County of Solano
Community Healthcare Board
Regular Meeting

November 18, 2020
12:00 pm-2:00 pm
Conference Call Microsoft Teams
MS Teams Dial-in #: 1-323-457-3408 Conference ID: 299 423 65#

Due to COVID-19 social distancing requirements, the Community Health Board meetings will be held via teleconference. Please use the dial in number and access code above.

The County of Solano Community Health Board does not discriminate against persons with disabilities. If you wish to participate in the meeting and you require assistance to do so, please call Solano County Family Health Services at 707-784-2170 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to the meeting.

Public Comment

To submit comments verbally from your phone or computer during the meeting, you may do so by dialing MS Teams Dial-in #: 1-323-457-3408 Conference ID: 299 423 65# above. Once entered in the meeting, you will be able to hear the meeting and will be called upon to speak during the public speaking period.

Non-confidential materials related to an item on this Agenda submitted to the Board after posting of the agenda at https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/, and the clinics at 1119 E. Monte Vista, Vacaville, CA; 2101 Courage Drive, Fairfield, CA; 2201 Courage Drive, Fairfield, CA; and 365 Tuolumne Drive, Vallejo, CA. will be updated on the aforementioned website and emailed all attendees who provide their email addresses at the meeting.

County of Solano
Community Healthcare Board
Regular Meeting

AGENDA

1) CALL TO ORDER – 12:00 PM

a) Welcome
b) Roll Call

2) APPROVAL OF THE AGENDA

3) APPROVAL OF THE OCTOBER MEETING MINUTES

4) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Comments are limited to three (3) minutes per person.

5) PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER REPORT

a) COVID-19 Health Center Impact Update
b) Health Center Operations Update
c) Staffing Update

6) CO-APPLICANT AGREEMENT UPDATE BY DEPUTY COUNTY COUNSEL

7) OPERATIONS COMMITTEE UPDATES & REPORTS

a) Encounter Summary: Presented by Janine Harris
b) Finance: Presented by Connie Pettersen
c) COVID-19 Grant Summary: Presented by Noelle Soto

8) UNFINISHED BUSINESS

a) None

9) DISCUSSION

a) Board Nominations for Executive Positions
b) Review of Board Calendar
c) Annual Review of Strategic Plan

10) ACTION ITEMS

11) BOARD MEMBER COMMENTS

12) PARKING LOT

a) Health Center Marketing Campaign & Website Design
b) The IHI Quadruple Aim Initiative * Health Center Practices*

13) NEXT COMMUNITY HEALTH BOARD MEETING

Location: December 16, 2020
Start Time - 12:00 PM
Location – MS Teams Conference Call

14) ADJOURN

County Of Solano

Community Healthcare Board

REGULAR GOVERNING BOARD MEETING MINUTES
October 21, 2020
Telephone Conference Call

Members Present:
Ruth Forney, Gerald Hase, Jim Jones, Sandra Whaley, Katrina Morrow, Brandon Wirth, Tracee Stacy, Michael Brown, Anthony Lofton

Members Absent:
Miriam Johnson, Robert Wieda

Staff Present:
Dr. Bela Matyas, Gerald Huber, Debbie Vaughn, Toya Adams, Amanda Meadows, Janine Harris, Sneha Innes, Rebekah Kim, Michele Leary, Jack Nasser, Noelle Soto, Cheryl Esters, JoAnn Parker, Thomas West, Patrick Stasio, Patricia Zuniga

1) **Call to Order- 12:00 PM**
    a. Welcome
    b. Roll Call

2) **Approval Of The Agenda**

    Move motion to approve October 21, 2020, Agenda

    Motion by Brandon Wirth, seconded by Sandra Whaley
    Discussion: None

    Aye: Ruth Forney, Gerald Hase, Jim Jones, Sandra Whaley, Katrina Morrow, Brandon Wirth, Tracee Stacy, Michael Brown, Anthony Lofton
    Nay: None
    Motion Carries

3) **Approval Of September 16, 2020, Meeting Minutes**

    Move motion to approve September 17, 2020, Meeting Minutes

    Motion by Jim Jones, seconded Brandon Wirth

    Aye: Ruth Forney, Gerald Hase, Jim Jones, Sandra Whaley, Katrina Morrow, Brandon Wirth, Tracee Stacy, Michael Brown, Anthony Lofton
    Nay: None
    Motion Carries

4) **Public Comment**
None

5) **Project Director/Chief Executive Officer Report**

a. COVID-19 Health Center Impact Update: Presented By Dr. Bela Matyas
    i. Over the past couple of weeks, cases have increased
    ii. Solano County currently in Red Tier, if numbers do not improve within a week Solano County will go back to the Purple Tier. This will affect business owners and schools.
        1. PSAs: "Harm Reduction" messaging to the Public

b. Health Center Operations Update: Presented by Dr. Bela Matyas
    i. Dental is close to pre COVID numbers, Primary Care is still working on obtaining pre COVID numbers and bringing in more patients. Some providers are on various leaves which are contributing to the low encounter numbers.
    ii. FHS has received a grant from Partnership Health Plan to implement video telehealth
        1. With video, reimbursement rates will continue for future telehealth calls
        2. Brandon Wirth has suggested Shelter Inc will provide technology for patients to utilize this service
    iii. NextGen Update will take place on Friday, October 23, 2020

c. Staffing Update: Presented By Dr. Bela Matyas & Jack Nasser
    i. Chief Medical Officer (CMO) position has been recruited and offered a position, currently onboarding
    ii. Clinic Operation Officer (COO)- position is out for recruitment
    iii. Clinic Physician (Board Certified)- currently onboarding a new Primary Care Physician (Part-Time .5)
    iv. Office Assistant II- Vacant, Amanda Meadows has accepted a Voluntary Change of Assignment, last day with Family Health Services is November 10, 2020
        1. Patricia Zuniga- Administrative Secretary will take over the role of the FHS Admin/CHB support

6. **Co-Applicant Agreement Update By Deputy County Counsel**

a. Presented By JoAnn Parker- Pending response from HRSA Technical Assistance. The goal is to align the Co-Applicant Agreement with the Community Healthcare Board, Board Of Supervisors, & HRSA requirements. Once dates become available a meeting will be scheduled with the Executive Board Members

7. **Operations Committee Updates & Reports**
    a. None

8. **Unfinished Business**
    a. None

9. **Discussion**

   a. Board Member Elections
      i. Nominations are announced at the November CHB Meeting, elections will take place at the December CHB Meeting

   b. Change CHB Start Time to 11:00 am
      i. The suggested start time change to 11:00 am will not work for multiple Board Members. Current time frame of 12:00pm-2:00pm will remain unchanged.

   c. Service Area Competition (SAC)
      i. Presented By Noelle Soto: FQHCs are required to submit SAC to receive funding. Due to COVID regardless of the year centers need to submit, every center is required to submit for the year 2020. "Budget Period Progress Report Non-competing Continuation Application". The purpose is to submit recent funding FHS has received. FHS is May-April period the application is due December 11, 2020. Grant requests for information to extend the grant by one year due to COVID this is due November 16, 2020.
   d. Grants
      i. Presented by Noelle Soto: Submitted Quarter 3 Progress Report, due November 1, 2020. Working with Kathy (HRSA) & Dr. Leary on the diabetes action plan. COVID surveys are submitted weekly.

10. Acton Items

   a. CHC Grant Budgets: Presented by Noelle Soto
      i. H8: Quality Improvement
         1. Refer to handout: FY 2020 Quality Improvement (QI) Health Center Program
            a. May 1, 2020, to April 30, 2021
            b. Total Grant $33,623
      ii. H8C: COVID
         1. Refer to handout: FY 2020 Coronavirus Supplemental Funding For Health Centers
            a. March 15, 2020, To March 14, 2021
            b. Total Grant $67,127
      iii. H8D: CARES
         1. Refer to handout: FY 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Supplemental Funding for Health Centers
            a. April 1, 2020, To March 31, 2021
            b. Total Grant $908,375
      iv. H8E: ECT
         1. Refer to handout: FY 2020 Expanding Capacity for Coronavirus Testing (ECT) Supplemental Funding for Health Center
            a. May 1, 2020, to April 30, 2021
            b. Total Grant$ 438,799

Move motion to approve CHB Grant Budgets:
H8: Quality Improvement, H8C: COVID, H8D: CARES, H8E: ECT

Motion by Tracee Stacey, seconded Sandra Whaley

Aye: Ruth Forney, Gerald Hase, Jim Jones, Sandra Whaley, Katrina Morrow, Brandon Wirth, Tracee Stacy, Michael Brown, Anthony Lofton
Nay: None
Motion Carries

11. Board Member Comments

a. Ruth Forney: Discussion on Board nominations and review board calendar for the November board meeting. Three-year Strategic Planning 2019-2022, review year two 2021.
b. Katrina Morrow: What is the turn around time for a phone call from the physician?
    i. It was advised in about 72 hours turnaround time
c. Tracee Stacy:
    i. Standing update on Needs Assessment for the review process.
    ii. AB 2012 passed – Suicide Prevention Plan, once approved hoping to bring to the board
d. Jim Jones: NextGen update advertise online?
    i. It was advised this function is not possible, this is an internal program for medical records

12. Parking Lot Items

a. Health Center Marketing Campaign & Website Design
b. The IHI Quadruple Aim Initiative *Health Center Practices*

13. NEXT COMMUNITY HEALTH BOARD MEETING

DATE: November 18, 2020
START TIME: 12:00pm
LOCATION: Telephone Conference Call
Dial: +1 (323) 457-3408
Access Code: 299 423 65#

