Sacramento County Health Center
Co-Applicant Board (CAB) Meeting AGENDA
Friday, July 17, 2026, 9:30 a.m.- 11:30 a.m.
Regular CAB Meeting
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

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

- If any Board member needs to teleconference for this meeting, a notice will be uploaded to our website at https://dhs.saccounty.gov/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx by 8:30 a.m. on the morning of the meeting along with a link available to the public to observe the meeting via Teams video and/or teleconference.
- The meeting facilities and virtual meetings are accessible to people with disabilities. Requests for accessible formats, interpreting services or other accommodations may be made through the Disability Compliance Office by calling (916) 874-7642 (CA Relay 711) or email DCO@saccounty.gov as soon as possible prior to the meeting.

CALL TO ORDER (9:30 AM)

Opening Remarks and Introductions – *, Chair*

a. Roll Call and Welcome
b. Brief Announcements

INFORMATION ITEMS (9:35 AM)

1. Budget Updates
   - HRSA Main Grant Report
2. Project Director Report
   - Discussion of Division Manager Rachel Kay as possible project director
   - Welcome new employees - Troy Williams - Carol Maytum- Yang Xiong
3. Medical Director Report
4. School Based Health Center Sites: Adding an additional three sites bringing to 35 total

5. Current Progress with HRSA for change of scope School Based Mental Health locations

6. SCHC Overview Presentation – Michelle Besse

7. Quality Improvement Plan Progress Monitoring/Data Report – Jane Murphy

8. Strategic Plan Progress Review – Laurine/Rachel K./Jane M.

9. 2026 CAB Member Recruitment Plan

INFORMATION/ACTION ITEMS[1]

BUSINESS ITEM I.

- Vote for new project director
- ✓ Recommended Action: Motion to Approve Division Manager Rachel Kay

BUSINESS ITEM II.

- Expand School Based Mental Health to add three additional sites as part of the School Based Mental Health site expansion project
- ✓ Recommended Action: Motion to Approve

BUSINESS ITEM III.

- 2026 CAB Member Recruitment Plan
- ✓ Recommended Action: Motion to Approve the Proposed 2026 CAB Member Recruitment Plan

BUSINESS ITEM IV.

- April 17, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted April 17, 2026, CAB Meeting Minutes

BUSINESS ITEM V.

- May 15, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted May 15, 2026, CAB Meeting Minutes

BUSINESS ITEM VI.

- June 18, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted June 18, 2026, CAB Meeting Minutes

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

PUBLIC COMMENT
Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2. • Should the meeting be made available via teleconference platform, public comment may also be made via Teams teleconference by using the raised hand feature. Those joining the meeting via Teams are requested to display their full name.
CLOSED SESSION
None
MEETING ADJOURNED ()

Grant Status and Updates as of 5/31/26

				Claims								
Grant	Start	End	Total Grant	Q1	Q2	Q3	Q4	YE TOTAL	"Remaining" FYE	FYE "Carryover"	Description	Order #
HRSA Homeless (GY 21/22)	3/1/2021	2/28/2022	1,442,813.00	525,028.85	409,661.34	365,636.93	93,296.69	1,393,623.81	49,189.19	-	HRSA Main Grant	A18551
HRSA Homeless (GY 22/23)	3/1/2022	2/28/2023	1,386,602.00	430,466.95	243,476.72	488,757.92	223,897.04	1,386,598.63	3.37	-	HRSA Main Grant	A18551
HRSA Homeless (GY 23/24)	3/1/2023	2/28/2024	1,386,602.00	636,551.39	468,785.27	281,265.34	-	1,386,602.00	-	-	HRSA Main Grant	A18551
HRSA Homeless (GY 24/25)	3/1/2024	2/28/2025	1,424,937.00	505,574.97	388,824.82	405,317.59	88,519.94	1,388,237.32	36,699.68	-	HRSA Main Grant	A18551
HRSA Homeless (GY 25/26)	3/1/2025	2/28/2026	1,711,602.00	539,278.51	382,268.58	431,523.70	123,197.29	1,476,268.08	235,333.92	-	HRSA Main Grant	A18551
HRSA Homeless (GY 26/27)	3/1/2026	2/28/2027	1,549,000.00					-	1,549,000.00		HRSA Main Grant	A18551
RHAP (GY 21/22)	10/1/2021	9/30/2022	1,958,204.00	376,643.00	375,193.00	404,048.00	389,258.00	1,545,142.00	413,062.00	-	RHAP CDPH Grant	A19453
RHAP (GY 22/23)	10/1/2022	9/30/2023	1,789,062.00	445,631.50	446,464.50	445,274.50	389,820.50	1,727,191.00	61,871.00	-	RHAP CDPH Grant	A19453
RHAP (GY 23/24)	10/1/2023	9/30/2024	1,993,648.02	231,332.52	464,469.41	470,308.40	501,073.83	1,667,184.16	326,463.86	-	RHAP CDPH Grant	A19453
RHAP (GY 24/25)	10/1/2024	9/30/2025	3,177,903.45	649,679.71	635,984.17	588,391.32	517,268.08	2,391,323.28	786,580.17	-	RHAP CDPH Grant	A19453
RHAP (GY 25/26)	10/1/2025	9/30/2026	1,107,330.66	396,720.07	325,934.77			722,654.84	384,675.82	-	RHAP CDPH Grant	A19453

HRSA Project Director Updates

July 17, 2026 – CAB Meeting

Staffing Updates

SCHC is engaged in ongoing staffing efforts to fill position vacancies. These include:

- Nurse Practitioner
- Nursing (RN and Medical Case Manager)
- Medical Assistant
- Sr. Office Assistant
- Office Assistant

We have recently started an **internal Referrals workgroup comprised of clinical and operational leaders** to conduct an in-depth review of the Referrals department, collaborate on training and process improvement opportunities for both clinic and referrals staff, and ultimately establish recommendations for long-term resource needs. With some recent departures on the Referrals team, we are working through backfilling and hiring these positions (listed as Medical Assistant roles above).

SCHC has recently expanded a **volunteer program**. We have approved 7 volunteers to work throughout the clinic to work on projects such as creating comprehensive community resource lists, standardizing exam room supplies and storage and calling patients to schedule appointments for quality improvement clinics. These volunteers **gain valuable real-world experience** while also **expanding clinic staffing resources**.

At a higher level, **Dr. Phuong Luu** recently began her role as **Sacramento County's Health Officer**. Dr. Luu brings excellent experience in Public Health, collaboration and program building, and leadership. She is a key partner for SCHC in strengthening our partnership with Public Health, improving processes and safety protocols across the clinic, and offering consultative guidance on critical SCHC and County initiatives.

Clinical Operations

The SCHC Clinical Operations team is dedicated to **maintaining our clinics at the highest standards** set by both the County and Federally Qualified Health Center (FQHC) guidelines. Our team is focused on continuous quality improvement (CQI) across all services. We are implementing several initiatives, including **cross-training staff, streamlining workflows, and enhancing internal processes**. These efforts are designed to equip our team with the necessary skills and tools for delivering efficient, high-quality patient care.

Current projects include **Annual Fit Testing for all staff –** scheduled for completion by the end of July – ensuring our staff meet essential safety requirements for personal protective equipment (PPE). We are collaborating with our Public Health and Facilities partners on updating and implementing a **code system for overhead paging** to strengthen safety protocols across the clinic building.

HRSA Project Director Updates

July 17, 2026 – CAB Meeting

We are also rolling out **comprehensive training across all clinics for the Video Visit** process, enhancing our clinic's virtual care capabilities and improving accessibility for our patients.

Quality Improvement & Compliance

Vaccines for Children (VFC) Site Visit on Monday, July 6

SCHC participated in a **Vaccines for Children (VFC) site visit** and **successfully passed with no compliance issues identified**. The Vaccines for Children Program provides free vaccines to eligible children to ensure they receive recommended immunizations regardless of their family's ability to pay. Award recipients must conduct and record **VFC compliance site visits every 24 months** with each provider location. These visits must cover the following areas: provider details, eligibility, documentation, inventory management, and storage and handling (per unit and sitewide).

Department of Technology HIPAA & Compliance Audit on Wednesday, July 8

The SCHC Compliance team recently submitted a detailed HIPAA audit form to the Department of Technology's HIPAA and Compliance team ahead of **an internal County audit**. This was thoroughly reviewed as part of our ongoing commitment to privacy and security. The audit covered a broad range of areas, including:

- **Facility Security:** Procedures for access control (keys, card access, alarm systems), management of network/server closets, and tracking of maintenance and visitor access.
- **PHI Safeguards:** Policies for securing protected health information (PHI), including use of privacy screens, secure storage and destruction of paper and electronic records, and role-based access to electronic PHI.
- **Workforce Training & Access:** Verification of HIPAA training status, procedures for onboarding and offboarding staff, and monitoring compliance with password and workstation security.
- **Incident Reporting:** Processes for reporting and documenting security incidents, including visible reporting posters and online resources.
- **Contingency Planning:** Continuity operations for emergencies, including backup and recovery protocols for EMR systems.
- **Client Privacy Practices:** Posting and distribution of Notice of Privacy Practices, procedures for handling client requests and complaints, and retention of HIPAA documentation.

HRSA Project Director Updates

July 17, 2026 – CAB Meeting

The audit also included a walk-around inspection of the adult medicine, pediatric, and family medicine clinic areas. During this walkthrough:

- A couple of outdated HIPAA reporting posters were found, displaying an old contact email.
- A minor information-security item was noted involving system-related materials inadvertently left behind during routine IT servicing.

Aside from these minor findings, **the audit was successful**, confirming strong compliance practices across SCHC clinic operations. The team will address the outdated posters and ensure proper handling of any sensitive materials.

School-Based Health Center Sites

The Health Center continues to meet with School Based Mental Health and Wellness (SBMHW) contractors, Sacramento County Office of Education (SCOE) on expansion of the program. The Health Center **clinic/admin team meet with SCOE monthly**, and subgroups and meetings have formed to continue carve out a timeline for expansion following the **recent CAB approval of 32 additional sites** and **pending review of 3 additional sites.**

Michelle Besse has continued to work with SCOE and their clinicians on opportunities to increase productivity, prepare new sites for needs assessments, training, chart review, and telehealth.

FQHC and Community Collaboration

We are participating regularly in a **Medical Care for Uninsured Individuals workgroup** with other FQHCs, hospital systems, health plans, Community Based Organizations, and County leaders. This partnership allows for information and best practice sharing, care coordination, and proactive approaches to strengthen Sacramento's health safety net in response to significant changes in federal, state, and local policies (such as H.R.1).

SCHC is also engaging in **monthly coordinating meetings with other FQHCs**.

Health Resources and Services Administration

SCHC leadership recently met with HRSA Project Officer (PO), Kirk Barnes for all aspects of the Health Center, including the discussion of project director, satellite sites, School Based Mental Health expansion, and Strategic Plan. We will meet with him again at the end of July for our **Q4 Quarterly Monitoring meeting,** where we'll review **utilization, access to care, financial stability, and governance**.

SCHC Medical Director. 1-Year Anniversary Report

July 17, 2026, CAB Meeting

Key Points:

The SCHC Medical Director's Office has actively worked on a phased strategy dedicated to strengthening clinical operations, modernize workflows and ensure sustainable growth. These efforts have and continue to improve patient access, and clinic efficiency, while working on improving the quality of care provided to our community.

Fundamentals:

- Optimization and updating **Policies-Procedures, Workflows and Contracts.**
    - Focus: Improving quality, efficiency, staff-patient satisfaction, communication, compliance, and overall workflows to ensure sustainable growth while maintain high quality of care..
- **Training staff to perform at the top of their license, and cross-training** them for better utilization of our resources. Meetings:
    - Ongoing structured training is mapped monthly throughout the year, with two dedicated sessions per month.
- **Assuring compliance with all County and HRSA regulations for the clinic.**
- **Space Utilization:**
    - Now all 10 exam rooms in pediatrics are used for patient care.

