

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

January 18, 2023
1:00 pm-2:00 pm (Special Time)
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1) CALL TO ORDER – 1:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE JANUARY 18, 2023 AGENDA

3) APPROVAL OF THE DECEMBER 21, 2022 MINUTES

4) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. 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 – Dona Weissenfels
 - i) Health Center Activities, Internal & External Update
- b) Staffing Update – Toya Adams

6) OPERATIONS COMMITTEE REPORTS

- a) Hiring Credentialing Update – Elise Lenox
- b) HRSA and Grants Updates – Noelle Soto
 - i) **ACTION ITEM:** The Board will review and consider approval of the FY 2023 Expanding COVID-19 Vaccination (ECV) Post Award- Application Submission
- c) Quarterly Financial Report– Nina Delmendo
- d) The Board will consider approval of submission of the Partnership HealthPlan (PHP), Unit of Service Health Equity Grant – Dr. Michelle Stevens
 - i) **ACTION ITEM:** The Board will consider approval of submission of the Partnership HealthPlan (PHP), Unit of Service Health Equity Grant

7) UNFINISHED BUSINESS

- a) Community Healthcare Board Self-Assessment Form – It was decided at the April 20, 2022 meeting to be revised by the Board Members. Status Update.

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

8) DISCUSSION

- a) Board Member Requirement to Sign Annual Bylaws, Appendix A Conflict of Interest Form
- b) Finance – Future Agenda Format

9) BOARD MEMBER COMMENTS

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

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design

11) NEXT COMMUNITY HEALTHCARE BOARD MEETING

DATE: February 15, 2023
TIME: 12:00 PM

12) CLOSED SESSION

- a) Process of Project Officer/CEO Evaluation Review, by Board Members

13) ADJOURN



County of Solano
Community Healthcare Board
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REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, December 21, 2022
Video and Telephone Conference Call

Members Present:

At Roll Call: Ruth Forney, Mike Brown, Anthony Lofton, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Members Absent: Don O'Conner

Staff Present:

Gerald Huber, Debbie Vaughn, Dr. Bela Matyas, Dona Weissenfels, Dr. Michelle Stevens, Toya Adams, Noelle Soto, Anna Mae Gonzales-Smith, Rebecca Cronk, Tess Lapira, Desiree Bodiford, Elise Lenox, Cheryl Esters, Lavona Hamilton, Krista McBride, Kelly Welsh, Julie Barga, Janine Harris, Cynthia Coutee, Kristine Gual (PHC), Danielle Seguerre-Seymour, and Patricia Zuñiga

1) Call to Order – 12:04 p.m.

- a) Welcome
- b) Roll Call

2) Update by Deputy County Counsel

On June 13, 2022, due to a surge of COVID-19 in Solano County, it was advised and decided by the Solano County Health Officer, the Clinic Operations Officer and the Chair of the Board, that the June 15, 2022, Community Healthcare Board Meeting be held as a virtual meeting, with consideration of the safety of the Board Members and meeting participants, until there would be a notable decrease in the COVID surge in Solano County. At the September 21, 2022, 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 Board also voted to wait until the December 21, 2022 meeting, to revisit and consider whether to continue to hold meetings in person or continue to meet virtually. The prior findings expire the earlier of December 18, 2022, or such time the Board makes subsequent AB 361 findings.

County Counsel recommends the Board consider making AB 361 findings before each meeting.

- i) **ACTION ITEM:** The Board will consider making the findings as noted in Agenda item 2) a) i), ii), iii), iv), v), vi), vii), viii), and ix), due to the surge of COVID-19 in Solano County, and as recommended by the Solano County Health Officer and FHS Clinic Operations officer, as it may pose imminent danger, to the Board Members to meet in person, and if the Board makes subsequent findings to pose imminent danger, thus Board may continue to meet virtual.

Motion: To accept and approve the findings of the Governor's Bill AB 361 and move forward to meet via teleconference.

Motion by: Mike Brown and seconded by Anthony Lofton

Discussion: None.



**County of Solano
Community Healthcare Board
DRAFT**

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda

Nays: Brandon Wirth

Abstain: None.

Motion Carried.

3) Approval of the December 21, 2022, Agenda

Motion: To approve the December 21, 2022, Agenda

Motion by: Robert Wieda and seconded by Anthony Lofton

Discussion: County Counsel, Kelly Welsh, requested that a change be made to the Agenda, for Item 10, "Discussion".

She asked that Item 10b, "The Board will consider approval of the 2023 Community Healthcare Board Calendar and Action Item" be moved to 10c and that Item 10c, "Brown Act Updates" be moved to 10b. The Board moved forward to approve the changes requested by County Counsel and vote.

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

4) Approval of the November 16, 2022 Minutes

Motion: To approve the November 16, 2022 Minutes

Motion by: Mike Brown and seconded by Deborah Hill

Discussion: None

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.



County of Solano Community Healthcare Board

DRAFT

- 5) Board Nominations and Elections for the Chair, Vice Chair and Member at Large – These will be an open vote process due to meeting restrictions.

As a result of much discussion, among the Board Members, board nominations were confirmed as below:

- Chair – Tracee Stacey nominated Brandon Wirth
- Vice Chair – Mike Brown nominated by Ruth Forney
- Member at Large – Anthony Lofton nominated by Brandon Wirth

As a result of the Board Elections, by the Board Members, the newly elected officers were:

- Chair – Brandon Wirth
- Vice Chair – Mike Brown
- Member at Large – Anthony Lofton

Motion: To approve the appointments of the Board Members elected: Brandon Wirth as the Chair, Mike Brown as the Vice Chair and Anthony Lofton as the Member at Large.

