

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

Friday, May 16, 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. HRSA APR Capital
5. QI Patient Grievances and Safety Review
6. Executive Committee Member Discussion

7. <u>CAB Goals</u>
INFORMATION/ACTION ITEMS <sup>1</sup> (10:45 AM)
<u>BUSINESS ITEM I.</u> <ul style="list-style-type: none"> <li>• <u>April 18, 2025, CAB Meeting Minutes</u></li> <li>✓ <u>Recommended Action: Motion to Approve the drafted April 18, 2025, CAB Meeting Minutes</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 take action 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

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

## Report Summary

The HRSA program budget is expected to be claimed almost in full with no major variances or concerns to report. The County budget reflects a \$286K contribution to the General Fund. Contracts, fixed assets, and reimbursements show no major variances. However, outside revenue is projected to fall short by \$2.4M, and program is working to increase productivity and billable visits to increase Medi-Cal revenue.

## HRSA Project Budget Summary

- As of 3/31/25 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 close to 100%. Cannot draw down full funds because we didn't have specific UDS+ needs. Drawdown will be completed in April'25.
- No major variances or concerns. Staff comprise the majority of the costs.

## County Budget Summary and Significant Variances

- Bottom line reflects \$286K contribution to the General Fund.
- Object 10 Salaries/Benefits: expected to be \$585,131 under budget.
- Object 20 Services/Supplies: expected to be \$204,932 under budget.
  - This projection can significantly change over the next few months depending on our contract obligations, and the Refugee lab costs.
  - Have been reducing reliance on registry staff, and not fully utilizing contracts, which has helped us decrease our 20 object projections.
  - Updated projection on FY 24/25 SCOE contract: we have been projecting 75% of contract usage, now we are projecting 65%.
- 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: \$607,677 under budget due to Pharmacy AAR (and some reimbursement).
- 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 \$2.4M 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.

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	5,713,058	0	5,713,058	62%	8,037,474	1,239,130	Estimated based on PCF calculations
10112100 EXTRA HELP	210,130	216,432	268,864	0	268,864	124%	350,868	-134,436	
10113100 STRAIGHT TIME OT	0	0	1,282	0	1,282	0%	1,282	-1,282	Actuals, not freeseing any future OT.
10113200 TIME/ONE HALF OT	11,350	11,677	5,162	0	5,162	44%	5,162	6,515	afterhours/weekend clinics estimates. Reduced to Actuals, as we are not foreseeing any OT.
10114100 PREMIUM PAY	293,628	205,251	147,317	0	147,317	72%	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%	15,485	-5,485	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	186,855	0	186,855	0%	200,000	-200,000	Large cashouts - \$200k projection still accurate.
10121000 RETIREMENT - EMPLOYER COST	2,186,093	2,052,189	1,269,269	0	1,269,269	62%	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	737,141	0	737,141	68%	1,085,357	0	Estimated based on PCF calculations
10121300 HEALTH SVGS-ER COST	81,900	74,100	46,000	0	46,000	62%	64,202	9,898	Estimated based on PCF calculations
10121400 401A - PLAN	58,301	62,471	34,719	0	34,719	56%	54,126	8,345	Estimated based on PCF calculations
10122000 OASDHI - EMPLOYER COST	720,674	696,166	416,066	0	416,066	60%	603,175	92,991	Estimated based on PCF calculations
10123000 GROUP INS - EMPLOYER COST	1,941,044	1,794,532	988,560	0	988,560	55%	1,554,826	239,706	Estimated based on PCF calculations
10123001 CNTY EE PLAN SELECT	0	0	1,275	0	1,275	0%	0	0	Budgeted in 10123000
10123002 DENTAL PLAN ER COST	0	0	97,703	0	97,703	0%	0	0	Budgeted in 10123000
10123003 LIFE INS - ER COST	0	0	819	0	819	0%	0	0	Budgeted in 10123000
10123004 VISION INS - ER COST	0	0	952	0	952	0%	0	0	Budgeted in 10123000
10123005 GROUP INSURANCE - EAP	0	0	2,435	0	2,435	0%	0	0	Budgeted in 10123000
10124000 WORK COMP - ACP	187,847	304,502	206,808	0	206,808	68%	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>10,138,715</b>	<b>0</b>	<b>10,138,715</b>	<b>68.42%</b>	<b>14,232,359</b>	<b>585,131</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	1,852	0	1,852	123%	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	39,634	0	39,634	1321%	39,634	-36,634	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 REIMBURSEMNT	3,000	3,000	4,194	0	4,194	140%	4,194	-1,194	
20203800 EMPLOYEE RECOGNITION	0	6,000	84	0	84	0%	750	0	
20203804 WORKPLACE AMENITIES	0	0	637	50	687	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	1,501	13,860	69%	20,000	0	
20206100 MEMBERSHIP DUES	1,500	1,000	0	0	0	0%	1,000	0	
20207600 OFFICE SUPPLIES	28,000	28,000	56,832	22,173	79,005	282%	105,340	-77,340	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	672	672	0%	672	0	
20218500 PERMIT CHARGES	2,100	2,100	0	0	0	0%	2,100	0	
20219300 REF COL/DISP SVC	1,500	1,500	2,658	258	2,916	194%	3,500	-2,000	
20221100 CONST EQ MAINT SVC	0	0	8,505	0	8,505	0%	11,340	-11,340	
20222700 CELLPHONE/PAGER	16,970	19,912	17,504	0	17,504	88%	23,338	-3,426	
20223600 FUEL/LUBRICANTS	0	3,000	2,182	0	2,182	73%	2,909	91	
20225100 MED EQ MAINT SVC	10,000	10,000	11,331	425	11,756	118%	12,906	0	
20225200 MED EQ MAINT SUP	23,157	20,157	7,810	5,148	12,958	64%	20,157	0	ARP grant purchases hit here as well. Grant reimbursement below.
20226100 OFFICE EQ MAINT SVC	215	132	81	51	132	100%	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	21,457	0	21,457	0%	21,457	0	
20227500 RENT/LEASE EQ	30,000	30,000	29,804	131	29,935	100%	39,913	-9,913	
20231400 CLOTH/PERSONAL SUP	0	0	361	0	361	0%	361	-361	
20232100 CUSTODIAL SVC	0	8,000	4,250	2,125	6,375	80%	8,500	-500	
20233200 FOOD/CATERING SUP	200	200	0	0	0	0%	200	0	
20235100 LAUN/DRY CLEAN SVC	3,000	3,000	2,395	0	2,395	80%	3,194	-194	
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.
20242000 DRUGS/PHARM SUP	0	0	782	0	782	0%	1,043	-1,043	
20243700 LAB MED SVC	1,000	1,000	-12,244	425,456	413,212	41321%	130,000	-129,000	Assuming \$10k a month for Refugee, and \$10k for rest of Health Center.
20244300 MEDICAL SVC	1,000	1,000	1,347	14	1,361	136%	1,815	-815	
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 = \$58K, adding \$2K for other small purchases.

