Sacramento County Health Center
Co-Applicant Board (CAB) Meeting AGENDA
Friday, September 18, 2026, 9:30 a.m.- 12:30 p.m.
Regular CAB Meeting
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 meeting will be held in person at 4600 Broadway, Room 2020. Room 2020 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).

- If any Board member needs to teleconference for this meeting, a notice will be uploaded to our website at https://dhs.saccounty.gov/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx by 8:30 a.m. on the morning of the meeting along with a link available to the public to observe the meeting via Teams video and/or teleconference.
- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email DCO@saccounty.gov as soon as possible prior to the meeting.

CALL TO ORDER (9:30 AM)

Opening Remarks and Introductions – *, Chair*

a. Roll Call and Welcome
b. Brief Announcements

INFORMATION ITEMS (9:35 AM)

1. Budget Updates
2. Project Director Report
3. Medical Director Report
4. Discussion of CAB Member Reappointments
   - Dedra Russell
5. CAB Goals
   - Discussion of prospective new CAB members
   - Video

6. Strategic Plan Updates

7. Voting

8. Strategic Plan Working Group (11:30 a.m. – 12:30 p.m.) *Optional but members are encouraged to stay

INFORMATION/ACTION ITEMS[1]

BUSINESS ITEM I.

- August 21, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted August 21, 2026, CAB Meeting Minutes

BUSINESS ITEM II.

- CAB Member Reappointments
- ✓ Recommended Action: Motion to Approve the Re-Appointment of CAB Member Dedra Russell

BUSINESS ITEM III.

- CAB Member - Voting new members
- ✓ Recommended Action: Motion to Approve new CAB Members

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.

- Should the meeting be made available via teleconference platform, public comment may also be made via Teams teleconference by using the raised hand feature. Those joining the meeting via Teams are requested to display their full name.

CLOSED SESSION

None

MEETING ADJOURNED (12:30 PM)

[1] Time estimate: 5-10 minutes per item, unless otherwise noted

HRSA Project Director Updates

September 18, 2026 – CAB Meeting

Staffing Updates

SCHC is engaged in ongoing staffing efforts to fill position vacancies. These include:

- Clinician staffing updates (provided by Dr. Gonzalez in Medical Director report)
- Nursing
    - Contingent offer to Supervisor RN in clinical operations team; recruiting for Medical Case Management RN
- Medical Assistants
    - Backfilling County and registry positions in Referrals; one position in clinical operations team
- Office Assistants
    - Front Desk/clinical operations team; SCOE support
- Sr. Office Assistant
- Volunteers

Clinical Operations

The Clinical Operations team is advancing several key initiatives to optimize Utilization Management (UM) at Sacramento County Health Center (SCHC). Our overarching objective is to streamline workflows, centralize processes, and align clinical practices with evidence-based criteria to reduce costs, enhance the quality of care, and strengthen relationships among staff, providers, and patients.

Our current key initiatives are:

1. **Standardized Clinical Protocols for RNs and Mas**

    We are developing unified, system wide protocols for Registered Nurses and Medical Assistants across all SCHC clinics. This alignment will minimize variation in care delivery, improve efficiency, support staff clarity, and ensure that clinical workflows reflect consistent, evidence-based practice. These efforts mirror SCHC's broader goals to standardize care processes and reduce gaps in care.

2. **Clinic Space Optimization and Workflow Redesign**

    To maximize space utilization and improve efficiency, we are reconfiguring office layouts to increase flexibility, centralize shared resources, and ensure alignment with patient flow. This redesign reduces unnecessary staff movement, improves productivity, and supports more coordinated care.

3. **Enhancing Workplace Safety Through Panic Button Installation**

    SCHC is committed to maintaining a safe care environment and strengthening safety protocols for staff and patients. SCHC will install discreet panic buttons throughout clinical areas. This system enables staff to immediately and safely

summon assistance during emergencies, reducing response time and enhancing worker protection.

4. **Medication Competency Training for Clinical Staff**

   We are implementing comprehensive medication competency training to ensure staff possess the knowledge, skills, and assessment tools needed to manage and administer medications safely across all care settings. This initiative enhances patient safety, reinforces regulatory compliance, and strengthens care quality.

   Collectively, these initiatives position SCHC to optimize Utilization Management by improving operational efficiency, strengthening clinical consistency, safeguarding staff, and enhancing overall care quality.

Quality Improvement & Compliance

Quality Improvement (QI)

- Access Expansion: Collaboration continues with Clinical Operations to transition Friday "Gaps in Care" appointments into a distributed scheduling model across the week, increasing appointment capacity and improving access.
- HEDIS Measures: Managed Health Plan trackers have been developed to better target and prioritize outreach efforts for the QI team, supporting measure performance and care gap closure activities. Health Net Well Child Check (WCC) Monday clinics continue.

Compliance - Audits

- HIPAA Clinical Audit: Audit completed; final report pending.
- 340B Program: Preparations completed, and documentation submitted; audit scheduled for September 16–17.

Strategic Plan

- Data Collection Complete: 413 client surveys, 5 client interviews, 82 staff surveys, 7 stakeholder surveys.
- Analysis & Use: Results analyzed; findings to be presented to CAB today to inform the prioritization process.

Safety Compliance — Suite Wardens

- Group reconvened; roles and responsibilities refreshed.
- All suite rosters updated.
- Hazardous waste inventory activities underway.

Onboarding Process

- Onboarding process being refreshed for all staff, including County employees and contracted staff with the aim of providing greater consistency, clarity, and alignment across programs.

HRSA Project Director Updates

September 18, 2026 – CAB Meeting

Panel Management

- Panel management process is being updated to align member assignment with provider capacity.
- Identification of providers with available capacity to accept new members.
- Improved distribution of member panels across the provider network.

