

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

Friday, April 18, 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/New Interim Project Director Appointment
3. Medical Director Report
4. HRSA Main Grant Report
5. QI Plan Progress Monitoring/Data Reports
6. Strategic Plan Progress

7. Review and Approve CAB Member Recruitment Plan

8. Attendance Discussion

9. CAB Goals

#### INFORMATION/ACTION ITEMS<sup>1</sup> (10:45 AM)

##### BUSINESS ITEM I.

- March 21, 2025, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted March 21, 2025, CAB Meeting Minutes

##### BUSINESS ITEM II.

- CAB Member Recruitment Plan
- ✓ Recommended Action: Motion to Approve the CAB Member Recruitment Plan

##### BUSINESS ITEM III.

- Readjusting the QI Plan to Fiscal Year Reporting
- ✓ Recommended Action: Motion to Approve the Readjustment of the QI Plan to Fiscal Year Reporting

##### BUSINESS ITEM IV.

- Readjusting the Strategic Plan to Fiscal Year Reporting
- ✓ Recommended Action: Motion to Approve the Readjustment of the Strategic Plan to Fiscal Year Reporting

##### BUSINESS ITEM V.

- Interim Project Director- Michelle Besse
- ✓ Recommended Action: Motion to Approve Michelle Besse as Interim Project Director

#### 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 by using the raised hand feature. Those joining by teleconference are requested to display their full name.

#### MEETING ADJOURNED

<sup>1</sup> 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. The County budget reflects a \$207K contribution to the General Fund. Contracts, fixed assets, and reimbursements show no major variances. However, outside revenue is projected to fall short by \$2.8M, and program is working to increase productivity and billable visits to increase Medi-Cal revenue.

## HRSA Project Budget Summary

- As of 2/28/25 (through Q3 of grant) we have spent \$1,299,717.39 on the HRSA project. We have a remaining balance of \$125,219.62, and are projecting to draw down 100%.
- No major variances or concerns. Staff comprise the majority of the costs.

## County Budget Summary and Significant Variances

- Bottom line reflects \$207K contribution to the General Fund.
- Object 10 Salaries/Benefits: expected to be \$567,731 under budget.
- Object 20 Services/Supplies: expected to be \$1,870,661 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.
  - Updated projection on FY 24/25 SCOE contract: we have been projecting 75% of contract usage, now we are projecting 65%. As of 4/11/25 contract is moving forward with execution and will provide actual invoices shortly.
- 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: \$980,563 overage expected due to higher pharmaceutical supply costs from PRI Pharmacy.
  - Will be under budget once the Pharmacy AAR comes through.
- 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 \$2.8M under budget.
  - Medi-Cal revenue is projected \$2.1M low; program is working on increasing billable visits to increase revenue.
  - Grants are 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  
Current Month  
Percentage of Year

8  
January  
67%

FY 24/25

Line Item	Budget	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
<b>Expenses</b>							
Personnel <i>* 10 - SALARIES AND EMPLOYEE BENEFITS</i>	\$ 14,817,490	\$ 9,171,045	\$ -	\$ 9,171,045	62%	\$ 14,249,759	Holding positions vacant coupled with not utilizing overtime has benefited our 10 object. Year end projection reflects to come in under budget.
Services & Supplies  <i>* 20 - SERVICES AND SUPPLIES</i>	\$ 23,102,267	\$ 7,515,447	\$ 12,692	\$ 7,528,139	33%	\$ 21,231,352	Registry projection = \$2,691,669 Contract costs = \$13,511,826.65 (assuming UCD contracts will utilize 95%, and SCOE at 65%). 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	\$ 780,929	\$ -	\$ 780,929	47%	\$ 1,805,420	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	\$ 1,962,335	\$ -	\$ 1,962,335	48%	\$ 5,035,226	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. AAR will reflect next month.
<b>Total Expenses</b>	<b>\$ 43,622,420</b>	<b>\$ 19,429,756</b>	<b>\$ 12,692</b>	<b>\$ 19,442,448</b>	<b>45%</b>	<b>\$ 42,321,757</b>	

**Revenue**

Inter/Intrafund Reimbursements  <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (12,420,294)	\$ (9,812,793)	\$ -	\$ (9,812,793)	79%	\$ (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 revenue 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)	\$ (18,130,620)	\$ -	\$ (18,130,620)	59%	\$ (28,070,247)	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)	\$ (12,571)	\$ -	\$ (12,571)	157%	\$ (13,301)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <i>* 97 - MISCELLANEOUS REVENUE</i>	\$ -	\$ (1,116,029)	\$ -	\$ (1,116,029)	N/A	\$ (470)	Prior Year Patient Revenue
<b>Total Revenue</b>	<b>\$ (43,294,222)</b>	<b>\$ (29,072,013)</b>	<b>\$ -</b>	<b>\$ (29,072,013)</b>	<b>67%</b>	<b>\$ (42,529,589)</b>	

