

## HRSA Project Director / Medical Director Report to CAB May 06, 2022

### 1. Strategic Plan

#### (a) Homeless Services

- i. Where we have progressed
  - a. UC Davis has agreed to insure their faculty while driving the mobile medical center van. Dr. Orsulak and Landefeld have agreed to drive van on Tuesday and Friday morning respectively.
  - b. Dr. MK Orsulak has joined Dr. Landefeld as Homeless Lead focusing on 1) mobile services under the FQHC, 2) External Liaison with community stakeholders interested in overall care for the unsheltered, and 3) educating learners how to identify needs and close gaps in care.
  - c. The FQHC will fund the Homeless Lead time but the exact amount is not finalized yet.
- ii. These questions remain to be answered regarding the van
  - a. Vehicle operation checklist – (water tanks, gas, supplies, equipment needed)
  - b. Check in / check out sheet for keys. Where will keys be kept?
  - c. Refueling vehicle/washing car – who is responsible?
  - d. Vehicle Maintenance (Fleet Services periodic maintenance.
    - Vehicle will be out of service for at least a few days) – who is responsible for taking vehicle to Fleet services?
  - e. Dumping gray water/filling tanks - weekly? Work with vendor who empties tanks.
  - f. Macman consulting has provided us checklists from other mobile medical services

(b) Space: *Will be covered later in the agenda.*

### 2. 2022-2023 UC Davis-County Contract

- (a) All of the UCD departments and County are in agreement of the number of faculty we are increasing this next year. Now we are taking a second look at what it will cost without going over budget. We hope that this can be finalized in the next week.
- (b) New residents will start in the next two weeks for all programs (Family Medicine, Pediatrics, Internal Medicine, and School of Nursing). Onboarding and familiarity of the operations takes time so there may be long wait times and some delays in referrals. Program Leads of each program will have more focused attention at this time to ensure no decrease in quality of care.

### 3. Program highlights: Refugee Health Program

- (a) Dr. Nazeela Awan started this week. The addition of Dr. Farah Shaheen, Nazeela Awan, and NP Amber Ramage will allow us to conduct assessments for new arrivals within 90 days and chip away at the backlog.

(b) Ukrainian new arrivals

- i. 650+ folks granted “parolee” status have arrived in Sacramento. Until recently, we were seeing only a few families per a week. The Ukrainian Humanitarian Parolee program allows them to stay for 2 years and be eligible for Medi-Cal as well as the federally mandated assessments we conduct.
- ii. Challenges: Due to the high TB prevalence in this population, the federal government requires that a TB test be done with 14 days of arrival. However, the families are not linked with a resettlement agency and therefore do not have same level of resources/support as Afghan arrivals, such as transportation.
- iii. The federal government (and thus State) has not given the County Refugee Health Program additional funding to help with outreach and transportation. Dr. Hutchins has reached out to County Department of Human Assistance and Sacramento Covered for assistance with applying for Medi-Cal, linkage to other benefits, and transportation. We are also working with County Public Health to spread the word to other clinics and communities of the TB testing requirements.

**4. COVID-19**

- (a) The number of positive cases has increased in the clinic, which parallels what is happening in the community. Currently, the percentage of telehealth visits is low. No decision has been made yet to convert more of the visits back to phone/telehealth.
- (b) COVID vaccine in children: FDA advisors met 6/14 and approved Moderna for 6-17 years of age; FDA and then ACIP/Western States are expected to approve this later this week.
- (c) FDA advisors approved Moderna for those aged 6 months-71 months and Pfizer for 6 month-59 months on 6/15/2022.
- (d) On 6/28/22, the FDA will meet to discuss future COVID-19 vaccines to address the different strains.
- (e) We have ordered small batch of Moderna for age group 6 months-71 months, which will arrive 6/20.
- (f) We are having discussions to see if COVID-19 vaccinations can be incorporated within a regular office visit rather than scheduling COVID Vaccine clinics.

<b>Period</b>	<b>10</b>
<b>Current Month</b>	<b>April</b>
<b>Percentage of Year</b>	<b>83%</b>

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	YTD		Notes
					Total (YTD+Encumbrance)	Percentage (Total/Budget)	
<b>Revenue</b>							
Inter/Intrafund Reimbursements	\$12,371,711	1,717,435	7,549,947	\$0	\$7,549,947	61%	
Intergovernmental Revenue	\$10,989,662	941,505	9,666,990	\$0	\$9,666,990	88%	Medi-Cal revenue, HRSA & Refugee grants
Charges for Services	\$52,000	8,059	68,862	\$0	\$68,862	132%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$17,368		16,268	\$0	\$16,268	94%	
<b>Total Revenue</b>	<b>\$23,430,741</b>	<b>\$2,666,999</b>	<b>\$17,302,067</b>	<b>\$0</b>	<b>\$17,302,067</b>	<b>74%</b>	
<b>Expenses</b>							
Personnel	\$11,351,014	1,206,546	8,494,949	\$0	\$8,494,949	75%	Permanent vacancies in recruitment
Services & Supplies	\$10,314,243	649,511	7,328,658	1,797,797	\$9,126,455	71%	
Other Charges	\$449,477	43,868	362,196	183,419	\$545,615	81%	
Equipment	\$247,077		155,946	105,311	\$261,257	63%	Encumbrance is for radiology upgrades
Intrafund Charges (Allocation costs)	\$2,373,021	175,875	1,490,526	\$0	\$1,490,526	63%	
<b>Total Expenses</b>	<b>\$24,734,832</b>	<b>\$2,075,800</b>	<b>\$17,832,274</b>	<b>\$2,086,527</b>	<b>\$19,918,802</b>	<b>72%</b>	

