

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

Thursday, May 2, 2024, 9:30 a.m.

SPECIAL SESSION

4600 Broadway, Community Room 2020, Sacramento, CA

Agenda materials can be found at <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

The CAB meeting will be held in person at 4600 Broadway, Room 2020. Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).

- If any Board member needs to teleconference for this meeting, a notice will be uploaded to our website at <https://dhs.saccounty.gov/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx> by 9:00 a.m. on the morning of the meeting along with a link available to the public to observe the meeting via Teams video and/or teleconference.
- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email DCO@saccounty.gov as soon as possible prior to the meeting.

CALL TO ORDER (9:30 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

PUBLIC COMMENT (9:35 AM)

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

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

INFORMATION/DISCUSSION ITEMS (9:40 AM)

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

Grant Applications/Reports Update

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

INFORMATION/ACTION ITEMS¹ (10:10 AM)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BUSINESS ITEM VIII. Vote to approve submission SCHC HRSA 2025 Grant Transitions in Care for Justice Involved Individuals QIF-TJI²

¹ Time estimate: 5-10 minutes per item, unless otherwise noted

² Time estimate: 15 minutes

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

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

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

CLOSED SESSION

None

MEETING ADJOURNED

HRSA Project Director Updates

May 17, 2024 CAB Meeting

Audit and Site Visit Updates

1. Refugee Annual Site Visit

- The California Department of Public Health (CDPH), Office of Resettlement Health, conducted its annual review of our Refugee Program during the week of May 13th, 2024. The official report is forthcoming, but preliminary discussions indicate CDPH's interest in potentially increasing the number of refugees assigned to our Health Center. In response to this inquiry, Health Center leadership has agreed to a follow-up meeting with CDPH representatives to explore the feasibility and specific needs associated with such an expansion. This collaborative approach underscores our commitment to serving the refugee community and ensuring access to quality healthcare.

2. 340(b) Mock Audit

- The Health Center proactively conducted a mock 340(b) audit in preparation for an official audit. Pharmacy and Clinic Leadership are reviewing the final report to identify any necessary adjustments to ensure full compliance with the 340(b) program requirements.

3. HRSA and Medi-Cal Audits / Facility Site Reviews

- The Health Resources and Services Administration (HRSA) requested the Health Center to submit a Request for Information (RFI) to address outstanding inquiries related to pending school-based Change in Scope (CIS) submissions. In response, the Health Center provided a comprehensive response through the Electronic Handbooks (EHB) submission portal on May 13, 2024. This timely and thorough submission demonstrates the Health Center's commitment to transparency and collaboration with HRSA, ensuring ongoing compliance and effective communication regarding the Changes in Scope.
- There will be no Medi-Cal Audit this year. Likely due to the Health Center having an OSV, we have been told we will not undergo an official Medi-Cal audit in 2024.

Contracts and Budget Updates

1. Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates

- HRSA asked the Health Center to complete a Request for Information (RFI) to address outstanding questions. The Health Center responded to the RFI on May 13, 2024 via an EHB submission.

2. Fiscal Year Outlook and Operational Adjustments

- In anticipation of budget constraints, the Department of Health Services and the Health Center are taking steps to ensure its financial sustainability. This includes a temporary freeze on all vacant positions and the non-renewal of Limited Term positions expiring on December 31, 2024. Purchases of electronic devices and assets are also on hold, and consultant contracts are being reduced or eliminated. While these measures are necessary in the current financial climate, department leadership is actively monitoring the budget and will reassess restrictions if the situation improves. Although limited growth is approved for the upcoming fiscal year, there is hope for adjustments if the budget outlook becomes more favorable.

Program and Operational Updates

1. Improved Access and Maximizing Efficiency and Resources

- Given budget constraints and workforce shortages, Health Center leadership is actively seeking ways to optimize operations. This includes analyzing room turnover rates, call center and registration metrics, and staffing resource allocation. Dr. Michelle Besse is leading this initiative and will provide updates as progress is made.
- Improving specialty care access remains a top priority, and we continue to partner with external consultants (MRG) to analyze our processes. We anticipate their detailed report and recommendations will be shared with the CAB to guide our ongoing efforts to enhance patient access to essential healthcare services.

2. Referral Department Improvements

- The Health Center Management Team's ongoing efforts to streamline the Referrals Department are showing promising results. Onsite consultants continue to provide daily support and guidance, actively driving process improvements that are leading to a notable reduction in referral backlog.

3. General Updates

- The Health Center's ongoing series of after-hours events is proving effective in improving access to care and making progress towards key HEDIS measures. We are currently analyzing event data to identify areas for refinement, ensuring that future outreach efforts are optimized for maximum impact and continue to drive care gap closure.

Requests from CAB Updates

No requests were received.

Period **9**
 Current Month **March**
 Percentage of Year **75%**

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Notes
Revenue							
Inter/Intrafund Reimbursements ** REIMBURSEMENT ACCOUNTS	\$ 12,284,581	\$ -	\$ 5,795,290	\$ 992,943	\$ 6,788,232	55%	Typically a lag due to Fiscal processes. Has been catching up!
Intergovernmental Revenue * 95 - INTERGOVERNMENTAL REV	\$ 22,212,340	\$ 2,575,600	\$ 17,497,797	\$ -	\$ 17,497,797	79%	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants
Charges for Services * 96 - CHARGES FOR SERVICES	\$ 18,000	\$ 748	\$ 7,239	\$ -	\$ 7,239	40%	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue * 97 - MISCELLANEOUS REVENUE	\$ -	\$ -	\$ 63	\$ -	\$ 63		Currently Prior Year Patient Revenue
Total Revenue	\$ 34,514,921	\$ 2,576,348	\$ 23,300,388	\$ 992,943	\$ 24,293,331	70%	

Expenses							
Personnel * 10 - SALARIES AND EMPLOYEE	\$ 15,782,496	\$ 1,528,772	\$ 9,716,052	\$ -	\$ 9,716,052	62%	Low due to vacancies (currently 19.0 FTE)
Services & Supplies * 20 - SERVICES AND SUPPLIES	\$ 18,843,205	\$ 1,168,479	\$ 7,526,572	\$ 5,094,349	\$ 12,620,921	67%	Multiple FY 23-24 Contracts were executed late in the FY and costs have been slowing getting caught up. FY 23-24 SCOE invoices have not yet been paid
Other Charges * 30 - OTHER CHARGES	\$ 1,060,633	\$ 7,613	\$ 675,229	\$ 147,979	\$ 823,208	78%	FY 22-23 Accruals have all now been paid.
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -		No Equipment Charges in FY 23-24 as of now
Intrafund Charges (Allocation costs) * 60 - INTRAFUND CHARGES	\$ 3,735,297	\$ 347,631	\$ 1,918,008	\$ -	\$ 1,918,008	51%	
Total Expenses	\$ 39,421,631	\$ 3,052,495	\$ 19,835,861	\$ 5,242,328	\$ 25,078,189	64%	

GRAND TOTAL (Net County Cost) \$ **4,906,710** \$ **476,147** \$ **(3,464,527)** \$ **4,249,385** \$ **784,859** 16%

GRANT SUMMARY							
	Grant Year Start	Grand Year End	Total Grant Award	Total Claimed	Remaining Available to Claim	Notes	
HRSA							
HRSA Homeless (Main)	3/1/2023	2/29/2024	\$ 1,386,602	\$ 1,386,602	\$ -	Spending on track	
HRSA ARP CAP	9/15/2021	9/14/2024	\$ 619,603	\$ 63,688	\$ 555,915	Spending slow to start, have received approvals to draw down	
HRSA HIV	9/1/2023	8/31/2024	\$ 437,631	\$ 138,238	\$ 299,393	\$112k have been carried over from previous funding period	
HRSA Bridge Funding	9/1/2023	12/31/2024	\$ 41,886	\$ 41,886	\$ -	Funds allocated to vaccines	
Refugee							
RHAP FY 22-23	10/1/2022	9/30/2023	\$ 1,789,062	\$ 1,789,062	\$ -	Revised claim was submitted for Q4. Grant funds spent	
RHAP FY 23-24	10/1/2023	9/30/2024	\$ 1,993,648	\$ 231,333	\$ 1,762,315	\$152.91 for a comprehensive (fully completed) health assessment & \$1,993,648.02 for administrative costs	
RHPP FY 22-23	10/1/2022	9/30/2023	\$ 82,014	\$ 54,471	\$ 27,543		
RHPP FY 23-24	10/1/2023	9/30/2024	\$ 139,994	\$ 14,318	\$ 125,676	BOS approval was just obtained	
RHPP Multi-Year 22-23	10/1/2022	9/30/2023	\$ 153,000	\$ 24,626	\$ 128,374	Spending was slow due to vacancies -2 HSA vacant, 1 MA vacant	
RHPP UHP 23-24	10/1/2023	9/30/2024	\$ 99,934	\$ 144	\$ 99,790	BOS approval was just obtained	
RHPP AHP 22-23	10/1/2022	9/30/2023	\$ 200,000	\$ 22,327	\$ 177,673	Spending slow due to vacancies - 1 OA vacant	
RHPP AHP 23-24	10/1/2023	9/30/2024	\$ 199,602	\$ 8,614	\$ 190,988	BOS approval was just obtained	
Miscellaneous							
County ARPA - 1 (H4)	1/1/2022	12/31/2024	\$ 2,701,919	\$ 1,447,856	\$ 1,254,063	Spending on track, increased April 2023 when HRSA ARPA expired	
County ARPA - 2 (H18)	1/1/2022	12/31/2024	\$ 135,000	\$ 26,303	\$ 108,697	Telehealth Equipment Award. Reallocated \$250k to H4 and offered another \$150k back	
County ARPA - 2 (H19)	7/1/2022	12/31/2024	\$ 319,000	\$ 110,852	\$ 208,148	New award, spending slow to start. Have added staff to expend the grant funds	