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20247100 RADIOLOGY SVC	28,262	28,262	37,404	0	37,404	132%	37,404	-9,142	
20247200 RADIOLOGY SUP	5,000	5,000	3,150	0	3,150	63%	4,200	800	
20252100 TEMPORARY SVC	26,056	26,825	120,287	2,434	122,722	457%	122,722	-95,897	Increase of \$5K is from OFCA paying old invoices. Should not see any more.
20254200 TREASURER SVC	0	0	4	0	4	0%	4	-4	
20257100 SECURITY SVC	209,798	230,732	91,730	0	91,730	40%	230,732	0	
20259100 OTHER PROF SVC	13,811,895	16,313,233	5,571,629	3,323,442	8,895,071	55%	16,290,177	23,056	Registry projection = \$2,691,669 Contract costs = \$12,598,507.65 (assuming UCD contracts will utilize 95%, and SCOPE at 65%). SCOPE contract has not been executed for FY 24/25, largest variance. \$1M for paying out on past SCOPE contracts
20271100 DTECH LABOR	509,430	474,579	228,246	33,731	261,977	55%	474,579	0	
20281100 DATA PROCESSING SVC	500,000	500,000	374,701	64	374,765	75%	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	29,914	0	29,914	0%	39,885	-39,885	
20281202 SOFTWARE	97,363	127,618	52,973	0	52,973	42%	70,631	56,987	
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	346,513	0	346,513	62%	462,017	94,288	Homeless grant covers \$90K, RHAP covers \$120K.
20287100 TRANSPORTATION	400	400	4,212	0	4,212	1053%	5,616	-5,216	Covered by RHAP - increased transportation grant line to cover increase.
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	88,465	0	88,465	68%	129,195	0	
20291200 DTECH FEE - ACP	40,174	56,826	42,925	2,880	45,804	81%	56,826	0	DTech Non-ACP
20291600 WAN CHARGES - ACP	169,580	240,305	164,546	0	164,546	68%	240,305	0	DTech Non-ACP
20291700 ALARM SERVICES - ACP	17,003	19,403	10,952	0	10,952	56%	19,403	0	
20292100 GS PRINTING SVC	5,000	5,000	266	0	266	5%	354	4,646	
20292200 GS MAIL/POSTAGE	7,000	7,000	9,267	0	9,267	132%	12,356	-5,356	
20292300 MESSENGER SVCS - ACP	7,764	13,720	10,300	0	10,300	75%	13,720	0	
20292500 PURCH SVCS - ACP	26,859	21,194	14,394	0	14,394	68%	21,194	0	
20292700 GS WAREHOUSE CHARGES	1,000	1,000	742	0	742	74%	1,000	0	
20292800 GS EQUIP RENTAL LT	0	0	178	0	178	0%	237	-237	
20292900 GS WORK REQUEST	612,603	553,280	-9,243	4,774	-4,469	-1%	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	1,204,786	713,019	1,917,805	119%	1,607,338	0	
20296200 GS PARKING CHGS	350	350	33	0	33	10%	44	306	
20297100 LIABILITY INS - ACP	144,663	222,465	151,091	0	151,091	68%	222,465	0	Allocated Cost (PP)
20298300 SURPLUS PROP - ACP	5,424	6,040	4,148	0	4,148	69%	6,040	0	Allocated Cost (PP)
20298700 TELECOMM - ACP	100,390	108,516	0	0	0	0%	0	108,516	posts to 20298703
20298702 CIRCUIT CHRGS - ACP	0	0	2,718	0	2,718	0%	3,623	-3,623	Allocated Cost - budgeted in 20298700
20298703 LND LN CHARGES - ACP	0	0	88,472	0	88,472	0%	117,963	-117,963	Allocated Cost - budgeted in 20298700
20298900 TELEPHONE INSTALLATIONS	0	0	2,870	0	2,870	0%	3,826	-3,826	
<b>Object 20 TOTAL - Services and Supplies</b>	<b>18,772,005</b>	<b>21,514,267</b>	<b>8,975,043</b>	<b>4,538,348</b>	<b>13,513,391</b>	<b>63%</b>	<b>21,309,335</b>	<b>226,879</b>	

