

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

Friday, October 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. California Medically Indigent Services Program (CMSIP)/Healthy Partners Program Presentation
2. Budget Updates
3. Project Director Report
4. Medical Director Report
5. QI Plan Progress Monitoring/Data Reports
6. Project Director Performance Evaluation

7. <u>CAB Chair & Co-Chair Nominations</u> 8. <u>CAB Member Reappointments</u> 9. <u>CAB Goals</u>
INFORMATION/ACTION ITEMS ¹ (10:45 AM)
<u>BUSINESS ITEM I.</u> • <u>September 19, 2025, CAB Meeting Minutes</u> ✓ <u>Recommended Action: Motion to Approve the drafted September 19, 2025, CAB Meeting Minutes</u> <u>BUSINESS ITEM II.</u> • <u>CAB Member Reappointments</u> ✓ <u>Recommended Action: Motion to Approve the CAB Member Reappointments of Suhmer Fryer, Eunice Bridges, Laurine Bohamera, and Jan Winbigler.</u>
PUBLIC COMMENT (11:15 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 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

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

County's Response to State and Federal Medicaid Changes: Sacramento County's Medically Indigent Services Program

Department of Health Services

October 14, 2025

Agenda

Background

- California Statutory Requirements/Indigent Programs
- Sacramento County CMISP/Healthy Partners

Impacts on Sacramento County

- State and Federal Statutory Changes Timeline
- Impacted Populations

Background

Statutory Requirements

- **Welfare and Institutions Code (WIC) § 17000:** Obligates counties to provide coverage for indigent individuals, and gives counties broad flexibility, subject to certain conditions.
- **WIC § 10000:** Imposes a minimum standard of care, and gives counties discretion re how to meet this standard, subject to certain conditions.

California's Indigent Programs

- **34 counties fulfill statutes via County Medical Services Program (CMSP):** Uniform eligibility criteria & benefits, administered by state, managed by contracted health plans.
- **24 counties fulfill statutes via County Medically Indigent Services Program (CMISP):** Variety of eligibility criteria & benefits, variety of administration and management models.

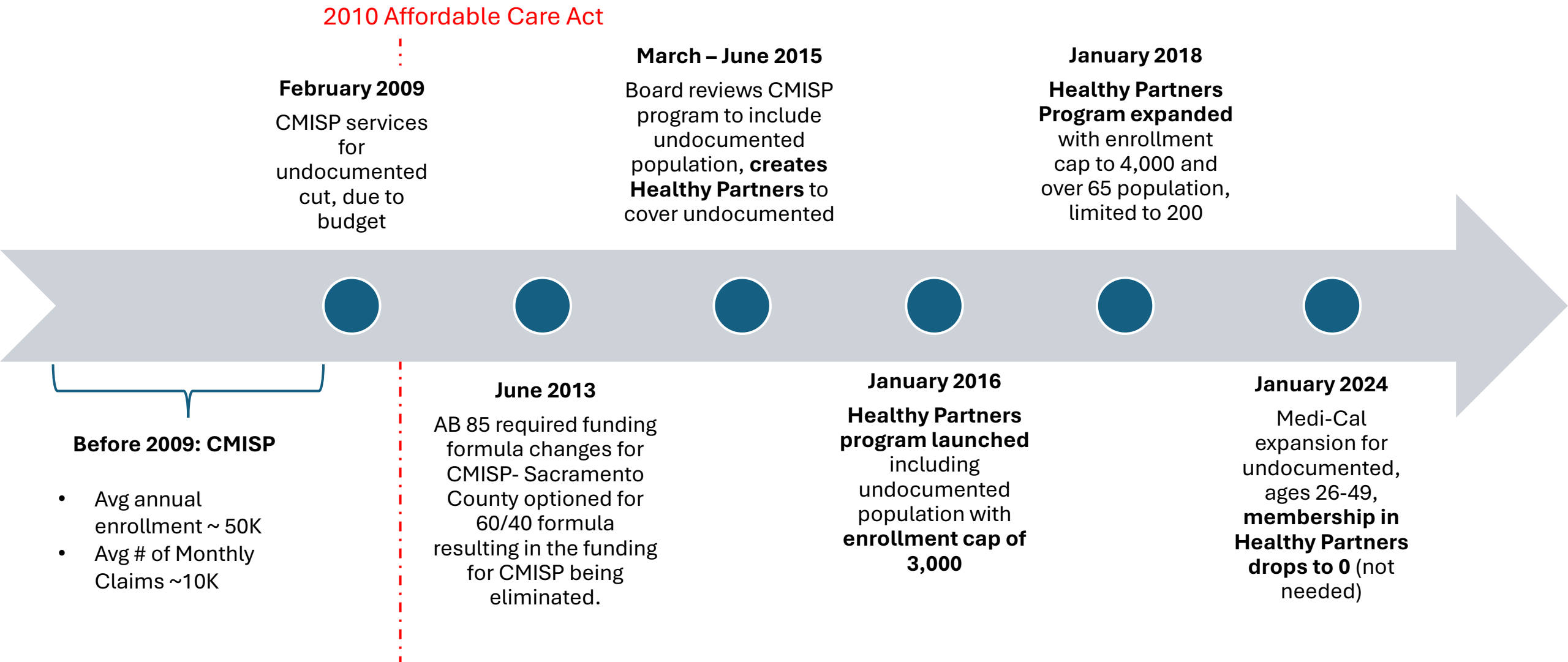
See Appendix, slide 13 for more details.