328,198

-207,832

GL ACCT NAME	FY 2023-24 Final Budget	FY 2024-25 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
10111000 REGULAR EMPLOYEES	9,569,641	9,276,604	5,170,763	0	5,170,763	56%	8,037,474	1,239,130	Estimated based on PCF calculations
10112100 EXTRA HELP	210,130	216,432	238,688	0	238,688	110%	366,457	-150,025	
10113100 STRAIGHT TIME OT	0	0	1,282	0	1,282	0%	1,282	-1,282	Actuals, not foreseeing any future OT.
10113200 TIME/ONE HALF OT	11,350	11,677	5,038	0	5,038	43%	5,038	6,639	afterhours/weekend clinics estimates. Reduced to Actuals, as we are not foreseeing any OT.
10114100 PREMIUM PAY	293,628	205,251	133,813	0	133,813	65%	177,834	27,417	Estimated based on PCF calculations
10114200 STANDBY PAY	0	0	2,816	0	2,816	0%	0	0	Quarterly intrafund transfers will cover any actuals. See JV 111358828 for Q1 transfer. Transfers will be booked in this GL
10114300 ALLOWANCES	10,000	10,000	11,613	0	11,613	116%	17,420	-7,420	Updated to SA, unsure what allowances will be coming in, assuming less than 2x \$11K which was projected on FSR P6.
10115200 TERMINAL PAY	0	0	185,959	0	185,959	0%	200,000	-200,000	Large cashouts - \$200k projection still accurate.
10121000 RETIREMENT - EMPLOYER COST	2,186,093	2,052,189	1,151,303	0	1,151,303	56%	1,778,066	274,123	Estimated based on PCF calculations
10121100 1995 POB - ACP	555,053	0	0	0	0	0%	0	0	
10121200 2004 POB - ACP	284,756	1,085,357	663,656	0	663,656	61%	1,085,357	0	Estimated based on PCF calculations
10121300 HEALTH SVGS-ER COST	81,900	74,100	41,550	0	41,550	56%	64,202	9,898	Estimated based on PCF calculations
10121400 401A - PLAN	58,301	62,471	32,686	0	32,686	52%	54,126	8,345	Estimated based on PCF calculations
10122000 OASDHI - EMPLOYER COST	720,674	696,166	375,870	0	375,870	54%	603,175	92,991	Estimated based on PCF calculations
10123000 GROUP INS - EMPLOYER COST	1,941,044	1,794,532	877,664	0	877,664	49%	1,554,826	239,706	Estimated based on PCF calculations
10123001 CNTY EE PLAN SELECT	0	0	1,125	0	1,125	0%	0	0	Budgeted in 10123000
10123002 DENTAL PLAN - ER COST	0	0	87,275	0	87,275	0%	0	0	Budgeted in 10123000
10123003 LIFE INS - ER COST	0	0	734	0	734	0%	0	0	Budgeted in 10123000
10123004 VISION INS - ER COST	0	0	847	0	847	0%	0	0	Budgeted in 10123000
10123005 GROUP INSURANCE - EAP	0	0	2,171	0	2,171	0%	0	0	Budgeted in 10123000
10124000 WORK COMP - ACP	187,847	304,502	186,192	0	186,192	61%	304,502	0	allocated cost
10125000 SUI - ACP	21,786	0	0	0	0	0%	0	0	allocated cost
10199900 Salary Savings Acct	-349,707	-971,791	0	0	0	0%	0	-971,791	
<b>Object 10 TOTAL - Salaries and Employees</b>	<b>15,782,496</b>	<b>14,817,490</b>	<b>9,171,045</b>	<b>0</b>	<b>9,171,045</b>	<b>61.89%</b>	<b>14,249,759</b>	<b>567,731</b>	
20200500 ADVERTISING	1,500	1,500	35,999	0	35,999	2400%	35,999	-34,499	NTI contract (HIV) \$100k, other cost include advertising for MD position. NTI contract covered by HIV grant.
20202200 BOOKS/PER SUP	2,500	1,500	0	0	0	0%	1,500	0	
20202400 PERIODICAL/SUBSCRIPTIONS	0	0	150	0	150	0%	150	-150	Subscription for QR codes to allow patients to access our website. Overage covered by 95956900.
20202900 BUS/CONFERENCE EXP	1,200	1,200	0	0	0	0%	1,200	0	
20203100 BUSINESS TRAVEL	3,000	3,000	1,461	0	1,461	49%	3,000	0	
20203500 ED/TRAINING SVC	6,000	3,000	39,253	0	39,253	1308%	39,253	-36,253	Overage due to increased trainings from UDS+ QI award, and NTI invoice. Overage covered by GL 95958900 (HIV grant and Homeless grant). ClearTriage invoice also posted here.
20203600 ED/TRAINING SUP	1,000	1,000	311	0	311	31%	1,000	0	
20203700 TUITION REIMBURSEMENT	3,000	3,000	4,194	0	4,194	140%	4,194	-1,194	
20203800 EMPLOYEE RECOGNITION	0	6,000	84	0	84	0%	678	0	
20203804 WORKPLACE AMENITIES	0	0	448	0	448	0%	0	0	Budgeted in 20203800
20203900 EMPLOYEE TRANSPORTATION	4,000	2,500	691	0	691	28%	974	1,526	
20204500 FREIGHT/CARTAGE	20,000	20,000	12,359	0	12,359	62%	20,000	0	
20206100 MEMBERSHIP DUES	1,500	1,000	0	0	0	0%	1,000	0	
20207600 OFFICE SUPPLIES	28,000	28,000	53,620	0	53,620	191%	80,429	-52,429	Increase in Refugee and staff lead into an increase of office supplies. ARP grant purchases also hit here for task chairs etc. Grant reimbursement below.
20207602 SIGNS	0	0	4,593	0	4,593	0%	4,593	-4,593	
20208100 POSTAL SVC	1,000	1,000	50	0	50	5%	1,000	0	
20208500 PRINTING SVC	1,000	1,000	3,406	0	3,406	341%	3,500	-2,500	Health Center did a patient satisfaction survey (\$3,390), funded by QI revenue (95956900). Expecting small print orders for rest of FY.
20211100 BLDG MAINT SVC	0	0	0	0	0	0%	0	0	
20218500 PERMIT CHARGES	2,100	2,100	0	0	0	0%	2,100	0	
20219300 REF COLL/DISP SVC	1,500	1,500	2,120	0	2,120	141%	3,500	-2,000	
20221100 CONST EQ MAINT SVC	0	0	6,077	0	6,077	0%	9,115	-9,115	
20222700 CELLPHONE/PAGER	16,970	19,912	15,470	0	15,470	78%	23,204	-3,292	
20223600 FUEL/LUBRICANTS	0	3,000	2,070	0	2,070	69%	3,106	-106	
20225100 MED EQ MAINT SVC	10,000	10,000	9,720	0	9,720	97%	12,906	0	
20225200 MED EQ MAINT SUP	23,157	20,157	5,508	12,692	18,200	90%	20,157	0	ARP grant purchases hit here as well. Grant reimbursement below.
20226100 OFFICE EQ MAINT SVC	215	132	72	0	72	55%	132	0	On-site shred
20226201 ERGONOMIC FURNITURE	0	0	1,081	0	1,081	0%	2,162	0	Health Center will not purchase any Ergonomic furniture unless employee goes through the formal request. 1 currently approved; 1 pending.
20226400 MODULAR FURNITURE	0	0	0	0	0	0%	0	0	
20227500 RENT/LEASE EQ	30,000	30,000	26,876	0	26,876	90%	40,314	-10,314	
20231400 CLOTH/PERSONAL SUP	0	0	361	0	361	0%	361	-361	
20232100 CUSTODIAL SVC	0	8,000	4,250	0	4,250	53%	6,375	1,625	
20233200 FOOD/CATERING SUP	200	200	0	0	0	0%	200	0	
20235100 LAUN/DRY CLEAN SVC	3,000	3,000	2,141	0	2,141	71%	3,211	-211	
20241200 DENTAL SUP	10,000	2,000	0	0	0	0%	0	2,000	Health Center not expecting any dental supplies, since we stopped providing services FY 23/24.

