Meeting Agenda

November 18, 2022 9:30 AM to 11:00 AM

Meeting Location

Via Zoom: To see/share documents on the screen, go to

https://www.zoomgov.com/j/1607171817?pwd=alprVXJvMlhqQnNibWRNQkNJVTEzUT09

Meeting ID: 160 299 6161
Passcode: 250277
One tap mobile
+16692545252,,1619656307# US (San Jose)
+16692161590,,1619656307# US (San Jose)
OR
Dial by your location
+1 669 254 5252 US (San Jose)
+1 669 216 1590 US (San Jose)
Meeting ID: 160 299 6161

In Person: Community Room 229

- The meetings are returning to the larger Community Room 2020. This 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).
- Please RSVP at least 24 hours in advance to Dr. Hutchins at <u>HutchinsS@saccounty.net</u> for staff to prepare you a packet if you wish to attend in person.
- Facemasks are still required in the Primary Care Center.

Topic

Opening Remarks and Introductions – Ms. Winbigler, Chair

- Roll Call and Welcoming of Guests/Potential New Members
- Review of 10/21/22 minutes

Brief Announcements – All

- New Director of Health Services hired and started 11/07/22
- New Deputy Director for Primary Health will start in January
- M. Safi's leave extended through Thanksgiving

*Election of CAB Officers for 2023 – *Dr. Hutchins*

Health Resources and Services Agency (HRSA) Project Director Update - Dr. Mendonsa

Medical Director Update – DEFERRED

Quality Improvement and Compliance – Dr. Hutchins

Quality Improvement Plan - Q3 Monitoring Report

Strategic Planning – Dr. Hutchins

Development of the strategic plan in 2023 for 2024-2026 Strategic Plan

Rev. 11/09/22 v.2

*CAB Governance – Committee Chairs

- Committees Updates to CAB
 - *Clinical Operations Mr. Gallo
 - *Policies & Procedures
 - PP-CS-01-07 Healthy Partners Program-Design
 - PP-CS-02-06 Healthy Partners Administrative Review
 - Program Summary: Healthy Partners
 - Finance Committee Ms. Bohamera
 - October Financial Status Report (FSR)
 - Grant updates
 - Budget priorities for 2022-2023 Fiscal Year
 - *Governance Ms. Winbigler
 - *Recruitment update and vote on CAB membership
 - *Strategic Plan Monitoring Report
 - 2024-2026 Strategic Plan

Next Meeting Items – All

- Committee Updates
 - *Policy and Procedure Review
 - Program Review: TBD
 - November Financial Status Report
 - Recruitment Updates

Public Comment Period - Mr. Sultani, Vice-Chair

Closing Remarks and Adjourn – Ms. Winbigler, Chair

Next Meeting: Friday, December 16, 2022 9:30-11:00 via Zoom or in person (Community Room 2020)

*Items that require a quorum and vote.

The Co-Applicant Board welcomes and encourages 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

Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

Rev. 11/09/22 v.2 2

Meeting Notes

October 21, 2022 9:30 AM to 11:00 AM

Meeting Location

Via Zoom: To see/share documents on the screen, go to

https://www.zoomgov.com/j/1607171817?pwd=alprVXJvMlhqQnNibWRNQkNJVTEzUT09

Meeting ID: 160 299 6161 Passcode: 250277

In Person: Conference Room 2800

Meeting Attendees

Members: Elise Bluemel, Laurine Bohamera, Suhmer Fryer, Vince Gallo, Paula Lomazzi, Nicole

Miller, Namitullah Sultani, Jan Winbigler

Staff: Robyn Alongi, John Dizon, Joy Galindo, Sharon Hutchins, Andrew Mendonsa

Topic

Opening Remarks and Introductions - Ms. Winbigler, Chair

- Chair Winbigler took roll and welcomed attendees.
- Review of 9/16/22 minutes was deferred to the November meeting.

Brief Announcements – All

- Mr. Safi is on leave until mid-November. Please send emails or call Dr. Hutchins during this period.
- SAC Grant Update from HRSA
 - O HRSA indicated there were areas of non-compliance in our application regarding bylaws and our Co-applicant agreement. Examples of the issues include us failing to reference where in our bylaws that is states CAB has final budget approval and has final approval over choosing the HRSA Project Director. All of the issues HRSA identified were addressed in the narrative so we need to figure out why HRSA did not receive that. We have been instructed to not talk to our normal HRSA officer about this. We have until November 3rd to upload the additional information. Dr. Hutchins prepared a summary of the issue that she will share with Dr. Mendonsa.

