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

Meeting Agenda

January 19, 2024 / 9:30 AM to 11:00 AM

Meeting Location

Community Room 2020 at 4600 Broadway / Sacramento, CA

- The Community Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).

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

Topic
Opening Remarks and Introductions – *Suhmer Fryer, Chair* • Roll Call and welcoming of members and guests • *Review and approval of 12/15/23 CAB meeting minutes
Brief Announcements – *All* •
HRSA Project Director Update – *Dr. Mendonsa*
HRSA Medical Director Report – *Dr. Mishra*

CAB Governance
• Committees Updates to CAB – Committee Chairs
  ○ Clinical Operations Committee – *Mr. Gallo*
  ▪ *Review of
  ➢ *01-09: Performance Management*
  ▪ Overview *of programs and services: Member Services*
  ○ Finance Committee – *Ms. Bohamera*
  ▪ Budget process updates
  ▪ End of the Year (2022-2023) Financial Status Report
  ▪ Update on grants
  ▪ End of FY 2022-2023
  ○ *Governance Committee – *Ms. Winbigler*
  ▪ Preparation for HRSA Operational Site Visit
  ▪ *Review of 2024 CAB Member Recruitment Plan
  ▪ Recruitment Update
  ▪ Training Update: Brown Act Training today 11 AM-12 PM

February Monthly Meeting Items – *All*
• HRSA Project Director Report
• HRSA Medical Director Report
• Committee Updates
  ○ *Policy and Procedure Review:
  ▪ P&P 11-93: Budget Development, Procurement, and Compliance

This agenda, the minutes (once prepared and approved) and handouts for this meeting can be found on the CAB website: https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

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

○ December Financial Status Report ○ Recruitment and Training Updates
Public Comment Period – *Laurine Bohamera, Vice-Chair*
Closing Remarks and Adjourn – *Suhmer Fryer, Chair*

Next Meeting: Friday, February 14, 2024 / 9:30-11:00 AM

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

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters on the agenda may be addressed by members of the public at the end of that agenda item. In addition, matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

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

Meeting Minutes
December 15, 2023 / 9:30 AM to 11:00 AM

Meeting Location
4600 Broadway, Sacramento, 95820 / 2nd Floor, Community Room 2020

Meeting Attendees
CAB Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler
SCHC Leadership: Sharon Hutchins, Andrew Mendonsa, Sumi Mishra
SCHC Staff: Robyn Alongi, Emily Moran-Vogt
Community Members: One present

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

Topic

Opening Remarks and Introductions – *Jan Winbigler, Chair*
• Roll Call and Welcoming Of Members and Guests
  ○ *Chair Jan Winbigler took role and welcomed attendees.*
  ○ *A quorum was established.*
• *Review and Approval of 11/17/23 CAB Meeting Minutes
  ○ *Elise Bluemel made a motion to approve the October 20, 2023, minutes as presented. Areta Guthrey seconded the motion.*
  ○ *A roll-call vote was taken.*
  ▪ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler*
  ▪ *No votes: None*
  ▪ *The motion passed.*
• Additions to the Meeting Agenda – *None were made.*
• Public Comment – *None.*

Brief Announcements – *All* • *No announcements were made.*

HRSA Project Director Update – *Dr. Mendonsa*
• *Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates*
  ○ *Health Center and County leadership continue to meet to develop a response to HRSA.*
  ○ *HRSA denied the scope changes for the new sites. We are to resolve the issue. HRSA requested a meeting for Tuesday, December 19. Worst case scenario is they will de-certify the sites which means operation of the program at those sites would cease. We will have to overhaul of the contract, clarify how we do business, and then submit and receive Board of Supervisor approval.*

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- *Based on how the documents are written, HRSA believes the school district is running the program, not the Health Center. HRSA originally approved the submitted documents for many sites but have since raised concerns.*
- *The Health Center is rewriting the contract now, but we will need time, more than 90 days, to fix the issues.*

