



County of Solano Community Healthcare Board

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