

Sacramento County Health Authority Commission General Meeting Minutes

November 13, 2025, at 3:00 p.m. – 5:00 p.m.

Meeting Location

Sacramento Area Sewer District, Valley Oak Conference Room, 10060 Goethe Rd, Sacramento, CA 95827

Name	Attendance	Name	Attendance
SCHA Voting Members			
April Ludwig	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Margarita Dodatko	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Britta Guerrero	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Marvin Kamras, MD	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Cortney Maslyn	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Michelle Monroe	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Edwin Kirby	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Nicholas Capistrano	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Ellen Brown	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Phyllis Baltz	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Jerry Bliatout	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Ravinder Khaira, MD	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Julie Gallelo	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Richard Pan, MD	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Keri Thomas	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Supervisor Kennedy	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Kim Williams	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Yvonne Speer	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Kirti Malhotra, MD	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent		<input type="checkbox"/> Present <input type="checkbox"/> Absent
SCHA Non-voting Members			
Abbie Totten	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Beau Henneman	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Amber Kemp	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Cristina Pena	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
Banafsheh Siadat	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Sean Atha	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
County Staff to SCHA			
Jenine Spotnitz	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	Yuri Torres	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
Gina Patterson	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Maryam Muslih	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent

Agenda Item
<p>1. Welcome/Opening Remarks and Updates – Eddie Kirby, <i>Vice-Chair</i></p> <p>Meeting convened at 3:04 p.m. by Acting Chair, Eddie Kirby. Acting Chair, Eddie Kirby, reviewed the agenda and no changes were made.</p>
<p>2. Actions: Approval of Meeting Minutes and 2026 Meeting Calendar – Jenine Spotnitz, <i>Sacramento County Department of Health Services</i></p> <p>Action: Approval of minutes from October 14, 2025, meeting and 2026 meeting calendar.</p>

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<p>Motion: Commissioner Michelle Monroe Second: Commissioner Ravinder Khaira Vote: A roll call vote was taken. Outcome: Motion carried.</p>
<p>3. Discussion: County’s Response to State and Federal Medicaid Changes: Sacramento County’s Medically Indigent Services Program – Cortney Maslyn, Sacramento County Department of Health Services</p> <p>Summary: Commissioners and staff discussed upcoming program changes, cost modeling, and impacts on indigent care. Cortney reported that the County will present cost scenarios to the Board of Supervisors (BOS) on December 9, including funding options for the BOS to consider. Commissioners noted that feedback on county approach cannot be shared until they are able to hear the BOS presentation.</p> <p>Discussion Highlights:</p> <ul style="list-style-type: none">• Commissioners emphasized the need to provide care for indigent populations and to consider obstacles such as funding, capacity, and infrastructure.• Historical context was noted: in 2009, program costs were approximately \$50M at 200% FPL, and medical expenses have increased significantly since then.• Medi-Cal disenrollment was discussed, with ~30,000 individuals losing coverage since January 2025. Commissioners raised concerns about affordability, medical need, and gaps in coverage.• Commissioners cautioned against implementing asset tests, noting they may not yield savings and could waste staff resources.• Health plan representatives offered to share data on populations who lost coverage, including service utilization patterns, to inform modeling.• Cortney clarified the distinction between disruption and need and noted that Healthy Partners is preventative and primary care focused, requiring Emergency Medi-Cal eligibility.• Questions were raised about federal/state guidance on Emergency Medi-Cal for undocumented populations; current assumptions are that Emergency Medi-Cal would still be allowed for the undocumented.• Commissioners expressed concern about information sharing with federal agencies and emphasized the need for legal review.• Broader concerns were raised about redesigning the program rather than recreating past structures, with emphasis on building infrastructure to meet long-term needs.

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Next Steps:

- BOS presentation scheduled for December 9.
- Medical Care for Uninsured Citizens Workgroup meetings will be convened in December before BOS presentation and ongoing to discuss purpose, options, and collaborative approaches. Commissioners and partners invited to sign up for the workgroup

4. Presentation Discussion & Action: QIQA Report Back & Approval of Recommended MCP Data Request – NORC Consultant, Lisa Shugarman Sacramento County Department of Health Care Services

The goal of the initiative is to engage Managed Care Plans in sharing data on selected measures that provide meaningful insights and allow for analysis of variation across populations, with the intent of identifying areas where improvement is possible. NORC has reviewed publicly available data and conducted an environmental scan, compiling three years of information into a data compendium that will continue to be updated. The purpose of this work is to track trends over time and report selected measures at both the county and plan level, with particular emphasis on county-level performance. Data will be presented in 2024, with measures identified for reporting in 2025–2026. These measures will be disaggregated and drawn from individualized data sources to ensure equity-focused analysis. In total, twelve original measures were proposed to the QIQA Committee, selected because they met the criteria established for relevance, feasibility, and alignment with strategic goals.

