

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

**Meeting Agenda**

June 16, 2023 / 9:30 AM to 11:00 AM

**Meeting Location**

Either *by Zoom*: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1618897122?pwd=MWdoR2JURFVUQUtHbU4yUW5oRklnUT09>

Meeting ID: 161 889 7122

Passcode: 153371

One tap mobile

+16692545252,,1607428658# US (San Jose)

+16692161590,,1607428658# US (San Jose)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Or *in Person*: Community Room 2020 at 4600 Broadway / Sacramento, CA

- The Community Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).
- CAB members: please RSVP at least 24 hours in advance to Dr. Hutchins at [HutchinsS@saccounty.gov](mailto:HutchinsS@saccounty.gov) for staff to prepare you a packet if you wish to attend in person.

| Topic   |
|---|
| Opening Remarks and Introductions – <i>Jan Winbigler, Chair</i> <ul style="list-style-type: none"><li>• Roll Call and welcoming of members and guests</li><li>• *Review and approval of 05/19/23 CAB meeting minutes</li></ul>  |
| Brief Announcements – <i>All</i> <ul style="list-style-type: none"><li>• Departures from SCHC</li></ul>   |
| Combined Health Resources and Services Agency (HRSA) Project Director Update and Medical Director Reports – <i>Dr. Mendonsa</i>   |
| Quality Improvement and Compliance – <i>Dr. Hutchins</i> <ul style="list-style-type: none"><li>• 2023-Q1 QI Plan Monitoring Report</li></ul>  |
| CAB Governance <ul style="list-style-type: none"><li>• Committees Updates to CAB – Committee Chairs<ul style="list-style-type: none"><li>○ *Strategic Planning Ad Hoc Committee – <i>Ms. Fryer</i><ul style="list-style-type: none"><li>▪ *2024-2026 Strategic Plan review and approval</li></ul></li><li>○ Clinical Operations Committee – <i>Ms. Stacholy</i><ul style="list-style-type: none"><li>▪ Committee did not meet; P&amp;P documents were sent by email for review.</li></ul></li><li>○ Finance Committee – <i>Ms. Bohamera</i><ul style="list-style-type: none"><li>▪ May Financial Status Summary</li><li>▪ Suggestion to defer monthly Financial Status Reports until August</li></ul></li></ul></li></ul> |

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

|   |
|---|
| <ul style="list-style-type: none"><li>▪ Grant updates</li><li>○ Governance Committee – <i>Ms. Winbigler</i><ul style="list-style-type: none"><li>▪ Upcoming training</li><li>▪ Recruitment<ul style="list-style-type: none"><li>➤ Meet candidate CAB member Areta Guthrey</li></ul></li></ul></li></ul>   |
| July Monthly Meeting Items – <i>All</i> <ul style="list-style-type: none"><li>● HRSA Project Director Report</li><li>● HRSA Medical Director Report</li><li>● Committee Updates<ul style="list-style-type: none"><li>○ *Policy and Procedure Review: TBD</li><li>○ Program Review: TBD</li><li>○ 2023-Q2 Quality Improvement Plan Monitoring Report</li><li>○ Patient Feedback Survey Findings – <i>if ready</i></li><li>○ Recruitment and Training Updates</li></ul></li></ul> |
| *Vote on CAB membership application   |
| Public Comment Period – <i>Ms. Fryer, Vice-Chair</i>  |
| Closing Remarks and Adjourn – <i>Jan Winbigler, Chair</i>   |

**Next Meeting:** Friday, July 21, 2023 / 9:30-11:00 AM

\*Items that require a quorum and vote.

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

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

**Meeting Agenda**

May 19, 2023 / 9:30 AM to 11:00 AM

**Meeting Location**

Either *by Zoom*: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1618897122?pwd=MWdoR2JURFVUQUtHbU4yUW5oRklnUT09>

Meeting ID: 161 889 7122

Passcode: 153371

**Meeting Attendees**

CAB Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Namitullah Sultani, Jan Winbigler

SCHC Leadership: John Dizon, Sharon Hutchins, Susmita Mishra, Andrew Mendonsa, Noel Vargas