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
30310300 ELIG EXAMS	1,500	1,500	343	0	343	23%	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%	2,650	7,350	RT Passes
30311400 VOLUNTEER EXPENSES	500	500	730	0	730	146%	973	-473	Volunteer DOJ Fingerprinting and pay claims
30312100 PROVIDER PAYMENTS	1,048,633	1,095,000	895,038	186,806	1,081,844	99%	1,534,351	-439,351	OBS; FONEMED; HMA. Invoices only through Feb'25, therefore took monthly average and projected out 12 months.
30370000 CONTR OTHER AGENCIES	0	541,000	43,757	456,243	500,000	92%	541,000	0	Period 3: GL added to budget, also added \$541K of budgeted revenue to 95959503 (one community health ARPA). \$750K encumbrance is full award amount, which spans over 3 FY. Expected to spend \$541K this FY.
Object 30 TOTAL - Other Charges	1,060,633	1,648,000	941,856	643,048	1,584,904	96%	2,080,474	-432,474	
43430110 EQUIPMENT-PROP	0	0	0	0	0	0%	0	0	
43430300 EQUIP SD NON REC	0	0	0	0	0	0%	0	0	
Object 40 TOTAL - Fixed Assets	0	0	0	0	0	0%	0	0	
60601100 DEPT OH ALLOC	1,104,224	1,279,755	759,460	0	759,460	59%	1,279,755	0	Allocated Cost
60601200 DIV OH ALLOC	387,895	403,737	154,761	0	154,761	38%	403,737	0	Allocated Cost
60650400 COLLECTION SVC	15,000	1,750	1,947	0	1,947	111%	2,595	-845	DRR Collection
60691301 FIN GEN ACC - ACP	8,005	10,207	6,932	0	6,932	68%	10,207	0	Allocated Cost
60691302 FIN PROLL SVCS - ACP	6,104	6,663	4,525	0	4,525	68%	6,663	0	Allocated Cost
60691303 FIN PMT SVCS - ACP	9,432	14,712	9,992	0	9,992	68%	14,712	0	Allocated Cost
60691305 FIN INT AUDITS - ACP	4,295	5,013	3,405	0	3,405	68%	5,013	0	Allocated Cost
60691306 FIN SYS C & R - ACP	6,100	8,536	5,798	0	5,798	68%	8,536	0	Allocated Cost
60695102 BEN ADMIN SVCS - ACP	18,836	23,459	15,933	0	15,933	68%	23,459	0	Allocated Cost
60695103 EMPLOYM SVCS - ACP	64,453	88,904	60,381	0	60,381	68%	88,904	0	Allocated Cost
60695500 TRAINING SVCS - ACP	16,932	21,734	14,761	0	14,761	68%	21,734	0	Allocated Cost
60695600 DEPT SVCS TRAN - ACP	148,073	142,562	96,824	0	96,824	68%	142,562	0	Allocated Cost
60695700 401A ADMIN SVC - ACP	995	1,103	749	0	749	68%	1,103	0	Allocated Cost
60695800 LABOR REL - ACP	16,022	19,081	12,959	0	12,959	68%	19,081	0	Allocated Cost
60695900 SAFETY PGM - ACP	12,051	18,387	12,488	0	12,488	68%	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	46,977	0	46,977	0%	0	0	Allocated Cost Budgeted in 60601100
60698018 INTRA PROGRAM CHARGE	1,916,880	3,597,060	992,127	0	992,127	28%	2,969,060	628,000	Will receive part of the \$1.6M back via Pharmacy depending on what they Pharmaceuticals they get reimbursed for (assuming 60%).
Object 60 TOTAL - Intrafund Charges	3,735,297	5,642,663	2,220,494	0	2,220,494	39%	5,034,986	607,677	
TOTAL EXPENDITURE	39,350,431	43,622,420	22,276,109	5,181,396	27,457,505	63%	42,657,154	987,213	
59599125 REALIGNMENT 1991 HEALTH	-9,232,367	-10,346,857	-8,822,779	0	-8,822,779	85%	-10,346,857	0	
59599134 Restricted Funding	0	-15,359	0	0	0	0%	-15,359	0	
Object 50 TOTAL - Interfund Reimbursement	-9,232,367	-10,362,216	-8,822,779	0	-8,822,779	1	-10,362,216	0	
69699000 INTRA COST RECOVERY	-492,448	-392,622	-97,008	0	-97,008	25%	-990,421	597,799	HHS 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	-1,770,993	0	-1,770,993	107%	-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. PubH X-Rays and EMR costs are on track, \$72K more to come in based on Q1 numbers (Q2-Q4).
69699018 INTRA PROGRAM REIMBU	-14,537	-15,159	-7,684	0	-7,684	51%	-15,159	0	Pharmacy reimb of AT
Object 69 TOTAL - Intrafund Reimbursement	-3,052,214	-2,058,078	-1,875,684	0	-1,875,684	91%	-4,083,355	2,025,277	
TOTAL REIMBURSEMENT:	-12,284,581	-12,420,294	-10,698,463	0	-10,698,463	86%	-14,445,571	2,025,277	
NET Cost before Revenue	27,137,050	31,202,126	11,577,646	5,181,396	16,759,042	54%	28,211,583	2,990,543	
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	-15,876,020	0	-15,876,020	75%	-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, \$200K has moved, but not reflected yet, and \$1.1M posted to 9790, will be JV'd). \$15.9M P9 (\$1.1M belongs to 95953010, will be JV'd).
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	-316,159	0	-316,159	0%	-421,545	421,545	\$2.2M actuals; including \$405k for Q3 HRSA Homless grant; 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.