Motion by: Anthony Lofton and seconded by Deborah Hill

Discussion: None

Ayes: Ruth Forney, Mike Brown, Anthony Lofton, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

6) Public Comment

- Kristine Gual, with Partnership HealthCare of California (PHC), introduced herself and mentioned she joined the meeting.

7) Project Director/Clinic Operations Officer Report

a) Health Center Operations Update – Dona Weissenfels

i) Health Center Activities, Internal & External Update

- Dona congratulated the newly elected officers.
- Dona notified the Board Members that on January 18, 2023, Facktor Health would be providing Strategic Planning Training in person and more information would be available.
- Dona mentioned that the Community Needs Assessment is with Facktor Health and is waiting for the final report.
- Dona announced that the HRSA On Site Visit (OSV) is scheduled July 23-26, this year, but there might be an opportunity to delay it. She asked the Board Members to keep July 23 – 25, 2023, open, so they could be present during the OSV. Preparation for the OSV is in process. At this time, the OSV will be virtual.



County of Solano Community Healthcare Board

DRAFT

- Dona mentioned great news! On December 20, 2023, the Congressional ear mark for \$1,000,000 (one million dollars), has been set aside for the FHS Electronic Health Records (EHR) and the Board of Supervisors (BOS) has also approved funding for the EHR.
- Dona also mentioned two agenda items were submitted to the BOS for a future BOS meeting. One was to request additional funding for clinic staff for various needed positions in FHS and the other was to request the BOS to approve the Co-Applicant Agreement.
- Dona thanked the Board Members that attended the December 9, 2022 FHS Town Hall All Staff meeting.

b) Staffing Update – Toya Adams

- i) Toya stated there was ongoing aggressive recruitment for several open positions and that there were several candidates in background and Credentialing.
- ii) Toya mentioned one (1) Physician Assistant, two (2) Medical Assistants and one (1) Lead Medical Assistant started in early December. They were also expecting a Dentist Manager in January 2023, and one (1) Registered Dental Assistant (RDA), in February 2023.

8) Operations Committee Reports

a) Hiring Credentialing Update – Elise Lenox

- i) Elise confirmed the FHS workforce of 120 County employees plus 9 Touro Contractors were sanction screened and there were no exclusions. Good news!
- ii) Elise mentioned they were in the process of credentialing three (3) Touro Physician Assistants (PAs), and one (1) returning Pharm-D, and two (2) Locum Tenens Providers. On the County side, credentialing is in process for the Dentist Manager. No providers were re-credentialled. She is working with Dona on the OSV.

b) HRSA and Grants Update – Noelle Soto

- i) Noelle reviewed the Health Center Program (HCP) Non-Competing Continuation (NCC) Budget Period Progress Report (BPR). Please reference handout, titled, *“County of Solano – Family Health Services Health Center Program Grant Number H80CS04218, Non Competing Continuation Progress Report”*.

Motion: To approve the Health Center Program (HCP) Non-Competing Continuation (NCC) Budget Period Progress Report (BPR).

Motion by: Tracee Stacy and seconded by Mike Brown

Discussion: None

Ayes: Ruth Forney, Mike Brown, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried



County of Solano
Community Healthcare Board
DRAFT

- ii) Noelle reviewed the Ryan White (RW) Part C Early Intervention Services (EIS) Program Non-Competing Continuation (NCC) Progress Report. Please reference handout, titled, *“County of Solano – Family Health Services Ryan White Part C Early Intervention Services Program, Grant Number H76HA00823, Non Competing Continuation Progress Report”*.

Motion: To approve the Ryan White (RW) Part C Early Intervention Services (EIS) Program Non-Competing Continuation (NCC) Progress Report.

Motion by: Brandon Wirth and seconded by Tracee Stacy

Discussion: None

Ayes: Ruth Forney, Mike Brown, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

- c) Quarterly Quality Improvement Report – Dona Weissenfels

- i) Dona did a brief review of the Quarterly Quality Improvement Report. Please reference handout, titled, *“Quarterly Quality Improvement Program Report, December 2022”*.

9) Unfinished Business

- a) HIPS/HIPAA Training – Scheduling of this training will be deferred until the January 18, 2023, Board Meeting, after new members are added to the Board.
- b) Community Healthcare Board Self-Assessment Form – It was decided by the Board at the April 20, 2022, meeting to be revised by the Board Members.

10) Discussion

- a) Board Member discussion of holding meetings in person or continue to meet virtually.

Motion: To meet in person at the January 18, 2023 Board Meeting.

Motion by: Tracee Stacy and seconded by Mike Brown

Discussion: None

Ayes: Ruth Forney, Mike Brown, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Nays: None

Abstain: None

Motion carried.



County of Solano Community Healthcare Board

DRAFT

- b) e) Brown Act Updates – Kelly Welsh, County Counsel (*Note: Agenda item originally 10c was moved to 10b and approved by the Board.*)

County Counsel advised the Board of the updates to the Brown Act.

- c) b) The Board will consider approval of the 2023 Community Healthcare Board Calendar. (*Note: Agenda item originally 10b was moved to 10c and approved by the Board.*)

Motion: To approve the 2023 Community Healthcare Board Calendar

Motion by: Brandon Wirth and seconded by Mike Brown

Discussion: None

Ayes: Ruth Forney, Mike Brown, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, Robert Wieda, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

11) Board Member Comments

- i) Chair Ruth Forney wished everyone a Merry Christmas and a Happy New Year. She also thanked the Board Members and the participants and to the Clerk, Patricia for their support over the years she served as the Board Chair.
- ii) Chair Ruth Forney mentioned that the New County BOS, Wanda Williams and BOS John Vasquez also attended the FHS Town Hall All Staff Meeting.
- iii) Board Members Gerald Hase and Tracee Stacey thanked Chair Ruth Forney for support and for doing a great job.
- iv) Tracee also wished everyone a Merry Christmas, Happy Holidays and a Happy New Year and that everyone be well.

