

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

June 16, 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.

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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.

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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.

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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) 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.

**4) PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER REPORT**

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

**5) CO-APPLICANT AGREEMENT UPDATE BY DEPUTY COUNTY COUNSEL**

**6) OPERATIONS COMMITTEE UPDATE REPORTS**

- a) Community Healthcare Board Self-Assessment Results
- b) QI/QA Plan – presented by Dr. Michele Leary, CMO

**7) UNFINISHED BUSINESS**

None.

**8) DISCUSSION**

- a) Strategic Planning (3-year cycle)
- b) Homeless Resource Pop-up Event; FHS Mobile Clinics

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**9) ACTION ITEMS**

- a) The Board will consider approval of the QI/QA Plan.
- b) The Board will consider approval of the HRSA H8F Grant Submission.
- c) The Board will consider approval to apply for the HRSA C8E American Rescue Plan Act Capital Grant in the amount of \$749,678.00.

**10) BOARD MEMBER COMMENTS**

**11) 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: July 21, 2021  
TIME: 12:00 PM  
TO JOIN: Telephone Conference Call  
Dial: +1-323-457-3408, Conference ID: 299 423 65#

**14) ADJOURN**

### Community Healthcare Board Self-Assessment Results

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Category 1: Board Composition</b>					
<b>Strengths</b> : Diverse representation of perspectives; understanding of board member expectations					
<b>Opportunities</b> : Establish clear recruitment and disciplinary processes					
1. The board conducts a thorough orientation for all new board members, which are given copies of the mission statement, long-term plan, bylaws, board policies and other important documents of the organization.	16.67%	50.00%	16.67%	0.00%	16.67%
	1	3	1	0	1
2. There is a thoughtful, ongoing process for recruiting new board members.	0.00%	50.00%	16.67%	33.33%	0.00%
	0	3	1	2	0
3. The board represents a wide variety of perspectives.	16.67%	50.00%	16.67%	16.67%	0.00%
	1	3	1	1	0
4. Board members fully understand what is expected of them as a board member.	0.00%	66.67%	16.67%	16.67%	0.00%
	0	4	1	1	0
5. Board members understand and demonstrate that they represent all the people served by the health centers, not just a special segment.	16.67%	50.00%	33.33%	0.00%	0.00%
	1	3	2	0	0
6. The board disciplines or removes board members for nonperformance or inappropriate performance.	0.00%	50.00%	0.00%	16.67%	33.33%
	0	3	0	1	2
<b>Category 2: Planning and Evaluation</b>					
<b>Strengths</b> : Process for evaluating Project Director; monitoring financial and quality reports					
<b>Opportunities</b> : Continue incorporating strategic plans in board decision-making and monitoring goals and metrics	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
7. The board reviews the mission and long-range plan annually.	16.67%	50.00%	0.00%	16.67%	16.67%
	1	3	0	1	1
8. The board actively monitors progress towards strategic and program-related goals.	0.00%	66.67%	16.67%	0.00%	16.67%
	0	4	1	0	1
9. The board considers the strategic long-range plan in every major board decision.	16.67%	33.33%	16.67%	33.33%	0.00%
	1	2	1	2	0
10. The board spends time to study and understand financial reports before they are approved by the board.	0.00%	66.67%	16.67%	16.67%	0.00%
	0	4	1	1	0
11. The board monitors quality benchmarks including clinical outcomes and patient satisfaction.	0.00%	66.67%	33.33%	0.00%	0.00%
	0	4	2	0	0
12. The board has a policy and plan for evaluating the Executive/Project Director annually.	33.33%	66.67%	0.00%	0.00%	0.00%
	2	4	0	0	0

Category 3: Policy Making						
<b>Strengths</b>	Well developed, regularly updated policy manual					
<b>Opportunities</b>	Conduct more research prior to the development of new policies	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
13. The board has a board policy manual that includes all board policies.		20.00%	80.00%	0.00%	0.00%	0.00%
		1	4	0	0	0
14. Board policy manuals are updated annually.		0.00%	100.00%	0.00%	0.00%	0.00%
		0	6	0	0	0
15. New board policies grow out of study and research, not crisis situations.		0.00%	66.67%	16.67%	16.67%	0.00%
		0	4	1	1	0
16. The board policies assign responsibility for implementing or enforcing the policy.		0.00%	66.67%	33.33%	0.00%	0.00%
		0	4	2	0	0
Category 4: Board/Executive Relationship						
<b>Strengths</b>	Inclusion of executive leadership in deliberations; giving unified direction to executive leadership					
<b>Opportunities</b>	Continue delegating management responsibilities to executive leadership	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
17. The board is familiar with the written job description of the executive.		0.00%	66.67%	16.67%	16.67%	0.00%
		0	4	1	1	0
18. The board includes the executives in all deliberation except in the final stages of evaluation of executive performance.		0.00%	100.00%	0.00%	0.00%	0.00%
		0	6	0	0	0
19. The board delegates management to the executive and does not interfere with that management except to monitor and evaluate		0.00%	66.67%	33.33%	0.00%	0.00%
		0	4	2	0	0
20. The board, and not individual board members, gives direction to the executive.		0.00%	83.33%	0.00%	16.67%	0.00%
		0	5	0	1	0

