

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

Friday, December 19, 2025, 9:30 a.m.- 11:30 a.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 Updates
2. Project Director Report
3. Medical Director Report
4. Preliminary Discussion and Review of the Proposed HRSA Program & County Budget
5. CAB Goals
 - Present CAB Manuals to Members Not in Attendance at Last Meeting
 - Election of CAB Chair & Co-Chair for 2026

INFORMATION/ACTION ITEMS ¹
<p><u>BUSINESS ITEM I.</u></p> <ul style="list-style-type: none"> • <u>October 17, 2025, CAB Meeting Minutes</u> ✓ <u>Recommended Action: Motion to Approve the drafted October 17, 2025, CAB Meeting Minutes</u> <p><u>BUSINESS ITEM II.</u></p> <ul style="list-style-type: none"> • <u>November 21, 2025, CAB Meeting Minutes</u> ✓ <u>Recommended Action: Motion to Approve the drafted November 21, 2025, CAB Meeting Minutes</u> <p><u>BUSINESS ITEM III.</u></p> <ul style="list-style-type: none"> • <u>Election of CAB Chair & Co-Chair</u> ✓ <u>Recommended Action: Motion to Approve the Elected CAB Chair & Co-Chair</u>
PUBLIC COMMENT
<p>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.</p> <ul style="list-style-type: none"> • 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 (11:30 AM)

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

Report Summary

The HRSA program budget is expected to be claimed in full with no major variances or concerns to report. Medi-Cal revenue has been strong since September 2025. Sacramento County Health Center increased our interim rate back in July'25, and now received the MEI (Medicare Economic Index) increase. As of 11/30/25, our interim rate is \$359.44, and our AIR rate is \$458.13.

HRSA Project Budget Summary

- As of 9/30/25 we have spent \$921,547.09 on the HRSA project. We have a remaining balance of \$790,054.91.
 - No change as of 9/30/25. Next claim will be in Jan'26 for Oct'25-Dec'25.
- Continuing HIV grant services through main grant. Claims will be completed separately.
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Our FY 25/26 budget has \$0 general fund draw.
- Object 10 Salaries/Benefits: Current projection shows we are under budget.
 - Subject to change especially with new union agreements and filling vacant positions.
- Object 20 Services/Supplies: Current projection shows we are slightly under budget.
 - Conservative numbers were used in this projection as it's still early, subject to change.
 - 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: Current projection shows we are slightly under budget.
 - Increased OCHIN costs are pushing us over budget. Will monitor throughout the Fiscal Year. If overage happens in our 30 object it is due to increased OCHIN cost, which means we should have increased revenue to offset any overages.
 - Object 30 currently has the most risk of going over, admin team to watch closely.
- Object 40 Fixed Assets: Currently not budgeted, but will be ~\$55,000.
 - New camera system at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Phase 1 has been completed, waiting on phase 2 to finish before adjusting budget. Will either take money from object 10 or 20, depending on budget at the time of revision.
- Object 60 Internal Charges/Allocated Costs: Projecting slightly above budgeted amount.
 - Will monitor closely.
- 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 \$9.5M.
 - At same time last FY (July'24-Nov'24) it was \$7.25M.
 - Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now \$359.44.
 - Grants are on track.
 - Nothing out of the normal on grants. HRSA HIV grant is being rolled into our main HRSA Homeless grant. RHAP is continuing and we received the award letter from CDPH.