- *HRSA and Medi-Cal Audits / Facility Site Reviews*
  - *The Health Center has started preparation for site visits and audits expected to occur in the first quarter of next year.*
  - *CAB members should take note of the OSV dates: May 21-23, 2024. There will be a meeting between the CAB and the auditors, with no SCHC staff or leadership present.*
- *Improved Access and Provider Services*
  - *The Health Center continues to work to increase specialty access. We have two new consultants from the Municipal Resource Group joining the project.*
  - *We continue to offer extra-hours clinics aimed at expanding access and closing gaps in care. We will be analyzing the success of our after-hours clinics and deciding how to proceed for 2024.*
- *Health Center Growth / Staffing*
  - *See the Growth Request document included in the meeting packet which highlights the proposed growth for the 24/25 fiscal year. Leadership used the Strategic Plan, compliance, and improvements in patient care as guideposts for growth. The CAB Executive Team was engaged and provided input which is reflected in the proposal.*
  - *We still have open positions, and we are working to fill them quickly. Dr. Michelle Besse was hired as the Health Program Manager for Operations effective at the end of February.*
- *Space/Building Updates*
  - *Some of the space maximizing projects (e.g., double desks in an office, measurements to determine how to use space) have been completed. Other projects are still pending either due to HRSA approval or awaiting the project to be assigned to a county work team.*
  - *We need to expand the call center.*
  - *New Health Center signage is projected to be installed by 12/31/23. Brail signage will be installed under the new signage.*
    - *We have seven common languages. Signage with all languages would be too bulky.*
    - *A member asked about languages in addition to English and Spanish for the signage.*
    - *It was suggested that we have a map at the building entrance with pamphlets in different languages telling patients where they should go for their appointment or other needs.*
    - *Possibly create a QR code that people can take a picture of to see a map in their language.*
      - *Dr. Mendonsa will talk to Facilities.*
- *Referral Department Improvements*
  - *Referrals remain a focus for the management team. A workgroup has been meeting to develop a new workflow, identify productivity targets, and identify OCHIN (electronic medical record) tools that will streamline the referral process.*

- *The Referrals Quality Improvement Team met with providers yesterday to hear their concerns.*
- *The Health Center is hiring temporary staff to catch up on the backlog.*
- *The new workflow will begin on Jan 8th.*

- *Leadership has contacted schools and universities to bring on additional help as well as carry out the educational part of the Health Center's mission.*

HRSA Medical Director Report – *Dr. Mishra*

- *Provider Staffing*
  - *We have added a doctor three days per week to provide additional same day and urgent services, and to increase work in the complex care management team.*
  - *A new nurse practitioner was hired to work on Fridays at Loaves & Fishes in order to have 5 full days of service at the clinic. The start date is December 22.*
  - *We are looking for ways to recruit and fill the permanent nurse practitioner position.*
  - *A new gastrointestinal doctor is volunteering once a month to provide hepatology (liver) consultation.*
  - *We have increased the number of half days for the Developmental and Behavior pediatricians at the clinic to assess and treat more patients with suspected autism and other forms of developmental delays. Referrals for developmental delay assessment is very challenging and there is a great need in the community for this service. We have a physician every Wednesday to provide services.*
  - *Regional centers are only focusing on navigation and not diagnosing. Not providing assessments is a change for the Alta Regional Centers.*
- *Healthy Partners (HP)*
  - *We are working with Admin and Member Services to minimize gaps in care for established HP patients regardless of where they are in the process of converting to full scope Medi-Cal.*
  - *We are working with the referrals team to minimize gaps in specialty care.*
- *Quest Billing*
  - *Quest has provided a list of billing errors and a catalogue of Medi-Cal and Medicare billable diagnosis codes. We will be training the Refugee and Primary care programs staff to associate lab orders to billable diagnosis codes.*

Follow Up – *Dr. Hutchins*

- CAB Member Technical Support – need for enhancement
  - *Dr. Hutchins shared that we are still working on technical support for the CAB member iPads. We want to have a full service laptop for CAB members so they can read and interact with documents.*
  - *The iPads are not supported by D-Tech.*
  - *Dr. Mendonsa will follow up on this issue.*

CAB Governance

- Committees Updates to CAB – Committee Chairs
  - Clinical Operations Committee – *Mr. Gallo*

- **02-04: Non-Discrimination Policy*
  - Staff presented proposed changes to incorporate legal protected characteristics. A change in the procedures clarifies what a grievance and complaint are.
  - The Clinical Operations committee reviewed the changes and support CAB approval of the revisions.
  - A motion was made by Elise Bluemel to approve the Non-Discrimination Policy. The motion was seconded by Vince Gallo.
  - A roll call vote was taken.
    - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler*
    - ✓ *No votes: None*
    - ✓ *The motion passed.*
- **03-12: Appointment Template Management*
  - *The main change was language to prevent staff, other than nurses, from booking blocked appointment slots. This preserves slots for those with urgent issues.*
  - *The Clinical Operations committee reviewed the changes and support CAB approval of the revisions.*
  - *A motion was made by Laurine Bohamera to approve the Appointment Template Management Policy with minor changes. The motion was seconded by Areta Guthrey.*
  - *A roll call vote was taken.*
    - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler*
    - ✓ *No votes: None*
  - *The motion passed.*
- *Overview of Programs and Services: Referrals Program*
  - *The Health Center needs to make sure patients receive appropriate specialty services.*
  - *There is still a significant referrals backlog. We had 4,500 and are now down to 3,500 referrals. While the initial Quality Improvement (QI) Project was successful, the reduction is not occurring fast enough.*
  - *A new QI Team will implement a small pilot with two teams in Adult Medicine and one in Pediatrics. We are decentralizing the referrals team and moving toward a care team model that will 'live' within the Health Center programs.*

