

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

Friday, February 21, 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](mailto: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. Services Provided
5. New CAB Member Recruitment
6. CAB Goals

INFORMATION/ACTION ITEMS <sup>1</sup> (10:45 AM)
<p><u>BUSINESS ITEM I.</u></p> <ul style="list-style-type: none"> <li>• <u>January 17, 2025, CAB Meeting Minutes</u></li> <li>✓ <u>Recommended Action: Motion to Approve the drafted January 17, 2025, Meeting Minutes</u></li> </ul> <p><u>BUSINESS ITEM II.</u></p> <ul style="list-style-type: none"> <li>• <u>New CAB Member Recruitment</u></li> <li>✓ <u>Recommended Action: Motion to Approve New CAB Member Ona Okoro</u></li> </ul>
PUBLIC COMMENT (11:15 AM)
<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"> <li>• 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.</li> </ul>
CLOSED SESSION
None
MEETING ADJOURNED

<sup>1</sup> Time estimate: 5-10 minutes per item, unless otherwise noted

# CFO Updates

February 21, 2025 CAB Meeting

## Report Summary

The HRSA program budget is expected to be claimed in full with no major variances or concerns to report. The County budget reflects a \$0 general fund draw. Contracts, fixed assets, and reimbursements show no major variances. However, outside revenue is projected to fall short by \$2.1M, and program is working to increase productivity and billable visits to increase Medi-Cal revenue.

## HRSA Project Budget Summary

- As of 1/31/25 (quarter 3 of the grant year) we have expended \$1,299,717.39 on the HRSA project. We have a remaining balance of \$125,219.61, and are projecting to draw down 100%. The quarter 3 claim has been processed, but not in the budget materials given to you today (budget documents are as of 12/31/24).
- No major variances or concerns. Staff comprise the majority of the costs.

## County Budget Summary and Significant Variances

- Bottom line reflects \$0 general fund draw, which is down from the projected \$3.1 million last month.
- Object 10 Salaries/Benefits: expected to be \$578,132 under budget.
  - On the County FSR we reviewed the actuals and projected based upon our current vacancies. We also applied this to the allocated benefits.
- Object 20 Services/Supplies: expected to be \$938,054 under budget (*see third bullet*).
  - This projection can significantly change over the next few months depending on our contract obligations, and the Refugee lab costs.
  - Have been reducing reliance on registry staff, and not fully utilizing contracts, which has helped us decrease our 20 object projections.
  - It appears we are doing good in this object level, but due to increase cost of pharmaceuticals, we will reduce this object level by \$1.6M and increase our object 60 by \$1.6M. Therefore we are projecting an overage of ~\$650K in the 20 object.
- Object 30 Contracts: expected to have no variance at this time.
  - OCHIN may have increased costs with increased patient counts/visits. Slight overage due to OCHIN contract.
- Object 40 Fixed Assets: no budgeted expenditures and no planned costs.
- Object 60 Internal Charges/Allocated Costs: \$979,478 overage expected due to higher pharmaceutical supply costs from PRI Pharmacy.
- Object 59 and 69 Inter/Intrafund Reimbursements: Realignment funding and funding from other County departments paying for Clinics services.
  - SCOE's MHSSA FY 23/24 intrafund payment from BHS came through this FY, which was not budgeted or accrued, equaling ~\$1.3M. Projecting to receive FY 24/25 intrafund payment from BHS in FY 24/25.
  - Treatment account holds our Healthy Partners program funding. Since no patients are currently assigned to the program, \$800K in realignment was moved from that Fund Center into ours, to help cover costs for underinsured patients.
- Object 95/96/97 Outside Revenue: Projected to be \$2.1M under budget.
  - Medi-Cal revenue is projected \$2.2M low; program is working on increasing billable visits to increase revenue.
  - Grants are generally on track.
  - Received unexpected \$1.4M from past FEMA claims (during COVID-19). This can only be used to cover General Fund draw and cannot be used to purchase new items.
  - All ARPA revenue has been received.

Period	6						
Current Month	December						
Percentage of Year	50%						
Line Item	FY 24/25 Budget	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
<b>Revenue</b>							
Inter/Intrafund Reimbursements <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (12,420,294)	\$ (7,243,543)	\$ -	\$ (7,243,543)	58%	\$ (14,445,571)	Realignment and reimbursements for services to other DHS programs. Paid SCOE out for FY 23/24 MHSSA, received intrafund transfer for it in Sept'24, therefore we will be over by \$1.3M in FY 24/25 if FY 24/25 intrafund transfer from BHS hits this FY (dependent on SCOE contract).
Intergovernmental Revenue <i>* 95 - INTERGOVERNMENTAL REVENUES</i>	\$ (30,865,928)	\$ (12,676,237)	\$ -	\$ (12,676,237)	41%	\$ (28,749,034)	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants. Increased Medi-Cal estimates in budget, now budgeting Medi-Cal revenue reconciliation payment as part of revenue.
Charges for Services <i>* 96 - CHARGES FOR SERVICES</i>	\$ (8,000)	\$ (8,487)	\$ -	\$ (8,487)	106%	\$ (20,294)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <i>* 97 - MISCELLANEOUS REVENUE</i>	\$ -	\$ (470)	\$ -	\$ (470)	N/A	\$ (470)	Prior Year Patient Revenue
<b>Total Revenue</b>	<b>\$ (43,294,222)</b>	<b>\$ (19,928,738)</b>	<b>\$ -</b>	<b>\$ (19,928,738)</b>	<b>46%</b>	<b>\$ (43,215,369)</b>	
<b>Expenses</b>							
Personnel <i>* 10 - SALARIES AND EMPLOYEE BENEFITS</i>	\$ 14,817,490	\$ 6,770,296	\$ -	\$ 6,770,296	46%	\$ 14,239,358	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>	\$ 23,102,267	\$ 5,447,368	\$ 6,690,494	\$ 12,137,862	53%	\$ 22,164,213	Registry projection = \$2,691,669 Contract costs = \$13,511,826.65 (assuming UCD contracts will utilize 95%, and SCOE at 75%). SCOE contract has not been executed for FY 24/25, largest variance. \$1M for paying out on past SCOE contracts. Lab costs looking good, updated projection to \$130K. Pharmacy AAR will come through this FY to reduce this object level by \$1.6M. Need to closely watch this object level.
Other Charges <i>* 30 - OTHER CHARGES</i>	\$ 1,648,000	\$ 553,361	\$ 608,614	\$ 1,161,975	71%	\$ 1,764,307	OCHIN contract and other small contracts. OCHIN contract coming in high like past FYs.
Equipment	\$ -	\$ -	\$ -	\$ -	N/A	-	No Equipment Charges in FY 24-25
Intrafund Charges (Allocation costs) <i>* 60 - INTRAFUND CHARGES</i>	\$ 4,054,663	\$ 1,473,856	\$ -	\$ 1,473,856	36%	\$ 5,034,141	Pharmacy AAR will come through to increase our budget from \$4M to \$5.6M. Will reduce our 20 object by \$1.6M, thus making our 20 object over budget.
<b>Total Expenses</b>	<b>\$ 43,622,420</b>	<b>\$ 14,244,881</b>	<b>\$ 7,299,108</b>	<b>\$ 21,543,989</b>	<b>49%</b>	<b>\$ 43,202,019</b>	
<b>GRAND TOTAL (Net County Cost)</b>	<b>\$ 328,198</b>	<b>\$ (5,683,857)</b>	<b>\$ 7,299,108</b>	<b>\$ 1,615,251</b>	<b>492%</b>	<b>\$ (13,350)</b>	

