

**Sacramento County Health Center
Co-Applicant Board (CAB) Meeting AGENDA**

Friday, April 17, 2026, 9:30 a.m.- 11:30 a.m.

Regular CAB Meeting

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 8:30 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 – *Chair*

- a. Roll Call and Welcome
- b. Brief Announcements
 - Noel – Introduction of New Division Manager Rachel Kay

INFORMATION ITEMS

1. Budget Updates
 - HRSA Main Grant Update
 - Summary of Program Fiscal Audit
2. Project Director Report
3. Medical Director Report
4. QI Plan Progress Monitoring/Data Report

- 5. Update on School Based Mental Health Site
 - Looking at 32 additional sites
- 6. CAB Member Recruitment Plan
 - Update on Recruitment
- 7. CAB Goals
 - Strategic Planning

INFORMATION/ACTION ITEMS¹

- BUSINESS ITEM I.**
- March 20, 2026, CAB Meeting Minutes
 - ✓ Recommended Action: Motion to Approve the drafted March 20, 2026, Meeting Minutes

PUBLIC COMMENT

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. The Board may not act 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.

CLOSED SESSION

None

MEETING ADJOURNED (11:30 AM)

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

County of Sacramento, Primary Health, Clinics Services
Grant Status Update

Grant	Start	End	Total Grant	Claims				YE TOTAL	"Remaining" FYE
				Q1	Q2	Q3	Q4		
HRSA Homeless (GY 21/22)	3/1/2021	2/28/2022	1,442,813.00	525,028.85	409,661.34	365,636.93	93,296.69	1,393,623.81	49,189.19
HRSA Homeless (GY 22/23)	3/1/2022	2/28/2023	1,386,602.00	430,466.95	243,476.72	488,757.92	223,897.04	1,386,598.63	3.37
HRSA Homeless (GY 23/24)	3/1/2023	2/28/2024	1,386,602.00	636,551.39	468,785.27	281,265.34	-	1,386,602.00	-
HRSA Homeless (GY 24/25)	3/1/2024	2/28/2025	1,424,937.00	505,574.97	388,824.82	405,317.59	88,519.94	1,388,237.32	36,699.68
HRSA Homeless (GY 25/26)	3/1/2025	2/28/2026	1,711,602.00	539,278.51	382,268.58	431,523.70		1,353,070.79	358,531.21
RHAP (GY 21/22)	10/1/2021	9/30/2022	1,958,204.00	376,643.00	375,193.00	404,048.00	389,258.00	1,545,142.00	413,062.00
RHAP (GY 22/23)	10/1/2022	9/30/2023	1,789,062.00	445,631.50	446,464.50	445,274.50	389,820.50	1,727,191.00	61,871.00
RHAP (GY 23/24)	10/1/2023	9/30/2024	1,993,648.02	231,332.52	464,469.41	470,308.40	501,073.83	1,667,184.16	326,463.86
RHAP (GY 24/25)	10/1/2024	9/30/2025	3,177,903.45	649,679.71	635,984.17	588,391.32	517,268.08	2,391,323.28	786,580.17
RHAP (GY 25/26)	10/1/2025	9/30/2026	1,864,841.00	397,611.88				397,611.88	1,467,229.12

Report Summary

Medi-Cal revenue has been strong in Fiscal Year 25/26. Sacramento County Health Center increased our interim rate back in July'25. No significant change from last month.

HRSA Project Budget Summary

- As of 12/31/25 we have spent \$1,353,070.79 on the HRSA project. We have a remaining balance of \$358,531.21.
- Continuing HIV grant services through main grant. Claims will be completed separately.
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Our FY 25/26 budget has \$0 general fund draw.
- Object 10 Salaries/Benefits: Current projection shows we are \$1.16M under budget.
- Object 20 Services/Supplies: Current projection shows we are \$2.58M under budget.
 - Projection is based upon July'25-Feb'26 actuals and is most accurate projection we have to date.
- Object 30 Contracts: Current projection shows we are \$433K over budget.
 - Increased OCHIN (Electronic Health Record) costs are pushing us over budget. We have been monitoring these throughout the Fiscal Year.
 - Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners (HP) programs.
 - If actuals exceed budgeted amount, the administration team will complete an Appropriation Adjustment Request (AAR) to reduce a different object level to increase object 30 by the overages.
- Object 40 Fixed Assets: Currently not budgeted, but will be \$35,119.
 - New camera system installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is \$35,119. The plan is to move money from object 20 to cover the increase.
- Object 60 Internal Charges/Allocated Costs: Current projection is \$1.57M under budget.
 - We have an intrafund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.
 - Some of our savings in our budget come from 60 object.
- Object 59 and 69 Inter/Intrafund Reimbursements: Current projection is \$2.8M less revenue than budgeted.
 - Realignment was reduced by \$2.81M in FY 25/26 budget due to the redistribution to other Health Services programs.
- Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes.
 - Medi-Cal revenue is currently \$15.7M.
 - At same time last FY (July'24-Feb'25) it was \$12M.
 - Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now \$359.44.
 - Grants are on track.
 - HRSA HIV grant has been rolled into our main HRSA Homeless grant.
 - Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. No changes have been made to the grant budget as of yet.

Period **8**
 Current Month **February**
 Percentage of Year **67%**
 FY 25/26

Line Item	Budget	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
Expenses							
Personnel <i>* 10 - SALARIES AND EMPLOYEE BENEFITS</i>	\$ 14,760,997	\$ 8,250,055	\$ -	\$ 8,250,055	56%	\$ 13,603,433	Holding positions vacant coupled with not utilizing overtime has benefited our 10 object. Year end projection showing to come in under budget.
Services & Supplies <i>* 20 - SERVICES AND SUPPLIES</i>	\$ 21,858,812	\$ 9,800,026	\$ 12,229,627	\$ 22,029,653	101%	\$ 19,282,243	Year-end estimate is around 88% of budgeted goods and services. Prior projection was 87%. Nothing significant to note in 20 object.
Other Charges <i>* 30 - OTHER CHARGES</i>	\$ 2,433,243	\$ 1,887,991	\$ 90,992	\$ 1,978,983	81%	\$ 2,867,084	Main driver of object 30 is our OCHIN contract. As our revenue goes up, so does our OCHIN contract costs. AAR was processed, and is currently pending, to move \$600K from object 20 to object 30.
Equipment	\$ -	\$ -	\$ -	\$ -	N/A	\$ 35,119.00	New camera system at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. All costs have posted, total cost \$35,119. AAR was processed, and is currently pending, to move \$35,119 from object 20 to object 40.
Intrafund Charges (Allocation costs) <i>* 60 - INTRAFUND CHARGES</i>	\$ 5,411,059	\$ 1,232,760	\$ -	\$ 1,232,760	23%	\$ 3,842,105	Allocated and intra-departmental expenses. Pharmaceutical expenses have the largest variance, and is coming in low in Fiscal Year 2025/2026.
Total Expenses	\$ 44,464,111	\$ 21,170,832	\$ 12,320,619	\$ 33,491,451	75%	\$ 39,629,984	
Revenue/Reimbursements							
Inter/Intrafund Reimbursements <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (13,882,995)	\$ (3,870,821)	\$ -	\$ (3,870,821)	28%	\$ (11,066,421)	Realignment and reimbursements for services to other DHS programs. Primary Health Clinics gave \$2M of realignment to Primary Health Adult Correctional Health (ACH) program.
Intergovernmental Revenue <i>* 95 - INTERGOVERNMENTAL REVENUES</i>	\$ (30,574,116)	\$ (17,790,977)	\$ -	\$ (17,790,977)	58%	\$ (28,569,168)	Medi-Cal/Medicare revenue, HRSA & Refugee grants. In July'25 we increased our interim rate with DHCS, which will, and has, increased our short-run cash flow. Our PPS rate also had an MEI (Medicare Economic Index, e.g. COLA for Medicare) increase in Oct'25. New interim rate is \$359.44, AIR rate \$458.13. In February 2026 we had \$2.05M post of Medi-Cal.
Charges for Services <i>* 96 - CHARGES FOR SERVICES</i>	\$ (7,000)	\$ (1,824)	\$ -	\$ (1,824)	26%	\$ (3,067)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <i>* 97 - MISCELLANEOUS REVENUE</i>	\$ -	\$ (105)	\$ -	\$ (105)	N/A	\$ (105)	Prior Year Patient Revenue
Total Revenue/Reimbursements	\$ (44,464,111)	\$ (21,663,727)	\$ -	\$ (21,663,727)	49%	\$ (39,638,761)	
GRAND TOTAL (Net County Cost)	\$ -	\$ (492,895)				\$ (8,777)	

GL ACCT NAME	FY 2024-25 Final Budget	FY 2025-26 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
10111000 REGULAR EMPLOYEES	9,276,604	9,251,251	4,771,127	0	4,771,127	52%	8,005,111	1,246,140	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10112100 EXTRA HELP	216,432	227,211	319,034	0	319,034	140%	387,136	-159,925	
10113100 STRAIGHT TIME OT	0	0	366	0	366	0%	366	-366	
10113200 TIME/ONE HALF OT	11,677	12,402	9,522	0	9,522	77%	17,660	-5,258	
10114100 PREMIUM PAY	205,251	198,698	117,267	0	117,267	59%	179,719	18,979	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10114200 STANDBY PAY	0	0	2,951	0	2,951	0%	0	0	
10114300 ALLOWANCES	10,000	10,000	9,938	0	9,938	99%	10,267	-267	
10115200 TERMINAL PAY	0	0	63,944	0	63,944	0%	78,405	-78,405	
10115300 LEAVE CASH OUT	0	0	0	0	0	0%	0	0	
10121000 RETIREMENT	2,052,189	1,912,012	1,020,063	0	1,020,063	53%	1,632,986	279,026	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10121100 1995 POB - ACP	0	0	0	0	0	0%	0	0	
10121200 2004 POB - ACP	1,085,357	800,839	457,282	0	457,282	57%	800,839	0	
10121300 HEALTH SVGS-ER COST	74,100	69,550	36,213	0	36,213	52%	58,802	10,748	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10121400 401A - PLAN	62,471	57,908	43,221	0	43,221	75%	49,707	8,201	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10122000 OASDHI	696,166	693,898	353,358	0	353,358	51%	590,205	103,693	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10123000 GROUP INS	1,794,532	1,774,537	820,724	0	820,724	46%	1,539,539	234,998	Calculated out YE projection based on actuals and vacancies. Added in potential CMISP HPM for 5 months
10123001 CNTY EE PLAN SELECT	0	0	1,118	0	1,118	0%	0	0	Budgeted in 10123000
10123002 DENTAL PLAN ER COST	0	0	76,290	0	76,290	0%	0	0	Budgeted in 10123000
10123003 LIFE INS - ER COST	0	0	662	0	662	0%	0	0	Budgeted in 10123000
10123004 VISION INS - ER COST	0	0	756	0	756	0%	0	0	Budgeted in 10123000
10123005 EAP	0	0	1,931	0	1,931	0%	0	0	Budgeted in 10123000
10124000 WORK COMP - ACP	304,502	252,691	144,287	0	144,287	57%	252,691	0	allocated cost
10125000 SUI - ACP	0	0	0	0	0	0%	0	0	allocated cost
10199900 Salary Savings Acct	-971,791	-500,000	0	0	0	0%	0	-500,000	Salary savings shown above with YE projections
Object 10 TOTAL - Salaries and Employees	14,817,490	14,760,997	8,250,055	0	8,250,055	55.89%	13,603,433	1,157,564	
20200500 ADVERTISING	1,500	1,500	30,449	0	30,449	2030%	31,000	-29,500	HIV Grant Advertising, NTI contract. Added a little extra due to Sac Bee LOI going to post here, and maybe 1-2 other charges later this FY.
20202200 BOOKS/PER SUP	1,500	2,500	1,852	0	1,852	74%	1,852	649	ClearTriage Annual subscription - using actuals.
20202400 PERIODICAL/SUBSCRIPT	0	0	3,430	0	3,430	0%	3,430	-3,430	UpToDate annual Subscription, do not expect more
20202900 BUS/CONFERENCE EXP	1,200	1,200	1,195	0	1,195	100%	1,195	5	Actuals show \$1,195 for Nursing Leadership Summit happened in Oct'25.
20203100 BUSINESS TRAVEL	3,000	3,000	1,364	0	1,364	45%	1,400	1,600	
20203500 ED/TRAINING SVC	3,000	5,000	2,790	0	2,790	56%	3,500	1,500	
20203600 ED/TRAINING SUP	1,000	1,000	370	0	370	37%	370	630	
20203700 TUITION REIMBURSEMENT	3,000	3,000	4,104	0	4,104	137%	6,156	-3,156	Increased due to # of employees getting tuition reimbursement
20203800 EMPLOYEE RECOGNITION	6,000	2,000	0	0	0	0%	0	2,000	
20203804 WORKPLACE AMENITIES	0	0	1,462	0	1,462	0%	2,193	-2,193	Budgeted in 20203800
20203900 EMP TRANSPORTATION	2,500	2,500	969	0	969	39%	2,500	0	
20204500 FREIGHT/CARTAGE	20,000	20,000	10,510	0	10,510	53%	15,764	4,236	
20206100 MEMBERSHIP DUES	1,000	1,000	0	0	0	0%	0	1,000	
20207600 OFFICE SUPPLIES	28,000	28,000	23,718	21,658	45,375	162%	45,375	-17,375	Most of expenses are Grant reimbursement, via HIV and RHAP grants.
20207602 SIGNS	0	0	2,334	0	2,334	0%	2,334	-2,334	Signs purchased on the HIV grant. Expecting a few more over the FY.
20208100 POSTAL SVC	1,000	1,000	412	0	412	41%	1,000	0	
20208500 PRINTING SVC	1,000	1,000	0	0	0	0%	1,000	0	
20211100 BLDG MAINT SVC	0	0	0	0	0	0%	0	0	
20218500 PERMIT CHARGES	2,100	2,100	1,185	0	1,185	56%	1,185	915	Clinics Pharmacy Permit renewal. Expecting closer to budget amt
20219300 REF COLL/DISP SVC	1,500	2,500	2,303	346	2,649	106%	3,974	-1,474	
20220500 AUTO MAINT SVC	0	0	900	0	900	0%	1,800	-1,800	MMV clean site services grey water disposal
20221100 CONST EQ MAINT SVC	0	5,200	11,084	0	11,084	213%	16,626	-11,426	
20222700 CELLPHONE/PAGER	19,912	23,548	13,016	0	13,016	55%	23,548	0	
20223600 FUEL/LUBRICANTS	3,000	3,000	1,240	0	1,240	41%	1,859	1,141	
20225100 MED EQ MAINT SVC	10,000	10,000	12,870	5,844	18,714	187%	28,071	-18,071	Draeger docking station, autoclave service agreements, waste disposal etc.
20225200 MED EQ MAINT SUP	20,157	20,157	19,281	480	19,760	98%	29,641	-9,484	
20226100 OFFICE EQ MAINT SVC	132	108	72	36	108	100%	162	-54	DTech Non-ACP
20226101 FURNITURE REPAIR	0	0	169	0	169	0%	169	-169	
20226201 ERGONOMIC FURNITURE	0	0	0	0	0	0%	0	0	
20226400 MODULAR FURNITURE	0	0	0	0	0	0%	0	0	
20227500 RENT/LEASE EQ	30,000	30,000	24,700	0	24,700	82%	37,051	-7,051	
20231400 CLOTH/PERSONAL SUP	0	0	277	0	277	0%	277	-277	Clothes for homeless (hats and gloves).
20232100 CUSTODIAL SVC	8,000	6,000	6,429	0	6,429	107%	9,644	-3,644	
20233200 FOOD/CATERING SUP	200	200	0	0	0	0%	0	200	
20235100 LAUN/DRY CLEAN SVC	3,000	3,000	2,747	0	2,747	92%	4,121	-1,121	
20241200 DENTAL SUP	2,000	0	0	0	0	0%	0	0	Not providing Dental Services
20242000 DRUGS/PHARM SUP	0	0	0	0	0	0%	0	0	
20243700 LAB MED SVC	1,000	1,000	-40,165	2	-40,163	-4016%	50,000	-49,000	Not all accruals have hit yet. Assuming \$50K for lab expenses in FY 25/26
20244300 MEDICAL SVC	1,000	1,000	3,936	0	3,936	394%	5,905	-4,905	
20244400 MEDICAL SUP	0	0	1,947	0	1,947	0%	2,920	-2,920	
20247100 RADIOLOGY SVC	28,262	28,262	0	0	0	0%	28,262	0	Remi invoice will be coming in soon