SCHC Staff: Robyn Alongi, Zack Staab, **Zoe Clawson**, **Sherri McMahan**

Community Members: Belinda Brent

| Topic   |
|---|
| Opening Remarks and Introductions <ul style="list-style-type: none"><li>• <i>Chair Winbigler opened the meeting and performed the roll call.</i></li></ul>  |
| Review of Minutes <ul style="list-style-type: none"><li>• Review of 04/21/23 CAB meeting minutes<ul style="list-style-type: none"><li>○ <i>Chair Winbigler asked members if they would like to make any changes to the minutes as proposed.</i><ul style="list-style-type: none"><li>▪ <i>Dr. Hutchins mentioned two minor discrepancies that will be corrected in the minutes.</i></li></ul></li><li>○ <i>Ms. Bluemel made a motion to approve the 04/21/23 meeting minutes as revised. Ms. Bohamera seconded the motion.</i><ul style="list-style-type: none"><li>▪ <u>Yes votes:</u> <i>Elise Bluemel, Jan Winbigler, Laurine Bohamera, Namitullah Sultani, Vince Gallo</i></li><li>▪ <u>No votes:</u> <i>None</i></li></ul></li></ul></li></ul> |
| Brief Announcements <ul style="list-style-type: none"><li>• <i>Dr. Hutchins introduced two new staff members that were at the meeting, <b>Zoe Clawson</b> (Administrative Services Officer II in Admin) and <b>Sheri McMahan</b> (Registered Nurse in the Quality Improvement program).</i></li><li>• <i>Dr. Mendonsa told the group that Mr. Staab will be helping Noel Vargas and the Adult Correctional Help team over at 711 G street a few times a week.</i></li></ul>   |
| Health Resources and Services Agency (HRSA) Project Director Update <ul style="list-style-type: none"><li>▪ <i>Dr. Mendonsa stated that the leadership at the Health Center continues to meet with HRSA and provide them with additional information. Unfortunately, approval for the six school-based satellite sites has not been granted yet.</i></li></ul>  |

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

- *SCHC has an internal team exploring the possibility of opening evening clinics at 4600 Broadway soon. A survey has been sent out to assess staff availability and interest in extending their working hours to facilitate this.*
- *The Health Center's growth request and budget is progressing through the County system as anticipated, with no red lines or cuts made so far.*
- *The move of the Admin team to 711 G Street has been delayed and is now expected to take place sometime in July or early August. The reason for the delay is due to design setbacks in the new space.*
- *Dr. Mendonsa was thrilled to announce the hiring of a new Senior Health Program Coordinator who will oversee the refugee department.*
- *The Health Center is currently seeking to fill a Program Planner position, and Dr. Hutchins and Ms. Stacholy have already begun reviewing applications.*
- *SCHC recently organized a well-attended panel size workgroup that included physicians, consultants, and the management team.*
  - *Dr. Mendonsa emphasized that the goal of the panel size workgroup is to enhance access and ensure compliance with regulatory bodies.*
  - *The meeting participants requested various data to make an informed decision, and Ms. Callan and other staff members are currently in the process of collecting that data.*
- *The Health Center recently hosted a tour for UC Regents, UC leadership, and stakeholders at the Primary Health facility, providing them with an overview of the clinic and its services.*
  - *Dr. Mishra and several of her doctors were featured as speakers at the event, discussing the unique work and programs they are involved in at Primary Health.*
- *Dr. Mendonsa and the leadership team participated in an audit of Behavioral Health Services (BHS), during which the audit team noted that Primary Health demonstrates excellent collaboration and interaction within their divisions.*
- *Thanks to Mr. Dizon's diligence and hard work, the Health Center obtained approval for \$1,000 retention payments for many non-supervisory management staff members at the center.*
- *The collaboration with the University of the Pacific is currently on hold as they explore various payment models and consider their options.*

**Medical Director Update**

- *Dr. Mishra addressed the group, emphasizing her primary focus on maintaining access at the Health Center amidst recent turnover among physicians and other clinicians.*
  - *UC Davis School of Nursing has been collaborating to provide nurse practitioners who can fill staffing gaps at the center.*
  - *Dr. Mishra discovered through UC Davis pediatrics that a new pediatrician may join the pediatrics clinic later this fall to provide additional assistance.*
  - ***Dr. Rachel Robitz** will be leaving UC Davis to concentrate on offering private behavioral health services. To address the coverage gaps, Family Medicine has arranged for an FM psychiatrist to provide support.*

**Sacramento County Department of Health Services  
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- **Vickey Deloney** successfully secured two additional rooms at the Delaney Center, the building at Loaves and Fishes where our satellite site is located.
  - Dr. Mishra anticipates that this extra space will enhance operational efficiency.
  - One of the rooms will serve as an examination room, while the other will function as an office.
- Dr. Mishra is actively recruiting a nurse practitioner from the School of Nursing to work both on the Street Medicine Van and at the Loaves and Fishes site.
- The Street Medicine team, in collaboration with Dr. Sara Lee, has been working on a solution to ensure compliance with the Board of Pharmacy while keeping over the counter and prescription medications available on the van. The team has successfully devised a plan and will implement it next week.

