

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

Thursday, June 18, 2026, 9:30 a.m.- 11:30 a.m.

Regular CAB Meeting

4600 Broadway, Community Room 2020, Sacramento, CA

Agenda materials can be found at

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

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

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

**CALL TO ORDER (9:30 AM)**

Opening Remarks and Introductions – , *Chair*

- a. Roll Call and Welcome
- b. Brief Announcements
- c. Introduction of Carol Maytum

**INFORMATION ITEMS (9:35 AM)**

1. Budget Updates
2. Project Director Report
  - Discussion of Division Manager Rachel Kay as possible project director
3. Medical Director Report
4. Strategic Planning Workgroup Update and discussion
5. School Based Health Center Sites: Adding an additional three sites bringing to 35 total

6. Service Sites

7. 2026 CAB Member Recruitment Plan

INFORMATION/ACTION ITEMS<sup>1</sup>

BUSINESS ITEM I.

- Vote for new project director
- ✓ Recommended Action: Motion to Approve Division Manager Rachel Kay

BUSINESS ITEM II.

- May 15, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted May 15, 2026, CAB Meeting Minutes

BUSINESS ITEM III.

- April 17, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted April 17, 2026, CAB Meeting Minutes

BUSINESS ITEM IV.

- Expand School Based Mental Health to add three additional sites as part of the School Based Mental Health site expansion project
- ✓ Recommended Action: Motion to Approve

BUSINESS ITEM V.

- 2026 CAB Member Recruitment Plan
- ✓ Recommended Action: Motion to Approve the Proposed 2026 CAB Member Recruitment Plan

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.

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

- 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 (11:30 AM)

## Report Summary

Medi-Cal revenue has been strong in Fiscal Year (FY) 25/26. Sacramento County Health Center increased our interim rate back in July'25. No significant change from last month.

## HRSA Project Budget Summary

- As of 4/30/26 we have claimed \$1,353,070.79 on the HRSA project. We have a remaining balance of \$358,531.21. The final drawdown was completed in May 2026 and will be reflected in next Month's reports.
- 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: Current projection shows we are \$1.39M under budget.
- Object 20 Services/Supplies: Current projection shows we are \$58K under budget.
  - Projection is based upon July'25-Apr'26 actuals and is most accurate projection we have to date. This amount has been lowered due to the re-appropriation of funds to other object levels and the Adult Correctional Health (ACH) program.
- Object 30 Contracts: Current projection shows we are \$387K under budget.
  - Increased OCHIN (Electronic Health Record) costs are pushing us towards our budget. We have been monitoring these throughout the Fiscal Year.
  - Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners programs.
- Object 40 Fixed Assets: Current projection shows we are at budget.
  - New camera system installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is \$35,119.
  - An AAR has been completed to move money from object 20 to cover the increase. The charge will be posted before FY end.
- Object 60 Internal Charges/Allocated Costs: Current projection is \$1.47M under budget.
  - We have an intrafund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.
- Object 59 and 69 Inter/Intrafund Reimbursements: Current projection is \$2M less revenue than budgeted.
  - Realignment was reduced by \$2M in FY 25/26 budget due to the redistribution to the ACH program.
- Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes, which is why expenditure accounts are being watched closely.
  - Documented Medi-Cal revenue is currently \$23.9M. We are projecting to end the FY at \$29M.
    - At same time last FY (July'24-Apr'25) it was \$16.3M.
    - Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now \$359.44.
  - Grants are on track.
    - HRSA HIV grant has been rolled into our main HRSA Homeless grant.
    - Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. Changes will be presented next month.

Period  
Current Month  
Percentage of Year

10  
April  
83%  
FY 25/26  
Budget

Line Item	Budget	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Year End Estimate	Notes
<b>Expenses</b>							
Personnel <i>* 10 - SALARIES AND EMPLOYEE BENEFITS</i>	\$ 14,760,997	\$ 10,341,619	\$ -	\$ 10,341,619	70%	\$ 13,372,852	Holding positions vacant coupled with not utilizing overtime has benefited our 10 object. Year end projection showing to come in under budget.
Services & Supplies <i>* 20 - SERVICES AND SUPPLIES</i>	\$ 19,223,693	\$ 12,832,087	\$ 10,047,644	\$ 22,879,731	119%	\$ 19,165,164	Year-end estimate is close to 99% of budgeted goods and services. Prior projection was 88%. This is due to moving funds to cover other Object levels, along with Primary Health Adult Correctional Health (ACH) transfer. Whole encumbrance will not be spent.
Other Charges <i>* 30 - OTHER CHARGES</i>	\$ 3,033,243	\$ 2,323,205	\$ 85,776	\$ 2,408,981	79%	\$ 2,646,598	Main driver of object 30 is our OCHIN contract. As our revenue goes up, so does our OCHIN contract costs. AAR was processed to move \$600K from object 20 to object 30.
Equipment	\$ 35,119	\$ -	\$ -	\$ -	0%	\$ 35,119.00	New camera system at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Total cost \$35,119. AAR was processed to move \$35,119 from object 20 to object 40. Charge will be completed by year end.
Intrafund Charges (Allocation costs) <i>* 60 - INTRAFUND CHARGES</i>	\$ 5,411,059	\$ 1,580,912	\$ -	\$ 1,580,912	29%	\$ 3,940,362	Allocated and intra-departmental expenses. Pharmaceutical expenses have the largest variance, and are coming in low in Fiscal Year 2025/2026.
<b>Total Expenses</b>	<b>\$ 42,464,111</b>	<b>\$ 27,077,823</b>	<b>\$ 10,133,420</b>	<b>\$ 37,211,243</b>	<b>88%</b>	<b>\$ 39,160,095</b>	
<b>Revenue/Reimbursements</b>							
Inter/Intrafund Reimbursements <i>** REIMBURSEMENT ACCOUNTS</i>	\$ (13,066,421)	\$ (5,372,305)	\$ -	\$ (5,372,305)	41%	\$ (11,064,301)	Realignment and reimbursements for services to other DHS programs. Primary Health Clinics transferred \$2M of realignment to ACH program.
Intergovernmental Revenue <i>* 95 - INTERGOVERNMENTAL REVENUES</i>	\$ (30,574,116)	\$ (23,865,540)	\$ -	\$ (23,865,540)	78%	\$ (28,895,042)	Medi-Cal/Medicare revenue, HRSA & Refugee grants. In July'25 we increased our interim rate with DHCS, which will, and has, increased our short-run cash flow. Our PPS rate also had an MEI (Medicare Economic Index, e.g. COLA for Medicare) increase in Oct'25. New interim rate is \$359.44, AIR rate \$458.13. In March 2026 we had \$3.6M post of Medi-Cal, however, this amount included a prior year recon payment of \$1.5M.
Charges for Services <i>* 96 - CHARGES FOR SERVICES</i>	\$ (7,000)	\$ (2,692)	\$ -	\$ (2,692)	38%	\$ (3,230)	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <i>* 97 - MISCELLANEOUS REVENUE</i>	\$ -	\$ (24,365)	\$ -	\$ (24,365)	N/A	\$ (31,865)	Prior Year Patient Revenue; Outside revenues
<b>Total Revenue/Reimbursements</b>	<b>\$ (43,647,537)</b>	<b>\$ (29,264,902)</b>	<b>\$ -</b>	<b>\$ (29,264,902)</b>	<b>67%</b>	<b>\$ (39,994,438)</b>	

GRAND TOTAL  
(Net County Cost)

\$ (1,183,426) \$ (2,187,079)

\$ (834,343)

County of Sacramento, Primary Health, Clinics Services  
Grant Status Update  
Accounting Period 10

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	431,523.70		1,353,070.79	358,531.21	-	HRSA Main Grant	A18551
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	1,864,841.00	396,720.07				396,720.07	1,468,120.93	-	RHAP CDPH Grant	A19453

County of Sacramento, Primary Health  
Clinics Financial Status Report  
Accounting Period 10

DIVISION	FUND CENTER	CATEGORY	OBJECT	ACCOUNT	GL ACCT NAME	ADJ'D FINAL BUDGET	ACTUALS	ENCUMBRANCES	YEAR-END ESTIMATES	OVER/UNDER BUDGET: Explain projections for the Adjusted Budget. ENCUMBRANCES: Include in projection or explain. Use column S to review. UNBUDGETED EXPENDITURES: Note what was purchased and list the offsetting GL account.
PRI	7201800	Expenditure	10	10111000	S & W - Regular Employees	9,251,251	5,961,246	-	7,677,893.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10112100	S & W - Extra Help	227,211	403,015	-	496,607.00	Overages covered by savings in GL 10111000.
PRI	7201800	Expenditure	10	10112200	S & W - Extra Help in Lieu	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	10	10113100	S & W - Straight Time - OT	-	366	-	366.00	Overages covered by savings in GL 10111000.
PRI	7201800	Expenditure	10	10113200	S & W - Time/One Half - OT	12,402	9,833	-	12,117.00	Not expected to exceed budgeted amount.
PRI	7201800	Expenditure	10	10114100	S & W - Premium Pay	198,698	139,983	-	179,728.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10114200	S & W - Standby Pay	-	2,951	-	-	Intrafund transfer with Pharmacy to cover standby costs. Costs to be transferred, GL will be \$0
PRI	7201800	Expenditure	10	10114300	Allowances	10,000	10,016	-	12,343.00	Overages covered by savings in GL 10111000.
PRI	7201800	Expenditure	10	10115200	Terminal Pay	-	160,484	-	160,484.00	No additional employees anticipated to retire this FY. Overage covered by savings in GL 10111000.
PRI	7201800	Expenditure	10	10115300	Leave Cash Out	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	10	10121000	Retirement - Employer Cost	1,912,012	1,266,501	-	1,591,542.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10121100	1995/2003 POB Debt	-	-	-	-	Allocated Cost
PRI	7201800	Expenditure	10	10121200	2004 POB Debt Svc	800,839	512,833	-	806,046.00	Allocated Cost - \$5,207 added for True-Up. Overages covered by savings in GL 10111000.
PRI	7201800	Expenditure	10	10121300	Retirement Health Savings Plan-Employer Cost	69,550	45,493	-	57,030.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10121400	401A Plan - Employer Cost	57,908	61,774	-	50,732.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10122000	OASDHI - Employer Cost	693,898	449,607	-	576,257.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10123000	Group Ins - Employer Cost	1,774,537	1,053,207	-	1,372,722.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10123001	Cnty EE Plan Select	-	1,418	-	1,747.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10123002	Dental Plan Er Cost	-	96,850	-	119,341.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10123003	Life Ins - Employer Cost	-	840	-	1,035.00	Calculated out YE projection based on actuals and vacancies.
PRI	7201800	Expenditure	10	10123004	Vision Ins - Employer Cost	-	926	-	1,141.00	Budgeted in 10123000
PRI	7201800	Expenditure	10	10123005	EAP	-	2,459	-	3,030.00	Budgeted in 10123000
PRI	7201800	Expenditure	10	10124000	Work Comp Ins - Employer Cost	252,691	161,815	-	252,691.00	Allocated Cost
PRI	7201800	Expenditure	10	10125000	SUI Ins - Employer Cost	-	-	-	-	Allocated Cost
PRI	7201800	Expenditure	10	10199900	Salary Savings Account	(500,000)	-	-	-	
<b>SALARIES AND EMPLOYEE</b>										
			<b>Object 10</b>		<b>Total</b>	<b>14,760,997</b>	<b>10,341,619</b>	<b>-</b>	<b>13,372,852.00</b>	
PRI	7201800	Expenditure	20	20200500	Advertising/Legal Notices	1,500	30,861	-	31,000.00	Actuals + SacBee invoices. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20202200	Books/Periodical Supply	2,500	1,852	-	1,852.00	ClearTriage Annual subscription - no additional expenses anticipated
PRI	7201800	Expenditure	20	20202300	Audio-Video	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20202400	PERIODICAL/SUBSCRIPT	-	3,430	-	3,430.00	UpToDate annual contract cost, do not expect more. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20202900	Bus/Conference Expense	1,200	1,195	-	1,195.00	Actuals show \$1,195 for Nursing Leadership Summit happened in Oct'25. No additional expenses anticipated.
PRI	7201800	Expenditure	20	20203100	Business Travel	3,000	1,732	-	1,732.00	Do not expect more business travel.
PRI	7201800	Expenditure	20	20203500	Education & Training Service	5,000	5,781	-	5,781.00	CPR and certifications here. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20203600	Education & Training Supplies	1,000	370	-	370.00	Do not expect more education supplies. The expenses posted here were covered by HIV grant in GL, 95958900.
PRI	7201800	Expenditure	20	20203700	Tuition Reimbursement For Employees	3,000	4,104	-	4,924.00	Over budget due to number of employees receiving tuition reimbursement. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20203800	Employee Recognition	2,000	-	-	-	no expenses anticipated in main GL. All expenses recognized in subaccounts.
PRI	7201800	Expenditure	20	20203801	Recognition Items Employee	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20203804	Workplace Amenity	-	1,798	-	2,158.00	Budgeted above in 20203800. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20203900	Employee Transportation	2,500	1,298	-	1,558.00	Was set at budgeted amount as we will have one of our staff do 32 site visits later this FY for a contractor, plus current employee travel, however the site visits will not occur until next FY.
PRI	7201800	Expenditure	20	20204100	Expend Office Equip	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20204500	Freight/Express/Cartage	20,000	13,512	-	16,215.00	Records storage
PRI	7201800	Expenditure	20	20204501	Relocation - Movers	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20206100	Membership Dues	1,000	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20207600	Office Supplies	28,000	30,319	21,658	36,383.00	Most of expenses are Grant reimbursement, via HIV and RHAP grants. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20207602	Signs	-	2,428	-	2,914.00	Signs purchased on the HIV grant. Expecting a few more, Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20208100	Postal Services	1,000	412	-	495.00	Shipping for machine calibration, data loggers
PRI	7201800	Expenditure	20	20208500	Printing Services	1,000	-	-	-	Print jobs recognized in GL 20292100 GS Printing Svcs
PRI	7201800	Expenditure	20	20211100	Building Maint. Services	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20211700	Alarm Services	-	13,600	-	16,320.00	Installation of alarm systems at PCC. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20218500	Permit Charges	2,100	1,185	-	2,100.00	Clinics Pharmacy Permit renewal. Expecting closer to budget amt
PRI	7201800	Expenditure	20	20219300	Refuse Collection/Disposal Services	2,500	3,050	523	3,660.00	Shred and medical waste disposal. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20220500	Auto Maintenance Services	-	1,500	-	1,800.00	Weekly RV cleaning service for MMV. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20221100	Const Eq Maint S	5,200	14,197	-	13,084.00	Fleet service work on the MMV. \$3,112 moving to PUB. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20222700	Cell Phone/Pager	23,548	15,413	-	23,548.00	DTech Non-ACP
PRI	7201800	Expenditure	20	20223600	Fuel/Lubricants	3,000	1,560	-	1,872.00	

