Sacramento County Health Center
Co-Applicant Board (CAB) Meeting AGENDA
Friday, February 20, 2026, 9:30 a.m.- 12:00 p.m.
Regular CAB Meeting
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

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

- If any Board member needs to teleconference for this meeting, a notice will be uploaded to our website at https://dhs.saccounty.gov/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx by 8:30 a.m. on the morning of the meeting along with a link available to the public to observe the meeting via Teams video and/or teleconference.

- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email DCO@saccounty.gov as soon as possible prior to the meeting.

CALL TO ORDER (9:30 AM)

Opening Remarks and Introductions –
   a. Roll Call and Welcome
   b. Brief Announcements

INFORMATION ITEMS (9:35 AM)

1. Proposed HRSA Program & County Budget Review

2. Project Director Report

3. Medical Director Report

4. UDS Executive Summary

   - HRSA Main Grant Report
   - School-Base Mental Health Program Report

5. 2026 Quality Improvement (QI) Plan Final Review & Approval

6. CAB Goals
   - CAB Manual Training
   - Annual Ethic Training & Annual Form 700 Filing

INFORMATION/ACTION ITEMS[1]

BUSINESS ITEM I.
- Proposed HRSA Program & County Budget
- ✓ Recommended Action: Motion to Approve the Proposed HRSA Program & County Budget.

BUSINESS ITEM II.
- 2026 Quality Improvement (QI) Plan Approval
- ✓ Recommended Action: Motion to Approve the 2026 Quality Improvement (QI) Plan

BUSINESS ITEM III.
- January 16, 2025, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted January 16, 2026, CAB Meeting Minutes

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.

- 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 (12:00 PM)

---

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

CFO Updates
February 20, 2026 CAB Meeting

Report Summary

This report summarizes the Fiscal Year (FY) 2026-2027 recommended budget. The budget period runs between 7/1/2026 - 6/30/2027.

County Budget Summary and Significant Variances

- Object 10 Salaries/Benefits:
  - Sharp decline in 2004 Pension Obligation Bond.
  - New union contracts, and many more unions offer 401K match, raising 401K plan cost.
  - In the FY 26/27 recommended budget an Administrative Services Officer III and Health Program Manager are included. These will be paid by the Healthy Partners and CMISP programs. Offsetting revenue not shown in budget currently, as these programs do not receive the recently approved Board funding until FY 26/27.
- Object 20 Services/Supplies:
  - Made small adjustments throughout object 20 to align closer to past few years actuals.
  - In FY 25/26 we asked the Board for a growth in our OCHIN contract. It was a one-time growth of 1 million dollars in FY 25/26, to close out the contract, and an ongoing growth of $500K at the start of FY 26/27. While it appears we are decreasing GL 20281100, it is still increasing comparative to historical budgeted amounts (same with GL 30312100).
  - Heavily reduced GL 20292900 due to the HRSA ARP-Capital grant ending in FY 25/26. Reduced budgeted revenue for the grant as well.
  - Main driver of the increase in object 20 is because DHS now has programs budget for registry staffing contracts. We do not budget our contracts with Department of General Services (DGS), and in the past our registry contracts were with DGS. Now DHS holds the contracts, which is the reason why we budget it. No significant change otherwise the appearance, due to in the past using contract savings to fund registry budget.
- Object 30 Contracts:
  - In FY 25/26 we asked the Board for a growth in our OCHIN contract. It was a one-time growth of 1 million dollars in FY 25/26, to close out the contract, and an ongoing growth of $500K at the start of FY 26/27. While it appears we are decreasing GL 30312100, it is still increasing comparative to historical budgeted amounts (same with GL 20281100).
  - Removed the expense for One Community Health ARPA pass-through grant since they used their remaining funding in FY 25/26. Removed offsetting revenue as well.
- Object 40 Fixed Assets:
  - When a program purchases a fixed asset, a good that is over $10,000 with a lifespan of more than 1 or more years, appropriations will be moved to cover the exact cost.
- Object 60 Internal Charges/Allocated Costs:
  - No significant changes.
- Object 59 Realignment:
  - In FY 26/27 recommended budget, Realignment dropped 10% compared to FY 25/26 budget. This is mainly due to County giving targets for General Fund and Realignment, and programs had to adjust accordingly.
- Object 69 Inter/Intrafund Reimbursements:
  - Intrafund revenue dropped significantly in FY 26/27 recommended budget due to SCOE's MHSSA pass-through grant ending 8/31/26. Does not impact Clinic Services program directly, as it is a pass-through.
- Object 95/96/97 Outside Revenue:
  - The FY 26/27 recommended budget increased Medi-Cal revenue to balance budgeted expenditures. Clinics program will have to manage the budget by watching FY 26/27 expenditures closely.

County of Sacramento
Primary Health
Clinic Services

FY 26-27 Budget Comparison - Object Level

Line Item	FY 25/26 Budget	FY 26/27 Recommended Budget	Percentage Change	Comments/Notes
Expenses				
Personnel *10 - SALARIES AND EMPLOYEE BENEFITS*	$ 14,760,997	$ 15,086,288	2.20%	No significant change in object 10. Reduced costs as much as we could, while accounting for COLAs and new union agreements.
Services & Supplies *20 - SERVICES AND SUPPLIES*	$ 21,858,812	$ 24,051,448	10.03%	Biggest driver is 20259100 increasing to $19M from $16M. Main change in 20259100 is budgeting registry contracts (was DGS contracts prior). Budgeted $2.575M for registry contracts. Without budgeting registry, we reduced our 20 object (first time budgeting registry since contracts are with DHS).
Other Charges *30 - OTHER CHARGES*	$ 2,433,243	$ 1,392,000	-42.79%	Removed OCH ARPA pass-through grant from FY 26/27 budget. Also reduced budgeted amount for OCHIN contract comparative to FY 25/26 (where we asked for a one-time growth of $1M to close out contract).
Equipment *40 - Fixed Assets*	$ -	$ -		Will move appropriations when we have equipment purchased over $10K per piece of equipment.
Intrafund Charges (Allocation costs) *60 - INTRAFUND CHARGES*	$ 5,411,059	$ 5,572,304	2.98%	No significant changes.
Total Expenses	**$ 44,464,111**	**$ 46,102,040**		
Revenue				
Inter/Intrafund Reimbursements *59 - Realignment*	$ (11,740,052)	$ (10,576,079)	-9.91%	Reduced realignment for Clinics program in FY 26/27 budget due to NCC and semi-discretionary revenue targets County created for us.
Inter/Intrafund Reimbursements **69 REIMBURSEMENT ACCOUNTS*	$ (2,142,943)	$ (917,658)	-57.18%	Heavily reduced intrafund with BHS for SCOE's MHSSA pass-through grant, which was a large portion of this. Does not impact us, as we will have the same reduced expenditures in the 20 object (via SCOE contract, which was **not** reduced). This number will significantly increase once we have CMISP and HP intrafunds set up, which will happen at the beginning of FY 26/27.
Intergovernmental Revenue *95 - INTERGOVERNMENTAL REVENUES*	$ (30,574,116)	$ (34,601,303)	13.17%	Some of our grants ended, which lowered our revenue target for grants. Heavily increased Medi-cal budget to balance budget. Clinics will have to manage expenditures again, since most likely will not meet budgeted revenue target.
Charges for Services *96 - CHARGES FOR SERVICES*	$ (7,000)	$ (7,000)	0.00%	No significant changes.
Miscellaneous Revenue *97 - MISCELLANEOUS REVENUE*	$ -	$ -	0.00%	No significant changes.
Total Revenue	**$ (44,464,111)**	**$ (46,102,040)**		

