

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

Friday, June 20, 2025, 9:30 a.m.- 11:30 p.m.

Regular CAB Meeting

4600 Broadway, Community Room 2020, Sacramento, CA

Agenda materials can be found at

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

The CAB meeting will be held in person at 4600 Broadway, Room 2020. Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).

- If any Board member needs to teleconference for this meeting, a notice will be uploaded to our website at <https://dhs.saccounty.gov/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx> by 8:30 a.m. on the morning of the meeting along with a link available to the public to observe the meeting via Teams video and/or teleconference.
- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email DCO@saccounty.gov as soon as possible prior to the meeting.

CALL TO ORDER (9:30 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

- a. Roll Call and Welcome
- b. Brief Announcements

INFORMATION ITEMS (9:35 AM)

1. Budget Updates
2. Project Director Report
3. Medical Director Report
4. County Public Information Officer Presentation
5. School Based Health Centers Discussion
6. CAB Goals

INFORMATION/ACTION ITEMS¹ (10:45 AM)

BUSINESS ITEM I.

- May 16, 2025, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted May 16, 2025, CAB Meeting Minutes

BUSINESS ITEM II.

- New Member Ona Okoro
- ✓ Recommended Action: Motion to Approve Ona Okoro as New Consumer CAB Member

BUSINESS ITEM III.

- 2025 Recruitment Plan
- ✓ Recommended Action: Motion to Approve the Revised 2025 Recruitment Plan

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 take action on any item not on the agenda except as authorized by Government Code section 54954.2.

- Should the meeting be made available via teleconference platform, public comment may also be made via Teams teleconference by using the raised hand feature. Those joining the meeting via Teams are requested to display their full name.

CLOSED SESSION

None

MEETING ADJOURNED

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

CFO Updates

June 20, 2025 CAB Meeting

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 \$0 contribution to the General Fund. Contracts, fixed assets, and reimbursements show no major variances. Outside revenue is projected to fall short by \$3.4M, but we expect to receive \$1M more in realignment and intrafund revenues, along with \$1.4M from past FEMA claim(s).

HRSA Project Budget Summary

- As of 4/30/25 we have spent \$1,388,237.32 on the HRSA project. We have a remaining balance of \$36,699.68, and are done with drawing down for the grant year. Cannot draw down full funds because we didn't have specific UDS+ needs. **HRSA no longer required UDS+ submissions for CY 2024.**
- Quarter 1 for new grant year has started, 3/1/2025. Grant amount is back to normal (no UDS+ funding).
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Bottom line reflects \$0 contribution to the General Fund.
- Object 10 Salaries/Benefits: expected to be \$958K under budget.
- Object 20 Services/Supplies: expected to be \$64K 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%.
 - Next month we will have actuals for SCOE contract.
- Object 30 Contracts: expected to be \$40K over budget.
 - 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: \$1.7M 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.
 - Treatment account holds our Healthy Partners program funding. Since no patients are currently assigned to the program, \$600K, and up to \$200K for HP program, in realignment was moved from that Fund Center into ours, to help cover costs for underinsured patients.
 - Between object 59 and 69 we are expected to receive \$1M more than what was budgeted.
- Object 95/96/97 Outside Revenue: Projected to be \$3.4M under budget.
 - Medi-Cal revenue is projected \$1.7M 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.

PRI Clinics 7201800 AP 10 Overview

Period
Current Month
Percentage of Year

10
April
83%
FY 24/25

Line Item	Budget	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
Expenses							
Personnel <i>* 10 - SALARIES AND EMPLOYEE BENEFITS</i>	\$ 14,817,490	\$ 11,119,750	\$ -	\$ 11,119,750	75%	\$ 13,859,431	Vacant positions 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>	\$ 21,514,267	\$ 10,310,916	\$ 4,363,640	\$ 14,674,556	68%	\$ 21,449,762	Registry projection = \$2,427,452.43 Contract costs = \$12,393,590.01 (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 \$230K. Pharmacy AAR is now reflected.
Other Charges <i>* 30 - OTHER CHARGES</i>	\$ 1,648,000	\$ 1,105,619	\$ 641,517	\$ 1,747,136	106%	\$ 1,687,593	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>	\$ 5,642,663	\$ 2,632,576	\$ -	\$ 2,632,576	47%	\$ 3,923,373	Pharmacy AAR is now reflected. Large savings here due to earlier assumption Pharmacy would use the full AAR amount (\$1.6M), based on actuals that is not happening.
Total Expenses	\$ 43,622,420	\$ 25,168,861	\$ 5,005,157	\$ 30,174,018	69%	\$ 40,920,159	