14. Adjourn

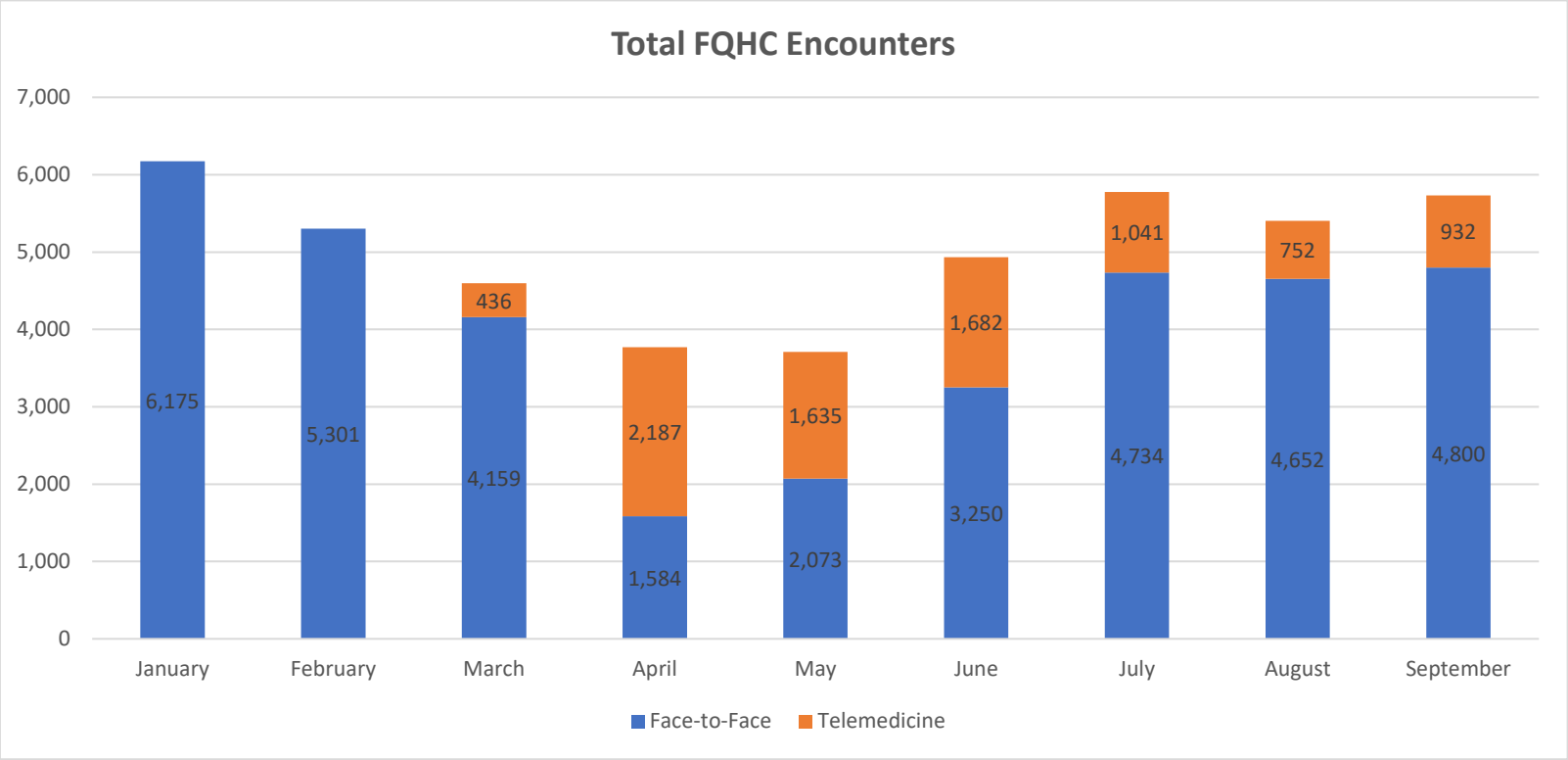
Move motion to Adjourn Meeting
Motion by Anthony Lofton, seconded Mike Brown
Discussion: None

Aye: Ruth Forney, Gerald Hase, Jim Jones, Sandra Whaley, Katrina Morrow, Brandon Wirth, Tracee Stacy, Michael Brown, Anthony Lofton
Nay: None
Motion Carries

HANDOUTS:

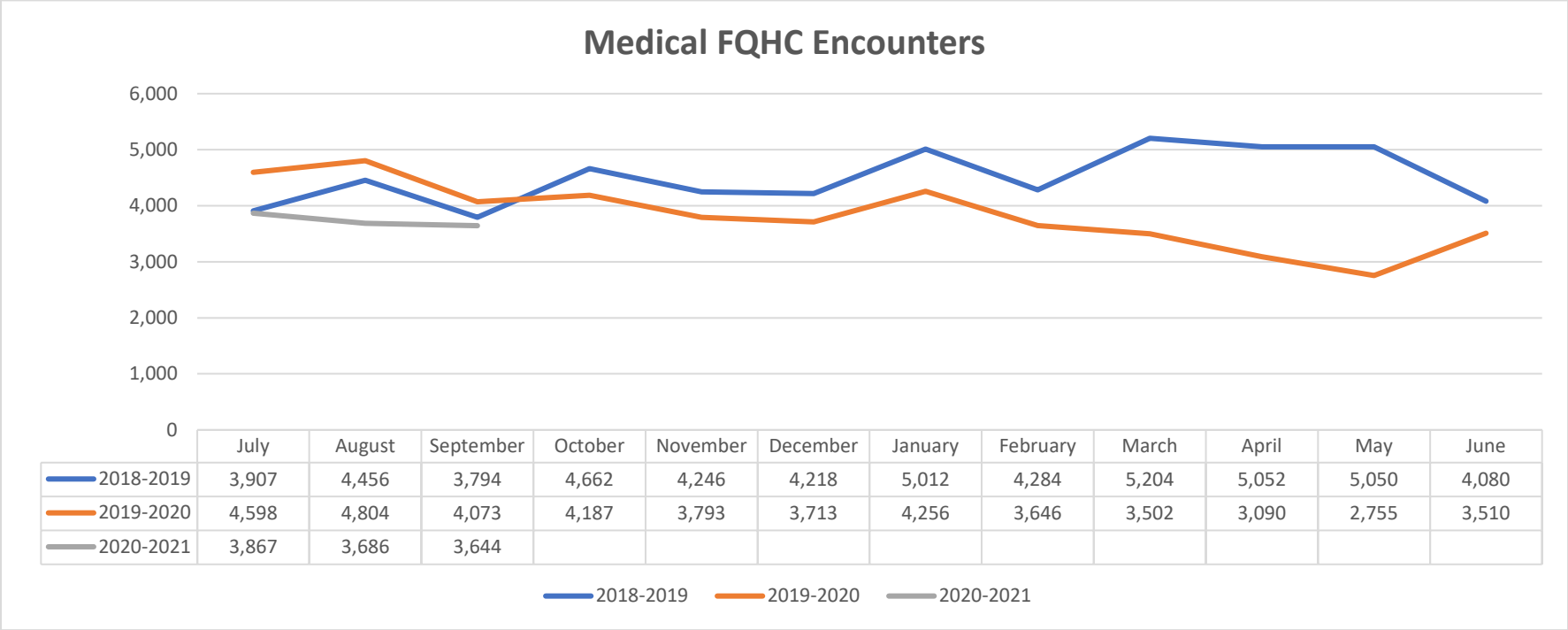
- Agenda
- September Meeting Minutes
- CHB Grants:
    - FY 2020 Quality Improvement (QI) Health Center Program: H8
    - FY 2020 Coronavirus Supplemental Funding For Health Centers: H8C
    - FY 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Supplemental Funding for Health Centers: H8D
    - FY 2020 Expanding Capacity for Coronavirus Testing (ECT) Supplemental Funding for Health Center: H8E

SOLANO COUNTY HEALTH AND SOCIAL SERVICES
FAMILY HEALTH SERVICES
Total FQHC Encounters
January 2020 - September 2020



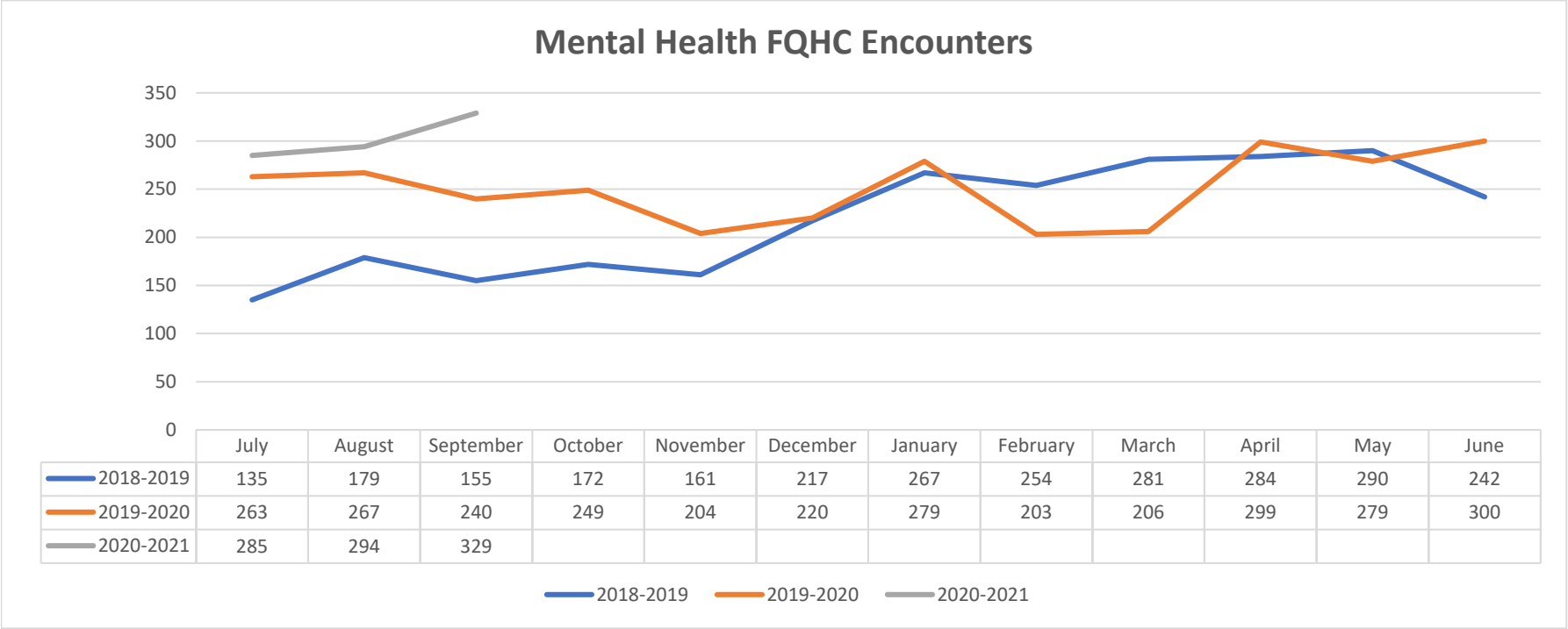
	Face-to-Face	Telemedicine	Total Encounters	Percent Telemedicine
January	6,175		6,175	0%
February	5,301		5,301	0%
March	4,159	436	4,595	9%
April	1,584	2,187	3,771	58%
May	2,073	1,635	3,708	44%
June	3,250	1,682	4,932	34%
July	4,734	1,041	5,775	18%
August	4,652	752	5,404	14%
September	4,800	932	5,732	16%

SOLANO COUNTY HEALTH AND SOCIAL SERVICES
FAMILY HEALTH SERVICES
Total MEDICAL FQHC Encounters
July 2018 - September 2020