Background: CMISP VS. CMSP

- **CMSP Counties** (in blue)
 - Administered by a state-level program, CMSP.
 - Follows a standardized rules set by CMSP.
 - Offer a uniform set of benefits, in a similar way to Medi-Cal.
 - Only available to counties with a population of less than 300,000
 - Counties contract with agencies (e.g., Anthem Blue Cross) to manage CMSP.
- **CMISP Counties** (in gray), Sacramento County's Program
 - Each county manages its own program independently.
 - Counties set their own rules for eligibility, benefits, and services.
 - Offer a wide range of service delivery strategies, including:
 - Provider counties (owning and operating hospitals/clinics),
 - Payer counties (contracting for services), or
 - Hybrid counties (public clinics and private hospital contracts).



Sacramento's History: Changing Over Time



Sacramento County CMISP

➤ Purpose: Fulfills statutory requirements

Benefits and Services

- Medically necessary primary and specialty care
- Emergency and hospital care
- Pharmacy and ancillary services
- Subject to limitations

Eligibility

(rules have changed over time)

- Residents with no other options
- Apply at time of medical service/Rx
- Subject to exclusions
- Up to 12 months
- Cost sharing 138-400% FPL
- No asset test

Enrollment, Cost & Utilization

- Pre-2014: ~50K enrolled, \$50M budget*
- Post-2014: zero enrollment

*Partially paid for by state funding

See Appendix, slide 13 for more details.

Sacramento County Healthy Partner's Program

- Purpose: Created by the Board of Supervisors to provide primary and preventive health care for low-income, undocumented immigrants at the County Health Center

Eligibility

(rules have changed over time)

- Undocumented adults
- 18 years and older
- Income at or below 138% FPL
- Alongside restricted scope (emergency) Medi-Cal
- 4,000 program participant cap < 65; 200 program participant cap 65+

Benefits and Services

- Primary, BH, Women's Health Care
- Preventative and chronic conditions
- Lab, radiology and Rx
- Limited specialty
- EXCLUDES emergency and hospital

Enrollment, Cost & Utilization

(pre-2024)

- ~3,000 enrolled clients per year
- ~\$2.5M budgeted per year
- ~\$300K to \$2M spent per year

Impacts on Sacramento County

State and Federal Statutory Change Timelines

December 31, 2025

Covered California Premium Tax Credits Expire

January 1, 2026

Undocumented Enrollment Freeze

Reinstatement of Asset Test

Fiscal Year 2025–2026

October 1, 2026

- Non-Citizens (i.e., Refugee/Asylee)

January 1, 2027

- Work Requirements*
- Undocumented Monthly Premiums
- Eligibility Redeterminations
- Retroactive Coverage
- Waiting Period

Fiscal Year 2026–2027

See Appendix, slide 14-21 for more details.

Impacted Populations

Change	Impacted Groups	Impacted Group Numbers	Effective
Enhanced Premium Tax Credits Ends	Covered California Enrollees	37,000	December 31, 2025
Undocumented Enrollment Freeze	Medi-Cal Adult Undocumented	Unknown, 36,000	January 1, 2026
Reinstatement of Asset Limit	Older Adults with Higher Incomes	Unknown	January 1, 2026
Non-Citizens	Medi-Cal Refugee/Asylee	24,000	October 1, 2026
Work Requirements	Medi-Cal Adult Expansion	174,000	January 1, 2027
Undocumented Monthly Premiums	Medi-Cal Adult Undocumented	36,000	January 1, 2027
Eligibility Redeterminations	Medi-Cal Adult Expansion	174,000	January 1, 2027
Retroactive Coverage	All Medi-Cal Enrollees	Unknown	January 1, 2027
Waiting Period	Medi-Cal Undocumented and Refugee/Asylee	50,000	January 1, 2027

Discussion

APPENDIX

Statutory Requirements

- **Welfare and Institutions Code (WIC) § 17000:** Sets for the obligation to financially support the indigent through General Assistance (GA) and the obligation to provide health care to medically indigent persons. WIC § 17000 establishes the overarching policy of the state mandating that each county provide aid and relief to its indigent population. Counties have broad discretion to set standards for GA but must ensure that medical care is provided to indigents without imposing unrelated financial eligibility criteria. This obligation neither requires a county to satisfy all unmet needs, nor mandates universal health care. A county's discretion to set eligibility standards can only be exercised within fixed boundaries consistent, not in conflict with WIC § 17000, and reasonably necessary to effectuate its purpose.
- **WIC § 10000:** imposes a minimum standard of care, requiring that subsistence medical services be provided promptly and humanely. Counties retain discretion to determine how to meet this standard, but they may not deny subsistence medical care to residents based upon criteria unrelated to individual residents' financial ability to pay all or part of the actual cost of such care. In the case of emergency care, counties must pay for that care even if it is provided out-of-network or out-of-county. Counties must provide “medically necessary care”, and such care must be “sufficient to remedy substantial pain and infection.”

State Statute Changes: Undocumented

- **Undocumented Enrollment Freeze (Effective January 1, 2026)** - New enrollments into full-scope Medi-Cal will be frozen for adults aged 19 and older who lack permanent legal status. Approximately 1.6 million current enrollees will retain coverage if they maintain eligibility. Pregnant individuals and those within 12 months postpartum are exempt from the freeze. Individuals who lose coverage may re-enroll within 3 months of disenrollment without losing eligibility.
- **Monthly Premiums for Undocumented Adults (Effective January 1, 2027)**; A \$30 monthly premium will be required for undocumented adults aged 19–59 with unsatisfactory immigration status. Individuals who do not pay will be disenrolled but may re-enroll within 3 months by repaying the balance.

State Statute Changes: Medi-Cal Eligibility

- **Reinstatement of the Asset Limit (Effective January 1, 2026)** - The asset limit for non-MAGI Medi-Cal programs will be reinstated to 2022 levels: \$130,000 for an individual and +\$65,000 for each additional household member. In 2022, California raised the asset limit to these higher thresholds. By 2024, the asset test was eliminated entirely to expand access and reduce administrative burden.

