

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

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

Regular CAB Meeting

4600 Broadway, Community Room 2020, Sacramento, CA

Agenda materials can be found at

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

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

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

CLOSED SESSION (9:30)

CAB Members ONLY. Discussion of Project Director Evaluation results.

CALL TO ORDER (9:50 AM)

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

- a. Roll Call and Welcome
- b. Introduction of new HPM, Jane Murphy
- c. Brief Announcements

INFORMATION ITEMS (9:55 AM)

1. Budget Updates
2. Project Director Report
3. Medical Director Report
4. HRSA APR Capital Report

5. QI Patient Feedback Survey Findings

6. QI Patient Grievances and Safety Review

7. Strategic Plan Progress Quarterly Report

8. CAB Goals

- Presentation of 2025 Sacramento County Health Center CAB Member Manuals
- Election of CAB Chair and Co-Chair

INFORMATION/ACTION ITEMS¹ (11:15 AM)

BUSINESS ITEM I.

- October 17, 2025, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted October 17, 2025, CAB Meeting Minutes

BUSINESS ITEM II.

- Election of CAB Chair & Co-Chair
- ✓ Recommended Action: Motion to Approve the Elected CAB Chair & Co-Chair

PUBLIC COMMENT (11:20 AM)

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

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

MEETING ADJOURNED (11:30 AM)

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

Report Summary

The HRSA program budget is expected to be claimed in full with no major variances or concerns to report. Sacramento County completed the Service Area Competition (SAC) report, which was due to HRSA on 10/29/25. So far in FY 25/26, since July'25, County of Sacramento's FQHC has maintained a steady M-Cal revenue stream. This is good news, as starting 1/1/26 it will become harder to predict M-Cal revenue.

HRSA Project Budget Summary

- As of 9/30/25 we have spent \$921,547.09 on the HRSA project. We have a remaining balance of \$790,054.91.
 - We still have Quarter 3 and Quarter 4 claims before the grant year is concluded.
- Continuing HIV grant services through main grant. Claims will be completed separately.
- No major variances or concerns. Staff comprise the majority of the costs.

County Budget Summary and Significant Variances

- Our FY 25/26 budget has \$0 general fund draw.
- Object 10 Salaries/Benefits: Initial projection shows we are slightly under budget.
 - Subject to change especially with new union agreements and filling vacant positions.
- Object 20 Services/Supplies: Initial projection shows we are slightly under budget.
 - Conservative numbers were used in this projection as it's still early, subject to change.
 - Leadership continues to analyze and reduce registry staff usage, which should lower our 20 object costs.
 - Due to Refugee slowing down, less registry employees are needed, therefore will have less expenses compared to FY 24/25.
- Object 30 Contracts: Initial projection shows we are slightly over budget.
 - Increased OCHIN costs are pushing us over budget. Will monitor throughout the Fiscal Year. If overage happens in our 30 object it is due to increased OCHIN cost, which means we should have increased revenue to offset any overages.
- Object 40 Fixed Assets: no budgeted expenditures and no planned costs.
- Object 60 Internal Charges/Allocated Costs: Projecting budgeted amount.
- Object 59 and 69 Inter/Intrafund Reimbursements: Realignment funding and funding from other County departments paying for Clinics services.
- Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes.
 - Medi-Cal revenue is currently at \$7.47M through Sept'25. Our budgeted amount for FY 25/26 is \$22.3M.
 - Medi-Cal revenue from 7/1/24 – 9/30/25 was \$5.4M.
 - Increase of \$2M in revenue compared to last FY
 - Increased our interim rate to \$347.29, was \$302.
 - This will increase our FQHC's short term cash flow, which should be helpful for the upcoming lean years.
 - Grants are on track.
 - Nothing out of the normal on grants. HRSA HIV grant is being rolled into our main HRSA Homeless grant. RHAP is continuing and we received the award letter from CDPH.

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	1,711,602.00	539,278.51	382,268.58			921,547.09	790,054.91	-	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	443,750.00	75,817.92	124,852.70	61,564.39	73,965.76	336,200.77	107,549.23	-	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 CDPH 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 CDPH 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 CDPH Grant	A19453
RHAP (GY 24/25)	10/1/2024	9/30/2025	3,177,903.45	649,679.71	635,984.17	588,391.32	517,268.08	2,391,323.28	786,580.17	-	RHAP CDPH Grant	A19453
RHAP (GY 25/26)	10/1/2025	9/30/2026	1,855,495.01						1,855,495.01	-	RHAP CDPH 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 CDPH 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 CDPH 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 CDPH 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 CDPH 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 CDPH 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 CDPH Grant	A19469
PY Spent												
County ARPA (H-4)	1/1/2022	12/31/2024	2,701,919.00	1,720,610.77	Total Claimed County FY24/25:			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
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	9/30/2025	619,603.00	-	-	-	-	-	455,035.17	-	HRSA Infrastructure Support	A18564

HRSA Project Director Updates

November 21, 2025 CAB Meeting

The Sacramento County Health Center (SCHC) continues with our management initiatives, grant applications, and improving patient care and access. We have made significant strides in strengthening our leadership team and aligning all projects with our core goals: achieving financial self-sufficiency, delivering high-quality care, and ensuring accountability, clarity, and efficiency.

We have had to make adjustments throughout the 2025 year, but we continue to be successful. Our initiatives to streamline, cross train and improve staff moral have been successful. We will continue to focus to improve the way we care for our patients.

The management team has submitted the Service Area Competition (SAC) Grant. We are delighted that it was submitted early and has passed its initial review with HRSA. We hope to hear more from HRSA soon.

Leadership and Management

We are thrilled to have Jane Murphy joining our management team as our new Health Program Manager. Jane has management experience and a proven track record in strategic and operational leadership. She has successfully led the development and implementation of national and local healthcare policy and introduced innovative patient care pathways that have positively impacted patients. Jane's expertise includes healthcare operations, patient safety, risk management, process improvement, financial optimization and cross-sector collaboration. Jane has an MBA in Healthcare Management and is known for her collaborative leadership style and commitment to delivering quality services.

The efforts to fill the Division Manager position continue. There are several strong candidates that are being vetted for the position.

Our management team strategic focus remains on Fiscal Self-Sufficiency, providing Quality Care, and fostering a supportive and collaborative culture. We are currently working to ensure that we have the infrastructure to continue to be successful.