Period
Current Month
Percentage of Year

5
November
42%
FY 25/26
Budget

Line Item	Budget	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
Expenses							
Personnel <i>* 10 - SALARIES AND EMPLOYEE BENEFITS</i>	\$ 14,760,997	\$ 4,752,503	\$ -	\$ 4,752,503	32%	\$ 12,887,226	Holding positions vacant coupled with not utilizing overtime has benefited our 10 object. Year end projection showing to come in under budget.
Services & Supplies <i>* 20 - SERVICES AND SUPPLIES</i>	\$ 21,858,812	\$ 3,442,202	\$ 11,529,101	\$ 14,971,303	68%	\$ 21,312,103	Projected 95% of contracted services. Conservative projection. Some actuals in FY 25/26 have not posted.
Other Charges <i>* 30 - OTHER CHARGES</i>	\$ 2,433,243	\$ 1,135,471	\$ 257,963	\$ 1,393,434	57%	\$ 2,356,064	Main driver of object 30 is our OCHIN contract. As our revenue goes up, so does our OCHIN contract costs.
Equipment	\$ -	\$ -	\$ -	\$ -	N/A	\$ 55,000.00	New camera system at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Phase 1 has been completed, waiting on phase 2 to finish before adjusting budget. Will cover this ~\$55K through object 10 or 20 allocation surplus.
Intrafund Charges (Allocation costs) <i>* 60 - INTRAFUND CHARGES</i>	\$ 5,411,059	\$ 513,045	\$ -	\$ 513,045	9%	\$ 5,531,059	Allocated and intra-departmental expenses. Pharmaceutical expenses have the largest variance.
Total Expenses	\$ 44,464,111	\$ 9,843,221	\$ 11,787,064	\$ 21,630,285	49%	\$ 42,141,452	
Revenue							
Inter/Intrafund Reimbursements <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (13,882,995)	\$ (2,908,683)	\$ -	\$ (2,908,683)	21%	\$ (13,882,995)	Realignment and reimbursements for services to other DHS programs. Projections are at budgeted amounts.
Intergovernmental Revenue <i>* 95 - INTERGOVERNMENTAL REVENUES</i>	\$ (30,574,116)	\$ (9,922,527)	\$ -	\$ (9,922,527)	32%	\$ (28,899,546)	Medi-Cal/Medicare revenue, HRSA & Refugee grants. In July'25 we increased our interim rate with DHCS, which will, and has, increased our short-run cash flow. Our PPS rate also had an MEI (Medicare Economic Index, e.g. COLA for Medicare) increase in Oct'25. New interim rate is \$359.44, AIR rate \$458.13.
Charges for Services <i>* 96 - CHARGES FOR SERVICES</i>	\$ (7,000)	\$ (1,115)	\$ -	\$ (1,115)	16%	\$ (6,480)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <i>* 97 - MISCELLANEOUS REVENUE</i>	\$ -	\$ -	\$ -	\$ -	N/A	\$ -	Prior Year Patient Revenue
Total Revenue	\$ (44,464,111)	\$ (12,832,325)	\$ -	\$ (12,832,325)	29%	\$ (42,789,021)	

GRAND TOTAL
(Net County Cost)

\$ - \$ (2,989,104) \$ 11,787,064 \$ 8,797,960 \$ (647,569)

SCHC Medical Director Updates

Dec 17, 2025 CAB Meeting

Key Points:

The Office of the SCHC Medical Director is progressing through a structured, phased approach that strengthens operational foundations, modernizes workflows, and positions the organization for sustainable growth. These efforts support improved patient access, regulatory readiness, and enhanced clinical performance. Current efforts focus on optimizing provider onboarding, improving scheduling and access, standardizing workflows, and preparing the organization for upcoming Medi-Cal changes.

Phase 1 – Foundational Improvements (Ongoing)

The first phase centers on stabilizing and aligning core clinical operations:

- **Clinical Needs Assessment:** Comprehensive review of clinical service needs, staffing patterns, and operational gaps.
- **Scheduling & Access Optimization:** Standardization of visit types across departments and development of new clinician templates to improve access, efficiency, and cross-department alignment.
- **Training & Workforce Development:** Implementation of structured training using two dedicated training blocks per month, ensuring consistent education across all roles.
- **Space Utilization:** Completion of a space analysis identifying opportunities for additional exam rooms to support future growth.

Phase 2 – Operational Strengthening (2026)

The second phase focuses on communication, compliance, and workflow modernization:

- **Communication Improvements:** Enhancing internal communication to support clarity and accountability.
- **AI-Support:** Training clinicians to use AI tools existing in OCHIN to improve documentation quality and efficiency. Exploring other AI options for all Departments.
- **Referral Management:** Strengthening “Closing the Loop” processes to ensure timely and complete referral follow-through.
- **Job Duty Review:** Clarifying county job descriptions to reinforce accountability and role alignment.
- **Workflow Updates:** Revising workflows to meet California regulatory requirements and union expectations.