GL ACCT NAME	FY 2023-24 Final Budget	FY 2024-25 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
20242000 DRUGS/PHARM SUP	0	0	782	0	782	0%	1,173	-1,173	
20243700 LAB MED SVC	1,000	1,000	-12,244	0	-12,244	-1224%	130,000	-129,000	Assuming \$10k a month for Refugee, and \$10k for rest of Health Center.
20244300 MEDICAL SVC	1,000	1,000	1,098	0	1,098	110%	1,647	-647	
20244400 MEDICAL SUP	0	0	59,104	0	59,104	0%	61,104	-61,104	HIV supplies were purchased and are covered by HIV grant (95958900). SA
20247100 RADIOLOGY SVC	28,262	28,262	37,404	0	37,404	132%	37,404	-9,142	= \$58K, adding \$2K for other small purchases.
20247200 RADIOLOGY SUP	5,000	5,000	3,073	0	3,073	61%	4,609	391	
20252100 TEMPORARY SVC	26,056	26,825	104,561	0	104,561	390%	104,561	-77,736	Increase of \$5K is from OFCA paying old invoices. Should not see any more.
20257100 SECURITY SVC	209,798	230,732	79,085	0	79,085	34%	230,732	0	
20259100 OTHER PROF SVC	13,811,895	17,901,233	4,497,103	0	4,497,103	25%	16,290,177	1,611,056	Registry projection = \$2,691,669 Contract costs = \$12,598,507.65 (assuming UCD contracts will utilize 95%, and SCOE at 65%). 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
20271100 DTECH LABOR	509,430	474,579	204,419	0	204,419	43%	474,579	0	
20281100 DATA PROCESSING SVC	500,000	500,000	328,748	0	328,748	66%	500,000	0	
20281200 DATA PROCESSING SUP	82,780	82,780	0	0	0	0%	0	82,780	Subaccounts listed below
20281201 HARDWARE	0	0	29,236	0	29,236	0%	43,854	-43,854	
20281202 SOFTWARE	97,363	127,618	52,118	0	52,118	41%	78,177	49,441	
20281204 OTHER	0	0	419	0	419	0%	419	-419	
20281265 APPLICATION SW MAINT	0	0	6,293	0	6,293	0%	6,293	-6,293	
20283200 INTERPRETER SVC	556,305	556,305	293,933	0	293,933	53%	440,900	115,405	Homeless grant covers \$90K, RHAP covers \$120K.
20287100 TRANSPORTATION	400	400	4,186	0	4,186	1046%	6,278	-5,878	
20288000 PY EXPEND	0	0	0	0	0	0%	0	0	
20289900 OTHER OP EXP SVC	0	1,200	0	0	0	0%	1,200	0	
20291000 CW IT SVCS - ACP	113,746	129,195	79,633	0	79,633	62%	129,195	0	
20291200 DTECH FEE - ACP	40,174	56,826	39,188	0	39,188	69%	56,826	0	DTech Non-ACP
20291600 WAN CHARGES - ACP	169,580	240,305	148,119	0	148,119	62%	240,305	0	DTech Non-ACP
20291700 ALARM SERVICES - ACP	17,003	19,403	9,849	0	9,849	51%	19,403	0	
20292100 GS PRINTING SVC	5,000	5,000	266	0	266	5%	398	4,602	
20292200 GS MAIL/POSTAGE	7,000	7,000	8,448	0	8,448	121%	12,673	-5,673	
20292300 MESSENGER SVCS - ACP	7,764	13,720	9,199	0	9,199	67%	13,720	0	
20292500 PURCH SVCS - ACP	26,859	21,194	12,959	0	12,959	61%	21,194	0	
20292700 GS WAREHOUSE CHARGES	1,000	1,000	659	0	659	66%	1,000	0	
20292800 GS EQUIP RENTAL LT	0	0	158	0	158	0%	237	-237	
20292900 GS WORK REQUEST	612,603	553,280	-9,243	0	-9,243	-2%	40,757	512,523	\$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).
20294200 FACILITY USE - ACP	1,520,318	1,607,338	1,070,977	0	1,070,977	67%	1,607,338	0	
20296200 GS PARKING CHGS	350	350	33	0	33	10%	50	300	
20297100 LIABILITY INS - ACP	144,663	222,465	136,029	0	136,029	61%	222,465	0	Allocated Cost (PP)
20298300 SURPLUS PROP - ACP	5,424	6,040	3,734	0	3,734	62%	6,040	0	Allocated Cost (PP)
20298700 TELECOMM - ACP	100,390	108,516	0	0	0	0%	108,516	0	posts to 20298703
20298702 CIRCUIT CHRGs - ACP	0	0	2,406	0	2,406	0%	3,609	-3,609	Allocated Cost - budgeted in 20298700
20298703 LND LN CHARGES - ACP	0	0	78,482	0	78,482	0%	117,723	-117,723	Allocated Cost - budgeted in 20298700
20298900 TELEPHONE INSTALLATIONS	0	0	2,870	0	2,870	0%	4,305	-4,305	
<b>Object 20 TOTAL - Services and Supplies</b>	<b>18,772,005</b>	<b>23,102,267</b>	<b>7,515,447</b>	<b>12,692</b>	<b>7,528,139</b>	<b>33%</b>	<b>21,231,352</b>	<b>1,870,661</b>	
30310300 ELIG EXAMS	1,500	1,500	147	0	147	10%	1,500	0	DOJ Fingerprinting
30310600 CONTRACT SVC P	0	0	0	0	0	0%	0	0	
30310700 TRANSPORTATION/WELF	10,000	10,000	1,988	0	1,988	20%	2,981	7,019	RT Passes
30311400 VOLUNTEER EXPENSES	500	500	583	0	583	117%	875	-375	Volunteer DOJ Fingerprinting and pay claims
30312100 PROVIDER PAYMENTS	1,048,633	1,095,000	734,454	0	734,454	67%	1,259,065	-164,065	OBS; FONEMED; HMA. Invoices only through Dec'24, therefore took monthly average and projected out 12 months.
30370000 CONTR OTHER AGENCIES	0	541,000	43,757	0	43,757	8%	541,000	0	Period 3: GL added to budget, also added \$541K of budgeted revenue to 95959503 (one community health ARPA). \$750K encumbrance is full award amount, which spans over 3 FY. Expected to spend \$541K this FY.
<b>Object 30 TOTAL - Other Charges</b>	<b>1,060,633</b>	<b>1,648,000</b>	<b>780,929</b>	<b>0</b>	<b>780,929</b>	<b>47%</b>	<b>1,805,420</b>	<b>-157,420</b>	
43430110 EQUIPMENT-PROP	0	0	0	0	0	0%	0	0	
43430300 EQUIP SD NON REC	0	0	0	0	0	0%	0	0	
<b>Object 40 TOTAL - Fixed Assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	
60601100 DEPT OH ALLOC	1,104,224	1,279,755	693,868	0	693,868	54%	1,279,755	0	Allocated Cost
60601200 DIV OH ALLOC	387,895	403,737	129,665	0	129,665	32%	403,737	0	Allocated Cost
60650400 COLLECTION SVC	15,000	1,750	1,890	0	1,890	108%	2,835	-1,085	DRR Collection
60691301 FIN GEN ACC - ACP	8,005	10,207	6,241	0	6,241	61%	10,207	0	Allocated Cost
60691302 FIN PROLL SVCS - ACP	6,104	6,663	4,074	0	4,074	61%	6,663	0	Allocated Cost
60691303 FIN PMT SVCS - ACP	9,432	14,712	8,996	0	8,996	61%	14,712	0	Allocated Cost
60691305 FIN INT AUDITS - ACP	4,295	5,013	3,065	0	3,065	61%	5,013	0	Allocated Cost
60691306 FIN SYS C & R - ACP	6,100	8,536	5,220	0	5,220	61%	8,536	0	Allocated Cost
60695102 BEN ADMIN SVCS - ACP	18,836	23,459	14,344	0	14,344	61%	23,459	0	Allocated Cost

GL ACCT NAME	FY 2023-24 Final Budget	FY 2024-25 Approved Budget	Current COMPASS Actual	Encumbrance	Actuals + Encumbrance	% Consumed	Year-End Estimate	Variance, Estimate to Budget	COMMENT - Explain Variance
60695103 EMPLOYM SVCS - ACP	64,453	88,904	54,362	0	54,362	61%	88,904	0	Allocated Cost
60695500 TRAINING SVCS - ACP	16,932	21,734	13,290	0	13,290	61%	21,734	0	Allocated Cost
60695600 DEPT SVCS TRAN - ACP	148,073	142,562	87,171	0	87,171	61%	142,562	0	Allocated Cost
60695700 401A ADMIN SVC - ACP	995	1,103	674	0	674	61%	1,103	0	Allocated Cost
60695800 LABOR REL - ACP	16,022	19,081	11,667	0	11,667	61%	19,081	0	Allocated Cost
60695900 SAFETY PGM - ACP	12,051	18,387	11,243	0	11,243	61%	18,387	0	Allocated Cost
60697900 OTHER SVC	0	0	20,477	0	20,477	0%	19,478	0	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.
60697909 MIS SERVICES	0	0	40,380	0	40,380	0%	0	0	Allocated Cost Budgeted in 60601100
60698018 INTRA PROGRAM CHARGE	1,916,880	2,009,060	855,707	0	855,707	43%	2,969,060	-960,000	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 (assuming 60%).
<b>Object 60 TOTAL - Intrafund Charges</b>	<b>3,735,297</b>	<b>4,054,663</b>	<b>1,962,335</b>	<b>0</b>	<b>1,962,335</b>	<b>48%</b>	<b>5,035,226</b>	<b>-980,563</b>	
<b>TOTAL EXPENDITURE</b>	<b>39,350,431</b>	<b>43,622,420</b>	<b>19,429,756</b>	<b>12,692</b>	<b>19,442,448</b>	<b>45%</b>	<b>42,321,758</b>	<b>1,300,408</b>	