GL ACCT NAME	FY 2024-25 Final Budget	FY 2025-26 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
20247200 RADIOLOGY SUP	5,000	5,000	1,595	0	1,595	32%	5,000	0	
20252100 TEMPORARY SVC	26,825	28,001	0	0	0	0%	0	28,001	
20254200 TREASURER SVC	0	0	147	-17	129	0%	194	-194	Bounced checks
20257100 SECURITY SVC	230,732	212,975	75,001	0	75,001	35%	212,975	0	
20259100 OTHER PROF SVC	16,313,233	16,388,884	6,990,670	11,141,854	18,132,523	111%	13,439,670	2,949,214	YE projection is ~82% of total contract cost.
20271100 DTECH LABOR	474,579	428,493	177,263	28,964	206,227	48%	428,493	0	
20281100 DATA PROCESSING SVC	500,000	830,000	244,033	1	244,034	29%	830,000	0	OCHIN contract
20281200 DATA PROCESSING SUP	82,780	82,780	0	0	0	0%	82,780	0	Subaccounts listed below
20281201 HARDWARE	0	0	13,630	0	13,630	0%	413,520	-413,520	Budgeted in 20281200. Computer refresh phase 1 of 2
20281202 SOFTWARE	127,618	108,874	58,142	120	58,262	54%	87,392	21,482	DTECH Non-ACP.
20281204 OTHER	0	0	1,083	0	1,083	0%	1,624	-1,624	Dell e-waste and 5 year support. Covered in 20281200.
20281250 SERVER & NETWORK SW	0	0	0	0	0	0%	0	0	
20281265 APPLICATION SW MAINT	0	0	0	0	0	0%	0	0	Budgeted in 20281200. Overage covered by 20281200.
20283200 INTERPRETER SVC	556,305	556,305	229,570	0	229,570	41%	344,356	211,950	
20287100 TRANSPORTATION	400	400	44,150	0	44,150	11038%	66,226	-65,826	RHAP Grant transportation for Refugees. Grant covers most of these expenses. Increased grant line item for GY 24/25 & 25/26 due to this.
20288000 PY EXPEND	0	0	-96	0	-96	0%	-96	96	
20289900 OTHER OP EXP SVC	1,200	0	0	0	0	0%	0	0	
20291000 CW IT SVCS - ACP	129,195	109,149	62,669	0	62,669	57%	109,149	0	Allocated Cost
20291200 DTECH FEE - ACP	56,826	59,628	37,554	7,610	45,164	76%	59,628	0	Allocated Cost
20291600 WAN CHARGES - ACP	240,305	243,313	139,704	0	139,704	57%	243,313	0	Allocated Cost
20291700 ALARM SERVICES - ACP	19,403	20,250	11,563	0	11,563	57%	20,250	0	Allocated Cost
20292100 GS PRINTING SVC	5,000	5,000	1,264	0	1,264	25%	5,000	0	
20292200 GS MAIL/POSTAGE	7,000	7,000	9,122	0	9,122	130%	13,683	-6,683	
20292300 MESSENGER SVCS - ACP	13,720	14,376	9,448	0	9,448	66%	14,376	0	Allocated Cost
20292500 PURCH SVCS - ACP	21,194	15,308	8,741	0	8,741	57%	15,308	0	Allocated Cost
20292700 GS WAREHOUSE CHARGES	1,000	1,000	672	0	672	67%	1,008	-8	
20292800 GS EQUIP RENTAL LT	0	0	126	0	126	0%	189	-189	
20292900 GS WORK REQUEST	553,280	475,712	3,262	9,153	12,415	3%	450,000	25,712	Updating exam rooms and Clinics Admin move.
20293407 REAL ESTATE SVCS	0	0	5,051	2,449	7,500	0%	7,500	-7,500	
20294200 FACILITY USE - ACP	1,607,338	1,689,613	1,300,734	1,011,128	2,311,861	137%	1,689,613	0	Allocated Cost
20296200 GS PARKING CHGS	350	350	81	0	81	23%	350	0	
20297100 LIABILITY INS - ACP	222,465	235,766	134,623	0	134,623	57%	235,766	0	Allocated Cost (PP)
20298300 SURPLUS PROP - ACP	6,040	5,430	3,101	0	3,101	57%	5,430	0	Allocated Cost (PP)
20298700 TELECOMM - ACP	108,516	126,430	0	0	0	0%	0	126,430	posts to 20298703
20298702 CIRCUIT CHRGS - ACP	0	0	2,424	0	2,424	0%	3,635	-3,635	Allocated Cost - budgeted in 20298700
20298703 LND LN CHARGES - ACP	0	0	87,752	0	87,752	0%	131,628	-131,628	Allocated Cost - budgeted in 20298700
20298900 TELEPHONE INSTALL	0	0	0	0	0	0%	0	0	
Object 20 TOTAL - Services and Supplies	21,514,267	21,858,812	9,800,026	12,229,627	22,029,653	101%	19,282,243	2,576,569	Will do an AAR to adjust giving realignment appropriations to ACH
30310300 ELIG EXAMS	1,500	1,500	441	0	441	29%	662	839	DOJ Fingerprinting
30310600 CONTRACT SVC P	0	0	0	0	0	0%	0	0	
30310700 TRANSPORTATION/WELF	10,000	10,000	238	0	238	2%	356	9,644	RT Passes
30311400 VOLUNTEER EXPENSES	500	500	196	0	196	39%	294	206	Volunteer DOJ Fingerprinting and pay claims
30312100 PROVIDER PAYMENTS	1,095,000	1,715,000	1,180,874	90,992	1,271,866	74%	2,159,529	-444,529	At this rate might need to do an AAR
30370000 CONTR OTHER AGENCIES	541,000	706,243	706,243	0	706,243	100%	706,243	0	OCH APRA pass through grant, will be reimbursed in 95959503
Object 30 TOTAL - Other Charges	1,648,000	2,433,243	1,887,991	90,992	1,978,983	81%	2,867,084	-433,841	Will do an AAR to adjust giving object 30 more funds
43430110 EQUIPMENT-PROP	0	0	0	0	0	0%	35,119	-35,119	Estimated cost for camera installation (will be fixed asset). AAR needs to be completed to move funds from 20 object to 30.
43430300 EQUIP SD NON REC	0	0	0	0	0	0%	0	0	
Object 40 TOTAL - Fixed Assets	0	0	0	0	0	0%	35,119	-35,119	Will do an AAR to adjust giving object 40 actuals
60601100 DEPT OH ALLOC	1,279,755	1,189,048	512,989	0	512,989	43%	1,115,871	73,177	Allocated Cost, minus 60697909
60601200 DIV OH ALLOC	403,737	296,044	93,625	0	93,625	32%	296,044	0	Allocated Cost
60650400 COLLECTION SVC	1,750	1,400	80	0	80	6%	120	1,280	DRR Collection
60691301 FIN GEN ACC - ACP	10,207	9,878	5,640	0	5,640	57%	9,878	0	Allocated Cost
60691302 FIN PROLL SVCS - ACP	6,663	7,290	4,163	0	4,163	57%	7,290	0	Allocated Cost
60691303 FIN PMT SVCS - ACP	14,712	14,199	8,108	0	8,108	57%	14,199	0	Allocated Cost
60691305 FIN INT AUDITS - ACP	5,013	4,633	2,645	0	2,645	57%	4,633	0	Allocated Cost
60691306 FIN SYS C & R - ACP	8,536	7,261	4,146	0	4,146	57%	7,261	0	Allocated Cost
60695102 BEN ADMIN SVCS - ACP	23,459	0	0	0	0	0%	0	0	Allocated Cost
60695103 EMPLOYM SVCS - ACP	88,904	0	0	0	0	0%	0	0	Allocated Cost
60695100 PERSONNEL SVCS - ACP	0	143,908	82,172	0	82,172	57%	143,908	0	
60695500 TRAINING SVCS - ACP	21,734	0	0	0	0	0%	0	0	Allocated Cost
60695600 DEPT SVCS TRAN - ACP	142,562	125,192	71,485	0	71,485	57%	125,192	0	Allocated Cost
60695700 401A ADMIN SVC - ACP	1,103	959	548	0	548	57%	959	0	Allocated Cost
60695800 LABOR REL - ACP	19,081	0	0	0	0	0%	0	0	Allocated Cost
60695900 SAFETY PGM - ACP	18,387	15,009	8,570	0	8,570	57%	15,009	0	Allocated Cost
60697900 OTHER SVC	0	0	0	0	0	0%	0	0	
60697909 MIS SERVICES	0	0	48,785	0	48,785	0%	73,177	-73,177	Allocated Cost Budgeted in 60601100
60698017 INTRA DEPT CHARGES	0	0	120,720	0	120,720	0%	120,720	-120,720	Includes Scarlett Ong Transfer, updated figure based on Q1 expense. Ended 2/3/2026
60698018 INTRA PROGRAM CHARGE	3,597,060	3,596,238	269,086	0	269,086	7%	1,907,844	1,688,394	See object 30 tab for further breakdown
Object 60 TOTAL - Intrafund Charges	5,642,663	5,411,059	1,232,760	0	1,232,760	23%	3,842,105	1,568,954	Will do an AAR to adjust giving realignment appropriations to ACH
TOTAL EXPENDITURE	43,622,420	44,464,111	21,170,832	12,320,619	33,491,451	75%	39,629,984	4,834,127	

GL ACCT NAME	FY 2024-25 Final Budget	FY 2025-26 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
59599125 R 1991 HEALTH	-10,541,394	-11,740,052	-3,656,008	0	-3,656,008	0%	-8,923,478	-2,816,574	
59599134 Restricted Funding	-15,359	0	0	0	0	0%	0	0	
Object 50 TOTAL - Interfund Reimbursement	-10,556,753	-11,740,052	-3,656,008	0	-3,656,008	0	-8,923,478	-2,816,574	Realignment reduced by \$2M for ACH, and further \$823K mid year reduction
69699000 INTRA COST RECOVERY	-392,622	-328,104	-63,648	0	-63,648	0%	-328,104	0	Assuming will be reimbursed in full.
69699017 INTRA DEPARTMENTAL R	-1,650,297	-1,801,342	-139,788	0	-139,788	0%	-1,801,342	0	Assuming will be reimbursed in full. SCOE MHSSA is the largest portion of this.
69699018 INTRA PROGRAM REIMBU	-15,159	-13,497	-11,377	0	-11,377	0%	-13,497	0	Pharmacy reimb of AT
Object 69 TOTAL - Intrafund Reimbursement	-2,058,078	-2,142,943	-214,813	0	-214,813	10%	-2,142,943	0	
TOTAL REIMBURSEMENT:	-12,614,831	-13,882,995	-3,870,821	0	-3,870,821	28%	-11,066,421	-2,816,574	
NET Cost before Revenue	31,007,589	30,581,116	17,300,011	12,320,619	29,620,630	97%	28,563,563	2,017,553	
95953010 PY INTERGOV - STATE	-2,180,612	-2,180,612	-33,402	0	-33,402	0%	-1,423,512	-757,100	
95953011 PY INTERGOV - FED	0	0	27,329	0	27,329	0%	27,329	-27,329	
95956900 STATE AID OTHER MISC	-21,130,316	-22,352,460	-15,700,927.65	0	-15,700,928	0%	-23,551,391	1,198,931	FY 24/25 M-Cal Revenue: \$19,572,151.72. Recently billed out many SCOE encounters. AP01: \$1,535,027.75 AP02: \$1,320,600.28 AP03: \$2,474,199.69 AP04: \$2,141,199.92 AP05: \$2,071,258.92 AP06: \$2,333,653.28 AP07: \$1,788,843.70 AP08: \$2,036,144.11 AP09: AP10: AP11: AP12: AP13:
95956901 MEDI/CAL REVENUE	0	0	-8,004	0	-8,004	0%	0	0	Medicare revenue posted to wrong GL, should be GL 95958901.
95958900 HEALTH FED	-5,526,073	-4,859,089	-1,405,026	0	-1,405,026	0%	-2,905,549	-1,953,540	Assuming 60% for RHAP Q1-Q3, actual for FY 24/25 RHAP Q4, 50% for HIV grant (only claiming salaries), and 100% of main homeless grant.
95958901 MEDI-CARE REVENUE	0	0	-3,081	0	-3,081	0%	-9,801	9,801	Including the \$(2,637)
95959100 CONSTRUCTION FED	-553,280	-475,712	0	0	0	0%	0	-475,712	Assuming \$0 since ARP grant is now over, and scope was never approved, therefore not claiming.
95959503 ARPA - SLFRF Revenue	-1,475,647	-706,243	-667,866	0	-667,866	0%	-706,243	0	OCH passthrough will be reimbursed here
Object 95 TOTAL - Intergovernmental Revenue	-30,865,928	-30,574,116	-17,790,977	0	-17,790,977	58%	-28,569,168	-2,004,948	CMISP Patient payment + DRR - No patients have been on CMISP, therefore no revenue.
96966200 MED CARE INDIGENT	-5,000	-4,000	0	0	0	0%	-3,067	-933	Included above
96966202 CMISP SOC REV-DRR	0	0	-245	0	-245	0%	0	0	private insurance
96966300 MED CARE PRIVATE	-1,000	-1,000	-304	0	-304	0%	0	-1,000	TPL/ Insurance Payments
96966900 MED CARE OTHER	-1,000	-1,000	0	0	0	0%	0	-1,000	Self Pay/Sliding Fee Pmts
96969900 SVC FEES OTHER	-1,000	-1,000	-1,275	0	-1,275	0%	0	-1,000	
Object 96 TOTAL - Charges for Services	-8,000	-7,000	-1,824	0	-1,824	26%	-3,067	-3,933	
97979900 PRIOR YEAR	0	0	0	0	0	0%	0	0	
97979000 MISC OTHER	0	0	-105	0	-105	0%	-105	105	
97979004 JURY FEE EMP REIMB	0	0	0	0	0	0%	0	0	
97979904 PRIOR YR MISC REV	0	0	0	0	0	0%	0	0	
97979028 IR-MUTUAL AID AGREE	0	0	0	0	0	0%	0	0	
TOTAL REVENUES	-30,873,928	-30,581,116	-17,792,906	0	-17,792,906	58%	-28,572,340	-2,008,881	
Net County Cost/NCC	133,661	0	-492,894.23	12,320,619	11,827,724	0%	-8,777	8,672	
	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		AP08

HRSA Project Director Updates

April 17, 2026, CAB Meeting

Staffing

Division Manager:

Rachel Kay is here!

Sr. Health Program Coordinator:

The Sacramento County Health Center is pleased to announce the appointment of Kelly Borrero, as *Senior Health Program Coordinator*. Kelly is an accomplished nursing leader and public health professional with more than two decades of experience in acute care, case management, healthcare operations, and nursing education. Her background includes key leadership roles at San Joaquin General Hospital, where Kelly guided multidisciplinary teams, advanced regulatory compliance and quality-improvement initiatives, managed complex care-coordination activities, and oversaw multimillion-dollar operational functions. Kelly has also supported regional workforce development as a Nursing Instructor at San Joaquin Delta College, contributing to clinical education, curriculum review, and the application of evidence-based practice.

In the Senior Health Program Coordinator role, Kelly has already helped strengthen program operations, support collaboration across clinical and community-based services, and advance initiatives that improve the quality, efficiency, and accessibility of Health Center programs. Her expertise and leadership is already noticeable and impactful; and it is clear her goal is to continue to support the health and well-being of the Sacramento County residents.

Her official start date was February 17th.

Planners:

The Health Center has identified two Program Planners after two days of interviews with several highly qualified candidates.

Administrative Services Officer III:

The Health Center team is excited to announce the newest addition to the Administrative team, Shafiullah (Shafi) Akbary. He comes to us from BHS, and has background in the Electronic Medical Record (EMR), billing, fiscal and contracts. He also worked in the Health Center during the early part of his County career.

This is a promotion for Shafi and his primary focus will be supporting CMISP and Healthy Partners. In addition, he will also be facilitating the Clinic's contract renewals for FY 26-27.

The Health Center is in the process of backfilling the Administrative Services Officer III position vacated due to the retirement of Deborah Burrow.

Other Staffing:

- Nursing
- Medical Assistant

HRSA Project Director Updates

April 17, 2026, CAB Meeting

- Sr. Office Assistant
- Office Assistant

CMISP and HP Programs

County Medical Services Program (CMISP)- a program of last resort for low-income, uninsured adults who are not eligible for Medi-Cal for reasons other than immigration status. The program focuses on medically necessary and specialty care, such as diagnostic services, hospital care, and specialty consultations, often through a county network and contracted providers.

Healthy Partners (HP) – Provides ongoing primary and preventive health care services to the low-income, to those with Unsatisfactory Immigration Status (UIS). These services include primary and behavioral health, lab, radiology and low-cost medications.

