

**Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB) AGENDA**

Friday, January 17, 2025, 9:30 a.m.- 11:30 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 – *Suhmer Fryer, Chair*

- a. Roll Call and Welcome
- b. Brief Announcements

INFORMATION ITEMS (9:35 AM)

1. Budget Update
2. Project Director Report/Selection of Interim HRSA Project Director
3. Medical Director Report/Medical Director Recruitment Update
4. School Based Health Center Project Update
5. 2025 Sacramento County Health Center Quality Improvement Plan
6. HRSA By-Laws and Co-Applicant Agreement Update

7. HRSA Main Grant Report
8. HRSA HIV Report
9. Review Committee Structure
10. Schedule Special Meeting for February
11. Growth Requests and Clinic Needs
12. 2025 CAB Required Activity Calendar
13. CAB Goals

INFORMATION/ACTION ITEMS¹ (10:45 AM)

BUSINESS ITEM I.

- December 20, 2024, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted December 20, 2024, Meeting Minutes

BUSINESS ITEM II.

- Special CAB Meeting in February 2025
- ✓ Recommended Action: Motion to Approve Special February CAB Meeting (UDS Report and Budget Proposal/Report)

BUSINESS ITEM III.

- Interim HRSA Project Director Selection
- ✓ Recommended Action: Motion to Approve Selected Interim HRSA Project Director

BUSINESS ITEM IV.

- 2025 CAB Required Activities Calendar
- ✓ Recommended Action: Motion to Approve Revised 2025 CAB Required Activities Calendar

BUSINESS ITEM V.

- 2025 Sacramento County Health Center Quality Improvement Plan
- ✓ Recommended Action: Motion to Approve the Proposed 2025 SCHC Quality Improvement Pan

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

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

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

Grant	Start	End	Total Grant	Claims				YE TOTAL	"Remaining" FYE	FYE "Carryover"	Description	Order #
				Q1	Q2	Q3	Q4					
HRSA Homeless (GY 21/22)	3/1/2021	2/28/2022	1,442,813.00	525,028.85	409,661.34	365,636.93	93,296.69	1,393,623.81	49,189.19	-	HRSA Main Grant	A18551
HRSA Homeless (GY 22/23)	3/1/2022	2/28/2023	1,386,602.00	430,466.95	243,476.72	488,757.92	223,897.04	1,386,598.63	3.37	-	HRSA Main Grant	A18551
HRSA Homeless (GY 23/24)	3/1/2023	2/28/2024	1,386,602.00	636,551.39	468,785.27	281,265.34	-	1,386,602.00	-	-	HRSA Main Grant	A18551
HRSA Homeless (GY 24/25)	3/1/2024	2/28/2025	1,424,937.00	505,574.97	388,824.82			894,399.79	530,537.21	-	HRSA Main Grant	A18551
HRSA HIV (GY 22/23)	9/1/2022	8/31/2023	325,000.00	32,303.08	23,538.87	80,692.49	75,834.42	212,368.86	112,631.14	112,631.00	HRSA HIV Grant	A18565
HRSA HIV (GY 23/24)	9/1/2023	8/31/2024	437,631.00	84,102.42	54,135.25	45,032.91	95,754.59	279,025.17	158,605.83	-	HRSA HIV Grant	A18565
HRSA HIV (GY 24/25)	9/1/2024	8/31/2025	325,000.00							-	HRSA HIV Grant	A18565
RHAP (GY 21/22)	10/1/2021	9/30/2022	1,958,204.00	376,643.00	375,193.00	404,048.00	389,258.00	1,545,142.00	413,062.00	-	RHAP DHCS Grant	A19453
RHAP (GY 22/23)	10/1/2022	9/30/2023	1,789,062.00	445,631.50	446,464.50	445,274.50	389,820.50	1,727,191.00	61,871.00	-	RHAP DHCS Grant	A19453
RHAP (GY 23/24)	10/1/2023	9/30/2024	1,993,648.02	231,332.52	464,469.41	470,308.40	501,073.83	1,667,184.16	326,463.86	-	RHAP DHCS Grant	A19453
RHAP (GY 24/25)	10/1/2024	9/30/2025	3,368,941.00						3,368,941.00	-	RHAP DHCS Grant	A19453
RHPP Main (GY 21/22)	10/1/2021	9/30/2022	82,014.00	22,153.81	23,065.09	19,677.15	17,117.95	82,014.00	-	-	RHPP Main DHCS Grant	A19459
RHPP Main (GY 22/23)	10/1/2022	9/30/2023	82,014.00	2,555.99	2,497.92	9,214.20	40,202.96	54,471.07	27,542.93	-	RHPP Main DHCS Grant	A19459
RHPP Main (GY 23/24)	10/1/2023	9/30/2024	139,994.00	9,371.55	4,946.30	16,803.03	26,385.53	57,506.41	82,487.59	-	RHPP Main DHCS Grant	A19459
RHPP UHP (GY 23/24)	10/1/2023	9/30/2024	99,934.00	-	143.69	627.97	753.88	1,525.54	98,408.46	-	RHPP UHP DHCS Grant	A19470
RHPP AHP (GY 22/23)	10/1/2022	9/30/2023	200,000.00	-	-	13,400.00	8,927.12	22,327.12	177,672.88	-	RHPP AHP DHCS Grant	A19469
RHPP AHP (GY 23/24)	10/1/2023	9/30/2024	199,602.00	4,153.80	5,900.57	5,586.93	27,388.22	43,029.52	156,572.48	-	RHPP AHP DHCS Grant	A19469
				PY Spent								
County ARPA (H-4)	1/1/2022	12/31/2024	2,701,919.00	1,720,610.77	Total Claimed County FY24/25:			937,396.52	43,911.71	-	County ARPA	HS-ARPA02-40
County ARPA (H-18)	1/1/2022	12/31/2024	135,000.00	79,685.93				37,393.95	17,920.12	-	County ARPA	HS-ARPAII-40
County ARPA (H-19)	7/1/2022	12/31/2024	319,000.00	153,561.41				154,253.84	11,184.75	-	County ARPA	HS-ARPAII-50
ARPA (One Community Health)				750,000.00	-	Total Claimed County FY24/25:		43,757.26	706,242.74		County ARPA	HS-ARPAII-70
HRSA CBE ARP CIP (GY 21/22)	9/15/2021	9/14/2022	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA CBE ARP CIP (GY 22/23)	9/15/2022	9/14/2023	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA CBE ARP CIP (GY 23/24)	9/15/2023	9/14/2024	619,603.00	-	63,688.06	23,312.14	77,567.63	164,567.83	455,035.17	-	HRSA Infrastructure Support	A18564
HRSA CBE ARP CIP (GY 24/25)	9/15/2024	3/31/2025	619,603.00						455,035.17	-	HRSA Infrastructure Support	A18564

Report Summary

The HRSA program budget is expected to be claimed in full with no major variances or concerns to report. The County budget reflects a \$3.1 million general fund draw with overruns in salaries and intrafund charges. Contracts, fixed assets, and reimbursements show no major variances. However, outside revenue is projected to fall short by \$2.4M, and program is working to increase productivity and billable visits to increase Medi-Cal revenue. The grant expenditure report has been refined for better clarity. No significant changes compared to last month's report.

HRSA Project Budget Summary

- As of 11/30/2024 (quarter 2 of the grant year) we have expended \$894,399.80 on the HRSA project. We have a remaining balance of \$530,537.20, and are projecting to draw down 100%. The quarter 3 claim has not been processed.
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Bottom line reflects \$3.1 million general fund draw, which is down from the projected \$3.6 million last month.
- Object 10 Salaries/Benefits: expected to be \$237K over budget.
 - Mostly due to terminal pay expenditures for retiring employees, over expenditures in extra help, and expected after-hours clinics costs.
 - No significant changes from last month.
- Object 20 Services/Supplies: expected to be \$150K under budget.
 - This projection can significantly change over the next few months depending on our contract obligations, and the Refugee lab costs.
 - Have been reducing reliance on registry staff, and not fully utilizing contracts, which has helped us decrease our 20 object projections.
- Object 30 Contracts: expected to have no variance at this time.
 - OCHIN may have increased costs with increased patient counts/visits. Will evaluate for next period.
- Object 40 Fixed Assets: no budgeted expenditures and no planned costs.
- Object 60 Internal Charges/Allocated Costs: \$312K overage expected due to higher pharmaceutical supply costs from SCHC Pharmacy.
- Object 59 and 69 Inter/Intrafund Reimbursements: no variance anticipated; Realignment funding and funding from other County departments paying for Clinics services.
- Object 95/96/97 Outside Revenue: Projected to be \$2.4M under budget.
 - Medi-Cal revenue is projected \$2.4M low; program is working on increasing billable visits to increase revenue.
 - Grants are generally on track with Refugee expected at \$875K more than budgeted.
 - All ARPA revenue will be received.

Grant Expenditure Summary and Significant Variances

- Grant PDF in new format; no concerns to discuss. Claiming is on track.