GRAND TOTAL
(Net County Cost) $ - $ -

FY 26-27 Budget Comparison - GL Details

GL Account	GL ACCT NAME	2025-26 Year End Estimates (Q2)	2025-26 Adj. Adopted Budget	2026-27 Recommended Budget	Budget % Change	Notes
10111000	Salaries & Wages - Regular Employees	8,005,111	9,251,251	10,039,209	8.52%	
10112100	Salaries & Wages - Extra Help	387,136	227,211	236,945	4.28%	
10113100	Salaries & Wages - Straight Time - OT	366	-	-		
10113200	Salaries & Wages - Time/One Half - OT	17,660	12,402	12,984	4.69%	
10114100	Salaries & Wages - Premium Pay	179,719	198,698	219,198	10.32%	
10114200	Salaries & Wages - Standby Pay	-	-	-		
10114300	Allowances	10,267	10,000	10,000		
10115200	Terminal Pay	78,405	-	-		
10121000	Retirement - Employer Cost	1,632,986	1,912,012	1,957,578	2.38%	
10121100	1995/2003 POB Debt	-	-	-		
10121200	2004 POB Debt Svc	800,839	800,839	256,871	-67.92%	Sharp decline in Pension Obligation Bond
10121300	Retirement Health Savings Plan-Employer Cost	58,802	69,550	75,400	8.41%	
10121400	401A Plan - Employer Cost	49,707	57,908	267,949	362.71%	New union contracts, more unions now offer 401K match
10122000	OASDHI - Employer Cost	590,205	693,898	760,137	9.55%	
10123000	Group Ins - Employer Cost	1,539,539	1,774,537	1,978,625	11.50%	
10124000	Work Comp Ins - Employer Cost	252,691	252,691	234,346	-7.26%	
10125000	SUI Ins - Employer Cost	-	-	-		
10199900	Salary Savings A	-	(500,000)	(962,955)	92.59%	Had to budget more salary savings (vacancies and typical turnover throughout the year)
Object 10	Subtotal	13,603,433	14,760,997	15,086,288	2.20%	
20200500	Advertising/Legal Notices	30,500	1,500	1,500		
20202200	Books/Periodical Supply	-	2,500	2,500		
20202300	Audio-Video	-	-	-		
20202400	PERIODICAL/SUBSCRIPT	3,430	-	3,500		Added some money here for annual ClearTriage subscription.
20202600	Microfilm Supplies	-	-	-		
20202900	Bus/Conference Exp	1,195	1,200	1,200		
20203100	Business Travel	1,364	3,000	3,000		
20203500	Education & Training Service	3,000	5,000	5,000		
20203600	Education & Training Supplies	370	1,000	1,000		
20203700	Tuition Reimbursement For Employees	5,405	3,000	5,000	66.67%	Increased, due to employees utilizing the tuition reimbursement more
20203800	Employee Recognition	-	2,000	2,000		
20203804	Workplace Amenity	2,160	-	-		
20203900	Employee Transportation	2,500	2,500	2,500		
20204500	Freight/Express/Cartage	15,014	20,000	20,000		
20206100	Membership Dues	-	1,000	1,000		
20207600	Office Supplies	40,194	28,000	28,000		
20207602	Signs	3,000	-	-		
20208100	Postal Services	825	1,000	1,000		
20208500	Printing Services	1,000	1,000	1,000		
20211100	Building Maint. Services	-	-	-		
20218500	Permit Charges	1,185	2,100	1,500	-28.57%	Lowered to align closer to actual permit cost
20219300	Refuse Collection/Disposal Services	3,212	2,500	2,500		
20220500	Auto Maintenance Services	7,200	-	3,600		
20221100	Const Equip Maint S	7,286	5,200	5,200		
20222700	DTech Cell Phone	23,548	23,548	19,783	-15.99%	
20223600	Fuel/Lubricants	2,052	3,000	3,000		
20225100	Medical Equip Maint Service	19,938	10,000	20,000	100.00%	Increased as much as we could, as we use this GL often
20225200	Medical Equip Maint Supplies	78,238	20,157	25,000	24.03%	Increased as much as we could, as we use this GL often
20226100	Office Equipment Maint. Service	108	108	108		
20226101	Furniture Repair	169	-	-		
20226200	Office Equip Maint Supplies	-	-	-		
20226201	Ergonomic Furniture	-	-	-		
20226400	Modular Furniture	-	-	-		
20227100	Radio/Electric Maint.	-	-	-		
20227500	Rent/Leases Equipment	36,771	30,000	35,000	16.67%	

Code	Description					
20231400	CLOTH/PERSONAL SUP	277	-	-		
20232100	Custodial Services	8,500	6,000	6,000		
20233100	Food/Catering Services	-	-	-		
20233200	Food/Catering Supplies	-	200	200		
20234200	Kitchen Supplies	-	-	-		
20235100	Laundry/Dry Cleaning Service	4,228	3,000	4,500	50.00%	Aligned closer to actuals
20241200	Dental Supplies	-	-	-		
20242000	DRUGS/PHARM SUP	-	-	-		
20243700	Laboratory (Medical) Service	50,000	1,000	1,000		
20244300	Medical Service	7,622	1,000	4,000	300.00%	Increased, and will watch how much we spend in FY 26/27 to adjust in FY 27/28
20244400	Medical Supplies	3,830	-	5,000		
20247100	Radiology Svc	23,000	28,262	28,262		
20247200	Radiology Sup	-	5,000	5,000		
20251900	Architectural Services	-	-	-		
20252100	Temporary Services	-	28,001	28,807	2.88%	
20254200	Treasurer Services	155	-	-		
20257100	Security Services	212,975	212,975	225,891	6.06%	
20259100	Other Professional Services	13,438,885	16,388,884	19,093,068	16.50%	Large increase due to budgeting registry contracts (never budgeted in past)
20271100	DTech Embedded Staff/Labor	428,493	428,493	359,688	-16.06%	
20281100	Data Processing Services	830,000	830,000	665,000	-19.88%	We asked for one-time growth for FY 25/26 to close out our 3 year contract with OCHIN. Asked for $500k ongoing to maintain increased costs starting FY 26/27, hence the decrease (split with 30312100)
20281101	DTech Virtual Server	-	-	6,591		
20281200	Data Processing Supplies	-	82,780	82,780		
20281201	Hardware	413,520	-	-		
20281202	DTech Software	108,874	108,874	141,333	29.81%	Allocated cost, cannot negotiate
20281204	Other	1,364	-	-		
20281265	Application SW Maint.	-	-	-		
20283200	Interpreter Services	319,483	556,305	517,404	-6.99%	
20287100	Transportation Of Person	59,747	400	400		
20288000	PY Expend	(96)	-	-		
20289800	Other Operating Expense - Supplies	-	-	-		
20289900	Other Operating Expense - Services	-	-	-		
20291000	Countywide IT Services	109,149	109,149	103,367	-5.30%	
20291200	Systems Development Supplies	59,628	59,628	68,584	15.02%	
20291300	Auditor/Controller Services	-	-	-		
20291600	WAN Costs	243,313	243,313	227,842	-6.36%	
20291700	GS Alarm Services	20,250	20,250	18,623	-8.03%	
20292100	GS Printing Services	779	5,000	3,000	-40.00%	
20292200	GS Mail/Postage Charges	11,408	7,000	9,000	28.57%	
20292300	GS Messenger Services	14,376	14,376	14,559	1.27%	
20292500	GS Purchasing Services	15,308	15,308	21,784	42.30%	Allocated cost, cannot negotiate
20292700	GS Warehouse Charges	1,008	1,000	1,000		
20292800	GS Equipment Rental - Light	210	-	252		
20292900	GS Work Request Charges	450,000	475,712	100,000	-78.98%	Reduced due to HRSA ARP-Capital grant ending
20293407	Real Estate Services	7,500	-	-		
20294200	County Facility Use Charges	1,689,613	1,689,613	1,630,599	-3.49%	
20296200	GS Parking Charges	-	350	350		
20297100	Insurance - Liability	235,766	235,766	340,087	44.25%	Allocated cost, cannot negotiate
20298300	GS Surplus Property Management	5,430	5,430	7,650	40.88%	Allocated cost, cannot negotiate
20298700	GS Telephone Services	126,430	126,430	135,936	7.52%	
20298900	GS Telephone Installations	-	-	-		
Object 20	**Subtotal**	**19,190,689**	**21,858,812**	**24,051,448**	**10.03%**	
30310300	Elig Exams	392	1,500	1,500		
30310700	Transportation/Welf	475	10,000	10,000		
30311400	Volunteer Expenses	294	500	500		