COMPASS Actual Data through AP:
Straightline Ratio:

9 Regular PPs
12

19.00

Ins PPs
75%

>100% mark

17.00

Cell has custom formula or hard number

GL ACCT NAME	FY 2022-23 Final Budget	FY 2023-24 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
95956900 STATE AID OTHER	-13,099,445	-16,364,451	-11,895,967	0	-11,895,967	73%	-15,861,289	-503,162	Capitation, PPS, FFS, HEDIS/QI Incentives through AP2 - \$105,280 in QI/HEDIS \$
95958900 HEALTH FED	-4,757,244	-3,588,678	-1,424,970	0	-1,424,970	40%	-1,899,960	-1,688,718	FY 23/24 Refugee Grants- RHAP (A19453): \$481,203.50 RHPP (A19459): \$67,745.89 RHPP Multi-Year (A19468): \$128,374.29 RHPP AHP (A19469): \$186,600 FY 23/24 HRSA Grants- HRSA Main(A18551): \$1,386,602 HRSA HIV (A18565): \$188,465.56
95958901 MEDI-CARE REVENU	0	0	349,148	0	349,148	0%	349,148	-349,148	Medicare
95959100 CONSTRUCTION FED	-559,603	-559,603	0	0	0	0%	0	-559,603	HRSA ARP-CIP CE8 (A18564): \$619,603
95959503 ARPA- SLFRF Reve	-559,603	-1,699,608	-791,423	0	-791,423	47%	-1,699,608	0	
95959900 FED AID-MISC PRO	-1,184,696	0	-1,998	0	-1,998	0%	-1,998	1,998	absorbeds medical registry expenses in 20259100
Object 95 TOTAL - Intergovernmental Revenue	-20,160,591	-22,212,340	-17,497,797	0	-17,497,797	79%	-22,846,294	633,954	
96966200 MED CARE INDIGEN	-49,000	-15,000	-6,399	0	-6,399	43%	-15,000	0	CMISP Patient payment + DRR
96966201 CMISP SOC REV-DI	0	0	0	0	0	0%	0	0	included above
96966202 CMISP SOC REV-DR	0	0	-6,399	0	-6,399	0%	-6,399	6,399	included above
96966300 MED CARE PRIVATE	-1,000	-1,000	0	0	0	0%	-1,000	0	TPL/ Insurance Payments
96966900 MED CARE OTHER	-1,000	-1,000	0	0	0	0%	-1,000	0	Self Pay/Sliding Fee Pmts
96969900 SVC FEES OTHER	-1,000	-1,000	-840	0	-840	84%	-1,120	120	Medical Record Fees
Object 96 TOTAL - Charges for Services	-62,000	-18,000	-7,239	0	-7,239	40%	-18,120	120	
97979900 PRIOR YEAR	0	0	-63	0	-63	0%	-63	63	
TOTAL REVENUES	-20,212,591	-22,230,340	-17,505,099	0	-17,505,099	79%	-22,864,477	634,137	

Net County Cost/NCC	3,628,872	4,906,710	-3,464,527	4,516,471	1,051,944	21%	-734,082	5,640,792
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Expenditure Minus Rev	Actual Exp Minus Actual Rev	Encumbrance Totals	Actual Exp + Encumbrance Totals	% of budget spent & generated	YEE of Exp Minus YEE Rev	Net Exp variance minus rev variance
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Projected to come in -5.6m under budget as of AP09

Final 2023 Strategic Plan Report to CAB March 2024

I. Priority: *Sufficient and Appropriate Space to Carry Out the SCHC’s Mission*

Strategy 2: Maximize existing space.		
Action Steps	SMART Objectives	Metrics
1. Develop a plan to support permanent remote work.	A. By July 30, 2021, SCHC and D-Tech will develop a plan for supporting selected staff/ support functions located off site including identifying necessary technology and cost.	A. Finalized plan with documented amount of space captured to maximize clinic operations. B. Report at the June 2023 CAB meeting what leadership proposes to do with the captured space and obtain approval to move forward.
2. Implement a plan for reorganization and renovation of Broadway.	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: 1. Revenue 2. # Patient visits B. Report to the CAB Governance Committee semiannually on the identified metrics beginning April 2023 and through December 2023.
<p>1. Staff Report: The changes at SCHC regarding space and utilization of space continue to evolve. In July 2023, the Admin team moved to a new location leaving space that was reallocated to the temporary staff assigned to referrals. Space vacated by the Department of Health now houses the main referrals team, but they will relocate over 2024 as care teams are developed and integrated into clinic program areas. Another space vacated by the Department of Health houses the quality improvement team, behavioral health counselors and some management and supervisors.</p> <p>The plan has not resulted in direct, trackable increases in revenue or patient visits.</p>		
3. Implement the plan for Loaves and Fishes and the mobile medical center van usage (See	A. By December 31, 2021, SCHC will conduct outreach to patients experiencing homelessness to inform them about plans for the mobile van and other services available at L & F. B. See details in Priority 3, Strategy 2.6 for the	A. Develop, distribute and post flyers, work with partners to inform potential and existing patients and measure outcomes by:

Strategy 2: Maximize existing space.																												
Action Steps	SMART Objectives	Metrics																										
<i>also Priority #3).</i>	mobile medical van.	<ol style="list-style-type: none"> The number of patients seen on the mobile van. Patient demographics including homeless status The number of each service delivered. <p>B. Report to the CAB Governance Committee semiannually on the identified metrics beginning June 2022 and through December 2023.</p>																										
<p>2. Staff Report: The data reported below is from September 13, 2022, when the van became operational through December 31, 2023.</p> <ol style="list-style-type: none"> The number of patients seen on the mobile van: 385 unique patients, 554 visit; 379 were homeless. Patient demographics including homeless status. 																												
<table border="1"> <thead> <tr> <th>Ethnicity/Race</th> <th>Count of Patients</th> </tr> </thead> <tbody> <tr> <td>Alaskan Native</td> <td>2</td> </tr> <tr> <td>Non-Hispanic or Latino/a</td> <td>1</td> </tr> <tr> <td>Not Collected/Unknown</td> <td>1</td> </tr> <tr> <td>American Indian</td> <td>14</td> </tr> <tr> <td>Another Hispanic, Latino/a, or Spanish Origin</td> <td>1</td> </tr> <tr> <td>Multiple Hispanic, Latino/a, or Spanish Origins</td> <td>1</td> </tr> <tr> <td>Non-Hispanic or Latino/a</td> <td>9</td> </tr> <tr> <td>Not Collected/Unknown</td> <td>3</td> </tr> <tr> <td>Black/ African American</td> <td>81</td> </tr> <tr> <td>Another Hispanic, Latino/a, or Spanish Origin</td> <td>2</td> </tr> <tr> <td>Hispanic or Latino/a</td> <td>1</td> </tr> <tr> <td>Non-Hispanic or Latino/a</td> <td>65</td> </tr> </tbody> </table>			Ethnicity/Race	Count of Patients	Alaskan Native	2	Non-Hispanic or Latino/a	1	Not Collected/Unknown	1	American Indian	14	Another Hispanic, Latino/a, or Spanish Origin	1	Multiple Hispanic, Latino/a, or Spanish Origins	1	Non-Hispanic or Latino/a	9	Not Collected/Unknown	3	Black/ African American	81	Another Hispanic, Latino/a, or Spanish Origin	2	Hispanic or Latino/a	1	Non-Hispanic or Latino/a	65
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Strategy 2: Maximize existing space.		
Action Steps	SMART Objectives	Metrics
Not Collected/Unknown		13
More Than One Race		9
Non-Hispanic or Latino/a		6
Not Collected/Unknown		2
Puerto Rican		1
Other Asian		5
Non-Hispanic or Latino/a		4
Not Collected/Unknown		1
Other Pacific Islander		1
Non-Hispanic or Latino/a		1
Patient Refused		15
Multiple Hispanic, Latino/a, or Spanish Origins		1
Non-Hispanic or Latino/a		2
Not Collected/Unknown		12
Unknown		99
Another Hispanic, Latino/a, or Spanish Origin		9
Hispanic or Latino/a		5
Mexican, Mexican American, or Chicano/a		4
Non-Hispanic or Latino/a		16
Not Collected/Unknown		65
White		159
Another Hispanic, Latino/a, or Spanish Origin		5
Cuban		1
Hispanic or Latino/a		5
Mexican, Mexican American, or Chicano/a		4
Non-Hispanic or Latino/a		126