Revenue

Inter/Intrafund Reimbursements <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (12,420,294)	\$ (11,754,001)	\$ -	\$ (11,754,001)	95%	\$ (13,449,051)	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. Budgeted realignment slight lower than what is being received (\$200K difference). Receiving realignment from treatment account meant for Healthy Partners program to aid Clinics budget.
Intergovernmental Revenue <i>* 95 - INTERGOVERNMENTAL REVENUES</i>	\$ (30,865,928)	\$ (22,814,692)	\$ -	\$ (22,814,692)	74%	\$ (27,444,376)	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. Projecting highest M-Cal revenue Clinics has received, but still not hitting budgeted amount.
Charges for Services <i>* 96 - CHARGES FOR SERVICES</i>	\$ (8,000)	\$ (19,634)	\$ -	\$ (19,634)	245%	\$ (19,634)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <i>* 97 - MISCELLANEOUS REVENUE</i>	\$ -	\$ (7,098)	\$ -	\$ (7,098)	N/A	\$ (7,098)	Prior Year Patient Revenue
Total Revenue	\$ (43,294,222)	\$ (34,595,425)	\$ -	\$ (34,595,425)	80%	\$ (40,920,159)	

328,198 -9,426,564

0

7201800	Expenditure	20	20244300	Medical Services	1,000	1,375	-	1,650	Offset by savings in GL 20259100.
7201800	Expenditure	20	20244400	Medical Supplies	-	59,234	216	59,450	HIV supplies were purchased and are covered by HIV grant (95958900).
7201800	Expenditure	20	20247100	Radiology Service	28,262	37,404	-	37,404	Radiology maintenance and software increased cost. Overage covered by revenue GL 95953011.
7201800	Expenditure	20	20247200	Radiology Supplies	5,000	3,150	-	3,780	Radiology had items that needed to be replaced/purchased. Overage covered by revenue GL 95953011.
7201800	Expenditure	20	20250700	Assessment Collection	-	-	-	-	-
7201800	Expenditure	20	20251900	Architectural Services	-	-	-	-	-
7201800	Expenditure	20	20252100	Temporary Services	26,825	125,828	1,195	127,023	Grant funding covered the \$97K actuals, but grant has expired. Difference between AP6 and AP10 are old invoices coming in, do not expect any more. Overage will be offset by revenue GL 95958900.
7201800	Expenditure	20	20254200	Treasurer Services	-	4	-	4	Bounced NSF check received, do not expect more.
7201800	Expenditure	20	20257100	Security Services	230,732	102,132	-	230,732	Allocated Cost
7201800	Expenditure	20	20259100	Other Professional Services	16,313,233	6,416,295	3,033,503	16,202,561	Registry projection = \$2,427,452.43 Contract costs = \$12,393,590.01. SCOE contract just executed has not been paid out yet, largest variance. \$1M for paying out on past SCOE contracts. \$371,518.66 for Mcare Payments Savings in this GL to offset overages in GL: 20202200, 20202400, 20219300, 20242000 and 20244300.
7201800	Expenditure	20	20271100	DTech Embedded Staff/Labor	474,579	253,068	30,379	474,579	DTech Non-ACP
7201800	Expenditure	20	20281100	Data Processing Services	500,000	457,946	63	549,535	Increase due to OCHIN's invoice increased cost. Overages covered by increased Medi-Cal revenue, GL 95956900.
7201800	Expenditure	20	20281101	DTech Fee	-	-	-	-	DTech Non-ACP
7201800	Expenditure	20	20281200	Data Processing Supplies	82,780	-	-	-	Subaccounts listed below.
7201800	Expenditure	20	20281201	Hardware	-	40,765	-	48,918	Budgeted in 20281200.
7201800	Expenditure	20	20281202	Software	127,618	79,263	-	127,618	DTech Non-ACP.
7201800	Expenditure	20	20281204	Other	-	704	-	844	Dell e-waste and 5 year support. Covered in 20281200.
7201800	Expenditure	20	20281265	Application SW Maint.	-	6,293	-	7,551	Budgeted in 20281200. Overage covered by 20281200.
7201800	Expenditure	20	20283200	Interpreter Services	556,305	397,545	-	477,054	Program has been doing a better job at utilizing interpreting services through M-Cal (which are free). Partially covered by two grants, RHAP and Homeless, GL 95958900.
7201800	Expenditure	20	20287100	Transportation Of Person	400	11,943	-	14,331	RHAP grant has \$31K for transportation (increased from \$6K in AP6 due to budget revision), offset by revenue in 95958900. Additional cost for non-Refugee Health Center patients.
7201800	Expenditure	20	20288000	PY Svc & Sup Expense	-	-	-	-	-
7201800	Expenditure	20	20289800	Other Operating Expense - Supplies	-	-	-	-	-
7201800	Expenditure	20	20289900	Other Operating Expense - Services	1,200	-	-	-	Not projecting any costs to post here.
7201800	Expenditure	20	20291000	Countywide IT Services	129,195	97,101	-	129,195	Allocated Cost
7201800	Expenditure	20	20291100	Systems Development Services	-	-	-	-	Allocated Cost
7201800	Expenditure	20	20291200	Systems Development Supplies	56,826	49,352	126	56,826	Allocated Cost
7201800	Expenditure	20	20291300	Auditor/Controller Services	-	-	-	-	-
7201800	Expenditure	20	20291600	WAN Costs	240,305	180,609	-	240,305	Allocated Cost
7201800	Expenditure	20	20291700	Alarm Services	19,403	12,024	-	19,403	Allocated Cost
7201800	Expenditure	20	20292100	GS Printing Services	5,000	266	-	266	Not projecting any costs to post here rest of FY.
7201800	Expenditure	20	20292200	GS Mail/Postage Charges	7,000	10,495	-	12,593	Health Center sent out patient survey, used QI funds to fund it, GL 95956900.
7201800	Expenditure	20	20292300	GS Messenger Services	13,720	11,401	-	13,720	Allocated Cost
7201800	Expenditure	20	20292500	GS Purchasing Services	21,194	15,797	-	21,194	Allocated Cost
