

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

June 21, 2023
12:00 pm – 2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE JUNE 21, 2023 AGENDA

3) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. If you would like to make a comment, please announce your name and the topic you wish to comment, and limit comments to three minutes.

REGULAR CALENDAR

4) APPROVAL OF MINUTES

Approval of the May 17, 2023 Draft Minutes

5) CLINIC OPERATIONS REPORTS

- a) Compliance
- b) Staffing Update
- c) Credentialing Update
- d) HRSA Grants Update(s)
- e) Grievances/Compliments
- f) Finance
- g) Referrals
- h) Major Project Updates
- i) QI Update
- j) Revenue Cycle Management
- k) FHS Clinic Q-Matic Stats
- l) Call Center Stats

6) HEALTH AND SOCIAL SERVICES DIRECTOR UPDATE – Gerald Huber

7) HRSA PROJECT OFFICER REPORT

- a) Health Center HRSA Project Officer Update – Dona Weissenfels
 - i) Health Center Activities, Internal & External Update

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- ii) Review Strategic Plan – Strategic Plan Tracker Form
- iii) FHS Patient Survey

8) BUSINESS GOVERNANCE

- a) Review and consider approval of the Family Health Services (FHS) Use of Funding from the Health Resources and Services Administration (HRSA) Policy Number: 900.01 – Noelle Soto
 - i) **ACTION ITEM:** The Board will consider approval of the Family Health Services (FHS) Use of Funding from the Health Resources and Services Administration (HRSA) Policy Number: 900.01
- b) Review and consider approval of the Family Health Services (FHS) Documenting Use of Non-Grant Funds Policy Number: 900.02 – Noelle Soto
 - i) **ACTION ITEM:** The Board will consider approval of the Family Health Services (FHS) Documenting Use of Non-Grant Funds Policy Number: 900.02
- c) Review and consider approval of the FHS Proposed Budget for FY 2023/24 – Nina Delmendo
 - i) **ACTION ITEM:** The Board will consider approval of the FHS Proposed Budget for FY 2023/24
- d) Review and consider approval of the updated Community Healthcare Board Bylaws – Michael Brown
 - i) **ACTION ITEM:** The Board will consider approval of the updated Community Healthcare Board Bylaws.
- e) Review and consider approval of the Family Health Services Clinic Hours of Operation and Locations – Dona Weissenfels
 - i) **ACTION ITEM:** The Board will consider approval of the Family Health Services Clinic Hours of Operation and Locations
- f) Review and consider approval of the FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS) Budget Justification – Noelle Soto
 - i) **ACTION ITEM:** The Board will consider approval of the FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS) Budget Justification

9) DISCUSSION

- a) Compliance Program
- b) Health Centers Week, August 7 – 11, 2023 Update
- c) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, August 27-29, 2023 in San Diego, California
 - i) **ACTION ITEM:** The Board will consider approval of [board member(s)] to attend the National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, August 27-29, 2023 in San Diego, California

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10) BOARD MEMBER COMMENTS

11) ADJOURN: TO THE COMMUNITY HEALTHCARE BOARD MEETING OF:

DATE: July 7, 2023
TIME: 12:00 p.m. – 2:00 p.m.
LOCATION: Multi-Purpose Room
2201 Courage Drive
Fairfield, CA 94533

DISABLED ACCOMMODATION: Meeting facilities are accessible to persons with disabilities. If you have a disability which requires an accommodation or an alternative means to assist you in attending, observing, or commenting on this meeting, or an alternative agenda document format, please contact Patricia Zuniga, Community Healthcare Board Clerk at (707) 784-8775 or by email at PDZuniga@SolanoCounty.com to request arrangements for accommodation.



**County of Solano
Community Healthcare Board
DRAFT**

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, May 17, 2023

In Person Meeting

Members Present:

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

Members Absent: Charla Griffith, Don O’Conner and Robert Wieda

Staff Present:

Bela Matyas, Dona Weissenfels, Dr. Michele Leary, Cynthia Coutee, Desiree Bodiford, Nina Delmendo, Cheryl Esters, Valerie Flores, Toya Adams, Janine Harris, Dr. Reza Rajabian, Danielle Seguerre-Seymour, Noelle Soto, Cherry Violanda, Kelly Welsh, Kathryn Power (PHC) and Patricia Zuñiga

1) Call to Order – 12:07 p.m.

- a) Welcome
- b) Roll Call

2) Approval of the May 17, 2023 Agenda

Motion: To approve the May 17, 2023, Agenda with Agenda Item 8a, “Community Healthcare Board Self-Assessment submission update” removed, as there is no update and move it to the June 21, 2023 Agenda.

Motion by: Tracee Stacy and seconded by Mike Brown

Discussion: Chair Brandon Wirth asked that Agenda Item 8, Agenda Item 8a, “Community Healthcare Board Self-Assessment submission update” be removed, as there is no update. Not all assessments have been submitted. The agenda item was moved to the June 21, 2023 Agenda.

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

Nays: None

Abstain: None

Motion Carried.

3) Public Comment

There was no Public Comment

Regular Calendar

4) Approval of Minutes

Approval of the April 19, 2023 Draft Minutes.



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Motion: To approve the April 19, 2023 Draft Minutes.

Motion by: Ruth Forney and seconded by Deborah Hill

Discussion: None.

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

Nays: None

Abstain: None

Motion Carried.

5) Clinic Operations Reports

- a) Staffing Update – Toya Adams – Please reference the handout titled, *“Family Health Services Staffing Update – CHB May 17, 2023”*.
- b) Credentialing Update – Desiree Bodiford - Please reference the handout titled, *“Status Report DRAFT May 2023: FHS Credentialing, Provider Enrollment and Sanction Screening Activities”*
- c) HRSA Grants update – Noelle Soto – Please reference the handout titled, *“Health Resources and Services Administration (HRSA) Grant Updates.”*
 - i) FHS 2022 UDS Report – Noelle Soto - Please reference the handout titled, *“FHS 2022 Uniform Data System (UDS) Report”*
 - ii) FY CPF/CDS Grant Application information – Noelle Soto – Please reference the handout titled, *“HRSA Community Project Funding/Congressionally Directed Spending (CPF/CDS) Non-Construction & Construction Projects Overview”*.
- d) Grievances/Compliments – Rebecca Cronk - Please reference the handout titled, *“Family Health Services Grievance Report”*.
- e) Compliance – Cheryl Esters – Nothing was reported.
- f) Finance – Janine Harris – It was noted that the proposed FY 2023/2024 Budget is on the agenda for Board approval.
- g) Referrals – Cynthia Coutee – Please reference the handouts titled, *“Total Referrals, Jan-April 2023”* for the Fairfield, Vacaville and Vallejo FHS Clinics.
- h) Major Project Updates – Final UDS Report – Dona Weissenfels – Dona mentioned the report would be made public in the summer, and available on the Internet after HRSA approval.
- i) QI Update – Dr. Michele Leary – Dr. Leary mentioned that the Quality Improvement Report is driven by pull-down information received from Partnership (PHC), but due to their system being down for an extended period of time, new information will be unavailable until the end of May or later. On another topic, last year FHS submitted a quality incentive application to PHC and as a result, FHS was awarded \$1.8 million dollars.
- j) Revenue Cycle Management – Janine Harris – Nothing was reported.
- k) Clinic Operational Metrics
 - i) FHS Clinic Q-Matic Stats – Noelle Soto - Please reference the handout titled, *“Queue Management (Q-Matic) Stats – April 2023”*.
 - ii) Call Center Stats – Toya Adams - Please reference the handout titled, *“Call Center Stats January to April 2023”*.

6) HRSA Project Officer Report

- a) Health Center HRSA Project Officer Update – Dona Weissenfels
Dona reminded everyone that FHS puts “Patients First” because that’s our purpose.



County of Solano Community Healthcare Board DRAFT

- i) Health Center Activities, Internal & External Update
 - Dona announced that the new floor was installed in the lobby at the Fairfield Adult Clinic, and it looked fantastic!
 - Dona mentioned a room temperature issue that occurred at the Fairfield Dental Clinic. The air conditioning shut down and during the day Dr. Rajabian was checking the indoor temperature to ensure they could take care of their patients and staff.
 - Dona announced that they are a couple signatures away from a fully approved OCHIN EPIC Contract. The estimated timeline to start the transition is February 2024 and to hopefully go live in September 2024. More news to come!
 - Dona stated that preparations for the scheduled virtual HRSA OSV in late July are ongoing and she recommended that the July CHB Meeting be held in early July instead of the third week, so time is allowed for final preparations. July 6th and July 7th were the options. The Clerk was asked to call the Board Members to get a confirmed attendance to ensure a quorum would be present, to decide on the date. The Clerk would notify the Board Members and make preparations with the Executive Committee.
 - Discussion ensued on how the CHB works and interacts with the Board of Supervisors (BOS). A suggestion was made to hold a joint retreat with the CHB and the BOS in the future. Dona mentioned that she could share her duties and responsibilities with the two boards.
 - Dona announced that Partnership (PHC) has a new CEO, and she already has a good relationship with her.

- ii) Community Health Center Update – Dr. Bela Matyas
 - Discussion ensued as Dr. Matyas presented the Alternative Payment Method (APM), which would be a sustainable method for the clinics and could benefit the FHS Clinics financially, versus continuing with the current Revenue Cycle method at the clinics. The highlights are mentioned below.
 - FHS serve over 30,000 residents and most of them are poor, are in need of primary care services and have complex health issues. About one third are homeless.
 - With the current method, in order to bill for services, the patient must be seen by a provider. There are many scenarios where the patient is treated by or interacts with other staff such as Registered Nurses, Licensed Vocational Nurses, or Medical Assistants. Because these classifications are not a provider, the clinic cannot bill for those services provided by a non-provider.
 - The revenue cycle method is not sustainable and doesn't cover all expenses of the clinics, with just revenue, so County General Funds close the \$1,000,000.00+ gap every year.
 - There is a dire need for two (2) more call center staff, a call center supervisor, a fortified Quality Improvement (QI) Team, a data analyst and QI Manager to apply for grants and bring in additional funding for the clinics and support them financially.
 - With the APM method, revenue can be brought in by billing for patient services, provided by classifications other than providers.
 - To move to the APM model it could take up to five (5) years, but it would improve revenue and funding for the clinics, so the clinics didn't have to draw funding from the County General Fund to close the financial deficit.

