' votes: None
 - ❖ The motion passed unanimously.
- PP-CS-02-06 Healthy Partners Administrative Review
 - ❖ What happens to the people who are not approved for the program? Are they referred?
 - ✓ Dr. Hutchins said yes, Member Services review eligibility and works with Sacramento Covered to ensure the person receives the care they need.
 - ❖ Ms. Bohamera made a motion to approve the Healthy Partners Administrative Review. Ms. Lomazzi seconded the motion.
 - ✓ 'Yes' notes: Blumel, Bohamera, Fryer, Gallo, Lomazzi, Miller, Winbigler
 - ✓ No' votes: None
 - ❖ The motion passed unanimously.
- Program Summary: Healthy Partners
- Finance Committee – *Ms. Bohamera*
 - October Financial Status Report (FSR)
 - Spending is on track. We have significant savings in personnel services due to the recruitment challenges.
 - SCOE contract is still be negotiated.
 - ❖ Are there metrics in the contract to tell us what we will receive for the funding?
 - ✓ John said that SCOE declined to put in metrics in the contract. The structure is about how the clinicians are being integrated into the educational structure. Their cohort is part of the SCHC structure. We should be able to pull out statistics to look at their visits, assess how clinicians are doing, and how much funding they are pulling down.
 - ✓ Belinda said she met with the SCOE team and plans to follow up with them to figure out how to measure success.
 - ❖ SCHC wants to be sure of payment for children seen who are not assigned to SCHC. SCOE is not as concerned about being paid as they are about ensuring children receive the services they need and they have a mental health grant supporting them at present. SCHC is making it a priority to ensure the program continues when such grant funding ends. They are working on utilizing private insurance or other insurance when available.
 - UCD contract is routing for signature.
 - Provider payments are expected to increase.
 - Grant updates - We have received some payments.
 - Construction grant: we will use the County workforce but we need approvals before renovations can begin. We have been able to purchase equipment.
 - Budget priorities for 2022-2023 Fiscal Year – see Dr. Mendonsa's report above.
- *Governance – *Ms. Winbigler*
 - *Recruitment update and vote on CAB membership
 - Ms. Winbigler said we have one application from Ms. Dequine that has been checked for references.
 - ❖ Dr. Mendonsa said the candidates' references were all positive.
 - Ms. Bluemel will forward Ms. Dequine application to the CAB for discussion/approval.
 - Ms. Bluemel made a motion to approve Ms. Dequine for CAB membership. Ms. Bohamera seconded the motion.
 - ✓ 'Yes' notes: Blumel, Bohamera, Fryer, Gallo, Lomazzi, Miller, Winbigler
 - ✓ 'No' votes: None
 - The motion passed.
 - Ms. Winbigler and Dr. Hutchins will invite the candidate to the December meeting.

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- We received another applicant. The Governance Committee reviewed the application and is not comfortable forwarding the application to CAB for approval.
 - ❖ Dr. Hutchins said this is an open meeting and we do not want to name the candidate or state why the application was not approved, if CAB is in agreement with this discretion. The bylaws are unclear on what to do in this situation. The Governance Committee suggests that CAB amend the bylaws to address this situation and be more specific about the process to follow.
 - ❖ After brief discussion, the CAB members agreed to Governance not forwarding this application as well as amending the bylaws soon.
- *Strategic Plan Monitoring Report
 - The Governance Committee recommended postponing reporting on three items to allow Dr. Mendonsa and the other new leaders time to confer as needed before reporting.
 - Mr. Gallo made a motion to move the reporting dates as proposed. Ms. Miller seconded the motion.
 - ❖ 'Yes' notes: Blumel, Bohamera, Fryer, Gallo, Lomazzi, Miller, Winbigler
 - ❖ 'No' votes: None
 - The motion passed unanimously.
- 2024-2026 Strategic Plan
 - In 2020-2021, CAB had an ad hoc committee that developed the current plan.
 - The 2021-2023 Strategic Plan is data based and HRSA gives SCHC freedom in how we complete strategic planning.
 - What is the time commitment?
 - ❖ It depended on the ad hoc committee members calendars. Generally, we met once each month, sometimes twice.
 - Ms. Bluemel made a motion to form a new strategic plan an ad hoc committee and follow the same basic structure used during the previous planning. Ms. Lomazzi seconded the motion. The motion passed unanimously.
 - Committee volunteers: Mr. Gallo is interested in joining and leaving the Finance Committee. Ms. Bluemel, Ms. Lomazzi, Ms. Fryer and also Ms. Miller volunteered for the Strategic Planning Committee.

Next Meeting Items – All

- Committee Updates
- *Policy and Procedure Review
- Program Review: TBD
- November Financial Status Report
- Recruitment Updates
- Growth Request – present proposed priorities

Public Comment Period – *No members of the public were present.*

Closing Remarks and Adjourn – *Ms. Winbigler, Chair*
The meeting was adjourned at 11:06 am.

Next Meeting: Friday, December 16, 2022 9:30-11:00 via Zoom or in person (Community Room 2020)

*Items that require a quorum and vote.

HRSA Project Director Updates to CAB December 16, 2022 Meeting

- **HRSA's Health Center Workforce Well-being Survey.**
 - In process with about a 20% return rate currently. Follow-up contacts planned.
- **Mobile Homeless Medicine Van.**
 - Continues to operate twice weekly.
- **HRSA 'Ending the HIV Epidemic in Primary Health' Grant Update.**
 - 3-year approx. \$975,000.
 - HPM Vanessa has been busy meeting with Public Health (PH) setting up collaboration and partnership. We are coordinating purchasing of rapid testing and staff/provider training in Jan and Feb 2023. We will start distributing condoms and lube.
 - Go live with rapid testing in February 2023.
 - Working with PH to launch Public Service Announcements and media campaigns.
- **Consultant Work.**
 - Ongoing. Expecting the Referrals Project report soon.
- **Weekend Clinic.**
 - We are planning for another weekend clinic in January 2023 as an additional approach to address access issues.
 - Internal planning meetings are underway.
- **Growth Request.**
 - Please see attached document which will be discussed separately.
- **Space/Staffing/Access Updates.**
 - Admin relocation space exploration ongoing.
 - We continue to recruit for open positions in administration, pharmacy, and within the clinic.
 - New staff started in Referrals, Executive Team Support, and within the Clinic. New Clerical Supervisor will start in early January 2023.
- **Sacramento County Office of Education (SCOE) – School Based Mental Health Updates.**
 - We continue to work with HRSA to get proposed satellite sites approved.

- **Contract with UC Davis.**
 - We have executed the contract with UC Davis.

- **SAC Application.**
 - Submitted. Awaiting response from HRSA.

- **Refugee Clinic/Immunization Program.**
 - Staff have been busy preparing for several upcoming audits.
 - Possible Senior Health Program Coordinator candidate in pipeline.

**Sacramento County Health Center
2023-2024 Fiscal Year Proposed Growth**

**Proposed Growth Which Aligns with Section I of 2020-2022 Strategic Plan
“Sufficient and Appropriate Space to Carry Out the SCHC’s Mission”**

Fiscal Growth Allocated To:

1. Acquire space to move Admin Team offsite thus opening space for clinical services and/or other Health Center urgent expansion needs.

**Aligns with Section II of Strategic Plan
“Sufficient and Appropriate Staffing to Carry Out Mission”**

Fiscal Growth Allocated to Increase Core Operation Staffing:

- 6.0 FTEs for Referrals and Call Center for Staffing.
- 4.0 FTEs for Nursing, Medical Assistant, and Clinic Clerical Staffing.
- 2.0 FTEs for Quality Improvement/Compliance Staffing/Pharmacy Compliance.
- 1.7 FTE for an additional Pharmacy Technician and Lead Pharmacist.
- 2.0 FTEs to bolster up Administration Team’s ability to process Board Letters, contracts, handle new provider needs, facility needs, etc.

Additional Fiscal Growth Allocated To:

1. Increase part-time Planner to full-time – Will help to secure grants and remain compliant with existing grants.
2. Contract with a Radiologist after ending previous contract.
3. Convert 3 Office Assistants to Sr. Office Assistants as qualified to facilitate staff retention.
4. Increase funds for Electronic Health Record (OCHIN Epic) to cover increased number of providers.

Medical Director Report to CAB December 16, 2022

1. **Mobile Van**

- The first mobile van policy and procedure document was reviewed by CAB Clinical Operations Committee and is ready for CAB review today.
- SCHC is still pursuing partnership and collaboration with like initiatives (i.e. street medicine and outreach) to serve patients experiencing homelessness. Health Plans have reached out to us about Housing funding for the H-HIP program and being an enhanced care management provider. This would be one-time funding to develop a program.
- In addition, we need to select a payment model from those offered by the state. At the moment, we do not draw down funds for patients not assigned to us. A different model may provide funding for us caring for other patients. Not being paid for patients and not being their PCP limits our ability to provide the full range of services to them, such as expensive lab testing, specialist referrals.

2. **UC Davis School of Nursing Collaboration Opportunity**

- UCD School of Nursing sought a \$4 million grant to improve care access to low income patients. We wrote a letter of support. They were just notified that they did get the grant and have reached out to have us jointly plan to implement it. There are many options available under the grant.

3. **Provider Staffing**

- Two providers submitted their resignations. One just got a job doing remote work in his preferred area of addiction medicine so that will assist with his role as a new father. He will leave in February. The second person will be here until July and will then go into a specialty area. Combining these folks, we're losing a 0.8 FTE. UCD Internal Medicine is actively looking for replacements.

4. **Respiratory Season**

- Covid-19, Influenza and RSV cases continue to increase. We have added a screening question asking if there has been any exposure to those infections in the last 2 weeks.