- *Finance Committee – Ms. Bohamera*
  - *Change in the timing of the review of monthly Financial Status Reports*
    - *It is difficult for staff to provide data for the month prior to the one in which CAB is meeting so moving forward, financial data will lag by one additional month. The committee prefers receiving a reviewed and accurate report to a timely but not completely vetted report.*
  - *Grant updates*
    - *HRSA HIV grant spending is slow and funds will be carried over.*
    - *Refugee grant spending is slow due to staffing vacancies.*
    - *County ARPA is on track.*
  - **Review of PP-CS-11-04: Grant Management*
    - *This item was moved to January to give CAB time to review this.*
  - **Proposed growth and growth positions for FY 2024-2025 budget*
    - *The Finance Committee reviewed and discussed leadership's proposal and strongly supports it.*
    - *Health Center growth requests are funded; meaning that the Health Center generates income to support the positions.*
    - *The state is facing a $70 billion deficit. The deficit is concerning, but because the Health Center funds its positions, it is not a high concern for us.*

- ❖ *Dr. Mendonsa presented each proposed position.*
- ❖ *A motion was made by Laurine Bohamera to approve the proposed growth and growth positions for FY 2024-2025 budget. The motion was seconded by Vince Gallo.*
- ❖ *A roll call vote was taken.*
  - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler*
  - ✓ *No votes: None*
  - ✓ *The motion passed.*

- **Governance Committee – Ms. Winbigler*
  - Committee membership for 2024
    - ❖ *Jan Winbigler asked for volunteers for the committees.*
    - ❖ *Areta Guthrey volunteered for the Clinical Operations and Governance Committees.*
    - ❖ *Suhmer Fryer would like to review the Governance Committee before deciding.*
    - ❖ *Dr. Hutchins will send invitations for committee meetings.*
    - ❖ *Dr. Hutchins will follow up with Nicole Miller to see what committee she wants to serve on.*
  - **Review of CAB meeting and required activities calendars for 2024*
    - ❖ *The Governance Committee recommends combining two meetings in February, as shown in the handout. The third, focused on the budget, needs to take place earlier to align with County calendars.*
    - ❖ *A motion was made by Elise Bluemel to approve the CAB meeting and required activities calendars for 2024. The motion was seconded by Areta Guthrey.*
    - ❖ *A roll call vote was taken.*
      - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler*
      - ✓ *No votes: None*
      - ✓ *The motion passed.*
  - **Calendar of deliverables*
    - ❖ *A motion was made by Elise Bluemel to approve the CAB and required activities calendar for 2024 that was vetted and approved by the Governance Committee. The motion was seconded by Vince Gallo.*
    - ❖ *A roll call vote was taken.*
      - ✓ *Yes votes: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Areta Guthrey, Jan Winbigler*
      - ✓ *No votes: None*
  - *Training Update*
    - ❖ *New Member: Ms. Guthrey met with Dr. Hutchins for training.*
    - ❖ *New Officer: New officers received their binders at this meeting.*
    - ❖ *Reminder: Brown Act Training on January 19, 2024; 11AM-12PM*
  - *Recruitment Update*
    - ❖ *We will not request a HRSA waiver for 51% patient members at this time. We will wait until other HRSA issues are resolved before introducing other issues.*
    - ❖ *We have not had any new applicants.*
  - *Jan Winbigler thanked CAB members for their support of her leadership for the past four years. Members thanked her for her tireless service.*

January Monthly Meeting Items – *All*

- HRSA Project Director Report
- HRSA Medical Director Report
- Committee Updates

○ *Policy and Procedure Review: TBD ○ Program Review: TBD ○ November Financial Status Report ○ Recruitment and Training Updates
Public Comment Period – *Ms. Fryer, Vice-Chair* • *No comments were made.*
Closing Remarks and Adjourn – *Jan Winbigler, Chair* • *Jan Winbigler adjourned the meeting at 11:00 am.*

Next Meeting: Friday, January 19, 2024 / 9:30-11:00 AM

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

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HRSA Project Director Updates

January 19, 2024 CAB Meeting

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1. **Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates**
    - Health Center, County leadership, and SCOE continue to be in discussions to revise contract and operations of the school-based Health Center program.

2. **HRSA and Medi-Cal Audits / Facility Site Reviews**
    - The Health Center has started preparation for site visits and audits expected to occur in the first quarter of next year. Dr. Hutchins has formed ongoing workgroups to tackle various subject areas.