SCHC Medical Director Updates

Dec 17, 2025 CAB Meeting

Phase 3 – Expansion and Provider Growth

The final phase supports clinical expansion and recruitment, current gains:

- **Medical Doctors:**
 - **Dr. Para** has accepted a permanent full-time position, with lead responsibilities to support documentation improvement and alignment with HEDIS and strategic goals.
 - **Dr. Stanley**, Med-Ped specialist, pending malpractice insurance.
- **Nurse Practitioner:** Recruitment is underway to fill **1.0 FTE permanent NP**, with interviews in progress.

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

Friday October 17, 2025, 9:30 a.m.- 11:30 a.m.

Regular Meeting Minutes

4600 Broadway, Community Room 2020, Sacramento, CA

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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

Eunice Bridges -Member	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	Cortney Maslyn – Deputy Director of Human Services
Ona Okoro-Van Romondt - Member	Corina Gonzalez - Chief Medical Officer
	Adam Prekeges - Admin Srvs Officer II
	Aliah Martin – Senior Office Assistant

Announcements:

INFORMATION ITEMS

California Medically Indigent Services Program (CMISP)/Healthy Partners Program Presentation by Cortney Maslyn

Please see handouts for detailed summary.

- **Upcoming changes to Medicaid**
 - ✓ **Work requirements – 80 hours a month (work, volunteer, school)**

- ✓ **Bi-Annual recertifications**
- ✓ **\$30/month premiums for undocumented people.**
- ✓ **5 year waiting period for applying for Medi-Cal after obtaining legal permanent status**
- **These programs are for people who have no other pathway to medical coverage.**
- **Poses a minimum standard of care and boosts people's ability to get care.**
- **Structured in two ways depending on County size, the larger counties manage their own programs.**
- **In 2013, programs had nearly any enrollment.**
- **Healthy Partners program was almost eliminated in 2024 due to Medi-Cal for all program**
- **CMISP is for people that don't qualify for Medi-Cal or Covered California programs.**
- **Healthy Partners is for undocumented immigrants at the County Health Center.**
- **Ensuring community partners are aware of changes to assist in getting affected people coverage.**
- **Presenting budgets needs for running the program to the Board of Supervisors in December**
- **This will be an ongoing CAB agenda item as more changes come to keep CAB informed and updated.**

Vince Gallo asked if the programs are uniform across all states.

Cortney Maslyn answered that California is structured for California, she couldn't speak for other states, that State statutes establish eligibility standards, there is some flexibility, but they are pretty standard.

Corina Gozalez asked what happens with children?

Cortney Maslyn answered that the only impact to children will be the retro active coverage, only back dating 60 days compared to the current 90-day procedure, that the changes will mostly affect the ages 18-59 adult group.

Ona Okoro-Van Romondt asked if video visits will be impacted, if Medi-Cal isn't covering them.

Cortney Maslyn answered because we are using the County General Fund, we have leeway in how programs are run.

Jan Winbigler expressed that these changes would impact the next strategic plan.

Heather Vierra asked if we currently have dollars allocated for CMISP.

Cortney Maslyn answered there are no dollars for CMISP, a small budget for Healthy Partners.

Christina Delgado asked about the communication for patients and the clinic community.

Cortney answered she isn't part of the group that is focusing on communication but knows that hospitals and healthcare managers are being asked for input on how they can be help, there will be some campaigning and written communications going out in the mail.

Ricki Townsend expressed that she was confused about the five-year waiting period.

Cortney stated that the statute has been in effect for quite some time, some current programs have overridden it and the coming changes have moved it back to the forefront.

Budget Updates Presented by Adam Prekeges

HRSA Project Budget Summary

- **October 31st is HRSA Grant draw down date, the Government shutdown should not affect it.**
- **HIV Grant fund is \$160,000, basically covering salaries.**
- **More budget clarity will come when the SAC Grant gets approved.**

Jan Winbigler asked if employees salaried by the HIV grant are still outreaching for HIV needs.