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

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design

13) Next Community Healthcare Board Meeting (in person)

DATE: January 18, 2023 (In person)

TIME: 12:00 p.m.

Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

14) Adjourn

Meeting was adjourned at 2:00 p.m.



**County of Solano
Community Healthcare Board
DRAFT**

Handouts:

- County of Solano – Family Health Services Health Center Program Grant Number H80CS04218, Non Competing Continuation Progress Report
- County of Solano – Family Health Services Ryan White Part C Early Intervention Services Program, Grant Number H76HA00823, Non Competing Continuation Progress Report
- Quarterly Quality Improvement Program Report, December 2022
- Draft Family Health Services Community Healthcare Board 2023 Annual Calendar



Fiscal Year 2023 Expanding COVID-19 Vaccination (ECV)

Use this template to indicate activities you plan to conduct using your ECV funds. All activities must be consistent with your budget narrative and the ECV funding purpose to increase access to, confidence in, and demand for updated COVID-19 vaccines within your service area.

- Select activities under one or more categories to outline your proposed 6-month activities by indicating “YES”.
- To ensure a complete plan, select “NO” for all activities you do NOT propose for the 6-month period of performance.
- You may not write in self-defined activities within any activity category.
- Upload the completed Activities List as an attachment in your ECV submission via [EHBs](#).

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

Expanding COVID-19 Vaccination (ECV) Activities List		
<p>Outreach and Education Increase vaccine confidence and demand by performing vaccine-related outreach to promote health center and community-based vaccination efforts and locations for vaccination, and to provide COVID-19 vaccine education, including through distribution of in-person and online education materials and through formal and informal opportunities for health center providers and staff to share information and respond to questions about vaccines. We encourage health centers to work with community- and faith-based organizations to help amplify and extend reach of these education and outreach efforts, including in multiple languages and through direct engagement with communities.</p>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<p>Working with Community Partners Increase confidence in and access to COVID-19 vaccinations by working with established or new community partners (e.g., Women Infants and Children (WIC), Head Start, and other early childhood partners; community-based organizations that focus on, for example, older adults or other targeted sub-populations, housing, food security, employment, education, behavioral health services). HRSA encourages health centers to conduct vaccine confidence campaigns, planning for and hosting community vaccine clinics, which may be hosted by community partners or at partner sites, but where health centers provide vaccination-related services independently of those community partners. HRSA also encourages health centers to work with community- and faith-based organizations to host events and develop and deliver messaging tailored to community needs.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO



Expanding COVID-19 Vaccination (ECV) Activities List		
<p>Vaccine Administration</p> <p>Administer updated COVID-19 vaccinations at permanent and temporary health center service sites or other locations, including through mobile, drive-up, walk-up, or community-based vaccination events and routine patient appointments (e.g., well-child visits). Updated COVID-19 vaccine events may also be used to administer COVID-19 primary series and/or other (e.g., influenza) vaccines. All vaccine administration activities should be carried out in alignment with CDC, state/jurisdiction, and other public health guidance, as well as the requirements of the Health Center Program.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>Enabling Services</p> <p>Facilitate access to COVID-19 vaccination by expanding health center enabling services (e.g., transportation, translation, interpretation), including coordinating these services with community- and faith-based organizations.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>Personnel</p> <p>Hire and/or contract additional health center providers, clinical staff, and other personnel (e.g., community health workers, patient/community education specialists, others) as needed to support related activities, including COVID-19 vaccination, outreach and education and coordination of messaging, events, and other activities with community- and faith-based organizations.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>Hours and Availability</p> <p>Extend health center operating hours, mobile and home services, street outreach, and off-site vaccination locations to expand opportunities for COVID-19 vaccination.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>Training</p> <p>Train health center workforce on patient-centered, culturally affirming strategies to increase COVID-19 vaccination, vaccine confidence, and address social and other barriers to COVID-19 vaccination access.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>Supplies</p> <p>Purchase COVID-19 vaccination supplies, materials, and signage to promote vaccination events and to support outreach efforts, tailored messaging, and other communications to increase vaccine confidence.</p>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

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.

County of Solano Budget Narrative
 FY 2023 Expanding COVID-19 Vaccination (ECV)
 Grant Number: **H8GCS47592**
 DECEMBER 1, 2022 TO MAY 31, 2023

The purposes of the ECV funding are to support health centers to increase access to, confidence in, and demand for updated COVID-19 vaccines within their service areas, with an emphasis on activities

REVENUE		Total
American Rescue Plan Act Grant (Dec 1, 2022 to May 31, 2023)		\$ 225,319