Sacramento County Health Center CMISP and HP Efforts:

- Several internal weekly and monthly meetings (DHS/DHA/OFCA)
- Monthly Safety Net Alliance Consortium meetings with community stakeholders
- Engagement with the Managed Care Plans
- Quarterly FHQC Meetings
- Coordination of monthly meetings with hospital leadership
- Review of CMISP and HP policies and procedures
- Fiscal, staffing, and programmatic analysis in concert with Department of Human Assistance
- Re-established relationship with La Familia Counseling Center

Health Resources and Services Administration

SCHC leadership continues to take advantage of communication with HRSA Project Officer (PO), Kirk Barnes for all facets of the Health Center.

School-Based Health Center Sites

The Health Center continues to meet with School Based Mental Health and Wellness (SBMHW) contractors, Sacramento County Office of Education (SCOE) on expansion of the program. The Health Center clinic/admin team meet with SCOE monthly, and subgroups and meetings have formed to continue carve out a timeline for expansion.

Michelle Besse will continue to work with SCOE and their clinicians on opportunities at increase productivity, preparing unapproved sites for needs assessment, chart review, and telehealth.

SCHC Medical Director Updates

April 17, 2026 CAB Meeting

Key Points:

The SCHC Medical Director’s Office is implementing a phased strategy to strengthen operations, modernize workflows and ensure sustainable growth. These efforts aim to improve patient access, ensure regulatory readiness, and enhance clinical performance. Current priorities include improving scheduling and access, standardizing of processes, workflow and documentation, in anticipation of any governmental changes.

Fundamental Improvements:

Focus: Updating Policies-Procedures and Workflows and Training Staff for New Standards.

- **Scheduling & Patient Access Optimization:**
 - Pediatrics is now booking 10 patients per 4-hour clinic starting in April. Same standards for Adult Medicine start on May 1st and for Family Medicine on July 1st.
 - New patient and hospital discharge appointments are 40 minutes for primary care.
 - 60-Minutes for new patients seen by specialists (Cardiology, psych, etc.).
 - All other appointments are 20 minutes.

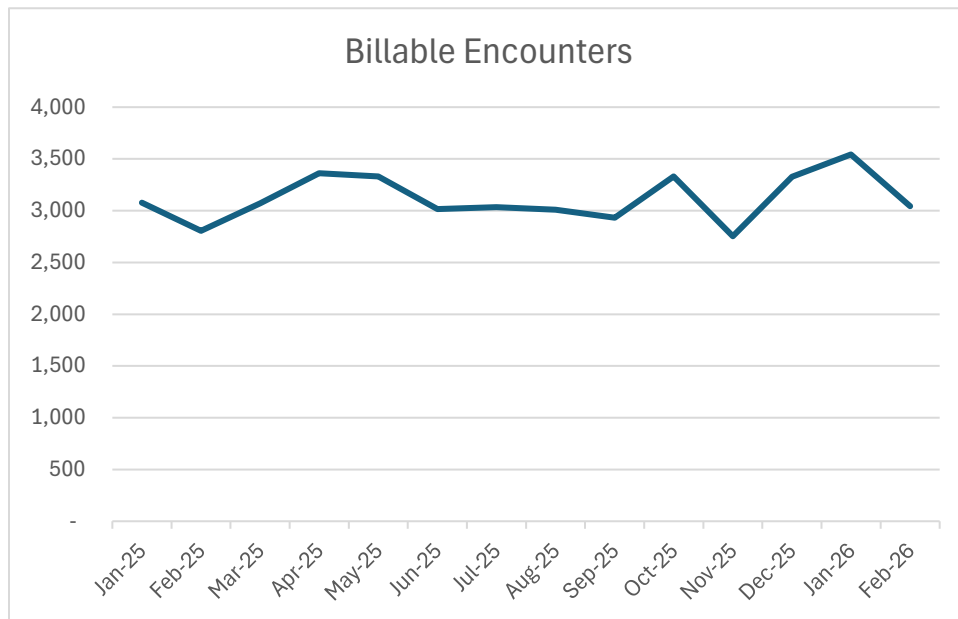
Productivity Metrics (Data has not been validated):

2025 by Month	Billable Encounters	2026 by Month	Billable Encounters	Year Over Year Change
Jan-25	3,077	Jan-26	3,543	15%
Feb-25	2,805	Feb-26	3,044	9%
Mar-25	3,072	Mar-26		
Apr-25	3,362	Apr-26		
May-25	3,332	May-26		
Jun-25	3,017	Jun-26		

SCHC Medical Director Updates

April 17, 2026 CAB Meeting

Jul-25	3,035	Jul-26		
Aug-25	3,010	Aug-26		
Sep-25	2,933	Sep-26		
Oct-25	3,330	Oct-26		
Nov-25	2,753	Nov-26		
Dec-25	3,329	Dec-26		
Grand Total	37,055	Grand Total YTD	6,587	



- **Training & Workforce Development:**

- On going structured training organized and mapped monthly throughout the year, with two dedicated sessions per month.

SCHC Medical Director Updates

April 17, 2026 CAB Meeting

- Training includes mandatory compliance training meetings, as well as training across staff (for example MAs) to cover other departments and functions under their scope of practice/job descriptions.
- Extensive training aligned to new standards ensures consistent education and practices across all roles.
- Working with Unions to update them about changes and receive their approval before implementation.
- **Space Utilization:**
 - Engaging UCD program leaders in discussions on optimizing space and staffing
 - Maximum capacity will be used to appropriately align maximum allowance of students with attendings.
 - Equipment has been approved for purchase to expand 2 exam rooms in Peds and 1 in AM.
 - Expansion of 2 new exam rooms in suite 2100 are pending for electrical evaluation by facilities before we can move forward.

Operational Strengthening (2026)

Focus: Communication, compliance, and workflow modernization

- **Job Duty Review:** Clarifying county job descriptions to reinforce accountability and alignment. As job duties are reviewed, Policies & Procedures are revised to allow staff to work at the top of their licensure.
- **Workflow Updates:** Revising processes to meet California regulatory requirements and union standards.
- **Internal Meetings:** Leadership meetings are now conducted with a written agenda to further optimize meeting times and efficiency across the clinic.

Expansion & Provider Growth

Focus: Clinical expansion and recruitment

SCHC Medical Director Updates

April 17, 2026 CAB Meeting

- **Nurse Practitioners:** Recruitment underway for 1.0 FTE permanent NP; interviews next week. Registry NP is in the credentialing process.

Strategic Plan 2026 (updates by Jane Murphy)

Number of Patients seen at SCHC 2025-2026 (OCHIN Dashboard)

ALL Departments

Ambulatory Visit Volume



- For Jan-Feb, there has been an overall increased in the total volume of patients seen in 2026, compared to 2025.

Refugee

Ambulatory Visit Volume



- There has been a significant progressive decrease in the number of patients seen, starting in March 2025 to current.

Adult Medicine- Pharmacy

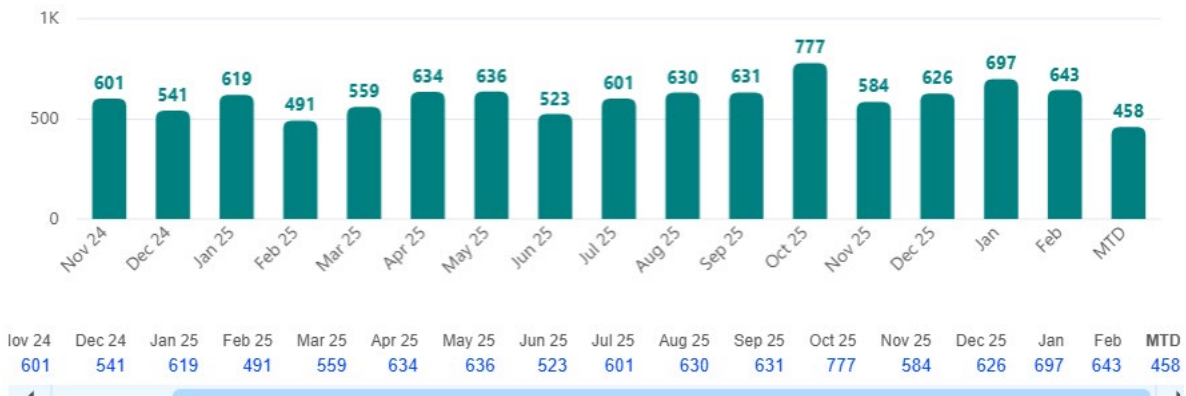
Ambulatory Visit Volume



- **In 2026, under the Adult Medicine Department, we are billing pharmacy encounters, and we increased registry and County on-call FTEs.**
- **The total number of patients seen in Jan-Feb 2025 was 3882, in comparison to 4463 in 2026.**
- **The Clinic has increased primary care services!**

Pediatrics

Ambulatory Visit Volume



- **County pediatrician started seeing patients**
- **UCD pediatrics has increased their productivity**

Family Medicine

Ambulatory Visit Volume



- Increased encounter numbers due to Same Day Access (SDA) encounter with County clinicians and other department NP are now under FM.



2025 QI PLAN
REPORT TO CAB

April 17, 2026

QUADRUPLE AIM

FRAMEWORK FOR QI PLAN ACCOUNTABILITY

Annually, the Health Center selects quality improvement goals and objectives for each part of the Quadruple Aim.

The **Quality Improvement Committee (QIC)** oversees two Aims: Patient Experience and Population Health Outcomes.

The **Management Team** is responsible for Reducing Costs and Care Team Well-Being.



<https://pmc.ncbi.nlm.nih.gov/articles/PMC10246710/>

PATIENT EXPERIENCE

Patient Experience: Patients feel the SCHC cares about and respectfully works to improve their well-being, safety, and experience.



Goal 1: Improve Access to Care

o Objective 1-1: Improve Access by Telephone During Clinic Hours

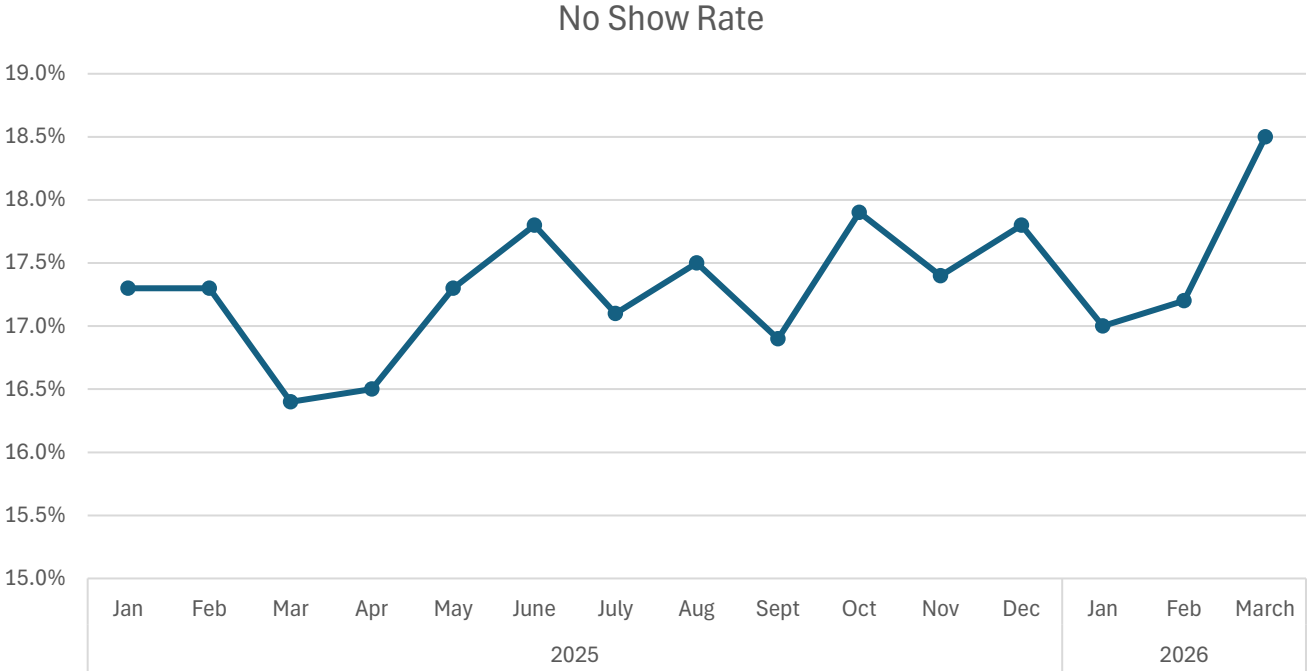
- Reduce the amount of time patients spend on the phone.
- ↳ Reduce the longest queue time by at least 5 minutes under the 2024 baseline. (Cisco)
- ↳ Reduce the average queue time to 10 minutes or less.

PATIENT
EXPERIENCE

Metric	Starting Point	Ending Point	Change / Notes
Service Level (SLA)	26.43% (Oct 2025, low point)	72.98% (Mar 2026, high point)	+46.6-point improvement over five months
Average Speed of Answer (ASA)	12:18 (Aug 2025)	5:49 (Mar 2026)	Cut by more than 50% ; faster answers support better SLA & fewer abandons
Abandonment Rate	32.96% (Aug 2025)	15.15% (Mar 2026)	~18-point reduction , strongest gains from Dec–Mar as staffing increased
Call Volume (Aug–Mar)	~37,700 offered	~26,200 answered; ~11,300 abandoned	Volume remained high throughout the period
Staffing Levels	6 agents available (Aug 2025)	7-8 Agents available (Dec – March 2026)	These months show the best SLA (58–73%) and lowest abandonment (23%→15%)

Goal 1: Improve Access to Care

- Objective 1-2: Reduce No Shows (OCHIN)



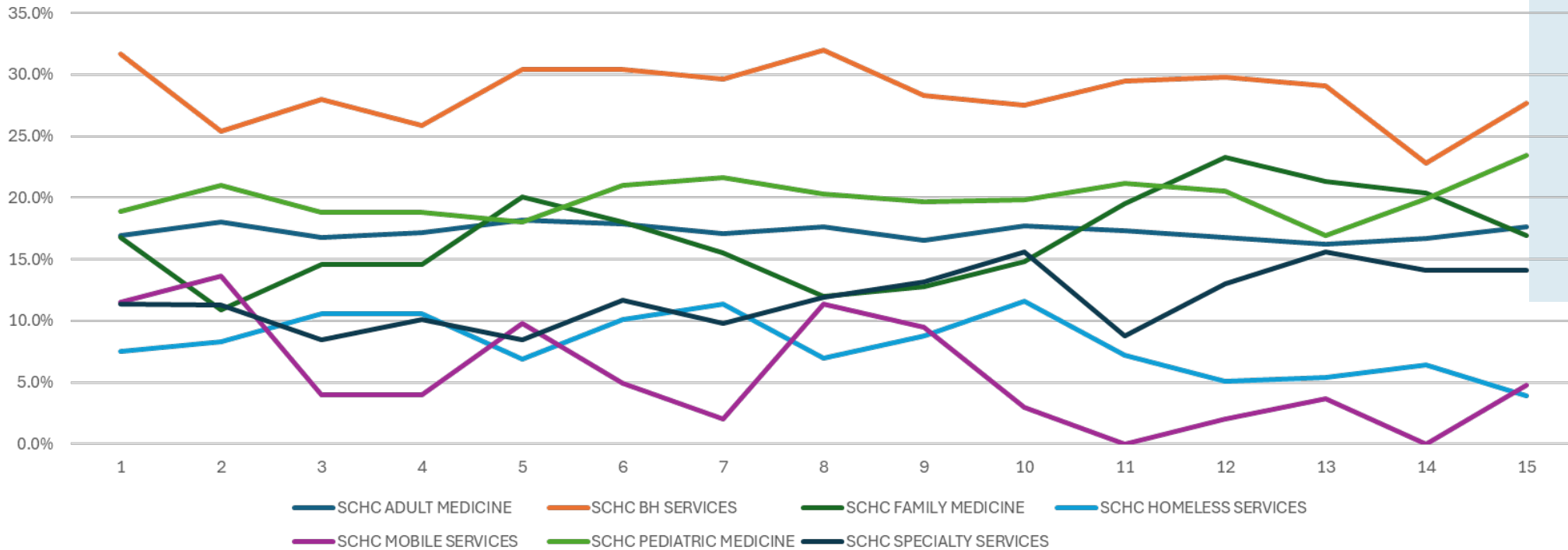
PATIENT
EXPERIENCE

Goal 1: Improve Access to Care

o Objective 1-2: Reduce No Shows

- Decrease the No Show Rate to 15% for all Primary Care Clinics broken down by targets by FM, AM, and PM (OCHIN)
- Decrease the No Show Rate to 25% for IBH. (OCHIN)

