

County of Solano  
Community Healthcare Board  
Regular Meeting

August 16, 2023  
12:00 pm – 2:00 pm  
2101 Courage Drive, Fairfield, CA 94533  
Room Location: Multi-Purpose Room

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**AGENDA**

**1) CALL TO ORDER – 12:00 PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE AUGUST 16, 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 July 7, 2023, Draft Meeting Minutes

**5) CLINIC OPERATIONS REPORTS**

- a) Staffing Update
- b) Credentialing Update – Desiree Bodiford
- c) HRSA Grants Update(s)
- d) Grievances/Compliments – Rebecca Cronk
- e) Compliance – Cheryl Esters
  - i) Training Records
  - ii) Medical Records Committee
- f) Finance – Nina Delmendo
- g) Referrals – Cynthia Coutee
- h) Major Project Updates
- i) QI Update – Dr. Michele Leary
- j) Revenue Cycle Management – Nina Delmendo
- k) FHS Clinic Q-Matic Stats

**6) HRSA PROJECT OFFICER REPORT**

- a) Health Center HRSA Project Officer Update – Dona Weissenfels
  - i) Health Center Activities, Internal & External Update
  - ii) HRSA Virtual Operations Site Visit (VOSV) and Facktor Health Organizational Assessment

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**7) BUSINESS GOVERNANCE**

- a) Review and consider approval of the Family Health Services After Hours Coverage Policy Number: 300.01 – Dr. Michele Leary
  - i) **ACTION ITEM:** The Board will consider approval of the Family Health Services After Hours Coverage Policy Number: 300.01
- b) Review and consider approval of the Family Health Services Financial Documents listed below – Nina Delmendo
  - i) **ACTION ITEM:** The Board will consider approval of the Family Health Services Financial Documents listed below:
    - FHS FY 2022/23 Year End Financial Report
    - FY 2021/22, 2022 Solano County Single Audit Report
- c) Discuss the change, of the FHS Call Center located at 355 Tuolumne Street, in Vallejo. Request Board approval to close the location – Dona Weissenfels
  - i) **ACTION ITEM:** The Board will consider approval to close the Call Center location at 355 Tuolumne Street, in Vallejo. Call Center Services are provided in each of the FHS Clinics in Vallejo, Fairfield and Vacaville.

**8) DISCUSSION**

- a) National Health Centers Week, Family Health Services Open House, August 10, 2023 outcome – Board Member Ruth Forney
- b) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, scheduled August 27-29, 2023, in San Diego California. Board Members attendees in person are Ruth Forney and Tracee Stacy and virtually are Brandon Wirth and Michael Brown.
- c) FY 24/25 Budget Development – Nina Delmendo
- d) Request of a future presentation to the Board on a Behavioral Health Plan, regarding integrated behavioral health for FHS patients. – Board Member Tracee Stacy

**9) BOARD MEMBER COMMENTS**

**10) ADJOURN: TO THE COMMUNITY HEALTHCARE BOARD MEETING OF:**

DATE: September 20, 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.



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**REGULAR GOVERNING BOARD MEETING MINUTES**

Friday, July 7, 2023

In Person Meeting

**Members Present:**

At Roll Call: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O’Conner, Tracee Stacy, Sandra Whaley and Brandon Wirth (arrived late).

**Members Absent:** Ruth Forney, Anthony Lofton, and Robert Wieda

**Staff Present:**

Gerald Huber, Bela Matyas, Dona Weissenfels, July Barga, Rebecca Cronk, Nina Delmendo, Valerie Flores, Krista McBride, Dr. Reza Rajabian, Danielle Seguerre-Seymour, Noelle Soto, Julie Barga, Kathryn Power (PHC) and Patricia Zuñiga

**1) Call to Order – 12:04 p.m.**

**The meeting was led by Vice Chair, Mike Brown.**

- a) Welcome
- b) Roll Call

**2) Approval of the July 7, 2023 Agenda**

Motion: To approve the July 7, 2023, Agenda.

Motion by: Sandra Whaley and seconded by Deborah Hillman.

Discussion: None.

Ayes: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O’Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

**3) Public Comment**

There was no Public Comment

**Regular Calendar**

**4) Approval of Minutes**

Approval of the June 21, 2023 Draft Minutes.

Motion: To approve the May 17, 2023 Draft Minutes.

Motion by: Tracee Stacy and seconded by Sandra Whaley



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Discussion: None.