Strategy 2: Maximize existing space.		
Action Steps	SMART Objectives	Metrics
Not Collected/Unknown		18
Grand Total		385
UDS Homeless Status		
	Count of Patients	
Doubling Up		2
Homeless Shelter		243
Street		125
Transitional Housing (At Risk for Homeless)		9
NOT LISTED AS HOMELESS		6
Grand Total		385
<p>3. The number of each service delivered. We are not able to report this data at this time due to technical issues with OCHIN reports.</p>		

Strategy 3: Secure additional space (contingent).		
Action Steps	SMART Objectives	Metrics
<p>1. After decisions have been made about what needs cannot be met with the existing space or the mobile medical center van and funding options are understood, Develop priorities for program retention and expansion based on community and SCHC patient health needs and</p>	<p>A. By April 1, 2022, SCHC leadership will develop a list of space requirements to handle unmet priority needs.</p> <p>B. By July 1, 2022, SCHC and Facilities staff will determine whether these space needs are best met within the footprint of existing space (e.g. within 4600 Broadway) or outside (purchase space or contract for space from partner agency).</p> <p>C. SCHC and Facilities will develop a budget for the needed space.</p> <p>D. SCHC leadership will present the determination and reasons to CAB at the August 19, 2022, meeting.</p> <p>E. SCHC will outreach to partners with services helpful to patients that could co-locate.</p> <p>F. SCHC leadership will pursue funding options to secure space.</p> <p>G. Once funding is secured, SCHC will reach out to Facilities and DGS to pursue obtaining</p>	<p>A. CAB to review, discuss and make a decision about securing new space by the August 2023 meeting and will be updated semiannually thereafter on progress.</p>

Strategy 3: Secure additional space (contingent).		
Action Steps	SMART Objectives	Metrics
identify ideal space and configuration needs.	additional space. H. Within 60 days of securing funding, SCHC Leadership will meet to discuss and finalize the list of needs and choose a point person to lead the effort to obtain new space. I. Through December 31, 2023, SCHC leadership will ask for updates from DGS on progress towards finding new space. J. If new space is found, a transition plan will be developed.	
<p>3. Staff Report: SCHC leadership has discussed the idea of securing space outside of the existing sites. A portion of the funding needed to secure new space needs to be secured before the County can look for space and to date, no funding opportunities have been identified. In 2022, the mobile medical van became operational, adding two exam rooms to the Loaves & Fishes site. The van also increases SCHC reach in the community through the Street Medicine program. Extra hour clinics, including weekends, weekday cervical cancer screening, and evening clinics have been used to increase appointment availability and have resulted in 257 care gaps closed and 49 other services to patients. Extra hours clinics will continue in 2024.</p>		

Priority 2: Sufficient and Appropriate Staffing to Carry Out Mission Strategy 1: Determine appropriate ratios of staff per provider/patient for each program including support and administrative staff.		
Action Steps	SMART Objectives	Metrics
1. Conduct research to determine ideal staff/provider ratios and effects on revenue, quality metrics and staff morale, by consulting a) Literature b) California Primary Care Association c) Similar health centers d) Macman Consulting	A. SCHC staff or a contractor will research staffing ratios for each program by August 31, 2023. B. The research on staffing will be presented to SCHC leadership by June 30, 2023.	A. CAB to review, discuss and make a decision about staffing at the Aug 2023 meeting.

Priority 2: Sufficient and Appropriate Staffing to Carry Out Mission Strategy 1: Determine appropriate ratios of staff per provider/patient for each program including support and administrative staff.

Action Steps	SMART Objectives	Metrics
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4. Staff report:
 The SCHC is conducting a study of our patient access (appointments, unmet patient scheduling needs, etc.). We anticipate recommendations which will help us align better with regulatory and Managed Care Plan (MCP) requirements. The first Panel Size Workgroup meeting had a large representation of providers and subject matter experts. Dozens of data requests to inform the conversation came out of the meeting. After the data requests are completed, a second meeting will be held. SCHC is unlike other FQHCs in that it is a teaching facility and most of the providers are part time and only work at the health center for a short time. Until the study is completed, no definitive plan can be developed.

Most growth requests for the 2024-25 were denied, including a staff person who would manage patient panels to ensure providers have a balanced workload. Work assignments were adjusted, and panel management has been assigned to a staff member.

Leadership has discussed the importance of implementing standard operating procedures (SOP) within all departments to help ensure that staff is working to the top of their scope of practice. This eliminates higher paid staff from completing tasks that can be done by staff in a lower job classification. Discussion also includes telework, increased telehealth visits, and regulatory changes by the state of California. Changes to the Referrals Team is an example of how the Health Center is implanting such changes. The referrals process has been divided. The first part of the process is managed by medical assistants and the second part is managed by office assistants. SOPs are being developed for other areas of the clinic including patient check-in and rooming.

High staff turnover and space continue to be issues SCHC faces in our ability to operate at a more efficient level. The 2024-26 Strategic Planning Committee chose to keep space as a priority by including the following:

1. Maximize clinical space by means such as increasing use of telehealth services, co-locating services within other entities' spaces, and identifying new space; and
2. Develop a coordinated care team approach with everyone working at the top of their scope of practice.

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: a) Kiosks for registration. b) MyChart for patient self-	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.	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: 1. Increase in productivity 2. Patient satisfaction

Strategy 2: Investigate how technology can offset the need for staff.		
Action Steps	SMART Objectives	Metrics
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.	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.	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.
<p>5. Staff Report</p> <p>Anthem donated video interpretation kiosks that are operational with a limited number of languages. SCHC requested an additional 14 iPads for interpretation services which are in use. In addition, SCHC received iPads that it will use to serve as check in ‘kiosks’ in clinic lobbies once workflows and logistics are finalized.</p> <p>One of the Independent Provider Associations (IPAs) financed the module that allows OCHIN to connect to Coveza. Cozeva is a 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.</p> <p>Measure the effects of the technologies over time including:</p> <ol style="list-style-type: none"> Increase in productivity – Language kiosks have been implemented. Patient satisfaction – The standard survey that SCHC uses to measure patient satisfaction does not ask about technology so SCHC will have to find another validated survey to collect this data. Employee satisfaction – No data has been collected at this time. Reduced costs to the HC – Interpretation costs are of key interest. 2023 Language Line Cost: \$309,291.07. 		
Strategy 3: Write a business case for staffing needs and present it to County Executives, the Board of Supervisors and/or others who have influence over budgetary decisions.		
Action Steps	SMART Objectives	Metrics
1. Present the business case	A. By February 28, 2022, SCHC will include the business case for staff and	A. By July 1, 2022, The Board of Supervisors will review the

Strategy 3: Write a business case for staffing needs and present it to County Executives, the Board of Supervisors and/or others who have influence over budgetary decisions.

Action Steps	SMART Objectives	Metrics
to the Board of Supervisors.	<p>technologies in its annual budget submission to the CEO’s office.</p> <p>B. SCHC staff will answer questions from County decision makers regarding the budget and business case.</p> <p>C. By June 1, 2022, SCHC Leadership will have vetted the business case with the County Executives and will ensure the final version of the business case is included in the County’s growth request.</p> <p>D. Within 90 days of budget approval, SCHC will begin implementing staffing and technology changes allowable by BOS and CAB if funding is available.</p> <p>E. Through December 2023, SCHC will track the impact of these changes.</p>	<p>growth request and make decisions.</p> <p>B. Tracked changes in:</p> <ol style="list-style-type: none"> 1. Patient satisfaction 2. Employee satisfaction 3. SCHC revenue 4. HEDIS measures 5. Number of assigned patients <p>2. Feedback from Health Plans</p> <p>C. Report to the CAB Governance Committee semiannually beginning January 2023 through December 2023.</p>

6. Staff report

SCHC’s growth request for the 2023-24 fiscal year was approved. In 2023, SCHC was able to hire a Gaps in Care nurse and a Quality Improvement nurse to work on increasing the number of patients who complete HEDIS and UDS measures. In addition, SCHC hired other staff to fill vacant positions and newly approved positions.

Track changes in:

1. Patient satisfaction

Patients continue to report a high level of satisfaction with the Health Center, its provider’s and staff. The exception in the ratings is for the call center. When asked to respond to statements such as “Phone calls get through easily” or “I get called back quickly,” SCHC ranks below comparable clinics that use the same survey. In 2023, SCHC hired a new Clerical Supervisor who implemented some of the recommendations made by the consultant for the Call Center. This was a formal QI project included in the *2023 SCHC Quality Improvement Plan*. The Call Center wait time has decreased from over an hour to less than five minutes.
2. Employee satisfaction

Employee satisfaction was measured when SCHC participated in an employee survey sponsored by HRSA. The results are not easily interrupted because we did not receive data on what type of staff completed the survey (line staff versus supervisors and leadership). We exceeded the national average for supportive health center processes.
3. SCHC revenue cannot be directly tied to staff hired as a result of the growth request.
4. HEDIS measures – in 2022, SCHC met the hypertension high performance level for RCMG and was very close to meeting it for other IPAs. The cervical cancer screening measure was met for Anthem Blue cross. The Quality Improvement team diligently works to achieve the objectives set forth in the Quality Improvement Plan, specifically working on measures that affect multiple programs including breast cancer screening, colorectal cancer screening, cervical cancer screening, no-show rates and more. Each program also has objectives and a QI coach to help the team make changes to reach set objectives which, in many cases, is to meet the minimum