Adam answered that all previous programs are still in effect, County is just being cautious about spending too much, hesitant because we aren't clear on how the HIV grant will be moving forward.

County Budget Summary and Significant Variances

- **FY 25/26 budget had \$0 general fund draw, need to meet that.**
- **Object 10 Salaries/Benefits: 20% utilized through Sept'25, on track**
- **Object 20 Services/Supplies: Cannot be projected at this time**
 - ✓ **Have not paid out SCOE for last FY**
 - ✓ **Have not paid out UCD for this FY due to contract negotiations**
 - ✓ **Reducing registry staff usage as the refugee program slows should lower the 20 object costs.**
- **Object 30 Contracts: Cannot be projected at this time**
 - ✓ **Increased OCHIN contract going forward should eliminate overages in this object level.**
- **Object 40 Fixed Assets: no budgeted expenditure & no planned costs**
- **Object 60 Internal Charges/Allocated Costs: Cannot project until more costs are posted.**
- **Objects 59 & 69 Inter/Intra Fund Reimbursements: Realignment funding and funding from other County departments paying for Clinic services.**

- **Objects 95/96/97 Outside Revenue: Difficult to project due to upcoming changes.**
 - ✓ **Medi-Cal revenue is currently \$5.3M.**
 - **Budgeted amount for FY 25/26 is \$22.3M**
 - **Increased interim rate from \$302 to \$347.29, 20% jump, which will increase the short-term cash flow. This will be helpful for upcoming lean years.**
 - ✓ **Grants are on track.**
 - **More info next month, after quarter 1 claims are posted and finalized.**

HRSA Project Director Updates presented by Noel Vargas

- **Leadership/Management/Staffing**
 - ✓ **An offer has been extended to Health Program Manager (HPM) candidate Jane Murphy.**
 - **Most likely taking over the Quality Improvement (QI) program.**
 - **Bio will be compiled and may be presented at next CAB meeting.**
- **Grants and Financials**
 - ✓ **Substantial progress on the Service Area Competition (SAC) grant.**
 - ✓ **On track to submit the October 22nd submission early.**
 - ✓ **General Fund draw will be necessary due to CMISP program.**
 - ✓ **Sacramento County Office of Education (SCOE) deadline is 12/1.**
 - ✓ **HRSA is making a pathway for getting contract issues resolved.**
 - ✓ **May not have definitive answers until February due to Government shutdown, which is affecting HRSA operations.**
- **Refugee Health Assessments**
 - ✓ **Received approval from the Department of Public Health for continued refugee health assessments for the 25/26 Federal Fiscal Year.**
 - ✓ **Integrating with same-day appointment schedules.**
 - ✓ **Expect more info on refugee counts after Government shutdown.**
 - ✓ **Decrease in patient response rates to outreach efforts has been observed, reasons being investigated.**
- **Expanding Patient Access**
 - ✓ **Successful increase in patient appointment availability.**
 - ✓ **Committed to a continuous improvement process.**

Medical Director Report presented by Dr. Corina Gonzalez

Main goal is to increase access and getting ready for changes.

Huge cultural changes need planning to shift.

- **Stakeholder Engagement & Strategic Prioritization**
 - ✓ **Established core priorities and developed phases timelines for implementation.**
 - ✓ **Coordinating initiatives focused on access and quality improvement.**
 - **Analyzing clinician schedules, support staff roles, and room availability**

- **Developing consistent clinical workflows, schedule templates, and documentation protocols.**
- **Organizational Structure & Sustainability**
 - ✓ **Structural Review**
 - ✓ **Staff Optimization**
- **Implementation of Change**
 - ✓ **Project Planning**
 - ✓ **Culture & Communication**
- **Policies, Procedures & Workflow Alignment**
 - ✓ **Job Duty Review**
 - ✓ **Workflow Updates**
 - ✓ **Policy Development**
 - ✓ **Medical Readiness**
- **Program Development**
 - ✓ **Same-Day Refugee Program Launch**
 - ✓ **Jail Discharge Support**
- **Scheduling Optimization**
 - ✓ **Template Review**
 - ✓ **Schedule Expansion**
 - ✓ **Centralized Scheduling**
- **Communication & Contracts**
 - ✓ **Internal Communication**
 - ✓ **Contract Finalization**