Federal Statute Changes: Undocumented /Legal Immigrants

- **Five-Year Waiting Period for Immigrants** - Immigrants with “qualified” status must wait five years after obtaining that status before enrolling in Medicaid. Applies to qualified non-citizens, including:
 - Lawful Permanent Residents (green card holders)
 - Parolees (for more than one year)
 - Battered spouses, children, and parents
 - Victims of trafficking
 - Certain humanitarian categories
 - Exemptions: States may waive the five-year wait for:
 - Children
 - Pregnant individuals
- **Narrowing of Eligible Noncitizen Categories** - Limits Medicaid eligibility to:
 - Lawful Permanent Residents
 - Certain nationals from Cuba, Haiti, Micronesia, Marshall Islands, and Palau
 - Refugees, asylees, and other humanitarian groups currently eligible under federal law would no longer qualify under the new rules.

Federal Statute Changes: Medicaid Eligibility

- **Retroactive Coverage (Effective January 1, 2027)** - Reduces retroactive Medicaid coverage from 3 months to:
 - 1 month for ACA expansion group enrollees
 - 2 months for all other Medicaid enrollees
 - Estimated impact: 86,000 Californians could be affected, according to DHCS.
- **Redetermination Frequency (Effective January 1, 2027)** - Requires semiannual eligibility checks (every 6 months) for adult Medicaid expansion beneficiaries, instead of annual reviews.
 - Estimated impact: 400,000 Californians may lose coverage due to increased administrative churn, per DHCS.
- **Cost Sharing (Effective October 1, 2028)** - Requires states to impose cost sharing up to \$35 per service for adults in the expansion group (incomes 100%–138% FPL).
 - Exemptions: Services provided by: Federally Qualified Health Centers (FQHCs), Behavioral Health Clinics and Rural Health Clinics

Federal Statute Changes: ACA Premium Tax Credits

- **Enhanced Premium Tax Credits End (Effective December 31, 2025)** - In 2021, the federal government increased financial help for some people for Covered California Through Enhanced Premium Tax Credits. Premium tax credits help lower insurance costs for eligible individuals and increased healthcare access. Credits are based on income and family size, making healthcare more affordable. The increased help will end on December 31, 2025.

Federal Statute Changes: Work Requirements

- **Monthly Compliance Requirement (Ages 19–64)** - Beneficiaries must demonstrate at least 80 hours/month of one or more of the following:
 - Employment
 - Community service
 - Participation in a work program
 - Enrollment in an educational program (at least half-time)
 - A combination of the above
- **Exemptions** - Certain groups are excluded from the work requirement:
 - Individuals already meeting work requirements under TANF or SNAP
 - Pregnant individuals
 - Parents/caregivers of children under 13 or individuals with disabilities
 - People with disabilities, including those with substance use disorders
 - Incarcerated individuals
 - *States may choose not to require verification of exemptions.*
- **Good Cause Exceptions** - States may temporarily exempt individuals facing:
 - Hospitalization or serious illness
 - Federally declared disasters
 - High local unemployment or other short-term hardships
- **Verification Requirements**
 - Applicants: Must verify compliance for at least 1 month (up to 3) before applying.
 - Current enrollees: Must verify compliance at least once between eligibility checks.
 - Noncompliance: Triggers a notice with 30 days to prove compliance or exemption. Coverage continues during this period. Failure to comply results in disenrollment.
- **Implementation Timeline - Begins January 1, 2027**
 - States may request extensions if they show progress toward implementation.
 - All exemptions and delays expire December 31, 2028.
- **California Impact** - According to the California Department of Health Care Services (DHCS), an estimated 3 million Medi-Cal members could lose coverage due to these work requirements.

Potential Federal Regulatory Changes: FQHCs

- **Redefinition of “Federal Public Benefits”** - The U.S. Department of Health and Human Services (HHS) has issued a proposed rule that revises the interpretation of “Federal public benefit” under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This rescinds the 1998 interpretation and reclassifies programs like community health centers (FQHCs) as federal public benefits.
 - Immigrants with unsatisfactory immigration status may be restricted from accessing services at FQHCs and other programs newly classified as federal public benefits.
 - The rule applies to “qualified non-citizens” and may limit access for undocumented individuals unless they fall under specific exemptions.
 - PRWORA allows narrow exemptions, including:
 - Emergency services
 - Services necessary to protect life or safety regardless of immigration status or ability to pay.

*The PRWORA statute defines “Federal public benefit” as any grant, contract, loan, professional license, or commercial license provided by an agency of the US or by appropriated funds of the US. It also includes any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of the US or by appropriated funds of the US.

Existing Programs for Undocumented Immigrants

- **Medi-Cal for Emergency Services/Pregnancy Services:** Medi-Cal covers individuals with restricted scope Medi-Cal aid codes who are eligible only for emergency and pregnancy-related services, including long-term care when needed. Certain groups, such as young adults (ages 21-25), trafficking and crime victims, and individuals under Senate Bill 75, may have additional coverage options.
- **Hospital/Federally Qualified Health Center (FQHC) Coverage:** As set forth in the Emergency Medical Treatment and Active Labor Act (EMTALA) hospitals that participate in Medicare are responsible to provide care to all people, including undocumented immigrants. Undocumented immigrants use of EMTALA-related services is often covered via emergency Medicaid. Additionally, hospitals that received funding under the Hill-Burton Act must provide free or reduced-cost care to eligible patients, regardless of immigration status. Finally, FQHCs receive federal funding to provide primary care services to all individuals, including undocumented immigrants, at reduced costs. HHS issued a notice for public comment in which the interpretation of “federal benefits” would restrict access to certain federal benefits based on immigration status including FQHC coverage.