Strategy 3: Write a business case for staffing needs and present it to County Executives, the Board of Supervisors and/or others who have influence over budgetary decisions.		
Action Steps	SMART Objectives	Metrics
	<p>performance level set by the IPAs. 2023 HEDIS data has not been finalized by the IPAs at the time of this report.</p> <p>5. Number of assigned patients The number of patients assigned to the health center continues to grow. Dr. Mishra reported to CAB in May 2023 that SCHC was experiencing a high turnover among physicians and other clinicians and that she continues to focus on access to care. The Health Center has been collaborating with UC Davis School of Nursing to provide nurse practitioners who can fill staffing gaps. In addition, Dr. Mishra requested that all IPAs temporarily stop assigning new patients to the Health Center to help ensure current patients can access the care they need. Two of the three agreed, but the June member rosters showed an increase in patients for one of those IPAs despite their agreement. In addition, the IPA that refused the request provides us with the majority of our primary care patients. According to the 2023 UDS data, the Health Center has 16,670 assigned patients.</p> <p>6. Feedback from Health Plans Feedback from the Health Plans has been positive. River City Medical Group (RCMG), an Independent Physician Association (IPA), reached out to SCHC to give recognition for being a top-performing FQHC on key performance measures. RCMG asked the Health Center for tips and pointers that could help other FQHC's. Feedback from the other IPAs has also been positive.</p>	

II. Priority: Maintain the historical focus on serving individuals experiencing homelessness
Continue to improve access and continuity of care at 4600 Broadway and Loaves and Fishes

Strategy 1: Conduct a health and related needs assessment of individuals experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
1. Use homeless survey results to develop a plan to better serve homeless patients, either directly or through collaboration.	<p>A. By January 30, 2022, SCHC will review the areas of the HC (4600 and Loaves and Fishes) identified in the survey to determine if and what changes can be made to achieve 75% "very good or good" score on following survey elements:</p> <ul style="list-style-type: none"> • Able to get appointments for check-ups. • Able to make same day appointments when sick or hurt. • Length of time waiting at the clinic. <p>B. By February 15, 2022, the SCHC will choose at least one area on which to focus change efforts and present to the CAB for approval at the March 2022 meeting.</p> <p>C. By March 25, 2022, staff will identify</p>	<p>A. By the March 2022 CAB meeting, CAB will receive, review, discuss and make a decision regarding the proposed focused change(s) to better serve homeless and indigent patients.</p> <p>B. By June 30, 2022, SCHC will begin implementing the plan</p> <p>C. Report to the CAB Governance Committee semiannually on progress March 2023 and through December 2023. (Changed date 11/18/22)</p>

Strategy 1: Conduct a health and related needs assessment of individuals experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
	<p>SCHC staff who will contribute to developing a plan for the identified changes.</p> <p>D. By May 15, 2022, a draft plan, including metrics, costs, staffing, partners, etc., will be developed and presented to SCHC leadership for review and approval.</p> <p>E. By June 30, 2022, SCHC will implement the plan and will report to the CAB semiannually on progress beginning December 2022.</p>	
<p>7. Staff Report</p> <p>A needs assessment at Loaves and Fishes (L&F) was conducted in August 2021 to better understand the needs of the community to inform the Sacramento County Health Center of what services would be most valued and utilized by the homeless and indigent people living near L&F. The data showed a large unmet need for a primary care home for people experiencing homelessness. Accessibility of the clinic and providing general primary care were the top priorities of those interviewed. The data also revealed a need for more targeted services to people with mental health problems and people with substance use disorders.</p> <p>The SCHC made changes to better serve people experiencing homelessness.</p> <ol style="list-style-type: none"> SCHC’s mobile medical van became operational in September 2022, adding two exam rooms to the space at Loaves & Fishes. In November 2022, the Street Medicine program began, using the van as a base and allowing providers to walk into encampments to provide services. Services include mental health evaluation and wound care which were priorities identified in the homeless survey. Other services include but are not limited to tuberculosis evaluation and skin testing, HIV testing, radiology, and prescription refills. A Community HealthWorks (Sacramento Covered) navigator is housed at Loaves & Fishes and works on the mobile van to sign people up for insurance, switch their provider to SCHC as desired, and connect them to other needed services. The Health Center works collaboratively with Sacramento County Public Health to deliver HIV and STD services to homeless individuals on the mobile van. 		
Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<ol style="list-style-type: none"> Conduct outreach efforts to currently assigned homeless patients who have not made an initial appointment and 	<ol style="list-style-type: none"> By May 30, 2021, SCHC staff will compile a list of assigned homeless patients who have not made an initial appointment. By June 5, 2021, SCHC will begin outreach to those patients by phone to set up an appointment. By December 30, 2021, and moving forward, 30% of assigned homeless 	<ol style="list-style-type: none"> SCHC staff work to ensure at least 30% of patients assigned by the IPAs to SCHC and identified as homeless make an initial appointment. Report to the CAB Governance Committee semiannually on the results and of changes in metrics

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>assist them to make an initial appointment within 120 days of being assigned to the SCHC.</p>	<p>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>beginning December 2021 and through December 2023:</p> <ol style="list-style-type: none"> 1. Number and percent of known homeless patients who had an initial appointment within 120 days of being assigned to SCHC.
<p>8. Staff Report</p> <p>Using 2023 UDS data, 162 new patients who self-identified as homeless were assigned to SCHC. Of those, 130 patients, 80% received an initial health assessment within 120 days of being assigned to SCHC.</p>		
<p>2. Place a Sacramento Covered staff member at Loaves and Fishes to:</p> <ol style="list-style-type: none"> a) Help homeless individuals sign up for insurance. b) Change the provider assignment to SCHC when applicable - current Medi-Cal beneficiaries who are seen by SCHC but are assigned to another provider. c) Connect homeless people with their assigned provider. 	<ol style="list-style-type: none"> 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. B. By March 30, 2022, a Sacramento Covered staff member will be located at Loaves and Fishes. 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>A. Report to the CAB Governance Committee semiannually on the identified metrics beginning August 2021 through December 2023.</p>

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>d) Work with the health plans to arrange transportation and interpretation services as needed.</p>		
<p>9. Staff Report</p> <ol style="list-style-type: none"> 1. Help homeless individuals sign up for insurance: 6 2. Change the provider assignment to SCHC when applicable - current Medi-Cal beneficiaries who are seen by SCHC but are assigned to another provider. 18 3. Connect homeless people with their assigned provider. 13 <p>A total of 122 people were assisted by Community HealthWorks (Sacramento Covered) from January 2022 through December 2023. Services related to access, education, eligibility, and referral to other services were offered by the staff member.</p>		
<p>3. Use SCHC’s current technology to its fullest capacity and investigate/add other technology to enhance patient access, improve the patient/ provider relationship and remove barriers to care for patients experiencing homelessness (and other SDOH barriers), including</p> <ol style="list-style-type: none"> a) MyChart b) OCHIN and HEDIS reports to identify patients with 	<p><u>MyChart</u></p> <ol style="list-style-type: none"> 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 and educate staff on the promotion plan and how to help patients. 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><u>OCHIN/HEDIS:</u></p> <ol style="list-style-type: none"> A. Identify patients with gaps in care on an on-going basis. B. Develop culturally sensitive strategies to close these gaps. <p><u>Lobby TVs</u></p> <ol style="list-style-type: none"> A. By December 1, 2022, finalize an initial 	<ol style="list-style-type: none"> A. Implement strategies and track the changes in: <ol style="list-style-type: none"> 1. Number of appointments missed or were started late as a result of delayed registration. 2. Number of scheduled and kept appointments. <ol style="list-style-type: none"> 1. Increased MyChart users. 2. Number of patients who utilize the new modules. B. Report to the CAB Governance Committee semiannually on the identified metrics in June 2023 and December 2023.

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
gaps in care c) Lobby TVs	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.	

10. Staff Report

- Number of appointments missed or were started late as a result of delayed registration. This data is not trackable for several reasons. The first is that there is not a code to indicate the patient was not able to be seen because the check in process took too long. Second, when possible, providers still see patients who are “late” for their appointment regardless of the reason.
- Number of scheduled and kept appointments.
In January 2023, SCHC divided the primary care clinical programs into multiple departments so that revenue and expense data could be tracked and reported per department. As a result of the split, the no show data for Q4 2022 and Q1 2023 are not directly comparable. In addition, at the start of the Strategic Plan (Quarter 1 of 2021), 28.9% of visits were via telephone—the visit modality with the lowest no-show rate—vs. only 10.1% at the end (Quarter 4 of 2023). Unfortunately, too many confounding variables make it difficult to know whether, if all other things were the same, the strategies implemented to reduce no show rates had any effect.

Clinical Program	2021	2023			
	Q1	Q4			
	Combined	In Person	Telephone	Video	TOTAL
Adult Med	17.0%	21.5%	11.0%	20.0%	20.4%
Pediatrics	17.2%	26.1%	16.8%	NA	25.3%
Family Medicine	14.8%	13.8%	15.0%	21.1%	14.0%

- Increased MyChart users
As of December 2023, 27.1% of SCHC’s patient population are MyChart users. This is up slightly from the 26.1% reported as of June 2023. During the period of this Strategic Plan implementation, SCHC has not had staff capacity to focus on increasing enrollment into MyChart, but we have seen an increase. A QI project planned for 2024 will create standard operating procedures (SOP) for staff. Some staff currently help patients sign up for MyChart as time allows but the goal is to make this part of their SOPs.
- Number of patients who utilize the new modules.
The Willow program of Epic/OCHIN was operational in February 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. This module is designed mainly for providers, but patients can request refills through the application.