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
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>-20,995,231</b>	<b>0</b>	<b>-20,995,231</b>	<b>68%</b>	<b>-28,484,492</b>	<b>-2,381,436</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	-4,432	0	-4,432	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>-12,733</b>	<b>0</b>	<b>-12,733</b>	<b>159%</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		
97979004 JURY FEE EMP REIMB	0	0	-165	0	-165	0%	-165		
97979028 IR-MUTUAL AID AGREE	0	0	0	0	0	0%	0		
<b>TOTAL REVENUES</b>	<b>-22,230,340</b>	<b>-30,873,928</b>	<b>-21,008,434</b>	<b>0</b>	<b>-21,008,434</b>	<b>68%</b>	<b>-28,498,263</b>	<b>-2,376,135</b>	
<b>Net County Cost/NCC</b>	<b>4,906,710</b>	<b>328,198</b>	<b>-9,430,788.69</b>	<b>5,181,396</b>	<b>-4,249,393</b>	<b>-1295%</b>	<b>-286,680</b>	<b>614,408</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	AP09

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



Period  
Current Month  
Percentage of Year

9  
March  
75%

Line Item	FY 24/25 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	\$ 10,138,715	\$ -	\$ 10,138,715	68%	\$ 14,232,359	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	\$ 8,975,043	\$ 4,567,150	\$ 13,542,193	59%	\$ 21,309,335	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 is now reflected.
Other Charges <i>* 30 - OTHER CHARGES</i>	\$ 1,648,000	\$ 941,856	\$ 643,048	\$ 1,584,904	96%	\$ 2,080,474	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	\$ 2,220,494	\$ -	\$ 2,220,494	55%	\$ 5,034,986	Pharmacy AAR is now reflected.
<b>Total Expenses</b>	<b>\$ 43,622,420</b>	<b>\$ 22,276,108</b>	<b>\$ 5,210,198</b>	<b>\$ 27,486,306</b>	<b>63%</b>	<b>\$ 42,657,154</b>	
<b>Revenue</b>							
Inter/Intrafund Reimbursements <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (12,420,294)	\$ (10,698,464)	\$ -	\$ (10,698,464)	86%	\$ (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)	\$ (20,995,231)	\$ -	\$ (20,995,231)	68%	\$ (28,484,492)	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)	\$ (12,733)	\$ -	\$ (12,733)	159%	\$ (13,301)	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>\$ (31,706,898)</b>	<b>\$ -</b>	<b>\$ (31,706,898)</b>	<b>73%</b>	<b>\$ (42,943,834)</b>	
	328,198	-9,430,790				-286,680	