5. **Telehealth**

- Video Visits – SCHC is resuming the pilot to initiate video visits with patients.
- Discussion at Operations Team includes the following points:
 - Video visit criteria
 - Who initiates the video visit and checks in the patient (Office Assistant, Medical Assistant or Provider)
 - How to ensure patient eligibility is checked prior to the video visit

Health Center Section 330 Designation Budget Allocation

Congress authorized the Health Resources and Services Agency (HRSA)'s to fund health centers via Section 330 of the Public Health Service (PHS) Act. There are different designations (i.e. categories) for health centers by the population being served under this statute. The designations include

- [e] Persons with low income
- [h] Persons experiencing or at risk for homelessness
- [g] Migratory and seasonal agricultural workers
- [i] Residents of public housing

The Sacramento County Health Center (SCHC) first received [h] designation, but applied for [e] designation in 2015. HRSA informed us in late November 2022 that a step “was skipped” in this process. That step involves allocating parts of the total HRSA budget award to SCHC (via our main grant) to the two different designations. SCHC responded to HRSA with the following proposed budget allocation, which is based on the percentage of patients served in 2021 at SCHC in the two relevant categories:

Section 330 Funding	2021 UDS Patients		Proposed Federal Section 330 Funding Allocation	
	Number	Percentage	Dollars	Percentage
330(e) CHC	8,087	65.6%	\$909,611	65.6%
330(h) HCH	4,234	34.4%	\$476,991	34.4%
Total	12,321		\$1,386,602	

CAB Member Name: _____

Performance Evaluation Tool
Date of Evaluation: December 2022
Project Director: Andrew Mendonsa, PsyD
2022 Brief Review

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Evaluation of the Employee Performance Rating Scale: 1 =Unsatisfactory 2=Average 3=Above Average 4=Excellent	
Knowledgeable of grant(s)	1 2 3 4
Effective, timely communication	1 2 3 4
Communicates CAB concerns to appropriate County Administrators	1 2 3 4
Provides timely communication regarding County changes and effects on target population	1 2 3 4
Educated about characteristics of homeless population	1 2 3 4
Dependable	1 2 3 4
Initiative and motivation	1 2 3 4
Positive attitude and approachable	1 2 3 4
Advocates fairly for adequate service	1 2 3 4
Provides timely communication regarding County changes and effects on target population	1 2 3 4
Demonstrates community awareness and advocacy	1 2 3 4
Willingness to learn about CAB and HRSA requirements	1 2 3 4
Overall Rating	1 2 3 4

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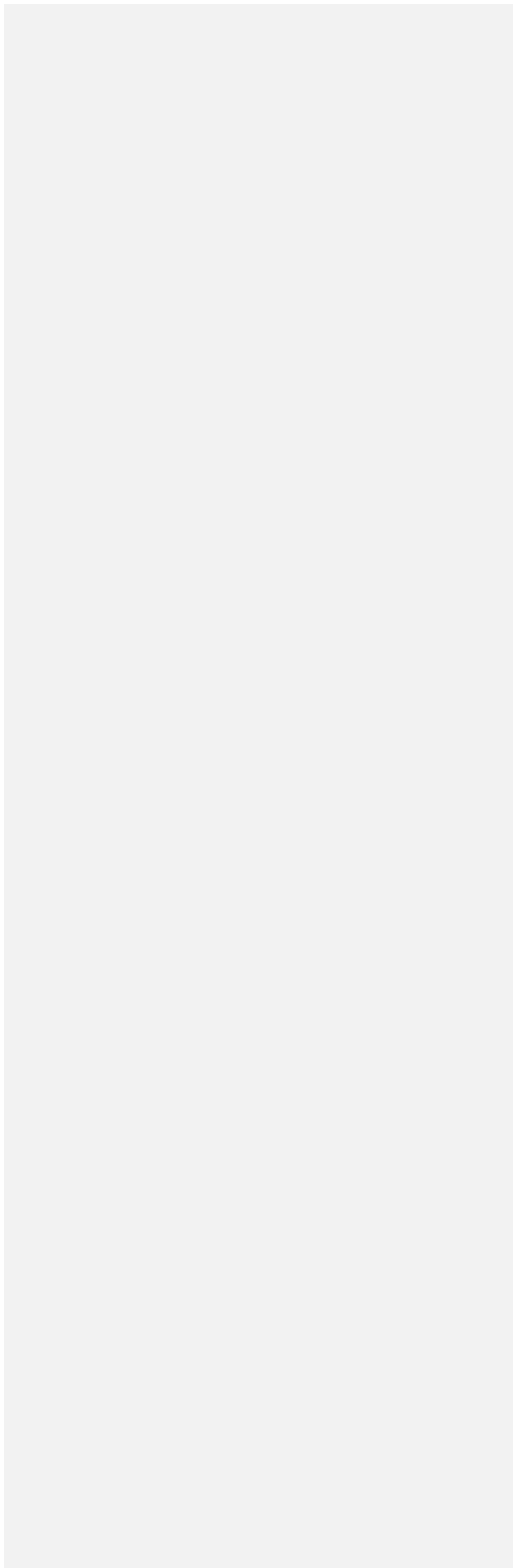
Comments:

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CAB Member Name:

DRAFT

Next Page shows the proposed edits accepted:

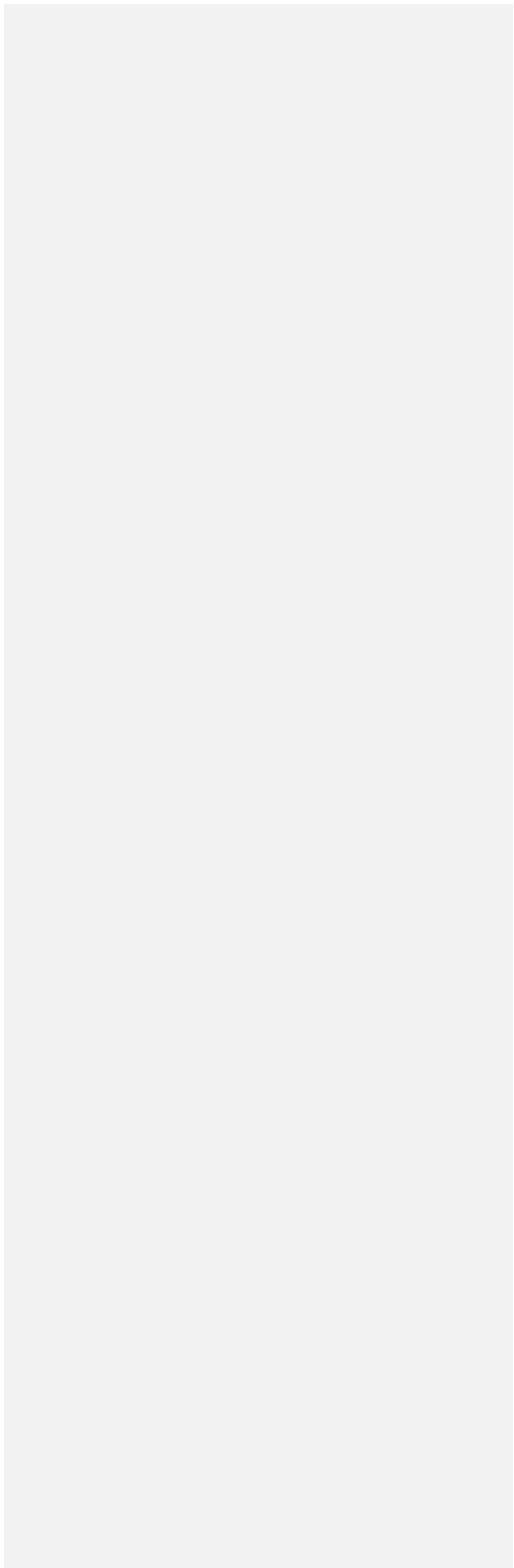


CAB Member Name: _____

Performance Evaluation Tool
Date of Evaluation: December 2022
Project Director: Andrew Mendonsa, PsyD
2022 Brief Review

Evaluation of the Employee				
Performance Rating Scale:				
	1=Unsatisfactory	2=Average	3=Above Average	4=Excellent
Communicates CAB concerns to appropriate County Administrators	1	2	3	4
Provides timely communication regarding County changes and effects on target population	1	2	3	4
Dependable	1	2	3	4
Initiative and motivation	1	2	3	4
Positive attitude and approachable	1	2	3	4
Willingness to learn about CAB and HRSA requirements	1	2	3	4
Overall Rating	1	2	3	4

Comments:




Performance Evaluation Tool
Date of Evaluation: December 2022

HRSA Project Manager: Sharon Hutchins, Ph.D, MPH

Evaluation of the Employee Performance Rating Scale: 1 =Unsatisfactory 2=Average 3=Above Average 4=Excellent				
Knowledgeable of grant(s)	1	2	3	4
Effective, timely communication	1	2	3	4
Communicates CAB concerns to appropriate County Administrators	1	2	3	4
Educated about characteristics of homeless population	1	2	3	4
Dependable	1	2	3	4
Initiative and motivation	1	2	3	4
Positive attitude and approachable	1	2	3	4
Advocates fairly for adequate service	1	2	3	4
Provides timely communication regarding County changes and effects on target population	1	2	3	4
Demonstrates community awareness and advocacy	1	2	3	4
Overall Rating	1	2	3	4

Comments:

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	01-10
	Effective Date	11-30-2022
	Revision Date	
Title: Mobile Medicine Program Design		Functional Area: Organization
Approved By: Andrew Mendonsa, Division Manager		

Policy

The Sacramento County Health Center (SCHC) purchased a two exam room mobile medical van through the HRSA Enhancing Coronavirus Testing (ECT) grant. After the grant was closed, SCHC sought and obtained HRSA permission to use the mobile van for primary care services. SCHC is a Federally-Qualified Health Center with both Section 330[e] (underserved) and [h] (homeless) designations under the Public Health Services Act.