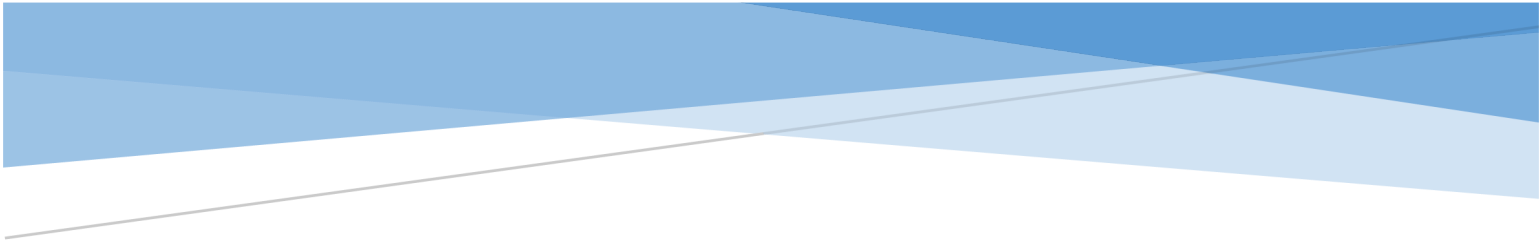
Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>4. Research other technology to determine what may enhance patient access, improve the patient/provider relationship, and/or remove barriers to care.</p>	<p>A. By October 31, 2021, SCHC staff will meet with DTech to discuss potential new 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>A. Identified technologies and costs will be incorporated into the 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>11. Staff Report</p> <p>The SCHC implemented Artera messaging in December 2022. Artera is a robust messaging system that 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, send voice messages and messages that include links to the patient satisfaction survey for example. The Health Center staff continues to explore Artera so that it can be used more widely to improve patient engagement and adherence to preventive screening measures.</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>The Willow program of Epic/OCHIN was operational in February 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 began bulk ordering some services for the patients who are due for that particular service (e.g.</p>		

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>breast cancer screening). This streamlines the ordering process and saves staff time.</p> <p>We have point of care testing devices for lead testing, bilirubin, and A1c. Staff have been trained on the devices and a second training/refresher took place on July 18, 2023.</p> <p>Providers now have access to Dragon Dictation to create patient/chart notes from voice dictation after visits. Dragon Dictation decreases provider time and increases the percentage of patient records closed within 48 hours of the visit.</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"> a) Dental services b) Substance abuse services (including MAT), and c) 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.
<p>12. Staff Report</p> <ol style="list-style-type: none"> 1. The utilization of each additional services The Health Center received Clinical Laboratory Improvement Amendments (CLIA) certification which allows onsite point of contact testing for things such as COVID, STD’s and the flu at L&F and on the mobile van. In addition, SCHC providers have started prescribing Suboxone, which is used in treating those addicted to opioids. The mobile van does not offer dental services. 2. Patients’ satisfaction with services offered at L& F and on the mobile medical van. The Health Center’s patient satisfaction ratings continue to be high. Patients who received 		

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
<p>services on the mobile van have not been surveyed about their satisfaction.</p> <p>3. Revenue generated by the expanded services. Behavioral services are offered on the van, but dental care and MAT services are not. Since its initiation in 2022 through December 2023, the mobile van has generated \$19,602 for all services.</p>		
<p>6. Implement a plan for the mobile medical van (see Space Strategy 1.2.6.)</p>	<p>A. By December 30, 2021, SCHC’s leadership will finalize a plan for the mobile medical van, including but not limited to:</p> <ul style="list-style-type: none"> a) Services offered b) Staffing c) Days/hours of operation d) Location of services e) Partners <p>B. CAB will review the draft plan for the mobile medical van at the January 2022 meeting.</p> <p>C. By February 28, 2022, the mobile van will be operational.</p> <p>D. Through December 31, 2023, mobile medical van performance metrics will be collected and reported to the CAB semiannually, including:</p> <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>A. CAB will review the draft plan for the mobile medical van at the November 2021 meeting (see above).</p> <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. Modified 6/17/22. 4. Type of insurance services Received 5. Revenue generated
<p>13. Staff Report</p> <p>The mobile van has been operational since September 2022. In November 2022, the van made its first trip to a site frequented by those experiencing homelessness. To further increase services to homeless individuals, providers on the van began providing street medicine – going into encampments to provide care instead of asking patients to come to the van. If a patient found within an encampment needs services that cannot be provided with the medical supplies the provider has in their backpack, the patient is asked to follow the provider back to the van to complete care.</p> <ul style="list-style-type: none"> 1. Number of patients seen: 385 patients 2. Number of patients seen that are already assigned to SCHC: 17 patients in 2023 3. The number of homeless patients served: 379 homeless patients 4. Type of insurance services received <ul style="list-style-type: none"> Nivano Medicare: 2 Nivano Medi-Cal: 2 RCMG Medi-Cal: 12 		

Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
UCDHN Medi-Cal: 1		
4. Revenue generated: the mobile van generated \$19,602 for all services.		
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 a) Free cell phones b) Telemedicine outstations	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.” 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. F. Contingent on the BOS decisions regarding the budget request, by July 15, 2022, begin outreach to patients. G. By December 31, 2022, begin implementing telemedicine services at the partner site. H. Report metrics and encounter data to the CAB semi-annually.	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 December 2023, including: <ol 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.
14. Staff Report In December 2022, staff reported: The SCHC did not receive the Federal Communication Commission’s Telehealth Grant that would have		

Strategy 3: Collaborate with community partners and resources to better serve the homeless population.		
Action Steps	SMART Objectives	Metrics
<p>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 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>		
<p>2. Choose which organizations to partner with.</p> <ul style="list-style-type: none"> a) Decide how the partnership will work. b) Create MOUs with partner organizations. c) Decide what services will be provided. d) Decide where to provide services. 	<ul style="list-style-type: none"> A. By July 31, 2022, SCHC staff will reach out to identified organization(s) to explore collaboration. B. By January 31, 2023, SCHC will request permission from the Board of Supervisors to establish MOUs with identified organizations. C. By July 31, 2023, SCHC will work with selected organizations and establish MOU's. D. By December 31, 2023, MOU's that detail the scope of work, roles, goals, deliverables and metrics will be finalized. 	<ul style="list-style-type: none"> A. Established MOUs by December 31, 2023. B. Identify mutually beneficial metrics. C. Report to the CAB Governance Committee on the identified metrics at the December 2023 meeting.
<p>15. Staff Report</p> <p>SCHC is working collaboratively with Public Health to deliver HIV and STD services to homeless individuals on the mobile van. The Health Center is also providing street medicine at homeless encampments as a compliment to the mobile van. Community HealthWorks (Sacramento Covered) provides a navigator that helps those experiencing homelessness connect to the services they need.</p>		



Sacramento County Health Center Strategic Plan, 2024-2026

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Forward

The Sacramento County Health Center (SCHC) began the 2024-26 strategic planning process in January 2023 and concluded in June 2023. The Strategic Planning Team consisted of SCHC leadership, staff, and SCHC Co-Applicant Board members.

The strategic plan was developed thoughtfully and intentionally with input from people with a wide range of experience and expertise. This input reflects the diverse individuals served by the Sacramento County Health Center. The plan focuses on increasing access to care and promoting Health Center economic sustainability.

I am grateful to those who contributed to the 2024-26 SCHC Strategic Plan.

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

Part I: The Strategic Planning Process

Methodology

The Co-Applicant Board (CAB) began the strategic planning process in December 2022, by setting the expected parameters and approximate timeline for the planning process. CAB reviewed its previous strategic planning process and decided to repeat much of the earlier process, including forming an Ad Hoc Strategic Planning Committee, composed of Health Center leadership and CAB members, to guide the effort. CAB also decided to rely on internal Health Center expertise, rather than an external consultant, to guide the process. CAB chose to draw on the document produced by Capital Link and the National Association of Community Health Center with funding by the Health Resources and Services Administration (HRSA), *Creating a Dynamic and Useful Strategic Plan: A Toolkit for Health Centers* developed by (*Toolkit*) and selected tools from that document to support a robust three to four month data-drive planning effort, with the Strategic Planning Committee checking in with CAB at key milestones.

