CMSP GOVERNING BOARD
MEETING AGENDA ITEM
SUMMARY REPORT

AGENDA ITEM

V – Operation Access Final Report

Early in 2020, the CMSP Governing Board awarded Operation Access a Specialty Care Access grant totaling $5.7 million. The purpose of the grant was to expand specialty care access for low-income, uninsured adults in CMSP counties by arranging elective, outpatient procedures through donated care for CMSP county residents up to 300% of the federal poverty limit (FPL).

The grant began January 1, 2020 and concluded on December 31, 2024. Over the course of the five-year grant, Operation Access provided over 5,700 specialty procedures and diagnostic services for 4,163 patients and coordinated over 11,700 appointments. Operation Access estimates the donated care was valued at $88 million.

Operation Access aimed to increase their reach in CMSP counties from 4 CMSP counties already being served before the start of the grant to a total of 19 CMSP counties. By the end of the five-year grant, Operation Access served residents in 22 CMSP counties (see table below). While the number of CMSP counties served exceeded the goal of 19 counties, the impact of this expansion was limited because only 9% of those served came from the expansion counties while 91% of those served resided in the original four CMSP counties.

Original CMSP Counties Served During the Grant Period	
County	*Unduplicated People Served*
Marin	974
Napa	529
Solano	544
Sonoma	1,749
SUBTOTAL	**3,796 (91%)**
Expansion CMSP Counties Served During the Grant Period	
County	*Unduplicated People Served*
Amador	3
Butte	6
Colusa	6
Del Norte	1
El Dorado	4
Glenn	5
Humboldt	14
Lake	33
Madera	2

Mendocino	51
Nevada	1
Plumas	1
San Benito	1
Shasta	3
Sutter	8
Tehama	4
Yolo	220*
Yuba	4
SUBTOTAL	**367 (9%)**
GRAND TOTAL	**4,163 (100%)**

* Operation Access subcontracted with the SPIRIT Project of the Sierra Sacramento Valley Medical Society to serve Yolo County residents. Of the 220 Yolo residents served, 61 were served by Operation Access and 159 were served by SPIRIT Project. Without the SPIRIT Project, the subtotal is 208 (5%) and the grand total is 4,004.

The Specialty Care Access grant to Operation Access began prior to the Medi-Cal expansion that provided full-scope services to undocumented Californians. Since the Medi-Cal coverage expansion, the number of unduplicated people receiving services through Operation Access has declined significantly, despite Operation Access increasing the income criteria from 300% FPL to 400% FPL. The table below summarizes the unduplicated number of people served each year of the grant.

Year	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	5-Year Total
# Served	758	910	1,062	894	539	4,163

Additionally, later this year, CMSP enrollment (up to 300% of the FPL) will become available to CMSP county residents at Community Health Centers through the mCase enrollment system. The availability of this new CMSP enrollment venue is expected to result in an increase in overall CMSP enrollment, much of the same population served by Operation Access.

Operation Access surveyed participants in October 2024 and 93% of respondents reported that they were extremely satisfied or satisfied with their overall experience with Operation Access. Moving forward, Operation Access would like to focus on developing and sustaining services in CMSP counties, continuing outreach to increase referrals received and served, and continuing coordination of care for uninsured referrals.

Jason Beers, Operation Access President and CEO, and Marilyn Sanchez, Program Manager, will present a summary of the project's overall impact over the 5-year period, challenges, next steps, and request for continued funding from the Governing Board (see presentation and final report attached).

RECOMMENDATION

It is recommended that the Governing Board accept the Operation Access Final Report, consider the organization's funding request, and direct CMSP staff concerning any matters that require follow-up for further consideration of the funding request at its May 28, 2025 Board meeting.

OPERATION ACCESS

Operation Access connects people facing barriers to care with surgical and specialty services donated by local providers to advance health equity.

Our patients are low-income and uninsured.

We offer a streamlined pathway for community health center specialty referrals, ensuring timely access to free care.
(~76 days to first appointment, ~103 days to surgery/procedure in 2024)

1

We Connect Uninsured People with Donated Care Providers



OPERATION ACCESS



Community Health Center

- Identifies and refers patients who need outpatient specialty procedures
- Provides ongoing care as the medical home

- Screens for eligibility
- Refers to specialist
- Schedules appointments
- Navigates patient
- Coordinates travel and lodging
- Provides interpretive services
- Evaluates results and impact

Medical Volunteers and Partners

- Physician specialists volunteer their time and expertise
- Hospitals, surgery centers, anesthesia, pathology, and radiology medical groups donate care

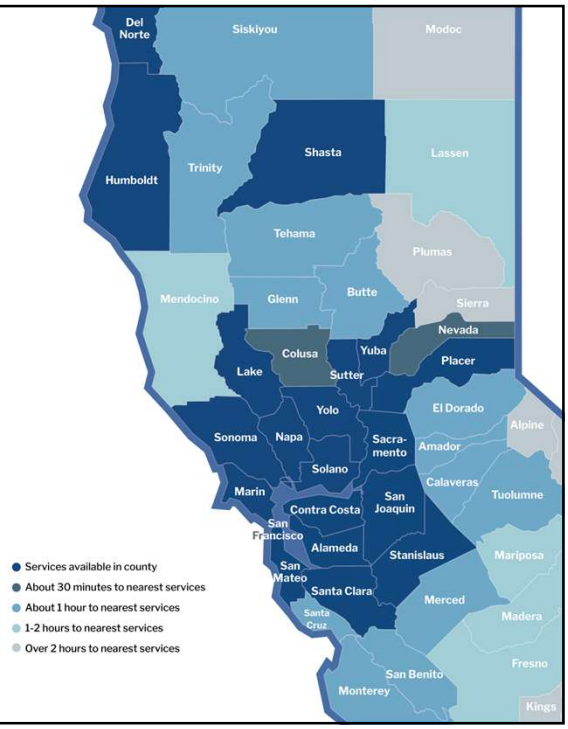
OPERATION ACCESS

2

Where are services?

Services are available in the 20 counties shown in dark blue.

Services are available within county for 11 CMSP counties and within an hour of travel for 23 CMSP counties.



OPERATION ACCESS

3

Our Partner Network



We partner with 85 facilities including independent hospitals, ambulatory care centers, and affiliates of these health systems

We partner with more than 100 medical groups and accept referrals from over 100 community health centers.