Grants and Financials

The SCHC team has submitted the Service Area Competition (SAC) Grant to the Health Resources and Services Administration (HRSA). Currently, SCHC has passed the initial review and we are anxiously awaiting a response, since this grant gives our status as a Federally Qualified Healthcare Center (FQHC). Recognition to Emily, Adam and the admin team for the final push to get us to the finish line.

HRSA Project Director Updates

November 21, 2025 CAB Meeting

We continue to collaborate with the Health Resources and Services Administration (HRSA) on our submission for the Request for Information (RFI) regarding the School-Based Health Center program. We were notified on Monday, November 17th the following from HRSA: “All issues have been sufficiently addressed. You can proceed with formally resubmitting the RFI in the EHBs.”

Kudos to Michelle and the entire SCHC team, and our Sacramento County Office of Education (SCOE) partners for working diligently over the last month to submit the RFI information well before the December 1st deadline. The work continues.

Refugee Health Assessments

We have received approval from the Department of Public Health for continued refugee health assessments for the 25/26 Federal Fiscal Year. While the estimated number of refugees is 3,400, this seems to be a high estimate.

Now that the government shutdown is complete, we are hopeful they will be providing us with additional information soon. The number of refugees who come into the country is based upon the presidential determination, which is a collaboration between the president and Congress. Depending on the number of refugees we expect, we will continue to pivot and be flexible to ensure as much stability for the clinic as possible.

Expanding Patient Access and Care

SCHC Management is excited to continue to increase our team of Sacramento County Providers. We are currently onboarding a new pediatrician, Dr. Para, to our team of providers. Dr. Para is a highly recommended pediatrician with a wealth of knowledge. She is employed directly through Sacramento County as an On-Call physician. Additionally, we have hired Jon LaFreniere as on-call Nurse Practitioner. He comes to us with a great deal of knowledge from the Adult Correctional Health service line and has a vast interest in mobile medicine. We are excited to have him aboard our team.

We have also made huge strides in our referrals team. In January 2025, the time it took from creation to close in adult medicine was 59.8 days. Our most recent stats in October of 2025 the average time in adult medicine is now 8.24 days. Pediatric referrals have also had a significant reduction and has reduced from 95 days to 7.2 days. These improvements have been done with the same number of staff and are a wonderful success story of our management team's hard work, improving morale, productivity and infrastructure, which support our staff in being successful.

SCHC Medical Director Updates

November 21, 2025 CAB Meeting

Key Points:

The Office of the SCHC Medical Director is currently focused on aligning clinical productivity, regulatory compliance, and organizational sustainability. Key progress includes provider onboarding, scheduling optimization, workflow standardization, and program development. Strategic priorities are being phased in, more details on the timelines and measurable goals will be discussed in our December 2025's CAB meeting.

1. Stakeholder Engagement & Strategic Prioritization

- **Increasing high quality patients' care accesses:** Already seen some improvement in the number of patients seen per FTE clinicians, by:
 - **Priority Mapping:** *Established core priorities and developed phased timelines for implementation*
 - Education: productivity with all clinical leaders have been discussed, as well as regulation from HRSA, CDHP, and Health Plan to understand changes are needed.
 - On board: 1 MD who is already working on Pediatric template note that will help our quality metrics, workflows to improve processes and access. Dr Para will start seeing patients in pediatrics in 2026. Another volunteer Med Ped specialist MD will start on Dec 1st by doing pediatric well checks every 20 minutes in the 4 hours she will be here every week of Dec; 2026 schedule to be determined depending on needs.
 - NP
 - Data collection: discussion of productivity with clinical leads to understand needed changes.
 - Mapping:
 - Schedule changes: Removing blocks from provider schedules (understanding contract agreements)
 - On-going OCHIN and providers schedule templates: to improved documentation and access to care
- **Project Management:** Coordinating initiatives focused on access and quality improvement, including:
 - **Room Utilization & Staffing Alignment:** mapped all exams rooms and providers schedules. Now working on MA, Nurse, Call center ratio and alignment

SCHC Medical Director Updates

November 21, 2025 CAB Meeting

- o Working on growth proposal to support future needs for Sacramento County's indigent medical needs.
- o **Workflow Standardization:** reviewing P&P, and workflows. Planning OCHIN set-up changes to optimized above initiatives.
- o

2. Organizational Structure & Sustainability

- **Structural Review:** Evaluating long-term organizational alignment to support growth and sustainability.
- **Staff Optimization:** Analysis of the work each employee performs and how to support with the current staff areas in need.

3. Implementation of Change

- **Project Planning:** Aligning priority initiatives with our mission, vision, and values through structured project management.
- **Culture & Communication:**
-
- **4. Policies, Procedures & Workflow Alignment**
- **Job Duty Review:** Beginning with county job descriptions to ensure staff are informed and aligned.
- **Workflow Updates:** Revising workflows to comply with California regulations and union expectations, minimizing disruption and concerns.
- **Policy Development:** Prioritizing updates to scheduling, time-off requests, and template protocols. Goal: All policies and workflows revised and aligned by December 2026.
- **Medical Readiness:** Preparing for upcoming Medicaid-Medicare changes by optimizing access, and resources in aligning with Sacramento County initiatives.

5. Program Development

- **Same Day-Refugee Program Launch:** Initiated a hybrid model offering same-day services. Lessons learned will help with future program rollouts.
- **Jail Discharge Support:** Collaborating with County Jail to support individuals post-release—starting with MAT (Medication-Assisted Treatment) participants. Goal: Reduce overdose deaths and establish a medical home for vulnerable populations.

6. Scheduling Optimization

- **Template Review:** Refining scheduling templates to better reflect clinician and clinic needs.
- **Schedule Expansion:** Achieved consistent schedule openings for over two months; progressing toward 90-day visibility, with a target of six months by June 2026.
- **Centralized Scheduling:** Implemented "Provider Scheduling" email system to streamline time-off requests and optimizing the process for urgent changes.

SCHC Medical Director Updates

November 21, 2025 CAB Meeting

7. Communication & Contracts

- **Internal Communication:** Strengthening cross-team communication through structured monthly blocks for training, updates, and feedback exchange.
- **Contract Finalization:** Advancing updates to the 2025–2026 UCD clinician contract to enhance access and align with strategic goals.