30312100	Provider Payments	2,100,000	1,715,000	1,380,000	-19.53%	We asked for one-time growth for FY 25/26 to close out our 3 year contract with OCHIN. Asked for $500k ongoing to maintain increased costs starting FY 26/27, hence the slight decrease (split with 20281100)
30370000	Contr Other Agencies	706,243	706,243	-	-100.00%	Removed OCH ARPA pass-through grant expenditures, removed revenue as well, GL 95959503
Object 30	Subtotal	2,807,404	2,433,243	1,392,000	-42.79%	
43430110	Equip-Prop	35,119	-	-		
Object 40	Subtotal	35,119	-	-		
60601100	Dept OH Alloc	1,125,276	1,189,048	1,236,146	3.96%	
60601200	Div OH Alloc	296,044	296,044	320,604	8.30%	
60650400	Collection Svc	110	1,400	-	-100.00%	
60691301	Finance General Accounting	9,878	9,878	13,237	34.00%	
60691302	Finance Payroll Services	7,290	7,290	7,444	2.11%	
60691303	Finance Payment Services	14,199	14,199	11,795	-16.93%	
60691305	Finance Audits	4,633	4,633	4,345	-6.22%	
60691306	Finance System Control & Recon	7,261	7,261	-	-100.00%	
60695100	Personnel Services	143,908	143,908	152,774	6.16%	
60695102	Benefit Admin Svs	-	-	-		
60695103	Employment Services	-	-	-		
60695500	Training Svcs	-	-	-		
60695600	DPS Dept Svcs Teams	125,192	125,192	125,626	0.35%	
60695700	401A Plan Admin Svcs	959	959	612	-36.18%	
60695800	Labor Relations	-	-	-		
60695900	Safety Program	15,009	15,009	12,602	-16.04%	
60697900	Charges Other Svcs	-	-	-		
60697909	MIS Services	63,772	-	-		
60698017	INTRA DEPT CHARGES	159,558	-	-		
60698018	Intra Program Charges	2,204,249	3,596,238	3,687,119	2.53%	
Object 60	Subtotal	4,177,338	5,411,059	5,572,304	2.98%	
59599125	Realignment 1991 Health	(8,923,478)	(11,740,052)	(10,576,079)	-9.91%	
59599134	Restricted Funding	-	-	-		
Object 59	Subtotal	(8,923,478)	(11,740,052)	(10,576,079)	-9.91%	
69699000	Intra Cost Recovery	(328,104)	(328,104)	(363,347)	10.74%	
69699017	Intra Departmental Reimbursement	(1,801,342)	(1,801,342)	(554,311)	-69.23%	Intrafund with BHS for SCOE MHSSA pass-through is ending 8/31/26. Very small amount budgeted for FY 26/27.
69699018	Intra Program Reimbursement	(11,662)	(13,497)	-	-100.00%	Pharmacy got their own Accounting Technician, intrafund going away, which was lending Pharmacy our Accounting Technician to pay invoices
Object 69	Subtotal	(2,141,108)	(2,142,943)	(917,658)	-57.18%	
95953010	PY Intergovernment-State	(1,423,512)	(2,180,612)	(2,254,261)	3.38%	
95952800	State Subvention	-	-	-		
95953011	PY Intergovernment-Federal	27,329	-	-		
95956900	State Aid Other Misc Programs	(23,751,880)	(22,352,460)	(28,926,599)	29.41%	
95958900	Health Federal	(2,905,549)	(4,859,089)	(3,420,443)	-29.61%	
95958901	Medi-Care Revenue	(9,944)	-	-		
95959100	Construction Federal	-	(475,712)	-	-100.00%	
95959503	ARPA - SLFRF Revenue	(706,243)	(706,243)	-	-100.00%	
95959900	Fed Aid-Misc Pro	-	-	-		
96966200	Medical Care Indigent Patients	-	(4,000)	(4,000)		
96966201	CMISP SocRev-Direct	-	-	-		
96966202	CMISP SocRev-DRR	(350)	-	-		
96966300	Medical Care Private Patients	-	(1,000)	(1,000)		
96966900	Medical Care Other	-	(1,000)	(1,000)		
96969900	Svc Fees Other	(1,950)	(1,000)	(1,000)		
97979900	Prior Year	-	-	-		
97974000	Insurance Proceeds	-	-	-		
Object 90	Subtotal	(28,772,099)	(30,581,116)	(34,608,303)	13.17%	
Expenses	Subtotal	39,813,983	44,464,111	46,102,040		
Revenue	Subtotal	(39,836,685)	(44,464,111)	(46,102,040)		
	Net County Cost (General Fund)	(22,702)	-	-		

HRSA Project Director Updates

_____

The Sacramento County Health Center (SCHC) has officially received a response from HRSA, and we are excited to announce that we have been approved for the continuation of our Service Area Competition Grant, meaning that we will maintain our status as a Federally Qualified Health Center. We are excited to continue the amazing work and dedication to providing excellent care to our Sacramento Community.

We continue to focus on ways to improve patient access, SCHC is continuing projects to streamline scheduling, optimize provider utilization, and convert unfilled appointments into same-day slots. This process is a long and detailed streamlining effort and involves many aspects of the health center to be successful. The team is also planning additional exam space and expanding the clinic footprint to support growth and ensure comprehensive care for Sacramento County residents.

CMISP and HP Programs

The Healthy Partners Program and the County Medically Indigent Services Program (CMISP) are both safety-net programs in Sacramento County, but they serve different populations and offer distinct types of care. Healthy Partners provides primary and preventive health care—including chronic disease management, women's health, and behavioral health services—to low-income, undocumented adults who are ineligible for full-scope Medi-Cal. Services are delivered primarily through the Sacramento County Health Center. In contrast, CMISP is a program of last resort for low-income, uninsured adults who are not eligible for Medi-Cal for reasons other than immigration status. CMISP focuses on medically necessary and specialty care, such as diagnostic services, hospital care, and specialty consultations, often through a county network and contracted providers. While Healthy Partners emphasizes ongoing primary care and prevention, CMISP addresses episodic or urgent medical needs, ensuring access to essential specialty services for eligible residents. Together, these programs help fill critical gaps in health coverage for vulnerable populations in Sacramento County.