County of Sacramento, Primary Health  
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PRI	7201800	Expenditure	20	20225100	Medical Equip Maint Service	10,000	15,063	7,994	18,076.00	Medical equipment maintenance. As the program gets more medical equipment, it needs more maintenance. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20225200	Medical Equip Maint Supplies	20,157	19,970	-	23,964.00	Medical equipment supplies, projecting overbudget due to program getting ready to purchase medical equipment. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20226100	Office Equip Maint Service	108	81	27	108.00	DTech Non-ACP
PRI	7201800	Expenditure	20	20226101	Furniture Repair	-	304	2,911	3,214.00	Furniture repair do not expect more. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20226200	Office Equip Maint Supplies	-	-	-	-	
PRI	7201800	Expenditure	20	20226201	Ergonomic Furniture	-	-	-	-	
PRI	7201800	Expenditure	20	20226400	Modular Furniture	-	1,792	56,650	58,441.00	Furniture encumbranced for admin move. Subtracting from GL 20292900. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20227100	Radio/Electrical Maint.	-	-	-	-	
PRI	7201800	Expenditure	20	20227500	Rent/Leases Equipment	30,000	30,420	-	36,504.00	Toshiba equipment repairs are more expensive as they breakdown more. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20227504	Miscellaneous	-	-	-	-	
PRI	7201800	Expenditure	20	20231400	CLOTH/PERSONAL SUP	-	277	-	277.00	Body wipes and hygiene items for homeless patients, do not expect more. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20232100	Custodial Services	6,000	6,429	2,179	7,715.00	Custodial services coming in high this FY. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20232200	Custodial Supplies	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20233100	Food/Catering Services	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20233200	Food/Catering Supplies	200	-	-	-	Do not expect any food/catering expenses this FY.
PRI	7201800	Expenditure	20	20234200	Kitchen Supplies	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20235100	Laundry/Dry Cleaning Service	3,000	3,050	-	3,660.00	Curtain cleaning service and towels. High usage created the overage. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20241200	Dental Supplies	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20242000	DRUGS/PHARM SUP	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20243700	Laboratory (Medical) Service	1,000	(40,165)	2	25,000.00	Lab services for Refugee and uninsured patients. Very difficult to project YE estimate, due to CMISP and HP programs ramping up 1/1/26 - 6/30/26. YE estimation comes from prior years actuals, and potential costs for this FY. Not all invoices from PY are posted yet, which is why actuals are still negative. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20244300	Medical Services	1,000	5,673	-	6,808.00	Background medical test for new employees are posting here. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20244400	Medical Supplies	-	2,008	5,309	2,409.00	Medical supplies for the health center. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20247100	Radiology Service	28,262	800	-	23,000.00	Annual Remi invoice will need to pad this FY. YE estimate is based on prior years Remi invoices.
PRI	7201800	Expenditure	20	20247200	Radiology Supplies	5,000	1,595	-	1,595.00	Do not expect any additional radiology supply purchases this FY.
PRI	7201800	Expenditure	20	20250700	Assessment Collection	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20251900	Architectural Services	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20252100	Temporary Services	28,001	-	-	-	At this time, not expecting to hire any clerical temps the rest of this FY.
PRI	7201800	Expenditure	20	20253200	Arbitrator Services	-	2,516	-	2,516.00	Employee arbitration. Not expecting any additional charges. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20254200	Treasurer Services	-	151	(17)	181.00	Returned checks. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20256100	Reporting Services	-	676	-	676.00	Employee arbitration. Not expecting any additional charges. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20257100	Security Services	212,975	84,649	-	212,975.00	Allocated Cost
PRI	7201800	Expenditure	20	20259100	Other Professional Services	13,753,765	9,265,305	9,179,797	13,438,885.00	YE estimate based on actuals posted so far, and prior FY actuals at YE. Not expecting to expend all contracts. Covers overages in GLs: 20200500, 20202400, 20203500, 20203700, 20207600, 20207602, 20211700, 20219300, 20220500, 20221100, 20225100, 20225200, 20226101, 20226400, 20227500, 20231400, 20232100, 20235100, 20243700, 20244300, 20244400, 20253200, 20254200, 20256100, 20203800, 20287100.
PRI	7201800	Expenditure	20	20271100	DTech Embedded Staff/Labor	428,493	265,968	46,397	428,493.00	DTech Non-ACP
PRI	7201800	Expenditure	20	20281100	Data Processing Services	830,000	475,679	1	830,000.00	OCHIN contract cost, assuming budget rate, behind on invoices due to rate changes.
PRI	7201800	Expenditure	20	20281101	DTech Fee	-	-	-	-	DTech Non-ACP
PRI	7201800	Expenditure	20	20281200	Data Processing Supplies	82,780	-	-	-	no expenses anticipated in main GL. All expenses recognized in subaccounts.
PRI	7201800	Expenditure	20	20281201	Hardware	-	13,630	150,689	413,520.00	Phase 1 of 2 for PRI Clinics computer refresh will happen this FY. Projecting conservative estimate due to Dell increasing their prices. Overage of \$330k covered by GLs 20283200, 20292900 & 90259100.
PRI	7201800	Expenditure	20	20281202	Software	108,874	78,207	-	108,874.00	DTech Non-ACP.
PRI	7201800	Expenditure	20	20281204	Other	-	1,083	15,724	1,299.00	Dell e-waste and 5 year support. Covered in 20281200.
PRI	7201800	Expenditure	20	20281250	SERVER & NETWORK SW	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20281265	Application SW Maint.	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20283200	Interpreter Services	556,305	292,281	-	350,738.00	Program staff have done better utilizing M-Cal for interpreting services, which is why we are projecting so much lower than prior FYs. Helping to cover overage in GL 20281200.
PRI	7201800	Expenditure	20	20287100	Transportation Of Person	400	48,747	-	58,496.00	RHAP grant transportation for Refugees. RHAP grant covers these expenses in GL 95958900. Increased grant line item for GY 24/25 & 25/26 due to this. Overages covered by GL 20259100.
PRI	7201800	Expenditure	20	20288000	PY Svc & Sup Expense	-	(96)	-	(96.00)	Do not expect anything else to post here.
PRI	7201800	Expenditure	20	20289800	Other Operating Expense - Supplies	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20289900	Other Operating Expense - Services	-	-	-	-	no expenses anticipated
PRI	7201800	Expenditure	20	20291000	Countywide IT Services	109,149	70,267	-	109,149.00	Allocated Cost
PRI	7201800	Expenditure	20	20291100	Systems Development Services	-	-	-	-	Allocated Cost
PRI	7201800	Expenditure	20	20291200	Systems Development Supplies	59,628	48,361	4,035	59,628.00	Allocated Cost