59599125 REALIGNMENT 1991 HEALTH	-9,232,367	-10,346,857	-7,975,121	0	-7,975,121	77%	-10,346,857	0	
59599134 Restricted Funding	0	-15,359	0	0	0	0%	-15,359	0	
<b>Object 50 TOTAL - Interfund Reimbursement</b>	<b>-9,232,367</b>	<b>-10,362,216</b>	<b>-7,975,121</b>	<b>0</b>	<b>-7,975,121</b>	<b>1</b>	<b>-10,362,216</b>	<b>0</b>	
69699000 INTRA COST RECOVERY	-492,448	-392,622	-97,008	0	-97,008	25%	-990,421	597,799	JMS 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.
69699017 INTRA DEPARTMENTAL R	-2,545,229	-1,650,297	-1,732,981	0	-1,732,981	105%	-3,077,775	1,427,478	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.
69699018 INTRA PROGRAM REIMBU	-14,537	-15,159	-7,684	0	-7,684	51%	-15,159	0	PubH X-Rays and EMR costs are on track, \$72K more to come in based on Q1 numbers (Q2-Q4).
<b>Object 69 TOTAL - Intrafund Reimbursement</b>	<b>-3,052,214</b>	<b>-2,058,078</b>	<b>-1,837,672</b>	<b>0</b>	<b>-1,837,672</b>	<b>89%</b>	<b>-4,083,355</b>	<b>2,025,277</b>	Pharmacy reimb of AT
<b>TOTAL REIMBURSEMENT:</b>	<b>-12,284,581</b>	<b>-12,420,294</b>	<b>-9,812,793</b>	<b>0</b>	<b>-9,812,793</b>	<b>79%</b>	<b>-14,445,571</b>	<b>2,025,277</b>	
<b>NET Cost before Revenue</b>	<b>27,137,050</b>	<b>31,202,126</b>	<b>9,616,963</b>	<b>12,692</b>	<b>9,629,655</b>	<b>31%</b>	<b>27,876,187</b>	<b>3,325,939</b>	
95953010 PY INTERGOV - STATE	0	-2,180,612	0	0	0	0%	-1,147,353	-1,033,259	\$820,479 recon payment received in FY 23-24 (June) instead of in FY 24-25 as budgeted (came early). Received \$1.1M Recon payment, posted to 95956900, will JV it here. Came in \$300K under projection. YE estimate will be \$1.1M.
95953011 PY INTERGOV - FED	0	0	-1,387,521	0	-1,387,521	0%	-1,387,521	1,387,521	FEMA payments that came in Dec'24.
95956900 STATE AID OTHER MISC	-16,364,451	-21,130,316	-13,322,700	0	-13,322,700	63%	-18,972,559	-2,157,757	Was 1.4M P1, 2.8M P2, 4.2M P3, \$5.4M P4, \$7.25M P5, \$9M P6, \$10.3M P7 (says \$10.5M, but moving \$200k), \$12M P8 (says \$13.3M, but \$1.1M belongs to 95953010, and \$200K has moved, but not reflected yet).
95956901 MEDI/CAL REVEN	0	0	0	0	0	0%	0	0	Included - Capitation, PPS, FFS, HEDIS/QI Incentives; straightline revenue is \$19.6M, projecting slightly lower due to completed backbillings, and Refugee slowing down.
95958900 HEALTH FED	-3,588,678	-5,526,073	-2,170,759	0	-2,170,759	39%	-4,637,076	-888,997	\$15.5M posted in 23/24
95958901 MEDI-CARE REVENUE	0	0	-4,867	0	-4,867	0%	-7,301	7,301	\$1.765M actuals; including \$405K for Q3 HRSA Homless grant posted but not by P7; assuming \$650K for Q2 and Q3 for RHAP; assuming \$86K for Q4 HRSA Homless and \$505K for Q1 HRSA Homless; assuming \$100k for Q2 HIV and \$70K for HIV Q3.
95959100 CONSTRUCTION FED	-559,603	-553,280	-77,568	0	-77,568	14%	-155,135	-398,145	HRSA ARP-CIP CE8 (A18564): \$619,603. Assuming we will claim ~\$75K remainder of FY. Have ~\$20K to drawdown next quarter already paid for, other charge will be 20292900 for exam rooms (\$43K).
95959503 ARPA- SLFRF Revenue	-1,699,608	-1,475,647	-1,167,205	0	-1,167,205	79%	-1,763,302	287,655	
<b>Object 95 TOTAL - Intergovernmental Revenue</b>	<b>-22,212,340</b>	<b>-30,865,928</b>	<b>-18,130,620</b>	<b>0</b>	<b>-18,130,620</b>	<b>59%</b>	<b>-28,070,247</b>	<b>-2,795,681</b>	
96966200 MED CARE INDIGENT	-15,000	-5,000	0	0	0	0%	-5,000	0	CMISP Patient payment + DRR
96966202 CMISP SOC REV-DRR	0	0	-4,270	0	-4,270	0%	0	0	Included above
96966300 MED CARE PRIVATE	-1,000	-1,000	0	0	0	0%	0	-1,000	private insurance
96966900 MED CARE OTHER	-1,000	-1,000	0	0	0	0%	0	-1,000	TPL/ Insurance Payments
96969900 SVC FEES OTHER	-1,000	-1,000	-8,301	0	-8,301	830%	-8,301	7,301	Self Pay/Sliding Fee Pmts
<b>Object 96 TOTAL - Charges for Services</b>	<b>-18,000</b>	<b>-8,000</b>	<b>-12,571</b>	<b>0</b>	<b>-12,571</b>	<b>157%</b>	<b>-13,301</b>	<b>5,301</b>	
97979900 PRIOR YEAR	0	0	0	0	0	0%	0	0	
97979000 MISC OTHER	0	0	-305	0	-305	0%	-305	0	
97979004 JURY FEE EMP REIMB	0	0	-165	0	-165	0%	-165	0	
97979028 JR-MUTUAL AID AGREE	0	0	-1,115,559	0	-1,115,559	0%	0	0	Budgeted and projected in 95956900. Will JV.
<b>TOTAL REVENUES</b>	<b>-22,230,340</b>	<b>-30,873,928</b>	<b>-19,259,219</b>	<b>0</b>	<b>-19,259,219</b>	<b>62%</b>	<b>-28,084,018</b>	<b>-2,790,380</b>	

<b>Net County Cost/NCC</b>	<b>4,906,710</b>	<b>328,198</b>	<b>-9,642,256.01</b>	<b>12,692</b>	<b>-9,629,564</b>	<b>-2934%</b>	<b>-207,831</b>	<b>535,559</b>	
	Expenditure Minus Rev	Actual Exp Minus Actual Rev	Encumbrance Totals	Actual Exp + Encumbrance Totals	% of budget spent & generated	YEE of Exp Minus YEE Rev	Net Exp variance minus rev variance		AP08



Grant	Start	End	Total Grant	Claims				YE TOTAL	"Remaining" FYE	FYE "Carryover"	Description	Order #
				Q1	Q2	Q3	Q4					
HRSA Homeless (GY 21/22)	3/1/2021	2/28/2022	1,442,813.00	525,028.85	409,661.34	365,636.93	93,296.69	1,393,623.81	49,189.19	-	HRSA Main Grant	A18551
HRSA Homeless (GY 22/23)	3/1/2022	2/28/2023	1,386,602.00	430,466.95	243,476.72	488,757.92	223,897.04	1,386,598.63	3.37	-	HRSA Main Grant	A18551
HRSA Homeless (GY 23/24)	3/1/2023	2/28/2024	1,386,602.00	636,551.39	468,785.27	281,265.34	-	1,386,602.00	-	-	HRSA Main Grant	A18551
HRSA Homeless (GY 24/25)	3/1/2024	2/28/2025	1,424,937.00	505,574.97	388,824.82	405,317.59		1,299,717.38	125,219.62	-	HRSA Main Grant	A18551
HRSA HIV (GY 22/23)	9/1/2022	8/31/2023	325,000.00	32,303.08	23,538.87	80,692.49	75,834.42	212,368.86	112,631.14	112,631.00	HRSA HIV Grant	A18565
HRSA HIV (GY 23/24)	9/1/2023	8/31/2024	437,631.00	84,102.42	54,135.25	45,032.91	95,754.59	279,025.17	158,605.83	-	HRSA HIV Grant	A18565
HRSA HIV (GY 24/25)	9/1/2024	8/31/2025	325,000.00	75,817.92						-	HRSA HIV Grant	A18565
RHAP (GY 21/22)	10/1/2021	9/30/2022	1,958,204.00	376,643.00	375,193.00	404,048.00	389,258.00	1,545,142.00	413,062.00	-	RHAP DHCS Grant	A19453
RHAP (GY 22/23)	10/1/2022	9/30/2023	1,789,062.00	445,631.50	446,464.50	445,274.50	389,820.50	1,727,191.00	61,871.00	-	RHAP DHCS Grant	A19453
RHAP (GY 23/24)	10/1/2023	9/30/2024	1,993,648.02	231,332.52	464,469.41	470,308.40	501,073.83	1,667,184.16	326,463.86	-	RHAP DHCS Grant	A19453
RHAP (GY 24/25)	10/1/2024	9/30/2025	3,368,941.00	649,679.71				649,679.71	2,719,261.29	-	RHAP DHCS Grant	A19453
RHPP Main (GY 21/22)	10/1/2021	9/30/2022	82,014.00	22,153.81	23,065.09	19,677.15	17,117.95	82,014.00	-	-	RHPP Main DHCS Grant	A19459
RHPP Main (GY 22/23)	10/1/2022	9/30/2023	82,014.00	2,555.99	2,497.92	9,214.20	40,202.96	54,471.07	27,542.93	-	RHPP Main DHCS Grant	A19459
RHPP Main (GY 23/24)	10/1/2023	9/30/2024	139,994.00	9,371.55	4,946.30	16,803.03	26,385.53	57,506.41	82,487.59	-	RHPP Main DHCS Grant	A19459
RHPP UHP (GY 23/24)	10/1/2023	9/30/2024	99,934.00	-	143.69	627.97	753.88	1,525.54	98,408.46	-	RHPP UHP DHCS Grant	A19470
RHPP AHP (GY 22/23)	10/1/2022	9/30/2023	200,000.00	-	-	13,400.00	8,927.12	22,327.12	177,672.88	-	RHPP AHP DHCS Grant	A19469
RHPP AHP (GY 23/24)	10/1/2023	9/30/2024	199,602.00	4,153.80	5,900.57	5,586.93	27,388.22	43,029.52	156,572.48	-	RHPP AHP DHCS Grant	A19469
PY Spent												
County ARPA (H-4)	1/1/2022	12/31/2024	2,701,919.00	1,720,610.77				937,396.52	43,911.71	-	County ARPA	HS-ARPA02-40
County ARPA (H-18)	1/1/2022	12/31/2024	135,000.00	79,685.93				37,393.95	17,920.12	-	County ARPA	HS-ARPA11-40
County ARPA (H-19)	7/1/2022	12/31/2024	319,000.00	153,561.41				154,253.84	11,184.75	-	County ARPA	HS-ARPA11-50
ARPA (One Community Health)			750,000.00	-				43,757.26	706,242.74		County ARPA	HS-ARPA11-70
Total Claimed County FY24/25:												
HRSA C8E ARP CIP (GY 21/22)	9/15/2021	9/14/2022	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA C8E ARP CIP (GY 22/23)	9/15/2022	9/14/2023	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA C8E ARP CIP (GY 23/24)	9/15/2023	9/14/2024	619,603.00	-	63,688.06	23,312.14	77,567.63	164,567.83	455,035.17	-	HRSA Infrastructure Support	A18564
HRSA C8E ARP CIP (GY 24/25)	9/15/2024	3/31/2025	619,603.00	-				-	455,035.17	-	HRSA Infrastructure Support	A18564