7) Business Governance

- a) Review and approve the updated Family Health Services Policies Listed below – Rebecca Cronk
 - Dona mentioned that Rebecca was out of the office and would answer questions.



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- Chair Brandon Wirth asked that red-line (mark-up) versions of any policies or documents, scheduled to be presented and approved by the Board, be included in the agenda packets, so the changes could be reviewed by the Board. Dona acknowledged the Chair's request.
- i) **ACTION ITEM:** The Board will consider approval of the Family Health Services Policies listed below:
 - 300.02 – Emergency Response During Hours of Operation
 - 300.03 – Continuity of Care
 - 300.05 – FHS Medical Referrals to External Specialists and Follow-up

Motion: To approve all the Family Health Services Financial Policies listed above.

Motion by: Tracee Stacy and seconded by Sandra Whaley

Discussion: There were no questions from the Board, but one change was asked to be made. The change was to correct Dr. Leary's title on one of the policies to be consistent with the others. Cynthia Coutee volunteered to make the correction and submit the updated policy to the Clerk.

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

Nays: None

Abstain: None

Motion Carried.

- b) Family Health Services Requested Budget Proposal for FY 2023/2024 – Nina Delmendo
 - i) **ACTION ITEM:** The Board will consider approval of the FHS Requested Budget Proposal for FY 2023/2024.

Motion: To approve the FHS Requested Budget Proposal for FY 2023/2024.

Motion by: Tracee Stacy and seconded by Ruth Forney

Discussion: Board Member Ruth Forney, questioned why there were no funds allocated for budget unit 3701, Contributions-Non County Agencies, as these funds were used to pay for travel expenses for Board Members to attend the Annual CHI & Expo in August. Discussion ensued about the importance and justification to send Board Members to this event. The Board agreed to send three (3) to four (4) members to attend the event, at the cost of approximately \$4800.00 per person. As a result of discussions, the Board asked Nina to make a Supplemental Budget Request to add \$20,000.00 to budget unit 3701, and remove funds from other budget units, to accommodate their request. Nina acknowledged the Board's request. The Supplemental Budget for FY 2023/2024 would be agendaized at the June CHB Meeting, and Nina would give an update.

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

Nays: None

Abstain: None

Motion Carried.



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- c) Family Health Services 2023-2026 Strategic Plan – Dona Weissenfels
- Dona stated that the Strategic Plan was finalized, and the only change made was to change Brandon’s title from President to Chair. Dona was given a mechanism to keep all goals on track.
- i) ACTION ITEM: The Board will consider approval of the Family Health Services 2023-2026 Strategic Plan.

Motion: To approve all the Family Health Services 2023-2026 Strategic Plan.

Motion by: Sandra Whaley and seconded by Deborah Hillman

Discussion: Chair Brandon Wirth, asked that in the future to submit red-lined versions of any policies to the Board, so the changes can be noted. Janine responded to the Chair and Board Members and stated that the changes were very minimal, such as punctuation corrections. She agreed she would include versions of any revised policies with the noted tracking, in the future.

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

Nays: None

Abstain: None

Motion Carried.

8) Discussion

Chair Brandon Wirth requested to skip over this section, due to the time frame and these topics will be added to the June meeting agenda.

- ~~a) Community Healthcare Board Self-Assessment submission update.~~
- This item will be moved to the June Meeting.
- b) Health Centers Week, August 7 – 11, 2023 Update.
- c) Mental Health/Behavioral Health Services Provided to DHS Patients Update
- d) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, August 27-29, 2023 in San Diego, CA.
- e) Compliance Program

9) Board Member Comments

- Board Member Tracee Stacey attends the Suicide Prevention Meetings and shared information from the meeting. She shared grave concern about the number of suicide deaths in Solano County. A high percentage are the homeless population.
- Board Member Ruth Forney mentioned a course she completed about Value Based Care.
- Chair Brandon Wirth stated that the Budget process doesn’t work well with the CHB Meetings’ time frame. Maybe in the future the CHB meetings can be scheduled differently.

10) Adjourn: To the Community Healthcare Board Meeting of:

DATE: June 21, 2023
TIME: 12:00 p.m. – 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The meeting was adjourned at 2:07 p.m.



County of Solano Community Healthcare Board DRAFT

Handouts:

- April 19, 2023 Community Healthcare Board Draft Minutes
- Community Healthcare Board Family Health Services Staffing Update – CHB May 17, 2023
- Status Report DRAFT May 2023: FHS Credentialing, Provider Enrollment and Sanction Screening Activities Health Resources and Services Administration (HRSA) Grant Updates
- Health Resources and Services Administration (HRSA) Grant Updates
- FHS 2022 Uniform Data System (UDS) Report
- HRSA Community Project Funding/Congressionally Directed Spending (CPF/CDS) Non-Construction & Construction Projects Overview
- Family Health Services Grievance Report
- Total Referrals, Jan-April 2023 for the Fairfield, Vacaville and Vallejo FHS Clinics
- Clinic Metrics, Queue Management (Q-Matic) Stats – April 2023
- FHS Call Center Stats January to April 2023
- 300.02 – Medical Emergencies During Hours of Operation
- 300.03 – Continuity of Care
- 300.05 – Medical Referrals to External Specialists & Follow-Up
- County of Solano Family Health Services Requested Budget FY 2023/24
- Family Health Services Strategic Plan 2023 - 2026

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: June 21, 2023

Number of Active Candidates - County
Clinic Physician Supervisor - 1
Clinic Registered Nurse - 2
Health Education Specialist - 1
Health Education Specialist Extra Help - 1
Medical Assistant - 1
Nurse Practitioner - 1

Number of Active Candidates - Touro
Physician Assistant - 1

Number of Active Candidates - Locum Tenens
Clinic Physician (Board Cert) Extra Help - 1

Number of Active Candidates - Volunteer
Clinic Physician (Board Cert) TB - 1

Open County Vacancies
Clinic Physician (Board Cert) - 1
Clinic Physician (Board Cert) Extra Help - 1
Clinic Physician Supervisor - 1
Clinic Registered Nurse - 1
Clinic Registered Nurse - 1 *Pending*
Dental Assistant (Registered) - 1
Health Education Specialist - 1
Health Education Specialist Extra Help - 2
Health Services Clinic Manager - 1
Medical Assistant - 1
Medical Assistant Bilingual Spanish - 1
Medical Records Technician, Sr Extra Help - 1
Mental Health Clinician (Licensed) - 1
Nurse Practitioner/Physician Assistant - 5
Nurse Practitioner/Physician Assistant - 1 *Pending*

Interviews in Progress
Clinic Registered Nurse 2nd Round - TBD
Dentist Manager (Extra Help) - TBD
Health Services Clinic Mgr - w/o 6/26/23
Mental Health Clinician Licensed - 6/13/23
Medical Records Tech, Sr Extra Help - TBD

Recently Hired Staff
Barton & Associates - 6/12/23
Touro Clinic Physician (Board Cert) - 6/14/23
Touro Physician Assistant - 6/15/23

**FHS Community Healthcare Board – Status Report June 2023:
FHS Credentialing, Provider Enrollment and Sanction Screening Activities**

Excluded Parties/Sanction Screening: 136

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
May 2023 TOURO/LOCUMS	Touro/Locum Providers: 16	Exclusions Found: 0
May 2023 County – H&SS Employees/Candidates	H&SS Employees: 120	Exclusions Found: 0 OIG report pending
Totals	TOTAL SCREENED: 132	Exclusions Found: 0

Credentialing: 9 Re-Credentialing: 6

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
May 2023 TOURO	<u>Active/Open: 2</u> Physician Assistants (PAs): 2	Submitted to Partnership: -1- Approved by Partnership: -0- Pending Submission to Partnership: 1
May2023 LOCUM	<u>Active/Open: 2</u> Physician Assistant (PA): 1 Nurse Practitioner: 1	Submitted to Partnership: -2- Approved by Partnership: -1- Pending Submission to Partnership: 0
May 2023 County H&SS Employees/ Candidates	<u>Active/Open: 11</u> Dentist Manager: 1 Physician Assistant –2 Clinic Physician – 1 Supervising Physician – 2 Nurse Practitioner: 2 LCSW – 1 RDA - 2	Submitted to Partnership: -3- Approved by Partnership: -2- Pending Submission to Partnership: 2

Provider and Site Enrollment and Re-Credentialing/Re-Validation:

Partnership – NEW Provider Enrollments

New Provider Enrollments: ACTIVE - Pending Submission: 3 (1 Touro PA, 1 NP, 1 Supervising Physician)
Submitted: 2 Pending Approval: 2
Approved: 2

Partnership – Provider Re-Credentialing

Provider Re-Credentialing: Submitted: 2 Pending Approval: 1 Pending Submission: 0
Approved: 1

Denti-Cal – Provider Revalidations

None During this Reporting Period

NPI Program/Site Revalidations – CMS (N = +/- 38)

None During this Reporting Period

Technical Assistance – PAVE (Medi-Cal) and PECOS (Medicare) Sites: Upon Request

Clinic Operations Report: Health Resources and Services Administration (HRSA) Grant Updates

- Family Health Services (FHS) utilized the total *Fiscal Year (FY) 2022/2023 Ryan White (RW) Part C Early Intervention Services (EIS) grant* (H76HA00823) funding of \$322,329 over the grant's performance period of April 1, 2022 to March 31, 2023. The funding was successfully utilized toward the following approved budget categories: Personnel, Fringe Benefits, Travel (Trainings and Mileage), Supplies (Medical & Treatment, Meeting, Office and Postage Supplies) and Other (Clinical & Diagnostic Services). H76 grant close out activities are in progress and no issues are anticipated.
- FHS submitted the *FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS)* grant application prior to the final, June 1st deadline. The application has been assigned a tracking number and is currently under review. The grant's proposed Budget Justification for its \$1,000,000 award is pending Community Healthcare Board (CHB) review and approval. – See CHB agenda "Business Governance"

Community Health Care Board
Family Health Services Grievance Report
CHB Meeting Date: June 21, 2023

Grievance Category	May 2023
Access to	1
Quality of Care	2
Scheduling	3
Other	2
Totals	8

REFERRAL REPORT-May 2023

The following report reflects the total number of referrals for all locations for the month of May; there were 745. The following is the breakdown:

Total Adult referrals: 634

Fairfield-275; Vacaville-87; Vallejo-272

Total Pediatric referrals 111

Fairfield-46; Vacaville-1; Vallejo-64

The charts below reflect the top 5 specialty referrals adult and pediatrics, per site.