Quality Improvement and Compliance

- 2023 QI Plan Monitoring Report
  - A major part of the 2023 QI Plan is the new depression screening program that is being piloted by Ms. Brent. Dr. Hutchins showed the group an example of the new reporting template for depression screening. The QI team is looking at the baseline data to determine what needs to be done to improve the documentation and workflow for depression screening.
- 2022 QI Plan Final Monitoring Report
  - Dr. Hutchins presented the final 2022 QI Plan Monitoring Report, which focused on population health outcomes. She explained that the QI team had two primary areas of focus: care coordination and clinical performance measures.
    - Regarding care coordination, the Health Center's main project involved improving coordination between Primary Health and emergency centers, specifically for patients who had visited the emergency department (ED) due to mental health or substance abuse issues. To address communication challenges between the EDs and the Health Center, the QI team established a new phone line, email system, and OCHIN infrastructure. Additionally, the Health Center has designated two individuals who are undergoing training to effectively handle and respond to these new communication channels.
    - Regarding clinical performance measures, Dr. Hutchins explained, the Health Center set out to target adult hypertension and diabetes. The Health Center exceeded their goal for controlling high blood pressure, having been named as one of the top 10% in California in that category by an IPA. The Health Center recorded 56.1% of their patients with diabetes as having their blood sugar under control, which was just short of their 62.5% goal.
    - The QI team targeted the measure of wellness visits and immunizations for children. Dr. Hutchins informed the group that the Health Center fell short of reaching their goal in this area. The QI team continues to prioritize these measures in the hope of improving them.
    - The QI team targeted screening depression and mental health as another measure. According to the UDS, 45% of adults visiting the Health Center were screened for depression and mental health.
      - Ms. Brent told the group that new workflows for depression screening are being rolled out soon.
- Trends in Grievances – Q1 for 2023

**Sacramento County Department of Health Services  
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- *Dr. Hutchins explained that grievances are formal complaints by or on behalf of a patient to one of the health plans or IPAs with which the Health Center contracts.*
  - *The most common grievance reported by patients relates to **access challenges**, such as waiting times, difficulty in scheduling appointments, and obtaining specialty appointments. The Health Center received 6 grievances that fell into this category during the first quarter of the year.*
  - *One grievance fell into the category of **disrespectful behavior**. Dr. Hutchins said that the Health Center is trying to get more information on this case, and the individuals involved to respond appropriately.*
  - *Ms. Bluemel inquired about potential repercussions for the Health Center when a patient encounters difficulties with a specialist they were referred to.*
    - *Dr. Hutchins confirmed that in a situation like Ms. Bluemel was referring to that ultimately that grievance would go to the specialist and their office, but that the Health Center still must respond and count the grievance.*
  - *Ms. Bohamera asked how this quarter compares to last quarter as far as access challenges, and if the Health Center is improving or not.*
    - *Dr. Hutchins said that she doesn't have an immediate answer to that question, but that she will look up the information and get back to the committee.*
- **No Show Report – Q1 for 2023**
  - *Dr. Hutchins provided an update on the Health Center's appointment attendance rates. In Adult Medicine, there has been a slight decrease in the number of no-shows. Interestingly, telehealth appointments have a lower rate of no-shows compared to in-person appointments. Family Medicine, on the other hand, exhibited a minor increase in no-show rates. However, Dr. Hutchins did not consider this fluctuation to be statistically significant. Pediatrics, unfortunately, continues to experience high rates of no-shows. Behavioral Health also continues to experience a high rate of no-shows. That is to be somewhat expected, Dr. Hutchins commented, because getting to an appointment can be exceedingly challenging when you have complicated mental health challenges.*

**CAB Governance**

- **Report from Committees**
  - **Clinical Operations Committee – DEFERRED**
  - **Finance Committee**
    - *Ms. Bohamera presented for the Finance Committee, highlighting the following points:*
      - *The committee didn't receive an April financial status report this month.*
      - *There have been several changes downtown, including taking back some of the general fund money that was budgeted to SCHC.*
      - *Overall expenditure projections since January have been steady, having only gone up by about \$500,000.*
      - *Mr. Dizon noted that SCHC appears to be in the \$1 million dollar range in terms of savings.*
      - *SCHC submitted a semiannual grant report for the HRSA Infrastructure grant.*
      - *The HRSA HIV grant report has been submitted for year 2 of the 3-year grant.*
      - *Reports have been submitted for several of the refugee grants.*
  - **Governance Committee – DEFERRED**
    - *The Committee is still on hiatus to participate in Strategic Planning.*
  - **Strategic Planning Ad Hoc Committee – DEFERRED**

**June Monthly Meeting Items – All**

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

- HRSA Project Director Report
- HRSA Medical Director Report
- Committee Updates
  - \*Policy and Procedure Review: TBD
  - Program Review: TBD
  - May Financial Status Report
  - Recruitment and Training Updates
  - Strategic Planning – Full proposed *2024-2026 Sacramento County Strategic Plan*

**Public Comment Period**

- *In the absence of Ms. Fryer, Chair Winbigler opened the floor to public comments.*
  - No comments were offered.