Category 5: Board Meeting Practices						
Strengths	Several beneficial meeting practices including well prepared agendas, an annual calendar, and collective	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Opportunities	Continue to increase board member preparation for discussions including providing sufficient background on agenda items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
21. Meetings begin and end on schedule.		0.00%	83.33%	0.00%	16.67%	0.00%
		0	5	0	1	0
22. The agenda is well prepared and includes only issues the board needs t		0.00%	83.33%	16.67%	0.00%	0.00%
		0	5	1	0	0
23. The executive committee collaborates to prepare the board agenda.		33.33%	50.00%	16.67%	0.00%	0.00%
		2	3	1	0	0
24. The board always has enough background information on each agenda item.		16.67%	50.00%	33.33%	0.00%	0.00%
		1	3	2	0	0
25. Board members come to meetings prepared to discuss issues and take action.		16.67%	66.67%	0.00%	0.00%	16.67%
		1	4	0	0	1
26. We follow a businesslike system of parliamentary rules.		0.00%	66.67%	33.33%	0.00%	0.00%
		0	4	2	0	0
27. We have an annual board meeting calendar.		16.67%	83.33%	0.00%	0.00%	0.00%
		1	5	0	0	0
28. Board members arrive on time for meetings.		0.00%	66.67%	16.67%	16.67%	0.00%
		0	4	1	1	0
29. Minutes of the meeting include only the important actions taken by the board, and not lengthy dialogue.		16.67%	50.00%	33.33%	0.00%	0.00%
		1	3	2	0	0
30. Final decisions of the board are accepted and supported by all board members.		33.33%	66.67%	0.00%	0.00%	0.00%
		2	4	0	0	0
<b>Free Response: What areas of the board do you believe could be improved and how?</b>						
I believe that Board Meetings were on a good course until Pandemic caused the changes. Ruth Forney is open to new dialogue and change. I am new member and very green.						



**Solano County Family Health Services  
Quality Assurance / Quality Improvement Plan  
Calendar Years 2021 & 2022**

Approved:  
Revised: 6/2021

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*Introduction and Scope*

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The Family Health Services (FHS) Quality Assurance/Quality Improvement (QA/QI) Plan is established to ensure that FHS carries out its commitment to patient care and safety while concurrently implementing plans for the improvement of the health of its members and delivery of services. The QA/QI Plan is supervised by the Chief Medical Officer (CMO) and is designed to align with FHS' strategic plan. The focus of the FHS QA/QI is to deliver high quality patient care. High quality care is defined as:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

The QA/QI plan tracks clinical, operational, and other measures to promote quality, ensure patient safety, and improve patient care, with an emphasis on HRSA's (Health Resources and Services Administration) clinical performance measures. It is designed to move FHS toward achieving the Triple Aim in health – better health care for individuals and improved population health at reduced per capita costs. The FHS QA/QI plan describes an evolving program that is responsive to both the changing needs of FHS' patients and the standards established by the medical community, as well as regulatory and accrediting bodies. FHS works to integrate quality into all operations, promoting accountability throughout the organization.

FHS' QA/QI Plan applies to all clinical and operational activities. The scope of the QA/QI Plan is over-reaching and meant to serve as a guide to all QA/QI work across the organization. This document focuses on the following:

- Meeting all requirements of the QA/QI Plan required by HRSA for all 330 clinics as a program requirement
- Setting guidelines for the quality structure within the organization
- The quality and utilization of health center services
- Patient satisfaction and patient grievance processes
- Patient safety, including adverse events
- Addressing quality assurance requirements from government agencies
- Reporting on quality data as required by contracts (example: managed care organizations)
- Describing key initiatives
- Addressing findings identified by FHS through audits and assessments



The scope of all quality improvement and quality assurance activities shall promote the mission and values of FHS.

The FHS QA/QI Plan is reviewed biennially and modified as required in collaboration with the QA/QI Committee, Board, and Leadership Team. The Plan is approved by the Community Healthcare Board of Directors. The Community Healthcare Board ensures, via reports from the QA/QI Committee and CMO that systems are in place to measure the quality of care indicators including patient satisfaction, access to care, quality of clinical care, health status of patients, and productivity. The Community Healthcare Board has ultimate oversight in establishing and maintaining the QA/QI Program.

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### *QI Leadership and Oversight Structure*

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#### 1. QA/QI Committee

The QA/QI Committee meets monthly and is chaired by the CMO. The Committee is staffed by various members outlined below to identify and prioritize objectives based on financial impact to the organization, technical feasibility, and relevance to FHS' patient population. The QA/QI Committee reviews performance on various quality measures on a monthly basis. The CMO reports a summary of quality improvement activities and performance to the Community Healthcare Board of Directors on a quarterly basis. The committee is responsible for the following:

- Integrating and coordinating all quality improvement functions and activities
- Performing an annual review of the FHS QA/QI Plan and revise, as appropriate
- Reviewing, analyzing and evaluating the results of the performance improvement activities throughout the facility
- Providing guidelines for service quality/performance improvement/safety indicator/projects
- Recommending and facilitating implementation of needed actions relevant to the results and/or outcome of performance improvement activities undertaken
- Ensuring physician's understanding of and participation in the planning, design, implementation, monitoring and evaluation of performance improvement activities
- Reviewing FHS' clinical measures
- Reviewing the results of quality and patient satisfaction audits and a trend report
- Reviewing legal claims related to patient care
- Reviewing audit results
- Reviewing and approving clinical and operational measures for the year
- Reviewing incident reports

QA/QI Committee shall be represented by the following areas at a minimum:

- Dental
- Front Office Staff
- Information Technology
- Medical Assistants
- Medical Provider(s) (CMO, MD, DO, NP, PA, LCSW)
- Nursing (PHN, RN, LVN)

The Committee will focus on achieving externally imposed QI goals including Uniform Data System (UDS), health plan pay for performance (P4P) initiatives, health plan Quality Improvement Projects (QIPs), NCQA Patient Centered Medical Home (PCMH), and department specific measures. See attached for selected quality measures and corresponding goals for calendar years 2021 and 2022 (*Appendix 1*). Measure compliance rates will be updated monthly and distributed to departments/locations through their departmental QA/QI teams. For the departments that have established panels, provider specific measure compliance rates will be distributed to clinical directors on a quarterly basis.

The focus of the QA/QI Committee is on department specific improvements including but not limited to clinical interventions determined by the QA/QI Committee, patient experience, improved workflow, and special collaborative projects. On at least a quarterly basis, the QA/QI Committee will use PDSA (*Appendix 2*) or other test of change tools and methods in the planning and implementation of QI assessments.

