

# Sacramento County Health Authority

## 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 beneficiaries in Sacramento County to improve health outcomes and reduce health disparities through collaboration with stakeholders and continuous oversight of the Medi-Cal system.

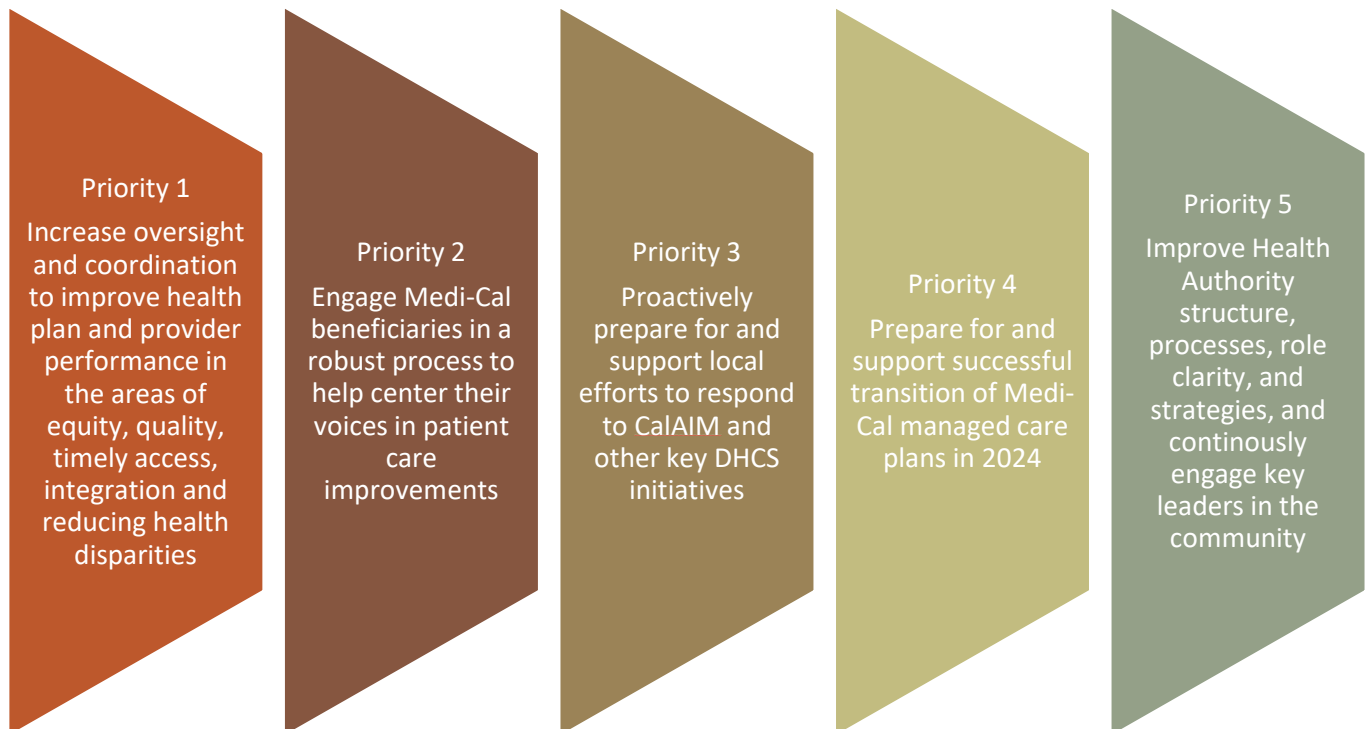
### **ORGANIZATIONAL VALUES:**

We do our best for Sacramento's Medi-Cal managed care 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 beneficiaries 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 Health Authority 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. Actively monitor quality delivered by health plans:</p> <ul style="list-style-type: none"> <li>i. Quarterly monitoring of selected HEDIS measures</li> <li>ii. Annual review of final HEDIS results</li> <li>iii. Review of annual QIHEPs from plans with input to interventions.</li> </ul> <p>1B. Actively monitor access to care by plan:</p> <ul style="list-style-type: none"> <li>i. Review access-related grievances quarterly by type (primary care, specialty, etc.)</li> <li>ii. Review annual access reports from DMHC and DHCS by plan.</li> </ul> <p>1C. Actively monitor key performance indicators by health plan:</p> <ul style="list-style-type: none"> <li>i. Utilization management timeframes</li> <li>ii. Claims payment timeframes and accuracy rate</li> <li>iii. Member Services time to answer and abandonment rates</li> <li>iv. Utilization of mild-to-moderate mental health services.</li> </ul> <p>1D. 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"> <li>i. Ensure community entities, members and providers are able to provide input for interventions</li> <li>ii. Provide recommendations to health plans based on feedback and available data.</li> </ul>	<ul style="list-style-type: none"> <li>• The SCHA discusses ways to improve health plan outcomes and health plans are responsive to improvement changes as measured by: <ul style="list-style-type: none"> <li>○ Quality scores on select HEDIS measures;</li> <li>○ Health disparity gaps for selected HEDIS measures with racial and ethnic sub-analyses;</li> <li>○ Member satisfaction scores for selected CAHPs measures;</li> <li>○ Provider satisfaction scores;</li> <li>○ Increased utilization of mild-to-moderate outpatient mental health services consistent with national or state Medicaid utilization; and</li> <li>○ Grievance rates for access and quality consistent with Medi-Cal health plans across California.</li> </ul> </li> </ul>