CMISP and HP Efforts:

- Board of Supervisors approval for both programs, including Healthy Partners
- Safety Net Alliance Consortium (Meets Monthly)
- FHQC Monthly Meetings
- Coordination of monthly meetings with hospital leadership
- Review of CMISP and HP policies
- Fiscal, staffing, and programmatic analysis
- Current vetting and interview of Health Program Manager candidates for CMISP-HP

Uniform Data System

The Uniform Data System (UDS) is HRSA's standardized annual reporting system used by all federally funded health centers and look-alikes to track performance and compliance. UDS collects data on patient demographics, services provided, clinical quality measures, staffing, utilization, and financial performance.

HRSA Project Director Updates

February 20, 2026 CAB Meeting

_____

This information helps HRSA monitor health center effectiveness, guide funding decisions, and identify trends in access, quality, and cost. Reports are submitted each year for the previous calendar period, with deadlines is February 15, 2026, and final revisions by March. Recent updates include new measures for opioid use disorder treatment and Alzheimer's screening, as well as the transition toward UDS+, a FHIR-based system for automated patient-level data submission.

The Sacramento County Management Team will be preparing an overview executive summary to the CAB once the data has been submitted.

Health Resources and Services Administration

The SCHC team has submitted and been approved for the Service Area Competition (SAC) Grant to the Health Resources and Services Administration (HRSA) and successfully closed our Request for Information on the school-based sites. We are excited to report that we currently have no outstanding items for HRSA in any area of the Sacramento County Health Center.

SCHC has been advised by HRSA that it has been assigned a new Project Officer (PO), like many other health centers. Alison Wilson, our former PO was reassigned to oversee a different region of health centers. The new PO for SCHC is Kirk Barnes. A meeting with the new PO will convene sometime over the next few weeks.

School-Based Health Center Sites

SCHC has successfully closed the Request for Information (RFI) and demonstrated the positive impact of services provided on school campuses throughout Sacramento County. As we move forward, we continue to assess the need for additional services across the county. We are exploring opportunities to expand into more schools to ensure that no child is left without access to essential mental health support. Our commitment remains strong: we will collaborate closely to ensure that our school-based health center sites deliver exceptional care while advancing SCHC's mission to provide high-quality services to underserved communities in Sacramento County.

Now that the RFI has officially closed, the SCHC and the Sacramento County Office of Education (SCOE) are shifting focus to several sites that were unapproved by HRSA and to prepare for the HRSA site visit, which will occur in 2027. A part of this effort, SCHC will be visiting all schools that are HRSA approved to meet with clinicians and staff, conduct random chart reviews/audits, meet with leadership to discuss telehealth opportunities, and how the program can increase productivity and access to include summer sessions for students.

Expanding Patient Access and Care

We are continuing projects around ensuring access to care, provider schedules and ensuring that all appointment opportunities are filled.   We are actively planning to add additional exam space to maximize every opportunity for patient care. Our management team is committed to expanding access throughout the health center. One of the current initiatives, led by Dr. Gonzales, focuses on streamlining appointment

HRSA Project Director Updates

February 20, 2026 CAB Meeting

_____

times and ensuring consistency in provider schedules. This effort includes updating visit types, collaborating with our OCHIN team, and introducing greater flexibility in scheduling.

Additionally, we are working to ensure that unfilled appointments for specific services can be converted into same-day appointments, increasing provider utilization and improving patient access to care.

Looking ahead, we remain focused on expanding our clinic footprint by optimizing exam space and ensuring adequate capacity as we continue to grow our team of Sacramento County providers.

SCHC Medical Director Updates

Feb.20.2026 CAB Meeting

Key Points:

The SCHC Medical Director's Office is implementing a phased strategy to strengthen operations, modernize workflows, and ensure sustainable growth. These efforts aim to improve patient access, ensure regulatory readiness, and enhance clinical performance. Current priorities include improving scheduling and access, standardizing documentation, workflows, and preparing for upcoming Medi-Cal changes.

Phase 1: Foundational Improvements (Ongoing)

Focus: Stabilizing and aligning core clinical operations

- **Organizational Chart**
  - In progress and is expected to be presented next month. Significant changes are anticipated.
- **Training & Workforce Development:**
  - We have seen great success in the newly structured staff/clinicians' training.
  - This has ensured delivery of the same information to all staff/clinicians, allowing smooth transition into the needed changes.

Phase 2: Operational Strengthening (2026)

Focus: Communication, compliance, and workflow modernization

- **Policies & Procedure**
  - ✓ Reviewing and enforcement of current P&P, while updating them based on current information from:
  - ✓ **California Regulation**
  - ✓ **County Policies & Procedures**
  - ✓ **HRSA Compliance Guidelines**
  - ✓ **Other Essential Ordinances**

- **Operational Excellence**
  - The Medical Director is collaborating with the HPM Christina Delgado to improve staff workflows, involving all front-facing staff and clinicians to help patients stay updated with screening paperwork, tests, and vaccines, which enhances our aim for better health outcomes.

SCHC Medical Director Updates

_____

- **Coverage & Access**
  - We have created a master excel spreadsheet that tracks all departments, clinicians, students, and exam rooms. This has helped move clinicians and support staff into key areas during time off requests and call outs.
  - As developed in phases, starting in April, the clinicians' schedules will accommodate the following:
    - ✓ 10 appointments/per 4-hour window (aiming for completion of 8 due to 15-20% no-show rate)
    - ✓ Specialty clinics will have 7 appointments (aiming for completion of 6)
    - ✓ Ensuring same-day access in compliance with the 48-hour urgent appt request & less than 8 days follow-up post hospitalizations.
    - ✓ We are creating PCP appointment visit types to ensure seeing the same clinician (PCP) as often as possible.
  - We are in the implementation stage of a new healthcare management software called Inovalon, that will help us monitor our operations more efficiently. We will be piloting the software in Adult Medicine.
  - Team Enhancements
    - I would like to highlight that Aliah Martin is now supporting myself and the operations team led by HPM Christina Delgado. This collaborative effort has already enhanced our overall efficiency and service quality.

Phase 3: Expansion & Provider Growth

Focus: Clinical expansion and recruitment

- As of May 2025, we have increased our permanent county clinicians from 1 full-time MD and 1 on-call MD to 3 full-time MDs and 1 On-call NP, plus 1 NP from registry.
- We will still in the process of hiring a permanent NP position, while exploring opportunities to add more permanent positions, pending county approval.
- We are awaiting budget approval to open 5 additional exam rooms, expanding access to care and creating the need to hire more on-call clinicians.

The 2025 Uniform Data System (UDS) report for the Sacramento County Primary Health provides a comprehensive overview of a vital community safety net serving 16,725 patients, an increase of 10% in 2024. As a Health Center 330 program currently in the "Review In Progress" status, this submission details the center's critical role in addressing the healthcare needs of a predominantly low-income and diverse population, where 88% of patients live at or below the federal poverty level. The report highlights the center's extensive reach across Sacramento ZIP codes, its heavy reliance on Medi-Cal—which covers over 15,000 of its patients—and its specialized focus on vulnerable groups, including over 15,800 residents of public housing and nearly 1,400 individuals experiencing homelessness. By documenting these demographics alongside managed care utilization and clinical staffing, the UDS report serves as a fundamental tool for evaluating health outcomes and securing the federal funding necessary to maintain these essential services.