# HRSA Project Director Updates

May 18, 2025 CAB Meeting

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## Key Points:

**Sacramento County Health Center is looking forward to the start of our new Chief Medical Officer/ Medical Director Dr. Corina Gonzalez, MD. We are excited to begin to have her input on clinical operations. She has stayed in regular contact with the leadership team, and we are very excited about her arrival.**

**We are continuing to focus on streamlining and optimal efficiency throughout the Health Center. We are focused and committed to improving the patient's experience and utilizing tools available to be successful. Ultimately, SCHC strives toward leveraging technology, optimizing resources, and responding to internal needs and community input to deliver and improve healthcare services.**

## Artera Messaging

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 last month. The hope is that the Chief Medical Officer/ Medical Director will be onboard to participate in the interviewing/selection process for the DM position.

The position of Chief Medical Officer/ Medical Director 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.

We would like to welcome Jimmy Kim, our new Supervising Registered Nurse.

## 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.

This year's fiscal audit resulted in no findings.

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

# HRSA Project Director Updates

*May 18, 2025 CAB Meeting*

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The Health Center has a total of five school district MOU's awaiting completion. Three we expect to be finished within the next week. We will be submitting these packets to HRSA for review. The deadline is July 1, 2025 to complete this task.

## **Facility Improvements**

New, aesthetically designed signage will continue to be developed and posted throughout the Health Center to provide a more welcoming and professional environment and improve the customer experience. These all contain messages about health care and have been funded through the HIV Grant.

## **Refugee Health Services**

The current refugee numbers are beginning to stabilize. We are currently continuing to receive referrals through a number of different ways. Currently, we are on track to see approximately 6,000 refugees by the end of the year, which is similar to last year's numbers.

The Sacramento County Health Center will also be participating in the upcoming Unity Fair through Supervisor Desmond's office. This is scheduled for this Saturday and focuses on support to the Afghan community. We will be there providing diabetes and blood pressure checks, along with information on health pregnancies and resources to link the community to Health Center services.

## **Mobile Medicine**

Director Vargas provided an exciting update to the Board of Supervisors about Mobile Medicine, which was well received. Additionally, mobile medicine will begin to co-deploy with the Behavioral Health, Homeless Engagement and Response Team (HEART) which will increase provider utilization and coordination of care while in the field.

## **Streamlining Workflows**

The Care Team model has been placed on hold pending staffing challenges and the Chief Medical Officer's arrival.

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.

SCHC is currently focused on streamlining meetings and creating a more focused approach to project implementation to ensure optimal efficiency.

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's experience. We hope this will be in collaboration with a partnering agency. Further details will be provided next month.

# Co-Applicant Board Meeting

## Medical Director Update

May 16, 2025

### All Clinics

- Re-initiating video visit capabilities
  - Updating exam room equipment with dual screens and webcams. Peds and Family Medicine complete, now working on Adult Medicine clinic.
  - 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
  - Extra cervical cancer screening clinics with UCD Faculty
  - Hypertension Clinic started April 21, one half day per week with patients scheduled by QI team. Plan to evaluate in June and evaluate capacity to expand to provider referrals.
  - Workgroup with Pediatrics and Family Medicine to develop strategies to increase completion of well child visits
- Evaluating provider staffing in each program
  - Refugee providers transfer to other programs, including Loaves & Fishes. Initially planned for July transition but still needed in Refugee Program. Now planning for partial transition in July and additional in September.
  - Provider billing for Pharmacy visits – started April 14. Initial data analysis shows capturing at least 80% of visits. Planning for financial analysis once have 1 month of visit data. OnCall PA now, evaluating if other providers can take on this role.
  - Preparing UCD contract for next academic year starting July 2025

## **Non-Fiscal HRSA Grants Update Report to CAB: May 2025**

### **HRSA MainGrant**

- Operational Site Visit status – our final submission is under review by HRSA. If all goes as had been discussed with HRSA personnel, the last condition should be lifted soon.
- HRSA accepted our grantee name change in EHBs to align with other federal databases in advance of the mock audit of the 340B Discount Drug program
- Request for Information (RFI) from HRSA regarding school-based mental health program - in process; will submit all MOUs with school districts, among other requested items
- Service Area Competition (SAC) – have not yet received word from HRSA about the upcoming SAC application to request another three-year grant and FQHC status. Leadership is meeting with HRSA rep in next two weeks about the main grant.