**Closing Remarks and Adjourn – Jan Winbigler, Chair**

- *Chair Winbigler adjourned the meeting at 10:54 AM.*

**Next Meeting:** Friday, June 16, 2023 / 9:30-11:00 AM

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# HRSA Project Director Updates

June 16, 2023 CAB Meeting

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- **Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates.**
  - The Health Center continues to have communication with HRSA regarding our School Based Mental Health satellite sites on Sacramento Office of Education (SCOE) school sites.
  - Drs. Hutchins and Mendonsa are meeting with HRSA on June 15<sup>th</sup> to discuss the Capital Grant which funds much of the construction planned at the main site of the Health Center.
- **Expanded Access Weekend (9am to 1pm) / Evening Clinics (5pm to 7pm).**
  - The clinic held a Saturday clinic on June 3<sup>rd</sup>. According to the coordinator of that clinic, the clinic went well. The Depression Screening pilot went very well. The no-show rate was lower than prior clinics. Each patient was provided with a goodie bag containing dental kits and other items and education materials specific to their diagnoses and insurance. Health Net provided gift card incentives for their members. Patients were screened prior to the clinic for any additional gaps in care that could be addressed while they were present – these included diabetic foot exams, A1c screening, and BP monitors as examples.
  - Our next event will be an evening clinic from 5pm to 7pm. The date was originally set as 6/29, but is now in flux. We are hoping to provide Well Child Visits and Pap clinics along with CIS, IMA (both immunization measures), fluoride varnish, depression screening, lead testing, Medical Dental Referral and Navigation (MDRAN) referrals and FIT kits (colorectal cancer screening kits) where appropriate.
  - Upcoming clinics: July 15<sup>th</sup> (weekend), July 27<sup>th</sup> (evening), and August 26<sup>th</sup> (weekend).
- **Health Center Growth Requests.**
  - The Health Center's Growth Request was approved by the Board of Supervisors as submitted. We are completing the required steps in order to ready the new positions for hiring.
  - Management will also be pursuing an additional request to add a Health Program Manager position to the executive leadership team later this year.
- **Migrant Airplanes from Florida.**
  - Health Center healthcare, member services, and leadership staff were deployed to respond to the medical and behavioral health needs of over 35 Colombian, Venezuelan, and Mexican migrants flown to Sacramento on two separate airplanes originating from Florida. Health Screenings were completed within two (2) days and acute medical needs stabilized. Health Center staff have enrolled the migrants in Healthy Partners and also worked with Sacramento Covered to enroll those interested in emergency Medi-Cal. Staff remain onsite currently rotating with Behavioral Health Services (BHS) to provide ongoing crisis counseling. Volunteers from the Sacramento Medical Reserve Corps have volunteered to provide first aid care.
- **Space/Staffing Updates.**
  - Admin lead John Dizon will be transferring to Behavioral Health Division as of July 5<sup>th</sup> to assist on their budget team. Deputy Director Vargas is working to backfill the position.
  - Admin relocation to 711 G Street is still ongoing. Due to unforeseen issues with misplaced furniture (not Health Center staff doing), the move date has been delayed.
  - We continue to recruit for open positions within the clinic. The new SrHPC over Refugee will be starting on July 10.



- Zack Staab will be departing County service as of June 23<sup>rd</sup>.
- **Access Project / Panel Size Workgroup.**
  - Health Center held the first Panel Size Workgroup meeting. A large representation of providers and subject matter experts were in attendance. Dozens of data requests to inform the conversation came out of the meeting which are in the process of getting filled, then a second meeting will be held.
  - Background: With the assistance of MRG Consulting, we are undertaking a study of our patient access (appointments, unmet patient scheduling needs, etc.) over the next 6-8 months. We anticipate recommendations which will help us align better with regulatory and Managed Care Plan (MCP) requirements.
- **Health Center Meetings with Area FQHCs.**
  - Zack Staab, Dr. Mendonsa's assistant, is currently setting up meetings with area FQHCs to come to the Health Center for lunch and to meet the management team, have a tour, learn about our FQHC, share about theirs, and build an ongoing working relationships.
- **Contracts and New Initiatives.**
  - University of the Pacific (UOP) Dental School – to address during Dr. Mishra's updates.
  - CSU, Sacramento (CSUS) School of Social Work – Deputy Director Vargas and Dr. Mendonsa have started initial discussions with CSUS about using social work interns at the clinic and more broadly in the department. Additionally, the two are discussing how to partner with other universities in the area.