OPERATION ACCESS

4

Outcomes from 2020-2024

Outcome	Actual Achieved	Goal
Patients Served	4,163	4,500
Surgical Procedures and Diagnostic Services Donated	5,703	6,500
Value of Donated Care Provided	$88.4 million	$88.5 million
% of patients reporting **improved health or quality of life**	94%	>80%
% of patients reporting **decreased pain** after the care	88%	>80%
% of patients reporting **reduced ER visits** after the care	85%	>80%
Grow in-county donated care network to include more CMSP counties	11 (up from 4)	19
Serve patients who live in a growing # of CMSP counties (includes patients who were able to travel)	22 (up from 9)	19

OPERATION ACCESS

5

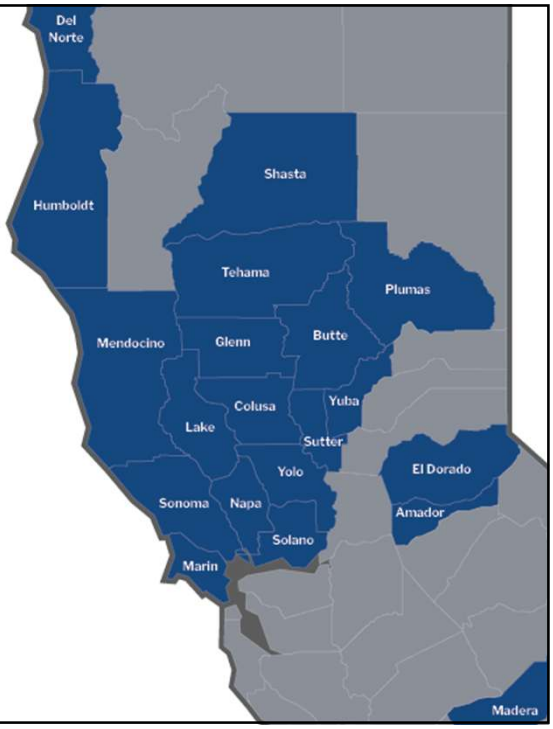
In 2024, OA served residents of 20 CMSP counties (colored blue)

Alfredo of Madera County, a patient of United Health Centers, struggled with debilitating stomach pain, landing him in urgent care and the ER. He missed 10 straight days of work. His income made him ineligible for Medi-Cal.

He learned of OA from a flyer we posted and he applied directly. He drove to Modesto for his GI procedure 23 days after calling us. He's seen marked improvement and is promoting OA in his community.

Maria of Del Norte County, a patient of Open Door, was referred to remove an ovarian cyst. We coordinated her surgery at the local hospital 35 days after she was referred, and her pain and symptoms have been resolved.

Stories used with clients' permission.
The client names have been changed.



OPERATION ACCESS

6

Expansion Challenges

- Financial pressures and staffing shortages for rural hospitals and practices have slowed the pace of expansion to new partners.
- Public health and environmental challenges (COVID, wildfires)
- Increasing cost and complexity of care coordination per patient served
- Need for patients to travel when services are not available close by. Even when covering the cost of travel, the time and logistics can be a barrier for patients.

7

Medi-Cal Expansion

- Medi-Cal expansion has reduced the number of uninsured people, leading to lower referrals and applications to Operation Access.
- We serve people who earn too much for Medi-Cal (up to 400% FPL).
- We also serve people who are not enrolled in Medi-Cal, but who may be able to qualify; we guide them to resources that can process enrollment and match them with donated care in the meantime to not delay their care.
- An increasing number of people are afraid to apply for Medi-Cal or have cancelled their coverage due to threats from the new federal administration. We provide a safe space for these people to receive health care.

8

Community Outreach

- Our *promotores* program engages 20 former patients who want to spread the word about the availability of services in their CMSP community.
- We accept direct applications from people needing services via phone call. We match them with a primary care home and coordinate their specialty care.
- We conduct outreach through community organizations such as farmworker associations, immigration forums, community events, health fairs, and by posting flyers.
- Building trust is key: our patient care team has deep cultural connections with the community we serve and 100% are bilingual.

OPERATION ACCESS

9

"I feel like myself again."

Selena struggled with urinary stress incontinence for 5 years. As an uninsured artist living in Marin County, she couldn't afford treatment. Daily activities like laughing and sneezing caused embarrassing leakage, undermining her confidence, ability to work, and quality of life.

Through Marin Community Clinics, Selena was referred to us. We matched her with Dr. Patrick Bennett, a urologist at MarinHealth who volunteers with our program. Thanks to his generosity, she received a successful sling surgery, restoring her confidence and quality of life.

Now, Selena feels like herself again—confident, comfortable, and free.



OPERATION ACCESS

Story and image used with client's permission. The name of the client has been changed.

10

2025 and beyond

People need specialty care services:

- Across a wide area (the 22 counties we served in 2020-2024)
- Threats to immigrants and the future funding of Medi-Cal are likely to increase the need, which we can meet by leveraging community trust and our donated care partnerships

Your funding is vital to sustain services to people who need care:

- Without additional funding, we would be unable to serve people in some CMSP counties, especially in more rural areas
- CMSP underwrites most of our expenses to coordinate care for CMSP residents

We appreciate the partnership and core support from CMSP.

Operation Access Report to County Medical Services Program (CMSP) under the Specialty Care Access Expansion Grant Agreement

Submitted by Jason Beers, President and CEO, Operation Access on January 31, 2025

In accordance with Sections 7(B), 7(C), and 7(D) of the above-referenced Agreement, Operation Access hereby submits its Final Report and Biannual Expenditure Report for the period from January 1, 2024, through December 31, 2024.

Final Report

1. Highlight the Project's key accomplishments

a. We provided 689 donated surgical procedures and diagnostic services for 539 unduplicated patients in 2024. Our goals for the year were 1500 services for 1000 patients.
b. We served residents of the following 20 CMSP counties: Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Madera, Marin, Mendocino, Napa, Plumas, Shasta, Solano, Sonoma, Sutter, Tehama, Yolo and Yuba.
c. Staff met with community clinics, clinic consortia, and other community organizations to conduct outreach:
    1. OA staff conducted four large training sessions in English and one session in Spanish in August and November 2024 for community clinic staff and other organizations identified by OA staff. The training focused on eligibility changes, updates on Medi-Cal expansion, and an overview of Operation Access. Over 270 people registered for the training sessions from clinics and community organizations, including Aliados Health, Marin City Health and Wellness Center, Shingletown Medical Center, Community Health Initiative, La Familia Sana, Cope Family Center, Ampla Health, Ritter Health Center, Planned Parenthood, Peach Tree, Santa Rosa Community Health, Petaluma Health Center, La Luz Center, El Dorado Community Health Centers, Ritter Health, Alexander Valley Healthcare, Rohnert Park Health Center, Grassroots Health, West County Health Centers, Mendocino Community Health Clinics, Mendocino Coast Clinics, Sonoma Valley Community Health Center, Winters Healthcare, La Clinica, Open Door, Up Valley Family Centers, Jewish Community Free Clinics, Family Healthcare Network, Camarena Health, and Communicare+OLE team members.
    2. OA staff continued to attend monthly Promotoras meetings in Humboldt County. The meetings are organized by LatinoNet staff, and a wide variety of community organizations attend to give updates and announce upcoming events. OA has shared information about our work at meetings to get the word out and encourage referrals.
    3. In July, OA staff attended ITUP meetings for Humboldt, Madera and Kings counties (Central Valley Regional Equity Collaborative), to learn more about the landscape and need in the areas.
    4. In July, OA met with and shared materials with Shalom Free Clinic in Butte County.