<b>GRAND TOTAL</b>							
<b>(Net County Cost)</b>	<b>-\$1,304,091</b>	<b>\$591,199</b>	<b>-\$530,208</b>				

**GRANT SUMMARY**

Grant Year	Grand Year	Total Grant	Available to Spend		YTD Spent	Notes
			Start	End		
<b>HRSA</b>						
HRSA Homeless (Main)	3/1/2021	2/28/2022	\$ 1,386,602	\$ 924,401	\$ 868,595	Spending on track
HRSA Homeless (Main)	3/1/2022	2/28/2023	\$ 1,386,602	\$ 462,201	-	No claims yet for this grant period
HRSA ECT	5/1/2021	4/30/2022	\$ 261,424	\$ 164,015	\$ 143,801	Grant will be fully expended after PPE purchase
HRSA ARPA	4/1/2021	3/31/2022	\$ 1,285,475	\$ 1,285,475	\$ 776,934	Jul-Dec claims low due to slow hiring, can carryover funds to next year
HRSA ARPA	4/1/2022	6/30/2023	\$ 1,248,400	\$ 312,100	-	Grant period has not begun
HRSA ARP CIP	9/15/2021	9/14/2022	\$ 619,603	TBD	-	Construction timeline not yet determined
<b>Refugee</b>						
RHAP	10/1/2021	9/30/2022	\$ 1,958,204	\$ 1,468,653	\$ 779,127	Spending on track
RHPP	10/1/2021	9/30/2022	\$ 82,014	\$ 61,511	\$ 44,308	Spending on track
RHPP Multi-Year	10/1/2021	9/30/2022	\$ 153,000	\$ 94,492	\$ 63	New award, no claims yet for this grant period
RHPP AHP	10/1/2021	9/30/2022	\$ 200,000	\$ 150,000	-	New award, no claims yet for this grant period
<b>Miscellaneous</b>						
County ARPA	1/1/2022	12/31/2024	\$ 2,451,919	\$ 161,115	\$ 54,634	Two medical registry staff claimed this FY
CalVax			\$ 11,000	\$ 11,000	\$ 11,000	Fully expended
Anthem QI			\$ 16,000	\$ 16,000	\$ 14,181	Spending on track

## **Comprehensive Perinatal Services Program Summary June, 2022**

- The Comprehensive Perinatal Services Program is a required part of Medi-Cal. As explained by the California Department of Public Health,  
*“The Comprehensive Perinatal Services Program (CPSP) provides a wide range of culturally competent services to Medi-Cal pregnant women, from conception through 60 days postpartum. In addition to standard obstetric services, women receive enhanced services in the areas of nutrition, psychosocial and health education.”*
- SCHC is working on a contract with HER First, an experienced CPSP provider to supplement what we can offer within the health center.
- In addition, SCHC has requested (and it looks like the BOS is supportive of) permission to add two new permanent staff to help provide health education and coordinate between SCHC and HER First.

## Governance Report to CAB June 2022

- |   |             |
|---|-------------|
| 1. CAB member recruitment   | Information |
| <b>Strategic Plan</b>   |             |
| 2. Finalized financial plan   | Decision    |
| 3. Implementation of the mobile van   | Decision    |
| 4. Percentage of identified homeless patients having an IHA                 | Information |
| 5. Report on the results of approved expanded services at L&F               | Information |
| 6. CAB to choose which community partners to address SDOHs of SCHC patients | Decision    |

### CAB member recruitment

No new applications have been received. Ms. Winbigler will call Mr. Lake and Ms. Hoff to encourage them to submit their applications. CAB recruitment posters will be refreshed and reposted around the Health Center.

### Strategic Plan

<b>Priority I: Sufficient and Appropriate Space to Carry Out the SCHC’s Mission</b> <b>Strategy 1: Identify funds to expand to new buildings and enhance space at Broadway and Loaves and Fishes sites.</b>		
Action Steps	SMART Objectives	Metrics
1. Develop a financing plan for additional space and ancillary costs such as technology, staff and furniture.	A. By June 30, 2021, Sharon will work with Macman Consulting to identify experts and peer organizations (including list from OSV team) with whom to discuss financing options such as new market tax credits, bonds, and public/private partnerships. B. By October 1, 2021, SCHC will outreach to partners regarding space needs and possible funding opportunities. C. By December 31, 2021, John and Sumi will talk to the County Executive and CEO office regarding political and financial viability of renovations and new space. D. By December 31, 2021, SCHC leadership will discuss options with a range of experts and peers. E. By March 31, 2022, SCHC will develop a financing plan for enhancing existing space and adding additional space, both initial costs and on-going expenses.	A. <a href="#">Update on financing options for space given to the CAB Finance Sub-Committee at December 2021 meeting.</a> B. <a href="#">Finalized financial plan submitted and approved by the CAB by the June 2022 meeting.</a>
<b>Staff reports:</b> SCHC Leadership submitted the HRSA ARP infrastructure grant revised budget to the Finance Committee for review and approval. This constitutes the current SCHC financial plan for additional space.		

CAB is responsible for discussing the plan and making a decision.