A. Background and Purpose:

The overarching aim of the Mobile Primary Care Clinic (Mobile PCC) is to expand access to full-scope primary care, including mental health services and treatment of substance use disorders, to people experiencing homelessness in Sacramento County. In essence, this initiative aims to bring the same services available in a brick-and-mortar clinic to the places unsheltered people live.

In partnership with community organizations, this clinic will bring comprehensive, low-barrier, compassionate healthcare in order to meet the healthcare needs of people living in encampments in Sacramento County.

B. Specific Goals

The Mobile PCC is built on the following goals

1. Define inequities in health outcomes for people experiencing homelessness.
2. Reduce inequities in health services access among people experiencing homeless.
3. Include people with lived experience in program design and development.
4. Partner with community and governmental organizations to increase referrals to housing and other services; and
5. Provide evidence-based substance use disorder treatment.

C. Eligibility

Any adult patient experiencing homelessness or housing instability is eligible to be served by the Mobile Primary Care Clinic not just patients assigned by the health plan or Independent Practice Association to the Sacramento County Health Center.

D. Service Array

The Mobile PCC provides the following array of services to all eligible patients, regardless of insurance status, unless otherwise noted

1. Acute care evaluations
 - a. Defined as addressing the immediate medical needs of the patient encountered.

2. Longitudinal primary care visits (for patients assigned to SCHC by a Sacramento County Medi-Cal Managed Care plan)
 3. Wound care
 4. STI testing (in partnership with Sacramento County Public Health) via
 - a. *Rapid HIV* — OraSure OraQuick Advance Rapid HIV-1/2 Antibody Test (oral fluid, finger stick whole blood and venipuncture whole blood)
 - b. *Rapid Syphilis* — Diagnostics Direct LLC Syphilis Health Check (Finger Stick Whole Blood) Diagnostics Direct LLC Immunochromatographic assay for the detection of *Treponema pallidum* (syphilis) antibodies in whole blood
 - c. *Multi-site CT/GC* screening (Throat, rectal, urine)
 5. Hepatitis C Virus (HCV) testing and connection to treatment (in partnership with Sacramento County Public Health)
 - a. *Rapid HCV* — OraQuick HCV Rapid Antibody Test
 6. TB testing and provision of TB cards
 7. Immunizations
 8. Connection to treatment with pharmacotherapy for substance use disorders
 9. Service navigation (through work with Sacramento Covered, assist with Medi-Cal enrollment and plan assignment, transportation to appointments, application for CS/ECM, CalFresh, etc.).
- E. **Community Partners**
1. The SCHC and Mobile PCC teams will work with community partners to align services provided with the needs of our patients.
- F. **Schedule**
- The Mobile PCC will be used on a schedule proposed by SCHC leadership and approved by the Co-Applicant Board. The schedule will change as needed to reduce barriers to care. As a satellite site of the Sacramento County Health Center registered with HRSA, the Mobile PCC will be in service for a maximum of 30 hours per week.

Procedures

- A. **Operating the Mobile PCC van**
1. Before Each Outreach Event
 - a. At 8 am the scheduled doctor and Medical Assistant (MA; see below) will meet at SCHC. The doctor will collect the keys from the admin office and the medication bag from medication room in Suite 1100.
 - b. The driver will complete the pre-checklist including Start Up Sequence (see Attachment A).
 - c. The driver will drive the van with both team members to the day's site.
 2. At the Outreach Site

- a. At the site, the driver will park the van at a predesignated safe parking zone that allows for proper use of the jacks.
 - i. The driver will park in an area that will provide the jacks with a rather firm foundation to stabilize and level the vehicle – and will, therefore, avoid parking on grass, muddy fields, etc. If parking on an unstable terrain [e.g. grass field] is unavoidable, the driver will use wood blocks under the leveling jacks.
 - b. The driver will power up the jacks.
 - c. The doctor and/or MA will
 - i. Set up the clinic, including the internal examination rooms as well as a sign-in table outside of the van;
 - ii. Walk through the clinic and ensure rooms are set up;
 - iii. Start and log into all computers;
 - iv. Ensure that power is available for the refrigerators; and
 - v. Check 'room temperature' in the van and log this in.
 - d. If patients are waiting, the MA will check the patients in, screen for an indication for outside evaluation (COVID-19, Mpox, lice, scabies, patient preference), and check vitals.
 - e. The patient will then be roomed in the exam room for the evaluation with the doctor
 - i. For outside evaluations, the patient will be seated on a chair next to the van, distant enough so as to be able to speak with the MD in confidence.
 - f. Once the encounter is complete, the doctor and MA will collaborate to complete next steps in the diagnostic and management plan (POC testing, transportation for phlebotomy, administration of vaccines/medications, connection to other services [e.g. Sac Covered], etc.).
 - g. After the patient leaves the room, the MA will clean the exam table with sterilizing wipe and change paper sheet. Any surfaces used during the encounter (e.g. trays for supplies) will also be sterilized.
 - h. If a medication is administered, see *Mobile Clinic Medication and Immunization Administration Policy & Procedure*.
 - i. The doctor will then chart the encounter in OCHIN through the on-board computers.
 - j. The last patient will be checked in by 11:15am, and by 11:30am the doctor and MA will shut down the clinic.
 - k. Driver will raise the jacks.
3. After the Outreach Event:
- a. The driver will drive the van back to the parking spot at SCHC and complete the post-checklist and Shut Down Sequence (Attachment B).

- b. The driver will then return the keys and binder to Room 1143 (RN Supervisor office) and medication bag to Suite 1100 medication room (see medication storage below).

B. Medications

1. Storage

- a. When the mobile clinic is not being operated, medication will be stored inside the mobile clinic designated travel case in the locked medication room on the first floor of the Primary Care Clinic (Suite 1100).
- b. When the mobile clinic is in operation, the medications will be stored and locked inside of the van in the cabinet above the passenger seat.
- c. The mobile clinic designated travel case will be locked except when in use by a team member.
- d. Medications are to be kept at room temperature 68-77°F degrees.
- e. The Mobile PCC Medication log (described in *Mobile Primary Care Clinic Medication and Immunization Administration Policy and Procedure*) will be stored in the mobile clinic medication travel case.

2. Medication administration

- a. See *Mobile Primary Care Clinic Medication and Immunization Administration Policy and Procedure*.
- b. Each day, the MA will replenish over-the-counter medications from the supply stored in the Suite 1100 Medication Supply Room.
- c. As needed, the MA will submit request to PCC pharmacy for refills of the supply to be stored in the Medication Supply Room.

3. Medication supplies

a. ERT Bag

- i. An emergency response bag will be stored in the Suite 1100 Medication Room. When the mobile clinic is in operation, the ERT bag will be stored and locked inside the van in the cabinet above the cab.
- ii. The contents of the ERT bag can be seen in Appendix C.
- iii. The ERT Bag Medication and Supply log (Appendix D) will be stored in the mobile clinic medication travel case with the Mobile Clinic Medication Log.
- iv. After each day the Mobile Clinic is operational, if the ERT bag has been used, the MA will document the use on the ERT Bag Medication and Supply Log.
- v. Once each month, the MA will review the contents of the ERT bag and submit requests to PCC Pharmacy for any necessary refills.

b. Prescription Medications

- i. When possible, medications should be obtained from the patient's primary care provider (PCP). If there is no established PCP, the

medications will be prescribed by the mobile clinic provider to a pharmacy to be picked up by the patient or team staff.

C. Mobile Clinic Safety

1. General

- a. All drivers must meet Sacramento County requirements to operate a County vehicle.

2. Vehicle Safety

- a. In the event of a vehicle malfunction, accident, or breakdown, the driver will park the vehicle at the side of the road, if possible.
- b. The driver will turn on the hazard lights while the MA calls Sacramento County Fleet Operations at 916-875-5407.

3. Outreach Safety

- a. Outreach is always done with at least two team members.
- b. Exit routes should be determined for each site on arrival.
- c. If any team member deems the site unsafe, the team will leave immediately.
- d. The office or clinic (e.g., team members not in the field) should know the location of outreach teams.
- e. Trauma-informed de-escalation training should be required for outreach staff.
- f. Use harm reduction principles when working with people who use drugs.

D. Escalation of Care:

- 1. Providers should follow clinical judgement for ambulance transport, non-emergency transport, or taxi transport for medical conditions that require higher level of care.

E. Team Roles and Responsibilities

1. Sacramento County Staff:

- a. *Provider of the day* (Primary Health): With the MA, the doctor of the day will be the member of the team on site each half day in the clinic. They will collect the medication bag each morning before clinic, drive the clinic van to the day's site, assist with set up of the clinic, lead patient recruitment, and evaluate the patients during the clinical encounter.
- b. *Clinic Medical Director*: Supervisor of all operations of Primary Health clinical services, including those at Loaves and Fishes and on the Mobile Clinic. Mobile Clinic physicians report directly to the Medical Director.
- c. *Care Management Team*: The CM team will join Street Medicine team on designated days to provide care coordination and linkage to services such as Enhanced Care Management (ECM) and Community Supports (CS). The CM Team is made up of
 - i. Registered Nurse (RN)
 - ii. Public Health Aide
- d. *Sexual Health Clinic Staff*:

- i. *Medical Assistant (Public Health)*: With the doctor of the day, the MA will be the other member of the team on site each half day in the clinic. They will travel in the van with the doctor to the day's clinic site and assist with setting up the clinic. Once patients arrive for clinic, the MA will check the patients in, screen for COVID-19 symptoms or rashes concerning for scabies/lice, check vitals, and room the patient. They will follow the same protocols used at the Loaves and Fishes on-site clinic. Depending on patient needs, the MA may administer vaccines, place PPDs, and perform certain POC testing (including urinalysis, urine HCG, and finger stick glucose/A1c/Hgb, and others TBD) as well as phlebotomy.
- ii. *Communicable Disease Investigator*: Perform Partner Services, and/or interview newly diagnosed HIV and Syphilis cases, can conduct Rapid HIV/HCV and multi-site GC/CT testing as needed – Phlebotomy Certified, can assist with transportation, can access CalREDIE for Syphilis history, etc.
- iii. *Prevention Staff Person (Health Educator/Linkage to Care Coordinator)*: conduct HIV/HCV/STI testing, linkage to pre-exposure prophylaxis (PrEP) and/or wraparound services – Phlebotomy Certified, can assist with transportation, can access CalREDIE for Syphilis history, etc.
- iv. Public Health staff can also assist with outreach, distribution of hygiene items, water, snacks, educational materials, condoms/lube, etc.