7201800	Expenditure	20	20292700	GS Warehouse Charges	1,000	824	-	989	-
7201800	Expenditure	20	20292800	GS Equipment Rental - Light	-	198	-	237	Monthly GPS tracking charge for Mobile Medical Van. Will be covered by M-Cal revenue that the MMV brings in, GL 95956900.
7201800	Expenditure	20	20292900	GS Work Request Charges	553,280	(9,243)	5,080	30,757	\$43K for project under way (covered by ARP grant, GL 95959100). \$5K encumbrance, and \$2K for small projects that will be completed (moving 2 data jacks). Reduced year-end projection by \$10K as \$10K expense hit GL 20211100. Current negative actual is due to moving costs from one GL to another.
7201800	Expenditure	20	20293407	Real Estate Services	-	-	-	-	-
7201800	Expenditure	20	20293800	Fuel Usage-Light	-	-	-	-	-
7201800	Expenditure	20	20294200	County Facility Use Charges	1,607,338	1,338,584	475,346	1,607,338	Allocated Cost
7201800	Expenditure	20	20296200	GS Parking Charges	350	33	-	40	-
7201800	Expenditure	20	20297100	Liability Insurance	222,465	165,811	-	222,465	Allocated Cost
7201800	Expenditure	20	20298300	GS Surplus Property Management	6,040	4,552	-	6,040	Allocated Cost
7201800	Expenditure	20	20298700	Telephone Services	108,516	-	-	108,516	Allocated Cost - Includes subaccount expenses.
7201800	Expenditure	20	20298702	Circuit Charges	-	3,028	-	-	Budgeted in 20298700
7201800	Expenditure	20	20298703	Landline Charges	-	98,529	-	-	Budgeted in 20298700.
7201800	Expenditure	20	20298900	Telephone Installations	-	2,870	-	3,444	Replace end-of-life telephones, ongoing project until entire phone inventory is upgraded. Additional revenue in 95953011 will fund expenditures.
Object 20 Total					21,514,267	10,310,916	4,363,640	21,449,762	
7201800	Expenditure	30	30310300	Elig Exams	1,500	392	-	470	Updated from Budgeted amount to straight-line.
7201800	Expenditure	30	30310600	Contract Svc Private	-	-	-	-	-
7201800	Expenditure	30	30310700	Transportation/Welfare	10,000	1,988	-	2,385	DailyFare transportation. Covered by Homeless grant in revenue GL 95958900. Not expecting a surge in costs for rest of FY.
7201800	Expenditure	30	30311400	Volunteer Expenses	500	730	-	876	Health Center had more volunteers, therefore more background costs. Covered by revenue in 95953011.
7201800	Expenditure	30	30312100	Provider Payments	1,095,000	1,058,752	185,275	1,583,862	Actuals through Mar'25 posted. Projecting Apr'25-Jun'25 expenses based on prior months. Overage due to OCHIN contract due to increased patient volume, offset by revenue GL 95956900.
7201800	Expenditure	30	30370000	CONTR OTHER AGENCIES	541,000	43,757	456,243	100,000	OCH invoiced us \$43K for Q1 (Jul'24-Sept'24). Projecting contractor will bill us one more time before end of FY.
Object 30 Total					1,648,000	1,105,619	641,517	1,687,593	
7201800	Expenditure	43	43430110	Equipment - Prop	-	-	-	-	-
7201800	Expenditure	43	43430300	Equip SD No Rec	-	-	-	-	-
Object 43 Total					-	-	-	-	
7201800	Expenditure	60	60601100	Dept OH Alloc	1,279,755	817,620	-	1,224,030	Budgeted minus costs in 60697909.
7201800	Expenditure	60	60601200	Div OH Alloc	403,737	209,278	-	403,737	-
7201800	Expenditure	60	60650400	Collection Svc	1,750	3,594	-	1,750	-
7201800	Expenditure	60	60691301	Finance-General Accounting	10,207	7,607	-	10,207	Allocated Cost
7201800	Expenditure	60	60691302	Finance-Payroll Services	6,663	4,966	-	6,663	Allocated Cost
7201800	Expenditure	60	60691303	Finance-Payment Services	14,712	10,965	-	14,712	Allocated Cost
7201800	Expenditure	60	60691305	Finance-Audits	5,013	3,736	-	5,013	Allocated Cost
7201800	Expenditure	60	60691306	Finance-System Control & Recon	8,536	6,363	-	8,536	Allocated Cost
7201800	Expenditure	60	60695102	Benefit Admin Services	23,459	17,485	-	23,459	Allocated Cost
7201800	Expenditure	60	60695103	Employment Services	88,904	66,263	-	88,904	Allocated Cost
7201800	Expenditure	60	60695500	Training Services	21,734	16,199	-	21,734	Allocated Cost
7201800	Expenditure	60	60695600	DPS Dept Svcs Team	142,562	106,256	-	142,562	Allocated Cost
7201800	Expenditure	60	60695700	401A Plan Admin Svcs	1,103	822	-	1,103	Allocated Cost
7201800	Expenditure	60	60695800	Labor Relations Services	19,081	14,221	-	19,081	Allocated Cost
7201800	Expenditure	60	60695900	Safety Program Services	18,387	13,705	-	18,387	Allocated Cost
7201800	Expenditure	60	60697900	Other Services	-	20,477	-	20,477	Intrafund transfer for Pharmacist for Q1 and part of Q2, JVs have been completed, updated to actuals. Pharmacist not working for Health Center in Q3/Q4. Budgeted in 60698018.
7201800	Expenditure	60	60697909	MIS Services	-	55,725	-	55,725	Budgeted in 60601100.
7201800	Expenditure	60	60698018	Intra Program Charges	3,597,060	1,257,293	-	1,857,293	Pharmacy costs increased, mid-year AAR increased 60698018.
Object 60 Total					5,642,663	2,632,576	-	3,923,373	
7201800	Expenditure	80	80805000	Purchase for Reissue	-	-	-	-	JV'd \$.01 expenses to 20244400.
Object 80 Total					-	-	-	-	
7201800	Expenditure Total	PRI -Clinic Services		43,622,420	25,168,861	5,005,157	40,920,159		
7201800	Reimburseme	59	59599125	Realignment 1991 Health	(10,346,857)	(9,768,526)	-	(11,133,506)	Mid Year Realignment Adj (\$10,541,394) + \$592,112 from 7274000 to cover uninsured patients.