#### **UPDATES PROVIDED ON BEHALF OF DR. MISHRA, MEDICAL DIRECTOR:**

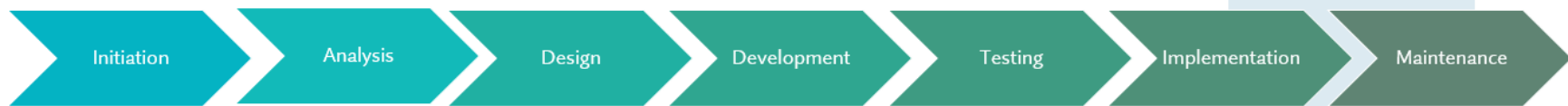
- **Healthy Partner Advisory Board.**
  - Met on May 23<sup>rd</sup>.
  - Made up of community members (mostly agencies).
  - There were no board meetings during COVID.
  - Presented new data on services.
  - They did request new information (e.g., demographic, trends, etc.) which is in process.
  - Next meeting will be in September.
- **Provider Access / Coverage.**
  - We are nearly at final plan for UCD providers to back-fill those who have left and add a few new providers.
  - Psychiatry is still under consideration – UCD has not been able to identify all the providers that we need. In the meantime:
    - i. Call Psych app is being explored
    - ii. Dr. Mishra to take a one-year “train-the-trainer” course in psychiatry for PCPs
    - iii. Working on getting psych Nurse Practitioners
- **OCHIN Provider Builder Training.**
  - Dr. Mishra is getting intensive training in this area to assist EMR team when they build things in OCHIN Epic (the County's electronic medical record) that takes into account clinical realities.
- **University of the Pacific.**
  - Members of the management team toured the facility in San Francisco. UOP has “paused” our discussions about collaboration. They have no timeframe to move forward and may be pursuing other

options since they need to see patients with commercial insurance to subsidize their tuition and other expenses. The County remains open and ready to partner.

## Qualitative Report on QI Team Projects

### PATIENT EXPERIENCE

| Goal                          | Objective   | Lead        | QI Team         | QI Step        |
|-------------------------------|---|-------------|-----------------|----------------|
| 1: Improve Access to Care     | 1-1: Improve access by telephone during and after hours         | Hammond     | Formed; working | Testing        |
|                               | 1-2: Reduce "no shows" to appointments                          | QIC         | Formed; working | Analysis       |
|                               | 1-3: Increase appointment access                                | QIC         | Formed; working | Analysis       |
|                               | 1-4: Reduce times from referral/order to specialist appt.       | Royston     | Forming         | Analysis       |
| 2: Improve Customer Service   | 2-1: Improve continuity of care                                 | NOT STARTED |                 |                |
|                               | 2-2: Improve pre-visit planning                                 | Brent       | Forming         | Implementation |
| 3: Improve Patient Engagement | 3-1: Improve patient outreach - New Patient Outreach            | Johnson     | Formed; working | Design         |
|                               | 3-2: Improve supports for health literacy and patient education | Hutchins    | Formed; working | Development    |



**OVER-->**

## POPULATION HEALTH OUTCOMES

| Care Coordination   |  |                 |                 |             |
|---|--|-----------------|-----------------|-------------|
| Goal  | Objective  | Lead            | QI Team         | QI Step     |
| 4: Improve Care Coordination of Patients with High Service Utilization or Who Require Services Across Systems   | 4-1: Increase rate of patients receiving follow up after ED visit or hospitalization within 30 days to 50%                           |                 | NOT STARTED     |             |
|   | 4-2: Ensure utilization of Hypertension & Diabetes in-clinic program services is 95% of program capacity                             |                 | NOT STARTED     |             |
|   | 4-3: Ensure the number of multi-visit patients participating in Complex Care Management (CCM) is 95% of program capacity             | Gordon          | NOT STARTED     |             |
|   | 4-4: Track number of patients 1) referred to and 2) receiving care coordination services from other organizations (plans/providers). | Kaneyuki        | NOT STARTED     |             |
| Clinical Performance Measures   |  |                 |                 |             |
| Goal  | Objective  | Lead            | QI Team         | QI Step     |
| 5-8: Improve Performance on Select UDS and HEDIS Measures to reach at least the minimum performance level (MPL) | Control of blood sugar for diabetic patients   | Malhotra        | Formed; working | Testing     |
|   | Control of blood pressure for hypertensive patients  | Reyes           | Reforming       | Maintenance |
|   | Screening for breast cancer  | QI Team         | Formed; working | Development |
|   | Screening for cervical cancer  | AM              |                 | NOT STARTED |
|   | Screening for colorectal cancer  | QI Team         | Formed; working | Development |
|   | Follow up after ED visit/hospitalization for mental health   | Johnson         | Formed; working | Development |
|   | Follow up after ED visit/hospitalization for substance abuse   | Johnson         | Formed; working | Development |
|   | Increase depression screening and follow up  | Johnson         | Formed; working | Testing     |
|   | Timely entry (1 <sup>st</sup> Trimester) into prenatal care  | FM              | NOT STARTED     |             |
|   | Complete post-partum visit   | McMahan         | Forming         | Design      |
|   | Increase chlamydia screening among young women   | AM              | NOT STARTED     |             |
|   | Increase compliance with childhood immunization schedule   | Sapargaliyeva   | Formed; working | Maintenance |
|   | Increase compliance with adolescent immunization schedule  | Sapargaliyeva   | Formed; working | Maintenance |
|   | Increase lead screening for children < 2 years of age  | QI Team         | Formed; working | Testing     |
| Increase application of flouride amongst children   | Alongi   | Formed; working | Design          |             |
| Increase well-child visits following recommended schedule   | Ratanasen  | Formed; working | Development     |             |