References:

PP-CS-05-13: Mobile Primary Care Clinic Medication and Immunization Administration Policy and Procedure

Attachments:

A: Pre-Trip Inspection Checklist

B: Post Trip Inspection Checklist

C: Emergency Response Bag Contents and Maintenance

D: ERT Bag Emergency Medications & Supplies Checklist

Contact:

John Landefeld, MD or MK Orsulak, MD

Approval by the Co-Applicant Board:

12/16/2022

Appendix A

Sacramento County Health Center
Mobile Medical Van

Pre-Trip Inspection Checklist



Did you...	Pass	Fail
Look for fresh oil, coolant, grease or fuel leaks?	<input type="checkbox"/>	<input type="checkbox"/>
Check Brake Lights?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Flashers?	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals?	<input type="checkbox"/>	<input type="checkbox"/>
Head Lights?	<input type="checkbox"/>	<input type="checkbox"/>
Check all mirrors?	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belt operation?	<input type="checkbox"/>	<input type="checkbox"/>
Check all external lights and reflectors?	<input type="checkbox"/>	<input type="checkbox"/>
Check tires? (pressure gauge)	<input type="checkbox"/>	<input type="checkbox"/>
Check cargo area for loose material?	<input type="checkbox"/>	<input type="checkbox"/>
Close doors, windows, vents?	<input type="checkbox"/>	<input type="checkbox"/>
Verify fire extinguisher in van?	<input type="checkbox"/>	<input type="checkbox"/>
Verify three red reflective triangles are present and intact?	<input type="checkbox"/>	<input type="checkbox"/>
Check lug nuts for tightness? ("hand torque only")	<input type="checkbox"/>	<input type="checkbox"/>
Medical Kit with epi pen? (check expiration date)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator at temp for vaccine storage?	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____

Vehicle ID: **660-293**

Date: _____

Time: _____

Odometer Reading

Beginning: _____

Fuel Level

Beginning: _____

NOTES

Pop-Up Tent for patient waiting area?	<input type="checkbox"/>	<input type="checkbox"/>
Disconnect electrical plug from van?	<input type="checkbox"/>	<input type="checkbox"/>



Appendix B

Sacramento County Health Center
Mobile Medical Van

Post Trip Inspection Checklist



Did you...	
Check fuel level? <i>(fill tank if level is 1/2 full. Fuel station locations are in white binder located in the van)</i>	<input type="checkbox"/>
Plug electrical outlet into van?	<input type="checkbox"/>
Check odometer reading? <i>(write ending odometer reading in right column)</i>	<input type="checkbox"/>
Dump gray water?	<input type="checkbox"/>
Check level of water tank in the van?	<input type="checkbox"/>
Fill clean water tank?	<input type="checkbox"/>
Ensure that roof vent is open? <i>(Applicable during summer months only while van is stationary)</i>	<input type="checkbox"/>
Lock up the van?	<input type="checkbox"/>
Check to see if generator is off?	<input type="checkbox"/>
Check to see if refrigerator is still running?	<input type="checkbox"/>
Write name in space provided and return checklist to Admin.	<input type="checkbox"/>

Name: _____

Vehicle ID: **660-293**

Date: _____

Time: _____

Odometer Reading

Ending: _____

Fuel Level

Ending: _____

NOTES

**Appendix C:
Emergency Response Bag Contents and Maintenance**

1. The emergency response bag contains items sized appropriately for either adults or children:
 - a. Ambu Bag w/mask
 - b. High Concentration Oxygen Mask
 - c. Thermometer
 - d. Bite Block
 - e. EKG Tab Electrode
 - f. Multifunction Defibrillator Electrode Pedi.Padz®
 - g. Instant Cold General Purpose 4 X 6 Inch
 - h. Blood pressure cuff and stethoscope
 - i. Glucometer with lancets and strips
 - j. Pulse oximeter
 - k. Airways
 - l. Nasal cannula or oxygen face mask (i.e., ambu bag)
 - m. Personal Protective Equipment (PPE)
2. Assigned RN will monitor and check Emergency equipment weekly
3. Assigned RN provides monthly routine maintenance using the Automated External Defibrillator (AED)/ Oxygen (O2) Monthly Log and Maintenance Checklist.
4. Oxygen is supplied in tanks with a capacity of 2,200 pounds per square inch (PSI). When oxygen levels fall below one-half as indicated on the dial, designated staff will notify “Life Save” for servicing. An additional portable oxygen tank is available in Health Center observation area for immediate use, if necessary.
5. Medications in the ERT bag are seen in the table below.

ADULT ERT BAG - MEDICATIONS	
Medication	
Albuterol MDI 90mcg - use with spacer	1
Ammonia Inhalant 0.33ml/ampule (UD)	10
Aspirin 81mg chewable	36
Diphenhydramine 25mg/capsule- (UD)	10
Diphenhydramine HCl 50mg/ml (Syringe)	2 syringes
Epinephrine Inj 0.3mg pen- (for patients over 66lb)	2 pens
Glucagon ER Kit	1
Insta-Glucose 31gm Tube	1
Naloxone 0.4mg/ml (vial)	2 vials
Nitroglycerin Sublingual 0.4mg/tab	25
Ondansetron 4mg/2ml (Zofran) (vial)	1 vial
Spacer - for use with albuterol	1

Appendix D: ERT Bag Emergency Medications & Supplies Checklist

ERT Bag Emergency Medications & Supplies					
DATE:					
INITIALS:					
Epi Pen 0.3mg (1:1000)	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Glucagon 1mg/1ui IM	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Nitrostat 0.4mg SL x25tablets/bottle	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Tube Fast Acting Glucose Gel (24g carbohydrate)	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Ammonia Inhalants Ampule (0.33mL= alcohol 35%- Ammonia 15%/1 ampule)	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Diphenhydramine 50mg/mL IM	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
3ml Syringes & 25G 1"	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Alcohol Prep Pads	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Tuberculin Syringes	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Diphenhydramine 25mg Capsule	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Aspirin 81 mg Tablets	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

	Exp:	Exp:	Exp:	Exp:	Exp:
Narcan 0.4mg/ml, 1 mL, IV/IM/SC	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Ondansetron IM/IV 4mg/2ml	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
ERT Bag Emergency Medications & Supplies					
DATE:					
INITIALS:					
Albuterol (Proventil) HFA inhaler	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Spacer	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Oropharyngeal Airway	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Ambu bag / oxygen mask / single use mouth barrier	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Portable oxygen (3/4 full, NC / tubing/ mask)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Glucometer/test strips/lancettes/alc swabs/cotton balls	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:	Yes/No Exp:
Gloves (S/M/L)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Stethoscope	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Pulse Oximeter	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

BP Cuff	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Clinical Scissors	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
PPE	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Pen Light	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Program Summary: Integrated Behavioral Health

Name of Program	Description
Summary and purpose	The Integrated Behavioral Health team was started to meet the individual mental health needs and demands of the SCHC patient population.
When did the program start?	2005
Is our reason still relevant?	Yes
Description of current scope and activities. Which types of patients are served? At which sites? What are the hours?	<ul style="list-style-type: none"> • Identify patients that are in need of short term or long-term mental health counseling services, as well as those needing Psychiatric services. • Schedule appointment with Sr. Mental Health Counselors or Psychiatrist to establish care and conduct assessment of patient’s mental health needs and assessment. • Provide linkage to care if available to Case Management provided by ACCESS team-Behavioral Health Division
Current staffing levels	2-MDs, 3-Sr. Mental Health Counselors; 2-Medical Assistants; 1-Senior Office Assistant; 1-Office Assistant
Financing and Budget	TBD
How effective are we being (and how do we know)?	The IBH Team has anecdotally seen a significant positive outcome in the patients’ health due to having access to both their Mental Health and Primary Care provider under the SCHC umbrella. This allows better coordination of patient care that provides better health outcomes.
Are we meeting our patient satisfaction and quality goals with this program?	Yes, but need to figure out how to take care of and keep Medicare patients



Recipient Information

- 1. Recipient Name**
Sacramento, County Of
Division Line: Department of Health Services
4600 Broadway
Sacramento, CA 95820-1527
- 2. Congressional District of Recipient**
06
- 3. Payment System Identifier (ID)**
1946000529A5
- 4. Employer Identification Number (EIN)**
946000529
- 5. Data Universal Numbering System (DUNS)**
153418327
- 6. Recipient's Unique Entity Identifier**
ZAAWD532JG73
- 7. Project Director or Principal Investigator**
Andrew D Mendonsa
Division Manager
mendonsaa@saccounty.net
(916)875-2401
- 8. Authorized Official**
Kari Lockwood
LockwoodK@saccounty.net
(916)875-9755 Ext. 59755