Strategic Priorities	Strategies	Measurable Outcomes
<p>#2: Engage Medi-Cal beneficiaries 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 Medi-Cal beneficiaries and CBOs that directly represent Medi-Cal beneficiaries:</p> <ol style="list-style-type: none"> <li>i. Host meetings in accessible, comfortable, community-based locations</li> <li>ii. Ensure the environment is conducive to honest feedback</li> <li>iii. Provide financial and other incentives for participation</li> <li>iv. Provide minutes and action items from the feedback body to health plans as indicated with requests for follow up if appropriate.</li> <li>v. Follow up with health plans for noted trends based on the group feedback.</li> </ol>	<ul style="list-style-type: none"> <li>• Incorporate 1-2 representatives from each health plan's consumer advisory committee to the SCHA Consumer Protection Committee.</li> <li>• At least 2 sessions annually are held to solicit input from Medi-Cal beneficiaries throughout the county.</li> <li>• Health plans report quarterly how they have used input from their Community Advisory Committees and other member input to determine Population Health Management or quality interventions.</li> </ul>
<p>#3: Proactively prepare for and support local efforts to respond to CalAIM and other key DHCS initiatives.</p>	<p>3A. Monitor implementation of CalAIM by individual health plans and collectively:</p> <ol style="list-style-type: none"> <li>i. Monitor enrollment in Enhanced Care Management (ECM) for eligible populations</li> <li>ii. Monitor enrollment in Community Supports (CS) services for eligible populations</li> <li>iii. Monitor implementation challenges for ECM/CS as reported by beneficiaries and providers</li> <li>iv. Collect and compare data from all Sacramento health plans as reported to state and compare these to health plans statewide when available.</li> </ol> <p>3B. Monitor progress of the Student Behavioral Health Incentive Program, Housing and Homelessness</p>	<ul style="list-style-type: none"> <li>• The Commission, in collaboration with Sacramento County Medi-Cal managed care health plans, ensures the effective implementation and expansion of CalAIM.</li> <li>• The Commission 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.</li> <li>• Annual report to SCHA from the Sacramento County Medi-Cal Dental Advisory Committee</li> </ul>

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	Incentive Program, and CalAIM Population Health Management Initiative.	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 plans are prepared for the 2024 transition:</p> <ul style="list-style-type: none"> <li>i. Review submission by 2024 plans to DHCS including proposed networks with a focus on overlap with current networks and member transitions</li> <li>ii. Meet with 2024 plans to discuss role and expectations of the Authority regarding monitoring, reporting, etc.</li> </ul> <p>4B. Ensure beneficiaries understand ancillary benefits (outside of plan offering) from County for housing, behavioral health, etc.</p> <p>4C. Ensure bi-directional health plan and County communications to support members.</p> <p>4D. In 2025, decide if SCHA wants to undertake an exploratory process for a Knox-Keene license.</p>	<ul style="list-style-type: none"> <li>• New health plans and providers report the active cooperation of phased-out health plans for a smooth transition.</li> <li>• Health plans adhere to DHCS Continuity of Care requirements and report to SCHA any significant member or provider issues during the transition period.</li> <li>• Health plans meet DHCS expectations for transition to 2024 health plans.</li> <li>• Health plans meet on regular schedule with County to ensure active coordination and collaboration.</li> <li>• SCHA decides by 2025 whether to develop an exploratory process regarding a Knox-Keene license.</li> </ul>
<p>#5: Improve Health Authority 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 orientation of new members.</p>	<ul style="list-style-type: none"> <li>• Health Authority has structures and processes in place to effectively conduct its business.</li> <li>• Health Authority members express satisfaction with understanding the roles of the Health Authority and conduct of the body as a whole.</li> </ul>

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	<p>5D. Meet annually with DHCS Director to discuss relevant policy issues and positions.</p> <p>5F. Meet annually with Sacramento County legislative delegation to update them on work of the Health Authority.</p> <p>5G. 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"> <li>• Health Authority strategic plan is achieving milestones and progress is reported on quarterly.</li> <li>• Health Authority effectively engages with intersecting Sacramento County Boards and Commissions.</li> </ul>