1. **Adult Population breakdown**

The health center provided care to a total of 16,725 patients in 2025. Adult patients (18 and older) accounted for 64% of all patients treated in 2025, 57% of which were female patients, see breakdown below:

Age Group	Male	Female
Ages 18-24	481	714
Ages 25-34	666	1,185
Ages 35-44	1,040	1,337
Ages 45-54	1,018	1,235
Ages 55-64	846	974
Ages 65 and older	575	660
Total	**4,626**	**6,105**

2. **Pediatric Population Breakdown**

The health center provided care to a substantial number of children and adolescents, with **5,758 patients** aged 17 and younger.

- **915 were patients** seen at the school-based health center sites.

Age	Number of Patients
13	377
14	306
15	292
16	274
17	327

- **Infant and Early Childhood (Ages 0-4):** There are **1,369** patients in this group. This includes 238 infants under age 1.

- **School-Aged Children (Ages 5-12):** This bracket represents **2,831** patients.

- **Adolescents (Ages 13-17):** There are **1,558** patients in this age range.

- **Insurance Coverage:** Most pediatric patients (**5,495**) are covered by **Medi-Cal**. Only **9** pediatric patients are reported as uninsured, while **251** have private insurance.

- **Gender Trends:** In early childhood, the split is relatively even (e.g., Age 4 has 143 males and 142 females). However, by age 17, a gap emerges with 132 males compared to 195 females.

3. Socioeconomic & Specialized Populations

The center serves as a primary safety net for Sacramento's most vulnerable residents.

- **Poverty Status: 14,716 patients (88%)** live at or below 100% of the federal poverty guideline, an increase of about 3% from patients served in 2024.

- **Public Housing: 15,810 patients** are residents of public housing.

- **Agricultural Workers:** The center serves **696** migratory and seasonal agricultural workers or their family members.

4. Insurance & Managed Care (Medi-Cal Focus)

Coverage is almost entirely driven by public programs, specifically California's **Medi-Cal** program.

- **Medi-Cal Enrollment:** 15,205 patients.

- **Dual Eligibility (Medicare & Medi-Cal):** 874 patients.

- **Other Coverage:** Medicare (1,066), Private Insurance (432), Uninsured (22).

- **Managed Care Utilization:** The center managed **200,320** capitated member months specifically for **Medi-Cal** patients, an average of 13.17 months per patient (with some possibly overlapping into prior or next year).

5. Geographic and Demographic Diversity

- **Top ZIP Codes:**

  - **95823:** 1,735 patients.

  - **95820:** 1,574 patients.

  - **95824:** 1,359 patients.

  - Other notable ZIP codes include 95828 (750 patients) and 95825 (800 patients).

- **Race & Ethnicity:** The population is highly diverse, including:

  - **5,175** Hispanic/Latino patients,

  - **5,719** Asian patients,

  - **6,440** White patients, and

  - **1,679** Black/African American patients.

- **Language Access: 7,033 patients** have Limited English Proficiency.

6. **Specialized & Vulnerable Groups**

- **Public Housing Residents:** 15,810 patients.

- **Homeless Population:** 1,399 patients (639 unsheltered; 267 in shelters).

   o **Economic Profile:** 1,308 homeless patients live at or below 100% of the poverty guideline.

   o **Insurance: 1,148** homeless patients are covered by **Medi-Cal**.

   o **Language: 1,216** homeless patients have Limited English Proficiency.

- **Agricultural Workers:** 696 patients.

7. **Staffing and Utilization**

   o **Full-Time Equivalent (FTE) Personnel**: The total FTE personnel increased from 165.83 in 2024 to 175.83 in 2025.

   o **Medical Care Services**: Medical care services account for 50.35 FTEs, with 37,303 clinic visits and 3,742 virtual visits.

   o **Mental Health Services**: Mental health services are provided by 66.84 FTEs, with 16,494 clinic visits and 800 virtual visits.

8. **Selected Diagnoses and Services Rendered**

   o The most common diagnoses include asthma (1,135 visits), chronic lower respiratory diseases (438 visits), and symptomatic/asymptomatic HIV (44 visits).

   o The health center conducted 4,612 HIV tests, 6,377 selected immunizations, and 1,037 coronavirus (SARS-CoV-2) vaccine administrations.

9. **Top Five Medical Conditions Among Patient Population**

The table below highlights the five medical conditions with the highest number of visits among our patient population, ranked by visit count:

Medical Condition	Number of Patients	Number of Visits
Overweight and Obesity	8,718	22,293
Diabetes Mellitus	2,062	6,993
Anxiety Disorders, Including PTSD	1,747	9,448
Depression and Other Mood Disorders	1,691	6,227
Hypertension	2,631	5,553

Overweight and obesity lead by a significant margin, both in patient count and visit frequency, underscoring the need for robust weight management and preventive care programs. Mental health conditions such as anxiety and depression also represent a substantial portion of visits, highlighting the importance of integrated behavioral health services.

10. **Quality of Care Measures**

Overall, performance against the quality of care measures demonstrates a strong commitment to patient care and health outcomes. We have achieved notable success in areas such as weight assessment and counseling for children/adolescents, with a high percentage of patients having their BMI and counseling documented. Additionally, screening and cessation intervention for tobacco use among patients aged 12 and older is being achieved.

For 2026, areas that can be improved are:
- o   increasing the percentage of patients receiving early entry into prenatal care,
- o   improving childhood immunization rates, and
- o   enhancing cervical and breast cancer screening rates.

Conclusion

In conclusion, the UDS 2025 submission provides a comprehensive overview of the health center's performance and patient demographics over the past year. The data highlights growth in patient numbers, particularly among those covered by Medicaid and those falling below the poverty guideline. The report also underscores the health center's commitment to serving special medically underserved populations, including the homeless and school-based service site patients. Additionally, the financial overview and staffing details reflect the center's efforts to manage resources effectively while expanding services. The top medical conditions by the number of visits, such as overweight and obesity, diabetes mellitus, and hypertension, indicate the prevalent health issues within the community.

Overall, the report demonstrates the health center's ongoing dedication to providing essential healthcare services to its diverse patient population.

Sacramento County Health Center

Quality Improvement Plan

2026

Contents

OVERVIEW

This Quality Improvement Plan (QIP) outlines how the Sacramento County Health Center (SCHC) will improve care while supporting its mission, values, and regulatory requirements. It also aligns with SCHC's goals of financial sustainability, high-quality care, and a culture of accountability and efficiency.

The QIP is designed to meet—and where possible, exceed—requirements from:

- **California law and the Department of Health Care Services (DHCS) under 42 CFR § 438.340,** including:
  - **Centers for Medicare & Medicaid Services (CMS) Core Set Measures**: SCHC tracks and improves care using standardized quality metrics from the Centers for Medicare & Medicaid Services (CMS).
  - **Continuous Quality Improvement (CQI)**: Ongoing use of data to test changes and monitor outcomes.
  - **Population Health Management**: Using data to identify and manage patient risks and health needs.
  - **Value-Based Care & Payment Reform**: Participating in programs like CalAIM that link payments to quality outcomes.
  - **Network Adequacy & Access**: Ensuring timely access to urgent, primary, and specialty care.
  - **External Quality Review (EQR)**: Undergoing independent reviews to assess performance and compliance.
  - **Delivery System Integration**: Coordinating care across physical, behavioral, and dental health to support whole-person care.