Quality Improvement Plan Progress Monitoring/Data Reports presented by Belinda Brent

***Please see handout for detailed summary.**

- **The Quality Improvement (QI) Plan was developed in Fall 2024, a different time from the current clinic conditions. This presentation is a refresher and update on current needs and an explanation on how the plan has been worked on and the progress thus far.**
 - ✓ **Top three language are English, Spanish, and Pashto. There are 12 threshold language.**
 - ✓ **The Quality Improvement Committee (QIC) is mandated to meet 10 times per year.**
 - ✓ **This report out is a combined score card from multiple health plans.**
 - ✓ **As of July, we are already in the green on most measures.**
 - ✓ **In vaccine efforts, if one vaccine is missed, the measure is missed.**

Dr. Corina Gozalez stated that we are making changes to close the gaps on quality care, next year may look bad, but we are optimistic for growth in two years.

Eunice Bridges asked how the staff is being prepared for higher stress levels.

Chrisina Delgado answered that we are providing continued training, offering support, and promoting open communication.

Ricki Townsend asked how missed vaccines are being tracked.

Belinda Brent answered that a tracker had been established, the QI team conducts outreach, follows up and reaches out to those behind standards.

Project Director Performance Evaluation presented by Jan Winbigler

Evaluation forms were passed out to CAB members, asked to be returned to the Executive Committee by the end of the meeting and will be compiled into a summary that will be presented to the Project Director in a Closed Session at the beginning of the November 2025 CAB meeting. Only CAB members and the Project Director will attend the presentation. All other meeting attendees will be invited into the meeting room after to complete the regular CAB meeting.

CAB Chair & Co-Chair Nominations

Nomination forms were passed out to CAB members, asked to be returned to Aliah Martin by the end of the meeting, and will be compiled to create a ballot for voting on at the November 2025 CAB meeting.

CAB Member Reappointments

Suhmer Fryer, Eunice Bridges, Laurine Bohamera, and Jan Winbigler's member appointments will expire January 14, 2026. All mentioned members are requesting re-appointments.

Vince Gallo asked if there were any updates on missing members such as Beto (Roberto Ruiz) and Suhmer Fryer.

Jan Winbigler responded that Suhmer Fryer's absences had been excused due to family obligations and that it had been found out that Beto was never ratified as a CAB member.

ACTION ITEMS	
<p><u>*Ricki Townsend Moved to Approve the drafted September 19, 2025, CAB Meeting Minutes.</u></p> <p><u>*Vince Gallo Seconded the Motion to Approve the drafted September 19, 2025, CAB Meeting Minutes.</u></p> <p><u>Yes Votes:</u> Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Dedra Russell, Ona Okoro-Van Romondt, and Vince Gallo</p> <p><u>No Votes:</u> None</p> <p><u>Result:</u> Carried</p>	
<p><u>*Vince Gallo Moved to Approve the CAB Member Re-Appointments of Suhmer Fryer, Eunice Bridges, Laurine Bohamera, and Jan Winbigler.</u></p> <p><u>*Ricki Townsend Seconded the Motion to Approve the CAB Member Re-Appointments of Suhmer Fryer, Eunice Bridges, Laurine Bohamera, and Jan Winbigler.</u></p> <p><u>Yes Votes:</u> Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Dedra Russell, Ona Okoro-Van Romondt, and Vince Gallo</p> <p><u>No Votes:</u> None</p> <p><u>Result:</u> Carried</p>	
PUBLIC COMMENT	
<p>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.</p> <ul style="list-style-type: none"> • No public comments were made. 	
CLOSED SESSION	
None	
MEETING ADJOURNED	
Vice Chair Laurine Bohamera adjourned the meeting at 11:31 am.	

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

Friday November 21, 2025, 9:30 a.m.- 11:30 a.m.

