

APPROVED OCTOBER 25, 2022

Sacramento County Health Authority (SCHA)

2022-2025 Strategic Plan

VISION

A healthy community with access to equitable, culturally appropriate, high quality, dignified, and coordinated whole person health care when and where it is needed.

MISSION STATEMENT

Sacramento County Health Authority is focused on ensuring access to the highest quality, integrated health care for Medi-Cal members in Sacramento County to improve health outcomes and reduce health disparities through collaboration with stakeholders and continuous oversight of the Medi-Cal system.

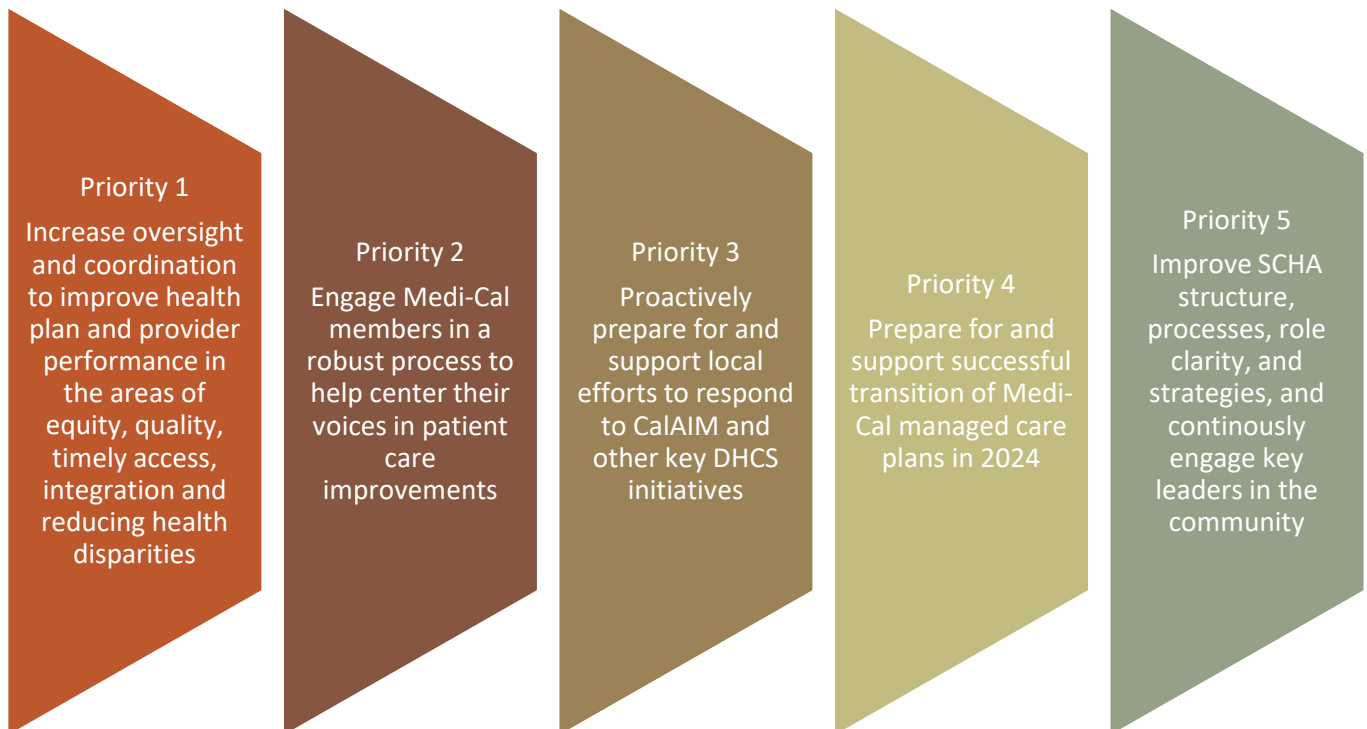
ORGANIZATIONAL VALUES:

We do our best for Sacramento's Medi-Cal members by being:

- People-focused:** empowering patients, families and workers to ensure that health care is respectful, culturally competent, and honors people's values
- Collaborative:** working together with community partners and networks of care to find solutions that improve health care and members' health
- Integrity:** Being responsive, honest, and continuously listening, learning and improving
- Transparent:** using and sharing data to inform decisions and make positive changes
- Engaged:** advocating with managed care plans, delegated entities and providers to improve quality, access and equity