EXPENDITURES	FTE to Support Activities	Federal Requested Funding to Support Line Item		
Object Class Category with Line Item Justification				
Direct Charges				
A. PERSONNEL				
Soto	Noelle	Project Manager	0.08	\$ 8,118
Weissenfels	Dona	Clinic Operations Officer	0.04	\$ 7,806
TOTAL PERSONNEL			0.12	\$ 15,924
B. FRINGE BENEFITS			<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 39% (does not include Medical). These benefits include: FICA (7.2%), Retirement (24%), Worker's Compensation/ Unemployment Insurance			39%	\$ 6,608
TOTAL FRINGE BENEFITS				\$ 6,608
C. TRAVEL			<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 §75.474</i>	
TOTAL TRAVEL				
D. EQUIPMENT			<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>	
TOTAL EQUIPMENT				
E. SUPPLIES			<i>Include equipment items that cost less than \$5,000 each and other supplies.</i>	
TOTAL SUPPLIES				
F. CONTRACTUAL			<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>	
Consultant to support maintaining and increasing FHS clinic outreach and education to patients regarding access to, confidence in, and demand for updated COVID-19 vaccines through the creation, review and revision of clinic COVID vaccination informational and educational materials in five primary languages, host online webinars and make materials available for distribution to community-based organizations (CBOs) and key partners, create and conduct COVID vaccination direct mailings, email, SMS messaging and call-out				\$ 202,787
TOTAL CONTRACTUAL				\$ 202,787
G. CONSTRUCTION				
TOTAL CONSTRUCTION				
H. OTHER			<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>	
TOTAL OTHER				
TOTAL DIRECT COSTS				\$ 225,319

County of Solano Budget Narrative
 FY 2023 Expanding COVID-19 Vaccination (ECV)
 Grant Number: **H8GCS47592**
 DECEMBER 1, 2022 TO MAY 31, 2023

The purposes of the ECV funding are to support health centers to increase access to, confidence in, and demand for updated COVID-19 vaccines within their service areas, with an emphasis on activities

REVENUE	Total
American Rescue Plan Act Grant (Dec 1, 2022 to May 31, 2023)	\$ 225,319

EXPENDITURES Object Class Category with Line Item Justification Direct Charges	FTE to Support Activities	Federal Requested Funding to Support Line Item
I. INDIRECT COSTS		
<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 H8C Award Submission if applicable.</i>		
TOTAL INDIRECT COSTS		\$ -
TOTAL REQUESTED GRANT FUNDS		\$ 225,319

Staff will not exceed 1.0 FTE across all grants

*Use this column only when the salary is over the limitation of \$203,700

COUNTY OF SOLANO					
EXPENDITURE AND REVENUE REPORT					
DEPT: 7580 FAMILY HEALTH SERVICES					
DECEMBER 31, 2022					
		A	B	C	D
	Category Subobject	Description	FY 2022/23 Working Budget	12/31/22 YTD Actuals	% of Actual Spending Against WB (Col C divided by Col B)
EXPENDITURES					
	1000	SALARIES AND EMPLOYEE BENEFITS			
1	0001110	SALARY/WAGES REGULAR	14,232,905	5,471,449	38.44%
2	0001121	SALARY/WAGES-EXTRA HELP	370,757	32,357	8.73%
3	0001131	SALARY/WAGES OT/CALL-BACK	102,976	29,983	29.12%
4	0001142	SALARY/WAGES STANDBY PAY	63,500	21,270	33.50%
5	0001210	RETIREMENT-EMPLOYER	4,249,940	1,267,070	29.81%
6	0001212	DEFERRED COMP-COUNTY MATCH	9,360	4,712	50.34%
7	0001213	OPEB COSTS	284,661	102,177	35.89%
8	0001220	FICA-EMPLOYER	1,011,977	369,595	36.52%
9	0001230	HEALTH INS-EMPLOYER	2,467,971	768,533	31.14%
10	0001231	VISION CARE INSURANCE	23,078	7,572	32.81%
11	0001240	COMPENSATION INSURANCE	269,010	269,010	100.00%
12	0001241	LT DISABILITY INSURANCE ER	7,692	1,871	24.32%
13	0001250	UNEMPLOYMENT INSURANCE	-	-	#DIV/0!
14	0001260	DENTAL INS-EMPLOYER	166,375	51,163	30.75%
15	0001270	ACCRUED LEAVE CTO PAYOFF	66,779	14,936	22.37%
16	0001290	LIFE INSURANCE-EMPLOYER	19,454	6,277	32.26%
17	0001999	SALARY SAVINGS	(2,213,847)	-	0.00%
18	1000	SALARIES AND EMPLOYEE BENEFITS	21,132,588	8,417,976	39.83%
19					
20	2000	SERVICES AND SUPPLIES			
21	0002021	COMMUNICATION-TELEPHONE SYSTEM	100,401	37,180	37.03%
22	0002022	COMMUNICATION-TELEPHONE AMC	19,168	2,937	15.32%
23	0002025	CELLULAR COMMUNICATION SERVICE	16,128	5,761	35.72%
24	0002026	CELL PHONE ALLOWANCE	480	-	0.00%
25	0002028	TELEPHONE SERVICES	17,000	7,697	45.27%
26	0002035	HOUSEHOLD EXPENSE	25,633	10,535	41.10%
27	0002050	INSURANCE-RISK MANAGEMENT	2,149	2,140	99.58%
28	0002051	LIABILITY INSURANCE	246,890	-	0.00%
29	0002057	MALPRACTICE INSURANCE	592,301	-	0.00%
30	0002103	INTERPRETERS	6,462	705	10.91%
31	0002120	MAINTENANCE EQUIPMENT	33,703	7,106	21.08%
32	0002122	FUEL & LUBRICANTS	1,295	878	67.79%
33	0002140	MAINTENANCE-BLDGS & IMPROVE	-	890	#DIV/0!
34	0002151	DRUGS & PHARMACEUTICAL SUPP	232,080	74,893	32.27%
35	0002153	MEDICAL/DENTAL SUPPLIES	330,497	109,341	33.08%
36	0002170	MEMBERSHIPS	15,060	708	4.70%
37	0002171	PROFESSIONAL LICENSES & CERT	16,357	1,097	6.71%
38	0002176	FEES AND PERMITS	10,965	714	6.51%
39	0002178	CASH SHORTAGE	-	-	#DIV/0!
40	0002180	BOOKS & SUBSCRIPTIONS	5,250	-	0.00%
41	0002200	OFFICE EXPENSE	59,930	15,550	25.95%
42	0002201	EQUIPMENT UNDER \$1,500	18,710	906	4.84%
43	0002202	CONT ASSETS COMPUTER RELATED	157,425	-	0.00%
44	0002203	COMPUTER COMPONENTS <\$1,500	33,253	684	2.06%
45	0002204	COMPUTER RELATED ITEMS:<\$500	3,500	1,562	44.62%
46	0002205	POSTAGE	60	-	0.00%