Health Resources and Services Agency (HRSA) Project Director Update - Dr. Mendonsa

- HRSA's Health Center Workforce Well-being Survey
 - Launch of the survey has been delayed because the organization managing the survey is still waiting to receive approval for the survey.
- Call Center Consultant Project.
 - The consultant provided her report to Dr. Damiano and Dr. Mendonsa and will be presenting it to the Senior Management Team next week. These findings and those of the Referral Project will be summarized and shared in the near future.

1

Access Consultant Project

- The consultant is starting a project to study the Health Center's access to care issues including how we schedule patients. She will analyze all the intersections of access.
- Flu Clinic The Health Center held a flu clinic for employees October 3-5.
- Ending HIV Epidemic HRSA Grant
 - The grant was originally for two years and is now three years based on satisfactory performance.
 - Vanessa attended the World HIV conference and made contacts that will support training for staff
 - The program will be operational in the next month.

Mobile Medical van

 The van is operating but had mechanical issues. The team continues to iron out workflows and is finalizing policies and procedures. We expect the van to be fully operational in November.

Weekend Clinic this Saturday

- We will hold a weekend clinic on 10/22 from 9-1 pm.
- The clinic is fully booked with 10 pediatric patients and 8 adults.
- o We will provide well-child visits, immunizations and diabetes care.
- o This clinic is a pilot for the purposes of learning and then developing a model that will be used for regular weekend clinics in 2023 to address access issues.
- We will study the clinic and make any necessary changes for future weekend clinics.

Space/Staffing/Access Updates

- o John Dizon and Dr. Mendonsa are exploring where to move the Admin team within the repurposed space. They reviewed the blue print to ensure that all of the current space is being maximized.
- We continue to recruit for open positions in administration, pharmacy and within the clinic.
- The Enhanced Care Management (EMC) Nurse started on 10/11 and she is providing care coordination inside and outside the clinic. She will also assist with QI projects until a QI nurse is hired.
- Laurie Haugen, SCHC's supervising RN is moving to Public Health. We are working to fill that position.
- Integrative Behavioral Health (IBH) will have a new clinician starting slowly over the next six months due to workforce shortages in behavioral health.
- Hiring is slow because of the volume and limited County resources. Candidates have conditional offers for employment but start dates are a ways out.

Access Issues

- We have had several parental leaves requested in Adult Medicine, Family Medicine and Pediatrics that are being covered by UCD NPs so access will not be impacted.
- o FM has one additional physician and another one starts in three weeks.
- o Pediatrics is adding a pediatric NP.
- We also have a Kaiser Fellow (at no cost to the County)
- These changes have resulted in a net increase in appointment availability without increasing our UCD budget.
- Sacramento County Office of Education (SCOE) Presentation

- John Dizon, Chris Williams, Shanine Coats and Dr. Mendonsa presented to the Health Policy Education Institute. Policy and legislative staff attended and asked questions about the program and remarked on how unique it is.
- Issue such as technical difficulties with remote electronic medical record access are resolving and we are fine tuning workflows.

Refugee Clinic

- SCHC received an annual audit report that acknowledged that SCHC has taken the burden
 of the increased number of Afghans and Ukrainians and praised our excellent work and
 collaboration.
- The audit summary did not find any corrections needed in clinical care, but found a few issues in data entry and a few objectives that were not met (due to the difficulty in data collection rather than action not being taken, i.e. TB treatment completion).
- Dr. Mishra and Dr. Mendonsa met with the California Department of Public Health, Chief of Refugee Health and discussed some of the difficulties and plan to reorganize and strengthen our program.
- Chair Winbigler asked about the growth deadline and how it will be affected.
 - Dr. Mendonsa is working with John to get a sense of how much funding there is to work with.
 - John Dizon said the difficult part about growth concepts is that they are due in December and we have only six months of data on which to determine growth requests. We are close to being able to finalize a plan.
 - Chair Winbigler asked if the new chain of command will have an effect on the growth request.
 - When will a new director be announced?
 - ❖ Dr. Damiano said the Board of Supervisors has submitted an authorization to appoint a new director. The Board will appoint Timothy Lutz on Tuesday, October 25th. He has worked as the Director of Health and Human Services in Tulare County. He has an administration background, a business degree, not a health background. He will start November 7th. Next week, the new Deputy Director will receive a conditional officer.