7201800	Reimburseme	59	59599134	Restricted Funding	(15,359)	-	-	(15,359)	
Object 59				Total	(10,362,216)	(9,768,526)	-	(11,148,865)	
7201800	Reimburseme	69	69699000	Intra Cost Recovery	(392,622)	(145,636)	-	(394,191)	JMS X-rays came in slightly higher for Q2 and Q3. Assuming another \$1,500.00 for Q4. DHA transfers to come in full, \$188,221.00. HP program budgeted at \$200k, \$592k transfer of 91R funding will be made to offset other underinsured patients, and prevent any GF draw.
7201800	Reimburseme	69	69699017	Intra Department Reimbursement	(1,650,297)	(1,828,117)	-	(1,890,836)	MHSA intrafund agreement - FY 23/24 reimbursement posted in Sept'24.
7201800	Reimburseme	69	69699018	Intra Program Reimbursement	(15,159)	(11,722)	-	(15,159)	PubH X-Rays and EMR costs are on track.
Object 69				Total	(2,058,078)	(1,985,475)	-	(2,300,186)	
7201800	Reimbursement Total		PRI -Clinic Services		(12,420,294)	(11,754,001)	-	(13,449,051)	
				Requirements	31,202,126	13,414,860	5,005,157	27,471,107	
7201800	Revenue	95	95952800	State Subvention	-	-	-	-	
7201800	Revenue	95	95953010	PY Intergovern - State	(2,180,612)	(1,147,353)	-	(1,147,353)	\$820,479 recon payment received in Jun'24, instead of FY 24/25 as budgeted.
7201800	Revenue	95	95953011	PY Intergovern - Federal	-	(1,387,521)	-	(1,387,521)	Received \$1.15M instead of the projected \$1.4M.
7201800	Revenue	95	95956900	State Aid Other Misc Programs	(21,130,316)	(16,334,425)	-	(19,360,944)	FEMA payments that came in Dec'24.
7201800	Revenue	95	95956901	Medi/Cal Revenue	-	-	-	-	Straight-line projection minus SCOE backbilling.
7201800	Revenue	95	95958900	Health Federal	(5,526,073)	(2,384,131)	-	(4,275,353)	Will not maximize grants in full.
7201800	Revenue	95	95958901	Medi-Care Revenue	-	(316,488)	-	(6,000)	\$310K JV posted to move \$310K to GL 95956900. Revenue received from Medi-Care. The Health Center does not typically see Medi-Care patients, therefore we do not budget for it.
7201800	Revenue	95	95959100	Construction Federal	(553,280)	(77,568)	-	-	
7201800	Revenue	95	95959503	ARPA-SLFRF Revenue	(1,475,647)	(1,167,205)	-	(1,267,205)	Projecting \$100K for OCH pass-through grant (budgeted in 30370000).
7201800	Revenue	95	95959900	Fed Aid-Misc Pro	-	-	-	-	Claimed \$1,167,205 for ARPA claims expecting no more.
Object 95				Total	(30,865,928)	(22,814,692)	-	(27,444,376)	
7201800	Revenue	96	96966200	Medical Care Indigent Patients	(5,000)	-	-	-	No patients have been on CMISP, therefore no revenue.
7201800	Revenue	96	96966201	CMISP Soc Rev-Direct	-	-	-	-	
7201800	Revenue	96	96966202	CMISP Soc Rev-DRR	-	(11,078)	-	(11,078)	
7201800	Revenue	96	96966300	Medical Care Private Patients	(1,000)	-	-	-	
7201800	Revenue	96	96966900	Medical Care Other	(1,000)	-	-	-	
7201800	Revenue	96	96969900	Svc Fees Other	(1,000)	(8,556)	-	(8,556)	Revenue received for new contract to recycle X-Ray film, expecting no more.
Object 96				Total	(8,000)	(19,634)	-	(19,634)	
7201800	Revenue	97	97974000	Insurance Proceeds	-	-	-	-	
7201800	Revenue	97	97979000	Miscellaneous Other Revenues	-	(305)	-	(305)	
7201800	Revenue	97	97979004	JURY FEE EMP REIMB	-	(165)	-	(165)	
7201800	Revenue	97	97979900	Prior Year	-	-	-	-	
7201800	Revenue	97	97979904	Prior Year Misc. Revenue	-	(6,628)	-	(6,628)	Prior year funds received for CMISP.
Object 97				Total	-	(7,098)	-	(7,098)	
7201800	Revenue Total		PRI -Clinic Services		(30,873,928)	(22,841,423)	-	(27,471,108)	
7201800	Total		PRI - Clinic Services		328,198	(9,426,563)	5,005,157	(0)	