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*Peer Review*

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2. Peer review will be conducted, at least quarterly, using data systematically collected from patient records to ensure:
  - a. Providers adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable; and
  - b. The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

Providers will be assessed by a minimum of 20 chart reviews per year per 1.0 FTE (either by internal peer review coordinated by department's clinical director or externally audited) for outpatient services. If deficiencies are noted, then the department director will discuss with

the CMO and work with the provider to devise a corrective action plan (CAP) with additional chart reviews related to the deficiency. Follow-up evaluations will be completed within three months. Summary results of chart audits and patient satisfaction surveys will be included in each providers' annual evaluation and will be part of the re-privileging process.

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*Patient Grievances*

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3. Patient grievances will be addressed according to FHS's "Patient Grievance/Complaint" process, FHS policy number 200.02, and will be assessed by the QA/QI Committee on a quarterly basis. The Patient Grievance/Complaint 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 FHS Health Centers. All grievances/complaints shall be evaluated and resolved in a manner that assures quality care and services.

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*Patient Satisfaction*

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4. Patient satisfaction surveys will be distributed, at a minimum, twice yearly to patients in each department. These surveys will evaluate the patient's experience with the providers, staff, and the facility. Results will be shared with the organization and reported to the QA/QI Committee and Community Healthcare Board. Findings and opportunities will be discussed at QA/QI Team meetings and shared with the Leadership Team. PDSAs and other tools for change will be utilized to test improvements in any areas where there may be gaps in patient satisfaction.

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*Patient Safety and Adverse Events*

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5. FHS' "Incident Reporting and Tracking Procedures" protocol establishes a process for documenting, tracking, and addressing patient safety and adverse events, including incidents involving personnel and volunteers. Patient safety issues and any incident reports will be reviewed at least quarterly by the QA/QI Committee and to inform quality of care standards that FHS providers are delivering to patients.

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*Patient Confidentiality*

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6. FHS recognizes that employees, volunteers, and others who work within the organization are exposed to confidential information about individuals and organizations during the course of their work or activities. Confidential information is defined as any information found in a patient's medical record, personal and work-related information in an employee's personnel record, as well as an employee's salary. All information relating to a patient's care, treatment, or condition constitutes confidential information. Employees shall never discuss a patient's medical condition with other personnel, friends, or family members.
- If there is any unauthorized disclosure of the aforementioned, it is the policy of FHS to take appropriate disciplinary actions which could include termination of an employee.
  - All personnel will adhere to the requirements of federal law as detailed in HIPAA with respect to the protection of Personal Health Information (PHI) and California Law.
  - It is the policy of FHS to ensure all staff understands the importance and requirements for maintaining confidentiality and the resulting necessary action if this confidentiality is breached.

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*Revisions*

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This Quality Assurance/Quality Improvement Plan is intended to be flexible and readily adaptable to changes in current initiatives, regulatory requirements, and in the healthcare system as a whole. The plan will be regularly reviewed by the CMO, the QA/QI Committee, and the Community Healthcare Board to assess the viability of the plan, and any proposed changes will be presented to the Q A / QI committee and to the Community Board for approval when applicable.

**Appendix 1.**

2021-2022 Core Quality Improvement Measures					
Adult Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Comprehensive Diabetes Management	A1c Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) less than or equal to 9.0 percent during the measurement period.  (UDS reports poor control HbA1c > 9.0 percent or no test)	QIP, UDS, HEDIS	Fairfield: 56.32% Vallejo: 52.17% Vacaville: 53.42%  UDS: 30.3%	Good Control Goal: 55.96%  Poor Control Goal: 25.24%	Quarterly
	Medical Attention for Nephropathy: Percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	HEDIS	No baseline	50%	Quarterly
	Foot Exam: Percentage of patients 18-75 years of age with diabetes who received a foot exam during the measurement year.	FHS	No baseline	50%	Quarterly
	Retinal Eye Exam: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam in the measurement year or a negative retinal or dilated eye exam in the year prior to the measurement year.	QIP, HEDIS	Fairfield: 41.86% Vallejo: 20.43% Vacaville: 32.05%	44%	Quarterly

Adult Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Hypertension Management	<p>Controlling High Blood Pressure:</p> <p>Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.</p>	QIP, UDS, HEDIS	<p>Fairfield: 51.43%</p> <p>Vallejo: 49.51%</p> <p>Vacaville: 54.52%</p> <p>UDS: 64.8%</p>	66.9%	<i>Quarterly</i>
Cardiovascular Disease Management	<p>Statin Therapy:</p> <p>Percentage of patients 21 years of age and older at high risk for cardiovascular event who were prescribed statin therapy during the measurement period.</p>	UDS	UDS: 72.9%	83%	<i>Quarterly</i>
	<p>Ischemic Vascular Disease (IVD): Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction, or who had a coronary artery bypass graft, or percutaneous coronary interventions in the 12 months prior to the measurement year or who had an active diagnosis of IVD during the measurement period and who had documentation of aspirin/antiplatelet during the measurement period.</p>	UDS	UDS: 71.2%	83%	<i>Quarterly</i>

Adult Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
HIV	HIV Screening: Percentage of patients 15-65 years of age tested for HIV at least once ever.	UDS	UDS: 39.5%	50%	<i>Quarterly</i>
	Newly Diagnosed Linkage to Care: Percentage of patients newly diagnosed with HIV between October 1 of the prior year through September 30 of the current measurement year and who were seen for follow-up treatment within 30 days of diagnosis.	UDS	UDS: 100%	100%	<i>Quarterly</i>
Preventative Health Screenings	Cervical Cancer Screening: Percentage of women 21-64 years of age with one medical visit during the measurement period who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>• Women age 21-64 who had cervical cytology performed every 3 years.</li> <li>• Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.</li> </ul>	QIP, UDS, HEDIS	Fairfield: 40.78% Vallejo: 36.74% Vacaville: 33.9%  UDS: 35.5%	38%	<i>Quarterly</i>
	Breast Cancer Screening: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period (UDS measure uses LOINC criteria)	QIP, UDS	Fairfield: 53.35% Vallejo: 44.47% Vacaville: 45.35%  UDS: 0.5%	63.98%	<i>Quarterly</i>