Strategy 2: Maximize existing space.		
Action Steps	SMART Objectives	Metrics
<p>7. Implement the plan for Loaves and Fishes and the mobile medical center van usage (See also Priority #3).</p>	<p>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 &amp; F.</p> <p>B. See details in Priority 3, Strategy 2.6 for the mobile medical van.</p>	<p>A. Develop, distribute and post flyers, work with partners to inform potential and existing patients and measure outcomes by:</p> <ol style="list-style-type: none"> <li>1. The number of patients seen on the mobile van.</li> <li>2. Patients demographics including homeless status</li> <li>3. The number of each service delivered.</li> </ol> <p>B. Report to the CAB Governance Committee semiannually on the identified metrics beginning June 2022 and through December 2023.</p>

**Staff reports:**

Implementation of the mobile van has been delayed so we have not collected metrics to date. The health navigator from Sacramento Covered is stationed at Loaves & Fishes and the data on her activities has been requested. Sacramento Covered does not track to which clinic a patient is assigned; rather, they track the number of people served. See page 6 for the metrics from Sacramento Covered.

Dr. Mishra reports that the volume of patients seen at the Loaves and Fishes (L&F) site has increased tremendously. She suggests modifying the metrics to determine how many homeless patients are served versus the number of patients not assigned to SCHC that are assisted to switch care to SCHC. The goal is to establish/re-established homeless patients with any medical home. She reports that many patients have a primary care provider (PCP) and psychiatrist through their medical home and they are reluctant to switch providers because they receive certain pain and/or psychiatric medications through their PCP. They use SCHC, especially the Loaves and Fishes site, for more urgent issues.

Dr. John Landefeld and Dr. MK Orsulak are the designated Homeless Leads to support the County’s role in increasing internal (services at Delaney) and external (Street Medicine) services by being direct service providers and partnering with stakeholders in collaborative services discussions.

Other recent updates related to homeless services are

- County Risk Management and UCD granted permission for UCD providers to drive the van.
- Dr. Orsulak will operate the van on Tuesdays and Dr. Landefeld on Friday mornings.
- The locations the van will serve are still being finalized.
- Dr. Mishra has secured clinicians to staff the L&F site while John and MK are working from the van. Dr. Robitz will work at L&F on Tuesdays and a UC Davis-affiliated Nurse Practitioner will work on Fridays.
- County Public Health will provide a Medical Assistant for the van.

- Public Health has been asked to provide a community health worker (CHW), patient navigator, and/or community disease investigator to help with linkage to resources/care on the van.
- Initially Public Health staff will work alongside Primary Health (i.e. Health Center) staff. In the future, Public Health may use the van for specific events, such as Pride Week.

**Governance Recommendation:**

Modify the metric to “how many homeless patients are served” instead of the number of patients not assigned to SCHC that are switched to SCHC.

**Priority III: Maintain the historical focus on serving individuals experiencing homelessness**

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

Action Steps	SMART Objectives	Metrics
1. Conduct outreach efforts to currently assigned homeless patients who have not made an initial appointment and assist them to make an initial appointment within 120 days of being assigned to the SCHC.	<ul style="list-style-type: none"> <li>A. By May 30, 2021, SCHC staff will compile a list of assigned homeless patients who have not made an initial appointment.</li> <li>B. By June 5, 2021, SCHC will begin outreach to those patients by phone to set up an appointment.</li> <li>C. By December 30, 2021 and moving forward, 30% of assigned homeless people will make an initial appointment within 120 days of being assigned to SCHC or will be assisted to change their assignment to a different medical home.</li> </ul>	<ul style="list-style-type: none"> <li>A. SCHC staff work to ensure at least 30% of patients assigned by the IPAs to SCHC and identified as homeless make an initial appointment.</li> <li>B. <b>Report to the CAB Governance Committee semiannually on the results and of changes in metrics beginning December 2021 and through December 2023:</b> <ul style="list-style-type: none"> <li>1. Number and percent of known homeless patients who had an initial appointment within 120 days of being assigned to SCHC.</li> </ul> </li> </ul>

**Staff reports:**

The Health Center has not yet been able to expand member services staff and the current staff is not able to take on the task of identifying who is homeless and calling them to set up an initial health assessment within 120 days of being assigned to SCHC. The follow up of patients at L&F is sporadic. The nature of L&F visits are nearly always urgent-based so providers are not focused of conducting an IHA.

SCHC has 18 newly assigned HealthNet homeless patients. Three of those have received an IHA (17%). Based on information obtained from OCHIN on these 18 patients, staff found the ability of the SCHC to complete an IHA on homeless patients within 120 days of being assigned is influenced by several factors.

- We don’t have contact information for the patient or the information is wrong.
- Patients don’t respond to outreach.
- Patients don’t show up for their appointment
- Patients are not being assigned a PCP. The current workflow is that the patient comes in to meet a provider first and then they are assigned to a PCP. This workflow puts patients at risk for not being assigned a PCP.

**Priority III: Maintain the historical focus on serving individuals experiencing homelessness**

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

Action Steps	SMART Objectives	Metrics
➤ More data is needed to draw conclusion.		
5. Expand services provided at Loaves & Fishes including: a) Dental services b) Substance abuse services (including MAT), and c) Behavioral health services	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.	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: 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.