3. **Healthy Partner, Medi-Cal Expansion, and Medicare Updates**
    - The Healthy Partners Program currently has just under 3,000 patients. We expect continued decline as Medi-Cal expansion continues.
    - We received notification that some patients who are Medi-Medi (Medi-Call and Medicare coverages) will have the option to move to a provider who is contracted with a new Medicare program. We are analyzing potential impacts, opportunities, and discussing expanded Medicare contracting.

4. **Improved Access and Provider Services**
    - The Health Center continues to work to increase specialty access with MGR, an outside consultant. They are working with staff and analyzing data to develop recommendations.

5. **Health Center Growth / Staffing**
    - The growth request has been downsized. Currently working with Health Center Leadership for additional information so that positions not initially approved can be reconsidered.
    - Positions with initial approval: Nurse Practitioner, Medical Assistant, and Pharmacy Technician. The 10 limited-term positions are being analyzed to determine if all 10 need to be maintained.

6. **Staff Recognition / County Leadership Visit**
    - Drs. Hutchins, Mishra, and Mendonsa, and Nicole Reyes-Schultz were honored last week by the Sacramento County Executive staff and Department Leadership staff in recognition of the leadership and performance as part of the County's Valued Behaviors Campaign.
    - The Health Center recently hosted senior County Leadership and Department Leadership for a half-day visit. Drs. Mishra and Mendonsa were able to highlight our services and discuss our Health Center. The incoming new County Executive will be visiting again in the near future.

7. **Referral Department Improvements**
    - Remains a focus for the management team. A workgroup continues to meet to develop and implement a new workflow, identify productivity targets, and identify OCHIN (electronic medical record) tools that will make Referral processing more effective.

	County of Sacramento **Department of Health Services** **Division of Primary Health** **Policy and Procedure**	Policy Issuer (Unit/Program)	**Clinic Services**
		Policy Number	**01-09**
		Effective Date	**01/17/19**
		Revision Date	**01/03/24**
Title: **Clinical Performance Management**		Functional Area: **Organization**	
Approved By: Susmita Mishra, MD, Medical Director			

Policy:

The Sacramento County Health Center (SCHC) adheres to regulatory requirements related to clinical performance through on-going efforts to collect, manage and report data to improve patient satisfaction and health outcomes (two of the four aims within the Quadruple Aim; Bodenheimer & Sinsky, 2014). Clinical performance measurement provides a balanced, comprehensive look at the Health Center's services for common conditions affecting our underserved communities and is supported by the Quality Improvement infrastructure.

SCHC establishes and maintains a culture of data-driven performance improvement for clinical quality and patient experience. Clinical performance measurement is a planned and systematic approach to analyze and improve the quality of health care services.

Procedures:

A. Responsibilities

1. HRSA Project Director/Director of Quality Improvement
    a. HRSA Project Director or designee supports the Health Center's compliance with the regulatory requirements related to clinical performance.
    b. This position focuses on quality improvement methods, data analyses, and interventions to meet defined quality measures that improve the health and satisfaction of patients assigned to the Health Center.
    c. Duties include supporting the Health Center's Quality Improvement Committee (QIC) by creating an annual calendar, agenda items, materials to aid quality improvement teams, setting frequency of reporting, and ensuring follow-up.
2. Quality Improvement Committee (QIC)
    a. The QIC meets monthly and is comprised of key SCHC management, including but not limited to the Division Manager, Medical Director, Health Program Managers, and Senior Health Program Coordinators, as well as Clinical staff (e.g., providers, Supervising Nurses).
    b. The QIC creates or selects measures related to two aims within the Quadruple Aim: patient experience and patient health outcomes. In addition, QIC monitors and analyzes additional measures related to patient experience and patient health outcomes to evaluate performance and adjust operations in order to enhance service provision.
    c. See Clinical Services P&P 01-01 Quality Improvement for additional information.

B. **Setting Goals and Acting to Improve**

1. The Health Center sets goals and acts to improve all four parts of the Quadruple

Aim:

a. Patient experience
b. Patient health outcomes
c. Reducing costs /Economic sustainability
d. Care team well-being

2. SCHC also routinely examines the disparate burden of poor health outcomes and access to services on vulnerable and underserved groups.
3. The first two Aims and the focus on equity constitute the scope of SCHC clinical performance management.
4. SCHC implements tools such as the A-3 and/or Plan-Do-Study-Act processes to address areas for on-going quality improvement.

