

**County of Solano
Community Healthcare Board
Regular Meeting**

April 21, 2021

12:00 pm-2:00 pm

Conference Call Microsoft Teams

MS Teams Dial-in number: 1-323-457-3408 and Conference ID: 299 423 65#

Due to COVID-19 social distancing requirements, the Community Health Board meetings will be held via teleconference. To join in for audio only, please use the dial in number and Conference ID 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 707-784-8775 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to the meeting.

Public Comment: To submit public comment, please see the options below.

Mail:

If you wish to address any items listed on the Agenda by written comment, please submit comments in writing to FHS Community Healthcare Board Clerk by U.S. Mail. Written comments must be received no later than 8:30 A.M. on the day of the meeting. The mailing address is: Solano County H&SS, ATTN: FHS CHB Clerk (MS 5-240), P. O. Box 4090, Fairfield, CA 94533. Copies of comments received will be provided to the Board and will become part of the official record but will not be read aloud at the meeting.

Phone:

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-323-457-3408, and Conference ID: 299 423 65#. No attendee ID number is required. 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/](https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/) and Family Health Service clinics located 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 at [https://www.solanocounty.com/depts/ph/bureaus/fhs/community healthcare board/](https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/) and emailed upon request. You may request materials by contacting the Clerk at 707-784-8775.

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AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE AGENDA

3) APPROVAL OF THE MARCH 17, 2021 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. Due to COVID-19, the public can join as audio only. If you would like to make a comment, please announce your name and the topic you wish to comment and limit comments to three (3) minutes.

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 UPDATE REPORTS

None.

8) UNFINISHED BUSINESS

None.

9) DISCUSSION

- a) Review Patient Grievance/Complaint Process Policy
- b) Board Self-Assessment

**County of Solano
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10) ACTION ITEMS

None.

11) BOARD MEMBER COMMENTS

12) PARKING LOT (These items are postponed, until further notice.)

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design
- c) The IHI Quadruple Aim Initiative * Health Center Practices*

13) NEXT COMMUNITY HEALTHCARE BOARD MEETING

DATE: May 19, 2021

TIME: 12:00 PM

TO JOIN: Telephone Conference Call

Dial: +1-323-457-3408, Conference ID: 299 423 65#

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REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, March 17, 2021
Video and Telephone Conference Call

Members Present:

Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Robert Wieda, Gerald Hase, Jim Jones, Miriam Johnson, Brandon Wirth, and Tracee Stacy

Members Absent:

Sandra Whaley

Staff Present:

Dr. Bela Matyas, Gerald Huber, Debbie Vaughn, Dr. Michele Leary, Dr. Rebekah Kim, Dr. Sneha Innes, Jack Nasser, Tess Lapira, Toya Adams, Anna Mae Gonzales-Smith, Noelle Soto, Cheryl Esters, Clarisa Sudarma, Thomas West, and Nina Delmendo

1) Call to Order – 12:05 p.m.

- a) Welcome
- b) Roll Call

2) Approval of March 17, 2021, Agenda

Motion: To approve the March 17, 2021, Agenda

Motion by: Miriam Johnson and seconded by Jim Jones

Discussion: None

Ayes: Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Robert Wieda, Gerald Hase, Jim Jones, Miriam Johnson, Brandon Wirth, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

3) Approval of February 17, 2021, Meeting Minutes

Motion: To approve the February 17, 2021, Meeting Minutes

Motion by: Miriam Johnson and seconded by Anthony Lofton

Discussion: None

Ayes: Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Robert Wieda, Gerald Hase, Jim Jones, Miriam Johnson, Brandon Wirth, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried



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4) Public Comment:

None.