Clinic Providers Up-Dates:

- **New County Hires:**
    - **Permanent County Nurse Practitioner:** NP Alice Liu. Starting date 9/27/2026.
    - **Registry:** NP Rufina Onumajuru started on 6/4/2026
- **UCD Partners:** 2026-2027 contract under discussion. New residents were on board and welcomed by County Medical Director.
- **Expanding MD Volunteers:**
    - Dr Adrianna Stanley serving under FM-SDA every Monday
    - Dr Alanna Bares will start training in Aug x 2 months. Afterwards, she will have her own clinic in Pediatrics on Friday mornings.
- **Development of New Partnerships:**
    - **Sutter Health-Residency Program Attendings/Residents**: at cero $ cost. MOU pending for Board of Supervisors approval in July. Expected to start with 8 to 10 clinics a month.

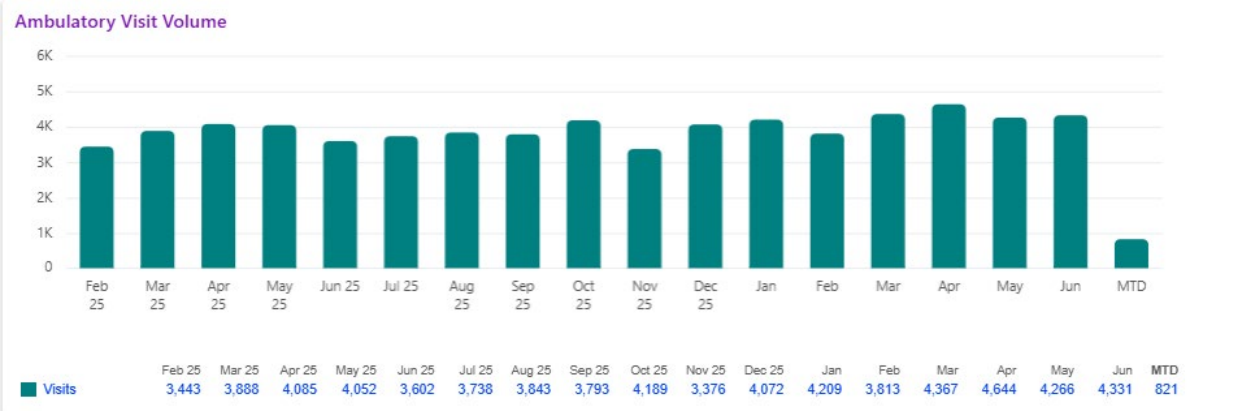
Productivity/QI Metrics:

- **Quality efforts:**
    - Improving GIC: MOU with HealthNet pending for finalization to start a dedicated WCC clinic for their patients in Aug 2026. 2-Designated PAP clinics a week + additional when

the VAN-Mammogram is here, working on Cologuard, successful restart of HBP clinic, etc.

Number of Patients seen at SCHC 2025-2026 (OCHIN Dashboard)

Departments: Peds, AM, L&F, W-3, Specialty, FM, BH (without Refugee)



Jan-April 2025:

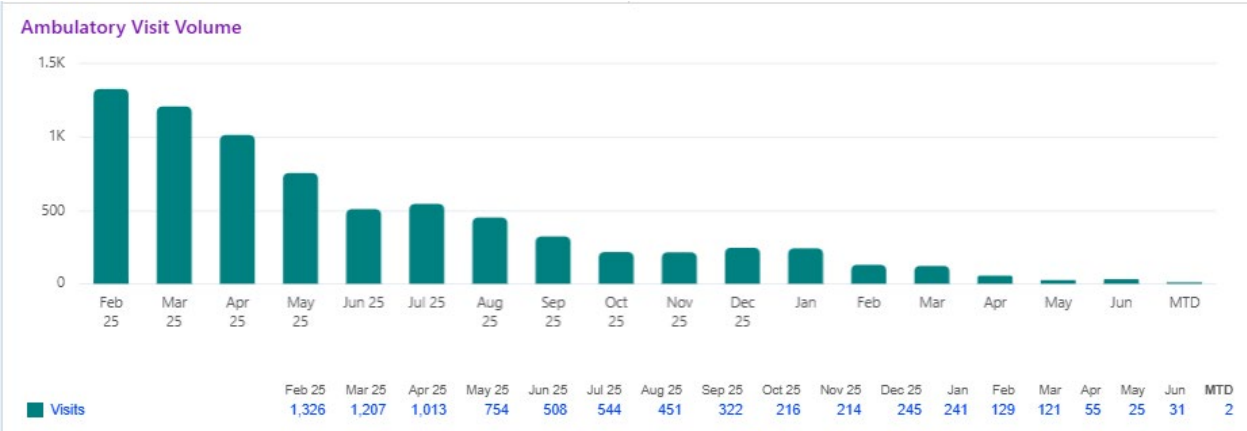
- 19,876 patients were seen in PCP + Refugee (5,075 were refugee patients).
- Total PCP: 15,316 in 4 months (validated by the graft data above)

Jan-April 2026:

- 21,677 patients were seen in PCP + Refugee (546 were refugee patients)
- Total PCP: 16,487 in 4 months (validated by the graft data above)

PCP increased the number of patients served by >7.5%.

Refugee



Presented by Michelle Besse, LMFT, DHA

Co-Applicant Board Review

June 18, 2026

School Based Health Center Expansion Update

Sacramento County Health Center proposed the addition of 32 School-Based Sites for Mental Health Services in underserved schools. This was approved by our Co-Applicant Board in May 2026.

Upon assessment and review, three additional schools were identified. It was determined that providing services at these sites would be a significant benefit to the community. This would bring the total increase to an additional 35 sites.

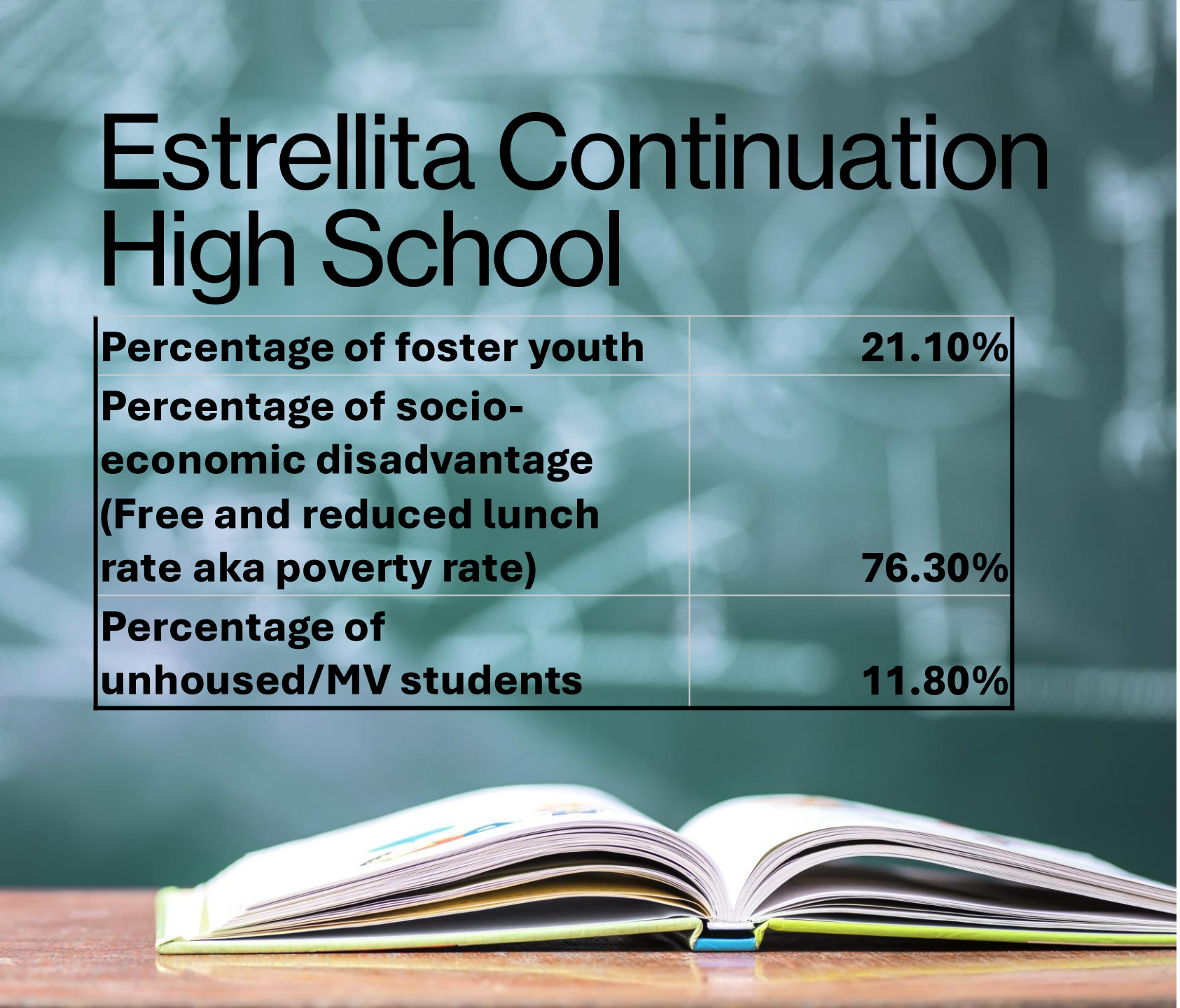
The three additional sites were discussed at the May 2026 CAB Meeting but were not voted on because they were not included in the original list.

28 Sites have been fully submitted to HRSA

4 Sites are pending School MOU
3 Sites are pending CAB Approval

Estrellita Continuation High School

Percentage of foster youth	**21.10%**
Percentage of socio-economic disadvantage (Free and reduced lunch rate aka poverty rate)	**76.30%**
Percentage of unhoused/MV students	**11.80%**



Unstable housing creates **chronic stress and uncertainty**, which can heighten anxiety, make it harder for students to feel safe, and disrupt their ability to regulate emotions.

Estrellita High School

GALT JOINT UNION
HIGH SCHOOL DISTRICT

12935 Marengo Road, Galt, CA 95632
Phone: (209) 745-2167

Galt High School

Percentage of foster youth	**7.50%**
Percentage of socio-economic disadvantaged (Free and reduced lunch rate aka poverty rate)	**60.70%**
Percentage of unhoused/MV students	**2.80%**

Frequent moves or overcrowded living situations can **interrupt routines, sleep, and school stability**, all of which are essential for mental well-being and academic focus.

Galt High School

Galt Joint Union High School District

WARRIOR BUILT

145 North Lincoln Way, Galt, CA 95632
Phone: (209) 745-3081

Mokelumne High School

Percentage of socio-economic disadvantage (Free and reduced lunch rate aka poverty rate)	**87.50%**

Financial strain – such as parent job loss or hunger – is strongly associated with poor mental health outcomes in teens, including persistent sadness, hopelessness, and higher rates of suicidal thoughts.

We can change the future for these students by giving them what every young person deserves: stability, support, and opportunity.

When schools and communities work together to remove financial barriers, strengthen mental-health resources, and create environments where every student feels seen and valued, we open the door to brighter futures. Small investments in care and connection today can transform a child's entire trajectory tomorrow.

Questions...

Thank you,

Michelle Besse
Health Program Manager
Sacramento County Health Center

SACRAMENTO COUNTY HEALTH CENTER

ABOUT US

Who We Are

We are a federally qualified health center serving low income, homeless, Medi-Cal eligible and uninsured individuals throughout Sacramento County.