Attendees: Clinical Leaders, HRSA, CDHP, Health Plan Representatives, Provider Team

1. Stakeholder Engagement & Strategic Prioritization

Education & Regulatory Review

- Clinical leaders discussed productivity expectations.
- Reviewed HRSA, CDHP, UCD contract agreements, State Laws, and Health Plan regulations to identify required changes.

Expanding County Providers

- **Medical Doctors:**
 - Dr Para (On-call) was on-board last week. She is developing pediatric template notes with our UCD Pediatric Lead (Dr Ratanasen), to improve quality metrics. Dr. Para is scheduled to begin caring for pediatric patients in January 2026.
 - Dr Stanley (volunteer), Med-Ped specialist will be on-board on December 1, 2025, and will conduct pediatric well checks every 20 minutes during a weekly 4-hour clinic for the month of December. Future 2026 scheduling will be determined based on patient needs.
 - Dr Manaloto (Registry) she has been with us for more than 1 year providing SDA care only. This week, she expanded her hours in the clinic and is now growing her panel as a new primary care clinician in Adult Medicine.
- **Nurse Practitioner:**
 - NP LaFreniere (on-call) onboarded and providing same-day access (SDA), street medicine, and MAT care.

Data Collection

- Ongoing discussions with clinical leads to evaluate productivity and identify workflow changes.

2. Increasing Access to High-Quality Patient Care

- **Priority Mapping:** Core priorities established with phased timelines.
- **Schedule Optimization:** Removed unnecessary blocks from provider schedules, aligned with contract agreements.

SCHC Medical Director Updates

November 21, 2025 CAB Meeting

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- **OCHIN Integration:** On-going work to improve provider schedule templates for documentation and patient access.
 - **Project Management:** Coordinating initiatives focused on access and quality improvement.
 - **Room Utilization & Staffing Alignment:** Exam rooms mapped; optimizing Clinician-MA–Nurse–Call Center ratios.
 - **Growth Proposal:** Drafting plan to support upcoming Sacramento County’s indigent medical needs.
 - **Workflow Standardization:** Reviewing policies and procedures; planning OCHIN setup changes.

3. Organizational Structure & Sustainability

- **Structural Review:** Evaluating long-term organizational alignment for growth and sustainability.
- **Staff Optimization:** Analyzing employee workloads and identifying areas requiring support.

4. Implementation of Change

- **Project Planning:** Aligning initiatives with mission, vision, and values.
- **Culture & Communication:** Strengthening transparency, collaboration, and accountability.

5. Policies, Procedures & Workflow Alignment

- **Job Duty Review:** Clarifying county job descriptions for accountability and alignment.
- **Workflow Updates:** Revising workflows to comply with California regulations and union expectations.
- **Policy Development:** Updating scheduling, time-off requests, and template protocols.
 - **Goal:** All policies and workflows revised by **December 2026**.
- **Medical Readiness:** Preparing for Medicaid–Medicare changes in alignment with SCHC goals, and initiatives.

6. Program Development

- **Jail Discharge Support:** Collaboration with County Jail to support post-release individuals, beginning with MAT participants is in progress.
 - **Goal:** Reduce overdose deaths and establish medical homes for vulnerable populations.

7. Scheduling Optimization

- **Template Review:** Refining scheduling templates to reflect clinician and clinic needs.
- **Schedule Expansion:** Achieved consistent openings for 90-day, with a new target of six months by end of December 2025 (prior goal set was overachieved).

SCHC Medical Director Updates

November 21, 2025 CAB Meeting

- **Centralized Scheduling:** Implemented “Provider Scheduling” email system to streamline time-off requests and urgent changes. Goal achieved.

8. Communication & Contracts

- **Internal Communication:** Monthly structured blocks for training, updates, and feedback exchange working well. We decreased unnecessary patient access blocks. Positive feedback from clinicians and staff in regards the structure and context of the meetings.
- **Contract Finalization:** Advancing updates to the **2025–2026 UCD clinician contract** to enhance access and align with strategic goals.

SCHC Patient Satisfaction Survey August 2025

Question	Facility	Responses		
Access to Care		Good/Very Good		
Able to get appointment for checkups	Agg Data	92%		
	SCHC	89%		
Convenient hours of operation	Agg Data	94%		
	SCHC	92%		
Able to make same-day appointment when sick or hurt	Agg Data	69%		
	SCHC	58%		
Phone calls get through easily	Agg Data	86%		
	SCHC	78%		
Calls quickly returned	Agg Data	78%		
	SCHC	68%		
Facility		Good/Very Good		
Neat, clean and comfortable building	Agg Data	97%		
	SCHC	92%		
		Excellent/ Good	Fair/Poor	Not Applicable
Handicap accessibility	Agg Data	73%	3%	24%
	SCHC	75%	5%	20%
Reception		Good/Very Good		
Friendly and helpful to you	Agg Data	96%		
	SCHC	97%		
Nurses and Medical Assistants		Good/Very Good		
Listens to you	Agg Data	97%		
	SCHC	99%		
Friendly and helpful to you	Agg Data	97%		
	SCHC	99%		
Answers your questions	Agg Data	97%		
	SCHC	98%		
Question				
Medical Physicians		Excellent/ Good	Fair/Poor	NA
Listens to you	Agg Data	97%	3%	
	SCHC	98%	2%	
Answers your questions	Agg Data	97%	3%	
	SCHC	98%	2%	
Friendly and helpful to you	Agg Data	97%	3%	
	SCHC	98%	2%	
Spends enough time with you	Agg Data	96%	4%	
	SCHC	94%	6%	
Considers your personal or family beliefs	Agg Data	96%	4%	
	SCHC	96%	4%	
Gives you good advice and treatment	Agg Data	97%	3%	
	SCHC	97%	3%	
General		YES	NO	NA

SCHC Patient Satisfaction Survey August 2025

Question	Facility	Responses		
Do you see the same provider for most of your medical visits at this clinic?	Agg Data	86%	14%	
	SCHC	76%	24%	
Would you send your friends and family to us?	Agg Data	97%	3%	
	SCHC	97%	3%	
		Very Good/ Good	Fair/Poor	NA
How would you rate your overall experience with this visit?	Agg Data	97%	3%	
	SCHC	97%	3%	

Summary of Patient Grievances Quarter 2 and Quarter 3 (April to September), 2025

Grievances (from Health Plans or Independent Practitioner Organizations)

