

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

Friday, April 19, 2024, 9:30 a.m.

REGULAR SESSION

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 9:00 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**

Opening Remarks and Introductions – *Suhmer Fryer, Chair*

**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. Comments are limited to a maximum of two (2) minutes per speaker per agenda item, and individuals are limited to a single comment per agenda item. The Board may not take action on any item not on the agenda except as authorized by Government Code section 54954.2.

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

**INFORMATION/DISCUSSION ITEMS**

1. CAB member computer support update
2. HRSA Project Director & Medical Director Updates– *Dr. Mendonsa and Dr. Mishra*
3. Legal Updates – *County Counsel*
4. FY 2024-2025 Budget Update – *Stephanie Hofer*
5. CAB Committee Updates
  - a. Clinical Operations Committee – *Vince Gallo*
  - b. Finance Committee – *Laurine Bohamera*
    - February Financial Status Report
    - Grant Applications/Reports Update

- c. Governance Committee – *Jan Winbigler*
  - o Preparation for HRSA Operational Site Visit
  - o Recruitment and Training Updates
  - o Candidate Recruitment and Recommendations

INFORMATION/ACTION ITEMS

ITEM A1. March 15, 2024, CAB Meeting Minutes

- Recommended Action: Motion to Approve the draft March 15, 2024, Meeting Minutes

ITEM A2. CAB candidate application – Eunice Bridges

- Recommended Action: Motion to Approve application of E. Bridges for submission to the Board of Supervisors

ITEM A3. Discussion and voting on potential special meeting in early May (on or before May 7) to approve any outstanding policies in advance of HRSA onsite visit.

- Recommended Action: Motion to Approve setting a special meeting.

CLOSED SESSION

None

MEETING ADJOURNED

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

**Meeting Minutes**

March 15, 2024 / 11:00 AM to 1:00 PM

**Meeting Location**

4600 Broadway, Sacramento, 95820 / 2<sup>nd</sup> Floor, Community Room 2020

**Meeting Attendees**

CAB Members: Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler  
SCHC Leadership: Michelle Besse, Sharon Hutchins, Sumi Mishra, Robin Skalsky  
SCHC Staff: Robyn Alongi, Nicole Reyes-Schultz,  
Others: Potential CAB member Eunice Bridges, Ms. Bridges’s mother (member of the public), Deputy County Counsel Corrie Brite

Public comment will be taken after each agenda item (but before any vote is taken) and at the end of the meeting.

Topic
Opening Remarks and Introductions – <i>Suhmer Fryer, Chair</i> <ul style="list-style-type: none"><li>• Roll Call and Welcome<ul style="list-style-type: none"><li>○ <i>Chair Suhmer Fryer welcomed attendees and took roll.</i></li><li>○ <i>A quorum was established.</i></li><li>○ <i>Michelle Besse introduced herself as a new Health Program Manager at the Health Center.</i></li></ul></li><li>• *Review and Approval of 02/14/24 CAB meeting minutes<ul style="list-style-type: none"><li>○ <i>Elise Bluemel made a motion to approve the February 14, 2024, minutes as written. Areta Guthrey seconded the motion.</i></li><li>○ <i>A roll-call vote was taken.</i><ul style="list-style-type: none"><li>▪ <u>Yes votes:</u> Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler</li><li>▪ <u>No votes:</u> None</li><li>▪ <i>The motion passed.</i></li></ul></li></ul></li></ul>
Brief Announcements – <i>All</i> <ul style="list-style-type: none"><li>• Michelle Besse, Health Program Manager, has been with the Health Center for two weeks.</li><li>• CAB member computer support update<ul style="list-style-type: none"><li>○ <i>Laptops with basic Microsoft products are being provided to assist CAB members with accessing documents to review before meetings as well as to attend virtual committee meetings. CAB members who would like a laptop assigned to them, please let Sharon know.</i></li></ul></li></ul>
HRSA Project Director Update – <i>Dr. Mendonsa</i> <ul style="list-style-type: none"><li>• Dr. Mishra provided Dr. Mendonsa’s HRSA project in Dr. Mendonsa’s absence.<ul style="list-style-type: none"><li>○ <i>A revised version of the contract/agreement has been drafted and submitted to HRSA for their feedback. Our next strategic initiative is establishing Memoranda of Understanding between Sacramento County and school districts that house satellite sites.</i></li></ul></li></ul>

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- *The Medi-Cal audit is expected between March 18-29.*
- *The HRSA Operational Site Visit will take place May 21-23.*

**HRSA Medical Director Report – Dr. Mishra**

- **State Medi-Cal Audit**
  - *The Medi-Cal audit includes a facility site review and medical record review.*
  - *Dr. Mishra is reviewing 30 charts (10 for Adult Medicine, 10 for Pediatrics, and 10 OB charts) and reviewing to ensure they meet documentation requirements.*
- **Staff Recruitment**
  - *Supervising Radiology Technician – the Health Center continues to have challenges recruiting so has decided to hire a limited scope Radiology Technician.*
  - *Nurse Practitioner - the County list needs to be reviewed to see if there are any new candidates.*
  - *Supervising RN for Referrals - There is interest from internal and external registered nurses. Interviews are happening.*
  - *The Health Center continues to fill office assistant and medical assistant vacancies for the Referrals Team to process the referral backlog and to grow the care team model.*
  - *Public Health Aide - hiring is in process. This position will divide time between the Street Medicine team, providing health education and medication access assistance, and the HIV grant.*
  - *Physician maternity leave - the selected candidate to provide coverage backed out so we have restarted the recruitment process.*
- **Referrals Program**
  - *The Care Team model went live on 2/27/24 for diagnostics in Adult Medicine and all referrals in Pediatrics. The Health Center will assess efficiency and success in a month after referral staffing is stable.*
  - *Consultants have stepped in to oversee the program while recruitment for a supervisor continues. They have done an excellent job in providing leadership by problem solving, and engaging and communicating with the referrals team, creating productivity and accountability, and improving morale.*
- **Programs and Services**
  - *UCD proposal to add Hepatitis C clinics - A meeting will occur at the end of March to review the budget in the UCD contract.*
  - *Radiologist contract - amendments have been made with the radiologist to stay within budget.*
  - *Refugee Health - the requirement for in-person health assessments was reinstated in October 2023. The Health Center has recruited two temporary Nurse Practitioners from UCD to increase capacity for in-person health assessments. This will help the Health Center keep up with the large number of incoming refugees and allow the program to develop a workflow for in-person visits.*

**\*Review and Approval of the 2024 SCHC Quality Improvement Plan – Sharon Hutchins**

- *Staff shared that the 2024 Quality Improvement Plan was reviewed again by the Clinical Operations Committee. Strategies were incorporated to increase equity and*

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*access to care for people with disabilities and those whose primary language is not English.*

- *Areta Guthrey made a motion to approve the SCHC 2024 Quality Improvement Plan. Elise Bluemel seconded the motion.*
- *A roll-call vote was taken.*
  - *Yes votes: Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler*
  - *No votes: None*
  - *The motion passed.*

#### CAB Governance

- **Committees Updates to CAB – Committee Chairs**
  - **Clinical Operations Committee – Vince Gallo (presented in absentia by Robyn Alongi and Sharon Hutchins)**
    - **\*Review of Policies and Procedures**
      - **02-05: Reporting and Investigation of Complaints and Grievances**
        - ✓ *The policy was discussed.*
        - ✓ *Elise Bluemel made a motion to approve 02-05 Reporting and Investigation of Complaints and Grievances after correcting the page numbering. Nicole Miller seconded the motion.*
        - ✓ *A roll-call vote was taken.*
          - ❖ *Yes votes: Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler*
          - ❖ *No votes: None*
          - ❖ *The motion passed.*
      - **03-03: Incident Reporting**
        - ✓ *Discussion of this policy included some clarification about how the grievances are to be resolved and ensuring the complainant is notified of the resolution. CAB Board member Guthrey inquired if her changes were made to the policy.*
        - ✓ *Elise Bluemel made a motion to approve 03-03: Incident Reporting policy. Suhmer Fryer seconded the motion.*
        - ✓ *A roll-call vote was taken.*
          - ❖ *Yes votes: Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler*
          - ❖ *No votes: None*
          - ❖ *The motion passed.*
- **Policy Review Procedure Discussion: A discussion took place about the roles of CAB and County in the process of policy and procedure development and approval.**

Corrie Brite, Deputy County Counsel for the Department of Health Services expressed concern that CAB Board members appeared to be unilaterally editing SCHC policies and procedure documents—then voting on them— without returning the policies back to the County for an additional review. County Counsel expressed further concern that no legal review occurred by County Counsel following these changes, as the policies are ultimately held by SCHC and it appeared substantive changes were being made by CAB Board members.