5) Project Director/Chief Executive Officer Report

a) COVID-19 Health Center Impact Update

- i. It was mentioned that the number of cases in Solano County is on a plateau. The County has gone from the Purple Tier to the Red Tier. In the Red Tier more businesses have been able to open and the level of disease is about the same we were experiencing in September 2020, before the big surge. We are experiencing about 30 cases per day.
- ii. It was mentioned that the hospitalization numbers are way down with 20 or fewer hospitalizations per day and that there have been plenty of hospital beds available. The hospitals are not experiencing any strain, due to COVID-19.
- iii. In regard to COVID-19 vaccinations, the County has been successfully opening COVID-19 vaccination tier, after tier and as of today, in Solano County, vaccinations are open to anyone who is 16-49 years of age, with an underlying health condition, additional specific occupations, and to all those age 50 and older.
- iv. Over 100,000 people have been vaccinated in Solano County. and about half of those have had their second dose. This was made possible with the help of Kaiser staff assisting in the mass vaccination clinics and pop-up clinics in various cities in Solano County. Kaiser has been gracious in donating their supply of vaccine at the County mass vaccination clinic at the Fairgrounds in Vallejo. The allotment of County vaccine is very low, and the County is doing the best they can.
- v. It is anticipated to have the mass vaccination clinics at the Vallejo Fairgrounds for another few weeks. In April, the next phase is to hold smaller clinics, scattered over more parts of the County to vaccinate more people, willing to get vaccinated. The vaccine will continue to be offered at the pharmacies in the County.
- vi. It is estimated that about half of the people in the County will elect to get vaccinated. There are about 350,000 adults in the County, and the target is to vaccinate 200,000, which is about 55%. Already 100,000 people have been vaccinated, so the County is making good progress so far. The hope is that by next week or two, everyone who is an adult, will be eligible to get vaccinated in the County.
- vii. In terms of the clinics, there is no real change since last month's meeting. They have been operating primarily with in-person visits and some telehealth.

b) Health Center Operations Update

- i. It was mentioned that the Biden Administration has established a HRSA Vaccine Program, that will send vaccine allotments directly to those qualified Health Centers. Family Health Services (FHS) has applied for the program and has been qualified. FHS is waiting to get instructions and information about the allotments. With the allotment directly from HRSA, this will provide two sources of the vaccine. We already receive vaccine from the State. The vaccine from HRSA, will serve as a supplement to what is already provided by the State.

c) Staffing Update

- ii. FHS is looking at some key, critical positions that are vacant, to help with capacity and operations within the clinics. As more developments happen, the information will be shared at a future meeting.



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- iii. It was shared by a Board Member that she has heard from friends who are FHS patients, that their level of trust in the clinics, has greatly dropped and they feel their level of care has dropped and there doesn't seem to be quality or continuity of care. The patients don't feel they are being heard. Jack appreciated the feedback and asked that she please ask her friends to give her details on their grievances and complaints, so they can be addressed at this meeting. In regard to staffing, due to the time constraint, the details cannot be addressed at this meeting and more information will be presented at future meetings to discuss the specific positions.

6) Co-Applicant Agreement Update by Deputy County Counsel

No updates were given.

A Board Member proposed that an update be given about the status of the agreement and questioned whether there is a plan or a deadline to resolve the issues that are being reviewed by County Counsel. It was clarified that HRSA has responded to County Counsel, so it is in their hands, and there are no updates.

It was also requested by the Board Member, that an update of the Co-Applicant Agreement, be added as an agenda item, at the next meeting, with a request that between now and then, the Executive Committee make a request to County Counsel, to present an update at the next meeting. The updates requested were to provide information of who was in the administration meeting and the results of the meeting that took place. The Board Member also asked that County Counsel share the next steps in the process of finalizing the agreement and give a time frame the Board can expect to have a completed co-applicant agreement, so the Board and the Board of Supervisors can vote on it.

7) Operations Committee Updates Reports

a) Quarterly Quality Improvement Report: Presented by Dr. Michele Leary

- i. Dr. Leary explained that this is a review of the Partnership's Quality Improvement Program (QIP) Incentive. There were six clinical measures in the QIP program, Asthma Medication Ratio, Childhood Immunization Status, Colorectal Cancer Screening, Controlling High Blood Pressure, Diabetes – HbA1C Good Control and Well Child First 15 months. Four of the six measures were fully met, were Asthma Medication Ratio, Colorectal Cancer Screening, Controlling High Blood Pressure, and Diabetes, HbA1C Good Control, so the clinics will receive monetary incentives for those measures. The other two measures, Childhood Immunization Status, and Well Child First 15 months were partially met.
- ii. There was a set amount of money budgeted in the fiscal budget and the good news is with the funds, from these QIP Incentives, the clinics will now have more money, than what was originally budgeted.
- iii. Dr. Leary shared a 3-month sampling of a year-long plan, that is in place, by reviewing February, March, and April schedules in 2021. She showed how quality is imbedded in the clinic schedules, to promote QIP with the specific measures and monthly reporting is provided to staff. This has been well received by the clinical staff.
- iv. The Cervical Cancer Screening Measure was reviewed, and Dr. Leary explained how, gift cards are being used as incentives to encourage patients to complete their annual PAP smear. She also explained how Quality Drivers, played a role in the Plan, Do, Study, Act (PDSA) piece in quality improvement, and were assessed to problem solve and look for areas of improvement. This is the third iteration of this measure and it is ongoing.