Referrals, Behavioral Health & School-Based Health Center Sites

Referrals continue to operate under limited staffing, and the team has integrated volunteers to assist by contacting patients and providing support where possible. Challenges extend beyond staffing and now include a reduction in specialists contracted with our IPAs. The specialists who remain available have limited appointment capacity, which is contributing to delays and, at times, requires referral coordinators to redirect patients to alternate specialists.

Our internal Behavioral Health team is actively working to ensure that patients with mild to moderate behavioral health needs can receive timely care at the clinic. Patients presenting with more severe mental health concerns or substance-use needs are being seamlessly connected to our sister division, Behavioral Health Services, for higher-level support and ongoing care coordination.

Additionally, our School-Based Health Center applications for additional sites remain under review and discussion as part of our ongoing efforts to expand youth access to mental and behavioral health services.

Brief Summary: SCHC Patient Survey: Open-Ended Responses - Themes and Recommendations

The open-ended responses from SCHC patients show a consistent pattern: **patients generally value their providers and the care they receive, but experience ongoing frustration with accessing, navigating, and coordinating that care.** The comments highlight strong provider relationships but point to systemic issues across scheduling, communication, referrals, and staffing that impact the overall experience.

Key Themes Identified

1. **Appointment Access & Provider Availability (Highest Priority)**
   Patients most frequently report difficulty obtaining appointments, long waits (often 1–2 months), limited scheduling options, and challenges seeing their assigned PCP. Requests include evening/weekend hours, online scheduling, more clinic locations, and expanded provider availability.
   Strategic takeaway: Access should remain a top organizational priority and a core performance indicator.
2. **Communication & Responsiveness (Very High Priority)**
   Many patients struggle to reach the clinic by phone, report long hold times, unreturned calls, unanswered MyChart messages, and slow medication-refill responses. Some resorted to visiting in person due to inability to reach staff.
   Insight: Communication challenges directly impede access to care.
3. **Referrals & Care Coordination (Very High Priority)**
   Patients frequently cite delays, missing follow-up, lack of clarity, difficulty connecting with specialists, and feeling responsible for coordinating their own care. Examples include month-long delays sending records and confusion about referral status.
   Need: A reliable, closed-loop referral system with clear accountability.
4. **Provider–Patient Relationship & Continuity (High Priority)**
   Many comments praise providers as kind, attentive, and supportive. A smaller number describe rushed visits, insufficient listening, inconsistency in provider continuity, and unclear roles for residents/trainees.
   Observation: SCHC's provider relationships are a key strength, but continuity gaps undermine patient confidence.
5. **Workforce Capacity & Staffing (High Priority)**
   Patients perceive staff shortages, provider turnover, and heavy workloads that may affect care quality and appointment availability.
   Implication: Workforce shortages are directly tied to access barriers and should be treated as a strategic issue.
6. **Technology & Digital Access**
   Patients request better MyChart responsiveness, mobile check-in, online scheduling, accurate records, and clearer digital communication.

Role: Technology is a cross-cutting solution that can improve access, coordination, and communication.

7. **Laboratory, Pharmacy & Ancillary Services**
   Concerns include long lab wait times, limited hours, communication issues with Quest, and medication-refill challenges.
   Strategic takeaway: Strengthen coordination and performance of ancillary services to reduce delays, improve medication access, and create a more seamless patient experience across the continuum of care.
8. **Facility, Location & Transportation**
   Suggestions include additional or more convenient clinic locations, better parking, transportation support, and improvements to the physical environment (such as lobby updates and better acoustics at registration windows).
   Strategic takeaway: Address physical and transportation barriers to care through facility improvements, assessment of geographic access, and partnerships or strategies that make services easier and more convenient for patients to reach.
9. **Affordability, Insurance & Administrative Navigation**
   Patients report challenges with insurance coordination, administrative complexity, and understanding coverage.
   Strategic takeaway: Strengthen patient navigation and systems to help patients understand and connect to coverage options, resolve insurance issues, and minimize administrative and financial barriers that may delay or prevent care.
10. **Language, Cultural Responsiveness & Health Education**
    Comments reflect needs for bilingual staff, culturally responsive care, prevention education, and better access to wellness programs.
    Strategic takeaway: Advance culturally and linguistically responsive care by strengthening language access, workforce capacity, patient education, and prevention and wellness services that reflect the needs of SCHC's diverse patient populations.

Organizational Strength: Positive Patient Experiences

Approximately 40 of 289 respondents stated that they had no concerns or offered positive feedback, highlighting strong provider interactions, helpful staff, and high trust in care teams. This underscores that dissatisfaction is not with clinical care but with systems around accessing that care.

2025 Patient Satisfaction Survey[1] Summary

The 2025 patient satisfaction survey summaries for **Adult Medicine, Family Medicine, Pediatrics, and Behavioral Health** show a clear and consistent pattern across service areas. Patients report **high satisfaction with the people delivering their care**, while expressing **lower satisfaction with the systems that support access, communication, referrals, and coordination**. This distinction is central: SCHC's clinical relationships are strong, however, enhancing operational processes can further strengthen patients' ability to fully benefit from their care.

Overall Findings

Major Organizational Strength: Positive Provider and Staff Relationships

Across every program area, patients describe staff as **respectful, helpful, culturally responsive, and attentive to questions and concerns**. Providers, nurses, medical assistants, counselors, and front-desk staff consistently score highly for interpersonal communication, listening, clarity of explanations, and overall respect. These relationships represent a **core strength** and should be maintained as SCHC undertakes system improvements.