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PRI	7201800	Expenditure	20	20291300	Auditor/Controller Services	-	-	-	-			
PRI	7201800	Expenditure	20	20291600	WAN Costs	243,313	156,641	-	243,313.00	Allocated Cost		
PRI	7201800	Expenditure	20	20291700	Alarm Services	20,250	12,967	-	20,250.00	Allocated Cost		
PRI	7201800	Expenditure	20	20292100	GS Printing Services	5,000	3,755	-	4,505.00			
PRI	7201800	Expenditure	20	20292200	GS Mail/Postage Charges	7,000	10,722	-	12,867.00	More print and postal services completed this FY. Overages covered by GL 20259100.		
PRI	7201800	Expenditure	20	20292300	GS Messenger Services	14,376	11,732	-	14,376.00	Allocated Cost		
PRI	7201800	Expenditure	20	20292500	GS Purchasing Services	15,308	9,803	-	15,308.00	Allocated Cost		
PRI	7201800	Expenditure	20	20292700	GS Warehouse Charges	1,000	840	-	1,008.00	Overages covered by GL 20259100.		
PRI	7201800	Expenditure	20	20292800	GS Equipment Rental - Light	-	147	-	176.00	GPS tracker for MMV. Overages covered by GL 20259100.		
PRI	7201800	Expenditure	20	20292900	GS Work Request Charges	475,712	10,118	47,360	390,000.00	Year end estimate is high due to the administrative team has to move suites, and exam room renovations, all of which still are planning to hit this FY. Helping to cover overage in GL 20281200.		
PRI	7201800	Expenditure	20	20293407	Real Estate Services	-	6,658	842	7,500.00	DGS real estate charges for a new DMV-Clinics agreement, which will be reimbursed once contract is executed. The I/O is set at \$7,500. Will be offset by revenue in GL 97979000.		
PRI	7201800	Expenditure	20	20293800	Fuel Usage-Light	-	-	-	-	no expenses anticipated		
PRI	7201800	Expenditure	20	20294200	County Facility Use Charges	1,689,613	1,496,823	505,564	1,689,613.00	Allocated Cost		
PRI	7201800	Expenditure	20	20296200	GS Parking Charges	350	105	-	126.00	QR code charges		
PRI	7201800	Expenditure	20	20297100	Liability Insurance	235,766	150,977	-	235,766.00	Allocated Cost		
PRI	7201800	Expenditure	20	20298300	GS Surplus Property Management	5,430	3,477	-	5,430.00	Allocated Cost		
PRI	7201800	Expenditure	20	20298700	Telephone Services	126,430	-	-	(9,172.00)	Allocated Cost - Includes subaccount expenses.		
PRI	7201800	Expenditure	20	20298702	Circuit Charges	-	2,917	-	3,500.00	Budgeted in 20298700		
PRI	7201800	Expenditure	20	20298703	Landline Charges	-	110,085	-	132,102.00	Budgeted in 20298700		
PRI	7201800	Expenditure	20	20298900	Telephone Installations	-	-	-	-			
<b>SERVICES AND SUPPLIES</b>						<b>Object 20</b>	<b>Total</b>	<b>19,223,693</b>	<b>12,832,087</b>	<b>10,047,644</b>	<b>19,165,164.00</b>	
PRI	7201800	Expenditure	30	30310300	Elig Exams	1,500	490	-	588.00	DOJ fingerprinting		
PRI	7201800	Expenditure	30	30310600	Contract Svc Private	-	-	-	-	no expenses anticipated		
PRI	7201800	Expenditure	30	30310700	Transportation/Welfare	10,000	238	-	285.00	Daily and single bus passes.		
PRI	7201800	Expenditure	30	30311400	Volunteer Expenses	500	245	-	294.00	Volunteer DOJ Fingerprinting and pay claims		
PRI	7201800	Expenditure	30	30312100	Provider Payments	2,315,000	1,615,990	85,776	1,939,188.00	Added funds to object 30 through admin AAR from object 20, specifically GL 20259100.		
PRI	7201800	Expenditure	30	30370000	CONTR OTHER AGENCIES	706,243	706,243	0	706,243.00	All funds have been paid to OCH (passthrough recipient). No funds remain on the contract and no renewal is happening (ARPA pass-through grant, offset by revenue GL 95959503).		
<b>OTHER CHARGES</b>						<b>Object 30</b>	<b>Total</b>	<b>3,033,243</b>	<b>2,323,205</b>	<b>85,776</b>	<b>2,646,598.00</b>	
PRI	7201800	Expenditure	43	43430110	Equipment - Prop	35,119	-	-	35,119.00	Camera install at 4600 Broadway. Admin AAR completed, appropriations moved from GL 20259100, recently received final invoice.		
PRI	7201800	Expenditure	43	43430300	Equip SD No Rec	-	-	-	-			
<b>EQUIPMENT</b>						<b>Object 43</b>	<b>Total</b>	<b>35,119</b>	<b>-</b>	<b>-</b>	<b>35,119.00</b>	
PRI	7201800	Expenditure	60	60601100	Dept OH Alloc	1,189,048	654,299	-	1,119,735.00	Budgeted minus costs in 60697909.		
PRI	7201800	Expenditure	60	60601200	Div OH Alloc	296,044	170,441	-	296,044.00			
PRI	7201800	Expenditure	60	60650400	Collection Svc	1,400	111	-	133.00			
PRI	7201800	Expenditure	60	60691301	Finance-General Accounting	9,878	6,325	-	9,878.00	Allocated Cost		
PRI	7201800	Expenditure	60	60691302	Finance-Payroll Services	7,290	4,668	-	7,290.00	Allocated Cost		
PRI	7201800	Expenditure	60	60691303	Finance-Payment Services	14,199	9,093	-	14,199.00	Allocated Cost		
PRI	7201800	Expenditure	60	60691305	Finance-Audits	4,633	2,967	-	4,633.00	Allocated Cost		
PRI	7201800	Expenditure	60	60691306	Finance-System Control & Recon	7,261	4,650	-	7,261.00	Allocated Cost		
PRI	7201800	Expenditure	60	60695100	Personnel Services	143,908	92,154	-	143,908.00	Allocated Cost		
PRI	7201800	Expenditure	60	60695102	Benefit Admin Services	-	-	-	-	Allocated Cost		
PRI	7201800	Expenditure	60	60695103	Employment Services	-	-	-	-	Allocated Cost		
PRI	7201800	Expenditure	60	60695500	Training Services	-	-	-	-	Allocated Cost		
PRI	7201800	Expenditure	60	60695600	DPS Dept Svcs Team	125,192	80,169	-	125,192.00	Allocated Cost		
PRI	7201800	Expenditure	60	60695700	401A Plan Admin Svcs	959	614	-	959.00	Allocated Cost		
PRI	7201800	Expenditure	60	60695800	Labor Relations Services	-	-	-	-	Allocated Cost		
PRI	7201800	Expenditure	60	60695900	Safety Program Services	15,009	9,611	-	15,009.00	Allocated Cost		
PRI	7201800	Expenditure	60	60697900	Other Services	-	-	-	-			
PRI	7201800	Expenditure	60	60697909	MIS Services	-	57,761	-	69,313.00	Budgeted in 60601100.		
PRI	7201800	Expenditure	60	60698017	INTRA DEPT CHARGES	-	141,538	-	141,538.00	Intra-Department transfer ended in Feb'26, projection. Overages will be covered by savings in GL 60698018.		
PRI	7201800	Expenditure	60	60698018	Intra Program Charges	3,596,238	346,512	-	1,985,270.00	Pharmacy intra-fund transfers only posts here. Aligned YE estimate prior FY actuals. Large discrepancy is Pharmacy needs to appropriations to spend the funds, but pass M-Cal reimbursements back to us. Savings here will cover overages in GL 60698017.		

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<b>INTRAFUND CHARGES</b>		<b>Object 60</b>			<b>Total</b>	<b>5,411,059</b>	<b>1,580,912</b>	<b>-</b>	<b>3,940,362.00</b>	
PRI	7201800	Expenditure	80	80805000	Purchase for Reissue	-	-	-	-	
<b>COST OF GOODS SOLD</b>		<b>Object 80</b>			<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>PRI</b>	<b>7201800</b>	<b>Expenditure Total</b>	<b>PRI -Clinic Services</b>			<b>42,464,111</b>	<b>27,077,823</b>	<b>10,133,420</b>	<b>39,160,095.00</b>	
PRI	7201800	Reimbursement	59	59599125	Realignment 1991 Health	(10,923,478)	(5,108,886)	-	(8,923,478.00)	Realignment reduced by \$2M and was allocated to ACH FC (7411000). Also, FY 25-26 realignment reduction of \$816,574 reflected in budgeted number. The reduction in realignment is covered by all other savings in the budget.
PRI	7201800	Reimbursement	59	59599134	Restricted Funding	-	-	-	-	
<b>INTERFUND REIMBURSEMENTS</b>		<b>Object 59</b>			<b>Total</b>	<b>(10,923,478)</b>	<b>(5,108,886)</b>	<b>-</b>	<b>(8,923,478.00)</b>	
PRI	7201800	Reimbursement	69	69699000	Intra Cost Recovery	(328,104)	(97,302)	-	(328,104.00)	Not all transfers posted; HP intrafund happens at YE.
PRI	7201800	Reimbursement	69	69699017	Intra Department Reimbursement	(1,801,342)	(154,739)	-	(1,801,342.00)	Majority of budget is intrafund with BHS, which happens once at year end.
PRI	7201800	Reimbursement	69	69699018	Intra Program Reimbursement	(13,497)	(11,377)	-	(11,377.00)	Accounting Tech intrafund with Pharmacy. Pharmacy hired their new Accounting Tech, therefore intrafund has stopped after Q2.
<b>INTRAFUND REIMBURSEMENT</b>		<b>Object 69</b>			<b>Total</b>	<b>(2,142,943)</b>	<b>(263,419)</b>	<b>-</b>	<b>(2,140,823.00)</b>	
<b>PRI</b>	<b>7201800</b>	<b>Reimbursement Total</b>	<b>PRI -Clinic Services</b>			<b>(13,066,421)</b>	<b>(5,372,305)</b>	<b>-</b>	<b>(11,064,301.00)</b>	
<i>Requirements</i>						<i>29,397,690</i>	<i>21,705,518</i>	<i>10,133,420</i>	<i>28,095,794.00</i>	
PRI	7201800	Revenue	95	95952800	State Subvention	-	-	-	-	
PRI	7201800	Revenue	95	95953010	PY Intergovern - State	(2,180,612)	(33,402)	-	(1,456,442.00)	DHCS reconciliation payments post here, amount to be JV'd from 95956900. Budgeted projection was higher than actuals from DHCS. Savings across object 10 will cover this revenue deficit.
PRI	7201800	Revenue	95	95953011	PY Intergovern - Federal	-	27,329	-	27,329.00	FY 24/25 YE accruals was overestimated, and actuals came in lower. Nothing else should post here, savings across object 10 will cover this revenue deficit.
PRI	7201800	Revenue	95	95956900	State Aid Other Misc Programs	(22,352,460)	(21,377,410)	-	(23,841,691.00)	M-Cal Revenue, includes Included - Capitation, PPS, FFS, HEDIS/QI Incentives.
PRI	7201800	Revenue	95	95956901	Medi/Cal Revenue	-	(9,365)	-	-	Medicare revenue posted to wrong GL, should be GL 95958901
PRI	7201800	Revenue	95	95958900	Health Federal	(4,859,089)	(1,801,746)	-	(2,905,549.00)	Assuming 60% for RHAP Q1-Q3, actual for FY 24/25 RHAP Q4, 50% for HIV grant (only claiming salaries), and 100% of main homeless grant. Revenue deficit covered by Object 10 and Object 20 savings, along with GL 95956900 increase.
PRI	7201800	Revenue	95	95958901	Medi-Care Revenue	-	(3,081)	-	(12,446.00)	Includes amounts from GL 95956901
PRI	7201800	Revenue	95	95959100	Construction Federal	(475,712)	-	-	-	HRSA capital grant that is now over. We are not waiting on any claims. Revenue deficit covered by savings in GL 60698018, and object 10 savings
PRI	7201800	Revenue	95	95959503	ARPA-SLFRF Revenue	(706,243)	(667,866)	-	(706,243.00)	ARPA OCH pass-through grant (offset by GL 30370000). Full grant has been expended. Fiscal is working to claim the rest of ARPA funding
PRI	7201800	Revenue	95	95959900	Fed Aid-Misc Pro	-	-	-	-	
<b>INTERGOVERNMENTAL REV</b>		<b>Object 95</b>			<b>Total</b>	<b>(30,574,116)</b>	<b>(23,865,540)</b>	<b>-</b>	<b>(28,895,042.00)</b>	
PRI	7201800	Revenue	96	96966200	Medical Care Indigent Patients	(4,000)	-	-	-	CMISP Patient payment + DRR. Currently we are not collecting any CMISP patient payments, small DRR payments coming through.
PRI	7201800	Revenue	96	96966201	CMISP Soc Rev-Direct	-	-	-	-	No revenues anticipated
PRI	7201800	Revenue	96	96966202	CMISP Soc Rev-DRR	-	(333)	-	(400.00)	Budgeted in 96966200
PRI	7201800	Revenue	96	96966300	Medical Care Private Patients	(1,000)	(304)	-	(364.00)	private insurance payments
PRI	7201800	Revenue	96	96966900	Medical Care Other	(1,000)	-	-	-	TPL/insurance payments
PRI	7201800	Revenue	96	96969900	Svc Fees Other	(1,000)	(2,055)	-	(2,466.00)	Law firms requesting medical records. Requests go through CC. \$15 payments post here for those.
<b>CHARGES FOR SERVICES</b>		<b>Object 96</b>			<b>Total</b>	<b>(7,000)</b>	<b>(2,692)</b>	<b>-</b>	<b>(3,230.00)</b>	
PRI	7201800	Revenue	97	97974000	Insurance Proceeds	-	-	-	-	No revenues anticipated
PRI	7201800	Revenue	97	97979000	Miscellaneous Other Revenues	-	(105)	-	(7,605.00)	
PRI	7201800	Revenue	97	97979004	JURY FEE EMP REIMB	-	-	-	-	No revenues anticipated
PRI	7201800	Revenue	97	97979900	Prior Year	-	-	-	-	No revenues anticipated
PRI	7201800	Revenue	97	97979904	Prior Year Misc. Revenue	-	(24,260)	-	(24,260.00)	
<b>MISCELLANEOUS REVENUE</b>		<b>Object 97</b>			<b>Total</b>	<b>-</b>	<b>(24,365)</b>	<b>-</b>	<b>(31,865.00)</b>	
<b>PRI</b>	<b>7201800</b>	<b>Revenue Total</b>	<b>PRI -Clinic Services</b>			<b>(30,581,116)</b>	<b>(23,892,597)</b>	<b>-</b>	<b>(28,930,137.00)</b>	
<b>PRI</b>	<b>7201800</b>	<b>Total</b>	<b>PRI - Clinic Services</b>			<b>(1,183,426)</b>	<b>(2,187,078)</b>	<b>10,133,420</b>	<b>(834,343.00)</b>	

