Sacramento County Health Authority (SCHA) Meeting Minutes

Monday, June 01, 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 Teams.

Attendance

- SCHA Commissioners (in person): Britta Guerrero, Cortney Maslyn, Edwin Kirby, Ellen Brown, Jerry Bliatout, Margarita Dodatko, Michelle Monroe, Phyllis Baltz, Kim Williams, Amber Kemp, Banafsheh Siadat, Beau Hennemann, Sean Atha, Dr. Marvin Kamras MD, Julie Gallelo, Kirti Malhotra
- SCHA Commissioners (by Teams): N/A
- County Staff (in person): Tim Lutz, Jenine Spotnitz, Ciara Gonsalves Hart, Kelsey Johnson, Maryam Muslih
- County staff (by Teams): Wendy Huynh
- Members of the public (in person): Andie Martinez
- Members of the public (by Teams): Chris Ascencio (Community HealthWorks), Crystal Haswell (Kaiser Permanente), Jen Ablog (Kaiser Permanente), David Reedus III, Sara Jones, Rana Suliman, Meredith Wurden (Sellers Dorsey consultant), Patterson (Community Health Center Network and Alameda Health Consortium)

1. **Approval of April 06, 2026, SCHA General Commission Meeting Minutes**

   Motion: Commissioner Ellen Brown made a motion to approve April 06, 2026, SCHA meeting minutes.

   Second: Commissioner Britta Guerrero

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

   Vote: A roll call vote was taken.

   Outcome: Motion carried.

2. **Welcome, Introductions, and New Member Recognition**
   Michelle Monroe, SCHA Chair, began introductions and updates at 3:02 p.m. A quorum was established at 3:05 p.m. at which time Michelle Monroe called the meeting to order.

   Updates:

   a. Chair Monroe reviewed the agenda.

   b. Updates from Consumer Protection Committee (CPC) – Margarita Dodatko shared that providers compiled ongoing CalAIM challenges, which were sent to MCPs and will be discussed at the next CPC meeting and a subsequent general SCHA meeting.

   c. Updates from Quality Improvement/Quality Assurance (QIQA) – Chair Monroe reported that NORC reported meetings were being scheduled to collect more data. An additional report will be shared at a future meeting.

d. Updates from the Department of Health Services – Cortney Maslyn reported that the Managed Care Plans will report at the Safety Net meeting in June and FQHCs in August. Assembly put forth budget for consideration and there is a line item to support CMSIP to serve individuals with emergency MediCal coverage to mitigate individuals from losing health coverage.

3. Presentation and Discussion: State May Budget Revise and Policy Updates

Meredith Wurden, Sellers Dorsey consultant, presented Agenda Item 3: State May Budget Revise and Policy Updates. The Commission received an informational presentation regarding the Governor's May Revision to the State Budget, Medi-Cal program integrity activities, and CalAIM waiver renewal efforts.

State Budget and Medi-Cal Update

Ms. Wurden provided an overview of the State budget process and key budget deadlines, including the May Revision and the June 15 constitutional deadline for passage of a balanced budget. The presentation noted that revised state revenue projections exceeded January estimates by approximately $16.5 billion; however, the proposed budget continues to rely on reserve withdrawals, borrowing, and spending reductions to address ongoing structural deficits.

The Commission was informed of significant Medi-Cal budget proposals, including:

- Changes affecting individuals with unsatisfactory immigration status (UIS), including enrollment restrictions, premiums, benefit reductions, and transitions in coverage eligibility.
- Reinstatement of Medi-Cal asset testing and other cost-containment measures.
- Federal policy changes under H.R. 1, including work and community engagement requirements, redetermination requirements, and reduced federal funding for certain populations.
- Proposed county administrative funding to support implementation of federal requirements and eligibility-related workload increases.
- Updates regarding the Hospital Quality Assurance Fee and a proposed replacement Managed Care Organization (MCO) tax structure beginning in 2027.

Ms. Wurden also shared proposed Medi-Cal savings and efficiency measures, including:

- Enhanced Care Management (ECM) and Community Supports program refinements.
- Utilization management changes.
- Medical transportation and behavioral health service changes.
- Elimination or reduction of selected optional benefits and programs.

Additional updates were provided regarding behavioral health funding proposals, In-Home Supportive Services (IHSS), financial assistance for distressed hospitals, and expanded Covered California premium subsidies. Ms. Wurden noted that budget negotiations between the Legislature and Governor remain ongoing and that additional revisions may occur before final budget enactment.

Medi-Cal Program Integrity

Ms. Wurden briefed the Commission on recent federal and state Medi-Cal program integrity activities. The presentation summarized correspondence from the Centers for Medicare & Medicaid Services (CMS) requesting information and corrective action planning related to fraud, waste, abuse prevention, eligibility determinations, immigration status controls, and the IHSS program. Ms. Wurden also discussed CMS funding deferrals and the Department of Health Care Services' responses to those actions.