Category	Description	Examples	Number
Level I	Access challenges	Provider does not answer calls and is no longer at SCHC, difficulty with appointments not being available, compliant about type of wheelchair approved by insurance. Patient reports feeling “neglected by pcp”	7
Level II	Disrespectful behavior or failure to follow clinical, operational or fiscal P&P; delay in care	Difficult to schedule with PCP, Requests to see different PCP, Upset with comment made by nurse, long wait time for referral, needing prescription urgently.	14
Level III	Issues impacting patient safety, violating privacy laws, and/or involving possible litigation	Patient being given the incorrect medications, patient claims data was stolen and contamination of blood samples, patient received vaccination when they were not due for one.	3



DEPARTMENT OF HEALTH SERVICES
Sacramento County Health Center

Strategic Plan Project Update

* November 21, 2025

Executive Summary:

The Sacramento County Health Center team has made significant strides in achieving our strategic priorities of increasing access to care and promoting economic sustainability. To meet these goals, we have adapted our strategies over time, resulting in improved outcomes across multiple areas. Despite challenges over the past two years, the Health Center continues to demonstrate measurable progress and resilience.

One of our most notable achievements is our financial performance. While initial projections anticipated drawing over \$6 million during fiscal year 2024–2025, we ultimately returned \$4,342,192 to the General Fund—reflecting strong fiscal responsibility and operational efficiency.

In terms of access to care, we have successfully increased the number of patient encounters, despite significant reductions in the refugee program. SCHC has also reduced no-show rates, increased completed visits, and shortened referral wait times for specialty services. These improvements reflect our commitment to delivering timely, patient-centered care while maintaining a sustainable and efficient health system.

Priority 1: Increase Access to Care

Goal 1: Increase access to health care services

Strategy 1: Bring services to patients – where patients already spend time (e.g., school-based services, visits to encampments, other use of mobile van, mail delivery of pharmaceuticals, mobile pharmacy services [when regulations allow]).

Result: We successfully expanded our school-based mental health programs from 18 to 32 sites, significantly increasing access for youth in educational settings. Several of the strategies outlined—such as mobile services and outreach to encampments—are expected to further enhance access by meeting individuals where they are. However, these approaches may impact overall productivity and could present challenges to maintaining performance in Priority 2 areas. Ongoing evaluation will help balance expanded access with operational efficiency.

Priority 1: Increase Access to Care

Goal 1: Increase access to health care services

Strategy 2: Maximize clinical space by means such as increasing use of telehealth services, co-locating services within other entities' spaces (e.g., University of Pacific, UCD School of Nursing mobile van), and identifying new space.

Result: We expanded clinical capacity by adding five new exam rooms across 2024 and 2025—three in the 1500 area and two in the 2100 area—enhancing our ability to serve more patients on-site. To support the growth of telehealth services, we equipped multiple spaces with the necessary technology and infrastructure. Additionally, we have revised office space assignments to prioritize clinical use and continue to explore co-location opportunities and new space options to further increase access to care. We continue to assess ways to increase clinical space.

Priority 1: Increase Access to Care

Goal 1: Increase access to health care services

Strategy 3: Develop a coordinated care team approach with everyone working at the top of their scope of practice (i.e., what the certification or license allows) to reduce the burden on providers so they can see more patients per unit of time.

Result: We have carefully analyzed provider productivity and implemented changes to reduce non-clinical burdens, such as minimizing unnecessary meetings and removing barriers that previously limited appointment availability. These efforts have resulted in an increase in the number of patient appointments scheduled per provider. Additionally, we have leveraged technology to make it easier for patients to cancel appointments, which has opened up more time slots for others to be scheduled. As we continue to refine productivity expectations and support staff in working at the top of their scope, we aim to further optimize care delivery and improve access for patients.

Priority 1: Increase Access to Care

Goal 1: Increase access to health care services

Strategy 4: Train providers and staff from a patient perspective to improve patient-centered care.

Result: Focusing on the patient perspective is a culture shift, not a specific training. This comes from increasing staff morale, customer service expectations and messaging to our staff about our priorities, our vision, mission, and values. This is currently being addressed by the way that staff observe management on the floor, working to improve patient care, reiterating the importance, celebrating our patient success, and making these values an important part of our daily activities.

Priority 1: Increase Access to Care

Goal 2 Increase access to enabling and navigation services to overcome social determinants of health (SDOH, i.e., societal and environmental factors that affect people's health and access to care)

Strategy 1: Develop coordinated wrap-around services (e.g., increase the number of Public Health Aides/ Community Health Workers - CHWs and other staff) within SCHC to provide care coordination, case management, and navigation services.

Result: Updating and adding new job classifications for Community Health Workers has not been an obtainable goal. We have successfully coordinated with Community Health Works and increased their visibility to ensure that patients have more access to case management and wrap around services.

Priority 1: Increase Access to Care

Goal 2 Increase access to enabling and navigation services to overcome social determinants of health (SDOH, i.e., societal and environmental factors that affect people's health and access to care)

Strategy 2: Develop streamlined workflows to coordinate with other organizations providing wrap around services; develop referral pathways and methods to track what services patients are receiving. Where possible, identify and enable electronic systems to facilitate two-way communication to coordinate services. (what happens to the referral)

Result: We have significantly improved the referral process by streamlining workflows and building the necessary infrastructure to support coordination with external service providers. Standardized templates were implemented to ensure providers include all required information, enabling faster and more accurate referral processing. Staff received enhanced training, and a centralized referral database was developed to track and manage referrals more effectively. As a result, the average time from referral creation to closure in Adult Medicine dropped from 59.8 days in January 2025 to just 8.2 days in October 2025—a substantial improvement in service coordination and patient access to enabling services.

Priority 2: Promote Economic Sustainability

Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.

Strategy 1: Complete due diligence and implement technologies that increase efficiency, e.g., reducing staff workload and increasing patient control, on-demand appointments, self-scheduling, check-in kiosks, exam room TVs for education, robust use of Artera (patient communication system), and on-hold messaging.

Result: We have expanded the use of Artera across the health center to enhance patient communication, including automated appointment reminders, streamlined scheduling, and simplified referral messaging. These improvements have reduced staff workload and increased patient engagement. Patients can now cancel appointments automatically, freeing up slots for others and improving scheduling efficiency. We also launched our Same Day Appointment scheduling initiative and installed a check-in kiosk in the Adult Medicine lobby to reduce wait times and improve flow. Additional kiosks are planned and pending electrical installation. These efforts collectively support greater operational efficiency and patient-centered service delivery.