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	88,519.94	1,388,237.32	36,699.68	-	HRSA Main Grant	A18551
HRSA Homeless (GY 25/26)	3/1/2025	2/28/2026	1,386,602.00					0	1,386,602.00	-	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	81,250.00	HRSA HIV Grant	A18565
HRSA HIV (GY 24/25)	9/1/2024	8/31/2025	406,250.00	75,817.92	124,852.70			200,670.62	205,579.38	-	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	635,984.17			1,285,663.88	2,083,277.12	-	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-ARPAII-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-ARPAII-50
ARPA (One Community Health)			750,000.00	-				43,757.26	706,242.74	-	County ARPA	HS-ARPAII-70
HRSA CBE ARP CIP (GY 21/22)	9/15/2021	9/14/2022	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA CBE ARP CIP (GY 22/23)	9/15/2022	9/14/2023	619,603.00	-	-	-	-	-	619,603.00	-	HRSA Infrastructure Support	A18564
HRSA CBE 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 CBE 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

June 20, 2025 CAB Meeting

Key Points:

We are thrilled to welcome **Dr. Corina Gonzalez, MD**, as our new **Chief Medical Officer**. Dr. Gonzalez's expertise will be invaluable as we enhance our clinical operations and advance our mission.

Strategic Management Principles

The SCHC Leadership team has established clear guiding principles for all new projects to ensure focused growth and efficiency. These principles are:

- **Fiscally Self-Sustaining:** Ensuring responsible financial management and long-term viability.
- **Quality Healthcare:** Upholding high standards of care and taking ownership of our outcomes.
- **Accountability, Clarity, and Efficiency:** Promoting transparent communication and clear objectives. Optimizing processes and maximizing resource utilization.

Enhanced Internal Communication

Our **internal newsletter** has been revamped into a more engaging, flyer-style format. This bi-monthly publication will enhance clarity and improve communication with all staff members. We have attached the newest edition for CAB's review.

Artera Messaging: Boosting Patient Engagement

Our use of **Artera messaging** for patient engagement continues to expand successfully. The system has proven particularly effective in facilitating follow-up appointments for patients who have visited the Emergency Department, demonstrating strong patient responsiveness.

Management Recruitment Update

Interviews for the **Primary Care Clinic Division Manager (DM)** position are scheduled to begin in July. We anticipate our new Chief Medical Officer will participate in the final interview and selection process for this critical role. CAB will continue to have input and participation throughout this process, which will be in collaboration with Deputy Director Vargas.

Positive Financial Outlook & Grant Progress

The Health Center's **FY 24/25 budget is currently positive**, a testament to successful efforts in filling position vacancies, streamlining services, and reducing no-show appointments. We are hopeful that we will not draw general fund dollars this fiscal year. Next fiscal year appears to be tight financially and we will provide information as it develops.