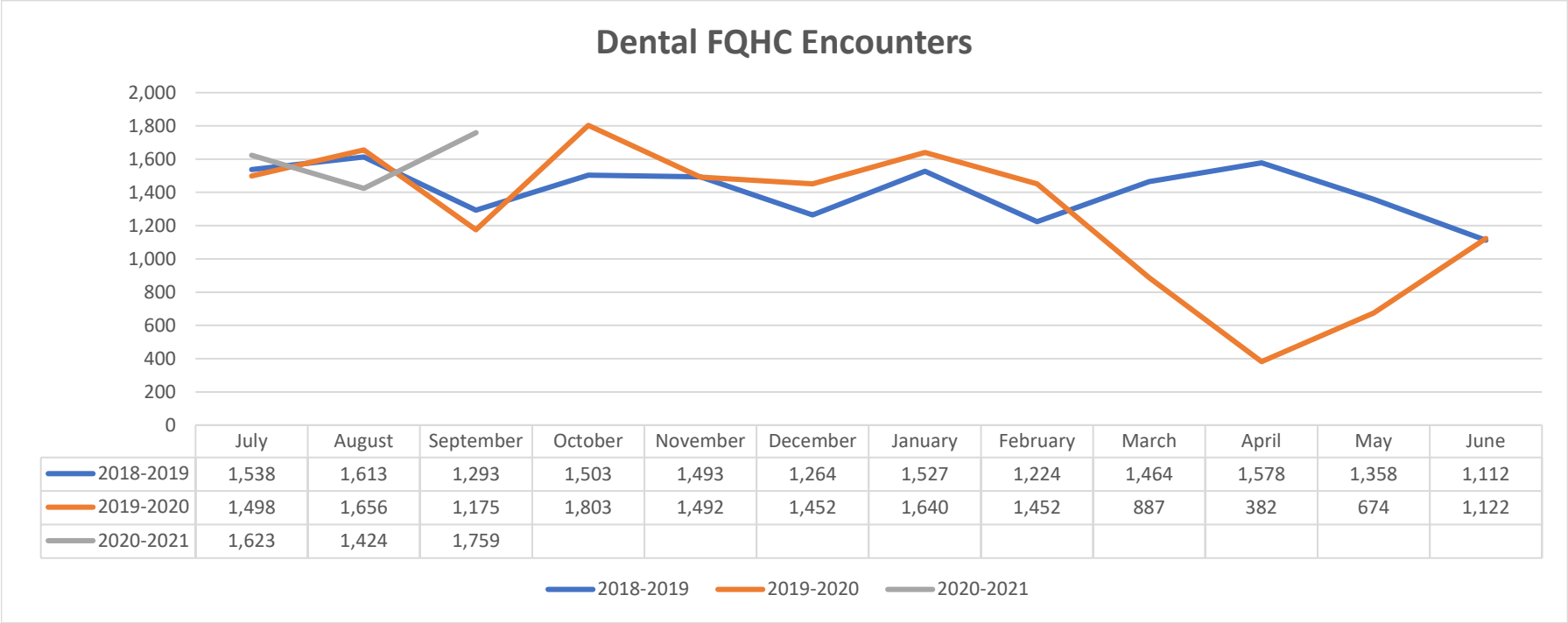
	July	August	September	October	November	December	January	February	March	April	May	June
2018-2019	3,907	4,456	3,794	4,662	4,246	4,218	5,012	4,284	5,204	5,052	5,050	4,080
2019-2020	4,598	4,804	4,073	4,187	3,793	3,713	4,256	3,646	3,502	3,090	2,755	3,510
2020-2021	3,867	3,686	3,644									

SOLANO COUNTY HEALTH AND SOCIAL SERVICES
FAMILY HEALTH SERVICES
Total MENTAL HEALTH FQHC Encounters
July 2018 - September 2020



	July	August	September	October	November	December	January	February	March	April	May	June
2018-2019	135	179	155	172	161	217	267	254	281	284	290	242
2019-2020	263	267	240	249	204	220	279	203	206	299	279	300
2020-2021	285	294	329									

SOLANO COUNTY HEALTH AND SOCIAL SERVICES
FAMILY HEALTH SERVICES
Total DENTAL FQHC Encounters
July 2018 - September 2020



	July	August	September	October	November	December	January	February	March	April	May	June
2018-2019	1,538	1,613	1,293	1,503	1,493	1,264	1,527	1,224	1,464	1,578	1,358	1,112
2019-2020	1,498	1,656	1,175	1,803	1,492	1,452	1,640	1,452	887	382	674	1,122
2020-2021	1,623	1,424	1,759									

					CPETTERS	11/4/2020 - 10:56:03 AM		
Monthly Status (DIV)								
Selection Criteria: Date: 7/1/2020-11/4/2020 Division: 7580							Target Expected	33%
Object	**Description**	**Budget**	**Adjustments**	**Mo. Actual**	**YTD Actual**	**Encumbrance**	**Balance**	**Pct.**
7580	**FAMILY HEALTH SERVICES**							
1000	**SALARIES AND EMPLOYEE BENEFITS**							
0001110	SALARY/WAGES REGULAR	13,842,607	-	-	3,533,893.96	-	**10,308,713.04**	**26%**
0001121	SALARY/WAGES-EXTRA HELP	279,980	-	-	33,547.06	-	**246,432.94**	**12%**
0001131	SALARY/WAGES OT/CALL-BACK	142,090	-	-	27,746.49	-	**114,343.51**	**20%**
0001142	SALARY/WAGES STANDBY PAY	100,000	-	-	20,822.75	-	**79,177.25**	**21%**
0001210	RETIREMENT-EMPLOYER	3,939,039	-	-	824,746.35	-	**3,114,292.65**	**21%**
0001211	PARS RETIREMENT-ER	16,298	-	-	-	-	**16,298.00**	**0%**
0001212	DEFERRED COMP-COUNTY MATCH	10,170	-	-	3,391.00	-	**6,779.00**	**33%**
0001213	OPEB COSTS	295,649	-	-	69,432.66	-	**226,216.34**	**23%**
0001220	FICA-EMPLOYER	1,047,804	-	-	244,017.62	-	**803,786.38**	**23%**
0001230	HEALTH INS-EMPLOYER	2,443,636	-	-	541,293.55	-	**1,902,342.45**	**22%**
0001231	VISION CARE INSURANCE	28,332	-	-	6,153.65	-	**22,178.35**	**22%**
0001240	COMPENSATION INSURANCE	321,880	-	-	-	-	**321,880.00**	**0%**
0001241	LT DISABILITY INSURANCE ER	9,796	-	-	1,342.92	-	**8,453.08**	**14%**
0001250	UNEMPLOYMENT INSURANCE	24,089	-	-	-	-	**24,089.00**	**0%**
0001260	DENTAL INS-EMPLOYER	171,621	-	-	34,836.31	-	**136,784.69**	**20%**
0001270	ACCRUED LEAVE CTO PAYOFF	70,900	-	-	21,877.70	-	**49,022.30**	**31%**
0001290	LIFE INSURANCE-EMPLOYER	16,372	-	-	4,492.84	-	**11,879.16**	**27%**
0001999	SALARY SAVINGS	(3,110,286)	-	-	-	-	**(3,110,286.00)**	**0%**
1000	**SALARIES AND EMPLOYEE BENEFITS**	**19,649,977.00**	**-**	**-**	**5,367,594.86**	**-**	**14,282,382.14**	**27%**
2000	**SERVICES AND SUPPLIES**							
0002011	CLOTHING & PERSONAL SUPPLIES	3,120	-	-	866.57	-	**2,253.43**	**28%**
0002021	COMMUNICATION-TELEPHONE SYSTEM	93,389	-	-	8,074.68	-	**85,314.32**	**9%**
0002022	COMMUNICATION-TELEPHONE AMC	20,000	-	-	236.00	-	**19,764.00**	**1%**
0002023	COMMUNICATION-VOICE MAIL	12,115	-	-	1,047.54	-	**11,067.46**	**9%**
0002025	CELLULAR COMMUNICATION SERVICE	27,053	-	-	3,511.74	-	**23,541.26**	**13%**
0002026	CELL PHONE ALLOWANCE	1,200	-	-	136.00	-	**1,064.00**	**11%**
0002028	TELEPHONE SERVICES	17,000	-	-	4,306.51	-	**12,693.49**	**25%**
0002035	HOUSEHOLD EXPENSE	21,000	-	-	6,100.61	3,688.11	**11,211.28**	**47%**
0002050	INSURANCE-RISK MANAGEMENT	1,313	-	-	-	-	**1,313.00**	**0%**
0002051	LIABILITY INSURANCE	253,170	-	-	-	-	**253,170.00**	**0%**
0002057	MALPRACTICE INSURANCE	310,086	-	-	-	-	**310,086.00**	**0%**
0002103	INTERPRETERS	5,092	-	-	913.62	-	**4,178.38**	**18%**
0002120	MAINTENANCE EQUIPMENT	38,216	-	-	2,086.52	24,273.82	**11,855.66**	**69%**
0002122	FUEL & LUBRICANTS	2,920	-	-	241.50	-	**2,678.50**	**8%**
0002140	MAINTENANCE-BLDGS & IMPROVE	-	-	-	-	8,477.00	**(8,477.00)**	**0%**
0002151	DRUGS & PHARMACEUTICAL SUPP	330,000	-	3,319.03	97,538.79	180,652.53	**51,808.68**	**84%**