Federal Agency Information

- 9. Awarding Agency Contact Information**
Patrick Johnson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
pjohnson3@hrsa.gov
(301) 443-0157
- 10. Program Official Contact Information**
Von Bailey
Director, NMWD
Bureau of Primary Health Care (BPHC)
vbailey1@hrsa.gov
(301) 594-4309

Federal Award Information

- 11. Award Number**
1 H8GCS48225-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
H8G48225
- 13. Statutory Authority**
Paycheck Protection Program and Health Care Enhancement Act, Public Health and Social Services Emergency Fund (P.L. 116-139)
- 14. Federal Award Project Title**
FY 2023 Expanding COVID-19 Vaccination
- 15. Assistance Listing Number**
93.527
- 16. Assistance Listing Program Title**
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 12/01/2022 - End Date 05/31/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$158,539.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$158,539.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$158,539.00
26. Project Period Start Date 12/01/2022 - End Date 05/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$158,539.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Sarah Hammond on 12/02/2022

30. Remarks



Notice of Award
Award Number: 1 H8GCS48225-01-00
Federal Award Date: 12/02/2022

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance)

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

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$158,539.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$158,539.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$158,539.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$158,539.00

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

YEAR	TOTAL COSTS
	Not applicable

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

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

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#
090800

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$158,539.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$158,539.00

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

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

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 398VAC1	93.527	23H8GCS48225	\$158,539.00	\$0.00	N/A	23H8GCS48225

HRSA Electronic Handbooks (EHBs) Registration Requirements

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

Terms and Conditions

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

Grant Specific Term(s)

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

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

Program Specific Term(s)

- This notice of award provides **one-time funding for a 6-month period of performance to support health centers to increase access to, confidence in, and demand for updated COVID-19 vaccines within their service areas, with an emphasis on activities in the first 3 months of award.**

Eligible health centers are limited to (1) entities that currently receive Health Center Program (H80) grant funding, and (2) federally qualified health centers as described in section 1861(aa)(4)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B)) that previously received American Rescue Plan Act (ARP) funding (L2C). The authority for these awards is the [Paycheck Protection Program and Health Care Enhancement Act](#), P.L. 116-139, Division B, Title I. HRSA determined your award amount using the following formula: (1) \$47,650, plus (2) \$9 per patient reported in the 2021 Uniform Data System (UDS).

For purposes of this opportunity, when you draw down award funding, you are accepting these terms and all the terms and conditions of the award, and must comply with all requirements including the terms, conditions, and all applicable statutes, regulations, and policies. Non-compliance with these terms or other applicable requirements is grounds for HRSA to take actions pursuant to 45 CFR § 75.371 (Remedies for non-compliance) which may include repayment of all or part of the award.

The availability of the ECV funds is dependent on your continued status as a current Health Center Program (H80) award recipient or your continued status as a designated look-alike under Section 1861(aa)(4)(B) of the Social Security Act.

Note: This one-time funding is under the Paycheck Protection Program and Health Care Enhancement Act and is not under the authority of section 330 of the Public Health Service Act (42 U.S.C. 254b). Receipt of these funds does not confer Health Center Program award recipient status under Section 330.

2. ECV funding may support the following allowable vaccine-related activities (in alignment with your Health Center Program scope of project):
- **Outreach and Education:** Increase vaccine confidence and demand by performing vaccine-related outreach to promote health center and community-based vaccination efforts and locations for vaccination, and to provide COVID-19 vaccine education, including through distribution of in-person and online education materials and through formal and informal opportunities for health center providers and staff to share information and respond to questions about vaccines. HRSA encourages health centers to work with community- and faith-based organizations to help amplify and extend reach of these education and outreach efforts, including in multiple languages and through direct engagement with communities.
 - **Working with Community Partners:** Increase confidence in and access to COVID-19 vaccinations by working with established or new community partners (e.g., Women Infants and Children (WIC), Head Start, and other early childhood partners; community-based organizations that focus on, for example, older adults or other targeted sub-populations, housing, food security, employment, education, behavioral health services). HRSA encourages health centers to conduct vaccine confidence campaigns, planning for and hosting community vaccine clinics, which may be hosted by community partners or at partner sites, but where health centers provide vaccination-related services independently of those community partners. HRSA also encourages health centers to work with community- and faith-based organizations to host events and develop and deliver messaging tailored to community needs.
 - **Vaccine Administration:** Administer updated COVID-19 vaccinations at permanent and temporary health center service sites or other locations, including through mobile, drive-up, walk-up, or community-based vaccination events and routine patient appointments (e.g., well-child visits). Updated COVID-19 vaccine events may also be used to administer COVID-19 primary series and/or other (e.g., influenza) vaccines. All vaccine administration activities should be carried out in alignment with CDC, state/jurisdiction, and other public health guidance, as well as the requirements of the Health Center Program.
 - **Enabling Services:** Facilitate access to COVID-19 vaccination by expanding health center enabling services (e.g., transportation, translation, interpretation), including coordinating these services with community- and faith-based organizations.
 - **Personnel:** Hire and/or contract additional health center providers, clinical staff, and other personnel (e.g., community health workers, patient/community education specialists, others) as needed to support related activities, including COVID-19 vaccination, outreach and education, and coordination of messaging, events, and other activities with community- and faith-based organizations.
 - **Hours and Availability:** Extend health center operating hours, mobile and home services, street outreach, and off-site vaccination locations to expand opportunities for COVID-19 vaccination.
 - **Training:** Train health center workforce on patient-centered, culturally affirming strategies to increase COVID-19 vaccination, vaccine confidence, and address social and other barriers to COVID-19 vaccination access.
 - **Supplies:** Purchase COVID-19 vaccination supplies, materials, and signage to promote vaccination events and to support outreach efforts, tailored messaging, and other communications to increase vaccine confidence.
3. **These one-time funds should be used for activities that supplement and do not supplant planned activities that are using other funds to increase access to, confidence in, and demand for updated COVID-19 vaccines.**
4. ECV funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. You may not use this funding for: costs not aligned with the ECV purpose and allowable activities; costs already paid for by any other federal award, such as H80, H8F, and L2C funding; costs that are reimbursed or compensated by other federal or state programs; equipment purchases, including electronic health record (EHR) systems; construction and alteration/renovation projects; and facility or land purchases. Award funds may not be used to pay the salary of an individual at a rate in excess of [Executive Level II](#), which is currently \$203,700. This amount reflects an individual's base salary including bonuses and overtime, but not including fringe and any income that an individual may be permitted to earn outside of the duties to your organization. For more information about allowable expenses, see [45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS). The requirements of [45 CFR part 75](#) apply to this award.

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

5. You may draw down funds prior to the approval of your ECV Award Submission to meet immediate cash needs to increase access to, confidence in, and demand for updated COVID-19 vaccines. If you draw down funds before your ECV Award Submission is approved, your submitted budget must include and clearly indicate costs that were drawn down from the date of award until submission of the budget to HRSA. Approval is not guaranteed, and you incur costs prior to the approval of your submission at your own risk.
6. You may rebudget ECV funding without prior approval except as noted in this paragraph. You do not need prior approval to rebudget ECV funds if the proposed use of funding aligns with the ECV allowable uses of funds and your Health Center Program scope of project, avoids ineligible uses of funding as outlined in this notice of award, and complies with [45 CFR part 75](#) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. If the amount of the costs to be rebudgeted exceeds 25% of the total federal award or

shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.

7. **HRSA's expectation is that these funds will be prioritized for use in the first 3 months of the 6-month period of performance.** If you anticipate that you will not expend the federal funding available through this award by the period of performance end date, you must submit a separate Extension Without Funds (no cost extension) prior approval request to HRSA. You must request an extension through [HRSA's Electronic Handbooks \(EHBs\)](#) no sooner than 2 months prior to the ECV period of performance end date. You may not use this one-time extension to expend unused funds for any other purpose or activity beyond those listed on this notice of award. All extension requests are subject to HRSA approval. Contact your Grants Management Specialist with questions.
8. If you cannot use all or part the funding in accordance with the terms of this award for the allowable uses of funds, you must relinquish all or part of the award back to HRSA. If you choose to relinquish all or part of your award, contact the grants management specialist noted on page 1 of this notice of award as soon as possible to discuss the process to relinquish your award.
9. You are expected to monitor and use available COVID-19 guidance and resources, such as those available at the Centers for Disease Control and Prevention [COVID-19 webpage](#) and [CDC COVID-19 Vaccination Program](#). For health center-specific resources and more information, see [COVID-19 Information for Health Centers and Partners](#) and the [Health Center Resource Clearinghouse](#).
10. Your ECV project must be implemented in alignment with your Health Center Program scope of project. You are responsible for ensuring that your Health Center Program scope of project is accurate and includes service, site, and/or activity changes necessary to implement your ECV activities. This includes: (1) Form 5A: Services Provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the [Scope of Project webpage](#) and [Considerations for Health Center Scope of Project and the COVID-19 Public Health Emergency](#).
11. ECV award recipients are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.
12. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this notice of award, is superseded by the requirements in section 330(e)(5)(D) of the PHS Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project."