# HRSA Project Director Updates

June 18, 2026 – CAB Meeting

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## Staffing

The Health Center is excited to share that two new Health Program Planners and a new Administrative Services Officer 1 (ASO1) have recently joined our team.

- **Carol Maytum** is our new Health Program Planner supporting Quality Improvement efforts on Jane Murphy's team. She holds a Master of Public Health, Behavioral Science degree, and has 30 years of experience managing, advising, and evaluating public health and community programs. She has experience as a Technical Assistance consultant for HRSA and extensive experience completing FQHC program assessments for FQHCs across California where she made recommendations for improving their systems to come into compliance with HRSA requirements.
- **Dr. Troy Williams** is our new Health Program Planner currently supporting CMISP and HP programs on Emily Moran-Vogt's team. He holds a PhD in Civil Society and Community Research and has extensive experience as a program evaluator, researcher, and program director. He was most recently the Chief Impact Officer at the Greater Sacramento Urban League, a local Sacramento area nonprofit serving disadvantaged communities, and previously worked at the University of Wisconsin Population Health Institute in research, evaluation, and outreach.
- **Abdessamad (Abdu) Ikinou** is our new ASO 1 on Jane Murphy's team, where he'll manage credentialing of all new providers. He brings strong operational and administrative leadership from his role as a Station Performance Manager with Worldwide Flight Services at Sacramento International Airport. In this high-volume aviation environment, he oversaw key administrative functions including budgeting, payroll, labor planning, and regulatory compliance. He coordinated the full hiring and onboarding cycle, developed and improved internal systems and tools to support staff scheduling, and oversaw continuous process improvement for improved operations.

### Other Staffing Efforts in Progress:

- Nurse Practitioner
- Nursing (RN and Medical Case Manager)
- Medical Assistant
- Sr. Office Assistant
- Office Assistant

## Clinical Operations

The SCHC Clinical Operations team is dedicated to **maintaining our clinics at the highest standards** set by both the County and Federally Qualified Health Center (FQHC) guidelines. These standards serve as a cornerstone for improving the quality and continuity of care delivered to our patients. In pursuit of this goal, our team is undertaking a **thorough evaluation of each clinic** to pinpoint areas where additional resources might be required and to identify any gaps in the care we provide.

# HRSA Project Director Updates

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To address these findings, we are implementing several initiatives, including **cross-training staff, streamlining workflows, and enhancing internal processes**. These efforts are designed to equip our team with the necessary skills and tools for delivering efficient, high-quality patient care.

Furthermore, Sacramento County Health Center **Annual Fit Testing** is scheduled for completion by the end of July, ensuring our staff meet essential safety requirements for personal protective equipment. Also, we are rolling out **comprehensive training across all clinics for the Video Visit** Process, enhancing our clinic's virtual care capabilities and improving accessibility for our patients.

## Quality Improvement Initiatives

SCHC leadership is **working with health plans to secure resources to support quality initiatives and improve HEDIS measures**. Conversations are in progress, and we plan to share more updates in the next CAB meeting when more information is available.

## Health Resources and Services Administration

SCHC leadership recently met with HRSA Project Officer (PO), Kirk Barnes for all aspects of the Health Center, including the discussion of project director, satellite sites, School Based Mental Health expansion, and Strategic Plan.

## School-Based Health Center Sites

The Health Center continues to meet with School Based Mental Health and Wellness (SBMHW) contractors, Sacramento County Office of Education (SCOE) on expansion of the program. The Health Center **clinic/admin team meet with SCOE monthly**, and subgroups and meetings have formed to continue carve out a timeline for expansion following the **recent CAB approval of 32 additional sites and pending review of 3 additional sites**.

Michelle Besse has continued to work with SCOE and their clinicians on opportunities to increase productivity, prepare new sites for needs assessments, training, chart review, and telehealth.

## Community-Based Care: Medical Mobile Van and Loaves & Fishes

### Medical Mobile Van

Between 2/1/26 – 5/31/26 we had **197 completed provider visits** in the Medical Mobile Van. In February we saw 33 patients, in March we saw 39, in April we saw 54 and in May we saw 71.

During those 4 months, and of those 197 completed visits, we saw **141 unique patients**.

### Loaves & Fishes

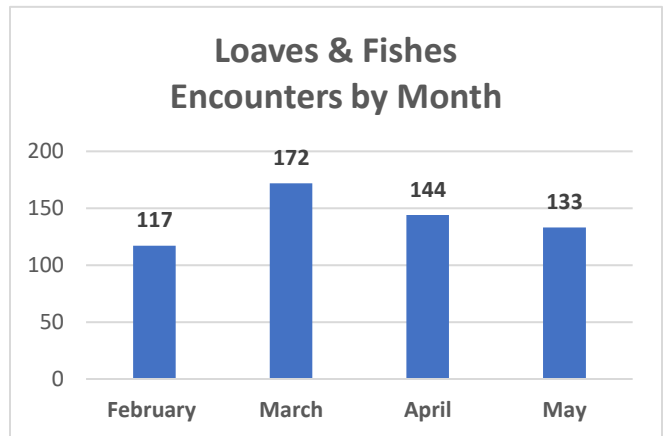
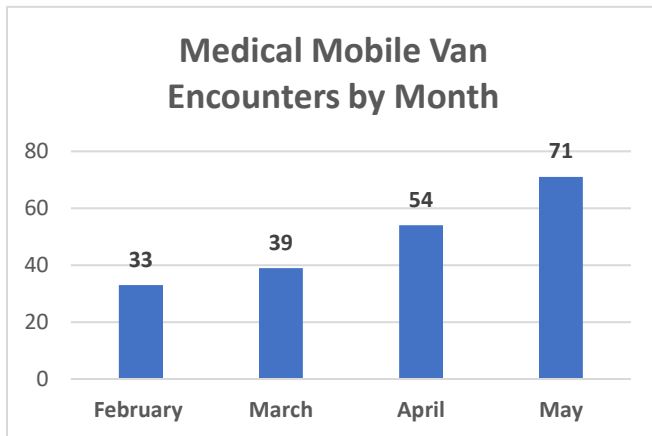
Between 2/1/26 – 5/31/26 we had **566 completed visits**. Of those 566 completed visits, **263 were completed by a provider** and **303 were completed by a nurse**. In February we saw 117 patients, in March we saw 172, in April we saw 144 and in May we saw 133.

During those 4 months, and of those 566 completed visits, we saw **299 unique patients**.

# HRSA Project Director Updates

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## CMISP and HP Programs

**County Medical Services Program (CMISP)** - a program of last resort for low-income, uninsured adults who are not eligible for Medi-Cal for reasons other than immigration status. The program focuses on medically necessary and specialty care, such as diagnostic services, hospital care, and specialty consultations, often through a county network and contracted providers.

**Healthy Partners (HP)** – Provides ongoing primary and preventive health care services to the low-income, to those with Unsatisfactory Immigration Status (UIS). These services include primary and behavioral health, lab, radiology and low-cost medications. As of June 9, there are **26 patients enrolled in HP**.

### Sacramento County Health Center CMISP and HP Efforts:

- Several internal weekly and monthly meetings (DHS/DHA/OFCA)
- Monthly Safety Net Alliance Consortium meetings with community stakeholders
- Engagement with the Managed Care Plans
- Quarterly FHQC Meetings
- Coordination of monthly meetings with hospital leadership
- Review of CMISP and HP policies and procedures
- Fiscal, staffing, and programmatic analysis in concert with Department of Human Assistance
- Re-established relationship with La Familia Counseling Center
- Meeting with Sacramento Act
- Updates to the Public Health Advisory Board (PHAB)
- Continued tracking of CMISP and HP applications

## Community Outreach

SCHC was recently represented at the **Celebrate North Sacramento Festival** on Saturday, June 6 at the Robertson Community Center. The festival served in part as a **community-centered resource fair** designed to connect residents with city departments, elected offices, and local organizations.

# HRSA Project Director Updates

June 18, 2026 – CAB Meeting

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Sacramento County Department of Health Services leadership from Sacramento County Health Center, Adult Correctional Health, and Behavioral Health Services hosted tables at the event and shared resources and swag items to **engage and educate community members and promote available health services.**



Pictured (left to right): **Hosson Hooper** (Sr. Mental Health Counselor, Behavioral Health Services), **Amy Bahn** (Crisis Continuum of Care Outreach Coordinator, Behavioral Health Services), **Rachel Kay** (Division Manager, SCHC – Primary Health), **Tianna Hammock** (Division Manager, Adult Correctional Health – Primary Health)

# SCHC Medical Director Updates

June 18, 2026, CAB Meeting

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## Key Points:

The SCHC Medical Director's Office has actively worked on a phased strategy dedicated to strengthening clinical operations, modernize workflows and ensure sustainable growth. These efforts have and continue to improve patient access, and clinic efficiency, while working on improving the quality of care provided to our community.

## Fundamentals:

- Optimizing and updating **Policies-Procedures, and Workflows.**
  - Working with unions to inform them of changes and obtain approval prior to implementation. Focus: Communication, compliance, and workflow modernization.
- **Workflow Updates:** Revising processes to meet California regulatory requirements and union standards.
- **Training staff to perform at the top of their license, and cross-training** them for better utilization of our resources.
- **Meetings:** Leadership meetings are now conducted with a written agenda to further optimize meeting times and efficiency across the clinic
  - Ongoing structured training is mapped monthly throughout the year, with two dedicated sessions per month.
  - Training includes mandatory compliance sessions and cross-training to support additional departments and functions within their scope of practice and job descriptions.
  - Extensive training aligned with new standards ensures consistent education and practices across all roles.
- **Assuring compliance with all County and HRSA regulations for all clinicians providing services in SCHC**
  - Especially thanks to our HPM Jane Murphy.
- **Space Utilization:**
  - Maximizing occupancy/exam room allocations. Hoteling workstations.
  - Ongoing discussions with Facilities regarding expansion of exam rooms (DM Rachell Kay leading).