Ayes: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O’Conner, Tracee Stacy and Sandra Whaley

Nays: None

Abstain: None

Motion Carried.

**5) Clinic Operations Reports**

- a) Staffing Update – Dona Weissenfels -- Please reference the handout titled, *“Family Health Services Staffing Update – CHB June 21, 2023*
- b) Credentialing Update – Desiree Bodiford – Nothing to report.
- c) HRSA Grants update(s) – Noelle Soto – Noelle mentioned that there were two (2) Health Resources (HRSA) 5A forms that were up for Board approval in the Governance agenda item.
- d) Grievances/Compliments – Rebecca Cronk – Nothing to report.
- e) Compliance – Cheryl Esters –
  - i) Second Call Center Statistical Report – Please reference the handout titled, *“Family Health Services (FHS) Call Center Guidelines [FHS-CCG] Review [FY22/23] dated March 22, 2023”*.
    - Krista McBride reported on behalf of Cheryl Esters and noted that the Call Center audit showed the statistics without a supervisor. It was presented to the County Administrator Office to justify that a Call Center Supervisor was necessary to improve the efficiency of the Call Centers, due to existing deficiencies.
  - ii) Medical Records Unity Statistical Report – Nothing to report.
- f) Finance – Nina Delmendo – Nothing to report.
- g) Referrals – Cynthia Coutee – Nothing to report.
- h) Major Project Updates – Dona mentioned there were no updates at the time and would report out at her HRSA Project Officer Report.
- i) QI Update – Dr. Michele Leary – Dr. Leary was unavailable as she was in the clinic seeing patients, due to short staff of providers.
- j) Revenue Cycle Management – Nina Delmendo – There was no report.
- k) FHS Clinic Q-Matic Stats – Noelle Soto - Please reference the handout titled, *“Clinic Metrics, Queue Management (Q-Matic) Stats – June 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.
  - i) Health Center Activities, Internal & External Update
    - Dona mentioned that there was a major push for all FHS Leadership and support staff to prepare for the July 25-27 Health Resources Services Administration (HRSA) Virtual On Site Visit (VOSV). The Organizational Assessment was reviewed by Facktor Health.
    - Dona mentioned that regarding OCHIN EPIC, the new electronic health records program, on July 11, 2023, they will be working on Resource Assessment and a target date for implementation starts in January 2024.
    - She informed everyone that the translation iPads donated by PHC have been well received by the patients and there has been very positive feedback from the patients.
    - Dona mentioned the Quality Plan and that it was required for the HRSA VOSV.



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- Dona told the Board that there has been a Nutritionist vacancy for some time and that a Memorandum of Understanding (MOU) is being processed so there will be a Nutritionist on site at the clinics. More to come.
- Dona mentioned that there is a lot of work in updating contracts, which take time to process and finalize.
- Dona mentioned that the Zip Code Report is part of the Needs Assessment.
- There is discussion about assigning the Mobile Clinic Units to Rio Vista when they are back in service.

**7) Business Governance**

a) Review and approval the Family Health Services (FHS) Policies listed below:

i) ACTION ITEM: The Board will consider approval of the Family Health Services Policies listed below:

- Language Access and Interpretation Policy Number: 200.02 – Rebecca Cronk
- Clinical Guidelines and Standards of Care Protocol Policy Number: 500.02 – Dona Weissenfels

Motion: To approve all the Family Health Services (FHS) the Family Health Services Policies listed above.

Motion by: Tracee Stacy and seconded by Sandra Whaley

Discussion: None.

Ayes: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O’Conner, Tracee Stacy, Sandra Whaley and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

b) Review and consider approval of the Quality Management Plan 2023-2025 – Dona Weissenfels

- Noelle mentioned the policy 900.02 was a new policy.
- i) ACTION ITEM: The Board will consider approval of the Quality Management Plan 2023-2025

Motion: To approve all the Family Health Services (FHS) Documenting Use of Non-Grant Funds Policy Number: 900.02.

Motion by: Sandra Whaley and seconded by Deborah Hillman

Discussion: None.

Ayes: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O’Conner, Tracee Stacy, Sandra Whaley and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.