Under 45 CFR § 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.
13. Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed under each award. These records must reflect the total activity for which the employee is compensated, not to exceed 1 FTE across all Federal awards ([45 CFR 75.430\(i\)\(1\)](#)). You shall maintain appropriate records and cost documentation including, as applicable, documentation described in 45 CFR § 75.302 – Financial management and 45 CFR § 75.361 through 75.365 – Record Retention and Access, to substantiate the charging of salaries and other project activities costs. You shall promptly submit copies of such records and cost documentation upon the request of HHS, and you agree to fully cooperate in all audits that HHS, the HHS Inspector General, or the Pandemic Response Accountability Committee conducts to ensure compliance with these terms and conditions.
14. Throughout the ECV period of performance, you must respond to the HRSA [Health Center COVID-19 survey](#), which tracks COVID-19 testing and vaccination data, and the impact of COVID-19 on operations, patients, and staff. The COVID-19 survey also supports the Health Center COVID-19 Dashboard that provides an overview of COVID-19 vaccinations. Failure to respond regularly to the Health Center COVID-19 survey may result in HRSA placing additional terms, conditions, and/or reporting requirements on your award, including the requirement that all draw downs of ECV award funds from the Payment Management System have prior approval from HRSA.
15. Within 90 days of the end of the period of performance, you must submit a final report into the HRSA Electronic Handbooks (EHBs). Reports will document completed activities and use of ECV funds, and may request additional information such as issues and barriers experienced while implementing projects. Details about the final reporting will be posted to the [ECV technical assistance webpage](#) when available.

Standard Term(s)

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

Reporting Requirement(s)

- Due Date: Within 30 Days of Award Release Date**

Within 30 days of award release date, you must submit the following post-award application documents: (1) SF-424A Budget Form, (2) Budget Narrative, and (3) Activity List. Instructions to support your application submission, an Activity List template, and information for joining a Q&A webinar to address your submission questions are available at the [ECV technical assistance webpage](#).

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

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

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

Contacts

NoA Email Address(es):

Name	Role	Email
Kari Lockwood	Business Official, Authorizing Official, Point of Contact	lockwoodk@saccounty.net
Andrew D Mendonsa	Program Director	mendonsaa@saccounty.net

Note: NoA emailed to these address(es)

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

Period	5
Current Month	November
Percentage of Year	42%

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Notes
Revenue							
Inter/Intrafund Reimbursements	\$ 11,582,307	\$ 905,715	\$ 2,914,169	\$ -	\$ -	25%	
Intergovernmental Revenue	\$ 19,600,988	\$ 3,682,120	\$ 8,896,241	\$ -	\$ 8,896,241	45%	Medi-Cal revenue, HRSA & Refugee grants
Charges for Services	\$ 52,000	\$ 3,933	\$ 24,958	\$ -	\$ 24,958	48%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$ -	\$ 41	\$ 53	\$ -	\$ 53	0%	
Total Revenue	\$ 31,235,295	\$ 4,591,809	\$ 11,835,422	\$ -	\$ 11,835,422	38%	
Expenses							
Personnel	\$ 13,805,343	\$ 905,778	\$ 4,631,642	\$ -	\$ 4,631,642	34%	
Services & Supplies	\$ 18,362,009	\$ 530,644	\$ 2,502,836	\$ 2,694,589	\$ 5,197,426	14%	Low due to UCD and SCOE invoices not being paid yet
Other Charges	\$ 399,477	\$ 53,898	\$ 278,517	\$ 684,350	\$ 962,867	70%	High due to increased EHR billing service (OBS) costs
Equipment	\$ -	\$ -	\$ -	\$ 105,311	\$ 105,311	0%	
Intrafund Charges (Allocation costs)	\$ 2,552,954	\$ 308,816	\$ 815,786	\$ -	\$ 815,786	32%	
Total Expenses	\$ 35,119,783	\$ 1,799,136	\$ 8,228,782	\$ 3,484,250	\$ 11,713,032	23%	

GRAND TOTAL
(Net County Cost) \$ **(3,884,488)** \$ **2,792,673** \$ **3,606,640**

GRANT SUMMARY

HRSA	Grant Year Start	Grand Year End	Total Grant	Available to Claim		YTD Claimed	Notes
				7/1/22-6/30/23			
HRSA Homeless (Main)	3/1/2022	2/28/2023	\$ 1,386,602	\$ 1,386,602	\$	243,477	Spending on track
HRSA ARPA	4/1/2021	3/31/2023	\$ 2,533,875	\$ 1,756,940	\$	298,047	Spending on track
HRSA ARPA UDS+	4/1/2022	3/31/2023	\$ 65,500	\$ 65,500	\$	-	New award, no claims yet
HRSA ARP CIP	9/15/2021	9/14/2024	\$ 619,603		TBD	\$	Construction timeline not yet determined
HRSA HIV	9/1/2022	8/31/2025	\$ 975,000	\$ 325,000	\$	-	New award, no claims yet
Refugee							
RHAP	10/1/2022	9/30/2023	\$ 1,536,074	\$ 1,536,074	\$	398,103	Spending on track
RHPP	10/1/2022	9/30/2023	\$ 82,014	\$ 82,014	\$	17,118	Spending on track
RHPP Multi-Year	10/1/2022	9/30/2023	\$ 153,000	\$ 153,000	\$	14,283	Spending on track
RHPP AHP	10/1/2022	9/30/2023	\$ 200,000	\$ 200,000	\$	-	New award, no claims yet
Miscellaneous							
County ARPA - 1	1/1/2022	12/31/2024	\$ 2,451,919	\$ 462,957	\$	35,628	Spending on track, will increase in April when HRSA ARPA expires
County ARPA - 2	7/1/2022	12/31/2024	\$ 1,315,000	\$ 721,739	\$	1,009	New award, spending slow to start
Anthem QI		12/31/2022	\$ 16,000	\$ 1,819	\$	-	Spending on track

Strategic Plan Report December 2022

Priority 1: Sufficient and Appropriate Space to Carry Out the SCHC’s Mission

Strategy 2: Maximize existing space.

Action Steps	SMART Objectives	Metrics
1. Implement the plan for Loaves and Fishes and the mobile medical center van usage <i>(See also Priority #3).</i>	A. Within 90 days of BOS approval of the fiscal year budget, SCHC will begin implementing the plan for maximizing and enhancing existing space at 4600 Broadway if funding is available.	A. Implement the plan; measure changes in: <ol style="list-style-type: none"> 1. Revenue 2. # Patient visits A. Report to the CAB Governance Committee semiannually on the identified metrics beginning Dec 2022 and through Dec 2023.

Staff Report:

The mobile van was operational in mid-September 2022. The van operated only at Loaves & Fishes during October so that SCHC could work out the workflow and ensure all policies and procedures were in place. In November, the van made its first trip to a site frequented by those experiencing homelessness.

Metrics	Sept-Oct 2022 Mobile Van
The number of visits/appointments for the mobile van	38
The number unique patients seen on the mobile van	8
The number of homeless patients seen on the van	≥4
The number of each service delivered	<i>See page 8</i>
Race/Ethnicity	Sept-Oct 2022 L&F and Mobile Van
Hispanic or Latino/a	47
American Indian/Alaska Native	1
Black/African American	5
White	14
Unreported/Chose Not to Disclose Race	12
Non-Hispanic or Latino/a	258
American Indian/Alaska Native	19
Asian	7
Black/African American	100
Other Pacific Islander	3
White	112
Native Hawaiian	1
More than one race	2
Unreported/Chose Not to Disclose Race	4
Unreported/Chose Not to Disclose Ethnicity	22
Unreported/Chose Not to Disclose Race	22
Grand Total	327

Priority 2: Sufficient and Appropriate Staffing to Carry Out Mission

Strategy 2: Investigate how technology can offset the need for staff.

Action Steps	SMART Objectives	Metrics
1. Research technology that can reduce need for staff at a reasonable cost, including: <ul style="list-style-type: none"> a) Kiosks for registration. b) MyChart for patient self-scheduling appointments. c) Training on OCHIN to increase referrals efficiency. d) Improved coordination between SCHC technology and that of IPAs and health plans. e) Video interpretation kiosks for patients. 	<ul style="list-style-type: none"> A. By October 31 2021, research how technologies could decrease the need for staff to check-in and schedule patients. B. By December 31, 2021, determine the costs associated with these technologies. C. By January 31, 2022, determine which technologies to implement, given budget and potential savings. D. Pursue agreements with vendors, health plans, and/or other stakeholders to be able to implement the chosen technologies. E. By August 1, 2022, signed agreements will be finalized. 	<ul style="list-style-type: none"> A. CAB will discuss the identified technologies at the February 2022 meeting. B. Signed agreements in place with County approved vendors. C. Measure the effects of the technologies over time including: <ul style="list-style-type: none"> 1. Increase in productivity 2. Patient satisfaction 3. Employee satisfaction 4. Reduced costs to the HC D. Report to the CAB Governance Committee semiannually on the identified metrics of added technology beginning December 2022 and through December 2023.

Staff Report:

Anthem donated video interpretation kiosks. SCHC requested an additional 14 iPads for interpretation services, and is awaiting Board of Supervisors approval. In addition, SCHC received iPads that it will use to serve as check in ‘kiosks’ in clinic lobbies once workflows and logistics are finalized.

One of the Independent Provider Associations (IPAs) agreed to help finance the module that will allow OCHIN to connect to Coveza. Cozeva is system that aggregates and transforms multiple data streams (e.g. billing records and medical records) to create real-time dashboards which will allow SCHC to identify care gaps and respond in a more timely and efficient way.

Measure the effects of the technologies over time including:

1. Increase in productivity – Only some language kiosks have been implemented at this time.
2. Patient satisfaction – Data will be collected after the technologies are launched and enough time has passed to be able to measure patient satisfaction.
3. Employee satisfaction - Data will be collected after the technologies are launched.
4. Reduced costs to the HC – None measured to date. Interpretation costs are of key interest.

Priority 3: Maintain the historical focus on serving individuals experiencing homelessness

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.