Discussion Points:

Comparators & Data Scope

Data compendium focused on Sacramento with the following county comparators confirmed by the QIQA Committee: San Diego (GMC), San Joaquin (similar demographics), Alameda (comparable population), and Orange County (different model for variation).

The emphasis for the current data request was on starting with standardized HEDIS/MCAS measures to minimize reporting burden.

Alignment with State & Local Initiatives

Commissioners noted existing state mechanisms (quality withholds, sanctions, auto-assignment tied to quality) which provide financial and operational motivation for health plans to improve quality.

Managed Care Plan representative Commissioners noted their existing partnerships with counties statewide on Community Health Assessments, Improvement Plans (such as [Community in Health Action for Sacramento](#)

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County (CHIP)), Continuums of Care, and other initiatives. They noted local initiatives as well as local active quality improvement groups that exist in Sacramento (e.g., WellSpace collaborations) whose goals and activities may align with the Commission's. They recommended conducting an inventory of current initiatives to align and integrate work and avoid duplicating efforts where possible.

A Commissioner representing Kaiser confirmed that regional quality committees conduct county-level analyses and operational planning. Kaiser expressed willingness to collaborate with the Commission, share data, and invited participation from its regional quality teams to avoid duplication.

Specialty Care Access & Timeliness

Commissioners, including those representing Managed Care Plans, agreed specialty care access remains a high priority but lacks a standardized measurement framework.

Suggestions included developing collaborative methodologies, narrowing focus to specific high-impact conditions, and aligning with upcoming state timely access requirements in 2027.

Concerns were raised that appointment wait times are determined at the provider level, not plan level, and may require survey-based or provider-level approaches.

A Commissioner noted the metrics that she proposed to measure access to specialty care were not incorporated in the request presented, and requested clearer reflection of differing viewpoints in committee reports to the full Commission. NORC noted that the metrics chosen were existing measures that are collected to minimize the reporting burden as well as ensure that they are validated and standardized to accurately measure what they intend to. The Acting Chair acknowledged the need for greater transparency and agreed future summaries should elevate all member input.

Outcome:

NORC and the QIQA Committee were tasked with revisiting the draft data request, including assessing approaches to specialty care access and timeliness, with recommendations to be presented at the next Commission meeting.

The Chair asked MCPs to affirm their willingness to work with the QIQA Committee on these next steps. Anthem, Health Net, Molina, and Kaiser all expressed willingness to collaborate, share data, and participate in future discussions or focus groups.

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No motion was made. This item will be discussed at the next Commission meeting.
5. Discussion: Interviews with Prospective SCHA Chair Candidates – Commissioner Nicholas Capistrano Discussion Questions: <ol style="list-style-type: none">1. Describe a time when you led a multi-stakeholder initiative, including community members, that required balancing priorities and ensuring alignment with a broader strategic mission.2. How do you foster consensus among commissioners with differing viewpoints and actual or perceived conflicts of interest, while balancing the needs of the community? Responses: <p>Dr. Khaira shared that in his 11 years as a commissioner and 30 years as a physician, he has led numerous multi-stakeholder initiatives requiring balance of operational, political, financial, and community priorities. He highlighted his role chairing the Select Committee that identified Sacramento County’s Delegated Health Authority under the CalAIM framework. The process involved transparent criteria, stakeholder listening sessions, a clear scoring model, and public rationale, resulting in defensible recommendations aligned with the county’s long-term vision.</p> <p>On fostering consensus, Dr. Khaira emphasized three principles: transparency of data and impacts, psychological safety to encourage candid participation, and centering discussions on the mission of improving health for Sacramento County residents. He noted that consensus does not mean unanimity, but shared ownership of decisions grounded in equity, accountability, and measurable community impact.</p> <p>Commissioner Michelle Monroe described leading a year-long process in 2023–2024 to create a 10-year strategic plan for One Community Health. She explained that the organization had lost clarity of identity, and through structured feedback with staff, leadership, board, and community, a refreshed mission, vision, values, and strategic goals were adopted. This framework now guides decision-making and ensures alignment with evolving community needs.</p> <p>On consensus-building, Commissioner Monroe stressed the importance of anchoring discussions in the commission’s purpose, ensuring broad representation including Medi-Cal beneficiaries, and maintaining clarity through adopted policies and procedures. She noted that while conflicts of interest may exist, the chair’s role is to facilitate inclusive dialogue and uphold transparency. She emphasized that decisions must be guided by what is best for Sacramento County, particularly for vulnerable populations facing coverage challenges.</p>