CFO Updates

October 17, 2025 CAB Meeting

Report Summary

The HRSA program budget is expected to be claimed in full with no major variances or concerns to report. Sacramento County is currently working on our next Service Area Competition (SAC) report, which is due to HRSA on 10/29/25. So far in FY 25/26, since July'25, County of Sacramento's FQHC has maintained a steady M-Cal revenue stream. This is good news, as starting 1/1/26 it will become harder to predict M-Cal revenue.

HRSA Project Budget Summary

- As of 6/30/25 we have spent \$539,278.51 on the HRSA project. We have a remaining balance of \$1,172,323.49.
 - Quarter 1 for new grant year has started, 3/1/2025. Grant amount is back to normal (no UDS+ funding).
- County of Sacramento is working on completing the SAC, due 10/29/25.
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Our FY 25/26 budget has \$0 general fund draw and we need to make sure we meet that.
- Object 10 Salaries/Benefits: Have expended \$2.8M through Sept'25 out of \$14.7M budgeted, about 20% utilized so far. On track to being within budget.
- Object 20 Services/Supplies: Cannot project as we have not paid out SCOE for last FY, but accrued it, and we have not paid out UCD this FY (due to contract negotiations).
 - Leadership continues to analyze and reduce registry staff usage, which should lower our 20 object costs.
 - Due to Refugee slowing down, less registry employees are needed, therefore will have less expenses compared to FY 24/25.
- Object 30 Contracts: Similar to 20 object where not everything has posted yet.
 - Increased OCHIN contract for FY 25/26 and going forward, therefore should not have overages in this object level.
- Object 40 Fixed Assets: no budgeted expenditures and no planned costs.
- Object 60 Internal Charges/Allocated Costs: Cannot project until more costs are posted.
- Object 59 and 69 Inter/Intrafund Reimbursements: Realignment funding and funding from other County departments paying for Clinics services.
- Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes.
 - Medi-Cal revenue is currently at \$5.3M through Sept'25. Our budgeted amount for FY 25/26 is \$22.3M.
 - Increased our interim rate to \$347.29, was \$302.
 - This will increase our FQHC's short term cash flow, which should be helpful for the upcoming lean years.
 - Grants are on track.
 - Will have more grant information next month once quarter 1 claims (July'25-Sept'25) are posted and finalized.

HRSA Project Director Updates

October 17, 2025 CAB Meeting

The Sacramento County Health Center (SCHC) continues with our management initiatives, grant applications, and improving patient care and access. We have made significant strides in strengthening our leadership team and aligning all projects with our core goals: achieving financial self-sufficiency, delivering high-quality care, and ensuring accountability, clarity, and efficiency.

The management team is working on the Service Area Competition (SAC) Grant. This is what qualifies SCHC as an FQHC and grants us that status. This grant is imperative to our success. The preparation of the submission is going well and significantly ahead of schedule.

The SCHC team received a response from HRSA regarding the request for information on the School-Based Health Center sites. We are currently working diligently to complete the next submission due December 1st.

Leadership/Management/Staffing

Our strategic focus remains on Fiscal Self-Sufficiency and providing Quality Care. To achieve these goals, we are actively building a stronger management team and aligning every project with our Strategic Management Principles. We are also implementing key improvements to enhance communication and operational efficiency. The result will be greater Accountability and Clarity across the organization.

Update on Health Program Manager (HPM): After an extended search and interview process, the SCHC management team has extended an offer to HPM candidate, Jane Murphy. Jane comes with extensive healthcare experience in Hospital management and operations in the United Kingdom. Jane was working for the County of Sacramento – Department of Technology on Microsoft 365 migration. A start date is still be worked out, and more details about Jane will follow.

Grants and Financials

We have also made substantial progress on the Service Area Competition (SAC) Grant and appreciate the Co-Applicant Board's (CAB) support during the review process. The next three-year grant application has two due dates: a submission overview on September 22 and the detailed application on October 22. The September 22nd submission was completed early, and we are on track to submit the October 22nd submission early as well. We will continue to involve the CAB in our process and appreciate their feedback on our drafts.

We are actively collaborating with the Health Resources and Services Administration (HRSA) on our submission for the Request for Information (RFI) regarding the School-Based Health Center program.

HRSA Project Director Updates

October 17, 2025 CAB Meeting

Our current focus is on addressing critical program details, specifically defining the required hours of operation on campus and ensuring comprehensive access to all services listed under Form 5A. We are working diligently to finalize and submit our response well in advance of the December 1st deadline set by HRSA.

However, a potential challenge we face is the impact of the recent government shutdown on HRSA operations. This situation may, unfortunately, limit our ability to get timely answers to clarifying questions we have about the RFI. Despite this, our team is pressing forward to prepare the most complete and accurate submission possible to keep the SBHC program moving ahead.

Refugee Health Assessments

We have received approval from the Department of Public Health for continued refugee health assessments for the 25/26 Federal Fiscal Year. While the estimated number of refugees is 3,400, this seems to be a high estimate. We have also developed a plan to integrate these health assessments into our same-day appointment schedules, ensuring timely care for both new and existing patients while ensuring that we have appropriate availability for the ebb and flow of the refugee program.

We expect to hear more about the number of refugees we will be expecting once the government shutdown is complete. The number of refugees who come into the country is based upon the presidential determination, which is a collaboration between the president and Congress.

Expanding Patient Access

With the unwavering support of the management team, we've achieved a significant milestone: a successful increase in patient appointment availability. This isn't just about adding more slots; it's a fundamental shift recognizing the paramount importance of expanding patient access to care. When patients can see a provider quickly, it leads to earlier diagnosis, timely treatment, better management of chronic conditions, and ultimately, improved health outcomes for our community. Long wait times can cause health issues to escalate, increase patient anxiety, and negatively impact satisfaction and loyalty.