Cross-Cutting Themes Repeated Across All Service Types

1. Access to Care Is the Most Significant Operational Challenge

Appointment availability, especially **same-day access, urgent visits, and extended/after-hours care**—is the most frequently identified improvement area. Routine access is generally adequate, but urgent access is inconsistent. Access challenges appear in Adult Medicine, Family Medicine, Pediatrics, and Behavioral Health alike.
Implication: Timely access should be treated as SCHC's **highest organization-wide priority**.

2. Telephone Access and Callback Responsiveness Need Improvement

Patients frequently report difficulty getting through to the clinic, long waits, inconsistent callbacks, and variable responsiveness. All program summaries identify phone access and message follow-up as clear improvement opportunities.
Implication: Telephone responsiveness should be treated as an extension of care access—not just customer service.

3. Care Coordination, Referrals, and Continuity Require Strengthening

While patients value their individual providers, they experience difficulty navigating between services, coordinating specialty referrals, receiving follow-up information, and maintaining continuity with the same PCP or care team. Referrals, information exchange, and transitions between services are consistently described as fragmented.
Implication: SCHC should move toward a **closed-loop care coordination model**, tracking referrals from order to completion and ensuring consistent information flow.

---

[1] This is NOT the 2026 Client Survey. This data is from the patient satisfaction surveys that were completed in 2025.

4. Communication Is Strong Clinically but Less Consistent Operationally

Provider communication (listening, explaining conditions, answering questions) is a major strength. However, communication about care plans, health goals, medications, referrals, and next steps is less reliable.

Implication:
SCHC can highlight its strong interpersonal communication while improving the reliability of its organizational communication practices.

5. Waiting Times and Workflow Present Moderate but Meaningful Challenges

While not as problematic as access and coordination, waiting room and internal workflow delays occur often enough to affect satisfaction. Improvements to check-in, rooming, provider flow, and handoff processes could enhance experience and increase capacity.

6. Cultural Responsiveness and Person-Centered Care Are Strong Organizational Assets

Patients consistently report feeling respected, heard, and included in treatment decisions. Culturally responsive care and confidentiality receive high marks across surveys.
Implication: These qualities should be preserved as SCHC redesigns operational systems.

7. Whole-Person Needs (Social, Economic, Supportive Services) Affect Patient Success

Social needs—including medication affordability, transportation, food, housing, and connection to community resources—impact patients across multiple departments.
Behavioral Health also highlights needs related to recovery supports, daily-living skills, and social connectedness.
Implication: Navigation should address clinical and non-clinical barriers together.

8. Behavioral Health Has Additional Transition and Recovery Support Needs

In addition to shared system challenges, Behavioral Health clients identify needs related to discharge planning, group services, family involvement (when desired), and long-term recovery supports. Despite these needs, clients generally report meaningful progress toward treatment goals.

Conclusion

Across SCHC, the 2025 client satisfaction survey results paint a clear picture: **Patients trust their providers, value their care, and feel respected.** However, they often run into challenges with the parts around the care itself—things like getting access, getting timely responses, coordinating services, and finding their way through the system. The strategic opportunity is to **preserve SCHC's strong interpersonal foundations** while redesigning operational systems, so care is easier to **access, navigate, coordinate, and continue**.

Community Summary: What We Learned from All Four Surveys

Overview

More than **415 patients**, **80 staff members and seven external stakeholders** shared their experiences with the Sacramento Community Health Center (SCHC). Their answers show a clear message: **people trust SCHC, feel respected, and believe in the quality of care they receive.** At the same time, both groups identified important challenges with **appointment access, staffing, referrals, communication, and the changing needs of the community**. Overall, the surveys show a strong foundation of compassion, respect, cultural responsiveness, and commitment to underserved populations—paired with a need to strengthen the systems that support care.

What SCHC Is Doing Well

Patients and staff agree that SCHC has major strengths:

- **Respect and dignity:** Over **90% of patients** say they are treated respectfully.
- **Friendly, helpful staff:** Nearly **89%** describe staff as welcoming.
- **Trust in providers:** More than **83%** trust their provider and care team.
- **Cultural responsiveness:** About **75% of patients** and **72% of staff** believe SCHC delivers culturally responsive care.
- **Commitment to underserved communities: 79% of staff** say SCHC serves vulnerable populations well.

These findings show that **SCHC's people—its providers, nurses, medical assistants, counselors, and front-desk team—are a key strength.** The community appreciates the quality of care and the mission of the organization.

Key Challenges Identified

Members appreciate the care they receive, but many find it challenging to actually get access to that care when they need it. Staff see similar challenges from inside the organization.

1. Access to Care

This is the biggest issue for both patients and staff.

- **56% of patients** experienced difficulty getting an appointment.
- **68% chose appointment access as their top priority** for improvement.
- Staff report that rising patient demand, limited scheduling options, and capacity constraints make it harder to deliver timely care.

What this means for the community: People want easier access to primary care, shorter wait times, expanded hours, better telehealth options, and more behavioral health and dental appointments.

2. Workforce Capacity

Staff identified workforce development as their biggest internal priority.

- Training and professional development were ranked**#1**.
- Recruitment and retention were ranked**#2**.

• Staff believe that better staffing, onboarding, supervision, morale, and cross-training will improve appointment availability and reduce delays.
For the community: When SCHC has enough trained and supported staff, patients can get appointments faster, access more services, and experience better continuity with the same provider.

3. Referrals and Care Coordination

Many patients struggle with referrals to specialists—knowing where to go, how long it will take, and what happens next.
• Over **100 patients** rated specialty referral access as Fair or Poor.
• **More than 90% of staff** consider referral processing extremely important.
For the community: SCHC will focus on strengthening the referral process so patients can get connected to specialists more quickly and reliably.

4. Communication & Technology

Patients shared concerns about long phone hold times, unanswered messages, and delayed follow-up.
Staff expressed concern about communication across departments and workflow challenges.
• **75% of staff** say technology updates are very important.
For the community: Improvements in phone systems, MyChart, electronic health records, and internal workflows will make care more efficient and responsive.

