County of Solano
Community Healthcare Board
Regular Meeting

November 17, 2021
12:00 pm-2:00 pm
Conference Call Microsoft Teams
MS Teams Dial-in number: 1-323-457-3408 and Conference ID: 446 778 066# *(new ID)*

Due to the Board's AB 361 findings on 10/20/2021, and 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: 446 778 066#. 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/ 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/ 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) UPDATE BY DEPUTY COUNTY COUNSEL

At the October 2021 meeting, a majority of the Board voted to make AB 361 findings to allow teleconferencing without compliance with the requirements of Government Code section 54953(b)(3). The prior findings expire the earlier of November 19, 2021, or such time the Board makes subsequent AB 361 findings. The Board is not scheduled to meet again before November 19, 2021, so findings would need to be made at this meeting if the Board wanted to conduct the December 15, 2021 meeting via teleconferencing without compliance with the requirements of Government Code section 54953(b)(3).

DISCUSSION/ACTION ITEM: Consider making the findings that:

i) Pursuant to Government Code section 8625, Governor Gavin Newsom declared a State of Emergency in the State of California on March 4, 2020, as a result of the threat of the Coronavirus (COVID-19) pandemic; and the proclaimed State of Emergency remains in effect; and,
ii) California Department of Public Health ("CDPH") and the federal Centers for Disease Control and Prevention ("CDC") caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html); and,
iii) Board members and members of the public interested in the issues brought before the Board are predominantly involved with a frontline community healthcare clinic, which has been shown to be particularly risky setting for COVID-19 transmission, requiring increased Occupational Safety and Health Administration (OSHA) safety standards; and,

iv) As a result, holding meetings in person would present imminent risks to the health or safety of attendees; and
v) The Board will conduct open and public remote teleconferencing meetings in accordance with AB 361 immediately upon making these findings until the earlier of (1) December 17, 2021, or (2) such time that the Board makes subsequent findings in accordance with Government Code section 54953(e)(3) to extend the time during which the Board may continue to teleconference without compliance with paragraph (3) of subdivision (b) of Government Code section 54953.

3) APPROVAL OF THE AGENDA

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 / CLINIC OPERATIONS OFFICER REPORT

a) Health Center Operations Update
   i) On-boarding Report
   ii) Partnership HealthPlan of California
b) Staffing Update

6) OPERATIONS COMMITTEE UPDATE REPORTS

a) 2019 – 2022 Strategic Plan Update – Dona Weissenfels
b) Cash Handling Policy Number 100.02 Updates – Janine Harris

7) UNFINISHED BUSINESS

Credentialing Privileging Policy and Procedure – This item will be presented to the Board for approval, pending completion of policy review by Compliance

8) DISCUSSION

a) Board Nominations for Executive Positions: Chair, Vice Chair & Member at Large
b) Board Member Recruitment
c) Review 2022 Community Healthcare Board Calendar (Additions/Deletions)

9) ACTION ITEM

a) Consider approval of the updated Cash Handling Policy Number 100.02

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*

12) NEXT COMMUNITY HEALTHCARE BOARD MEETING

DATE: December 15, 2021
TIME: 12:00 PM
TO JOIN: Telephone Conference Call
Dial: +1-323-457-3408, Conference ID: 446 778 066#

13) ADJOURN

AB 361 Open meetings: state and local agencies: teleconferences

Extends Public Mtg Teleconferencing Through January 1, 2024 – subject to requirements

Signed by the Gov. on 9/17/21. Allows a local agency to continue to use teleconferencing without complying with Brown Act provisions in certain circumstances only. Expires Jan. 1, 2024.

Brown Act Teleconferencing Requirements

The requirements below are waived if provisions in the right column are met

- Each teleconference location/physical address must be included on the agenda
- Each teleconference location must be accessible to the public
- Members of the public must be able to address the body at each teleconference location
- Post agendas at all teleconference locations
- A quorum of the members of the Board must participate in person

Situations Where Teleconferencing May Continue

- During a proclaimed state of emergency, and state or local officials have imposed or recommended social distancing.
- The Board meets during a state of emergency to determine by majority vote whether meeting in person would pose imminent health/safety risks.
- The Board determines by majority vote that meeting in person during the state of emergency would pose imminent health/safety risks.