Object	Description	Budget	Adjustments	Mo. Actual	YTD Actual	Encumbrance	Balance	Pct.
0002153	MEDICAL/DENTAL SUPPLIES	382,935	-	2,527.64	96,942.71	229,453.66	**56,538.63**	**85%**
0002170	MEMBERSHIPS	15,655	-	-	1,065.00	-	**14,590.00**	**7%**
0002171	PROFESSIONAL LICENSES & CERT	16,152	-	-	2,365.00	-	**13,787.00**	**15%**
0002176	FEES AND PERMITS	3,366	-	-	1,434.00	-	**1,932.00**	**43%**
0002180	BOOKS & SUBSCRIPTIONS	10,000	-	-	974.50	-	**9,025.50**	**10%**
0002200	OFFICE EXPENSE	72,000	-	217.53	20,690.79	-	**51,309.21**	**29%**
0002201	EQUIPMENT UNDER $1,500	19,500	477.26	-	-	5,144.66	**14,832.60**	**26%**
0002202	CONT ASSETS COMPUTER RELATED	198,900	-	-	8,605.85	9,628.92	**180,665.23**	**9%**
0002203	COMPUTER COMPONENTS <$1,500	10,500	-	-	1,233.40	-	**9,266.60**	**12%**
0002204	COMPUTER RELATED ITEMS:<$500	3,000	-	-	856.51	-	**2,143.49**	**29%**
0002205	POSTAGE	-	-	-	55.00	-	**(55.00)**	**0%**
0002206	CONT ASSET-NON COMP RELATED	28,000	-	-	32,361.92	-	**(4,361.92)**	**116%**
0002207	ERGONOMIC UNDER $1500	32,140	787.89	-	5,550.49	3,898.13	**23,479.27**	**29%**
0002215	MANAGED PRINT COST PER COPY	16,388	-	-	1,269.59	-	**15,118.41**	**8%**
0002216	MAINTENANCE/SERVICE CONTRACTS	12,000	-	-	597.56	-	**11,402.44**	**5%**
0002221	RECORDS STORAGE	4,558	-	-	692.64	-	**3,865.36**	**15%**
0002226	MEDICAL/DENTAL SERVICE	212,550	-	-	54,801.54	161,767.14	**(4,018.68)**	**102%**
0002245	CONTRACTED SERVICES	321,000	-	-	41,750.00	180,250.00	**99,000.00**	**69%**
0002250	OTHER PROFESSIONAL SERVICES	30,050	-	-	3,928.99	15,671.01	**10,450.00**	**65%**
0002255	CREDIT CARD PROCESSING FEES	2,850	-	-	425.85	-	**2,424.15**	**15%**
0002260	DATA PROCESSING SERVICES	13,000	-	-	2,250.00	-	**10,750.00**	**17%**
0002261	SOFTWARE MAINTENANCE & SUPPORT	574,025	-	1,545.48	128,876.36	396,123.64	**49,025.00**	**91%**
0002263	H&SS DOIT TIME STUDY COSTS	839,713	-	-	56,263.31	-	**783,449.69**	**7%**
0002264	HSS CDP COSTS	348,285	-	-	116,094.80	-	**232,190.20**	**33%**
0002266	CENTRAL DATA PROCESSING SVCE	816,449	-	-	272,149.32	-	**544,299.68**	**33%**
0002270	SOFTWARE	23,000	-	-	-	-	**23,000.00**	**0%**
0002271	SOFTWARE RENTAL / SUBSCRIPTION	34,800	-	-	20,760.00	7,950.00	**6,090.00**	**83%**
0002280	PUBLICATIONS AND LEGAL NOTICES	3,570	-	-	-	-	**3,570.00**	**0%**
0002281	ADVERTISING/MARKETING	7,500	-	-	-	-	**7,500.00**	**0%**
0002285	RENTS & LEASES - EQUIPMENT	16,123	-	-	3,451.76	3,183.43	**9,487.81**	**41%**
0002295	RENTS & LEASES-BUILDINGS/IMPR	6,000	-	-	-	-	**6,000.00**	**0%**
0002310	EDUCATION & TRAINING	22,600	-	-	-	-	**22,600.00**	**0%**
0002312	SPECIAL DEPARTMENTAL EXPENSE	382,230	-	-	(44.39)	328.91	**381,945.48**	**0%**
0002335	TRAVEL EXPENSE	15,080	-	-	-	-	**15,080.00**	**0%**
0002336	TRAVEL OUT-OF-STATE	8,352	-	-	-	-	**8,352.00**	**0%**
0002337	MEALS/REFRESHMENTS	4,000	-	-	48.07	4,451.93	**(500.00)**	**113%**
0002338	EMPLOYEE RECOGNITION	4,700	-	-	-	4,700.00	**-**	**100%**
0002345	MOVING/FREIGHT/TOWING	10,000	-	-	-	-	**10,000.00**	**0%**
0002350	COUNTY GARAGE SERVICE	23,880	-	-	3,829.96	-	**20,050.04**	**16%**
0002355	PERSONAL MILEAGE	28,050	-	78.89	1,541.42	-	**26,508.58**	**5%**
0002360	UTILITIES	156,590	-	4,786.90	50,602.21	-	**105,987.79**	**32%**
0002361	WATER	20,595	-	-	9,044.24	-	**11,550.76**	**44%**
2000	**SERVICES AND SUPPLIES**	**5,885,760.00**	**1,265.15**	**12,475.47**	**1,065,528.48**	**1,239,642.89**	**3,581,853.78**	**39%**

Object	Description	Budget	Adjustments	Mo. Actual	YTD Actual	Encumbrance	Balance	Pct.
3000	**OTHER CHARGES**							
0003121	INDIGENT CARE	4,350	-	-	4,583.25	-	**(233.25)**	**105%**
0003153	CONTRACTED DIRECT SERVICES	848,500	-	1,300.00	52,448.00	721,552.00	**74,500.00**	**91%**
0003158	FOOD FOR INDIGENT CLIENS	150	-	-	-	150.00	**-**	**100%**
0003160	TRANSPORTATION FOR CLIENTS	50,600	-	-	-	900.00	**49,700.00**	**2%**
0003690	INTERFUND SERVICES USED-COUNTY	5,965	-	-	-	-	**5,965.00**	**0%**
0003691	INTERFUND SVCES-ACCTG & AUDIT	72,080	-	-	-	-	**72,080.00**	**0%**
0003694	INTERFUND SVCES-PROFESSIONAL	549,360	-	-	27,728.24	-	**521,631.76**	**5%**
0003695	INTERFUND SVCES-MNT MATERIALS	8,130	-	-	-	-	**8,130.00**	**0%**
0003696	INTERFUND SVCES-SMALL PROJECTS	4,500	-	-	1,377.16	-	**3,122.84**	**31%**
0003697	INTERFUND SVCES-POSTAGE	29,120	-	-	9,515.24	-	**19,604.76**	**33%**
0003698	INTERFUND SVCES-MNT LABOR	7,741	-	-	287.14	-	**7,453.86**	**4%**
0003701	CONTRIB - NON COUNTY AGENCIES	23,024	-	-	-	-	**23,024.00**	**0%**
0003710	COUNTYWIDE ADMIN OVERHEAD	1,440,910	-	-	-	-	**1,440,910.00**	**0%**
0003712	CAC BUILDING CHARGES	339	-	-	-	-	**339.00**	**0%**
3000	**OTHER CHARGES**	**3,044,769.00**	**-**	**1,300.00**	**95,939.03**	**722,602.00**	**2,226,227.97**	**27%**
4000	**FIXED ASSETS**							
0004304	COMPUTER EQUIPMENT	19,000	-	-	-	-	**19,000.00**	**0%**
4000	**FIXED ASSETS**	**19,000.00**	**-**	**-**	**-**	**-**	**19,000.00**	**0%**
5000	**OTHER FINANCING USES**							
0005040	TRANS OUT-POBs	231,502	-	-	54,566.24	-	**176,935.76**	**24%**
5000	**OTHER FINANCING USES**	**231,502.00**	**-**	**-**	**54,566.24**	**-**	**176,935.76**	**24%**
7000	**INTRA FUND TRANSFERS**							
0007010	INTRA-FUND TRANSFER	2,666,669	-	-	-	-	**2,666,669.00**	**0%**
0007023	INTRAFUND SVCES-PERSONNEL	(742,252)	-	-	(141,629.02)	-	**(600,622.98)**	**19%**
0007024	INTRAFUND SVCES-PROFESSIONAL	3,500	-	-	35.01	-	**3,464.99**	**1%**
0007027	INTRAFUND SVCES-POSTAGE	-	-	-	-	-	**-**	**0%**
7000	**INTRA FUND TRANSFERS**	**1,927,917.00**	**-**	**-**	**(141,594.01)**	**-**	**2,069,511.01**	**-7%**
9500	**INTERGOVERNMENTAL REVENUES**							
0009502	FEDERAL CARES ACT REVENUE	716,152	-	-	46,522.32	-	**669,629.68**	**6%**
0009519	STATE VLF 1991 REALIGNMNT - PH	3,704,322	-	-	926,080.53	-	**2,778,241.47**	**25%**
0009567	COVID-19 FEDERAL DIRECT	1,260,797	-	-	-	-	**1,260,797.00**	**0%**
0009572	FEDERAL AID	1,934,195	-	-	-	-	**1,934,195.00**	**0%**
0009591	GRANT REVENUE	64,935	-	-	-	-	**64,935.00**	**0%**
9500	**INTERGOVERNMENTAL REVENUES**	**7,680,401.00**	**-**	**-**	**972,602.85**	**-**	**6,707,798.15**	**13%**
9600	**CHARGES FOR SERVICES**							
0009603	PHOTO/MICROFICHE COPIES	11,498	-	-	735.70	-	**10,762.30**	**6%**

Object	Description	Budget	Adjustments	Mo. Actual	YTD Actual	Encumbrance	Balance	Pct.
0009643	PRIVATE PAY PATIENT	232,208	-	603.13	53,291.56	-	**178,916.44**	**23%**
0009657	INSURANCE PAYMENTS	52,790	-	314.64	7,311.96	-	**45,478.04**	**14%**
0009661	MEDI-CAL SERVICES	17,870,239	-	190,332.93	4,155,705.58	-	**13,714,533.42**	**23%**
0009662	MEDICARE SERVICES	186,117	-	-	252,441.55	-	**(66,324.55)**	**136%**
0009667	CMSP SERVICES	6,671	-	-	-	-	**6,671.00**	**0%**
0009670	MANAGED CARE SERVICES	4,050,768	-	-	1,443,476.25	-	**2,607,291.75**	**36%**
9600	**CHARGES FOR SERVICES**	**22,410,291.00**	**-**	**191,250.70**	**5,912,962.60**	**-**	**16,497,328.40**	**26%**
9700	**MISC REVENUES**							
0009703	OTHER REVENUE	668,233	-	-	104,160.41	-	**564,072.59**	**16%**
9700	**MISC REVENUES**	**668,233.00**	**-**	**-**	**104,160.41**	**-**	**564,072.59**	**16%**
	TOTAL REVENUE	**30,758,925.00**	**-**	**191,250.70**	**6,989,725.86**	**-**	**23,769,199.14**	**23%**
	TOTAL EXPENSE	**30,758,925.00**	**1,265.15**	**13,775.47**	**6,442,034.60**	**1,962,244.89**	**22,355,910.66**	**27%**
		-	**(1,265.15)**	**177,475.23**	**547,691.26**	**(1,962,244.89)**	**1,413,288.48**	
	GRAND TOTAL REVENUE	**30,758,925.00**	**-**	**191,250.70**	**6,989,725.86**	**-**	**23,769,199.14**	**23%**
	GRAND TOTAL EXPENSE	**30,758,925.00**	**1,265.15**	**13,775.47**	**6,442,034.60**	**1,962,244.89**	**22,355,910.66**	**27%**
		-	**(1,265.15)**	**177,475.23**	**547,691.26**	**(1,962,244.89)**	**1,413,288.48**	

Family Health Services COVID-19 HRSA Grants Summary
Quarter 2

Grant/Award	Award Amount	Purpose / Activities	Q3 Plan / Adjustments
H8C: COVID-19 PREPAREDNESS DISASTER RESPONSE	$ 67,127.00	**COVID-19 Preparedness and Safety -** Prevent, prepare, and respond to COVID-19; salary and benefits of management staff implementing safety procedures	Added additional staff in personnel and benefits categories
H8D: COVID-19 CARES	$ 908,375.00	**COVID-19 Response and Maintaining Organizational Capacity -** Safety, response, and maintain capacity; hardware purchases, supplies, PPE, telemedicine, salary and benefits	Added additional staff in personnel and benefits categories
H8E: COVID-19 EXPANDING CAPACITY FOR TESTING (ECT)	$ 438,799.00	**Testing and Testing-related Activities -** Purchase, administer, and expand capacity for testing; salary and benefits of staff contact tracing, triaging, and serving Project Roomkey	Added additional staff in personnel and benefits categories
COVID-19 RESPONSE RYAN WHITE HIV/AIDS PROGRAM	$ 59,250.00	**COVID19 Preparedness and Response for RW Population -** Prevent, prepare for, and respond to COVID-19 within RW service population; salary and benefits of staff supporting RW	No adjustments