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- c) Review and consider approval of the FHS Patient Survey – Access Results 2023 – Dona Weissenfels
- Nina noted that \$18,000 was added to the budget, so that board members could attend the upcoming NACHC Conference in August 2023. To accomplish this, Nina mentioned the areas where funding was removed in the FHS budget to accommodate additional funds requested by the Board.
- i) ACTION ITEM: The Board will consider approval of the FHS Patient Survey – Access Results 2023

Motion: To approve the FHS Patient Survey – Access Results 2023.

Motion by: Tracee Stacy and seconded by Deborah Hillman

Discussion: None.

Ayes: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O’Conner, Tracee Stacy, Sandra Whaley and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

- d) Review and consider approval of the updated Health Resources Services Administration (HRSA) Health Center Program (HCP) 5A documents listed below: – Noelle Soto
- i) ACTION ITEM: The Board will consider approval of the updated Health Resources Services Administration (HRSA) Health Center Program (HCP) 5A documents listed below:
- Updated HRSA HCP (H80CS04518) Required Services listed on Form 5A: Services Provided
  - Updated HRSA HCP (H80CS04218) Additional Services listed on Form 5A: Additional Services

Motion: To approve the updated Health Resources Services Administration (HRSA) Health Center Program (HCP) 5A documents listed above.

Motion by: Sandra Whaley and seconded by Gerald Hase

Discussion: None.

Ayes: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O’Conner, Tracee Stacy, Sandra Whaley and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

- e) Review and consider approval of the Patient Origin by Zip Code Analysis – Dona Weissenfels
- i) ACTION ITEM: The Board will consider approval of the Patient Origin by Zip Code Analysis

Motion: To approve the Patient Origin by Zip Code Analysis.

Motion by: Don O’Conner and seconded by Deborah Hillman



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Discussion: None.

Ayes: Mike Brown, Charla Griffith, Gerald Hase, Deborah Hillman, Don O'Conner, Tracee Stacy, Sandra Whaley and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

### 8) Discussion

- a) National Health Centers Week, August 7 – 11, 2023 Update.
  - Board Member Ruth Forney notified everyone that the event to appreciate staff for this event will be held in the Multi-purpose Room and various dignitaries have been invited and business partners. Board Members were asked to attend the event scheduled 11:30am to 2:00pm and lunch would be served.
  - Dona expressed appreciation to the Board Members for attending the meetings and their participation with the Board and the event is an opportunity to thank people who support each other, and appreciate Board Members and FHS Staff.
- b) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, scheduled August 27-29, 2023 in San Diego, California Update (confirmed attendees).
  - Vice Chair Mike Brown announced that Board Members Ruth Forney and Tracee Stacy would attend the NACHC CHI & Expo Conference in person and Chair Brandon Wirth and he, Vice Chair Mike Brown to attend virtually.

### 9) Board Member Comments

- No comments from the Board.

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

DATE: August 16, 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 1:08 p.m.

### Handouts:

- June 21, 2023 Community Healthcare Board Draft Meeting Minutes
- Community Healthcare Board Family Health Services Staffing Update – CHB July 7, 2023
- Clinic Metrics, Queue Management (Q-Matic) Stats – June 2023
- Family Health Services (FHS) Call Center Guidelines [FHS-CCG] Review [FY22/23] dated March 22, 2023
- Language Access and Interpretation Policy Number: 200.02
- Clinical Guidelines and Standards of Care Protocol Policy Number: 500.02
- Solano County Family Health Services Quality Management Work Plan 2023-2025
- FHS Patient Survey Results, June 2023 - Access
- HRSA HCP (H80CS04518) Required Services listed on Form 5A: Services Provided



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- HRSA HCP (H80CS04218) Additional Services listed on Form 5A: Additional Services
- Solano County Family Health Services Patient Origin by Zip Code Analysis, July 2023



## Community Health Care Board

### Family Health Services Staffing Update

CHB Meeting Date: August 16, 2023

#### Number of Active Candidates - County

Clinic Physician Supervisor - 1  
Clinic Registered Nurse - 1  
Health Education Specialist **Extra Help** - 1  
Medical Assistant - 1

#### Number of Active Candidates - Touro

Clinic Physician (Board Cert) - 1  
Physician Assistant - 1

#### Number of Active Candidates - Locum Tenens

#### 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 - 2  
Dental Assistant (Registered) - 1  
Health Education Specialist - 1  
Health Education Specialist **Extra Help** - 2  
Health Services Clinic Manager - 1  
Health Services Clinic Manager, Sr. - 1  
Medical Assistant - 2  
Medical Assistant **Bilingual Spanish** - 1  
Medical Records Technician, Sr **Extra Help** - 1  
Mental Health Clinician (Licensed) - 1  
Nurse Practitioner/Physician Assistant - 5