The specific tools adapted from the Toolkit and used in the process were

Self-Assessment Component

- Vision, Mission, and Values Review - completed by the Committee

- Strengths, Weakness, Opportunities and Threats (SWOT Analysis) – completed by invited external partners, staff, and CAB members

- History and Accomplishments

- Financial Capacity Review (modified for public entity)

- Physical Space Assessment

- Technology Assessment

Environmental Scan Component

- Issue Inventory

- Issue Research

- Web Search

- Stakeholder Input

Impact Evaluation

- Impact Assessment

Strategic Goals and Objectives

- Establishing Strategic Goals

- Establishing Objectives Related to Strategic Goals

Action Plan Component

- Immediate Action Plan

Strategic Planning Committee

Membership

Due to California's Brown Act, the CAB decided to appoint four members to the Strategic Planning Committee as voting members, and to appoint the CAB Chair as a non-voting observer. In consultation with SCHC Leadership, key SCHC leaders were added to the Strategic Planning Committee. Other SCHC personnel participated by completing:

1. CAB members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo; Jan Winbigler served as a non-voting observer.
2. SCHC Leadership: Noel Vargas (Deputy Director for Primary Health), Andrew Mendonsa (HRSA Project Director), Susmita Mishra (Medical Director), John Dizon (HRSA Chief Financial Officer), Vanessa Stacholy (HRSA Director of Operations), Sharon Hutchins (HRSA Project Manager and Director of Quality and Compliance), Robyn Alongi (Health Program Planner).

Adopted Rules

The Strategic Planning Committee developed the following ground rules:

- Come to all meetings.
 - If you accepted, but can no longer attend, inform the Chair.
- Read all materials ahead of time and come prepared for discussion.
 - Materials to be sent preferably 1 week but no less than 72 hours prior to the meeting.
 - Can mail handouts to members who want paper copies – upon request.
- Listen to others carefully.
- Contribute own ideas, expertise and lived experience.
- Take turns.
- Respect time limits for item review and discussion.
- Voting process
 - 2 CAB members need to be present and vote yes for decisions to take to CAB.
 - 1 leadership team member present and in agreement.
 - 1 staff member to take notes.

Meeting Schedule and Outcomes

January 11, 2023, Overview and Self-Assessment Part 1

- A. The goal of the first meeting was to provide an overview of why SCHC needs a strategic plan, the goals, process, and work that needed to be done to develop the strategic plan.
- B. Staff provided a high-level overview of the Health Center and asked the Committee to think about what SCHC needed to do/focus on in the next three years to ensure we serve our patients well.

- C. HRSA’s toolkit, *Creating a Dynamic and Useful Strategic Plan* guided our process. The Committee did not use all the steps in the toolkit.
- D. Staff explained that the Committee needed to consider internal and external factors, the goals, objectives and accomplishments of the current strategic plan, and key steps the Health Center needs to achieve its vision.
- E. The Committee elected CAB member Suhmer Fryer as the Chair.
- F. The Committee agreed on the overall process and goals, they finalized the meeting calendar, and began the planning process including creating a list of organizations to invite to the SWOT meeting. The Committee planned to bring a draft Strategic Plan to CAB for review in April.
- G. The SCHC’s Mission, Vision and Values were reviewed, and CAB members were asked to submit their suggestions for revised or new Mission, Vision and Values statements.

February 17, 2023, Self-Assessment Part 2

- A. The Committee discussed and agreed on revisions of SCHC’s Mission, Vision and Values statements. The draft was presented and approved at CAB’s March 17 meeting. See Attachment A for SCHC’s Mission, Vision and Values.
- B. The Strategic Planning Committee (SPC) received and discussed:
 1. More information about SCHC’s assigned patient numbers and characteristics;
 2. SCHC staffing overview;
 3. Review of 2021-2023 Strategic Plan progress towards set goals and objectives.
 4. The financial, staffing, space, and technology assessments; and
 5. The Sacramento County Needs Assessment conducted by UC Davis Health (i.e. health outcomes data and health needs); and
 6. Sacramento County’s Health Profile – data that compared SCHC to other health centers in California.

March 8, 2023, Self-Assessment (Data Review), Part 3 & Environmental Scan, Part I

- A. The Committee received and discussed SCHC’s self-assessment data including the results of the patient feedback survey and information about all SCHC programs.
- B. Part one of the Environmental Scan. The Committee reviewed and discussed information on best practices and trends in health care, social determinants of health assistance, care coordination, case management issues, strategies to improve access, government policy, collaboration, and service coordination.
- C. The next step in this process was the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The Committee listed organizations they felt should be invited to participate. Staff invited outside agency representatives and all CAB members to attend the SWOT. In preparation for the SWOT, the Committee discussed:
 1. The overall meeting organization.
 2. The number and composition of breakout groups.
 3. We identified the breakout leads and note-takers.
 4. We finalized SWOT questions.

March 17, 2023, Meeting

- A. Strengths, Weaknesses, Opportunities and Threats (SWOT)
 - 1. Outside agencies that sent representatives
 - a. HEART – street encampment team
 - b. Sac Co Dept. of Housing & Homeless Services
 - c. Lao Family Community Development
 - d. Legal Services of Northern California
 - e. World Relief
 - f. Dept. of Health Services
 - g. Anthem Blue Cross
 - h. HealthNet
 - i. River City Medical Group
 - j. Deputy Director for Primary Health
 - k. Elica Health Center
 - l. Communicare Health Clinics
 - m. One Community Health
 - n. WellSpace
 - o. UC Davis Health
 - p. Sacramento County Office of Education
 - q. Public Health Sexual Health Team
 - r. Sacramento Covered
 - 2. CAB members in attendance included Suhmer Fryer (Strategic Planning Committee Chair), Jan Winbigler (CAB Chair), and Elise Bluemel
See Attachment B for the list of SWOT Questions

March 29, 2023, Meeting, SWOT Findings Discussion, Environmental Scan, Part I and Impact Assessment

- A. The Committee reviewed the SWOT findings. See Attachment C for SWOT findings.
- B. Additional environmental scan information.
 - 1. The Committee reviewed information on the Patient-Centered Medical Home (PMHC) concept and accreditation. Pursuing PCMH accreditation is a useful way to plan for substantial operational and infrastructural changes needed to prioritize (whole) patient care and attain recognition for completing the year-long, intensive structured process. Having sufficient staff is a key factor in completing the transformation. The practice transformation can bring inherent rewards, such as increased patient satisfaction, health outcomes, and efficiencies. Accreditation can result in higher scores on federal (and some other) grant applications.
- C. SCHC has been investigating Provider Productivity and Team-Based Care including new provider productivity standards and best practices for patient panel size (i.e., the number of patients assigned to a provider based on the amount of time the provider works). SCHC's productivity expectations have not changed for several years, but globally, the expectations of providers have increased. For example, providers are expected to address social determinants of health, including access to affordable housing, transportation, childcare, food, and other needs. More research is needed to identify the best "formula" for SCHC. This process is crucially important for the well-being of patients, our ability to recruit and retain providers, and our fiscal health.
- D. Key Informant Interviews
 - 1. The group discussed the idea of interviewing additional partners (that did not attend the SWOT analysis) and whether additional questions should be posed to certain SWOT attendees.



2. The Committee decided it would not be necessary to reach out to additional partners, although the absence of certain partners (e.g. homeless advocacy groups) was regretted.
3. The Committee decided there was no need to reach out to any of the SWOT attendees. While the group thought additional interaction with some of the health centers would be a good idea, they felt the planned quarterly meetings (with other health centers) would provide a sufficient venue for additional exchanges.

E. Government Policy: Changes in Payment Models

The Committee reviewed and discussed information on the California Department of Health Care Services (DHCS)'s new Alternative Payment Methodology for FQHCs. The new methodology for paying FQHCs for services for Medi-Cal patients is based on capitation rather than fee-for-service. The idea is that the most efficient and effective providers will be those that can help patients prevent development of costly conditions and complications. There is no historical data on what the "per patient per month" payment should be in this pay for performance system.

April 12, 2023, Meeting

- A. The Committee identified strategic priorities and developed the goals and strategies for each strategic priority. This included bringing services to patients - street medicine, school-based services, mobile van; co-location of services; partnerships and collaborations to prevent duplication of work and services; patient panel size and empanelment; technology; and preparing for a possible economic downturn.
- B. Below are the preliminary priorities and goals presented and approved by CAB on April 21, 2023.

Priority 1: Increase Access to Care

- **Goal 1: Increase access to health care services**

- Strategy 1: Bring services to patients – locate services where patients already spend time.

- Strategy 2: Increase use of telehealth services and co-locating services.

- Strategy 3: Use a coordinated care team approach with everyone working at the top of their scope.

- **Goal 2: Increase access to enabling and navigation services**

- Strategy 1: Develop coordinated wrap-around services.

- *Sub-strategy 1*: Increase number of Public Health Aides (CHW's) and other staff to provide care coordination and case management.

- *Sub-strategy 2*: Create workflows and develop referral pathways to coordinate services with outside organizations.

Priority 2: Increase SCHC Efficiency to Weather Economic Downturn

- **Goal 1: Update and enhance technology**



Strategy 1: Use technology to reduce workload and increase employee satisfaction and retention.

Strategy 2: Use technology to improve patient outcomes.

- C. The Committee received CAB approval to use a format different from the previous Strategic Plan format to prevent CAB from being bogged down with the details of implementation. The SCHC will report to CAB on the progress of work towards goals and objectives at regular intervals.

April 21, 2023, Meeting

- A. The Committee reviewed the proposed activities.
B. The Committee asked staff to develop draft objectives, and to propose metrics and targets for discussion at the next meeting.

May 24, 2023, Meeting

- A. The Committee reviewed and updated the proposed activities, objectives, metrics and targets for each strategy.
B. Below is the outline of the revised draft of the Strategic Plan.