**Department of Health Services**  
**2024-25 Year-End Projections as of Accounting Period 6**

\*ZBCS25 COMPASS Report through Period 6

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	AD/D FINAL BUDGET	ACTUALS	ENCUMBRANCES
PRI	7201800	Expenditure	10	10111000	S & W - Regular Employees	9,276,604	3,771,511	-
PRI	7201800	Expenditure	10	10112100	S & W - Extra Help	216,432	180,929	-
PRI	7201800	Expenditure	10	10112200	S & W - Extra Help in Lieu	-	-	-
PRI	7201800	Expenditure	10	10113100	S & W - Straight Time - OT	-	-	-
PRI	7201800	Expenditure	10	10113200	S & W - Time/One Half - OT	11,677	4,961	-
PRI	7201800	Expenditure	10	10114100	S & W - Premium Pay	205,251	97,993	-
PRI	7201800	Expenditure	10	10114200	S & W - Standby Pay	-	243	-
PRI	7201800	Expenditure	10	10114300	Allowances	10,000	5,768	-
PRI	7201800	Expenditure	10	10115200	Terminal Pay	-	167,967	-
PRI	7201800	Expenditure	10	10115300	Leave Cash Out	-	-	-
PRI	7201800	Expenditure	10	10121000	Retirement - Employer Cost	2,052,189	844,167	-
PRI	7201800	Expenditure	10	10121100	1995/2003 POB Debt	-	-	-
PRI	7201800	Expenditure	10	10121200	2004 POB Debt Svc	1,085,357	509,801	-
PRI	7201800	Expenditure	10	10121300	Retirement Health Savings Plan-Employer Cost	74,100	30,000	-
PRI	7201800	Expenditure	10	10121400	401A Plan - Employer Cost	62,471	26,313	-
PRI	7201800	Expenditure	10	10122000	OASDHI - Employer Cost	696,166	269,592	-
PRI	7201800	Expenditure	10	10123000	Group Ins - Employer Cost	1,794,532	648,990	-
PRI	7201800	Expenditure	10	10123001	Cnty EE Plan Select	-	825	-
PRI	7201800	Expenditure	10	10123002	Dental Plan - Er Cost	-	65,412	-
PRI	7201800	Expenditure	10	10123003	Life Ins - Employer Cost	-	554	-
PRI	7201800	Expenditure	10	10123004	Vision Ins - Employer Cost	-	622	-
PRI	7201800	Expenditure	10	10123005	EAP	-	1,621	-
PRI	7201800	Expenditure	10	10124000	Work Comp Ins - Employer Cost	304,502	143,027	-
PRI	7201800	Expenditure	10	10125000	SUI Ins - Employer Cost	-	-	-
PRI	7201800	Expenditure	10	10199000	Salary Savings Account	(971,791)	-	-
<b>SALARIES AND EMPLOYEE</b>						<b>14,817,490</b>	<b>6,770,296</b>	<b>-</b>
Object 10								
PRI	7201800	Expenditure	20	20200500	Advertising/Legal Notices	1,500	17,999	-
PRI	7201800	Expenditure	20	20202000	Books/Periodical Supply	1,500	-	-
PRI	7201800	Expenditure	20	20202300	Audio-Video	-	-	-
PRI	7201800	Expenditure	20	20202900	Bus/Conference Expense	1,200	-	-
PRI	7201800	Expenditure	20	20203100	Business Travel	3,000	1,461	-
PRI	7201800	Expenditure	20	20203500	Education & Training Service	3,000	2,669	74
PRI	7201800	Expenditure	20	20203600	Education & Training Supplies	1,000	311	-
PRI	7201800	Expenditure	20	20203700	Tuition Reimbursement For Employees	3,000	4,194	-
PRI	7201800	Expenditure	20	20203800	Employee Recognition	6,000	84	-
PRI	7201800	Expenditure	20	20203801	Recognition Items Employee	-	-	-
PRI	7201800	Expenditure	20	20203804	Workplace Amenity	-	230	25
PRI	7201800	Expenditure	20	20203900	Employee Transportation	2,500	487	-
PRI	7201800	Expenditure	20	20204100	Expend Office Equip	-	-	-
PRI	7201800	Expenditure	20	20204500	Freight/Express/Cartage	20,000	7,855	-
PRI	7201800	Expenditure	20	20204501	Relocation - Movers	-	-	-
PRI	7201800	Expenditure	20	20206100	Membership Dues	1,000	-	-
PRI	7201800	Expenditure	20	20207600	Office Supplies	28,000	48,067	22,749
PRI	7201800	Expenditure	20	20207602	Signs	-	4,593	-
PRI	7201800	Expenditure	20	20208100	Postal Services	1,000	50	-
PRI	7201800	Expenditure	20	20208500	Printing Services	1,000	3,406	-
PRI	7201800	Expenditure	20	20211100	Building Maint. Services	-	-	672
PRI	7201800	Expenditure	20	20218500	Permit Charges	2,100	-	-
PRI	7201800	Expenditure	20	20219300	Refuse Collection/Disposal Services	1,500	1,696	380
PRI	7201800	Expenditure	20	20221100	Const Eq Maint S	-	4,962	-
PRI	7201800	Expenditure	20	20222700	Cell Phone/Pager	19,912	11,454	-
PRI	7201800	Expenditure	20	20223600	Fuel/Lubricants	3,000	1,652	-
PRI	7201800	Expenditure	20	20225100	Medical Equip Maint Service	10,000	6,453	893
PRI	7201800	Expenditure	20	20225200	Medical Equip Maint Supplies	20,157	2,533	9,824
PRI	7201800	Expenditure	20	20226100	Office Equip Maint Service	132	54	78
PRI	7201800	Expenditure	20	20226200	Office Equip Maint Supplies	-	-	-
PRI	7201800	Expenditure	20	20226201	Ergonomic Furniture	-	1,081	-

"S" = Straight-line (Actuals/12.1\*26 Payroll, Actuals/6\*12 everything else)

"A" = YTD Actuals + Encumbrances.

"B" = Budget.