We are not stopping here. Our team is fully committed to a continuous improvement process focused on making care more accessible and ensuring the clinic runs as smoothly and efficiently as possible. We are continuing to work hard at shifting our organizational culture to prioritize patient care and operational efficiency at every level throughout the organization while empowering staff to identify and implement solutions.

Medical Director Updates (Dr Corina Gonzalez)

Board Meeting – October 17, 2025

Key Updates

1. Stakeholder Engagement & Strategic Prioritization

- **Priority Mapping:** Established core priorities and developed phased timelines for implementation.
- **Project Management:** Coordinating initiatives focused on access and quality improvement, including:
 - **Room Utilization & Staffing Alignment:** Analyzing clinician schedules, support staff roles, and room availability to optimize resource deployment. This helps clarify responsibilities, identify cross-functional flexibility, and inform rational hiring decisions.
 - **Workflow Standardization:** Developing consistent clinical workflows, schedule templates, and documentation protocols to better meet clinic needs and support operational efficiency.

2. Organizational Structure & Sustainability

- **Structural Review:** Evaluating long-term organizational alignment to support growth and sustainability.
- **Staff Optimization:** With limited personnel, it's critical to position staff and clinicians for success. Progress has been delayed due to the need for a deep analysis of our current state, which is foundational work that will ensure lasting, strategic changes.

3. Implementation of Change

- **Project Planning:** Aligning priority initiatives with our mission, vision, and values through structured project management.
- **Culture & Communication:** Onboarding key staff to lead the development of a thoughtful communication strategy—ensuring timely, tiered messaging (leaders first, then staff) to break silos and foster cultural transformation.

4. Policies, Procedures & Workflow Alignment

- **Job Duty Review:** Beginning with county job descriptions to ensure staff are informed and aligned.
- **Workflow Updates:** Revising workflows to comply with California regulations and union expectations, minimizing disruption and concerns.

- **Policy Development:** Prioritizing updates to scheduling, time-off requests, and template protocols. Goal: All policies and workflows revised and aligned by December 2026.
- **Medical Readiness:** Preparing for upcoming Medicaid-Medicare changes by optimizing access, and resources in aligning with Sacramento County initiatives.

5. Program Development

- **Same Day-Refugee Program Launch:** Initiated a hybrid model offering same-day services. Lessons learned will help with future program rollouts.
- **Jail Discharge Support:** Collaborating with County Jail to support individuals post-release—starting with MAT (Medication-Assisted Treatment) participants. Goal: Reduce overdose deaths and establish a medical home for vulnerable populations.

6. Scheduling Optimization

- **Template Review:** Refining scheduling templates to better reflect clinician and clinic needs.
- **Schedule Expansion:** Achieved consistent schedule openings for over two months; progressing toward 90-day visibility, with a target of six months by June 2026.
- **Centralized Scheduling:** Implemented “Provider Scheduling” email system to streamline time-off requests and optimizing the process for urgent changes.

7. Communication & Contracts

- **Internal Communication:** Strengthening cross-team communication through structured monthly blocks for training, updates, and feedback exchange.
- **Contract Finalization:** Advancing updates to the 2025–2026 UCD clinician contract to enhance access and align with strategic goals.



Sacramento County Health Center Quality Improvement Plan 2025

Department of Health Services
Primary Health Division
Approved by CAB on 01/17/2025

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.

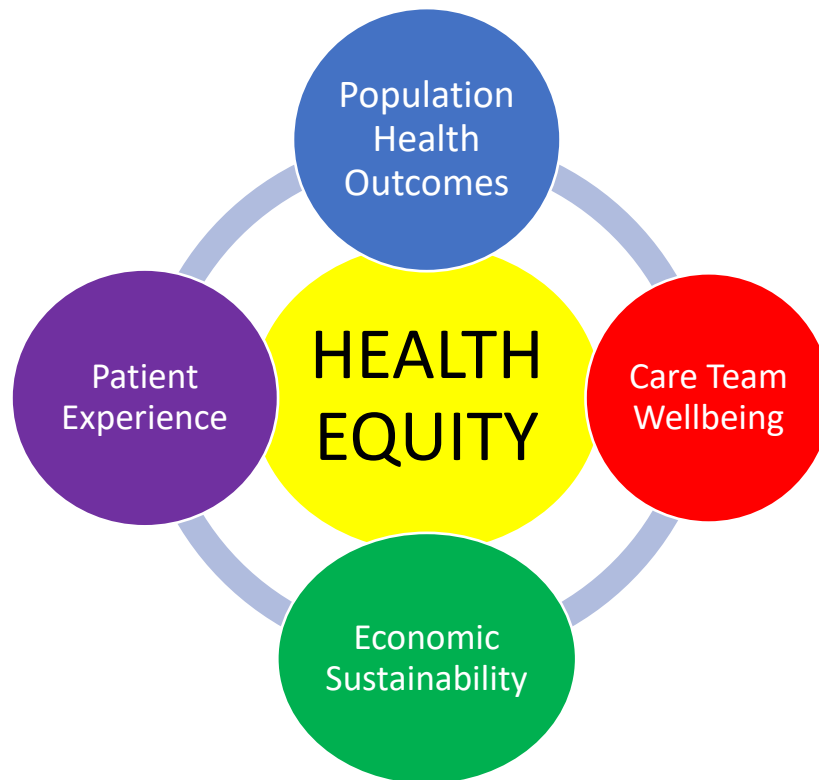
Personal health information obtained because of a client complaint or appeal is kept in a secure area and only made available to those who need to know. Computer access to personal health information about a client's complaint or appeal is password-protected and only accessible to those who need access.