#### Interviews in Progress

Health Services Clinic Mgr, Senior - TBD  
Medical Records Tech, Sr **Extra Help** - TBD

#### Recently Hired Staff

Nurse Practitioner - 8/21/23 Start Date

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

**Excluded Parties/Sanction Screening: 0**

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
July 2023 TOURO/LOCUMS	Touro/Locum Providers: 17	Exclusions Found: 0
July 2023 County – H&SS Employees/Candidates	H&SS Employees: 119	Exclusions Found: 0
Totals	<b>TOTAL SCREENED: 136</b>	Exclusions Found: 0

**Credentialing: 10    Re-Credentialing: 5**

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

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

**Partnership – NEW Provider Enrollments**

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

**Partnership – Provider Re-Credentialing**

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

**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**

**Community Health Care Board**  
**Family Health Services Grievance Report**  
**CHB Meeting Date: August 16, 2023**

<b>Grievance Category</b>	<b>June 2023</b>
Access to Care/Timeliness	2
Referrals	2
Scheduling	5
Other	1
<b>Totals</b>	<b>10</b>

<b>Grievance Category</b>	<b>July 2023</b>
Access to Care/Timeliness	1
Quality of Care	1
Scheduling	3
Other	1
<b>Totals</b>	<b>6</b>

## Referrals by Diagnosis Codes 4/1/23-8/8/23

<u>GI Referrals by Diagnosis</u>	
<b>Diagnosis Description</b>	<b># Referrals</b>
Colon cancer screening	97
Screen for colon cancer	40
Encounter for colorectal cancer screening	29
Chronic GERD	20
Positive colorectal cancer screening using Cologuard test	14
Rectal bleeding	10
Screening for colon cancer	8
Chronic constipation	7
Encounter for screening colonoscopy	7
Positive FIT (fecal immunochemical test)	7
Reflux gastritis	7
Blood in stool	5
Encounter for screening for malignant neoplasm of colon	5
Abdominal bloating	4
Gastroesophageal reflux disease, unspecified whether eso	4
Colitis	3
Dysphagia, unspecified type	3
Gastroesophageal reflux disease, esophagitis presence no	3
Gastroparesis	3
History of colon polyps	3
Abdominal pain, periumbilical	2
Alcoholic cirrhosis of liver with ascites	2
Alcoholic cirrhosis of liver without ascites	2
Anemia, unspecified type	2
Blood in the stool	2
BRBPR (bright red blood per rectum)	2
Chronic abdominal pain	2
Chronic hepatitis B	2
Chronic viral hepatitis C	2
Diverticulitis	2
Diverticulosis	2
Elevated AFP	2
Elevated LFTs	2
Esophageal dysphagia	2
Fatty liver	2
Incontinence of feces, unspecified fecal incontinence type	2
Liver fibrosis	2
Lower GI bleed	2
Nausea	2

Pre-op evaluation	2
Recurrent vomiting	2
Abdominal pain, bilateral lower quadrant	1
Abdominal pain, chronic, generalized	1
Abdominal pain, unspecified abdominal location	1
Abdominal wall pain in both lower quadrants	1
Abnormal colonoscopy	1
Abnormal CT of the abdomen	1
Abnormal results of liver function studies	1
Abscess, hepatic	1
Achalasia	1
Acute colitis	1
Acute constipation	1
Acute diarrhea	1
Acute diverticulitis	1
Alcohol-induced acute pancreatitis, unspecified complication	1
Anal bleeding	1
Anemia	1
Black stools	1
Bloating	1
Burping	1
Cameron ulcer, unspecified ulcer chronicity	1
Change in stool caliber	1
Chest pain, unspecified type	1
Chronic cough	1
Chronic diarrhea	1
Chronic epigastric pain	1
Chronic hepatitis C without hepatic coma	1
Cirrhosis of liver without ascites, unspecified hepatic cirrhosis	1
Combined abdominal pain, vomiting, and diarrhea	1
Common bile duct dilatation	1
Compulsive overeating	1
Constipation, chronic	1
Constipation, unspecified constipation type	1
Crohn's disease with complication, unspecified gastrointestinal	1
Crohn's disease, unspecified, without complications	1
Cyst of pancreas	1
Dark stools	1
Dental erosion	1
Diarrhea, unspecified type	1
Difficulty swallowing solids	1
Diverticular disease	1
Diverticulitis of large intestine without perforation or abscess	1
Diverticulosis of colon without diverticulitis	1
Duodenal ulcer	1
Dyspepsia	1
Elevated alpha fetoprotein	1