C. **Measuring Performance**

1. QIC selects or develops specific measures related to the first two aims of the Quadruple Aim and generates specific goals to attain by year end. Many of the measures selected for patient health outcomes are from the Healthcare Effectiveness and Data Information Set (HEDIS) measures developed by the National Council on Quality Assurance (NCQA).
2. QIC includes the annual targets (i.e., value to meet by year's end for each measure) in the Quality Improvement Plan. Targets come from sources such as the California Department of Health Care Services' Managed Care Accountability Sets (MCAS) measures and the Independent Provider/Practice Associations (IPAs) with whom SCHC contracts. The QI Plan also specifies who is responsible for collecting, analyzing, and reporting back on specific measures on a specified timetable.

D. **Reporting Performance**

1. The Health Center is accountable for performance and shares data with staff at both the individual provider level and clinic level.
2. Data that has been aggregated and de-identified is routinely provided to contracted entities such as Medi-Cal Managed Care agencies and the SCHC Co-Applicant Board (comprised of patients and members of the public).
3. Reports that reflect the care provided to patients by the care team are provided to the public via the Co-Applicant Board (CAB) meetings and/or on the CAB website and may include Health Center data and data provided by IPAs or health plans.

References:

Bodenheimer T, & Sinsky C. (Nov-Dec 2014). *From triple to quadruple aim: Care of the patient requires care of the provider*. Ann Fam Med,12(6):573-6. doi: 10.1370/afm.1713. PMID: 25384822; PMCID: PMC4226781.
National Committee for Quality Assurance (NCQA)
~~NCQA PCMH Standards & Guidelines (2017 Edition, Version 3)~~
HRSA Compliance Manual (Updated August 20, 2018)
DHCS Managed Care HEDIS (latest posted version)
Provider Reference Page
Clinical Services P&P 01-01 Quality Improvement
Clinic Services P&P 04-12 Patient Satisfaction Survey

Attachments:
N/A

Contact:
Sharon Hutchins, Health Program Manager for Quality and Compliance

Co-Applicant Board Approval:

Program Summary: Medical Records & Scanning

Name of Program	Description
Summary and purpose	The purpose of this unit is two-fold. First, the unit helps SCHC comply with federal and state laws giving patients access to their medical records. It processes requests from patients and on behalf of patients for their records to be released to particular parties for specific reasons, ensuring compliance with the regulations. Second, the unit processes incoming reports from specialists to which patients were referred, scanning the reports and uploading them to the OCHIN Electronic Medical Record so that the primary care provider can review it, discuss the findings with the patient, and the report can be a part of the patient's medical record.
When did the program start?	The Medical Records Unit started in 2010-2011. Scanning was added to a limited extent in 2012 and then fully in 2017 when the Health Center adopted the OCHIN EMR.
Is our purpose still relevant?	Yes
Description of current scope and activities. Which types of patients are served? At which sites? What are the hours?	See above. Primary care patients of all ages and insurance coverage types are served by this program. In addition, patients of the refugee program may also be served by the medical records portion of the program. This unit is housed at the SCHC's main Broadway site. It is open from 8 to 5 PM Monday through Friday.
Current staffing levels	3 permanent staff (Office Assistants) – 2 for medical records and 1 for scanning. Presently, 1 temporary Office Assistant and 2 registry Medical Assistants are assisting with tackling the backlog of scanning specialty reports.
Financing and Budget	Costs include personnel, special license(s) for scanning software, paper and postage (for sending medical reports). Patients are not charged for their records, but third parties (e.g. law offices) are charged $15.00 to cover processing costs.
How effective are we being (and how do we know)? *List specific metrics if possible.*	TBD
Are we meeting our patient satisfaction and quality goals with this program? *List specific metrics if possible.*	TBD