Specialty	Fairfield Adult	Specialty	Fairfield Peds
Cardiology	28	ENT (ear, nose, throat)	5
Gastroenterology	31	Nutrition	6
Ophthalmology	34	Optometry	4
Physical Therapy	30	Orthopedic	9
Podiatry	23	Physical Therapy	3
	146		27

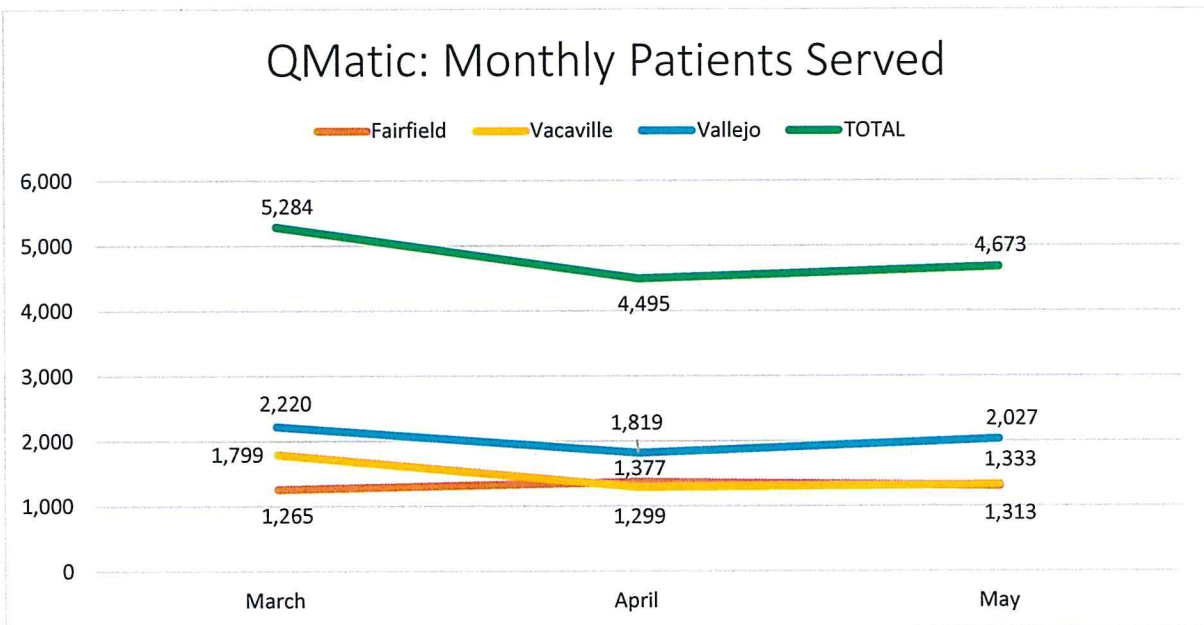
Specialty	Vacaville Adult	Specialty	Vacaville Peds
Cardiology	7	Speech Therapy	1
Gastroenterology	10		
Ophthalmology	14		
Ortho Surgery	5		
Podiatry	6		
	42		1

Specialty	Vallejo Adult	Specialty	Vallejo Peds
Cardiology	20	Allergy	5
Gastroenterology	32	Dermatology	6
Gynecology	24	ENT	7
Ophthalmology	24	NorthBay Reg. Center	4
Physical Therapy	21	Nutrition	5
	121		27

Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Patients Served		
	March	April	May
Fairfield			
Lab	94	106	91
Medical (Adult)	1,171	1,271	1,222
Subtotal	1,265	1,377	1,313
Vacaville			
Dental	792	524	662
Medical (Adult & Peds)	1,007	775	671
Subtotal	1,799	1,299	1,333
Vallejo			
Dental & Medical (Adult & Peds)	2,164	1,738	1,961
Lab	56	81	66
Subtotal	2,220	1,819	2,027
TOTAL	5,284	4,495	4,673



Call Center Stats 2023
Calls Appts

Numbers taken from total calls presented. Specific Skill Averages in Que
Average Tab

Time- HH:MM:SS

Month	Total Presented Calls	Total Handled Calls	% Handled	Total Abandon Calls	% of calls Abandon	Average Hold Until Handled	Average Hold Until Abandoned	Maximum Handle Time	Average Maximum Time Until Call was Abandoned	Appointments Scheduled by Call Center
Jan-2023	8792	6478	74.00%	2299	26.00%	0:05:34	0:06:31	0:32:25	3:06:37	2,038
Feb-2023	7572	6315	83.00%	1257	17.00%	0:04:13	0:05:00	0:32:09	0:38:12	1,890
Mar-2023	8256	8007	94.00%	5105	6.00%	0:01:49	0:03:18	0:33:22	0:22:41	2,354
Apr-2023	7154	6614	92.00%	537	8.00%	0:02:19	0:04:53	0:25:30	0:39:14	1,817
May-2023	8054	7229	90.00%	815	10.00%	0:02:20	0:04:11	0:30:15	0:25:09	1,760
Jun-2023										
Jul-2023										
Aug-2023										
Sep-2023										
Oct-2023										
Nov-2023										
Dec-2023										
Totals 2023	39,828.00	34,643.00	86.98%	10,013.00	25.14%	0:03:15	0:04:47	0:33:22	3:06:37	9,859
								Ave # of Apt Sched each moth		1,971.80

* Noted differences between January - May are reflective of the 7 staff total, 6 full time 1 part-time, due to accommodation .

*Consistency in staff hours in April and May reflect similarities in average hold times



Family Health Services

Use of funding from the Health Resources and Services Administration

Policy Number: 900.01

Effective Date	April 17, 2019
Frequency of Review	Annually
Last Reviewed	April 1, 2019 <u>June 9, 2023</u>
Last Updated	October 17, 2018 <u>June 9, 2023</u>
Author(s)	Andrew Obando <u>Noelle S. Soto, MPH</u>
Responsible Department	Family Health Services: Administration

PURPOSE:

This policy is intended to establish and support guidelines for the proper allocation and use of grant-related funding provided by the Health Resources and Services Administration in accordance with the Public Health Services Act and Solano County fiscal and personnel policies.

DEFINITIONS:

Health Resources and Services Administration The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

BACKGROUND

It is the policy of Solano County Health and Social Services (H&SS) to uphold compliance with government regulations. Family Health Services (FHS) is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal HRSA.

POLICY:

1. All disbursements of HRSA grant funds will comply with all existing standards and principles of auditing and accounting as well as regulations/guidelines pertinent to the grant. This includes, but is not limited to the following:
 - 2CFR Part 225 Cost Principles for State, Local, and Indian Tribal Governments
 - OMB Circular A-133 Audits of States, Local Governments and Non-Profit Organization
 - 45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
 - HHS Grants Policy Statement
2. FHS follows the terms and conditions of the respective agreements and grant awards with regard to the applicable administrative and fiscal requirements, and will annually assess the applicable requirements, including but not limited to HRSA Grants Policy Bulletins.
3. Allowable costs/cost principles are set forth in 2CFR Part 225, Cost Principles for State, Local and Indian Tribal Governments.



Family Health Services

Use of funding from the Health Resources and Services Administration

Policy Number: 900.01

2CFR Part 225 for federal grants prohibit the use of grant funds on certain types of expenditures, including, but not limited to:

- Alcoholic Beverages
- Entertainment
- Campaigning
- Lobbying
- Fines & penalties
- Fund-raising

4. Use of HRSA funds must follow the requirements included in the Grants Policy Bulletin Number 2019-022023-02E: Legislative Mandates in Grants Management for FY 201923.

Specifically, FY201923 Legislative Mandates limit the use of funds as follows:

Division E, Title VII

(1) Confidentiality Agreements (Section 742)

- a. "None of the funds appropriated or otherwise made available by this or any other Act may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.
- b. The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information."

Division H, Title II

(2) Salary Limitation (Section 202)

- a. "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."
- b. The Executive Level II salary is currently set at \$~~189,600~~ 212,200 as of January 2023.

(3) Gun Control (Section 210)

- a. "None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

Division H, Title V

(4) Anti-Lobbying (Section 503)



Family Health Services

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Policy Number: 900.01

- a. “No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any state or local legislature or legislative body, except in presentation to the Congress or any state or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government, except in presentation to the executive branch of any state or local government itself.
- b. No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- c. The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.”

(5) Acknowledgment of Federal Funding (Section 505)

- a. “When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to state and local governments and recipients of Federal research grants, shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with federal money; (2) the dollar amount of federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.”

(6) Restriction on Abortions (Section 506)

- a. “None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.



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- b. None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.
 - c. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.”
- (7) Exceptions to Restriction on Abortions (Section 507)
- a. “The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
 - b. Nothing in the preceding section shall be construed as prohibiting the expenditure by a state, locality, entity, or private person of state, local, or private funds (other than a state’s or locality’s contribution of Medicaid matching funds).
 - c. Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a state or locality to contract separately with such a provider for such coverage with state funds (other than a state’s or locality’s contribution of Medicaid matching funds).
 - d. (1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a state or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.
(2) In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”
- (8) Ban on Funding Human Embryo Research (Section 508)
- a. “None of the funds made available in this Act may be used for – (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).
 - b. For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization,



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parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.”

(9) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

- a. “None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.
- b. The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.”

(10) Restriction of Pornography on Computer Networks (Section 520)

- a. “None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.
- b. Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.”

~~(11) Restriction on Funding ACORN (Section 521)~~

- ~~a. None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.~~

~~(12)~~(11) Restriction on Purchasing of Sterile Needles (Section 526)

- a. “Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: *Provided*, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.”

PROCEDURE:

1. This policy and procedure shall be reviewed annually to ensure adherence with applicable HRSA Grants Policy Bulletins, regulations, and requirements. Revisions to this policy



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and procedure to ensure applicable and appropriate adherence as necessary will be approved and adopted by the Community Healthcare Board (CHB), the health center's governing board.