	YEAR-END ESTIMATES	OVER/UNDER BUDGET: See highlighted cells in column 1. Explain projections that vary +/- \$5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column 5 to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
	8,037,474	Calculation done by using actuals on PCF versus current PCR, while looking at vacancies throughout the FY.
S	388,774	Current on-call positions are covered via RHAP grant. Offset overages in GL 95958900.
B	-	
B	-	
S	10,659	
	177,834	Calculation done by using actuals on PCF versus current PCR, while looking at vacancies throughout the FY.
B	-	Quarterly intrafund transfers will cover any actuals. See JV 111358828 for Q1 transfer. Transfers will be booked in this GL
S	12,395	
A	167,967	Long-term leadership position vacated, will be absorbed by salary savings on position.
	-	
	1,778,066	Calculation done by using actuals on PCF versus current PCR, while looking at vacancies throughout the FY.
B	-	Allocated Cost
B	1,085,357	Allocated Cost
	64,202	Calculation done by using actuals on PCF versus current PCR, while looking at vacancies throughout the FY.
	54,126	Calculation done by using actuals on PCF versus current PCR, while looking at vacancies throughout the FY.
	603,175	Calculation done by using actuals on PCF versus current PCR, while looking at vacancies throughout the FY.
	1,554,826	Calculation done by using actuals on PCF versus current PCR, while looking at vacancies throughout the FY.
	-	Budgeted in 10123000
	-	Budgeted in 10123000
	-	Budgeted in 10123000
	-	Budgeted in 10123000
B	304,502	Allocated Cost
B	-	Allocated Cost
	-	Projected actuals above, taking into account vacancies.
	14,239,358	
	50,000	HIV outreach advertising funded by HIV grant. Offset in GL 95958900.
	2,500	\$1,800 ClearTriage invoice is being processed.
B	-	
B	1,200	
B	3,000	
	5,000	Overage due to increased trainings from UDS+ QJ award. Overage covered by GL 95958900.
B	1,000	
A	4,194	Overages will be covered by revenue GL 95953011.
	678	Taxes for FY 23/24 employee recognition purchase hit on 7/1/24. Coffee/Tea/Water services purchased for employees in 20203804. Straight-line on \$339.
	-	Budgeted in 20203800.
	-	Budgeted in 20203800.
S	974	
B	-	
S	15,710	
	-	Budgeted in 20204500.
B	1,000	
S	96,133	Partially funded by HIV grant (GL 95958900), Refugee Grant (GL 95958900), and HRSA ARP Grant (95959100).
A	4,593	Signs for the Health Ceter, funded by HRSA ARP Grant (95959100).
B	1,000	
	3,500	Health Center did a patient satisfaction survey (53,390), funded by QJ revenue (95956900). Expecting small print orders for rest of FY.
A	672	
B	2,100	
S	3,391	Shred bins throughout the Clinic, and services to securely dispose of the shredded paper, and put in a new bag.
S	9,923	Mobile Medical Van has increased these costs. Additional revenue brought in by the van will cover these costs (95956900).
B	19,912	DTech Non-ACP
S	3,304	Mobile Medical Van has increased these costs. Additional revenue brought in by the van will cover these costs (95956900)
S	12,906	Medical disposal for the Health Center. Overage will be absorbed by 20225200.
A	12,358	Overages from 20225100 will be absorbed here.
B	132	DTech Non-ACP
B	-	
	2,162	Health Center will not purchase any Ergonomic furniture unless employee goes through the formal request. 1 currently approved; 1 pending.

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	AD'D FINAL BUDGET	ACTUALS	ENCUMBRANCES		
PRI	7201800	Expenditure	20	20226400	Modular Furniture	-	-	21,457		
PRI	7201800	Expenditure	20	20227100	Radio/Electrical Maint.	-	-	-		
PRI	7201800	Expenditure	20	20227500	Rent/Leases Equipment	30,000	20,585	386		
PRI	7201800	Expenditure	20	20227504	Miscellaneous	-	-	-		
PRI	7201800	Expenditure	20	20231400	CLOTH/PERSONAL SUP	-	361	-		
PRI	7201800	Expenditure	20	20232100	Custodial Services	8,000	2,125	2,125		
PRI	7201800	Expenditure	20	20232200	Custodial Supplies	-	-	-		
PRI	7201800	Expenditure	20	20233100	Food/Catering Services	-	-	-		
PRI	7201800	Expenditure	20	20233200	Food/Catering Supplies	200	-	-		
PRI	7201800	Expenditure	20	20234200	Kitchen Supplies	-	-	-		
PRI	7201800	Expenditure	20	20235100	Laundry/Dry Cleaning Service	3,000	1,661	-		
PRI	7201800	Expenditure	20	20241200	Dental Supplies	2,000	-	-		
PRI	7201800	Expenditure	20	20242000	DRUGS/PHARM SUP	-	734	-		
PRI	7201800	Expenditure	20	20243700	Laboratory (Medical) Service	1,000	(23,677)	436,889		
PRI	7201800	Expenditure	20	20244300	Medical Services	1,000	243	-		
PRI	7201800	Expenditure	20	20244400	Medical Supplies	-	15,012	18,966		
PRI	7201800	Expenditure	20	20247100	Radiology Service	28,262	19,374	-		
PRI	7201800	Expenditure	20	20247200	Radiology Supplies	5,000	3,002	-		
PRI	7201800	Expenditure	20	20250700	Assessment Collection	-	-	-		
PRI	7201800	Expenditure	20	20251900	Architectural Services	-	-	-		
PRI	7201800	Expenditure	20	20252100	Temporary Services	26,825	97,201	-		
PRI	7201800	Expenditure	20	20254200	Treasurer Services	-	-	-		
PRI	7201800	Expenditure	20	20257100	Security Services	230,732	40,542	-		
PRI	7201800	Expenditure	20	20259100	Other Professional Services	17,901,233	3,312,640	4,684,098		
PRI	7201800	Expenditure	20	20271100	DTech Embedded Staff/Labor	474,579	122,706	49,898		
PRI	7201800	Expenditure	20	20281100	Data Processing Services	500,000	227,847	64		
PRI	7201800	Expenditure	20	20281101	DTech Fee	-	-	-		
PRI	7201800	Expenditure	20	20281200	Data Processing Supplies	82,780	-	-		
PRI	7201800	Expenditure	20	20281201	Hardware	-	7,966	4,487		
PRI	7201800	Expenditure	20	20281202	Software	127,618	27,408	305		
PRI	7201800	Expenditure	20	20281204	Other	-	-	419		
PRI	7201800	Expenditure	20	20281265	Application SW Maint.	-	6,293	-		
PRI	7201800	Expenditure	20	20283200	Interpreter Services	556,305	216,696	-		
PRI	7201800	Expenditure	20	20287100	Transportation Of Person	400	3,465	-		
PRI	7201800	Expenditure	20	20288000	PY Svc & Sup Expense	-	-	-		
PRI	7201800	Expenditure	20	20289800	Other Operating Expense - Supplies	-	-	-		
PRI	7201800	Expenditure	20	20289900	Other Operating Expense - Services	1,200	-	-		
PRI	7201800	Expenditure	20	20291000	Countywide IT Services	129,195	61,132	-		
PRI	7201800	Expenditure	20	20291100	Systems Development Services	-	-	-		
PRI	7201800	Expenditure	20	20291200	Systems Development Supplies	56,826	28,889	5,893		
PRI	7201800	Expenditure	20	20291300	Auditor/Controller Services	-	-	-		
PRI	7201800	Expenditure	20	20291600	WAN Costs	240,305	113,707	-		
PRI	7201800	Expenditure	20	20291700	Alarm Services	19,403	7,553	-		
PRI	7201800	Expenditure	20	20292100	GS Printing Services	5,000	266	-		
PRI	7201800	Expenditure	20	20292200	GS Mail/Postage Charges	7,000	6,575	-		
PRI	7201800	Expenditure	20	20292300	GS Messenger Services	13,720	6,997	-		
PRI	7201800	Expenditure	20	20292500	GS Purchasing Services	21,194	9,955	-		
PRI	7201800	Expenditure	20	20292700	GS Warehouse Charges	1,000	494	-		
PRI	7201800	Expenditure	20	20292800	GS Equipment Rental - Light	-	119	-		
PRI	7201800	Expenditure	20	20292900	GS Work Request Charges	553,280	(9,243)	4,774		
PRI	7201800	Expenditure	20	20293407	Real Estate Services	-	-	-		
PRI	7201800	Expenditure	20	20293800	Fuel Usage-Light	-	-	-		
PRI	7201800	Expenditure	20	20294200	County Facility Use Charges	1,607,338	803,312	1,426,038		
PRI	7201800	Expenditure	20	20296200	GS Parking Charges	350	33	-		
PRI	7201800	Expenditure	20	20297100	Liability Insurance	222,465	104,493	-		
PRI	7201800	Expenditure	20	20298300	GS Surplus Property Management	6,040	2,869	-		
PRI	7201800	Expenditure	20	20298700	Telephone Services	108,516	-	-		
PRI	7201800	Expenditure	20	20298702	Circuit Charges	-	1,779	-		
PRI	7201800	Expenditure	20	20298703	Landline Charges	-	58,706	-		
PRI	7201800	Expenditure	20	20298900	Telephone Installations	-	2,137	-		
<b>SERVICES AND SUPPLIES</b>						<b>Object 20</b>	<b>Total</b>	<b>23,102,267</b>	<b>5,423,247</b>	<b>6,690,494</b>
PRI	7201800	Expenditure	30	30310300	Elig Exams	1,500	98	-		
PRI	7201800	Expenditure	30	30310600	Contract Svc Private	-	-	-		
PRI	7201800	Expenditure	30	30310700	Transportation/Welfare	10,000	1,988	-		
PRI	7201800	Expenditure	30	30311400	Volunteer Expenses	500	534	-		
PRI	7201800	Expenditure	30	30312100	Provider Payments	1,095,000	506,985	152,372		
PRI	7201800	Expenditure	30	30370000	CONTR OTHER AGENCIES	541,000	43,757	456,243		
<b>OTHER CHARGES</b>						<b>Object 30</b>	<b>Total</b>	<b>1,648,000</b>	<b>553,361</b>	<b>608,614</b>