No Shows by Dept

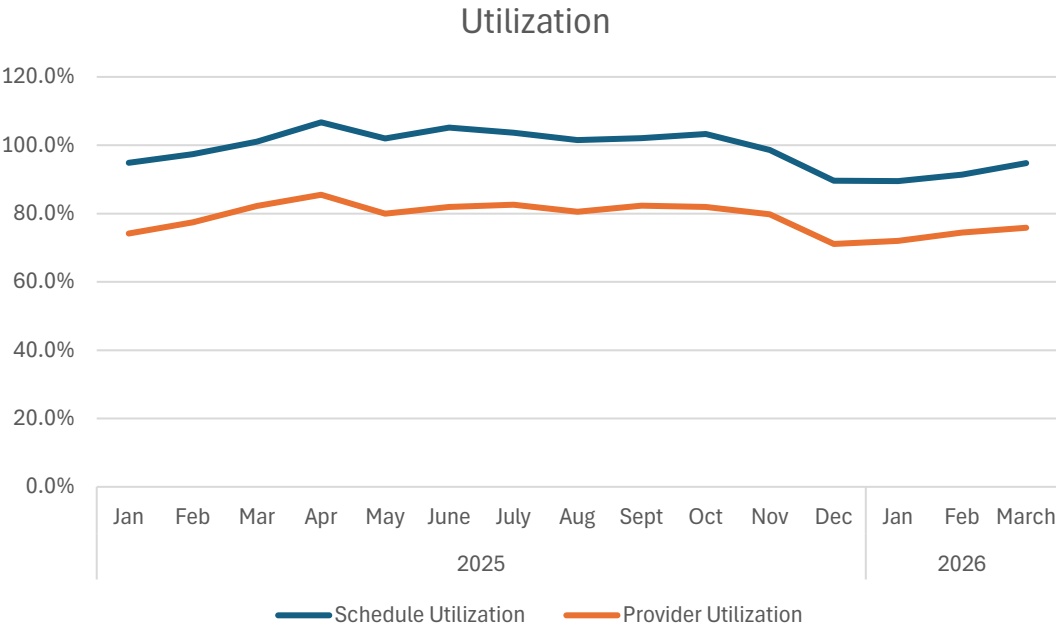


PATIENT EXPERIENCE

Goal 1: Improve Access to Care

Objective 1-3: Increase Appointment Access

- Develop schedule templates that ensure consistent appointment access during regular business hours.
- Increase the average provider utilization rate to 90%. (OCHIN)

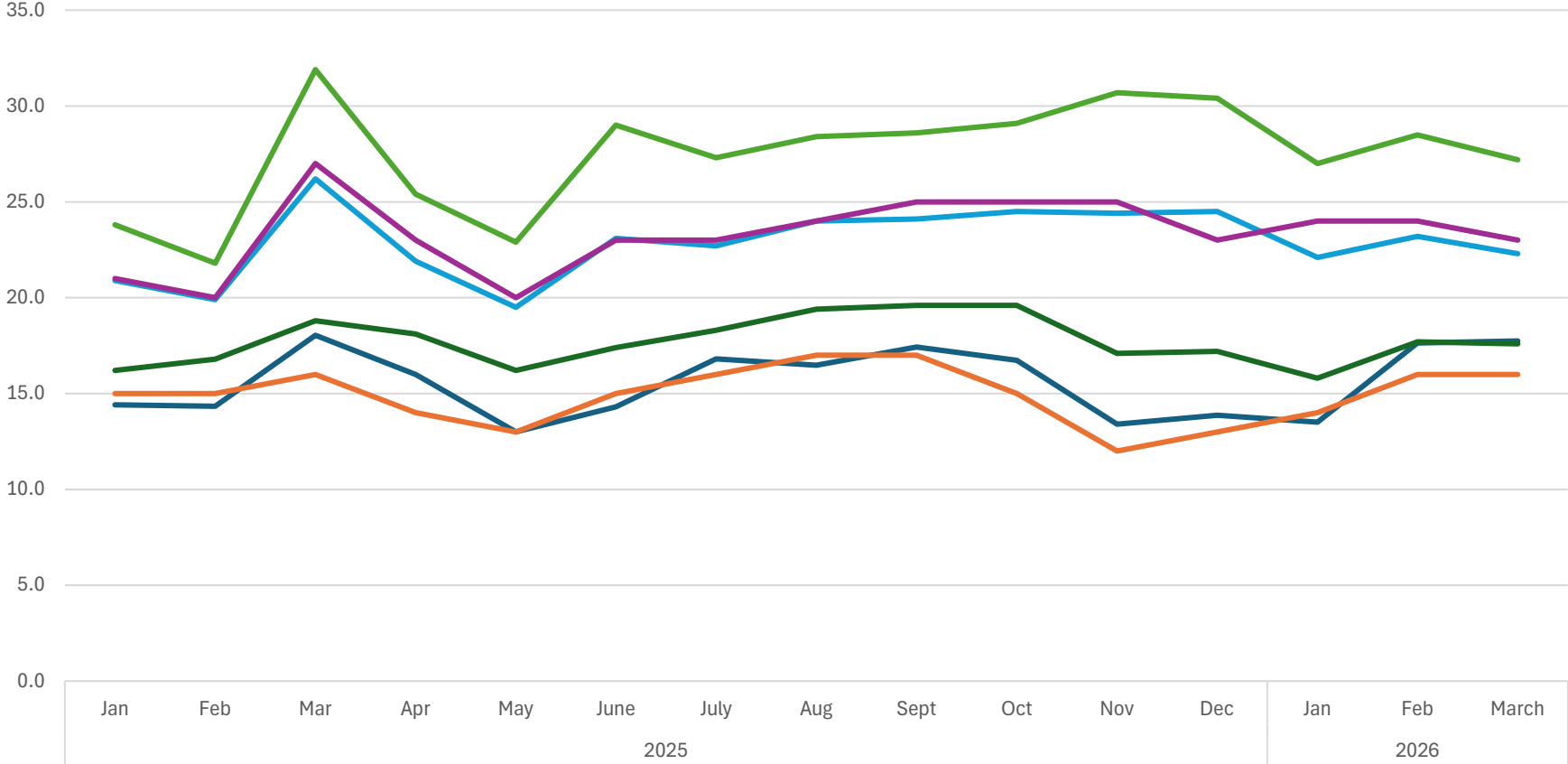


PATIENT EXPERIENCE

Goal 1: Improve Access to Care

Objective 1-3: Increase Appointment Access

% Average Lead Time



- Average Lead Time for Service Area New Patients
 — Average Lead Time for Department New Patients
- Average Lead Time for Provider New Patients
 — Average Lead Time for Service Area Return Patients
- Average Lead Time for Department Return Patients
 — Average Lead Time for Provider Return Patients

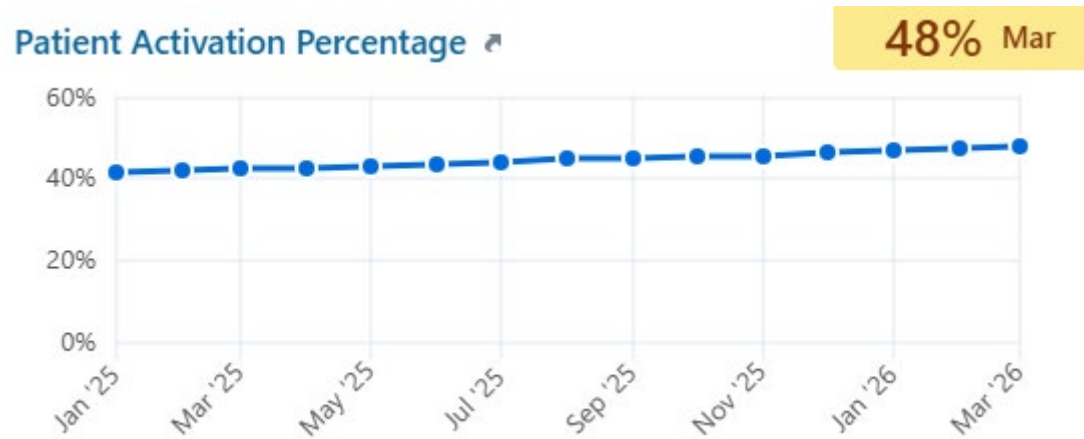
PATIENT EXPERIENCE

Goal 3: Improve Patient Engagement

o Objective 3-1: Improve Patient Outreach

- Increase the percentage of active adult patients with activated My Chart from 31% to 35% by December 31, 2025. (OCHIN)

Currently 48% (March 2026)



PATIENT
EXPERIENCE

POPULATION HEALTH OUTCOMES



Population Health Outcomes:

Reduce health inequities and assist patients achieve better health outcomes through best practices, innovation, and/or evidence-based guidelines.

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (HEDIS)

(Managed Health Plan Scorecards - Vivant)

o Objectives 6-1: Healthy Start in Life

- Prenatal/Postpartum care.
- Childhood immunizations at age 2 (CIS).
- Adolescent immunizations (IMA).

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
PPC - Prenatal Care	86.37%	137	120	87.59%	17		4	4	9	0
PPC - Postpartum Care	82.48%	137	109	79.56%	5	23	6	7	15	4
CIS - Childhood Immunization Status – Combo 10	23.89%	123	40	32.52%	83		12	12	59	0
DEV - Developmental Screening in the first 3 years of life	35.7%	336	46	13.69%	290		27	51	212	74

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (HEDIS)

(Managed Health Plan Scorecards - Vivant)

o Objectives 6-2: Primary or Secondary Prevention of Health Issues Prevalent among SCHC Patients

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
BCS - Breast Cancer Screening	55.87%	1141	763	66.87%	378		73	101	204	0
CCS - Cervical Cancer Screening	52.32%	2766	1747	63.16%	1019		296	256	467	0
COL - Colorectal Cancer Screening	41.39%	2210	936	42.35%	1274		237	316	721	0
CHL - Chlamydia Screening in Women	56.3%	264	171	64.77%	93		11	19	63	0
CBP - Controlling High Blood Pressure	67.88%	861	542	62.95%	319		17	62	240	43

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (HEDIS)

(Managed Health Plan Scorecards - Vivant)

Objective 6-3: Provide Care Coordination and Treatment for Chronic Conditions Prevalent among SCHC Patients.

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
GSD - Glycemic Status Assessment for patients with Diabetes , Glycemic Status > 9.0%	30.41%	1083	679	62.70%	679		22	66	591	350

Goal 7: Improve Performance on Select HEDIS Quality Measures

(Managed Health Plan Scorecards - Vivant)

Objective 7-1: Increase the Number of Well-Child Visits (WCV) by 5% Over 2024 Numbers.

POPULATION HEALTH
OUTCOMES

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
W30 - Well-Child 6 visits in the first 15 months of life	63.38%	78	47	60.26%	31		13	2	16	3
W30 - Well-Child 2 visits for Age 15 Months-30 Months of life	72.32%	125	97	77.60%	28		8	7	13	0
WCV Total - Adolescent Well/Care visits	55.41%	2556	1237	48.40%	1319		364	648	307	180
WCV 3_6 Years	55.41%	586	358	61.09%	228		60	124	44	0
WCV 7_12 Years	55.41%	830	453	54.58%	377		120	203	54	7
WCV 13_17 Years	55.41%	683	329	48.17%	354		109	180	65	50
WCV 18_21 Years 04/17/2026	55.41%	457	97	21.23%	TO 350 B		75	141	144	157

SCHC HEDIS Performance over the past 3 years

POPULATION HEALTH OUTCOMES

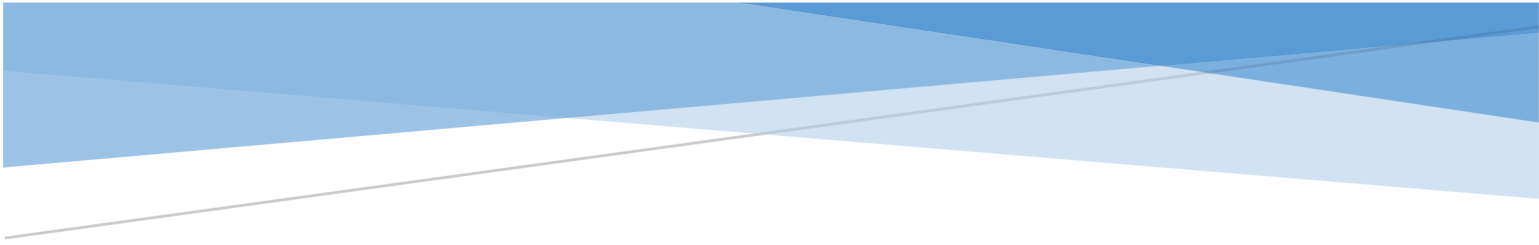
	BCS	CCS	CBP	CHL	COL	HBD	Pre-Natal	PostPartum	W15	W30	CIS	Lead	TFL	DEV	IMA	WCV	WCC	AMR	Data Source
Anthem 2023	50% 124/248	58.16% 688/1353	57.7% 176/305	59.74% 92/154	30.28% 235/776	47.71% 177/371	82.14% 69/84	69.05% 58/84	38.10% 16/42	54.67% 41/75	20.48% 17/83	31.33% 26/83	0.52% 1/192		41.38% 24/58	39.31% 524/1333	85.07% 302/355	73.91% 17/23	Anthem Scorecard
HealthNet 2023	55.59% 174/313	57.01% 927/1626	63.22% 232/367	58.73% 111/189	35.92% 352/980	57.98% 276/476	83.95% 68/81	76.54% 62/81	55.56% 35/63	50% 56/112	22.64% 24/106	42.45% 45/106	9.51% 102/1072		37.50% 45/120	38.06% 862/2265	84.68% 398/470		Cozeva 2-3-25
Molina 2023	53.64% 81/151	60.73% 232/382	62.28% 232/382	75.86% 22/29	38.61% 178/461	41.47% 90/217	84.62% 11/13	84.62% 11/13	0% 0/5	57.14% 8/14	30% 3/10	60% 6/10	12.92% 42/325		60% 18/30	39.81% 127/319	90.08% 127/319		Molina Final Report
Anthem 2024	54.86% 192/350	57.75% 935/1619	31.34% 110/351	59.4% 79/133	33.05% 316/956	66.35% 282/425	68% 51/75	74.67% 56/75	41.67% 15/36	43.75% 28/64	22.41% 13/58	63.79% 37/58			35.94% 23/64	22.61% 312/1380		69.23% 27/39	Cozeva 2-3-25
HealthNet 2024	67.05% 289/431	55.71% 995/1786	73.84% 302/409	58.14% 200/344	39.98% 467/1168	62.06% 350/564	82.61% 76/92	82.61% 76/92	55.26% 21.38	58.95% 56/95	26.73% 27/101	74% 74/100	21.71% 514/2368		39.45% 43/109	33.60% 1514/4506	85.05% 819/963	76.32% 58/76	Cozeva 2-3-25
Molina 2024	63.98% 135/211	62.56% 371/593	74.88% 158/211	69.39% 34/49	No Data	40% 120/300	76.47% 13/17	94.12% 16/17	80% 4/5	58.33% 7/12	40% 4/10	70% 7/10	7.16% 27/377	25% 6/24	41.18% 7/17	No Data	No Data	57.5% 23/40	Cozeva 2-3-25
Anthem 2025 - Vivant Only	66.12% 240/363	64.79% 646/997	58.72% 165/281	67.27% 74/110	39.34% 297/755	No Data	88.89% 48/54	75.93% 41/54	45.95% 17/37	83.67% 41/49	31.25% 20/64	84.38% 54/64	7.90% 95/1202	17.39% 24/138	42.62% 26/61				Vivant - 04/10/26
HealthNet 2025	69.02% 332/481	63.24% 750/1186	66.08% 224/339	61.61% 69/112	47.44% 407/858	No Data	88.41% 61/69	79.71% 55/69	70.97% 22/31	74.19% 46/62	33.33% 14/42	73.81% 31/42	26.61% 297/1116	8.92% 14/157	46.94% 23/49				Vivant - 04/10/26
Molina 2025	64.31% 191/297	60.21% 351/583	63.49% 153/241	66.67% 28/42	38.86% 232/597	No Data	78.57% 11/14	92.86% 13/14	80.00% 8/10	71.43% 10/14	35.29% 6/17	82.35% 14/17	8.86% 7/79	19.51% 8/41	66.67% 10/15				Vivant - 04/10/27

Aims for 2026

- Improve QI Support and Infrastructure.
- Agree methodology to track all QI objectives.
- Develop OCHIN Standard Reporting Tools for Quality Performance.
- Develop a Dashboard of Indicators to Monitor the Relative Costs and Revenues Associated with Specific Programs and Practices.