2. Authorization and approval of purchases and use of funds is delegated to management and supervisory staff according to the Solano County Purchasing and Contracting Policy.
3. All FHS management and supervisory staff, up to and including the health center Project Director/Clinic Operations Officer~~executive director~~, with any level of delegated authority to commit the County to use of funds or purchases for good and services will receive training not less than annually on the applicability of this policy.
4. Prior to any claims for HRSA funds submitted through the HHSUS Department of Health and Human Services' hosted Payment Management System (PMS), the Project Director/Clinic Operations Officer~~Executive Director~~, or designee, will review to ensure appropriate application of this policy.
5. In accordance with Sections 25250 and 25253 of the Government Code of the State of California, Solano County publishes a complete set of financial statements in conformity with generally accepted accounting principles and audited in accordance with generally accepted auditing standards by a firm of licensed certified public accountants.
6. To ensure compliance with legal requirements of federal awards, in accordance with OMB Circular A-133, Solano County undergoes a Single Audit by an independent auditor to report not only on fair representation of the financial statements, but on Solano County's internal controls over compliance involving the administration of federal awards.
7. Drawdowns of HRSA funds will be limited to the minimum amounts needed to cover allowable project costs.
- 6.8. Drawdowns of HRSA funds will be timed in a manner that minimizes the time elapsing between the transfer of the federal award funds from HRSA and the disbursement of these funds by the health center.

REFERENCED POLICIES	Solano County Purchasing and Contracting Policy
REFERENCED FORMS	None
REFERENCES	HRSA Grants Policy Bulletin <u>2023-02E19-02</u> FY <u>2023+8</u> Consolidated Appropriations Act <u>2023+8</u> (Public Law <u>117-328+15-141</u>) Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, <u>2023+9</u> Continuing Appropriations Act, <u>2023+9</u>



Family Health Services

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	45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
	OMB Circular A-133 Audits of States, Local Governments and Non-Profit Organization
	2 CFR Part 225 Cost Principles for State, Local, and Indian Tribal Governments
	HHS Grants Policy Statement
	California Government Code Sections 25250 and 25253

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Documenting Use of Non-Grant Funds

Policy Number: 900.02

Effective Date	July 1, 2023
Frequency of Review	Annually
Last Reviewed	June 14, 2023
Last Updated	June 14, 2023
Author(s)	Noelle S. Soto, MPH
Responsible Department	Family Health Services: Administration

PURPOSE:

This policy is intended to ensure the integrity of rules and regulations promulgated by the Health Resources and Services Administration and the Department of Health and Human Services regarding Program Income. Furthermore, recipients of federal grant are required to track and account for program income in accordance with 45 CFR § 75.302(b)(3). Recipients must report program income on their Federal Financial Report (FFRs).

DEFINITIONS:

Health Resources and Services Administration The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

Program Income Program income means gross income earned that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR §75.307(f).

BACKGROUND

It is the policy of Solano County Health and Social Services (H&SS) to uphold compliance with government regulations. Family Health Services (FHS) is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal HRSA.

POLICY:

1. FHS will segregate and track program income for each FHS project that generates program income.
2. FHS will use program income that is generated by certain federal awards and designations in compliance with applicable rules and these policies and procedures using the additive method. All program income generated due to projects financed with federal funds must be limited to furthering the eligible project/program objectives, financing the non-federal share of the project/program, or deducted from the total federal share of the project/program's allowable costs.



Family Health Services

Documenting Use of Non-Grant Funds

Policy Number: 900.02

PROCEDURE:

1. This procedure provides guidelines for the method through which FHS ensures any non-grant funds generated from Health Center Program project activities, in excess of what is necessary to support the HRSA-approved total Health Center Program project budget, were utilized to further the objectives of the project by benefiting the current or proposed patient population and were not utilized for purposes that are specifically prohibited by the Health Center Program.
2. The health center must use any non-grant funds as permitted under section 330 and may use such funds for such other purposes as are not specifically prohibited under section 330, if such use furthers the objectives of the FHS project.
3. Program income generated from a prescription or clinic-administered outpatient medication for a patient who is only eligible under one scope, or one grant type, must be designated to that scope/grant type.

REFERENCED POLICIES	None
REFERENCED FORMS	None
REFERENCES	HRSA Grants Policy Bulletin 2023-02E
	45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
	45 CFR § 75.302(b)(3)
	45 CFR §75.307(f)

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date

COUNTY OF SOLANO
DEPT: 7580 FAMILY HEALTH SERVICES
PROPOSED BUDGET FY2023/24

Category Subobject	Description	FY 2023/24 Recommended Budget	FY2023/24 Supplemental Adjustments	FY2023/24 Proposed Budget	Comments
EXPENDITURES					
1000	SALARIES AND EMPLOYEE BENEFITS				
1 0001110	SALARY/WAGES REGULAR	15,506,693	171,730	15,678,423	
2 0001121	SALARY/WAGES-EXTRA HELP	135,755	-	135,755	
3 0001131	SALARY/WAGES OT/CALL-BACK	17,448	-	17,448	
4 0001141	SALARY/WAGES PREMIUM PAY	-	-	-	
5 0001142	SALARY/WAGES STANDBY PAY	23,944	-	23,944	
6 0001210	RETIREMENT-EMPLOYER	4,456,625	49,355	4,505,980	
7 0001211	PARS RETIREMENT-ER	-	-	-	
8 0001212	DEFERRED COMP-COUNTY MATCH	43,227	-	43,227	
9 0001213	OPEB COSTS	310,146	3,435	313,581	
10 0001220	FICA-EMPLOYER	1,096,354	13,137	1,109,491	
11 0001230	HEALTH INS-EMPLOYER	2,792,798	47,714	2,840,512	
12 0001231	VISION CARE INSURANCE	23,301	298	23,599	
13 0001240	COMPENSATION INSURANCE	232,011	-	232,011	
14 0001241	LT DISABILITY INSURANCE ER	8,113	-	8,113	
15 0001250	UNEMPLOYMENT INSURANCE	-	-	-	
16 0001260	DENTAL INS-EMPLOYER	173,521	2,518	176,039	
17 0001270	ACCRUED LEAVE CTO PAYOFF	20,000	-	20,000	
18 0001290	LIFE INSURANCE-EMPLOYER	20,375	343	20,718	
19 0001999	SALARY SAVINGS	(4,177,375)	-	(4,177,375)	
20 1000	SALARIES AND EMPLOYEE BENEFITS	20,682,936	288,530	20,971,466	* 1.0 FTE Office Supervisor to oversee FHS Call Center * 1.0 FTE Planning Analyst LT (TBD) to provide high-level data analysis for the Quality Assurance Team <i>Funded with 1991 Realignment (1991R)</i>
21					
22 2000	SERVICES AND SUPPLIES				
23 0002021	COMMUNICATION-TELEPHONE SYSTEM	93,609	-	93,609	
24 0002022	COMMUNICATION-TELEPHONE AMC	12,082	-	12,082	
25 0002023	COMMUNICATION-VOICE MAIL	-	-	-	Cell phone for new Planning Analyst LT (TBD)
26 0002025	CELLULAR COMMUNICATION SERVICE	14,901	600	15,501	<i>Funded with 1991R</i>
27 0002026	CELL PHONE ALLOWANCE	-	-	-	
28 0002028	TELEPHONE SERVICES	17,144	-	17,144	

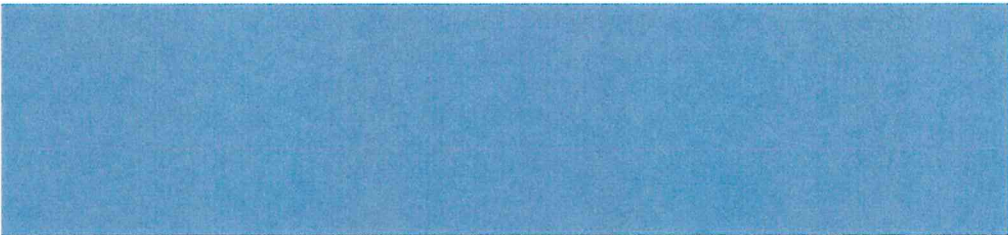
Category Subobject	Description	FY 2023/24 Recommended Budget	FY2023/24 Supplemental Adjustments	FY2023/24 Proposed Budget	Comments
29 0002035	HOUSEHOLD EXPENSE	25,123	-	25,123	
30 0002050	INSURANCE-RISK MANAGEMENT	-	-	-	
31 0002051	LIABILITY INSURANCE	280,002	-	280,002	
32 0002057	MALPRACTICE INSURANCE	579,426	-	579,426	
33 0002103	INTERPRETERS	4,415	-	4,415	
34 0002120	MAINTENANCE EQUIPMENT	26,689	-	26,689	
35 0002122	FUEL & LUBRICANTS	1,608	-	1,608	
36 0002140	MAINTENANCE-BLDGS & IMPROVE	-	-	-	
37 0002151	DRUGS & PHARMACEUTICAL SUPP	241,963	-	241,963	
38 0002153	MEDICAL/DENTAL SUPPLIES	327,435	-	327,435	
39 0002170	MEMBERSHIPS	3,460	-	3,460	
40 0002171	PROFESSIONAL LICENSES & CERT	14,995	-	14,995	
41 0002176	FEES AND PERMITS	9,364	-	9,364	
42 0002178	CASH SHORTAGE	-	-	-	
43 0002180	BOOKS & SUBSCRIPTIONS	1,450	-	1,450	
44 0002200	OFFICE EXPENSE	57,532	-	57,532	
45 0002201	EQUIPMENT UNDER \$1,500	52,220	-	52,220	2 computers for additional staff
46 0002202	CONT ASSETS COMPUTER RELATED	91,850	4,000	95,850	Funded with 1991R
47 0002203	COMPUTER COMPONENTS <\$1,500	1,500	-	1,500	
48 0002204	COMPUTER RELATED ITEMS:<\$500	-	-	-	
49 0002205	POSTAGE	-	-	-	
50 0002206	CONT ASSET-NON COMP RELATED	56,679	-	56,679	
51 0002207	ERGONOMIC UNDER \$1500	22,500	-	22,500	
52 0002215	MANAGED PRINT COST PER COPY	12,871	-	12,871	
53 0002216	MAINTENANCE/SERVICE CONTRACTS	11,720	-	11,720	
54 0002221	RECORDS STORAGE	2,710	-	2,710	
55 0002226	MEDICAL/DENTAL SERVICE	197,768	-	197,768	\$225,319 - TBD contract Funded with HRSA Expanding COVID-19 Vaccination (ECV) - rebudgeted
56 0002245	CONTRACTED SERVICES	682,939	207,319	890,258	(\$18,000) - Faktor contract placeholder for OSV shifted to CHC Board training Funded with County General Funds
57 0002250	OTHER PROFESSIONAL SERVICES	109,382	250,000	359,382	Consultant/Project Manager to support migration from NextGen to EPIC EHR project Funded with Federal Community Project Funding Initiative (Garamendi earmark)