## Clinic Providers Up-Dates:

- **New County Hires:**
  - **Permanent County Nurse Practitioner:** NP Alice Liu. Starting date 9/27/2026.

# SCHC Medical Director Updates

June 18, 2026, CAB Meeting

- **Registry:** NP Rufina Onumajuru started on 6/4/2026
- **UCD Partners:** 2026-2027 contract under discussion.
- **Development of New Partnerships:**
  - **Sutter Health-Residency Program Attendings/Residents:** at zero \$ cost. MOU under development.

## Productivity/QI Metrics:

- **Quality efforts:**
  - Increased number of WCC appointments (improves general Peds QI metrics)
  - General Preventive and Women Health: Keeping PAP clinic and starting HPV screening, working on Cologuard, Revamping HBP clinic, etc.
- **Scheduling & Patient Access Optimization**
  - All services lines have the capacity of booking 10 patients per clinician to a 4-hour clinic. Specialists also increased their access.

## Number of Patients seen at SCHC 2025-2026 (OCHIN Dashboard)

### ALL Departments

#### Ambulatory Visit Volume



# SCHC Medical Director Updates

June 18, 2026, CAB Meeting

## Refugee

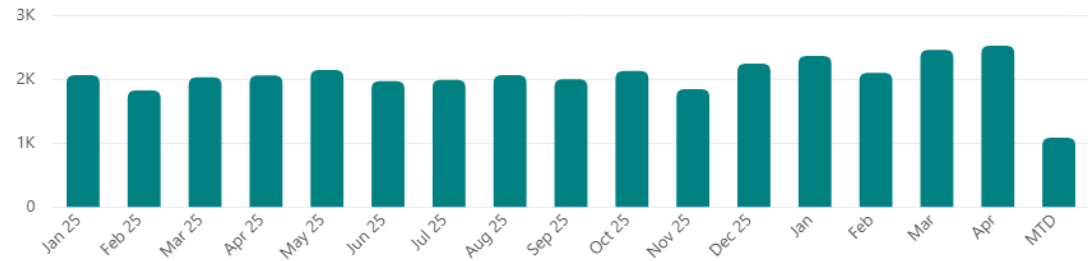
### Ambulatory Visit Volume



Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan	Feb	Mar	Apr	MTD
1,528	1,314	1,204	1,012	755	508	544	451	322	219	214	245	241	129	121	55	9

## Adult Medicine- Pharmacy

### Ambulatory Visit Volume



Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan	Feb	Mar	Apr	MTD
1,822	2,029	2,059	2,144	1,965	1,987	2,061	1,999	2,129	1,841	2,241	2,364	2,098	2,455	2,520	1,085

## Pediatrics

### Ambulatory Visit Volume



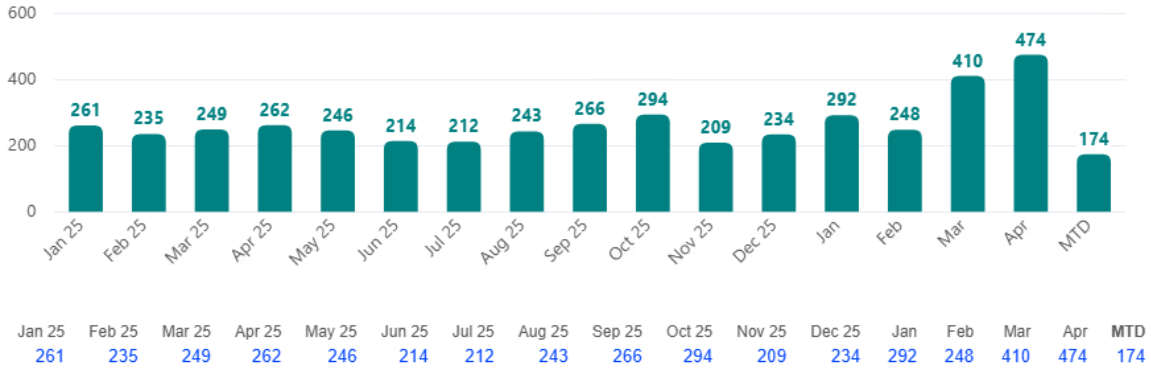
Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan	Feb	Mar	Apr	MTD
619	491	559	634	636	523	601	630	631	777	584	626	697	643	748	915	302

# SCHC Medical Director Updates

June 18, 2026, CAB Meeting

## Family Medicine

### Ambulatory Visit Volume



## Specialty

### Ambulatory Visit Volume



## SCOE

### Ambulatory Visit Volume

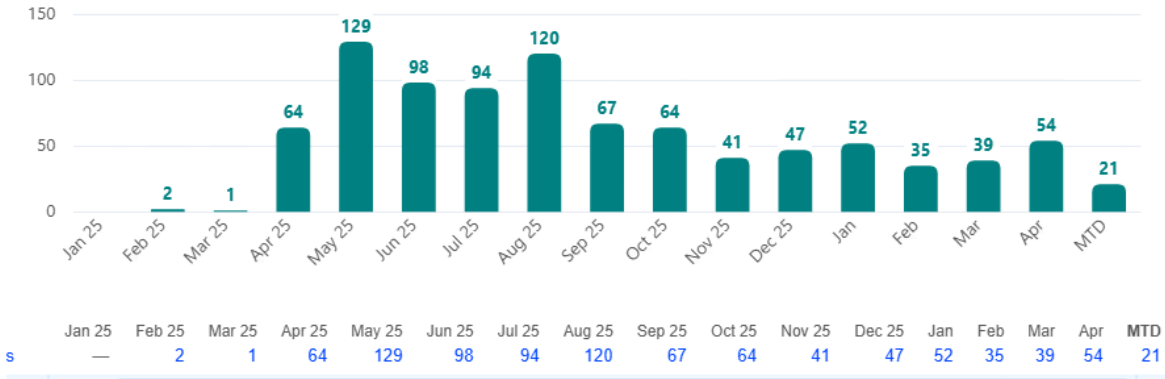


# SCHC Medical Director Updates

June 18, 2026, CAB Meeting

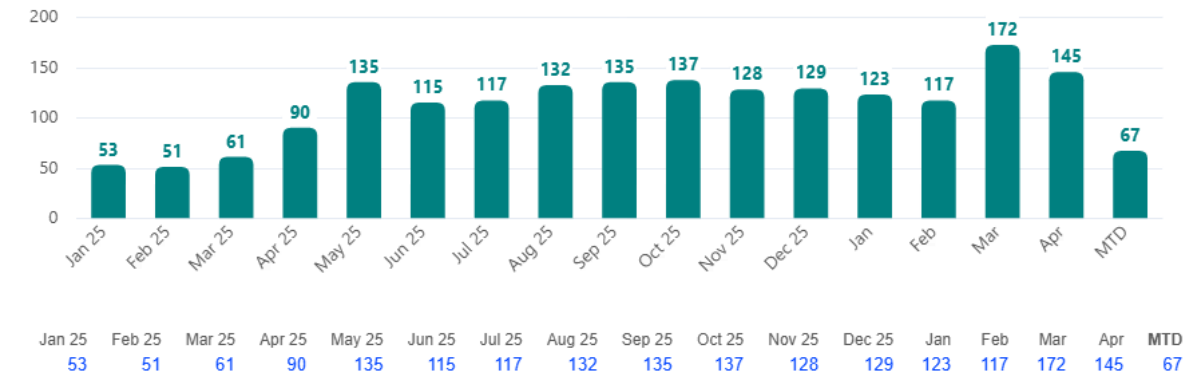
## Mobile Services

### Ambulatory Visit Volume



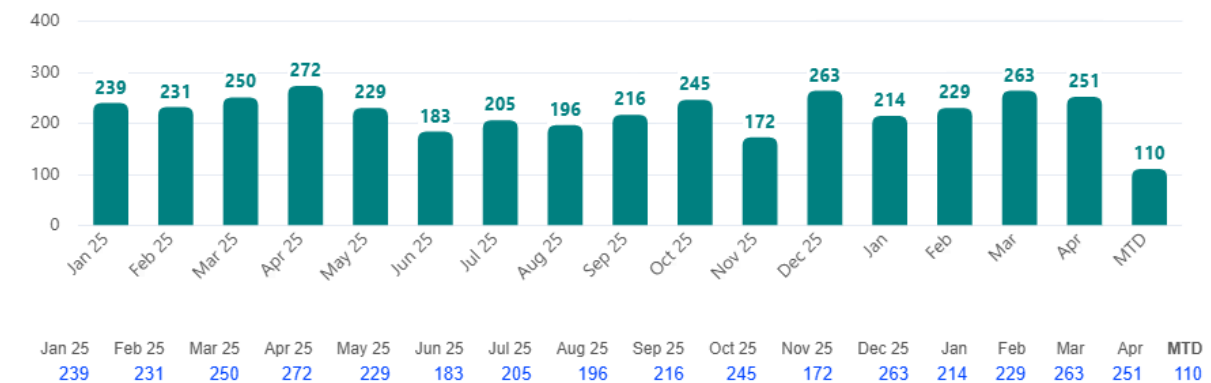
## L&F

### Ambulatory Visit Volume



## Behavioral Health

### Ambulatory Visit Volume



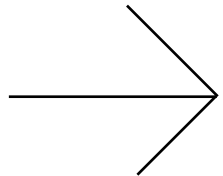


Presented by Rachel Kay on behalf of Michelle Besse, LMFT, DHA

Co-Applicant Board Review

June 18, 2026

# School Based Health Center Expansion Update



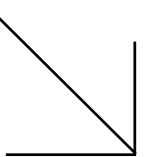
Sacramento County Health Center proposed the addition of 32 School-Based Sites for Mental Health Services in underserved schools. This was approved by our Co-Applicant Board in May 2026.





Upon assessment and review, three additional schools were identified. It was determined that providing services at these sites would be a significant benefit to the community. This would bring the total increase to an additional 35 sites.

The three additional sites were discussed at the May 2026 CAB Meeting but were not voted on because they were not included in the original list.



**28 Sites have been fully submitted to HRSA**

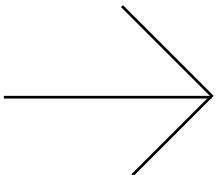
**4 Sites are pending School MOU**  
**3 Sites are pending CAB Approval**



# Estrellita Continuation High School

Percentage of foster youth	21.10%
Percentage of socio-economic disadvantage (Free and reduced lunch rate aka poverty rate)	76.30%
Percentage of unhoused/MV students	11.80%

Unstable housing creates **chronic stress and uncertainty**, which can heighten anxiety, make it harder for students to feel safe, and disrupt their ability to regulate emotions.





# ESTRELLITA HIGH SCHOOL



**12935 Marengo Road, Galt, CA 95632**  
**Phone: (209) 745-2167**

# Galt High School

<b>Percentage of foster youth</b>	<b>7.50%</b>
<b>Percentage of socio-economic disadvantaged (Free and reduced lunch rate aka poverty rate)</b>	<b>60.70%</b>
<b>Percentage of unhoused/MV students</b>	<b>2.80%</b>



Frequent moves or overcrowded living situations can **interrupt routines, sleep, and school stability**, all of which are essential for mental well-being and academic focus.



