

# Sacramento County Health Authority (SCHA) General Meeting Minutes

Thursday, February 19, 2026, 3:00 p.m. – 5:00 p.m.

Meeting location: Sacramento Area Sewer District, 10060 Goethe Rd,  
Sacramento, Ca 95827

Virtual and telephone participation options offered via Zoom.

## Attendance

- SCHA Commissioners (in person): April Ludwig, Britta Guerrero, Cortney Maslyn, Edwin Kirby, Ellen Brown, Jerry Bliatout, Margarita Dodatko, Marvin Kamras, Michelle Monroe, Nicholas Capistrano, Phyllis Baltz, Amber Kemp, Banafsheh Siadat, Beau Hennemann, Sean Atha
- SCHA Commissioners (by Zoom): Kim Williams
- DHS staff (in person): Jenine Spotnitz, Yuri Torres, Maryam Muslih, Timothy Lutz
- DHS staff (by Zoom): Alyxe Lett
- Members of the public (by Zoom): Cristina Pena, Shirley Lam, Praveen Karunatileka, Lisa Shugarman, Jen Ablog, Feras Al Riyabi, Erica Phillips

## Agenda

### 1. Welcome, Introductions, and New Member Recognition

Michelle Monroe, SCHA Chair, called the meeting to order at 3:04 p.m. and a quorum was established.

#### Updates:

- a. Chair updates and agenda review - Chair Monroe reviewed the agenda. The Chair provided updates and requested input from attendees throughout the meeting and on written material.
- b. Updates from Consumer Protection Committee (CPC) – Eddie Kirby – Eddie Kirby provided an update on CPC activities. Meetings continue with participation from Plans and Providers regarding CalAIM-related issues. COC finalized a letter addressed to the Governor and Sacramento-area legislators regarding Medi-Cal Proposition 56. The Department of Health Services (DHS) presented on upcoming Medi-Cal changes and the County’s approach to implementation. Health plans met with CPC to align communication efforts.

- c. Updates from Quality Improvement/Quality Assurance (QIQA) - QIQA Chair, Dr. Ravinder Khaira -- No report was provided. The next QIQA meeting is scheduled for next Thursday, February 26, 2026.
- d. Updates from Department of Health Services – DHS reported no updates.

**2. Approval of the December 2, 2025, SCHA General Commission Meeting Minutes and Revised 2026 SCHA General Meeting Calendar**

**Action:** Approval of December 2, 2025, SCHA General Commission meeting minutes and revised General Meeting calendar.

**Motion:** Vice Chair Kirby

**Second:** Vice Chair Kirby

**Public Comments:** Chair Monroe called for public comments; none received.

**Vote:** A roll call vote was taken.

**Outcome:** Motion carried.

**3. Discussion & Action: Nominate and Approve SCHA Vice-Chair**

Chair Monroe opened the discussion and invited nominations for the position of Vice Chair of SCHA. Eddie Kirby was nominated.

**Motion:** Chair Monroe moved to appoint Eddie Kirby as Vice Chair.

**Second:** Commissioner Brown

**Public Comment:** Vice Chair Kirby expressed appreciation for the nominations and stated enthusiasm for serving alongside Michelle. No other comments received.

**Vote:** A roll call vote was taken.

**Outcome:** Motion carried.

**4. Action: Update QIQA and CPC Member Appointments**

Chair Monroe discussed participation in the standing committees, QIQA and CPC, which require ratification by SCHA. Chair Monroe opened the floor for new members interested in joining either committee and noted that a Chair is needed for the QIQA Committee. Chair Monroe stated that if no volunteer steps forward, a nomination will be made in the future.

A nomination was made for Sean Atha to join the QIQA Committee.

**Action:** Approval of Sean Atha's appointment to the QIQA Committee.

**Motion:** Chair Monroe

**Second:** Vice Chair Kirby

**Public Comments:** Chair Monroe called for public comments; none received.

**Vote:** A roll call vote was taken.

**Outcome:** Motion carried.

**5. Presentation and Discussion: State & Federal Budget and Policy Updates Related to Medi-Cal**

Meredith Wurden, Sellers Dorsey consultant, provided an update on the Governor's proposed 2026–27 State Budget and its implications for Medi-Cal. Ms. Wurden reported that the state is projecting a budget deficit and is proposing several cost containment measures affecting Medi-Cal, including changes to immigrant coverage, reinstatement of the Medi-Cal asset test, elimination of certain dental and supplemental payments, and pharmacy utilization controls. The presentation also summarized anticipated impacts from federal H.R. 1, including reduced federal matching funds for emergency services, new work requirements, and six-month redeterminations beginning in 2027.