- **Health Resources and Services Administration (HRSA)**

  As a FQHC, SCHC is required to maintain an ongoing Quality Improvement/Assurance (QI/QA) system in accordance with HRSA's Compliance Manual. This system must include:
  - Organizational arrangements with clearly defined responsibilities to support high-quality care.
  - Systematic evaluation of patient records by licensed professionals.
  - Regular assessment of service utilization and care quality.
  - Patient satisfaction surveys and a formal process for addressing grievances.
  - Documentation and implementation of changes based on findings; and
  - Strict confidentiality protections for all patient records.

- **Department of Managed Health Care (DMHC)**
  - Ensures compliance with Timely Access to Care standards, which require:
    - Urgent care appointments within 48–96 hours.
    - Non-urgent primary care within 10 business days.
    - Mental health services within 10–15 business days.
    - 24/7 access to telephone clinical advice.

- **Health Plan and Independent Physician Association (IPA) Requirements**
  - Alignment with Medi-Cal Managed Care quality metrics:
    - Healthcare Effectiveness Data and Information Set (HEDIS)
    - Managed Care Accountability Set (MCAS)

- **Care Team Well-Being**
  - Recognizing that staff well-being is essential to delivering high-quality care, this plan includes objectives to:
    - Promote a positive work environment,
    - Support staff retention
    - Ensure team members feel valued and supported in their roles.

It also aims to advance the principles of the Quadruple Aim—enhancing patient experience, improving population health, reducing costs, and supporting care team well-being—as recognized in California's statewide quality and health equity strategies.

Quadruple Aim[1]
- Patients recognize that SCHC is genuinely committed to enhancing their overall well-being, safety, and healthcare experience.
- Reduce health inequities and assist patients achieve better health outcomes through best practices and evidenced-based guidelines.
- Responsible management of funds to ensure economic sustainability of the Health Center; and
- Care Team members are confident in their roles and feel supported to fulfill them within a positive and empowering environment.

Guiding Principles for Service Provision
- Access to care for routine, same day, and new member appointments.
- Respect, sensitivity, and competency for populations served.
- A safe and attractive environment for patients, visitors, and staff.
- A workplace culture that values and recognizes the contributions of every staff member.
- Transparency, effective communication, and information sharing.
- Effective and efficient use of resources to sustain the mission.
- Implementation of data-informed practices; and
- Continuous quality improvement.

SCHC has a systematic approach to quality measurement and quality improvement. The Quality Improvement Plan (QIP) outlines the process that includes methods to monitor performance and implement changes in practice, when necessary, with follow-up measurement to determine whether new practices positively affected performance.

Reviewing data is essential to the QI process. Data can include but is not limited to performance indicators, satisfaction surveys, member concerns (complaints, grievances), service utilization, medication errors, chart review. Compliance and risk management are also integral to quality management. The Health Center is a public entity and has separate units or departments for Compliance (HIPAA), risk management, contracts, fiscal, safety, information management, and legal counsel.

---

[1] The Quadruple Aim was created by Thomas Bodenheimer, MD, and Christine Sinsky, MD, in 2014. They built upon the previous "Triple Aim" framework developed by the Institute for Healthcare Improvement (IHI) and added a fourth goal to improve the work-life and experience of healthcare clinicians and care teams.

Health Center Vision

- To be an exceptional health care center valued by the communities we serve and our team.

Health Center Mission

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

Health Center Values

- Accountability	- Diversity	- Excellence	Respect
- Compassion	- Equity	- Education	

PROGRAM STRUCTURE

Co-Applicant Board (CAB) *– Governance & Oversight*

The CAB holds authority over the Quality Improvement Program and ensures alignment with regulatory and organizational goals.

Structure
- The CAB is composed of community members, including current or former SCHC patients, and individuals with relevant expertise in healthcare, public health, or community advocacy. A majority of members must be users of the health center, in accordance with HRSA requirements for FQHCs.
- The CAB elects a Chair and Vice Chair annually. These officers are responsible for facilitating meetings and ensuring effective governance practices.
- The CAB meets monthly, with additional meetings scheduled as needed to review and approve key operational and quality-related decisions.
- A quorum, as defined in the CAB bylaws, must be present for official decisions. Actions are approved by a majority vote of members present.

Responsibilities
- Execute authorities outlined in Clinic Services PP 01-02: Co-Applicant Board Authority.
- Delegate authority and responsibility for the QI Program to the Quality Improvement Committee (QIC).
- Review, evaluate, and approve the annual Quality Improvement Plan.
- Receive quarterly reports on clinical and non-clinical quality indicators and outcomes.

Quality Improvement Committee (QIC) *– Strategic Leadership & Accountability*

The QIC is responsible for the strategic direction and operational leadership of clinical quality improvement efforts. It reports directly to the CAB.

Structure
- Meets at least monthly (no fewer than 10 times per year).
- Includes representatives from across the Health Center: Division Manager, Medical Director, Pharmacy Director, Compliance Officer, program supervisors, administrative services officer, physicians, and other staff.

Responsibilities
- Develop the annual QIP, incorporating a Continuous Quality Improvement (CQI) approach based on regulatory requirements and the quadruple aim, and present it to the CAB for adoption.
- Establish measurable objectives and indicators based on identified priorities.
- Oversee quality improvement teams and their project work.
- Monitor data related to Patient Experience and Population Health Outcomes.
- Identify clinical indicators that are out of target range and recommend corrective actions for implementation by the Management Team.
- Report to CAB quarterly on clinical quality improvement activities and outcomes.
- All proposed Quality Improvement (QI) projects are submitted to the QI Committee for review and approval prior to implementation. The committee evaluate alignment with organizational goals, regulatory requirements, and resource availability. The final approval is made by the Leadership Team, who will ensure the project aligns with operational resources and strategic plans.

Management Team *– Implementation & Operational Support*

The Management Team supports the QIC by implementing strategies and ensuring staff engagement in quality improvement efforts.

Responsibilities
- Determine which QI projects will be implemented based on available resources.
- Implement QIC-recommended strategies and provide education and training on clinical quality standards and metrics.
- Monitor data related to reducing costs and care team well-being.
- Identify non-clinical indicators out of target range and develop responsive strategies.
- Report quarterly to CAB on non-clinical quality improvement activities.
- Provide feedback to the QIC on implementation outcomes and progress.

Communication
Problems may be identified from, but not limited to, data, staff or management experience, concerns, audits, or agency feedback. Managers are responsible for:

- Sharing the plan including indicators and targets with staff at all levels.
- Including multidisciplinary staff from all areas of operations in problem identification; strategy development, implementing interventions via QI projects, and review of data analysis.
- Providing information alerts or policy and procedure guidance; and
- Imbedding key priorities into Health Center policies, training, and other core materials.

PERFORMANCE INDICATORS & ANALYSIS

Performance Indicators are identified and measured as part of the quality improvement initiatives. They:
- Have defined data elements.
- Usually have a numerator (who/what was changed) and denominator (of what eligible group) available for measurement; and
- Can detect changes in performance over time and allow for a comparison over time.

Outcomes / Process Measurements are those that:
- Identify measurable indicators to monitor the process or outcome.
- Collect data for specified time period, or ongoing.
- Are compared to a performance threshold or target; and
- Evaluate the effectiveness of defined action(s).