5. In August, OA staff presented at the Health Application Assisters and Advocates virtual meeting led by Community Health Initiative in Napa. We also joined the health fair coordinated by Liberty Church in Fairfield.
6. In September, staff attended Hanna Center's *Connection is Prevention* Health Fair in Sonoma to share information about OA services with attendees and learn about mental health resources. We also tabled at the Farmworker Resource Fair in Woodland and connected with local organizations such as Vision y Compromiso-Northern California.
7. In September, OA attended a Collaborative Town Hall in Yuba City. At this event, representatives of local organizations gathered to discuss community health needs. Access to timely and local specialty care was identified as a need. OA was able to connect with many organizations to share our program as a resource.
8. In September, OA met with the Western Farm Workers Association in Yuba City to brainstorm more outreach opportunities, share resources, and discuss specific patients for whom our program is coordinating donated care.
9. In September, OA staff presented information to Peach Tree clinic's Dr. Pundi to share information about OA's referral process and types of procedures.
10. In October, OA staff attended Anderson Valley Health Center's Annual Fall Harvest Celebration in Booneville to share information about OA services with attendees.
11. In October, OA staff attended the Bi-National Health & Wellness Fair in Napa.
12. In October, OA staff presented to the Humboldt Network of Family Resource Centers to share information about OA and the referral process.
13. In October, in preparation for a pterygium surgery session serving mostly Sonoma County residents, staff visited 20 Sonoma County practices along with La Luz Labor Center. We invited the Sonoma volunteer community to our volunteer recognition event, touched base with practices that were slower to schedule and spread information to our patient community about the availability of services.
14. In October, OA staff met with Promotoras of Roseland CBI to share information about how to refer to our program that they can share with their communities.
15. In October, OA staff were invited to be featured on *Charlando con Teresa Foster*, a lively Spanish-language TV show that keeps the Latino community informed on important topics like education, immigration, health, and public safety. OA staff shared our mission and highlighted how the community can access our services.
16. In October, OA staff attended Vision y Compromiso's *Serving from the Heart* Symposium in Fresno to collaborate with clinic, county, academic, and non-profit sectors to discuss the emerging trends in the promotora and community health workers models. We were able to learn more about the Central Valley's health needs and collaborate with other organizations to share community resources about OA services and eligibility.
17. In October, OA staff enrolled in the SacValley Medshare Qualified Health Information Organization, with assistance from a state California Data Exchange grant. Through this vendor, we now have direct addresses for secure messaging with all EMRs, and we have the capability to search through EMRs of any clinic or health system to retrieve demographic and health information

that improve patient care. In 2025, we will develop a system to post Continuity of Care Documents through SacValley into our patients' community health center medical records to provide updates about the care being provided through OA.

18. In December, OA visited volunteer medical specialists and their teams in Napa, Sonoma, Marin, and Solano counties to thank them for their work on behalf of OA's patients. We dropped off holiday baskets to 9 practices in Napa, 15 in Sonoma, 23 in Marin, and 7 in Solano, some affiliated with Providence Medical Group, Sutter Santa Rosa Regional Hospital, Marin Health Medical Center, and Kaiser Permanente. We met with staff and volunteer specialists at each office and did a quick pulse check on OA and patients. We also delivered holiday baskets to practices in Humboldt County and Yuba/Sutter counties.

d. Staff members have convened meetings with key hospitals and physicians in the following counties:
    1. Sonoma: OA staff coordinated a surgery session with Eye Care Institute and 4th Street Laser and Surgery Center on November 2, where 9 patients had pterygium removal surgery.
    2. Recruitment of new medical volunteers
        i. OA staff recruited Dr. Sherwin Abdoli, General Surgeon at Providence Sonoma through his colleague, Dr. Hnoukaj Lyfoung.
        ii. OA staff received approval from Providence Santa Rosa Cardiology and Pulmonology departments to pilot diagnostic procedures for Sonoma residents.
        iii. At Sutter Health in Yuba City, OA recruited a general surgeon, two gastroenterologists, a podiatrist, a plastic surgeon, an otolaryngologist, and a gynecologist.
        iv. OA staff recruited Dr. Indro Chakrabarti, at Kaiser Permanente-Sacramento in neurosurgery.
        v. At Kaiser Permanente San Rafael, OA staff recruited Dr. Srinivas Ganesh - Orthopedic, Dr. Jonathan Graham-Podiatry, & Dr. Ricardo Guerra-Dermatology.
        vi. OA staff recruited Dr. Robert Chan at MarinHealth Urology in Greenbrae.
        vii. OA staff recruited Dr. Sandra Lopez at Kaiser Permanente Vacaville-Women's Health & Dr. Danielle Foldvary at Kaiser Permanente Vallejo-Women's Health.
    3. Shasta: In December, OA began services at Sutter Apogee Surgery Center in Redding. The center can serve patients in need of orthopedics, head and neck, and podiatry procedures.
    4. Yolo: OA staff has ongoing meetings with SPIRIT Project of the Sierra Sacramento Valley Medical Society to discuss referrals, partnerships in expansion counties, and workflows. OA shares referrals with SPIRIT when they can serve them best in their Sacramento/Yolo network and SPIRIT shares referrals with OA when OA can serve them best in our network.
    5. Yuba/Sutter: In August, OA coordinated its first colonoscopy at Sutter North Surgery and Endoscopy Center.
    6. Yuba/Sutter: In October, through a connection with the American Cancer Society, OA met with staff at the Cancer Center of Adventist Health Rideout to discuss how OA can help connect community members in need to the hospital

which can also help with hospital meet its requirements for the Commission on Cancer.