Adult Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Preventative Health Screenings (continued)	<p>Colorectal Cancer Screening:</p> <p>Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer as defined by any one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) during the measurement period.</li> <li>• Fecal immunochemical test (FIT)- deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period.</li> <li>• Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period.</li> <li>• Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period.</li> <li>• Colonoscopy during the measurement period or the 9 years prior to the measurement period.</li> </ul>	QIP, UDS	<p>Fairfield: 28.46%</p> <p>Vallejo: 20.48%</p> <p>Vacaville:25.49%</p> <p>UDS: 18.7%</p>	29.9%	<i>Quarterly</i>



Adult Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Preventative Health Screenings (continued)	<p>Adult Screening for Body Mass Index (BMI):</p> <p>Percentage of patients aged 18 years and older with at least one medical visit during the measurement period with BMI documented during the most recent visit or within the previous 12 months to that visit and when the BMI is outside of normal parameters, a follow-up plan is documented.</p>	UDS, HEDIS	UDS: 32.6%	34%	<i>Quarterly</i>
	<p>Tobacco Use Screening and Cessation Intervention:</p> <p>Percentage of patients 18 years of age and older with at least two medical visits or at least one preventive medical visit during the measurement period who were screened for tobacco use at least once within 12 months and who received cessation counseling intervention if defined as a tobacco user.</p>	UDS	UDS: 86%	85%	<i>Quarterly</i>

Adult & Pediatric Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Asthma Management	<p>Asthma Medication Ratio:</p> <p>The percentage of patients 5-64 years of age with at least four outpatient visits (or at least one emergency department visit, at least one inpatient encounter, or four asthma medication dispensing events) with a diagnosis of persistent asthma who have a medication ratio greater than or equal to 0.5 during the measurement year.</p> <p>The medication ratio is calculated as follows: units of controller medications divided by units of total asthma medications.</p>	QIP	Fairfield: 53.62% Vallejo: 63.27% Vacaville: 67.65% Peds: 74.06%	68.52%	<i>Quarterly</i>
Depression Screening	<p>Depression Screening:</p> <p>Percentage of patients aged 12 years and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the positive screen.</p>	UDS	UDS: 19.9%	20.9%	<i>Quarterly</i>

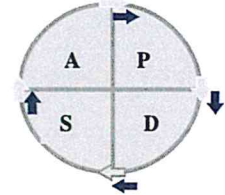
Pediatric Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Routine Physical Exams	<p>Infants First 15 Months of Life:</p> <p>The percentage of patients who turn 15 months of age during the measurement year who had 6 or more well child visits.</p>	QIP, HEDIS	Vallejo: 16.13% Vacaville: 31.67% Peds: 24.86%	33.25%	Quarterly
	<p>Children 3 to 17 Years of Age:</p> <p>The percentage of patients 3–17 years of age who had at least one comprehensive well-care visit during the year.</p>	QIP, HEDIS	No baseline	47.54%	Quarterly
Preventative Health Screenings and Immunizations	<p>Child/Adolescent Weight Assessment and Counseling:</p> <p>Percentage of patients 3–17 years of age who had a medical visit and who had documented height, weight, and body mass index (BMI) percentile and counseling for nutrition and physical activity during the measurement period.</p>	UDS, HEDIS	UDS: 54.7%	57.4%	Quarterly
	<p>Nutrition Counseling for Children and Adolescents:</p> <p>Percentage of patients 3-17 years of age who had a medical visit during the measurement year and had counseling for nutrition.</p>	QIP	No baseline	64.96%	Quarterly
	<p>Physical Activity Counseling for Children and Adolescents:</p> <p>Percentage of patients 3-17 years of age who had a medical visit during the measurement year and had counseling for physical activity.</p>	QIP	No baseline	70.92%	Quarterly

Pediatric Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Preventative Health Screenings and Immunizations (continued)	<p>Childhood Immunizations: Combo-10: Percentage of children 2 years of age with one medical visit during the measurement period who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p>	QIP, UDS, HEDIS	Vallejo: 26.15% Vacaville: 22.52% Peds: 23.42% UDS: 31.7%	27.5%	<i>Quarterly</i>
	<p>Adolescent Immunizations: Combo 2: Percentage of children 13 years of age who had at least one meningococcal vaccine between 11th and 13<sup>th</sup> birthdays, at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) between 10<sup>th</sup> and 13<sup>th</sup> birthdays, and at least two human papillomavirus (HPV) between 9<sup>th</sup> and 13<sup>th</sup> birthdays.</p>	QIP, HEDIS	Vallejo: 27.01% Vacaville: 14.46% Peds: 29.90%	31.4%	<i>Quarterly</i>

Pediatric Clinical Measure	Description	Reported To	2020 Baseline	CY 2021 & 2022 Goal	Reporting Frequency
Dental Sealant	<p>Sealants:</p> <p>Percentage of children aged 6-9 years, who had a dental visit and had an oral assessment or comprehensive or periodic oral evaluation visit and are at moderate to high risk for caries in the calendar year and received a sealant on a permanent first molar tooth during the calendar year.</p>	UDS	UDS: 36.1%	37.9%	<i>Quarterly</i>