GL ACCT NAME	FY 2023-24 Final Budget	FY 2024-25 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
10111000 REGULAR EMPLOYEES	9,569,641	9,276,604	3,189,445	0	3,189,445	34%	8,324,451	952,153	
10112100 EXTRA HELP	210,130	216,432	152,668	0	152,668	71%	398,464	-182,032	
10113200 TIME/ONE HALF OT	11,350	11,677	1,906	0	1,906	16%	50,000	-38,323	afterhours/weekend clinics estimates. Reduced to \$50k as we are not doing as much OT.
10114100 PREMIUM PAY	293,628	205,251	82,232	0	82,232	40%	214,626	-9,375	
10114200 STANDBY PAY	0	0	243	0	243	0%	2,500	-2,500	
10114300 ALLOWANCES	10,000	10,000	5,768	0	5,768	58%	11,537	-1,537	vacation cashout
10115200 TERMINAL PAY	0	0	147,750	0	147,750	0%	200,000	-200,000	Large cashouts
10121000 RETIREMENT - EMPLOYER COST	0	2,052,189	715,543	0	715,543	35%	2,067,566	-15,377	
10121100 1995 POB - ACP	555,053						0	0	
10121200 2004 POB - ACP	284,756	1,085,357	429,893	0	429,893	40%	1,085,357	0	allocated cost
10121300 HEALTH SVGS-ER COST	81,900	74,100	25,150	0	25,150	34%	65,642	8,459	
10121400 401A - PLAN	58,301	62,471	22,508	0	22,508	36%	58,746	3,725	
10122000 OASDHI - EMPLOYER COST	720,674	696,166	226,742	0	226,742	33%	591,797	104,369	
10123000 GROUP INS - EMPLOYER COST	0	1,794,532	533,413	0	533,413	30%	1,528,363	266,169	
10123001 CNTY EE PLAN SELECT	0	0	675	0	675	0%	1,800	-1,800	
10123002 DENTAL PLAN ER COST	0	0	53,681	0	53,681	0%	143,148	-143,148	
10123003 LIFE INS - ER COST	0	0	458	0	458	0%	1,222	-1,222	
10123004 VISION INS - ER COST	0	0	534	0	534	0%	1,423	-1,423	
10123005 GROUP INSURANCE - EAP	0	0	1,336	0	1,336	0%	3,564	-3,564	
10124000 WORK COMP - ACP	187,847	304,502	120,608	0	120,608	40%	304,502	0	allocated cost
10125000 SUI - ACP	21,786						0	0	allocated cost
10199900 Salary Savings Acct	-349,707	-971,791	0	0	0	0%	0	-971,791	
Object 10 TOTAL - Salaries and Employees	11,655,359	14,817,490	5,710,555	0	5,710,555	38.54%	15,054,708	-237,218	
20200500 ADVERTISING	1,500	1,500	17,999	0	17,999	1200%	101,999	-100,499	NTI contract (HV) \$100K, other cost include advertising for MD position
20202200 BOOKS/PER SUP	2,500	1,500	0	0	0	0%	1,500	0	
20202900 BUS/CONFERENCE EXP	1,200	1,200	0	0	0	0%	0	0	
20203100 BUSINESS TRAVEL	3,000	3,000	1,461	0	1,461	49%	3,000	0	
20203500 ED/TRAINING SVC	6,000	3,000	2,094	0	2,094	70%	3,000	0	
20203600 ED/TRAINING SUP	1,000	1,000	311	0	311	31%	1,000	0	
20203700 TUITION REIMBURSEMENT	3,000	3,000	4,194	0	4,194	140%	3,000	0	
20203800 EMPLOYEE RECOGNITION	0	6,000	84	0	84	84	6,000	-2,916	
20203804 WORKPLACE AMENITIES	0	0	97	25	122	0%	3,000	-3,000	
20203900 EMPLOYEE TRANSPORTATION	2,500	2,500	397	0	397	16%	1,600	900	
20204500 FREIGHT/CARTAGE	20,000	20,000	6,354	1,501	7,855	39%	20,000	0	
20206100 MEMBERSHIP DUES	1,500	1,000	0	0	0	0%	4,000	-3,000	
20207600 OFFICE SUPPLIES	28,000	28,000	45,205	22,125	67,330	240%	100,000	-72,000	Increase in Refugee and staff lead into an increase of office supplies. ARP grant purchases also hit here for task chairs etc. Grant reimbursement below.
20207602 SIGNS	0	0	4,593	0	4,593	0%	4,593	-4,593	
20208100 POSTAL SVC	1,000	1,000	30	0	30	3%	1,000	0	
20208500 PRINTING SVC	1,000	1,000	3,406	0	3,406	341%	8,173	-7,173	
20211100 BLDG MAINT SVC	0	0	0	672	672	0%	672	0	
20218500 PERMIT CHARGES	2,100	2,100	0	0	0	0%	0	2,100	
20219300 REF COLL/DISP SVC	1,500	1,500	1,544	129	1,673	112%	3,500	-2,000	
20221100 CONST EQ MAINT SVC	0	0	4,837	0	4,837	0%	5,200	-5,200	
20222700 CELLPHONE/PAGER	16,970	19,912	9,563	0	9,563	49%	22,952	-3,040	
20223800 FUEL/LUBRICANTS	0	3,000	1,358	0	1,358	45%	3,258	-258	
20225100 MED EQ MAINT SVC	10,000	10,000	4,921	425	5,346	53%	5,346	0	
20225200 MED EQ MAINT SVC	23,157	20,157	1,624	10,304	11,928	59%	20,157	0	ARP grant purchases hit here as well. Grant reimbursement below.
20226100 OFFICE EQ MAINT SVC	215	132	45	87	132	100%	500	-368	On-site shred
20226201 ERGONOMIC FURNITURE	0	0	1,081	0	1,081	0%	1,081	0	
20226400 MODULAR FURNITURE	0	0	0	21,457	21,457	0%	21,457	0	
20227500 RENT/LEASE EQ	30,000	30,000	16,942	0	16,942	56%	40,661	-10,661	
20232100 CUSTODIAL SVC	0	8,000	0	0	0	0%	8,000	0	
20233200 FOOD/CATERING SUP	200	200	0	0	0	0%	250	-50	
20235100 LAUNDRY CLEAN SVC	3,000	3,000	1,345	0	1,345	45%	5,000	-2,000	
20241200 DENTAL SUP	10,000	2,000	0	0	0	0%	5,000	-3,000	
20242000 DRUGS/PHARM SUP	0	0	720	0	720	0%	0	0	
20243700 LAB MED SVC	1,000	1,000	-23,677	436,889	413,212	41321%	840,000	-839,000	Assuming \$80k a month for rest of FY (assumed \$40K in past, Refugee doubling in size Oct24 onwards). Nothing has hit this FY, adding \$120K on estimate to account for July 24-Sept/24. Reviewing pending invoices, this estimate seems high, but will keep as that is what hit earlier CY 24. Only have invoices through July 24, need to wait to see more recent invoices.
20244300 MEDICAL SVC	1,000	1,000	216	27	243	24%	4,000	-3,000	
20244400 MEDICAL SUP	0	0	8,844	25,134	33,978	0%	24,000	-24,000	
20247100 RADIOLOGY SVC	28,262	28,262	19,374	0	19,374	69%	28,262	0	
20247200 RADIOLOGY SUP	5,000	5,000	3,002	0	3,002	60%	15,000	-10,000	
20252100 TEMPORARY SVC	26,056	26,825	97,201	0	97,201	362%	98,208	-71,383	clerical temps - reducing 5 in Refugee grant, shifting to MAs. As of period 3 currently have no clerical temps, and don't foresee any more being hired.
20257100 SECURITY SVC	209,798	230,732	40,542	0	40,542	18%	180,000	50,732	Only July/Aug costs posted so far, assuming \$15K a month
20259100 OTHER PROF SVC	13,811,895	16,525,940	2,228,477	5,077,825	7,306,302	44%	15,796,406	729,534	Contract estimates based on spending from last FY - UCD at 95% (\$6.3M); SCOE at ~50% (\$5M); registry assumed at \$256K/mo for 9 mos. (Refugee program increases). Added \$1M due to paying out old SCOE contracts, will receive M-Cal revenue to offset it. AAR will be completed to add \$875K for Refugee, but also AAR will be completed to deduct \$830K for Pharmacy. This could significantly change depending on if SCOE productivity is same as PY, assuming yes.
20271100 DTECH LABOR	509,430	474,579	97,059	53,548	150,607	32%	474,579	0	
20281100 DATA PROCESSING SVC	500,000	500,000	160,004	2	160,006	32%	500,000	0	
20281200 DATA PROCESSING SUP	82,780	82,780	0	0	0	0%	82,780	0	
20281201 HARDWARE	0	0	7,966	7,407	15,373	0%	36,895	-36,895	
20281202 SOFTWARE	97,363	127,618	26,227	195	26,422	21%	50,000	77,618	
20281204 OTHER	0	0	0	419	419	0%	419	0	
20281265 APPLICATION SW MAINT	0	0	6,293	0	6,293	0%	6,293	0	
20283200 INTERPRETER SVC	556,305	556,305	161,043	0	161,043	29%	386,504	169,801	Homeless grant covers \$90K, RHAP covers \$120K.
20287100 TRANSPORTATION	400	400	2,797	0	2,797	699%	2,500	-2,100	
20288000 PY EXPEND	0	0	0	0	0	0%	0	0	
20289900 OTHER OP EXP SVC	71,200	1,200	0	0	0	0%	3,500	-2,300	
20291000 CW IT SVCS - ACP	113,746	129,195	51,565	0	51,565	40%	129,195	0	
20291200 DTECH FEE - ACP	40,174	56,826	24,970	6,138	31,108	55%	56,826	0	DTEch Non-ACP
20291800 WAN CHARGES - ACP	169,580	240,305	95,912	0	95,912	40%	240,305	0	DTEch Non-ACP
20291700 ALARM SERVICES - ACP	17,003	19,403	6,368	0	6,368	33%	19,403	0	
20292100 GS PRINTING SVC	5,000	5,000	0	0	0	0%	0	5,000	
20292200 GS MAILPOSTAGE	7,000	7,000	5,715	0	5,715	82%	13,717	-6,717	
20292300 MESSENGER SVCS - ACP	7,764	13,720	5,896	0	5,896	43%	13,720	0	
20292500 PURCH SVCS - ACP	26,859	21,194	8,395	0	8,395	40%	21,194	0	
20292700 GS WAREHOUSE CHARGES	1,000	1,000	412	0	412	41%	1,000	0	
20292800 GS EQUIP RENTAL LT	0	0	99	0	99	0%	237	-237	
20292900 GS WORK REQUEST	612,603	553,280	-9,447	4,774	-4,673	-1%	200,000	353,280	Projects Team work (remodel, kisoks) ARP Grant construction requests will fall here. Facility Use - ACP, actual postings to be adjusted. Ongoing conversations with Fiscal.
20294200 FACILITY USE - ACP	1,520,318	1,607,338	669,460	1,663,712	2,333,172	145%	1,607,338	0	
20296200 GS PARKING CHGS	350	350	33	0	33	10%	2,500	-2,150	
20297100 LIABILITY INS - ACP	144,663	222,465	88,115	0	88,115	40%	222,465	0	Allocated Cost (PP)
20298300 SURPLUS PROP - ACP	5,424	6,040	2,419	0	2,419	40%	6,040	0	Allocated Cost (PP)
20298700 TELECOMM - ACP	100,590	108,516	0	0	0	0%	0	108,516	posts to 20298703
20298702 CIRCUIT CHRGs - ACP	0	0	1,479	0	1,479	0%	3,549	-3,549	Allocated Cost
20298703 LND LN CHARGES - ACP	0	0	48,826	0	48,826	0%	117,183	-117,183	Allocated Cost
20298900 TELEPHONE INSTALLATIONS	0	0	2,137	0	2,137	0%	2,137	0	
Object 20 TOTAL - Services and Supplies	18,841,705	21,726,974	3,967,925	7,332,796	11,300,721	52%	21,582,118	167,208	Operations
30310300 ELIG EXAMS	1,500	1,500	98	0	98	7%	1,500	0	DOJ Fingerprinting
30310600 CONTRACT SVC PRV	0	0	0	0	0	0%	0	0	
30310700 TRANSPORTATION/WELF	10,000	10,000	1,988	0	1,988	20%	10,000	0	RT Passes
30311400 VOLUNTEER EXPENSES	500	500	485	0	485	97%	500	0	Volunteer DOJ Fingerprinting and pay claims
30312100 PROVIDER PAYMENTS	1,048,633	1,095,000	373,993	152,437	526,429	48%	1,095,000	0	OBS; FONEMED; HMA
30370000 CONTR OTHER AGENCIES	0	541,000	43,757	706,243	750,000	139%	541,000	0	Period 3: GL added to budget, also added \$541K of budgeted revenue to 95959503 (one community health ARPA), \$750K encumbrance is full award amount, which spans over 3 FY. Expected to spend \$541K this FY.
Object 30 TOTAL - Other Charges	1,060,633	1,648,000	420,321	858,679	1,279,000	78%	1,648,000	0	