7. Butte: In September, through attending the Western Colorectal Cancer Consortium Conference, OA connected with a gastroenterologist from Skyway Surgery Center in Chico who initiated a conversation with the center leadership about a potential future partnership with our program.
8. Napa: OA staff met with Providence Medical Group Urgent Care in September and introduced OA. In October, OA staff presented the program to the Providence Medical Group Emergency Department.
9. Marin: In October, OA staff presented the program to the Novato Community Hospital Emergency Department.

2. Identify challenges and barriers encountered during the Project

a. When resuming the conversation with Dignity North State in December 2024, we were informed by the Community Benefits contact that work with Operation Access was not in their current budget, ending June 2025. OA staff will reach out again in July to establish partnerships in Tehama, Shasta and Siskiyou counties.

b. We have still been unable to advance the partnership with Adventist in Mendocino and Lake. In 2024, new executives were appointed at all 4 of the hospitals. Our surgeon champion, Dr. Paula Dhanda continues to advocate for Adventist to make services available through Operation Access. We are able to provide services in Lake through our partnership with Sutter Health, but a partnership with Adventist Health is key to providing services in Mendocino.

c. In August, the President of Saint Agnes Medical Center, Dr. Gurvinder Kaur, said they were going through significant financial hardship, and that they would have to pause the discussion with OA until July 2025 when they can reassess their financial situation and ability to bring on Operation Access. We continue to pursue a partnership with St. Agnes, Adventist, and Kaiser Permanente Fresno to serve the Madera/Kings community, but the prospects and timeline are uncertain.

d. Through our outreach with large clinic systems in CMSP counties, such as Peach Tree Health and Ampla Health, we have learned that clinics are experiencing staffing shortages at a particularly challenging time as they transition to new EHR systems and adjust to working with Partnership Health Plan. This has resulted in fewer referrals being routed to our program as referral departments have had to direct their resources to other priorities.

e. In previous periods we had communication with staff at Colusa Medical Center (Rustam Ahmadzai), Enloe Medical Center (the now-retired CMO Dr. Marcia Nelson), and the corporate partner of Skyway Surgery Center (Surgery Partners), but have not been able to advance the conversations towards a decision. We continue to pursue these partnerships, but the prospects and timeline are uncertain.

3. **Describe what the Project has learned about the target population's needs**

   a. Recognizing the significant challenges uninsured CMSP residents face in accessing even basic primary care, we launched the "Word of Mouth" referral pathway in 4Q24. This system allows patients to refer themselves for select specialty care needs, bypassing traditional clinic access barriers. To reach patients, we've engaged the community through targeted outreach efforts, including health fairs, bilingual flyers, and collaborations with trusted community health promoters. These strategies reach individuals who might otherwise fall through the cracks. Since implementation, we've received 9 patient-driven direct applications of CMSP residents and successfully served three of these individuals, reflecting both the scale of unmet need in CMSP areas and the critical role of responsive, patient-centered models in expanding healthcare access for underserved populations.

   b. Our patient population, of whom 86% in recent years reported not having a valid SSN, continues to face unique challenges in accessing healthcare. While the recent Medi-Cal expansion for undocumented Californians has improved access and health outcomes, the lingering impact of policies like public charge has caused widespread fear and deterred Medi-Cal enrollment, even in the face of reassuring DHCS messaging. We've prioritized trust-building by working with promotores (Community Health Workers) to combat this chilling effect on seeking care. We are distributing "red cards," which outline their rights during potential encounters with ICE at home, work, school, or medical facilities. Our efforts aim to protect and support our community by addressing the pervasive fear preventing individuals from seeking the care they need.

   c. During the reporting period, we've gained a clearer understanding of the challenges our patients face in accessing specialty care. Language barriers, financial strain, and a lack of familiarity with the healthcare system continue to stand in the way of many seeking treatment. At the same time, we've seen how those who receive care through Operation Access often become trusted sources of support in their communities, eager to help others navigate similar obstacles. Building on this, we launched a health promotores program, inviting former patients to step into leadership roles. Drawing from their own experiences, these promotores build connections, offer guidance, and link their neighbors to OA services. Their outreach goes beyond simply sharing information - it fosters trust and empowers people to seek care in ways that feel approachable and within reach. We've recruited and onboarded 33 promotores to spread the word about Operation Access with their neighbors and 20 of them live in CMSP counties.

      We developed a system to train and support them in identifying specialty care needs in their communities. An intake questionnaire helps them—and us—gain a clearer understanding of those needs. Promotores receive outreach materials by mail, including flyers and program information, to help spread the word. We've launched an OA Promotores WhatsApp community, where OA CHWs can stay connected, exchange insights, and support one another. They're also invited to our talleres informativos (Spanish-language community sessions) where they can deepen their knowledge of the program, learn outreach strategies, and get their questions answered.

4. **Evaluation of Project's efforts**

   a. Operation Access served residents of 20 counties in 2024, exceeding our goal of serving residents of 19 CMSP counties. Services are available in 11 CMSP counties, which are represented in dark blue in the attached map. Furthermore, services are available within a 30-minute drive for residents of 2 counties and a one-hour drive in an additional 10 counties. In aggregate, services are currently available within about an hour of travel for residents of 23 CMSP counties.

   b. The attached County Assessment chart describes the prospects for expanding where services are provided: tentative in 6 counties (Amador, Butte, El Dorado, Mendocino, Nevada, and Tehama) and unlikely in 12 counties (Calaveras, Colusa, Glenn, Kings, Lassen, Madera, Mariposa, Plumas, San Benito, Siskiyou, Trinity, and Tuolomne). In Amador County we have a signed agreement with the facility, but are waiting to receive a referral in a specialty that can be served at the center and then agreement from the surgeon. In Butte, the proposed sale of Surgery Partners to a private equity firm is likely to postpone the discussion we have been having with them. In El Dorado and Mendocino, discussions need to be advanced with the hospitals. That is also true in Nevada, where we also need to receive more local referrals. Substantial discussions with the admin team and physicians have occurred in Tehama, but they have paused further discussion until July 2025. Nevertheless, we are serving patients who live in these and other counties not identified in our original proposal with the services available through regional service partners in the 11 CMSP and 9 non-CMSP counties where services are available.