# GALT HIGH SCHOOL



GALT JOINT UNION  
HIGH SCHOOL DISTRICT



145 North Lincoln Way, Galt, CA 95632  
Phone: (209) 745-3081

# Mokelumne High School

<b>Percentage of socio-economic disadvantage (Free and reduced lunch rate aka poverty rate)</b>
---

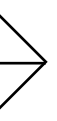
<b>87.50%</b>
---------------

Financial strain – such as parent job loss or hunger – is strongly associated with poor mental health outcomes in teens, including persistent sadness, hopelessness, and higher rates of suicidal thoughts.



**We can change the future for these students by giving them what every young person deserves: stability, support, and opportunity.**

**When schools and communities work together to remove financial barriers, strengthen mental-health resources, and create environments where every student feels seen and valued, we open the door to brighter futures. Small investments in care and connection today can transform a child's entire trajectory tomorrow.**



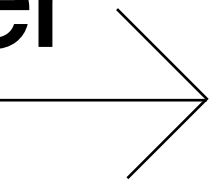
Questions...

Thank you,

Rachel Kay

Division Manager

Sacramento County Health Center



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# SACRAMENTO COUNTY HEALTH CENTER

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# ABOUT US

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## Who We Are

We are a federally qualified health center serving low income, homeless, Medi-Cal eligible and uninsured individuals throughout Sacramento County.

## What We Do

We provide primary medical care services including, but not limited to:

- Adult Primary Care
- Family Medicine, Obstetrics & Gynecology
- Pediatric Primary Care
- Psychiatry and Mental Health Counseling
- Chronic Disease Management
- Communicable Disease Screening
- Refugee Health Assessments
- On-Site Laboratory, Radiology, and Pharmacy
- Specialty Care (Cardiology, Nephrology, Rheumatology, and Musculoskeletal)

### Primary Care Center



4600 Broadway  
Sacramento, CA, 95820

### Local Schools



School-based Mental Health  
[www.centersofwellness.scoe.net](http://www.centersofwellness.scoe.net)

### Homeless Outreach



Healthcare for the Homeless  
clinic at Loaves & Fishes.



Rotating mobile clinic throughout  
Sacramento County.

# OUR GUIDING PRINCIPLES

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## Vision

To be an exceptional healthcare center valued by the communities we serve and our team.

## Mission

To provide high-quality, patient-focused, equitable healthcare for the underserved in Sacramento County, while providing training for the next generation of local healthcare providers.

## Values

Accountability  
Compassion  
Diversity  
Equity  
Excellence  
Education  
Respect



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# THE POWER OF COMPASSION

In a medical setting, kindness is not a soft skill—it's a clinical necessity. Patients are often at their most vulnerable. A compassionate interaction can ease anxiety, build trust, and even improve health outcomes.

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# WHAT IS AN FQHC?

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- Funded (in part) by Section 330 of Public Health Service Act
  - Must meet specific criteria
    - Serve medically underserved populations
    - Sliding fee scale
    - Governing board of directors that includes patients
    - And more!
-

# PUBLIC ENTITY FQHC RELATIONSHIP WITH COUNTY



**Board of Supervisors  
Sacramento County**



**David Villanueva**  
County Executive  
Sacramento County



**Timothy Lutz**  
Director  
Department of Health Services

**Co-Applicant Board (CAB)**  
51% patients  
49% community members



**Noel Vargas**  
Deputy Director  
Primary Health Division



**Rachel Kay, MBA**  
Division Manager  
SCHC



**Dr. Corina Gonzalez**  
Chief Medical Officer  
SCHC



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# SCHC'S UNIQUE CHARACTERISTICS

- Extremely Diverse Staff and Patient Population
- Academically Informed Health Center
- Focus on Homeless
  - Brick & Mortar Site at Loaves & Fishes
  - Outreach - Mobile and Street Medicine
- Main Site
  - Refugee Program
  - Foster Care/ Circle Clinic Program
  - School-Based Mental Health

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**GROWTH  
OVER THE  
LAST FEW  
YEARS**

Foster Care  
Circle Clinic  
2020

Preventive Dental  
(pediatrics)  
2020

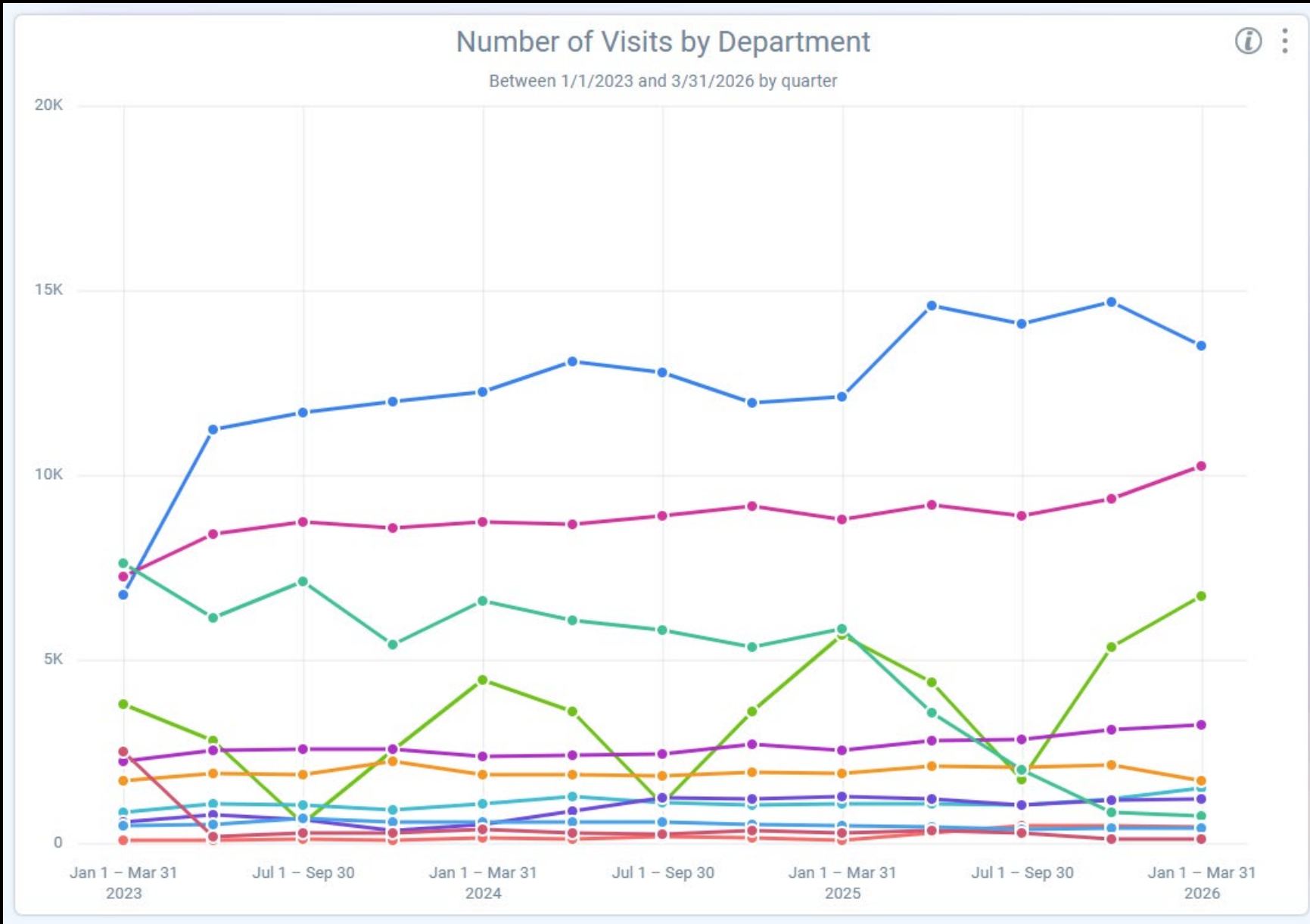
School-based  
Mental Health  
2020 & 2026

Complex Care  
Management  
2020/21

Mobile Van  
2022

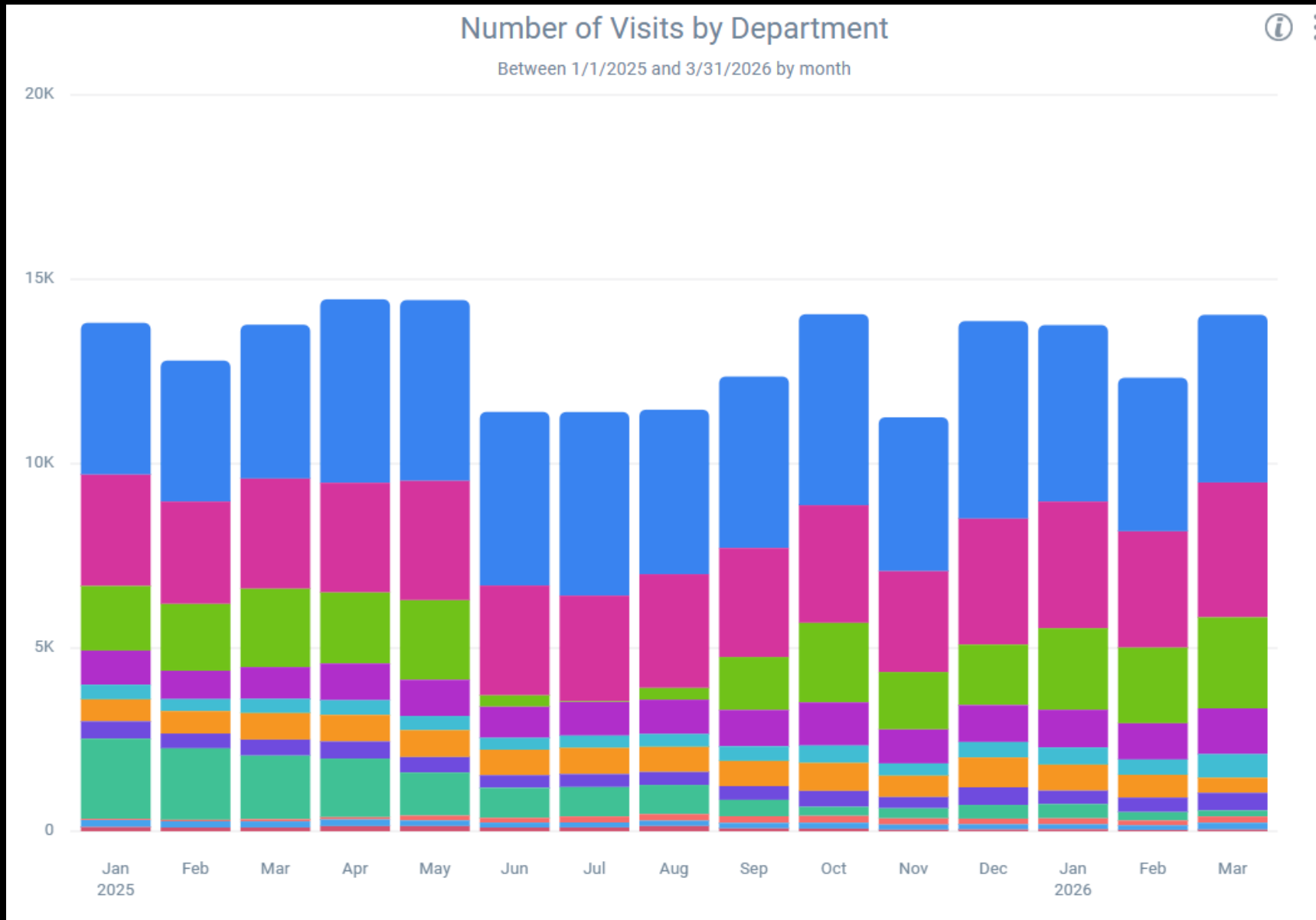
Street Medicine  
2023

# TOTAL VISITS BY QUARTER



- Current Slices
- SCHC PCC PHARMACY
  - SCHC ADULT MEDICINE
  - SCHC SCOE
  - SCHC PEDIATRIC MEDICINE
  - SCHC FAMILY MEDICINE
  - SCHC SPECIALTY SERVICES
  - SCHC BH SERVICES
  - SCHC REFUGEE SERVICES
  - SCHC MHTC PHARMACY
  - SCHC HOMELESS SERVICES

# # OF VISITS BY MONTH & DEPARTMENT (1/1/25- 3/31/26)



- SCHC PCC PHARMACY
- SCHC ADULT MEDICINE
- SCHC SCOE
- SCHC PEDIATRIC MEDICINE
- SCHC FAMILY MEDICINE
- SCHC SPECIALTY SERVICES
- SCHC BH SERVICES
- SCHC REFUGEE SERVICES
- SCHC MHTC PHARMACY
- SCHC HOMELESS SERVICES

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# HEALTH CENTER SCHOOL SITES

SCHC has contracted with SCOE to provide services specific to behavioral health at the School-Based Health Center Sites. Since these are FQHC sites, we have some specific requirements that are not typically done in other behavioral health centers. These requirements include compliant signs and posting, hours of operation, and ensuring that clients receive specific services.