# HRSA Project Director Updates

*April 18, 2025 CAB Meeting*

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## **Key Points:**

**Sacramento County Health Center's proactive approach to enhancing patient care and operational efficiency. We continue with the successful implementation and expansion of Artera messaging for improved patient communication and engagement; we have optimistic financial projections due to effective resource management. Our ongoing efforts to meet HRSA requirements for continued service provision at the School-Based Health Centers are proving fruitful. We continue with strategic facility improvements aimed at patient experience and health awareness. We continue to pivot with the Refugee Health Assessment Center and the adaptive reallocation of staff to meet changing needs given the political climate. We have also made significant progress in streamlining workflows and introducing patient-centered resources based on community feedback.**

**Ultimately, SCHC strives toward leveraging technology, optimizing resources, and responding to internal needs and community input to deliver and improve healthcare services.**

## **Artera Messaging**

The implementation of Artera messaging across the clinic is demonstrating significant value. Patient engagement via text messaging continues to grow. The use of Artera messaging to follow up with patients who have been in the Emergency Departments has proved fruitful and patients are responding to the text messages for follow-up appointments.

## **Management Recruitment**

The Division Manager (DM) position for the Primary Care Clinic will begin interviews in July of this year. The examination and recruitment for the position was reopened earlier this year to get a refresh of candidates. The list closed this month. The hope is that the Medical Director will be onboarded to participate in the interviewing/selection process for the DM position.

The position of Medical Director (MD) was offered to Dr. Corina Gonzalez, who accepted. Dr. Gonzalez brings a wealth of clinical experience. She is currently the Assistant Chief Medical Officer (CMO) of One Community Health - FQHC. Dr. Gonzalez's start date is June 18th. A special thank you to CAB Chair, Suhmer Fryer, for participating in the interview and selection process for the MD position.

## **Financial Status and Grant Updates**

The Health Center's budget for FY 24/25 is currently positive. This favorable position is attributed to the filling of position vacancies, service streamlining efforts, and a reduction in no-show appointments.

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

The Health Center is in ongoing communication with HRSA to finalize both the OSV and the Request for Information. Progress includes securing Memorandums of Understanding (MOUs) with other Federally

# HRSA Project Director Updates

*April 18, 2025 CAB Meeting*

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Qualified Health Centers (FQHCs) to maintain the in-scope status of School-Based Health Center sites. Director Vargas and county leadership successfully collaborated with Well Space Health to establish an MOU. SCHC has also independently secured several MOUs directly with school districts. Over this past month include a new MOU with One Community Health, in addition to the one with Well Space Health. We continue to obtain MOUs directly with school districts and have many in progress.

## **Facility Improvements**

New, aesthetically designed signage has been implemented throughout the Health Center. Additional signs are planned for the pharmacy to specifically target HIV awareness and promote the use of MyChart. Lobby areas have been decluttered by reducing unnecessary signage and utilizing glass cases to enhance the overall appearance of the Health Center.

## **Refugee Health Services**

Staff previously assigned to the Refugee Clinic are being strategically integrated into other Health Center teams, including the Call Center and Referrals. Given the declining number of refugees entering the United States, staffing levels will be adjusted as needed to ensure the continued delivery of high-quality services to all eligible patients.

## **Streamlining Workflows**

The Care Team model has been successfully vetted through union processes. We acknowledge and thank Pam Gandy for her dedicated efforts in developing these Care Teams, which are scheduled for implementation in late April or early May.

Michelle Besse continues to collaborate with SCHC staff to enhance efficiency and streamline workflows. Current projects focus on eliminating unnecessary steps in various processes and clarifying staff roles.

Based on feedback and discussions with the Community Advisory Board (CAB), SCHC is also establishing a new resource center and patient advocate area to improve patient experience. Further details will be provided next month.

# **Co-Applicant Board Meeting**

## **Medical Director Update**

April 18, 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
- Quality Improvement Team Efforts
  - Pre-visit orders
  - Weekly QI RN, MA visits for patients not seen > 6 months to address Care Gaps for diabetes, hypertension
  - Workgroup with Pediatrics and Family Medicine to develop strategies to increase well child visits
- Evaluating provider staffing in each program
  - Refugee providers transfer to other programs, including Loaves & Fishes
  - Billing for pharmacy diabetes visits – started April 14
  - Restarting hypertension clinic – starting April 21
  - Reviewing UCD contract for next academic year starting July 2025

# 2024 SCHC Quality Improvement Plan

## Quantitative Monitoring Report

**AIM:** Population Health Outcomes

**Category:** Clinical Performance Measures

**Goal 5** Focused on Measures That Signal a Healthy Start in Life

*Achieve Minimum Performance Level*

		Target	Performance	Source
WCV	Wellchild visits for children 3-21	51.81%	34.56%	HEDIS
CIS	Childhood immunizations at two years	27.49%	25.75%	
IMA	Adolescent immunizations at 13 years	34.30%	37.63%	
LOS	Lead Screening	63.84%	71.26%	
TFC	Topical fluoride application*	19.30%	26.31%	
PNC	Prenatal care	84.55%	76.92%	

**Goal 6a** Focused on Secondary Prevention of Health Issues

*Achieve Minimum Performance Level*

		Target	Performance	Source
BCS	Breast cancer screening	52.68%	64.01%	HEDIS
CCS	Cervical cancer screening	57.18%	57.73%	
COL	Colorectal cancer screening	38.07%	38.68%	

**Goal 6b** *Achieve High Performance Level*

		Target	Performance	Source
CHL	Chlamydia screening in women	55.95%	63.09%	HEDIS

**Goal 7** Care Coordination and Treatment for Chronic Conditions Prevalent Among SCHC Patients

		Target	Performance	Source
HBD^	A1C control for diabetic patients	66.67%	36.60%	HEDIS
CBP	Controlling high blood pressure for hypertensive patients	64.48%	74.06%	

**Goal 8** Diagnosis and Treatment of Mental, Behavioral Health and Substance Use Related Conditions

		Target	Performance	Source
FUA	Follow-up after ED visit or Hospitalization for Alcohol and Drug Use*	36.18%	TBD	HEDIS
FUM	Follow-up after ED visit or Hospitalization for Mental Health*	53.82%	TBD	
	Depression Screening*	70.91%	TBD	
	Depression Follow Up*	76.92%	TBD	
DEP ScrFU	Depression screening for adolescents/adults*	60.00%	62.75%	UDS