Requirements for Continuing Teleconferencing in Any of the Above Situations

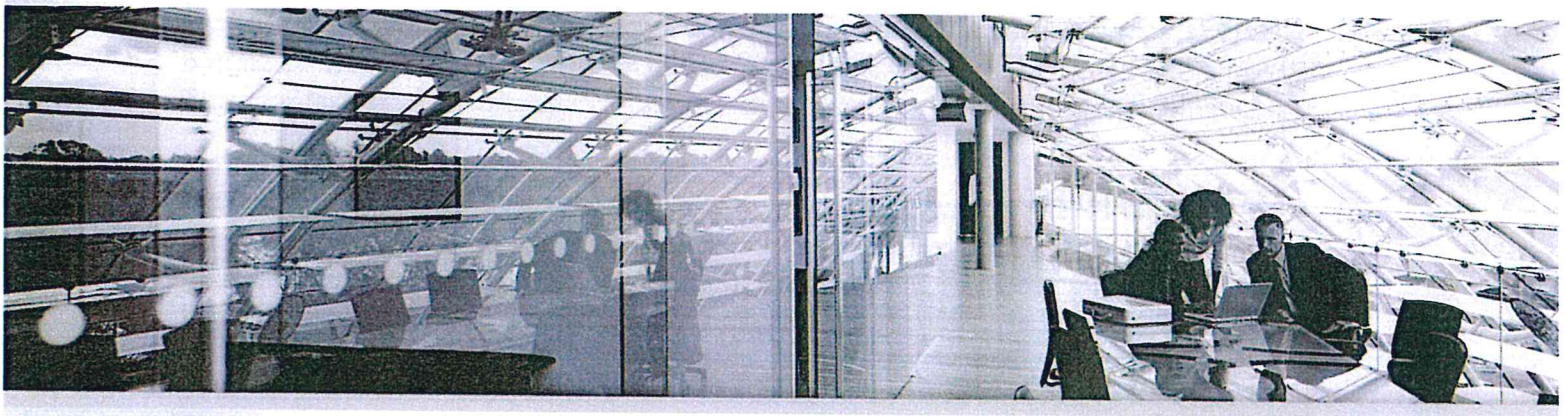
1) Public is allowed access and an opportunity to directly address the Board
2) Teleconference access instructions are included on every agenda and meeting notice
3) Identify on agenda an opportunity for all persons to attend via call-in or internet-based service option (need not provide a physical location for public comments)
4) Conduct the meeting in a way that protects statutory/ constitutional rights of public
5) Stop the meeting if public access is disrupted; no action may be taken during a teleconference service disruption
6) May not require public comments be submitted in advance; rnust provide opportunity to comment in real time
7) Provide adequate time for public comment
8) May not close public comment until public have been allowed time to register if the teleconference platform requires registration.

AND

If the state of emergency is active for more than 30 days, the Board must make the following findings by majority vote every 30 days to continue teleconferencing in the manner specified above:

1) The Board has reconsidered the circumstances of the emergency; and
2) Either: a) the state of emergency continues to directly impact the ability of members to meet safely in person, or b) state or local officials continue to impose or recommend social distancing.