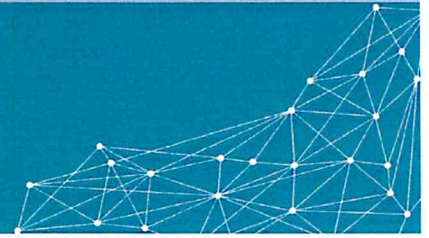
		A	B	C	D
	Category Subobject	Description	FY 2022/23 Working Budget	12/31/22 YTD Actuals	% of Actual Spending Against WB (Col C divided by Col B)
47	0002206	CONT ASSET-NON COMP RELATED	413,449	-	0.00%
48	0002207	ERGONOMIC UNDER \$1500	25,206	-	0.00%
49	0002215	MANAGED PRINT COST PER COPY	14,820	5,318	35.88%
50	0002216	MAINTENANCE/SERVICE CONTRACTS	22,000	11,756	53.44%
51	0002221	RECORDS STORAGE	4,558	808	17.72%
52	0002226	MEDICAL/DENTAL SERVICE	239,000	91,154	38.14%
53	0002245	CONTRACTED SERVICES	654,589	182,955	27.95%
54	0002250	OTHER PROFESSIONAL SERVICES	79,750	22,259	27.91%
55	0002255	CREDIT CARD PROCESSING FEES	2,450	438	17.86%
56	0002260	DATA PROCESSING SERVICES	2,500	-	0.00%
57	0002261	SOFTWARE MAINTENANCE & SUPPORT	572,572	252,767	44.15%
58	0002263	H&SS DOIT TIME STUDY COSTS	770,034	146,663	19.05%
59	0002264	HSS CDP COSTS	331,299	165,649	50.00%
60	0002266	CENTRAL DATA PROCESSING SVCE	708,468	356,406	50.31%
61	0002270	SOFTWARE	5,000	-	0.00%
62	0002271	SOFTWARE RENTAL / SUBSCRIPTION	30,964	6,461	20.87%
63	0002280	PUBLICATIONS AND LEGAL NOTICES	2,805	-	0.00%
64	0002281	ADVERTISING/MARKETING	7,500	-	0.00%
65	0002285	RENTS & LEASES - EQUIPMENT	10,762	5,101	47.40%
66	0002295	RENTS & LEASES-BUILDINGS/IMPR	6,000	1,200	20.00%
67	0002310	EDUCATION & TRAINING	18,197	5,310	29.18%
68	0002312	SPECIAL DEPARTMENTAL EXPENSE	56,541	6,019	10.65%
69	0002335	TRAVEL EXPENSE	7,789	318	0.04080113
70	0002337	MEALS/REFRESHMENTS	3,000	-	0
71	0002338	EMPLOYEE RECOGNITION	3,850	-	0.00%
72	0002339	MANAGEMENT BUSINESS EXPENSE	-	200	#DIV/0!
73	0002350	COUNTY GARAGE SERVICE	22,754	(13,404)	-58.91%
74	0002355	PERSONAL MILEAGE	7,921	4,829	60.97%
75	0002360	UTILITIES	179,824	89,343	49.68%
76	0002361	WATER	39,624	11,725	29.59%
77	2000	SERVICES AND SUPPLIES	6,187,923	1,634,557	26.42%
78					
79	3000	OTHER CHARGES			
80	0003121	INDIGENT CARE	25,820	14,387	55.72%
81	0003153	CONTRACTED DIRECT SERVICES	975,000	99,086	10.16%
82	0003158	FOOD FOR INDIGENT CLIENS	150	157	104.69%
83	0003160	TRANSPORTATION FOR CLIENTS	28,600	9,896	34.60%
84	0003690	INTERFUND SERVICES USED-COUNTY	6,775	-	0.00%
85	0003694	INTERFUND SVCES-PROFESSIONAL	720,483	115,930	16.09%
86	0003695	INTERFUND SVCES-MNT MATERIALS	5,439	21	0.39%
87	0003696	INTERFUND SVCES-SMALL PROJECTS	47,882	537	1.12%
88	0003697	INTERFUND SVCES-POSTAGE	29,677	8,891	29.96%
89	0003698	INTERFUND SVCES-MNT LABOR	6,061	2,049	33.80%
90	0003701	CONTRIB - NON COUNTY AGENCIES	5,000	-	0.00%
91	0003710	COUNTYWIDE ADMIN OVERHEAD	896,007	896,007	100.00%
92	3000	OTHER CHARGES	2,746,894	1,146,962	41.75%