# 2025 QI Plan Monitoring

**AIM:** Patient Experience

**Category** Care Coordination

**Goal 1:** Goal 1: Improve access to care

**Objective 1**

*Objective 1-1: Improve access by telephone during and after hours.*

Wait Times Average wait time for Call Center

**Target**

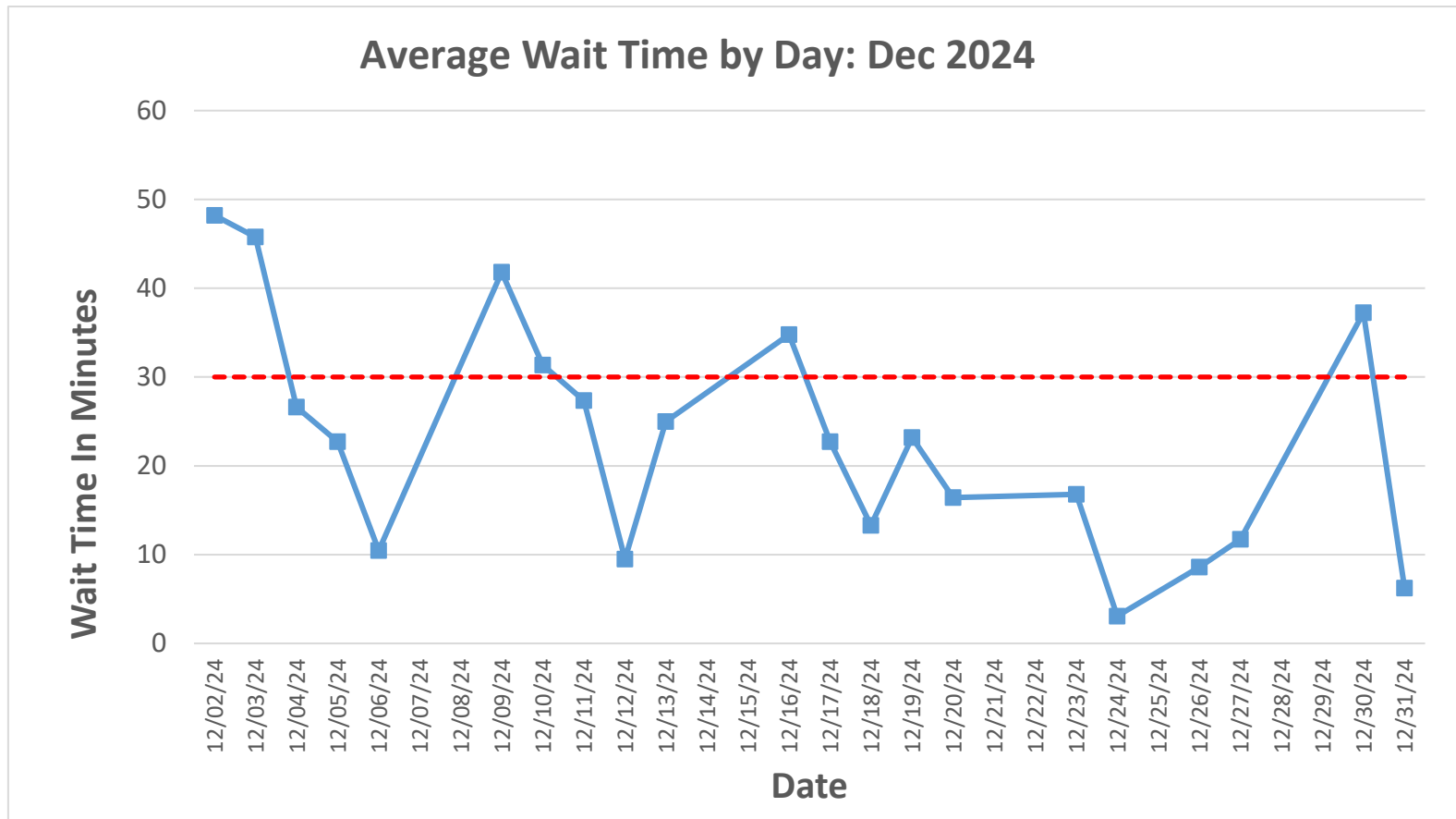
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**Q4**

22.19 min

**Source**

Cisco Reports



<b>Priority 1: Increase Access to Care</b>								
<b>Goal 1: Increase access to health care services</b>								
<b>Strategy 1: Bring services to patients – where patients already spend time (e.g., school-based services, visits to encampments, other use of mobile van, mail delivery of pharmaceuticals, mobile pharmacy services [when regulations allow]).</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Owner	Current Project(s)	Phase	Status	Barriers	Ideas
Increase the number of patients receiving school-based mental and/or primary care services	Health Program Managers (HPM)	≥5% over baseline (BL)  <i>Baseline:</i> <i>MH: 1,500 per yr</i> <i>PCS: 0 per yr</i>	Noel Vargas	MOUs w/ other FQHCs	Implementation	In Process	Resistance based on revenue sharing	When HRSA makes available a new School-Based Service Expansion grant, consider applying after consulting with fellow FQHCs.
Increase the number of patients receiving health services on the mobile medical van.	Mobile van providers; HPM for Operations	≥10% over BL  Goal: 165 pt yr <i>Baseline: 150 pt yr</i>						After HIV grant ends, consider using mobile van to provide primary care services (e.g., well child's, vax, etc.) in school parking lots.
Increase the number of patients with OCHIN compatible remote blood pressure device	QI Team	≥10% over BL  Goal 241 pts <i>Baseline: 219 pts</i>	QIC/QI Team	Request additional Devices (HealthNet)	Request	In Process	OCHIN: Protocol to ensure someone will review incoming measurements and address dangerous levels promptly. Increased CMS and HRSA attention to remote monitoring?	QI staff to teach patients how to set up their system and begin remote monitoring
Increase the number of homeless patients who receive care through street medicine*  <small>*Mobile van and street medicine patients are grouped in the same OCHIN department.</small>	Mobile van providers; HPM for Operations	≥15% over BL  Goal: 443 pts  <i>Baseline: 385 pts</i>					Funding: HHIP to continue? Morph into something else? Need to request scope expansion to HRSA for street medicine. Need to ensure prescriptions are fully compliant.	
Meet or exceed the HEDIS minimum performance level (MPL) for controlled BP for 2024, 2025 and 2026.	QI Team	MPL varies each year	QIC/DM Team	Remote BP Monitoring for DM pts. New temp. QI staffing. QI staff training registration and CC staff on health maintenance and scheduling & MAs, RNs on pre-visit planning, pre-orders, etc. Care Team project - see Priority 2, Goal 1, Str 2	Design	In Process	Bandwidth to pursue internal clinical workflow improvement projects	
Research to determine if mailing pharmaceuticals is an option for SCHC.	County Pharmacist; HPM for Operations	Yes or No	Sara Lee				Insufficient staffing and uncertain ability to recover enough revenue to pay for service	
Research and, if possible, implement delivery of medications on the mobile van.	County Pharmacist; HPM for Operations	Yes or No	Sara Lee			Done		

<b>Priority 1: Increase Access to Care</b>								
<b>Goal 1: Increase access to health care services</b>								
<b>Strategy 2: Maximize clinical space by means such as increasing use of telehealth services, co-locating services within other entities’ spaces (e.g., University of Pacific, UCD School of Nursing mobile van), and identifying new space.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
Decrease the average lag time needed for assigned patients to obtain non-urgent care.  Appointment within 10 business days of requesting an appointment for primary care.	SCHC Leadership  QI Team	Goal: ≥10% over baseline (BL)  Goal # 19.47 days  <i>Baseline: 21.63 days</i>	Sharon; Leadership Team	Evaluating confounding variables and how to measure this "cleanly."	Analysis		Bandwidth. EMR Team backlog of important projects.	
Increased square footage (fixed and mobile) dedicated to the delivery of care.	SCHC Leadership	Goal: ≥5% over BL  Goal #: 7,874 sq ft <i>Baseline: 7,499</i>		Repurposing Refugee space	Design	In Process	No appetite by BOS or top of County chain to incur additional expense of renovating owned space or renting space.	Flex space - appropriate use for 1500 If HRSA offers another New Service Site Opportunity grant, consider applying
Increased number of assigned patients who utilize telehealth services.	SCHC Leadership	≥10% over baseline Goal #: 26.7% <i>Baseline: 24.3%</i>  <small>(Jan 22-Dec 23: 84,698 pts)</small>	Operations	Increasing Video Visits	Development	Education		