CAB Board members Areta Guthrey and Elise Bluemel expressed that CAB is the final decision. Deputy County Counsel Brite explained that the Co-Applicant Agreement reserves certain authorities and responsibilities to the County. Legal review is an important responsibility of the County. While CAB has final approval authority for policies, they do not have unilateral authority to

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alter SCHC policies. Any recommendations regarding edits to policies from the CAB must go back to the County for legal review and then come back to the CAB for final approval.

Attendees discussed whether to change the agenda and defer policy review until another meeting after the process has been revised or whether to continue with the agenda to stay on track with the review schedule. CAB decided to continue with the agenda.

Michelle Besse suggested tabling the process to have CAB vote to approve the policies until Dr. Mendonsa and Noel Vargas can be attendance at the meeting. Deputy County Counsel agreed this was appropriate. CAB decided to continue to approve policies and then if a policy needs to be reviewed by County Counsel, steps will be taken to ensure that happens.

- *Clinical Operations Review of Policies Continued*
- *03-05: After Hours Services*
  - ✓ *No CAB members had comments on the proposed changes.*
  - ✓ *Areta Guthrey made a motion to approve 03-05: After Hours Service. Elise Bluemel seconded the motion.*
  - ✓ *A roll-call vote was taken.*
    - ❖ *Yes votes: Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler*
    - ❖ *No votes: None*
    - ❖ *The motion passed.*
- *04-25: Request to Change Provider*
  - ✓ *The policy was discussed.*
  - ✓ *It was suggested to write out the words before using acronyms. Staff indicated they will make that change.*
  - ✓ *Elise Bluemel made a motion to approve 04-25: Request to Change Provider with the suggested changes. Suhmer Fryer seconded the motion.*
  - ✓ *A roll-call vote was taken.*
    - ❖ *Yes votes: Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler*
    - ❖ *No votes: None*
    - ❖ *The motion passed.*
- *11-01: Sliding Fee Discount*
  - ✓ *The policy was discussed. Other than updating the federal poverty guidelines, the proposed changes focused on updating information for patients and application documents.*
  - ✓ *As a reminder, CAB had previously decided that patients be charged a nominal fee to add value to the service. This fee does not reflect the actual cost of the service being provided and is set low enough to ensure that the fee does not prevent patient from receiving care.*
    - ❖ *After Finance Committee review, it was suggested to set the nominal fee for dental services at \$40 and retain the existing nominal fee for all other in-scope SCHC services at \$25.*
  - ✓ *Elise Bluemel made a motion to approve 11-01 Sliding Fee Discount policy and procedure. Jan Winbigler seconded the motion.*
  - ✓ *A roll-call vote was taken.*
    - ❖ *Yes votes: Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler*
    - ❖ *No votes: None*

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❖ *The motion passed.*

- Finance Committee – Jan Winbigler
  - Revised End of the Year (2022-2023) Financial Status Report – Summary
    - *Jan Winbigler stated that staff revised the 2022-23 financial status report and it was reviewed by the Finance Committee, which found it clarified the Committee’s previous questions and adopted the Committee’s suggestion for a change in how grant budget information is presented.*
  - January Financial Status Report
    - *Jan Winbigler informed the group that the Committee had reviewed the January Financial Status Report and found that Health Center is on track in its budget. The Committee had no concerns.*
  - Update on grants
    - *Jan Winbigler reported that current expenditures for new grants are being expended as expected and old grant funds have also been expended as expected.*
- \*Governance Committee – Jan Winbigler
  - Reminder to complete Conflict of Interest and Ethics training after today’s meeting
    - *Jan Winbigler reminded CAB members to complete and submit their conflict of interest document and to complete ethics training. The training is two hours and members are required to take at least two hours to complete it. If a trainee finishes early, the program continues to ask questions for the trainee to answer until the two hour time requirement is met.*
    - *Staff members can assist CAB members if they have trouble completing their Conflict of Interest filing (i.e., Form 700) and Ethics training. Please contact Robyn or Sharon for help.*
  - \*Review of 2024 Co-Applicant Board Member Recruitment Plan
    - *Jan Winbigler gave a summary of the 2024 recruitment plan proposed by the Governance Committee. She explained that the Governance Committee proposes to focus on recruiting individuals with desirable skills such as strategic planning, and with lived (or other) experience ensuring that they represent a group of individuals that the Health Center serves.*
    - *Elise Bluemel made a motion to approve the 2024 Co-Applicant Board Member Recruitment Plan. Suhmer Fryer seconded the motion.*
      - ✓ A roll-call vote was taken.
        - ❖ Yes votes: *Elise Bluemel, Suhmer Fryer, Areta Guthrey, Nicole Miller, Jan Winbigler*
        - ❖ No votes: *None*
        - ❖ *The motion passed.*
  - Bylaws revision proposal – first reading
    - *Jan Winbigler explained that a previous CAB applicant was not considered a good fit for the CAB by the Governance Committee, and it was not clear in the bylaws whether the full CAB should vote on the candidate or whether CAB intended for the Governance Committee to only bring forward recommended candidates (e.g., those who met eligibility requirements, filled a need identified in the recruitment plan, had good references), for full CAB vote. The Committee has proposed changes to the language in the bylaws to clarify the process of reviewing applications, that the Governance Committee has the authority to not move an application forward for full CAB vote.*
  - Preparation for HRSA Operational Site Visit – *Deferred due to lack of time.*

**April Monthly Meeting Items – All**

- HRSA Project Director Report

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- HRSA Medical Director Report
- Committee Updates
  - \*Policy and Procedure Review:
    - *TBD*
  - February Financial Status Report
  - \*Review and vote on proposed Bylaws revisions
  - Preparation for HRSA Operational Site Visit
  - Recruitment and Training Updates

**Public Comment Period – *Suhmer Fryer, Chair***

- No public comment was made.

**Closing Remarks and Adjourn – *Suhmer Fryer, Chair***

- Reminder of Brown Act training presented by Deputy County Counsel Julia Jackson immediately following the CAB meeting
- Chair Fryer adjourned the meeting at 12:02 pm.

Next Meeting: Friday, April 19, 2024 / 9:30-11:00 AM

<sup>1</sup>Brown Act training will be conducted for CAB members from 11-12 on 3/15 following the meeting.

\*Items that require a quorum of CAB members and vote.

The Co-Applicant Board welcomes and encourages public participation in the meetings. Matters on the agenda may be addressed by members of the public at the end of that agenda item. In addition, matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

Per the Brown Act, CAB members attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.



# HRSA Project Director Updates

April 19, 2024, CAB Meeting

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## **Audit and Site Visit Updates**

### **1. 340(b) Mock Audit**

- The Health Center underwent a mock 340(b) audit to better prepare for an official 340(b) audit. The final report is being reviewed by Pharmacy and Clinic Leadership to determine adjustments and changes needed to ensure the 340(b) program is operating per regulatory requirements.

### **2. HRSA and Medi-Cal Audits / Facility Site Reviews**

- The Health Center is actively preparing for the HRSA Onsite Visit (OSV). We continue to review the OSV Manual and HRSA Compliance Manual to ensure our FQHC is prepared for the OSV. Health Center Leadership attended a meeting with our HRSA Project Representative and with the OSV Auditors assigned to our triennial review. We are in the process of preparing and uploading the required documents.
- There will be no Medi-Cal Audit this year. Likely due to us having an OSV, we have been told that we will not undergo an official Medi-Cal audit in 2024.
- Our diligent preparations underscore our commitment to ensuring transparency, regulatory compliance, and the seamless delivery of high-quality healthcare services.

## **Contracts and Budget Updates**

### **1. Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates**

- We have submitted a revised draft of our contract/agreement to the Health Resources and Services Administration (HRSA) for review. We are currently awaiting their feedback to proceed.
- To enhance collaborative healthcare services, we have initiated Memoranda of Understanding (MOUs) between Sacramento County and school districts with FQHC satellite sites, and MOUs with Federally Qualified Health Centers (FQHCs) to formalize referral relationships for streamlined patient care. We have secured an MOU with HALO FQHC and have received a commitment to sign from WellSpace FQHC. All MOUs will need to go before the Board of Supervisors for approval and Deputy Director Noel Vargas will execute them on the County's behalf.