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Discussion Questions:

3. What is your approach to setting priorities and ensuring that the committee's work aligns with the Commission's overall mission and goals? How should the committee be held accountable to Sacramento County and the general public for results?
4. What leadership qualities do you consider essential for a chair of the Health Board?

Responses:

Commissioner Michelle Monroe emphasized that priorities must be centered on the Commission's mission and the principle that health care is a human right, including access to care. She referenced mortality data in Sacramento County as an accountability tool, noting that residents are dying younger from preventable conditions at rates worse than the California average. She stressed the need for transparency about community health outcomes and action beyond infrastructure planning, including broader community engagement and listening sessions to break down silos.

On leadership qualities, Commissioner Monroe highlighted empathy, humility, accountability, and kindness. She explained that empathy requires keeping individuals (patients, families, and neighbors) at the forefront of decision-making. Humility involves listening and being open to changing perspectives. Accountability is achieved through transparency and follow-through on commitments. Kindness ensures that even difficult conversations can be conducted constructively. She stated that as chair, she would expect commissioners to contribute collectively to community outcomes and uphold responsibility to their roles.

Dr. Khaira outlined an approach to setting priorities based on three principles: statutory obligations of the Commission, alignment with County strategic goals, and the lived realities of the populations served. He described a disciplined, data-driven process using HEDIS measures, disparity dashboards, financial indicators, and community input to identify gaps. He emphasized aligning committee work plans with measurable objectives tied to the Commission's mission, and conducting quarterly reviews of progress, barriers, and policy impacts.

On accountability, Dr. Khaira proposed three mechanisms: public transparency through comprehensive updates beyond meeting minutes; metrics tied to outcomes such as improved access, reduced disparities, financial sustainability, and beneficiary satisfaction; and stewardship to ensure responsible use of public funds aligned with community benefit.

Regarding leadership qualities, Dr. Khaira identified integrity and impartiality, strategic clarity, operational competence, respectful but firm facilitation, and community-centered leadership. He stressed that the chair must navigate conflicts of interest, maintain focus on long-term systemic improvements, and ensure meetings are inclusive and mission driven. He concluded that his goal as chair would be to lead with balance, fairness, and strategic purpose,

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<p>strengthening the Commission’s role as a guardian of health and equity in Sacramento County.</p> <p>Next Steps: The Consumer Protection Committee will score the candidates’ responses and present their recommendations at the next Commission meeting on December 2, 2025, for the Commission to approve.</p>
<p>6. Presentation & Action: Conflict of Interest Policy – Governance & Bylaws Ad-Hoc Committee Chair, Michelle Monroe</p> <p>Discussion: The Conflict of Interest policy was provided in the meeting packet for commissioners to review in advance of the discussion. This policy was developed at the direction of the SCHA and prepared by the Bylaws and Governance Committee following completion of recent bylaws revision.</p> <p>Action: Approval of the new Conflict of Interest Policy as included in meeting packet.</p> <p>Public Comment: Commissioner Monroe called for public comment; none received.</p> <p>Motion: Commissioner Eddie Kirby Second: Commissioner Ellen Brown Vote: A roll call vote was taken. Outcome: Motion carried.</p>
<p>7. Public Comment – One comment per person, limited to two minutes</p> <p>No public comments were received.</p>
<p>8. Closing Comments and Adjournment – Eddie Kirby, Vice-Chair</p> <p>Acting Chair, Eddie Kirby, thanked staff, commissioners, and community partners for their thoughtful participation and collaboration. He emphasized the importance of continued partnership and unified messaging as the County prepares to present options to the Board of Supervisors.</p> <p>The next regular meeting for the Sacramento County Health Authority will be held on Tuesday, December 2, 2025, from 3:00 p.m. – 5:00 p.m.</p> <p>Meeting adjourned: 4:53 p.m.</p>