Solano County
Family Health Services



STRATEGIC PLAN 2019 - 2022

Published: September 23, 2019

GFA GREG FACKTOR & ASSOCIATES

A CONSULTING FIRM SERVING THE HEALTHCARE INDUSTRY

FORWARD THINKING SOLUTIONS - PROVEN RESULTS

Table of Contents

A. Introduction

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

B. Background

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

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

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

C. Mission, Vision, and Values

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

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

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

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

D. Service Area & Demographics

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

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

Figure 1: SCFHS Service Area Map

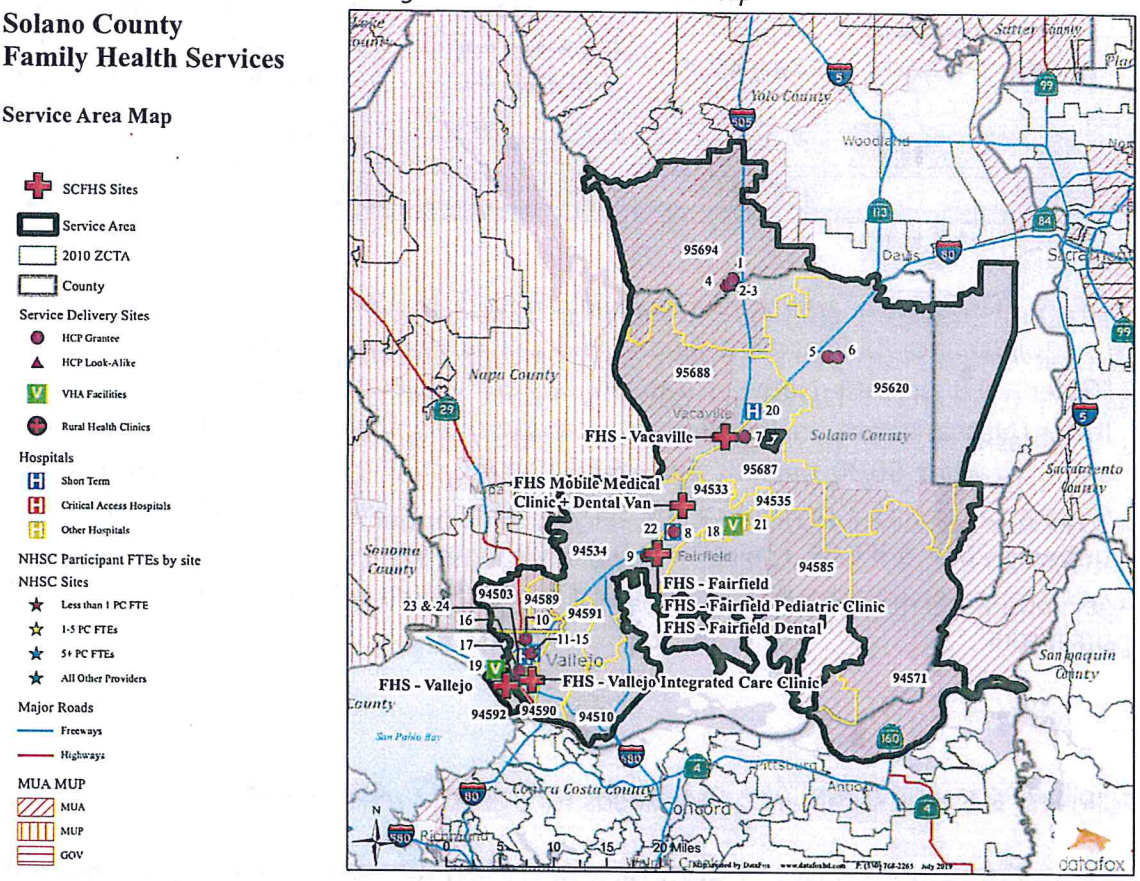


Table 1: SCFHS Service Area Population

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

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

Source: UDS Mapper

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

E. Needs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F. Response to Needs

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

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

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

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

[11] UDS Mapper.

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

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

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

Following are the locations of the sites:

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

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

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

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

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

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

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

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

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

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

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

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

G. Strengths, Weaknesses, Opportunities, and Threats

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

Table 2: SWOT Exercises Outcomes

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

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

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

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

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

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

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

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

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

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

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

H. Financial Management and Capital Expenditure Needs

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

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

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

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

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

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

I. Goals and Objectives

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

Goals:

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

Objectives:

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

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

Table 3: Goals & Objectives (no priority order)

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

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

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

J. Conclusion

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

Cash Handling

Policy Number: 100.02

Effective Date	March 1, 2019
Frequency of Review	Annual
Last Reviewed	November 4, 2021
Last Updated	November 4, 2021
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:
The purpose of this policy is to describe requirements for cash handling in Family Health Services (FHS). FHS staff are expected to comply with this policy and procedure.

DEFINITIONS:
Cash – Currency, coin, check, money order, traveler's checks, credit card, or debit card.

Cash Collection Points – Designated area where cash is received. FHS cash collection points include: 1119 East Monte Vista Avenue, Vacaville; 2201 Courage Drive, Fairfield; 2101 Courage Drive, Fairfield; 365 Tuolumne Street, Vallejo.