43430110 EQUIPMENT-PROP	0	0	0	0	0	0%	0	0	0	
43430300 EQUIP SD NON REC	0	0	0	0	0	0%	0	0	0	
Object 40 TOTAL	0	0	0	0	0	0%	0	0	0	
60601100 DEPT OH ALLOC	1,104,224	1,279,755	388,375	0	388,375	30%	1,279,755	0	0	Allocated Cost
60601200 DIV OH ALLOC	387,895	403,737	47,621	0	47,621	12%	403,737	0	0	Allocated Cost
60650400 COLLECTION SVC	15,000	1,750	1,601	0	1,601	92%	1,750	0	0	DRR Collection
60691301 FIN GEN ACC - ACP	8,005	10,207	4,043	0	4,043	40%	10,207	0	0	Allocated Cost
60691302 FIN PROLL SVCS - ACP	6,104	6,663	2,639	0	2,639	40%	6,663	0	0	Allocated Cost
60691303 FIN PMT SVCS - ACP	9,432	14,712	5,827	0	5,827	40%	14,712	0	0	Allocated Cost
60691305 FIN INT AUDITS - ACP	4,295	5,013	1,986	0	1,986	40%	5,013	0	0	Allocated Cost
60691306 FIN SYS C & R - ACP	6,100	8,536	3,381	0	3,381	40%	8,536	0	0	Allocated Cost
60695102 BEN ADMIN SVCS - ACP	18,836	23,459	9,292	0	9,292	40%	23,459	0	0	Allocated Cost
60695103 EMPLOYM SVCS - ACP	64,453	88,904	35,213	0	35,213	40%	88,904	0	0	Allocated Cost
60695500 TRAINING SVCS - ACP	16,932	21,734	8,609	0	8,609	40%	21,734	0	0	Allocated Cost
60695600 DEPT SVCS TRAN - ACP	148,073	142,562	56,467	0	56,467	40%	142,562	0	0	Allocated Cost
60695700 401A ADMIN SVC - ACP	995	1,103	437	0	437	40%	1,103	0	0	Allocated Cost
60695800 LABOR REL - ACP	16,022	19,081	7,558	0	7,558	40%	19,081	0	0	Allocated Cost
60695900 SAFETY PGM - ACP	12,051	18,387	7,283	0	7,283	40%	18,387	0	0	Allocated Cost
60697900 OTHER SVC	0	0	11,687	0	11,687	0%	11,687	0	0	Jia Lin Pay from CHS
60697909 MIS SERVICES	0	0	24,659	0	24,659	0%	0	0	0	Allocated Cost Budgeted in 60601100
60698018 INTRA PROGRAM CHARGE	1,916,880	2,009,060	439,373	0	439,373	22%	2,309,060	-300,000	0	pharmacy costs - Period 4 - Pharmacy is doing an AAR for \$830K to increase 60 object. Expecting a \$300k increase from original amount.
Object 60 TOTAL - Intrafund Charges	3,735,297	4,054,663	1,056,048	0	1,056,048	26%	4,366,350	-311,687	0	
TOTAL EXPENDITURE	35,292,994	42,247,127	11,154,849	8,191,475	19,346,324	46%	42,651,175	-381,697	0	
59599125 REALIGNMENT 1991 HEALTH	-9,232,367	-10,346,857	-4,756,299	0	-4,756,299	46%	-10,346,857	0	0	
59599134 Restricted Funding	0	-15,359	0	0	0	0%	-15,359	0	0	
Object 50 TOTAL - Interfund Reimbursement	-9,232,367	-10,362,216	-4,756,299	0	-4,756,299	0	-10,362,216	0	0	
69699000 INTRA COST RECOVERY	-492,448	-392,622	-47,719	0	-47,719	12%	-392,622	0	0	ways, HP transfer, GA medical exams
69699017 INTRA DEPARTMENTAL R	-2,545,229	-1,650,297	-1,627,385	0	-1,627,385	99%	-1,650,297	0	0	ray for PUB Chest, MHSSA SCOE contract pass thru w/ BHS
69699018 INTRA PROGRAM REIMBU	-14,537	-15,159	-4,835	0	-4,835	32%	-15,159	0	0	Pharmacy reimb of AT
Object 69 TOTAL - Intrafund Reimbursement	-3,052,214	-2,058,078	-1,679,940	0	-1,679,940	82%	-2,058,078	0	0	
TOTAL REIMBURSEMENT:	-12,284,581	-12,420,294	-6,436,239	0	-6,436,239	52%	-12,420,294	0	0	
NET Cost before Revenue	27,137,050	29,826,833	4,718,610	8,191,475	12,910,085	43%	30,230,881	-404,048	0	
95953010 PY INTERGOV - STATE	0	-2,180,612	0	0	0	0%	-1,360,133	-820,479	0	\$820,479 recon payment received in FY 23-24 (June) instead of in FY 24-25 as budgeted (came early)
95953011 PY INTERGOV - FED	0	0	-61,038	0	-61,038	0%	-61,038	61,038	0	
95956900 STATE AID OTHER MISC	-16,364,451	-21,130,316	-7,248,798.58	0	-7,248,799	34%	-18,659,617	-2,470,699	0	Period 4 B2A, reflects the below (was 1.4M P1, 2.8M P2, 4.2M P3, \$5.4M P4, \$7.25M) Included - Capitation, PPS, FFS, HEDIS/QI Incentives; straightline revenue is \$16.2M; \$19M projection includes addl 2500 visits for Refugee, and SCOE back billing for past contracts (\$500K added here and \$1M added in 20 object). Some of the SCOE back billing is hitting now. \$15.5M posted in 23/24
95956901 STATE MEDICAL REVENUES	0	0	0	0	0	0%	0	0	0	
95958900 HEALTH FED	-3,588,678	-4,150,780	-1,040,181	0	-1,040,181	25%	-5,026,073	875,293	0	Refugee grant is more than expected (~\$875K more)
95958901 MEDI-CARE REVENUE	0	0	-2,995	0	-2,995	0%	-2,995	2,995	0	
95959100 CONSTRUCTION FED	-559,603	-553,280	-77,568	0	-77,568	14%	-414,960	-138,320	0	HRSA ARP-CIP CEB (A18564): \$619,603; assume will recover 75%
95959503 ARPA- SLFRF Revenue	-1,699,608	-1,475,647	-865,449	0	-865,449	59%	-1,573,036	97,389	0	will claim full ARPA award by 12/31/24 expenditure cutoff - rollover ARPA funding available is higher than budgeted. \$541K added for OCH
Object 95 TOTAL - Intergovernmental Revenue	-22,212,340	-29,490,635	-9,296,029	0	-9,296,029	32%	-27,097,852	-2,392,783	0	
96962000 MED CARE INDIGENT	-15,000	-5,000	0	0	0	0%	-5,000	0	0	CMISP Patient payment + DRR
96962020 CMISP SOC REV-DRR	0	0	-3,439	0	-3,439	0%	0	0	0	included above
96966300 MED CARE PRIVATE	-1,000	-1,000	0	0	0	0%	0	-1,000	0	private insurance
96966900 MED CARE OTHER	-1,000	-1,000	0	0	0	0%	0	-1,000	0	TPLU Insurance Payments
96969900 SVC FEES OTHER	-1,000	-1,000	-4,807	0	-4,807	481%	-4,807	3,807	0	Self Pay/Sliding Fee Pmts
Object 96 TOTAL - Charges for Services	-18,000	-8,000	-4,807	0	-8,246	5	-8,807	1,807	0	
97979900 PRIOR YEAR	0	0	0	0	0	0%	0	0	0	
97979000 MISC OTHER	1	0	-305	0	-305	0%	-305	0	0	
97979004 JURY FEE EMP REIMB	1	0	-165	0	-165	0%	-165	0	0	
TOTAL REVENUES	-22,230,340	-29,498,635	-9,301,307	0	-9,304,746	32%	-27,108,129	-2,390,976	0	
Net County Cost/NCC	4,906,710	328,198	-4,582,697.10	8,191,475	3,605,339	109%	3,122,752	-2,795,024	0	
	Expenditure Minus Rev	Actual Exp Minus Actual Rev	Encumbrance Totals	Actual Exp + Encumbrance Totals	% of budget spent & generated	YEE of Exp Minus YEE Rev	Net Exp variance minus rev variance			AP05