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. (Cisco)¹
 - 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)²
 - 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)

¹ Cisco = Data will come from a report from the Cisco call center program

² DBM = dashboard metric

- 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)
 - 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 (OCHIN and Health Plan and IPA Scorecards)
 - 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 (OCHIN and Health Plan and IPA Scorecards)
 - 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: Provide Care Coordination and Treatment for Chronic Conditions Prevalent among SCHC Patients. (OCHIN and Health Plan and IPA Scorecards)
 - 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. (OCHIN and Health Plan and IPA Scorecards)
 - 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. (OCHIN and Health Plan and IPA

Scorecards)

- 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. (OCHIN)
 - 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 Pro-List.
 - 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



2025 QI PLAN REPORT TO CAB

October 17, 2025

CAB ROLE

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.



QUALITY IMPROVEMENT COMMITTEE

STRUCTURE AND DUTIES

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.

MANAGEMENT TEAM

RESPONSIBILITIES

- 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.

QUADRUPLE AIM

FRAMEWORK FOR QI PLAN ACCOUNTABILITY

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.



<https://pmc.ncbi.nlm.nih.gov/articles/PMC10246710/>

PATIENT EXPER

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

o 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. (Cisco)
- Reduce the average queue time to 10 minutes or less.

o 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)
- Decrease the No Show Rate to 25% for IBH. (DBM)

Goal 1: Improve Access to Care

o 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)

PATIENT
EXPERIENCE

Goal 1: Improve Access to Care

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.

PATIENT
EXPERIENCE

Goal 2: Improve Customer Service

o Objective 2-1: Improve Continuity of Care

- Develop training tools for PCP-level quality activities, including how to utilize the provider dashboard.

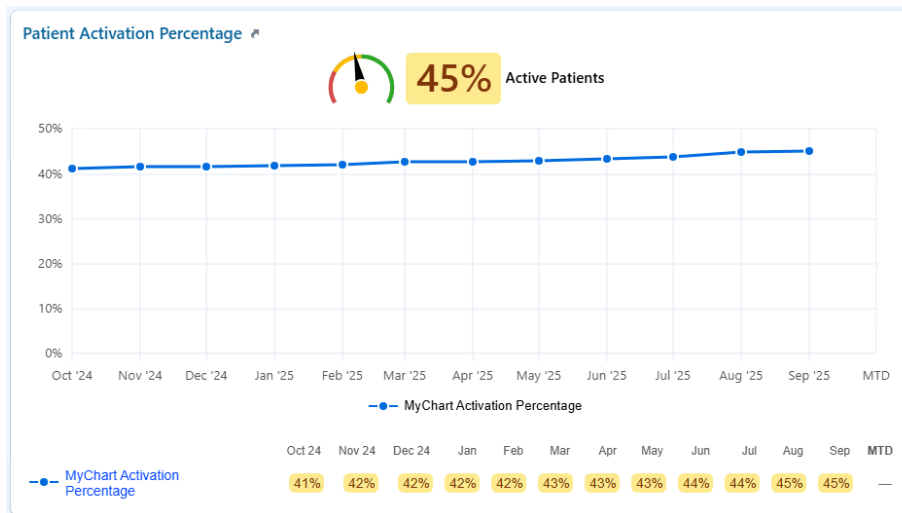
o Objective 2-2: Improve Pre-Visit Planning

- Introduce/train staff and providers in Adult Medicine pods on pre-visit planning.

Goal 3: Improve Patient Engagement

o 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)



o Objective 3-2: Increase Patient Education Materials

- Expand access to patient education materials in languages other than English and in large print.



PATIENT
EXPERIENCE

PROPOSED TIMELINE

Patient Experience Report Outs to QIC

November

**Objective 1-1: Improve Access by Telephone During
Clinic Hours**

Objective 1-3: Increase Appointment Access

December

Objective 1-2: Reduce No Shows

**Objective 1-4: Reduce Time from Authorized to Visit
Completed and Report Received**

POPUL HEALTH

Population Health Outcomes:

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



Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (UDS & HEDIS)

(OCHIN and Health Plan and IPA Scorecards)

o Objectives 6-1: Healthy Start in Life

- Prenatal/Postpartum care.
- Childhood immunizations at age 2 (CIS).
- Adolescent immunizations (IMA).

	2025 (Initial)		COMBINED MEDI-CAL GMC PERFORMANCE Updated 07/09/25							
HEDIS Measure	MPL (50th) - C-HIP	HPL (90th) C-HIP	Eligible Population	# of Compliant Members	SCHC Compliant %	MPL (50th) - C-HIP	# of Members needed For MPL	HPL (90th) C-HIP	# of Members needed For HPL	Projected Final Status
PPC - Prenatal Care	84.55%	91.07%	147	110	74.83%	84.55%	16	91.07%	25	TBD
PPC - Postpartum Care	80.23%	84.59%	147	117	79.59%	80.23%	3	84.59%	9	Meet MPL
CIS - Childhood Immunization Status	27.49%	45.26%	194	56	28.87%	27.49%	(1)	45.26%	33	Meet MPL
IMA - Immunizations for Adolescents	34.30%	48.80%	210	80	38.10%	34.30%	(6)	48.80%	23	Meet MPL

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (UDS & HEDIS)

(OCHIN and Health Plan and IPA Scorecards)

- Objectives 6-2: Primary or Secondary Prevention of Health Issues Prevalent among SCHC Patients

	2025 (Initial)		COMBINED MEDI-CAL GMC PERFORMANCE Updated 07/09/25							
HEDIS Measure	MPL (50th) - C-HIP	HPL (90th) C-HIP	Eligible Population	# of Compliant Members	SCHC Compliant %	MPL (50th) - C-HIP	# of Members needed For MPL	HPL (90th) C-HIP	# of Members needed For HPL	Projected Final Status
BCS - Breast Cancer Screening	52.68%	62.67%	1,243	694	55.83%	52.68%	(38)	62.67%	86	Meet HPL
CCS - Cervical Cancer Screening	57.18%	66.48%	4,295	2,053	47.80%	57.18%	404	66.48%	711	Meet MPL
COL - Colorectal Cancer Screening	38.07%	62.77%	2,468	738	29.90%	38.07%	203	62.77%	TBD	Meet MPL
CHL/PC12 Chlamydia Screening in Women	55.95%	67.39%	246	117	47.56%	55.95%	22	67.39%	50	Meet MPL
CBP - Controlling High Blood Pressure	64.48%	72.22%	834	385	46.16%	64.48%	272	72.22%	350	Meet MPL

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (UDS & HEDIS)

(OCHIN and Health Plan and IPA Scorecards)

Objective 6-3: Provide Care Coordination and Treatment for Chronic Conditions Prevalent among SCHC Patients.