	YEAR-END ESTIMATES	OVER/UNDER BUDGET? See highlighted cells in column 1. Explain projections that vary +/- \$5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column 5 to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
A	21,457	Furniture purchased for the Health Center, funded by HRSA ARP grant (95959100).
B	-	-
S	41,171	Copier costs for the Health Center. Overages covered by GL 95953011.
B	-	-
A	361	Beanies and gloves purchased for homeless patients, funded by QI funds (95956900).
S	4,250	-
B	-	-
B	-	-
B	200	-
B	-	-
S	3,322	-
-	-	Health Center not expecting any dental supplies, since we stopped providing services FY 23/24.
S	1,468	Health Center supplies patient medication on rare occasion.
-	130,000	Refugee Quest labs, due to increase in refugees. Additional revenue in 95953011 will cover costs.
S	487	-
A	58,099	HIV supplies were purchased and are covered by HIV grant (95958900).
-	37,404	Radiology maintenance and software increased cost. Overage covered by revenue GL 95953011.
S	6,003	Radiology had items that needed to be replaced/purchased. Overage covered by revenue GL 95953011.
B	-	-
B	-	-
A	121,201	Grant funding covered the \$97K actuals, but grant has expired. Recently received QI award to fund one temp OA, offset by revenue GL 95958900.
B	-	-
B	230,732	Allocated Cost
-	-	Registry projection = \$2,691,669 Contract costs = \$13,511,826.65 (assuming UCD contracts will utilize 95%, and SCOE at 75%). SCOE contract has not been executed for FY 24/25, largest variance. \$1M for paying out on past SCOE contracts Pharmacy AAR will come through this FY to reduce this GL by \$1.6M
B	474,579	DTech Non-ACP
B	500,000	Invoices through Nov 24 have posted. Average invoice is between \$30K-\$50K. Budget amount is accurate.
B	-	DTech Non-ACP
A	-	Subaccounts listed below.
S	15,931	Budgeted in 20281200.
B	127,618	DTech Non-ACP.
A	419	Dell e-waste and 5 year support. Covered in 20281200.
A	6,293	Budgeted in 20281200. Overage covered by 20281200.
S	433,392	Program has been doing a better job at utilizing interpreting services through M-Cal (which are free).
S	6,931	RHAP grant has \$6K for transportation, offset by revenue in 95958900. Additional cost for non-Refugee Health Center patients.
B	-	-
B	-	-
B	1,200	-
B	129,195	Allocated Cost
B	-	Allocated Cost
B	56,826	Allocated Cost
B	-	-
B	240,305	Allocated Cost
B	19,403	Allocated Cost
S	531	-
-	9,000	Health Center sent out patient survey, used QI funds to fund it, GL 95956900.
B	13,720	Allocated Cost
B	21,194	Allocated Cost
S	989	-
S	237	Monthly GPS tracking charge for Mobile Medical Van. Will be covered by M-Cal revenue that the MMV brings in, GL 95956900.
-	40,757	\$43K for project slated to be completed in Mar/25 (covered by ARP grant, GL 95959100). \$5K encumbrance, and \$2K for small projects that will be completed (moving 2 data jacks). Current negative actual is due to moving costs from one GL to another.
B	-	-
B	-	-
B	1,607,338	Allocated Cost
S	67	-
B	222,465	Allocated Cost
B	6,040	Allocated Cost
B	108,516	Allocated Cost - Includes subaccount expenses.
-	-	Budgeted in 20298700
-	-	Budgeted in 20298700.
S	4,274	Replace end-of-life telephones, ongoing project until entire phone inventory is upgraded. Additional revenue in 95953011 will fund expenditures.
<b>22,164,213</b>		
B	1,500	-
B	-	-
S	3,975	DailyFare transportation. Covered by Homeless grant in revenue GL 95958900. Not expecting a surge in costs for rest of FY.
S	1,068	Health Center had more volunteers, therefore more background costs. Covered by revenue in 95953011.
S	1,216,764	No Invoices for ConferMed (\$50k contract). Not all Dec'24 invoices have come through. Overage will be covered by revenue GL 95953011.
B	541,000	OCH invoiced us \$43K for Q1 (Jul'24-Sept'24). Contractor may pick up pace with rest of FY 24/25 invoices.
<b>1,764,307</b>		