Medical Director's Updates

- Dr. Mishra reported that the ECM nurse will follow up with homeless members to connect them to care. The first QI project is handing out blood pressure devices to members.
- The Saturday clinic will focus on adults with diabetes who have an A1c level slightly above 9 and provide care to bring their A1c level below 9. We will offer services to prevent adverse outcomes including foot exams and retinol scans.
- Pediatric providers will offer well-child visits and immunizations.
- Dr. Mishra is taking a more integral role in Referrals and in Behavioral Health due to the supervisor changes.
- COVID and Flu
 - The SCHC has all of the boosters for people five years and older. It getting hard to keep track of all of the different varieties of COVID boosters but staff is doing a good job. The Q1 variant is expected in the US soon and the booster is protective for the new variant.

Quality Improvement and Compliance – Dr. Hutchins

QI and Compliance Dashboard review - DEFERRED

CAB Officer Elections - Dr. Hutchins

- Nomination of Officer Candidates
 - October is when we typically nominate officers and then vote in November.
 - CAB added guidance including term limits and how soon a new member could serve in an officer role.
 - A new member has to be on the Board for six months before they can serve as an officer.
 - Officer position have a 4-year term limit.
 - CAB can override these restrictions if necessary.
 - No current officers are terming out. Ms. Winbigler has been chair for three years; Mr.
 Sultani has been vice chair for 1 year.
 - The chair and vice chair comprise the executive committee along with Dr. Hutchins and Dr. Mendonsa. They ensure the agendas are set and that CAB receives the information it needs; support drafting materials; chair the meetings and handle public comments from non-members who attend the meetings; and mentor new members.
 - Ms. Winbigler shared that the vice chair is a way to prepare a member to become the chair. The vice chair steps in when the chair is not able to attend meetings. They track the issues together and identify what committee the issue should go to, follow the issues to completion; and ensure CAB is meeting the expectations of its performance requirements.
 - Dr. Hutchins added that the chair and vice chair work closely with Dr. Hutchins and Dr. Mendonsa to ensure CAB is in compliance. The positions require familiarity with the expectations of HRSA and CAB's bylaws.
 - Ms. Bohamera and Ms. Miller can be considered for chair or vice chair.
 - Last year we discussed who is willing to be a candidate in the meeting, the each member emailed Dr. Hutchins who they wanted to elect.
 - o Ms. Bohamera, Ms. Bluemel, Mr. Gallo, Ms. Lomazzi, Ms. Miller, Mr. Sultani stated they are not willing to serve as the CAB chair or vice chair.
 - o Ms. Winbigler and Ms. Fryer are willing to be nominated.
 - CAB will need to override the experience requirement if Ms. Fryer is to be elected.
 - Ms. Bohamera asked about the additional time commitments.
 - Leadership roles require one additional meeting per month. Dr. Hutchins said the vice chair should chair at least one committee.
 - CAB members will email Dr. Hutchins to nominate a chair and vice chair by 10/28.
- Discussion of November election process
 - Once the nominations are set, Dr. Hutchins will email the ballot. CAB members are asked to vote by 9 am on the morning on the election. Members can vote as soon as they have the ballot.

*CAB Governance – *Committee Chair*s

- Committees Updates to CAB
 - *Clinical Operations DEFERRED
 - o *Finance Committee Ms. Bohamera

- September Financial Status Report (FSR)
 - Spending is on track. We have significant savings in personnel services due to hiring vacancies. Contracts with SCOE and UCD have not been executed so no invoices have been submitted.
 - State Aid revenue for Medi-Cal is a little higher and County ARPA may come in lower.
- Request to forgive longstanding CMISP program debts
 - > CAB has approved writing off CMISP. The Board of Supervisors has to approve the write off.
- Update on budget and grants
 - No claims have been received this year.
 - > The HIV Grant has been extended.
 - SCHC received approval to use the County Department of General Services for the HRSA construction grant which will be less expensive than going out to bid, but it requires a lot of paperwork.
- Governance Ms. Winbigler
 - CAB will need to revise the sliding fee scale policy after the pay scale is raised.
 - Recruitment update
 - > Dr. Mishra talked to 6-7 possible new members but we have not received applications. Dr. Hutchins is following up with them.
 - We need to keep recruiting to fill the vacancies and stay in compliance. Dr. Hutchins said that Ms. Miller created a recruitment flyer and we are making sure the updated flyer is posted in each exam room. Recruitment flyers are posted throughout the clinic and the CAB member testimonials are playing in the waiting areas.
 - Ms. Lomazzi stated the TVs are not showing the educational/recruitment video.
 - . Ms. Bluemel said that she saw the CAB testimonial when she was in recently.
 - Ms. Lomazzi shared that in January, social security payments will be raised and it may make her ineligible for Medi-Cal. If she doesn't have Medi-Cal, she won't be a SCHC patient, but she can remain a community member.
 - Dr. Hutchins said the County accepts other health plans so she could remain a SCHC patient if she wants to.
- Mr. Sultani asked if the Refugee schedule is full.
 - Dr. Hutchins said the clinic has a lot of walk-ins. It varies by day and sometimes the clinic can accommodate walk-ins and sometimes they cannot. When walk-in patients cannot be seen, we try to process their lab orders before their assessment meeting. There is a delay in the 2nd assessment visit due to the volume of refugees.