TOTAL AWARD AMOUNT	TOTAL FUNDS DRAWN DOWN	TOTAL BALANCE REMAINING
$ 1,473,551.00	**$330,162.28**	**$1,143,388.72**
	22%	

DEPARTMENT OF HEALTH & SOCIAL SERVICES

SOLANO COUNTY

Family Health Service Community Healthcare Board
2020 Annual Calendar

Month	Required Annual Review	Comments/Training
January 15, 2020	• Sign Annual Conflict of Interest Code • Quarterly Financial Report	• Compliance Training • Robert's Rules Review (as needed)
February 19, 2020	• Project Officer/CEO Evaluation Review • Review and Approve: Sliding Fee Scale Policy, Billing and Collections Policies • UDS Reporting, Progress, and Submission	• Annual Data Report due to HRSA by 3/31/2020
March 18, 2020	• Review Proposed FY 20/21 Budget	
April 15, 2020	• Board Self-Assessment • Review and Approve the QI/QA Plan • Quarterly Financial Report	
May 20, 2020	• Update Community Needs Assessment • Review Solano County Family Health Services Bylaws	
June 17, 2020	• Review and Approve FY 20/21 Revised Budget • Strategic Planning (3-year Cycle) • Review Solano County Family Health Services Bylaws	
July 15, 2020	• Review and Approve Credentialing and Privileging Policy and Procedures • Quarterly Quality Improvement Report	
August 19, 2020	• Quarterly Financial Report	
September 16, 2020	• Review and Approve Service Area Competition (SAC) Application • Review FY 20/21 Final Budget	
October 21, 2020	• Quarterly Quality Improvement Report • Quarterly Financial Report	
November 18, 2020	• Board Nominations • Review and Approve Annual Board Calendar • Review and Approve Strategic Plan (3-year Cycle)	
December 16, 2020	• Board Elections • Quarterly Quality Improvement Report	

***Additional Items that can be added to Agenda for Board Approval at any given time:**

- Review and Update Health Center Policies, Procedures and Services
- Contracts Review
- Brown Act Annual Training

Solano County
Family Health Services

STRATEGIC PLAN 2019 - 2022

Published: September 23, 2019

GFA GREG FACKTOR & ASSOCIATES

A CONSULTING FIRM SERVING THE HEALTHCARE INDUSTRY

FORWARD THINKING SOLUTIONS - PROVEN RESULTS

Table of Contents

A. INTRODUCTION

Solano County Family Health Services (SCFHS) engaged Greg Facktor and Associates (GFA), a nationally recognized consulting firm with a specialization in Federally Qualified Health Centers (FQHCs), to facilitate the process to develop a new strategic plan to guide the organization over the next several years as it strives to fulfil its mission. Components of the planning process included: (1) review of SCFHS' community needs assessment; (2) review of services currently provided by the health center; (3) conducting Strengths, Weaknesses, Opportunities and Threats (SWOT) exercises; (4) and development of goals and objectives. GFA worked with SCFHS' Management Team and the Board of Directors in this process, including a daylong retreat held on September 19, 2019. This strategic plan lays out the priorities in the areas of Access and Continuous Quality Improvement, Financial Stability and Fundraising, Development and Infrastructure, Marketing and Communications, Workforce Development, and Governance.

B. BACKGROUND

In October 1918, the Solano County Board of Supervisors opened the Solano County Public Hospital on West Texas Street in Fairfield. The facility was a full-service, 50-bed hospital that offered surgical, emergency, laboratory, radiology, long term care, and outpatient primary care services. Staffing included 12 to 15 full-time medical doctors and 30 to 40 nursing and ancillary staff. The facility cared for Solano County's indigents, Medi-Cal recipients, and prisoners from the county jail. The County Hospital closed in June 1973.

Although the hospital was closed, the outpatient primary care clinics continue to operate and see patients five days a week, with some weekend and evening hours offered. The new Fairfield Adult Medical Clinic opened its doors in 2010, as did the Vallejo Medical Clinic. The Vacaville Medical and Dental Clinics opened in 2012.

In 2004, SCFHS became a Section 330h Federally Qualified Health Center (FQHC) serving the homeless community. Then in 2018, SCFHS was designated also as a 330e FQHC serving the general low-income population in addition to targeting services for homeless individuals and families. The health center provides comprehensive, culturally-sensitive, and cost-effective care in a manner that meets each patient's individual needs, while also addressing the overall needs of the communities it serves.

C. Mission, Vision, and Values

The Mission of SCFHS is:
"To provide health quality, comprehensive, accessible medical and dental care to support Solano County's diverse community to live, learn and work with thriving health."

The Vision of SCFHS is:
"FHS envisions healthy communities by building relationships and partnerships that ensure wellness, compassionate, affordable, and innovative health care for all members of our community. We will be recognized for an exceptional patient experience, comprehensive and integrated health care services with innovative approaches to clinical care, patient services, and business operations.

SCFHS is committed to providing its patients with excellent service offered in a spirit of professionalism and teamwork. Employees of SCFHS aspire to the highest standards of professionalism through the values of:

- Equity
- Diversity
- Respect
- Integrity
- Responsiveness
- Transparency

D. Service Area & Demographics

SCFHS' service area is located in Solano County, which includes a mix of rural and suburban lifestyles and easy access to two dynamic metropolitan areas. Situated midway between San Francisco and Sacramento, the County is home to rolling hillsides, waterfronts, and fertile farmland. The County limits residential and commercial development outside of cities, preserving approximately 80 percent of the land for open space or agricultural uses. SCFHS' service area covers 971.4 square miles. (See Figure 1.)

As shown in Table 1, SCFHS' service area population consists of 464,115 individuals. Over a quarter (26.30 percent or 122,064 residents) of the population in the service area are considered "low income," living at or below 200 the Federal Poverty Level (FPL). Of the service area's low-income residents, 78,414 (64.24 percent) are not being served by an FQHC, meaning there remains unmet need within the service area.

Figure 1: SCFHS Service Area Map

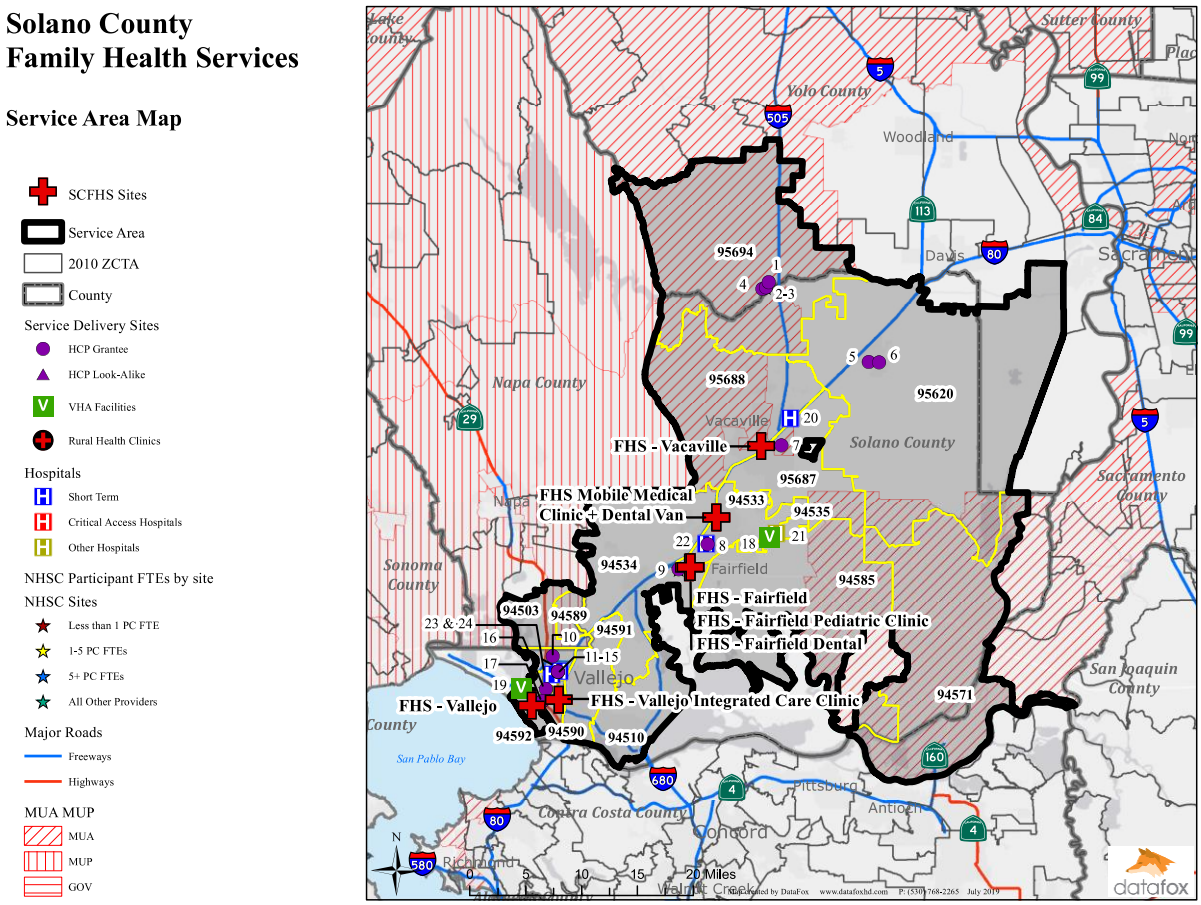


Table 1: SCFHS Service Area Population

Zip Code	Post Office Name	Total Population	Low-Income (Below 200% FPL) Population	Penetration of Low-Income Population	Unmet Need: Number of Low-Income Residents Without Access
94503	American Canyon	20,371	4,365	64.51 %	1,549
94510	Benicia	28,043	4,413	21.26 %	3,475
94533	Fairfield	74,833	26,100	23.89 %	19,865
94534	Fairfield	37,409	4,080	32.70 %	2,746
94535	Travis AFB	4,130	1,176	0.00 %	1,176
94571	Rio Vista	9,480	2,427	17.63 %	1,999
94585	Suisun City	29,605	7,548	22.55 %	5,846
94589	Vallejo	30,833	10,990	46.07 %	5,927
94590	Vallejo	37,036	16,232	44.30 %	9,041
94591	Vallejo	55,232	14,150	33.97 %	9,343
94592	Vallejo	996	240	12.92 %	209
95694	Winters	10,310	2,430	116.58 %	(403)
95620	Dixon	21,588	6,939	54.76 %	3,139
95687	Vacaville	67,504	13,270	29.64 %	9,337

Zip Code	Post Office Name	Total Population	Low-Income (Below 200% FPL) Population	Penetration of Low-Income Population	Unmet Need: Number of Low-Income Residents Without Access
95688	Vacaville	37,745	7,704	32.89 %	5,170
Total		**464,115**	**122,064**	**35.76 %**	**78,414**

Source: UDS Mapper

The SCFHS service area has a population that is 38.4 percent White, 26.3 percent Hispanic/Latino, 15.5 percent Asian, 13.3 percent Black/African American, 5.5 percent "Other", 0.8 percent Native Hawaiian & Pacific Islander, and 0.3 percent American Indian/Alaska Native. In the service area, there are slightly more females than males, accounting for 50.34 percent and 49.66 percent of the population, respectively. With respect to age, 25.3 percent of the service area is under the age of 20; 27.5 percent is between 20 and 39; 38.3 percent is between 40 and 69; and, 8.8 percent is 70 or older. Age group percentages across the board are consistent with those of Solano County and California.

E. NEEDS

Following is a brief summary of key needs for SCFHS' service area:[1]

Most Significant Causes of Morbidity and Mortality and Other Major Health Issues. CFHC's service area population has several significant health status indicators correlated with morbidity and mortality that are at higher than the Solano County and/or the California average prevalence rates.