## 2023 SCHC Quality Improvement Plan Quantitative Monitoring Report

### AIM: Population Health Outcomes

#### Category: Clinical Performance Measures

#### Goal 5 Focused on Measures That Signal a Healthy Start in Life

| <i>Achieve Minimum Performance Level</i> |   | Target | Q1     | Source |
|--|---|--------|--------|--------|
| WCV                                      | <i>Wellchild visits for children 3-21</i>   | 48.93% | 3.60%  | HEDIS  |
| CIS                                      | <i>Childhood immunizations at two years</i> | 34.79% | 13.10% |        |
| IMA                                      | <i>Adolescent immunizations at 13 years</i> | 35.04% | 25.70% |        |
| LOS                                      | <i>Lead Screening</i>                       | 63.99% | 23.70% |        |
| TFC                                      | <i>Topical fluoride application</i>         | TBD    | TBD    |        |
| PNC                                      | <i>Prenatal care</i>                        | 85.40% | 52.60% |        |

#### Goal 6a Focused on Secondary Prevention of Health Issues

| <i>Achieve Minimum Performance Level</i> |                                    | Target | Q1     | Source |
|--|------------------------------------|--------|--------|--------|
| BCS                                      | <i>Breast cancer screening</i>     | 50.95% | 23.30% | HEDIS  |
| CCS                                      | <i>Cervical cancer screening</i>   | 57.64% | 27.50% |        |
| COL                                      | <i>Colorectal cancer screening</i> | 49.88% | 10.90% |        |

#### Goal 6b

| <i>Achieve High Performance Level</i> |                                     | Target | Q1     | Source |
|---------------------------------------|-------------------------------------|--------|--------|--------|
| CHL                                   | <i>Chlamydia screening in women</i> | 55.32% | 33.30% | HEDIS  |

#### Goal 7 Care Coordination and Treatment for Chronic Conditions Prevalent Among SCHC Patients

|     |  | Target | Q1     | Source |
|-----|--|--------|--------|--------|
| HBD | <i>A1C control for diabetic patients</i>                         | 62.53% | 20.70% | HEDIS  |
| CBP | <i>Controlling high blood pressure for hypertensive patients</i> | 59.85% | 31.60% |        |

#### Goal 8 Diagnosis and Treatment of Mental, Behavioral Health and Substance Use Related Conditions

|          |   | Target | Q1    | Source |
|----------|---|--------|-------|--------|
|          | <i>Depression Screening</i>   | TBD    | 0.00% | HEDIS  |
|          | <i>Depression Follow Up</i>   | TBD    | 0.00% |        |
| FUA      | <i>Follow-up after ED visit or Hospitalization for Alcohol and Drug Use</i> | 21.31% | TBD   |        |
| FUM      | <i>Follow-up after ED visit or Hospitalization for Mental Health</i>        | 53.54% | TBD   |        |
| DEP Scr  | <i>Depression screening for adolescents/adults</i>                          | NA     | 0.00% | UDS    |
| DEP Plan | <i>Depression follow up for adolescents/adults</i>                          | 60.00% | 0.00% |        |

# **2024-2026 SCHC Strategic Plan**

**Suhmer Fryer, Chair of CAB's  
Strategic Planning Committee**



# SCHC's Strategic Plan

## Process & Overview



- Process to develop the Strategic Plan
- Differences from the previous plan
  - Content - focus on equity and inclusion
  - Format - less detailed activities and process measures
- Strategic Plan

# The Process



The Strategic Planning Committee used the Health Resources and Service Administration's *Creating a Dynamic and Useful and Strategic Plan* as a guide.