Next Meeting Items – All

- Program Review: Healthy Partners
- October Financial Status Report
- CAB Officer Election
- Committee Updates
 - *Policy and Procedure Review

Public Comment

Vice-Chair Sultani asked if there were any public comments. None was offered.

Closing Remarks and Adjourn – *Ms. Winbigler, Chair* The meeting was adjourned at 10:56 AM.

Next Meeting: Friday, November 17, 2022 9:30-11:00 via Zoom or in person

Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

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Project Director Updates

November 18, 2022 Meeting

• HRSA's Health Center Workforce Well-being Survey.



- New Director of Health Services Timothy Lutz.
- Mobile Homeless Medicine Van.
- Weekend Clinics.
- Space/Staffing/Access Updates.
- Sacramento County Office of Education (SCOE) School Based Mental Health Updates.
- SAC Application.
- Refugee Clinic.

2022 SCHC Quality Improvement Plan Quarter 3 Monitoring Report

AIM: Population Health Outcomes

Category Care Coordination

Goal 1: Improve care coordination of patients with high service utilization or who require service across systems

Objective 1: Improve coordination between SCHC and Eds to be able to follow up within 30 days with patients who have

had an ED visit related to a mental health or substance use issue

Category Clinical Performance Measures

Goal 1: Improve performance on select UDS and HEDIS quality measures (focused on those that signal a healthy start in life and those focused on secondary prevention of health issues prevalent among SCHC patients) and tackle

Objective 1: Improve chronic disease management and outcomes by achieving at least minimal performance level (MPL) for the following HEDIS measures

		Target	Q3	Source
HTN	Score on Controlling high blood pressure (in control)	55.35%	63.40%	HEDIS
DM	Score on <i>HbA1c Control</i> (≤9.0%)	62.53%	54.10%	HEDIS

Objective 2: Ensure that children have a healthy start in life by achieving at least minimal performance level (MPL) for the following HEDIS measures

		Target	Q3	Source
WCV	Wellchild visits for chidren 3-21	45.31%	25.00%	
CIS	Childhood immunizations at two years	38.20%	22.20%	HEDIS
IMA	Adolescent immunizations at 13 years	36.74%	35.40%	

Objective 3: Improve screning and treatment for depression by achieving at least the MPL for the following measures

		Target (Q3	Source
Dep Scr	Depression screening for adolescents/adults	NA	NA	UDS
Dep Plan	Depression follow up for adolescents/adults	60.0%	37.3%	003
FUA	Follow up after hosp/ED visit for alcohol/drugs	21.31%	7.4%*	HEDIS
FUM	Follow up after hosp/ED visit for MH reason	53.54%	18.2%*	ПЕДІЗ
		-	only RCMG i	reported

omy nemo reported

Objective 4: Reduce racial and ethnic disparities in the control of diabetes and hypertension (annual measure)



County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure

Policy Issuer (Unit/Program)	Clinic Services
Policy Number	01-07
Effective Date	06-04-18
Revision Date	11-02-22

Title: Healthy Partners Program Design Functional Area: Organization

Approved By: Andrew Mendonsa, Psy.D, Division Manager

Policy:

Sacramento County Healthy Partners program provides primary care to low income, undocumented adults who are residents of Sacramento County and meet eligibility criteria.

Program Design:

A. Core Features

- Partnerships: Healthy Partners program is a partnership comprised of the County DHS Primary Health, the Sacramento Physicians' Initiative to Reach Out, Innovate, and Teach (SPIRIT) program and Nivano IPA (for contracted specialty). There is a Healthy Partners Advisory Group consisting of these partners, community advocates, and hospital systems.
- 2. <u>Enrollment</u>: Department of Human Assistance (DHA) Eligibility will continue to provide Medi-Cal eligibility determinations. Designated Clinic Services staff will complete enrollment into the program.
- 3. <u>Primary Care</u>: Enrollees are offered no cost Primary Care services including preventive screening, immunization, and treatment of acute and chronic health problems. Services are provided at the Sacramento County Health Center (Health Center). Lab work and simple radiology are on site and included in primary care services.
- 4. <u>Medication services</u>: Healthy Partners patients may obtain their medication at local pharmacies utilizing their low cost discount programs. Most prescriptions at Wal-Mart are either \$4 or \$10 depending on 30 day/90 day prescriptions.
 - There is a limited additional formulary for items deemed essential but that are not available through low cost retails. These medications are available to enrollees at no cost when ordered by their Primary Care Provider and picked up at the County Pharmacy. See Healthy Partners Medication and Durable Medical Equipment PP 05-09.
- Specialty Care: This is offered by partnerships with SPIRIT program, contracted specialists, UCD, and County clinicians. Some services are via volunteer services. Some services will be offered by partner agencies. Others are provided with County funds.