Period
Current Month
Percentage of Year

5
November
42%

APO5 Financial Status Summary

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	% for YEE	Notes
Revenue									
Inter/Intrafund Reimbursements ** REIMBURSEMENT ACCOUNTS	\$ 12,420,294	\$ 6,436,239	\$ 6,436,239	\$ -	\$ 6,436,239	52%	\$ 12,420,294	100%	Realignment and reimbursements for services to other DHS programs
Intergovernmental Revenue * 95 - INTERGOVERNMENTAL REVENUE	\$ 29,490,635	\$ 9,296,029	\$ 9,296,029	\$ -	\$ 9,296,029	32%	\$ 27,097,852	92%	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants. Increased Medi-Cal estimates in budget, now budgeting Medi-Cal revenue reconciliation payment as part of revenue.
Charges for Services * 96 - CHARGES FOR SERVICES	\$ 8,000	\$ 8,246	\$ 8,246	\$ -	\$ 8,246	103%	\$ 9,807	123%	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue * 97 - MISCELLANEOUS REVENUE	\$ -	\$ 470	\$ 470	\$ -	\$ 470		\$ 470		Prior Year Patient Revenue
Total Revenue	\$ 41,918,929	\$ 15,740,985	\$ 15,740,985	\$ -	\$ 15,740,985	38%	\$ 39,528,423	94%	
Expenses									
Personnel * 10 - SALARIES AND EMPLOYEE BENEFITS	\$ 14,817,490	\$ 5,710,555	\$ 5,710,555	\$ -	\$ 5,710,555	39%	\$ 15,054,708	102%	expecting low vacancies on County permanent staff due to deleting vacant positions in budget; extra help exceeding budget for on-calls/County temps; OT for afterhours clinics not budgeted; retirement cashout exceeding budget
Services & Supplies * 20 - SERVICES AND SUPPLIES	\$ 21,726,974	\$ 3,967,925	\$ 3,967,925	\$ 7,332,796	\$ 11,300,721	52%	\$ 21,582,118	99%	Contract costs - UC Davis expected at \$5.3M, SCOE expected at \$4.5M; Registry expected at \$2.6M Lab costs - no postings this FY yet but approx \$30K/mo. - may increase with increased Refugee patients Clerical temps approx \$100K annually; planning to request Appropriation Adjustment Request to increase budget by about \$1M in Board action when accept increased Refugee grant
Other Charges * 30 - OTHER CHARGES	\$ 1,648,000	\$ 420,321	\$ 420,321	\$ 858,679	\$ 1,279,000	78%	\$ 1,648,000	100%	OCHIN contract
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -				No Equipment Charges in FY 24-25
Intrafund Charges (Allocation costs) * 60 - INTRAFUND CHARGES	\$ 4,054,663	\$ 1,056,048	\$ 1,056,048	\$ -	\$ 1,056,048	26%	\$ 4,366,350	108%	Allocated costs for services provided to Clinics by other DHS programs. Need to discuss Facilities allocations with Fiscal (reason our projection is over budget).
Total Expenses	\$ 42,247,127	\$ 11,154,849	\$ 11,154,849	\$ 8,191,475	\$ 19,346,324	46%	\$ 42,651,176	101%	
GRAND TOTAL (Net County Cost)	\$ 328,198	\$ (4,586,136)	\$ (4,586,136)	\$ 8,191,475	\$ 3,605,339	1099%	\$ 3,122,753	951%	working on multi year plan to reduce general fund draw by increasing billable visits/revenue

HRSA Project Director Updates

January 17, 2025 CAB Meeting

Key Points:

HRSA OSV has successfully closed all except for one condition. We have requested an extension on the fourth condition, which is included in the RFI.

We continue to have a significant influx of Refugee patients, we are on track to see 10,000 this year. Many patients are coming early in the year as a result of political pressure, causing some delays, but we are on track to see 10,000 patients.

The request to halt general fund draws presents a challenge as we strive to maintain service levels, streamline operations, and enhance care, all without compromising patient well-being.

Patient No-Shows and Artera Messaging

Initiatives to reduce patient no-show rates are showing positive results. Expanded use of Artera messaging, including conversational messages, will further improve patient engagement and reduce no-shows. The new “conversational workflows” went live on 12/11/24, enabling rescheduling appointments through text message.

Medical Director Recruitment

The Health Center is actively recruiting a new Medical Director. The Community Advisory Board (CAB) will be involved in the selection process. The position remains open. Dr. Vierra is currently filling in as the interim medical director.

Project Director Update

Dr. Mendonsa remains out on leave at this time. We will need to elect a new project in his absence. HRSA regulations require that a new/ temporary project director be elected if the current project director is unavailable for more than 90 days. Project Directors are required to be Sacramento County Staff.

Financial Challenges and Grant Updates

The Health Center continues to face challenges with the \$6 million general fund draw reduction. The HRSA Capital Infrastructure grant received a 6-month extension. The Non-Competing Application for the HRSA grant was successfully submitted. The Health Center is awaiting news on the expanded hours grant application.

HRSA Operational Site Visit (OSV) and Request for Information (RFI)

The Health Center has completed the OSV and submitted the RFI regarding the school based mental health program.

Refugee Resettlement Health Assessment Program

HRSA Project Director Updates

January 17, 2025 CAB Meeting

We continue to have a significant influx of Refugee patients, we are on track to see 10,000 this year. Many patients are coming early in the year as a result of political pressure, causing some delays, but we are on track to see 10,000 patients. We plan to keep the clinic open on three upcoming county holidays to help relieve some of the pressure due to the influx.

Referrals Unit

Our referrals unit is continuing to improve its ability to process referrals and streamline job functions. This has included the new use of Artera Messages to communicate with patients about their referrals and provide them with their referral specialist information through text messages.

Facility Improvements

The Health Center is working to increase exam room space for the refugee clinic and improve overall space utilization. We are continuing to make several different moves and are turning the previous office space into two fully functioning exam rooms. This is slated to be completed no later than March 31, 2025. We expect this will increase availability and patient care.

Co-Applicant Board Meeting

Medical Director Update

January 17, 2025

Adult Medicine

- Increased appointment access, particularly same day appointments
 - On-call providers: Family Medicine MD, Physician Assistant
 - All providers have returned from leave (medical, maternity)
- Continued excellent work by our Complex Care Management team
 - Sacramento State Social Work interns joined team to help with Social Determinants of Health evaluation
- Planning for Team-Based Care
 - Grouping providers based on panel size, language concordance
 - Pre-implementation survey on knowledge and attitudes of team-based care

Pediatrics

- Continued QI efforts to increase well child visits and immunizations

Family Medicine

- Launching QI project to assist with linking pregnant patients with prenatal care in first trimester

Loaves & Fishes

- Providers/RN continue to deliver quality care with limited resources (avg 150 patients/mth)
- Dr. Malhotra started Complex Care Management Clinic with UCD Med-Psych residents once a week (Wednesday mornings)
- Staff changes in January 2025 – provider available only 3 days a week (M/W/F)
 - Meeting with UCD to explore staffing options
- Challenge: Limited indoor and private space to safely care for infectious issues such as respiratory and scabies, especially during winter months



**Sacramento County Health Center
Quality Improvement Plan
2025**

DRAFT

Department of Health Services
Primary Health Division
Approved by CAB on XXX

OVERVIEW

Sacramento County Health Center (SCHC) takes a systematic approach to quality measurement and quality improvement. The Quality Improvement (QI) Plan outlines the process, which includes methods to monitor performance and implement changes when necessary, with follow-up measurements to determine whether new practices positively affect performance.

Data review is essential to the QI process. Data can include, but is not limited to, performance indicators, satisfaction surveys, member concerns (complaints, grievances), service utilization, medication errors, chart review, etc. Compliance and risk management are also integral to quality management. The Health Center is a public entity with separate units or departments for Compliance (HIPAA), risk management, contracts, fiscal, safety, information management, and legal counsel.

All staff members are responsible for QI. QI teams cannot function without the participation of supervisors, leadership, and line staff, who will implement revised workflows and protocols after the QI project is complete. SCHC acknowledges that reduced staffing levels will impact what can be achieved in the current economic environment.

Health Center Vision

- To be an exceptional healthcare center valued by the communities we serve and our team.

Health Center Mission

- To provide high-quality, patient-focused, equitable healthcare for the underserved in Sacramento County while providing training for the next generation of local healthcare providers.

Values

- Accountability
- Diversity
- Excellence
- Respect
- Compassion
- Equity
- Education

Quadruple Aim

- Patients feel that the SCHC cares about and works to improve their well-being, safety, and experience in a respectful way.
- Reducing health inequities and assisting patients in achieving better health outcomes through best practice and/or evidence-based guidelines.
- Responsible management of funds to ensure the economic sustainability of the Health Center.
- Care Team members understand and believe in their role and are supported to carry it out in a positive environment.

Guiding Principles for Service Provision

- Access to care for routine, same-day, and new member appointments.
- Respect, sensitivity, and competency for populations served.

- A safe and attractive environment for clients, visitors, and staff.
- A work culture that acknowledges all team members provide essential high-quality services.
- Effective communication and information sharing.
- Effective and efficient use of resources to sustain the mission.
- Implementation of data-informed practices.
- Continuous improvement.

