Sacramento County Health Center
Co-Applicant Board (CAB)
Friday, May 15, 2026, 9:30 a.m.- 12:00 p.m.
Regular Meeting Minutes
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB was held in person at 4600 Broadway, Room 2020. Room 2020 is open to the public.

- Meeting attendance followed Brown Act requirements.
- A quorum was established.

CALL TO ORDER (9:35 AM)

Opening Remarks and Introductions – Suhmer Fryer

a. Roll Call and Welcome

PRESENT

Suhmer Fryer - Chair	**Noel Vargas – DHS Deputy Director**
Laurine Bohamera – Vice Chair	**Rachel Kay – Human Service Division Mgr.**
Jan Winbigler - Member	**Corina Gonzalez - Chief Medical Officer**
Eunice Bridges – Member	**Michelle Besse – Health Program Mgr.**
Vince Gallo - Member	**Christina Delgado –Health Program Mgr**
Ricki - Member	**Rachel Callan – Sr. Admin Analyst**
	Jane Murphy – Health Program Mgr
	Emily Moran-Vogt – Health Program Mgr - Teams
	Heather Vierra – Physician
	Nicole Reyes – Senior Office Assistant

Announcements:
- A discussion will be had if Strategic Planning will be included in all CAB meetings from now until end of year. Update given soon.

INFORMATION ITEMS

<u>Budget Updates presented by Rachel Callan</u>

HRSA Project Budget Summary

- **As of 3/31/26 we have claimed $1,353,070.79 on the HRSA project. We have a remaining balance of $358,531.21. The final drawdown will be done in May 2026.**
- **Continuing HIV grant services through main grant. Claims will be completed separately.**
- **No major variances or concerns. Staff comprise the majority of the costs.**

County Budget Summary and Significant Variances

- **Our FY 25/26 budget has $0 general fund draw.**
- **Object 10 Salaries/Benefits: Current projection shows we are $1.44M under budget.**
- **Object 20 Services/Supplies: Current projection shows we are $2.09M under budget.**
- **Projection is based upon July'25-Mar'26 actuals and is most accurate projection we have to date.**
- **Object 30 Contracts: Current projection shows we are $433K over budget.**
  - ✓ **Increased OCHIN (Electronic Health Record) costs are pushing us towards our budget. We have been monitoring these throughout the Fiscal Year.**
  - ✓ **Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners (HP) programs.**
  - ✓ **If actuals exceed budgeted amount, the administration team will complete an Appropriation Adjustment Request (AAR) to reduce a different object level to increase object 30 by the overages.**
- **Object 40 Fixed Assets: Current projection shows we are at budget.**
  - ✓ **New camera system installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is$35,119.**
  - ✓ **An AAR has been completed to move money from object 20 to cover the increase.**
- **Object 60 Internal Charges/Allocated Costs: Current projection is $1.49M under budget.**
  - ✓ **We have an interfund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.**
  - ✓ **Some of the savings in our budget come from 60 object**

- **Object 59 and 69 Inter/Intrafund Reimbursements: Current projection is $2M less revenue than budgeted.**
  - ✓ **Realignment was reduced by $2M in FY 25/26 budget due to the redistribution to other Health Services programs.**
- **Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes, which is why expenditure accounts are being watched closely.**
  - ✓ **Documented Medi-Cal revenue is currently $19.3M.**
  - ✓ **At same time last FY (July'24-Mar'25) it was $15.9M.**
  - ✓ **Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now $359.44.**
- **Grants are on track.**
  - ✓ **HRSA HIV grant has been rolled into our main HRSA Homeless grant.**
  - ✓ **Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. Changes will be presented next month.**

Project Director Report by Noel Vargas

Please see handouts for detailed information

Noel stated new planner is starting on Monday and a second additional planner is coming May 25th.
Also looking to still fill the other positions.

Medical Director Report

Dr. Gonzalez presented the report.

Please see handouts for detailed information

Eunice asked Dr. Vierra why some patients receiving services at the clinic are unable to be seen at UCD. Dr. Vierra explained that some patients may be eligible for care at UCD depending on their specific healthcare plan. In some cases, other healthcare providers may offer services; however, eligibility depends on the patient's insurance plan and contractual agreements with UCD.

Dr. Gonzalez then asked whether the CAB members would still like her to continue presenting the numerical data. CAB members agreed that they would.

No additional questions were raised.

Presentation and vote on expansion for 32 school based mental health sites

Michelle Besse presented a slideshow regarding SCOE and the services it provides to schools.

Please refer to the slideshow packet and expansion site for additional details.

Jan Murphy asked about the "green section" related to school-based rates. Rachel explained that the figures presented were hypothetical one-to-one projections and that actual increases may differ from those estimates. Michelle added that funding has been allocated within the budget to cover associated costs; however, final outcomes and impacts are not yet fully known. Rachel further explained that all revenue is consolidated into the same reporting structure and will continue to be tracked, although any additional revenue may not be specifically reflected within the current report.

Vince Gallo asked about potential obstacles related to providing these services. It was discussed that one significant barrier is the stigma associated with parenting and mental health services, as some parents may fear being perceived negatively if their child seeks treatment.

Laurine Bohamera asked for clarification regarding the contractual process and whether payment is provided when clinicians see students. Michelle explained that reimbursement is based on the number of students receiving services.

Laurine Bohamera also asked whether referrals to the health center could be tracked if patients are referred through their schools. The group agreed that this would be beneficial to explore further and that developing a tracking process may be valuable.

A vote regarding this matter will take place during the review of action items.