      The contacts, champions, and organizations with whom we have been communicating in these prospective counties are listed in the chart as well as the decision needed to launch a partnership within the county. Despite services not being available in all CMSP counties, referrals have been increasing in some counties. In these counties, our community health center contacts tell us that clients are used to driving an hour to reach services; oftentimes they even need to drive farther than this to reach a provider through Medi-Cal. We expect this acceleration in referrals to continue, even if services are not available in additional locations, based on the current trends and the communication we are having with community health centers in each county. A range of anticipated referrals of residents from each prospective county are listed, the midpoint of which represents an increase of over 68% over the previous 24-month period. We anticipate receiving referrals from 9-18 of these counties where services are not available in the county over the next 12 months.

   c. In 2025 and beyond, we anticipate serving residents of at least 20 counties each year if there is continued CMSP funding support for Operation Access. Based on referral trends, we anticipate total services to be somewhat higher than the current level but less than the original proposal deliverables, due to the expansion of Medi-Cal.

We would continue to work to establish services in additional counties but are uncertain about the degree to which services can be established in additional locations. The majority of our work would be dedicated to the following:

1. Developing and sustaining our services in the counties where services are available for CMSP residents: deepening partnerships and gaining access to services in additional specialties.
2. Outreach to get and serve referrals from the 23+ counties within an hour of available services, including working intensively with both community health centers and community-based organizations. Community outreach would also include work with promotores who received care and services from Operation Access.
3. Coordinating care for uninsured referrals, including ensuring that patients are connected with resources to apply to Medi-Cal and successfully navigate transitions in coverage status while maintaining continuity of care.

d. Since 2020, when Operation Access received the expansion grant contract, OA has served residents of 22 CMSP counties. OA has provided over 5,500 specialty procedures and diagnostic services for more than 4,100 patients and coordinated over 11,700 appointments in the five-year period of the grant.

   In the five-year grant period, OA has provided over $88 million in donated care and increased signed partnerships from 4 CMSP counties to 11 CMSP counties. OA offers services within a one-hour drive for residents of 23 CMSP counties.

5. Provide an update on data collection and Grantee's evaluation efforts of Project activities

a. The clinic survey was sent to 623 contacts in October 2024. Of the respondents who work in community clinics in CMSP counties, 93% were extremely satisfied or satisfied with their overall experience with Operation Access.

   One referral coordinator from Santa Rosa Community Health Center wrote, "We see more and more patients that can access care due to not qualifying for insurance and being able to send them to OA to get the care they need is very fulfilling to us. Patients are very surprised knowing that a program like this is out there as they thought that paying was the only option they had, or having to deal with the issue they have going on medically because of not been able to access the care they need, so having OA has been a very powerful resource for our patients."

b. OA uses survey data to evaluate patient, volunteer, and clinic experiences. After a medical procedure, each patient receives a survey via text message that assesses service satisfaction, health outcomes, and quality-of-life impact. A smaller sample of patients participates in an evaluation interview six to nine months after the procedure, allowing OA to understand the longer-term impact on the individual's health, pain level, emergency department use, and ability to work. Our survey shows that 95% of patients served are satisfied or very satisfied, 92% report improved health or quality of life, 88% report a reduction in pain, and 90% of patients served report a reduction in emergency department use, all exceeding our target goals.

6. The Project's future activities and sustainability

Our program to serve CMSP residents is primarily funded by this grant from the CMSP Governing Board, with supplemental project support from hospitals, counties, and foundations in the CMSP region.

In 2024, our total CMSP project expenses were $1,503,684, which were funded by $1,275,000 in CMSP funding and $228,685 in funding from other sources, consisting of: $205,000 in hospital funding, $15,000 in funding from Marin County, $7,500 in California Data Exchange Project Funding, and $1,185 in other funding.

Since our 2024 CMSP project expenses were less than budgeted and CMSP funding has not yet been approved for 2025, we shifted the expenditure of $77,950 in grants and contracts with grant periods that extended from mid-2024 into 2025, to expend them in 2025. These consist of:

- $60,000: the balance of our $75,000 mid-2024 to mid-2025 Marin County contract
- $17,950 from Community Foundation Sonoma County (grant period Mar-2024 to Mar-2025)

To the carryover of $77,950 in other grant funding, we anticipate an additional $322,050 in 2025, to total $400,000 of 2025 in-kind CMSP project funding. The following chart shows the sources of that funding:

Funder	2024	2025
Annual hospital funding	$205,000	$205,000
Marin County	$15,000	$135,000
Marin Community Foundation		$30,000
Community Foundation Sonoma County		$17,950
California Data Exchange Project	$7,500	$8,000
Other sources	$1,184	$4,050
CMSP Funding	$1,275,000	$1,150,000
Total Project Expenses	$1,503,684	$1,550,000

We'd like to request a continuation of funding to address specialty care access for 2025 and beyond for patients living in 20+ CMSP counties. Although the landscape has changed over the past 5 years with a recent decline in services due to the expansion of Medi-Cal, there remains an urgent need for donated specialty services and for the outreach we do to hard-to-reach populations who don't have insurance coverage.

The project budget is projected to increase by 3% in 2025 due to cost-of-living increases and an 18% increase in health insurance premiums. A $1,150,000 2025 CMSP grant amount would represent a 10% savings for CMSP from the current $1,275,000.