PROGRAM STRUCTURE

Quality Improvement Committee (QIC)

1. The QIC provides operational leadership and accountability for clinical continuous quality improvement activities.
2. QIC meets at least monthly or not less than ten (10) times per year.
3. The QIC members represent different disciplines and service areas within the Health Center, including the Division Manager, Medical Director, Pharmacy Director, QI Director, program supervisors, designated Administrative Services Officer, physicians, and clinical staff.
4. QIC responsibilities include:
 - a. Develop the annual QI Plan, including a specific approach to Continuous Quality Improvement (CQI) based on the Quadruple Aim and present it to the Co-Applicant Board (CAB) for adoption.
 - b. Establish measurable objectives and indicators of quality based on identified priorities.
 - c. Oversee quality improvement teams working on projects.
 - d. Monitor data indicating progress toward clinical goals related to Patient Experience and Population Health Outcomes.
 - e. For clinical indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
 - f. Report to the CAB on clinical quality improvement activities and outcomes at least quarterly.
5. Management Team responsibilities include:
 - a. Implement strategies and educate staff on clinical quality standards and metrics.
 - b. Monitor data indicating progress toward the Reducing Costs and Care Team Well-Being goals.
 - c. For economic and personnel indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
 - d. Report to the CAB regularly on non-clinical quality improvement activities.
 - e. Report back to the QIC.
6. Health Center Co-Applicant Board (CAB) role includes:
 - a. Execute authorities outlined in Clinic Services [PP 01-02: Co-Applicant Board Authority](#).
 - b. Delegate authority and responsibility for the QI Program to the QIC.
 - c. Review, evaluate, and approve the Quality Improvement Plan annually and receive quarterly reports on identified quality indicators.

PERFORMANCE INDICATORS & ANALYSIS

Performance Indicators are identified and measured as part of the quality improvement initiatives. They

- Have defined data elements.
- Usually have a numerator (who/what was changed) and denominator (of what eligible group) available for measurement.
- Can detect changes in performance over time and allow for a comparison over time.

Outcomes / Process Measurements We use goals that are Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE). They:

- Identify measurable indicators to monitor the process or outcome.
- Collect data for the specified period or ongoing.
- Are compared to a performance threshold or target.
- Evaluate the effectiveness of defined action(s).

Data Analysis establishes:

- Priorities for improvement.
- Actions necessary for improvement.
- Whether process changes resulted in improvement.
- Performance of existing key processes.

Continuous Quality Improvement (CQI) – Clinic Services frequently utilizes the Plan–Do–Study–Act (PDSA) method for focused intervention.

PLAN	Identify an area in which the target has not been met. Identify the most likely cause(s) through data review. Identify potential solution(s) and data needed for evaluation.
DO	Implement solution(s) and collect data needed to evaluate the solution(s).
STUDY	Analyze the data and develop conclusions.
ACT	Recommend further study or action. May need to abort, adapt, or adopt. This decision depends upon the results of the analysis. If the proposed solution is effective, decisions are made regarding broader implementation, including developing a communication plan, etc. If the solution is not effective, the QI team returns to the planning step.

COMMUNICATION AND COORDINATION

Communication

Problems may be identified by data, staff or management experience, concerns, audits, or agency feedback. Managers are responsible for:

1. Sharing the plan, including indicators and targets, with staff at all levels.
2. Multidisciplinary staff from all areas of operations should be included in problem identification, strategy development, intervention implementation via QI team projects, and data analysis review.
3. Providing information alerts or policy and procedure guidance.
4. Imbedding key priorities into Health Center policies, training, and other core materials.

CONFIDENTIALITY AND PRIVACY OF PERSONAL HEALTH INFORMATION

All data and recommendations associated with quality management activities are solely for improving patient experience, patient care, economic sustainability, or the well-being of the care team. All material related to patient care is confidential and accessible only to those responsible for assessing the quality of care and service. All proceedings, records, data, reports, information, and any other material used in the clinical quality management process that involves peer review shall be held in strict confidence and considered peer review protected.

The Health Center will minimize the use of identifiable protected health information for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending shall not disclose a client's protected health information. The use of aggregate data or reports will be maintained in the CAB meeting minutes.

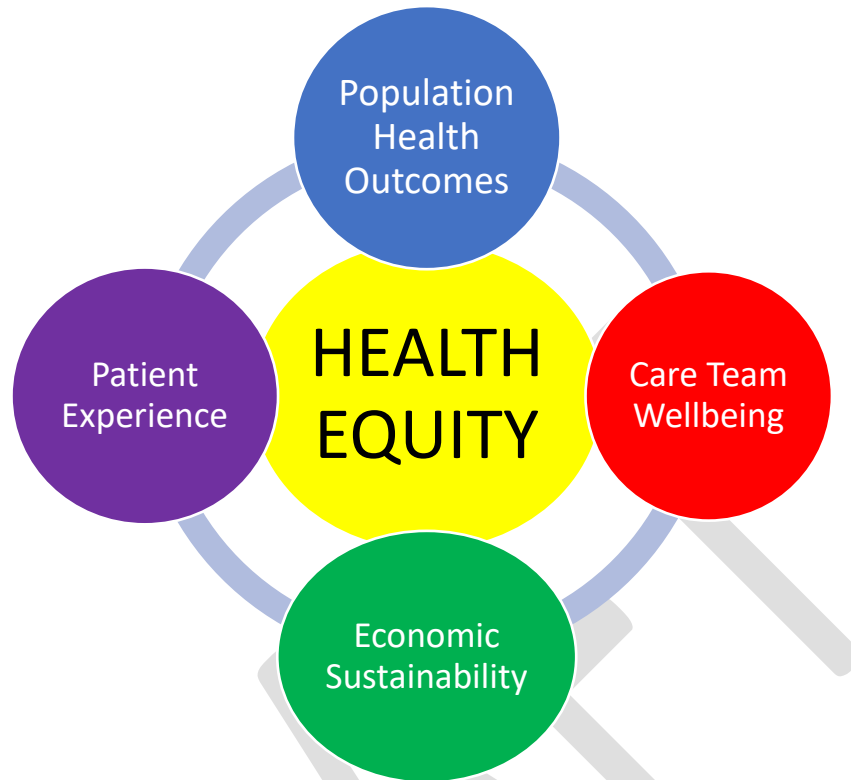
Personal health information obtained because of a client complaint or appeal is kept in a secure area and only made available to those who need to know. Computer access to personal health information about a client's complaint or appeal is password-protected and only accessible to those who need access.

The [Clinic Services Policies & Procedures](#) and the [County Office of Compliance](#) have extensive policies and procedures for managing health information.

2025 QUALITY IMPROVEMENT GOALS AND OBJECTIVES

Annually, the Health Center selects quality improvement goals and objectives for each part of the Quadruple Aim. The QIC oversees two Aims: Patient Experience and Population Health Outcomes. The Management Team is responsible for Reducing Costs and Care Team Well-Being.

Figure 1: Quadruple Aim Centering Health Equity



AIM: Patient Experience: Patients feel the SCHC cares about and respectfully works to improve their well-being, safety, and experience.

Goal 1: Improve Access to Care

- Objective 1-1: Improve Access by Telephone During Clinic Hours
 - Reduce the amount of time patients spend on the phone.
 - Reduce the longest queue time by at least 5 minutes under the 2024 baseline.
 - Reduce the average queue time to 10 minutes or less.
- Objective 1-2: Reduce No Shows
 - Decrease the No Show Rate to 15% for all Primary Care Clinics broken down by targets by FM, AM, and PM. **(DBM)**
 - 25% for IBH. **(DBM)**
- Objective 1-3: Increase Appointment Access
 - Develop schedule templates that ensure consistent appointment access during regular business hours.
 - Increase the average provider utilization rate to 90%. **(DBM)**
 - Increase the availability of appointments after regular business hours by conducting a minimum of 10 expanded-hour (Saturdays and/or evening) clinics.

- Track the percentage of new members who complete a new member appointment within 120 days of being assigned to SCHC and how many appointments are completed (e.g., have all components, including SHA). **(OCHIN, logs, and new member rosters)**
 - Ensure new members are contacted within 30 days of notification from the plan.
 - Reduce lead time for new patient appointments to ≤30 days. **(DBM)**
- Objective 1-4: Reduce Time from Authorized to Visit Completed and Report Received
 - Ensure at least 25% of referrals are submitted within DHCS's timely access requirements.
 - 48 hours for urgent referrals.
 - 10 calendar days for non-urgent referrals.
 - Reduce the number of days from creation to open to ≤1 day for urgent appointments. **(DBM)**
 - Reduce the number of days from authorized to visit completed and report received by 10% over the 2024 value. **(DBM)**
 - Develop an OCHIN referral dashboard displaying key metrics, including, but not limited to, the time from order to sending to IPA for prior authorization, authorization decision, and visit completion.
- Goal 2: Improve Customer Service
 - Objective 2-1: Improve Continuity of Care
 - Develop training tools for PCP-level quality activities, including how to utilize the provider dashboard.
 - Objective 2-2: Improve Pre-Visit Planning
 - Introduce/train staff and providers in Adult Medicine pods on pre-visit planning.
- Goal 3: Improve Patient Engagement
 - Objective 3-1: Improve Patient Outreach
 - Increase the percentage of active adult patients with activated My Chart from 31% to 35% by December 31, 2025. **(OCHIN Report)**
 - Objective 3-2: Increase Patient Education Materials
 - Expand access to patient education materials in languages other than English and in large print.

Aim: Population Health Outcomes: Reduce health inequities and assist patients achieve better health outcomes through best practices, innovation, and/or evidence-based guidelines.

Care Coordination

- Goal 4: Prepare To Apply For NCQA PCMH Accreditation or Similar Program For Enhanced Care Team Approaches.
 - Objective 4-1: Staff Training For Project Leaders
 - Objective 4-2: Complete the Self-Assessment
- Goal 5: Improve Care Coordination of Patients with High Service Utilization or Who Require

Services Across Systems

- Objective 5-1: Monitor the Percentage of Patients Receiving Follow-Up (within seven and 30 days) of ED Visit or Hospitalization.
 - FUA
 - FUI
 - FUM
- Objective 5-2: Increase the Number of Multi-Visit Patients Participating In Complex Care Management (CCM).
 - Telephone coordination.
 - Plan-provided and ECM services.
 - Capture CoHeWo navigator assistance when enrolling in services.