Priority 2: Promote Economic Sustainability

Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.

Strategy 2: Develop and implement improved Health Center provider and staff training. e.g., onboarding training, training and accountability of Health Center policies and procedures.

Result: We have improved process throughout the health center and streamlined activities. This shows in the data. We used significantly less positions in the last fiscal year but had increased patient encounters.

Priority 2: Promote Economic Sustainability

Goal 1: Increase efficiency through activities including process improvements, staff training, enhanced, and/or updated technologies.

Strategy 3: Research and adopt promising practices and streamline processes, engage in continuous quality improvement practices for Health Centers operations.

Result: We have implemented process improvements and streamlined workflows across the health center, supported by enhanced staff training and clearer accountability around policies and procedures. These efforts have led to measurable gains in efficiency. Despite operating with fewer staff positions in the last fiscal year, we achieved an increase in patient encounters—demonstrating improved productivity and more effective use of resources.

Priority 2: Promote Economic Sustainability

Goal 2: Improve staff retention *to lower costs due to recruitment and new employee training costs and other costs.*

Strategy 1: Develop policies and procedures that increase employee retention and morale, (e.g., flexible and alternative work schedules and telecommuting, continuous learning/growth opportunities to meet employee and/or group needs).

Result: While flexible work schedules were initially thought to support retention, they led to operational challenges, including decreased attendance and lower productivity. The Health Center is an 8:00-5:00 in person clinic, so we also need our staff to be present during those hours to support our patients and our services. In response, we shifted focus to strengthening workplace culture through increased management presence, support, and visibility. We have worked to improve morale by promoting clarity around initiatives, ensuring consistency and equity across service lines, and aligning more closely with standard county policies and practices. These efforts have contributed to a more stable and supportive work environment.

Priority 2: Promote Economic Sustainability

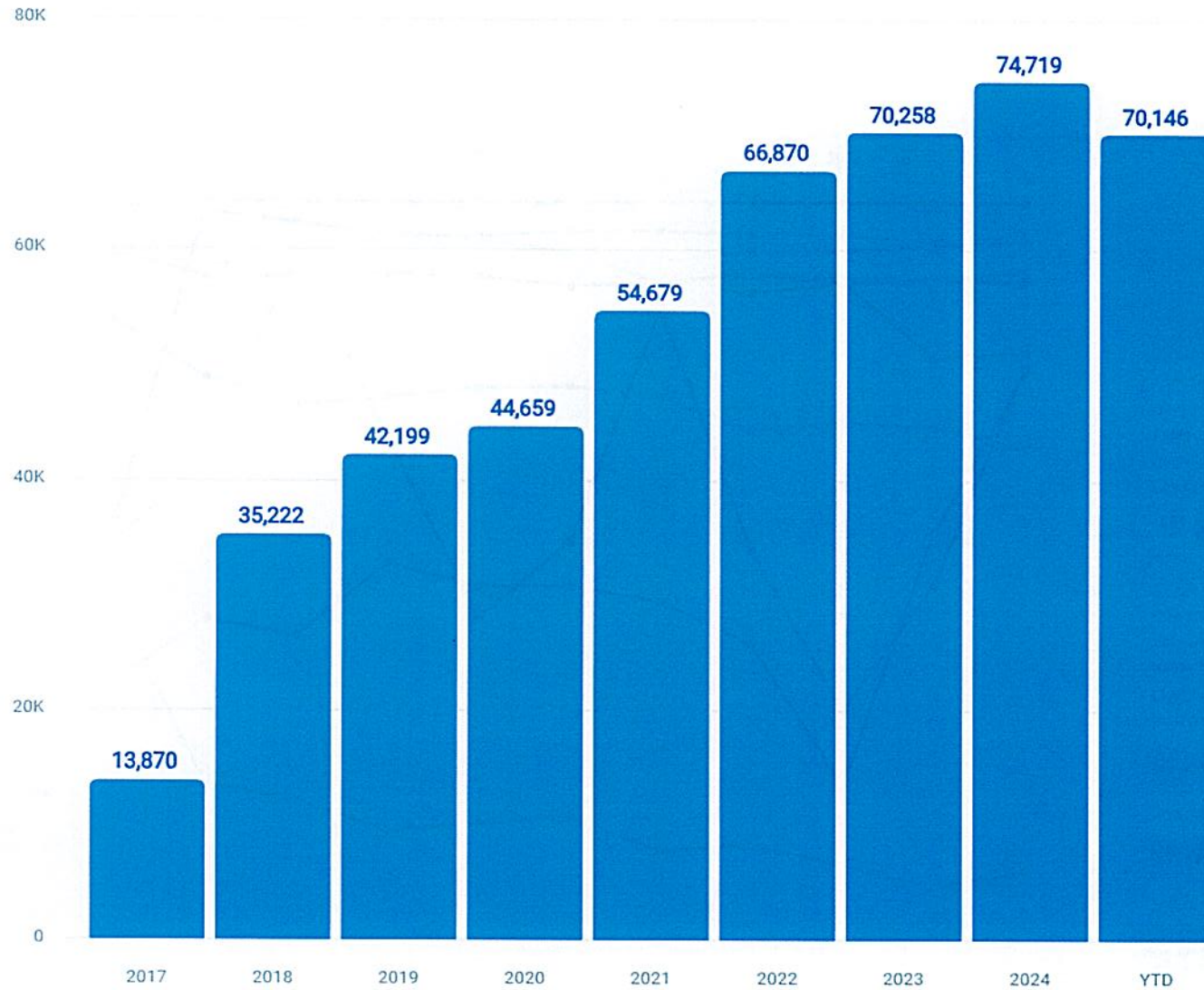
Goal 3: Identify and track funding opportunities (e.g., CalAIM) that align with the Health Center's mission, vision and values.

Strategy 1: Research funding opportunities and secure additional funding.

Result: In the past, pursuing various grant opportunities often led to funding that required additional tasks and staffing, ultimately straining resources. We have since refined our approach by prioritizing funding opportunities that align with our mission and operational capacity. Instead of expanding through unsustainable grants, we focused on streamlining workflows, reducing unnecessary staffing, and improving efficiency. These efforts, combined with increased provider and staff productivity, have resulted in higher revenue and a more sustainable financial model. We will continue to research grants and review opportunities for funding, but not at the cost of operational efficiency.