**Staff reports:**  
The Health Center has not received the December - January patient feedback survey results from the vendor because they were submitted late. Thus, this report does not contain information on patient satisfaction with the services offered at L& F and on the mobile medical van. We are also not able to determine the revenue generated by the expanded services at this time because the Health Center's departments within OCHIN have not been separated. This information will be provided when it becomes available; this project is underway with the OCHIN vendor.

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. Lastly, the light in the exam room at L&F was fixed so providers can now conduct pelvic examinations, which are crucial to women's health and prenatal care.

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

Action Steps	SMART Objectives	Metrics
1. Identify partners that provide support services to homeless and indigent people and establish	A. By December 31, 2021, SCHC staff will create a list of County and community programs offering services to homeless and indigent people (e.g. El Hogar) and will present the list to leadership to	A. At the June 2022 meeting, CAB will provide direction on which identified organizations SCHC should attempt to establish MOU's.

**Priority III: Maintain the historical focus on serving individuals experiencing homelessness**

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

Action Steps	SMART Objectives	Metrics
<p>partnerships for referring patients to assist them in overcoming Social Determinants of Health.</p>	<p>decide which organizations the SCHC could partner with or refer to.</p> <p>B. By May 31, 2022, SCHC leadership will select organizations to approach regarding referral processes.</p> <p>C. Present this list at the June 2022 CAB meeting.</p>	

**Staff reports:**

As noted above, Dr. John Landefeld and Dr. MK Orsulak are the designated Homeless Leads to support the County’s role in increasing internal and external services by being direct service providers and partnering with stakeholders in collaborative services discussions. Part of their role as Homeless Leads is to work with community-based organizations (CBO) including Sacramento Covered, which is an Enhanced Care Management (ECM) provider. ECM providers are charged with addressing the social determinants of health of people with complex needs. The clinical and non-clinical needs of the highest-need Medi-Cal members are addressed through intensive coordination of health and health-related services.

Dr. Mishra asked Sacramento Covered if they could place a community health worker (CHW) with the Health Centers’ Street Medicine team. They are interested but do not have a CHW available at this time.

Dr. Mishra suggests revising this objective to allow Dr. Landefeld and Dr. Orsulak to choose the CBOs (and other organizations) that best meet the needs of those being served. Suggestions from CAB members are welcome.

**Governance Recommendation:**

Modify the metric to allow Dr. Landefeld and Dr. Orsulak to choose the CBOs (and other organizations) that best meet the needs of those being served.



<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>EQUIPMENT &amp; SUPPLIES LIST</b>	FOR HRSA USE ONLY	
	<b>Grantee Name</b>	County of Sacramento
	<b>App Tracking #</b>	<b>Grant Number</b>
	191715	H80CS00045
	<b>Project Number</b>	<b>Project Type</b>
	1	Alteration/Renovation
	<b>Project Title</b>	
Broadway Site Alterations and Renovations		

List of Clinical and Non-Clinical Equipment & Supplies

FIRST FLOOR - Call Center/Registration expansion, New Pharm Tech Suite, New storage room; New telehealth room; Exam room refresh

Type	Description	Unit Price	Quantity	Total Price
Chairs	Task chairs for workstations in Call Center (1112)	\$ 700.00	9	\$ 6,300.00
Workstation	PC with dual monitors -new cubicle 1112L	\$ 1,500.00	1	\$ 1,500.00
Chair	Ergonomic task chair for workstation in 1112L	\$ 700.00	1	\$ 700.00
PC	PC set up with dual monitors for 1112L	\$ 1,500.00	1	\$ 1,500.00
Phone	4-line CISCO VOIP phone for 1112L	\$ 174.20	1	\$ 174.20
Letter stuffer	Forms 6104-insert-1350 for Call Center	\$ 6,595.00	1	\$ 6,595.00
Check in kiosks	Standalone kiosks for Lobby 1100	\$4,500	2	\$ 9,000.00
Camera	Video camera - 1256 telehealth office	\$ 40.00	1	\$ 40.00
Headset	Headset for teleconferences in 1256	\$ 189.00	1	\$ 189.00
Cubicle work stations	Turn Supply Room (1152) into Pharm Tech Room by adding 3 modular workstations	\$ 3,109.49	3	\$ 9,328.47
Printers	Network printer for Room 1152	\$ 1,050.00	1	\$ 1,050.00
PC	PC set ups with dual monitors - 1152 and 1125	\$ 1,500.00	4	\$ 6,000.00
Desk	Herman Miller table desk extension - Rm 1125	\$ 458.00	1	\$ 458.00
Phones	2-line CISCO VOIP phones - Rms 1152 and 1125	\$ 133.00	3	\$ 399.00
Headsets	Headsets for Rooms 1152 and 1125	\$ 189.00	5	\$ 945.00
Chairs	Ergonomic task chairs - Room 1152	\$ 700.00	3	\$ 2,100.00
File cabinets	Room 1152 - Bookshelf for behind door	\$ 1,250.00	1	\$ 1,250.00
Patient chairs	Visitor chair for Room 1152	\$ 250.00	1	\$ 250.00
Letter Bins	Letter Bins (not-mounted) for Room 1152	\$ 12.00	3	\$ 36.00
Desk chairs	Task chairs for providers, nurses, Registration	\$ 700.00	17	\$ 11,900.00
Patient chairs	Patient chairs for vitals areas in 1100/1200	\$ 250.00	2	\$ 500.00
Bar code scanners	Zebra DS8108 bar code scanners for meds/vax	\$ 214.10	21	\$ 4,496.10
Light stands	Dukal Standard Lamp Exams	\$ 383.00	10	\$ 3,830.00
Mobile ultrasound	GE Voluson P8 BT18 VP8804856 (for bladder and cardiology scans)	\$ 20,000.00	1	\$ 20,000.00
Exam curtains	New flame-resistant exam room curtains	\$ 200.00	40	\$ 8,000.00
Exam room equipment	Replacement parts - wall-mounted sphignonometer (17), ophthalmoscope (3), otoscope (3)			\$ 28,500.00
Exam Tables	Replacement Exam Ritter Power 224 Base Only for existing exam rooms in Suite 1100-1200	\$ 5,000.00	6	\$ 30,000.00
Transcription	Dragon speech recognition for Radiology	\$ 370.00	1	\$ 370.00