Clinical Performance Measures

- Goal 6: Achieve Minimum Performance Level (MPL) on Select Uniform Data System (UDS) and Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures.
 - Objectives 6-1: Healthy Start in Life.
 - Prenatal/Postpartum care.
 - Childhood immunizations at age 2 (CIS).
 - Adolescent immunizations (IMA).
 - Objectives 6-2: Primary or Secondary Prevention of Health Issues Prevalent among SCHC Patients
 - Breast cancer screening (BCS).
 - Cervical cancer screening (CCS).
 - Colorectal cancer screening (CRC).
 - Influenza immunizations.
 - Tobacco screening.
 - Chlamydia screening.
 - Hypertension management: blood pressure control (CBP).
 - Objective 6-3: Care Coordination and Treatment for Chronic Conditions Prevalent among SCHC Patients.
 - Diabetes management: A1c testing and control.
 - Diabetes management: Retinopathy screening.
- Goal 7: Improve Performance on Select UDS and HEDIS Quality Measures
 - Objective 7-1: Increase the Number of Well-Child Visits (WCV) by 5% Over 2024 Numbers.
 - WCV for children 0 to 15 months of age (W30-6).
 - WCV for children 15 to 30 months of age (W30-2).
 - WCV for children and youth 3-21 years of age (WCV 3-21).
 - Objective 7-2: Diagnosis and Treatment of Mental, Behavioral Health, and Substance Use Related Conditions among SCHC Patients.
 - Depression Screening and Follow-Up.
 - Depression Response and Remission at 12 months.

- Goal 8: Improve QI Support and Infrastructure.
 - Objective 8-1: Track Staff Effort and Financial Impact of QI Projects to Build the QI Program.
 - Objective 8-2: Develop OCHIN Standard Reporting Tools for Quality Performance.
 - Review and validate available measures within OCHIN for each patient experience, care coordination, and clinical quality metric.
 - Develop functional QI dashboards for:
 - Adult Medicine, Family Medicine, Pediatrics, Integrated Behavioral Health, SCOE, Refugee
 - QI (Population Health), Care Management, Referrals
 - Front Desk, Registration, Call Center
 - Provider/Clinician
- Goal 9: Address Racial and Ethnic Disparities For Prenatal, Postpartum, and Complex Care Management Patients.
 - Objective 9-1: Work with UC Davis on effectively measuring health inequities and effective strategies to reduce them.
 - Objective 9-2: Reduce disparities for all clinical performance measures (listed above) for SCHC Afghan primary care patients (identified by language spoken rather than self-reported race and ethnicity).

Aim: Reducing Costs: Responsible management of funds to ensure the economic sustainability of the Health Center.

- Goal 10: Develop a Dashboard of Indicators to Monitor the Relative Costs and Revenues Associated with Specific Programs and Practices.
 - Objective 1: At Least Semi-Annually, Produce Calculations of the Number of Visits and Total Revenue per:
 - Clinical department/program (Adult Medicine, Behavioral Health Services, Dental Services, Family Medicine, Homeless Services, Mobile Services, Pediatrics, Refugee, School-Based Mental Health, Specialty Services).
 - Provider type.
 - Provider FTE.
 - Medium (i.e., video, phone, and in-person appointments).
- Goal 11: Create Care Team Pods and Provider Productivity Standards.

Aim: Care Team Well-Being: Staff members understand and believe in their role and are supported to carry it out in a positive environment.

- Goal 12: Increase Recognition of the Quality of SCHC Services and Delivery Models.
 - Objective 1: Earn Three or More HRSA Badges.
 - Objective 2: Prepare for Nationwide Accreditation for Patient-Centered Care Coordination (e.g., PCMH).

- Goal 13: Improve the Morale and Retention of the Care Team.
 - Objective 13-1: Develop and Conduct Standardized Training, Including OCHIN Training.
 - Objective 13-2: Complete Development of the Health Center Staff and Provider Onboarding Process and Intranet Site.
 - Objective 13-3: Complete the Conversion of Required Training Tracking to Prolist.
 - Objective 13-4: Complete Position/Duty Statements for Each Position at the Health Center.
- Goal 14: Develop a Structure for Multi-Level Staff Engagement and Communication.
 - Objective 14-1: Schedule Quarterly Meetings for Supervisors and Managers to Meet With Staff to Promote Communication and Standardization.

2025 QUALITY IMPROVEMENT PROJECTS FOCUSED ON PATIENT EXPERIENCE AND PATIENT HEALTH OUTCOMES

In 2025, we will continue increasing performance on key measures while ensuring that Management has the tools needed, including OCHIN, to build on the Health Center's quality culture.

1. The first category of projects affects all or most clinical programs at SCHC and to which most programs can and should contribute. The clinical programs are Adult Medicine, Family Medicine, Integrated Behavioral Health, Pediatrics, Radiology, Refugee Health Assessment, Loaves & Fishes, Mobile Medical Van, and School-Based Mental Health.
2. The second category of projects affects all or most clinical programs at SCHC and will be led by staff from clinical support programs. Administration, Quality Improvement, Registration, Member Services, and Referrals are examples of clinical support programs.
3. The third category of projects affects more than one clinical program area and will be led by a single clinical program.
4. The fourth project category is specific to and led by a single program area, whether clinical or non-clinical.

When appropriate, projects will incorporate strategies to improve other related measures (e.g., the W-30 project will work on CIS and lead screening measures).

Additional projects may be proposed to or by the QIC as needed. QI projects may be proposed to QIC using the [standard form](#) and process by any provider or program representative. QIC will evaluate proposals and incorporate approved projects into the QI plan and schedule.

Category 1A Projects: Clinic-Wide Projects that Impact All Programs.

2025 Projects

Review And Validate Patient OCHIN Registries And Key Performance Measures
 Design And Develop OCHIN Dashboards
 Design And Develop OCHIN Training Standards

Lead: OCHIN Steering Committee & QIC

Category 1B Projects: Clinic-Wide Projects to Which Most Programs Contribute

2024 Projects Continuing in 2025

Reduce No Shows/Increase Provider Utilization

Category 2 Projects: Clinic-Wide Projects Led by Support Programs

2024 Projects Continuing in 2025

Increase New Patient Outreach and the Percentage Who Receive an Initial Health Assessment

Lead: Member Services

Reduce Wait Times in the Call Center

Lead: Call Center

Conduct Pilot Project to Incorporate Pre-Visit Planning to Eliminate Missed Opportunities for Health Maintenance into the Adult Medicine Pods

Lead: Adult Medicine

Reduce Processing Time for Non-Urgent Referrals

Lead: Referrals

Increase the Number of Patients Who Receive a Depression Screening and Follow-Up

Lead: Integrated Behavioral Health Team

Category 3 Projects: Affecting More than One Clinical Program Led by one Clinical Program

2024 Projects Continuing in 2025

Increase the Number of Patients Who Receive Cervical Cancer Screening

Lead: Family and Adult Medicine

Increase the Number of Patients Who Receive Follow-up After an ED Visit or Hospitalization for Mental Health or Substance Use

Lead: Integrated Behavioral Health

Increase Well-Child Visits 0-30 Months (including required immunizations)

Lead: Pediatrics

Increase the Percentage of Diabetic Patients with Controlled Blood Sugar

Lead: Adult Medicine/Diabetes Team

Increase the Number of Patients Who Receive Breast Cancer Screening

Lead: QI Team

Increase the Number of Patients Who Receive a Colorectal Cancer Screening

Lead: QI Team

Category 4 Projects: Affecting a Single Clinical Program Led by that Clinical Program

2024 Projects Continuing in 2025

Increase the Number of Pregnant Patients Who Receive Timely Prenatal Care

Lead: Family Medicine and Adult Medicine

Increase the Number of Post-Partum Patients Who Receive a Timely Post-Partum Visit

Lead: Family Medicine and QI Team

Category 5 Projects: Student Projects

Increase the Percentage of Women Who Complete Cervical Cancer Screening (CCS) to MPL

Lead: Evamae Bayudan, MD

Increase the Percentage of Pregnant People in the Refugee Program Linked to Prenatal Care in the First Trimester and the Number Who Receive a Prescription For Prenatal Vitamins by 25% Over 2024.

Lead: Amber Ramage, NP

Increase the Number of Patients Who Receive Appropriate Depression Screening Follow-Up.

Lead: Rida Fatima, MD

Increase the Percentage of People Diagnosed With Diabetes Who Have Controlled A1c (≤ 9 Mg/Dl) by 10% Over 2024.

Lead: Kirti Malhotra, MD

Ending the Epidemic – Primary Care HIV Prevention Grant Implementation

Update as of January 2025

Overview

The Sacramento County Health Center (SCHC) was approved for the Ending the Epidemic – Primary Care HIV Prevention Grant (HIV Grant) in July 2022 with a 3-year grant term of September 1, 2022 – August 31, 2025. The grant funding is broken into three distinct funding years at a rate of \$325,000 per year, plus an additional \$37,000 in supplemental funding awarded in year three, for a total award of \$1,012,000 by the end of the grant.

SCHC applied for the grant to promote the incorporation of HIV preventative care into the regular day-to-day healthcare routine, to reduce stigma around seeking HIV preventative care, and to improve patient access to life-saving preventative testing, medication, and treatment.

Purpose

The three (3) main objectives of the HIV Grant are:

1. Increase the number (#) of patients counseled and tested for HIV.
2. Increase the number (#) of patients prescribed PrEP.
3. Increase the percentage (%) of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis.

To accomplish these goals, SCHC chose to prioritize grant funding in the following focus areas:

- PrEP Prescribing
- Outreach
- Testing
- Workforce Development

Progress Toward Goals

As of November 2024, SCHC staff have accomplished the following:

- **PrEP Prescribing**
 - April 2024: Began coordinating and planning for provider training, resources, and Electronic Medical Record (EMR) tools to support providers in prescribing pre-exposure prophylaxis (PrEP) to patients who could be exposed to HIV. Per the Center for Disease Control (CDC), PrEP reduces the risk of getting HIV from sex by up to 99% and from injection drug use by at least 74%, making it a highly effective tool in preventing HIV infection.
 - June 2024: Initiated logistical planning necessary to be able to dispense PrEP to patients served at mobile sites.
 - August 2024: Secured PrEP starter kit prescription packs to provide to patients in need in office and at mobile sites. These starter kits will be prioritized for those who are uninsured, non-SCHC individuals who are partners of SCHC patients that test positive for HIV, and those for whom accessing medication through a pharmacy is difficult due to transportation, mobility, or other barriers.
 - See the Workforce Development section below for information about training provided to staff in this area. Providers were very engaged and enthusiastic about offering and prescribing PrEP more often to their patients.