What We Do

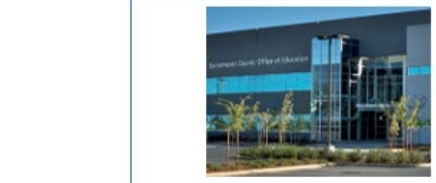
We provide primary medical care services including, but not limited to:

- Adult Primary Care
- Family Medicine, Obstetrics & Gynecology
- Pediatric Primary Care
- Psychiatry and Mental Health Counseling
- Chronic Disease Management
- Communicable Disease Screening
- Refugee Health Assessments
- On-Site Laboratory, Radiology, and Pharmacy
- Specialty Care (Cardiology, Nephrology, Rheumatology, and Musculoskeletal)

Primary Care Center

4600 Broadway
Sacramento, CA, 95820

Local Schools



School-based Mental Health
www.centersofwellness.scoe.net

Homeless Outreach

Healthcare for the Homeless clinic at Loaves & Fishes.

Rotating mobile clinic throughout Sacramento County.

OUR GUIDING PRINCIPLES

Vision

To be an exceptional healthcare center valued by the communities we serve and our team.

Mission

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

Values

Accountability
Compassion
Diversity
Equity
Excellence
Education
Respect

THE POWER OF COMPASSION

In a medical setting, kindness is not a soft skill—it's a clinical necessity. Patients are often at their most vulnerable. A compassionate interaction can ease anxiety, build trust, and even improve health outcomes.

WHAT IS AN FQHC?

- Funded (in part) by Section 330 of Public Health Service Act
- Must meet specific criteria
  - Serve medically underserved populations
  - Sliding fee scale
  - Governing board of directors that includes patients
  - And more!

PUBLIC ENTITY FQHC RELATIONSHIP WITH COUNTY

Board of Supervisors
Sacramento County

David Villanueva
County Executive
Sacramento County

Timothy Lutz
Director
Department of Health Services

Noel Vargas
Deputy Director
Primary Health Division

Rachel Kay, MBA
Division Manager
SCHC

Dr. Corina Gonzalez
Chief Medical Officer
SCHC

Co-Applicant Board (CAB)
51% patients
49% community members

SACRAMENTO COUNTY

SCHC'S UNIQUE CHARACTERISTICS

- Extremely Diverse Staff and Patient Population
- Academically Informed Health Center
- Focus on Homeless
  - Brick & Mortar Site at Loaves & Fishes
  - Outreach - Mobile and Street Medicine
- Main Site
  - Refugee Program
  - Foster Care/ Circle Clinic Program
  - School-Based Mental Health

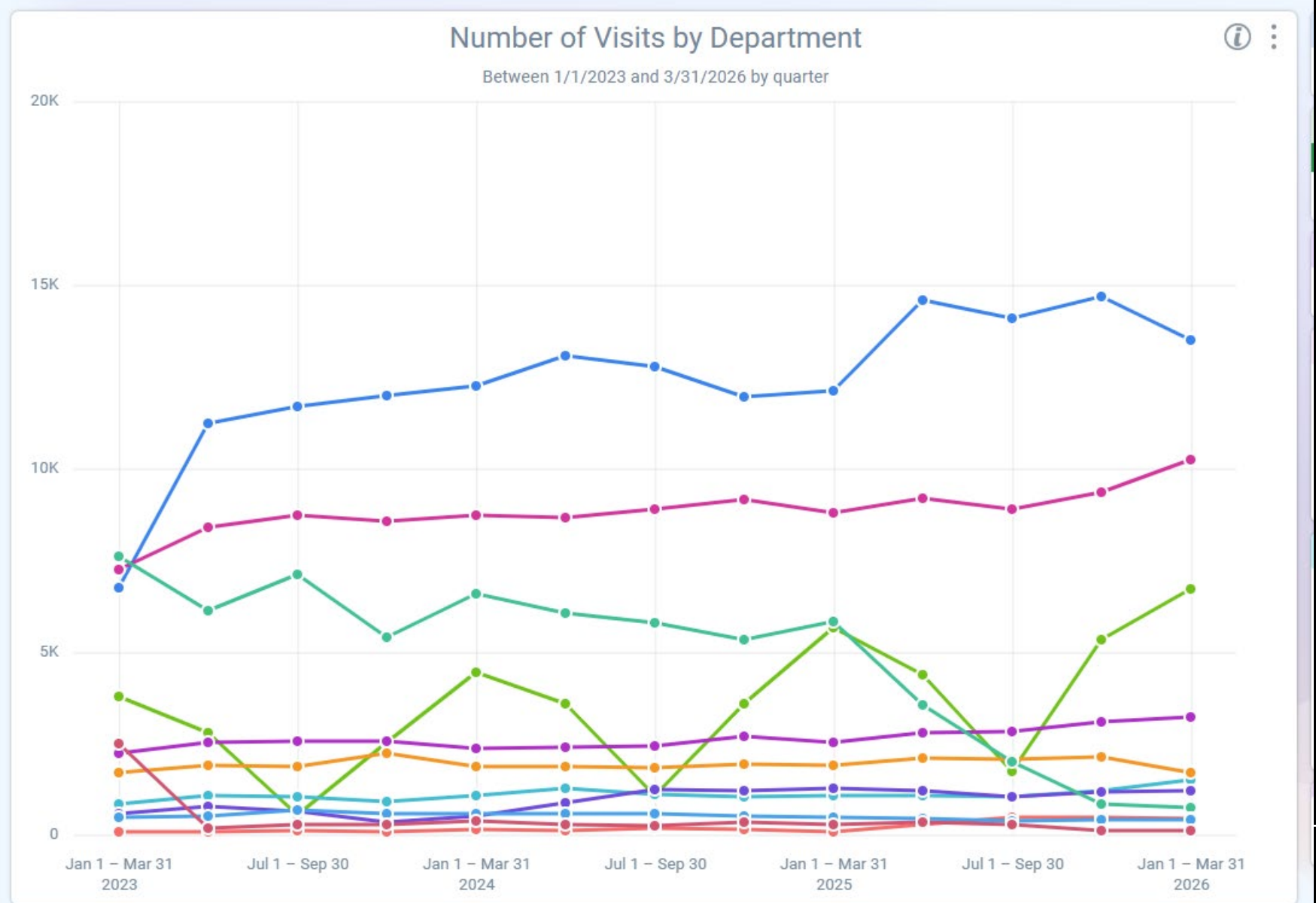
SACRAMENTO COUNTY

GROWTH OVER THE LAST FEW YEARS

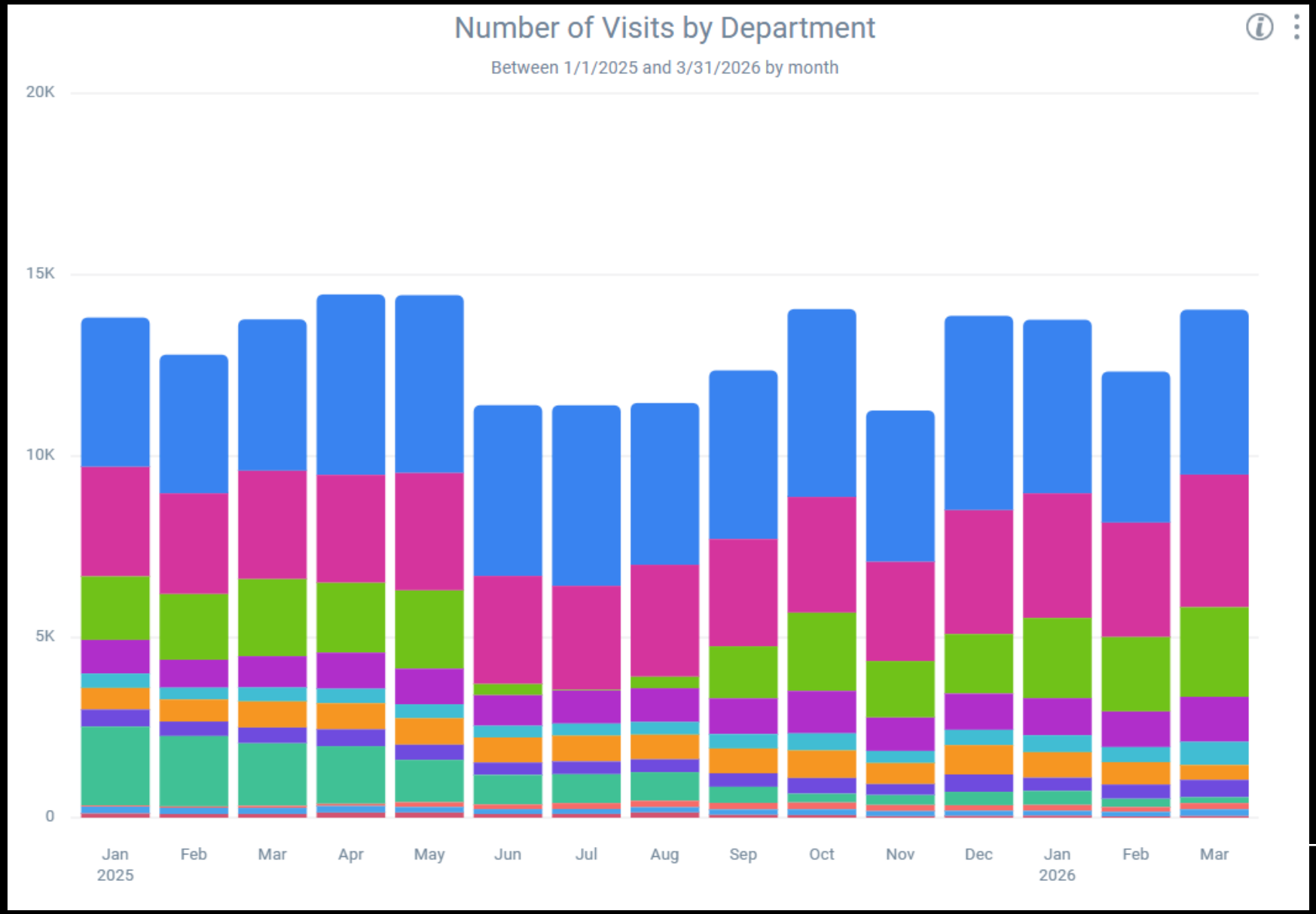
Foster Care Circle Clinic 2020	Preventive Dental (pediatrics) 2020	School-based Mental Health 2020 & 2026
Complex Care Management 2020/21	Mobile Van 2022	Street Medicine 2023