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SECOND FLOOR, Part 1 -expanded Family Medicine Clinic with new exam rooms, expanded Immunization Suite, new Foster Clinic/dental provider room, Telehealth Rooms, Update Admin offices in 2100/2200, Refresh				
Type	Description	Unit Price	Quantity	Total Price
Conference table	Small conference table for Rm 2132 - Div. Mgr	\$ 800.00	1	\$ 800.00
Chairs	5 chairs for conference table in 2132	\$ 250.00	5	\$ 1,250.00
Video cameras	Video camera for computer in Rm 2132	\$ 40.00	1	\$ 40.00
Computer	Sit/stand module for Room 2134	\$ 750.00	1	\$ 750.00
Desks	Two modular cubicle workstations for 2138	\$ 4,110.57	2	\$ 8,221.14
Chair	Ergonomic task chair -- 2138	\$ 700.00	1	\$ 700.00
PC	PC w/ dual monitors for Room 2138	\$ 1,500.00	1	\$ 1,500.00
Headsets	Headset for phone calls and teleconferences	\$ 189.66	1	\$ 189.66
Printers	Network printer for 2138	\$ 1,050.00	1	\$ 1,050.00
Video cameras	Video cameras to create telehealth spaces in Suite 2700 (new Family Medicine provider suite)	\$ 40.00	2	\$ 80.00
Network printer	For Family Medicine providers in Suite 2700	\$ 1,050.00	1	\$ 1,050.00
Vitals units	Welch Allyn Vital Signs monitor for vitals area	\$ 2,250.00	2	\$ 4,500.00
Scale	Heavy duty digital scale for vitals area	\$ 850.00	1	\$ 850.00
Bar code scanners	Zebra DS8108 bar code scanners for meds/vax	\$ 214.10	9	\$ 1,926.90
Exam table	Exam Ritter Power 224 Base Only - rising - for existing exam rooms in 2100 (2117, 2118, 2119)	\$ 5,000.00	3	\$ 15,000.00
Exam curtains	Flame-resistant exam room curtains 2117-2119	\$ 200.00	6	\$ 1,200.00
Mobile ultrasound	GE Voluson P8 BT18 VP8804856 for Suite 2100	\$ 20,000.00	1	\$ 20,000.00
EKG machine	Mobile EKG machine for Suite 2100	\$ 5,000.00	1	\$ 5,000.00
Bilirubin machine	Bilirubin machine for newborn assessments	\$ 1,200.00	1	\$ 1,200.00
Exam table	Exam Ritter Power 224 Base Only - rising for new exam rooms in 2100 (2104, 2105, 2107)	\$ 5,000.00	3	\$ 15,000.00
Exam curtains	Flame-resistant exam curtains 2104, 2105, 2107	\$ 200.00	3	\$ 600.00
Vitals units	Mobile BP & O <sub>2</sub> vitals units for 2104, 2105, 2107	\$ 2,700.00	3	\$ 8,100.00
Computer carts	Computer carts w/ batteries for new exam rms	\$ 4,000.00	3	\$ 12,000.00
Computer kiosks	Computer with one monitor, keyboard, mouse, speaker, camera for new exam rooms	\$ 1,590.00	3	\$ 4,770.00
Exam stool	Backless, armless, wheeled exam chair	\$ 145.00	3	\$ 435.00
Procedure tray	Instrument stand with tray	\$ 147.00	3	\$ 441.00
Light stand	Dukal Standard Lamp Exam	\$ 383.00	3	\$ 1,149.00
Wastecans	Step-on Biohazard cans	\$ 50.00	3	\$ 150.00
Chairs	Patient chairs	\$ 250.00	3	\$ 750.00
Chairs	Visitor chairs	\$ 250.00	3	\$ 750.00
Desks	2 modular workstations in Rm 2106 for IZ team	\$ 2,851.77	2	\$ 5,703.54
Chairs	Ergonomic task chairs -- 2106 for IZ team	\$ 700.00	2	\$ 1,400.00
Headsets	Headsets for phone calls and teleconferences	\$ 189.66	2	\$ 379.32
Chairs	Replacement task chairs for staff in 2100	\$ 700.00	20	\$ 14,000.00
Phone	4-line CISCO VOIP phone for Registration staff	\$ 174.20	3	\$ 522.60
Check in kiosks	Standalone kiosks for Lobby 2100	\$4,500	2	\$ 9,000.00
Lobby monitor	Large monitor for Suite 2100 lobby - health ed	\$ 1,000.00	1	\$ 1,000.00
Projection system	Updated computer for health ed classes in 2151	\$ 1,500.00	1	\$ 1,500.00