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- b) Quarterly Financial Report: Presented by Fiscal
 - i. There was no quarterly financial report because the FY 2021/22 budget will be presented, in its place.
- c) FY 2021/22 Requested Budget: Presented by Tess Lapira
 - i. Tess reviewed the Expenditure and Revenue Report, which covers the first eight (8) months of the fiscal year, which showed the 20/21 working budget, the 20/21 Midyear budget, and the YTD Actuals. She reviewed these reports in detail and explained those line items where the percentages were higher than 66% or at 0%.
 - ii. Tess reviewed the Requested Budget for FY 2021/22, which was discussed with input from the clinic managers and Jack Nasser. The 2021 Adopted Budget (AD) was compared against the 2022 Requested Budget (RQ), and the change between the RQ and the AD was also reviewed.
 - iii. She reviewed Exhibit A, Budgeted Savings FHS FY 2021/22 Requested Budget, and explained the Employee Salaries in detail, which showed a notable savings of \$2,923,263.00, because 22 existing vacant positions, will continue to remain frozen through the 2021/22 fiscal year, to save money, due to the structural deficit.
 - iv. She reviewed Exhibit B, which gave additional expenditure details referencing line items related to Controlled Assets-Non Computer Related, Contracted Services, Software Maintenance, Special Department Expense, Contracted Direct Services, Equipment, and Intrafund Services -Professional sections of the FY 2021/22 Requested Budget Report.
 - v. She pointed out that in revenues, the funding that has been provided by the Federally funded CARES Act and COVID-19, in 2021, which totals to approximately two million dollars, will not be provided in 2022. Those funds were a one-time funding due to COVID-19.
 - vi. She also explained that the payer revenue projections, displayed in the proposed budget, were based on 14 encounters per provider and that if there is an increase of 14 to 15 encounters per provider, it could increase the total up to \$1,624,044 in revenues.
 - vii. In summary, in the 2022 Requested Budget, Total Expense is \$30,481,163, Total Revenue is 25,342,629 and the Deficit is \$5,138,534. The Deficit will be covered by realignment next year to balance the budget.
 - viii. The primary goal expressed, by Tess, was to increase the number of patients, coming into the clinics, for in person services, with their providers.

8) Unfinished Business

- a) At the February 17, 2021 meeting, a proposal was made to make a change to the Community Healthcare Board 2021 Calendar. The proposal made, was to remove the "Billing and Collections Policies" from the 2021 Calendar. The Board will discuss this proposal and vote to approve the change, under Agenda Item 10) Action Items.

9) Discussion

- a) None. The Chair moved to Action Item 10a, to vote on the proposed 2021 CHB Calendar proposal.



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10) Action Items

- a) Community Healthcare Board 2021 Calendar – The Board will vote to make a change to the 2021 Calendar and remove “Billing and Collections Policies” from the 2021 Calendar, in the month of February.

Motion: To change the 2021 CHB Calendar and remove the “Billing and Collections Policies” agenda item in February.

Motion by Tracee Stacy and seconded by Mike Brown

Discussion: None

Ayes: Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Robert Wieda, Gerald Hase, Jim Jones, Miriam Johnson, Brandon Wirth, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

- b) The Board will vote to approve the FY 2021/22 Requested Budget.

Motion: To approve the FY 2021/22 Requested Budget

Motion by: Tracee Stacy and seconded by Mike Brown

Discussion: The Board Members commented that the budget presentation, by Tess was outstanding, well presented and understood, and it was very helpful that HSS Administration facilitated the Budget Workshop in early March. Debbie Vaughn offered to hold another Budget Workshop to those members who were not able to attend the meeting. Debbie offered an open invite.

Ayes: Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Robert Wieda, Gerald Hase, Jim Jones, Miriam Johnson, Brandon Wirth, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

11) Board Member Comments

- a) Miriam – She was unable to attend the Budget Workshop, but even though she didn’t attend, the way it was presented, made it easy for her to understand. Before at other meetings she was lost.
- a) Miriam – Please keep in mind that we need to get the patients on board and let them know, they are important and so is their quality and consistency of care is important too.
- b) Jim – We love the Finance staff!!
- c) Ruth – Wanted to apologize to the members, because those, who attended last month for the Project Director-CEO Performance Appraisal, it took longer than it has in the past, when it was in person. This time it was done virtual. She thanked the Board Members for their time and patience with the process.
- d) Ruth – Announced that for the Closed Session, there was nothing to report out.