Fiscal Year 2022-23 CAB Financial Report

Percentage of Year **100%**

Line Item	Budget	Year to date	*Encumbrance*	*Total* *(YTD+Encumbrance)*	YTD Percentage (Total/Budget)	Notes
Revenue						
Inter/Intrafund Reimbursements *** REIMBURSEMENT ACCOUNTS*	$ 12,194,362	$ 11,476,127	$ -	$ 11,476,127	94%	reimbursements from internal DHS divisions
Intergovernmental Revenue ** 95 - INTERGOVERNMENTAL REV*	$ 19,600,988	$ 21,172,596	$ -	$ 21,172,596	108%	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants
Charges for Services ** 96 - CHARGES FOR SERVICES*	$ 52,000	$ 41,782	$ -	$ 41,782	80%	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue ** 97 - MISCELLANEOUS REVENUE*	$ -	$ 1,520	$ -	$ 1,520		Currently Prior Year Revenue
Total Revenue	**$ 31,847,350**	**$ 32,692,025**	**$ -**	**$ 32,692,025**	**103%**	
Expenses						
Personnel ** 10 - SALARIES AND EMPLOYEE*	$ 13,490,790	$ 12,328,150	$ -	$ 12,328,150	91%	year-end variance due to vacancies throughout fiscal year
Services & Supplies ** 20 - SERVICES AND SUPPLIES*	$ 17,562,009	$ 15,586,261	$ 37,442	$ 15,623,703	89%	variance mostly due to SCOE contract expenditures being lower than budgeted
Other Charges ** 30 - OTHER CHARGES*	$ 399,477	$ 813,060	$ 8	$ 813,068	204%	Costs for OCHIN, Fonemed, and HMA
Equipment	$ -	$ -	$ -	$ -		no equipment costs
Intrafund Charges (Allocation costs) ** 60 - INTRAFUND CHARGES*	$ 2,552,954	$ 2,710,590	$ -	$ 2,710,590	106%	some County allocations and Pharmacy pharmaceuticals/supplies came in higher than budgeted, offset in part by lower department and division overhead than budgeted
Total Expenses	**$ 34,005,230**	**$ 31,438,062**	**$ 37,450**	**$ 31,475,512**	**93%**	
GRAND TOTAL (Net County Cost)	**$ 2,157,880**	**$ (1,253,963)**		**$ (1,216,513)**	-56%	

GRANT SUMMARY

HRSA	Grant Year Start	Grand Year End	Total Grant	Available to Claim 7/1/22-6/30/23	YTD Claimed	Notes
HRSA Homeless (Main)	3/1/2022	2/28/2023	$ 1,386,602	$ 1,386,602	$ 1,581,653	
HRSA ARPA	4/1/2021	3/31/2023	$ 2,533,875	$ 1,756,940	$ 1,397,048	
HRSA ARPA UDS+	4/1/2022	3/31/2023	$ 65,500	$ 65,500	$ 14,104	Part of HRSA ARPA
HRSA ARP CIP	9/15/2021	9/14/2024	$ 619,603	TBD	$ -	Contruction timeline not yet determined
HRSA HIV	9/1/2022	8/31/2025	$ 975,000	$ 325,000	$ 55,842	Spending slow to start
Refugee						
RHAP	10/1/2022	9/30/2023	$ 1,536,074	$ 1,536,074	$ 1,654,554	County order tracking - A19453 -- prior year costs/revenues posted in 22-23
RHPP	10/1/2022	9/30/2023	$ 82,014	$ 82,014	$ 31,386	County order tracking - A19459
RHPP Multi-Year	10/1/2022	9/30/2023	$ 153,000	$ 153,000	$ 38,909	County order tracking - A19468
RHPP AHP	10/1/2022	9/30/2023	$ 200,000	$ 200,000	$ 20,275	County order tracking - A19469
Miscellaneous						
County ARPA - 1 (H4)	1/1/2022	12/31/2024	$ 2,451,919	$ 462,957	$ 569,619	overclaimed in 22-23; additional funding will be applied to project in 3-24
County ARPA - 2 (H18)	7/1/2022	12/31/2024	$ 1,315,000	$ 721,739	$ 6,414	New award, spending slow to start
Anthem QI		12/31/2022	$ 16,000	$ 1,819	$ -	Award expired