**Appendix 2.**

<b>PDSA Worksheet</b>	<b>Team Name:</b> _____
<b>Cycle start date:</b> _____ <b>Cycle end date:</b> _____	
<p><b>PLAN: Area to work on:</b> Describe the change you are testing and state the question you want this test to answer (If I do x will y happen?)</p> <p>What do you predict the result will be?</p> <p>What measure will you use to learn if this test is successful or has promise?</p> <p>Plan for change or test: who, what, when, where</p> <p>Data collection plan: who, what, when, where</p>	
<p><b>DO:</b> Report what happened when you carried out the test. Describe observations, findings, problems encountered, special circumstances.</p>	
<p><b>STUDY:</b> Compare your results to your predictions. What did you learn? Any surprises?</p>	
<p><b>ACT:</b> Modifications or refinements for the next cycle; what will you do next?</p>	



**SIGNATURE PAGE**

The signatures below represent acceptance of the QA/QI Plan:

Chair - Community Healthcare Board Approval:

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Date:

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Vice Chair - Community Healthcare Board Approval:

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Date:

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County of Solano Budget Narrative  
 FY 2021/2023 American Rescue Plan Act Funding for Health Centers  
 Grant Number: **H8FCS40398**  
 APRIL 1, 2021 TO MARCH 31, 2023

The purposes of the American Rescue Plan funding are to prevent, mitigate, and respond to coronavirus disease 2019 (COVID-19) and to enhance health care services and infrastructure. Consistent with these purposes, funding may support a wide range of in-scope activities, which may change as COVID-19 circumstances and related community,

Last Name	First Name	Position Title	Year 1		Year 2		Total Federal Amount Requested (Year 1 + Year 2)
			FTE to Support Activities	Federal Amount Requested	FTE to Support Activities	Federal Amount Requested	
<b>ADMINISTRATION</b>							
Adams	Toya	Health Services Manager	0.30	\$ 33,311	0.20	\$ 22,207	\$ 55,518
Gonzales-Smith	Anna Mae	Health Services Manager	0.30	\$ 34,421	0.20	\$ 22,947	\$ 57,368
Harris	Janine	Policy & Financial Analyst	0.30	\$ 37,532	0.20	\$ 25,021	\$ 62,553
Nasser	Jack	Health Services Manager (Sr)	0.10	\$ 13,273	0.07	\$ 8,848	\$ 22,121
Soto	Noelle	Project Manager	0.10	\$ 9,970	0.07	\$ 6,647	\$ 16,617
Wink	Wendy	Medical Records Supervisor	0.30	\$ 22,548	0.20	\$ 15,032	\$ 37,580
			<b>1.40</b>	<b>\$ 151,055</b>	<b>0.93</b>	<b>\$ 100,702</b>	<b>\$ 251,757</b>
<b>BEHAVIORAL/MENTAL HEALTH STAFF</b>							
Coudright	Elizabeth	Mental Health Clinician (Lic)	0.30	\$ 34,259	0.20	\$ 22,839	\$ 57,098
Gonzalez	Maria	Mental Health Clinician (Lic)	0.30	\$ 34,008	0.20	\$ 22,672	\$ 56,680
Robles	Thy	Mental Health Clinician (Lic)	0.30	\$ 33,423	0.20	\$ 22,282	\$ 55,705
			<b>0.90</b>	<b>\$ 101,690</b>	<b>0.60</b>	<b>\$ 67,793</b>	<b>\$ 169,483</b>
<b>DENTAL STAFF</b>							
Innes	Sneha	Dentist Manager	0.30	\$ 58,881	0.20	\$ 39,254	\$ 98,135
Robinson	Trielle	Dental Assistant (Reg Lead)	0.15	\$ 9,322	0.10	\$ 6,215	\$ 15,537
Rodriguez	Jennifer	Dental Office Supervisor	0.20	\$ 14,543	0.13	\$ 9,695	\$ 24,238
Torres	Maria	Dental Assistant (Reg Lead)	0.15	\$ 9,615	0.10	\$ 6,410	\$ 16,025
Wydeck	Mercedes	Dental Office Supervisor	0.20	\$ 15,422	0.13	\$ 10,281	\$ 25,703
			<b>1.00</b>	<b>\$ 107,783</b>	<b>0.67</b>	<b>\$ 71,855</b>	<b>\$ 179,638</b>
<b>ENABLING STAFF</b>							
Cumpas	Ashley	Health Education Specialist	0.15	\$ 12,561	0.10	\$ 8,374	\$ 20,935
Stasio	Patrick	Health Assistant	0.15	\$ 10,347	0.10	\$ 6,898	\$ 17,245
			<b>0.30</b>	<b>\$ 22,908</b>	<b>0.20</b>	<b>\$ 15,272</b>	<b>\$ 38,180</b>
<b>FACILITY &amp; NON-CLINICAL SUPPORT</b>							
De La Cruz	Gina	Accounting Clerk II	0.30	\$ 17,417	0.20	\$ 11,611	\$ 29,028
Gabriel	Athena	Office Assistant II	0.20	\$ 9,047	0.13	\$ 6,031	\$ 15,078