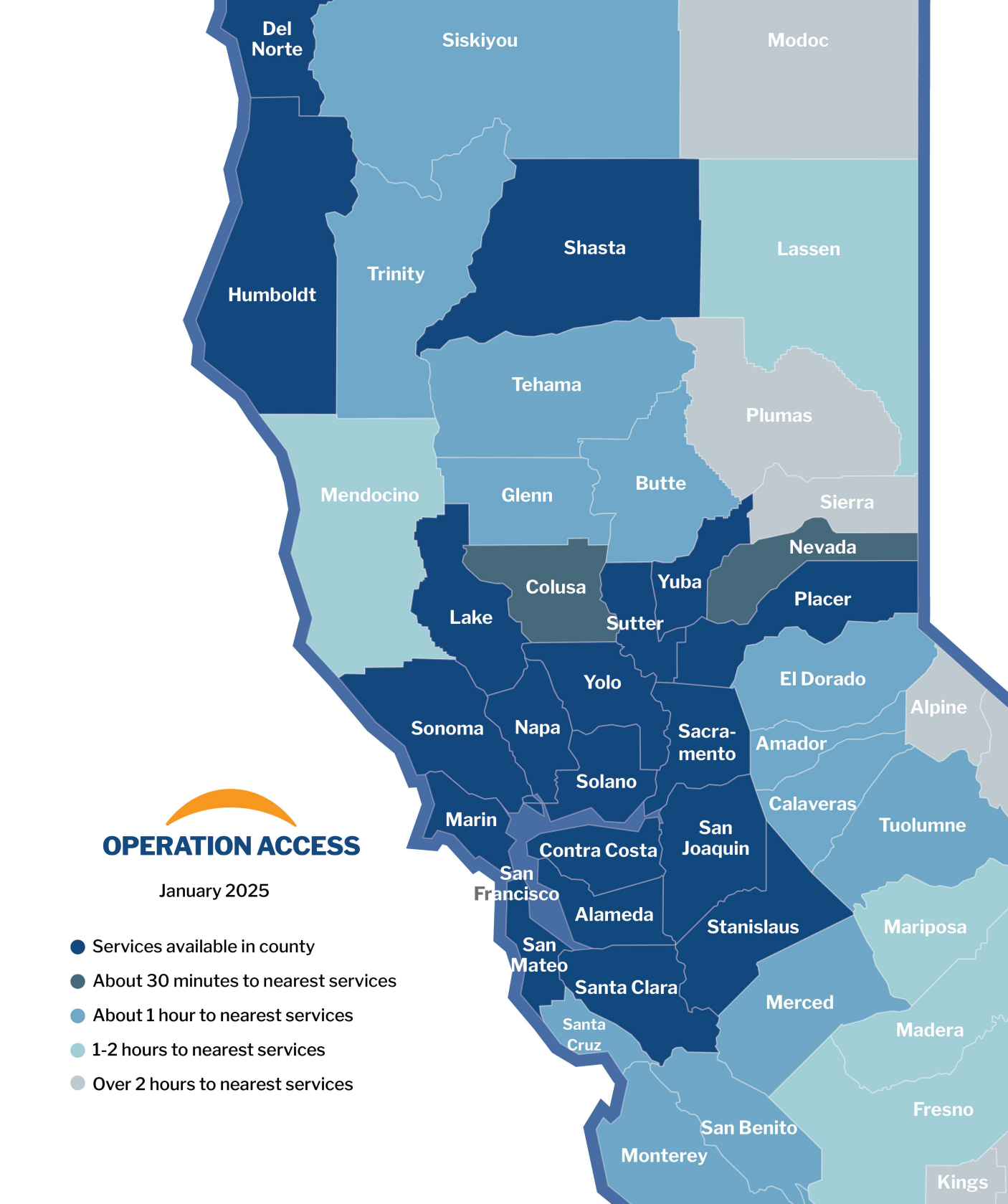
Without additional funding from CMSP, there would be severe cutbacks in our services, likely leading to a one-half reduction in our staffing. We are seeking and will continue to seek funding from other sources, but there is no potential funder that can fully replace CMSP's funding. We would be unable to sustain the outreach that we do at community events, through our network of *promotores*, and encouraging direct applications and inquiries from patients. The impact of such cutbacks would be felt most acutely by the vulnerable populations who would have fewer options to access specialty care.

OA summary report on deliverables for CMSP county residents, reporting period 1/1/24-12/31/24:				
Measure	Goal through December	**Actual through December**	Actual as % of goal	Notes
Unduplicated # of patients served:	1000	**539**	54%	22 additional services (representing 60 additional appointments) for 19 additional unduplicated patients were coordinated by OA, but they were billed to Medi-Cal by providers and are not included in the totals shown here
# of services:	1500	**689**	46%	
Value of donated health care provided	$21 million	**$11.4 million**	54%	
# of appointments:	3000	**1460**	49%	
# of counties served:	19	**20**	105%	Residents of Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Madera, Marin, Mendocino, Napa, Plumas, Shasta, Solano, Sonoma, Sutter, Tehama, Yolo, and Yuba counties were served.
Wait time to first appt:	100	**76**	76%	Wait times were better than our target
Wait time to procedure:	120	**103**	86%	Data collected via telephone interviews of a randomized sample of patients, approximately 6-9 months post-procedure as compared with responses during intake upon initial referral to OA
% satisfied or very satisfied:	80%	**95%**	119%	
% reported improved health or quality of life:	80%	**92%**	115%	
% reported reduction in pain:	80%	**88%**	110%	
% reported reduction in emergency dept use:	80%	**90%**	113%	
Have signed partnerships with facilities in target number of CMSP counties (or in adjacent counties that have sufficient capacity to fully serve the regional need):	19 by 12/31	**11**	58%	Del Norte, Humboldt, Lake, Marin, Napa, Shasta, Solano, Sonoma, Sutter, Yolo, Yuba
Green signifies that actuals are on track to exceed our goal.				
Red signifies that we are behind on our goal for this time period.				

Unduplicated People Receiving Donated Services through Operation Access

County of Residence	Year of 2020	Year of 2021	Year of 2022*	Year of 2023	Year of 2024**	5 year total
Amador		1			2	**3**
Butte	1		1	2	2	**6**
Calaveras						
Colusa		2		1	3	**6**
Del Norte					1	**1**
El Dorado		1		1	2	**4**
Glenn		2	2		1	**5**
Humboldt			1	8	5	**14**
Kings						
Lake	7	3	8	9	6	**33**
Madera				1	1	**2**
Marin	182	248	238	198	108	**974**
Mendocino	6	2	12	14	17	**51**
Napa	66	115	147	127	74	**529**
Nevada		1				**1**
Plumas					1	**1**
San Benito	1					**1**
Shasta			1	1	1	**3**
Siskiyou						
Solano	77	122	138	145	62	**544**
Sonoma	380	364	451	345	209	**1,749**
Sutter		2	1	1	4	**8**
Tehama	1		1		2	**4**
Toloumne						
Yolo	37	46	60	40	37	**220**
Yuba		1	1	1	1	**4**
Total	**758**	**910**	**1062**	**894**	**539**	**4163**

* 4 additional patients in 2022 were also served with services billed to Medi-Cal
** 19 additional patients in 2024 were also served with services billed to Medi-Cal


Del Norte
Siskiyou
Modoc
Humboldt
Trinity
Shasta
Lassen
Tehama
Plumas
Mendocino
Glenn
Butte
Sierra
Nevada
Colusa
Yuba
Placer
Lake
Sutter
Yolo
El Dorado
Alpine
Sonoma
Napa
Sacra-
mento
Amador
Solano
Calaveras
Tuolumne
Marin
San
Joaquin
Contra Costa
San
Francisco
Alameda
Stanislaus
Mariposa
San
Mateo
Santa Clara
Merced
Santa
Cruz
Madera
Fresno
San Benito
Monterey
Kings
OPERATION ACCESS
January 2025
Services available in county
About 30 minutes to nearest services
About 1 hour to nearest services
1-2 hours to nearest services
Over 2 hours to nearest services