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# WELLNESS WITHOUT WALLS (W3)

- Partnership with Primary Health and Public Health
  - Mobile unit delivering clinical services - including HIV, sexual health, and broader services - and referrals to unhoused communities and transitional-aged youth
  - Aims to increase access to health services, information, and resources among marginalized communities in Sacramento County
  - Funded, in part, with grants from the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention.
- 



# W3 - MEDICAL CARE & MORE

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- **HEART - Homeless Engagement and Response Team**
  - Behavioral health resources and connections offered by the Sacramento County Department of Behavioral Health Services.
- **PAWS - Pet Aid and Wellness Services**
  - Veterinary services for pets with owners experiencing homelessness offered by the Sacramento County Department of Animal Services
- **CoHeWo - Community HealthWorks**
  - Healthcare system navigation
  - Housing resources
  - Case management





# SERVICE COVERAGE

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- Medi-Cal Fee-for-Service
- Medi-Cal Managed Care
- Healthy Partners enrollees
- Medicare
- Medi-Medi (Medicare and Medi-Cal)
- Sliding Fee Scale

# 2024-2026: STRATEGIC PLAN

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- **Priority 1: Increase Access to Care**
    - **Goal 1:** Increase Access to Health Care Services
    - **Goal 2:** Increase Access to Enabling and Navigation Services to Overcome Social Determinants of Health
  - **Priority 2: Promote Economic Sustainability**
    - **Goal 1:** Increase Efficiency Through Activities Including Process Improvements, Staff Training, Enhanced and/or Updated Technologies
    - **Goal 2:** Improve Staff Retention to Lower Costs due to Recruitment and new Employee Training Costs and Other Costs
    - **Goal 3:** Identify and Track Funding Opportunities (e.g., CalAim) That Align With the Health Center's Mission, Vision, and Values
  - **2027-2029 Strategic Plan in development!**
- 



# QUALITY IMPROVEMENT PLAN

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Efficiency

Continued  
Quality

Expanding  
Access

Continued  
Community  
Partnership

# Looking Ahead

Fiscally Self-Sustaining  
Quality Care

Accountability, Clarity, and Efficiency

---

THANK YOU



DEPARTMENT OF HEALTH SERVICES

*Sacramento County Health Center*

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**INITIAL APPLICATION**  
**SACRAMENTO COUNTY HEALTH CENTER'S CO-APPLICANT BOARD**

*PLEASE SUBMIT APPLICATIONS IN PERSON OR BY MAIL TO*

*ATTN: Nicole Reyes-Schultz  
4600 BROADWAY, SUITE 2500 SACRAMENTO, CA 95820*

*By email to: reyes-schultzn@saccounty.gov*

Application For: **Co-Applicant Board**  
\_\_\_\_\_

Mr./Mrs./Ms./Other \_\_\_\_\_  
Last Name First Middle Initial

Home Address: \_\_\_\_\_  
Street Address City Zip Code

Mailing Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell Work

E-mail Address(es): \_\_\_\_\_

Why do you want to be a member of the Sacramento County Health Center's Co-Applicant Board?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently a registered patient of the Sacramento County Health Center, meaning that the health center (or one of its providers) is your primary care provider (PCP)? Yes  No

**If yes,**  
1a) Have you (or your minor child) received at least one service from the Sacramento County Health Center in the past 12 months? Yes  No

*Thank you very much for submitting your interest.  
The Co-Applicant Board Executive Secretary or one of its members  
will reach out to follow up on your application.*



## **Recruitment Plan**

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

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.

**Approved 6/20/2025**

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

Friday, April 17, 2026, 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 NOT established, no votes were had, items requiring votes deferred to the next monthly meeting.

**CALL TO ORDER (9:45 AM)**

Opening Remarks and Introductions –

a. Roll Call and Welcome

**PRESENT**

<b>Suhmer Fryer - Chair</b>	<b>Noel Vargas – DHS Deputy Director</b>
<b>Laurine Bohamera – Vice Chair</b>	<b>Rachel Kay – Human Service Division Mgr.</b>
<b>Jan Winbigler - Member</b>	<b>Corina Gonzalez - Chief Medical Officer</b>
<b>Eunice Bridges – Member</b>	<b>Michelle Besse – Health Program Mgr.</b>
<b>Dedra Russell - Member</b>	<b>Adam Prekeges – Admin Srvs Officer II</b>
	<b>Rachel Callan – Sr. Admin Analyst</b>
	<b>Christina Delgado – Health Program Mgr</b>
	<b>Jane Murphy – Health Program Mgr</b>
	<b>Emily Moran-Vogt – Health Program Mgr</b>
	<b>Heather Vierra – Physician</b>
	<b>Kelly Borreno – Sr. H.P. Coordinator</b>
	<b>Nicole Reyes – Senior Office Assistant</b>

**Announcements:**

- **Introduction of Rachel Kay to the CAB board**

**INFORMATION ITEMS**

## **Budget Updates presented by Adam Prekeges**

### **HRSA Project Budget Summary**

#### **No movement on Grants, the process starts mid-January**

- ✓ **Must submit budget to the County, due Wednesday**
- **As of 12/31/2025 \$1,353,070.79 has been expended on the HRSA project.**
- **Remaining balance of \$358,531.21**
- **No major variances or concerns. Staff comprise majority of the costs.**

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

- **FY 25/26 budget has \$0 general fund draw.**
- **Object 10 Salaries/Benefits: current projection shows we are \$1.16M under budget**
- **Object 20 Services/Supplies: tentative projection shows we are \$2.58M under budget**
  - ✓ **Projection is based upon July'25-Feb'26 actuals and is most accurate projection we have to date.**
- **Object 30 Contracts: Current projection shows we are \$433K over budget**
  - ✓ **Increased OCHIN (Electronic Health Record) costs are pushing us over budget. We have been monitoring these throughout the Fiscal Year.**
  - ✓ **Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners (HP) programs.**
  - ✓ **If actuals exceed budgeted amount, the administration team will complete an Appropriation Adjustment Request (AAR) to reduce a different object level to increase object 30 by the overages.**
- **Object 40 Fixed Assets: currently not budgeted but will be \$35,119.00**
  - ✓ **New camera system installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is \$35,119. The plan is to move money from object 20 to cover the increase.**
- **Object 60 Internal Charges/Allocated Costs: Current projection is \$1.57M under budget.**
  - ✓ **We have an intrafund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.**
  - ✓ **Some of our savings in our budget come from 60 object.**
- **Objects 59 & 69 Inter/Intra Fund Reimbursements: Current projection is \$2.8M less revenue than budgeted**
  - ✓ **Realignment was reduced by \$2.81M in FY 25/26 budget due to the redistribution to other Health Services programs.**

- **Objects 95/96/97 Outside Revenue: Hard to project due to upcoming changes.**
  - ✓ **Medi-Cal revenue is currently \$15.7M.**
  - ✓ **At Same time last FY it was \$12M**
  - ✓ **Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now \$359.44.**
  - ✓ **Grants are on track.**
  - ✓ **HRSA HIV grant has been rolled into our main HRSA Homeless grant.**
  - ✓ **Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. No changes have been made to the grant budget as of yet.**

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

**Please see handout for detailed information**

- **Noel introduced the new Division Manager Rachel Kay who gave some information about herself.**
- **Noel also gave an introduction of Sr. Health Program Coordinator Kelly Borrero who gave a some information about herself to CAB.**
- **CAB welcomed both members to the Clinic.**
- **Noel stated the health center has two program planners are in the process of being hired with the clinic.**
- **Rachel Callan stated Shafiullah (Shafi) Akbary the new Administrative Services Officer III has started at the clinic.**

**Medical Director Report presented by Dr. Corina Gonzalez**

**Please see handout for detailed information.**

- **Dr. Gonzalez gave details on the following items:**
  - ✓ **CMISP and HP Programs**
    - **No questions were asked.**
  - ✓ **Health Resources and Service Administration**
    - **No questions were asked.**
  - ✓ **School Based Health Sites – This was discussed further on update given by Michelle later in CAB meeting**

**QI Plan Progress Monitoring/Data Report**

**Please see handouts for detailed information**

- **Jane gave a update regarding QI plan progress monitoring/Data report.**
- **No questions were asked.**

**Update on School Based Mental Health Site**

- **Michelle Besse gave a update on the 32 sites that SCOE is located at. Michelle offered to CAB for a tour of a couple of SCOE sites to see how the process works.**
- **CAB agreed to tour some of the sites and Michelle Besse will set up.**

### **CAB Member Recruitment Plan**

**Due to CAB members leaving the meeting early this item has been moved to discuss at the next meeting.**

### **CAB Goals: Strategic Planning**

**The chairperson is still to be determined.**

**CAB members will discuss and decide who will take on this role.**

**Jane reviewed the proposed rules of engagement which everyone agreed.**

**A Teams channel will be created to house all information related to the strategic plan. Once the channel is set up, Jane will present materials to the team.**

**A timeline outlining the development of the strategic plan was presented.**

**No questions were asked regarding the timeline.**

**The following question were asked on how to improve strategic planning:**

***What worked well in the last strategic plan and why?***

- **Technology improved communication and collaboration.**

***Where did we make progress but still have room for improvement?***

- **Need to build a strong foundation.**
- **Develop cross-training opportunities that include staff needs.**

***What internal and external factors influence our ability to meet goals?***

- **Staff turnover and changing organizational culture.**
- **Progress has been made, but continued improvement is needed to strengthen the clinic.**

***What emerging needs or opportunities should carry forward?***

- **Continued focus on data, metrics, and reporting.**

- **Improvements have started, but ongoing refinement is necessary.**

*From a patient perspective, where did we improve and where are the gaps?*

**Improvements:**

- **Access, navigation, and patient experience are improving.**

**Gaps / Opportunities:**

- **Strengthen community-based services and case management.**
- **Increase patient-centered care.**
- **Ensure alignment with organizational culture, policies, and clinic operations.**
- **Think of the clinic as a home, with staff serving as the pillars that keep it strong.**
- **A solid foundation, aligned culture, and patient-centered approach are essential for success.**

**More discussion will be had at the next meeting in May and no votes were taken.**

**ACTION ITEMS**

BUSINESS ITEM I.