### **2. Fiscal Year Outlook and Operational Adjustments**

- The Health Center is responding to the County's anticipated budget constraints for the upcoming fiscal year. To ensure the health center's long-term financial well-being, leadership has made the difficult decision to temporarily freeze all vacant positions. Additionally, we will not be extending Limited Term (LT) positions currently set to expire on December 31, 2024. Purchasing of computers, laptops, and other electronic devices and assets is currently on hold. Additionally, consultant contracts will either be eliminated or significantly reduced to help address the required General Fund elimination.
- We recognize the impact of these decisions. Department leadership is closely monitoring the budget forecast, which remains dynamic. We are committed to implementing only necessary restrictions and will reassess if the outlook improves. While no growth is currently approved for the upcoming fiscal year, we remain hopeful that adjustments may be possible if the budget situation changes favorably.

## **Program and Operational Updates**

### **1. Healthy Partner Program**

- Enrollment in the Healthy Partners Program has declined to zero due to the expansion of Medi-Cal coverage. As a result, the Health Center is proactively adjusting contracts directly related to the Healthy Partners Program to optimize resource allocation.
- Exploration of Medicare participation remains on hold while we prioritize the completion of other critical projects. We will reassess Medicare integration once these high-priority initiatives are finalized.

### **2. Improved Access**

- Our commitment to improving specialty care access for our patients remains a top priority. We continue our active collaboration with external consultants, MRG, who are conducting a thorough analysis of our processes and data. We anticipate their detailed report and recommendations to be released in the near future. Leadership will share these findings with the CAB at a future meeting to guide our ongoing efforts to enhance patient access to essential healthcare services.

### **3. Referral Department Improvements**

- The Health Center Management Team remains focused on streamlining the Referrals Department to ensure timely access to care requested through a referral. Onsite consultants monitor day-to-day management of the program, provide direct support to staff, and drive process improvements. Dr. Mishra's report will highlight these efforts and provide insights into the significant progress being made.

### **4. General Updates**

- The Street Medicine Program showcased its vital services at a leadership retreat focused on addressing homelessness in Sacramento County. This presentation highlights the program's commitment to reaching underserved populations.
- To improve access to care and achieve key HEDIS measures, the Health Center successfully hosted a series of after-hours events. We are currently analyzing event data to optimize future outreach efforts and maximize their positive impact.
- The Health Center is exploring a newly released HRSA grant opportunity designed to improve healthcare access for recently released justice-involved residents of Sacramento County. To maximize our resources and ensure a strong application, we are actively collaborating with key stakeholders across the division and department. Leadership from the Health Center, Correctional Health, and Juvenile Medical will participate in an upcoming technical assistance call to gain a deeper understanding of the grant requirements. Additionally, we have engaged MRG to provide expert guidance and support throughout the application process. This collaborative approach aims to optimize our chances of securing the grant and ultimately enhancing the care we provide to this vulnerable population.
- As the Health Center welcomes a third Health Program Manager (HPM) to the leadership team, we have taken the opportunity to refine our program management structure. This collaborative effort, spearheaded by the HRSA Project Director, aims to promote equity by adjusting program alignments to ensure a more balanced and equitable workload distribution among all HPMs. It will optimize resources by leverage the individual strengths and expertise of each HPM, maximizing our collective effectiveness, and will be more streamlined, fostering a strong connection between HPMs, programs, and their staff, including those collaborating with the CAB. This restructuring ensures each HPM oversees roughly one-third of the programs, fostering a more cohesive and supportive environment for all staff. We are confident this new structure will contribute to greater program efficiency and better serve the needs of our FQHC.

## **Requests from CAB Updates:**

As part of Health Center leadership's ongoing collaboration with the Co-Applicant Board (CAB), several inquiries were raised by CAB and subsequently investigated.

- **An inquiry was made for Health Center leadership to determine whether new building signage adheres to Americans with Disabilities Act (ADA) standards.**
  - Updates:
    1. Representatives from Facility Management confirmed that signage installation follows all ADA-mandated requirements. Facility Management has sole authority over any sign affixed to walls.
    2. The building signage contract stipulates that the vendor is responsible for full ADA compliance. Main directional signage throughout the building is presented solely in English. This is permissible as no legal requirement exists to provide multilingual directional signage. Within-suite identification signs incorporate Grade 2 Braille, ensuring accessibility for visually impaired individuals.
    3. The new building signage is fully compliant with ADA regulations and this issue is considered resolved.
    4. Additionally, there are no available funds to augment signage currently.
- **A request was made to create a map in threshold languages to assist patients in finding services within the Primary Care Clinic building.** Threshold Language Map Development Updates are:
  - Dr. Hutchins is collaborating with Facilities Management on the map's design and with a vendor for translations. A draft of the map will be available for review by CAB.
- **A request was made to address current verbiage on the CAB Agenda, specific to the Accommodation Statement.**
  - Updates:
    1. Drs. Mendonsa and Hutchins collaborated with the department accommodation unit to develop the updated language. The term "Hearing Impaired" has been removed and replaced with more appropriate terminology.
    2. The language on the Co-Applicant Board (CAB) Agenda template regarding accommodation requests has been revised to ensure inclusivity and alignment with best practices.
    3. The revised accommodation statement will be incorporated into all future CAB agendas. This change reflects our commitment to providing an accessible and welcoming environment.

**Salary Savings Adjustment**  
**Department of Health Services - Primary Health**  
**FC7201800 - Clinics**

<b>Class Code</b>	<b>Position#</b>	<b>Classification</b>	<b>FTE</b>	<b>Vacant/Filled?</b>	<b>Cost</b>
27603	117353	Admin Svcs Officer 1	1.0	Vacant	\$ (128,982.00)
28411	134347	Human Svcs Asst Spanish LG Latin CL	1.0	Vacant	\$ (77,037.00)
28122	117485	Medical Asst Lv 2	1.0	Vacant	\$ (82,754.00)
28122	133604	Medical Asst Lv 2	1.0	Vacant	\$ (81,481.00)
28122	137756	Medical Asst Lv 2	1.0	Vacant	\$ (81,481.00)
28198	133746	Nurse Practitioner	1.0	Vacant	\$ (178,559.00)
28206	137808	Office Assistant Lv 2	1.0	Vacant	\$ (69,555.00)
28206	137812	Office Assistant Lv 2	1.0	Vacant	\$ (69,555.00)
28206	137814	Office Assistant Lv 2	1.0	Vacant	\$ (69,555.00)
28249	137079	Public Health Aide	1.0	Vacant	\$ (69,390.00)
28249	137080	Public Health Aide	1.0	Vacant	\$ (69,390.00)
28354	125543	Supv Radiologic Technologist	1.0	Vacant	\$ (109,802.00)
28335	137837	Supv Registered Nurse	1.0	Vacant	\$ (164,173.00)
28122	136175	Medical Asst Lv 2 (LT)	1.0	Vacant	\$ (40,741.00)
28122	136178	Medical Asst Lv 2 (LT)	1.0	Vacant	\$ (40,741.00)
28206	136181	Office Assistant Lv 2 (LT)	1.0	Vacant	\$ (36,236.00)
28206	136184	Office Assistant Lv 2 (LT)	1.0	Filled	\$ (35,464.00)
28206	136577	Office Assistant Lv 2 (LT)	1.0	Vacant	\$ (34,778.00)
28206	136578	Office Assistant Lv 2 (LT)	1.0	Filled	\$ (34,759.00)
28314	136167	Pharmacy Technician (LT)	1.0	Filled	\$ (53,356.00)
28337	136579	Registered Nurse Lv 2 (LT)	1.0	Vacant	\$ (70,766.00)
28337	136580	Registered Nurse Lv 2 (LT)	1.0	Filled	\$ (73,690.00)
27541	136170	Sr Account Clerk (LT)	1.0	Filled	\$ (45,560.00)
					\$ (1,717,805.00)

**Budget Unit Title: Department of Health Services  
 Budgeted Expenditure Contracts for FY 2024-25  
 Budget Unit No.: 7200000**