HRSA Project Director Updates

June 20, 2025 CAB Meeting

HRSA Operational Site Visit (OSV) & RFI Status

We are on track to submit our **HRSA RFI packet by the July 1, 2025, deadline**. Two school district MOUs are awaiting finalization and expected to be completed and submitted within the next week. We are currently in process of loading information into the EHB.

Facility Enhancements

New, aesthetically designed **signage** is being developed and installed throughout the Health Center. These signs aim to create a more welcoming and professional environment, improve the customer experience, and provide important health-related messages. This initiative is proudly funded through the HIV Grant.

Refugee Health Services

While we continue to receive referrals for refugee health services, we've observed a **decrease in patient response rates** to our outreach efforts, and the underlying reasons are currently being investigated.

SCHC recently participated in **Supervisor Desmond's Unity Fair**, focusing on supporting the Afghan community. Our team provided vital services, including diabetes and blood pressure screenings, and shared information on healthy pregnancies and resources available through the Health Center.

Expanding Mobile Medicine

The Sacramento County Health Center and Public Health continue their successful collaboration through the **Wellness Without Walls** program. We are excited to announce that the **Homeless Engagement and Response Team (HEART)**, part of the Department of Health Services (DHS), has joined this initiative. This expanded partnership now includes Primary Health, Public Health, and Behavioral Health, ensuring **whole-person care** for all community members. This long-standing collaboration between Primary Health and Public Health is now strengthened by the invaluable addition of Behavioral Health.

Streamlining Workflows & Patient Experience

SCHC is actively working to **streamline meetings** and adopt a more focused approach to project implementation, aiming for optimal efficiency. We just completed a management team training/ review of Change Management and Project Management Principals. We are also continuing to ensure that we focus on building infrastructure and processes to provide clarity and consistency throughout the clinic.

Our QI team is revamping to bring more input, support, and collaboration with staff in the clinic. We are moving to a two-pronged approach where Clinic Staff and QI staff will work more seamlessly to ensure that Quality Improvement is everyone's goal and responsibility.

Based on valuable feedback from the Community Advisory Board (CAB), SCHC is establishing a new **resource center and patient advocate area**. This initiative, in collaboration with CoHeWo, will feature a resource table available at various times throughout the week to improve the patient experience.

Co-Applicant Board Meeting

Medical Director Update

June 17, 2025

All Clinics

- Re-initiating video visit capabilities
 - Exam rooms have been updated with the required equipment - dual screens and webcams.
 - Re-training providers and staff with updated training documents
 - Identifying resources to provide technical support to patients
- Quality Improvement Team Efforts
 - Pre-visit orders continue
 - QI MA/RN appointments for diabetes, HTN measures. Working with PA for HTN management.
 - Extra cervical cancer screening clinics with UCD Faculty
 - Workgroup with Pediatrics and Family Medicine to develop strategies to increase completion of well child visits
- Organizing provider staffing in each program
 - New Chief Medical Officer Dr. Corina Gonzalez to start Pediatrics practice 2 half days per week
 - Refugee providers transfer to other programs, including Loaves & Fishes. Planning for partial transition in August.
 - Completing UCD contract for next academic year starting July 2025
 - New UCD resident providers start July 1 – orientation begins in late June.

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

Friday, May 16, 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 (9:40 AM)

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

- a. Roll Call and Welcome
 - ❖ Jan Winbigler introduced Ona Okoro, a prospective CAB member.

PRESENT

Laurine Bohamera – Vice Chair	Michelle Besse – Health Program Mgr
Jan Winbigler - Member	Heather Vierra – Interim Medical Director
Ricki Townsend – Member	Belinda Brent – Consultant
Eunice Bridges – Member	Adam Prekeges – Admin Srvs Officer II (Teams)
Vince Gallo - Member	
Ona Okoro – Public (Prospective Member)	Rachel Callan – Sr. Admin Analyst (Teams)
	Christina Delgado - Health Program Mgr
	Aliah Martin – Senior Office Assistant

Announcements: Noel Vargas expressed apologies for his absence, he was in another meeting. Eunice Bridges expressed her delight of all the new signage around the clinic.

INFORMATION ITEMS (9:45 AM)

Budget Updates presented by Adam Prekeges

HRSA Project Budget Summary

- **As of 3/31/25 \$1,299,717.39 has been expended on the HRSA project.**
- **Remaining balance of \$125,219.61; close to 100% drawn down projected.**
- **UDS not fully maximized, drawdown will be completed in April'25.**
- **No major variances or concerns.**
- **Staff comprise 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**
 - ✓ **Reducing reliance on registry staff & contracts**
 - ✓ **Projection can significantly change over the next few months due to contract negotiations and Refugee lab costs**
 - ✓ **Updated projection on FY 24/25 SCOE contract: previous projection of contract usage was 75%, current projection is 65%.**
- **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: \$607,677 under budget**
 - ✓ **Due to Pharmacy Adjustment Appropriation Request (AAR)**
 - ✓ **Some reimbursement**
- **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**
 - ✓ **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 \$2.4M 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 revenue has been received.**
 - ✓ **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, Laurine Bohamera, asked if SCHC doesn't have an executed contract with SCOE, are we sure about the \$65,000.**
- **Adam Prekeges answered, the Fiscal Team is sure the contract will be signed but if not, we are over budget for that reason, so we may have to put out some money, but not the whole amount.**

- Laurine Bohamera asked what MOUs are?
- Michelle Besse explained that MOUs are agreements between entities. Pertaining to SCOE, it is the agreement that allows SCHC to be on school sites to provide services. We can bill without MOUs being signed, HRSA suggested that the agreements should be between SCHC and the School Districts directly, instead of with each school site, so it's a technical issue which allows the previous MOUs to provide billing without interruption.