Regular Meeting Minutes

4600 Broadway, Community Room 2020, Sacramento, CA

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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 NOT established, no votes were had, items requiring votes deferred to the next monthly meeting.**

CALL TO ORDER (9:57 AM)

Opening Remarks and Introductions – Jan Winbigler

a. Roll Call and Welcome

PRESENT

Suhmer Fryer - Chair	Noel Vargas – Deputy Director of DHS -
Laurine Bohamera – Vice Chair	Michelle Besse – Interim Division Mngr
Jan Winbigler - Member	Corina Gonzalez - Chief Medical Officer
Eunice Bridges - Member	Christina Delgado – Health Program Manager
	Jane Murphy – Health Program Manager
	Rachel Callan – Sr. Administrative Analyst
	Adam Prekeges - Admin Srvs Officer II
	Aliah Martin – Senior Office Assistant

Announcements:

INFORMATION ITEMS

Budget Updates presented by Adam Prekeges

- **Medi-Cal revenue up \$2 million**
- **As vacant positions are filled, the budget will fluctuate.**
- **More revenue causes higher OCHIN billing costs.**

- Planned cost has changed, the health center needs cameras around the whole building; splitting the cost with Public Health.
- We should receive our realignment in full.
- The Medicare Economic Index COLA has gone up.

County Budget Summary and Significant Variances

- FY 25/26 budget has \$0 general fund draw
- Object 10 Salaries/Benefits: slightly under budget, subject to change with new union contracts and filling vacant positions.
- Object 20 Services/Supplies: slightly under budget.
 - ✓ Conservative numbers used in projection, subject to change
 - ✓ Leadership continues to analyze and reduce registry staff usage, which should lower 20 object costs
- Object 30 Contracts: slightly over budget
 - ✓ Increased OCHIN costs. We should see increased revenue as well, which should offset any overages
- Object 40 Fixed Assets: no budgeted expenditure & no planned costs
- Object 60 Internal Charges/Allocated Costs: Projecting budgeted amount.
- Objects 59 & 69 Inter/Intra Fund Reimbursements: Realignment funding and funding from other County departments paying for Clinic services.
- Objects 95/96/97 Outside Revenue: Hard to project due to upcoming changes.
 - ✓ Medi-Cal revenue is currently at \$7.47M through Sept'25, increased by \$2M from last FY. The budgeted amount for FY 25/26 is \$22.3M.
 - ✓ Interim rate increased from \$302 to \$347.29

Grants are on track.

- HIV Grant is closed out, 80% used, rolled the remaining funds into main grant fund.
- ARP Grant is closed out
- RHAP award letter received

We have \$660,000 in deferred revenue, not reflected in budget yet.

Laurine Bohamera expressed disappointment in not being able to utilize grant money, asked will there be an opportunity to step it up in the future.

Noel Vargas answered that we may not be able to see funding like that again.

HRSA Project Director Updates presented by Noel Vargas

Noel praised Jane Murphy for hitting the ground running, bringing plenty of ideas on an IT aspect and possible AI implementation in the clinic.

- ✓ Still awaiting word from HRSA on the SAC Grant.
- ✓ SCOE negotiations have been hindered by HRSA being rectified.
 - we met the deadline to respond to the RFI
 - not prepared to expand to every school site in Sac County

- shifting focus to ensure high quality service
- **Leadership and Management**
 - ✓ Jane Murphy has joined the management team as Health Program Manager
 - ✓ Efforts to fill the Division Manager position continue. Several strong candidates are being vetted.
- **Grants and Financials**
 - ✓ Recognition to Emily Moran-Vogt, Adam Prekeges, and the Admin team for the push to get the Sacramento Area Competition (SAC) Grant to the finish line.
 - ✓ Continued collaboration with HRSA on the submission for the Request for Information (RFI)
 - Notified on 11/17/25; all issues have been sufficiently addressed
 - Kudos to Michelle Besse and the entire SCHC team along with SCOE partners for working diligently on this.
- **Refugee Health Assessments**
 - ✓ Award letter received; it's a waiting game on number of patients we will see.
 - ✓ With the government shutdown over, we are hopeful they will provide us with additional information soon.
- **Expanding Patient Access and Care**
 - ✓ Patient Access is an ongoing effort that is being prioritized
 - ✓ New Pediatrician Dr. Para currently onboarding for an on-call physician position.
 - ✓ Jon LaFreniere hired as on-call nurse practitioner.
 - ✓ We have made huge strides in referrals.
 - Jan 2025 Adult Medicine creation to close timeframe was 59.8 days; Oct 2025 creation to close timeframe was 8.24 days
 - Pediatric timeframes have reduced significantly from 95 days to 7.2 days.