Category Subobject	Description	FY 2023/24 Recommended Budget	FY2023/24 Supplemental Adjustments	FY2023/24 Proposed Budget	Comments
58 0002255	CREDIT CARD PROCESSING FEES	1,703	-	1,703	
59 0002260	DATA PROCESSING SERVICES	2,700	-	2,700	
60 0002261	SOFTWARE MAINTENANCE & SUPPORT	809,813	456,151	1,265,964	OCHIN contract <i>Funded with Federal Community Project Funding Initiative (Garamendi earmark)</i> Uniform Data System (UDS) enhancements contractor
61 0002263	H&SS DOIT TIME STUDY COSTS	1,448,281	45,000	1,493,281	<i>Funded with HRSA ARPA (UDS+) - rebudgeted</i>
62 0002264	HSS CDP COSTS	346,875	-	346,875	
63 0002266	CENTRAL DATA PROCESSING SVCE	848,848	-	848,848	
64 0002270	SOFTWARE	7,700	-	7,700	
65 0002271	SOFTWARE RENTAL / SUBSCRIPTION	26,350	-	26,350	
66 0002280	PUBLICATIONS AND LEGAL NOTICES	-	-	-	
67 0002281	ADVERTISING/MARKETING	-	-	-	
68 0002285	RENTS & LEASES - EQUIPMENT	11,657	-	11,657	
69 0002295	RENTS & LEASES-BUILDINGS/IMPR	2,400	-	2,400	
70 0002310	EDUCATION & TRAINING	6,000	-	6,000	
71 0002312	SPECIAL DEPARTMENTAL EXPENSE	7,244	-	7,244	
72 0002335	TRAVEL EXPENSE	6,000	-	6,000	
73 0002336	TRAVEL OUT-OF-STATE	-	-	-	
74 0002337	MEALS/REFRESHMENTS	3,000	-	3,000	
75 0002338	EMPLOYEE RECOGNITION	4,050	-	4,050	
76 0002339	MANAGEMENT BUSINESS EXPENSE	4,800	-	4,800	
77 0002345	MOVING/FREIGHT/TOWING	-	-	-	
78 0002350	COUNTY GARAGE SERVICE	27,873	-	27,873	
79 0002355	PERSONAL MILEAGE	9,605	-	9,605	
80 0002360	UTILITIES	178,906	-	178,906	
81 0002361	WATER	22,094	-	22,094	
82 2000	SERVICES AND SUPPLIES	6,729,236	963,070	7,692,306	
83					
84 3000	OTHER CHARGES				
85 0003121	INDIGENT CARE	21,135	-	21,135	
86 0003153	CONTRACTED DIRECT SERVICES	1,334,000	-	1,334,000	
87 0003158	FOOD FOR INDIGENT CLIENS	-	-	-	
88 0003160	TRANSPORTATION FOR CLIENTS	21,740	-	21,740	
89 0003421	BAD DEBTS	-	-	-	
90 0003690	INTERFUND SERVICES USED-COUNTY	6,808	-	6,808	
91 0003691	INTERFUND SVCES-ACCTG & AUDIT	22,800	-	22,800	
92 0003694	INTERFUND SVCES-PROFESSIONAL	582,258	-	582,258	
93 0003695	INTERFUND SVCES-MNT MATERIALS	-	-	-	

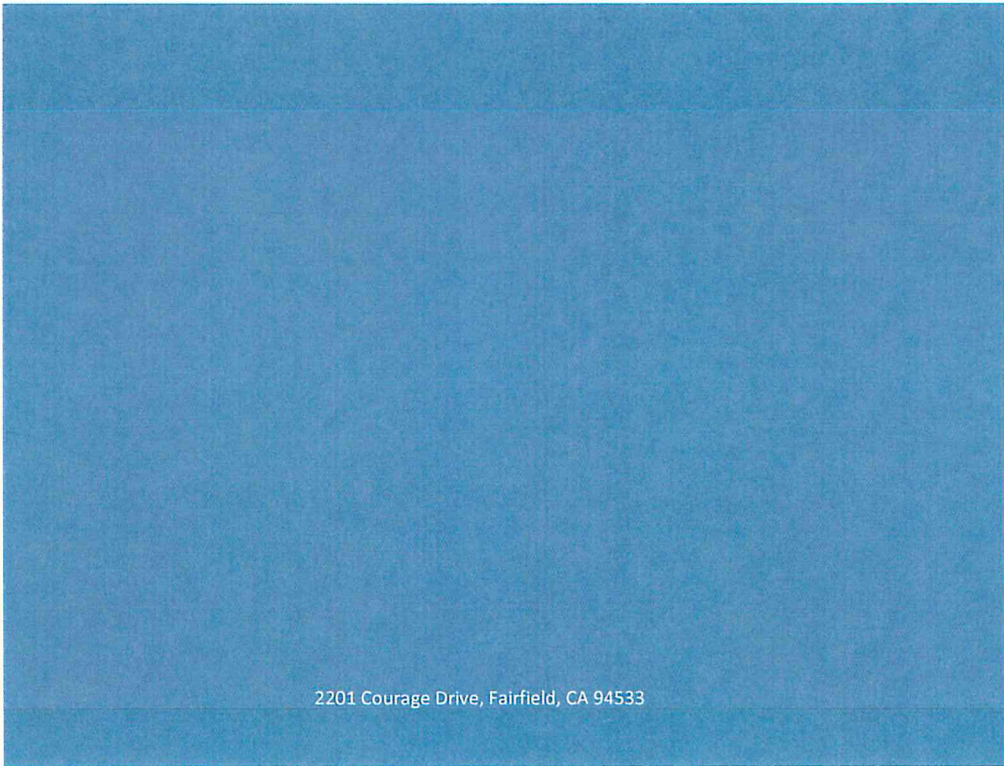
Category Subobject	Description	FY 2023/24 Recommended Budget	FY2023/24 Supplemental Adjustments	FY2023/24 Proposed Budget	Comments
94 0003696	INTERFUND SVCES-SMALL PROJECTS	1,949	-	1,949	
95 0003697	INTERFUND SVCES-POSTAGE	26,968	-	26,968	
96 0003698	INTERFUND SVCES-MNT LABOR	9,150	-	9,150	
					Reduced placeholder for Facktor contract to fund training for CHC board members
97 0003701	CONTRIB - NON COUNTY AGENCIES	-	18,000	18,000	Funded with County General Funds
98 0003710	COUNTYWIDE ADMIN OVERHEAD	935,417	-	935,417	
99 0003712	CAC BUILDING CHARGES	-	-	-	
100 3000	OTHER CHARGES	2,962,225	18,000	2,980,225	
101					
102 4000	FIXED ASSETS				
103 0004303	EQUIPMENT	184,100	-	184,100	
104 0004304	COMPUTER EQUIPMENT	-	-	-	
105 4000	FIXED ASSETS	184,100	-	184,100	
106					
107 5000	OTHER FINANCING USES				
108 0005040	TRANS OUT-POBs	251,670	-	251,670	
109 5000	OTHER FINANCING USES	251,670	-	251,670	
110					
111 7000	INTRA FUND TRANSFERS				
112 0007010	INTRA-FUND TRANSFER	2,632,919	-	2,632,919	
113 0007023	INTRAFUND SVCES-PERSONNEL	161,874	-	161,874	
114 0007024	INTRAFUND SVCES-PROFESSIONAL	-	-	-	
115 7000	INTRA FUND TRANSFERS	2,794,793	-	2,794,793	
116					
117	TOTAL EXPENDITURES	33,604,960	1,269,600	34,874,560	
118					

Category Subobject	Description	FY 2023/24 Recommended Budget	FY2023/24 Supplemental Adjustments	FY2023/24 Proposed Budget	Comments
119	REVENUES				
120					
121 9500	INTERGOVERNMENTAL REVENUES				
122 0009519	STATE VLF 1991 REALIGNMNT - PH	1,237,344	-	1,237,344	
					FY2022/23 unused grant funds rebudgeted
123 0009567	FEDERAL DIRECT - COVID-19	332,629	270,319	602,948	\$225,319 - HRSA ECV grant
124 0009572	FEDERAL AID	2,057,990	-	2,057,990	\$45,000 - HRSA ARPA (UDS+) grant
125 0009591	STATE GRANT REVENUE	-	-	-	
126 0009596	PRIOR YEAR REV-FEDERAL	-	-	-	
127 0009599	FEDERAL OTHER	237,241	706,151	943,392	Federal Community Project Funding Initiative (Garamendi earmark)
128 9500	INTERGOVERNMENTAL REVENUES	3,865,204	976,470	4,841,674	
129					
130 9600	CHARGES FOR SERVICES				
131 0009603	PHOTO/MICROFICHE COPIES	2,200	-	2,200	
132 0009643	PRIVATE PAY PATIENT	177,921	-	177,921	
133 0009657	INSURANCE PAYMENTS	28,104	-	28,104	
134 0009661	MEDI-CAL SERVICES	18,385,155	-	18,385,155	
135 0009662	MEDICARE SERVICES	848,132	-	848,132	
136 0009663	PRIOR YEAR REV-OTHER CHARGES	-	-	-	
137 0009667	CMSP SERVICES	-	-	-	
138 0009670	MANAGED CARE SERVICES	4,474,780	-	4,474,780	
139 9600	CHARGES FOR SERVICES	23,916,292	-	23,916,292	
140					
141 9700	MISC REVENUES				
142 0009703	OTHER REVENUE	1,337,436	-	1,337,436	
143 9700	MISC REVENUES	1,337,436	-	1,337,436	
144					
145 9800	OTHER FINANCING SOURCES				
146 0009807	TRANSFER IN-COUNTY CONTRIB	4,486,028	-	4,486,028	
147 TOTAL	OTHER FINANCING SOURCES	4,486,028	-	4,486,028	
148					
149					
150	TOTAL REVENUE	33,604,960	976,470	34,581,430	
151					
152					

Category Subobject	Description	FY 2023/24 Recommended Budget	FY2023/24 Supplemental Adjustments	FY2023/24 Proposed Budget	Comments
153	TOTAL EXPENDITURES VS TOTAL REVENUES				
154					
155		FY 2023/24 Recommended Budget	FY2023/24 Supplemental Adjustments	FY2023/24 Proposed Budget	
156	TOTAL EXPENDITURES	33,604,960	1,269,600	34,874,560	
157	TOTAL REVENUE	33,604,960	976,470	34,581,430	
158					
159	DEFICIT/(SURPLUS) FUNDED WITH 1991R	-	293,130	293,130	1991R funding for new 2.0 FTEs



BYLAWS OF
THE COUNTY OF SOLANO
COMMUNITY HEALTHCARE BOARD



2201 Courage Drive, Fairfield, CA 94533

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Introduction

This body shall be known as the County of Solano Community Healthcare Board and shall be thereafter referred to as the “Board”. The Board is also known as “Board” under Health Resources and Services Administration (HRSA). The Board shall serve as the independent local co-applicant governing board of the Solano County Family Health Services Health Centers pursuant to the Public Health Services Act and its implementing regulations. The County of Solano, a public entity and political subdivision of the State of California, shall act as co-applicant with the Board.