SACRAMENTO COUNTY

TOTAL VISITS BY QUARTER

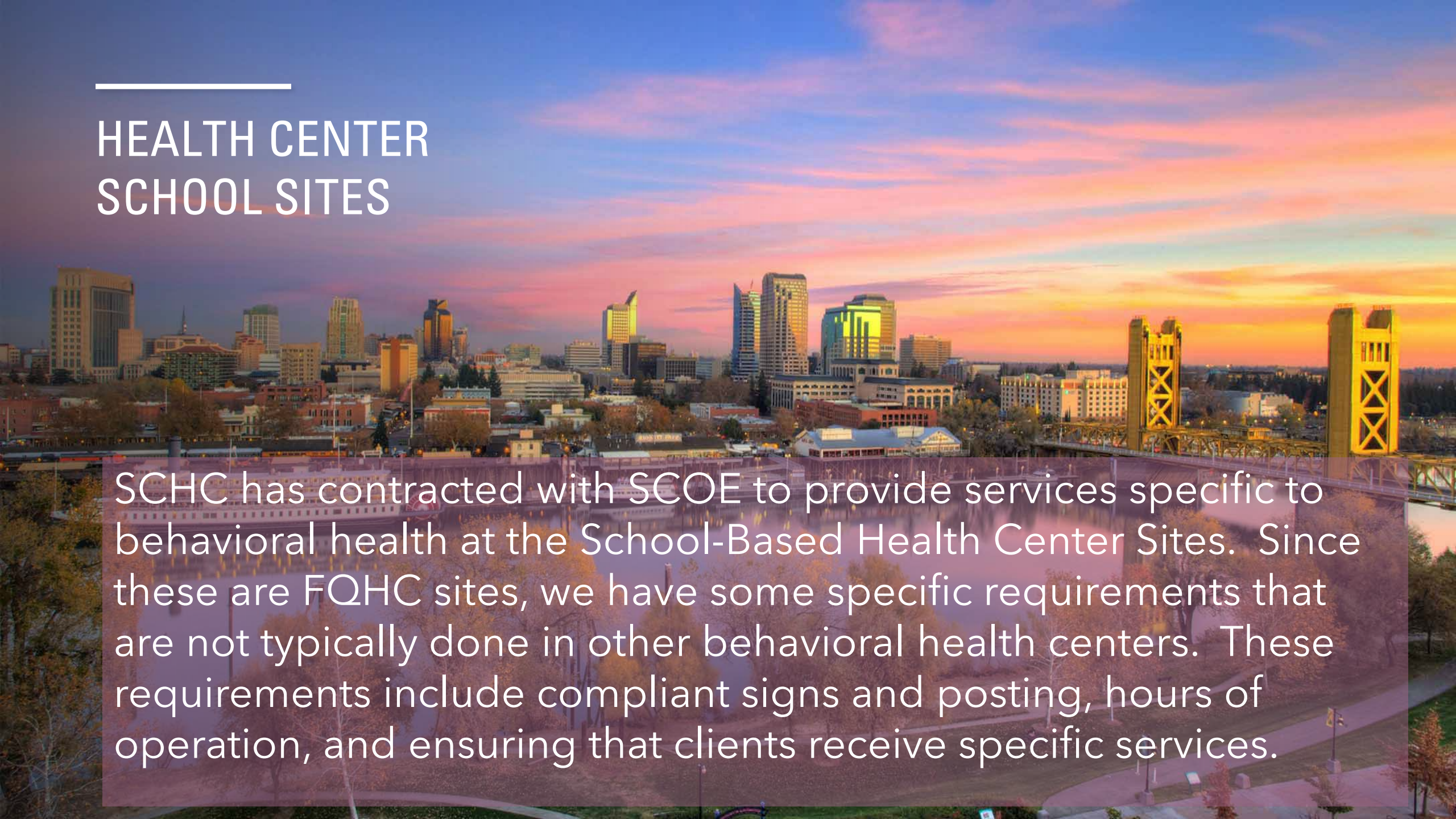


OF VISITS BY MONTH & DEPARTMENT (1/1/25- 3/31/26)



- SCHC PCC PHARMACY
- SCHC ADULT MEDICINE
- SCHC SCOE
- SCHC PEDIATRIC MEDICINE
- SCHC FAMILY MEDICINE
- SCHC SPECIALTY SERVICES
- SCHC BH SERVICES
- SCHC REFUGEE SERVICES
- SCHC MHTC PHARMACY
- SCHC HOMELESS SERVICES

HEALTH CENTER SCHOOL SITES



SCHC has contracted with SCOE to provide services specific to behavioral health at the School-Based Health Center Sites. Since these are FQHC sites, we have some specific requirements that are not typically done in other behavioral health centers. These requirements include compliant signs and posting, hours of operation, and ensuring that clients receive specific services.

WELLNESS WITHOUT WALLS (W3)

- Partnership with Primary Health and Public Health
- Mobile unit delivering clinical services – including HIV, sexual health, and broader services – and referrals to unhoused communities and transitional-aged youth
- Aims to increase access to health services, information, and resources among marginalized communities in Sacramento County
- Funded, in part, with grants from the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention.

W3 - MEDICAL CARE & MORE

- **HEART – Homeless Engagement and Response Team**
  - Behavioral health resources and connections offered by the Sacramento County Department of Behavioral Health Services.
- **PAWS – Pet Aid and Wellness Services**
  - Veterinary services for pets with owners experiencing homelessness offered by the Sacramento County Department of Animal Services
- **CoHeWo – Community HealthWorks**
  - Healthcare system navigation
  - Housing resources
  - Case management

SERVICE COVERAGE

- Medi-Cal Fee-for-Service
- Medi-Cal Managed Care
- Healthy Partners enrollees
- Medicare
- Medi-Medi (Medicare and Medi-Cal)
- Sliding Fee Scale

2024-2026: STRATEGIC PLAN

- **Priority 1: Increase Access to Care**
  - **Goal 1:** Increase Access to Health Care Services
  - **Goal 2:** Increase Access to Enabling and Navigation Services to Overcome Social Determinants of Health

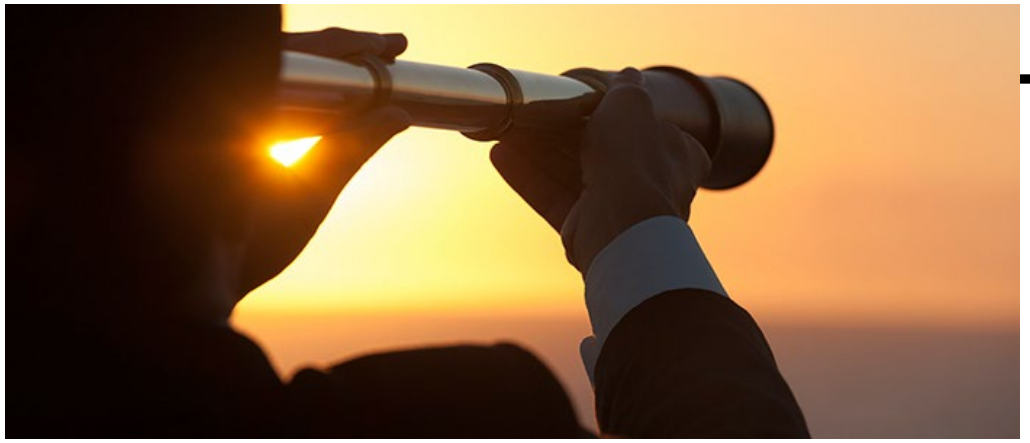
- **Priority 2: Promote Economic Sustainability**
  - **Goal 1:** Increase Efficiency Through Activities Including Process Improvements, Staff Training, Enhanced and/or Updated Technologies
  - **Goal 2:** Improve Staff Retention to Lower Costs due to Recruitment and new Employee Training Costs and Other Costs
  - **Goal 3:** Identify and Track Funding Opportunities (e.g., CalAim) That Align With the Health Center's Mission, Vision, and Values

- **2027-2029 Strategic Plan in development!**

SACRAMENTO COUNTY

QUALITY IMPROVEMENT PLAN

SACRAMENTO COUNTY



Looking Ahead

- Efficiency
- Continued Quality
- Expanding Access
- Continued Community Partnership

Fiscally Self-Sustaining
Quality Care
Accountability, Clarity, and Efficiency

SACRAMENTO COUNTY

THANK YOU

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH SERVICES

Sacramento County Health Center

2026 QI PLAN REPORT TO CAB

July 17, 2026

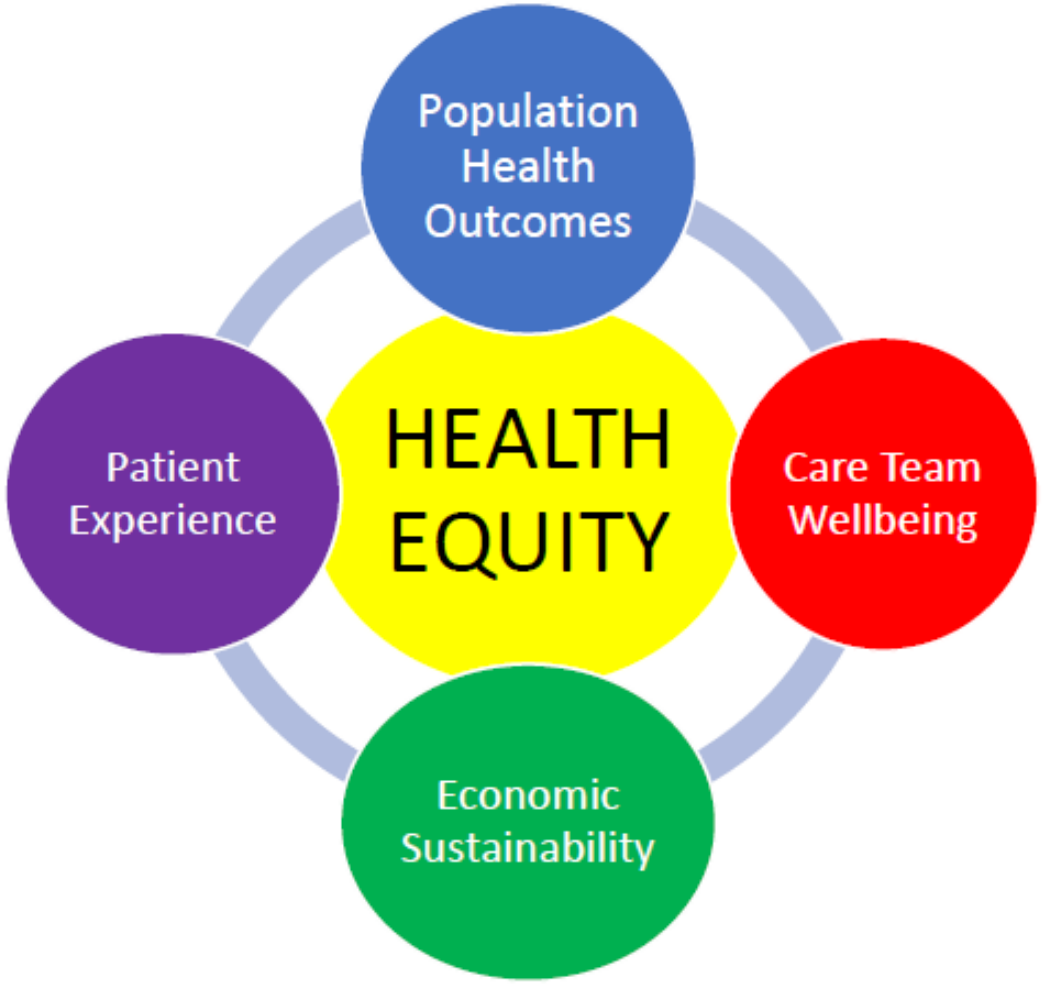
QUADRUPLE AIM

FRAMEWORK FOR QI PLAN ACCOUNTABILITY

Annually, the Health Center selects quality improvement goals and objectives for each part of the Quadruple Aim.

The **Quality Improvement Committee (QIC)** oversees two Aims: Patient Experience and Population Health Outcomes.

The **Management Team** is responsible for Reducing Costs and Care Team Well-Being.



https://pmc.ncbi.nlm.nih.gov/articles/PMC10246710/

PATIENT EXPERIENCE

Patient Experience: Patients feel the SCHC cares about and respectfully works to improve their well-being, safety, and experience.

Goal 1: Improve Access to Care

o Objective 1-1: Improve Access by Telephone During Clinic Hours

- Reduce the amount of time patients spend on the phone.
- Reduce the longest queue time by at least 5 minutes under the 2024 baseline. (Cisco)
- Reduce the average queue time to 10 minutes or less.