Number of Visits (PB)

Between 1/1/2017 and 11/20/2025 by year



Population



Base: All Visits (PB)

Slices



No Slices

Measures



Number of Visits (PB)

Dates

Start Date: Jan 1, 2017
End Date: Nov 20, 2025
Based On: Visit Date
Slice By: Year
Compare By: None

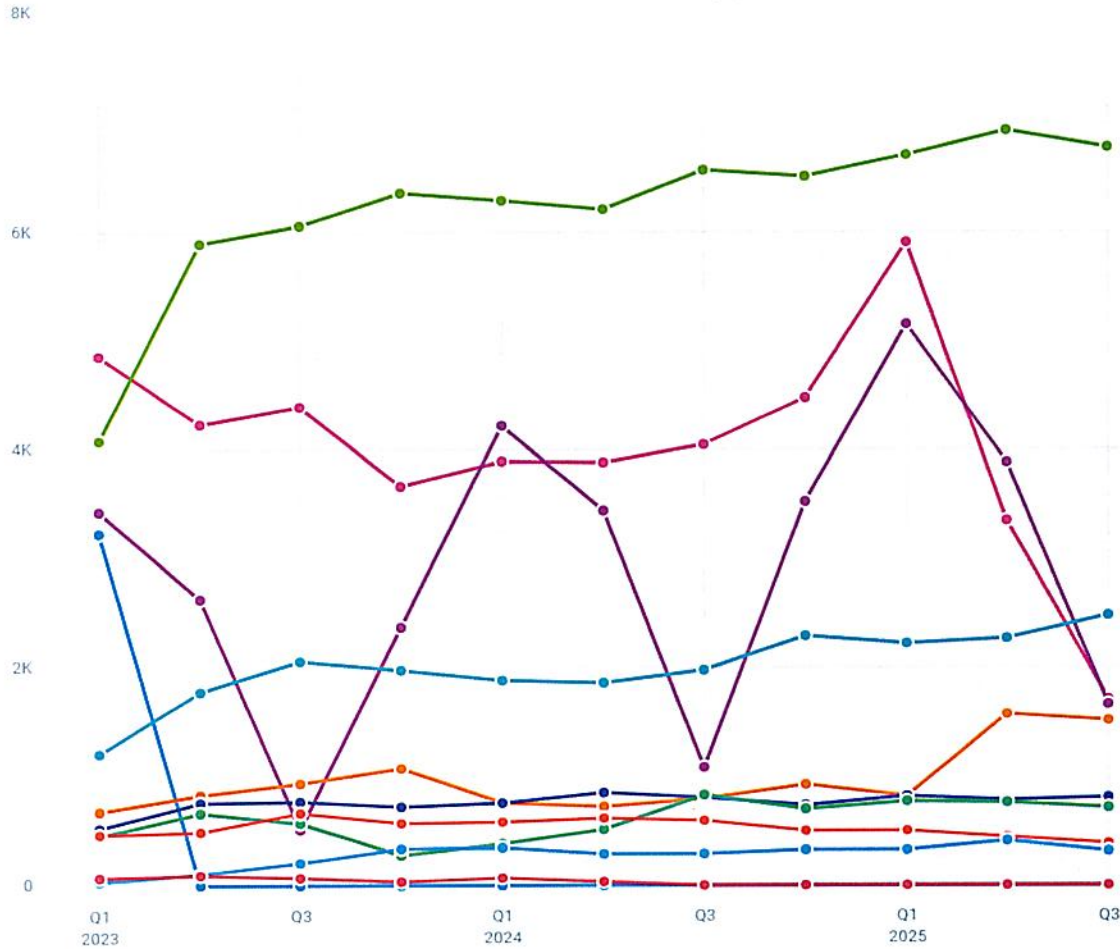
Visual Options

Graph Type:
Bar Color: By Measure
Y-Axis Range: Automatic

* Data pulled on 11/20/25 is incomplete, encounters for November are still pending, and there are 6 weeks left in the year.

Number of Visits (PB) by Departments

Between 1/1/2023 and 9/30/2025 by quarter



Population

Base: All Visits (PB)

Slices

Update top slices?

Top 10 Slices by Departments

Measures

Number of Visits (PB)

Dates

Start Date: Jan 1, 2023
 End Date: Sep 30, 2025
 Based On: Visit Date
 Slice By: Quarter
 Compare By: None

Visual Options

Point Color: Top 10 Slices by De...
 Unavailable Data: Interpolate
 Label Style: No Label
 Goal Style: Line
 Y-Axis Range: Automatic

Slice by Departments

10

Grab Top 10

Grab Bottom 10

Limit Your Slice Results

Current Slices

- ☐ SCHC PRIMARY CARE
- ☐ SCHC REFUGEE SERVICES
- ☐ SCHC ADULT MEDICINE
- ☐ SCHC SCOE
- ☐ SCHC PEDIATRIC MEDICINE
- ☐ SCHC SPECIALTY SERVICES
- ☐ SCHC FAMILY MEDICINE
- ☐ SCHC BH SERVICES
- ☐ SCHC HOMELESS SERVICES
- ☐ SCHC MOBILE SERVICES
- ☒ None of the above

Efficiency

Schedule Utilization

80%



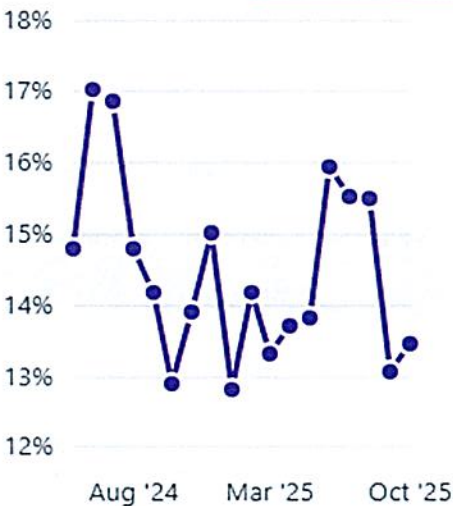
Provider Utilization

65.5%



No-Show

13.5%



Lead Time (New Patients)

18.33



- ☒ Average Lead Time for Service Area New Patients
- ☒ Average Lead Time for Department New Patients
- ☒ Average Lead Time for Provider New Patients

Lead Time (Return Patients)