Priority 1: Increase Access to Care

- **Goal 1: Increase access to health care services.**

Strategy 1: Bring services to patients – where patients already spend time. e.g. School-based services, visits to encampments, other use of mobile van, mail delivery of pharmaceuticals, mobile pharmacy services (when regulations allow).

Strategy 2: Maximize clinical space by means such as increasing use of telehealth services, co-locating services within other entities' spaces (e.g., University of Pacific, UCD School of Nursing mobile van), and identifying new space.

Strategy 3: Develop a coordinated care team approach with everyone working at the top of their scope of practice (i.e., what the certification or license allows) to reduce the burden on providers so they can see more patients per unit of time.

Strategy 4: Train providers and staff from a patient perspective to improve patient-centered care.

- **Goal 2: Increase access to enabling and navigation services to overcome SDOH barriers.**

Strategy 1: Develop coordinated wrap-around services (e.g., increase the number of Public Health Aides/ Community Health Workers - CHWs and other staff) within SCHC to provide care coordination, case management, and navigation services.

Strategy 2: Develop streamlined workflows to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving. Where possible, identify and enable electronic systems to facilitate two-way communication to coordinate services. (what happens to the referral).



Priority 2: Promote Economic Sustainability

- **Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced and/or updated technologies.**

Strategy 1: Complete due diligence and implement technologies that increase efficiency, e.g., reducing staff workload and increasing patient control, on-demand appointments, self-scheduling, check-in kiosks, exam room TVs for education, robust use of Artera (patient communication system), and on-hold messaging.

Strategy 2: Develop and implement improved Health Center provider and staff training. e.g., onboarding training, training and accountability of Health Center policies and procedures.

Strategy 3: Research and adopt promising practices and streamline processes, engage in continuous quality improvement practices for Health Centers operations.

- **Goal 2: Improve staff retention to lower costs due to recruitment and new employee training costs and other costs.**

Strategy 1: Develop policies and procedures that increase employee retention and morale, (e.g., flexible and alternative work schedules and telecommuting, continuous learning/growth opportunities to meet employee and/or group needs).

- **Goal 3: Identify and track funding opportunities (CalAIM) that align with the Health Center's mission, vision and values.**

Strategy 1: Research funding opportunities and secure additional funding.

June 16, 2023, CAB Meeting to Approve the 2024-2026 Strategic Plan

The Chair of the Strategic Planning Committee, Suhmer Fryer, along with Dr. Sharon Hutchins presented a Powerpoint of the strategic planning process and the proposed Strategic Plan to CAB.

- A. The draft plan is missing baseline data for several items. This data was collected and added to the Plan which was presented to CAB for approval.
- B. CAB members unanimously voted to approve the 2024-26 Strategic Plan with the caveat that it will be brought back to CAB with all baseline data. See Attachment D for the finalized Strategic Plan.



Part II: 2024-2026 Strategic Priorities Action Plan

Priority 1: Increase Access to Care		
Goal 1: Increase access to health care services		
Strategy 1: Bring services to patients – where patients already spend time (e.g., school-based services, visits to encampments, other use of mobile van, mail delivery of pharmaceuticals, mobile pharmacy services [when regulations allow]).		
Expected Outcome	Responsible Party	Target
Increase the number of patients receiving school-based mental and/or primary care services	Health Program Managers (HPM)	≥5% over baseline (BL) <i>Baseline:</i> <i>MH: 1,500 per yr</i> <i>PCS: 0 per yr</i>
Increase the number of patients receiving health services on the mobile medical van.	Mobile van providers; HPM for Operations	≥10% over BL Goal: 165 pt yr <i>Baseline: 150 pt yr</i>
Increase the number of patients with OCHIN compatible remote blood pressure device	QI Team	≥10% over BL Goal 241 pts <i>Baseline: 219 pts</i>
Increase the number of homeless patients who receive care through street medicine* <small>*Mobile van and street medicine patients are grouped in the same OCHIN department.</small>	Mobile van providers; HPM for Operations	≥15% over BL Goal: 443 pts <i>Baseline: 385 pts</i>
Meet or exceed the HEDIS minimum performance level (MPL) for controlled BP for 2024, 2025 and 2026.	QI Team	MPL varies each year
Research to determine if mailing pharmaceuticals is an option for SCHC.	County Pharmacist; HPM for Operations	Yes or No
Research and, if possible, implement delivery of medications on the mobile van.	County Pharmacist; HPM for Operations	Yes or No

Strategy 2: Maximize clinical space by means such as increasing use of telehealth services, co-locating services within other entities' spaces (e.g., University of Pacific, UCD School of Nursing mobile van), and identifying new space.		
Expected Outcome	Responsible Party	Target
Decrease the average lag time needed for assigned patients to obtain non-urgent care. Appointment within 10 business days of requesting an appointment for primary care.	SCHC Leadership QI Team	Goal: ≥10% over baseline (BL) Goal # 19.47 days <i>Baseline: 21.63 days</i>



Increased square footage (fixed and mobile) dedicated to the delivery of care.	SCHC Leadership	Goal: ≥5% over BL Goal #: 7,874 sq ft Baseline: 7,499
Increased number of assigned patients who utilize telehealth services.	SCHC Leadership	≥10% over baseline Goal #: 26.7% Baseline: 24.3% (Jan 22-Dec 23: 84,698 pts)

Strategy 3: Develop a coordinated care team approach with everyone working at the top of their scope of practice (i.e., what the certification or license allows) to reduce the burden on providers so they can see more patients per unit of time.

Expected Outcome	Responsible Party	Target
Complete the research on panel sizes and present the findings to CAB for discussion.	SCHC Leadership Consultant	December 2024
Develop a comprehensive implementation plan.	SCHC Leadership	September 2025
Implement the plan.	SCHC Leadership Project Planner	December 2026
Increased number of available appointments.	SCHC Leadership	≥5% over baseline Goal #: 3,692 per year Baseline: 3,516

Strategy 4: Train providers and staff from a patient perspective to improve patient-centered care.

Expected Outcome	Responsible Party	Target
Establish a workgroup to develop, implement and monitor a training plan to help providers and staff better understand the patient perspective when accessing care at SCHC.	Health Program Manager	December 2025
Post training, review and modify Policies and Procedures and workflows to improve the patient’s experience when accessing care at SCHC.	HPM for Compliance	Train at least 80% of clinical staff

Priority 1: Increase Access to Care
Goal 2 Increase access to enabling and navigation services to overcome social determinants of health (SDOH, i.e., societal and environmental factors that affect people’s health and access to care)

Strategy 1: Develop coordinated wrap-around services (e.g., increase the number of Public Health Aides/ Community Health Workers - CHWs and other staff) within SCHC to provide care coordination, case management, and navigation services.

Expected Outcome	Responsible Party	Target
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Workflows for internal coordination of wrap-around services appropriate for existing levels of staffing.	Health Program Manager	October 2024
New or revised County positions meeting state requirements to generate revenue for navigation services. Include ways to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving.	SCHC Leadership	November 2025
A sufficient number (at least 2) dedicated staff to provide enabling services.	SCHC Leadership	December 2026

Strategy 2: Develop streamlined workflows to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving. Where possible, identify and enable electronic systems to facilitate two-way communication to coordinate services. (what happens to the referral)

Expected Outcome	Responsible Party	Target
Workflows for referral pathways to external organizations providing needed services.	RN Case Manager; HPM for Operations	December 2024
Electronic systems to facilitate two-way communication with at least one external service organization to coordinate services and track referrals to completion.	ASO III	December 2025
Operational plan to provide wrap around services including ways to coordinate with other organizations providing such services.	HPM for Operations	June 2025
Increased number of patients accessing navigation services.	HPM for Operations	≥10% over BL Goal: 1,389 pts Baseline: 1,263

Priority 2: Promote Economic Sustainability
Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.

Strategy 1: Complete due diligence and implement technologies that increase efficiency, e.g., reducing staff workload and increasing patient control, on-demand appointments, self-scheduling, check-in kiosks, exam room TVs for education, robust use of Artera (patient communication system), and on-hold messaging.