Data Analysis establishes:
- Priorities for improvement.
- Actions necessary for improvement.
- Whether process changes resulted in improvement; and
- Performance of existing key processes.

Continuous Quality Improvement (CQI) – Clinic Services frequently utilizes the Plan–Do–Study–Act (PDSA) method for focused intervention.

PLAN	Identify area target not met. Identify most likely cause(s) through data review. Identify potential solution(s) and data needed for evaluation.
DO	Implement solution(s) and collect data needed to evaluate the solution(s).
STUDY	Analyze the data and develop conclusions.
ACT	Recommend further study or action. May need to abort, adapt, or adopt. This decision depends upon the results of the analysis. If the proposed solution was effective, decisions are made regarding broader suggested implementations including the development of a communication plan, etc. If the solution was not effective, QI team returns to planning step.

CONFIDENTIALITY AND PRIVACY OF PERSONAL HEALTH INFORMATION

All data and recommendations associated with quality management activities are solely for the improvement of patient experience, patient care, economic sustainability, or the well-being of the care team. All material related to patient care is confidential and accessible only to those parties responsible for assessing quality of care and service. All proceedings, records, data, reports, information, and any other material used in the clinical quality management process which involves peer review shall be held in strictest confidence and considered peer review protected.

The Health Center will minimize use of identifiable protected health information for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending shall not disclosure a client's protected health information. Use of aggregate data or reports will be maintained in the CAB meeting minutes.

Personal health information obtained because of a client complaint or appeal is kept in a secure area and is only made available to those who have a need to know. Computer access to personal health information about a client's complaint or appeal is password protected and only accessible to those who need access.

Clinic Services Policies & Procedures Manual and the County Office of Compliance have extensive policies and procedures for health information management and protected health information.

QUALITY IMPROVEMENT GOALS AND OBJECTIVES

Each year, the Health Center selects Quality Improvement (QI) goals and objectives that align with its Strategic Plan and address all components of the quadruple aim. Oversight of these goals is shared between the Quality Improvement Committee (QIC) and the Management Team. The QIC is responsible for initiatives related to **Patient Experience** and **Population Health Outcomes**, while the Management Team oversees efforts focused on **Reducing Costs** and **Care Team Well-Being**. This structure ensures that QI activities are strategically aligned and integrated across the organization.

1
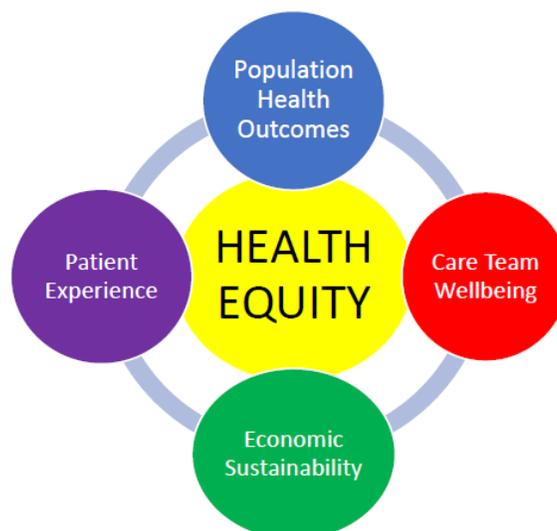
The following section outlines how SCHC will achieve its strategic priorities — financially sustainability, delivery of high-quality care, and promoting a culture of accountability, clarity, and operational efficiency through clearly defined aims, goals, and objectives, supported by targeted projects regularly monitored for effectiveness.

Key:

Projects started
Projects planned for 2026

AIM 1: Patient Experience

Patients recognize that SCHC is genuinely committed to enhancing their overall well-being, safety, and healthcare experience.

Goal #	Objective	Key Performance Indicators / Objectives and Key Results	Projects
1.1 Improve Access to Care	1.1.1 Reduce No Shows	No-show rate < 18%	- Artera reminders - Check-in kiosks - Policy updates - Patient feedback collection
	1.1.2 Increase Appointment Access	Develop schedule templates that ensure consistent appointment access during regular business hours.	- Standardized templates - Centralized scheduling email - Expanded provider availability
1.2 Improve Patient Engagement	1.2.1 Increase Patient Feedback	50% of patients receive surveys	- Results Based Accountability (RBA) monthly surveys (planned) - Biannual paper surveys - Multilingual distribution

AIM 2: Population Health Outcomes

Reducing health inequities and assisting patients in achieving better health outcomes through best practices, innovation, and evidence-based guidelines.

Goal #	Objective	Key Performance Indicators / Objectives and Key Results	Projects in Place
2.1 Improve care coordination of patients with high service utilization / who require	2.1.1 Increase % of Patients Receiving Follow Up (within 7 days) of ED Visit or	Expand Medication-Assisted Treatment (MAT) Program: • No. of MAT Providers • MAT Patient Enrollment	- MAT expansion - Artera outreach - ED and hospital discharge coordination

Goal #	Objective	Key Performance Indicators / Objectives and Key Results	Projects in Place
services across systems	Hospitalization (FU-alcohol, FU-mental health, and FU-high intensity care for substance use)	• Geographic access • Retention in MAT • Community Outreach & Education	
	2.1.2 Increase quality of care for Multi-Visit Patients. Decreasing ED attendance and hospitalization.	Define panel size for Case Management RNs to increase manageability of the case load and prevent burnout.	- Panel size planning - Workflow review
2.2 Healthy Start in Life	2.2.1 Achieve Minimum Performance Level (MPL) on Select Uniform Data System (UDS) and Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures Focused on a Healthy Start in Life.	- Prenatal/Postpartum care - Childhood Immunizations at Age 2 (CIS- Combo 10) - Adolescent Immunizations (IMA – HPV) - Well-child visits for children 15 to 30 months of age (WCV-30) - Well-child visits for children and youth 3-21 years of age (WCV 3-21)	- Pregnancy tracking - Pediatric outreach - Immunization tracking
2.3 Prevention Measures	2.3.1 Meet Minimum Performance Level (MPL) for Primary or Secondary Prevention of	- Breast Cancer Screening (BCS) - Cervical Cancer Screening (CCS) - Colorectal Cancer Screening (CRCS)	- Onsite mammograms - Implementation of Cologuard - Tobacco education

Goal #	Objective	Key Performance Indicators / Objectives and Key Results	Projects in Place
	Health Issues	- Influenza Immunizations Baseline (Flu) - Tobacco Screening & Counseling	
2.4 Chronic Conditions	2.4.1 Meet Minimum Performance Level (MPL) for Care Coordination and Treatment for Chronic Conditions	- Diabetes A1c Testing and Control - Retinopathy Screening - Hypertension control	Daily Gaps in Care clinics - Daily diabetes and blood pressure clinics - Early detection through screening program using retinal camera - POC testing

AIM 3: Reducing Costs

Responsible management of funds to ensure economic sustainability.

Goal #	Objective	Key Performance Indicators / Objectives and Key Results	Projects in Place
3.1 Increase Provider Productivity	3.1.1 Increase Time with Patients	Provider utilization > 90%	- Schedule optimization - Productivity tracking

AIM 4: Care Team Well-Being

Care Team members are confident in their roles and feel supported to fulfill them within a positive and empowering environment.