<b>Priority 1: Increase Access to Care</b>								
<b>Goal 1: Increase access to health care services</b>								
<b>Strategy 3: Develop a coordinated care team approach with everyone working at the top of their scope of practice (i.e., what the certification or license allows) to reduce the burden on providers so they can see more patients per unit of time.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Idea
Complete the research on panel sizes and present the findings to CAB for discussion.	SCHC Leadership Consultant	December-24	Ops	Team Based Care Phase 1 Pod Design	Development	In Process		
Develop a comprehensive implementation plan.	SCHC Leadership	September-25			Development		Needs development of patient & stakeholder communnication plan.	
Implement the plan.	SCHC Leadership Project Planner	December-26						
Increased number of available appointments.	SCHC Leadership	≥5% over baseline Goal #: 3,692 per year Baseline: 3,516						

<b>Priority 1: Increase Access to Care</b>								
<b>Goal 1: Increase access to health care services</b>								
<b>Strategy 4: Train providers and staff from a patient perspective to improve patient-centered care.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
Establish a workgroup to develop, implement and monitor a training plan to help providers and staff better understand the patient perspective when accessing care at SCHC.	Health Program Manager	December-25		Comprehensive Employee training plan (including all staff levels See 2.1.2)				Working on new employee plan should help infom needs for annual trainings and refreshers for existing staff.
Post training, review and modify Policies and Procedures and workflows to improve the patient’s experience when accessing care at SCHC.	HPM for Compliance	Train at least 80% of clinical staff						



<b>Priority 1: Increase Access to Care</b> <b>Goal 2 Increase access to enabling and navigation services to overcome social determinants of health (SDOH, i.e., societal and environmental factors that affect people’s health and access to care)</b> <b>Strategy 1: Develop coordinated wrap-around services (e.g., increase the number of Public Health Aides/ Community Health Workers - CHWs and other staff) within SCHC to provide care coordination, case management, and navigation services.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
Workflows for internal coordination of wrap-around services appropriate for existing levels of staffing.	Health Program Manager	October-24					Existing providers & staff are not familiar with existing internal resources & how to access. Decisions not yet made regarding increasing staff/contractors to expand patient navigation services (e.g., student interns, CHWs as county employees, CoHeWo, CHWs from Health net, etc.)	
New or revised County positions meeting state requirements to generate revenue for navigation services. Include ways to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving.	SCHC Leadership	November-25					Lack of commitment to this model by Leadership	
A sufficient number (at least 2) dedicated staff to provide enabling services.	SCHC Leadership	December-26		COHEWO HealthNet	Initiatiion	In discussions	Insufficient Capacity Limited focus	Partnership with Sac City College for Interns

<b>Priority 1: Increase Access to Care</b> <b>Goal 2 Increase access to enabling and navigation services to overcome social determinants of health (SDOH, i.e., societal and environmental factors that affect people’s health and access to care)</b> <b>Strategy 2: Develop streamlined workflows to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving. Where possible, identify and enable electronic systems to facilitate two-way communication to coordinate services. (what happens to the referral)</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
Workflows for referral pathways to external organizations providing needed services.	RN Case Manager; HPM for Operations	December-24		Unite Us Implementation	Implementation	Stalled	Lack of licenses and training for staff; lack of clarity as to whose role this is as providers do not have the time or knowledge of the community resources to refer people to.	
Electronic systems to facilitate two-way communication with at least one external service organization to coordinate services and track referrals to completion.	ASO III	December-25		Unite Us Implementation	Design	Stalled	Two-way interface not yet built in OCHIN? Or does it exist and we need to understand the cost of building it out?	
Operational plan to provide wrap around services including ways to coordinate with other organizations providing such services.	HPM for Operations	June-25		Discussions with Health Net, UC Davis and others re ECM and CHWs and coordinating care management	Design			
Increased number of patients accessing navigation services.	HPM for Operations	≥10% over BL Goal: 1,389 pts <i>Baseline: 1,263</i>					Definition of navigation services needed - types?	

<b>Priority 2: Promote Economic Sustainability</b>								
<b>Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.</b>								
<b>Strategy 1: Complete due diligence and implement technologies that increase efficiency, e.g., reducing staff workload and increasing patient control, on-demand appointments, self-scheduling, check-in kiosks, exam room TVs for education, robust use of Artera (patient communication system), and on-hold messaging.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
List of identified technologies, costs, and benefits.	Admin/HPM of Oper	December-24					Bandwidth for initial review; Lack of consistent leadership	
Present to CAB for discussion.	HPM	March-25						
Developed implementation plan with timeline.	HPM of Operations	August-25						
Technologies operational.	HPM of Oper	November-26						

<b>Priority 2: Promote Economic Sustainability</b>								
<b>Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.</b>								
<b>Strategy 2: Develop and implement improved Health Center provider and staff training. e.g., onboarding training, training and accountability of Health Center policies and procedures.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
Staff training plan to include OCHIN, SCHC policies and procedures, County protocols, Intranet tour.	HPM for Compliance	June-25	Ops	Comprehensive New Employee Training Plan	Design	In Process		

<b>Priority 2: Promote Economic Sustainability</b>								
<b>Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.</b>								
<b>Strategy 3: Research and adopt promising practices and streamline processes, engage in continuous quality improvement practices for Health Centers operations.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
GROSS projects implemented. Report on waste eliminated.	QI Team	Report semi-annually June 2024 through December 2026	QIC/Sharon Hutchins	Gross rewards	Implementation	Stalled	Lack of processes that staff can react to to improve	

<b>Priority 2: Promote Economic Sustainability</b>								
<b>Goal 2: Improve staff retention <i>to lower costs due to recruitment and new employee training costs and</i> other costs.</b>								
<b>Strategy 1: Develop policies and procedures that increase employee retention and morale, (e.g., flexible and alternative work schedules and telecommuting, continuous learning/growth opportunities to meet employee and/or group needs).</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
Updated policy on alternative work schedules and other strategies.	QI SCHC Leadership Operations HPM	Retention Baseline: 82.1%  Decrease baseline employee turnover by ≥10% by Nov 2026  Goal #: 14.3%				Stalled	Economy and budget, not getting HRSA grant, and political climate make paying for extra hours impossible	Incorporate desired employee learning opportunities in training plan; Building on career development training opportunities and pathways. Develop intra-division and intra-program career paths within the Department of Health Services.

<b>Priority 2: Promote Economic Sustainability</b>								
<b>Goal 3: Identify and track funding opportunities (e.g., CalAIM) that align with the Health Center’s mission, vision and values.</b>								
<b>Strategy 1: Research funding opportunities and secure additional funding.</b>								
Expected Outcome	Responsible Party	Target	Oversite Committee Project Lead	Current Project(s)	Phase	Status	Barriers	Ideas
Additional funding to support existing programs, expanding existing programs or initiation of new programs.	Leadership  HPMs	Report semi-annually June 2024 through December 2026						UCD QJP Program interested in supporting clinic operations and improvements in new ways

Bandwidth (Time & Energy)		Process Infrastructure		OCHIN Support	
<i>Staff</i>	<i>Management</i>	<i>P&amp;Ps</i>	<i>Workflows</i>	<i>Internal</i>	<i>External</i>

**Financial Resources**

<i>County</i>	<i>Federal</i>	<i>Outside</i>
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**Sacramento County Health Center  
Co-Applicant Board (CAB)**

Friday, March 21, 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 (9:35 AM)**

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

a. Roll Call and Welcome

**PRESENT**

<b>Suhmer Fryer – Chair</b>	<b>Noel Vargas – Deputy Director DHS</b>
<b>Laurine Bohamera – Vice Chair</b>	<b>Michelle Besse – Health Program Mgr</b>
<b>Jan Winbigler - Member</b>	<b>Sharon Hutchins – Health Program Mgr</b>
<b>Ricki Townsend – Member</b>	<b>Belinda Brent – Consultant</b>
<b>Eunice Bridges – Member</b>	<b>Adam Prekeges – Admin Srvs Officer II</b>
<b>Vince Gallo – Member</b>	<b>Corrie Brite – County Counsel</b>
<b>Nicole Miller - Member</b>	<b>Rachel Callan – Sr. Admin Analyst</b>
<b>Dedra Russell - Member</b>	<b>Heather Vierra – Interim Medical Dir.</b>
	<b>Christina Delgado - Health Program Mgr</b>
<b>Mrs. Bridges - Public</b>	<b>Aliah Martin – Senior Office Assistant</b>

**Announcements: None**

**INFORMATION ITEMS (9:40 AM)**

**Budget Updates presented by Adam Prekeges**

**HRSA Project Budget Summary**

- As of 1/31/25 (quarter 3 of the grant year) \$1,299,717.39 has been expended on the HRSA project.
- Remaining balance of \$125,219.61; 100% drawn down projected.
- No major variances or concerns.