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Last Name	First Name	Position Title	Year 1		Year 2		Total Federal Amount Requested (Year 1 + Year 2)
			FTE to Support Activities	Federal Amount Requested	FTE to Support Activities	Federal Amount Requested	
Guzman	Jaime	Accounting Clerk II	0.30	\$ 19,229	0.20	\$ 12,820	\$ 32,049
Harbin	Lorielle	Office Supervisor	0.20	\$ 14,665	0.13	\$ 9,777	\$ 24,442
Isaacs	Melinda	Accounting Clerk II	0.30	\$ 18,644	0.20	\$ 12,430	\$ 31,074
Olloqui	Leiann	Accounting Clerk II	0.30	\$ 17,712	0.20	\$ 11,808	\$ 29,520
Toscano	Luis	Office Supervisor	0.20	\$ 15,055	0.13	\$ 10,037	\$ 25,092
Yarbrough	Yvette	Office Supervisor	0.20	\$ 15,398	0.13	\$ 10,266	\$ 25,664
Zuniga-Gerhardt	Patricia	Administrative Secretary	0.20	\$ 14,459	0.13	\$ 9,640	\$ 24,099
			<b>2.20</b>	<b>\$ 141,626</b>	<b>1.47</b>	<b>\$ 94,420</b>	<b>\$ 236,046</b>
<b>MEDICAL STAFF</b>							
Baldonado	Jocelyn	Medical Assistant (Lead)	0.20	\$ 12,797	0.13	\$ 8,531	\$ 21,328
Belocura	Marielou	Nurse Practition/PhysicianAsst	0.30	\$ 42,896	0.20	\$ 28,597	\$ 71,493
Brennan	Deana	Licensed Vocational Nurse	0.20	\$ 12,222	0.13	\$ 8,148	\$ 20,370
Collins	Sharon	Nurse Practition/PhysicianAsst	0.30	\$ 42,896	0.20	\$ 28,597	\$ 71,493
Cooper	Sherrie	Clinic Registered Nurse	0.20	\$ 18,896	0.13	\$ 12,597	\$ 31,493
Crowl	Hannah	Nurse Practition/PhysicianAsst	0.30	\$ 42,896	0.20	\$ 28,597	\$ 71,493
Garcia	Esperanza	Medical Assistant	0.15	\$ 8,835	0.10	\$ 5,890	\$ 14,725
Harms	Kylie	Nurse Practition/PhysicianAsst	0.30	\$ 42,896	0.20	\$ 28,597	\$ 71,493
Inton	Zosima	Nurse Practition/PhysicianAsst	0.30	\$ 42,896	0.20	\$ 28,597	\$ 71,493
Jacinto	Frances Paulette	Clinic Registered Nurse (Sr)	0.20	\$ 19,283	0.13	\$ 12,855	\$ 32,138
Lopez	Tara	Medical Assistant (Lead)	0.20	\$ 12,407	0.13	\$ 8,271	\$ 20,678
Olsen	Taylor	Clinic Registered Nurse (Sr)	0.20	\$ 20,922	0.13	\$ 13,948	\$ 34,870
Pereira da Silva	Elena	Nurse Practition/PhysicianAsst	0.30	\$ 42,896	0.20	\$ 28,597	\$ 71,493
Roemer	Taylor	Medical Assistant	0.15	\$ 9,262	0.10	\$ 6,175	\$ 15,437
Sandoval Esquivias	Eujenia	Medical Assistant	0.15	\$ 9,262	0.10	\$ 6,175	\$ 15,437
Stoner	Maria	Nurse Practition/PhysicianAsst	0.30	\$ 43,481	0.20	\$ 28,987	\$ 72,468
Ticzon	Zenia	Nurse Practition/PhysicianAsst	0.30	\$ 42,896	0.20	\$ 28,597	\$ 71,493
Vaca	Sharon	Medical Assistant (Lead)	0.20	\$ 12,407	0.13	\$ 8,271	\$ 20,678
Villarreal	Angelita	Medical Assistant (Lead)	0.20	\$ 12,797	0.13	\$ 8,531	\$ 21,328
			<b>4.45</b>	<b>\$ 492,843</b>	<b>2.97</b>	<b>\$ 328,558</b>	<b>\$ 821,401</b>

County of Solano Budget Narrative  
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Last Name	First Name	Position Title	Year 1		Year 2		Total Federal Amount Requested (Year 1 + Year 2)
			FTE to Support Activities	Federal Amount Requested	FTE to Support Activities	Federal Amount Requested	
<b>PHYSICIANS</b>							
Alota	Ofelia	Clinic Physician (Board Cert)	0.30	\$ 59,790	0.20	\$ 39,860	\$ 99,650
Braden	Jeanah	Clinic Physician	0.30	\$ 59,790	0.20	\$ 39,860	\$ 99,650
Chang	Han Kyo	Clinic Physician (Board Cert)	0.30	\$ 59,790	0.20	\$ 39,860	\$ 99,650
Kim	Rebekah	Clinic Physician Supervisor	0.10	\$ 19,322	0.07	\$ 12,881	\$ 32,203
Tandinco	Imelda	Clinic Physician	0.30	\$ 58,694	0.20	\$ 39,129	\$ 97,823
Kinnevey	Christina	Clinic Physician (Board Cert)	0.10	\$ 12,228	0.07	\$ 8,152	\$ 20,380
Leary	Michele	Chief Medical Officer	0.20	\$ 39,860	0.13	\$ 26,573	\$ 66,433
			1.60	\$ 309,474	1.07	\$ 206,315	\$ 515,789
<b>Total</b>				\$ 1,327,379		\$ 884,915	\$ 2,212,294

Staff will not exceed 1.0 FTE across all grants  
 Actual Benefits \$ 718,562 \$ 479,042 \$ 1,197,604  
 \*Use this column only when the salary is over the limitation of \$199,300  
 TOTAL \$ 2,045,941 \$ 1,363,957 \$ 3,409,898

\*\*Annualized FTE: Grant funding/Annual Salary

County of Solano Budget Narrative  
 FY 2021/2023 American Rescue Plan Act Funding for Health Centers  
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REVENUE	Total
American Rescue Plan Act Grant	\$ 3,789,500
April 1, 2021 to March 31, 2022	\$ 2,279,506
April 1, 2022 to March 31, 2023	\$ 1,509,994