Jan Winbigler asked for a timeframe on the Division Manager position being filled.

Noel Vargas answered he projects the position to be filled in January.

Medical Director Report presented by Dr. Corina Gonzalez

- Educating staff and providers on their contracts; expanding County providers is the goal.
- Moving away from each provider and staff catering their schedules to their own needs to a more efficient patient quality care model.
- Learning cause and effect on change implementation.
- Meeting with County Counsel to ensure policy and procedure changes are accurate.
- Contract changes coming next year.
- Program Development

- ✓ Jail Discharge Support; collaborating with County jail to support individuals post-release, starting with Medication-Assisted Treatment (MAT) participants. Goal is to reduce overdose deaths and establish a medical home for vulnerable populations.
- Scheduling Optimization
 - ✓ Template Review
 - ✓ Schedule Expansion
 - ✓ Centralized Scheduling
- Communication & Contracts
 - ✓ Structured monthly blocks for training, updates, and feedback exchange working well. Positive feedback from clinicians and staff.
 - ✓ Contract Finalization; Advancing updates to the 25-26 UC Davis clinician contract to enhance access and align with strategic goals.

Noel Vargas expressed that the MAT program roll out has come with a cost, but it saves lives, and has been great, he is proud of it.

HRSA ARP Capital Grant Report

- Update was included in Item 1. Budget Updates, please see notes.

QI Patient Feedback Survey Findings & QI Patient Grievances and Safety Review presented by Michelle Besse

- Please see handouts for complete summary
- ✓ Increasing access is being worked on by Dr. Corina Gonzalez
- ✓ Continued training for nurses and medical assistants on policy and procedures is being headed by Christina Delgado
- ✓ Jane Murphy will be working on increasing the number of patient surveys being conducted
- ✓ Efforts are being made to get lower percentages up

Dr. Corina Gonzalez expressed that we have good doctors, the operational processes are what need improvement.

Strategic Plan Progress Quarterly Report presented by Michelle Besse

Please see handouts for complete summary

- ✓ Highs – Increased number of visits, provider utilizations, no-show rates down.
- ✓ Volatile – School-Based Mental Health – no programs in the summer
- ✓ Lows – Refugee Program

Adam Prekeges clarified that the Primary Care stat is weird because the programs have been split into departments such as Adult Medicine, Pediatrics, and Family Medicine.

- **Homeless services are at Loave & Fishes, Mobile services is the Mobile Medical Van.**
- **Detailed data was pulled straight from OCHIN, cannot be manipulated.**
- **Same-Day appointments are up more than ever.**
- **Referral complete turnaround times has decreased with less staff. More efficient processes and staff morale boost has helped.**
- **Artera messaging response rate is 70%**

Eunice Bridges asked if no-show fee are utilized at SCHC

Dr. Corina Gonzalez answered as an FQHC, we cannot charge no-show fees, but she is looking into the rules and regulations on discharging excessive no-show patients, following all steps and assessing barriers from patients' perspective. This is an ongoing process.

CAB Goals presented by Jan Winbigler

- **Presentation of CAB Member manuals to present members, hoping to distribute to all members by next meeting.**

Jan expressed that any staff that would like a manual is welcomed. Explains that the manuals were created to educate current and new CAB members on all CAB things, it is a working document that will be updated as things change and are updated.

ACTION ITEMS

NO ACTION ITEMS COMPLETED DUE TO NO QUORUM ESTABLISHED

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 9:30-10:00 am

CAB Members ONLY. Discussion of Project Director Evaluation results. Evaluation was presented to Interim Project Director Noel Vargas by the CAB Executive Committee post CAB meeting adjournment.

MEETING ADJOURNED

Vice Chair Laurine Bohamera adjourned the meeting at 11:25 am.