- Staff comprise majority of the costs.

### **County Budget Summary and Variances**

- Bottom line reflects \$798K general fund draw
- Object 10 Salaries/Benefits: expected to be \$572,543 under budget
- Object 20 Services/Supplies: expected to be \$926,754 under budget
  - ✓ Reducing reliance on registry staff & contracts
  - ✓ Projection can significantly change over the next few months due to contract negotiations and Refugee lab costs
  - ✓ Due to increased cost of pharmaceuticals, the 20 object will be reduced by \$1.6 mil to increase Object 60, creating a projected overage of \$650,000 in Object 20
- Object 30 Contracts: No variance expected at the time
  - ✓ Increased patient counts/visits may cause slight overage due to OCHIN Contract
- Object 40 Fixed Assets: no budgeted expenditure & no planned costs
- Object 60 Internal Charges/Allocated Costs: \$979,478 overage expected
  - ✓ Higher Pharmaceutical supply costs
- Objects 59 & 69 Inter/Intra Fund Reimbursements: Realignment funding and funding from other County departments paying for Clinic services.
  - ✓ Sacramento County Office of Education's (SCOE) FY 23/24 intrafund payment from Behavioral Health Services (BHS) in the amount of \$1.3M came through this FY
  - ✓ Projecting to receive FY 24/25 intrafund payment from Behavioral Health Services (BHS) in FY 24/25
  - ✓ No patients assigned to Healthy Partners program, \$800K realigned from Treatment Fund Center into County's, helping cover the costs for underinsured patients.
- Objects 95/96/97 Outside Revenue: Projected to be \$2.8M under budget.
  - ✓ Medi-Cal revenue is projected to be low at \$2.1M; program is working on increasing billable visits to increase revenue, projected to be better than last year.
  - ✓ Grants are on track
  - ✓ All ARPA grants are maximized.
  - ✓ Received unexpected \$1.4M from past FEMA claims (during Covid 19)
    - Can only be used to cover General Fund draw, cannot be used to purchase new items.
- SCOE is hard to project as contracts change every year
- All budgets are pulled for the Fiscal Year (FY)
  - ✓ Prevents reports from crossing over
- CAB Member questioned the use of Fiscal Year vs Calendar Year
  - ✓ Will be added to April meeting agenda, to be discussed and voted on.

### **HRSA Project Director Updates presented by Noel Vargas**

- Proposed halt to general fund draw necessitates a careful balancing act; maintaining essential service levels while streamlining operations.
- Current budget projections are on track for success



- **SCOE sites overall productivity is low, averaging 2 visits a day, if performance productivity remains low, contracts could be ended.**
- **School-Based MOUs are currently contracted between school districts and SCOE, looking to change the model to be between County and school districts.**
  - ✓ **legal issues are being discussed and negotiated**
- **Well Space signed MOU**
- **The clinic continues to meet with HRSA**
  - ✓ **Pitched new policy to be able to refer patients to school sites without MOU signed, HRSA liked the idea, still be discussed and new policy proposal being drafted**
- **Facility Improvements – Roofing on the second floor needs to be reinforced and fireproofed, this will have major impact on the clinic. There have been meetings with the architect to create a plan to complete this big project with the less impact possible. Target date to begin project is September 2025.**
- **Refugee Health Services – Substantial decline in refugee resettlement and closure of agencies in Sacramento:**
  - ✓ **Scaling back on Refugee staff, placing those staff members in other places in the clinic to keep as many staff as possible**
  - ✓ **Refugee self-referral process established, yielding positive results, with 80 patients self-referring in the last two weeks**
  - ✓ **Placing flyers with QR codes at airport for refugees entering the US.**
- **CAB members asked how this refugee cutbacks will impact the budget?**
  - ✓ **There will be a scale back for the next 3 years, will continue to service refugees on a much smaller scale, will mostly affect staff.**
- **Streamlining Workflows – Pam Gandy and Michelle Besse are working in collaboration with SCHC staff to improve efficiency.**
  - ✓ **Reduction of unnecessary steps and clarification of roles**
  - ✓ **Meeting with the MAs went well, implementing cross training amongst departments**
  - ✓ **Check-In kiosks have arrived and being implemented in the adult medicine lobby, will reduce the wait time for patients upon arrival**
- **Management Recruitment**
  - ✓ **New Health Program Manager Christina Delgado, RN, has joined SCHC on Monday March 17, 2025.**
  - ✓ **Recruitment efforts continue to fill the Division Manager position.**
  - ✓ **Interviews continue for Division Manager position.**
  - ✓ **CAB members will continue to participate in interview processes**

#### **Medical Director Report presented by Dr. Heather Vierra**

- **Still working on video visits, looking to implement in the next two weeks**
- **We can bill for telehealth visits for Medicare and Medi-Cal patients through September**
- **4 new QI staff hired on through June to help with QI measures**
- **Team based care; an RN will be assigned to each Team**
- **Refugee providers will be moved to other programs in need and new roll outs**
- **Pharmacy diabetes quick check visits are billable**

### **Sliding Fee Discount Program presented by Sharon Hutchins**

- Please see the handout for details
- CAB members asked if the Healthy Partners program is going away?
  - ✓ No patients participating in the program due to Medi-Cal for all, staff has been retained.

### **Review of Strategic Plan Progress presented by Sharon Hutchins**

- Please see the handout for details
- Strategic Plan has already been voted on and approved by CAB, this is a refresh, next month there will be detailed discussion on the progress of established strategies and goals.

### **School Based Health Center Update**

- Please refer to Project Director Report

### **Review of Board Approved CAB Bylaws and Co-Applicant Agreement presented by Michelle Besse**

- Bylaws correction proposed: Page 5, Appendix – change Article IX to VII
- CAB members suggested that a chair member inspect CAB records
- Michelle Besse suggested her and Suhmer Fryer sit down to inspect CAB records
- CAB members suggested a "To-Do" list be created for CAB members pertaining to Bylaws

### **New CAB Member Recruitment Engagement presented by Michelle Besse**

- CAB members were asked to sign up for the upcoming diabetes classes to promote CAB
- CAB members volunteered for classes through December 2025
- Script will be created for CAB members presentation

### **Statement of Economic Interest (Form 700) Filing presented by Corrie Brite**

- Due by each member annually, deadline is April 1, 2025
- Aliah Martin will help with login to the portal and submitting forms

### **CAB Public Website Updates**

- Still waiting on the whole DHS website to be updated

### **Community HealthWorks (COHEWO)**

- Will be helping with patient navigation
- Looking to obtain space for a resource room

### **CAB Goals**

- None

<p><u>*Laurine Bohamera Moved to Approve BUSINESS ITEM I. to Approve the February 13, 2025, Special Session CAB Meeting Minutes.</u></p> <p><u>*Ricki Townsend Seconded the Motion to Approve BUSINESS ITEM I. to Approve the February 13, 2025, Special Session CAB Meeting Minutes.</u></p> <p><u>Yes Votes:</u> Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Nicole Miller, and Vince Gallo</p> <p><u>No Votes:</u> None</p> <p><u>Result:</u> Carried</p> <p><u>*Vince Gallo Moved to Approve BUSINESS ITEM II. to Approve the February 21, 2025, CAB Meeting Minutes.</u></p> <p><u>*Ricki Townsend Seconded the Motion to Approve the February 21, 2025, CAB Meeting Minutes.</u></p> <p><u>Yes Votes:</u> Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Nicole Miller, and Vince Gallo</p> <p><u>No Votes:</u> None</p> <p><u>Result:</u> Carried</p> <p><u>*Jan Winbigler Moved to Approve BUSINESS ITEM III. to Approve the New Sliding Fee Discount.</u></p> <p><u>*Eunice Bridges Seconded the Motion to Approve the New Sliding Fee Discount.</u></p> <p><u>Yes Votes:</u> Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Nicole Miller, and Vince Gallo</p> <p><u>No Votes:</u> None</p> <p><u>Result:</u> Carried</p>
<b>PUBLIC COMMENT</b>
<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>No public comments were made.</li> </ul>
<b>CLOSED SESSION</b>
None
<b>MEETING ADJOURNED</b>
Chair Suhmer Fryer adjourned the meeting at 11:27 am.