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**SECOND FLOOR, Part 2 -Create new Foster Clinic/dental provider room with Telehealth Rooms; Refresh Pediatrics exam rooms; Enhance health education capacity**

Type	Description	Unit Price	Quantity	Total Price
Workstation	PCs w/ dual monitors and video cameras for telehealth spaces for Rooms 2231 and 2232	\$ 1,540.00	2	\$ 3,080.00
Headsets	Headsets for televisit rooms 2231 and 2232	\$ 189.66	2	\$ 379.32
Computer	1 PC set up with dual monitors for cubicle 2230E	\$ 1,500.00	1	\$ 1,500.00
Blood lead level screening machine	Mobile Magellan Diagnostics lead level POC machine	\$ 3,083.00	1	\$ 3,083.00
Pulse oximeter	Pulse oximeter test machine with sensors for infants and small children	\$ 11,339.90	1	\$ 11,339.90
Exam table - Pediatric	Pediatric Exam Ritter Power 224 Base Only - rising for existing exam rooms 2217 and 2218	\$ 5,000.00	2	\$ 10,000.00
Exam bed light	Plug in exam bed light	\$ 997.00	1	\$ 997.00
Exam curtains	Flire-resistant exam curtains - Peds exam rooms	\$ 200.00	10	\$ 2,000.00
Mobile vitals unit	Mobile otoscope/ophthalmoscope (Welch Allyn)	\$ 1,200.00	1	\$ 1,200.00
Bar code scanners	Zebra DS8108 bar code scanners for meds/vax	\$ 214.10	9	\$ 1,926.90
Chairs	Replacement task chairs for staff in 2200	\$ 700.00	8	\$ 5,600.00
Phone	4-line CISCO VOIP phone for Registration staff	\$ 174.20	2	\$ 348.40
Phone	Replacement 2-line CISCO VOIP phones for 2234	\$ 133.00	3	\$ 399.00
Phone	4-line phone for 2234E	\$ 174.20	1	\$ 174.20
Check in kiosks	Standalone kiosks for Lobby 2200	\$4,500	2	\$ 9,000.00
Lobby monitor	Large monitor for Suite 2200 lobby - health ed	\$ 1,000.00	1	\$ 1,000.00

**SECOND FLOOR, Part 3 - Move 1st visit assessment Refugee Program history and intake rooms to 2600 and create Refugee data entry and linkage/coordination areas; Expand Member Services; Enhance health education capacity**

Type	Description	Unit Price	Quantity	Total Price
Workstations	Modular cubicle workstations for Room 2623	\$ 2,316.57	2	\$ 4,633.14
Computers	2nd PC set up with dual monitors for Room 2623	\$ 1,500.00	1	\$ 1,500.00
Chairs	2 ergonomic task chairs for Room 2623	\$ 700.00	2	\$ 1,400.00
Phones	2nd 2-line CISCO VOIP phone for Room 2623	\$ 133.00	1	\$ 133.00
Headsets	Headsets for phone calls and teleconferences	\$ 189.66	2	\$ 379.32
Chair	Visitor chairs for Room 2623	\$ 250.00	2	\$ 500.00
Workstations	Modular desk units for Room 2622 - linkage	\$ 2,375.37	2	\$ 4,750.74
Computers	2nd PC set up with dual monitors for HSAs	\$ 1,500.00	1	\$ 1,500.00
Phones	2nd 2-line CISCO VOIP phone for Room 2622	\$ 133.00	1	\$ 133.00
Headsets	Headsets for phone calls and teleconferences	\$ 189.66	2	\$ 379.32
Task chairs	2nd ergonomic task chair for Room 2622	\$ 700.0	1	\$ 700.00
Patient chairs	2 patient chairs for Room Room 2622	\$ 250.00	2	\$ 500.00
Patient chairs	Patient chairs for Refugee history & intake rooms (2619, 2620, 2621)	\$ 250.00	6	\$ 1,500.00
Video cameras	Video cameras for televisits (2619, 2620, 2621)	\$ 40.00	3	\$ 120.00
Phones	4-line CISCO VOIP phones for expanded Member Services - Rooms 2610, 2611, 2612	\$ 174.20	3	\$ 522.60
Letter stuffer	Forms 6104-insert-1350 for Member Services	\$ 6,595.00	1	\$ 6,595.00
Computer	2 PC set ups with dual monitors - 2611 and 2612	\$ 1,500.00	2	\$ 3,000.00