19.25



- ☒ Average Lead Time for Service Area Return Patients
- ☒ Average Lead Time for Department Return Patients
- ☒ Average Lead Time for Provider Return Patients

Executive Overview Metrics

No-Show Rate % Sacramento County Health Center

Sacramento County Health Center			May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Dental			14.9%	17.0%	16.9%	14.8%	14.3%	12.9%	14.0%	15.2%	12.9%	14.3%	13.3%	13.7%	13.8%	15.9%	15.5%	15.5%	13.0%	13.5%
Family Practice			38.9%	12.5%	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Internal Medicine			11.1%	12.6%	12.2%	11.6%	12.2%	11.4%	9.9%	12.0%	9.7%	14.6%	13.6%	13.4%	13.6%	10.3%	6.8%	7.2%	7.1%	9.7%
Mental Health			19.9%	18.6%	18.9%	17.5%	17.7%	17.5%	18.9%	20.5%	16.9%	18.0%	16.8%	17.2%	18.2%	17.9%	17.1%	17.6%	16.5%	17.7%
Other			9.0%	21.4%	32.8%	18.6%	11.0%	8.5%	10.5%	9.6%	9.7%	8.8%	9.2%	9.7%	9.5%	17.6%	28.1%	17.2%	7.6%	6.9%
Pediatrics			10.0%	8.1%	8.3%	4.6%	5.1%	6.1%	11.9%	14.8%	9.0%	10.3%	8.1%	6.0%	8.3%	7.8%	7.3%	9.2%	9.0%	9.0%
Specialist Services			23.5%	23.9%	22.3%	18.5%	19.2%	15.4%	17.5%	20.3%	18.9%	21.0%	18.8%	20.3%	18.0%	21.0%	21.6%	20.3%	19.7%	19.8%
			13.0%	14.9%	8.2%	9.4%	9.1%	8.3%	9.6%	11.2%	11.4%	11.3%	10.1%	9.5%	8.5%	11.7%	9.8%	11.9%	13.2%	15.6%

January 2025

Detail List Explore Average Days Elapsed

Average Days Elapsed for Status Change													
Referred by Dep...	Create to Open	Create to Authori...	Create to Pendin...	Pending Review t...	Pending Review t...	Authorized to Open	Authorized to Clo...	Authorized to Ca...	Open to Closed	Open to Canceled	Pending Review t...	Create to Incompl...	Create to Closed
SCHC ADULT M...	27.35	61.58	37.18	15.17	13.32	9.82	7.57	63.75	40.46	23.75	13.25	15.8	59.8
SCHC BH SERVI...	—	36	33	3	—	—	15	—	—	—	—	12	10
SCHC FAMILY M...	28.38	52.52	35.53	17.05	19	97	13.26	—	31.54	—	15	7	57.16
SCHC HOMELE...	17.5	67.67	64.5	10	—	7	8.33	—	71.5	—	—	—	76
SCHC PEDIATRI...	15.57	62.72	47.86	14.97	9.25	—	36.61	38	112.66	—	7	—	95.19
SCHC PRIMARY...	3	61	25	14	—	—	9	—	6.5	19	—	—	54
SCHC REFUGE...	16	5	16	—	—	—	14	—	147	—	—	—	60
SCHC SPECIAL...	17.2	67.11	27.09	31.57	4.5	—	3.67	—	44.2	—	—	12	64.28

October 2025

Average Days Elapsed for Status Change													
Referred by Dep...	Create to Open	Create to Authori...	Create to Pendin...	Pending Review t...	Pending Review t...	Authorized to Open	Authorized to Clo...	Authorized to Ca...	Open to Closed	Open to Canceled	Pending Review t...	Create to Incompl...	Create to Closed
SA174 NOT FOR...	—	2	2.5	1	—	—	1	—	—	—	—	—	2.33
SCHC ADULT M...	5.23	12.8	6.87	7.56	3.11	2.5	3.74	5	7.37	11.5	—	5	8.24
SCHC BH SERVI...	—	—	—	—	—	—	—	—	—	—	—	—	0
SCHC FAMILY M...	4.67	13	6.27	5.5	—	—	4.67	—	6.67	—	—	—	9.26
SCHC HOMELE...	—	—	—	—	—	—	—	—	—	—	—	—	2
SCHC MOBILE S...	0	—	—	—	—	—	—	—	1	—	—	—	0.33
SCHC PEDIATRI...	—	7	1.64	6.83	—	—	3.2	—	—	—	—	—	7.12
SCHC PRIMARY...	—	—	—	—	—	—	—	—	—	—	—	—	—
SCHC REFUGE...	—	—	—	—	—	—	—	—	—	—	—	—	0.25
SCHC SPECIAL...	—	11.75	2.63	10.5	—	—	7.25	—	—	—	—	—	6.9