Expected Outcome	Responsible Party	Target
List of identified technologies, costs, and benefits.	Admin/HPM of Oper	December 2024
Present to CAB for discussion.	HPM	March 2025
Developed implementation plan with timeline.	HPM of Operations	August 2025
Technologies operational.	HPM of Oper	November 2026



Strategy 2: Develop and implement improved Health Center provider and staff training. e.g., onboarding training, training and accountability of Health Center policies and procedures.		
Expected Outcome	Responsible Party	Target
Staff training plan to include OCHIN, SCHC policies and procedures, County protocols, Intranet tour.	HPM for Compliance	June 2025

Strategy 3: Research and adopt promising practices and streamline processes, engage in continuous quality improvement practices for Health Centers operations.		
Expected Outcome	Responsible Party	Target
GROSS projects implemented. Report on waste eliminated.	QI Team	Report semi-annually June 2024 through December 2026

Priority 2: Promote Economic Sustainability		
Goal 2: Improve staff retention to lower costs due to recruitment and new employee training costs and other costs.		
Strategy 1: Develop policies and procedures that increase employee retention and morale, (e.g., flexible and alternative work schedules and telecommuting, continuous learning/growth opportunities to meet employee and/or group needs).		
Expected Outcome	Responsible Party	Target
Updated policy on alternative work schedules and other strategies.	QI SCHC Leadership Operations Manager	Retention Baseline: 82.1% Decrease baseline employee turnover by ≥10% by Nov 2026 Goal #: 14.3%

Priority 2: Promote Economic Sustainability		
Goal 3: Identify and track funding opportunities (e.g., CalAIM) that align with the Health Center’s mission, vision and values.		
Strategy 1: Research funding opportunities and secure additional funding.		
Expected Outcome	Responsible Party	Target
Additional funding to support existing programs, expanding existing programs or initiation of new programs.	Leadership HPMs	Report semi-annually June 2024 through December 2026



Attachments:

Attachment A: SCHC's Mission, Vision and Values

Attachment B: SWOT Questions

Attachment C: SWOT Findings



Attachment A: SCHC's Mission, Vision and Values

<p>Vision</p> <p>To be an exceptional health care center valued by the communities we serve and our team.</p>
<p>Mission</p> <p>To provide high quality, patient-focused, equitable healthcare for the underserved in Sacramento County, while providing training for the next generation of local health care providers.</p>
<p>Values</p> <ul style="list-style-type: none">• Accountability• Compassion• Diversity• Equity• Excellence• Education• Respect



Attachment B: SWOT Questions

2023 Sacramento County Health Center's SWOT Questions

General

1. Describe SCHC's reputation? What is SCHC known for?
2. How easy is it to reach the appropriate person at SCHC to solve a problem or answer a question?
3. How well does SCHC respond to emerging issues (environmental, health, staffing, technological)?

Strengths

Questions:

1. What are SCHC's strengths in the following areas:
 - a. Providing patient care and the quality of its service
 - b. Quality of its providers
 - c. Reaching underserved populations (e.g. foster youth, homeless, refugees, undocumented)
 - d. Relationships with community partners
 - e. Infrastructure (including IT, physical space, staffing, services offered, and financing)
 - f. Linking patients to other needed resources
2. Are there other strengths you wish to note?

Weaknesses

Questions:

1. What do you see as SCHC's greatest weakness
 - a. Providing patient care and the quality of its service
 - b. Quality of its providers
 - c. Reaching underserved populations (e.g. foster youth, homeless, refugees, undocumented, non-English speaking patients)
 - d. Relationships with community partners
 - e. Infrastructure (including IT, physical space, staffing, services offered, and financing)
 - f. Linking patients to other needed resources
2. What patient or community needs is SCHC not addressing?
3. Is SCHC a trusted community partner?
4. If you were in charge of the health center, what changes would you make?

Opportunities

Questions:

1. Are you aware of opportunities that could advance the mission of the SCHC? For example,
 - a. Opportunities to offer new services to meet unaddressed patient care needs (e.g. interpretation)
 - b. New healthcare locations/sites
 - c. Financing or funding opportunities
 - d. Partnership opportunities
 - e. Technological advances to improve patient outcomes, workflows, staffing
 - f. Changes in Medi-Cal (e.g. billable providers, telehealth) or laws



- g. Other anticipated policy changes
- 2. What organizations could SCHC collaborate with to better serve the community?

Threats

Questions:

1. What proposed legislation or regulation could negatively affect SCHC and patient care?
2. What upcoming city/county policies or plans could negatively affect SCHC and patient care?
3. What Medi-Cal changes could affect SCHC (e.g. rise of value-based care, CalAIM)?
4. Are there signs that demand for care may shift in the next three years in the following ways?
 - a. Volume
 - b. Frequency of care
 - c. Delivery method
 - d. Location of care
 - e. On demand services
 - f. Other
5. Economy and funding (e.g. county budget, grants)
6. Labor markets
7. Global events that could impact the Refugee or other patient populations



Attachment C: SWOT Findings

March 23, 2023

<p>Strengths</p> <ul style="list-style-type: none"> • High quality providers and services • Reaching underserved populations (foster youth, homeless, refugees, undocumented) • Collaboration • Commitment to the mission of the organization • Leadership • Expanding services outside of main site including school-based services, mobile van, street medicine, Loaves & Fishes • Linking patients to other needed resources • Many services offered in one location 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Space <ul style="list-style-type: none"> ○ Limited space prevents other services such as social workers and food services from co-locating ○ No space for growth • Technology <ul style="list-style-type: none"> ○ Advanced technology system/services would be more effective ○ Digital Health Inequity – poor digital access – perception of quality of care • Government bureaucracy – slows hiring, IT, physical space, budget, finance, expansion • Communication <ul style="list-style-type: none"> ○ Breakdown silos between BH, Primary Care, Mental Health • Partnership <ul style="list-style-type: none"> ○ SCHC should act as a hub and send patients to facilities already established in care areas to compliment the care provided at SCHC
<p>Opportunities</p> <ul style="list-style-type: none"> • Increase partnerships and collaborations <ul style="list-style-type: none"> ○ BHS is applying for Bridge housing grant ○ Monica’s Homeless X and Response Team with BHS ○ Sacramento Steps Forward ○ 211 ○ COC Advisory Board representation ○ Civil Surgeon ○ Sacramento Coordinated entry systems for housing - co-locate staff ○ Food banks • Expand programs <ul style="list-style-type: none"> ○ CCM ○ Offer services in southern part of the county ○ School-based services ○ Mobile van <ul style="list-style-type: none"> ▪ Homeless encampments, street medicine ▪ To help refugees in Arden/Arcade 	<p>Threats</p> <ul style="list-style-type: none"> • Global events <ul style="list-style-type: none"> ○ Global events impact the refugee program; ○ Funding for the program is not stable ○ SCHC does not have flexibility to hire and address immediate influx • Medi-Cal <ul style="list-style-type: none"> ○ CalAIM: The cost for the program could prevent FQHCs from being made whole ○ Post-COVID Medi-Cal redetermination process ○ 340B impacted by Medi-Cal Rx • Economy <ul style="list-style-type: none"> ○ Funds go down as need goes up ○ Increase in homelessness ○ Possible increase in the minimum wage - \$25 this mean fewer people qualify Medi-Cal; higher sliding fee discount program

<ul style="list-style-type: none"> ▪ Mobile shower could be an incentive ○ In reach for BH staff <ul style="list-style-type: none"> ▪ Opportunities to offer new services to meet unaddressed patient care needs (e.g. interpretation) • Technology <ul style="list-style-type: none"> ○ To improve patient outcomes, workflows, staffing • Consider other sources of providers in addition to UCD, such as CA Northstate <ul style="list-style-type: none"> ○ Work with other types of billable providers to expand the provider pool ○ Programs to address workforce shortage – Family Navigator Role ○ Layers of support for the continuum of care <ul style="list-style-type: none"> ▪ Case Management / Collateral Services • SAMHSA grant opportunities – e.g. outreach and engagement Path grant • Ukrainians – USCIS announcement 	<ul style="list-style-type: none"> ○ Budgeting Capping: Budgeting shift such as 10% capping, decreases the ability of effective and quick response • Emergence of artificial intelligence to provide online Healthcare • Workforce shortage • Mental Health <ul style="list-style-type: none"> ○ Threats to Roe vs Wade, Racial Disparities are threats to mental health and sense of stability. • Value- based care (Opportunity?)
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What changes would you make to the SCHC if you could?

- Social Media Messages: Stop-Stigma Message will improve county engagement to improve county health wellness
- Hire more staff
- Have a more whole person approach (showers, first aid kits, tarps, etc.)
- Harm reduction services – naloxone
- Give leaders freedom and latitude to address HR issues in the same way non-governmental entities would so that employees use their skills in the best service of the organization
- Increase space



**Health Center Co-Applicant Board
2024 Meeting Dates**

Monthly Meetings

Day	Date	Time	Location
Friday	January 19, 2024	9:30 AM – 11:00 AM	Primary Care Center 4600 Broadway Community Room 2020 Sacramento, CA 95820 (or by Zoom)
Wednesday*	February 14, 2024* Monthly meeting (with <i>Special UDS Report & budget approval</i>) <i>Note: 11AM to -1 PM</i>		
Friday	March 15, 2024		
Friday	April 19, 2024		
Thursday	May 2, 2024 – Special Meeting		
Friday	May 17, 2024	9:30-11:30	
Tuesday	June 4, 2024 – Special Meeting		
Friday	June 21, 2024		
Friday	July 19, 2024		
Friday	August 16, 2024		
Friday	September 20, 2024		
Friday	October 18, 2024		
Friday	November 15, 2024		
Friday	December 20, 2024		

**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 budget timeline is 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

January – April

Committee	Day	Time	Location
CAB Executive	Friday – two weeks after the CAB monthly meeting	9:30-10:30 AM	Virtual: Zoom or Teams
Clinical Operations	Thursday of the week prior to the monthly CAB meeting	12:00 – 1:00 PM	
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	

CAB voted to disband the committees effective 05/02/2024.

Q1 2024 Summary of Patient Grievances

Grievances (from Health Plans or Independent Practitioner Organizations)

Category	Description	Examples	Number
Level I	Access challenges	Complaints about call center wait times; difficulty making an appointment	3
Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P	Delayed prescription refills; patient billed in error; unprofessional or disrespectful treatment of patients	4
Level III	Issues impacting patient safety, violating privacy laws, and/or involving possible litigation	Allegation of: medication error; Needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm; malpractice	2
Other	Concern does not directly involve the health center		0