	A	B	C	D	
	Category Subobject	Description	FY 2022/23 Working Budget	12/31/22 YTD Actuals	% of Actual Spending Against WB (Col C divided by Col B)
93					
94	4000	FIXED ASSETS			
95	0004303	EQUIPMENT	51,500	-	0.00%
96	4000	FIXED ASSETS	51,500	-	0.00%
97					
98	5000	OTHER FINANCING USES			
99	0005040	TRANS OUT-POBs	225,218	80,775	35.87%
100	5000	OTHER FINANCING USES	225,218	80,775	35.87%
101					
102	7000	INTRA FUND TRANSFERS			
103	0007010	INTRA-FUND TRANSFER	2,384,541	372,822	15.63%
104	0007023	INTRAFUND SVCES-PERSONNEL	99,268	14,973	15.08%
105	0007024	INTRAFUND SVCES-PROFESSIONAL	-	97	#DIV/0!
106	7000	INTRA FUND TRANSFERS	2,483,809	387,891	15.62%
107					
108		TOTAL EXPENDITURES	32,827,932	11,668,161	35.54%
109					
110		REVENUES			
111					
112	9500	INTERGOVERNMENTAL REVENUES			
113	0009543	PRIOR YEAR REV-STATE & OTHERS	-	104	#DIV/0!
114	0009567	COVID-19 FEDERAL DIRECT	1,969,488	-	0.00%
115	0009572	FEDERAL AID	2,169,371	902,259	41.59%
116	9500	INTERGOVERNMENTAL REVENUES	4,138,859	902,363	21.80%
117					
118	9600	CHARGES FOR SERVICES			
119	0009603	PHOTO/MICROFICHE COPIES	4,234	972	22.95%
120	0009643	PRIVATE PAY PATIENT	201,689	52,360	25.96%
121	0009657	INSURANCE PAYMENTS	15,575	9,415	60.45%
122	0009661	MEDI-CAL SERVICES	18,255,111	6,015,690	32.95%
123	0009662	MEDICARE SERVICES	158,151	344,411	217.77%
124	0009667	CMSP SERVICES	-	300	#DIV/0!
125	0009670	MANAGED CARE SERVICES	4,759,941	2,257,866	47.43%
126	9600	CHARGES FOR SERVICES	23,394,701	8,681,014	37.11%
127					
128	9700	MISC REVENUES			
129	0009703	OTHER REVENUE	1,382,155	202,395	14.64%
130	9700	MISC REVENUES	1,382,155	202,395	14.64%
131					
132	9800	OTHER FINANCING SOURCES			
133	0009807	TRANSFER IN-COUNTY CONTRIB	1,337,437	1,003,078	75.00%
134	0009811	OPERATING TXR IN - ARPA	-	220,850	#DIV/0!
135	TOTAL	OTHER FINANCING SOURCES	1,337,437	1,223,928	91.51%
136					
137		TOTAL REVENUE	30,253,152	11,009,700	36.39%
138					
139					

		A	B	C	D
	Category Subobject	Description	FY 2022/23 Working Budget	12/31/22 YTD Actuals	% of Actual Spending Against WB (Col C divided by Col B)
140	TOTAL EXPENDITURES VS TOTAL REVENUES				
141					
142			FY 2022/23 Working Budget	12/31/22 YTD Actuals	
143		TOTAL EXPENDITURES	32,827,932	11,668,161	
144		TOTAL REVENUE	30,253,152	11,009,700	
145					
146		DEFICIT/(SURPLUS)	2,574,780	658,461	
147					
148					
149					
150	USE OF 1991 REALIGNMENT				
151					
152	0009519	STATE VLF 1991 REALIGNMNT - PH	2,574,780	658,461	
	* A portion of 1991 Realignment is used to fund costs for the uninsured/underinsured and the cost of Public Health functions performed at the clinics.				

2022 Quality Measure Highlight

Unit of Service – Health Equity



MEASURE DESCRIPTION

Parent Organization (PO) submission of proposed plan and adoption of internal best practices that support a Health Equity initiative. May include existing best practices in place.

Measure Requirements

Submission will demonstrate Health Equity characteristics PCPs can successfully integrate as a core strategy. Should include how best practices apply to internal domains such as: Access to Preventative Services, Referral Processes, Avoidable ED Visits, Community Partnerships, and Staff Education.

Some examples of Health Equity focuses could include:

- Make Health Equity a leader-driven priority
- Identify specific health disparities, then act to close the gaps
- Confront institutional racism
- Develop processes that support equity (health systems/dedicated, resources, governance structure to oversee)
- Partner with community organizations

Incentive: \$2,000 per Parent Organization

Measure Type: Unit of Service

For more information, please refer to the 2022 [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

Intent / Importance: Partnership HealthPlan of California (PHC) is actively engaged in Health Equity initiatives that bring about equitable awareness and result driven change within the 14 counties we serve and we highly encourage provider organizations to join our efforts. At PHC, we believe in diversity by accepting, respecting, and valuing individual differences and capitalizing on the diverse backgrounds and experiences of our members, community partners, and staff. Together, we can help move our communities toward equitable access to healthcare.

Promising Practices

1. Make Health Equity a leader-driven priority

Submission would demonstrate the organization's commitment, by executive leadership, to improve health equity. For example:

- a. Current values statement outlining the organization's commitment to health equity
- b. Current Board Resolution stating organization's commitment to health equity and associated action items
- c. Current Health Equity Program Description that includes clear goals for advancing health equity within the organization and patient community.
- d. Current Health Equity Committee materials (ie: Committee charter, meeting agendas, meeting minutes) that include senior leadership and multi-level staff representation.
- e. Current description of personnel, human resources financial, and other resources dedicated to advancing health equity.
- f. Documentation of health equity as a priority in organization's strategic plan.
- g. Staff and leadership representation that reflects and represents the diversity in the community being served.