5. Whole-Person Needs

Many patients face challenges outside the exam room:
• Cost of living
• Medication affordability
• Access to healthy food
• Housing instability
• Mental health stress
• Transportation
Staff highlighted these same community pressures, noting that **60% believe socioeconomic conditions significantly impact patient health**. More patients also requested expanded behavioral health services.
For the community: SCHC aims to strengthen behavioral health services, patient navigation, social service connections, nutrition support, and partnerships with community organizations.

What This Means for the Community

The surveys show a simple but powerful message:
Patients trust SCHC and feel respected, but they need care that is easier to reach, better coordinated, and supported by strong systems. By strengthening workforce capacity, improving access, increasing technology utilization, and addressing social needs, SCHC can build a more efficient, compassionate, and responsive health system—while protecting what community members value most: **quality care delivered by people they trust.**

	Adult Medicine			Family Medicine/Refugee			Pediatrics			Behavioral Health			L&F			Mobile Van		
	2024	2025	2026 YTD	2024	2025	2026 YTD	2024	2025	2026 YTD	2024	2025	2026 YTD	2024	2025	2026 YTD	2024	2025	2026 YTD
Total Patients	10173	11327	10723	8005	7055	2667	2983	3512	3167	1135	1122	834	1071	890	660	729	774	325
Total Visits																		
Office Visits	33344	37033	28493	26144	16320	5657	8791	10121	8087	1782	2069	1513	977	749	605	1210	1175	510
Resource Visit	5570	3263	1282	1541	344	173	551	474	328	1	1	0	1289	1022	593	0	0	0
Telehealth Visit	2261	2433	2253	652	114	146	635	666	897	66	72	63	84	82	58	0	0	0
Behavioral Health	399	275	26	2	8	0	0	19	2	2116	2692	2034	0	0	0	1	0	0
No Show Rate by department	20.64	19.89	19.95	13.24	15.88	18.69	23.1	23.49	22.25	33.66	33.7	31.77	NA	NA	NA	NA	NA	NA
Race / Ethnicity																		
White	5794	5956	5622	347	453	703	1275	1336	1330	674	655	492	483	364	296	336	375	167
Black/AA	1292	1483	1465	115	144	194	424	536	520	226	211	157	362	318	211	231	253	77
Asian	48	24	21	3	1	1	6	4	4	0	0	0	0	0	0	0	0	0
American Indian	123	131	132	11	15	21	20	30	26	21	31	21	39	34	28	46	46	19
Chinese	158	228	228	7	6	16	23	34	34	6	8	8	6	8	13	1	1	0
Filipino	64	90	108	4	3	12	10	29	6	5	10	11	10	8	5	2	5	2
Vietnamese	88	106	98	4	8	8	21	20	15	8	5	5	5	4	0	0	2	0
Alaska Native	11	12	12	0	0	0	1	3	2	2	3	1	1	5	3	2	3	3
Age at Encounter																		
0-3 age	47	163	209	60	95	116	247	490	608				0	3	6	0	1	0
4-18 age	437	634	629	274	316	315	2307	2469	2017				4	7	10	6	1	1
19-25 age	569	718	734	121	146	176	312	194	95				25	26	20	18	37	10
26-44 age	2705	2724	2669	393	476	585	34	90	123				340	283	213	175	219	104
45-65 age	3812	3943	3819	222	289	435	62	232	268				527	441	315	441	437	186
65+ age	1269	1404	1324	65	102	136	21	37	26				175	130	91	89	79	23
Gender																		
Male	3929	4324	4092	3116	2844	855	1111	1225	1170	366	337	239	658	575	433	312	269	129
Female	5570	6010	5606	3478	3278	1346	1075	1390	1268	712	744	563	397	298	225	260	302	122
Non-binary	6	11	9	1	2	2	2	2	2	1	1	3	4	3	2	1	0	0
Not Listed	6	6	7	4	2	0	0	0	0	2	1	0	2	1	0	0	3	0
Language																		
English	5152	5692	5700	716	1090	1206	1539	1850	1718	779	793	628	973	797	595	691	726	311
Dari/Pashto	971	1413	1174	5334	4410	913	614	723	551	66	72	38	7	18	7	11	10	3
Spanish	3264	3342	3041	176	380	374	649	669	672	256	226	152	52	39	35	3	1	3
Ukrainian	38	27	22	894	212	21	6	5	7	2	1	0	1	0	0	2	0	0
Russian	76	67	43	486	124	29	23	26	16	2	1	1	10	2	1	2	1	0
Arabic	57	72	57	157	119	27	12	18	15	7	6	6	0	0	0	2	1	0
Farsi	31	49	42	58	257	14	10	11	11	5	4	0	2	2	1	2	1	0
Vietnamese	70	77	72	4	8	5	4	8	10	1	2	2	1	2	2	2	1	0
Amenian	4	2	4	74	68	2	0	0	1	1	0	1	1	0	0	1	1	0
Chinese	122	164	164	7	12	11	11	19	25	1	3	2	1	3	8	0	0	0
Punjabi	50	55	50	6	13	7	4	5	8	1	1	0	1	2	2	0	0	0
Tagalog	22	24	22	4	5	1	1	3	1	3	2	1	0	0	0	1	1	1
Romanian	10	13	11	5	4	2	3	4	3	0	1	0	0	0	1	0	0	0
Turkmen	4	11	6	5	39	5	4	6	5	0	0	0	0	0	1	0	0	0