- ***Diabetes.*** SCFHS' service area has a higher rate of age-adjusted diabetes mortality (27.2 per 100,000) than either Solano County and the state (24.2 and 20.3, respectively).[2]

- ***Cardiovascular Disease.*** The age-adjusted coronary disease death rate for the service area is 156.4 per 100,000, compared with the County rate of 139.9 and a state rate of 158.4.[3]

[1] The data in this section primarily were extracted from SCFHS' 2019 Community Needs Assessment published in September 2019; all data sources are cited.
[2] California Department of Public Health, 2009-13 Master Death Files; CDC Wonder, Detailed Mortality, 2009-13.
[3] Ibid.

- ***Cancer.*** SCFHS' service area has a higher age-adjusted colorectal cancer mortality rate (196.2 per 100,000) than the County and the California rate (176.9 and 152.9, respectively).[4]

- ***Infant Mortality.*** The service area rate of infant mortality is 5.2 per 1,000 live births compared to the Solano County rate of 5.4 per 1,000 live births and the state rate of 4.7 per 1,000 live births.[5]

- ***Adult Obesity.*** Just under one-third (30.7 percent) of adults in Solano County have a body mass index of 30.0 or higher, indicating obesity. This compares with a rate of 26.8 percent for adults across California.[6]

- ***Behavioral Health.*** According to the National Survey on Drug Use and Health, 15.8 percent of Solano County residents reported having "any mental illness in the past year", compared with 17.4 percent for California and 18.1 percent across the nation. Additionally, 5.8 percent of County residents reported having a "major depressive episode in the past year", compared with 6.1 percent and 6.7 percent for the state and the nation, respectively.[7]

- ***Oral Health.*** Per the 2017 California Health Interview Survey, 40.2 percent of all children (3-11 years of age) in Solano County had never been to a dentist. This compares to 14.0 percent for all children in California. For adults, 23.0 percent have not been to a dentist in over a year.[8]

Social Determinants of Health. Some of the determining factors of the health of people in SCFHS' community include insurance, poverty, unemployment, lack of education, lack of providers, and lack of housing. As these factors improve, the health of the community improves.

- ***Lack of insurance.*** According to the U.S. Census Bureau, lack of insurance among SCFHS' service area population is estimated at 7.3 percent. For those ineligible or unwilling to apply for public programs and/or not able to afford private insurance or the co-pays, SCFHS' sliding fee scale discount program provides one of the few affordable options to care for the uninsured individuals.

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[4] California Department of Public Health, 2009-13 Master Death Files; CDC Wonder, Detailed Mortality, 2009-13.
[5] California Department of Public Health 2009-2013 Master Birth Files.
[6] UCLA Center for Health Policy Research, California Health Interview Survey, 2013-2017.
[7] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014, 2015, and 2016.
[8] UCLA Center for Health Policy Research, 2017 California Health Interview Survey.

- ***Poverty.*** Income is one of the strongest predictors of health outcomes. Health care access, outcomes, and life expectancy improve as income increases and vice-versa.[9,10] As previously noted, over a quarter (26.30 percent or 122,064 residents) of the population in SCFHS' service area are low income.[11]

- ***Unemployment.*** Based on the U.S. Census Bureau American Community Survey (ACS) 5-year estimate from 2017, the SCFHS service area had an unemployment rate of 8.5 percent. This rate is higher than that of the state (7.7 percent), but equivalent to the rate for Solano County (8.5 percent).[12]

- ***Lack of Education.*** Low levels of literacy and education are often linked to poverty and poor health. Of service area residents 18 years of age or older, 12.6 percent are without a high school diploma, while 12.4 percent and 16.8 percent of Solano County and California residents, respectively, have less than a high school education. Similarly, 32.6 percent of the service area adults have some form of college degree, on par with 32.5 percent of county residents. However, both the service area and County report less than California, with 37.0 percent of state residents having college degrees.[13]

F. Response to Needs

SCFHS Sites and Services. SCFHS utilizes a patient-centered health home model with a partial open panel for same day/walk-in care for managing health care services. SCFHS is dedicated to providing its service area residents with competent comprehensive health care from a primary care team made up of highly dedicated physicians, nurse practitioners, managers, specialists, educators and many other types of providers and support staff.

The health center provides comprehensive primary healthcare services by delivering high-quality and accessible primary healthcare services to underserved children, adolescents, and adults. SCFHS' care model is grounded in prevention, wellness, patient stabilization, and related services, including referrals. SCFHS also provides substance use disorder treatment and embraces a harm reduction/low-threshold model of care, and provides case management, as well primary care integration with mental health and addiction services.

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[9] Marmot, M. (2002, March/April). The Influence of Income on Health: Views of an Epidemiologist. *Health Affairs*, 2 1(2), pp. 31-46. Retrieved from https://sph.uth.edu/course/occupational_envHealth/bamick/RICE%20-%20Weis%20398/Marmot_income.pdf.

[10] Haan M., Kaplan G.A., and Camacho T. (1987). Poverty and health: Prospective evidence from the Alameda County Study. *American Journal of Epidemiology*: 125(6), pp. 989-98.

[11] UDS Mapper.

[12] US Census Bureau, 2017 ACS 5-Year Estimates; US Census Bureau, 2000 Census Summary File 3.

[13] U.S. Census Bureau, 2017 ACS 5-Year Estimates; 2000 Census Summary File 3.

SCFHS serves Solano County with eight access points: Family Health Services clinic locations (five locations in Vacaville, Fairfield, and Vallejo), two mobile clinic vans, and two satellite medical clinics located within homeless support services. The Family Health Services clinics offer primary care, behavioral health screenings, and comprehensive dental care. Evening and weekend clinics occur on a rotating basis.

Following are the locations of the sites:

- Family Health Services - Vallejo Integrated Care Clinic: 355 Tuolumne St, Vallejo, CA 94590
- Family Health Services - Vallejo: 365 Tuolumne St, Vallejo, CA 94590
- Family Health Services - Fairfield: 2201 Courage Dr, Fairfield, CA 94533
- Family Health Services - Fairfield Pediatric Clinic: 2101 Courage Dr, Fairfield, CA 94533
- Family Health Services - Fairfield Dental: 2101 Courage Dr, Fairfield, CA 94533
- Family Health Services - Vacaville: 1119 E Monte Vista Ave, Vacaville, CA 95688
- FHS Mobile Medical Clinic and Dental Van: 3255 N Texas St, Fairfield, CA 94533

SCFHS provides a wide range of services to address the needs of its community across the lifespan either directly or through referral agreements. These services include:

- General Primary Medical Care
- Diagnostic Laboratory Services
- Diagnostic Radiology
- Screenings
- Emergency Care During and After Hours
- Voluntary Family Planning
- Immunizations
- Well Child Services
- Gynecologic & Obstetrical Care
- Prenatal and Postpartum Care
- Preventive Dental Care
- Pharmaceutical Services
- Case Management
- Health Education
- Dental Services
- Behavioral Health
- Mental Health Support Services
- Substance Use Disorder Services
- Optometry
- Physical Therapy
- Nutrition
- Complementary and Alternative Medicine
- Podiatry
- Psychiatry
- Dermatology

Overall, SCFHS seeks to serve the safety-net population in its Solano County service area and focuses on offering culturally and linguistically appropriate medical care to each of its patients. Recognizing that access to care is most critical to maintaining good health, SCFHS has hired bilingual and bicultural providers and support staff to ensure that care is provided with the utmost cultural and linguistic competency. SCFHS is committed to delivering excellent health services in a caring, nurturing, and respectful atmosphere

and improving the quality of life for every individual and family in our community. SCFHS' services are available to everyone, without regard to financial position, ethnicity, language, culture, sexual orientation, documentation or immigration status.

Continuum of Care. All patients are assigned a primary care provider who assures the continuity of their care through medical records review, appointment making, appropriate re-appointment, and tracking of referral services delivered by specialists and of services provided during hospital stays. SCFHS support staff facilitates transitions, including discharge planning and records.

Outreach Services. Outreach activities help to foster the trust of the target population to take advantage of the comprehensive services offered at the health center's locations. SCFHS regularly provides outreach to the community on the availability of health care services, including health fairs.

Translation Services. SCFHS provides some translation services directly through bilingual staff. SCFHS is staffed by culturally and linguistically appropriate professionals and clinicians who are representative of the service area and patients served. All signage, patient registration, education, and eligibility materials are provided in the prevalent languages. This allows for appropriate communication to meet patient's unique needs. All staff are trained in culturally appropriate care, assuring the unique cultural traits of patients are recognized and observed through appropriate interactions, instructions, and treatment plans. Translation for other languages, sign language, and those who are deaf or hard of hearing is available upon request through language assistance services.

Care Regardless of Ability to Pay. All SCFHS patients are screened for public assistance programs, although this is not a condition for them to be eligible for the Sliding Fee Discount Program (SFPD). The SFDP is offered to all patients based on the patient's ability to pay. Ability to pay is determined only by the household size and annual gross income relative to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

Eligibility Assistance. SCFHS has bilingual eligibility workers who are Certified Enrollment Counselors who screen all patients for eligibility to receive coverage through a public program or ability to purchase insurance through Covered California. If a patient and/or family member is deemed eligible, the eligibility worker assists them in completing the relevant enrollment applications. The eligibility workers also help increase retention rates by providing timely follow-up to targeted families to avoid insurance disenrollment. Enrollment workers keep track of each applicant's status for eligibility and follow up with

applicant regularly to ensure all documentation has been submitted, and renewals are submitted on a timely basis.

Mobile Food Pharmacy. SCFHS promotes health eating and addresses food insecurity through its Mobile Food Pharmacy, a truck that delivers fresh fruits and vegetables to the different SCFHS clinics throughout Solano County on a weekly schedule. Made possible by a grant from Yocha Dehe Wintun Nation, the Mobile Food Pharmacy links health care with access to free, fresh produce and healthy cooking resources though a partnership with the Food Bank of Contra Costa, Solano. This innovative model eliminates barriers by bringing health food to the patients and providing free cookbooks and recipe cards.

G. Strengths, Weaknesses, Opportunities, and Threats

GFA facilitated an interactive exercise with the Management Team to identify SCFHS's strengths, weaknesses, opportunities and threats (SWOT). This information was reviewed with Board of Directors during a daylong strategic planning retreat held on September 19, 2019, at which time the Board made additions and refinements. Table 2 lists the outcome of the SWOT exercises with the Management Team and Board of Directors.