<u>Patient Grievances and Safety Review</u>
Jane Murphy presented her information in regards to patient grievances and safety review
Please see handouts for detailed information

No questions were asked

<u>Patient Feedback Survey Findings</u>
Jane Murphy presented the patient feedback and survey findings. Please refer to the handout for additional details.

Ricki asked whether the survey only included three questions and whether any questions addressed doctor-to-patient communication, noting the importance of that topic. It was explained that the current survey does not include those questions; however, the survey is currently being expanded to capture additional patient feedback.

Christina Delgado asked whether recommendation questions should be divided between patient experience and patient services. She emphasized the importance

of being specific about the type of information the survey is intended to capture and ensuring clarity in the questions being asked.

It was also noted that paper surveys are currently in the process of being developed.

<u>CAB Goals</u>

Goals were discussed as followed work on a strategic plan and vote more cab members

<u>CAB Member Recruitment Plan</u>

A simple recruitment plan will be created to gain more CAB members. A flyer will be created for the windows of clinic and possibly elevator.

Nicole Reyes will send the CAB members the current recruitment form along with CAB application.

CAB members will review information and talk about at next meeting.

<u>CAB Goals: Strategic Planning</u>

Jan made a motion to appoint Lauraine as Chair of the committee.

Rikki seconded the motion.

CAB members voted in favor of the motion.

Lauraine agreed to serve as Chair of the Strategic Planning Committee.

The committee's goals will include reviewing the overall scope of the program to ensure grant funding is being utilized appropriately across all relevant departments.

A Microsoft Teams channel has been created for the workgroup. Due to legal compliance requirements, CAB members will not have access to the main channel; however, they will participate in the workgroup team to collaborate, share ideas, and exchange documents.

The group agreed to keep the current vision, mission, and values statements in place for now, with plans to revisit and update them collectively once the strategic plan framework is further developed.

A proposed project timeline was presented for review. Members agreed that the timeline and sequence of topics were appropriate.

Jane reviewed the Patient Characteristics spreadsheet.

Dr. Gonzalez asked whether SCOE was included in the reported numbers. Jane confirmed that SCOE data is included.

No additional questions were raised.

The Financial Analysts section was presented. *Please refer to the handout for details*.

No questions were raised.

The SCHC Staffing slide was presented. *Please refer to the handout for details.*

Jan asked what conclusions or statements could currently be made based on the staffing information presented.

The response provided was that additional review is needed in order to provide updated and accurate conclusions regarding the data.

A question was raised regarding how visits were built and whether there would be an increase in providers.

It was noted that updated information is not currently available and that changes have occurred since the original data was compiled.

No additional questions were raised.

The HEIDS Quality Information slide was presented. Green indicators represented areas currently in compliance.

A question was asked regarding whether the comparison was against other clinics.

It was clarified that the comparison is based on the clinic's own yearly performance metrics, not external clinics.

An informational slide regarding the 2024–2026 Strategic Plan Analysis Metrics was presented. Please refer to the handout for details.

No questions were raised during this section.

Jane presented the Proposed Strategic Plan Workgroup slideshow. *Please refer to the handout for details.*

Dr. Vierra asked for clarification regarding the definition of an "internal partner."

Rachel explained that internal partners include staff, providers, and anyone internal to the county organization.

A proposed strategic framework was discussed with the goal of gathering ideas and feedback on how the framework should be structured.

The importance of incorporating input from all stakeholders was emphasized to ensure alignment across the clinic.

Members discussed the importance of identifying overarching goals and using language that is accessible and understandable to both staff and the public.

Christina suggested breaking down the proposed strategic plan workgroups into clearer categories to improve understanding.

Summer agreed that a more detailed breakdown would make the information easier for the public to understand.

It was recommended that each pillar include a clearly defined focus area and goal.

Christina also suggested reviewing an alternative framework known as the Patient-Centered Care Model.

A recommendation was made to conduct a SWOT analysis to better understand strengths, weaknesses, opportunities, and threats relevant to the strategic plan.

Additional discussion included creating a survey for community partners to gather feedback and input.

Jane thanked the group for their feedback and stated that all suggestions would be reviewed as the strategic planning process moves forward.

The group discussed reviewing examples and variations of other strategic plans.

A future SWOT analysis meeting will be discussed, including strategies for engaging community partners.

Jan suggested developing a standard set of questions and organizing small discussion groups consisting of one or two CAB members and one or two clinic staff members.

ACTION ITEMS

BUSINESS ITEM I.

*Jan Winbigler Moved to Approve the February 20, 2026, CAB Meeting Minutes.
*Laurine Bohamera Seconded the Motion to Approve the February 20, 2026, CAB Meeting Minutes.

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Carried

BUSINESS ITEM II.

*Laurine Bohamera Moved defer the April 17, 2026, CAB Meeting Minutes to be approved at June Meeting in order for strategic planning notes to be included.
*Jan Winbigler Seconded the Motion to differ the April 17, 2026, 2026, CAB Meeting Minutes to be voted on for approval in June meeting.

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Deferred to June CAB meeting

BUSINESS ITEM III.

*Laurine Bohamera Moved to Approve Expand School Based Mental Health to an additional 32 sites
*Rikki Townsend Seconded the Motion to Approve Expand School Based Mental Health to an additional 32 sites

Yes Votes: Eunice Bridges, Jan Winbigler, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Carried

BUSINESS ITEM I.

*Jan Winbigler Motioned to defer CAB recruitment plan to June meeting
*Laurine Bohamera defer CAB recruitment plan to June meeting

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Deferred June Meeting

PUBLIC COMMENT

Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2. • No public comments were made.
CLOSED SESSION
None
MEETING ADJOURNED
Suhmer Fryer adjourned the meeting at 12:15 p.m.