- March 20, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted March 20, 2026, Meeting Minutes

\*Business Item I was moved to May meeting.

**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**

Suhmer Fryer adjourned the meeting at 11:30 am.

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

Friday, May 15, 2026, 9:30 a.m.- 12:00 p.m.

Regular Meeting Minutes

4600 Broadway, Community Room 2020, Sacramento, CA

Agenda materials can be found at

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

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

- Meeting attendance followed Brown Act requirements.
- A quorum was established.

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

Opening Remarks and Introductions – Suhmer Fryer

a. Roll Call and Welcome

**PRESENT**

<b>Suhmer Fryer - Chair</b>	<b>Noel Vargas – DHS Deputy Director</b>
<b>Laurine Bohamera – Vice Chair</b>	<b>Rachel Kay – Human Service Division Mgr.</b>
<b>Jan Winbigler - Member</b>	<b>Corina Gonzalez - Chief Medical Officer</b>
<b>Eunice Bridges – Member</b>	<b>Michelle Besse – Health Program Mgr.</b>
<b>Vince Gallo - Member</b>	<b>Christina Delgado –Health Program Mgr</b>
<b>Ricki - Member</b>	<b>Rachel Callan – Sr. Admin Analyst</b>
	<b>Jane Murphy – Health Program Mgr</b>
	<b>Emily Moran-Vogt – Health Program Mgr - Teams</b>
	<b>Heather Vierra – Physician</b>
	<b>Nicole Reyes – Senior Office Assistant</b>

**Announcements:**

- A discussion will be had if Strategic Planning will be included in all CAB meetings from now until end of year. Update given soon.

**INFORMATION ITEMS**

## **Budget Updates presented by Rachel Callan**

### **HRSA Project Budget Summary**

- **As of 3/31/26 we have claimed \$1,353,070.79 on the HRSA project. We have a remaining balance of \$358,531.21. The final drawdown will be done in May 2026.**
- **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: Current projection shows we are \$1.44M under budget.**
- **Object 20 Services/Supplies: Current projection shows we are \$2.09M under budget.**
- **Projection is based upon July'25-Mar'26 actuals and is most accurate projection we have to date.**
- **Object 30 Contracts: Current projection shows we are \$433K over budget.**
  - ✓ **Increased OCHIN (Electronic Health Record) costs are pushing us towards our budget. We have been monitoring these throughout the Fiscal Year.**
  - ✓ **Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners (HP) programs.**
  - ✓ **If actuals exceed budgeted amount, the administration team will complete an Appropriation Adjustment Request (AAR) to reduce a different object level to increase object 30 by the overages.**
- **Object 40 Fixed Assets: Current projection shows we are at budget.**
  - ✓ **New camera system installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is \$35,119.**
  - ✓ **An AAR has been completed to move money from object 20 to cover the increase.**
- **Object 60 Internal Charges/Allocated Costs: Current projection is \$1.49M under budget.**
  - ✓ **We have an interfund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.**
  - ✓ **Some of the savings in our budget come from 60 object**

- **Object 59 and 69 Inter/Intrafund Reimbursements: Current projection is \$2M less revenue than budgeted.**
  - ✓ **Realignment was reduced by \$2M in FY 25/26 budget due to the redistribution to other Health Services programs.**
- **Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes, which is why expenditure accounts are being watched closely.**
  - ✓ **Documented Medi-Cal revenue is currently \$19.3M.**
  - ✓ **At same time last FY (July'24-Mar'25) it was \$15.9M.**
  - ✓ **Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now \$359.44.**
- **Grants are on track.**
  - ✓ **HRSA HIV grant has been rolled into our main HRSA Homeless grant.**
  - ✓ **Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. Changes will be presented next month.**

**Project Director Report by Noel Vargas**

*Please see handouts for detailed information*

Noel stated new planner is starting on Monday and a second additional planner is coming May 25<sup>th</sup>.

Also looking to still fill the other positions.

**Medical Director Report**

Dr. Gonzalez presented the report.

*Please see handouts for detailed information*

Eunice asked Dr. Vierra why some patients receiving services at the clinic are unable to be seen at UCD. Dr. Vierra explained that some patients may be eligible for care at UCD depending on their specific healthcare plan. In some cases, other healthcare providers may offer services; however, eligibility depends on the patient's insurance plan and contractual agreements with UCD.

Dr. Gonzalez then asked whether the CAB members would still like her to continue presenting the numerical data. CAB members agreed that they would.

No additional questions were raised.

**Presentation and vote on expansion for 32 school based mental health sites**

Michelle Besse presented a slideshow regarding SCOE and the services it provides to schools.

***Please refer to the slideshow packet and expansion site for additional details.***

**Jan Murphy asked about the “green section” related to school-based rates. Rachel explained that the figures presented were hypothetical one-to-one projections and that actual increases may differ from those estimates. Michelle added that funding has been allocated within the budget to cover associated costs; however, final outcomes and impacts are not yet fully known. Rachel further explained that all revenue is consolidated into the same reporting structure and will continue to be tracked, although any additional revenue may not be specifically reflected within the current report.**

**Vince Gallo asked about potential obstacles related to providing these services. It was discussed that one significant barrier is the stigma associated with parenting and mental health services, as some parents may fear being perceived negatively if their child seeks treatment.**

**Laurine Bohamera asked for clarification regarding the contractual process and whether payment is provided when clinicians see students. Michelle explained that reimbursement is based on the number of students receiving services.**

**Laurine Bohamera also asked whether referrals to the health center could be tracked if patients are referred through their schools. The group agreed that this would be beneficial to explore further and that developing a tracking process may be valuable.**

**A vote regarding this matter will take place during the review of action items.**

#### **Patient Grievances and Safety Review**

**Jane Murphy presented her information in regards to patient grievances and safety review**

***Please see handouts for detailed information***

**No questions were asked**

#### **Patient Feedback Survey Findings**

**Jane Murphy presented the patient feedback and survey findings. Please refer to the handout for additional details.**

**Ricki asked whether the survey only included three questions and whether any questions addressed doctor-to-patient communication, noting the importance of that topic. It was explained that the current survey does not include those questions; however, the survey is currently being expanded to capture additional patient feedback.**

**Christina Delgado asked whether recommendation questions should be divided between patient experience and patient services. She emphasized the importance**

**of being specific about the type of information the survey is intended to capture and ensuring clarity in the questions being asked.**

**It was also noted that paper surveys are currently in the process of being developed.**

### **CAB Goals**

**Goals were discussed as followed work on a strategic plan and vote more cab members**

### **CAB Member Recruitment Plan**

**A simple recruitment plan will be created to gain more CAB members. A flyer will be created for the windows of clinic and possibly elevator.**

**Nicole Reyes will send the CAB members the current recruitment form along with CAB application.**

**CAB members will review information and talk about at next meeting.**

### **CAB Goals: Strategic Planning**

**Jan made a motion to appoint Lauraine as Chair of the committee.**

**Rikki seconded the motion.**

**CAB members voted in favor of the motion.**

**Lauraine agreed to serve as Chair of the Strategic Planning Committee.**

**The committee's goals will include reviewing the overall scope of the program to ensure grant funding is being utilized appropriately across all relevant departments.**

**A Microsoft Teams channel has been created for the workgroup. Due to legal compliance requirements, CAB members will not have access to the main channel; however, they will participate in the workgroup team to collaborate, share ideas, and exchange documents.**

**The group agreed to keep the current vision, mission, and values statements in place for now, with plans to revisit and update them collectively once the strategic plan framework is further developed.**

**A proposed project timeline was presented for review. Members agreed that the timeline and sequence of topics were appropriate.**

**Jane reviewed the Patient Characteristics spreadsheet.**

**Dr. Gonzalez asked whether SCOE was included in the reported numbers. Jane confirmed that SCOE data is included.**

**No additional questions were raised.**

**The Financial Analysts section was presented. *Please refer to the handout for details.***

**No questions were raised.**

**The SCHC Staffing slide was presented. *Please refer to the handout for details.***

**Jan asked what conclusions or statements could currently be made based on the staffing information presented.**

**The response provided was that additional review is needed in order to provide updated and accurate conclusions regarding the data.**

**A question was raised regarding how visits were built and whether there would be an increase in providers.**

**It was noted that updated information is not currently available and that changes have occurred since the original data was compiled.**

**No additional questions were raised.**

**The HEIDS Quality Information slide was presented. Green indicators represented areas currently in compliance.**

**A question was asked regarding whether the comparison was against other clinics.**

**It was clarified that the comparison is based on the clinic's own yearly performance metrics, not external clinics.**

**An informational slide regarding the 2024–2026 Strategic Plan Analysis Metrics was presented. Please refer to the handout for details.**

**No questions were raised during this section.**

**Jane presented the Proposed Strategic Plan Workgroup slideshow. *Please refer to the handout for details.***

**Dr. Vierra asked for clarification regarding the definition of an “internal partner.”**

**Rachel explained that internal partners include staff, providers, and anyone internal to the county organization.**

**A proposed strategic framework was discussed with the goal of gathering ideas and feedback on how the framework should be structured.**

**The importance of incorporating input from all stakeholders was emphasized to ensure alignment across the clinic.**

**Members discussed the importance of identifying overarching goals and using language that is accessible and understandable to both staff and the public.**

**Christina suggested breaking down the proposed strategic plan workgroups into clearer categories to improve understanding.**

**Summer agreed that a more detailed breakdown would make the information easier for the public to understand.**

**It was recommended that each pillar include a clearly defined focus area and goal.**

**Christina also suggested reviewing an alternative framework known as the Patient-Centered Care Model.**

**A recommendation was made to conduct a SWOT analysis to better understand strengths, weaknesses, opportunities, and threats relevant to the strategic plan.**

**Additional discussion included creating a survey for community partners to gather feedback and input.**

**Jane thanked the group for their feedback and stated that all suggestions would be reviewed as the strategic planning process moves forward.**

**The group discussed reviewing examples and variations of other strategic plans.**

**A future SWOT analysis meeting will be discussed, including strategies for engaging community partners.**

**Jan suggested developing a standard set of questions and organizing small discussion groups consisting of one or two CAB members and one or two clinic staff members.**

## ACTION ITEMS

### **BUSINESS ITEM I.**

\*Jan Winbigler Moved to Approve the February 20, 2026, CAB Meeting Minutes.

\*Laurine Bohamera Seconded the Motion to Approve the February 20, 2026, CAB Meeting Minutes.

**Yes Votes:** Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.

**No Votes:** None

**Result:** Carried

### **BUSINESS ITEM II.**

\*Laurine Bohamera Moved defer the April 17, 2026, CAB Meeting Minutes to be approved at June Meeting in order for strategic planning notes to be included.

\*Jan Winbigler Seconded the Motion to differ the April 17, 2026, 2026, CAB Meeting Minutes to be voted on for approval in June meeting.

**Yes Votes:** Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.

**No Votes:** None

**Result:** Deferred to June CAB meeting

### **BUSINESS ITEM III.**

\*Laurine Bohamera Moved to Approve Expand School Based Mental Health to an additional 32 sites

\*Rikki Townsend Seconded the Motion to Approve Expand School Based Mental Health to an additional 32 sites

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

**No Votes:** None

**Result:** Carried

### **BUSINESS ITEM I.**

\*Jan Winbigler Motioned to defer CAB recruitment plan to June meeting

\*Laurine Bohamera defer CAB recruitment plan to June meeting

**Yes Votes:** Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.

**No Votes:** None

**Result:** Deferred June Meeting

## 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**

Suhmer Fryer adjourned the meeting at 12:15 p.m.