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	AD/D FINAL BUDGET	ACTUALS	ENCUMBRANCES
PRI	7201800	Expenditure	43	43430110	Equipment - Prop	-	-	-
PRI	7201800	Expenditure	43	43430300	Equip SD No Rec	-	-	-
<b>EQUIPMENT</b>			<b>Object 43</b>	<b>Total</b>		-	-	-
PRI	7201800	Expenditure	60	60601100	Dept OH Alloc	1,279,755	463,017	-
PRI	7201800	Expenditure	60	60601200	Div OH Alloc	403,737	92,067	-
PRI	7201800	Expenditure	60	60650400	Collection Svc	1,750	1,685	-
PRI	7201800	Expenditure	60	60691301	Finance-General Accounting	10,207	4,794	-
PRI	7201800	Expenditure	60	60691302	Finance-Payroll Services	6,663	3,130	-
PRI	7201800	Expenditure	60	60691303	Finance-Payment Services	14,712	6,910	-
PRI	7201800	Expenditure	60	60691305	Finance-Audits	5,013	2,355	-
PRI	7201800	Expenditure	60	60691306	Finance-System Control & Recon	8,536	4,010	-
PRI	7201800	Expenditure	60	60695102	Benefit Admin Services	23,459	11,019	-
PRI	7201800	Expenditure	60	60695103	Employment Services	88,904	41,759	-
PRI	7201800	Expenditure	60	60695500	Training Services	21,734	10,209	-
PRI	7201800	Expenditure	60	60695600	DPS Dept Svcs Team	142,562	66,963	-
PRI	7201800	Expenditure	60	60695700	401A Plan Admin Svcs	1,103	518	-
PRI	7201800	Expenditure	60	60695800	Labor Relations Services	19,081	8,962	-
PRI	7201800	Expenditure	60	60695900	Safety Program Services	18,387	8,637	-
PRI	7201800	Expenditure	60	60697900	Other Services	-	11,687	-
PRI	7201800	Expenditure	60	60697909	MIS Services	-	30,190	-
PRI	7201800	Expenditure	60	60698018	Intra Program Charges	2,009,060	705,946	-
<b>INTRAFUND CHARGES</b>			<b>Object 60</b>	<b>Total</b>		<b>4,054,663</b>	<b>1,473,856</b>	-
PRI	7201800	Expenditure	80	80805000	Purchase for Reissue	-	24,121	-
<b>COST OF GOODS SOLD</b>			<b>Object 80</b>	<b>Total</b>		-	<b>24,121</b>	-
PRI	7201800	<b>Expenditure Total</b>		<b>PRI -Clinic Services</b>	<b>43,622,420</b>	<b>14,244,881</b>	<b>7,299,109</b>	-
PRI	7201800	Reimbursement	59	59599125	Realignment 1991 Health	(10,346,857)	(5,563,603)	-
PRI	7201800	Reimbursement	59	59599134	Restricted Funding	(15,359)	-	-
<b>INTERFUND REIMBURSEMENTS</b>			<b>Object 59</b>	<b>Total</b>		<b>(10,362,216)</b>	<b>(5,563,603)</b>	-
PRI	7201800	Reimbursement	69	69699000	Intra Cost Recovery	(392,622)	(47,719)	-
PRI	7201800	Reimbursement	69	69699017	Intra Department Reimbursement	(1,650,297)	(1,627,385)	-
PRI	7201800	Reimbursement	69	69699018	Intra Program Reimbursement	(15,159)	(4,835)	-
<b>INTRAFUND REIMBURSEMENT</b>			<b>Object 69</b>	<b>Total</b>		<b>(2,058,078)</b>	<b>(1,679,940)</b>	-
PRI	7201800	<b>Reimbursement Total</b>		<b>PRI -Clinic Services</b>	<b>(12,420,294)</b>	<b>(7,243,543)</b>	-	-
PRI	7201800	Revenue	95	95952800	State Subvention	-	-	-
PRI	7201800	Revenue	95	95953010	PY Intergovern - State	(2,180,612)	-	-
PRI	7201800	Revenue	95	95953011	PY Intergovern - Federal	-	(1,387,521)	-
PRI	7201800	Revenue	95	95956900	State Aid Other Misc Programs	(21,130,316)	(9,017,530)	-
PRI	7201800	Revenue	95	95956901	Medi/Cal Revenue	-	-	-
PRI	7201800	Revenue	95	95958900	Health Federal	(5,526,073)	(1,040,181)	-
PRI	7201800	Revenue	95	95958901	Medi-Care Revenue	-	(4,153)	-
PRI	7201800	Revenue	95	95959100	Construction Federal	(553,280)	(77,568)	-
PRI	7201800	Revenue	95	95959503	ARPA-SLFRF Revenue	(1,475,647)	(1,149,285)	-
PRI	7201800	Revenue	95	95959900	Fed Aid-Misc Pro	-	-	-
<b>INTERGOVERNMENTAL REV</b>			<b>Object 95</b>	<b>Total</b>		<b>(30,865,928)</b>	<b>(12,676,237)</b>	-
PRI	7201800	Revenue	96	96966200	Medical Care Indigent Patients	(5,000)	-	-
PRI	7201800	Revenue	96	96966201	CMISP Soc Rev-Direct	-	-	-
PRI	7201800	Revenue	96	96966202	CMISP Soc Rev-DRR	-	(3,679)	-
PRI	7201800	Revenue	96	96966300	Medical Care Private Patients	(1,000)	-	-
PRI	7201800	Revenue	96	96966900	Medical Care Other	(1,000)	-	-
PRI	7201800	Revenue	96	96969900	Svc Fees Other	(1,000)	(4,807)	-
<b>CHARGES FOR SERVICES</b>			<b>Object 96</b>	<b>Total</b>		<b>(8,000)</b>	<b>(8,487)</b>	-
PRI	7201800	Revenue	97	97974000	Insurance Proceeds	-	-	-
PRI	7201800	Revenue	97	97979000	Miscellaneous Other Revenues	-	(305)	-
PRI	7201800	Revenue	97	97979004	JURY FEE EMP REIMB	-	(165)	-
PRI	7201800	Revenue	97	97979900	Prior Year	-	-	-
PRI	7201800	Revenue	97	97979904	Prior Year Misc. Revenue	-	-	-
<b>MISCELLANEOUS REVENUE</b>			<b>Object 97</b>	<b>Total</b>		-	<b>(470)</b>	-
PRI	7201800	<b>Revenue Total</b>		<b>PRI -Clinic Services</b>	<b>(30,873,928)</b>	<b>(12,685,194)</b>	-	-
PRI	7201800	<b>Total</b>		<b>PRI - Clinic Services</b>	<b>328,198</b>	<b>(5,683,856)</b>	<b>7,299,109</b>	-