CalAIM Waiver Renewals

The Commission received an update on renewal efforts for California's CalAIM Section 1115 and Section 1915(b) waivers, both of which expire December 31, 2026. Ms. Wurden reported that DHCS submitted a five-year renewal application for the CalAIM 1115 waiver to CMS. DHCS initiated the public comment process for renewal of the 1915(b) waiver governing Medi-Cal managed care delivery systems. Proposed renewals generally continue existing authorities and include plans to further integrate specialty mental health and substance use disorder services through county Behavioral Health Plans beginning January 1, 2027.

Commission Discussion

A Commissioner asked if today was the deadline for CMS to submit definitions for “medical frailty”? Ms. Wurden confirmed the deadline was today and that CMS did submit this.

4. **Presentation and Discussion: Alameda County Safety Net**

Andie Martinez Patterson, CEO of Community Health Center Network and Alameda Health Consortium, presented the Alameda Health Consortium’s approach to providing care and impacting quality outcomes for Medi-Cal members in Alameda County, including the structure of the Medi-Cal delivery system, the role of the Community Health Center Network (CHCN), care coordination programs, quality improvement initiatives, and the impact of HealthPAC funding on care delivery for uninsured residents.

Alameda County Safety Net Structure

Ms. Martinez Patterson reported that Alameda County operates under a single-plan Medi-Cal model through the Alameda Alliance for Health (AAH), with Kaiser Permanente serving as a secondary "shadow" plan. The safety net system includes Alameda Health System, a network of federally qualified health centers (FQHCs), and contracted specialty providers. Alameda County Health Care Services Agency administers HealthPAC, the county-funded health coverage program for uninsured residents, which provides more than $60 million annually in support to Alameda Health System and participating community health centers.

The presentation highlighted the scope of the CHCN network, including:

- Eight federally qualified health centers operating 106 access sites throughout the county.
- School-based health centers, WIC locations, and mobile health units.
- More than 400 primary care providers and a specialty network exceeding 4,400 providers.
- Approximately 169,000 Alameda Alliance members receiving care through CHCN providers as of April 2026.

Community Health Center Network Operations

The Commission was informed that CHCN functions as both an Independent Practice Association (IPA) and Managed Services Organization (MSO), providing administrative

services including provider contracting, utilization management, claim processing, case management, and data analytics on behalf of participating health centers. The network receives capitated and fee-for-service payments and administers quality incentive programs designed to improve performance and health outcomes.

Care Coordination and Enhanced Care Management
Ms. Martinez Patterson reviewed CHCN's care management and care coordination infrastructure, including Enhanced Care Management services, community health worker programs, nursing care transition services, pediatric care coordination, school-based care coordination, and integrated behavioral health coordination. Key program activities highlighted included:

- Intensive care management for multiple Department of Health Care Services populations of focus.
- Care coordination and transition services supporting hospital discharge follow-up and reduced readmissions.
- Linkages to community resources, including WIC, early childhood services, schools, and regional centers.
- Behavioral health navigation and support for children, families, and individuals with complex health and social needs.

Quality Improvement and Incentive Programs
The presentation described CHCN's quality improvement infrastructure, including performance monitoring, provider technical assistance, quality dashboards, training programs, and support for Healthcare Effectiveness Data and Information Set (HEDIS) measures. Ms. Martinez Patterson also reviewed the Incentive Payment Program (IPP), which distributes quality-based payments and shared savings to participating health centers based on performance metrics and quality improvement activities.

HealthPAC Program Impact
Ms. Martinez Patterson reported that HealthPAC funding has been instrumental in supporting care for uninsured Alameda County residents and advancing system transformation initiatives. Examples cited included:

- Offsetting uncompensated care costs for uninsured patients.
- Expanding hepatitis C screening and treatment capacity.
- Increasing access to opioid use disorder treatment.
- Improving primary care follow-up after hospital discharge.
- Supporting food security initiatives and community-based health programs.
- Advancing COVID-19 vaccination equity efforts and targeted outreach to underserved populations.

The Commission also received data demonstrating HealthPAC's role in supporting care for uninsured residents, including primary care, behavioral health, and vision services, with significant utilization among Latino and other underserved populations.

Commissioner Discussion
A Commissioner inquired whether patients are sometimes required to access care outside of Alameda County, including in San Francisco. Ms. Martinez Patterson responded that, on occasion, specialty care may be provided outside the county, though the Bay Area generally provides sufficient regional access. The Commissioner also asked about transition-of-care physicians and whether they provide services across multiple clinics.

Ms. Martinez Patterson explained that physicians serve multiple clinic locations and are funded by Sutter Health.

A Commissioner asked whether the healthcare tax measures referenced in the presentation were newly established or existing funding sources. Ms. Martinez Patterson responded that the funding includes both legacy tax measures and newer revenues. Further, a previously litigated funding source had recently been released, including accumulated interest earnings.

A Commissioner asked whether all Federally Qualified Health Centers (FQHCs) operating in the county are members of the consortium and whether new FQHCs are required to join. Ms. Martinez Patterson responded that consortium membership is voluntary and noted that at least one FQHC operating within the county is not a consortium member.

5. **Public Comment**
   No public comments were received.

6. **Closing Comments and Adjournment**
   The meeting adjourned at 4:14 p.m. Chair Monroe thanked participants for their engagement.