Table 2: SWOT Exercises Outcomes

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
Staff	• Increased number of bilingual staffing. • Increased number of providers, which is placing centers at near capacity and improving appointment wait times • Newly hired staff is more excited about the work they are doing and the patients they serve. • Higher number of MA's trained in Phlebotomy • Average of 6 years of front-line experience • Current Management has a wealth of knowledge in various areas of operations and leadership	• Conflict between front and back office regarding acceptance of late patients. Front office is left to deal with irate patients, providers have refused to see. • Providers lack face to face time and training with Supervising Physicians.; no physicians on adult-side of house (mid-levels) – Touro help fill in with oversight • An overall focus on exceptional customer service is needed. This spans from the front office to the back office. Treat people the way you would want your loved ones to be treated. Smile! It doesn't cost a thing.	• Build a stronger relationship with all county hospitals not just North Bay. This should be a focus of the medical director /medical officer. • Provide increased specialty care, i.e. OBGYN/Prenatal • Continued collaboration with other local FQHC's. • Increase calls to patients regarding routine screening for health monitoring/ measures. • More visibility from Director and Administrator in all health centers on an at least monthly or bimonthly basis. • New Leadership • Joint Labor meeting with unions	• An increased number of FQHC's are coming into the area, providing increased and improved services. Patients will have a choice of where to go and if Solano County does not improve patient access and services, patients will leave. • Decreased focus on patient access and truly providing a safety net for those in need. • Union Centric • Provider Centric • Back office/front office divide • High turnover • Lack of cohesive team work behaviors

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
	• P & Ps • Focus on innovation • Caring for patients • Staff longevity, i.e. many staff members have over 10 years working in the health centers • Friendly compassionate staff, i.e. patient survey results • Strong leadership, i.e. ED hired 11 months ago and brings over 20 yrs of working in the private and public sectors developing and leading organizations to success	• Not all patients are treated as an individual with unique needs and everyone feels valued, i.e. homeless, smokers, • Limited number of physicians • Lack of managers and presence of managerial staff in health centers. Staff is feeling ignored. • A clear and consistent transfer process is needed from one location to another. • Lack of communication amongst all staff • Organizational communication is not always present between the Central Business Office (non-clinical/front office management) and clinical (FP, Peds, Dental) departments leading to arguments, distrust, and confusion between staff • Pervasive negativity from select staff has the potential of spreading to others. • Senior staff are new to the positions and don't necessarily understand the complexity of working for an FQHC located within a government organization. • A lot of turnover with a vacancy rate of 18% and the average length of time with FHS at less than 5 years. Only 36% of the current staff have worked at FHS more than 5 years and 39% of current staff have	• Coaching • Cross training of staff to allow for seamless coverage in both front/back offices • Performance Metrics for staffing • Yearly evaluation • LVN at each site • Improve patient access and staff morale	

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
		worked for FHS for less than 3 years. • Provider/Operations Divide • Flow of information • Some staff have not been given an evaluation in over 5 years. • OT as a form of staff coverage • High call in • Some get institutionalized, beaten down and become jaded. • Providers feel service demand exceeds the provider capacity resulting in patient and staff dissatisfaction • Low encounter productivity due to EHR and clinical workflows		
Human Resources – Recruitment / Retention / Benefits / Salaries / Training	• Providers receive bonuses and are eligible to participate in student loan forgiveness programs • Competitive benefits • Attractive benefits package for all staff • Competitive salaries	• Recruitment is far too burdensome and takes too long. We have lost several good candidates as a result. • Onboarding process seems to be unclear to many people, even in HR. A clear and concise training is needed. • HR is out of touch with the needs of our health centers and the needs of our patients. They should better educate themselves on the services we provide and the pitfalls created when unnecessary obstacles are put in place. • No Hiring Coordinator/ Manager • Rely on HSS Admin for live scan	• Contracting with outside agencies for recruitment of physicians may help secure experienced individuals who have a heart for the population we serve. • Training Coordinator • Hiring Coordinator • Send Lead/Supervisors and management to conferences • Accountability at all levels of staffing • California Primary Care Association and the National Association Community Health Centers provide great learning opportunities, resources and best practices	• Experienced medical professionals are hard to secure. If the process of recruitment, benefits, salaries and training does not improve, Solano County will continue to struggle in hiring capable individuals. Individuals seeking employment should not have to wait several months for hiring. This gives them more time to seek employment elsewhere. • Extended recruitment times leaves Solano County with a subpar candidate pool. • Ole Health, La Clínica, Kaiser and

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
		• High Staff turnover • Internal Training for EHR • High FMLA • Difficult to know to whom to direct questions. • Hiring is overly complex. • Retention- providers need retention bonus as there is no other way to provide additional monies. • Staff salaries are not competitive across the industry • Provider recruitment and retention not a focus		North Bay as staff competitors
Financial Management / Capital Expenditure Needs	• Sliding Fee Scale and the ability to serve those who would typically not be eligible for services. • Access to employment and eligibility staff, which can be used to increase our Medi-Cal applications and provide patients with greater services. • Fully staffed Accounting department with improved oversight and knowledge. • FHS doesn't have to worry about meeting payroll or paying any bills because they are part of the County and the County covers any deficit. • Fiscal staff are knowledgeable in budgeting and financial reporting • Fiscal staff are tech savvy	• Although staff training has been ongoing, continued oversight and accountability is needed to ensure staff is adhering to established policies and procedures. Too many errors are being made in checking eligibility and ensuring we can see the patients coming into our centers and ensuring patients are not being billed inappropriately for services received. • Fully ran in-house lab is needed at all health centers. • Increased marketing and outreach for both medical and dental services within our community. • Because FHS is part of the County, they do not have their own Balance Sheet or other traditional financial reports. • There is a disconnect between program and fiscal staff and	• Expand the number of contracts and choices patients have for care not available within our health centers. • Provide staff training on coding. • Possible move towards a full capitation rate instead of per visit encounter rate. This would allow us to see more patients in a more efficient way (phone, telemedicine, outside of "4 walls", etc.) and by the most appropriate staff. Patients don't always need to see a doctor to handle an issue. • Have an internal budget/AP liaison • Have an internal Contracts Manager Liaison • 340 B- own pharmacy • Reinstate 340B drug pricing program • Become a Path to Health Provider (pays for undocumented primary care)	• Changes in state/federal regulations that affect reimbursement rates. • Not a strong financial position: Expenditures higher than revenue. • Existing payer fear to enter into risk contracts with us • Rising cost of healthcare & drugs • Local competition for market share as other FQHC's expand our county • Reimbursement over time by payer may not remain stable

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
	• Fiscal staff understand governmental accounting • Fiscal staff are knowledgeable of FQHC reimbursement methodologies and can generate information regarding productivity, encounter rates, etc. • County is routinely (16 years in a row) awarded a Certificate of Achievement for Excellence in Financial Reporting from the Government Finance Officers Association of the United States and Canada (GFOA). • County is recognized by the State Controller's Office for Excellence in Financial Reporting. • Revenue Cycle is internal	fiscal staff is not always able to obtain timely information from program, which can lead to disallowances during FQHC audits. • Budget outsourced to HSS Admin • When one center exhausts their allocations, another center offsets the costs without notifications • OT as staffing when staff unable to work schedule • Organization does not have a capital planning process		
Quality Improvement	• A new QI plan is in process, which will hopefully identify our areas of strength moving forward. • Providers and staff who care about population we serve • Mobile Vans • QI Plans • Energized group, people are excited to participate • Comprehensive and affordable healthcare services • Currently developing	• A fully trained staff which is focused on QI/QA is needed. • Trainers with the ability to standardize services across all health centers for each classification is desperately needed. • Lack of understanding of what QI is and its importance to our organization. • Late policy and no-show policy for underprivileged population served • NextGen Electronic Health Record needs	• Create a centralized referral system for patients in need of specialty care. • Involve affected stakeholders when developing new process • Reach clientele which cannot reach the health centers • CMO, who can be impartial and develop QI/ P&Ps, which are patient centric • Allocating money to updating equipment that matches rivals	• Failure to comply not only in writing but in action with guidelines established by HRSA will result in the loss of grant funding. • Failure to comply with industry standards on documentation, patient response times, and overall patient care can have legal ramifications. • Risks to care based on rushed appointments, lack

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
	analytics to integrate all data to allow the user to develop needed KPI's	to be updated to be more efficient for both staff and management. • Current EHR (NextGen) not optimized, i.e. providers were never properly trained on the use or tools available within the EHR • Providers want to abandon NextGen and move to EPIC • Historically understaffed, still understaffed. • The group is thought of as something that NEEDS to happen as opposed to something that should ALWAYS being happening.	• Improve patient access and staff morale • Integrated model of open access scheduling and same-day walk-in appointments which accommodates multiple patient population better than a structured appointment system • Implementing best clinical practices to improve services across our health centers • Improvements in Clinical Performance Measures • Apply for Joint Commission PCMH Accreditation • California Primary Care Association and the National Association Community Health Centers provide great learning opportunities, resources and best practices	of documentation, and lack of provider responses to messaging is a continued threat. • Shortage of Health Care Professionals
Compliance and Regulations	• HRSA OSV has resulted in the need to put policies and procedures in place which were long overdue. • HRSA compliant P&Ps • Detailed with answers	• Increased understanding of HRSA guidelines and medical regulations is needed. • Increased knowledge of industry standards is needed. • Communication and response time from compliance department is often delayed creating issues with implementation of requested forms and services. • Front Line staff unaware policies updated • Shockingly slow with work product, even	• An in-house program or health center specialist who is knowledgeable of the various state and federal guidelines we must follow would be extremely useful. • Develop workflows to accompany P&Ps. • Create a desk aid for ROIs (Release of Information)	• Confidentiality Breach • Not passing HRSA OSV • Government Regulations, i.e. Federal & Medicaid: ACA uncertainty, Managed care expansion, • Complexity of reporting to county, state and federal agencies

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
		when they were better staffed.		
Business Development	• Standardization of all health centers has been made a priority. • Multiple locations	• The "County" way of doing business often conflicts with HRSA requirements, which has the potential of putting our FQHC out of compliance. • Increased need for advertising and outreach to promote available services and locations. • Provider Centric • Separation of back office/front staff and accounting • Patient Access & Engagement: Wait time for existing appointments, walk in patients remains long • Organization has and continues to be provider focused vs patient focused, i.e., "what the provider wants, the provider gets", providers set their own schedule, see as few patients as possible, turn patients away if patients are 1 or 5 minutes late to appt., etc. on the other hand – a provider is allowed to cancel a daily schedule or come 15-25 minutes late while patients sit waiting for them • Health center facility locations – patients often travel 2 hours to reach a health center • Low encounter productivity due to EHR and clinical workflows	• Become Patient centric • Have an insurance verification department • Have a liaison with Eligibility and Enrollment. • Strategic Agreements with both Solano County divisions and outside agencies • Improve patient access and staff morale • Consider new areas to develop a new facility or partner with hospital to offer services within their 4 walls • Integrated model of open access scheduling and same-day walk-in appointments which accommodates multiple patient population better than a structured appointment system • Reinstate 340B drug pricing program • Apply for FTCA • Contract with commercial, PPO, HMO payers to expand payer mix • Significant patient population still needing increased access to care • Continued growth with strong referral network/partners	• Staff who are afraid of innovation and challenging the status quo • Local competition for market share as other FQHC's expand our county

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
Governance	• We are gaining more board awareness and are increasing the participation of the public in monthly meetings. • HRSA compliant • The boards care • Community Health Board is dedicated, committed and diverse	• Patient board members appear to lack the necessary knowledge and ability to oversee the needs of our health centers. • Increased recruitment efforts are needed to ensure we obtain patient board members who clearly understand the role they are to play in making decisions for the health centers. They must be willing to ask pertinent questions and point out inefficiencies as they occur. • Board members not very knowledgeable about their role. • 4 members tend to run the board • The dual boards are a slowing process. • Community Health Board representative are unfamiliar with their full authority to govern or request data and unfamiliar with fiduciary responsibilities • Do not provide sufficient opportunities for the Community Health Board to meet outside of meetings with each other and with staff to get to know each other • Community Health Board not part of the budget approval and hiring/evaluation of CEO/Executive Director	• More patient centric board • Develop policies which hold operations accountable • Mini audit from board members to operations to ensure transparencies and compliance with HRSA • HRSA Board Liaison with FQHC – grant writer • Training opportunities offered to the Community Health Board members	• Board Governance, who just follows operations recommendations without ensuring accountability and financial responsibility.