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12) Parking Lot (These Items are postponed, until further notice.)

- a) Fiscal: 4th Quarterly Financial Report
- b) Compliance Training and Robert's Rules Review
- c) Health Center Marketing Campaign & Website Design
- d) The IHI Quadruple Aim Initiative, "Health Center Practices"

13) Closed Session

It was noted that from 1:15 p.m. to 1:30 p.m., the Board took a pause in the Agenda and moved to Agenda Item 13, Closed Session. The Chair of the Board, Ruth Forney, instructed that all County staff and any members of the public, to sign off and rejoin the meeting at 1:30pm, so that only the Board Members could begin their closed session with Dr. Bela Matyas. The recording of the meeting was also stopped and would be started again at 1:30 p.m.

14) Next Community Healthcare Board Meeting

DATE: April 21, 2021
TIME: 12:00 p.m.
TO JOIN: Telephone Conference Call
Dial: 1-323-457-3408, Conference ID: 299 423 65#

15) Adjourn

Meeting was adjourned at 2:10 p.m.

Handouts

- FHS CHB QI Report (3-9-2021)
- Quarterly Financial Report 3-2021
- FY 2021-22 Requested Budget
- 2021 Community Healthcare Board Calendar proposal – remove Billings and Collections Policies



Family Health Services

Patient Grievance/Complaint Process

Policy Number: 500.05

Effective Date	May 1, 2019
Frequency of Review	Annually
Last Reviewed	April 9, 2019
Last Updated	July 5, 2018
Author	Alicia Jones, MPA/Practice Manager
Responsible Department	Medical Services-Operations

PURPOSE:

This policy establishes a uniform process allowing a patient or patient's authorized representative to submit a written or verbal grievance/complaint pertaining to any of the Family Health Services (FHS) Health Centers. All grievances/complaints shall be evaluated and resolved in a manner that assures quality care and services.

DEFINITIONS:

Grievance – An official statement of complaint over something believed to be wrong or unfair.

Complaint- A statement which identifies a situation is unsatisfactory or unacceptable.

BACKGROUND

It is the intent of FHS to comply with requirements outlined by the Health Resources and Services Administration (HRSA). FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). Requirements indicate health centers must maintain operating procedures or processes that address hearing and resolving patient grievances/complaints.

POLICY:

It is the policy of Family Health Services to provide and adhere to a procedure for receiving, resolving, and responding to the grievances/complaints of a patient and/or patient's authorized representative. This procedure shall include informing patient and/or patient's representative of the right to file a grievance/complaint and the mechanisms available for doing so. Investigation of the grievance/complaint, ensuring a resolution occurs, and responding to the grievance/complaint is required under applicable state and federal law.

PROCEDURE:

1. Procedure for informing patient and/or patient's authorized representative of the right to file grievance/complaint.
 - A. Staff is required to inform each patient and/or authorized representative of the patient's rights in advance of furnishing or discontinuing patient care. Patients are informed of their right to file a grievance/complaint in the following ways:
 - a. FHS feedback forms located at each registration window. (FHS staff can assist with completing the form if necessary).