Metric	Starting Point	Ending Point	Change / Notes
Service Level (SLA)	72.98% (April 1, 2026)	79.84% (May 31, 2026)	**+6.86-point improvement** over two months
Average Speed of Answer (ASA)	5:49 (Mar 2026)	04:44	**Cut by more than 1 minute**
Abandonment Rate	15.15% (Mar 2026)	12.87%	**2.28 point reduction**
Call Volume **(Aug–Mar)**	~26,200 answered; ~11,300 abandoned	7,263 offered; 1,077 abandoned	**Volume remained high throughout the period**
Staffing Levels	7-8 Agents available (Dec – March 2026)	7 Agents (3 with limited time on phones as back up)	

PATIENT EXPERIENCE

Goal 1: Improve Access to Care

- **Objective 1-2: Reduce No Shows** (OCHIN)

	2025			2026					
No Show Rate	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
	17.9%	**18.4%**	**18.1%**	**16.8%**	**17.7%**	**18.8%**	**16.8%**	**16.2%**	**18.2%**
SCHC Adult Medicine	17.7%	17.3%	16.8%	16.2%	16.7%	17.6%	16.6%	15.9%	18.1%
SCHC Family Medicine	14.8%	19.5%	23.3%	21.3%	20.4%	16.9%	16.1%	15.6%	17.5%
SCHC Pediatric Medicine	19.8%	21.2%	20.5%	16.9%	19.9%	23.4%	17.8%	17.5%	19.0%

PATIENT EXPERIENCE

Goal 1: Improve Access to Care

o **Objective 1-3: Increase Appointment Access**

- Develop schedule templates that ensure consistent appointment access during regular business hours.
- Increase the average provider utilization rate to 90%. (OCHIN)

ADULT MEDICINE

Provider Utilization Health - Department

75.4% Provider Utilization MTD

86.9% Schedule Utilization MTD

	Q1 '25	Q2 '25	Q3 '25	Q4 '25	Q1 '26	Q2 '26	Q3 '26	MTD
Provider Utilization	79.1%	86.9%	87.9%	83.3%	77.7%	72.5%	75.4%	75.4%
Schedule Utilization	97.1%	105.7%	105.9%	100.7%	93.7%	88.4%	86.9%	86.9%
Average Lead Time	21.59	25.96	23.53	25.08	23.89	25.57	31.04	16.20
Time Lost To No-Shows	13d 21h 10m	11d 00h 10m	9d 18h 00m	17d 16h 00m	5d 19h 10m	18d 10h 40m	1d 10h 50m	1d 10h 50m
Time Lost To Late Cancels	7d 05h 40m	5d 14h 30m	4d 20h 30m	7d 05h 00m	7d 07h 10m	9d 11h 40m	1d 03h 50m	1d 03h 50m
Completed Appointments	5,911	6,182	6,045	6,088	6,904	7,512	542	542

21.5%
INCREASE IN COMPLETED APPOINTMENTS
Q2 2025 - Q2 2026

PATIENT EXPERIENCE

Goal 1: Improve Access to Care

o Objective 1-3: Increase Appointment Access

- Develop schedule templates that ensure consistent appointment access during regular business hours.
- Increase the average provider utilization rate to 90%. (OCHIN)

PEDIATRIC MEDICINE

Provider Utilization Health - Department

63.9% Provider Utilization MTD

81.7% Schedule Utilization MTD

	Q1 '25	Q2 '25	Q3 '25	Q4 '25	Q1 '26	Q2 '26	Q3 '26	MTD
Provider Utilization	85.7%	82.8%	80.8%	74.5%	76.4%	61.5%	63.9%	63.9%
Schedule Utilization	106.6%	107.4%	100.9%	94.9%	96.3%	74.1%	81.7%	81.7%
Average Lead Time	20.29	22.38	18.23	20.16	18.31	15.21	34.68	14.57
Time Lost To No-Shows	4d 21h 50m	4d 11h 20m	3d 21h 20m	7d 19h 50m	2d 04h 00m	5d 13h 40m	15h 20m	15h 20m
Time Lost To Late Cancels	2d 03h 40m	2d 13h 35m	1d 18h 00m	1d 23h 40m	2d 18h 00m	3d 03h 00m	4h 00m	4h 00m
Completed Appointments	1,694	1,787	1,849	1,960	2,086	2,326	169	169

30.17%
INCREASE IN COMPLETED APPOINTMENTS
Q2 2025 - Q2 2026

PATIENT EXPERIENCE

Goal 1: Improve Access to Care

o Objective 1-3: Increase Appointment Access

- Develop schedule templates that ensure consistent appointment access during regular business hours.
- Increase the average provider utilization rate to 90%. (OCHIN)
- Increase due to SDA primarily staffed by County personnel.

FAMILY MEDICINE

Provider Utilization Health - Department

60.8% Provider Utilization MTD

69.8% Schedule Utilization MTD

		Q1 '25	Q2 '25	Q3 '25	Q4 '25	Q1 '26	Q2 '26	Q3 '26	MTD
Provider Utilization		100.3%	97.0%	116.9%	81.3%	76.3%	59.0%	60.8%	60.8%
Schedule Utilization		119.7%	115.9%	129.4%	99.9%	97.1%	71.7%	69.8%	69.8%
Average Lead Time		24.13	28.13	30.24	36.08	33.94	23.88	32.37	19.86
Time Lost To No-Shows		1d 05h 40m	1d 05h 00m	16h 00m	1d 23h 10m	19h 20m	3d 07h 10m	7h 00m	7h 00m
Time Lost To Late Cancels		19h 50m	11h 00m	17h 20m	23h 00m	17h 40m	1d 03h 20m	3h 40m	3h 40m
Completed Appointments		739	716	711	721	937	1,311	108	108

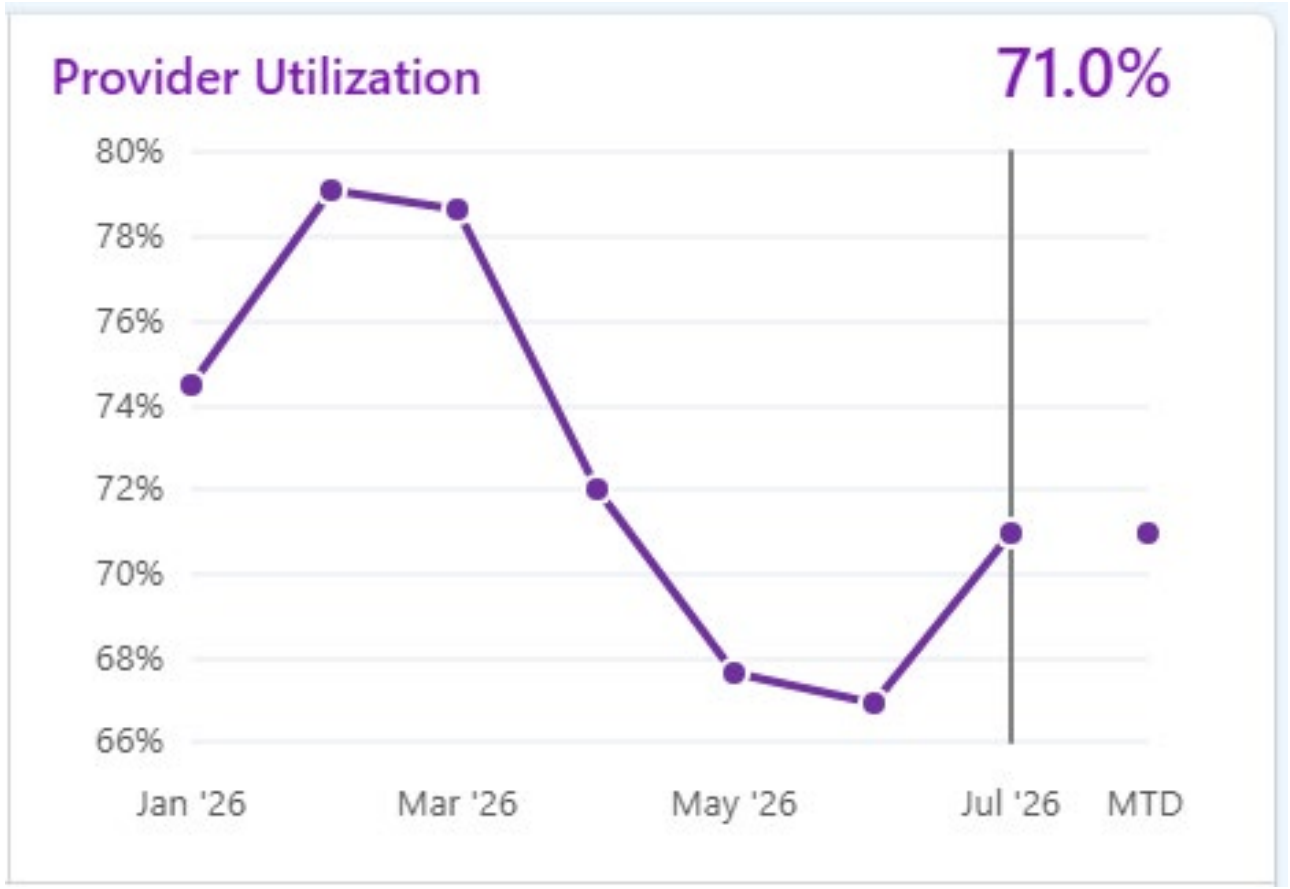
83.1%
INCREASE IN COMPLETED APPOINTMENTS
Q2 2025 - Q2 2026

PATIENT EXPERIENCE

Goal 1: Improve Access to Care

- **Objective 1-3: Increase Appointment Access**
  - Increase the average provider utilization rate to 90%. (OCHIN)