- Diabetes management: A1c testing and control.
- Diabetes management: Retinopathy screening.

	2025 (Initial)		COMBINED MEDI-CAL GMC PERFORMANCE Updated 07/09/25							
HEDIS Measure	MPL (50th) - C-HIP	HPL (90th) - C-HIP	Eligible Population	# of Compliant Members	SCHC Compliant %	MPL (50th) - C-HIP	# of Members needed For MPL	HPL (90th) - C-HIP	# of Members needed For HPL	Projected Final Status
GSD - Glycemic Status Assessment (>9%) inverse measure	33.33%	29.44%	1,288	629	48.84%	33.33%	195	29.44%	424	Meet MPL
Comprehensive Diabetes Care: Eye Exam	50.90%	68.60%	1,347	551	40.91%	50.90%	136	68.60%	374	NA
Comprehensive Diabetes Care: Blood Pressure Control	56.20%	77.50%	748	520	69.52%	56.20%	(98)	77.50%	60	NA

Goal 7: Improve Performance on Select UDS and HEDIS Quality Measures

(OCHIN and Health Plan and IPA Scorecards)

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).

HEDIS Measure	2025 (Initial)		COMBINED MEDI-CAL GMC PERFORMANCE Updated 07/09/25							
	MPL (50th) - C-HIP	HPL (90th) C-HIP	Eligible Population	# of Compliant Members	SCHC Compliant %	MPL (50th) - C-HIP	# of Members needed For MPL	HPL (90th) C-HIP	# of Members needed For HPL	Projected Final Status
W30 - Well-Child 6 visits in the first 15 months of life	60.38%	68.09%	105	26	24.76%	60.38%	47	68.09%	46	Meet MPL
W30 - Well-Child 2 visits for Age 15 Months-30 Months of life	69.43%	77.78%	179	99	55.31%	69.43%	13	77.78%	42	Meet MPL
WCV - Well-Child visits 3-21 years	51.81%	66.23%	4,281	1,068	24.95%	51.81%	1,152	66.23%	1,769	Fail to meet MPL

Goal 7: Improve Performance on Select UDS and HEDIS Quality Measures

(OCHIN and Health Plan and IPA Scorecards)

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.

o **Objective 8-1: Track Staff Effort and Financial Impact of QI Projects to Build the QI Program. (OCHIN)**

o **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.

- o Objective 9-1: Work with UC Davis on effectively measuring health inequities and effective strategies to reduce them.**
- o 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).**

REDUCING COSTS

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.

o 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.
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Goal 11: Create Care Team Pods and Provider Productivity Standards.

CARE TEAM WELL-BEING

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.

- o Objective 1: Earn Three or More HRSA Badges.
- o 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.

- o Objective 13-1: Develop and Conduct Standardized Training, Including OCHIN Training.
- o Objective 13-2: Complete Development of the Health Center Staff and Provider Onboarding Process and Intranet Site.
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Goal 14: Develop a Structure for Multi-Level Staff Engagement and Communication.

- o Objective 14-1: Schedule Quarterly Meetings for Supervisors and Managers to Meet With Staff to Promote Communication and Standardization.

CARE TEAM
WELL-BEING

Questions?



**Sacramento County Health Center
Co-Applicant Board (CAB)**

Friday, September 19, 2025, 9:30 a.m.- 11:30 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.

CALL TO ORDER (9:37 AM)

Opening Remarks and Introductions – Laurine Bohamera, *Vice-Chair*

a. Roll Call and Welcome

PRESENT

Suhmer Fryer – Chair (Teleconferenced)	Noel Vargas – Deputy Director of DHS -
Laurine Bohamera – Vice Chair	Michelle Besse – Interim Division Mngr
Jan Winbigler - Member	Christina Delgado – Health Program Manager
Ricki Townsend – Member	Heather Vierra – Site Director
Dedra Russell - Member	Belinda Brent – UCD Consultant
Vince Gallo - Member	Emily Moran-Vogt – Program Planner
Roberto Ruiz - public	
Camila Chavez - public	

Announcements:

INFORMATION ITEMS

Budget Updates presented by Michelle Besse

Please see handout for detailed grant summary.

- **All ARPA funds have been fully claimed and closed on 12/31/24.**
- **No further activity is expected on the ARP -Capital grant.**

- Main HRSA Homeless grant now includes supplemental ongoing HIV funding.
- HIV grant ended 8/31/25, the remaining grant funds are being folded into the main HRSA Homeless grant.
- RHAP is going well, we will not maximize the grant due to a decline in patients causing not needing all funds.
- Currently in negotiations with CDPH on Refugee grants for the next grant year (10/1/25).