HRSA Project Director Updates presented by Michelle Besse

- **Artera Messaging**
 - ✓ Patient engagement via text messaging continues to grow.
 - ✓ Patients are responding to ER Follow-Up appointment messages.
- **Management Recruitment**
 - ✓ To be more in line with the duties of the Medical Director position in a FQHC, Dr. Corina Gonzalez will be referred to as Chief Medical Officer.
 - ✓ 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 CMO to be onboard to participate in the selection process.
 - ✓ SCHC welcomes Jimmy Kim, our new Supervising RN
- **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. This year's fiscal audit resulted in no findings.
- **HRSA Operational Site Visit (OSV) and Request for Information (RFI)**
 - ✓ Three school district MOUs awaiting completion, expected within the next week.
 - ✓ Submitting packets to HRSA for review. Deadline is July 1, 2025.
- **Facility Improvements**
 - ✓ New, aesthetically designed signage will continue to be developed and posted throughout the Health Center.
 - ✓ Contain diverse messages about health care.
 - ✓ Funded through HIV Grant.
- **Refugee Health Services**
 - ✓ Refugee numbers are beginning to stabilize
 - ✓ Continuing to receive referrals through different means
 - ✓ On track to see approx. 6,000 Refugee patients by end of year
 - ✓ SCHC will be participating in the upcoming Unity Fair through Supervisor Desmond's office. Focusing support to the Afghan community, we will be providing diabetes and blood pressure checks, along with information on healthy pregnancies and resources to link the community to SCHC services.
- **Mobile Medicine**
 - ✓ Director Vargas provided an exciting update to the Board of Supervisors about mobile medicine, which was well received.

- ✓ Mobile medicine will begin to co-deploy with the Behavioral Health Homeless Engagement and Response Team (HEART) increasing 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 CMO arrival.
 - ✓ 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.
 - ✓ SCHC is currently focused on streamlining meetings and creating a more focused approach to project implementation.
 - ✓ 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 Dr. Heather Vierra

- **Re-Initiating Video Visit Capabilities**
 - ✓ Pediatrics and Family Medicine exam room equipment updates are complete. Adult Medicine updates are in process now.
 - ✓ Retraining providers and staff
 - ✓ Identifying resources to provide technical support to patients
- **Quality Improvement (QI) Team Efforts**
 - ✓ Pre-Visit Orders
 - ✓ Weekly Friday Morning QI RN, MA visits for patients not seen in more than 6 months to address Care Gaps for diabetes and hypertension.
 - ✓ Hypertension Clinic started April 21, one half day per week
 - Scheduled by QI team
 - Will evaluate performance and capacity in June to possibly expand to provider referrals
 - ✓ 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
 - Initially planned for July, still needed in Refugee Program
 - Partial transition in July and September
 - ✓ Billing for pharmacy diabetes visits started April 14, 2025
 - Initial data analysis shows 80% of visits captured
 - ✓ Preparing UC Davis contract for the next academic year starting July 2025

HRSA Non-Fiscal Grants Update presented by Michelle Bess

- **Main Grant**
 - ✓ Operational Site Visit status
 - Down to 1 condition

- ✓ HRSA accepted our grantee name change from “Primary Care” to “Sacramento County Health Center” to align with other federal databases
- ✓ Request for Information (RFI) from HRSA regarding school-based mental health program is in process
- ✓ Service Area Competition (SAC)
 - No word from HRSA about upcoming SAC application to request another three-year grant and FQHC status.
 - Leadership is meeting with HRSA Rep in next two weeks.
- ARP Capital Infrastructure Grant
 - ✓ Scope Change requests – STILL PENDING
 - ✓ Progress Report submitted this week.
- HIV Grant
 - ✓ Ending in August, we are using creative ways to draw down completely
 - ✓ Health Promotion posters for lobbies and other locations ordered.