1. Self-Assessment
2. Environmental Scan
3. Goal Setting
4. Action Plan



# The Steps

## Self-Assessment

1. Mission, Vision, Values  
Review and revise
2. Needs Assessment  
What are the highest needs in Sacramento
3. SCHC's active programs
4. SWOT - a review of SCHC's strengths, weaknesses, opportunities and threats

## Environmental Scan

A look at what may influence/affect SCHC in the next 3-years

Review current affairs, proposed legislation and policies, influential organizations such as DHCS, other health centers

## Goal Setting

Establishing the priorities

Setting goals

Writing objectives and activities to meet those goals

## Action Plan

Development of the full plan to present to CAB

# Focus on Equity and Inclusion

## Equity

- Access to care for all Sacramento County residents
- Ensuring the unhoused, those with mental health issues, transportation and/or language barriers can get the care they need when and where they need it

## Inclusion

- SCHC serves a diverse population
- Ask for more input from patients

## SDOH

- Increased internal resources
- Increased collaboration with partners
- Use of technology

# Less Detailed Activities and Process Measures



- Higher level approach within the Plan to prevent the need to modify due dates and metrics
- Fewer steps detailing the path to reach the goal
- Clearly stating expected outcomes

# Presentation of the Plan



# Priority 1: Increase Access To Care

## Goal 1: Increase access to health care services

### Strategy 1

Bring services to where patients spend time. e.g. School-based services, street medicine, encampments, pharmaceutical mail delivery, mobile pharm services

### Strategy 2

Maximize clinical space by means such as increasing use of telehealth services, co-locating services within other entities' spaces, and identifying new space

### Strategy 3

Develop a coordinated care team approach with everyone working at the top of their scope of practice

### Strategy 4

Train providers and staff from a patient perspective to improve patient-centered care

# Strategy 1: Bring services to where people are

## TARGETS

| 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<br>Baseline:<br>MH: 1,500 per yr<br>PCS: 0 per yr |
| Increase the number of patients receiving health services on the mobile medical van.        | Mobile van providers; HPM for Operations | ≥10% over baseline<br>Baseline: 150 pr yr                           |
| Increase the number of patients with OCHIN compatible remote blood pressure device          | QI Team                                  | ≥<br>Baseline: TBD  |
| Increase the number of homeless patients who receive care through street medicine           | Mobile van providers; HPM for Operations | ≥15%<br>Baseline: TBD   |
| 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: Increase clinical space

# TARGETS

| Expected Outcome   | Responsible Party          | Target                                      |
|--|----------------------------|---|
| <b>Increased percentage of assigned patients who obtain a non-urgent appointment within the timely access requirements.*</b> | SCHC Leadership<br>QI Team | ≥10% over baseline<br>Baseline: TBD         |
| <b>Increased square footage (fixed and mobile) dedicated to the delivery of care.</b>  | SCHC Leadership            | ≥5% over baseline<br>Baseline:              |
| <b>Increased number of assigned patients who utilize telehealth services.</b>  | SCHC Leadership            | ≥10% over baseline<br>Baseline: TBD<br>≥15% |

# Strategy 3: Develop a coordinated care team approach

# TARGETS

| Expected Outcome  | Responsible Party                  | Target                         |
|---|------------------------------------|--------------------------------|
| <b>Complete the research on panel sizes and present the findings to CAB for discussion.</b> | SCHC Leadership<br>Consultant      | December 2024                  |
| <b>Develop a comprehensive implementation plan.</b>   | SCHC Leadership                    | September 2025                 |
| <b>Implement the plan.</b>  | SCHC Leadership<br>Project Planner | December 2026                  |
| <b>Increased number of available appointments.</b>  | SCHC Leadership                    | ≥5% over baseline<br>Baseline: |



# Strategy 4: Train providers/staff from a patient perspective to improve patient-centered care. **TARGETS**

| Expected Outcome  | Responsible Party                           | Target                               |
|---|---|--------------------------------------|
| <b>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.</b> | Health Program Manager (HPM) for Operations | December 2025                        |
| <b>Post training, review and modify Policies and Procedures and workflows to improve the patient's experience when accessing care at SCHC.</b>                                    | 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**

## 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)

# Strategy 1: Develop coordinated wrap-around services within SCHC

## TARGETS

| Expected Outcome  | Responsible Party      | Target        |
|---|------------------------|---------------|
| <b>Workflows for internal coordination of wrap-around services appropriate for existing levels of staffing.</b>   | Health Program Manager | June 2024     |
| <b>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.</b> | SCHC Leadership        | November 2025 |
| <b>A sufficient number (at least 2) dedicated staff to provide enabling services.</b>   | SCHC Leadership        | December 2026 |

# Strategy 2: Develop workflows to coordinate with other organizations providing services

# TARGETS

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

# 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

# Strategy 1: Use technology to enhance efficiency.

## TARGETS

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

# Strategy 2: Develop and implement improved Health Center provider and staff training **TARGETS**

| Expected Outcome  | Responsible Party  | Target    |
|---|--------------------|-----------|
| <b>Staff training plan to include OCHIN, SCHC policies and procedures, County protocols, Intranet tour.</b> | HPM for Compliance | June 2025 |