HRSA Project Director Updates presented by Noel Vargas

- **Leadership and Management**
 - ✓ Final Interviews for Division Manager in the next couple weeks. There are three candidates
 - ✓ Moving forward with selecting candidates for the vacant Health Program Manager position.
 - ✓ The hope is to land on candidates in October.
- **Grants and Financials**
 - ✓ Working on how to address the health care needs for the undocumented due to Medi-Cal for All program ending.
 - ✓ Meeting with HRSA on the Operational Sit Visit (OSV) on 9/18/25. Another meeting is needed, and CAB will be updated next month.
 - ✓ Substantial progress on the Service Area Competition (SAC) Grant. Final submission date is October 22, 2025.
- **Refugee Health Assessments**
 - ✓ Currently negotiating an agreement with the Department of Public Health for continued refugee health assessments for the 25/26 Federal Fiscal Year.
 - ✓ Plan developed to integrate these health assessments into our same-day appointment schedules.
- **Expanding Patient Access**
 - ✓ Actively restructuring our scheduling templates, adjusting meeting schedules, and shifting our culture to improve patient access.
 - ✓ Telehealth appointments continue to be encouraged.

Medical Director Report presented by Dr. Heather Vierra

- **Stakeholder Engagement & Prioritization**
 - ✓ Presented date underscoring the need for change.
 - ✓ Established priorities and mapped out phased timelines for implementation.
- **Organizational Structure**
 - ✓ Reviewing long-term structural alignment to support sustainability and growth.
- **Implementation of Change**
 - ✓ Removed scheduling barriers for clinicians. Schedules are being standardized, meeting with staff to ensure each department scheduling needs are met.
 - ✓ Reviewing and revising scheduling templates to align with clinic needs.
 - ✓ Initiated a centralized provider scheduling email box to

- ✓ Communication efforts are being standardized; only two meetings per month, cutting down on time away from patients.
- **Policies, Procedures, & Workflows**
 - ✓ Aligning policies/procedures with workflows to guarantee long-term goal success.
 - ✓ Secured space and support staff in Adult Medicine; now requesting the same for Pediatrics and Family Medicine.
- **Program Development**
 - ✓ Same-day appointment access in Adult Medicine has expanded using empty refugee program slots
 - ✓ Will transition to Pediatrics and Family Medicine soon.
- **Collaboration with QI/IPA**
 - ✓ Making sure projects are completed accurately in collab with the QI team and the UCD Site Director in implementing access-to-care improvements.

HRSA Service Area Competition (SAC) presented by Michelle Besse

- CAB has been involved in the process; receiving drafts, having input.
- The grant is what gives the clinic FQHC status.
- Most of the grant proposal is finished, deadlines will be met.

Laurine Bohamera expressed that in the past, grant proposals were dropped in CAB's lap at the last moment and expressed appreciation on CABs behalf of being involved in the process this time.

Noel Vargas expressed that CAB involvement in the grant process is important and that he appreciated CABs willingness.

Michelle Bess expressed that the CAB and County collaboration over the last six months has been amazing.

HRSA HIV Grant Update presented by Michelle Besse

Please see handouts for detailed summary.

Jan Winbigler expressed appreciation for Emily Moran-Vogt for making the best use of the HIV Grant, as the first two years seemed not to be used to its best abilities.

Ricki Townsend asked if there would be another HIV grant?

Emily Moran-Vogt responded stating that the HIV grant funding would be rolled into the main grant.

Heather Vierra added that the HIV grant opened the door to new opportunities such as linking patients to sexual health services in Public Health departments and point of care testing.

Strategic Plan Discussion presented by Michelle Besse

- Continuing to work with management team to focus on financial stability and higher quality of care.

Michelle Besse asked for CABs input on the process.

Laurine Bohamera expressed that she would like to see more of the plan in progress.

Belinda Brent stated that the new plan is fast approaching, we should get started, finalizing the current plan and starting the new plan.

Noel Vargas stated that we are homing in on key performance indicators (KPI), suggested meetings in between monthly CAB meetings as CAB should be involved.

Jan Winbigler expressed the need to end out the current plan and analyze what worked and what didn't.

Laurine Bohamera stated that CAB would like to get a final review and asked what was needed to close the current plan out, stating that only then should the new planning start.

Belinda Brent expressed that everyone should get on one page about what HRSA requires for a strategic plan.

School-Based Health Center Sites Discussion (continued) presented by Michelle Besse

- Hopeful to get info on RFI on Monday
- Still issues to address, SCOE hasn't approved everything yet

Laurine Bohamera asked what SCOE's concerns are?

Michelle Besse answered there are a couple different areas:

- ✓ Hours SCOE staff is on site. 40 hours is on the form, but school site hours aren't aligned with getting 40 hours
- ✓ SCOE should provide the same "Form 5" services as the Health Center
- ✓ SCOE wants the contract outline more efficient

CAB Goals

Jan Winbigler presented the Member Manual that she and Laurine Bohamera have been working on. Jan asked for Health Center Staff assistance in getting these items:

- ORG CHART
- RECORDS REVIEW LIST
- ADD QI TO THE ABBREVIATION LIST AND SPELL CORRECT THE WORD PRACTITIONER

ACTION ITEMS
<u>*Jan Winbigler Moved to Approve the August 15, 2025, CAB Meeting Minutes.</u> <u>*Ricki Townsend Seconded the Motion to Approve the August 15, 2025, CAB Meeting Minutes.</u> <u>Yes Votes:</u> Jan Winbigler, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer <u>No Votes:</u> None <u>Result:</u> Carried <u>*Vince Gallo Moved to Approve the Sacramento County Health Center to prepare and submit the 2025 HRSA Service Area Competition (SAC) Grant Application.</u> <u>*Ricki Townsend Seconded the Motion to Approve the Sacramento County Health Center to prepare and submit the 2025 HRSA Service Area Competition (SAC) Grant Application.</u> <u>Yes Votes:</u> Jan Winbigler, Ricki Townsend, Laurine Bohamera, Suhmer Fryer, and Vince Gallo <u>No Votes:</u> None <u>Result:</u> 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
Vice Chair Laurine Bohamera adjourned the meeting at 10:58am.