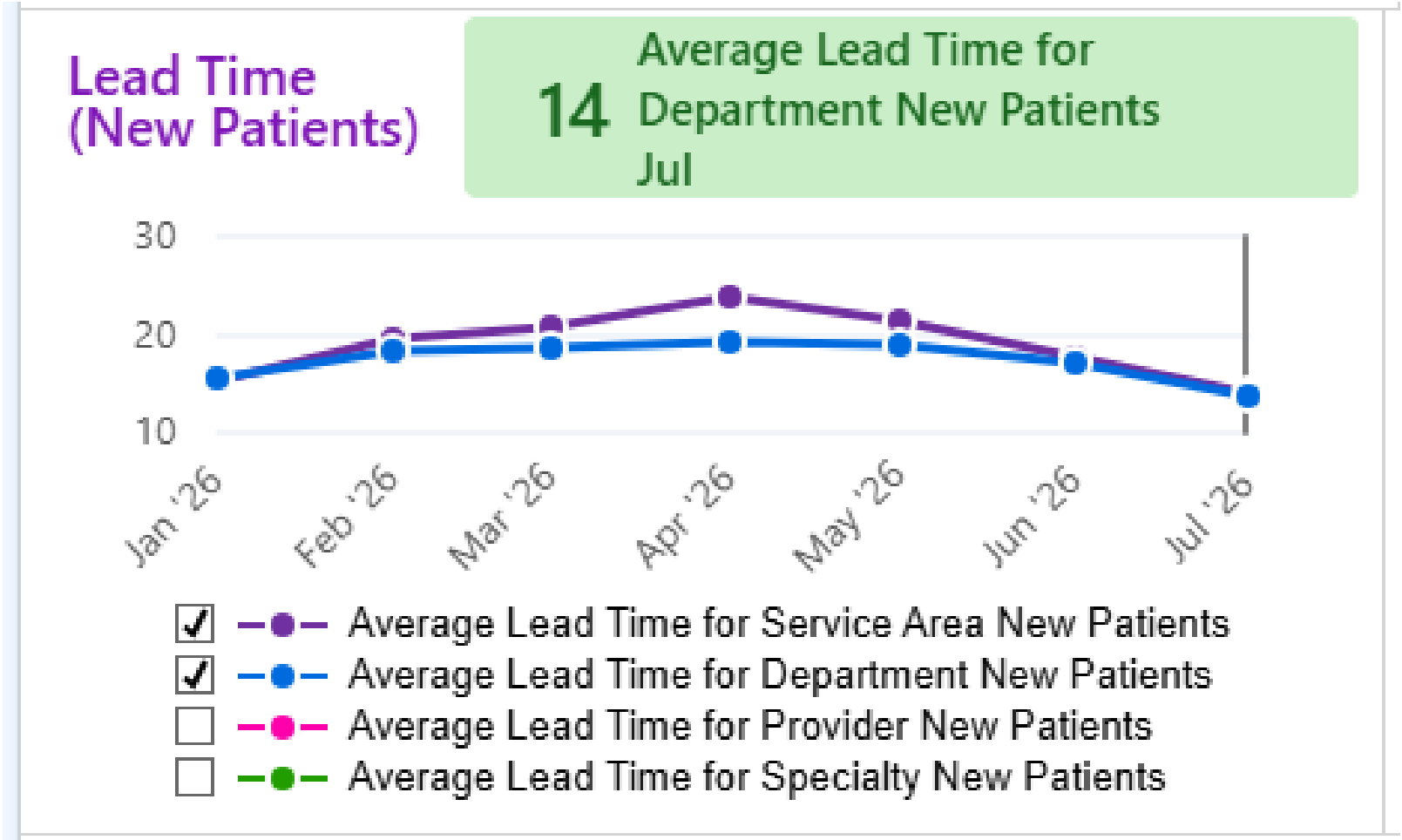
PRIMARY CARE CLINICS COMBINED



PATIENT EXPERIENCE

Goal 1: Improve Access to Care

- **Objective 1-3: Increase Appointment Access**



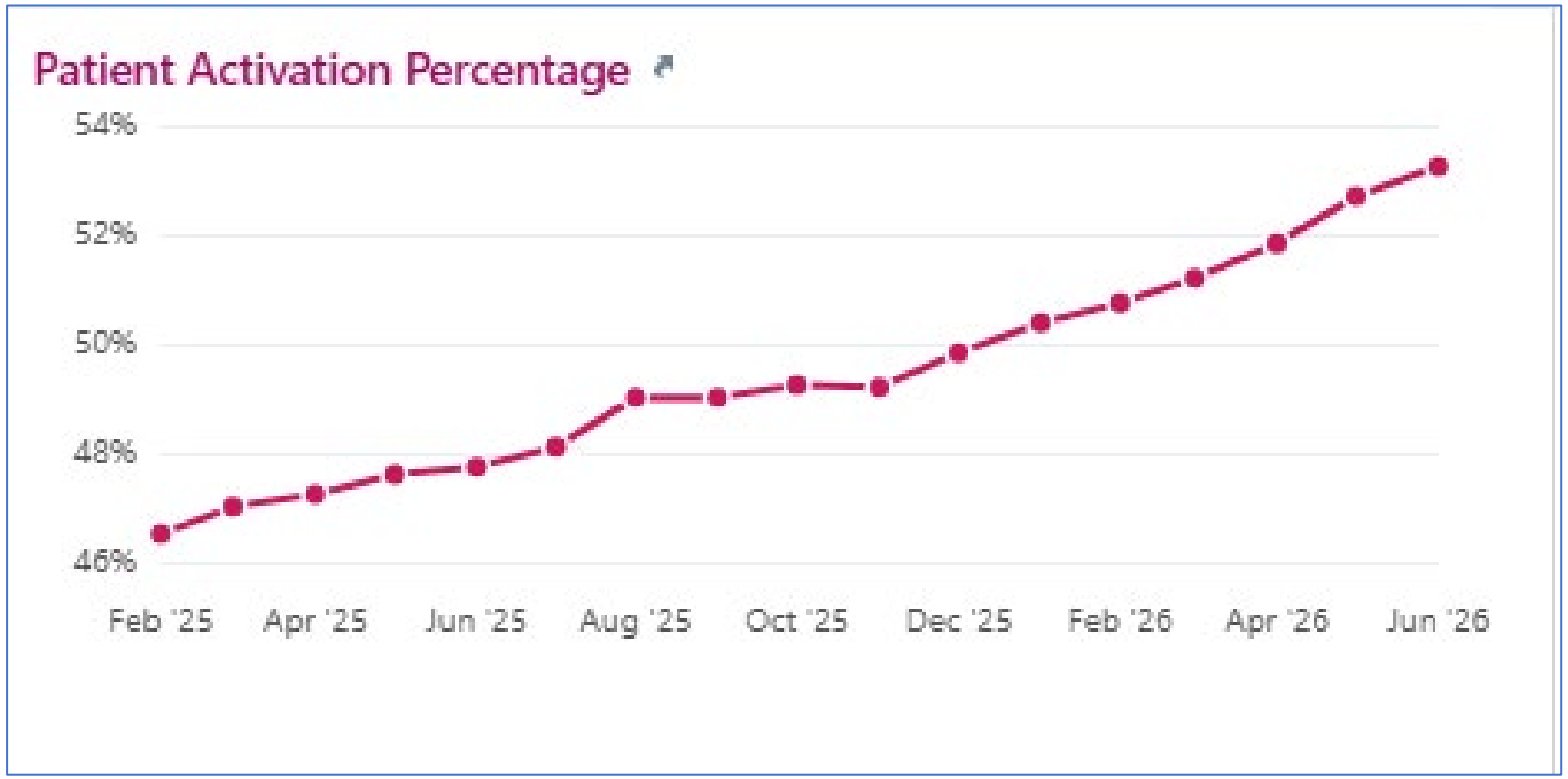
PATIENT EXPERIENCE

Goal 3: Improve Patient Engagement

o Objective 3-1: Improve Patient Outreach

• Increase the percentage of active adult patients with activated My Chart from 31% to 35% by December 31, 2025. (OCHIN)

Currently 53% (June 2026)



PATIENT EXPERIENCE

POPULATION HEALTH OUTCOMES

Population Health Outcomes:
Reduce health inequities and assist patients achieve better health outcomes through best practices, innovation, and/or evidence-based guidelines.

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (HEDIS)

(Managed Health Plan Scorecards - Vivant)

o Objectives 6-1: Healthy Start in Life

- Prenatal/Postpartum care.
- Childhood immunizations at age 2 (CIS).
- Adolescent immunizations (IMA).

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
PPC - Prenatal Care	86.37%	137	120	87.59%	17		4	4	9	0
PPC - Postpartum Care	82.48%	137	109	79.56%	5	23	6	7	15	4
CIS - Childhood Immunization Status – Combo 10	23.89%	123	40	32.52%	83		12	12	59	0
DEV - Developmental Screening in the first 3 years of life	35.7%	336	46	13.69%	290		27	51	212	74

POPULATION HEALTH OUTCOMES

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (HEDIS)

(Managed Health Plan Scorecards - Vivant)

o Objectives 6-2: Primary or Secondary Prevention of Health Issues Prevalent among SCHC Patients

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
BCS - Breast Cancer Screening	55.87%	1141	763	66.87%	378		73	101	204	0
CCS - Cervical Cancer Screening	52.32%	2766	1747	63.16%	1019		296	256	467	0
COL - Colorectal Cancer Screening	41.39%	2210	936	42.35%	1274		237	316	721	0
CHL - Chlamydia Screening in Women	56.3%	264	171	64.77%	93		11	19	63	0
CBP - Controlling High Blood Pressure	67.88%	861	542	62.95%	319		17	62	240	43

POPULATION HEALTH OUTCOMES

Goal 6: Achieve Minimum Performance Level (MPL) on Quality Measures. (HEDIS)

(Managed Health Plan Scorecards - Vivant)

Objective 6-3: Provide Care Coordination and Treatment for Chronic Conditions Prevalent among SCHC Patients.

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
GSD - Glycemic Status Assessment for patients with Diabetes , Glycemic Status > 9.0%	**30.41%**	**1083**	**679**	**62.70%**	**679**		**22**	**66**	**591**	**350**

POPULATION HEALTH OUTCOMES

Goal 7: Improve Performance on Select HEDIS Quality Measures

(Managed Health Plan Scorecards - Vivant)

Objective 7-1: Increase the Number of Well-Child Visits (WCV) by 5% Over 2024 Numbers.

HEDIS Measure	MPL(50th)	Eligible Population	# of Compliant Members	Your Compliant %	Members With Open Care Gaps	Non-Qualifying Members Due to Time Exceeded	Members With No Established Care	Members With No Visit in the Last 12 Months	Established Members who are Non-Compliant Within 12 Months	# of Members Needed For MPL
W30 - Well-Child 6 visits in the first 15 months of life	63.38%	78	47	60.26%	31		13	2	16	3
W30 - Well-Child 2 visits for Age 15 Months-30 Months of life	72.32%	125	97	77.60%	28		8	7	13	0
WCV Total - Adolescent Well/Care visits	55.41%	2556	1237	48.40%	1319		364	648	307	180
WCV 3_6 Years	55.41%	586	358	61.09%	228		60	124	44	0
WCV 7_12 Years	55.41%	830	453	54.58%	377		120	203	54	7
WCV 13_17 Years	55.41%	683	329	48.17%	354		109	180	65	50
WCV 18_21 Years	55.41%	457	97	21.23%	360		75	141	144	157

Questions?

INITIAL APPLICATION

SACRAMENTO COUNTY HEALTH CENTER'S

CO-APPLICANT BOARD

The co-applicant board helps make sure the health center is running the way it should and serving the community well. It reviews important decisions, policies, and services to be sure they meet government rules and support patient needs. The board also works with leadership to guide the health center's direction, so care stays accessible and high-quality.

Mr./Mrs./Ms./Other _____
Last Name First Middle Initial

Home Address: _____
Street Address

Phone Numbers: _____ _____ _____
Home Cell Work

E-mail Address(es): _____

Why do you want to be a member of the Sacramento County Health Center's Co-Applicant Board?

_____

_____

_____

Are you currently a registered patient of the Sacramento County Health Center, meaning that the health center, one of its providers or the School Based Health Center Sites is where you receive care? Yes ☐ No ☐

If yes,
1a) Have you (or your minor child) received at least one service from the Sacramento County Health Center in the past 12 months? Yes ☐ No ☐

Please Submit Applications to any Sacramento County Health Center Front Desk
Attention: Nicole Reyes-Shultz
By Mail: *4600 BROADWAY, SUITE 2500 SACRAMENTO, CA 95820*
By email to: reyes-schultzn@saccounty.gov

Thank you very much for submitting your interest.
The Co-Applicant Board Executive Secretary or one of its members will reach out to follow up on your application.

CAB JULY 2026 TEAMS MEETING INFO

Microsoft Teams meeting

Join: https://teams.microsoft.com/meet/22267407691126?p=DFgnxRq79P6qjOzodc

Meeting ID: 222 674 076 911 26

Passcode: fe3p2gN7

Need help? | System reference

Dial in by phone

+1 916-245-8966,,445788544# United States, Sacramento

Find a local number

Phone conference ID: 445 788 544#

Sacramento County Health Center
Co-Applicant Board (CAB)
Friday, April 17, 2026, 9:30 a.m.- 11:30 a.m.
Regular Meeting Minutes
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB was held in person at 4600 Broadway, Room 2020. Room 2020 is open to the public.

- Meeting attendance followed Brown Act requirements.
- A quorum was NOT established, no votes were had, items requiring votes deferred to the next monthly meeting.