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
Political Environment	• Solano County Wide Network of services • Understandable in gov't	• Inability to generate more revenue than expenditures • Past Turnover of Executive team • Thick and painful	• Extension of Full Scope Medi-Cal to 19-25-year-old eff 1/2020	• Public Charge • Healthcare reform • Government Regulations, i.e. Federal & Medicaid: ACA uncertainty, Managed care expansion
Brand / Public Perception	• Ease of service availability in Vallejo and Fairfield given lab services are provided in house. Patients want a one stop shop whenever possible. • It is widely known that our Health centers are the safety net healthcare providers	• Increased marketing and outreach for both medical and dental services within our community. • Turning away patients should never be okay. The current scheduling system allows for patients to be turned away for being only minutes late. • Standby is only available when a patient no shows in the same appointment type. • We are turning away patients when daily encounters for our health centers are far below acceptable levels to allow us to break even financially. • Increased usage of mobile vans and increased exposure of the services we provide is needed. • Majority of Grievances and complaints received are related to the provision of care and scheduling. • Lack of marketing plan • Website • Interactive abilities. • Organization does not do outreach and engagement to residents living in the community, including non-patient residents • Organization does not have an external	• Public perception must change from FHS being the health center of last resort and become an organization where patients are proud to be affiliated with. • We have an opportunity to be seen not as a stereotypical county clinic but as an organization focused on patient care regardless of circumstance and one focused on improved health outcomes for those we serve. • Time efficient scheduling • Attend regional and state Medi-Cal meeting	• Government perception that we are non-patient centric

Key Factor	Internal		External	
	Strengths	**Weaknesses**	**Opportunities**	**Threats**
		communications and marketing plan or consistent social media presence • Community continues to see the FQHC as only providing Health Dept./Public Health services, i.e. WIC, child supportive services, etc.		
Partners	• New leadership from various county/outside agencies bring in a network of partnerships • Touro Contract • Work product • Strong local connections with cities and private sector within the county • Strong county partners, i.e. Public Health, Behavioral Health, Eligibility & Enrollment, etc.	• Our partnership with Touro is very one sided. Touro providers are not maintaining good communication standards and do not consistently following the guidelines put in place concerning calling in and providing make up days for patients. • Currently contracts and MOUs with existing partners do not match the required level of services ex. quest Government perception that we are non-patient centric • Communication	• Enhance mental health services of our patients. This can include possible field visits, where LCSW's can also seek out patients in need but unable to travel to our centers due to transportation or mobility constraints. • Enhanced case management program which takes our PHN's into the field to meet with patients in their homes when transportation and mobility issues exist. • Creation of teams (LCSWs, PHNs and Providers) to ensure the needs of all our patients are being met. • Ability to provide whole person care by developing wide network internal partnerships with Mental Health, Social Services (both internal Solano County Agencies) • California Primary Care Association and the National Association Community Health Centers provide great learning opportunities, resources and best practices	• Solano County's delay in payment for partners who have monetary compensation

Key Factor	Internal		External	
	Strengths	Weaknesses	Opportunities	Threats
			• Continued growth with strong referral network/partners	

H. Financial Management and Capital Expenditure Needs

The SCFHS Board and leadership have assessed the state of financial management at the organization including review of current finance leadership, contracted auditors and consultants, and financial management software systems currently in place. It was agreed that the infrastructure in place was appropriate for the organization, with ongoing efforts to maximize patient revenue cycles and financial operations.

It is anticipated that the organization may require funding capital to reach its goals of serving more of its service area target population through facility and new service expansions. New service site opportunities within and near the current service area will be explored which may require capital expenditure to build out or update sites to meet California state Office of Statewide Health Planning and Development (OSHPD) 3 standards and any other potential changes to meet SCFHS' operational needs.

Potential sources of funding include private foundation loans and grant funding, private loans, and retained excess revenue. Details regarding these sources are provided below:

i. **Private Foundation Grants and Loans** (*Note: Not an exhaustive list.*):
   - The California Endowment – Provides grants and financing to support the work of nonprofits.
   - The California Wellness Foundation – Funds direct services and capacity development of nonprofits.
   - Capital Impact Partners – A nonprofit Community Development Financial Institution that provides loans for capital projects.
   - Nonprofit Finance Fund – Provides capital financing (loans), consulting, partnerships to nonprofits.

ii. **Private Loans** – To the extent necessary, private loans will be pursued if it makes sense financially. Most likely such funding would be pursued and obtained in the form of a mortgage on a potential new service site building if the opportunity to purchase presents itself as an alternative to leasing.

iii. **Retained excess revenue** –The health center will continue setting aside all excess revenue (what remains after all organization expenses are paid) to meet future capital needs. Such funds will be utilized to enhance patient care and expand services to reach more individuals in the service area target patient population.

I. GOALS AND OBJECTIVES

Based upon the SWOT results, the GFA consultants developed draft organizational goals and objectives prior to the September 19, 2019 strategic planning retreat. At the retreat, GFA facilitated a review of these goals and objectives with the Board of Directors and Management Team, during which the participants made edits and refinements. The goals and objectives the health center will work toward achieving over the next several years are listed below.

Goals:

1. **Access and Continuous Quality Improvement** – *Improve access for target populations and continue to enhance clinical and operational quality and efficiency.*
2. **Financial Stability and Fundraising** – *Improve financial results and ensure strong financial services and increase efforts to support the financing of the health center.*
3. **Development and Infrastructure** – *Increase the community footprint and improve facilities and systems.*
4. **Marketing and Communications** – *Increase outreach & enrollment and community awareness.*
5. **Workforce Development** – *Build a skilled and engaged workforce.*
6. **Governance** – *Enhance board development and effectiveness.*

Objectives:

Table 3 lists the objectives related to each of the health center's strategic goals. The objectives are not exclusive to one goal as activities will impact several areas of interest. The goals and objectives the health center will work toward achieving over the next several years are listed below, with objectives grouped as "Short Term," meaning one year or less, and "Long Term," meaning more than one year.

Note that objectives in italics were identified by the strategic planning retreat participants as priority items for particular attention. Specifically, the following were identified among the short-term objectives: 1a, 2a, 2b, 4a, 5a, and 5b; and the following the long-term objectives were identified: 1h, 1i, 1j, 2f, 3f, and 3g.

Table 3: Goals & Objectives (no priority order)

Goals	Objectives
#1: Access and Continuous Quality Improvement – *Improve access for target populations and continue to enhance clinical and operational quality and efficiency.*	*Short Term* 1a. *Implement Performance Metrics for staffing.* 1b. Continue to improve key quality measures, including Health Center Program goals. 1c. Develop care teams at each service delivery site. 1d. Explore increased usage of Mobile Clinic Vans. 1e. Implement best clinical practices to improve services across sites. 1f. Assess clinical and nonclinical workflows. 1g. Improve coordination with County Eligibility and Enrollment. *Long Term* 1h. *Explore patient-centered medical home (PCMH) designation for sites.* 1i. *Develop and implement Open Access scheduling and same-day/walk-in appointments.* 1j. *Implement transportation assistance for patients (e.g., Uber, Lyft).*
#2: Financial Stability and Fundraising – *Improve financial results and ensure strong financial services and increase efforts to support the financing of the health center.*	*Short Term* 2a. *Optimize 340B Drug Discount Program.* 2b. *Explore and stay updated on available grant opportunities.* 2c. Continue to improve key financial performance measures. 2d. Become a "Path to Health" Provider (primary care for undocumented persons) with County Medical Services Program (CMSP). 2e. Explore applying for Federal Tort Claims Act (FTCA) coverage from HRSA. *Long Term* 2f. *Contract with commercial, PPO, HMO payers to expand payer mix.* 2g. Develop and implement a formal capital planning process. 2h. Develop Strategic Agreements with Solano County divisions (non-financial) and outside agencies.

Goals	Objectives
#3: Development and Infrastructure – *Increase the community footprint and improve facilities and systems.*	*Short Term* 3a. Explore development of enhanced case management to provide services outside of health centers (e.g., utilizing Public Health Nurses). 3b. Explore opening additional clinical sites. 3c. Support facility upgrades and renovations. 3d. Maximize ability to provide "whole person" care by further developing internal partnerships with County Mental Health, Social Services, etc. 3e. Continue collaborations with referral network partners and other local FQHCs. *Long Term* 3f. *Standardize services across service delivery sites.* 3g. *Maximize ability to address upstream health challenges by assessing Social Determinants of Health (SDOH) and adverse childhood experiences.* 3h. Develop timely laboratory services for patients. 3i. Explore development of enhanced mental health services. 3j. Increase specialty care services (e.g., OB/GYN/Prenatal, Oral Surgeon). 3k. Develop stronger relationships with all County hospitals. 3l. Explore EHR migration/transition and other HIT upgrades
#4: Marketing and Communications– *Increase outreach & enrollment and community awareness.*	*Short Term* 4a. *Develop a marketing plan that includes improved social media presence (e.g., website).* 4b. Brand FHS as an organization focused on patient care. 4c. Explore rebranding/name change.
	Short Term

Goals	Objectives
#5: Workforce Development – *Build a skilled and engaged workforce.*	5a. *Work with HR Department on recruitment and retention strategies.* 5b. *Improve communications with staff, such as restructuring of meetings and bidirectional sharing of information.* 5c. Conduct joint meetings with labor unions. 5d. Provide opportunities for professional development.
#6: Governance – *Enhance board development and effectiveness.*	*Short Term* 6a. Recruit new board members to fill identified gaps in expertise and experience while maintaining HRSA ratios, with a focus on patient board members. 6b. Enhance the board members' FQHC knowledge, including roles and responsibilities. 6c. Regularly review key health center performance measures and evaluate progress against goals. 6d. Conduct annual board self-evaluation. 6e. Provide professional development opportunities for board members.

J. CONCLUSION

Since 1918, when the Solano County Board of Supervisors opened the Solano County Public Hospital, the County has been an integral part of the safety net. Continuing that tradition, SCFHS continues to provide comprehensive, culturally-sensitive, and cost-effective services in a manner that meets each patient's individual needs, regardless of ability to pay, while also addressing the overall needs of the communities it serves. Ongoing changes in the health care environment will require SCFHS to continue to adapt in order to thrive and take advantage of new opportunities. This Strategic Plan provides the framework for guiding the health center over the next several years. With leadership from its engaged Board of Directors, SCFHS will build upon its many accomplishments.