Elevated ALT measurement	1
Elevated lipase	1
Elevated transaminase level	1
Encounter for screening for malignant neoplasm of rectum	1
Enteritis due to Entamoeba histolytica	1
Epigastric pain	1
Esophageal dysmotility	1
Esophageal stricture	1
Failure to thrive in infant	1
Family history of colon cancer	1
Food impaction of esophagus, subsequent encounter	1
Functional dyspepsia	1
Gallbladder polyp	1
Gallbladder sludge	1
Gastric reflux	1
Gastroesophageal reflux disease with esophagitis without	1
Gastroesophageal reflux disease with esophagitis, unspeci	1
Gastroesophageal reflux disease without esophagitis	1
Gastrointestinal Crohn's disease	1
Gastroparesis due to DM	1
Generalized abdominal pain	1
GERD without esophagitis	1
Globus sensation	1
H pylori ulcer	1
H. pylori infection	1
Heartburn	1
Heartburn symptom	1
Hematochezia	1
Hemorrhoids, unspecified hemorrhoid type	1
Hepatic steatosis	1
Hepatitis B surface antigen positive	1
Hepatitis C virus infection without hepatic coma, unspecif	1
Hiatal hernia	1
History of abdominal pain	1
History of colon cancer	1
History of colonic polyps	1
History of hemorrhoids	1
History of hepatitis C	1
Hx of colonic polyp	1
Hx of colonic polyps	1
Hx of diverticulitis of colon	1
Intermittent abdominal pain	1
Intermittent constipation	1
Intermittent diarrhea	1
Intestine thrombosis	1
Irritable bowel syndrome with both constipation and diarr	1
Irritable bowel syndrome with constipation	1

Irritable bowel syndrome with diarrhea	1
Irritable bowel syndrome, unspecified type	1
Left flank pain	1
LLQ abdominal pain	1
LLQ pain	1
Lower GI bleeding	1
LUQ pain	1
Melena	1
Moderate ulcerative colitis	1
Mucus in stool	1
NAFLD (nonalcoholic fatty liver disease)	1
Obstructive ileus of small intestine due to impaction	1
Other cirrhosis of liver	1
Other dysphagia	1
Painless rectal bleeding	1
Pancreatic disorder	1
Persistent recurrent vomiting	1
Polyp of colon	1
Positive fecal occult blood test	1
Postprandial bloating	1
Postprandial epigastric pain	1
Prematurity, birth weight 1,000-1,249 grams, with 29 com	1
Primary hyperparathyroidism	1
PUD (peptic ulcer disease)	1
Rectal abscess	1
Rectal bleed	1
Rectal mass	1
Recurrent upper abdominal pain	1
Recurring abdominal pain	1
Stomach ache	1
Transaminitis	1
Tubular adenoma	1
Type 2 diabetes mellitus with hyperglycemia	1
Ulcerative colitis without complications, unspecified locati	1
Ulcerative colitis, unspecified, without complications	1
Ulcerative pancolitis with rectal bleeding	1
Uncontrolled type 1 diabetes mellitus with hyperglycemia	1
Unintended weight loss	1
Unintentional weight loss	1
Upper abdominal pain	1
<b>Grand Total</b>	<b>453</b>