Questions?





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



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?)
---	--

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



Creating a Dynamic and Useful Strategic Plan

A Toolkit for Health Centers



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About Capital Link:

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for over 18 years to plan capital projects, finance growth, and identify ways to improve performance. We provide innovative consulting services and extensive technical assistance with the goal of supporting and expanding community-based health care. Additionally, Capital Link works in partnership with primary care associations, the National Association of Community Health Centers, and other entities interested in improving access to capital for health centers. For more information, www.caplink.org.

About the National Association of Community Health Centers:

Federally Qualified Health Centers serve over 22 million people at more than 9,000 sites located throughout all 50 states and U.S. territories. Because health centers serve patients regardless of their abilities to pay, they depend on public financial support and need a unified voice and common source for research, information, training, and advocacy. To address these needs, the National Association of Community Health Centers (NACHC) organized in 1971. NACHC works with health centers and state-based primary care organizations to serve health centers in a variety of ways:

- Provide research-based advocacy for health centers and their clients.
- Educate the public about the mission and value of health centers.
- Train and provide technical assistance to health center staff and boards.
- Develop alliances with private partners and key stakeholders to foster the delivery of primary health care services to communities in need.

As a founding partner of Capital Link, NACHC appoints some of Capital Link's board members. The two organizations work closely together on issues related to health center capital development and economic impact.

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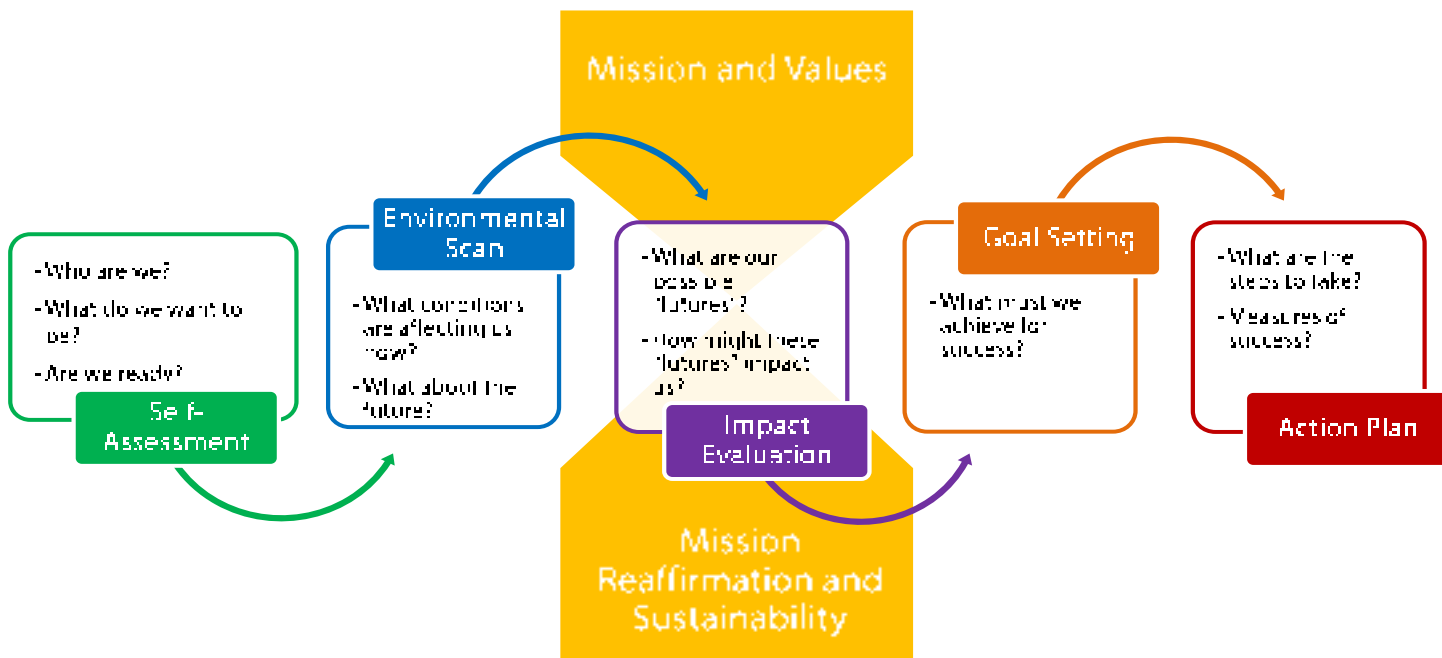
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INTRODUCTION

The health care industry is experiencing rapid change brought on by demographic shifts, economic influences, policy changes, and bureaucratic adjustments. These changes are especially significant for Federally Qualified Health Centers (FQHCs) because of their significant reliance on government programs for reimbursement. While always important, strategic planning has recently become an organizational imperative for health centers¹ as they seek to successfully navigate uncharted territory.

Strategic planning is an organization-wide effort to assess key influences, reinforce operating systems, establish objectives, and mobilize staff and other stakeholders to meet the challenges of a changing environment. The process begins with a health center examining and reaffirming its mission and purpose, which should remain at the forefront of planning to ensure alignment of decisions and actions with values and vision. The next steps provide health centers with a reliable pathway to future success by generating well-informed expectations, measurable organizational objectives, and definitive steps to attain those goals. The final steps focus on distilling the experience, values, ideas, and vision of your board, staff and stakeholders into the critical actions needed to manage strategically and, ultimately, sustain your efforts.

This toolkit is divided into five sections, representing each of the key strategic planning components. Each section contains the tools, information, and resources necessary to guide health centers through the strategic planning process in a series of linear steps. Although this toolkit is comprehensive and each tool fulfills a specific function, it's designed to be user-friendly. It isn't necessary to use all of the tools to complete an effective strategic plan, although we recommend using some tools from each section.



¹ In this document, unless otherwise noted, the term “health center” is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC Look-Alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants.

PART 1

SELF-ASSESSMENT

All strategic planning processes must begin with a thorough organizational appraisal. The self-assessment tools in this section will help a health center plan for its future by first reviewing what it does, how well it does it, and how prepared it is to meet upcoming challenges. These tools are designed to help the health center evaluate its strengths and weaknesses, physical and operational capacities, operational efficiency, financial performance, leadership and governance effectiveness, and readiness for growth and policy changes. Completing this step will give the health center an improved understanding of its current capabilities, which should be viewed with a critical eye since these findings will provide insight into improving your performance in the future. Keep in mind that quality improvement begins and ends with the board of directors and a good supporting staff. Quality improvement is an organizational philosophy that should be fully integrated into the fabric of the mission, vision and operation of your center. The information collected and documented during this appraisal is the basis for considering the potential financial and operational impacts related to implementing new goals in subsequent phases of the planning process.



This section contains the following self-assessment tools:

Getting Started

Readiness Checklist

Defining Roles

Vision, Mission, and Values Review

History and Accomplishments

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

Leadership Assessment

Financial Capacity Review

Operational Readiness and Quality Assessment

Physical Space Assessment

Technology Assessment

Self-Assessment Summary



Getting Started

What should success look like at the completion of the planning process? What does your health center wish to achieve from the planning process? What issues or choices do you think need to be addressed during the planning process? Are there any non-negotiable items that need to be articulated upfront? This tool provides a starting point for the planning process and results in a clearer understanding of what lies ahead.

How to Use: Use this tool as an exercise to identify the main areas of concern and opportunity that need to be addressed throughout the strategic planning process. Documenting these areas upfront will help ensure that they don't get lost in the shuffle. Answer the following questions and make note of all important observations. Refer to this tool periodically as you move through the planning process.

Who Should Use: Leadership team and key Board leadership (CEO, CFO, CMO, Board Chair, and Board members designated by the chair – Board participation should be based on the expertise and potential contribution as well as on the size and complexity of your services and geographic reach.)

1. *Mission.* How well are we achieving our mission and how could we make a greater impact?
2. *Financial.* Are our operations financially viable? How can we ensure the long-term financial stability of our organization? Do we have effective financial management systems in place to monitor our finances? Do we have sufficient capital to sustain growth?
3. *Administrative Capacity.* Do we have the administrative capacity to effectively and efficiently support our programs and services? What would it take to maximize our organizational capabilities in terms of planning, human resources and leadership, organization culture and communication, and our technology and facilities infrastructure?
4. *Physical and Technological Capacity.* What are our current physical space requirements? What do we anticipate they will be in the future? What are our technology needs now and in the future?
5. *Governance.* How effective is the board at connecting us to our community and providing strategic leadership for our health center? How effective is the board at ensuring that charitable dollars are used effectively and efficiently, and that the organization is fulfilling its mission? What can we do to ensure that our board is able to fulfill its governance role now and for the future?



Readiness Checklist

Is the staff ready? Is the board ready? Are resources available? Is the timeline developed? This quick checklist can help you avoid delays, obstacles, and false starts, which can reduce the staff’s confidence in the process.

How to Use: Use this tool before beginning the planning process. This checklist will help you ascertain how prepared you are to begin the planning process.

Who Should Use: CEO and Board Chair

Are the following components in place for successful planning?		Yes	No	Unsure or N/A
1.	Commitment, support, and involvement from top leadership			
2.	Clearly defined roles and expectations for all participants in the process, including who will provide input and who will be the decision makers			
3.	Willingness to gather information on strengths, weaknesses, opportunities, and threats; effectiveness of programs; community needs (current and future); and competitors and (potential) collaborators			
4.	Appropriate planning committee mix: strategic thinkers and actionaries (those able to see things through to completion), and big-picture/conceptual thinkers and detail-oriented/perceptual thinkers			
5.	Willingness to be inclusive and encourage broad participation, so that people feel ownership of and are energized by the process			
6.	Commitment of resources (e.g., staff time, board time, dollars spent on market research, consultants, etc.)			
7.	Board and staff understands the purpose of planning and has clarity on the desired outcomes of the process and issues to be addressed			



<i>Are the following components in place for successful planning?</i>		<i>Yes</i>	<i>No</i>	<i>Unsure or N/A</i>
8.	Willingness to: question the status quo and look at new ways of doing things; ask the hard questions, face difficult choices, and make decisions that are best for the organization's current and future constituencies, and support organizational change as a result of the planning efforts			
9.	The financial capacity to sustain in the immediate future without a financial crisis to detract from strategic planning			
10.	Top management's commitment to careful consideration of recommendations rather than disregarding decisions in favor of intuitive decision-making			
11.	No serious conflict between organization's key players (although a healthy dose of disagreement and even heated discussion can be expected)			
12.	No major decisions from external sources expected in the next six months			
13.	No merger or other major partnership efforts (i.e., strategic restructuring negotiations) currently under way			
14.	Board's and top management's willingness to articulate constraints and non-negotiable items upfront			
15.	Commitment to: tie process to annual planning/budgeting; create detailed annual operating plan for upcoming year, and monitor/revise strategic plan as needed			
16.	Commitment to allocating resources to support implementation of core strategies			



Defining Roles

This tool identifies who will be leading and participating in the strategic planning process and defines their roles, considering the involvement of staff and board members as well as patients, policy makers, and other community stakeholders. Many will participate briefly, but the eventual outcome will have more value with diverse input.

***How to Use:** Identify strategic planning participants and assign tasks and responsibilities. First, consider the following preliminary questions. Then, based on your answers, fill out the “Who’s Who Worksheet” on the following page to identify the roles and responsibilities of specific individuals.*

***Who Should Use:** CEO and Board Chair should develop a proposed “who’s who” list for review by the board.*

Preliminary questions for discussion:

1. Who makes what decisions?
 - a. Who will decide the strategic direction for the organization?
 - b. How much input will be sought from the board and the staff?
2. Should we use an existing committee, the whole board, or appoint a strategic planning committee for some or all of the work (including coordination, external stakeholder interviews, research, etc.)?
3. If using a strategic planning committee, which board and staff members should be on that committee (and should we include non-board members)?
4. Should we include patients in the process (beyond community board members) and if so, how?
5. Should we include policy makers in the process and if so, how?
6. What outside stakeholders can help inform the process?
7. Who will lead the process?
8. What process should we use to conduct strategic planning? (e.g., “Conduct data collection first and then have a retreat” or “Kick off the planning process with a board/staff retreat and then create issue-focused board/staff task forces to collect and analyze data and make recommendations to the board of directors,” etc.).
9. Should we use a consultant to facilitate the process and if so, how should we select the consultant? What should his/her responsibilities be?



Strategic Planning Process “Who’s Who” Worksheet

Leadership and coordination			
	Name, Title	Role	Key responsibilities

Contributors			
<i>Self-Assessment</i>			
<i>Environmental Scan</i>			
<i>Impact Evaluation</i>			
<i>Establishing Goals</i>			
<i>Action Planning</i>			



Vision, Mission, and Values Review

Vision, mission, and values statements should articulate a health center's beliefs and values, and define its purpose, establishing the direction that guides every aspect of its daily operations. Vision and mission are closely related concepts that can easily be confused. To distinguish between the two, a **vision statement** typically expresses an organization's broader conviction about its work in the world, empowering those who embrace the mission of the organization to understand how it connects to "the bigger picture." It can be a single sentence or even just a few words. A **mission statement** articulates the particular focus of an organization's efforts, in service of its vision—and often describes who will benefit from its efforts.

Here are a few examples of vision and mission statements:

Cleveland Clinic

Vision: Striving to be the world's leader in patient experience, clinical outcomes, research and education.

Mission: The mission of Cleveland Clinic is to provide better care of the sick, investigation into their problems, and further education of those who serve.

Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People.

Mission: To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.

Values statements generally articulate an organization's core beliefs and the things it holds dear in carrying out its mission. Here's an example of a values statement:

Statement of Values

Cleveland Clinic was established by visionary leaders who believed in simple, guiding principles. Six fundamental values form the foundation of the Cleveland Clinic's culture:

- **Quality.** We maintain the highest standards and achieve them by continually measuring and improving our outcomes.
- **Innovation.** We welcome change, encourage invention, and continually seek better, more efficient ways to achieve our goals.
- **Teamwork.** We collaborate and share knowledge to benefit patients and fellow caregivers for the advancement of our mission.
- **Service.** We strive to exceed our patients' and/or fellow caregivers' expectations for comfort and convenience.



- **Integrity.** We adhere to high moral principles and professional standards by a commitment to honesty, confidentiality, trust, respect, and transparency.
- **Compassion.** We demonstrate our commitment to world-class care by providing a caring and supportive environment for our patients, patients’ families, and fellow caregivers.

At the outset of any strategic planning process, health centers should review their current vision, mission, and values statements. Do any of them feel “not quite right” for representing who you are and what you believe now? Do any need “tweaking” to more clearly articulate who you are and what you believe? Are your priorities clearly expressed? Reviewing these statements in the light of the changing health care environment can often suggest revisions that will better align your internal and external expectations. If your health center doesn’t have vision or values statements, you may wish to create them by using this tool and the examples provided on the prior page.

***How to Use:** Review your vision, mission, and values statements and break them down into components, considering beliefs or concepts that may be missing but are important to include going forward. Then prioritize/rank each component by level of importance. It is also important to direct your mission into outcome-based initiatives. Refer back to this list during the planning process so you can allocate resources to accomplish all elements of your mission.*

***Who Should Use:** CEO, Board, and/or Strategic Planning Committee*

Current vision	
Vision component	Rank and explanation



<i>Current mission statement</i>	
Mission component	Rank and explanation

<i>Current values statement</i>	
Values component	Rank and explanation



History and Accomplishments

This tool allows you to view your successes and key milestones over time, and identify lessons learned. Nothing launches a planning process better than reminding yourself how well you've overcome obstacles in the past.

How to Use: Summarize your organization's history and accomplishments in one-year, five-year, or 10-year increments, depending on your organization's age. Information collected can be presented at the outset of a strategic planning retreat or as a written report to be reviewed beforehand.

Who Should Use: CEO, with assistance from other staff as needed

Timeline	19_	19_	19_	19_	20_	20_	20_	20_	20_	20_	20	20_	20_
List key internal organizational events and/or shifts in priorities (use the timeline to place events in chronological order)													
List external events impacting the organization (use the timeline to place events in chronological order)													
Lessons from history: Keys to stability and growth							Lessons from history: Recurring themes that contribute to instability						
What have we accomplished since our last strategic planning process?							What have we not accomplished since our last strategic planning process?						



Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

This tool prompts you to define your organization’s primary strengths and weaknesses—the internal forces working for and against your organization. It also helps catalog your organization’s key opportunities and threats—the political, economic, social, technological, demographic, or legal trends that are or may impact your organization’s ability to achieve its mission. Your SWOT list will provide a basis for the Environmental Scan.