2. Identify specific health disparities, then act to close the gaps

Submission would describe efforts to operationalize activities that support health equity work. For example:

- a. Current member intake/annual review form that collects member's self-identified demographic information, such as race, ethnicity, address, birth sex and gender identity, sexual orientation, housing status, preferred language.
- b. Current workflows to provide care for patients in their preferred language.
- c. Current patient needs assessment that collected information from patients about barriers to health such as food or housing insecurity, healthy and safe communities, disability status, lack of transportation.

3. Confront institutional racism

Submission would describe organization's work to educate and train all staff in equity concepts. Participate in learning forums offered through organizations with history of trainings on these topics.

For example:

- a. All-staff training materials (ie: presentation materials, agendas) and documentation (ie: summary data on attendance, post-presentation survey results) on health equity, implicit bias in healthcare, and improving cultural and linguistic competence.
- b. All-staff training materials (ie: presentation materials, agendas) and documentation (ie: summary data on attendance, post-presentation survey

results) focused on cultural competence for a target population experiencing disparities (i.e., refugee or immigrant populations)

4. Develop processes that support equity (health systems/dedicated, resources, governance structure to oversee)

Submission would describe current data-driven efforts to improve the organization's clinical and operational workflows to advance health equity. For example:

- a. Documentation demonstrating organization is able to stratify clinical quality data by race and ethnicity and other meaningful demographic categories (i.e.: zip code, preferred language).
- b. Documentation demonstrating organization uses stratified data to identify and prioritize opportunities for improvement.
- c. Description of organization's dedicated resources towards health equity project, program or PDSA work based on findings in stratified data.
- d. Description of organization's dedicated resources to roles specifically designed to address social determinants of health and barriers to care for communities experiencing health disparities, such as Community Health Workers.

5. Partner with community organizations

Submission would demonstrate the organization's relationship with community partners to advance health equity goals. For example:

- a. Description of current partnerships with organizations who represent communities experiencing health disparities, with examples of collaborative projects and initiatives.
- b. Current Patient Advisory Group or Community Advisory Group materials (ie: Advisory Group charter, meeting agendas, meeting minutes) that includes representatives of communities experiencing health disparities, with examples of projects and initiatives launched as a result of Advisory Group's input.

Additional Resources:

1. California Health and Safety Code Section 131019.5. Portrait of Promise: The Statewide Plan to Promote Health and Mental Health Equity - CA Statewide Plan from CA Department of Public Health – Office of Health Equity. <https://www.cdph.ca.gov/Programs/OHE/Pages/OfficeHealthEquity.aspx>
2. California Department of Health Care Services. Eliminating Health Disparities in the Medi-Cal Population. <https://www.dhcs.ca.gov/dataandstats/reports/Pages/HealthDisparities.aspx>
3. The Safe Zone Project. n.d. *Home*. Available at: <https://thesafezoneproject.com>
4. National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.
5. <https://www.nichq.org/insight/exploring-nonbinary-approach-health> Exploring a Nonbinary Approach to Health; Holding space for inclusive and expansive language in maternal and child health. Heidi Brooks, Chief Operating Officer at NICHQ, June 29, 2021
6. American Public Health Association: <https://www.apha.org/topics-and-issues/health-equity>

MEASURE DESCRIPTION

Parent Organization (PO) submission of proposed plan and adoption of internal best practices that support a Health Equity initiative. May include existing best practices in place.

Measure Requirements

Submission will demonstrate Health Equity characteristics PCPs can successfully integrate as a core strategy.

Promising Practices

1. Make Health Equity a leader-driven priority
2. *Identify specific health disparities, then act to close the gaps*
3. Confront institutional racism
4. Develop processes that support equity (health systems/dedicated, resources, governance structure to oversee)
5. Partner with community organizations

2. Identify specific health disparities, then act to close the gaps

Submission would describe efforts to operationalize activities that support health equity work.

For example:

- a. *Current member intake/annual review form that collects member's self-identified demographic information, such as race, ethnicity, address, birth sex and gender identity, sexual orientation, housing status, preferred language.*
- b. *Current workflows to provide care for patients in their preferred language.*
- c. *Current patient needs assessment that collected information from patients about barriers to health such as food or housing insecurity, healthy and safe communities, disability status, lack of transportation.*

The mission of the Solano County Family Health Services (FHS) Clinics is to coordinate and provide cost effective healthcare, promote self-reliance, and safeguard the physical, emotional, and social well-being of the indigent, uninsured, underinsured, and homeless members of Solano County. Together with fellow healthcare partners and community-based organizations FHS strives to facilitate continued access to comprehensive, culturally competent, high-quality primary health care resources and services in and around Solano County.

As an awardee of the Health Resources and Services Administration (HRSA) Health Center Program (HCP), FHS receives funding to provide medical, behavioral health and dental care for indigent, uninsured, underinsured, and homeless members of Solano County. A requirement of HCP is to submit an annual calendar year comprehensive data report, HCP Uniform Data System (UDS), on our patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues. Through our annual UDS submissions, we track and trend the health equity gaps and needs of our patient population while assessing areas of need and opportunities for improvement. In addition, the FHS patient population's characteristics and health outcomes are monitored in relation to the county, state and national population trends.