BACKGROUND
It is the policy of Family Health Services to uphold compliance with the Department of Health and Social Services cash handling policy and procedure to ensure adequate safeguarding over the County's cash collections.

POLICY:
It is the intent of FHS to follow the Department's policy to establish internal controls over cash handling to ensure adequate safeguarding.

FHS staff shall abide by the Department's policy, including depositing collections daily with the County Treasurer's office and not using payments accepted or the change fund to make disbursements or refunds. Checks will be endorsed upon receipt of the check and receipts will be issued to patients for payments made.

Segregation of duties is essential. A supervisor or manager will verify each deposit to ensure all collections received to pay for services provided are posted to the Electronic Medical Record, NextGen. Payments received for medical record or copy fees shall be tracked in the Daily Log.

Manual receipts will be tracked to ensure all manual receipts are accounted for daily.

Change funds assigned to designated cash collection points will be verified daily to ensure the cash in the change fund is fully accounted for.

PROCEDURE:

1. Accepted Forms of Payment
    a. Currency/Coins: Currency/coins are counted in front of the patient and a receipt is provided. Currency/coins are deposited daily using established County procedures. Currency/coin transactions are documented on the Daily Log and the log is submitted to the back-office billing and collections team at the end of each day.
    b. Credit/Debit Cards: Credit/debit card is processed using the credit card terminal and a receipt is provided. Credit card transactions are documented on the Daily Log and the log is submitted to the back-office billing and collections team at the end of each day.
    c. Personal Checks: Checks are verified with the patient's name, the back of the check is stamped (endorsed) with the Solano County bank account information for the deposit, and a receipt is provided. A copy of the front and back of the check is kept with the daily deposit backup. Checks are deposited daily using established County procedures. Check transactions are documented on the Daily Log and the log is submitted to the back-office billing and collections team at the end of each day.
    d. Money Orders/Traveler's Checks: The back of the money order/traveler's check is stamped (endorsed) with the Solano County bank account information for the deposit, and a receipt is provided. A copy of the front and back of the money order/traveler's check is kept with the daily deposit backup. Money orders/traveler's checks are deposited daily using established County procedures. Money Orders/traveler's Checks are documented on the Daily Log and the log is submitted to the back-office billing and collections team at the end of each day.
2. Posting Payments to Patient's Account
    a. Front office accounting clerks will open a batch in NextGen which will allow them to post payments to patient's accounts.
    b. Payments are posted, upon receipt, in the NextGen batch to the patient's account by the front office accounting clerk.
    c. Receipts are generated and printed from NextGen upon posting to the patient's account and provided to the patient.
    d. At the end of each day, payments and the NextGen batch are reconciled by the accounting clerk. The reconciliation is reviewed and signed by a supervisor or manager.
    e. Payments are logged on the Daily Log and the log is submitted to the back-office billing and collections team at the end of each day. The back-office billing and collections team will use the Daily Log to prepare a deposit permit for credit card transactions and to verify all payments are posted to the County's accounting system, OneSolution.
    f. The deposit bag, deposit ticket, and deposit permit for the collections are prepared at the end of each day, following the established Department procedures. The deposit bag is locked in the safe until the courier arrives the next morning to pick up the deposit bag and deliver it to the County Treasurer's office.
3. Cut-off Time for Same Day Payment Posting
    a. Payments received after 3:30 pm may be posted to the patient's account the following business day to allow the accounting clerk sufficient time to reconcile and prepare the daily deposit.