		YEAR-END ESTIMATES	OVER/UNDER BUDGET* See highlighted cells in column 1. Explain projections that vary +/- \$5,000 to the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column 5 to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
		-	-
		-	-
		-	-
		1,249,565	Budgeted minus costs in 60697909.
B	403,737	-	-
B	1,750	-	-
B	10,207	Allocated Cost	-
B	6,663	Allocated Cost	-
B	14,712	Allocated Cost	-
B	5,013	Allocated Cost	-
B	8,536	Allocated Cost	-
B	23,459	Allocated Cost	-
B	88,904	Allocated Cost	-
B	21,734	Allocated Cost	-
B	142,562	Allocated Cost	-
B	1,103	Allocated Cost	-
B	19,081	Allocated Cost	-
B	18,387	Allocated Cost	-
	19,478	Intrafund transfer for Pharmacist for Q1 and part of Q2 (JV not completed yet for Q2). Pharmacist not working for Health Center in Q3/Q4. Budgeted in 60698018.	-
A	30,190	Budgeted in 60601100.	-
	2,969,060	Pharmacy costs have increased. Pending Board-approved AAR to add \$1.6M in appropriations in AP07 or AP08. Reducing GL 20259100 by \$1.6M to accommodate AAR. Will receive part of the \$1.6M back via Pharmacy depending on what they Pharmaceuticals they get reimbursed for.	-
	5,034,141		-
	-	Grant purchase that will be JV'd. Amount included in GL 20244400. Revenue covered in GL 95958900.	-
	-		-
	43,202,019		-
B	(10,346,857)		-
B	(15,359)		-
	(10,362,216)		-
	(990,421)	IMS x-rays are low, estimating 50% of budget so \$2,200. DHA transfers to come in full, \$188,221. HP program budgeted at \$200k, but since no patients on the program, \$800k transfer of 91R funding will be made to offset other underinsured patients, and prevent any GF draw.	-
	(3,077,725)	MHSSA Intrafund agreement - FY 23/24 reimbursement posted in Sept'24, expecting reimbursement from BHS for FY 24/25 near the end of FY 24/25.	-
B	(15,159)	PubH X-Rays and EMR costs are on track, \$72K more to come in based on Q1 numbers (Q2-Q4).	-
	(4,083,355)		-
	(14,445,571)		-
B	-		-
	(1,488,746)	\$820,479 recon payment received in Jun'24, instead of FY 24/25 as budgeted. Expecting another \$1.4m	-
A	(1,387,521)	FEMA payments that came in Dec'24.	-
	(18,972,559)	Slightly higher projection than straight-line, due to increased productivity, but DHCS lag time for paying out, and other dollars coming in.	-
B	-		-
	(4,973,466)	Will not maximize grants in full, expecting to utilize 90% of allotted grant funds.	-
S	(8,306)	Revenue received from Medi-Care. The Health Center does not typically see Medi-Care patients, therefore we do not budget for it.	-
S	(155,135)	HRSA ARP-CAP grant. Not expecting to maximize grant as grantor and program have not settled on an updated budget. Expect to spend some more this FY, and if we get an extension we will spend the rest next FY.	-
	(1,763,302)	\$541K for OCH pass-through grant (budgeted in 30370000) Received \$1,149,285 in ARPA through Nov'24 Claiming remaining \$73,016.58 on Dec'24 and final claim.	-
	(28,749,034)		-
B	(5,000)		-
B	(3,679)		-
A	(1,000)		-
B	(1,000)		-
B	(1,000)		-
S	(9,615)	Revenue received for new contract to recycle X-Ray film.	-
	(20,294)		-
A	-		-
A	(305)		-
A	(165)		-
	-		-
	(470)		-
	(28,769,798)		-
	(13,351)		-

# HRSA Project Director Updates

February 21, 2025, CAB Meeting

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## Key Points:

HRSA has given SCHC until July 2025 to close the final condition from the OSV.

Andrew Mendonsa retired from the County of Sacramento as Division Manager of the SCHC effective Friday, 2/14. We wish him well in his new endeavors. Primary Health Services Deputy Director, Noel Vargas will remain the HRSA Project Director.

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

## Patient No-Shows and Artera Messaging

Initiatives to reduce patient no-show rates are continuing to show positive results. We have also begun some exciting outreach to patients using text messages. This included a Valentine's Day campaign encouraging patients who have not been seen since 2022, but are assigned to the clinic, to come in and get their health screenings.

## Management Recruitment

The Health Center continues to actively recruit for the Medical Director position. Two outstanding candidates were interviewed for the second time on Tuesday, 2/11. Current CAB Chair, Sumner Fryer participated in the interviews as panel member. An offer for the position has not been made. Dr. Heather Vierra will continue in her role as Interim Medical Director, and assist with the onboarding of the new Medical Director.

Andrew Mendonsa retired from the County of Sacramento as Division Manager of the SCHC effective Friday, 2/14. The County has posted the Division Manager vacancy and has begun recruiting candidates. It is anticipated that interviews for the position will take place over the next 4 to 6 weeks. Members of the CAB will be actively involved in the interview process.

SCHC has made an offer for the Health Program Manager Position, and the identified candidate accepted and is going through background.

## Financial Challenges and Grant Updates

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

## HRSA Operational Site Visit (OSV)



# HRSA Project Director Updates

*February 21, 2025, CAB Meeting*

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The Health Center's most recent meeting with HRSA, revealed that we will need to close the final condition for the OSV no later than July 2025. This includes ensuring that we obtain MOU's with the other FQHC's for the School Based Health Center Sites to remain in scope services.

## **Facility Improvements**

The Health Center is continuing to make several different moves and are turning previous office space into two fully functioning exam rooms. We expect this will increase availability and patient care.

## **Refugee Health Services**

We have seen a significant reduction in the number of Refugee's referred to SCHC for their medical exams. At this time, we have had not had any new arrivals since 1/23/25. Currently we are working through the increase in patients that came in the fall, and we currently have appointments scheduled through May 2025.

## **Streamlining Workflows**

Pam Gandy and Michelle Besse are working in collaboration with SCHC staff to improve efficiency and streamline workflows. Their projects target the reduction of unnecessary steps in various processes and the clarification of roles.