In addition to the Bylaws, the activities and authority of the Board shall be guided by the Co-Applicant Agreement between the County of Solano and the Board.

Article I: Purpose

The Board is the patient/community-based governing board mandated by the Health Resources Services Administration's ("HRSA") Bureau of Primary Health Care ("BPHC") to set health center policy and provide oversight of the county's network of ~~federally-qualified~~federally qualified health centers ("FQHCs" or "health center(s)").

The Board shall work cooperatively with the County of Solano Board of Supervisors acting in its role as co-applicant, to support and guide the Solano County Family Health Services Health Centers ("FHS") in its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Solano County.

Article II: Responsibilities

The Board has specific responsibilities to meet the governance expectations of HRSA, while day-to-day operational and management authority reside with FHS staff according to the Co-Applicant Agreement.

The Board's responsibilities include providing advice, leadership and guidance in support of FHS's mission.

The Board shall work with FHS's management and community leaders to actively engage in long-term strategic planning to position FHS now and into the future.

The Board will be knowledgeable about marketplace trends and shall have the responsibility for assisting and advising FHS to ensure that FHS remains viable in its marketplace while it pursues its mission.

The Board shall have the following responsibilities:

- Hold regular-monthly meetings and maintain a record of all official actions;
- Identification and consultation about the services to be delivered and the hours of operation;
- Review and approve financial priorities and recommend approval of the FQHC clinic budget and Health Center Program project budget in accordance with financial management policies retained by the Board of Supervisors;
- Monitoring the financial status of the health center, including reviewing financial status reports and results of the annual audit, and recommending that appropriate follow-up actions are taken;
- Adoption of policies necessary and proper for the efficient and effective operation of the FQHC clinics;
- Periodic evaluation of the effectiveness of the FQHC clinics in making services accessible to County residents;
- Review and approval of a procedure for hearing and resolving patient grievances;
- Approval of the implementation and ongoing operation of the FQHC clinics;
- Adoption of a quality of care audit procedure;
- Assuring that the health center operates in compliance with federal, state, and local laws and regulations;
- Adoption of bylaws;
- Approve health center services and the location and hours of operation of health center sites.
- Evaluate the performance of the health centers.
- Approve the selection, performance evaluation, retention, and dismissal of the health center's Project Director/CEO;
- Approve any clinic fees and discount program;
- Long-term strategic planning, which would include regular updating of the health center's mission, goals, and plans, as appropriate;
- Evaluating the health center's progress in meeting its annual and long-term goals; and
- Approving applications related to the health center project including grants/designation application and other HRSA requests regarding scope of project.
- Delegate approval of credentialing and privileging of providers to the Chief Medical Officer – Medical Services Division Director

Article III: Limitations of Authority

The Board of Supervisors shall maintain the authority to set general policy on fiscal and personnel matters pertaining to the FQHC clinics, including financial management practices, charging and rate setting, labor relations and conditions of employment, as well as any other authorities as set forth in the Co-Applicant Agreement. The Board may not adopt any policy or practice, or take any action, which is inconsistent with the County Code, or which alters the scope of any policy of the Board of Supervisors regarding fiscal or personnel issues.

Articles XI and XII of these Bylaws notwithstanding, and subject to the Co-Applicant Agreement, no other individual, entity or committee, including, but not limited to the Executive Committee authorized by the Board reserves or shall have approval or veto power over the Board with regards to the required HRSA authorities and functions. Furthermore, no collaborations or contracts shall restrict or infringe upon the health center Board's required HRSA authorities and functions.

Article IV: Members

Section I – Membership

There shall be at least nine (9) and no more than nineteen (19) at large voting members of the Board and one ex-officio non-voting member.

1. Membership categories:

A. Patient Members selected from patients of the Solano County FQHCs ("Patient Members").

B. Community Members ("Community Members") from differing segments of the County with expertise in community affairs, finance, legal affairs, or business or other commercial concerns; and

C. The FQHC Project Director/CEO, who shall serve as an ex-officio non-voting member of the Board.

2. Following the establishment of the Board and the seating of its initial members, the selection and appointment of any member and the filling of any vacancy shall be made by the Board by a majority vote. The FQHC Project Director/CEO shall submit a recommended list of nominees to the Board. The Director shall ensure that each nominee meets the requirements discussed in Article IV. The Board selects and removes its own Board Members without any limitations. Specifically, the Board has no limitations in selecting the Board Chair, the majority of health center Board members and the majority of Community Board members.

Section II – Membership Qualifications.

1. No more than one-half of the Community Members may receive more than ten percent (10%) of his or her annual income from the health care industry.

2. All Community Mmembers must either be living or working in the service area of the health centers located in Solano County, are representative of the community served by the health center or the health center's service area or have a other-demonstrable connection to the community. No member of the Board shall be an employee or an immediate family member, by blood, adoption or marriage, -of an employee of the County of Solano. No member shall have a financial interest, which would constitute a conflict of interest. Community Members are selected to provide relevant expertise and skills such as community affairs, local government, fiancé and banking, legal affairs, and other commercial and industrial concerns.

3. A majority of members of the Bboard (at least 51 percent) must be individuals who are served by the health center.

4. Patient Bboard Mmembers must be a current registered patient of the health center and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generated a health center visit at an in-scope -site.

5. As a group, ~~patient~~ Patient ~~M~~members of the ~~board~~ Board must reasonably represent the individuals who are served by the health center in terms of race, ethnicity, and gender. Health centers are also encouraged to consider patient members' representation in terms of other factors such as socioeconomic status, age, and other relevant demographic factors.

6. A legal guardian of a patient who is a dependent child or adult, or a legal sponsor of an immigrant, may also be considered a patient for purposes of ~~board~~ Board representation.

7. As a recipient of section 330(h) grant funds (Healthcare for the Homeless), at least one member of the ~~board~~ Board shall represent the homeless population served by the health center. This ~~board~~ Board member shall either be a Patient or Community ~~member~~ Member as defined in Section I of this Article IV. Representation could include advocates for the homeless population, someone who currently is or has experienced homelessness, or has expertise about, or works closely with the homeless population.

Section III - Responsibilities and Rights of Members

1. All members must:

A. Attend all Board meetings subject to the requirements of Article VI.

B. Serve without compensation from the FQHC; however, mileage and meal expenses may be allowable in accordance with the reimbursement policies of the County of Solano.

C. Be subject to the conflict of interest rules applicable to the Board of Supervisors of the County of Solano and the laws of the State of California.

2. Members shall be entitled to receive agendas, minutes, and all other materials related to the Board, may vote at meetings of the Board, and may hold office and may Chair Board committees.

Article V: Term of Office

The term of office for Board members shall be for four (4) years. A member shall be limited to no more than three (3) consecutive terms of membership. The effective date of membership corresponds to the date of appointment.

Article VI: Removal

Any member may be removed whenever the best interests of FHS or the Board will be served. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the Board.

Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in ~~this Article~~ [this Article](#).

The Board will accept a verbal resignation of a Board member as long as it is properly documented. The Board will send an email or letter to the Board member confirming the resignation. Following seven days (7) of receipt of the letter by the Board, the resignation is accepted.

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 real or apparent conflict of interest may exist for a member, the member shall ~~declare~~ declare in writing and explain the real or apparent 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~~ Bylaws, Board members shall also be subject to all applicable state and federal conflict of interest laws.

Article VIII: Compensation

Members of the Board shall serve without compensation from the FQHC. Travel, lodging, and meal expenses when traveling for Board business shall be approved in advance by the Board.

Article IX: Meetings

Section I - Regular Meetings

The Board shall meet at least monthly and maintain records/minutes that verify and document the board's functioning. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

Section II - Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of *Robert's Rules of Order* unless otherwise specified by these bylaws.

Section III - Open and Public

All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

Section IV - Notice, Agenda and Supportive Materials

- A. Written notice of each regular meeting of the Board, specifying the time, place and agenda items, shall be sent to each member not less than seventy-two (72) hours prior to the meeting except as permitted by the Ralph M. Brown Act. Preparation of the agenda shall be the responsibility of the Chair in conjunction with the FQHC Project Director/CEO, or his or her designee.
- B. The agenda of each regular meeting shall be posted in each FQHC clinic location and on the clinic's website or any other websites
- C. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the agenda. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a Board vote is established by the Chair of the Board, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting.
- D. Items which qualify as an emergency can be added to the agenda pursuant to the Ralph M. Brown Act.
- E. To hold a special meeting, advance notice of such meeting shall be given.

Section V - Quorum and Voting Requirements

- A. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the appointed members of the Board.
- B. A majority vote of those Board members present and voting is required to take any action.
- C. Each member shall be entitled to one vote. Voting must be in person or telephonically; no proxy votes will be accepted.
- D. Teleconferencing may be used as a method for conducting meetings whereby members of the ~~legislative body~~Board may be counted towards a quorum and participate in the meeting from remote locations. The following requirements apply:
 - 1. The remote locations may be connected to the meeting location by telephone, video or both;
 - 2. The notice and agenda of the meeting must identify the remote locations;
 - 3. The remote locations must be posted and accessible to the public;
 - 4. All votes must be by roll call; and
 - 5. The meeting must comply with the Brown Act, including participation by members of the public present in remote locations. A quorum of the legislative body must participate from locations within the jurisdiction, but other members may participate from outside the jurisdiction.
- E. Board member attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet. The names of members attending shall be recorded in the official minutes. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.
- F. The FQHC Project Director/CEO shall have direct administrative responsibility for the operation of the FQHCs and shall attend or assign a delegate in his/her absence to all meetings of the Board but shall not be entitled to vote.