4. Receipts for payment
    a. Manual receipts are written in instances of NextGen system down time, or if the accounting clerk is unavailable, out of the office or if the accounting clerk position assigned to the clinic is vacant. A receipt is written from a pre-numbered receipt book assigned to the front office supervisor. The white copy of the receipt is given to the patient, the yellow copy is given to the front office accounting clerk, and the pink copy will stay in the book.
        i. Pre-numbered receipts shall be used in order and reconciled daily to ensure all receipts are accounted for and all payments are posted to NextGen.
        ii. The accounting clerk will track the manual receipts on the Manual Receipt log and reconcile the log with the manual receipts daily.
        iii. The Medical Billing Supervisor or Policy & Financial Analyst will conduct random reviews of the Manual Receipt Log to ensure compliance.
        iv. Any receipts that are not accounted for must be reported immediately to the Policy & Financial Analyst.
    b. Electronic receipts are generated and printed from NextGen upon payment posting by accounting clerks and are given to the patient upon collection of payment. If an electronic receipt is generated and provided to the patient, a manual receipt is not required.
5. Storage of Collections
    a. Upon receipt, collections are placed in the locked cash drawer or safe until the end of the day when the deposit is prepared.
    b. After the deposit bag is prepared, it is stored in the safe until picked up by the courier.
6. Refunds
    a. Refunds requested by front office accounting clerks will be sent to the Medical Billing Supervisor. The change fund in the clinics will not be used to issue refunds.
7. Non-Sufficient Funds (NSF) Returned Checks
    a. NSF returned checks are received by the Medical Billing Supervisor. The Medical Billing Supervisor will prepare the journal to reverse the payment in the County's accounting system, according to the established NSF process in the back office. The Medical Billing Supervisor will forward the information to the appropriate front office accounting clerk, who will reverse the payment and add the County approved NSF fee on the patient's account.
8. Void and Deleted Transactions
    a. All voided and deleted transactions shall be approved by a supervisor or manager.
9. Cash Drawer/Change Fund
    a. FHS staff will identify a custodian of the change fund, typically the accounting clerk assigned to the location, and backup custodian of the change fund, typically the office supervisor assigned to the location, for each change fund at each cash collection point.
    b. The custodian of the change fund or backup will be responsible for counting the change fund at the start and end of each day. The custodian of the change fund and backup shall abide by the policy and forms signed when designated as the custodian.

Cash Handling

Policy Number: 100.02

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager and the FHS Clinic Operations Officer, or to the employee compliance hotline.

REFERENCED POLICIES	Health & Social Services Department Cash Handling Policy
REFERENCED FORMS	
REFERENCES	

_____ _____

Chair - Community Healthcare Board **Date**

_____ _____

Vice-Chair - Community Healthcare Board **Date**

Please Join Us!!!

Family Health Services

Community Healthcare Board

Solano County Family Health Services (FHS), is seeking patients to sit on a consumer-majority board to represent the people served at the medical and dental clinics and ensure accountability to the local community.
Together, with your participation, we are hoping to enhance the board of directors that is diverse to ensure a broad range of perspectives and good dialogue, and who collectively have the values and commitment required to govern our health centers.

Our mission is to provide superior, comprehensive, primary medical and dental care in an effort to improve the health and quality of life for Solano County residents.

Why serve on our FHS Community Healthcare Board?

Provide input and advice on issues of interest to the community

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Establish goals and program priorities

Improve access to Healthcare Services

Meetings are held
3rd Wednesday
Every Month
12:00 p.m. to 2:00 p.m.

QUESTIONS?
Please Call
707-784-8775

DEPARTMENT OF HEALTH & SOCIAL SERVICES

SOLANO COUNTY

Family Health Services Community Healthcare Board
2022 Annual Calendar

Month	Required Annual Review	Comments/Training
January 19, 2022	• Project Officer/CEO Evaluation Review • Sign Annual Bylaws Appendix A Conflict of Interest	• Compliance Training • Robert's Rules Review (as needed)
February 16, 2022	• UDS Reporting, Progress, and Submission in March • Review and Approve: Sliding Fee Scale Policy	• Annual Data Report due to HRSA by 3/31/2022
March 16, 2022	• Quarterly Quality Improvement Report • Quarterly Financial Report	
April 20, 2022	• Board Self-Assessment	
May 18, 2022	• Update Community Needs Assessment	
June 15, 2022	• Strategic Planning (3-year Cycle) • Review and Approve the QI/QA Plan • Quarterly Quality Improvement Report • Quarterly Financial Report	
July 20, 2022	• Review and Approve Credentialing and Privileging Policy and Procedures • FY 23/24 Budget Development	
August 17, 2022	• FY 23/4 Budget Development (Continue)	
September 21, 2022	• Quarterly Quality Improvement Report • Quarterly Financial Report	
October 19, 2022	• Review and Approve Service Area Competition (SAC) Application	
November 16, 2022	• Board Nominations • Review and Approve Annual Board Calendar • Review and Approve Strategic Plan (3-year Cycle)	
December 21, 2022	• 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 11/8/2021