EXPENDITURES Object Class Category with Line Item Justification Direct Charges	Year 1		Year 2		Total Federal Costs (Year 1 + Year 2)	Total Non-Federal Costs (Year 1 + Year 2)
	Federal	Non-Federal	Federal	Non-Federal		
<b>A. PERSONNEL</b>						
Administration	\$ 151,055	-	\$ 100,702	-	\$ 251,757	-
Behavioral/Mental Health Staff	\$ 101,690	-	\$ 67,793	-	\$ 169,483	-
Dental Staff	\$ 107,783	-	\$ 71,855	-	\$ 179,638	-
Enabling Staff	\$ 22,908	-	\$ 15,272	-	\$ 38,180	-
Facility & Non-Clinical Support Staff	\$ 141,626	-	\$ 94,420	-	\$ 236,046	-
Medical Staff	\$ 492,843	-	\$ 328,558	-	\$ 821,401	-
Physicians	\$ 309,474	-	\$ 206,315	-	\$ 515,789	-
<b>TOTAL PERSONNEL</b>	<b>\$ 1,327,379</b>	<b>\$ -</b>	<b>\$ 884,915</b>	<b>\$ -</b>	<b>\$ 2,212,294</b>	<b>\$ -</b>
<b>B. FRINGE BENEFITS</b>						
<i>List the components that comprise the fringe benefit rate. The fringe benefits should be directly proportional to allocated personnel costs.</i>						
The fringe benefit rate varies by position. For the grant portion the average benefit rate is 54%. These benefits include: Medical, Dental, Vision, FICA, Retirement, Worker's Compensation/Unemployment Insurance, and Miscellaneous.	\$ 718,562	-	\$ 479,042	-	\$ 1,197,604	-
<b>TOTAL FRINGE BENEFITS</b>	<b>\$ 718,562</b>	<b>\$ -</b>	<b>\$ 479,042</b>	<b>\$ -</b>	<b>\$ 1,197,604</b>	<b>\$ -</b>
<b>C. TRAVEL</b>						
<i>Include details for both local and long distance travel. Detail travel costs consistent with your organization's established travel policy and in compliance with 45 CFR §75.414</i>						
<b>TOTAL TRAVEL</b>						
<b>D. EQUIPMENT</b>						
<i>Provide the total cost of equipment purchases with a unit cost of \$5,000 or more. Include line-item cost information in the Equipment List form.</i>						
NextGen Cloud – A new platform for current Electronic Health Record (EHR) to allow a more secure and faster system resulting in enhanced workflows and providing redundancy for perpetual use.	\$ 134,037	-	\$ 134,037	-	\$ 268,074	-
<b>TOTAL EQUIPMENT</b>	<b>\$ 134,037</b>	<b>\$ -</b>	<b>\$ 134,037</b>	<b>\$ -</b>	<b>\$ 268,074</b>	<b>\$ -</b>
<b>E. SUPPLIES</b>						
<i>Include equipment items that cost less than \$5,000 each and other supplies.</i>						
<b>TOTAL SUPPLIES</b>						

County of Solano Budget Narrative  
 FY 2021/2023 American Rescue Plan Act Funding for Health Centers  
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REVENUE	Total
American Rescue Plan Act Grant	\$ 3,789,500
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EXPENDITURES Object Class Category with Line Item Justification Direct Charges	Year 1		Year 2		Total Federal Costs (Year 1 + Year 2)	Total Non-Federal Costs (Year 1 + Year 2)
	Federal	Non-Federal	Federal	Non-Federal		
<b>F. CONTRACTUAL</b>						
<i>Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.</i>						
<i>Consistent with the preparation, training and on-site phases of the HRSA Operational Site Visit; creation, review and revision of clinic policies, procedures and workflows (e.g., testing, vaccination) as well as implement said processes through staff education and training; support the adoption of virtual technologies such as enhanced workflows to efficiently and effectively administer medical and dental care, administrative operations, and organizational health literacy (350 hours @ \$250/hour)</i>						
	\$ 87,528	-	\$ -	-	\$ 87,528	-
<b>TOTAL CONTRACTUAL</b>	\$ 87,528	\$ -	\$ -	\$ -	\$ 87,528	\$ -
<b>G. CONSTRUCTION</b>						
<i>Provide the total cost associated with each minor alteration/renovation (A/R) project. Line item information for minor A/R should be included in the A/R Project Budget Justification. Maximum federal request of \$500,000 for</i>						
<b>TOTAL CONSTRUCTION</b> (See Minor A/R Budget Justifications)						
<b>H. OTHER</b>						
<i>Include justification of costs that do not fit into any other category. In some cases, rent, utilities and insurance may fall under this category if they are not included in an approved indirect cost rate.</i>						
Transportation Services - UberHealth 25 rides @ \$40 one-way (avg cost between FHS Clinics) x 12 months	\$ 12,000	-	\$ 12,000	-	\$ 24,000	-
<b>TOTAL OTHER</b>	\$ 12,000	\$ -	\$ 12,000	\$ -	\$ 24,000	\$ -
<b>TOTAL DIRECT COSTS</b>	\$ 2,279,506	\$ -	\$ 1,509,994	\$ -	\$ 3,789,500	\$ -
<b>I. INDIRECT COSTS</b>						
<i>Include only if your organization has a negotiated indirect cost rate or has previously claimed a de minimus rate of 10% of modified total direct costs. Upload your approved indirect cost agreement in the Appendices section of the H8F Award Submission, if applicable.</i>						
<b>TOTAL INDIRECT COSTS</b>						
<b>TOTALS (Total of Total Direct Charges and Indirect Charges)</b>	\$ 2,279,506	\$ -	\$ 1,509,994	\$ -	\$ 3,789,500	\$ -

County of Solano Project Overview  
 FY 2021/2023 American Rescue Plan Act Funding for Health Centers  
 Grant Number: **H8FCS40398**  
 APRIL 1, 2021 TO MARCH 31, 2023