Family Health Services

Patient Grievance/Complaint Process

Policy Number: 500.05

- b. Patients Policy Agreement Form, located at registration and provided to all new patients.
 - c. Notice of Privacy Practices for complaints regarding the violation of privacy rights.
 2. Patient and/or patients authorized representative may register a grievance/complaint with the health center in the following ways:
 - A. By telephone- Patient and/or authorized representative can register a grievance/complaint through the FHS call center, which will be forwarded to the appropriate Practice Manager.
 - B. In writing- Patient and/or authorized representative can register a grievance/complaint in writing while present in the health center or by mailing a written letter to the attention of the Practice Manager at one of the following addresses:
 - a. Fairfield FHS (Adult Medical and Dental)-2201 Courage Dr. Fairfield, CA 94533
 - b. Fairfield FHS (Pediatric Medical and Dental)-2101 Courage Dr. Fairfield, CA 94533
 - c. Vacaville FHS (Medical and Dental)-1119 E. Monte Vista Ave. Vacaville, CA 95688
 - d. Vallejo FHS (Medical and Dental)- 365 Tuolumne St., Vallejo, CA 94590
 - C. Patient's capped to Partnership HealthPlan of California (PHC) may file a grievance/complaint through use of the their "Member Grievance Toolkit" located in the front office of each health center. Grievances to PHC may also be filed in the following ways:
 - a. Telephone- Member Services (800) 863-4155
 - b. In writing-Either by mail or by fax- PHC c/o Member Services Department 4665 Business Center Dr. Fairfield, CA 94534 or (707) 863-4415
 - c. In person- 4665 Business Center Dr. Fairfield, CA 94534
 - d. PHC Website- www.partnershiphp.org
3. Response to Patient and/or patient's authorized representative
 - A. Responses to a telephone or written grievance/complaint may be referred to either the Front Office or Back Office Supervisor as appropriate. If resolution is not obtained, the grievance/complaint shall be referred to the appropriate Practice or Dental Manager. If the Practice or Dental Manager is unable to resolve the grievance/complaint, it shall be forwarded to the Chief Operations Officer. If unresolved at this level the Chief Operations Officer will refer the matter to the Executive Director or Medical Director, as appropriate.
 - B. Responses may be made using one of the following methods:
 - a. Phone call when appropriate and when the issue can be resolved without a formal investigation.
 - b. Letter of explanation to include a description of actions taken to address any concerns that cannot be resolved quickly and require a formal investigation.
 - C. Final Response to Formal Investigations should be provided in writing within 30 days of the initial reporting date. If the investigation is expected to take longer, patient will be advised of an anticipated date of completion. Copies of the response are sent to those named on the grievant/complainant's letter and to other appropriate



Family Health Services

Patient Grievance/Complaint Process

Policy Number: 200.02

individuals/agencies subject to HIPAA authorization requirements. The written response should include the following:

- a. Health centers decision regarding the grievance/complaint
b. An explanation of steps taken to investigate the grievance/complaint
c. Date review completed
d. Name of the individual completing the review
e. A copy of the grievance/complaint as well as the written response shall be scanned into the patient's chart under Grievances/Complaints.

D. Grievances/Complaints received by PHC shall be referred to the appropriate Practice Manager for investigation and will be resolved as outlined in the Appeals and Grievances policies set forth in the Partnership Operations Manual.

Table with 2 columns: Policy/Form/Reference Name and Description. Rows include REFERENCED POLICIES, REFERENCED FORMS, and REFERENCES.

Signature of Chair - Community Healthcare Board

Chair - Community Healthcare Board

Signature of Vice-Chair - Community Healthcare Board

Vice-Chair - Community Healthcare Board

Date 4-30-19

Date 4/17/19

DEPARTMENT OF HEALTH & SOCIAL SERVICES



SOLANO COUNTY

Family Health Services Community Healthcare Board 2021 Annual Calendar

Month	Required Annual Review	Comments/Training
January 20, 2021	<ul style="list-style-type: none"> Project Officer/CEO Evaluation Review Sign Annual Bylaws Appendix A Conflict of Interest 	<ul style="list-style-type: none"> Compliance Training Robert's Rules Review (as needed)
February 17, 2021	<ul style="list-style-type: none"> UDS Reporting, Progress, and Submission in March Review and Approve: Sliding Fee Scale Policy 	<ul style="list-style-type: none"> Annual Data Report due to HRSA by 3/31/2021
March 17, 2021	<ul style="list-style-type: none"> Quarterly Quality Improvement Report Quarterly Financial Report 	
April 21, 2021	<ul style="list-style-type: none"> Board Self-Assessment 	
May 19, 2021	<ul style="list-style-type: none"> Update Community Needs Assessment 	
June 16, 2021	<ul style="list-style-type: none"> Strategic Planning (3-year Cycle) Review and Approve the QI/QA Plan Quarterly Quality Improvement Report Quarterly Financial Report 	
July 21, 2021	<ul style="list-style-type: none"> Review and Approve Credentialing and Privileging Policy and Procedures FY 22/23 Budget Development 	
August 18, 2021	<ul style="list-style-type: none"> FY 22/23 Budget Development (Continue) 	
September 15, 2021	<ul style="list-style-type: none"> Quarterly Quality Improvement Report Quarterly Financial Report 	
October 20, 2021	<ul style="list-style-type: none"> Review and Approve Service Area Competition (SAC) Application 	
November 17, 2021	<ul style="list-style-type: none"> Board Nominations Review and Approve Annual Board Calendar Review and Approve Strategic Plan (3-year Cycle) 	
December 15, 2021	<ul style="list-style-type: none"> Board Elections Quarterly Quality Improvement Report Quarterly Financial 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

Updated 3/17/2021