Ending the Epidemic – Primary Care HIV Prevention Grant Implementation

Update as of January 2025

➤ Outreach

- September 2023 to present: Collaborated with the Public Health Department's Sexual Health Clinic (SHC) to launch the Mobile Medical Van (MMV), which hosts the Wellness Without Walls (W3) STI testing program and provides other routine care, testing, and treatment at various rotating homeless encampment sites. SCHC staff, including the Linkage to Care Navigator, support the van's activities in collaboration with Sexual Health Clinic staff.
- June 2023 to September 2023: Collaborated with the SHC on a Public Media Campaign that produced and funded various public media signage, including billboards and transit advertising on light rail and buses throughout the Sacramento region.
- March 2024: Began partnering with Chasnoff Media to develop an HIV prevention and anti-stigma campaign that includes both social media, county website, and print promotional materials. Initial products expected in late summer 2024. This company has produced award-winning drug abuse prevention media campaigns for the County in the past and the HIV grant's objectives will benefit from this expertise.
- August 2024: The Linkage to Care Navigator began staffing an outreach table in the waiting room of the Adult Medicine clinic and occasionally in the Pediatric Clinic on the days when she is not assisting the Mobile Medical Van on outreach.
- September 2024: The Linkage to Care Navigator attended the District 2 Fun Fair, an annual community health fair for low income individuals living in Sacramento County District 2, with HIV and PrEP promotional materials and engaged with several community members about the need to screen for HIV and how PrEP can keep them safe. More outreach events such as this are planned; we hope to do HIV testing during future events as well.
- October 2024:
 - First promotional poster draft designed by Chasnoff Media and delivered to SCHC with a focus on normalizing HIV preventive screening as a standard as less-stigmatized screenings such as: cardiovascular screenings, cancer screenings, etc.
 - SCHC was awarded an additional \$37,000 from HRSA through a supplemental award disbursement to fund the purchase of outreach equipment such as tables, pop-ups, and other supplies. These supplies will be used in 2025 to support SCHC field outreach related to HIV.
- November 2024: Linkage to Care Navigator had engaged with over 500 patients and their families regarding HIV services and PrEP. She reports that patients are engaging positively with the information provided.
- January 2025:
 - Final draft of first poster series designed by Chasnoff Media finalized and approved by the Public Information Officer (PIO). Staff are now in the process of having the posters posted in the Health Center.
 - Linkage to Care Navigator had engaged with **over 750 patients** and their families regarding HIV services and PrEP in the health center.

Ending the Epidemic – Primary Care HIV Prevention Grant Implementation

Update as of January 2025

- Staff continue to plan further outreach activities and distribution of PrEP medication on the mobile van.
- **Testing**
 - July 2024: Began to purchase rapid point of care HIV tests for use by providers in office and on the mobile van, also home test kits for routine monitoring for HIV for patients taking PrEP to self-monitor.
 - August 2024: Rapid point of care HIV tests were purchased and are now available for use by providers in office and on the mobile van.
 - See the Outreach and Workforce Development section below for information on education and training provided to the public and staff to support increased HIV testing.
- **Workforce Development**
 - November 2023: Hired a new Human Services Program Planner to be dedicated to the HIV Grant through the end of the grant term to bring consistency and ensure follow-through on the grant's objectives.
 - April 2024: Hired a Linkage to Care Navigator to promote PrEP while out on the mobile van, and support patients with barriers to accessing HIV preventative care.
 - 2023-Present: Provided nine separate trainings to staff and/or providers, listed below, with follow-up trainings around PrEP prescribing planned for providers.

Trainings Provided to Staff and/or Providers

Date	Activity
January 2023	Training - HIV & HIV Care Continuum
March 2023	Training - Taking Sexual Health Histories
March 2023	Training - Rapid STI Testing
March 2023	Training - Understanding At-risk Populations
March 2023	Gender Affirming Care - Providers
February 2024	Gender Affirming Care - All Staff - Intro
March 2024	Gender Affirming Culture - All Staff
July 2024	PrEP Prescribing Training - Providers

Anticipated Progress in Final Year of Grant

Continuing in the final year of the grant, SCHC expects to focus efforts on: the Linkage to Care Navigator attending further outreach events, building out tools in the EMR to make prescribing PrEP easy for providers, increasing point of care testing, and implementing a successful public media campaign which will include in office posters and flyers, text message outreach to our patients, and in person outreach activities in the SCHC lobbies and community events.

EARLY DETECTION SAVES LIVES.

YOUR HEALTH YOUR FUTURE'

MAKE SCREENING ROUTINE

**STAY AHEAD OF YOUR HEALTH –
SCHEDULE YOUR SCREENING TODAY.**



Download the
MyChart app to
connect with
your care team.

- ✓ Cancer
- ✓ HIV
- ✓ Depression
- ✓ Diabetes
- ✓ Heart Disease

MAKE SCREENING ROUTINE.

EARLY DETECTION SAVES LIVES

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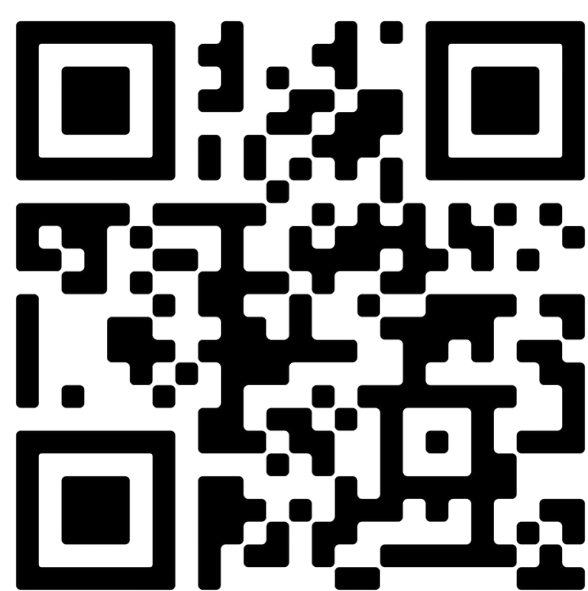
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EARLY DETECTION SAVES LIVES.

INVEST IN YOU: PREVENTIVE CARE IS BEST

**STAY AHEAD OF YOUR HEALTH –
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MAKE SCREENING ROUTINE.

PREVENTION STARTS HERE

EARLY DETECTION SAVES LIVES

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Co-Applicant Board Required Annual Activities - 2025												
Annual / Periodic Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HRSA Grant Application												
Service Area Competition (SAC)*									X			
Needs Assessment*							X	X				
Other Grant Applications (AS NEEDED)												
HRSA Grant Awards - Reports												
Main grant report	X			X			X					
APR Capital					X						X	
Bridge	As Announced by HRSA (TBD)											
HIV	X	X					X					
Budget												
Approve proposed HRSA Program & County budget		X										X
Updates	X	X	X	X	X	X	X	X			X	X
Sliding Fee Discount												
Adopt new SFDS		X	X									
Audits												
HRSA Operational Site Visit (AS NEEDED)*												
Summary of Program Fiscal Audit				X								
Quality Improvement (QI)												
QI Plan Approval	X											
QI Plan Progress Monitoring/Data Reports				X			X			X		
UDS Report		X						X				
Patient Grievances and Safety Review					X					X		
Patient Feedback Survey Findings					X						X	
Long-Range Planning												
Adopt Strategic Plan*	NA											
Review Strategic Plan Progress			X				X				X	
Select Services and Hours												
Services Provided	X	X	X	X	X	X	X	X	X	X	X	X



Service Sites					X						X	
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Co-Applicant Board Required Annual Activities – 2025 - CONTINUED												
Annual Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Governance												
Review & Revise Bylaws		Review in July; Revise as needed										
Review Co-Applicant Agreement	Review in June; Revise as needed											
Review Committee Structure	X											X
Review Membership Applications	As Received											
Review Key Policies (AS NEEDED)												
Project Director												
Approve Selection /Dismissal	As needed											
Performance Evaluation										X		
Board Member Development												
Elect Chair and Co-Chair											X	
Approve CAB Member Recruitment Plan				X								
Approve new Members	As needed											

* Every 3 years

** Every 3 Months

**Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB) AGENDA**

Friday, December 20, 2024, 9:30 a.m.- 11:30 a.m.

CAB 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.

- Member Vince Gallo attended the meeting by teleconference on Teams.
- Vice Chair member Laurine Bohamera phoned in.
- Meeting attendance followed Brown Act requirements.

CALL TO ORDER (9:38 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

a. Roll Call and Welcome

PRESENT

Laurine Bohamera – Vice Chair
(by phone)

Suhmer Fryer – Chair

Eunice Bridges – Member

Roberto Ruiz – Member

Vince Gallo – Member (by
teleconference)

Jan Winbigler – Member

Corrie Brite – County Counsel

Dr. Michelle Bess – County Staff

Rachel Callan – County Staff

Adam Prekeges – County Staff

Dr. Heather Vierra – County Staff

Aliah Martin – County Staff

Claudia Bridges – Member of the
public

INFORMATION ITEMS (9:45 AM)

1. Budget Updates – Discussion led by Adam Prekeges

- **Please refer to the Budget Handouts**
- **(Budget viewing and open discussion)**

Discussion:

Member **Roberto Ruiz** offered that he did not see anything on the budget for the patients. He asked “Where’s the money for the patients? When we walk in the building it is scary, it feels like a prison. There is no direction for patients to navigate, no welcoming committee, no welcoming posters. Then, when we get upset, security is called on us.” Roberto proposed having a stipend in the budget for the patients. He

explained that “Patients are sensitive and in sensitive situations.” He indicated that patients want to have voice.