County Assessment

Where the prospect of in-county services is tentative

County	Contacts and Champions	Referrals: Actual Past 24 months	Referrals: Projected Next 12 months	Closest service location	Additional steps needed to make partnership
Amador	• MACT • Sutter Health (Angelika Corchado and Claudia Harvey)	2	2-4	Sacramento, San Joaquin, Stanislaus	We have a signed service agreement. Need patients in the specialties they have at the surgery center.
Butte	• Ampla Health • Shalom Free Clinic • Western Farm Workers Assn • Planned Parenthood • Skyway Surgery Center (GI champion, though proposed sale of their corporate partner is causing them to postpone discussion)	14	7-14	Yuba, Sutter	Approval of hospital leaders at Skyway Surgery Center, Enloe
El Dorado	• El Dorado Community Health • Sacramento Sierra Medical Society (coordinating presentations to admin at both hospitals in 2025)	7	5-10	Sacramento	Approval of hospital leaders at Barton (most likely) , Marshall
Mendocino	• Mendocino Community Health • Mendocino Coast Clinics • Anderson Valley Health • Spoke with Adventist CFO, but have not been able to get traction with CEOs who have all recently gone through transitions	48	15-30	Sonoma	Approval of Adventist hospital leadership

County Assessment

Where the prospect of in-county services is tentative

County	Contacts and Champions	Referrals: Actual Past 24 months	Referrals: Projected Next 12 months	Closest service location	Additional steps needed to make partnership
Nevada	• Chapa-De • Western Sierra Medical Clinic • Sierra Family Health Center • Sierra Nevada Memorial Hospital (Brian Stoltey)	1	2-4	Yuba, Sutter	Approval of Sierra Nevada Memorial Hospital leaders and getting more local referrals
Tehama	• Ampla Health • Lassen Medical Clinic • Rolling Hills Clinic • Tehama County Health Services Agency	6	3-6	Shasta, Yuba, Sutter	Dignity Health asked to postpone the discussion until July 2025 due to financial challenges

County Assessment

Where in-county services are unlikely to become available

County	Contacts and Champions	Referrals: Actual Past 24 months	Referrals: Projected Next 12 months	Closest service location	Additional steps needed to make partnership
Calaveras	• MACT • Mark Twain Medical Center (Charanjit Singh)	0	0-2	Sacramento, San Joaquin, Stanislaus	Approval of Mark Twain leaders
Colusa	• Ampla Health • Northern Valley Indian Health Ctr • Western Farmworkers Association • Colusa Medical Center (Rustam Ahmadzai)	4	3-6	Yuba, Sutter	Approval of Colusa Medical Center leaders
Glenn	• Ampla Health • Western Farmworkers Association	3	3-6	Yuba, Sutter	
Kings	• Family Healthcare Network • United Health Centers • Adventist Health (Dr. Raul Ayala) • St. Agnes (Dr. Gurvindfer Kaur-President, Dr.Abdul Harris-surgeon) • Kaiser Permanente Fresno (Dr. Jahromi)	0	0-5	Stanislaus, Santa Clara	Approval of hospital leaders at Adventist Central Valley, Kaiser Fresno, St. Agnes

County Assessment

Where in-county services are unlikely to become available

County	Contacts and Champions	Referrals: Actual Past 24 months	Referrals: Projected Next 12 months	Closest service location	Additional steps needed to make partnership
Lassen	• Mountain Valleys Health Centers	0	0–2	Shasta	
Madera	• Camarena (positive conversations with referral coordinators and providers but no steady referral stream yet)	2	2–5	Stanislaus, Santa Clara	Most likely services would be in nearby Fresno or Merced
Mariposa	• MACT	0	0–2	Stanislaus, San Joaquin	
Plumas		1	0–2	Yuba, Sutter	

County Assessment

Where in-county services are unlikely to become available

County	Contacts and Champions	Referrals		Closest service location	Additional steps needed to make partnership
		Actual Past 24 months	Projected Next 12 months		
San Benito	• No referral stream yet from San Benito Health Foundation or Mabie First Street Health Center	0	0-2	Santa Clara	
Siskiyou	• Mountain Valleys Health Centers	0	0-2	Shasta	Dignity Health asked to postpone the discussion until July 2025 due to financial challenges
Trinity		0	0-2	Shasta	
Tuolomne	• MACT • Mathiesen Memorial Health Clinic	0	0-2	San Joaquin, Stanislaus	Approval of Adventist Sonora hospital leaders

Full-Year Expense Report - January 1, 2024 - December 31, 2024
CMSP Specialty Care Access Pool Grant

Applicant:	**Operation Access**					
Category Item/Service	CMSP 2024 Budget	CMSP 2024 Actual	In-Kind Budget	In-Kind Actual	Total Project Budget	**Total Project Actual**
Personnel						
Salaries of program staff	684,100	746,032		147,965		**893,997**
Fringe benefits	177,900	187,805		37,257		**225,062**
Subtotal	*862,000*	*933,837*	*310,000*	*185,222*	*1,172,000*	***1,119,059***
Contractual Services						
Interpretive services	32,000	7,271		0		**7,271**
Technology consultants	20,000	25,061		5,179		**30,240**
Contracts (e.g., clinics, medical societies)	32,000	20,000		0		**20,000**
Subtotal	*84,000*	*52,332*	*25,000*	*5,179*	*109,000*	***57,511***
Office Expenses						
Rent, occupancy	34,000	23,838		0		**23,838**
Supplies, postage, phone	54,000	39,301		0		**39,301**
Marketing, Volunteer Recognition	13,000	16,271		5,761		**22,032**
Ancillary Medical Supplies, Costs	3,000	1,444		0		**1,444**
Subtotal	*104,000*	*80,854*	*58,000*	*5,761*	*162,000*	***86,615***
Travel						
Staff travel, meetings, and lodging	3,000	8,053		0		**8,053**
Patient travel and lodging	30,000	16,474		0		**16,474**
Subtotal	*33,000*	*24,527*	*5,000*	*0*	*38,000*	***24,527***
Equipment						
Upgraded computers	3,000	3,000		190		**3,190**
Technology system licenses	17,000	17,000		2,952		**19,952**
Subtotal	*20,000*	*20,000*	*2,000*	*3,142*	*22,000*	***23,142***
Other						
Indirect costs of project	172,000	163,450		29,380		**192,830**
Subtotal	*172,000*	*163,450*	*142,000*	*29,380*	*314,000*	***192,830***
TOTAL EXPENSES	1,275,000	1,275,000	542,000	228,684	1,817,000	**1,503,684**

Operation Access (OA) Full-Year Expense Report Narrative, 1/1/2024-12/31/2024

Expenditures are shown in comparison with the revised grant budget that was submitted in December 2022 with our Evaluative Report.