This data will be available on the 18th

	Adult Medicine			Family Medicine/Refugee			Pediatrics			Behavioral Health	L&F			Mobile Van		
Homeless																
Street, Camp, Bridge	24	31	58	12	25	14	1	5	1		353	279	251	284	302	98
Living in Shelter	34	30	51	6	7	12	1	1	2		208	206	156	128	144	136
Homeless Uknown Shelter	54	65	72	4	9	9	3	4	3		61	58	32	47	42	18
Transitional Housing	12	16	17	1	2	2	1	0	2		11	12	4	19	21	8
Homeless-living Temporarily with others	25	35	31	1	1	0	5	5	5		24	33	28	6	5	1
Single Occucpancy Hotel	3	2	4	1	1	0	1	0	0		8	7	7	1	1	0
Other	**2024**	**2025**	**2026**													
MyChart activation percent	45%	50%	55%													
Number of available 20 minutes appointments	46472*	61288	47994													
Payor Mix	**2024%**	**2025%**	**2026%**													
Medi-Cal	95.9	97.7														
Medicare	1.2	1.7														
Healthy Partners	1.2	0														
Commercial/Private	1	0.7														
None/Self	0.8	0.1														

This data will be available on the 18th

This data will be available on the 18th

** estimate*

STRATEGIC PLANNING 2027 - 2029

What We Heard Across Three Surveys

Strategic implications from stakeholder, client and staff input

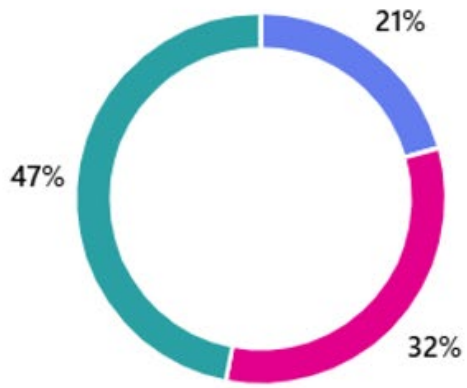
SCHC • Strategic Planning
September 18, 2026

SACRAMENTO COUNTY

CLIENT SURVEY

1. How long have you been a patient of the Health Center?

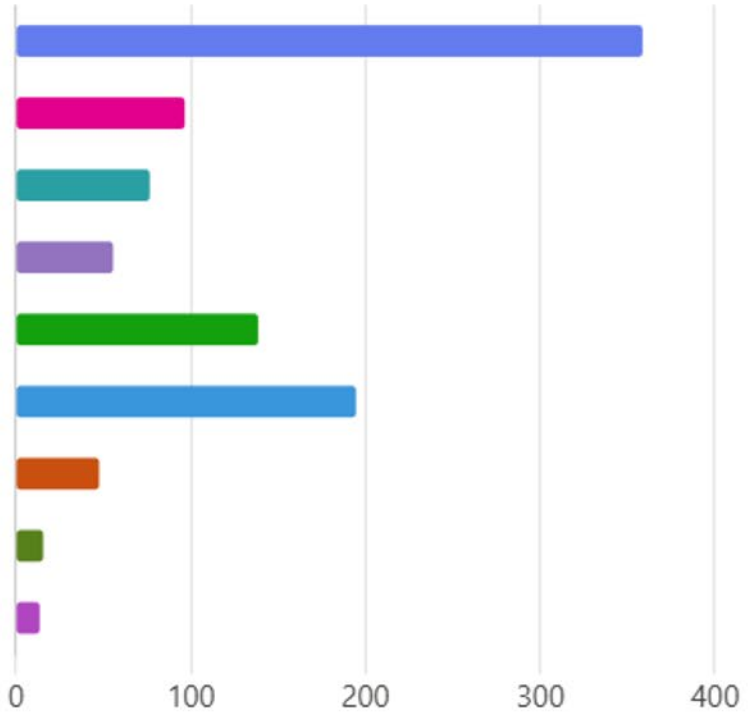
Less than 1 year	85
1 - 3 years	134
More than 4 years	194



CLIENT SURVEY

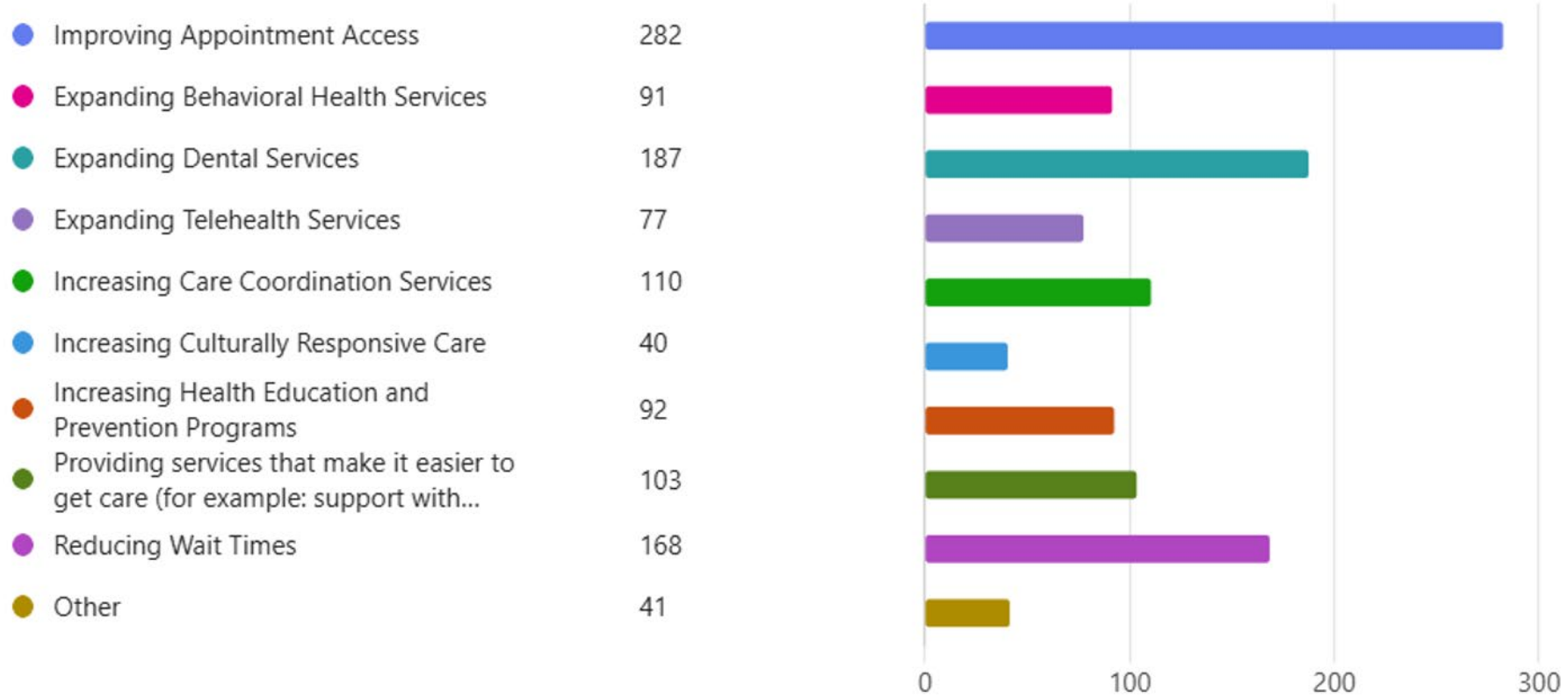
2. Which services have you used?