					CLAIMS (for period below)							
Grant	**Start**	**End**	**Total Grant**	**Award Amoun**	**Q1**	**Q2**	**Q3**	**Q4**	**YE TOTAL**	**"Remaining" FYE**	**FYE "Carryover"**	**Description**
HRSA (FY 21-22)	03/01/22	06/30/22	$1,386,602	**$462,201**	$430,299				$430,299	**$31,902**	**$31,902**	Main grant
HRSA (FY 22-23)	07/01/22	02/28/23	$1,386,602	**$924,401**		$243,477	$488,758	$223,897	$956,132	**$172**		
HRSA (FY 22-23 Cont)	03/01/23	06/30/23	$1,386,602	**$462,201**	$636,551	$468,785			$1,105,337	**-$643,136**	**-$643,136**	
HRSA (FY 23-24)	07/01/23	02/29/24	$1,386,602	**$924,401**					$0	**$281,265**	**$1,386,602**	
HRSA ARPA (FY 20-21)	04/01/21	06/30/21	$2,533,875	**$316,734**					$0	**$316,734**	**$316,734**	American Rescue Plan Act
HRSA ARPA (FY 21-22)	07/01/21	06/30/22	$2,533,875	**$1,266,938**		$117,297	$222,341	$437,296	$776,935	**$806,737**	**$806,737**	American Rescue Plan Act - Addition
HRSA ARPA & UDS+ (FY 22-23)	07/01/22	03/31/23	$2,599,375	**$1,015,703**	$155,568	$298,047	$531,203	$486,758	$1,471,576	**$350,864**		
HRSA HIV Grant (FY 22-23)	09/01/22	06/30/23	$325,000	**$270,833**	$32,303	$23,539	$80,692		$136,534	**$134,299**		Ending the HIV Epidemic
HRSA HIV Grant (FY 23-24)	07/01/23	08/31/23	$325,000	**$54,167**				$75,834	$75,834	**$112,631**	**$112,631**	
HRSA C8E ARP CIP (FY 21-23)	09/15/21	06/30/23	$619,603	**$370,041**	$0	$0	$0	$0	$0	**$370,041**	**$370,041**	Health Center Infrastructure Support ARP-CAP
HRSA C8E ARP CIP (FY 23-24)	07/01/23	06/30/24	$619,603	**$206,534**						**$576,575**	**$576,575**	
HRSA C8E ARP CIP (FY 24-25)	07/01/24	09/14/24	$619,603	**$43,028**						**$619,603**	**$619,603**	
HRSA Bridge Funding (FY 23-24)	09/01/23	06/30/24	$41,886	**$26,179**					$0	**$26,179**	**$26,179**	FY 2023 Bridge Access Program
HRSA Bridge Funding (FY 24-25)	07/01/24	12/31/24	$41,886	**$15,707**						**$41,886**		
RHAP (FY 22-23)	10/01/22	06/30/23	$1,789,062	**$1,341,797**	$445,632	$432,304	$444,561		$1,322,496	**$19,301**	**$19,301**	Admin. $119/assessment
RHAP (FY 23-24)	07/01/23	09/30/23	$1,789,062	**$447,266**	$466,567				$466,567	**$0**		
RHAP (FY 23-24 Cont)	10/01/23	06/30/24	$1,428,600	**$1,071,450**					$0	**$1,071,450**		Admin. $115/assessment
RHAP (FY 24-25)	07/01/24	09/30/24	$1,428,600	**$357,150**					$0	**$1,428,600**		
RHPP Main (FY 22-23)	10/01/22	06/30/23	$82,014	**$61,511**	$2,556	$2,498	$9,214		$14,268	**$47,242**	**$47,242**	Refugee Health Promotion Project (RHPP) Grant
RHPP Main (FY 23-24)	07/01/23	09/30/23	$82,014	**$20,504**	$40,203				$40,203	**$27,543**		
RHPP Main (FY 23-24 Cont)	10/01/23	06/30/24	$139,994	**$104,996**					$0	**$104,996**	**$104,996**	
RHPP Main (FY 24-25)	07/01/24	09/30/24	$139,994	**$34,999**					$0	**$139,994**		
RHPP Supplement (FY 22-23)	10/01/22	06/30/23	$153,000	**$114,750**	$8,600	$16,026			$24,626	**$90,124**	**$90,124**	Refugee Health Promotion Project (RHPP) Grant Supplement/Multiyear
RHPP Supplement (FY 23-24)	07/01/23	09/30/23	$153,000	**$38,250**					$0	**$128,374**		
RHPP Supplement (FY 23-24 Cont)	10/01/23	06/30/23	$99,934	**$74,951**					$0	**$74,951**	**$74,951**	
RHPP Supplement (FY 24-25)	07/01/24	09/30/24	$99,934	**$24,984**					$0	**$99,934**		
RHPP AHP (FY 22-23)	10/01/22	06/30/23	$200,000	**$150,000**			$13,400		$13,400	**$136,600**	**$136,600**	Refugee Health Promotion Project (RHPP) Grant AHP
RHPP AHP (FY 23-24)	07/01/23	09/30/23	$200,000	**$50,000**				$8,927	$8,927	**$177,673**		
RHPP AHP (FY 23-24 Cont)	10/01/23	06/30/23	$199,602	**$149,702**					$0	**$149,702**	**$149,702**	
RHPP AHP (FY 24-25)	07/01/24	09/30/24	$199,602	**$49,901**					$0	**$199,602**		
County ARPA (H-4)	01/01/22	12/31/24	$2,701,919	$2,701,919					$1,208,458	**$1,493,461**		County ARPA Funds
County ARPA (H-18)	01/01/22	12/31/24	$250,000	$250,000				Total Claimed YTD:	$16,042	**$233,958**		
County ARPA (H-19)	07/01/22	12/31/24	$319,000	$319,000					$62,123	**$256,877**		

Department of Health Services
Primary Health Division
Fiscal Year 2023-24
Clinic Services
Fund Center 7201800
Approved Recommended Budget
128.8 FTE

Clinic Services operates a Federally Qualified Health Center, providing health care services to qualifying Sacramento County residents, as well as refugee health assessments for newly arriving refugees and asylees.