**Ophthalmology Referrals by Diagnosis**

<b>Diagnosis Description</b>	<b># Referrals</b>
Diabetic retinopathy screening	128
Vision changes	61
Type 2 diabetes mellitus with hyperglycemia, without long-term current use of insulin	18
Type 2 diabetes mellitus without complication, without long-term current use of insulin	17
Decreased visual acuity	16
Uncontrolled type 2 diabetes mellitus with hyperglycemia	16
Type 2 diabetes mellitus without complications	10
Screening for diabetic retinopathy	7
Blurred vision	6
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin	6
Type 2 diabetes, HbA1c goal < 7%	6
Human immunodeficiency virus [HIV] disease	5
Cataract of both eyes, unspecified cataract type	4
Controlled type 2 diabetes mellitus without complication, without long-term current use of insulin	4
Hyperglycemia due to diabetes mellitus	4
Blurry vision	3
Blurry vision, bilateral	3
Double vision	3
Essential hypertension	3
HIV disease	3
Prediabetes	3
Type 2 diabetes mellitus with hyperglycemia	3
Type 2 diabetes mellitus without complication, with long-term current use of insulin	3
Visual changes	3
Blurred vision, bilateral	2
Chalazion left lower eyelid	2
Conjunctivitis of left eye, unspecified conjunctivitis type	2
Corneal abrasion of right eye due to contact lens	2
Diabetes mellitus without complication	2
Essential (primary) hypertension	2
Eye pain, right	2
Floaters, left	2
Pterygium, left	2
Refraction error	2
Retinopathy due to secondary diabetes mellitus	2
Type 1 diabetes mellitus with hyperglycemia	2
Type 2 diabetes mellitus with diabetic polyneuropathy, without long-term current use of insulin	2
Type 2 diabetes mellitus with unspecified complications	2
Wears glasses	2



Abnormal eye finding	1
Abnormal eye movements	1
Abrasion of left cornea, initial encounter	1
Abrasion of left cornea, subsequent encounter	1
Abrasion of right cornea, subsequent encounter	1
Abscess, eyelid, left	1
Age-related cataract of both eyes, unspecified age-related cataract type	1
Age-related nuclear cataract of both eyes	1
Bilateral blindness	1
Bilateral epiphora	1
Blepharitis of left upper eyelid, unspecified type	1
Blindness of left eye, unspecified right eye visual impairment category	1
Blindness, one eye, unspecified eye	1
Blurry vision, right eye	1
Cataract, unspecified cataract type, unspecified laterality	1
Chalazion left upper eyelid	1
Chalazion of right lower eyelid	1
Chalazion of right upper eyelid	1
Chalazion right upper eyelid	1
Changes in vision	1
CMV (cytomegalovirus) antibody positive	1
Complete eye exam, encounter for	1
Congenital syphilis, unspecified	1
Conjunctivitis of both eyes, unspecified conjunctivitis type	1
Controlled diabetes mellitus type 2 with complications, unspecified whether long	1
Controlled type 2 diabetes mellitus with acute heart failure, with long-term curre	1
Controlled type 2 diabetes mellitus with complication, with long-term current us	1
Controlled type 2 diabetes mellitus with complication, without long-term current	1
Controlled type 2 diabetes mellitus without complication, with long-term current	1
Dacryocystitis, left	1
Decreased vision	1
Diabetes mellitus with albuminuria	1
Diabetes mellitus with microalbuminuria	1
Diabetic cataract	1
Diabetic eye exam	1
Diabetic glaucoma	1
Diabetic macular edema	1
Diabetic peripheral neuropathy	1
Diabetic polyneuropathy associated with type 2 diabetes mellitus	1
Diabetic retinal edema with moderate nonproliferative retinopathy associated w	1
Diplopia	1
Elevated sed rate	1
Encounter for exam of eyes and vision w abnormal findings	1
Esotropia of left eye	1
Esotropia, both eyes	1
Esotropia, left eye	1
Examination of eyes and vision	1

Exudative retinal detachment, left	1
Eye abnormality	1
Eye exam, routine	1
Eye fatigue, right	1
Eye inflammation	1
Eye pain, bilateral	1
Eye problem	1
Floaters, unspecified laterality	1
Generalized epilepsy	1
Glaucoma of both eyes, unspecified glaucoma type	1
Graves disease	1
H/O diabetic retinopathy	1
H/O redness of eye	1
Healthcare maintenance	1
Hearing loss	1
Herpes keratitis of left eye	1
Herpes simplex disciform keratitis	1
Herpes zoster without complication	1
History of cataract extraction, unspecified laterality	1
HIV infection, unspecified symptom status	1
Hordeolum externum of left upper eyelid	1
Horizontal nystagmus	1
Hx of cataract surgery, unspecified laterality	1
Hyperthyroidism	1
Hypothyroidism, unspecified type	1
Ingrowing eyelash of lower lid	1
Intractable migraine with status migrainosus, unspecified migraine type	1
Intraocular hemorrhage of left eye	1
Iron deficiency anemia, unspecified iron deficiency anemia type	1
Joint laxity	1
Lazy eye, left	1
Legally blind	1
Lesion of lower eyelid	1
Macular hole, right	1
Mild nonproliferative diabetic retinopathy of both eyes without macular edema	1
Nystagmus	1
Ophthalmic herpes zoster	1
Pain of left eye	1
Pain of right eye	1
Pain, joint, knee, left	1
Papilledema of both eyes	1
Positive cytomegalovirus IgG serology	1
Prostate cancer	1
Pterygium, bilateral	1
Redness of both eyes	1
Referral of patient	1
Regular astigmatism of both eyes	1