Adult Medicine	358
Behavioral Health	96
Family Medicine	76
Pediatrics	55
Pharmacy	138
Referrals	194
Registration	47
Refugee Health	15
Other	13



CLIENT SURVEY

8. Please select the TOP 3 priorities the health center should focus on over the next 3 years.



Client Survey: Strong Care Relationships, Access Friction

What patients value

- Respect and dignity from providers
- Friendly and helpful staff
- High trust in providers and care teams
- Positive communication
- Culturally responsive care

Where the system creates barriers

- Appointment availability and wait times
- Provider capacity and continuity
- Faster responses and improved scheduling
- Referral follow-up and specialty access
- Social needs that affect the ability to obtain care

The central challenge is not the relationship with care—it is timely, reliable access to that care.

Client Priorities Form a Clear Access Pathway

Strategic goal suggested by the survey: improve timely and equitable access to comprehensive care by expanding appointment and provider capacity, reducing wait times, strengthening referrals and care coordination, and expanding high-priority services.

Whole-Person Needs Shape Access

Access is more than appointment supply.

- Cost of living
- Medication affordability
- Healthy food access
- Housing instability
- Mental health stress
- Transportation

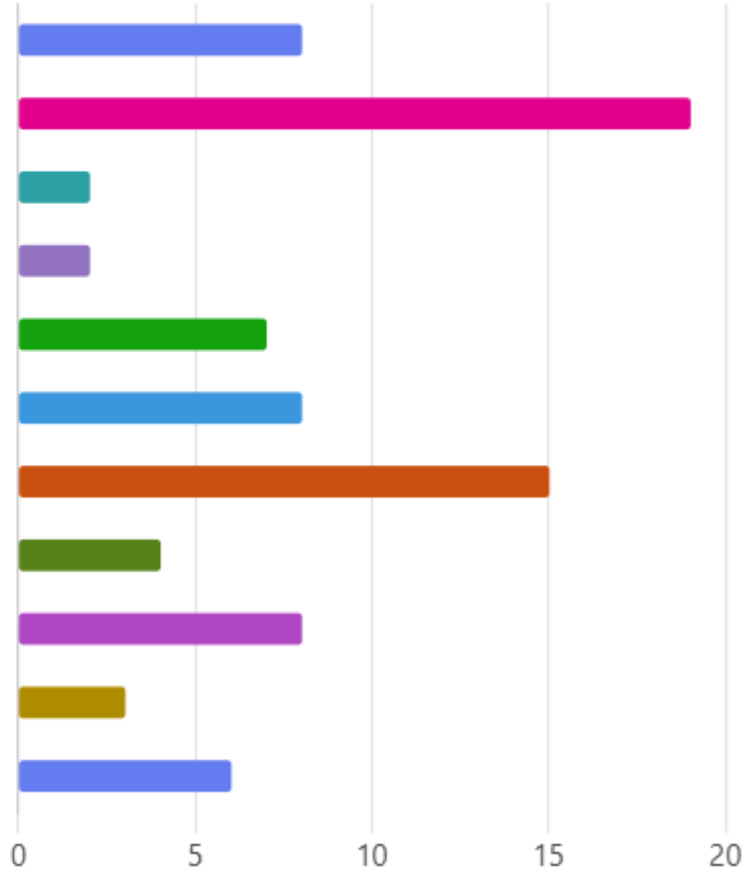
Strategic implication

Integrate social service navigation and care management into the strategic plan. The survey supports treating social needs as part of access and continuity—not as a separate issue outside clinical care.