B. Population Served

Enrollees must be undocumented adults who meet the following eligibility criteria. See Healthy Partners Eligibility and Enrollment PP 03-10.

- 1. Adults 26-49
- 2. Income at or below 138% of Federal Poverty Level (FPL)
- 3. Sacramento County Resident
- 4. Has an applicable restricted scope Medi-Cal aid code

C. Specialty Care

- 1. Specialty care may be available as resources permit for Healthy Partners enrollees:
 - a. Current program enrollment is required.
 - b. A Health Center PCP makes the referral for a specialty consult.
 - c. If a specialist is available, the referral must meet medical necessity criteria.
 - d. PCPs and team members will be regularly briefed on the specialty services paths and service changes / availability.
- 2. Designated county staff authorizes, tracks, and manages the Healthy Partners specialty referrals.

References:

PP 03-10 Healthy Partners Eligibility and Enrollment
PP 05-09 Healthy Partners Medications and Durable Medical Equipment

Attachments:

N/A

Contact:

Vanessa Stacholy, Health Program Manager



County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure

Policy Issuer (Unit/Program)	Clinic Services
Policy Number	02-06
Effective Date	06-04-18
Revision Date	11-02-22

Title: Healthy Partners Administrative Review Functional Area: Member Services

Approved By: Andrew Mendonsa, Psy.D, Division Manager

Policy:

The Sacramento County Health Center provides administrative review for any person who is denied or discontinued from Healthy Partners enrollment and requests such a review.

Procedures:

A. Notification

- 1. If at the time of application, or due to change in circumstances, an individual is not eligible for Healthy Partners, s/he is notified of this in writing.
- 2. Notification includes the reason s/he is ineligible. See Not Eligible Letter and Discontinuance Letter.
- 3. The notification letter informs the individual that s/he may request a review of the decision.

B. Reviewable Action

1. An individual may request a review if s/he is found ineligible for Healthy Partners at the time of initial application or subsequent to enrollment and is so notified.

C. Review Process

- 1. Individuals may request a review by calling the Health Center or requesting it of any staff member, or by submitting a completed Administrative Review Form.
 - a. All individuals will receive the Healthy Partners Administrative Review Form as part of their Not Eligible Letter or Discontinuance Letter.
- 2. If the request for review is verbal, Member Services staff will complete the Healthy Partners Administrative Review form on behalf of the individual.
- The Administrative Review form is forwarded to program management for review and action. The Health Program Manager or designee will conduct a paper review or schedule and conduct a phone or in person meeting, based upon the individual's preference.
- 4. Interpreter services are available for the review at no cost to the individual.

D. Disposition

- 1. The Health Program Manager will make a determination based on information provided by Member Services, the participant, and on program regulations.
- 2. Complete resolution of the review is expected within 10 calendar days of receipt of the original review request.

References:

N/A

Attachments:

Not-Eligible Letter – English and Spanish
Discontinuance Letter – English and Spanish
Administrative Review Form – English and Spanish

Contact:

Vanessa Stacholy, Health Program Manager

CAB approval: 11/18/2022

Sandy Damiano, PhD, Interim Director



Divisions

Behavioral Health Services Primary Health Public Health Departmental Administration

County of Sacramento

	Date of Notice: xx-xx-xxxx
Appli	cant Name cant Address State, Zip
Dear 2	XXXX,
Re: <i>I</i>	neligible Notice
	pplied to get services through the Sacramento County Healthy Partners Program. This letter is to inform at you are <u>not eligible</u> for the Healthy Partners program.
You a	re not eligible because (see box checked below): Income – you do not meet income requirements for this program
	County residency – you are not a resident of Sacramento County
	Healthcare coverage – you already have coverage
	Restricted Medi-Cal – You do not have a restricted scope Medi-Cal aid code that qualifies you for this program
	You are eligible for Medi-Cal PRUCOL coverage and already have full scope health coverage
	vill be referred to a Federally Qualified Health Center that is near your home. They can offer health es with a sliding fee.
progra meetii	disagree with the action taken regarding your application for services through the Healthy Partners am, you have a right to an administrative review. You can either request a paper review or an in person ag. Please complete and submit the document on the following page to Member Services to request a v. You must ask for this within ten (10) calendar days of this notice.
Memb	per Services Phone (916) 874-1805
	ay – Friday