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES		FOR HRSA USE ONLY	
Project Overview Form		Grant Number	Application Tracking Number
<b>Work Plan</b>			
<ul style="list-style-type: none"> <li>• See the <a href="#">H8F Example Activities</a> for the complete list of the prepopulated activity options in EHBs.</li> <li>• Click on "Add New" in EHBs to open the list of activity options for each category.</li> <li>• Select activities under one or more categories to describe your planned 2-year H8F activities.</li> <li>• You may write in self-defined activities under "Other" for each category.</li> <li>• To propose to use funds for activities dating back to January 31, 2020, select "Other" under one or more appropriate categories and provide a detailed description.</li> </ul>			
Category	Activity		
<b>COVID-19 Vaccination Capacity</b>	NONE		
<b>COVID-19 Response and Treatment Capacity</b>	NONE		
<b>Maintaining and Increasing Capacity</b>	Personnel: Ensure the availability of comprehensive primary and behavioral health care, through in-person and virtual visits, to meet the needs of underserved and vulnerable populations in the community by supporting salaries and benefits for health center personnel providing in-scope services.		
	Immunization (other than COVID-19 vaccination): Establish and/or expand adult and childhood immunization/vaccination programs, including aligning workflows with current public health guidance, maximizing use of patient registries, enhancing clinical decision supports and use of data from electronic health records (EHR), leveraging community partners, increasing staff, purchasing vaccines and supplies, storage, and outreach.		
	Facilitating Access: Expand or increase enabling services (e.g., transportation, translation, outreach, eligibility assistance) and other strategies, such as home and/or virtual visits, that facilitate access to care and address social and other risk factors, including those amplified or worsened by the public health emergency.		
	Telehealth: Expand and enhance health center telehealth capacity to perform triage, deliver care, support care transitions, and support follow-up via telehealth, including the use of home monitoring devices and video to provide care to patients in their homes, community settings, and other locations. Support access to virtual care for patients with unstable or no housing or other barriers to accessing care.		
	Training and Education: Train personnel on digital platforms, devices, and workflows supporting the use of telehealth, and provide patient education that will increase digital literacy and competence using digital devices and applications that promote health.		
	Equipment and Supplies: Purchase equipment and supplies to support the provision of comprehensive primary care (e.g., clinical and diagnostic equipment; telehealth equipment; information technology systems to enhance data collection, exchange, reporting, and billing; equipment and supplies for use by remotely located staff to ensure continuity of health center services).		
	Electronic Health Record (EHR): Purchase or upgrade an EHR that is certified by the Office of the National Coordinator for Health Information Technology.		

**County of Solano Project Overview**  
**FY 2021/2023 American Rescue Plan Act Funding for Health Centers**  
**Grant Number: H8FCS40398**  
**APRIL 1, 2021 TO MARCH 31, 2023**

	Community Partnerships: Establish and strengthen community partnerships and referrals for housing, child care, food banks, employment, education counseling, legal services, and other related services.
<b>Recovery and Stabilization</b>	NONE
<b>Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles</b>	NONE

<b>Health Center Program Scope of Project</b>	
Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed services are accurate on your Form 5A?	Yes <input type="checkbox"/> No X
Review your current Form 5B: Service Sites. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed sites are accurate on your	Yes <input type="checkbox"/> No X
Review your current Form 5C: Other Activities/Locations. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all proposed activities/locations are on your Form 5C?	Yes <input type="checkbox"/> No X


Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).



**FY 2021 American Rescue Plan -  
Health Center Construction and Capital Improvements  
HRSA-21-114  
General Overview**  
May 6<sup>th</sup>, 2021


*Excerpt  
(8 of 29 slides)*

ARP - Capital Team  
Office of Policy and Program Development (OPPD)  
Bureau of Primary Health Care (BPHC)  
Vision: Healthy Communities, Healthy People





### American Rescue Plan of 2021

- COVID-19 Vaccinations and Related Activities
- Testing, Treatment, and Related Activities to Mitigate COVID-19
- Equipment, Supplies, and Staffing for Mobile COVID-19 Testing and Vaccinations
- Build and Sustain the Health Care Workforce
- Enhance Health Care Services and Infrastructure
- Outreach and Education Related to COVID-19





### ARP-Capital

To support construction, expansion, alteration, renovation, and other capital improvements to modify, enhance, and expand health care infrastructure.

### Funding Opportunity Information

- New grant (CSE award code)
- One-time funding
- 3-year period of performance (9/1/21 – 8/31/24)
- \$1 billion (total funding)
- Approximately 1,376 awards
- Up to 5 projects per application

## Funding Formula



## C8E - H8F Minor A/R Comparison

### C8E

- No limit on project costs
- Exterior expansion work permitted
- May use up to maximum funding formula amount for activities
- Cannot leverage H8F funding for ARP-Capital

### H8F

- Per site project cost cannot be \$500,000 or greater
- New construction activities, additions, or expansions **not** allowed
- May use up to \$500,000 of H8F funds for minor A/R
- Cannot leverage C8E funding for H8F minor A/R projects

## Project Types

### Construction of a New Facility

- New building structure
- New stand-alone structure

- Example – construction of a new standalone service delivery site

### Construction/Expansion (C/E) of an Existing Facility

- Adds square footage and/or includes significant site work

- Examples – expansion of a new pharmacy wing; addition of a covered driveway for patient drop off

### Alteration/Renovation (A/R) of an Existing Facility

- Involves renovations to an existing facility that does not increase square footage of the facility

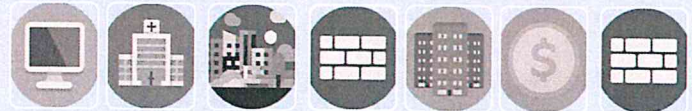
- Examples – modernizing facility interior; reconfigure existing space to add new exam spaces that support additional patient capacity

### Equipment Only

- Loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year

- Example – purchase of new clinical equipment; purchase of a mobile van

## Unallowable Costs



EHR initiation, ongoing operations and maintenance

Health center operating costs, rent, mortgage payments, refinanced credit facilities

Construction related activities associated with a project or connected activity that starts before the award date

Creation of shell space for future use

Facility, land, or passenger vehicle purchases other than mobile medical vans

Costs for staff not directly related to the implementation of the proposed project(s)

Creation or improvement of space for use that is not consistent with the Health Center Program