Fund Center	GL Acct	Program	Term	FY 24-25 Contract#	Contractor/Provider Name	FY 23-24 Adopted Budget	FY 23-24 Yr. End. Est.	FY 24-25 Requested Budget	Adj	Funding Source(s)	County General Fund Amt. (if any)	Comments/Notes
7201800	20259100	Clinic Services	7/01/2024 - 6/30/2025	7201800-25-xxx	TBD	-	-	-	-	1991 Health Realignment		Macman Management Healthcare Services, LLC Contract set to expire 6/30/2024. RFP will be done. Will be cancelled - reduce from \$90,000 to \$0 in general fund draw exercise.
7201800	20259100	Clinic Services	7/01/2024 - 6/30/2025	7201800-25-xxx	TBD	-		-	-	Medi-Cal		Municiple Resource Group, LLC Contract set to expire 6/30/2024. RFP will be done. Reduce from \$150,000 to \$0 for general fund reduction exercise.
7201800	20259100	Clinic Services	7/01/2024 - 6/30/2025	7201800-25-225	Feldesman Tucker Leifer Fidell LLP	-	50,000	75,000	75,000	Medi-Cal		Increasing amount to \$175,000, change name to Feldesman Leiffer LLP and update end date to 6/30/2024. Reduce budget for 24-25 from \$175,000 to \$75,000 in general fund reduction exercise. Approved through Reso 2024-0026

DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget
PHS	7201800	Expenditure	10	10111000	Salaries & Wages - Regular Employees	9,569,641
PHS	7201800	Expenditure	10	10112100	Salaries & Wages - Extra Help	210,130
PHS	7201800	Expenditure	10	10113100	Salaries & Wages - Straight Time - OT	-
PHS	7201800	Expenditure	10	10113200	Salaries & Wages - Time/One Half - OT	11,350
PHS	7201800	Expenditure	10	10114100	Salaries & Wages - Premium Pay	293,628
PHS	7201800	Expenditure	10	10114200	Salaries & Wages - Standby Pay	-
PHS	7201800	Expenditure	10	10114300	Allowances	10,000
PHS	7201800	Expenditure	10	10115200	Terminal Pay	-
PHS	7201800	Expenditure	10	10121000	Retirement - Employer Cost	2,186,093
PHS	7201800	Expenditure	10	10121100	1995/2003 POB Debt	555,053
PHS	7201800	Expenditure	10	10121200	2004 POB Debt Svc	284,756
PHS	7201800	Expenditure	10	10121300	Retirement Health Savings Plan-Employer Cost	81,900
PHS	7201800	Expenditure	10	10121400	401A Plan - Employer Cost	58,301
PHS	7201800	Expenditure	10	10122000	OASDHI - Employer Cost	720,674
PHS	7201800	Expenditure	10	10123000	Group Ins - Employer Cost	1,941,044
PHS	7201800	Expenditure	10	10124000	Work Comp Ins - Employer Cost	187,847
PHS	7201800	Expenditure	10	10125000	SUI Ins - Employer Cost	21,786
PHS	7201800	Expenditure	10	10199900	Salary Savings A	(349,707)
<b>SALARIES AND EMPLOYEE Object 10 Total</b>						<b>15,782,496</b>

2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. What is included in the Account? 2. Variance, 2024/25 Recommended - 2023/24 Adopted Adj..
9,963,709			9,963,709	9,963,709	394,068	1. PCF 2.
216,432			216,432	216,432	6,302	1. Intermittent (OC) County staff. 2.
-			-	-	-	1. 2.
11,677			11,677	11,677	327	1. Overtime for staff to provide services for patients after shift ended or on weekends/Saturday Clinics. 2.
208,947			208,947	208,947	(84,681)	1. PCF 2.
-			-	-	-	1. 2.
10,000			10,000	10,000	-	1. Uniform allowance for medical staff who are required to wear uniforms at work. 2.
-			-	-	-	1. Terminal Pay
2,198,174			2,198,174	2,198,174	12,081	1. PCF 2.
-			-	-	(555,053)	Allocated Cost
1,085,357			1,085,357	1,085,357	800,601	Allocated Cost
81,250			81,250	81,250	(650)	1. PCF 2.
65,892			65,892	65,892	7,591	1. PCF 2.
749,012			749,012	749,012	28,338	1. PCF 2.
1,962,144			1,962,144	1,962,144	21,100	1. PCF 2.
304,502			304,502	304,502	116,655	Allocated Cost
-			-	-	(21,786)	Allocated Cost
(500,000)	1,717,805		(2,217,805)	(2,217,805)	(1,868,098)	1. Salary savings budgeted. 4 positions will be held vacant, and calculation also reflects typical position turnover for lower level positions 2. added \$466,091 salary savings for LT positions ending on 12/31/24 3. added \$1,251,714 for freezing positions that are currently vacant
16,357,096	1,717,805	-	14,639,291	14,639,291	(1,143,205)	

PHS	7201800	Expenditure	20	20200500	Advertising/Legal Notices	1,500
PHS	7201800	Expenditure	20	20202200	Books/Periodical Supply	2,500
PHS	7201800	Expenditure	20	20202300	Audio-Video	-

1,500			1,500	1,500	-	1. Advertising for hard to recruit positions and public notifications. 2.
1,500			1,500	1,500	(1,000)	1. Books/subscriptions for medical staff. 2. \$1000 moved to Employee Recognition GL 20203800
-			-	-	-	1. 2.

DIVISION	FUND CENTER	EXP/ REIMB / REV	OB JE CT	GL Account	GL ACCT NAME	2023/24 Adopted Budget	2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. What is included in the Account? 2. Variance, 2024/25 Recommended - 2023/24 Adopted Adj..
PHS	7201800	Expenditure	20	20202600	Microfilm Supplies	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20202900	Bus/Conference Exp	1,200	1,200			1,200	1,200	-	1. Expenses for staff to attend CME courses and other conferences. 2.
PHS	7201800	Expenditure	20	20203100	Business Travel	3,000	3,000			3,000	3,000	-	1. Out of town conference expenses for staff to attend training and conferences. 2.
PHS	7201800	Expenditure	20	20203500	Education & Training Service	6,000	3,000			3,000	3,000	(3,000)	1. Staff training. 2. \$3000 moved to Employee Recognition GL 20203800
PHS	7201800	Expenditure	20	20203600	Education & Training Supplies	1,000	1,000			1,000	1,000	-	1. Supplies needed for training. 2.
PHS	7201800	Expenditure	20	20203700	Tuition Reimbursement For Employees	3,000	3,000			3,000	3,000	-	1. Reimbursements to employees for academic costs to attend higher education courses per labor agreements. 2.
PHS	7201800	Expenditure	20	20203800	Employee Recognition	1,500	6,000			6,000	6,000	4,500	1. Filtered water for staff work areas. 2. Added \$4500 from 20202200 (\$1000), 20203500 (\$3000),
PHS	7201800	Expenditure	20	20203900	Employee Transportation	2,500	2,500			2,500	2,500	-	1. Reimbursements to staff of mileage expense for using personal vehicles for County business. 2.
PHS	7201800	Expenditure	20	20204500	Freight/Express/Cartage	20,000	20,000			20,000	20,000	-	1. Freight costs (shipping), storage costs for chart record retention, and moving costs for staff relocation. 2.
PHS	7201800	Expenditure	20	20206100	Membership Dues	1,500	1,000			1,000	1,000	(500)	1. Membership dues in the National Healthcare for the Homeless Association; dues have increased and will not be renewing. Will pursue other memberships
PHS	7201800	Expenditure	20	20207600	Office Supplies	28,000	28,000			28,000	28,000	-	1. Purchase of standard office supplies for staff to perform their duties. 2.
PHS	7201800	Expenditure	20	20208100	Postal Services	1,000	1,000			1,000	1,000	-	1. Postage for mail that is sent out from Primary Health programs. 2.
PHS	7201800	Expenditure	20	20208500	Printing Services	1,000	1,000			1,000	1,000	-	1. Printing of prescription pads for physicians and other providers and patient need surveys. 2.
PHS	7201800	Expenditure	20	20211100	Building Maint. Services	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20218500	Permit Charges	2,100	2,100			2,100	2,100	-	1. Clinic's portion of Pharmacy license renewals 2.
PHS	7201800	Expenditure	20	20219300	Refuse Collection/Disposal Services	1,500	1,500			1,500	1,500	-	1. Disposal of sharps/biohazard. 2.
PHS	7201800	Expenditure	20	20221100	Const Equip Maint S	-	-			-	-	-	1. Mobile medical van maintenance 2.
PHS	7201800	Expenditure	20	20222700	DTech Cell Phone	16,970	19,912			19,912	19,912	2,942	1. Non-ACP DTech Cell Phone 2.
PHS	7201800	Expenditure	20	20223600	Fuel/Lubricants	-	3,000			3,000	3,000	3,000	1. Fuel for mobile medical van 2. Moved \$3000 from Medical Equip Maint. GL 20225200
PHS	7201800	Expenditure	20	20225100	Medical Equip Maint Service	10,000	10,000			10,000	10,000	-	1. Required maintenance on equipment e.g., autoclaves, EKGs, scales (calibration), etc. 2.
PHS	7201800	Expenditure	20	20225200	Medical Equip Maint Supplies	23,157	20,157			20,157	20,157	(3,000)	1. Replacement medical equipment. PPE. 2. Moved \$3000 to 20223600 for mobile medical van fuel

DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget	2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. What is included in the Account? 2. Variance, 2024/25 Recommended - 2023/24 Adopted Adj..
PHS	7201800	Expenditure	20	20226100	Office Equipment Maint. Service	215	132			132	132	(83)	1. Non-ACP DTech Equipment Maint. 2.
PHS	7201800	Expenditure	20	20226200	Office Equip Maint Supplies	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20226201	Ergonomic Furniture	-	-			-	-	-	1. Ergonomic workstations 2.
PHS	7201800	Expenditure	20	20226400	Modular Furniture	-	-			-	-	-	1. Modular furniture 2.
PHS	7201800	Expenditure	20	20227100	Radio/Electric Maint.	-	-			-	-	-	1. Technology for mobile medical van. 2.
PHS	7201800	Expenditure	20	20227500	Rent/Leases Equipment	30,000	30,000			30,000	30,000	-	1. Copier leases. 2.
PHS	7201800	Expenditure	20	20232100	Custodial Services	-	8,000			8,000	8,000	8,000	1. Curtain cleaning - Quarterly 2. Moved \$8000 from Dental Supply GL 20241200
PHS	7201800	Expenditure	20	20233100	Food/Catering Services	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20233200	Food/Catering Supplies	200	200			200	200	-	1. Refreshments for Co-Applicant Board meetings. 2.
PHS	7201800	Expenditure	20	20234200	Kitchen Supplies	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20235100	Laundry/Dry Cleaning Service	3,000	3,000			3,000	3,000	-	1. Lab coat, linens and floor mat cleaning service. 2.
PHS	7201800	Expenditure	20	20241200	Dental Supplies	10,000	2,000			2,000	2,000	(8,000)	1. Various dental supplies. 2. Moved \$8000 to 20232100 for additional custodial services
PHS	7201800	Expenditure	20	20243700	Laboratory (Medical) Service	1,000	1,000			1,000	1,000	-	1. Laboratory services for refugees. 2. Quest labs, increase in cost due to additional refugees from
PHS	7201800	Expenditure	20	20244300	Medical Service	1,000	1,000			1,000	1,000	-	1. New employee exams. 2.
PHS	7201800	Expenditure	20	20244400	Medical Supplies	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20247100	Radiology Svc	28,262	28,262			28,262	28,262	-	1. Maintenance contracts for radiology equipment, plus additional maintenance cost for repair services and software as needed. 2.
PHS	7201800	Expenditure	20	20247200	Radiology Sup	5,000	5,000			5,000	5,000	-	1. Supplies for radiology services and equipment as needed. 2.
PHS	7201800	Expenditure	20	20251900	Architectural Services	-	-			-	-	-	1. Architectural drawings for construction 2.
PHS	7201800	Expenditure	20	20252100	Temporary Services	26,056	26,825			26,825	26,825	769	1. Extra help from temporary agencies - increase by 3% 2.
PHS	7201800	Expenditure	20	20254200	Treasurer Services	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20257100	Security Services	209,798	230,732			230,732	230,732	20,934	1. Non-ACP Security Services 2.



DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget	2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. What is included in the Account? 2. Variance, 2024/25 Recommended - 2023/24 Adopted Adj..
PHS	7201800	Expenditure	20	20259100	Other Professional Services	14,039,895	14,715,940	340,000		14,375,940	14,375,940	564,045	1. UCD provider agreements and consultant contracts. 2. Contract costs: \$14,715,940; reduced to \$14,465,940 in general fund reduction exercise. Reduced budget by \$1M for Registry contracts budgeted in error; new staff interpreted notes that registry is budgeted in this line and it is not, although invoices do post here when registry is used to address services needs that result from County staff vacancies.
PHS	7201800	Expenditure	20	20271100	DTech Embedded Staff/Labor	509,430	474,579			474,579	474,579	(34,851)	1. Non-ACP DTech Embedded Staff/Labor 2.
PHS	7201800	Expenditure	20	20281100	Data Processing Services	500,000	500,000			500,000	500,000	-	1. Annual software and subscription services for EMR system. 2. See GL 30312100
PHS	7201800	Expenditure	20	20281101	DTech Virtual Server	-	-			-	-	-	1. Non- ACP DTech Virtual Server 2.
PHS	7201800	Expenditure	20	20281200	Data Processing Supplies	82,780	82,780			82,780	82,780	-	1. Computer equipment/software replacements & upgrades. 2.
PHS	7201800	Expenditure	20	20281201	Hardware	-	-			-	-	-	1. Computer equipment/software replacements & upgrades. 2.
PHS	7201800	Expenditure	20	20281202	DTech Software	97,363	127,618			127,618	127,618	30,255	1. Non-ACP DTech software for Microsoft Enterprise Agreement. 2.
PHS	7201800	Expenditure	20	20281204	Other	-	-			-	-	-	1. Computer equipment/software replacements & upgrades. 2.
PHS	7201800	Expenditure	20	20281265	Application SW Maint.	-	-			-	-	-	1. Computer equipment/software replacements & upgrades. 2.
PHS	7201800	Expenditure	20	20283200	Interpreter Services	556,305	556,305			556,305	556,305	-	1. Interpreter services for non-English speaking patients. 2.
PHS	7201800	Expenditure	20	20287100	Transportation Of Person	400	400			400	400	-	1. Patient transportation to and from clinic (taxi). 2.
PHS	7201800	Expenditure	20	20288000	PY Expend	-	-			-	-	-	1.
PHS	7201800	Expenditure	20	20289800	Other Operating Expense - Supplies	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20289900	Other Operating Expense - Services	71,200	1,200			1,200	1,200	(70,000)	1. Lobby television cable service. 2. One time growth of \$70K in 23-24 removed in 24-25.
PHS	7201800	Expenditure	20	20291000	Countywide IT Services	113,746	129,195			129,195	129,195	15,449	Allocated Cost
PHS	7201800	Expenditure	20	20291200	Systems Development Supplies	40,174	56,826			56,826	56,826	16,652	Allocated Cost
PHS	7201800	Expenditure	20	20291300	Auditor/Controller Services	-	-			-	-	-	1. 2.
PHS	7201800	Expenditure	20	20291600	WAN Costs	169,580	240,305			240,305	240,305	70,725	Allocated Cost
PHS	7201800	Expenditure	20	20291700	GS Alarm Services	17,003	19,403			19,403	19,403	2,400	Allocated Cost
PHS	7201800	Expenditure	20	20292100	GS Printing Services	5,000	5,000			5,000	5,000	-	1. Printing of forms for various Clinic programs. 2.
PHS	7201800	Expenditure	20	20292200	GS Mail/Postage Charges	7,000	7,000			7,000	7,000	-	1. Postage to mail patient letters. 2.
PHS	7201800	Expenditure	20	20292300	GS Messenger Services	7,764	13,720			13,720	13,720	5,956	Allocated Cost
PHS	7201800	Expenditure	20	20292500	GS Purchasing Services	26,859	21,194			21,194	21,194	(5,665)	Allocated Cost

DIVISION	FUND CENTER	EXP/ REIMB / REV	OB JE CT	GL Account	GL ACCT NAME	2023/24 Adopted Budget
PHS	7201800	Expenditure	20	20292700	GS Warehouse Charges	1,000
PHS	7201800	Expenditure	20	20292900	GS Work Request Charges	612,603
PHS	7201800	Expenditure	20	20294200	County Facility Use Charges	1,520,318
PHS	7201800	Expenditure	20	20296200	GS Parking Charges	350
PHS	7201800	Expenditure	20	20297100	Insurance - Liability	144,663
PHS	7201800	Expenditure	20	20298300	GS Surplus Property Management	5,424
PHS	7201800	Expenditure	20	20298700	GS Telephone Services	100,390
PHS	7201800	Expenditure	20	20298900	GS Telephone Installations	-
<b>SERVICES AND SUPPLIES</b>				<b>Object 20</b>	<b>Total</b>	<b>19,071,205</b>