CALL TO ORDER (9:45 AM)

Opening Remarks and Introductions –

a. Roll Call and Welcome

PRESENT

Suhmer Fryer - Chair	**Noel Vargas – DHS Deputy Director**
Laurine Bohamera – Vice Chair	**Rachel Kay – Human Service Division Mgr.**
Jan Winbigler - Member	**Corina Gonzalez - Chief Medical Officer**
Eunice Bridges – Member	**Michelle Besse – Health Program Mgr.**
Dedra Russell - Member	**Adam Prekeges – Admin Srvs Officer II**
	Rachel Callan – Sr. Admin Analyst
	Christina Delgado – Health Program Mgr
	Jane Murphy – Health Program Mgr
	Emily Moran-Vogt – Health Program Mgr
	Heather Vierra – Physician
	Kelly Borreno – Sr. H.P. Coordinator
	Nicole Reyes – Senior Office Assistant

Announcements:

- **Introduction of Rachel Kay to the CAB board**

INFORMATION ITEMS

Budget Updates presented by Adam Prekeges

HRSA Project Budget Summary

No movement on Grants, the process starts mid-January

- ✓ **Must submit budget to the County, due Wednesday**
- **As of 12/31/2025 $1,353,070.79 has been expended on the HRSA project.**
- **Remaining balance of $358,531.21**
- **No major variances or concerns. Staff comprise majority of the costs.**

County Budget Summary and Significant Variances

- **FY 25/26 budget has $0 general fund draw.**
- **Object 10 Salaries/Benefits: current projection shows we are $1.16M under budget**
- **Object 20 Services/Supplies: tentative projection shows we are $2.58M under budget**
  - ✓ **Projection is based upon July'25-Feb'26 actuals and is most accurate projection we have to date.**
- **Object 30 Contracts: Current projection shows we are $433K over budget**
  - ✓ **Increased OCHIN (Electronic Health Record) costs are pushing us over budget. We have been monitoring these throughout the Fiscal Year.**
  - ✓ **Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners (HP) programs.**
  - ✓ **If actuals exceed budgeted amount, the administration team will complete an Appropriation Adjustment Request (AAR) to reduce a different object level to increase object 30 by the overages**.
- **Object 40 Fixed Assets: currently not budgeted but will be $35,119.00**
  - ✓ **New camera system installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is$35,119. The plan is to move money from object 20 to cover the increase.**
- **Object 60 Internal Charges/Allocated Costs: Current projection is $1.57M under budget.**
  - ✓ **We have an intrafund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.**
  - ✓ **Some of our savings in our budget come from 60 object.**

- **Objects 59 & 69 Inter/Intra Fund Reimbursements: Current projection is $2.8M less revenue than budgeted**
  - ✓ **Realignment was reduced by $2.81M in FY 25/26 budget due to the redistribution to other Health Services programs.**

- **Objects 95/96/97 Outside Revenue: Hard to project due to upcoming changes.**
  - ✓ **Medi-Cal revenue is currently $15.7M.**
  - ✓ **At Same time last FY it was $12M**
  - ✓ **Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now $359.44.**
  - ✓ **Grants are on track.**
  - ✓ **HRSA HIV grant has been rolled into our main HRSA Homeless grant.**
  - ✓ **Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. No changes have been made to the grant budget as of yet.**

HRSA Project Director Updates presented by Noel Vargas

Please see handout for detailed information

- **Noel introduced the new Division Manager Rachel Kay who gave some information about herself.**
- **Noel also gave an introduction of Sr. Health Program Coordinator Kelly Borrero who gave a some information about herself to CAB.**
- **CAB welcomed both members to the Clinic.**
- **Noel stated the health center has two program planners are in the process of being hired with the clinic.**
- **Rachel Callan stated Shafiullah (Shafi) Akbary the new Administrative Services Officer III has started at the clinic.**

Medical Director Report presented by Dr. Corina Gonzalez

Please see handout for detailed information.

- **Dr. Gonzalez gave details on the following items:**
  - ✓ **CMISP and HP Programs**
    - o **No questions were asked.**
  - ✓ **Health Resources and Service Administration**
    - o **No questions were asked.**
  - ✓ **School Based Health Sites – This was discussed further on update given by Michelle later in CAB meeting**

QI Plan Progress Monitoring/Data Report

Please see handouts for detailed information

- **Jane gave a update regarding QI plan progress monitoring/Data report.**
- **No questions were asked.**

Update on School Based Mental Health Site

- **Michelle Besse gave a update on the 32 sites that SCOE is located at. Michelle offered to CAB for a tour of a couple of SCOE sites to see how the process works.**
- **CAB agreed to tour some of the sites and Michelle Besse will set up.**

<u>CAB Member Recruitment Plan</u>

Due to CAB members leaving the meeting early this item has been moved to discuss at the next meeting.

<u>CAB Goals: Strategic Planning</u>

The chairperson is still to be determined.

CAB members will discuss and decide who will take on this role.

Jane reviewed the proposed rules of engagement which everyone agreed.

A Teams channel will be created to house all information related to the strategic plan. Once the channel is set up, Jane will present materials to the team.

A timeline outlining the development of the strategic plan was presented.

No questions were asked regarding the timeline.

The following question were asked on how to improve strategic planning:

What worked well in the last strategic plan and why?

- **Technology improved communication and collaboration.**

Where did we make progress but still have room for improvement?

- **Need to build a strong foundation.**
- **Develop cross-training opportunities that include staff needs.**

What internal and external factors influence our ability to meet goals?

- **Staff turnover and changing organizational culture.**
- **Progress has been made, but continued improvement is needed to strengthen the clinic.**

What emerging needs or opportunities should carry forward?

- **Continued focus on data, metrics, and reporting.**

- **Improvements have started, but ongoing refinement is necessary.**

From a patient perspective, where did we improve and where are the gaps?

Improvements:

- **Access, navigation, and patient experience are improving.**

Gaps / Opportunities:

- **Strengthen community-based services and case management.**
- **Increase patient-centered care.**
- **Ensure alignment with organizational culture, policies, and clinic operations.**

- **Think of the clinic as a home, with staff serving as the pillars that keep it strong.**
- **A solid foundation, aligned culture, and patient-centered approach are essential for success.**

More discussion will be had at the next meeting in May and no votes were taken.

ACTION ITEMS

BUSINESS ITEM I.

- March 20, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted March 20, 2026, Meeting Minutes

*Business Item I was moved to May meeting.

PUBLIC COMMENT

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

- No public comments were made.

CLOSED SESSION

None

MEETING ADJOURNED

Suhmer Fryer adjourned the meeting at 11:30 am.

Sacramento County Health Center
Co-Applicant Board (CAB)
Thursday June 18,2026 9:30 a.m.- 11:00 a.m.
Regular Meeting Minutes
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB was held in person at 4600 Broadway, Room 2020. Room 2020 is open to the public.

- Meeting attendance followed Brown Act requirements.
- A quorum was NOT established, no votes were had, items requiring votes deferred to the next monthly meeting.

CALL TO ORDER (9:35 AM)

Opening Remarks and Introductions – Suhmer Fryer

a. Roll Call and Welcome

PRESENT

Suhmer Fryer - Chair	**Noel Vargas – DHS Deputy Director**
Laurine Bohamera – Vice Chair	**Rachel Kay – Human Service Division Mgr.**
Vince Gallo - Member	**Corina Gonzalez - Chief Medical Officer**
Ricki - Member	**Rachel Callan – Sr. Admin Analyst**
	Adam Prekeges – ASO III
	Heather Vierra – Physician
	Nicole Reyes – Senior Office Assistant

Announcements:

- One year Anniversary with the clinic for Dr. Gonzalez
- Introduction of Carol Maytum will be deferred to July CAB meeting.

INFORMATION ITEMS

Budget Updates presented by Rachel Callan

HRSA Project Budget Summary

- **As of 4/30/26 we have claimed $1,353,070.79 on the HRSA project. We have a remaining balance of $358,531.21. The final drawdown was completed in May 2026 and will be reflected in next Month's reports.**
- **Continuing HIV grant services through main grant. Claims will be completed separately.**

- **No major variances or concerns. Staff comprise the majority of the costs.**

County Budget Summary and Significant Variances

- **Our FY 25/26 budget has $0 general fund draw.**
- **Object 10 Salaries/Benefits: Current projection shows we are $1.39M under budget.**
- **Object 20 Services/Supplies: Current projection shows we are $58K under budget.**
- **Projection is based upon July'25-Apr'26 actuals and is most accurate projection we have to date. This amount has been lowered due to the re-appropriation of funds to other object levels and the Adult Correctional Health (ACH) program.**
- **Object 30 Contracts: Current projection shows we are $387K under budget.**
  - ✓ **Increased OCHIN (Electronic Health Record) costs are pushing us towards our budget. We have been monitoring these throughout the Fiscal Year.**
  - ✓ **Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners programs.**
- **Object 40 Fixed Assets: Current projection shows we are at budget.**
  - ✓ **New camera system was installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is $35,119.**
  - ✓ **An AAR has been completed to move money from object 20 to cover the increase. The charge will be posted before FY end.**
- **Object 60 Internal Charges/Allocated Costs: Current projection is $1.47M under budget.**
  - ✓ **We have an intrafund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.**
- **Object 59 and 69 Inter/Intrafund Reimbursements: Current projection is $2M less revenue than budgeted.**
  - ✓ **Realignment was reduced by $2M in FY 25/26 budget due to the redistribution to the ACH program.**
- **Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes, which is why expenditure accounts are being watched closely.**
  - ✓ **Documented Medi-Cal revenue is currently $23.9M. We are projecting to end the FY at $29M.**
  - ✓ **At same time last FY (July'24-Apr'25) it was $16.3M.**
  - ✓ **Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now $359.44.**
- **Grants are on track.**
  - ✓ **HRSA HIV grant has been rolled into our main HRSA Homeless grant.**
  - ✓ **Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. Changes will be presented next month.**

- ✓ **Report Summary**
  Medi-Cal revenue has been strong in Fiscal Year (FY) 25/26. Sacramento County Health Center increased our interim rate back in July'25. No significant change from last month.

Project Director Report by Rachel Kay

Please see handouts for detailed information

- **Discussion of Division Manager Rachel Kay as possible project director has been differed to July 2026 CAB meeting.**

Medical Director Report

Dr. Gonzalez presented the report.

Please see handouts for detailed information

***POST MEETING NOTE – "All Departments" Data Graph had an error, please disregard that piece of information; corrected information will be presented in the July report by the Medical Director.**

Strategic Planning Workgroup Update and discussion

The workgroup has been meeting regularly, and have developed a survey that will be distributed once it has been finalized and approved by the full committee. The survey will ask staff to rate, on a scale of 1 to 5, the organization's strengths, areas for improvement, and current areas of focus. This information will help us identify and prioritize the areas that are most important to address. In addition, a separate survey will be distributed to gather input on initiatives and improvements that can be implemented over the next several months. Focusing on these key areas will support our ongoing efforts toward organizational improvement. Once all survey responses have been collected and analyzed, the results will be presented to the Community Advisory Board (CAB) for review. The anticipated timeline is to finalize the survey in June, distribute it in July, and then conduct listening sessions throughout the remainder of the summer to discuss the findings and identify opportunities for improvement.

School Based Health Center Sites: Adding additional three sites bringing to 35 total

The presentation has been deferred to the July CAB meeting to allow Michelle Besse to present the information.

Service Sites

The presentation has been deferred to the July CAB meeting to ensure that members who were absent from today's meeting have the opportunity to be informed about all of the services offered by the clinic.

2026 CAB Member Recruitment Plan

Review of the CAB recruitment information has been deferred until the July CAB meeting to allow all members, including those who were absent from today's meeting, the opportunity to participate in the discussion and review process.

ACTION ITEMS

BUSINESS ITEM I.

- Vote for new project director
- ✓ Recommended Action: Motion to Approve Division Manager Rachel Kay

Yes Votes: None
No Votes: None
Result: Deferred to July CAB meeting

BUSINESS ITEM II.

- May 15, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted May 15, 2026, CAB Meeting Minutes

Yes Votes: None
No Votes: None
Result: Deferred to July CAB meeting

BUSINESS ITEM III.

- April 17, 2026, CAB Meeting Minutes
- ✓ Recommended Action: Motion to Approve the drafted April 17, 2026, CAB Meeting Minutes

Yes Votes: None
No Votes: None
Result: Deferred to July CAB meeting

BUSINESS ITEM IV.

- Expand School Based Mental Health to add three additional sites as part of the School Based Mental Health site expansion project
- ✓ Recommended Action: Motion to Approve

Yes Votes: None
No Votes: None
Result: Deferred to July CAB meeting

BUSINESS ITEM V.

- 2026 CAB Member Recruitment Plan
- ✓ Recommended Action: Motion to Approve the Proposed 2026 CAB Member Recruitment Plan

Yes Votes: None
No Votes: None
Result: Deferred to July CAB meeting

PUBLIC COMMENT
Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2. • No public comments were made.
CLOSED SESSION
None
MEETING ADJOURNED
Suhmer Fryer adjourned the meeting at 11:00 a.m.

Sacramento County Health Center
Co-Applicant Board (CAB)
Friday, May 15, 2026, 9:30 a.m.- 12:00 p.m.
Regular Meeting Minutes
4600 Broadway, Community Room 2020, Sacramento, CA
Agenda materials can be found at
https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx

The CAB was held in person at 4600 Broadway, Room 2020. Room 2020 is open to the public.