Article X: Officers

The Chair and Vice-Chair shall be chosen from among the members of the Board without limitation.

Section 1: Nomination & Election

Nominees for officers shall be selected from the Board membership. Nominations for officers shall be made at the regular November meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board.

Initial selection of officers upon creation of the Board will transpire at the same Board meeting following the adoption of these bylaws.

Section 2: Appointment of Chair/Vice Chair

Officers shall be elected for a term of one (1) year, ~~and or any portion of an unexpired term thereof, a person shall be limited to no more than four (4) consecutive terms of membership. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected. An officer may be appointed to fill the unexpired term of a previous Chair/Vice Chair and such period of time shall not be counted towards the four (4) consecutive terms of membership.~~

Section 3: Vacancies

Vacancies created during the term of an officer shall be filled for the remaining portion of the term by special election by the Board, at a regular or special meeting in accordance with this Article.

Section 4: Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws, or other directives of the Board.

1. Chair

The Chair shall preside over meetings of the Board, shall serve as Chair of the Executive Committee and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Board.

2. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Board.

Article XI: Executive Committee

Section 1: Meetings

The Executive Committee shall meet on an as needed basis and at such time and place as it may designate and shall keep a record of all its proceedings and actions.

Special meetings of the Executive Committee may be called on one (1) days' notice by the Chair.

Section 2: Membership

The Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the Board elected as a member-at-large. Patient members shall be strongly encouraged to serve on the Executive Committee. The outgoing Chair is encouraged to participate as an ex-officio member.

Section 3: Election

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board, in accordance with Article X.

Section 4: Powers

The Executive Committee shall coordinate the activities of all committees; and shall perform such other duties as prescribed by the Board, ~~subject to Article III of these Bylaws.~~

Section 5: Voting

The Executive Committee shall act by majority vote of those present at a meeting having a quorum. Two (2) members of the Executive Committee shall constitute a quorum. Any actions of the Executive Committee must be approved and ratified by the full Board at its next scheduled meeting.

Section 6: Vacancies

Vacancies on the Executive Committee shall be filled by special election at a regular or special meeting of the Board, in accordance with Article X.

Article XII: Committees

In addition to Executive Committees pursuant to Article XI, the Board may designate one or more committees as the Board sees as appropriate to carry out its responsibilities, ~~subject to Article III of these Bylaws.~~ The designation shall be adopted at a meeting of the Board at which a quorum is present. Each standing committee shall be subject to the requirements of the Ralph M. Brown Act.

Each committee shall consist of two (2) or more Board members, at least one (1) of who is a patient member. Committees may also consist of additional persons from the community chosen for their knowledge and concern about a specific issue or field or endeavor who are not members of the Board.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Any actions or recommendations of a committee must be approved by the Board.

Section 1: Committee Appointments

A. Chair

The Chair of the Board shall appoint the Committee Chair from the members of the committee.

B. Members

Committee members shall be appointed by the Chair of the Board and are subject to the review of the Board.

C. Term of Office

The Chair of a committee shall hold office for a maximum on one (1) year or until a successor is appointed and approved. All members of each committee shall hold office for one (1) year. A person shall be limited to no more than four (4) consecutive terms of membership.

D. Vacancies

The Chair, with the approval of the Board, shall have the power to fill any vacancies that occur on the committee.

Section 2: Meetings

All meetings of the committees shall meet at such time and place as designated by the Chair of the committee and as often as necessary to accomplish their duties.

Section 3: Minutes

All committees shall maintain written minutes of all meetings, which shall be available to the Board. They shall report in writing to the Board as necessary, in the form of reports or recommendations.

Article XIII: Amendments and Dissolution

Amendments: The bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the Board at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Any revisions and amendments must be approved by the Board.

Dissolution: Dissolution of the Board shall only be by affirmative vote of the Board and County Board of Supervisors at duly scheduled meetings. The causes for dissolution may include changes in laws, regulations, or external environments, circumstances that dictate dissolution such as the identification of an environment that would constitute a threat to patient, employee, or public safety, clinical care, or inappropriateness, or any other circumstance that would constitute a violation of the County Law, or laws and regulations governing FQHC programs, or threaten credentialing, accreditation, or certifications that permit the delivery of services to patients. In considering dissolution, the Board and County Board shall take into consideration the importance of FHS services to the community, and only exercise such authority as a last resort or remedy.

CERTIFICATION

These bylaws were approved at a meeting of the Board by a two thirds majority vote on ~~August 21, 2019~~ June 21, 2023

Chair

Date

Vice Chair

Date

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

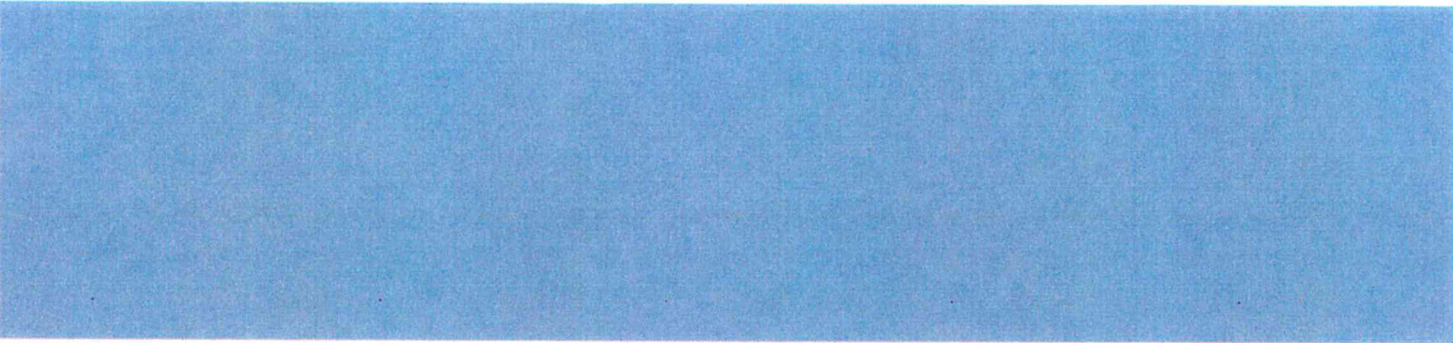
1. A Board member must declare and explain any potential conflicts of interest related to:
 - Using her/his Board appointment in any way to obtain financial gain for the member's household or family, or for any business with which the Board member or a Board member's household or family is associated; 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: _____



BYLAWS OF
THE COUNTY OF SOLANO
COMMUNITY HEALTHCARE BOARD

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Any member may be removed whenever the best interests of FHS or the Board will be served. The member whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the Board. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the Board.

Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article.

The Board will accept a verbal resignation of a Board member as long as it is properly documented. The Board will send an email or letter to the Board member confirming the resignation. Following seven days (7) of receipt of the letter by the Board, the resignation is accepted.

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.

Article VIII: Compensation

Members of the Board shall serve without compensation from the FQHC. Travel, lodging, and meal expenses when traveling for Board business shall be approved in advance by the Board.

Article IX: Meetings

Section I - Regular Meetings

The Board shall meet at least monthly and maintain records/minutes that verify and document the board's functioning. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

Section II - Conduct of Meeting

The meeting shall be conducted in accordance with the most recent edition of *Robert's Rules of Order* unless otherwise specified by these bylaws.

Section III - Open and Public

All meetings will be conducted in accordance with the provisions of the Ralph M. Brown Act, open public meeting law, as amended.

Section IV - Notice, Agenda and Supportive Materials

- A. Written notice of each regular meeting of the Board, specifying the time, place and agenda items, shall be sent to each member not less than seventy-two (72) hours prior to the meeting except as permitted by the Ralph M. Brown Act. Preparation of the agenda shall be the responsibility of the Chair in conjunction with the FQHC Project Director/CEO, or his or her designee.
- B. The agenda of each regular meeting shall be posted in each FQHC clinic location and on the clinic's website or any other websites
- C. Supportive materials for policy decisions to be voted upon shall be distributed to all members along with the agenda. If, on a rare occasion, such prior submission is precluded by time pressures, and if the urgency of a Board vote is established by the Chair of the Board, an item may be placed on the agenda although supporting materials are not available in time to be distributed; however, such material shall be available at the meeting.
- D. Items which qualify as an emergency can be added to the agenda pursuant to the Ralph M. Brown Act.
- E. To hold a special meeting, advance notice of such meeting shall be given.

Section V - Quorum and Voting Requirements

- A. A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the appointed members of the Board.
- B. A majority vote of those Board members present and voting is required to take any action.
- C. Each member shall be entitled to one vote. Voting must be in person or telephonically; no proxy votes will be accepted.
- D. Teleconferencing may be used as a method for conducting meetings whereby members of the legislative body may be counted towards a quorum and participate in the meeting from remote locations. The following requirements apply:
 - 1. The remote locations may be connected to the meeting location by telephone, video or both;
 - 2. The notice and agenda of the meeting must identify the remote locations;
 - 3. The remote locations must be posted and accessible to the public;
 - 4. All votes must be by roll call; and
 - 5. The meeting must comply with the Brown Act, including participation by members of the public present in remote locations. A quorum of the legislative body must participate from locations within the jurisdiction, but other members may participate from outside the jurisdiction.
- E. Board member attendance at all meetings shall be recorded on a sign-in sheet. Members are responsible for signing the attendance sheet. The names of members attending shall be recorded in the official minutes. Where geography or other circumstances make monthly, in-person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.
- F. The FQHC Project Director/CEO shall have direct administrative responsibility for the operation of the FQHCs and shall attend or assign a delegate in his/her absence to all meetings of the Board but shall not be entitled to vote.

Article X: Officers

The Chair and Vice-Chair shall be chosen from among the members of the Board.

Section 1: Nomination & Election

Nominees for officers shall be selected from the Board membership. Nominations for officers shall be made at the regular November meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board.

Initial selection of officers upon creation of the Board will transpire at the same Board meeting following the adoption of these bylaws.

Section 2: Appointment of Chair/Vice Chair

Officers shall be elected for a term of one (1) year, or any portion of an unexpired term thereof, a person shall be limited to no more than four (4) consecutive terms of membership. A term of office for an officer shall start January 1, and shall terminate December 31, of the same year, or shall serve until a successor is elected.