2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. What is included in the Account? 2. Variance, 2024/25 Recommended - 2023/24 Adopted Adj..
1,000			1,000	1,000	-	1. 2.
553,280			553,280	553,280	(59,323)	1. Facilities work orders that include HRSA ARP-CAP grant Reso No. 2021-0751. Rolling over unexpended grant funding from 23-24. 2. Grant drawdown/spending was not permitted until early 2024. Absorbed by Revenue in GL 95959100
1,607,339			1,607,339	1,607,339	87,021	Allocated Cost
350			350	350	-	1. Parking stamps for staff. 2.
222,465			222,465	222,465	77,802	Allocated Cost
6,040			6,040	6,040	616	Allocated Cost
108,516			108,516	108,516	8,126	Allocated Cost
			-	-	-	1. Replace end-of-life telephones. 2.
19,916,975	340,000	-	19,576,975	19,576,975	733,770	

PHS	7201800	Expenditure	30	30310300	Elig Exams	1,500
PHS	7201800	Expenditure	30	30310700	Transportation/Welf	10,000
PHS	7201800	Expenditure	30	30311400	Volunteer Expenses	500
PHS	7201800	Expenditure	30	30312100	Provider Payments	1,048,633
<b>OTHER CHARGES</b>				<b>Object 30</b>	<b>Total</b>	<b>1,060,633</b>

1,500			1,500	1,500	-	1. Livescan fingerprinting for new hires. 2.
10,000			10,000	10,000	-	1. Bus tickets & transportation vouchers for patients. 2.
500			500	500	-	1. Volunteer stipends. 2.
1,095,000			1,095,000	1,095,000	46,367	1. See Contract Worksheet 2. OCHIN amendment Reso No. 2023-0483
1,107,000	-	-	1,107,000	1,107,000	46,367	

PHS	7201800	Expenditure	43	43430110	Equip-Prop	-
<b>EQUIPMENT</b>				<b>Object 43</b>	<b>Total</b>	<b>-</b>

-			-	-	-	
-	-	-	-	-	-	

PHS	7201800	Expenditure	60	60601100	Dept OH Alloc	1,104,224
PHS	7201800	Expenditure	60	60601200	Div OH Alloc	387,895
PHS	7201800	Expenditure	60	60650400	Collection Svc	15,000
PHS	7201800	Expenditure	60	60691301	Finance General Accounting	8,005
PHS	7201800	Expenditure	60	60691302	Finance Payroll Services	6,104
PHS	7201800	Expenditure	60	60691303	Finance Payment Services	9,432
PHS	7201800	Expenditure	60	60691305	Finance Audits	4,295
PHS	7201800	Expenditure	60	60691306	Finance System Control & Recon	6,100
PHS	7201800	Expenditure	60	60695102	Benefit Admin Svs	18,836
PHS	7201800	Expenditure	60	60695103	Employment Services	64,453
PHS	7201800	Expenditure	60	60695500	Training Svcs	16,932
PHS	7201800	Expenditure	60	60695600	DPS Dept Svcs Teams	148,073

1,264,396			1,264,396	1,264,396	160,172	1. Department Overhead Allocation.
403,737			403,737	403,737	15,842	1. See Inter/Intrafund Worksheet 2.
1,750			1,750	1,750	(13,250)	1. See Inter/Intrafund Worksheet 2. Relief of Accountability for Uncollectable Accounts approved by BoS May 2022, expecting this to end. Per DoF, restoring to \$1,750. Offsetting revenue added in GL 96966200.
10,207			10,207	10,207	2,202	Allocated Cost
6,663			6,663	6,663	559	Allocated Cost
14,712			14,712	14,712	5,280	Allocated Cost
5,013			5,013	5,013	718	Allocated Cost
8,536			8,536	8,536	2,436	Allocated Cost
23,459			23,459	23,459	4,623	Allocated Cost
88,904			88,904	88,904	24,451	Allocated Cost
21,734			21,734	21,734	4,802	Allocated Cost
142,562			142,562	142,562	(5,511)	Allocated Cost

DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget
PHS	7201800	Expenditure	60	60695700	401A Plan Admin Svcs	995
PHS	7201800	Expenditure	60	60695800	Labor Relations	16,022
PHS	7201800	Expenditure	60	60695900	Safety Program	12,051
PHS	7201800	Expenditure	60	60697900	Charges Other Svcs	-
PHS	7201800	Expenditure	60	60698018	Intra Program Charges	1,188,880
<b>INTRAFUND CHARGES Object 60 Total</b>						<b>3,007,297</b>

2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. What is included in the Account? 2. Variance, 2024/25 Recommended - 2023/24 Adopted Adj..
1,103			1,103	1,103	108	Allocated Cost
19,081			19,081	19,081	3,059	Allocated Cost
18,387			18,387	18,387	6,336	Allocated Cost
-			-	-	-	1. See Inter/Intrafund Worksheet 2.
2,009,060			2,009,060	2,009,060	92,180	1. See Inter/Intrafund Worksheet rev 2-21-24 2.
4,039,304	-	-	4,039,304	4,039,304	304,007	

<b>PHS 7201800 Expenditure Total PRI -Clinic Services</b>	<b>38,921,631</b>
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<b>41,420,375</b>	<b>2,057,805</b>	<b>-</b>	<b>39,362,570</b>	<b>39,362,570</b>	<b>(59,061)</b>	
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DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget
PHS	7201800	Reimbursemen	59	59599125	Realignment 1991 Health	(9,232,367)
<b>INTERFUND REIMBURSEMENT Object 59 Total</b>						<b>(9,232,367)</b>

2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. See Inter/Intrafund Worksheet 2. Requesting transfer of 7274000 \$300,000 realignment appropriations to Clinics
(10,346,857)			(10,346,857)	(10,346,857)	(1,114,490)	
(10,346,857)	-	-	(10,346,857)	(10,346,857)	(1,114,490)	

DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget
PHS	7201800	Reimbursemen	69	69699000	Intra Cost Recovery	(492,448)
PHS	7201800	Reimbursemen	69	69699017	Intra Departmental Reimbursement	(2,545,229)
PHS	7201800	Reimbursemen	69	69699018	Intra Program Reimbursement	(14,537)
<b>INTRAFUND REIMBURSEMENT Object 69 Total</b>						<b>(3,052,214)</b>

2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. See Inter/Intrafund Worksheet 2. See Inter/Intrafund Worksheet 1. See Inter/Intrafund Worksheet 2.
(392,622)			(392,622)	(392,622)	99,826	
(1,650,297)			(1,650,297)	(1,650,297)	894,932	
(15,159)			(15,159)	(15,159)	(622)	
(2,058,078)	-	-	(2,058,078)	(2,058,078)	994,136	

<b>PHS 7201800 Reimbursement To PRI -Clinic Services</b>	<b>(12,284,581)</b>
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<b>(12,404,935)</b>	<b>-</b>	<b>-</b>	<b>(12,404,935)</b>	<b>(12,404,935)</b>	<b>(120,354)</b>	
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DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget
PHS	7201800	Revenue	95	95953010	PY Intergovernment-State	-
PHS	7201800	Revenue	95	95952800	State Subvention	-
PHS	7201800	Revenue	95	95953011	PY Intergovernment-Federal	-
PHS	7201800	Revenue	95	95956900	State Aid Other Misc Programs	(15,864,451)
PHS	7201800	Revenue	95	95958900	Health Federal	(3,588,678)
PHS	7201800	Revenue	95	95958901	Medi-Care Revenue	-
PHS	7201800	Revenue	95	95959100	Construction Federal	(559,603)
PHS	7201800	Revenue	95	95959503	ARPA - SLFRF Revenue	(1,699,608)
PHS	7201800	Revenue	95	95959900	Fed Aid-Misc Pro	-
<b>INTERGOVERNMENTAL REV Object 95 Total</b>						<b>(21,712,340)</b>

2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. Medi-Cal reconciliation payments for PPS rate, begin budgeting for this revenue in FY 24-25 1. 1. 1. See Revenue Worksheet rev 2-21-24 2. Increase of Medi-Cal Revenue (\$537,132) for Healthy Partners reduced population/more billable patient revenue to be realized 1. See Revenue Worksheet 2. 1. See Revenue Worksheet 2. 1. See Revenue Worksheet 2. 1. See Revenue Worksheet 2. Only 6 months remain of grant period in FY 24/25 1. See Revenue Worksheet 2.
(2,180,612)			(2,180,612)	(2,180,612)	(2,180,612)	
-			-	-	-	
-			-	-	-	
(19,130,316)			(19,130,316)	(19,130,316)	(2,765,865)	
(4,150,780)			(4,150,780)	(4,150,780)	(562,102)	
-			-	-	-	
(553,280)			(553,280)	(553,280)	6,323	
(934,647)			(934,647)	(934,647)	764,961	
-			-	-	-	
(26,949,635)	-	-	(26,949,635)	(26,949,635)	(4,737,295)	