How to Use: Consider the following questions and record your responses in the corresponding boxes on the following page. Use this tool as an exercise at (or in advance of) a strategic planning retreat.

Who Should Use: CEO, Board, and/or Strategic Planning Committee

Strengths

- What advantages does your organization have?
- What do you do better than anyone else?
- What unique resources can you draw upon that others can’t?
- What do people in your market see as your strengths?
- What are the key factors that allow you to attract patients and staff?
- What are you “known for”?

Weaknesses

- What could you improve?
- What should you avoid?
- What are people in your market likely to see as weaknesses?
- What factors dissuade potential patients from coming to you?
- What factors contribute to difficulties in hiring appropriate staff?
- What about your health center most embarrasses you?

Opportunities

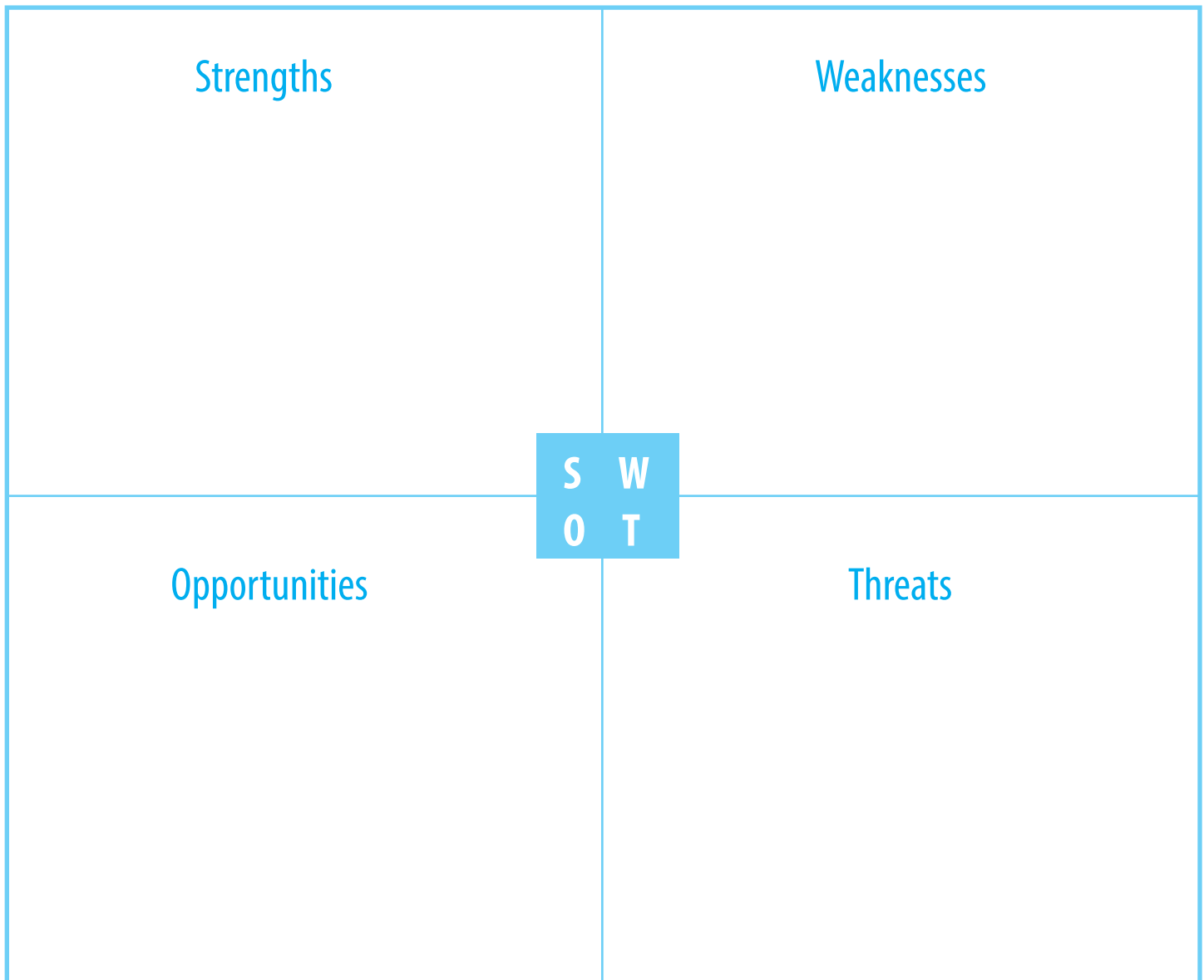
- What good opportunities can you spot?
- What interesting trends are you aware of?
- What changes in the state policy environment create opportunities for you?
- What changes in the federal policy environment create opportunities for you?
- What changes in technology can you harness on behalf of your patients?
- What demographic changes in your community will create opportunities?
- Are there opportunities for collaboration with others in your community that would benefit your patients and/or the health center?



Threats

- What obstacles do you face?
- What are your competitors doing?
- Are quality standards changing in ways that will be difficult for you to meet?
- Will changes in the state or national policy environment negatively affect you?
- Is changing technology threatening your position?
- Is your financial position weak?
- Could any of your weaknesses seriously threaten your sustainability?

SWOT Analysis





Leadership Assessment

Health centers are experiencing dramatic operational and financial challenges, more so now than in any time in their history. For example, the decline in the number of working-aged adults coupled with growth in the number of elderly will generate unprecedented economic and social consequences for health care and the society at large. And the retirement of health center leaders, which is part of this trend, will affect each health center individually. These demographic transformations are unavoidable and inevitable. In response, each health center must ensure that its board of directors and senior administrative staff are prepared to successfully manage leadership transitions and consider the ways in which demographic changes will alter the delivery of health care. It is also important to recognize that sometimes leadership comes from unexpected places in an organization. Often there is a non-supervisory staff member who, by his or her experience or innovative ideas, serves as a leader in spite of being outside the “chain of command.” So, you should keep an open mind when assessing where and how leadership occurs in your organization.

How to Use: Use this tool to rate the leadership skills present in your health center. Keep in mind this is not a performance evaluation; it is an assessment of leadership skills and potential in the organization. This tool will help you to assess leadership strengths and weaknesses and what plans, if any, should be made for management succession at various levels in the organization.

Who Should Use: CEO and senior leadership team; Board leadership

Leadership Metric	Score									
	Low			Moderate				High		
	1	2	3	4	5	6	7	8	9	10
1. Competency: To what degree is leadership staff viewed by stakeholders, employees, and the public as being competent in their field and capable of leading the center to success?										
2. Knowledge of Industry “Landscape”: To what degree do leadership staff and the board have a current understanding of changes occurring in health care and the community health center industry?										
3. Staff Education: How much emphasis does the center place on educating and training staff?										
4. Goal-setting and Accountability: Does your center discuss and establish annual goals for key areas of the health center’s operation? Is progress reviewed regularly?										



Leadership Metric	Score									
	Low			Moderate				High		
	1	2	3	4	5	6	7	8	9	10
5. Communication: To what degree are staff, board members, and other stakeholders informed about important issues facing the center?										
6. Measuring Outputs and Outcomes: To what extent does your center measure productivity? Are results benchmarked against budget, previous years, and peer groups to identify needed improvements?										
7. Creating an Inspiring Culture: To what degree are your board and staff inspired by your mission and eager to accomplish your goals?										
8. Initiative: Is your center identifying and seizing the opportunities presented by the rapid changes in health care? To what extent would you say your organization is anticipatory vs. reactive?										
9. Funding Success: The mission cannot be accomplished without satisfactory funding. How would you assess the performance of the organization's fundraising effort?										
10. Quality of Services: Health centers are called upon to deliver high quality, increased access, and lower costs. How do you assess your center's ability to maintain quality given these sometimes-conflicting mandates?										
11. Strategic Planning: Does your center prepare and update a strategic plan? Does your strategic planning process invite formal input from all staff? Board of Directors? Community stakeholders?										
12. Succession Planning: Do you have a succession plan for your key staff and board positions? Is there a person in the organization that could serve as interim CEO should the need arise? Are you building a talent pool of individuals at your health center that could step in and fill key positions? If there is not a current staff member who could fill a vacancy, is there a plan for searching for a replacement?										



Financial Capacity Review

This tool provides an overview of a health center's financial strengths and weaknesses by comparing 15 important indicators against established targets and industry standards. Measures tracked include productivity, cost, staffing, and utilization since they greatly influence financial success and growth capacity.

How to Use: *In the table on the following page, list your organization's data and compare to Capital Link targets, your own targets,¹ and peer results.² To the extent you are able to identify weaknesses in any area, consider how these may limit progress on strategic goals and how to address them going forward.*

Who Should Use: *CFO, for presentation to the full Board*

¹ Capital Link targets are based on detailed multi-year analyses of hundreds of national health center financial audits, and represent a range of performance results that typically accompany financial success.

² Capital Link periodically updates national medians for financial health indicators; check www.caplink.org for the most recent data available.



PERFORMANCE SNAPSHOT (Sample)		Capital Link Target	Health Center Target	Current Year Health Center Results	2015 National Median
FINANCIAL HEALTH					
1	Operating Margin	>1-3%			3.9%
2	Bottom Line Margin	>3%			5.5%
3	Days Cash on Hand	>30-45 Days			60
4	Days in Net Patient Receivables	<60 Days			41
5	Personnel-Related Expense as % of Operating Revenue	<70-75%			70.8%
PRODUCTIVITY & FINANCIAL OPERATIONS					
6	Physician Visits per Physician Full-Time Equivalent Employees (FTEs)				2,911
7	Mid-Level Visits per Mid-Level FTEs				2,429
8	Dental Visits per Dental Provider FTEs				1,902
9	Medical Patients per Medical Provider FTEs				896
10	Medical Patients per Total Medical Staff FTEs				303
11	Operating Expense per Patient Visit				\$210
12	Operating Expense per Patient				\$816
STAFFING & UTILIZATION					
13	Non-Provider Medical Staff per Medical Provider				1.9
14	Administrative, Facilities, and Patient Support FTEs as a Percent of Total FTEs				37.3%
15	Patient Visit Growth Rate				5.3%



Operational Readiness and Quality Assessment

This tool contains a two-step process for reviewing both the effectiveness and quality of current operations as well as organizational readiness for change. First, it provides a range of questions to help you clarify your operational model. Second, it prompts you to complete a program evaluation to identify what's currently working well and the opportunities for program growth and improvements to continuity of care.

***How to Use:** Complete the questions below to create the framework for a program of services that considers your plans for growth and begins to define how that program can be provided with clarity and effectiveness in your community. Use this tool to generate discussion at a strategic planning retreat or assign this task to a work group of staff and board representatives to discuss and report findings to the full board at a retreat.*

***Who Should Use:** Clinical/operations leadership and/or a committee with intimate knowledge of operations*

Clarify Your Operational Model

1. Who is your “community”? Does it include all residents of your geographic region or a targeted sub-group of residents? Or is the geographic region loosely defined? Will your definition of “community” need to change to accommodate growth?
2. What are the possible points of entry at your center? How does someone become a patient? Is this process consistent with your vision? If not, what impact does that have on your strategic plan?
3. How do your patients define the care they receive at your health center when talking with friends and family? How do your employees define their employer when talking with friends and family? Do your answers reflect a need to redefine your health center in order to support growth?
4. How are you doing with respect to quality measures and patient satisfaction? What are you doing well and what needs improvement?



5. How would you describe your daily patient flow patterns? As smooth as a quiet pond or as tumultuous as the changing ocean tide? Tailored to organizational objectives or patient requests? Do your answers suggest that changes in staffing, hours, facility, or services are needed?

6. How does your health center define the Integrated Patient Care Team? By multiple disciplines or multiple skill levels? Virtually united or physically collocated? Does this definition facilitate an organizational culture change to a Patient-Centered Medical Home model of care?

Complete a Program Evaluation

1. Make copies of the program summary table on the following page, and complete one for each program and service your health center provides. Be specific!

2. Examine opportunities for new services that may be arising.
 - a. Are there providers who are retiring or leaving the area?

 - b. Has there been rapid growth of a population in your community that would specifically benefit from the integrated team approach of a community health center?

 - c. What are your referral patterns? Are there services you refer often enough that could be supported on-site? If so, what are they? Are there services for which your patients must consistently go out of the area to access? If so, what are they? Are there specific types of referrals with very poor follow-up rates, secondary to transportation or language barriers? If so, what are they?

 - d. What services are the community and/or your patient population frequently requesting?



Program Summary Table

Name of program/department	
Program/department purpose	
Description of current scope and scale of activities	
Current staffing levels	
Current budget	
Why did we start this program?	
Is our reason still relevant?	
How effective are we being (and how do we know)?	
Do we cover our costs with this program?	
Are we meeting our patient satisfaction and quality goals with this program?	



Physical Space Assessment

Every strategic plan must include thoughtful analysis of an organization's physical space. The impetus for this necessity comes from many sources. Does your center have enough space to accommodate current needs and future growth? Is your operating model likely to change, thus requiring a different space design? Will you be adding services that require specially-designed spaces? What is the condition of your current buildings? Do you lease space and wish to own?

***How to Use:** Answer the questions below to identify your potential physical space needs.*

***Who Should Use:** Leadership team, working in conjunction with the Strategic Planning Committee*

1. What is the age and physical condition of your existing buildings? Will any need to be renovated, replaced or expanded in the next five years?
2. Is your existing space sufficient to accommodate future growth? If not, what new or improved space will you need in the next five years?
3. Do your existing facilities help you attract patients, and recruit and retain providers?
4. Is your existing space configured in a manner that provides optimal productivity and enables potential operating model changes?
5. Are your current sites located appropriately to serve your market and provide you with a competitive advantage? Are there new markets you are considering that will require additional sites?
6. If you lease space, is this situation optimal for your needs or do you need to consider replacing the leases or buying/building space?
7. Do you have collaboration or co-location opportunities that will require additional space (e.g., pharmacy, other medical or behavioral health providers, schools, housing, commercial enterprises, etc.)
8. Do you have sufficient working capital and/or debt capacity to improve or expand your existing space?
9. Are you aware of the grants that are available to health centers for capital improvements?
10. Are you aware of low-cost financing tools such as New Markets Tax Credits, USDA financing, and special loan programs for health centers?
11. How do you prioritize the needs identified in this process?



Technology Assessment

This tool serves as a basis for evaluating whether your health center's technological capability and capacity is sufficient to support your systems and processes, both now and in the future. It will also help you to identify your health center's technological strengths and shortcomings, and to prioritize investments.

How to Use: Answer the questions below and consider the recommendations and notes in italics.

Who Should Use: Senior leadership with input from lead IT staff; shared with Board and/or Strategic Planning Committee

1. Does your center have an inventory of software and systems and a policy regarding the renewal/replacement of IT systems? *IT staff and management should review inventory regularly, and report annually to senior leadership.*
2. What does your network infrastructure consist of? *If your center has a network diagram, it should be reviewed regularly with your IT staff. If not, your center should consider creating one.*
3. Are any of your computers running Windows XP? *If so, consider upgrading. Microsoft is no longer supporting operating systems older than Windows 7 so older systems are more vulnerable to viruses, attacks, and malware. Additionally, older systems will not support newer software.*
4. How often does your center update and review your backup and continuity plans? Is your important data backed up offsite? *Backup and continuity planning is essential to make sure your center is safe from data loss. Larger centers should conduct a review every three months, while smaller centers should do so every six months. Backup systems testing on a regular basis for both onsite and offsite systems, is recommended.*



5. What management reports do you review on a regular basis? What management reports would you like to review on a regular basis? *The purpose of this question is to initiate an open and ongoing discussion within your center to determine whether your ability to extract data from your systems is adequate.*

6. How is your IT function staffed? Is staffing currently adequate? What additional staff may be needed? If you outsource your IT function, are you being provided with the appropriate level of service? *Information Technology outsourcing is popular and is a great option for smaller centers. However, it's important to align your needs versus the services provided to ensure that what you are receiving is both adequate and cost effective. With a rapidly-changing technology environment, centers sometimes overlook the need to re-match their support with the centers goals, needs, and objectives.*

7. What does your center hope to accomplish with technology, now and in five years? *The most overlooked technology-related discussion is often: What do we need our systems to do? Regular conversations with leadership, staff, and patients helps ensure that your technology is effectively responding to your center's needs.*



Self-Assessment Summary

This tool summarizes the most important insights regarding your health center’s capabilities, gleaned from information gathered during the self-assessment process. Compiling the key “take-aways” of this process in one place allows you to quickly scan the most important findings so you may consider them when developing your organizational goals and action steps. You should refer to this summary to help you identify and define important influences that will inform your impact inventory, discussed later in this toolkit.