Section 3: Vacancies

Vacancies created during the term of an officer shall be filled for the remaining portion of the term by special election by the Board, at a regular or special meeting in accordance with this Article.

Section 4: Responsibilities

The officers shall have such powers and shall perform such duties as from time to time shall be specified in these Bylaws, or other directives of the Board.

1. Chair

The Chair shall preside over meetings of the Board, shall serve as Chair of the Executive Committee and shall perform the other specific duties prescribed by these Bylaws or that may from time to time be prescribed by the Board.

2. Vice-Chair

The Vice-Chair shall perform the duties of the Chair in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Board.

Article XI: Executive Committee

Section 1: Meetings

The Executive Committee shall meet on an as needed basis and at such time and place as it may designate and shall keep a record of all its proceedings and actions.

Special meetings of the Executive Committee may be called on one (1) days' notice by the Chair.

Section 2: Membership

The Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the Board elected as a member-at-large. Patient members shall be strongly encouraged to serve on the Executive Committee. The outgoing Chair is encouraged to participate as an ex-officio member.

Section 3: Election

Officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board, in accordance with Article X.

Section 4: Powers

The Executive Committee shall coordinate the activities of all committees; and shall perform such other duties as prescribed by the Board.

Section 5: Voting

The Executive Committee shall act by majority vote of those present at a meeting having a quorum. Two (2) members of the Executive Committee shall constitute a quorum.

Section 6: Vacancies

Vacancies on the Executive Committee shall be filled by special election at a regular or special meeting of the Board, in accordance with Article X.

Article XII: Committees

In addition to Executive Committees pursuant to Article XI, the Board may designate one or more committees as the Board sees as appropriate to carry out its responsibilities. The designation shall be adopted at a meeting of the Board at which a quorum is present. Each standing committee shall be subject to the requirements of the Ralph M. Brown Act.

Each committee shall consist of two (2) or more Board members, at least one (1) of who is a patient member. Committees may also consist of additional persons from the community chosen for their knowledge and concern about a specific issue or field or endeavor who are not members of the Board.

The designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of its responsibility. Any actions or recommendations of a committee must be approved by the Board.

Section 1: Committee Appointments

A. Chair

The Chair of the Board shall appoint the Committee Chair from the members of the committee.

B. Members

Committee members shall be appointed by the Chair of the Board and are subject to the review of the Board.

C. Term of Office

The Chair of a committee shall hold office for a maximum on one (1) year or until a successor is appointed and approved. All members of each committee shall hold office for one (1) year. A person shall be limited to no more than four (4) consecutive terms of membership.

D. Vacancies

The Chair, with the approval of the Board, shall have the power to fill any vacancies that occur on the committee.

Section 2: Meetings

All meetings of the committees shall meet at such time and place as designated by the Chair of the committee and as often as necessary to accomplish their duties.

Section 3: Minutes

All committees shall maintain written minutes of all meetings, which shall be available to the Board. They shall report in writing to the Board as necessary, in the form of reports or recommendations.

Article XIII: Amendments and Dissolution

Amendments: The bylaws may be repealed or amended, or new Bylaws may be adopted at any meeting of the Board at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention as to alter, amend, repeal, or to adopt new Bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Any revisions and amendments must be approved by the Board.

Dissolution: Dissolution of the Board shall only be by affirmative vote of the Board and County Board of Supervisors at duly scheduled meetings. The causes for dissolution may include changes in laws, regulations, or external environments, circumstances that dictate dissolution such as the identification of an environment that would constitute a threat to patient, employee, or public safety, clinical care, or inappropriateness, or any other circumstance that would constitute a violation of the County Law, or laws and regulations governing FQHC programs, or threaten credentialing, accreditation, or certifications that permit the delivery of services to patients. In considering dissolution, the Board and County Board shall take into consideration the importance of FHS services to the community, and only exercise such authority as a last resort or remedy.

CERTIFICATION

These bylaws were approved at a meeting of the Board by a two thirds majority vote on January 20, 2021.

Chair

Date

Vice Chair

Date

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

Medical Services Division



SOLANO COUNTY



Fairfield Primary Care Clinic **707-784-2010**

Adults: 2201 Courage Drive Pediatrics: 2101 Courage Drive
Fairfield, CA 94533 (MS 9-100) Fairfield, CA 94533 (MS 10-150)

2201 (Adults) Hours: Monday – Friday 7:30am – 5:00pm, Walk Ins until 3:45pm

2101 (Peds) Hours: Monday – Friday 8:00am – 5:00pm, Walk Ins until 3:45pm

Health Services Clinic Manager – (Vacant) 707-784-4406

Office Supervisor – Yvette Evans 707-784-4409

Fairfield Dental Clinic **707-784-2120**

Adults & Children: 2101 Courage Drive
Fairfield, CA 94533 (MS 10-300)

Hours: Monday – Friday 7:30am-12:30pm, 1:30pm- 6:30pm, Walk Ins until 5:15pm

Dentist Manager – Dr. Reza Rajabian 707-784-8256

Office Supervisor – Mercedes Ruiz 707-784-2123

Vacaville Primary Care Clinic **707-469-4640**

Adults & Pediatrics: 1119 East Monte Vista Avenue, 2nd Floor
Vacaville, CA 95688 (MS 32-200)

Hours: Monday – Friday 8:00am – 7:00pm, Walk Ins until 3:45pm

Health Services Clinic Manager – Cynthia Coutee 707-469-4570

Office Supervisor – Luis Toscano 707-469-4643

Vacaville Dental Clinic **707-469-4670**

Adults & Children: 1119 East Monte Vista Avenue, 2nd Floor
Vacaville, CA 95688 (MS 32-210)

Hours: Monday – Friday 7:30am-12:30pm, 1:30pm- 6:30pm, Walk Ins until 5:15pm

Dentist Manager – Dr. Reza Rajabian 707-784-8256

Office Supervisor – Jennifer Rodriguez 707-469-4658

Vallejo Primary Care Clinic **707-553-5509**

Adults & Pediatrics: 365 Tuolumne Street
Vallejo, CA 94590 (MS 23-100)

Hours: Monday – Friday 8:00am – 6:00pm, Walk Ins until 3:45pm

Health Services Clinic Manager – Rebecca Cronk 707-553-5762

Office Supervisor – Lorielle Harbin 707-553-5330

Vallejo Dental Clinic (call Fairfield) **707-784-2120**

Adults & Pediatrics: 365 Tuolumne Street
Vallejo, CA 94590 (MS 23-100)

By appointment only.

6/6/2023 (pdz)

BUDGET JUSTIFICATION - COUNTY OF SOLANO
FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS)
Project Type: Non-Construction
Grant Number: TBD
PERIOD OF PERFORMANCE: JULY 1, 2023 TO JUNE 30, 2024

A Non-Construction Community Project Funding/Congressionally Directed Spending (CPF/CDS) grant to be used for Congressional approved projects supporting health related activities, including training and information technology.

REVENUE	Total
Community Project Funding/Congressionally Directed Spending (Jul 1, 2023 to Jun 30, 2024)	\$ 1,000,000

EXPENDITURES Object Class Category with Line Item Justification Direct Charges	Adjusted Annual Salary*	FTE to Support Activities	Federal Requested Funding to Support Line Item
A. PERSONNEL			
Leary Michele Chief Medical Officer	\$ 212,100	0.10	\$ 21,210
Weissenfels Dona Clinic Operations Officer	N/A	0.10	\$ 19,515
TOTAL PERSONNEL	\$ 412,064	0.20	\$ 40,725
B. FRINGE BENEFITS			
<i>List the components that comprise the fringe benefit rate. The fringe benefits should be directly proportional to allocated</i>			
The fringe benefit rate varies by position. For the grant portion the average benefit rate is 39%. These benefits include: Medical, FICA, Retirement, Worker's Compensation/Unemployment Insurance, and			\$ 15,883
			39%
TOTAL FRINGE BENEFITS			\$ 15,883
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>			
Replacement Electronic Health Record (EHR) system (OCHIN Epic) with the goal of dramatically improving & optimizing operational, compliance & clinical excellence while reducing patient safety & quality issues: complying with regulatory requirements that satisfy the compliance & regulatory landscape (e.g. 21st Century Cures Act, Information Blocking Rules, Good Faith Estimates, HRSA 330 Community Health Grant mandates), improving patient safety & care quality, better data capture & documentation, improving clinical efficiency – reduce administrative burdens for providers, improve patient & clinician satisfaction/retention, data mine efficiently information for Health Plan Quality Payments & HRSA Uniform Data System (UDS) reports, replace the County's fragmented & obsolete health record system, support outpatient care restructuring to improve efficiency & effectiveness for patient care. (Estimated Overall Implementation Cost = \$1,120,757 - \$639,392 [CPF/CDS funding] = \$481,365 to be paid for through other ARPA funding sources)			\$ 693,392
TOTAL EQUIPMENT			\$ 693,392
E. SUPPLIES			
<i>Include equipment items that cost less than \$5,000 each and other supplies.</i>			
TOTAL SUPPLIES			

BUDGET JUSTIFICATION - COUNTY OF SOLANO
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EXPENDITURES Object Class Category with Line Item Justification Direct Charges	Adjusted Annual Salary*	FTE to Support Activities	Federal Requested Funding to Support Line Item
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 manage, facilitate & oversee the replacement of one EHR (NextGen) & transition process to a new EHR (OCHIN Epic) system with the goal of dramatically improving & optimizing operational, compliance & clinical excellence while reducing patient safety & quality issues: complying with regulatory requirements that satisfy the compliance & regulatory landscape, improving patient safety & care quality, better data capture & documentation, improving clinical efficiency – reduce administrative burdens for providers, improve patient & clinician satisfaction/retention, data mine efficiently information for Health Plan Quality Payments and HRSA UDS reports, support outpatient care restructuring to improve efficiency and effectiveness for patient care. (Two consulting project managers @ \$125,000/960 hours each = \$250,000)			\$ 250,000
TOTAL CONTRACTUAL			\$ 250,000
G. CONSTRUCTION			
TOTAL CONSTRUCTION			
H. OTHER			
<i>Include justificaion 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			\$ 1,000,000
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, if applicable.</i>			
TOTAL INDIRECT COSTS			\$ -
TOTAL REQUESTED GRANT FUNDS			\$ 1,000,000

Staff will not exceed 1.0 FTE across all grants

*Use this column only when the salary is over the limitation of \$212,100