**6. Discussion and Action: Medi-Cal Dental Advisory Committee Letter and Feedback on the State's CalAIM Section 1115 Demonstration Waiver Renewal**

Vice Chair Kirby reported that the Consumer Protection Committee circulated a draft letter opposing the elimination of Proposition 56 funding. Vice Chair Kirby emphasized the importance of the Commission becoming more engaged and vocal in legislative matters due to ongoing discussions about funding changes. Input from SCHA members was requested prior to finalizing and submitting the letter. No input was provided on the CalAIM Section 1115 Demonstration Waiver Renewal.

**Action:** Approval of Medi-Cal Dental Advisory Letter in opposition to Proposition 56 Fund elimination.

**Motion:** Chair Monroe

**Second:** Commissioner Capistrano

**Public Comments:** Chair Monroe called for public comments; none received.

**Vote:** A roll call vote was taken.

**Outcome:** Motion carried.

**7. Presentation, Discussion and Action: Approach to Measuring Access to Specialty Care and Data Request**

Chair Monroe presented on specialty care access challenges from One Community Health for Medi-Cal members in Sacramento County. Chair

Monroe noted that Sacramento experiences higher mortality rates than the state average, including higher rankings in overall mortality and cancer deaths. The presentation described longstanding limitations in the Medi-Cal specialty network and noted that many specialists do not accept Medi-Cal referrals, despite a significant share of the county population being enrolled in Medi-Cal.

Chair Monroe explained that current measurement tools—claims, network adequacy audits, and grievances—do not capture delays or referrals that do not result in completed visits. Additional data sources were suggested, including authorization data (denials, incomplete authorizations, and time from authorization to appointment) and county level utilization patterns. The presentation encouraged further review of disease and mortality trends to better understand specialty access needs.

Lisa Shugarman, NORC consultant, provided the Commission an overview of measurement approaches for evaluating specialty care access. The presentation described three primary data sources—claims, electronic health records (EHR), and qualitative data—and the types of questions each can answer. Claims data can identify utilization patterns, provider involvement, and time intervals between primary and specialty care. EHR data can provide clinical context such as referral orders, diagnostic information, and social determinants of health, helping identify gaps not visible in claims. Qualitative data, including surveys and focus groups, can offer insight into patient and provider experiences with referrals, wait times, and administrative barriers.

The presentation emphasized that combining these data sources can provide a more complete understanding of specialty access and help identify where gaps occur in the referral and follow-up process.

The Commission engaged in an open discussion regarding the most pressing questions and priorities for SCHA, with a focus on specialty care access, provider network constraints, payment challenges, and data transparency.

Members discussed:

- Significant specialty-care access limitations, including hospitals restricting access and challenges within provider networks.
- Systemic issues contributing to limited specialty availability, including consolidation of practices, aging independent provider groups, and capacity constraints.
- Ongoing payment and claims processing delays through IPAs, which impact providers' ability to deliver timely care.

- The need to identify root causes using available data, distinguish system-level trends from anecdotal reports, and better understand patterns within targeted specialties.
- Collaboration opportunities among MCPs, IPAs, and county partners to improve access and share actionable data.
- The importance of data analysis to highlight themes, inform outreach efforts, and guide engagement with plans and providers.
- Suggestions for coordinated community-level efforts to improve specialist access for Medi-Cal members.
- Considerations regarding consultant timelines, resource constraints, and the need to focus SCHA's efforts where impact is most feasible.

Members were reminded that QIQA is positioned to address many of these issues and serve as an advocacy and analysis forum.

## **8. Public Comment**

There were no public comments.

## **9. Closing Comments and Adjournment**

The meeting adjourned at 4:55 p.m. Chair Monroe thanked participants for their engagement and invited commissioners to share feedback both in person and through written comments. She requested input on topics the Commission should address in the coming year and encouraged members to take an active role in shaping future discussions. She noted that the community is facing numerous challenges, underscoring the importance of continued participation and collective action.