- Meeting attendance followed Brown Act requirements.
- A quorum was established.

CALL TO ORDER (9:35 AM)

Opening Remarks and Introductions – Suhmer Fryer

a. Roll Call and Welcome

PRESENT

Suhmer Fryer - Chair	**Noel Vargas – DHS Deputy Director**
Laurine Bohamera – Vice Chair	**Rachel Kay – Human Service Division Mgr.**
Jan Winbigler - Member	**Corina Gonzalez - Chief Medical Officer**
Eunice Bridges – Member	**Michelle Besse – Health Program Mgr.**
Vince Gallo - Member	**Christina Delgado –Health Program Mgr**
Ricki - Member	**Rachel Callan – Sr. Admin Analyst**
	Jane Murphy – Health Program Mgr
	Emily Moran-Vogt – Health Program Mgr - Teams
	Heather Vierra – Physician
	Nicole Reyes – Senior Office Assistant

Announcements:

- A discussion will be had if Strategic Planning will be included in all CAB meetings from now until end of year. Update given soon.

INFORMATION ITEMS

Budget Updates presented by Rachel Callan

HRSA Project Budget Summary

- **As of 3/31/26 we have claimed $1,353,070.79 on the HRSA project. We have a remaining balance of $358,531.21. The final drawdown will be done in May 2026.**
- **Continuing HIV grant services through main grant. Claims will be completed separately.**
- **No major variances or concerns. Staff comprise the majority of the costs.**

County Budget Summary and Significant Variances

- **Our FY 25/26 budget has $0 general fund draw.**
- **Object 10 Salaries/Benefits: Current projection shows we are $1.44M under budget.**
- **Object 20 Services/Supplies: Current projection shows we are $2.09M under budget.**
- **Projection is based upon July'25-Mar'26 actuals and is most accurate projection we have to date.**
- **Object 30 Contracts: Current projection shows we are $433K over budget.**
  - ✓ **Increased OCHIN (Electronic Health Record) costs are pushing us towards our budget. We have been monitoring these throughout the Fiscal Year.**
  - ✓ **Absorbed some initial contract costs for setting the foundation for our County Medically Indigent Services Program (CMISP) and Healthy Partners (HP) programs.**
  - ✓ **If actuals exceed budgeted amount, the administration team will complete an Appropriation Adjustment Request (AAR) to reduce a different object level to increase object 30 by the overages.**
- **Object 40 Fixed Assets: Current projection shows we are at budget.**
  - ✓ **New camera system installed at 4600 Broadway. PRI Clinics is splitting the cost with Public Health. Both phases of the project have been completed, and Primary Health Clinics Services portion of the total is$35,119.**
  - ✓ **An AAR has been completed to move money from object 20 to cover the increase.**
- **Object 60 Internal Charges/Allocated Costs: Current projection is $1.49M under budget.**
  - ✓ **We have an interfund agreement with our Pharmacy program for pharmaceuticals. Our Pharmacy program needs the spending authority to purchase the pharmaceuticals, but when they get reimbursed from Medi-Cal, they pass along the savings to us.**
  - ✓ **Some of the savings in our budget come from 60 object**

- **Object 59 and 69 Inter/Intrafund Reimbursements: Current projection is $2M less revenue than budgeted.**
  - ✓ **Realignment was reduced by $2M in FY 25/26 budget due to the redistribution to other Health Services programs.**
- **Object 95/96/97 Outside Revenue: Hard to project due to upcoming changes, which is why expenditure accounts are being watched closely.**
  - ✓ **Documented Medi-Cal revenue is currently $19.3M.**
  - ✓ **At same time last FY (July'24-Mar'25) it was $15.9M.**
  - ✓ **Interim rate is almost 20% higher than it was last FY. MEI (Medicare Economic Index) hit in October 2025, and our interim rate is now $359.44.**
- **Grants are on track.**
  - ✓ **HRSA HIV grant has been rolled into our main HRSA Homeless grant.**
  - ✓ **Revised RHAP arrivals came in Apr'26, the Primary Health team is currently working together to revise the budget to match the updated number of arrivals. Changes will be presented next month.**

Project Director Report by Noel Vargas

Please see handouts for detailed information

Noel stated new planner is starting on Monday and a second additional planner is coming May 25th.
Also looking to still fill the other positions.

Medical Director Report

Dr. Gonzalez presented the report.

Please see handouts for detailed information

Eunice asked Dr. Vierra why some patients receiving services at the clinic are unable to be seen at UCD. Dr. Vierra explained that some patients may be eligible for care at UCD depending on their specific healthcare plan. In some cases, other healthcare providers may offer services; however, eligibility depends on the patient's insurance plan and contractual agreements with UCD.

Dr. Gonzalez then asked whether the CAB members would still like her to continue presenting the numerical data. CAB members agreed that they would.

No additional questions were raised.

Presentation and vote on expansion for 32 school based mental health sites

Michelle Besse presented a slideshow regarding SCOE and the services it provides to schools.

Please refer to the slideshow packet and expansion site for additional details.

Jan Murphy asked about the "green section" related to school-based rates. Rachel explained that the figures presented were hypothetical one-to-one projections and that actual increases may differ from those estimates. Michelle added that funding has been allocated within the budget to cover associated costs; however, final outcomes and impacts are not yet fully known. Rachel further explained that all revenue is consolidated into the same reporting structure and will continue to be tracked, although any additional revenue may not be specifically reflected within the current report.

Vince Gallo asked about potential obstacles related to providing these services. It was discussed that one significant barrier is the stigma associated with parenting and mental health services, as some parents may fear being perceived negatively if their child seeks treatment.

Laurine Bohamera asked for clarification regarding the contractual process and whether payment is provided when clinicians see students. Michelle explained that reimbursement is based on the number of students receiving services.

Laurine Bohamera also asked whether referrals to the health center could be tracked if patients are referred through their schools. The group agreed that this would be beneficial to explore further and that developing a tracking process may be valuable.

A vote regarding this matter will take place during the review of action items.

<u>Patient Grievances and Safety Review</u>
Jane Murphy presented her information in regards to patient grievances and safety review
Please see handouts for detailed information

No questions were asked

<u>Patient Feedback Survey Findings</u>
Jane Murphy presented the patient feedback and survey findings. Please refer to the handout for additional details.

Ricki asked whether the survey only included three questions and whether any questions addressed doctor-to-patient communication, noting the importance of that topic. It was explained that the current survey does not include those questions; however, the survey is currently being expanded to capture additional patient feedback.

Christina Delgado asked whether recommendation questions should be divided between patient experience and patient services. She emphasized the importance

of being specific about the type of information the survey is intended to capture and ensuring clarity in the questions being asked.

It was also noted that paper surveys are currently in the process of being developed.

<u>CAB Goals</u>

Goals were discussed as followed work on a strategic plan and vote more cab members

<u>CAB Member Recruitment Plan</u>

A simple recruitment plan will be created to gain more CAB members. A flyer will be created for the windows of clinic and possibly elevator.

Nicole Reyes will send the CAB members the current recruitment form along with CAB application.

CAB members will review information and talk about at next meeting.

<u>CAB Goals: Strategic Planning</u>

Jan made a motion to appoint Lauraine as Chair of the committee.

Rikki seconded the motion.

CAB members voted in favor of the motion.

Lauraine agreed to serve as Chair of the Strategic Planning Committee.

The committee's goals will include reviewing the overall scope of the program to ensure grant funding is being utilized appropriately across all relevant departments.

A Microsoft Teams channel has been created for the workgroup. Due to legal compliance requirements, CAB members will not have access to the main channel; however, they will participate in the workgroup team to collaborate, share ideas, and exchange documents.

The group agreed to keep the current vision, mission, and values statements in place for now, with plans to revisit and update them collectively once the strategic plan framework is further developed.

A proposed project timeline was presented for review. Members agreed that the timeline and sequence of topics were appropriate.

Jane reviewed the Patient Characteristics spreadsheet.

Dr. Gonzalez asked whether SCOE was included in the reported numbers. Jane confirmed that SCOE data is included.

No additional questions were raised.

The Financial Analysts section was presented. *Please refer to the handout for details*.

No questions were raised.

The SCHC Staffing slide was presented. *Please refer to the handout for details.*

Jan asked what conclusions or statements could currently be made based on the staffing information presented.

The response provided was that additional review is needed in order to provide updated and accurate conclusions regarding the data.

A question was raised regarding how visits were built and whether there would be an increase in providers.

It was noted that updated information is not currently available and that changes have occurred since the original data was compiled.

No additional questions were raised.

The HEIDS Quality Information slide was presented. Green indicators represented areas currently in compliance.

A question was asked regarding whether the comparison was against other clinics.

It was clarified that the comparison is based on the clinic's own yearly performance metrics, not external clinics.

An informational slide regarding the 2024–2026 Strategic Plan Analysis Metrics was presented. Please refer to the handout for details.

No questions were raised during this section.

Jane presented the Proposed Strategic Plan Workgroup slideshow. *Please refer to the handout for details.*

Dr. Vierra asked for clarification regarding the definition of an "internal partner."

Rachel explained that internal partners include staff, providers, and anyone internal to the county organization.

A proposed strategic framework was discussed with the goal of gathering ideas and feedback on how the framework should be structured.

The importance of incorporating input from all stakeholders was emphasized to ensure alignment across the clinic.

Members discussed the importance of identifying overarching goals and using language that is accessible and understandable to both staff and the public.

Christina suggested breaking down the proposed strategic plan workgroups into clearer categories to improve understanding.

Summer agreed that a more detailed breakdown would make the information easier for the public to understand.

It was recommended that each pillar include a clearly defined focus area and goal.

Christina also suggested reviewing an alternative framework known as the Patient-Centered Care Model.

A recommendation was made to conduct a SWOT analysis to better understand strengths, weaknesses, opportunities, and threats relevant to the strategic plan.

Additional discussion included creating a survey for community partners to gather feedback and input.

Jane thanked the group for their feedback and stated that all suggestions would be reviewed as the strategic planning process moves forward.

The group discussed reviewing examples and variations of other strategic plans.

A future SWOT analysis meeting will be discussed, including strategies for engaging community partners.

Jan suggested developing a standard set of questions and organizing small discussion groups consisting of one or two CAB members and one or two clinic staff members.

ACTION ITEMS

BUSINESS ITEM I.

*Jan Winbigler Moved to Approve the February 20, 2026, CAB Meeting Minutes.
*Laurine Bohamera Seconded the Motion to Approve the February 20, 2026, CAB Meeting Minutes.

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Carried

BUSINESS ITEM II.

*Laurine Bohamera Moved defer the April 17, 2026, CAB Meeting Minutes to be approved at June Meeting in order for strategic planning notes to be included.
*Jan Winbigler Seconded the Motion to differ the April 17, 2026, 2026, CAB Meeting Minutes to be voted on for approval in June meeting.

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Deferred to June CAB meeting

BUSINESS ITEM III.

*Laurine Bohamera Moved to Approve Expand School Based Mental Health to an additional 32 sites
*Rikki Townsend Seconded the Motion to Approve Expand School Based Mental Health to an additional 32 sites

Yes Votes: Eunice Bridges, Jan Winbigler, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Carried

BUSINESS ITEM I.

*Jan Winbigler Motioned to defer CAB recruitment plan to June meeting
*Laurine Bohamera defer CAB recruitment plan to June meeting

Yes Votes: Eunice Bridges, Ricki Townsend, Laurine Bohamera, Vince Gallo, and Suhmer Fryer.
No Votes: None
Result: Deferred June Meeting

PUBLIC COMMENT

Anyone may appear at the CAB meeting to provide public comment regarding any item on the agenda or regarding any matter that is within CAB's subject matter jurisdiction. The Board may not act on any item not on the agenda except as authorized by Government Code section 54954.2. • No public comments were made.
CLOSED SESSION
None
MEETING ADJOURNED
Suhmer Fryer adjourned the meeting at 12:15 p.m.