**Next -->**

SECOND FLOOR, Part 4 - Move Referrals Team to Ste 2600; Move supervisors to 2600; Move Medical Records/				
Type	Description	Unit Price	Quantity	Total Price
Phones	2-line CISCO VOIP phones for Behavioral Health Counselors - Rooms 2613, 2616, 2617	\$ 133.00	3	\$ 399.00
Patient chairs	Patient chairs for BH (2613, 2616, 2617)	\$ 250.00	3	\$ 750.00
Chairs	Visitor chairs for BH (2613, 2616, 2617)	\$ 250.00	3	\$ 750.00
Computer	PC set ups with dual monitors - 2613, 2616, 2617	\$ 1,500.00	3	\$ 4,500.00
Phones	2-line CISCO VOIP phones for new ECM RN -2615	\$ 133.00	1	\$ 133.00
Headset	Headset for phone calls and teleconferences	\$ 189.66	1	\$ 189.66
Computer	1 PC set up with dual monitors - 2615	\$ 1,500.00	1	\$ 1,500.00
Phones	2-line CISCO VOIP phones for supervisors/	\$ 133.00	5	\$ 665.00
Computers	2 PC set ups with dual monitors - 2638 and 2625	\$ 1,500.00	2	\$ 3,000.00
Chairs	Ergonomic task chairs for supervisors/managers (2638, 2637, 2636, 2635, 2625)	\$ 700.00	5	\$ 3,500.00
Chair	Visitor chairs	\$ 250.00	10	\$ 2,500.00
Computers	PC set ups with dual monitors- 2600 cubicles	\$ 1,500.00	21	\$ 31,500.00
Task chairs	Cubicle areas in 2600 - ergonomic task chairs	\$ 700.00	21	\$ 14,700.00
Phones	2-line CISCO VOIP phones for cubicles	\$ 133.00	21	\$ 2,793.00
Headsets	Headsets for phone calls and teleconferences	\$ 189.66	21	\$ 3,982.86
Computers	PC set ups with dual monitors - 2602	\$ 1,500.00	2	\$ 3,000.00
Scanners	Front office scanners for registration windows	\$ 300.00	2	\$ 600.00
Signature pads	Signature pads for registration windows	\$ 400.00	2	\$ 800.00
Phones	4-line CISCO VOIP phones for registration	\$ 174.20	2	\$ 348.40
Task chairs	2 ergonomic task chairs for registration windows	\$ 700.00	2	\$ 1,400.00
Lobby seating	Waiting room seating in 2600			\$ 50,000.00
Check in kiosks	Standalone kiosks for Lobby 2600	\$4,500	2	\$ 9,000.00
Lobby health education	Two large monitors Suite 2600 lobby for health education messages	\$ 1,000.00	2	\$ 2,000.00
Lobby health education	DVD player with splitter to feed monitors for Suite 2600 lobby - health education messages	\$ 300.00	1	\$ 300.00
<b>TOTAL</b>				<b>\$ 516,953.69</b>

*Other funding: \$2497.45*

# SCHC HRSA ARP Capital Grant - Construction/Renovation Costs

## Requested through Force Account Labor

Project Cost Estimate				
<b>COUNTY OF SACRAMENTO</b> DEPARTMENT OF GENERAL SERVICES FACILITIES MAINTENANCE AND OPERATIONS  4000 Bradshaw Road - SACRAMENTO, CA 95827 - Phone : (916)875-6335			LOG #	5933
			Facility No.	00270
			Estimate Prepared by	Erik Marshall
			Preparers Phone Number	916 531 4276
			Date Prepared	3/24/2022
Project Name: PCC Exam Room Conversion 2107, 2105, 2104				
Project Scope:				
Provide labor and materials to:				
Revert two previous exam rooms back to exam rooms (2104 & 2105): Install rough plumbing for sinks, Patch and paint wall, construct and install approximately 6 LF of hospital grade Lower cabinets and counter tops (To match close as possible to existing), Convert existing 12 LF upper cabinet into 2 separate 6 LF uppers and install, install sinks and faucets.				
Convert office into exam room (2107): Cut sheet rock to gain access to wall cavity for rough plumbing and rough electrical work, Install rough plumbing for drain, vent, and water supply, Provide rough electrical for outlet at counter top back splash, Patch and paint wall after rough plumbing and electrical install, construct and install approximately 6 LF of banjo style lower medical grade cabinet and counter top, construct and install approximately 6 LF of cabinet uppers, install sink and fauocet.				
Also includes: installing racks in 2104, 2105, and 2107, removing track in 2104, installing curtain in 2105, installing curtain track and curtain in 2107. (NOTE: Customer to provide racks, curtain track, and curtains)				
Line	Material	Qty	Price	Ext Price
1	Elkay 1515 SS sink	3.0	\$75.00	\$225.00
2	Chicago 350-E35 ADA lever faucet	3.0	\$175.00	\$525.00
3	Cast Iron and copper pipe fittings	1.0	\$2,500.00	\$2,500.00
4	misc plumbing supplies (supply hoses, p traps, basket strainers, angle stops	1.0	\$425.00	\$425.00
5	Drywall, patching compound, primer, paint, masking	1.0	\$550.00	\$550.00
6	Electrical wire, recepticles, misc ele. supplies	1.0	\$500.00	\$500.00
7	Rubber Cove Base and Adhessive, shims, screws	1.0	\$350.00	\$350.00
8				
9			Sales Tax (7.75%)	\$393.31
10			Subtotal	\$5,468.31
Internal Labor		Hours	Rate	Ext Price
11	Carpenter	64.0	\$119.61	\$7,655.04
12	Stationary Engineer			
13	Plumber	98.0	\$136.34	\$13,361.32
14	Painter	58.0	\$114.82	\$6,659.56
15	Electrician	24.0	\$132.45	\$3,178.80
16	Building Maintenance Worker			
17	Project Manager	8.0	\$158.94	\$1,271.52
18			Subtotal	\$32,126.24
Contractor(s)			Price	
19	Alpine Cabinet Company			\$12,075.89
20				
21				
22				
23				
24			Subtotal	\$12,075.89