Director, Health Services
Timothy W. Lutz

Deputy Director, Primary Health
Noel Vargas

Andrew Mendonsa, Psy D.
Human Services Division Manager Rng B
1.0 FTE

Susmita Mishra, MD
Medical Director
1.0 FTE

1.0 Physician 3 (Refugee)
1.0 Nurse Practitioner (Adult Med)
1.0 Sr. OA

CONTRACTORS

UC Davis
Internal Medicine
Psychiatry
Nursing
Pediatrics
Family Medicine
Neurology

Registered Dental Hygienists in Alternative Practice (RDHAP)
0.4 FTE

Deborah Burow
Admin Svcs Officer III
1.0 FTE

1.0 Admin Svcs Officer II
1.0 Admin Svcs Officer I
1.0 Sr Office Asst

Robin Skalsky (acting)
Health Program Manager
1.0 FTE

Sandra Johnson
Sr. Health PC Rg. A
1.0 FTE

Integrated Behavioral Health
(IBH)
3.0 Sr. MH Counselor

School Based Mental Health

5.0 Office Assistant Lv 2

1.0 Registered Nurse
1.0 Public Health Aide (new)

Mark Linchangco
Clerical Supervisor II
1.0 FTE

Medical Record/Scanning

2.0 Office Asst Lv2

Member Services

1.0 Office Asst Lv 2
2.0 Claims Asst Specialist

Kim Johnston
Clerical Supervisor II
1.0 FTE

Call Center & Adult Registration
2.0 Sr Office Assistant 11.0
Office Asst Lv2
1.0 Human Svcs Asst-SLLC

1.0 Sr Office Assistant

VACANT
Radiologic Tech
1.0 FTE

1.0 Radiologic Tech

Vacant
Supv Registered Nurse
Referrals, Family Medicine
1.0 FTE

2.0 Registered Nurse Lv2
2.0 Medical Assistant Lv2
1.0 Medical Assistant Lv2 LT
1.0 Public Health Aide (new)

Referrals

1.0 Registered Nurse Lv2
1.0 Registered Nurse Lv2 LT
1.0 Medical Assistant
1.0 Human Svcs Asst-SLLC
8.0 Office Assistant Lv 2
4.0 Office Assistant Lv 2 (LT)

Ainur Sapargaliyeva
Supv Public Health Nurse
Family Medicine, Loaves
& Fishes, Dental
1.0 FTE

Pediatrics

1.0 Registered Nurse Lv2 LT
3.0 Medical Assistant Lv2

Homeless Services/Outreach
2.0 Public Health Nurse
1.0 Medical Assistant Lv2 (Van)

Family Medicine

1.0 Registered Nurse Lv2
3.0 Medical Assistant Lv2

Medication Support

Sara Lee
County Pharmacist
FC 7201600

1.8 Pharmacist
1.0 Pharm Tech
1.0 Pharm Tech (LT)
1.0 Medical Assistant Lv. 2

Sharon Hutchins
Health Program Manager
1.0 FTE

Grants/Compliance/CAB/EP
General Assistance/MRT
Non-Clinical Policies &
Procedures

2.0 HS Program Planner Rg. B
2.0 Sr Office Assistant
1.0 Registered Nurse Lv2 (QI)
1.0 Stock Clerk

VACANT (NEW)
Supv Registered Nurse
Adult Medicine
1.0 FTE

Adult/Internal Medicine

2.0 Registered Nurse Lv2
13.0 Medical Assistant Lv2
1.0 Medical Assistant Lv2 LT

Robin Skalsky
Sr. Health PC Rg. A
1.0 FTE

Refugee Health Clinic
Immunization Program

Muna Adhikari
Supv Registered Nurse
1.0 FTE

1.0 Licensed Voc Nurse LT
5.0 Medical Assistant Lv2
3.0 Office Assistant Lv2 1.0
Human Svcs Asst-FLPC
4.0 HSA O-Call
1.0 Sr Office Assistant

Nicole Reyes-Schultz
Sr. Office Assistant
1.0 FTE

Stephanie Hofer
Sr. Admin Analyst (B)
FC 7201000

3.0 Admin Svcs Officer II
4.0 Admin Svcs Officer I
1.0 Acct Technician
1.0 Sr Account Clerk (LT)
1.0 Sr. Office Assistant

Governance Committee Report:
Operational Site Visit Preparation

On-site visit by 3 HRSA experts: May 21-May 23 (Tuesday-Thursday)
Tentative Agenda:

- Entrance Conference
- Tour of main facility (probably 2 others – Loaves & Fishes, van, school)
- Individual topic meetings (three simulatenous meetings)
- Meeting with CAB (no SCHC leaders or staff)
- Exit Conference

For more details on what to expect, you can go to
HRSA OSV Preparation site
OSV Document List