Sandy Damiano, PhD, Interim Director



Behavioral Health Services Primary Health Public Health **Departmental Administration**

Divisions

County of Sacramento

	Fecha de notificación: xx-xx-xxxx
Nombr Direcc Ciudad	
Estima	do xxxx,
Re: <i>A</i> 1	viso inelegible
	aplicado pare recibir servicios a través del Programa del Condado de Sacramento Healthy Partners. Esta s para informarle que usted no es elegible para el programa de Healthy Partners.
Usted 1	no es elegible porque (ver casilla marcada abajo):
	Ingresos – usted no cumple con los requisitos de ingresos para este programa
	Condado de Residencia – Usted no es un residente del Condado de Sacramento
	Cobertura de Salud – ya tiene cobertura
	Medi-Cal Limitado – Usted no tiene un código de ayuda de Medi-Cal limitado para que usted califica para este programa
	Usted es elegible para la cobertura PRUCOL Medi-Cal y ya tiene cobertura de salud.

Usted será referido a un Centro de Salud Federalmente Calificado que está cerca de su casa. Pueden ofrecer servicios de salud de bajos ingresos.

Si no está de acuerdo con la acción tomada con respecto de su aplicación de servicios a través del programa de Healthy Partners, usted tiene el derecho a una revisión administrativa. Usted puede solicitar una revisión de papel o una junta en persona. Por favor, complete y envíe el documento en la siguiente página de Servicio al Cliente para solicitar una revisión. Debe solicitar esto dentro de los diez (10) días calendario a partir de esta notificación.

Servicios para Miembros de teléfono (916) 874-1805

Lunes a Viernes

Sandy Damiano, PhD, Interim Director



DivisionsBehavioral Health Services

Primary Health
Public Health
Departmental Administration

County of Sacramento

Date of Notice: xx-xx-xxxx Member Name: xxxx

Phone: xxx MR#: xxxx

Applicant Name Applicant Address City, State, Zip

Dear xxxx,

Re: Discontinuance Notice

You have been discontinued because (see box checked below):

This letter is to inform you that you will be discontinued from the Healthy Partners Program the last day of (insert Month/Year). As of this date, Sacramento County will no longer pay for the cost of services offered by Healthy Partners.

□ Income – you do not meet income requirements for this program
 □ County residency – you are not a resident of Sacramento County
 □ Healthcare coverage – you already have coverage
 □ Restricted Medi-Cal – you do not have a restricted scope Medi-Cal aid code that qualifies you for this program

You will be referred to a Federally Qualified Health Center that is near your home. They can offer health services with a sliding fee.

If you disagree with the action taken through the Healthy Partners Program, you have a right to an administrative review. You can either request a paper review or an in person meeting. Please complete and submit the document on the next page to request a review. You must ask for this within ten (10) calendar days of this notice. You may also call Member Services at (916) 874-1805.

Sandy Damiano, PhD, Interim Director



Behavioral Health Services Primary Health Public Health **Departmental Administration**

Divisions

County of Sacramento

Fecha de notificación: xx-xx-xxxx Nombre del miembro: xxxx X

	Número de teléfono: xxx Número de Registro Médico: xxx
Nombre Domici Cuidad,	
Estimac	ło xxxx,
Re: Av	iso de Discontinuación
(inserte	rta es para infórmale que usted será descontinuado del programa de Healthy Partners el último día de Mes / Año). A partir de esta fecha, el Condado de Sacramento ya no pagará por el costo de los es ofrecidos por Healthy Partners.
Usted h	a sido descontinuado por (Ver el cuadro marcado abajo):
	Ingresos – Usted no cumple con los requisitos de ingresos para este programa
	Condado de Residencia – Usted no es un residente del Condado de Sacramento.
	La Cobertura Médico – Usted ya tiene cobertura médico.
	Medi-Cal Limitado – Usted no tiene un código para calificar para este programa.

Usted será referido a un Centro de Salud Federalmente Calificado cerca de su casa. Pueden ofrecer servicios de salud a bajo costo.

Si usted no está de acuerdo con esta acción a través de Healthy Partners, usted tiene derecho a una revisión administrativa, Usted puede solicitar una revisión escrito o en persona. Por favor, complete y envíe el documento en la página siguiente para solicitar una revisión. Usted tiene que solicitar esta dentro de los diez (10) días calendario a partir de este aviso. También puede llamar a Servicios para Miembros al (916) 874-1805.