STAFF SURVEY

1. What department do you primarily work in?

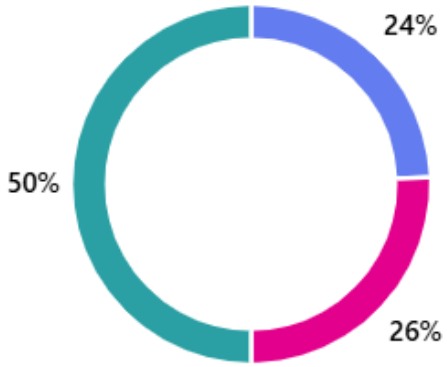
Administration/Clerical	8
Adult Medicine	19
Behavioral Health	2
Call Center	2
Family Medicine	7
Pediatrics	8
Pharmacy	15
Quality Improvement	4
Referrals/ Scanning	8
Refugee	3
Other	6



STAFF SURVEY

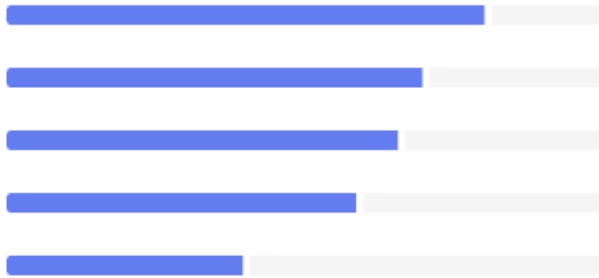
2. How long have you worked at the Health Center?

Less than 1 year	20
1 - 3 years	21
More than 4 years	41



8. Please rank the following priorities from 1 (highest priority) to 5 (lowest priority) that you believe the health center should focus on for the next 3 years.

1	Increasing Staff Training and Development
2	Improving Workforce Recruitment and Retention
3	Enhancing Care Coordination and Patient Navigation
4	Improving technology and EHR Systems
5	Expanding Community Partnerships



Staff Survey: Mission Strength, Internal Capacity Pressure

Organizational strengths

Serving underserved populations
Quality patient care
Culturally responsive care
Community partnerships

Internal improvement areas

Communication
Employee engagement & culture
Training
Workflow efficiency
Workforce stability

Growth opportunities

Referral processing
Care coordination
Technology modernization
Community outreach
Telehealth

Major external challenges

Socioeconomic conditions • Specialist/community coordination • Behavioral health capacity • Increasing demand • Increasing patient complexity

Five Staff-Informed Strategic Priorities

1. Strengthen the Workforce

Recruitment, retention, supervision, professional development, training, morale and accountability.

2. Improve Access & Care Coordination

Referrals, specialty access, navigation, appointment availability and continuity.

3. Improve Communication & Culture

Interdepartmental communication, teamwork, engagement, leadership communication and change management.

4. Modernize Operations & Technology

EHR optimization, equipment, standardized workflows, data systems, MyChart, telehealth and emerging technologies.

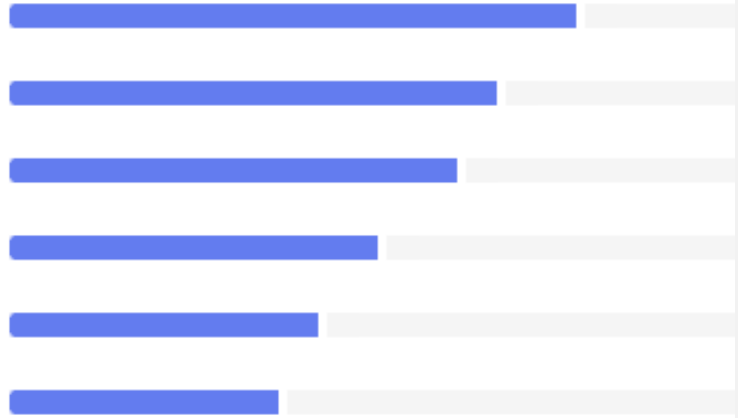
5. Expand Capacity for Changing Needs

Behavioral health, complex care, socioeconomic needs, partnerships and specialty access.

STAKEHOLDER SURVEY

9. Based on all responses, please rank from 1 to 6 SCHC's potential priorities over the next 3 years.

1	Expand Access to Care for Underserved Populations
2	Improve Quality of Care and Health Equity Outcomes
3	Referrals, Follow-up and Care Coordination
4	Increase Financial Stability and Navigate Changes to Policy & Funding Sources
5	Develop and Foster a Culturally Competent, Diverse, and Resilient Workforce
6	Grow Community Presence While Strengthening Partnerships



Stakeholder Survey: Four Strategic Themes

1 Access & Capacity

Expand access for underserved populations and build service capacity for growing demand.

2 Quality, Equity & Coordination

Maintain quality while improving equity, referrals, follow-up, specialty access and care coordination.

3 Financial & Organizational Sustainability

Pursue funding, prepare for federal policy changes, strengthen workforce capacity and modernize technology.

4 Community & Whole-Person Health

Strengthen partnerships and outreach while addressing housing, transportation, behavioral health, cultural and linguistic barriers.

Overarching implication: growth in access must be matched by workforce, financial, operational and referral capacity.

Three Perspectives, One Strategic Picture

Stakeholders

Four themes: access and capacity; quality, equity and coordination; financial and organizational sustainability; and community and whole-person health.

Clients

Strong trust in care teams, but frustration with the systems used to access care—especially appointments, wait times, referrals and specialty access.

Staff

Strong belief in mission and quality, paired with concerns about communication, culture, training, workflow, workforce stability and technology.

Shared direction: expand access while strengthening the people, systems and partnerships needed to sustain it.

A Proposed Strategic Framework

Preserve what is working while fixing the systems that limit access.

1. Timely and Equitable Access

Increase appointment and provider capacity; reduce wait times; improve continuity.

2. Workforce and Culture

Build recruitment, retention, training, supervision, engagement and accountability.

3. Care Coordination, Referrals and Specialty Access

Integrate social needs and resource navigation into patient care.

4. Modernization, Communication, and Operational Systems

Improve technology, workflows, data systems, funding readiness and operational capacity.

5. Advance Whole-Person Care and Community Health

Strengthen prevention, outreach, partnerships, and population-health approaches addressing community priorities.

6. Strengthen Financial & Organizational Sustainability

Maintain the financial and organizational capacity required to sustain services and strategic growth

7. Expand Dental and Other High-Priority Service Capacity

Expand services based on demonstrated patient/community need, capacity, and financial feasibility.