Line Item	Narrative
Salaries	Salaries were allocated to the project based on actual time spent serving CMSP county residents; performing activities to advance the program in CMSP counties, such as volunteer recruitment, network development, and outreach; and performing work to develop OA's Salesforce case management database and associated applications. Project staff salaries included Program Managers, Program Coordinators, Program Assistants, Program Director, Associate Director, Planning & Evaluation Manager, CEO, Communications Manager, Operations and IT Manager, and Administrative Coordinator. Salary expenses were slightly higher than budgeted due to cost of living / inflation increases.
Benefits	Health and dental insurance, workers compensation, retirement plan contributions, and professional development were 25.2% of salaries, lower than the 26% budgeted amount.
Interpretive services	OA provided interpretive services when a doctor's office or surgery center did not provide interpretation for non-English speakers. Interpretive service costs for CMSP residents were lower than budgeted due to increased use of contracted rather than agency interpreters and lower service volume.
Technology consultants	Technology consultants helped manage and develop OA's technology systems and network, primarily through a contract with Varsity Technologies. Technology consultants were higher than budgeted due to vendor rate increases. Costs to integrated with SacValley Medshare Qualified Health Information Organization were paid for out of other funds from a California Data Exchange project grant.
Contracts	OA contracted with SPIRIT Project of the Sierra Sacramento Valley Medical Society to coordinate donated care through their partnerships in Sacramento and Yolo counties and to conduct outreach and develop partnerships in El Dorado County. SPIRIT Project is a valuable local partner and this contracted funding helps sustain the impact they have for CMSP residents. Contract expenses were lower than anticipated as OA was able to accomplish its activities through a lower-than-anticipated use of contracted services.
Rent and occupancy	These expenses represented the cost of office space for CMSP project staff activities, utilities, and insurance. Overall expenses in this category were lower than budgeted due to savings from our shared office lease.
Supplies, postage, phone	Expenses for supplies, printing, furniture, postage, and telecommunications for project activities were lower than budgeted due to a lower need for supplies.
Marketing, vol. recognition	Marketing and volunteer recognition for project activities were higher than budgeted due to increased activities to recognize and recruit volunteers and to market our program through outreach.

Ancillary supplies	Ancillary costs for medical supplies, such as medication and procedure prep kits for CMSP county residents were lower than budgeted.
Staff travel	Staff travel and meeting expenses to coordinate project activities. Staff travel and meeting expenses were higher than budgeted due to increased in-person activities throughout the CMSP area.
Patient travel	Patient travel was the cost of rides and lodging for CMSP residents coordinated and paid for by OA when transportation was identified as a barrier to care that could not be overcome through case management. Patient travel costs were slightly lower than the budgeted amount due to a lower service volume.
Upgraded computers	The CMSP project cost of new computers, monitors, and equipment was slightly higher than budgeted.
Technology system licenses	The CMSP project cost of technology system licenses for OA's Salesforce database and related applications was higher than budgeted due to an increase in vendor rates.
Indirect costs	Overhead costs, representing staff and office costs of administrative activities that support the project, including an annual audit, were 12.82% of the grant and 12.82% of total project expenses, slightly under the 13.5% in our revised budget.
Variance	All grant expenses were within the full-year budget figures. The following line items were lower than the midpoint of our full-year budget by a total of $85,222: interpretive services, clinic and medical society contracts, rent, supplies, ancillary medical supplies, patient travel and lodging, and indirect costs. OA spent the combined savings amount of $85,222, or 6.7% of total grant expenditures during this period on program salaries, fringe benefits, technology consultants, marketing and volunteer recognition, and staff travel.

The entire twelve-month grant amount of $1,275,000 was expended during this period, including the cash payments of $1,225,000 and the $50,000 to be paid upon submission of an acceptable final report.



Jason Beers, President & CEO

Patient Story

Originally from Mendota in Fresno County, Alfredo was born and raised in the Central Valley. After he and his fiancée had a baby, they moved to a home large enough for three in Madera.

For most of 2024, Alfredo had been struggling with debilitating stomach pain and heartburn. “It felt like my whole chest was on fire and nothing helped.” The heartburn would flare up no matter what he ate, and he would find himself avoiding meals for fear that it would trigger the pain. It seemed to get worse at night and the nausea would make him lie down, but the pain would not let him sleep. He went to the local urgent care, but all they could do was give him Maalox and Tylenol to help with the pain. He was treated for a bacterial infection, but the pain did not resolve.

The most recent flare up was the worst, an unbearable pain starting at 2 AM that scared him and his fiancée so much that they rushed to the emergency room. He was nervous that he had a hole in his stomach, gall stones, or cancer. After Alfredo waited for four hours, the ER doctor told him he should see a GI specialist and ordered some labs. Alfredo’s pain did not resolve, and he could not work for 10 days; the heartburn, nausea, and lack of sleep increased his anxiety about being there for his young family.

Alfredo heard about Operation Access through a family friend who saw a tear-off flyer our staff had posted at a local food market. He called our office, even though he had Share of Cost Medi-Cal of $1866 monthly. For a household dependent on his $2500 monthly paycheck, $1800 was more than he could afford, especially with a newborn. “I don’t know what I would have done without Operation Access, I probably would have waited until it got worse.”

Fortunately, we screened him through our new Word-of-Mouth referral protocol and connected him with United Health Centers in Mendota. He visited the clinic and then sent us his medical records. We connected him with Dr. Gaspar Nazareno in Modesto, where he was able to get a consult and underwent an EGD, a procedure that allows a doctor to examine the upper gastrointestinal tract.

Though he had to travel 90 minutes to the appointments, Alfredo notes, “I would’ve driven anywhere to get answers for what was wrong with me. [The drive to] Modesto wasn’t bad, you just get on the freeway and go.” Alfredo is still undergoing treatment but hasn’t had a flare up since late 2024. He has already spoken to his coworkers and friends about Operation Access. “Thanks to Dr. Nazareno, I’m closer to feeling better- please keep up your work, we need a lot of help especially with health.” Now that Alfredo knows the root of his symptoms and has seen improvements since starting his treatment, he has decided to enroll in vocational training to pursue a career as a mechanic to support his young family.

Story shared with patient’s permission. The patient’s name has been changed.