Action Steps	SMART Objectives	Metrics
1. Conduct outreach efforts to currently assigned homeless patients who have	A. By May 30, 2021, SCHC staff will compile a list of assigned homeless patients who have not made an initial appointment.	A. SCHC staff work to ensure at least 30% of patients assigned by the IPAs to SCHC and identified as

Priority 3: Maintain the historical focus on serving individuals experiencing homelessness		
Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>not made an initial appointment and assist them to make an initial appointment within 120 days of being assigned to the SCHC.</p>	<p>B. By June 5, 2021, SCHC will begin outreach to those patients by phone to set up an appointment.</p> <p>C. By December 30, 2021 and moving forward, 30% of assigned homeless people will make an initial appointment within 120 days of being assigned to SCHC or will be assisted to change their assignment to a different medical home.</p>	<p>homeless make an initial appointment.</p> <p>B. Report to the CAB Governance Committee semiannually on the results and of changes in metrics beginning December 2021 and through December 2023:</p> <p>1. Number and percent of known homeless patients who had an initial appointment within 120 days of being assigned to SCHC.</p>
<p>Staff Report:</p> <p>The two staff added to the Member Services Unit to support new patient outreach had to be brought back to the Referrals Team before they had finished training in Member Services. Currently, the only outreach that is being done for new patients is done by UCD staff and only for HealthNet patients. Staff proposes to examine the data after Member Services is fully restored. It is unknown when Member Services will be fully restored, but we hope that will be by March 2023.</p>		
<p>2. Place a Sacramento Covered staff member at Loaves and Fishes to:</p> <p>a) Help homeless individuals sign up for insurance.</p> <p>b) Change the provider assignment to SCHC when applicable - current Medi-Cal beneficiaries who are seen by SCHC but are assigned to</p>	<p>A. By June 30, 2021, develop a scope of work for the Sacramento Covered staff member that is compatible with SCHC's intent and needs and the data SCHC wants to collect.</p> <p>B. By March 30, 2022, a Sacramento Covered staff member will be located at Loaves and Fishes.</p> <p>C. By July 15, 2021 and monthly thereafter, Sacramento Covered will report to SCHC on the metrics identified and agreed upon for this project. This data will be reported to the CAB semiannually for the duration of the arrangement with Sacramento Covered.</p>	<p>A. Report to the CAB Governance Committee semiannually on the identified metrics beginning August 2021 through December 2023.</p>

Priority 3: Maintain the historical focus on serving individuals experiencing homelessness

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.

Action Steps	SMART Objectives	Metrics
another provider. c) Connect homeless people with their assigned provider. d) Work with the health plans to arrange transportation and interpretation services as needed.		

Staff Report:

Staff met with Sacramento Covered in October to discuss ways to increase engagement with the navigator placed at Loaves & Fishes. The navigator explained that when she calls the Health Center, she is often on hold for a long time and clients don't want to wait especially when it is getting close to the time Loaves & Fishes serves lunch. The clients don't want to miss that meal. Vanessa connected the navigator directly to the two member services staff so that she can call them directly for assistance instead of going through the normal phone tree process starting with the Call Center.

The Navigator requested a backline to the County Department of Medi-Cal eligibility to better assist patients. In addition, the mobile clinic operates outside of the bricks and mortar clinic which results in challenges to see patients, as before all patients would come inside the clinic. Now fewer patients come inside since they are receiving services in the mobile clinic. Sacramento Covered will implement the following strategies to increase referrals with the mobile clinic:

- Every Friday morning, the Navigator will check in with mobile staff reminding them that she is inside the clinic to assist any patients in need.
- Provide Sacramento Covered flyers to the mobile staff.

Metrics 2022	Jan - May	June	July	Aug	Sept	Oct	Nov	Total
# of clients referred	9	2	5	8	18	12	3	≥45

3. Use SCHC's current technology to its fullest capacity and investigate/add other technology to enhance patient access, improve the patient/provider	<u>MyChart</u> A. By August 31, 2022, SHCH staff will review necessary workflows for use of MyChart. B. By July 15, 2022, SCHC staff will identify potential MyChart modules that could increase access to care. C. By September 1, 2022, staff will create a plan to promote the MyChart modules to patients	A. Implement strategies and track the changes in: 1. Number of appointments missed or were started late as a result of delayed registration.
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Priority 3: Maintain the historical focus on serving individuals experiencing homelessness

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.

Action Steps	SMART Objectives	Metrics
<p>relationship and remove barriers to care for patients experiencing homelessness (and other SDOH barriers), including</p> <p>a) MyChart b) OCHIN and HEDIS reports to identify patients with gaps in care c) Lobby TVs</p>	<p>and educate staff on the promotion plan and how to help patients.</p> <p>D. With SCHC Leadership approval of the developed plan, by September 30, 2022, SHCH will enable the identified MyChart modules and collect data on the number of patients who use the new modules.</p> <p><u>OCHIN/HEDIS:</u></p> <p>A. Identify patients with gaps in care on an on-going basis. B. Develop culturally-sensitive strategies to close these gaps.</p> <p><u>Lobby TVs</u></p> <p>A. By December 1, 2022, finalize an initial list of health education messages and other information to display on lobby (and mobile medical center van) TVs consistent with results of needs assessment and other identified needs. B. By March 1, 2023, implement consistent use of lobby TVs for health education and awareness.</p>	<p>2. Number of scheduled and kept appointments. 3. Increased MyChart users. 4. Number of patients who utilize the new modules.</p> <p>B. Report to the CAB Governance Committee semiannually on the identified metrics in June 2023 and December 2023.</p>

Staff Report:

Track the changes in:

1. Number of appointments missed or were started late as a result of delayed registration. *Unfortunately, this cannot be measured as OCHIN is configured.*
2. Number of scheduled and kept appointments. *The no-show rate is approximately 20%, but varies by clinic.*
3. Increased MyChart users
*Baseline: Number of Active MyChart Users: 3,592
 % of Active MyChart Users: 25.54%*

*December 2022: Number of Active MyChart Users: 4,199
 % of Active MyChart Users: 26.21% (increase of 0.67% over baseline)*
4. Number of patients who utilize the new modules. *Additional patient accessible modules have not been enabled.*

The lobby educational DVDs are being played in waiting rooms. The DVD includes CAB recruitment and health topics such as diabetes, hypertension, access to food resources, immunizations, and protecting yourself from the flu.

4. Research other technology to determine what	A. By October 31, 2021, SCHC staff will meet with DTech to discuss potential new	A. Identified technologies and costs will be incorporated into the
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Priority 3: Maintain the historical focus on serving individuals experiencing homelessness		
Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>may enhance patient access, improve the patient/provider relationship, and/or remove barriers to care.</p>	<p>technologies that could benefit the HC and patient care.</p> <p>B. By December 31, 2021, SCHC staff will compile a list of possible new technologies and costs to present to leadership for direction.</p> <ol style="list-style-type: none"> 1. SCHC staff will search for grants and other sources of technology funding through the end of December 2023. 2. By February 1, 2022, SCHC staff will create a request for identified technology and present it to leadership for review and approval. 3. By February 28, 2022, SCHC will include identified technology in the budget for Board of Supervisor approval. 4. By June 30, 2023, approved technologies will be purchased, installed and deployed. SCHC will report to CAB semi-annually on the technologies deployed and the effects on staff, patients and the Health Center overall. 5. SCHC staff will measure the impact of the new technologies through December 31, 2023. 	<p>business case and used for the growth request to the Board of Supervisors.</p> <p>B. Based on BOS decisions, if funding is available, SCHC will implement technology and report to the CAB Governance Committee semiannually beginning December 2022. Data will be collected to measure:</p> <ol style="list-style-type: none"> 1. Patient access 2. Patient satisfaction 3. Patient reported barriers
<p>Staff Report:</p> <p>The SCHC is launching the Well messaging system on December 13 that will replace Televox. Well has the ability to send and receive text messages which allows patients to interact with SCHC without having to call and wait in the queue. Well can also send voice messages. We can also use Well to send a link to an on-line patient feedback survey.</p> <p>The SCHC is working to set up check-in kiosks to increase efficiency of the patient check-in process. The logistics of where the kiosks would be placed is still being worked out.</p> <p>Willow is an Epic/OCHIN program that will begin on February 6, 2023 in the pharmacy to make ordering refills of repeat prescriptions easier. Repeat prescriptions are medications which your doctor would like you to continue taking on a regular basis.</p> <p>Staff is researching the ability to bulk order services for all of the patients who are due for a particular service (e.g. colorectal screening). This would streamline the ordering process and save staff time. This will require a “jira” and a payment to OCHIN.</p> <p>We have ordered point of care testing devices for lead testing, bilirubin, and A1c and are waiting for delivery.</p>		

Priority 3: Maintain the historical focus on serving individuals experiencing homelessness		
Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>Providers now have access to Dragon Dictation to create patient/chart notes from voice dictation after visits. This is intended to help decrease provider time and increase the percentage of patient records closed within 48 hours of the visit.</p> <p>Patient feedback surveys were collected during the month of November and will be sent out for analysis soon. Data collection is continuing at L&F and in the Integrated Behavioral Health Program. Thus, SCHC will not receive the survey findings to present at the December CAB meeting.</p> <p>Metrics:</p> <ol style="list-style-type: none"> 1. Patient access – improvements will be measured when strategies are implemented and enough time has passed to be able to measure changes. 2. Patient satisfaction – The 2022 Patient Satisfaction Survey does not include questions to measure satisfaction with newly implemented technology. SCHC is still using the survey provided by its vendor, which means that we cannot alter or add questions. The standard survey SCHC uses allows comparison with other health centers. 3. Patient reported barriers – To date, patients have not been surveyed on barriers. SCHC is still using the survey provided by its vendor, which means that we cannot alter or add questions. 		
<p>5. Expand services provided at Loaves & Fishes including:</p> <ol style="list-style-type: none"> 1. Dental services 2. Substance use services (including MAT), and 3. Behavioral health services 	<ol style="list-style-type: none"> A. By September 30, 2021 SCHC leadership will meet to begin the process of developing a plan to expand services including costs, equipment needs, partners, performance metrics, etc. B. By December 31, 2021, the plan will be finalized and presented to CAB at the January 2022 meeting. C. During 2022, SCHC will seek funding to expand services and will implement the plan as funding becomes available. D. Through December 2023, SCHC Leadership will report to the CAB semiannually on progress towards implementing additional services at Loaves and Fishes. 	<ol style="list-style-type: none"> A. By the January 2022 meeting, CAB will receive, review, discuss and make a decision regarding expanded services at Loaves and Fishes. B. Report to the CAB Governance Committee semiannually beginning June 2022 and through December 2023, on: <ol style="list-style-type: none"> 1. The utilization of each additional services 2. Patients’ satisfaction with services offered at L& F and on the mobile medical van 3. Revenue generated from services provided.