How to Use: List all of the key findings from the self-assessment process below. Once complete, present this tool to the planning committee to gain consensus that the content accurately reflects the results of the self-assessment process. Refer back to this summary during the impact evaluation phase.

Who Should Use: Strategic Planning Committee

Core Values: Referring back to the Vision, Mission, and Values Review tool, list the most important principles of your health center. These are tenets that must be upheld during the planning process. Note if any area needs strengthening or improvement in order to allow the health center to reach its aspiration.

Core Value	Notes

Core Competencies: List the skills and capabilities that are critical to your success. Note specific strengths that should be leveraged or limitations/weaknesses that must be overcome.

Competency	Strength	Limitation or Weakness



Key Opportunities: Identify the most important opportunities for further exploration.

Opportunity	Notes

Key Threats: Identify the most important threats that must be mitigated to achieve goals.

Threat	Notes

Resource Evaluation: Consider what resources the center has available to employ and what resources may be limited.

Resource	Strength	Limitation or Weakness
Financial: Equity, net margin, cash reserves, credit lines		
Operational: Productivity, patient satisfaction, employee satisfaction, staff capacity		
Physical: Facility space, space utilization, equipment, technology		
Human: Future skills needed; training needs; provider and skilled staff availability; leadership capacity		
Cultural: Capabilities to serve the cultural diversity of your service area		
Competitiveness: Location, programs and services, advantages, sustainability		

PART 2

ENVIRONMENTAL SCAN

Most health centers are unable to devote time to regularly reviewing external influences that might affect their organization, leaving them dangerously vulnerable to changes in the industry. In times of rapid change, as we are experiencing now, success requires anticipation and preparation. The strategic planning process must include a concerted effort to identify and assess major external influences at all levels—local, state, and federal—so that health centers can achieve/maintain sustainability. While this process cannot predict the future, exploring the possible events, choices, policies, and issues that could affect your health center, no matter how inexact, is better than simply managing reactively.

The following tools are designed to help your health center examine marketplace demands, competition, technology trends, the economy, and government policy in order to create a catalog of possibilities to be utilized in the next step in the strategic planning process: the impact evaluation.



The tools in this section include:

Issue Inventory

Issue Research

Web Search

Stakeholder Input

Market Assessment

Possibilities Inventory



Issue Inventory

This tool helps you identify and categorize the key issues that are likely to create conditions that could have significant consequences for your health center. The issues are divided by origin – federal, state, local, and unique to your health center.

How to Use: Solicit input from a variety of sources and enter the key issues according to origin in the worksheet below. Use this list to inform the Issue Research tool found on the following page.

Who Should Use: Staff, board members, state Primary Care Association (PCA), NACHC, and local stakeholders.

Category	Origin			
	Federal	State	Local	Specific to Your Health Center
Demographic trends (e.g. aging baby boomers and their impact; changes to racial/ethnic composition)				
Health care policy (e.g. changes to Medicare and Medicaid)				
Possible bureaucratic requirement modifications (reimbursement process, performance and reporting requirements)				
The economy				
Local issues				
Workforce issues				
Physical space needs				
Staff recruitment				
Other				



Issue Research

This tool provides a means for identifying the issues that require further research and assigning each issue to participating staff to investigate and record the findings. This process helps you begin to envision the future landscape in which you will operate and provides the basis for identifying impacts during the impact evaluation phase.

How to Use: *Make copies of the table below and complete one page for each key issue (as identified in the issue inventory).*

Who Should Use: *Assigned staff*

Identified issue:
Who will research:
Possible outcomes:
Possible negative implications:
Possible positive implications:
What will be affected and how (e.g., vision, mission, services, systems, structure)?



Web Search

An environmental scan is a thoughtful assessment of the issues that may confront your center in the near term. This tool allows health centers to collect information regarding issues and programs important to future operations from suggested websites. This information will be used to develop the possibilities inventory at the conclusion of the environmental scan section. Since these influences are in a constant state of change, periodic review is recommended.

***How to Use:** Search the internet for information on health care policy issues (both state and local), economic trends, workforce information, demographic issues for health care, and local issues that may affect the patients of your center. Record your findings using the worksheet on the following page.*

***Who Should Use:** CEO, Board Chair, and Strategic Planning Committee*

General categories of review should include the following:

1. National Health Policy: Identify potential changes that will impact your center such as Medicaid reform and possible impacts of the Affordable Care Act (ACA) legislation.
2. National and State Regulatory Requirements: Including Patient- Centered Medical Home requirements, participation in Accountable Care Organizations, the impact of payment system reform, and your state's policy on Medicaid reform and its likely impact on your health center.
3. Economic Assessment: Review what effects the changing economy will have on employment rates, interest rates and federal and state budgets.

Suggested websites:

Resources, Tools, and Information on Health Centers:

- Capital Link: <http://www.caplink.org/>
- National Association of Community Health Centers: <http://www.nachc.com/healthreform.cfm>
- The Bureau of Primary Health Care: <http://www.bphc.hrsa.gov> and <http://bphc.hrsa.gov/technicalassistance/>
- U.S. Department of Health and Human Services: <http://www.ahrq.gov/health-care-information/index.html>

Health Care and Public Policy:

- Concord Coalition: <http://www.concordcoalition.org/>
- The Commonwealth Fund: <http://www.commonwealthfund.org/>
- Kaiser Family Foundation: <http://kff.org/>
- Citizen Source: <http://www.citizensource.com/>
- Pew Charitable Trusts: http://www.pewtrusts.org/our_work_detail.aspx?id=988



Web Search Results

<i>Issue</i>	<i>Source</i>	<i>Possible Consequences</i>



Stakeholder Input

This tool assists you in recording ideas, priorities, and recommendations from internal and external stakeholders, including patients, staff, government, other “safety net” providers, and those involved in the health system in general. What do they see as being the most problematic issues in the future? What impact do they expect from changes that lie ahead? How do others see your health center’s role in the community? The findings from this investigation will further inform the issues you’ve identified from your staff and board and the implications these issues may hold for the health center.

***How to Use:** Using results from the issue research and the web search tools, solicit observations, thoughts, ideas, and recommendations from your stakeholders. Record your findings and how each stakeholder could assist in the strategic planning process and beyond.*

***Who to Use:** CEO and Board Chair*

***Stakeholders to Contact:** Elected officials, local hospitals, colleges and universities, major employers in your area/employer groups, local business organizations, major local charities or social groups, the school board, school and post-secondary institutions, municipal staff responsible for community development, planning board, the chamber of commerce, economic development organizations, local human resources groups, etc.*



Stakeholder	Input (Observations, thoughts, ideas, and recommendations)	Methods (Interviews, surveys, retreats, in-depth program evaluation worksheets, etc.)
INTERNAL		
Staff, for example: <ul style="list-style-type: none">• All of the staff• Management team• Some staff (specific)• Volunteer staff		
Board of Directors		
EXTERNAL		
Patients, partners, allies, community		
Specific individuals to be interviewed (e.g., key community leaders)		



Market Assessment

Whether your health center is expanding to a new site or evaluating changes in its existing service area, a market assessment provides essential information to guide your organization's strategic direction. It is important to define your service area, determine health needs, and study the payer mix in order to estimate market share, competition, unmet needs, and growth opportunities.

***How to Use:** Use the resources below to collect and analyze demographic and health information by geographic location.*

***Who Should Use:** CEO, in coordination with senior staff*

1. Define Market Service Area

Using zip codes, a health center can focus on the general population or specific segments (e.g., children, women of childbearing age, etc.). Sources include:

- American FactFinder by the U.S. Census <http://factfinder2.census.gov>
- Fee-based sites such as DemographicsNow www.DemographicsNow.com

2. Determine Health Needs

State and county health departments are usually the most up-to-date source for accurate health indicators, such as immunization and mortality rates. The following resources also provide similar health indicators for all states:

- County Health Rankings <http://www.countyhealthrankings.org/>
- Community Health Status Indicators www.cdc.gov/CommunityHealth
- HealthLandscape www.healthlandscape.org

3. Assess Population Size by Payer Mix in Health Center Service Area

It is important to understand the potential payer mix in your service area and to understand which of the currently uninsured might enroll in Medicaid or the health insurance exchange. The following resources provide payer mix information.

- Medicaid: Enrollment data is available through the state offices of Medicaid
- Medicare: Enrollment by county at <http://www.cms.hhs.gov/MedicareEnrpts/>
- Uninsured: US Census <https://www.census.gov/did/www/sahie/data>
- Exchange-eligible: Uninsurance Explorer Tool www.udsmapper.org



4. Estimate Market Share

Compare your health center's patient base to overall service area market size by payer to estimate its market share. For example, if there are 4,000 Medicaid enrollees in your service area and your health center has 800 Medicaid patients, your market share is 20%. Lower market share suggests greater market potential, while any market share of the Medicaid population that is over 60% merits a close analysis of other Medicaid providers as described below.

5. Review Competition/Similar Providers

Understanding the market environment in which your health center operates includes an analysis of similar providers. The UDS Mapper (www.udsmapper.org) provides detailed market data on the federally funded health centers and Look-Alikes providing care down to the zip code level. However, analysis should not stop there. Below are a few resources to help identify other providers in your area who are accepting Medicaid and the uninsured:

- State Medicaid websites often share phone numbers of providers (e.g. family practitioners, OBGYN, and pediatricians) that are accepting new Medicaid patients.
- For rural areas, market data on service site locations can be found via the Centers for Medicare and Medicaid (CMS) website (<https://www.cms.gov/center/rural.asp>). Note that rural health clinics and critical access hospitals are often the greatest source of primary care, although these entities are not required to serve the uninsured.

6. Estimate Unmet Need/Strategic Program Opportunities

This final step pulls the market information together and establishes the foundation for programmatic decision-making. Planners should answer the following questions:

- Based on the demographic data, health indicators, and insurance mix, what is the unmet need of the population segments?
- How should the health center address those opportunities via program changes/expansions/refocus?



Possibilities Inventory

This tool helps you create a detailed summary of the issues and implications that may affect your health center, derived from previous tools in the environmental scan process. The potential impacts may be related to financial, economic, workforce, bureaucratic, mission, patients, or community possibilities and could be both positive and negative. You should refer to these summary notes to help you identify and define important influences that should be addressed in the impact inventory, discussed later in this toolkit.

How to Use: For each issue identified in previous tools, record the potential negative or positive impacts on the worksheet below, noting that many issues will have entries in both categories. Estimate when each issue may become actionable so you can plan your response.

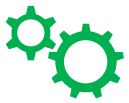
Who Should Use: CEO or assigned staff member

Possibility	Potential negative impacts	Potential positive impacts	Timing (When is this issue most likely to become actionable?)

PART 3

IMPACT EVALUATION

The tools in this section help you determine the likely consequences that the opportunities and vulnerabilities previously identified in the self-assessment and the environmental scan would have on your health center's operations. The goal of the impact evaluation is to create a probability-weighted list of effects in order to identify and, to the degree possible, quantify any operational and financial exposure. These tools also create a foundation for developing specific goals and prioritizing the elements of the action plan. You should begin by laying the self-assessment summary and the possibilities inventory side by side and use them to inform the impact inventory. This process provides the continuity and depth of understanding derived from your previous work that is essential to defining impacts.

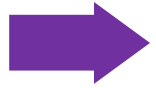


Tools Include:

Impact Inventory

Impact Assessment

Impact Catalog



Impact Inventory

This tool will help you determine the potential impact that each possibility, previously identified in the possibilities inventory in the environmental scan section, will have on your health center operationally, financially, and clinically.

How to Use: For each possibility identified in the possibilities inventory, record its potential impact on programs, structures, and operating systems. Use one page for each possibility.

Who Should Use: CEO or Board Chair in coordination with senior staff

Possibility

Program impacted	Implication (cost, revenue, staff, space, other)

Structures and systems Impacted	Implication (cost, staff, capacity, expertise, other)



Impact Assessment

This tool helps determine the priority to place on each identified possibility and potential impact from the impact inventory, based on its probability and importance to the organization. Though this is not an exact estimation, this process will help develop and prioritize the goals and elements of the action plan.

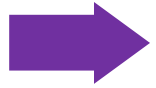
How to Use: List the possibilities and each of its associated potential impacts, both positive and negative. Next indicate the importance and probability of each impact, to determine its level of priority for planning and/or action steps.

Who Should Use: CEO or Board Chair in coordination with senior staff

Use the following matrix for determining priority level:

Priority Level 1 =	Probability: Very likely or likely; Importance to the organization: High
Priority Level 2 =	Probability: Very likely or likely; Importance to the organization: Medium
Priority Level 3 =	Probability: Unlikely; Importance to the organization: High or medium
Priority Level 4 =	Probability: Very likely or likely; Importance to the organization: Low
Priority Level 5 =	Probability: Unlikely; Importance to the organization: Low

Possibility	Impact scenario	Probability (very likely, likely, unlikely)	Importance (high, medium, low)	Priority level



Impact Catalog

This tool allows you to create a catalog of the most important identified possibilities, their various impacts on programs and systems, and your initial thoughts on potential action steps that should be taken. The impact catalog serves as the basis for the goal setting and action planning phases of your strategic plan.

How to Use: List your highest priority possibilities (including at least priorities 1–3 as listed in the impact assessment). Add specific proposed action steps required under the various scenarios to produce desired outcomes.

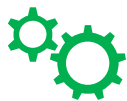
Who Should Use: CEO and Board Chair in coordination with senior staff

High priority possibility (from impact assessment)	Program impacts	Structure and systems impact	Potential action steps
	1. 2. 3.	1. 2. 3.	1. 2. 3.

PART 4

STRATEGIC GOALS AND OBJECTIVES

The tools in this section help planners focus on the most important priorities by determining the handful of core accomplishments necessary to achieve the organization's mission and vision. Mechanisms for developing more specific objectives, which enable the accomplishment of organizational goals, are also discussed. These tools facilitate the implementation of effective action plans.



Tools Included:

Establishing Strategic Goals

Establishing Objectives Related to Strategic Goals



Establishing Strategic Goals

Strategic goals are statements of the organization’s planned achievements based on its analysis and understanding of the market needs and opportunities (environmental scan), its own strengths and capabilities (self-assessment) and the possible futures it envisions for itself (impact evaluation). They should reflect and support the organization’s vision and mission and be long-term (3–5 years) in nature. An example of a strategic goal and its success measurement is included in the chart below.

How to Use: *Brainstorm key organizational challenges and opportunities (internal and external) and determine a maximum of five strategic goals on which to focus. Discuss and document how the team will measure success for each item.*

Who Should Use: *CEO in coordination with senior staff and Strategic Planning Committee*

Strategic goal (Operational, program, financial, community, other)	Measurement of success (What constitutes a successful outcome?)
Example: Goal #1: Become the primary care provider of choice for the low-income community of Anytown, USA.	Achieve 50% market penetration for populations below 200% of FPL in our primary service area by 20XX.
1.	
2.	



Establishing Objectives Related to Strategic Goals

Objectives are generally smaller goals that contribute to the achievement of the larger, strategic ones. They are more specific and time-defined and are sometimes referred to as “enabling goals,” since completing them is necessary for overall success. Many organizations update their objectives regularly as part of the annual planning and budget process, which helps tie the strategic plan to operational and financial performance in a tangible way.

Objectives should meet “SMART” criteria as follows: they must be Specific, Measurable, Attainable, Realistic, and Time-Defined. They must also be supportive of one or more defined strategic goals. An example of several objectives that relate to a strategic goal is included in the chart below.

How to Use: *As part of a brainstorming session to identify objectives that would support the achievement of your goals, use the table below to record the specific objectives you will pursue, as they relate to your organizational goals. Note that you will likely have multiple objectives related to each goal. Review the SMART criteria shown in the accompanying graphic to make sure each objective includes all components of the criteria.*

Who Should Use: *CEO, in coordination with senior staff and Strategic Planning Committee.*

Strategic goal (from establishing strategic goal tool) (Operational, program, financial, community, other)	Objectives
Example: Goal #1: Become the primary care provider of choice for the low-income community of Anytown, USA.	Increase patient population below 200% of FPL from 10,000 in 2015 to 12,000 by 2016. Increase positive responses to anonymous patient exit questionnaire by 5% each quarter to achieve 90% by 2016.
2.	
3.	



SMART Goals Criteria	
S	Specific What am I going to do? Why is this important to do at this time? What do I want to ultimately accomplish? How am I going to do it?
M	Measurable How will I know that I have reached my goals?
A	Attainable Can I see myself achieving this goal? Can I break it down into manageable pieces?
R	Realistic Is the goal too difficult to reach? Too easy?
T	Timely What is my target date for reaching my goals?