# Co-Applicant Board Meeting

## Medical Director Update

February 21, 2025

### All Clinics

- Re-initiating video visit capabilities
  - Updating exam room equipment with dual screens and webcams
  - Re-training providers and staff
  - Identifying resources to provide technical support to patients
  - Pending federal decision (March 31<sup>st</sup>) on MediCare payment for telehealth visits
- Evaluating causes of recent small decrease in patient visits
  - No show rate, patients cancel but not reschedule
  - Patient concern about impact of Executive Orders
  - Patient outreach for those not seen in over 1 year
  - Patient outreach by QI measures
  - Offer video visits option to patients
  - Artera messaging
- Continue planning for implementation of Team-Based Care
  - Grouping providers based on panel size, language concordance
  - Potential of adding other team members such as RN, MSW student
  - Feedback sessions with RNs and MAs
- Evaluating provider staffing in each program
  - Reviewing UCD contract

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

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

**CAB Meeting Minutes**

4600 Broadway, Community Room 2020, Sacramento, CA

Agenda materials can be found at

<https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

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

- Vice Chair member Laurine Bohamera phoned in.
- Meeting attendance followed Brown Act requirements.

**CALL TO ORDER (9:35 AM)**

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

- a. Welcome and Roll Call

**PRESENT**

Jan Winbigler – Member  
Suhmer Fryer – Member  
Vince Gallo – Member  
Dedra Russell – Member  
Eunice Bridges – Member  
Laurine Bohamera – Member

Michelle Besse – County Staff  
Corrie Brite – County Council  
Rachel Callan – County Staff  
Adam Prekeges – County Staff  
Noel Vargas – County Staff  
Sharon Hutchins – County Staff  
Dr. Heather Vierra – County Staff  
Belinda Brent - County Staff  
Emily Moran-Vogt – County Staff  
Aliah Martin – County Staff

- b. **Suhmer Fryer** announced that due to staff needs, the information items would be somewhat out of order from the presented agenda. There were no objections.

**INFORMATION ITEMS (9:45 AM)**

**1. HRSA HIV Grant– Presented by Emily Moran-Vogt**

- **Please refer to “Ending the Epidemic” Handout and Flyers (4)**
- **Presentation and Open Discussion**

**Discussion:**

**Noel Vargas** asked about the difficulties in pulling data from the Emergency Medical Record (EMR)

**Emily Moran-Vogt** responded stating that some of the data points that must be reported on are not discrete data fields in the EMR, so it is difficult to pull the exact data with an existing report. Working with the EMR team, we will get as close an approximation to the data as possible based on what is available in the EMR to report on.

**Jan Winbigler** reiterated that we rearranged the agenda information items to accommodate Emily's need to leave early and expressed her praises for Emily's presentation.

**The Room** expressed their agreeance with applause for Emily.

**Suhmer Fryer** asked if there are any other questions on this matter. There were none.

**End of Discussion**

**Suhmer Fryer** moved the agenda back to the original order, starting with

**Announcements:**

**Noel Vargas** stated there was no update on Andrew Mendonsa's (HRSA Project Director) absence at the time. Robin Skalsky (Health Program Manager) was reassigned to Behavioral Health Services.

**Jan Winbigler** asked how long Andrew Mendonsa would be out and suggested a vote be taken for an interim HRSA Project Director.

**Corrie Brite** stated that due to privacy and confidentiality laws, the state of Andrew's absence is vague. She also stated that per HRSA, an interim is required to be appointed within 90 days and the eligible person must be on a higher managerial level in the clinic, concluding that Noel Vargas was the only qualified candidate. She also agreed that the motion and vote should take place at this meeting to follow the 90-day timeframe.

**2. Budget Update – Presented by Adam Prekeges**

- **Please refer to the Budget Handouts (4)**
- **Presentation and Open Discussion**

**Discussion:**

**Jan Winbigler** asked how the YTD Percentage (Total/Budget) is 1099%

**Adam Prekeges** stated that the budget was over that amount due to the General Fund Draw projected budget being \$300,000 and the total thus far being \$3.1 million.

**Jan Winbigler** asked how this deficit would be fixed.

**Noel Vargas** stated that the Health Center is focused on being lean without affecting patient care. The Refugee influx has created more costs. Processes to alleviate include registry staff being scaled down, utilizing County on-call staff as this is more budget friendly and postponing some staff privileges. There is a 5-year plan in place with goals such as:

- No General Fund Draw
- Increasing the Reimbursement Rate currently at 4.42%, with an interim upfront of 3.02% and the variance given 3 years down the line. Goal is to get a higher Up-Front Rate

In essence, the goal is for the Health Center to be revenue generative and self-sustaining. It will be difficult but is promising.

**Suhmer Fryer** asked if there were any other questions on this matter. There were none.

#### **End of Discussion**

### **3. HRSA Project Director Report – Presented by Michelle Besse**

- **Please refer to Handout**
- **Presentation and Open Discussion**

#### **Discussion:**

**Michelle Besse** asked whether any CAB members have used Artera.

**Eunice Bridges** expressed her patience in waiting for 2 referrals to be processed.

**Michelle Besse** stated that she would have Ms. Bridges meet with Danielle Gordon (SOA of Referrals) before leaving the Health Center.

**Suhmer Fryer** asked if there were any other questions on this matter. There were none.

#### **End of Discussion**

### **4. Medical Director Recruitment Update/Report – Presented by Noel Vargas/Dr. Heather Vierra**

- **Please refer to Handout**
- **Presentation and Open Discussion**

#### **Discussion:**

**Noel Vargas** stated that 3 candidates have been interviewed, 2 are moving forward. Of the two moving forward, one is a former employee of UCD, and one is former CMO of Peach Tree. There are also a few other applicants.

**Dr. Heather Vierra** presented the Medical Director Report.

**Vince Gallo** asked if the Med Psych students can give meds.

**Dr. Heather Vierra** answered that they can and are able to screen patients and connect them to care they need.

**Suher Fryer** asked if there were any other questions on this matter. There were none.

**End of Discussion**

### **5. 2025 Sacramento County Health Center Quality Improvement Plan – Presented by Sharon Hutchins**

- **Please refer to Handout**
- **Presentation and Open Discussion**

#### **Discussion:**

**Sharon Hutchins** reviewed the quadruple aim that is the basis of the Quality Improvement (QI) Plan and noted the addition of the concept centering health equity so that it is addressed throughout the plan, rather than in just one or two goals and objectives. She reviewed the aim of Patient Experience, explaining the format of the plan and some of its terms. She summarized that an overarching strategy is to use technology to reduce access issues. In addition, the Adult Medicine department is creating “care teams” of 3-4 providers who will be assigned to a patient and changing practice to preferentially schedule with one of the care team providers if the patient’s primary care provider is not available, instead of just any provider. Sharon also informed CAB that HRSA informed us that we were not granted an Expanded Hours grant which would have funded regular Saturday and evening clinics at the PCC site and additional hours at the SCHC Loaves and Fishes site. She indicated that the Health Center would continue to seek funding to expand hours of access for patients and would likely continue to offer special weekend or evening clinics as funding permitted. She asked whether there were additional questions or concerns.