Program Summary: Healthy Partners Program

Name of Program	Description
Summary and purpose	The Sacramento County Healthy Partners program provides primary care to low income, undocumented adults who are residents of Sacramento County and meet eligibility criteria.
Why did we start this program?	2015
Is our reason still relevant?	Yes
Description of current scope and activities. Which types of patients are served? At which sites?	 This program helps people with income at or below 138% of federal poverty guidelines. Interested parties must be Sacramento County residents. Must have a restricted scope Medi-Cal with applicable Aid Code. People that do not have health insurance or cannot get health insurance. This program helps people who are ages 26-49 Both SCHC, Loaves and Fishes, and Mobile Van Clinic can offer services to our Healthy Partner patients.
Current staffing levels	2-HSCs, 1 Sr. OA, 1-OA
Financing and Budget	\$ 2M
How effective are we being (and how do we know)?	The Healthy Partners program provides medical, behavioral health, and specialty services to patients that otherwise would not have access to primary care services. The Healthy Partners enrollment in the program reduces the use of the ER services as a provider of last resort for those patients that would have no medical coverage.
Are we meeting our patient satisfaction and quality goals with this program?	Yes

Period	4
Current Month	October
Percentage of Year	33%

Line Item	Budget	C	irrent Month	,	ear to date	Encumbrance		Total	YTD Percentage	Notes
Line item	buuget	Cu	irrent worth		rear to uate		(YT	D+Encumbrance)	(Total/Budget)	Notes
Revenue								,	, , ,	
Inter/Intrafund										
Reimbursements	\$ 11,582,307	\$	1,448,205	\$	2,008,454	\$ -	\$	-	17%	
Intergovernmental Revenue	\$ 19,600,988	\$	1,380,364	\$	5,214,121	\$ -	\$	5,214,121	27%	Medi-Cal revenue, HRSA & Refugee grants
Charges for Services	\$ 52,000	\$	7,907	\$	21,025	\$ -	\$	21,025	40%	CMISP old pre-2014 service charges
Miscellaneous Revenue	\$ -	\$	-	\$	12	\$ -	\$	12	0%	
Total Revenue	\$ 31,235,295	\$	2,836,476	\$	7,243,613	\$ -	\$	7,243,613	23%	
Expenses										
Personnel	\$ 13,805,343	\$	1,346,273	\$	3,725,864	\$ -	\$	3,725,864	27%	
Services & Supplies	\$ 18,362,009	\$	2,481,712	\$	1,972,193	\$ 3,011,029	\$	4,983,222	11%	YTD is less than current month due to accruals
Other Charges	\$ 399,477	\$	163,384	\$	224,618	\$ 738,200	\$	962,818	56%	
Equipment	\$ -	\$	-	\$	-	\$ 105,311	\$	105,311	0%	
Intrafund Charges (Allocation										
costs)	\$ 2,552,954	\$	237,766	\$	506,970	\$ -	\$	506,970	20%	
Total Expenses	\$ 35,119,783	\$	4,229,134	\$	6,429,646	\$ 3,854,540	\$	10,284,185	18%	

GRAND TOTAL

(Net County Cost) \$ (3,884,488) \$ (1,392,658) \$ 813,967

GRANT SUMMARY

		·	-	Available to Claim			
HRSA	Grant Year Start	Grand Year End	Total Grant	7/1/22-6/30/23		YTD Claimed	Notes
HRSA Homeless (Main)	3/1/2022	2/28/2023 \$	1,386,602	\$ 1,386,602	2 \$	243,477	Spending on track
HRSA ARPA	4/1/2021	3/31/2023 \$	2,533,875	\$ 1,756,940) \$	298,047	Spending on track
HRSA ARPA UDS+	4/1/2022	3/31/2023 \$	65,500	\$ 65,500) \$	-	New award, no claims yet
HRSA ARP CIP	9/15/2021	9/14/2024 \$	619,603	TBE	\$	-	Contruction timeline not yet determined
HRSA HIV	9/1/2022	8/31/2025 \$	975,000	\$ 325,000) \$	-	New award, no claims yet
Refugee							
RHAP	10/1/2022	9/30/2023 \$	1,536,074	\$ 1,536,074	1 \$	-	Spending on track
RHPP	10/1/2022	9/30/2023 \$	82,014	\$ 82,014	1 \$	-	Spending on track
RHPP Multi-Year	10/1/2022	9/30/2023 \$	153,000	\$ 153,000) \$	-	Spending on track
RHPP AHP	10/1/2022	9/30/2023 \$	200,000	\$ 200,000) \$	-	New award, no claims yet
Miscellaneous							
County ARPA - 1	1/1/2022	12/31/2024 \$	2,451,919	\$ 462,95	7 \$	31,275	Spending on track
County ARPA - 2	7/1/2022	12/31/2024 \$	1,315,000	\$ 721,739	\$	-	New award, no claims yet
Anthem QI		\$	16,000	\$ 1,819	\$	-	Spending on track