Corrie Brite indicated that Roberto’s comments were useful feedback and suggested taking this back to Michelle Besse. Corrie explained that the budget report’s purpose was to explain the way money is accounted for, and the accounting people are responsible for keeping track of and presenting the budget.

Dr. Michelle Besse took accountability for Roberto not feeling heard and explained that some things are in the works to rectify the issue.

Roberto Ruiz said, “I don’t work off feelings; I work on actions.” He expressed the desire to see resources for patients to feel comfortable. He then commented, “What good is my voice if I cannot advocate for the patients. I wasn’t going to come today for not feeling heard.”

Chair Suhmer Fryer asked County staff present whether they were working on getting someone or something to advocate for patients.

Michelle Besse responded that yes, leadership is working on it, but trying to get someone hired during the budget deficit isn’t easy.

Suhmer Fryer then responded that regardless of the deficit, patient advocacy is a standard and should take priority.

Michelle Besse agreed with Suhmer that patient advocacy is a priority.

Member Jan Winbigler pointed out that Mercy Hospital has someone to greet and guide patients.

Suhmer Fryer recommended that the Health Center have someone to act as a liaison who could assist the patients with all needs.

Jan Winbigler commented that Suhmer’s suggestion would be good when the Health Center can get such a position. She suggested that in the meantime, the Health Center leadership figure out how to get someone to help where they could.

Roberto Ruiz reiterated that patients are sensitive and have sensitive situations and that fact needed to be addressed. He stated adamantly that “this facility” was designated for the community, and patients should be the priority.

Jan Winbigler told Mr. Ruiz that everyone present appreciates his advocacy. She then offered that, from her experience on the CAB, it takes time to implement programs in the County. She asked Roberto what it would take for him to feel secure that the issues were being heard and would be rectified.

Roberto Ruiz responded that he just wanted to know what would be done in the future to make room in the budget for the next year.

Jan Winbigler then asked Michelle what she had in the works to include patient programs in the budget.

Michelle Besse expressed concern that member Laurine Bohamera was sick and that the CAB needed to ensure to get to the voting items in a timely manner, so that she could then get rest. Michelle suggested that CAB take items out of order and move up the items requiring a vote.

Chair Sumner Fryer agreed with Michelle's suggestion.

Jan Winbigler explained to Roberto that the CAB was going to move forward in the agenda to get the budget finished.

Adam Prekeges resumed the budget discussion and explained that there was a line in the budget that included additional signage for the clinic to help patients find their way.

Jan Winbigler asked member Vince Gallo to mute on Teams.

Adam Prekeges continued to present the budget.

Sumner Fryer asked if anyone had any more questions pertaining to the budget. No one offered any.

2. Project Director Report-Presented by Dr. Besse

• Please refer to the Report

Discussion:

None.

3. Select Services and Hours (Services Provided) Dr. Besse

- Michelle reminded CAB that the standard hours of operation for the main site (Primary Care Center at 4600 Broadway) are Monday-Friday 8am-5pm. She reminded attendees that the Health Center, with CAB-approval, had applied for the Expanded Hours grant, and was still waiting to hear whether it would be funded or not. If the grant were to be funded, the Primary Care Center would see patients one evening (5pm-8pm) and one Saturday (8am-5pm) per month while the SCHC Loaves & Fishes site would open for one extra afternoon hour per month.

Discussion:

None.

4. Select Services and Hours (Service Sites)

- Michelle described the handout showing the Health Center's service sites and hours: Health Center at 4600 Broadway, Loaves and Fishes, the Mobile Medical Center Van, and the 32 school-based mental health sites.

Discussion:

Jan Winbigler asked Interim Medical Director, Dr. Vierra, whether she will assist with extended hours and services if approved by HRSA.

Dr. Vierra responded that if the HRSS grant were approved, then yes, she would assist with those things.

Corrie Brite noted that the County would have to separately work on the budget for that grant.

Michelle Besse told attendees that she was hoping to have more updates for the meeting, but that HRSA has not yet decided on the grant program. She indicated that more info would be presented once received from HRSA.

5. 2025 CAB Year Review-Dr. Besse

- Michelle Besse presented a draft meeting schedule for CAB in 2025. Please refer to Handouts

Discussion:

Jan Winbigler told the group that for the past few years, because of some special circumstances (such as the UDS Report and budget due dates), CAB had met more than once in February through special meetings.

Corrie Brite replied that the members of CAB's Executive Committee could and would schedule those special meetings working with County staff once the due dates were clear.

Michelle Besse asked Aliah Martin to ensure that the agenda for CAB's January meeting agenda contained an item for scheduling one or more special meetings in February.

Roberto Ruiz questioned certain lines on the budget.

Suhmer Fryer responded to Roberto, noting that the budget presented at the meeting was for prior dates.

Roberto Ruiz explained that he had a personal encounter with a staff member when trying to file a grievance.

Jan Winbigler noted that when the time for the issues Roberto mentioned arose, CAB would handle them. But at present, the CAB needed to stay on topic and move through the agenda.

- **Voting on the 2025 Calendar and Meeting Dates Commences**
- **Please see "Information/Action Items" Section Below**

6. Narcan Distribution-Dr. Besse

- Michelle explained that she had ordered free Narcan from the State to distribute in the lobbies for anyone who was interested in having it, along with Fentanyl test strips. These supplies will be given out to patients at no cost. She added

that the Health Center was working on getting signage to make patients aware of the availability of these life-saving supplies. Only non-medical licensed staff can distribute these supplies to patients; they cannot be given out by doctors and other clinical staff (without a prescription) due to state rules.

Discussion:

Roberto Ruiz said he did not understand why the Health Center would distribute Narcan. He stated that if a drug addict sought help, they wouldn't want to be handed an injection.

Suhmer Fryer advocated for the distribution at the Health Center, giving personal testimony.

Michelle Besse explained that the Narcan is primarily used by family or friends, as when a person is overdosing, they are unable to give themselves an injection.

Jan Winbigler asked what the plan was for signage explaining how these resources would be distributed.

Michelle Besse responded that the plan was "in the works."

7. CAB Goals

- Michelle Besse asked CAB members what their goals for the Health Center were.
- Michelle mentioned that previously CAB had put forward the goal of creating mental health support groups.
- She stated that the attendees had heard Roberto Ruiz's goal of better patient navigation and advocacy and better signage.
 - Better building signage was previously addressed by new wall signage and the development of map handouts in multiple languages available from Security.
- Michelle asked if CAB members wanted to present other goals.

Discussion:

Jan Winbigler said that CAB would like to see more mobile sites and other ways of bringing healthcare to the patients.

Corrie Brite explained to CAB that HRSA had halted the Health Center's ability request new school-based sites. She suggested that Sharon Hutchins Sharon to a future meeting to present again on the 2024-2026 Strategic Plan approved by CAB.

Jan Winbigler expressed concerned about the halt that HRSA had imposed. She asked how long it would last. She proposed that CAB start in the new year with what is planned pertaining to expansion of services. She explained that it would be helpful when the new budget was discussed and presented in January and February, for CAB to have these goals in mind.

Suhmer Fryer asked if anyone had any more suggestions of questions.

Eunice Bridges referred to the comments that Roberto Ruiz raised earlier about patient advocacy. She asked whether there was training for staff on patient sensitivity”

Michelle Besse agreed that that type of training is important and is in the Strategic Plan. The Health Center will be implementing a staff sensitivity training in 2025.

Roberto Ruiz told about a personal encounter that illustrated his frustration about how staff doesn’t know how to interact with sensitive patients.

Eunice Bridges suggested that trainings contain videos or written resources for staff.

Corrie Brite mentioned that there are current County resources that could be implemented.

Michelle Besse requested that CAB members contact her directly if they experience issues. That way she can monitor how they are addressed.

Roberto Ruiz suggested that the Health Center install a suggestion box. He also suggested that the signs be revised to contain larger font and more languages. Finally, he suggested the use of more inviting colors and stated in his opinion, “it’s too quiet in the building.”

Michelle Besse explained that the building is shared and needs collaboration with other programs and department managers to implement such changes. She also explained that the County moves slower than she would like with all the parties that are to be involved in planning and implementation pertaining to facilities.

Roberto Ruiz asked why the facility manager wasn’t present at the meeting.

Corrie Brite explained that the Facility manager is employed by another County department. She reiterated that all County processes take a long time because of all the moving parts that are involved in planning and implementation.

Michelle Besse said that time is of the essence and that the Health Center must prioritize needs of the clinic to ensure proper patient care.

INFORMATION/ACTION ITEMS¹

*Eunice Bridges Moved to Approve BUSINESS ITEM I. to Approve the 2025 CAB Meeting Calendar and 2025 CAB Meeting Dates.

*Jan Winbigler Seconded Motion to Approve BUSINESS ITEM I. to Approve the 2025 CAB Meeting Calendar and 2025 CAB Meeting Dates.

Yes Votes: Vince Gallo, Eunice Bridges, Jan Winbigler, Roberto Ruiz, Laurine Bohamera and Suhmer Fryer

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

No Votes: None

Result: Carried

* Roberto Ruiz Moved to Approve BUSINESS ITEM II. to Approve the November 15, 2024, CAB Meeting Minutes.

*Eunice Bridges Seconded the Motion to Approve BUSINESS ITEM II. to Approve the November 15, 2024, CAB Meeting Minutes.

Yes Votes: Vince Gallo, Eunice Bridges, Roberto Ruiz, Laurine Bohamera, Suhmer Fryer, and Jan Winbigler.

No Votes: None

Result: Carried

Discussion:

Suhmer Fryer informed the group that all agenda items had been covered ahead of schedule. She asked the attendees whether ending early was acceptable?

Corrie Brite said that ending early would be allowed under CAB Bylaws.

No objections were made to ending early.

PUBLIC COMMENT (10:20 AM)

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 take action 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

Chair Suhmer Fryer adjourned the meeting at 10:45 am.