### **HRSA ARP Capital Infrastructure Grant**

- Scope Change request (submitted 1/17/25) is still pending.
- We submitted the Progress Report this week.

### **HRSA HIV Grant**

- The grant ends in August.
- We have ordered health promotion posters for lobbies and other locations.

## Summary of Patient Grievances Quarter 1, 2025

### Grievances (from Health Plans or Independent Practitioner Organizations)

Category	Description	Examples	Number
Level I	Access challenges	Complaints about call center wait times; difficulty making an appointment	3
Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P; delay in care	Delayed prescription refills; delayed referral; patient billed in error; unprofessional or disrespectful treatment of patients	9
Level III	Issues impacting patient safety, violating privacy laws, and/or involving possible litigation	Medication error; Needle stick/exposure; severe allergic reaction; HIPAA breach; severe bodily harm	2

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

Friday, April 18, 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 (By Teams)</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>Corrie Brite – County Counsel (By Teams)</b>
	<b>Rachel Callan – Sr. Admin Analyst</b>
	<b>Christina Delgado - Health Program Mgr</b>
	<b>Aliah Martin – Senior Office Assistant</b>

**Announcements: Noel Vargas and Corrie Brite joined the meeting by teleconference.**

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

**Budget Updates presented by Adam Prekeges**

**HRSA Project Budget Summary**

- As of 2/28/25 (through 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 \$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
  - ✓ 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, will be reduced by \$1.6 mil to increase Object 60 by \$1.6 mil
  - ✓ Updated projection on FY 24/25 SCOE contract: previous projection of contract usage was 75%, current projection is 65%. As of 4/11/25, contract is moving forward with execution; invoices will be provided
- 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: \$980,563 overage expected
  - ✓ Higher Pharmaceutical supply costs
  - ✓ Will be under budget when the Pharmacy Adjustment Appropriation Request (AAR) comes through.
- 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 the 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.
- CAB Member, Eunice Bridges stated that she uses OCHIN, appreciates all the functions accessible, and asked how it is paid for. Adam Prekeges responded that it is paid for out of the clinic's budget, it is a big chunk of the budget, but



the services provided by OCHIN are worth the money spent as it cuts several “middle man” which would essentially costs the same or more.

- CAB Member, Laurine Bohamera, asked will the HIV grant carryover be drawn down on? Adam responded that it will be drawn down on, just not completely. The clinic just doesn’t have enough need to use all the funds. Michelle Besse stated that Medi-Cal is covering most of the PREP. The grant is being used for public outreach events and new signage for the clinic. It would be wasteful to buy excess supplies that may expire, we would rather give the money back. Laurine Bohamera asked how much money would go back? Adam Prekeges responded that with current projections and events scheduled for quarters 3 and 4, it’s safe to assume that we will use at least \$300,000 more of the HIV grant. Jan Winbigler expressed that CAB should review the Grants more thoroughly before approving them. Sharon Hutchins responded that some of the items presented for the grant were not covered by Medi-Cal, but since then, Medi-Cal rules have changed and now are covered, leaving those grant funds unused. Laurine Bohamera asked if the money isn’t used, does it go back? Adam Prekeges responds there is no reimbursement, we haven’t got the money yet, we just don’t draw down 100% and close the grant. Suhmer Fryer asked if the excess supplies like glucose monitors bought with the grant can be used for diabetes patients. Sharon Hutchins responded that there is no need, as Medi-Cal covers those types of things now.

#### **HRSA Project Director Updates presented by Michelle Besse**

- **Artera Messaging**
  - ✓ When patients are seen in the Emergency Room (ER) the clinic gets a notification, allowing us to send a message w/in 4 days to book a follow-up appointment
  - ✓ No show rate is down, messages sent to confirm or cancel upcoming appointments are being answered, allowing cancelled slots to be reused.
- **Management Recruitment**
  - ✓ The Medical Director (MD) position has been offered and accepted by Dr. Corina Gonzalez, who has a wealth of clinical experience. Currently the Assistant Chief Medical Officer (CMO) of One Community Health – FQHC. Start date is June 18, 2025.
  - ✓ Interviews for the Division Manager (DM) position will begin in July 2025. The examination and recruitment were reopened earlier this year to get a new candidate pool. The list closed this month. Hoping for the new MD to be onboard to participate in the selection process.
- **Financial Status and Grant Updates**
  - ✓ Budget for FY 24/25 is currently positive, 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)**
  - ✓ Ongoing communication with HRSA to finalize both items