Strategic Plan Report Request to Move Reporting Dates November 2022

Priority 1: Sufficient and Appropriate Space to Carry Out the SCHC's Mission				
Strategy 2: Maximize existing space.				
Action Steps	SMART Objectives	Metrics		
Develop a plan to support permanent remote work.	A. By July 30, 2021, SCHC and D- Tech will develop a plan for supporting selected staff/ support functions located off site including identifying necessary technology and cost.	A. Finalized plan with documented amount of space captured to maximize clinic operations. Report at the October 2021 Aug Nov 2022 CAB meeting what leadership proposes to do with the captured space and obtain approval to move forward.		
They reviewed the blue poffsite is being considere	orint to ensure that all of the current sp d.	Admin team within the repurposed space. ace is being maximized. Moving staff June 2023 CAB meeting to allow time to		
2. Implement a plan for reorganization and renovation of Broadway.	A. Within 90 days of BOS approval of the fiscal year budget, SCHC will begin implementing the plan for maximizing and enhancing existing space at 4600 Broadway if funding is available.	 A. Implement the plan; measure changes in: 1. Revenue 2. # Patient visits A. Report to the CAB Governance Committee semiannually on the 		

Staff Report:

Staff began moving into Suite 2600 but the process has been delayed by the County's Information Technology Department staffing shortages and competing projects. SCHC received approval to use the County Department of General Services for the HRSA construction grant which will be less expensive than going out to bid, but it requires a lot of paperwork.

Staff requests permission to move reporting on this item to the April 2023 CAB meeting to allow time for the Admin Team is finish analyzing revenue for the 2nd half of 2022. The analysis will allow staff to report on any changes to revenue as a result of the reorganization.

identified metrics beginning December 2022 and through

December 2023.



Priority 3: Maintain the historical focus on serving individuals experiencing homelessness			
Strategy 1: Conduct a health and related needs assessment of individuals experiencing homelessness.			
Action Steps SMA	RT Objectives	Metrics	
1. Use homeless A. B	By January 30, 2022, SCHC will review the	A. By the March 2022 CAB meeting,	
survey results a	reas of the HC (4600 and Loaves and	CAB will receive, review, discuss	
to develop a F	ishes) identified in the survey to determine	and make a decision regarding the	
plan to better if	f and what changes can be made to achieve	proposed focused change(s) to	
serve 7	75% "very good or good" score on following	better serve homeless and	
homeless s	urvey elements:	indigent patients.	
patients, •	Able to get appointments for check-ups.	B. By June 30, 2022, SCHC will begin	
either •	Able to make same day appointment	implementing the plan	
directly or	when sick or hurt.	C. Report to the CAB Governance	
through •	Length of time waiting at the clinic.	Committee semiannually on	
collaboration. B. B	By February 15, 2022, the SCHC will choose	progress December 2022 and	
a	it least one area on which to focus change	through December 2023.	
e	efforts and present to the CAB for approval		
a	t the March 2022 meeting.	Metrics:	
C. B	By March 25, 2022 staff will identify SCHC	Achieve 75% "very good or good"	
S	taff who will contribute to developing a	score on following survey elements:	
р	plan for the identified changes.	 Able to get appointments for 	
D. B	By May 15, 2022, a draft plan, including	check-ups.	
n	metrics, costs, staffing, partners, etc., will be	 Able to make same day 	
d	leveloped and presented to SHCH	appointment when sick or	
	eadership for review and approval.	hurt.	
	By June 30, 2022, SCHC will implement the	 Length of time waiting at the 	
	plan and will report to the CAB semiannually	clinic.	
0	on progress beginning December 2022.		

Staff Report:

The SHCH distributes three standardized surveys (behavioral health, pediatrics and adult) to patients in November of each year to capture patient satisfaction. These surveys will be used to solicit feedback from patients experiencing homelessness. The surveys are sent out for analysis and the data is reported back to the SHCH. The entire process takes several months.

Staff requests permission to move the date to report on this item to March 2023 to allow enough time to dispense, collect and analyze the surveys.