DIVISION	FUND CENTER	EXP/ REIMB / REV	OBJECT	GL Account	GL ACCT NAME	2023/24 Adopted Budget
PHS	7201800	Revenue	96	96966200	Medical Care Indigent Patients	(15,000)
PHS	7201800	Revenue	96	96966201	CMISP SocRev-Direct	-
PHS	7201800	Revenue	96	96966202	CMISP SocRev-DRR	-
PHS	7201800	Revenue	96	96966300	Medical Care Private Patients	(1,000)
PHS	7201800	Revenue	96	96966900	Medical Care Other	(1,000)
PHS	7201800	Revenue	96	96969900	Svc Fees Other	(1,000)
<b>CHARGES FOR SERVICES</b>				<b>Object 96</b>	<b>Total</b>	<b>(18,000)</b>

2024/25 Base Budget	Categorical Unfunded	Unfunded (non-Categorical)	2024/25 Recommended Budget	2024/25 Adopted Budget	Variance 2024/25 Recommended - 2023/24 Adj. Adopted Budget	Description of the following: 1. What is included in the Account? 2. Variance, 2024/25 Recommended - 2023/24 Adopted Adj..
(5,000)			(5,000)	(5,000)	10,000	1. See Revenue Worksheet 2. Set by DOF
-			-	-	-	1. See Revenue Worksheet 2.
-			-	-	-	1. See Revenue Worksheet 2.
(1,000)			(1,000)	(1,000)	-	1. See Revenue Worksheet 2.
(1,000)			(1,000)	(1,000)	-	1. See Revenue Worksheet 2.
(1,000)			(1,000)	(1,000)	-	1. See Revenue Worksheet 2.
(8,000)	-	-	(8,000)	(8,000)	10,000	

PHS	7201800	Revenue	97	97979900	Prior Year	-
PHS	7201800	Revenue	97	97974000	Insurance Proceeds	-
<b>MISCELLANEOUS REVENUE</b>				<b>Object 97</b>	<b>Total</b>	<b>-</b>

-			-	-	-	1. 2.
-			-	-	-	1. 2.
-	-	-	-	-	-	

<b>PHS</b>	<b>7201800</b>	<b>Revenue Total</b>	<b>PRI -Clinic Services</b>	<b>(21,730,340)</b>
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<b>(26,957,635)</b>	<b>-</b>	<b>-</b>	<b>(26,957,635)</b>	<b>(26,957,635)</b>	<b>(4,727,295)</b>
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<b>PHS</b>	<b>7201800</b>	<b>NCC</b>	<b>PRI -Clinic Services</b>	<b>4,906,710</b>
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<b>2,057,805</b>	<b>2,057,805</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(4,906,710)</b>
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Period 8  
 Current Month February  
 Percentage of Year 67%

CAB Financial Report

Line Item	Budget	Current Month	Year to date	Encumbrance	Total (YTD+Encumbrance)	YTD Percentage (Total/Budget)	Notes
<b>Revenue</b>							
Inter/Intrafund Reimbursements <b>** REIMBURSEMENT ACCOUNTS</b>	\$ 12,284,581	\$ 1,683,991	\$ 5,795,290	\$ 992,943	\$ 6,788,232	55%	Typically a lag due to Fiscal processes. Has been catching up!
Intergovernmental Revenue <b>* 95 - INTERGOVERNMENTAL REV</b>	\$ 22,212,340	\$ 1,243,195	\$ 14,922,197	\$ -	\$ 14,922,197	67%	Medi-Cal/Medicare revenue, HRSA, Refugee & ARPA grants
Charges for Services <b>* 96 - CHARGES FOR SERVICES</b>	\$ 18,000	\$ 487	\$ 6,491	\$ -	\$ 6,491	36%	CMISP old pre-2014 service charges and Medical Record Fees
Miscellaneous Revenue <b>* 97 - MISCELLANEOUS REVENUE</b>	\$ -	\$ -	\$ 63	\$ -	\$ 63		Currently Prior Year Patient Revenue
<b>Total Revenue</b>	<b>\$ 34,514,921</b>	<b>\$ 2,927,672</b>	<b>\$ 20,724,040</b>	<b>\$ 992,943</b>	<b>\$ 21,716,983</b>	<b>63%</b>	

<b>Expenses</b>							
Personnel <b>* 10 - SALARIES AND EMPLOYEE</b>	\$ 15,782,496	\$ 1,074,788	\$ 8,187,280	\$ -	\$ 8,187,280	52%	Low due to vacancies (currently 17.0 FTE)
Services & Supplies <b>* 20 - SERVICES AND SUPPLIES</b>	\$ 18,843,205	\$ 775,621	\$ 6,358,093	\$ 6,145,713	\$ 12,503,806	66%	Multiple FY 23-24 Contracts were executed late in the FY and costs have been slowing getting caught up. FY 23-24 SCOE invoices have not yet been paid
Other Charges <b>* 30 - OTHER CHARGES</b>	\$ 1,060,633	\$ 135,426	\$ 667,616	\$ 334,723	\$ 1,002,339	95%	FY 22-23 Accruals have all now been paid.
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -		No Equipment Charges in FY 23-24 as of now
Intrafund Charges (Allocation costs) <b>* 60 - INTRAFUND CHARGES</b>	\$ 3,735,297	\$ 208,987	\$ 1,570,377	\$ -	\$ 1,570,377	42%	
<b>Total Expenses</b>	<b>\$ 39,421,631</b>	<b>\$ 2,194,822</b>	<b>\$ 16,783,366</b>	<b>\$ 6,480,436</b>	<b>\$ 23,263,802</b>	<b>59%</b>	

**GRAND TOTAL**  
 (Net County Cost) \$ 4,906,710 \$ (732,850) \$ (3,940,674) \$ 5,487,493 \$ 1,546,819 32%

<b>GRANT SUMMARY</b>							
HRSA	Grant Year Start	Grand Year End	Total Grant		Remaining Available		Notes
			Award	Total Claimed	to Claim		
HRSA Homeless (Main)	3/1/2023	2/29/2024	\$ 1,386,602	\$ 1,386,602	\$ -	\$ -	Spending on track
HRSA ARP CAP	9/15/2021	9/14/2024	\$ 619,603	\$ -	\$ 619,603	\$ -	Construction timeline not yet determined
HRSA HIV	9/1/2023	8/31/2024	\$ 437,631	\$ 84,102	\$ 353,529	\$ -	\$112k have been carried over from previous funding period
HRSA Bridge Funding	9/1/2023	12/31/2024	\$ 41,886	\$ -	\$ 41,886	\$ -	Funds allocated to vaccines, Board approval was given to spend. Will be drawing down full amount soon
<b>Refugee</b>							
<b>RHAP FY 22-23</b>	<b>10/1/2022</b>	<b>9/30/2023</b>	<b>\$ 1,789,062</b>	<b>\$ 1,789,062</b>	<b>\$ -</b>	<b>\$ -</b>	Revised claim was submitted for Q4. Grant funds spent
RHAP FY 23-24	10/1/2023	9/30/2024	\$ 1,993,648	\$ -	\$ 1,993,648	\$ -	\$152.91 for a comprehensive (fully completed) health assessment & \$1,993,648.02 for administrative costs. Needs BOS approval
<b>RHPP FY 22-23</b>	<b>10/1/2022</b>	<b>9/30/2023</b>	<b>\$ 82,014</b>	<b>\$ 54,471</b>	<b>\$ 27,543</b>	<b>\$ -</b>	
RHPP FY 23-24	10/1/2023	9/30/2024	\$ 139,994	\$ -	\$ 139,994	\$ -	BOS approval was just obtained
<b>RHPP Multi-Year 22-23</b>	<b>10/1/2022</b>	<b>9/30/2023</b>	<b>\$ 153,000</b>	<b>\$ 24,626</b>	<b>\$ 128,374</b>	<b>\$ -</b>	<b>Spending was slow due to vacancies -2 HSA vacant, 1 MA vacant</b>
RHPP UHP 23-24	10/1/2023	9/30/2024	\$ 99,934	\$ -	\$ 99,934	\$ -	BOS approval was just obtained
<b>RHPP AHP 22-23</b>	<b>10/1/2022</b>	<b>9/30/2023</b>	<b>\$ 200,000</b>	<b>\$ 22,327</b>	<b>\$ 177,673</b>	<b>\$ -</b>	<b>Spending slow due to vacancies - 1 OA vacant</b>
RHPP AHP 23-24	10/1/2023	9/30/2024	\$ 199,602	\$ -	\$ 199,602	\$ -	BOS approval was just obtained
<b>Miscellaneous</b>							
County ARPA - 1 (H4)	1/1/2022	12/31/2024	\$ 2,701,919	\$ 1,343,975	\$ 1,357,944	\$ -	Spending on track, increased April 2023 when HRSA ARPA expired
County ARPA - 2 (H18)	1/1/2022	12/31/2024	\$ 135,000	\$ 22,604	\$ 112,396	\$ -	Telehealth Equipment Award. Reallocated \$250k to H4 and offered another \$150k back
County ARPA - 2 (H19)	7/1/2022	12/31/2024	\$ 319,000	\$ 88,146	\$ 230,854	\$ -	New award, spending slow to start. Have added staff to expend the grant funds

## **Governing Board Responsibilities and How to Do Them** **Corrected for a Public Entity FQHC**

This series of documents looks at nine governance requirements of the Health Center Program. Each document addresses a particular requirement and describes what board members can do to achieve their oversight responsibilities, including information for the board to receive (usually from staff) and review, questions for the board to ask, and the significance of particular answers on health center operations and viability.