QI Patient Grievances and Safety Review

- Please see the handout for details
- Level I - 2 fixes
 - ✓ Added one staff to Call Center
 - ✓ Artera messaging to make appointments
- Level II – 1 fix
 - ✓ Updating phone tree message to direct patients directly to pharmacy for prescriptions

Executive Committee Member Discussion presented by CAB Members

- Per the Bylaws and Co-Applicant Agreement, all previous committees have been disbanded other than the Executive Committee.
- Currently the Executive Committee stands with 3 members, CAB would like to expand to 4 members, CAB member Jan Winbigler asked for volunteers.
- Eunice Bridges volunteered for the current term and Ricki Townsend volunteered for the next term when Executive members are voted on.
- Drafted Recruitment Plan presented by Jan Winbigler (please see handout)
 - ✓ County Council Corrie Brite will be consulted on if the recruitment plan needs to be voted on.
 - ✓ CAB members can attend Saturday clinics
 - ✓ CAB intro video needs updating, Michelle Besse will reach out to the County’s Public Information Officer to attend next CAB meeting for consultation.
 - ✓ CAB members can attend upcoming Community Fair in June
 - ✓ CAB Manual will be created for new and present members to include CAB responsibilities and duties

CAB Goals

- Strategic Plan and Capital Grant Updates
- Presentation by the County Public Information Officer

- **Vote Recruit Ona Okoro as a new Consumer Member to the CAB**
 - ✓ **Ona Okoro presented an introduction to herself, stated that she works in healthcare and has two sons that are patients in the Pediatric Dept at SCHC. She saw the CAB flyer in the elevator and was motivated to prospect joining CAB as she noticed some gaps in care pertaining to her son.**
 - ✓ **Vote will be added to June CAB meeting agenda.**

*Eunice Bridges Moved to Approve BUSINESS ITEM I. to Approve the April 18, 2025, CAB Meeting Minutes.

*Ricki Townsend Seconded the Motion to Approve the April 18, 2025, CAB Meeting Minutes.

Yes Votes: Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, and Vince Gallo

No Votes: None

Result: Carried

PUBLIC COMMENT

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

- No public comments were made.

CLOSED SESSION

None

MEETING ADJOURNED

Vice Chair Laurine Bohamera adjourned the meeting at 11:27 am.

DRAFT

Recruitment Plan

Sacramento County Department of Health Services

Health Center Co-Applicant Board (CAB)

May 16, 2025

Prepared by CAB Executive Committee members

1. Position to Be Filled – CAB Member

The number of CAB board members is governed by CAB bylaws, which permit between 9 and 13 at large voting members and one ex-officio member, the Sacramento County Health Center Project Director. At present the board is configured at 13 members, including one ex-officio member. This includes three vacancies. If the Board needs additional resources to accomplish its workload, this number can be increased by Board action.

2. Intention

It is the intention of CAB Board to fill three vacant positions listed above by recruiting volunteers.

3. Target Group

Based on the unique demands placed on the CAB Board, make sure CAB has the skills to fulfill the requirements of basic good government operations. (See Health Center Program Governance Requirements Governing Board Responsibilities and How to Do Them” below.) We propose to target for recruitment Board applicants for these three vacancies who bring the following attributes to the Board:

- Professional strategic planning skills, abilities, and experience
- Knowledge of and ability to represent Health Center’s client populations, focusing on those currently under represented on the Board
- Experience in providing health or human services to similar Health Center populations
- HRSA report recommends the addition of an Asian male to the Board, a group the clinic serves but is not represented on the Board

4. Method

We will connect with possible applicants using the following means.

- Provide an ad to Health Center Physicians detailing the attributes we need, so they can recruit among their patients. Finding the needed skills among the Health Center Client base is a preferred alternative.

- Send an ad and communicate in person to local professional planning and social services groups
- Board members will speak to health clinic classes to recruit patient members
- Encourage Board members to consider people they know who would add to the strength of the Board

5. Evaluation of Applicants

The CAB Executive Committee will manage the recruitment process for these three and following vacancies. The CAB Executive Committee will identify a contact person among Board volunteers to welcome potential members, prepare and manage advertising, and follow up on recruitment efforts. Interested persons will be referred to the contact member by other Board Members, the Health Program Manager, or clinic staff. The contact person will answer questions, provide information about the responsibilities and opportunities for service on the board, and invite the potential board member to attend an online or in person board meeting. At the meeting the potential board member will be asked to talk about his or her experience and interest in becoming a board member. If the applicant prefers, he or she may attend the first meeting, and at a following meeting address experience and interest with the Board. The contact person will follow up to encourage and answer questions. The contact will provide an application form and walk the potential member through it, as necessary. Executive Board members will review the applications, check references, and make a recommendation for membership to the full Board.

If approved by the Board, the Health Program Manager will then complete the process as required by Sacramento County.

BACKGROUND INFORMATION SOURCES

- 2025 Health Center Co-Applicant Board Membership Roster
- Health Center Co-Applicant Board Strategic Plan 2024-2026
- Health Care Centers Public Health Department Santa Barbara County Board Self Evaluation
- National Association of Community Health Centers, Inc. Governance Information Bulletin #4 as described in the “Health Center Program Governance Requirements Governing Board Responsibilities and How to Do Them,” prepared by National Association of Community Health Centers and funded by the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC), pages 1.1, 4.1,4.3, 6.1, 7.1, and 9.1.

Revised 5/15//2025