- ✓ Memorandum of Understanding (MOU) established with Well Space and One Community Health
- ✓ SCHC has independently secured several MOUs directly with school districts, more in progress
- **Facility Improvements**
  - ✓ New, aesthetically designed signage has been implemented throughout the Health Center.
  - ✓ Additional HIV awareness signs and signs to promote MyChart are planned for the pharmacy.
  - ✓ Lobbies have been decluttered by unnecessary signage and utilizing glass cases to enhance the overall appearance.
- **Refugee Health Services – Substantial decline in refugee resettlement:**
  - ✓ Staff assigned to the Refugee clinic being integrated into other Health Center teams like Call Center and Referrals
  - ✓ Staffing levels will be adjusted to ensure continued delivery of high-quality services to patients
  - ✓ Future refugee services are still uncertain, still being funded but cannot draw down fully without new patients.
  - ✓ CAB Member Laurine Bohamera asked if there will be a budget reduction for Refugee staff as the grant declines? Michelle Besse responded that staff have been moved around to different areas of the clinic. Holding positions open to wait for new refugee patients was hindering the call center and referrals, and being able to use Refugee staff in those areas helps tremendously.
- **Streamlining Workflows**
  - ✓ The Care Team model has been successfully vetted through union processes, scheduled for implementation in late April or early May.
  - ✓ Michelle Besse continues to collaborate with SCHC staff to enhance efficiency, the current focus is eliminating unnecessary steps in various processes and clarifying staff roles in all processes.
  - ✓ Per discussions and feedback with CAB, to improve patient experience, SCHC is establishing a new resource center and patient advocate area. Further details will be provided at the next meeting.

### **Medical Director Report presented by Michelle Besse**

- **Re-Initiating Video Visit Capabilities**
  - ✓ Exam room computers are being updated with dual monitors and webcams
  - ✓ Retraining providers and staff
  - ✓ Identifying resources to provide technical support to patients
- **Quality Improvement (QI) Team Efforts**
  - ✓ Pre-Visit Orders
  - ✓ Weekly RN, MA visits for patients not seen in more than 6 months to address Care Gaps for diabetes and hypertension.
  - ✓ Workgroups created with Pediatrics and Family Medicine to develop strategies to increase well child visits
- **Evaluating Provider Staffing in All Programs**

- ✓ Refugee providers transferring to other programs, including Loaves & Fishes
- ✓ Billing for pharmacy diabetes visits started April 14, 2025
- ✓ Restarting hypertension clinics April 21, 2025
- ✓ Reviewing UC Davis contract for the next academic year starting April 21, 2025

### **HRSA Non-Fiscal Grants Update presented by Sharon Hutchins**

- **Main Grant**
  - ✓ **Operational Site Visit status**
    - Down to 1 condition
    - HRSA wants a closed gap on the Referrals loop, Management is working hard to get them closed.
  - ✓ **Service Area Competition (SAC)**
    - Application will be submitted in September
    - HRSA has not sent out all the notices yet, this is being monitored, being aware of what has been asked for in the past, SCHC is working on securing to be ready and give CAB enough time to review and approve.
    - No deadline dates are known at the present time.
- **ARP Capital Infrastructure Grant**
  - ✓ No Cost Extension – GRANTED until 9/13/25
  - ✓ Force Account Labor request – GRANTED
  - ✓ Scope Change requests - PENDING. SCHC was not able to convert three exam rooms due to costs. 3 exams rooms were completed. Still working with HRSA to get approval for equipment needs.
- **HIV Grant**
  - ✓ Ending in August

### **QI Plan Progress Monitoring/Data Reports presented by Sharon Hutchins**

- Please see the handout for details
- Health Net patients can receive a \$50 incentive if they complete a FIT test.
- This is the first time we've met the Cervical Cancer screening target.
- Pharmacy is starting diabetes screening. UC Davis is considering lending us a Biogenics student to research why our patients can't get their blood sugar levels under control
- Patient Experience – the target phone call wait times is no more than 30 minutes, the number of staff and what kind of calls are coming in are being monitored daily
- Vivant is gifting SCHC \$90,000 for QI efforts, major improvement from last year's gift of \$20,000.

### **Strategic Plan Progress presented by Belinda Brent**

- Please see the handout for complete details.
- **Priorities, Goals, and Strategies**
  - ✓ Increasing Access to Care

- ✓ **Increasing Access to Navigation Services**
- **Promote Economic Stability**
  - ✓ **Increase Efficiency**
  - ✓ **Improve Staff Retention**
  - ✓ **Identify and Track Funding Opportunities**