Strategic Priorities

- 1) Increase oversight and coordination to improve health plan performance in the areas of equity, quality, timely access, integration of care, and reduction of health disparities
- 2) Engage Medi-Cal members in robust processes to help center their voices in patient care improvements
- 3) Proactively prepare for and support local efforts to respond to CalAIM and other key DHCS initiatives
- 4) Prepare for and support successful transition of Medi-Cal managed care plans in 2024
- 5) Improve SCHA structure, processes, role clarity, and strategies, and continuously engage key leaders in the community



Strategic Priorities	Strategies	Measurable Outcomes
<p>#1: Increase oversight and coordination to improve health plan and provider performance in the areas of equity, quality, timely access, integration of care, and reduction of health disparities.</p>	<p>1A. Create a SCHA subcommittee or task an existing committee to identify and monitor health plan and delegated entity performance metrics and present their findings quarterly for discussion to the full SCHA.</p> <p>1B. Actively monitor quality delivered by health plans and delegated entities:</p> <ul style="list-style-type: none"> i. Quarterly monitoring of selected HEDIS measures; ii. Annual review of final HEDIS results; and iii. Review of annual QIHEPs from plans with input to interventions. <p>1C. Actively monitor access to care by health plans and delegated entities:</p> <ul style="list-style-type: none"> i. Review access-related grievances quarterly by type (primary care, specialty, etc.); and ii. Review annual access reports from DMHC and DHCS by plan. <p>1D. Actively monitor key performance indicators by health plan:</p> <ul style="list-style-type: none"> i. Utilization management timeframes; ii. Claims payment timeframes and accuracy rate; iii. Member Services time to answer and abandonment rates; and iv. Utilization of mild-to-moderate mental health services. 	<ul style="list-style-type: none"> • A subcommittee (or existing committee) is established (or tasked if existing), confirms metrics of interest, and presents findings quarterly to full SCHA. • The SCHA highlights opportunities for health plans and delegated entities to improve outcomes, and health plans are responsive to making improvements as measured by: <ul style="list-style-type: none"> ○ Quality scores on select HEDIS measures; ○ Health disparity gaps for selected HEDIS measures with racial and ethnic sub-analyses; ○ Member satisfaction scores for selected CAHPs measures; ○ Provider satisfaction scores; ○ Increased utilization of mild-to-moderate outpatient mental health services consistent with national or state Medicaid utilization; and ○ Grievance rates for access and quality consistent with Medi-Cal health plans across California.

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	<p>1E. Review health plan proposals for 5-7.5% (and additional 7.5% if required) net surplus required community interventions:</p> <ul style="list-style-type: none"> i. Ensure community entities, Medi-Cal members and providers are able to provide input for interventions; and ii. Provide recommendations to health plans based on feedback and available data. 	
<p>#2: Engage Medi-Cal members in robust processes to help center their voices in patient care improvements.</p>	<p>2A. Incorporate more opportunities for SCHA Consumer Protection Committee to hear from a diverse representation of Medi-Cal members and CBOs that directly represent a diverse cross-section of Medi-Cal members in Sacramento:</p> <ul style="list-style-type: none"> i. Base representation on the specific distribution of Medi-Cal members in the county by race/ethnicity, language, and SOGI with additional SDOH indicators in the future; ii. Use diverse CBO organizations and providers (including physicians and FQHCs) to recruit Medi-Cal members for the Consumer Protection Committee and to assist with the health plans' Consumer Advisory Committees' recruitment efforts; iii. Provide members with advanced materials available in languages of preference and at appropriate reading level; iv. Host meetings in accessible, comfortable, community-based 	<ul style="list-style-type: none"> • 1-2 representatives from each health plan's Consumer Advisory Committee are incorporated into the SCHA Consumer Protection Committee. • At least 2 sessions annually are held to solicit input from Medi-Cal members throughout the county, with locations to be determined based on feedback from CBOs and members on where is most convenient. • Health plans report quarterly conclusively stating the ways they have used input from their Community Advisory Committees and other member input to improve access and health outcomes.