**Belinda Brent** stated that last year’s QI plan heavily focused on ensuring that data and reports were created and accessible in the EMR to support decision making and ensure that procedures were being carried out efficiently. The proposed QI plan for 2025 reflects the fact that many dashboards and reports were created in OCHIN that can be used daily to see success rate in real time to address any issues in a timely manner. For individual objectives, the data source is noted in the plan: DSM means “OCHIN dashboard measure”.

**Sharon Hutchins** stated we’ve made strides in data collection methods.

**Eunice Bridges** asked if the QI Plan was based on patient surveys and complaints.

**Sharon Hutchins** responded that yes, patient feedback surveys and complaints are data used to monitor our progress on the QI Plan. She also indicated that staff is working on a shorter survey that patients can fill out online like many other practices and doctor offices have.

**Belinda Brent** added that the Health Center is working on a plan to improve patient engagement called "Voice of the Patient" in which patient feedback is sought.

**Suhmer Fryer** asked if there were any other questions on this matter. There were none.

## **End of Discussion**

### **6. HRSA By-Laws and Co-Applicant Agreement Update – Presented by Sharon Hutchins**

#### **Discussion:**

**Sharon Hutchins** stated that HRSA had removed all but one of the conditions on the Health Center main grant that were added after last year's operational site visit (OSV), which means that the Health Center is now in compliance with all but one matter. The BOS approved the Bylaws and the Co-Applicant Agreement that CAB approved, and HRSA accepted these to remove three OSV conditions. The Health Center continues to work on one condition related to the school-based health centers.

**Suhmer Fryer** asked if there were any questions on this matter. There were none.

## **End of Discussion**

### **7. HRSA Main Grant Report**

#### **Discussion:**

**Michelle Besse** stated that the HRSA Main Grant had been submitted and approved by HRSA.

**Sharon Hutchins** stated that this year the Health Center must apply for the Service Area Competition (SAC) to renew the grant for the next three years. The SAC application will need to be discussed and reviewed by CAB before its submission in September.

**Suhmer Fryer** asked if there were any questions on this matter. There were none.

## **End of Discussion**

### **8. Review Committee Structure**

#### **Discussion:**

**Jan Winbigler** stated that since CAB no longer has a committee structure, she was not sure why this item was included. She asked whether it was meant to signal that a special meeting was needed in February for the UDS report and the budget.

**Michelle Besse** confirmed that CAB does need to set up a special meeting to review and approve the UDS report before it is submitted to HRSA. The submission deadline is Saturday, February 15<sup>th</sup>. The special meeting needs to take place before that time and suggested February 13, 2025.

A Member asked whether the meeting could be held by Teams.

**Corrie Brite** stated that under the Brown Act, the meeting must be held in person.

**Sharon Hutchins** stated that there would be a need for 5 CAB members present to ensure a quorum.

**Jan Winbigler** asked that the meeting not start too early.

**Michelle Besse** suggested a 9:30am start and added that the vote would take place in the second part of the meeting. She also asked that a CAB member volunteer to remind Beto (Roberto Ruiz-CAB member) of meeting dates, as he had been in the building for a medical appointment earlier in the morning but wasn't in attendance at the CAB meeting.

**Suhmer Fryer** asked if there were any other questions on this matter. There were none.

## **End of Discussion**

### **9. Growth Requests and Clinic Needs**

#### **Discussion:**

Noel Vargas stated that a Nurse Practitioner position had been added and expressed that it had been hard to fill. A request had been made for a full-time Physician; the Health Center was waiting for approval from the Fiscal team. The position would create revenue and self-sustainability, as the Health Center currently had only one physician who is a County Employee. In addition, Mr. Vargas stated that for the new Medical Director there would be an expectation for him/her to see patients 10-20% of the time in addition to administrative duties and other responsibilities. He indicated that the Health Center was also looking to establish Nurse Manager positions.

**Suhmer Fryer** asked if there were any questions on this matter. There were none.

## **End of Discussion**

### **10. CAB Goals**

#### **Discussion:**

**Jan Winbigler** suggested a review of the Strategic Plan.

**Michelle Besse** updated members on previous month's CAB Goals; we were unable to get funding for a patient navigator, there is another plan in the works that would include volunteers for the position until funding is found. There are 3 candidates.

**Vince Gallo** asked how candidates were found.

**Michelle Besse** answered that the information was unknown at the time.



**Suhmer Fryer** asked was Sharon Hutchins approached on billable ways to obtain patient navigation.

**Belinda Brent** stated that there was a meeting last week on the subject.

**Suhmer Fryer** requested that Sharon Hutchins attend a future meeting to speak on the patient navigation process.

**Michelle Besse** responded by directing Aliah Martin to add the request to next month's agenda and added that the previous request by Roberto Ruiz concerning making the clinic more inviting is in the process.

**Suhmer Fryer** asked if there were any other questions on this matter. There were none.

**End of Discussion**

**ACTION ITEMS (10:30 AM)**

\*Vince Gallo Moved to Approve BUSINESS ITEM I. to Approve the December 20, 2025, CAB Meeting Minutes.

\*Eunice Bridges Seconded Motion to Approve BUSINESS ITEM I. to Approve the December 20, 2025, CAB Meeting Minutes.

Yes Votes: Vince Gallo, Eunice Bridges, Jan Winbigler, Dedra Russell, Laurine Bohamera and Suhmer Fryer

No Votes: None

Result: Carried

\* Eunice Bridges Moved to Approve BUSINESS ITEM II. to Approve the Special CAB Meeting Date of February 13, 2025.

\*Jan Winbigler Seconded the Motion to Approve BUSINESS ITEM II. to Approve the Special CAB Meeting Date of February 13, 2025.

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

No Votes: None

Result: Carried

\*Vince Gallo Moved to Approve BUSINESS ITEM III. to Approve Noel Vargas as Interim HRSA Project Director.

\*Eunice Bridges Seconded the Motion to Approve BUSINESS ITEM III. to Approve Noel Vargas as the Interim HRSA Project Director.

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

No Votes: None

Result: Carried

\*Eunice Bridges Moved to Approve BUSINESS ITEM IV to Approve the Revised 2025 CAB Required Activities Calendar.

\*Dedra Russell Seconded the Motion to Approve BUSINESS ITEM IV to Approve the Revised 2025 CAB Required Activities Calendar.

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

No Votes: None

Result: Carried

\*Vince Gallo Moved to Approve BUSINESS ITEM V to Approve the 2025 Sacramento County Health Center Quality Improvement Plan

\*Dedra Russell Seconded the Motion to Approve BUSINESS ITEM V to Approve the 2025 Sacramento County Health Center Quality Improvement Plan

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

No Votes: None

Result: Carried

#### PUBLIC COMMENT

Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2.

- No public comments were made.

#### CLOSED SESSION

None

#### MEETING ADJOURNED

Chair, Suhmer Fryer adjourned the meeting at 11:10 am.