Goal #	Objective	Key Performance Indicators / Objectives and Key Results	Projects in Place
4.1 Improve Morale & Retention	4.1.1 Review Retention Data	Develop three-year staff retention and turnover report	Create an organized credentialling and onboarding program
	4.1.2 Improve Communication	Communication plan	Staff surveys, engagement strategies

CONCLUSION

SCHC's QIP serves as a strategic roadmap to achieving organizational priorities—financially sustainability, delivery of high-quality care, and promoting a culture of accountability, clarity, and operational efficiency. Through clearly defined aims—enhancing patient experience, improving population health outcomes, reducing costs, and supporting care team well-being—SCHC has established measurable goals and actionable objectives that are supported by targeted, data-driven projects. Regular monitoring and evaluation of key performance indicators will ensure continuous improvement and adaptability. By aligning operational efforts with strategic vision, SCHC is well-positioned to meet the evolving needs of its patients, staff, and community.

Sacramento County Health Center
Co-Applicant Board (CAB)
Friday, January 16, 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 established.

CALL TO ORDER (9:41 AM)

Opening Remarks and Introductions – Jan Winbigler

    a. Roll Call and Welcome

        PRESENT

	Noel Vargas – DHS Deputy Director
Laurine Bohamera – Vice Chair (Teams)	**Corina Gonzalez - Chief Medical Officer**
Jan Winbigler - Member	**Michelle Besse – Health Program Mgr (Teams)**
Ricki Townsend – Member	**Jane Murphy – Health Program Mgr**
Eunice Bridges – Member	**Adam Prekeges – Admin Srvs Officer II**
Vince Gallo - Member	**Heather Vierra – Site Director**
Ona Okoro-Van Romondt - Member	
Dedra Russell - Member	**Aliah Martin – Senior Office Assistant**

Announcements:
- **The County acknowledges being late on distributing the CAB materials in the 72-hour requirement. We have planned to prevent this error in the future.**

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 9/30/25 $921, 547.09 has been expended on the HRSA project.**
- **Remaining balance of $790, 054.91**
- **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 $1.2M under budget**
- **Object 20 Services/Supplies: tentative projection shows we are $1.25M under budget**
  - ✓ **Conservative numbers used as it's still early, subject to change**
  - ✓ **Leadership continues to analyze and reduce registry staff**
  - ✓ **Less expenses compared to 24/25 FY, due to Refugee slowing down**
- **Object 30 Contracts: Current projection shows we are $300K over budget**
  - ✓ **Increased OCHIN costs will be monitored**
  - ✓ **If actuals exceed budget amount, we will reduce a different object level to balance the 30 object.**
- **Object 40 Fixed Assets: currently not budgeted**
  - ✓ **New camera system at 4600 Broadway, waiting on phase 2 to finish before adjusting budget**
- **Object 60 Internal Charges/Allocated Costs: Projecting slightly above budgeted amount.**
  - ✓ **Will monitor closely**
  - ✓ **Relies on reimbursements for buying power**
- **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: Hard to project due to upcoming changes.**
  - ✓ **Medi-Cal revenue is currently $11.9M.**
    - ▪ **Same time last FY it was $9M**
    - ▪ **Interim rate is almost 20% higher than last FY**
    - ▪ **purchase new items.**
  - ✓ **Grants are on track.**

Michelle Besse expressed that CAB no longer needs to vote on the UDS Report, as it is not a requirement by HRSA or the County.

HRSA Project Director Updates presented by Noel Vargas

- **Board of Supervisor Presentation**
  - ✓ **California Medically Indigent Services Program (CMISP) is mandated, Healthy Partners (HP) is not.**
  - ✓ **Healthy Partners was approved.**

- ✓ **CFO, Amanda Thomas went through the budget; past, present, and future. Future is not looking good.**
- ✓ **Previous cap for HP was 4000 participants, we didn't fill out the spots.**

Ricki Townsend asked what the Healthy Partners program was

Noel Vargas answered it is a program for the undocumented, not full scope services, cap will be 4000 participants, impacts to all FQHCs who will all be in discussions to figure out the best way to implement the changes without disrupting patient care. Working to get other FQHCs onboard. Noel continued to state that CMISP is for citizens that cannot qualify for any medi-cal programs. The clinic services and other programs will run independently. There may be a return of the Department of Human Services into the clinic for eligibility purposes, a benefit we will need.

Heather Vierra asked if there is a timeline on when we will know a budget.

Noel Vargas answered it is still being worked through, anticipates a solid figure next month.

Heather Vierra asked if the County policy prevents the undocumented from applying or being qualified for the sliding fee discount program.

Noel answered that our first obligation is to not turn away any patients, so he doesn't think so. He will investigate further.

Heather Vierra added that she is concerned that the undocumented may be afraid to enroll, as they don't want to be a county charge which may prevent future citizenship qualifications.

Medical Director Report presented by Dr. Corina Gonzalez

Please see handout for detailed information.

- **Major changes have been standardizing schedules and exam room expansion to increase patient access.**
- **We are exploring grants that may pay for physicians in the clinic.**
- **Quality Improvement (QI) – the plan was supposed to be presented to CAB in January, but the Quality Improvement Committee (QIC) has not approved the final draft as of the time of this meeting. The plan will be voted on by the QIC later this afternoon and brought back next month to be voted on by the CAB.**
- **Presented today as part of the Medical Director's report is the meat of the draft for CAB's review and feedback.**

Eunice Bridges expressed that in her experience of going through chronic conditions and not getting timely care has created a behavior health condition, and she asked what is going to happen to rectify this in the future for patients?

Dr. Gonzalez answered improving referral services and supporting behavioral health will help to close the loop in gaps in care.

Vince Gallo asked what the difference in this QI plan and last years QI plan, what objectives have changed? What is being continued?

Dr. Gonzalez answered it will be brought up in the QIC meeting and comparison data will be brought back next month.

Jan Winbigler expressed that with so many good objectives presented, a lot of them are not being accomplished, maybe we need to narrow them down to ensure completion.

Dr. Gonzalez expressed that she would bring that thought to the QIC.

Dr. Vierra expressed that many of the objectives have been established as standard practice and no longer are part of quality measures.

Ricki Townsend asked if there are enough providers to fill the exam rooms being created?

Dr. Gonzalez answered yes, we have new providers needing space and positions are actively being filled.

CAB Goals presented by Jan Winbigler

- **The required calendar activity discussion will be moved to the February agenda**
- **UDS not being a requirement was previously discussed in the Budget portion of this meeting.**

ACTION ITEMS

BUSINESS ITEM I.
Vince Gallo Moved to Approve the December 19, 2025, CAB Meeting Minutes with the proposed amendment.
Dedra Russell Seconded the Motion to Approve the December 19, 2025, CAB Meeting Minutes with the proposed amendment.
* In the budget updates, second bullet point, it was brought to attention that the figure "5K" should have been $55K. This has been amended.
　　　Yes Votes: Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Dedra Russell.
　　　No Votes: None
　　　Result: Carried

BUSINESS ITEM II.
*Eunice Bridges Moved to Approve the Extension of the February CAB meeting by 30 minutes.
*Ricki Townsend Seconded the Motion to Approve the Extension of the February CAB meeting by 30 minutes.

Yes Votes: Eunice Bridges, Jan Winbigler, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Dedra Russell.
No Votes: None
Result: Carried

PUBLIC COMMENT

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

- No public comments were made.

CLOSED SESSION

None

MEETING ADJOURNED

Jan Winbigler adjourned the meeting at 11:02 am.