PART 5

ACTION PLAN

This final set of tools is designed to help guide you through the process of authoring a plan of action. Measuring capability (self-assessment), possibilities (environmental scan), likely consequences (impact evaluation), and organizational goals and objectives (establishing strategic goals) provide the knowledge necessary to assemble a plan of action.

There are two components of the action plan:

- 1. Immediate Action Plan:** Identifies actions that should be taken now to accomplish specific objectives toward your goals while minimizing the occurrence of negative possibilities and maximizing the occurrence of positive possibilities.
- 2. Contingent Action Plan:** Outlines what steps the health center will take if and when one of the high-priority future possibilities occurs.

The combination of these two plans provides the most effective means of targeting specific actions in the near term, while being ready to move ahead expeditiously with contingent actions if/when certain triggers occur.



Action Plan tools include:

Back to the Future

Immediate Action Plan

Contingent Action Plan

Community Action Resource

Sustaining Action Summary

Reaffirm Your Vision, Mission, and Values



Back to the Future

This tool helps you review the successful negotiation of past obstacles to develop an action plan for solving anticipated future problems. Planners analyze a problem that existed for the health center sometime in the past and document how it was resolved, including what strategy was used, who was involved, what resources were needed, and what programmatic, system or policy changes were required. It’s also productive to analyze strategies that failed. Planners can use the insights gained by the review process to focus on the possible problems identified in the impact evaluation. This process provides planners with important insight to define what resources, processes and efforts must be addressed in each component of the action plan.

How to Use: Use this form to prompt dialog and record the outcomes of the discussion on past obstacles and how they were resolved.

Who Should Use: Senior staff and CEO during brainstorming session

Past problem description	What strategy succeeded or failed? What obstacles were faced?	What resources were needed to succeed: Who: internally/ externally What did they do? When? Sequence of events	What did success or failure look like?



Current or future problem description	Based on experience what is your best strategy to resolve this problem? What obstacle will be faced? What would success look like?	What resources will need to be empowered? Who: internally/ externally. What do they need to do? When will they need to do it?	What will success or failure look like?



Immediate Action Plan

This tool creates the heart of the strategic plan. It helps planners develop specific action steps to achieve each of the health center’s goals and related objectives and identifies a staff member responsible for its successful implementation. Completion of this tool will also identify the resources needed (human, financial, community, public policy, bureaucratic) to accomplish the defined goals.

How to Use: For each strategic goal and its related objective(s) identified in the planning process, complete the table below. Identify the specific action steps that can be taken immediately and assign a staff member who will be responsible for taking the identified action, noting any resources that will be needed and the time frame in which it should be accomplished. (Make a note of action steps that can be taken only when certain triggers have been activated; these should be included in the contingent action plan.) Note that you may have multiple action steps related to each objective.

Who Should Use: CEO and assigned staff

Goal (from Establishing Strategic Goals Tool):

Objectives (from establishing objectives tool)	Action steps	Who is responsible	Needed resources	Time frame
Objective 1	1. 2. 3.			
Objective 2				
Objective 3				
Objective 4				



Contingent Action Plan

This tool focuses on identifying action steps that cannot be initiated immediately. These are actions that you deem advisable only if certain triggers occur. This contingent plan of action identifies possible occurrences that would impact the health center but have not yet happened. Like the immediate action plan, it identifies the goal, objective, action step, designated leader, and strategy. It also includes a trigger point, which is the occurrence that would cause the health center to initiate its action steps.

How to Use: Review the impact catalog for possibilities that are not yet actionable (and are therefore not addressed in your immediate action plan). Using the chart below, develop action steps that you will undertake for these high priority possibilities, if certain triggers occur. See example on the following chart.

Who Should Use: CEO, Senior leadership and Strategic Planning Committee

Strategic Goal#1 (from Establishing Strategic Goals Tool)

Example: Become the primary care provider of choice for the low-income community of Anytown, USA.

Objective (from establishing objectives tool)	High priority possibility (from impact catalog)	Action step	Designated leader	Strategy	Trigger point
Increase patient population <200% FPL by 2,000 ...	HRSA Expanded Services grant opportunity	Apply for grant	XYZ	Add integrated behavioral health services at Main Street site	Begin preparation once CEO deems high likelihood of grant cycle—based on information from NACHC, HRSA statements, etc.



Community Action Resource

This tool identifies what community resources may be activated to assist with implementing both the immediate action plan and the contingent action plan. Completing this tool allows you to see the scope of community resources available and how they can be helpful to you.

How to Use: Using your stakeholder input gleaned during the environmental scan phase and the high-priority possibilities identified in the impact catalog, consider how stakeholders can help you address positive and negative impacts. Populate this table with your ideas. See example included in the table below.

Who Should Use: CEO and leadership team, in conjunction with Strategic Planning Committee

Community Action Resource Worksheet

Strategic goal (from establishing strategic goal tool)	Objective (from establishing objectives tool)	High-priority possibility (from impact catalog)	Action step (from immediate or contingent action plan)	Community person or organization	What do we ask of them?	Who will make contact?
Become the primary care provider of choice for the low-income community of Anytown, USA.	Increase patient population <200% FPL by 2,000 ...	HRSA Expanded Services grant opportunity	Apply for grant	Mayor of Anytown, USA	Expedited zoning approval for expansion of existing site Letter of support for application	CEO



Sustaining Action Summary

This final tool is a format for summarizing the overall action plan. This is an “at-a-glance” listing of goals, objectives and action steps in abbreviated form that specifies the leader, resources needed/secured, other stakeholders/collaborators and the timing or trigger for action. The completed summary represents the roadmap for your activities going forth, and in essence becomes your strategic plan. Rather than a daunting, cumbersome narrative that is placed on the shelf and seldom, if ever, accessed, your plan consists of a concise document (with lots of background materials) that you can refer to daily, weekly and monthly to see that you are progressing to achieve your goals.

How to Use: List your goals, objectives and action steps along with the other information delineated in the following table. Maintain and update this list frequently.

Who Should Use: CEO, senior staff and Board.

Goal	Objective	Action step	Lead	Resources needed/secured	Stakeholders/collaborators	Timing/trigger



Reaffirm Your Vision, Mission, and Values

Your vision, mission and values should clearly reflect your health center's aspirations, core purpose and beliefs. Upon completion of the strategic planning process it is essential that you test your planning results against these important statements to assure they clearly portray the ideas and concepts you have honed and developed through the planning process.

***How to Use:** This step simply calls for you to retrieve and review the vision, mission and values review tool that you completed in the self-assessment process. Refine and update these statements as necessary.*

***Who Should Use:** CEO and Strategic Planning Committee, for reaffirmation and approval of any changes or amendments by the Board.*

Vision: Revisit your vision statement using the tool provided in the self-assessment section of the toolkit. Does it reflect your current aspirations for your work? If not, update it so it does.

Mission: Review your mission statement to confirm that you have represented your purpose and intent in clear and concise terms. Update as needed.

Values: Review your values. Is anything missing? Have your priorities changed? Update as needed.

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

Friday, March 20, 2026, 9:30 a.m.- 11:30 a.m.

Regular Meeting Minutes

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 was held in person at 4600 Broadway, Room 2020. Room 2020 is open to the public.

- Meeting attendance followed Brown Act requirements.
- A quorum was established.

CALL TO ORDER (9:44 AM)

Opening Remarks and Introductions – Laurine Bohamera

a. Roll Call and Welcome

PRESENT

	Noel Vargas – DHS Deputy Director
Laurine Bohamera – Vice Chair	Shantha Parameswaran – Physician 3
Suhmer Fryer- Chair	Christina Delgado – Health Program Mgr
Ricki Townsend – Member	Michelle Besse – Health Program Mgr
Eunice Bridges – Member	Jane Murphy – Health Program Mgr
Vince Gallo - Member	Adam Prekeges – Admin Srvs Officer II
	Rachel Callan – Sr. Admin Analyst
	Emily Moran-Vogt – Health Program Mgr
	Heather Vierra – Site Director
	Nicole Reyes-Schultz – Senior Office Assistant
	Aliah Martin – Senior Office Assistant

Announcements:

- **NONE**

INFORMATION ITEMS

Budget Updates presented by Adam Prekeges

HRSA Project Budget Summary

- **As of 12/31/25 \$1, 353, 070.79 has been expended on the HRSA project.**
- **Remaining balance of \$358, 531.21**
- **No major variances or concerns. Staff comprise majority of the costs.**

County Budget Summary and Significant Variances

- **FY 25/26 budget has \$0 general fund draw.**
- **Object 10 Salaries/Benefits: current projection shows we are \$1.15M under budget**
- **Object 20 Services/Supplies: current projection shows we are \$2.69M under budget**
 - ✓ **Based on July'25-Jan'26 actuals. Most accurate projection to date.**
 - ✓ **Less expenses compared to 24/25 FY, due to Refugee slowing down**
- **Object 30 Contracts: Current projection shows we are \$400K over budget**
 - ✓ **Increased OCHIN costs pushing us over budget.**
 - ✓ **Absorbed initial contracted costs setting foundation for CMISP and Healthy Partners**
 - ✓ **If actuals exceed budget amount, the admin team will complete an Appropriation Adjustment Request (AAR).**
- **Object 40 Fixed Assets: currently not budgeted but will be \$35,119.**
 - ✓ **New camera system at 4600 Broadway, waiting on phase 2 to finish before adjusting budget**
- **Object 60 Internal Charges/Allocated Costs: Current projection is \$1.53M under budget.**
 - ✓ **Intrafund agreement with our Pharmacy program for pharmaceuticals.**
 - ✓ **A lot of our savings come from 60 object.**
- **Objects 59 & 69 Inter/Intra Fund Reimbursements: Current projection is \$2.8M less revenue than budgeted.**
 - ✓ **\$2M went to Adult Correctional Health (ACH) program, and our realignment was further decreased by ~\$800k in mid-year adjustment.**
- **Objects 95/96/97 Outside Revenue: Hard to project due to upcoming changes.**
 - ✓ **Medi-Cal revenue is currently \$13.66M.**
 - **Same time last FY it was 10.5M**
 - **Interim rate is almost 20% higher than last FY**
 - **purchase new items.**
 - ✓ **Grants are on track.**

Ricki Townsend expressed that she hopes we aren't being too frugal.

Rachel Callan responded that necessities are provided without hesitation, we just watch closely to prevent have a general fund draw.

Eunice Bridges asked if the money given to Adult Correctional Health will be reimbursed.

Adam Prekeges answered not necessarily, it goes back to the realignment of the Department of Health Services (DHS) for all the programs under the DHS umbrella.

HRSA Project Director Updates presented by Noel Vargas

- **Staffing**

Clerical Operations Supervisor: Sr. Office Assistant, Aliah Martin, has accepted the promotional position.

Health Program Planner Positions: Crucial to the health center. Two vacancies, a list of highly qualified candidates has been assessed, interviews will be conducted over the next few weeks.

Administrative Services Officer III: Deborah Burrow will retire effective March 28, 2026, after 34 years of service with the County of Sacramento.

Health Program Manager (HPM): Emily Moran-Vogt has accepted the promotional position. She will spearhead the CMISP and HP programs.

Division/Clinic Manager: Rachel Kay, an external hire, was offered and accepted the position. She starts on Monday, March 30, 2026.

- **CMISP and HP Programs**

Efforts:

- ✓ **Monthly Safety Net Alliance Consortium meetings with community stakeholders**
- ✓ **Quarterly FQHC Meetings**
- ✓ **Coordination of monthly meetings with hospital leadership**
- ✓ **Review of CMISP & HP policies and procedures**
- ✓ **Fiscal, staffing, and programmatic analysis in concert with the Department of Human Assistance**
- ✓ **Re-established relationship with La Familia Counseling Center**

- **Health Resources and Services Administration (HRSA)**

SCHC leadership recently met with newly assigned HRSA Project Officer (PO), Kirk Barnes. Kirk was extremely engaging and supportive and provided sound feedback and insight on how SCHC can continue its success. Having direct access to the HRSA PO is wonderful.

- **School-Based Mental Health (SBMH) Center Sites**

With HRSA Request for Information (RFI) issues now resolved, SCOE has formally requested a pivot to the school sites that did not receive approval

from HRSA. The goal is to garner approval for the unapproved sites to formally expand those services under the SBMH program. SCHC clinical and administrative management are working with SCOE on a strategy moving forward.

Medical Director Report presented by Dr. Shantha Parameswaran

Please see handout for detailed information

Heather Vierra stated that schedules have been standardized and started in the Pediatric and Adult departments, will be monitored for success. New schedules will start in the Family Medicine department in May.

Eunice Bridges asked about space utilization

Shantha Parameswaran answered there are rooms in Pediatrics that are underutilized, being updated to optimize space and access

Eunice Bridges asked if it is going to cost money and if there will be hired contractors

Shantha Parameswaran answered not at this point, it's more in the organization phase.

2026 Sliding Fee Discount Program presented by Jane Murphy

Please see handout for detailed information

Jane Murphy explained that the only change is the schedule of charges table.

Heather Vierra asked if the sliding fee included Quest Lab costs

Jane Murphy answered she need to obtain more clarification

Review Strategic Plan Progress/2027-2029 Strategic Plan Process presented by Jane Murphy and Noel Vargas

Please see handout for detailed information

Noel Vargas expressed it was discussed in the Exec CAB pre-meeting that the structure building for the 2027-29 strategic plan be added to monthly CAB Exec meetings, maybe extending them, and having a retreat style kickoff lunch to open the plan process.

Jane Murphy added that due to the crunched timeline, she agrees.

Eunice Bridges expressed that everyone coming together to create the plan will benefit the whole plan progress.

Heather Vierra asked if CMISP and HP are being included in the strategic plan

Adam Prekeges answered that the strategic plan focuses on FQHC responsibility

Emily Moran-Vogt expressed that our responsibility of services to the uninsured will be included in the strategic plan, but CMISP and HP will not be an independent goal.

SCHC School-Based Expansion Plan Discussion presented by Michelle Besse

- **We have received inquiries from HRSA, asking if CAB is onboard for an analysis of if expansion is the best for the clinic**
- **There are 68 sites in total, we already have 32, the funding is ending for the remaining 36 sites**

Michelle Besse expressed she would like to gain CAB's support to conduct an SBAR analysis for the expansion

Noel Vargas expressed that management supports the expansion, the program is great and looking to expand the services into the summer to prevent kids from dropping off, and supporting SCOE to increase their services, expanding even further in the future. SCOE wants to expend all throughout Sacramento. The referral structure is being analyzed and adjusted to ensure efficiency in the program.

Michelle Besse expressed that one of our mental health clinicians is going out to the sites for research, having the health center over the program ensures other medical services that the kids may not get otherwise.

Eunice Bridges asked what the conversation with the parent is who doesn't want their child to receive services.

Noel Vargas answered that he doesn't have a direct answer but will vet this with SCOE and bring it back to CAB.

Vince Gallo asked if the program is voluntary or mandated

Suhmer Fryer answered that it is voluntary

Noel Vargas stated there is an age threshold that allows kids to get services if the parent denies the request

Michelle Besse states that she will bring back a presentation with data and clarity

Suhmer Fryer asked if SCOE covers all the districts in Sacramento or just one district

Michelle answered sites are in eight districts as of now.

CAB Goals

- **Heather Vierra asked for a presentation on CAB be made and she will present at the Clinician meeting**
- **Flyers will be posted in exam rooms**
- **Form 700 filing status' will be reviewed and communicated**

ACTION ITEMS

BUSINESS ITEM I.

*Eunice Bridges Moved to Approve the February 20, 2026, CAB Meeting Minutes.

*Laurine Bohamera Seconded the Motion to Approve the February 20, 2026, CAB Meeting Minutes.

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.

No Votes: None

Result: Carried

BUSINESS ITEM II.

*Vince Gallo Moved to Approve the 2026 Sliding Fee Discount Program Policy.

*Ricki Townsend Seconded the Motion to Approve the 2026 Sliding Fee Discount Program Policy

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.

No Votes: None

Result: Carried

BUSINESS ITEM III.

*Vince Gallo Moved to Approve a SCHC School-Based Expansion Plan SBAR Analysis for Additional 26 Sites

*Eunice Bridges Seconded the Motion to Approved a SCHC School-Based Expansion Plan SBAR Analysis for Additional 26 Sites

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.

No Votes: None

Result: Carried

PUBLIC COMMENT
<p>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. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2.</p> <ul style="list-style-type: none">• No public comments were made.
CLOSED SESSION
None
MEETING ADJOURNED
Suhmer Fryer adjourned the meeting at 11:12 am.