1. **Assess and Monitor Needs of Target Population** (*Strategic Planning Committee and Governance Committee*) – The governing board is required to oversee the organization’s progress in meeting its mission and goals and should expect to see a periodic update of a written needs assessment document prior to engaging in the strategic planning effort.
2. **Approve Health Center Program Grant Application** (*Finance Committee*) – The governing board has a legal obligation to formally approve the proposed activities compared to the budget requested in the application.
3. **Adopt a Sliding Fee Discount Program** (*Finance Committee & Clinical Operations Committee*) – The governing board is responsible to adopt policies for financial management practices including a system to assure eligibility for services and criteria for partial payment schedules.
4. **Approve and Monitor Annual Budget** (*Finance Committee*) – The governing board is responsible to assure that the health center has a realistic plan for achieving the organization’s annual program and financial goals and to measure and evaluate the organization’s progress in achieving these goals.
5. **Review Independent Financial Audit** (*Finance Committee*) – The governing board is responsible to select the auditor, guarantee the audit is done in compliance with federal requirements, and assure that management resolves audit findings.
6. **Monitor Financial Performance Using Financial Statement Data** (*Finance Committee*) – The legal fiduciary responsibilities of the board include assuring financial accountability, effective oversight, and financial viability of the health center.
7. **Establish a Quality Assurance/Quality Improvement (QA/QI) Program** (*Clinical Operations Committee*) – The governing board has the responsibility to review and approve the QA/QI plan each year and to make sure the plan is being implemented effectively.
8. **Select Services Provided and Hours of Operation** (*Clinical Operations Committee*) – The governing board has the authority to approve and oversee the scope of services and whether to provide those services directly by staff or referral to another provider.
9. **Engage in Long-Term Strategic Planning** (*Strategic Planning Committee and Governance Committee*) – The governing board is responsible to set the course of the health center by taking a leadership role and participating in developing goals and objectives to guide the health center’s decisions and actions for the next 3-5 years.



Co-Applicant Board Required Annual Activities - 2024												
Annual / Periodic Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HRSA Grant Application												
Service Area Competition (SAC)*							NA					
Needs Assessment*							NA					
Other Grant Applications						X						
HRSA Grant Awards - Reports												
Main grant report	X			X			X					
APR Capital					X						X	
Bridge	As Announced by HRSA (TBD)											
HIV	X	X					X					
Budget												
Approve proposed HRSA Program & County budget		X										X
Updates			X			X	X				X	X
Sliding Fee Discount												
Adopt new SFDS		X	X									
Audits												
HRSA Operational Site Visit					X							
Summary of Program Fiscal Audit				X								
Quality Improvement (QI)												
QI Plan Approval			X	X								
QI Plan Progress Monitoring/Data Reports				X			X			X		
UDS Report		X						X				
Patient Grievances and Safety Review					X					X		
Patient Feedback Survey Findings					X						X	
Long-Range Planning												
Adopt Strategic Plan*	NA											
Review Strategic Plan Progress			X				X				X	
Select Services and Hours												
Services Provided			X				X					X



Service Sites						X	X				X	X
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Co-Applicant Board Required Annual Activities – 2020 - CONTINUED												
Annual Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Governance</b>												
Review & Revise Bylaws		Review in July; Revise as needed										
Review Co-Applicant Agreement	Review in June; Revise as needed											
Review Committee Structure	X											X
Review Membership Applications	As Received											
Review Key Policies	X	X	X	X	X	X	X	X	X	X	X	X
<b>Project Director</b>												
Approve Selection /Dismissal	As needed											
Performance Evaluation										X		
<b>Board Member Development</b>												
Elect Chair and Co-Chair											X	
Approve CAB Member Recruitment Plan				X								
Approve new Members	As needed											

\* Every 3 years

\*\* Every 3 Months





Co-Applicant Board Required Annual Activities - 2023												
Annual / Periodic Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HRSA Grant Application												
Service Area Competition (SAC)*	NA											
Other Grant Applications	TBD as opportunities arise											
HRSA Grant Awards - Reports												
Main grant report								X	X			
HRSA APRA***	X			X			X					
HRSA ARPA UDS+				X			X					
HRSA ARP Capital	X			X			X			X		
HRSA HIV**	X						X					
Budget												
Approve proposed HRSA Program & County budget		X										
Sliding Fee Discount												
Adopt new SFDS			X									
Audit												
Summary of Program Fiscal Audit				X								
Quality Improvement (QI)												
Approve annual QI Plan			X									
Monitor QI Plan Progress***	X			X			X			X		
UDS Report Review		X						X				
Patient Grievances and Safety Review		X			X			X			X	
Patient Feedback Survey Findings			X				X					X
Long-Range Planning												
Needs Assessment	X	X	X									
Monitor 2021-2023 Strategic Plan									X			X
Adopt 2024-2026 Strategic Plan					X							
Select Services and Hours												
Services Provided			X				X					X
Service Sites				X				X				X

**Co-Applicant Board Required Annual Activities – 2023 - CONTINUED**

Annual Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Governance</b>												
Review & Revise Bylaws								X	X			
Review Co-Applicant Agreement								X				
Review Committee Structure											X	
Review Membership Applications	On-going											
Review Key Policies			X	X					X	X	X	
<b>Project Director</b>												
Approve Selection /Dismissal	TBD - if necessary											
Performance Evaluation		X								X		
<b>Board Member Development</b>												
Elect Chair and Vice-Chair											X	
Review Member Eligibility, Ethics & Conflict of Interest										X		
Approve CAB Member Recruitment Plan							X					
Review and Approve New Members	On-going											

\* Every 3 years

\*\* Every 6 Months

\*\*\* Every 3 Months



HRSA/BPHC — Operational Site Visit (OSV)  
 May 21-23, 2024  
**Simplified OSV Agenda for CAB Members**

<b>Day 1: Tuesday, May 21, 2024</b>		
<b>Time</b>	<b>Location</b>	<b>Attendees</b>
9:00 am to 10:15 am	<b>Entrance Conference – Senior Management and Board Members</b> <b>Room 2020</b>	SCHC: Mendonsa, Mishra, Hofer, Callan, Hutchins, Skalsky, Besse, Vargas, Lutz CAB: TBD
10:30 am to 11:00 am	<b>Site Tour Primary Care Center 4600 Broadway</b>	
<b>Day 2: Wednesday, May 22, 2024</b>		
8:00 am to 9:00 am	<b>Tour of SCHC Loaves &amp; Fishes Site + drive back</b>	SCHC: Dr. Mishra, Ailing Wei, Ainur Sapargaliyeva
12:00 pm to 1:30 pm Lunch Provided	<b>Team meeting with Co-Applicant Governing Board.</b> <b>Room 2020</b> <b>Chapter 19</b> – Board Authority and <b>Chapter 20</b> – Board Composition - Discussion on Board Authority, Roles and Responsibilities, Program Requirements	SCHC: NONE CAB: TBD
<b>Day 3: Thursday, May 23, 2024</b>		
11:30 pm to 12:30 pm	<b>Exit conference - Senior Management and Board Members:</b> <b>Room 2800</b> HRSA Team and Federal Representative to present the following: Summary of the site visit findings – Team Members <ul style="list-style-type: none"> <li>• Recommendations – Team Members</li> <li>• Next steps in OSV process – HRSA/BPHC Federal Rep.</li> <li>• Question and answers</li> </ul>	SCHC: Mendonsa, Mishra, Hofer, Callan, Hutchins, Skalsky, Besse, Vargas, Lutz CAB: TBD