8: Preserve High-Quality, Respectful and Culturally Responsive Care

Provide quality, respectful, culturally responsive, equitable and person-centered care

CONCLUSION

Bottom Line

SCHC has a strong foundation of trusted care, commitment to underserved communities and culturally responsive service.

The strategic challenge is to make access to that care easier, faster and more coordinated—while building the workforce and operational capacity to sustain growth.

ACCESS + WORKFORCE + COORDINATION + MODERN OPERATIONS + WHOLE-PERSON SUPPORT

QUESTIONS ?

Sacramento County Health Center
Co-Applicant Board (CAB)
Friday, August 21, 2026, 9:30 a.m.- 11:22 a.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 and voting was had.

CALL TO ORDER (9:34 AM)

Opening Remarks and Introductions – *Laurine Bohamera and Suhmer Fryer*

Roll Call and Welcome – Two potential new CAB members, Sara Bertrand and Juanita Robledo, attended the meeting. All members and guests introduced themselves.

PRESENT

Suhmer Fryer - Chair	**Noel Vargas, Deputy Director of Human Services**
Laurine Bohamera – Vice Chair	**Corina Gonzalez - Chief Medical Officer**
Jan Winbigler - Member	**Michelle Besse – Health Program Mgr.**
Vince Gallo - Member	**Chirstina Delgado–Health Program Mgr.**
Eunice Bridges – Member	**Rachel Callan – Sr. Admin Analyst**
	Adam Prekeges – Admin Srvs Officer II
	Heather Vierra – Physician
	Nicole Reyes- Senior Office Assistant

Announcements: No announcements were made

INFORMATION ITEMS

Budget Updates

Adam Prekeges reviewed the budge reports with the CAB members. Adam also provided an overview of how the figures are calculated and reported. He provided a tutorial explaining the information included in the reports and explained the meaning of the various figures. – Please see handouts for further information on figures.

Project Director Report

Noel Vargas presented the Project Director's report on behalf of Rache Kay , who was out of the office. – Please see handout regarding information presented. No questions were asked after the presentation. The two potential CAB members provided feedback regarding good improvements they have observed in the referrals Department and with appointment scheduling. Noel also shared that Dr. Sumi will be returning to provide additional support to the clinic.

Medical Director Report

Dr. Corina Gonzalez presented the Medical Director's report and an informative slideshow regarding CAB and the clinic. Please see handout. Jan Winbigler asked if the slideshow would be available online. It was explained that the slideshow will need to be updated before it can be posted online or distributed to individuals who may be interested in joining the CAB or learning more about the clinic. No other questions were raised regarding the presentation and slideshow.

Strategic Planning

Jane Murphy provided an overview of the CAB's role in strategic planning and presented a slideshow with additional information. – Please see handout for more information. No questions were asked.

School based health center update expansion and back to school

Michelle Besse stated she had a recent meeting with HRSA regarding the school-based health services expansion. HRSA asked several questions regarding the number of sites involved and the importance of providing mental health services and health checkups in schools. Michelle explained to HRSA the program focuses on schools with high poverty levels to help ensure students have access to important health services. HRSA accepted the responses and requested that all applications be submitted. All applications were submitted the previous Friday. A meeting is scheduled for Tuesday to discuss next steps. The CAB team expressed that they are excited about the possibility of expanding the school-based services. Michelle stated the team is working with SCOE to ensure compliance at all sites and to continue improving services. Dr. Vierra asked whether the expanded school sites already have clinical staff in place or whether staff will need to be hired. Michelle explained that some sites already have staff while others do not. Michelle also stated that the official site name through HRSA of each site will state the school and Sacramento County: School Based Health Center.

Update on viability of HRSA Expanding Nutrition Services grant

Michelle Bessse explained that the proposed new grant was reviewed in greater detail, including billing considerations and what would be required to make the program fully functional. Several concerns were identified regarding the feasibility and overall structure of the program. Based on the clinic's assessment, it was discussed whether the grant would be the best opportunity to pursue. It was determined to not move forward with the grant at this time, as there are too many concerns regarding the program's functionality and implementation.
Everyone at the meeting agreed that there will be other grants and opportunities that may be a better fit for the clinic.

Tour of New DHS website

Michelle Besse presented the new Sacramento County website to the CAB members. Jan Winbigler asked whether contact information or email addresses are available on the website so members of the public can reach someone with questions about the clinic. It was explained that several email contacts are listed on the website for individuals seeking information or assistance regarding clinic services. No more questions were asked.

CAB Goals

An update regarding the CAB video will be provided at the next CAB meeting.
It was suggested that as any new applications come in, Nicole Reyes-Schultz, SOA, will read them over, contact the person interested, get some information and invite them to a meeting. If more detailed questions need to be answered, then they will be passed onto the designated CAB members to answer them. It was suggested that at the next CAB meeting in September the potential CAB members, Sara Bertrand and Juanita Robledo, who attend today's meeting be voted on for membership.

ACTION ITEMS

BUSINESS ITEM I.

- ✓ July 17, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted July 17, 2026, CAB Meeting Minutes

*Eunice Bridges Moved to Approve July 17, 2026, CAB meeting minutes.
*Jan Winbigler second the Motion to Approve the July 17, 2026, CAB meeting minutes

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

BUSINESS ITEM II.

- ✓ Submission of Expanding Nutrition Services Grant
- ✓ Recommended Action: Motion based on whether encounter meets criteria for a reimbursable visit and program has long term financial sustainability.

*Laurine Bohamera Moved to NOT Approve Submission of Expanding Nutrition Services Grant

*Eunice Bridges Seconded the Motion to NOT Approve Submission of Expanding Nutrition Services Grant

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

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 11:22 am.