

Period	6
Current Month	December
Percentage of Year	50%

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD	Notes
						Percentage (Total/Budget)	
Revenue							
Inter/Intrafund Reimbursements	\$9,525,910		2,155,698	\$0	\$2,155,698	23%	
Intergovernmental Revenue	\$10,828,547	1,357,010	5,125,084	\$0	\$5,125,084	47%	Medi-Cal Revenue
Charges for Services	\$52,000	6,567	37,962	\$0	\$37,962	73%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$17,368	-635,738	16,268	\$0	\$16,268	94%	Monthly high due to internal transaction
Total Revenue	\$20,423,825	\$727,840	\$7,335,011	\$0	\$7,335,011	36%	
Expenses							
Personnel	\$11,351,014	819,094	4,828,200	\$0	\$4,828,200	43%	Permanent vacancies in recruitment
Services & Supplies	\$10,314,243	1,413,867	4,030,337	3,404,113	\$7,434,450	39%	SCOE contract slow to invoice
Other Charges	\$449,477	57,983	204,033	228,028	\$432,062	45%	
Equipment	\$247,077		141,765	105,311	\$247,076	0%	Encumbrance is for radiology upgrades
Intrafund Charges (Allocation costs)	\$2,211,906	152,237	750,229	\$0	\$750,229	34%	
Total Expenses	\$24,573,717	\$2,443,182	\$9,954,565	\$3,737,452	\$13,692,017	41%	

GRAND TOTAL
(Net County Cost) **-\$4,149,892** **-\$1,715,342** **-\$2,619,554**

HRSA Grants	Start	End	Total Grant	FY 21/22	FY 21/22 YTD Actual	Notes
HRSA (HCH)	3/1/2021	2/28/2022	\$ 1,386,602	\$ 924,401	\$ 775,298	Spending on-track
HRSA (HCH)	3/1/2022	2/28/2023	\$ 1,386,602	\$ 462,201	\$ -	Grant period has not begun
HRSA ECT H8E*	5/1/2021	4/30/2022	\$ 261,424	\$ 261,424	\$ 237,397	Grant will be fully expended after PPE purchase
HRSA H8F ARPA**	4/1/2021	3/31/2022	\$ 1,279,248	\$ 1,145,043	\$ 339,638	Jul-Dec claims low due to slow hiring, can carryover funds to next FY
HRSA H8F ARPA*	4/1/2022	6/30/2023	\$ 1,254,627	\$ 469,880	\$ -	Grant period has not begun
HRSA C8E ARP CIP*	9/15/2021	9/14/2022	\$ 619,603	TBD	\$ -	Construction timeline and costs not yet determined

*Not in FY21/22 budget
**\$524,244 in FY21/22 budget

February 2022: Report to CAB Governance

1. Technology
2. Placing a Sacramento Covered Navigator at SCHC

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, Video interpretation, kiosks for patients, etc.	<ol style="list-style-type: none"> A. By October 31 2021, research how technologies could decrease the need for staff to check-in and schedule patients. B. By December 31, 2021, determine the costs associated with these technologies. C. By January 31, 2022, determine which technologies to implement, given budget and potential savings. D. Pursue agreements with vendors, health plans, and/or other stakeholders to be able to implement the chosen technologies. E. By August 1, 2022, signed agreements will be finalized. 	<ol style="list-style-type: none"> A. CAB will discuss the identified technologies at the February 2022 meeting. B. Signed agreements in place with County approved vendors. C. Measure the effects of the technologies over time including: <ol style="list-style-type: none"> 1. Increase in productivity 2. Patient satisfaction 3. Employee satisfaction 4. Reduced costs to the HC D. Report to the CAB Governance Committee semiannually on the identified metrics of added technology beginning December 2022 and through December 2023.

The SCHC did not receive the Federal Communications Commission grant which was going to be used to purchase technologies. SCHC will instead try to use HRSA Quality Improvement funding to pay for the start-up costs for the items below, but will have to find another source of funding to pay for licenses and on-going costs.

- WELL messaging system: Allows SCHC to send targeted messages to patients, not just appointment reminders or “blast” messages to all.
- 12 tablets: Allows patients to check-in for appointments more quickly and without going to the front desk. Another source of funding will be needed to purchase physical kiosks (i.e. devices to house tablets and keep them secure).
- Dragon Dictation: Allows providers to dictate their treatment notes instead of typing them. This should save time and may mean more time for patient appointments or messaging.