Appointment Reach Summary

8618

Total Appointments

5,019

Appointments Reached

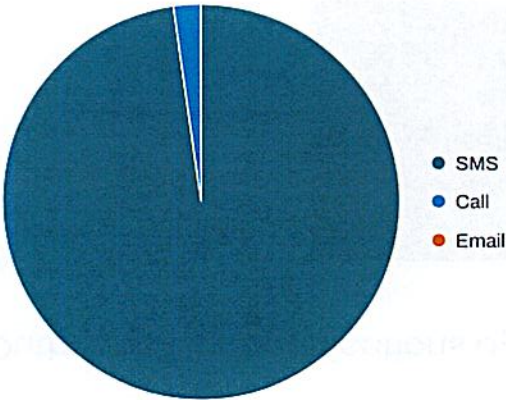
68.21%

Response Rate

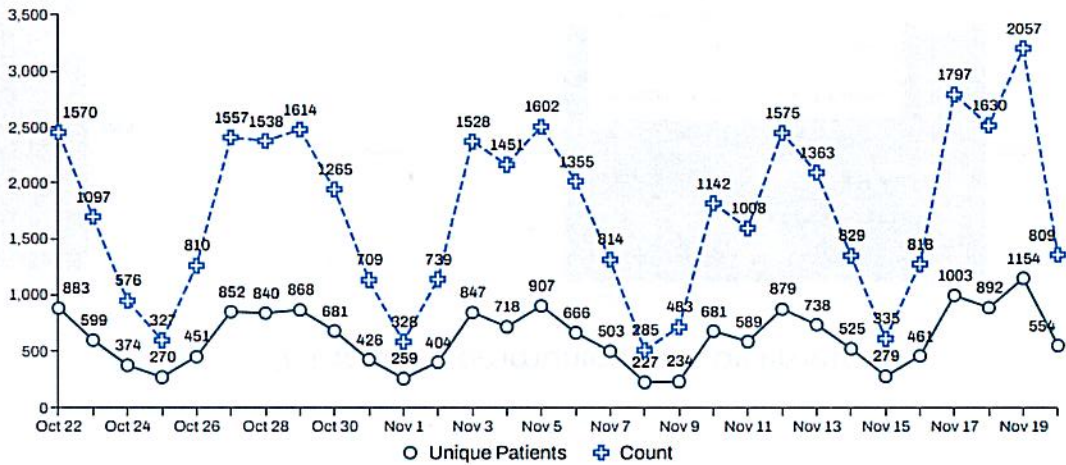
61.62%

Confirmation Rate

Communications by Type



Patients Reached vs. Communications Sent



Communication Summary

32,992

Total Outbound Communications

628

Total Failed Communications

98.85%

Communication Delivery Rate

68.21%

Response Rate

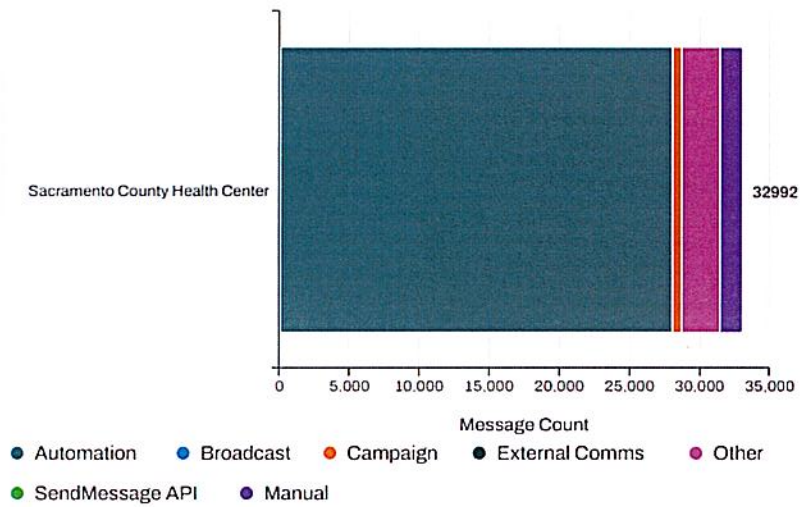
61.62%

Confirmation Rate

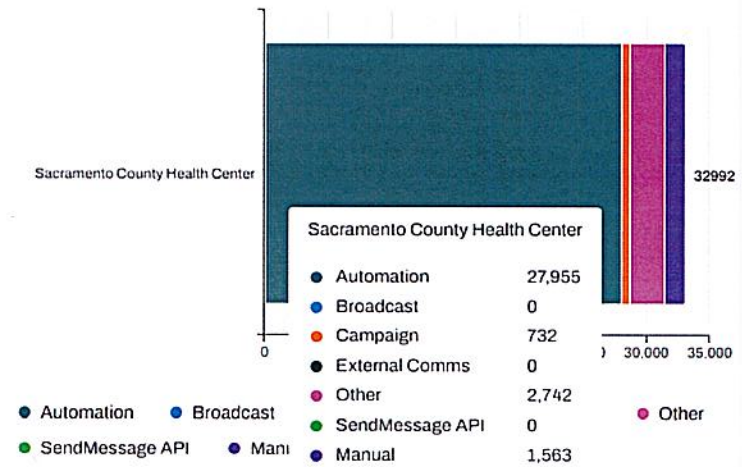
5,019

Appointments Reached

Outbound Communications by Practice



Outbound Communications by Practice



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

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

Regular Meeting Minutes

4600 Broadway, Community Room 2020, Sacramento, CA

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 (9:37 AM)

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

a. Roll Call and Welcome

PRESENT

Eunice Bridges -Member	Noel Vargas – Deputy Director of DHS -
Laurine Bohamera – Vice Chair	Michelle Besse – Interim Division Mngr
Jan Winbigler - Member	Christina Delgado – Health Program Manager
Ricki Townsend – Member	Heather Vierra – Site Director
Dedra Russell - Member	Belinda Brent – UCD Consultant
Vince Gallo - Member	Cortney Maslyn – Deputy Director of Human Services
Ona Okoro-Van Romondt - Member	Corina Gonzalez - Chief Medical Officer
	Adam Prekeges - Admin Srvs Officer II
	Aliah Martin – Senior Office Assistant

Announcements:

INFORMATION ITEMS

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

Please see handouts for detailed summary.

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

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

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

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

Corina Gozalez asked what happens with children?

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

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

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

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

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

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

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

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

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

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

Budget Updates Presented by Adam Prekeges

HRSA Project Budget Summary

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

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

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

County Budget Summary and Significant Variances

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

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

HRSA Project Director Updates presented by Noel Vargas

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

Medical Director Report presented by Dr. Corina Gonzalez

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

Huge cultural changes need planning to shift.

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

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

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

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

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

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

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

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

Ricki Townsend asked how missed vaccines are being tracked.

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

Project Director Performance Evaluation presented by Jan Winbigler

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

CAB Chair & Co-Chair Nominations

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

CAB Member Reappointments

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

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

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

ACTION ITEMS	
<u>*Ricki Townsend Moved to Approve the drafted September 19, 2025, CAB Meeting Minutes.</u> <u>*Vince Gallo Seconded the Motion to Approve the drafted September 19, 2025, CAB Meeting Minutes.</u> <u>Yes Votes:</u> Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Dedra Russell, Ona Okoro-Van Romondt, and Vince Gallo <u>No Votes:</u> None <u>Result:</u> Carried	
<u>*Vince Gallo Moved to Approve the CAB Member Re-Appointments of Suhmer Fryer, Eunice Bridges, Laurine Bohamera, and Jan Winbigler.</u> <u>*Ricki Townsend Seconded the Motion to Approve the CAB Member Re-Appointments of Suhmer Fryer, Eunice Bridges, Laurine Bohamera, and Jan Winbigler.</u> <u>Yes Votes:</u> Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Dedra Russell, Ona Okoro-Van Romondt, and Vince Gallo <u>No Votes:</u> None <u>Result:</u> 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 11:31 am.	