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	<p>locations including at a time conducive to participation, including childcare, food and interpretation services;</p> <ul style="list-style-type: none"> v. Ensure the environment is conducive to honest feedback; vi. Provide financial and other incentives for participation with a minimum of \$50 per beneficiary per meeting (explore opportunity for external administration of the incentive program); vii. Provide minutes and action items from the Consumer Protection Committee to the health plans and follow up with health plans as necessary; viii. Require health plans to follow up at subsequent Consumer Protection and SCHA meetings. <p>2B. Develop a twice-yearly SCHA member newsletter that provides updates on Medi-Cal services, benefits and health plan offerings.</p>	
<p>#3: Proactively prepare for and support local efforts to respond to CalAIM and other key DHCS initiatives.</p>	<p>3A. Monitor and support implementation of CalAIM by health plans and in aggregate:</p> <ul style="list-style-type: none"> i. Monitor enrollment in Enhanced Care Management (ECM) for eligible populations ii. Monitor enrollment in Community Supports (CS) services for eligible populations iii. Understand capacity challenges presented by ECM/CS as reported by 	<ul style="list-style-type: none"> • The SCHA, in collaboration with the health plans, ensures the effective implementation of ECM and CS to meet the needs of the identified populations. • The SCHA advocates for increased community capacity to respond to the needs of justice-involved populations and the capacity of the health plans and the county to respond more effectively to Medi-Cal members' behavioral health needs.

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	<p>health plans, providers and members; and</p> <p>iv. Collect and compare data from all Sacramento health plans as reported to the state and compare these to health plans statewide when available.</p> <p>3B. Monitor progress of the Student Behavioral Health Incentive Program, Housing and Homelessness Incentive Program, and CalAIM Population Health Management Initiative.</p>	<ul style="list-style-type: none"> • The SCHA creates a stronger collaboration with Sacramento County, its Boards and Commissions, and Medi-Cal managed care health plans to achieve the goals of CalAIM and determine whether implementing it has had the desired effect on reducing unnecessary ED utilization and/or homelessness. • Annual report to the SCHA from the Sacramento County Medi-Cal Dental Advisory Committee shows increases in annual Medi-Cal dental visits and improvement in dental outcomes.
<p>#4: Prepare for and support successful transition of Medi-Cal health plans in 2024.</p>	<p>4A. Actively monitor transition process to ensure new and existing health plans are actively communicating with impacted members and providers about the 2024 transition:</p> <ul style="list-style-type: none"> i. Review submission by 2024 plans to DHCS including proposed networks with a focus on overlap with current networks and member transitions; and ii. Meet with 2024 plans to discuss role and expectations of the SCHA regarding monitoring, reporting, etc. <p>4B. In collaboration with the County Department of Health Services and Department of Human Assistance, provide links to benefits and services available to low-income County residents outside of Medi-Cal addressing social determinants of health.</p>	<ul style="list-style-type: none"> • New health plans and providers report the active cooperation of phased-out health plans for a smooth transition. • Health plans adhere to DHCS Continuity of Care requirements and report to SCHA any significant member or provider issues during the transition period. • Health plans meet DHCS readiness expectations for transition to 2024 health plans. • Health plans meet on regular schedule with County to ensure active coordination and collaboration.

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	<p>4C. Ensure bi-directional health plan and County communications to support Medi-Cal members.</p> <p>4D. In 2025, identify metrics to inform a decision by SCHA about whether to undertake an exploratory process for a Knox-Keene license.</p>	<ul style="list-style-type: none"> • Impacted providers and Medi-Cal members receive clear communication about how they will be impacted by the 2024 health plan transition. • The SCHA decides by 2025 whether to develop an exploratory process regarding a Knox-Keene license.
<p>#5: Improve SCHA structure, processes, role clarity, and strategies, and continuously engage key leaders in the community.</p>	<p>5A. Annually, revisit SCHA bylaws to ensure they support the structure and work of SCHA and revise as necessary.</p> <p>5B. Clarify and approve annual SCHA operating budget.</p> <p>5C. Create processes to recruit new Commissioners, ensure strong pipeline of candidates and orient new members.</p> <p>5D. Meet annually with CaDHCS Director to discuss relevant policy issues and positions.</p> <p>5E. Provide an annual report to Sacramento County Board of Supervisors highlighting the activities, accomplishments and future goals of the Health Authority.</p> <p>5F. Schedule and host one roundtable meeting with representatives from relevant County Boards and Commissions to discuss intersecting issues.</p>	<ul style="list-style-type: none"> • SCHA strategic plan is achieving milestones and progress is reported on quarterly. • County directly funds SCHA allowing SCHA to use its discretion to fund and achieve its approved strategic plan • All SCHA Commission seats are filled with active, diverse stakeholders. • The SCHA effectively engages with DHCS, County Governmental Relations and Legislative Officer, and intersecting Sacramento County Boards and Commissions.