Priority 3: Maintain the historical focus on serving individuals experiencing homelessness

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.

Action Steps	SMART Objectives	Metrics
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Staff Report (Also see page 1, Priority I, Strategy II:

Expand services provided at Loaves & Fishes including:

1. Dental services
2. Substance use services (including MAT), and
3. Behavioral health services

The mobile van has been operating since September 2022 at Loaves & Fishes. The services available on the van include primary care, gynecological care, chronic disease care, and wound care. Due to its configuration, dental services will not be offered on the van, but are a priority for L&F. Behavioral health services are consistently provided at L&F and are available through the van. The SCHC does not have the pharmacy clearance at this time so we cannot provide Medication Assisted Treatment for substance use; we are only able to provide over the counter medications on the van at this time.

Metrics:

1. The utilization of each additional service – See *table below*.
2. Patients’ satisfaction with services offered at L&F and on the mobile medical van – Analysis of patient satisfaction surveys is expected in the first quarter of 2023 however, survey completion at L&F has been low. See the response to *Priority III, Strategy II*.
3. Revenue generated from services provided – To be determined beginning in January 2023.

Additional Service Utilization

Additional Service	# Encounters/Visits - Sep-Oct 2022
Dental	0 (not yet added)
Substance use	5
Behavioral health	13

Continuing Service Utilization (medical services)

Medical Service/Care Type – at Loaves and Fishes or Mobile Van	# Encounters/Visits – Sep-Oct 2022
TB screening	184
Pain (e.g. in abdomen, foot, hand, head, leg, back, rib, neck, sciatica)	31
Skin infection, abscess, or cellulitis	27
Wound, burn	22
Chronic disease care (e.g. hypertension, diabetes mellitus, gout)	14
Other, unspecified, or paperwork (e.g. for disability) [all reasons with less than 10 visits]	31

6. Implement a plan for the mobile medical van (see Space Strategy 1.2.6.)	A. By December 30, 2021, SCHC’s leadership will finalize a plan for the mobile medical van, including but not limited to: <ol style="list-style-type: none"> a) Services offered b) Staffing 	A. CAB will review the draft plan for the mobile medical van at the January 2022 meeting (see above).
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Priority 3: Maintain the historical focus on serving individuals experiencing homelessness

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.

Action Steps	SMART Objectives	Metrics
	<ul style="list-style-type: none"> c) Days/hours of operation d) Location of services e) Partners B. CAB will review draft plan for the mobile medical van at the January 2022 meeting. C. By February 28, 2022, the mobile van will be operational. D. Through December 31, 2023, mobile medical van performance metrics will be collected and reported to the CAB semiannually, including: <ul style="list-style-type: none"> a) Number of patients seen b) Number of patients seen that are already assigned to SCHC c) The number of homeless patients served. d) Type of insurance e) Services received 	<p>B. Report to the CAB Governance Committee semiannually beginning June 2022, and through December 2023, on:</p> <ul style="list-style-type: none"> 1. Number of patients seen 2. Number of patients seen that are already assigned to SCHC 3. The number of homeless patients served. 4. Type of insurance coverage 5. Revenue generated

Staff Report (Also see page 7, Priority III, Strategy II)

The van began providing care in September. The team continues to iron out workflows and is finalizing policies and procedures which are scheduled to go before the Clinical Ops committee on 12/08/2022 and then come to CAB.

Metrics:

Number of Visits	Number of Patients	# Homeless Patients
38	8	≥4 (≥50%)

Strategy 3: Collaborate with community partners and resources to better serve the homeless population.

Action Steps	SMART Objectives	Metrics
1. Work with community partners (Sac Covered, L&F) and the health plans to connect with assigned homeless patients to help them overcome barriers to accessing care, including via	<ul style="list-style-type: none"> A. By August 31, 2021, assign a SCHC staff to attend the Medi-Cal Managed Care meetings. B. By October 15, 2021, explore options (e.g. California LifeLine) for free phones (and how to provide this resource) and discounted Broadband for individuals experiencing homelessness and link our patients to those resources to assist with MyChart and telemedicine usage. C. By March 1, 2022, identify at least one community partner located in an area frequented by many patients experiencing homelessness that is willing to install a telemedicine “outstation.” 	<ul style="list-style-type: none"> A. By June 30, 2022, develop a community partnership plan to better serve the homeless and indigent population. B. Implement the plan and report to the CAB Governance Committee semiannually beginning December 2022 through

Strategy 3: Collaborate with community partners and resources to better serve the homeless population.		
Action Steps	SMART Objectives	Metrics
<ul style="list-style-type: none"> a) Free cell phones b) Telemedicine outstations 	<ul style="list-style-type: none"> D. By April 30, 2022, develop written agreement with the identified community partner to install the outstation. E. By June 30, 2022, identify staff that will be connected with the outstation, any additional technology needed, develop workflows, an outreach plan to patients, and metrics to measure success. <ul style="list-style-type: none"> A. Contingent on the BOS decisions regarding the budget request, by July 15, 2022, begin outreach to patients. B. By December 31, 2022, begin implementing telemedicine services at the partner site. C. Report metrics and encounter data to the CAB semi-annually. 	<p>December 2023, including:</p> <ul style="list-style-type: none"> 1. Utilization rate of the outstation for telemedicine 2. Number of free phones issued to SCHC patients 3. Number of persons signing up for discounted broadband service.
<p>Staff Report:</p> <p>The SCHC did not receive the Federal Communication Commission’s Telehealth Grant that would have allowed us to purchase outstations and place them in locations where they could be accessed for telemedicine services by people experiencing homelessness. We need to reconsider outstations as a strategy because we have increased the hours of operation at L&F and also use the mobile van to add two exam rooms when the van is parked at L&F. The van will soon be providing services at sites frequented by individuals experiencing homelessness, including churches and encampments.</p> <p>For the past year, staff researched options to be able to offer free phones to patients to increase access to telemedicine and video visits. The SCHC is a County entity and cannot select a single vendor without going out to bid. In addition, the Emergency Broadband Benefit (EBB) changed in 2022 reducing the available monthly benefit. This change resulted in many of the EBB companies changing the offer of a free phone to offering a free iPad or tablet. The SCHC does not have the staff to help patients sign up for the EBB benefit and request a device so this strategy has been put on hold until staffing increases.</p>		



**Health Center Co-Applicant Board
2023 Meeting Dates**

Monthly Meetings

Day	D	Time	Location
Friday	January 20, 2023	9:30 AM – 11:00 AM	Primary Care Center 4600 Broadway Community Room 2020 Sacramento, CA 95820 (or by Zoom)
Friday*	February 3, 2023* <i>Special Budget Meeting</i>		
Tuesday*	February 14, 2023* <i>Special UDS Report meeting</i>		
Friday	February 17, 2023		
Friday	March 17, 2023		
Friday	April 21, 2023		
Friday	May 19, 2023		
Friday	June 16, 2023		
Friday	July 21, 2023		
Friday	August 18, 2023		
Friday	September 15, 2023		
Friday	October 20, 2023		
Friday	November 17, 2023		
Friday	December 15, 2023		

*Special meetings are typically held in February to 1) approve the SCHC budget, and 2) to approve the submission of the Uniform Data Report (UDS) report to HRSA. These are typically held as separate special meetings due to the short timeline between when the specifics are given to SCHC and when the final product is due.

Notes:

- Meetings times will be extended by 30 minutes when needed to complete mandatory activities. Board Members will receive advance notice when a meeting will be extended.
- If a scheduled meeting is canceled, it will be rescheduled as soon as possible to ensure compliance with HRSA requirements. Board Members will be notified of the date, time and location of any rescheduled meeting.
- Monthly meetings are full CAB meetings and are subject to open meeting laws as mandated in the Brown Act.

Committee Meetings

Committee	Day	Time	Location
Clinical Operations	Thursday of the week prior to the monthly CAB meeting	12:00 – 1:00 PM	Zoom
CAB Executive	Friday – two weeks after the CAB monthly meeting	9:30-10:30 AM	
Finance	Wednesday of the same week as the monthly CAB meeting	11:00 AM – 12:00 PM	
Governance	Wednesday of the week prior to the monthly CAB meeting	12:00 – 1:00 PM	
Strategic Planning (ad hoc)	<i>TBD</i>	<i>TBD</i>	In Person at Primary Care Center 4600 Broadway Room <i>TBD</i>
	<i>TBD</i>	<i>TBD</i>	
	<i>TBD</i>	<i>TBD</i>	
	<i>TBD</i>	<i>TBD</i>	
	<i>TBD</i>	<i>TBD</i>	
	<i>TBD</i>	<i>TBD</i>	
	<i>TBD</i>	<i>TBD</i>	
	<i>TBD</i>	<i>TBD</i>	

Notes:

- Committee meetings for which the number of members is less than the number that constitutes a quorum of the Co-Applicant Board are not subject to the Brown Act and are not open to the public. These meetings will typically be held by Zoom (or other appropriate teleconference software) for the duration of the public health emergency (i.e. COVID pandemic).