25

Total Project Cost **\$49,670.44**

OVER -->

## Outside Contractor Bid

ATTACHMENT #1	
Contract No.	
<b>COUNTY OF SACRAMENTO</b> <b>DEPARTMENT OF GENERAL SERVICES</b> <b>ARCHITECTURAL SERVICES DIVISION</b> 9660 Ecology Lane Sacramento, CA. 95827 (916) 876-6192	<b>WBS No.</b> -270 <b>ASD Project No.</b> 5933 <b>Contract No.</b> Prepared by: DG Approved by: Date: January 6 2022
<b>Project Name:</b>	
PCC - Exam Room S&E for Grant Funding	
PROJECT COST ESTIMATE SUMMARY	
TOTAL COST SUMMARY	
<b>10 Construction Contracts</b>	<b>\$ 326,600</b>
10.1 Construction Contingency 10%	32,660
<b>20 Project Management / Design (ASD)</b>	<b>6,100</b>
<b>30 Consultant Services</b>	<b>11,900</b>
<b>40 Construction Inspection (CMD/BCM)</b>	<b>5,400</b>
<b>50 County Contracts</b>	-
<b>60 Miscellaneous Hard Costs</b>	-
<b>70 Miscellaneous Soft Costs</b>	<b>6,500</b>
<b>SUB-TOTAL PROJECT COST</b>	<b>389,160</b>
<b>80 Departmental Costs</b>	-
<b>TOTAL PROJECT COST</b>	<b>\$ 389,160</b>
<b>PROJECT HARD COST</b>	<b>359,260</b>
<b>PROJECT SOFT COST</b>	<b>29,900</b>
<b>SUB-TOTAL PROJECT COST</b>	<b>389,160</b>
<b>DEPARTMENTAL HARD COST</b>	-
<b>DEPARTMENTAL SOFT COST</b>	-
<b>SUB-TOTAL DEPARTMENTAL COST</b>	-
<b>SOFT COSTS AS PERCENTAGE OF TOTAL</b>	<b>7.68%</b>

### SCHC HRSA ARP Capital Grant - Additional Infrastructure Costs

Type	Description	Unit Price	Quantity	Total Cost	Funding Source	
					APR Grant	Other
Data port	Add data ports to 17 locations (in Suites 1100, 1200, 2100, 2200, and 2700)	\$ 350.00	17	\$ 5,950.00		\$ 5,950.00
Data port	Add data ports to room 1152 to support three workstations	\$ 350.00	3	\$ 1,050.00	\$ 1,050.00	
Data port	Add 1 data port each to rooms 2622 and 2623 to support 2nd workstation per room	\$ 350.00	2	\$ 700.00	\$ 700.00	
Security camera	Add security camera to 2600 and connect to existing system	\$5,000	1	\$5,000	\$5,000	
Shelving	Move existing shelving from 1152 and install in 1217	\$2,000	1	\$ 2,000.00	\$ 2,000.00	
Plug	Install new electrical outlet in 1152	\$750	1	\$ 750.00	\$ 750.00	
Access	Install C-Cure system on door to Room 1217 for new supply room	\$ 5,250.00	1	\$ 5,250.00	\$ 5,250.00	
Access	Remove/disable C-Cure system on door to 1152 (new Pharm Tech room)	\$ 500.00	1	\$ 500.00	\$ 500.00	
Signage	Interior building signage to direct patients (hallways, elevator)			\$ 30,000.00	\$ 30,000.00	
TOTAL				\$ 51,200.00	\$ 45,250.00	\$ 5,950.00

From Force Account Labor request documentation

- Electronic Services / CCure - \$6,500
- Wayfinding Signage - \$30,000



## Loaves and Fishes (L&F)

January 28, 2022 through May 27, 2022

### Clients served

	February	March	April	May	Total
Number of clients referred	1	1	5	2	9

\*Note: the clients listed above are unique. The Health Navigator is stationed there on Fridays from 8a.m. to 12p.m. (First Friday was 1/28/22).

Some Fridays the clinic was closed, or Health Navigator had to join SC's staff meetings/trainings (Dates: 2/11, 4/15, 4/29, 5/20)

### Services provided

	February	March	April	May	Total
<b>Access</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>11</b>
Change Provider/Plan	1		3	1	5
Enrollment status check				1	1
Find Provider/Plan			3		3
Request Document					
Schedule Appointment			1		1
Schedule Transportation		1			1
Specialty Request					
Submit change					
Submit document					
<b>Education</b>			<b>1</b>		<b>1</b>
Covered Benefits					
Non-Medical Services					
Program eligibility					
Program maintenance			1		1
Services (Underinsured)					
<b>Eligibility/Enrollment</b>					
Add a Person					
New Application					
Plan Selection					
Reinstatement of Coverage					
Renewals					
<b>Referral</b>			<b>2</b>		<b>2</b>
Vision Care			1		
Primary Care			1		
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>14</b>



***Definition of service type:***

Access: services related to accessing client’s health coverage, including assistance in submitting documents to health coverage programs, requesting documents from different programs, scheduling primary health care appointment, finding a provider and coordination of transportation and interpreting services.

Education: services related to providing education with clients on topics such as health plan benefits, maintaining coverage, nutrition program and services, and other social services.

Eligibility/Enrollment: services related to providing a client enrollment, disenrollment and program-transitions into Medi-Cal, MCAP, Covered California, CalFresh and/or any programs.

Referrals: referral services to resources out of SC’s scope of work.