# Strategy 3: Engage in continuous quality improvement practices for Health Centers operations

# TARGETS

| Expected Outcome  | Responsible Party | Target   |
|---|-------------------|--|
| <b>GROSS* projects implemented. Report on waste eliminated.</b> | QI Team           | Report semi-annually<br>June 2024 through<br>December 2026 |

*GROSS: Getting rid of stupid stuff*



# Priority 2: Promote Economic Sustainability

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

# Strategy 1: Develop policies and procedures that increase employee retention and morale

# TARGETS

| Expected Outcome  | Responsible Party                        | Target  |
|---|--|---|
| <b>Updated policy on alternative work schedules and other strategies.</b> | QI SCHC Leadership<br>HPM for Operations | Decrease baseline employee turnover by $\geq 10\%$ by November 2026 |

# Priority 2: Promote Economic Sustainability

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

# Strategy 1: Research funding opportunities and secure additional funding

# TARGETS

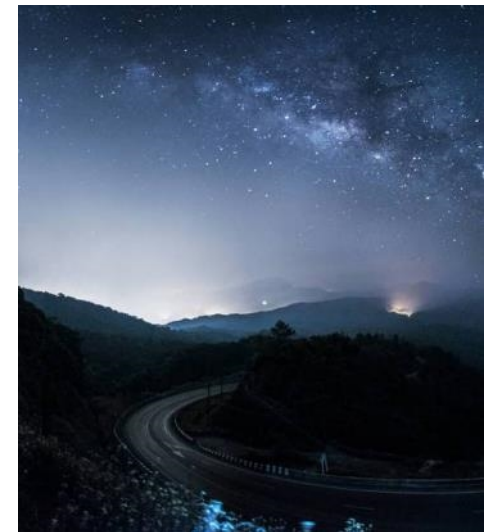
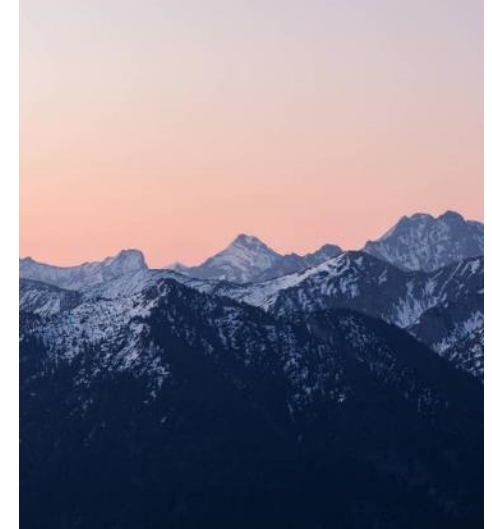
| Expected Outcome   | Responsible Party  | Target   |
|--|--------------------|--|
| <b>Additional funding to support existing programs, expanding existing programs or initiation of new programs.</b> | Leadership<br>HPMs | Report semi-annually<br>June 2024 through<br>December 2026 |

# Summary

The Strategic Plan builds upon the previous plan and incorporates equity and inclusiveness.

It focuses on increasing access to health care and wrap-around services, including taking healthcare outside of our four walls so that we can serve patients where they are, when they need it, and in a way that meets their needs.

In addition, it focuses on reducing costs by increasing staff satisfaction with their job.





# Questions

**Thank you**



# Roberts Rules of Order in Brief\* for SCHC Co-Appliant Board Members

## Guiding Principles:

- Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.
- Everyone has the right to know what is going on at all times. Only urgent matters may interrupt a speaker.
- Only one thing (motion) can be discussed at a time.

A **motion** is the topic under discussion (e.g., "I move that we add a coffee break to this meeting"). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. If there is no second, the matter is not considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

## How to Do Things with Motions:

**You want to bring up a new idea before the group.**

After recognition by the president of the board, present your motion. *"I move to/that ..."* A second is required for the motion to go to the floor for discussion, or consideration.

**You want to change some of the wording in a motion under discussion.**

After recognition by the president of the board, move to amend by

- adding words,
- striking words or
- striking and inserting words.

**You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.**

Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

**You are confused about a procedure being used and want clarification.**

Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

There are other types of motions\*, but these are the most commonly used for meetings such as the Co-Applicant Board meetings.

## You May Only INTERRUPT a Speaker for These Reasons:

- to get information about business –point of information; to get information about rules– parliamentary inquiry
- if you can't hear, safety reasons, comfort, etc. –question of privilege
- if you see a breach of the rules –point of order
- if you disagree with the president of the board's ruling –appeal
- if you disagree with a call for Unanimous Consent –object

\*Adopted from Cornell University's *Roberts Rules of Order -Simplified*  
[https://assembly.cornell.edu/sites/default/files/roberts\\_rules\\_simplified.pdf](https://assembly.cornell.edu/sites/default/files/roberts_rules_simplified.pdf)