## **Current Projects**

- **Bring Services to Patients**
  - ✓ **Expected Outcomes: 7**
  - ✓ **Active Projects: 2**
    - **MOU with other FQHCs**
    - **Plan Funds for Equipment**
  - ✓ **Completed Projects: 1\***
    - **Medication on the Mobile Van\***
- **Maximize Clinical Space**
  - ✓ **Expected Outcomes: 3**
  - ✓ **Active Projects: 3**
    - **Revenue Generation**
    - **Repurposing Refugee Space**
    - **Video Visits**
- **Develop Care Teams**
  - ✓ **Expected Outcomes: 4 (time targets)**
  - ✓ **On time Projects: 0**
    - **Target 1=Panel Size findings presented to CAB by 12/2024**
- **Patient Perspective**
  - ✓ **Expected Outcomes: 2**
  - ✓ **Active Projects: 1**
    - **Comprehensive Training Plan**
- **Develop Coordinated Wrap Around Services**
  - ✓ **Expected Outcomes: 3**
  - ✓ **Active Projects: 1**
    - **Community Health Works (CoHeWo) & HealthNet On-Site support**
- **Develop Streamlined Workflow to Coordinate w/Other Organizations**
  - ✓ **Expected Outcomes: 4**
  - ✓ **Active Projects: 1**
    - **Complex Care Management phased expansion**
- **Develop and Implement Provider & Staff Training**
  - ✓ **Expected Outcomes: 1**
  - ✓ **Active Projects: 1**
    - **Comprehensive Training Plan**
- **Research & Adopt Promising Practices**
  - ✓ **Expected Outcomes: 1**
  - ✓ **Active Projects: 1**
    - **GROSS**
- **Develop Policies & Procedures to Increase Employee Retention and Moral**
  - ✓ **Expected Outcomes: 1**
  - ✓ **Active Projects: 0**

- **Identify and Track Funding Opportunities**
  - ✓ **Expected Outcomes: 1**
  - ✓ **Active Projects: 0**

### **Barriers to Strategic Plan Progress**

- **Bandwidth**
- **Operations Infrastructure**
- **OCHIN**
- **Financial Resources**

### **CAB Opportunities**

- **Shaping & Advising Leadership Team**
- **Reviewing Plans**
- **Setting Reporting Expectations**

### **Review and Approve CAB Member Recruitment Plan**

- **It was agreed upon that the upcoming Pharmacy sponsored diabetes classes at the Health Center will support the current CAB member recruitment plan. CAB members will attend the classes every other month to engage the attendees and introduce CAB to them and offer applications with assistance in filling them out and follow up processes.**

### **Attendance Discussion**

- **CAB Member Jan Winbigler started the discussion by expressing that the CAB rules state that if a CAB member is going to be absent from a meeting, it needs to be communicated to Chair members, and that it hasn't been clear how these communications are notated.**
- **It was agreed upon by CAB members that members communicate absences to either Michelle Besse and/or Aliah Martin, and in turn those communications will be forwarded to Suhmer Fryer.**
- **Members who are consistently absent from meetings will be sent a letter of acknowledgement of their consistent absences and reminded of their responsibilities to attend meetings regularly.**

### **CAB Goals**

- **None**

### **BUSINESS ITEMS (11:25 AM)**

Corrie Brite expressed that there is no need to vote on the Interim Project Director position, as there is no need to change who maintains the position, even in lieu of Michelle Besse's appointment as Interim Division Manager. Corrie also stated that another vote on Project Director appointment will not be had until a permanent Division Manager is elected. Jan Winbigler and Suhmer Fryer expressed agreeance. There were no objections.

\*Laurine Bohamera Moved to Approve BUSINESS ITEM I. to Approve the March 21, 2025, CAB Meeting Minutes.

\*Eunice Bridges Seconded the Motion to Approve BUSINESS ITEM I. to Approve the March 21, 2025, CAB Meeting Minutes.

Yes Votes: Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera

No Votes: None

Result: Carried

\*Jan Winbigler Moved to Approve BUSINESS ITEM II. to Approve the CAB Member Recruitment Plan.

\*Laurine Bohamera Seconded the Motion to Approve the CAB Member Recruitment Plan.

Yes Votes: Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera

No Votes: None

Result: Carried

\*Jan Winbigler Moved to Approve BUSINESS ITEM III. to Approve Readjusting the Fiscal QI Plan to Fiscal Year Reporting.

\*Ricki Townsend Seconded the Motion to Approve Readjusting the Fiscal QI Plan to Fiscal Year Reporting.

Yes Votes: Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera

No Votes: None

Result: Carried

\*Laurine Bohamera Moved to Approved BUSINESS ITEM IV. to Approve Readjusting the Fiscal Strategic Plan to Fiscal Year Reporting.

\*Suhmer Fryer Seconded the Motion to Approve Readjusting the Fiscal Strategic Plan to Fiscal Year Reporting.

Yes Votes: Suhmer Fryer, Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera

No Votes: None

Result: Carried

\*BUSINESS ITEM V.

✓ This Business Item has been deleted. No need to Vote.

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 11:38 am.