Priority 3: Maintain the historical focus on serving individuals experiencing homelessness Strategy 2: Improve care to existing and/or assigned patients experiencing homelessness.		
Action Steps	SMART Objectives	Metrics
1. Place a Sacramento Covered staff member at Loaves and Fishes.	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 July 31, 2021 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.	A. Report to the CAB Governance Committee semiannually on the identified metrics beginning August 2021 through December 2023.

A Sacramento Covered Navigator began working at Loaves and Fishes on January 28, 2022. The SCHC and Sacramento Covered are still discussing what metrics the Navigator will report on. The CAB will receive a report with metrics in December 2022.

HRSA Project Director / Medical Director Report to CAB February 18, 2022

1. **COVID-19 Pandemic**

- (a) COVID test kits – SCHC has 1,800 home test kits to give to MediCal patients via the pharmacy. We have developed criteria for participation and a protocol developed. Start date 2/15/22. We will be receiving kits from HRSA that we are allowed to distribute to non-patients, and are working on criteria and workflows for those.
- (b) HRSA invited SCHC in December to request N95 masks to distribute to the community, but were unable to handle the delivery of large pallets at that time. We have now worked out a process with the county warehouse, but need to wait for HRSA to issue another invitation to participate.
- (c) COVID treatment: Anti-viral utilization is low in the clinic. I reviewed the treatment protocol with providers on 2/15/22.
- (d) Staffing for COVID vaccination: Two temporary Registered Nurses (RNs) will start next week to assist with COVID vaccination to alleviate current RNs to focus on triage, assessments, procedures and childhood immunizations.

2. **Staffing**

- (a) UCD contract: We are requesting growth in the following programs: Internal Medicine, Homeless services Program Lead, Pediatrics- Mental Health services, Refugee clinic.
- (b) Adult Medicine: Nurse Practitioner Norwood resigned effective 2/11. We are working on coverage.
- (c) Refugee clinic
 - (i) Many challenges are preventing the clinic from completing assessments and immunizations on time (within 90 days of arrival in Sacramento). Challenges include lack of staff; increased requirements such as additional immunizations; care coordination of medically fragile individuals (MFI); Quest lab understaffed to handle increased volume.
 - (ii) SCHC is working on solutions: I am working on finding clinician staff; using volunteers to assist with data entry and care coordination of MFIs; SCHC Refugee staff hold bi-weekly meetings with Quest to problem solve lab-related issues.
- (d) Overall: The goal is to fill vacancies and request growth in staff.
 - (i) Ms. Stacholy and I are conducting Senior Office Assistant interviews now. It has been difficult to find qualified individuals. Projects impacted by not having these staff include empanelment (assigning patients to primary care providers [PCPs]); processing requests to change PCP; meeting minutes, and scheduling interpreters.
 - (ii) We are working to fill the Clerical Supervisor position.
 - (iii) I am reviewing candidates for the Division Manager position.
- (e) Staffing ratio: I am clarifying our consultant's role. Her current focus is on the most impacted areas of the health center: the Call Center and Referrals Team.

3. **Space**

- (a) Staff has been working on developing the revised remodeling and relocation proposal for the HRSA American Rescue Project (ARP) grant. The process has been delayed due to information we need from Department of General Services (DGS) and Architectural Services Division (ASD). Leadership is concerned that we may not be able to gather information we need in time to meet quarterly deliverable updates. We will be meeting with HRSA personnel.

4. **Homeless Services**

- (a) The Sacramento Covered navigator is on site at Loaves and Fishes and is providing services.
- (b) SCHC is in discussions with Sacramento Covered (SC) leadership to consider a workflow between our two entities to facilitate the success of SC's Enhanced Care Management work.
- (c) Staff is working on completing tasks to get the mobile medical center van into use, including establishing an electrical outlet in parking lot to plug in generator; de-winterizing the vehicle; and registering the van with DMV. We have submitted the request to add the mobile van as a service site to HRSA.
- (d) I am establishing an L&F provider team (Drs. Landefeld, Orsulak, and Malhotra) to help draft policies and procedures regarding use of the van.