Since the Calendar Year 2021 HCP UDS submission and review, FHS developed an improvement project to address the collection and reporting of FHS patients' race, ethnicity, sexual orientation and gender identity (SOGI), as well as housing status, income and preferred language. Through an internal workgroup, FHS was able to review discrepancies in collection methodology at each clinic site and implement a revised Front Desk Welcome Packet in English, Spanish and Tagalog. Simultaneously, in anticipation of the Coronavirus-19 (COVID-19) State of Emergency ending, FHS began an intradepartmental health education improvement project with Solano County Employment and Eligibility, Nutrition Services Bureau and Public Health Administration to address the resumption of annual Medi-Cal redetermination requirements.

Through informative mailers regarding Medi-Cal redetermination, targeted education and outreach regarding Pediatric Well-Child Visits and Vaccination Schedules in English, Spanish and Tagalog will be sent to community members and FHS patients. Pediatric Well-Child Visits will be actively tracked, and data collected regarding rescheduled and no-show appointments. By determining reasons why appointments were rescheduled and/or not kept, FHS can determine how to decrease barriers to care and work towards a goal of completing 75% of assigned children's Well-Child Visits during the measurement year.

Prior to the COVID-19 Pandemic, transportation and food insecurity had been listed as barriers to care in Solano County community health needs assessments. To address the increased barrier to care as a result of the Pandemic, federal COVID-19 funding allowed FHS to expand food distribution at each clinic site through the Mobile Food Pharmacy (MFP) and healthcare related transportation options through UberHealth. During Fiscal Year 2022 Quarter 1 (Jul, Aug, and Sep), the MFP provided 1,291 boxes of non-perishable food to FHS patients and 173,391 pounds of fresh produce to community members. 317 UberHealth rides were provided to FHS patients enabling them to receive primary, specialty referral and supplemental healthcare services.

These projects are examples of FHS' current and planned continuous quality improvement activities. They demonstrate how providing care workflows in a patients' preferred languages and community needs assessments assist in closing the gaps in health equity.

Article VII: Conflict of Interest

A conflict of interest is a transaction with FHS in which a Board member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by Board members, employees, consultants and those who furnish goods or services to FHS must be declared. Board members are required to declare any potential conflicts of interest by completing a conflict of interest declaration form (see Appendix "A").

In situations when a conflict of interest may exist for a member, the member shall declare and explain the conflict of interest. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member.

No member of the Board shall be an employee or an immediate family member of an employee of the Solano County FQHCs, provided however that a member may otherwise be an employee of the County.

In addition to the requirements imposed by these bylaws, Board members shall also be subject to all applicable state and federal conflict of interest laws.

APPENDIX “A” Conflict of Interest

Conflict of Interest. Defined as an actual or perceived interest by the member in an action which results or has the appearance of resulting in personal, organizational, or professional gain.

Duty of Loyalty. Board members be faithful to the organization and can never use information obtained in his/her position as a Board member for personal gain.

Responsibilities of Board Members

1. A Board member must declare and explain any potential conflicts of interest related to:
 - Using her/his Board appointment in any way to obtain financial gain for the member’s household or family, or for any business with which the Board member or a Board member’s household or family is associated; and
 - Taking any action on behalf of the Board, the effect of which would be to the member’s household or family’s, private financial gain or loss.
2. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member.
3. No member of the Board shall be an employee or an immediate family member of an employee of the FQHC clinics; however, a member may otherwise be an employee of the county.
4. No Board member shall be an employee of an FQHC or an immediate family member of an employee.
5. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the Board’s Bylaws, Article IX.

As a Board member, my signature below acknowledges that I have received, read and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for removal from Board membership. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these bylaws.

Board Member’s name (please print):

Board Member’s signature:

Date: _____

DEPARTMENT OF HEALTH & SOCIAL SERVICES



**Family Health Services Community Healthcare Board
2023 Annual Calendar**

Month	Required Annual Review	Comments/Training
January 18, 2023	<ul style="list-style-type: none"> Project Officer/CEO Evaluation Review Board Members Sign Annual Bylaws Appendix A "Conflict of Interest" and "Confidentiality" forms Quarterly Financial Report 	<ul style="list-style-type: none"> Compliance Training Robert's Rules Review (as needed)
February 15, 2023	<ul style="list-style-type: none"> Review UDS Initial Submission Progress Review and Approve: Sliding Fee Scale Policy 	
March 15, 2023	<ul style="list-style-type: none"> Review UDS Final Submission Progress Quarterly Quality Improvement Report Evaluation of QI/QA Program 	
April 19, 2023	<ul style="list-style-type: none"> Quarterly Financial Report Board Self-Assessment 	
May 17, 2023	<ul style="list-style-type: none"> Review Final UDS Submission Update Community Needs Assessment 	
June 21, 2023	<ul style="list-style-type: none"> Quarterly Quality Improvement Report Review Strategic Plan (3-year Cycle) 	
July 19, 2023	<ul style="list-style-type: none"> Review and Approve Credentialing and Privileging Policy and Procedures 	
August 16, 2023	<ul style="list-style-type: none"> FY 24/25 Budget Development Quarterly Financial Report 	
September 20, 2023	<ul style="list-style-type: none"> FY 24/25 Budget Development (continued) Quarterly Quality Improvement Report Evaluation of QI/QA Program (from June) Review and Approve the QI/QA Plan (from June) 	
October 18, 2023	<ul style="list-style-type: none"> Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports Quarterly Financial Report 	
November 15, 2023	<ul style="list-style-type: none"> Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports Board Nominations – Executive Positions Review Annual Board Calendar 	
December 20, 2023	<ul style="list-style-type: none"> Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports Quarterly Quality Improvement Report Board Elections – Executive Positions Patient Satisfaction 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

Approved by the CHB Board 12/21/2022