Retinopathy	1
ROP (retinopathy of prematurity), bilateral	1
Sickle-cell disease without crisis	1
Sjogren's syndrome with keratoconjunctivitis sicca	1
Squint	1
Stage 3b chronic kidney disease	1
Status post cataract surgery, right	1
Traumatic enucleation of eye, sequela	1
Type 2 diabetes mellitus with albuminuria	1
Type 2 diabetes mellitus with complication, without long-term current use of insulin	1
Type 2 diabetes mellitus with diabetic neuropathy, without long-term current use of insulin	1
Type 2 diabetes mellitus with foot ulcer, without long-term current use of insulin	1
Type 2 diabetes mellitus with hyperglycemia, unspecified whether long term insulin used	1
Type 2 diabetes mellitus with left eye affected by retinopathy without macular edema	1
Type 2 diabetes mellitus with other specified complication, without long-term current use of insulin	1
Type 2 diabetes mellitus with stage 3a chronic kidney disease, without long-term current use of insulin	1
Type 2 diabetes mellitus without complication	1
Type 2 diabetes with complication	1
Type 2 diabetes, HbA1C goal < 8%	1
Uncontrolled type 1 diabetes mellitus with hyperglycemia	1
Unspecified esotropia	1
Unspecified glaucoma	1
Vision disorder	1
Vision loss	1
Vision loss, left eye	1
Visual acuity reduced	1
Visual disturbance	1
Visual disturbances	1
Vitreous floaters of right eye	1
Vogt-Koyanagi-Harada syndrome of both eyes	1
Williams syndrome	1
<b>Grand Total</b>	<b>490</b>

<b>Optometry Referrals by Diagnosis</b>	
<b>Diagnosis Description</b>	<b># Referrals</b>
Visual acuity reduced	18
Blurry vision	7
Failed vision screen	5
Decreased visual acuity	4
Refraction error	4
Abnormal vision screen	3
Blurred vision, bilateral	3
Unspecified visual loss	3
Blurry vision, bilateral	1
Cystic acne	1
Decreased vision	1
Encounter for routine child health examination with a	1
Eye tearing, right	1
Presbyopia	1
Refractive error	1
Vision changes	1
Vision screen with abnormal findings	1
<b>Grand Total</b>	<b>56</b>

**COMBO - Ophthalmology and Optometry Referrals by Diagnosis**

<b>Diagnosis Description</b>	<b># Referrals</b>
Diabetic retinopathy screening	128
Vision changes	62
Decreased visual acuity	20
Visual acuity reduced	19
Type 2 diabetes mellitus with hyperglycemia, without long-term current use of insulin	18
Type 2 diabetes mellitus without complication, without long-term current use of insulin	17
Uncontrolled type 2 diabetes mellitus with hyperglycemia	16
Blurry vision	10
Type 2 diabetes mellitus without complications	10
Screening for diabetic retinopathy	7
Blurred vision	6
Refraction error	6
Type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin	6
Type 2 diabetes, HbA1c goal < 7%	6
Blurred vision, bilateral	5
Failed vision screen	5
Human immunodeficiency virus [HIV] disease	5
Blurry vision, bilateral	4
Cataract of both eyes, unspecified cataract type	4
Controlled type 2 diabetes mellitus without complication, without long-term current use of insulin	4
Hyperglycemia due to diabetes mellitus	4
Abnormal vision screen	3
Double vision	3
Essential hypertension	3
HIV disease	3
Prediabetes	3
Type 2 diabetes mellitus with hyperglycemia	3
Type 2 diabetes mellitus without complication, with long-term current use of insulin	3
Unspecified visual loss	3
Visual changes	3
Chalazion left lower eyelid	2
Conjunctivitis of left eye, unspecified conjunctivitis type	2
Corneal abrasion of right eye due to contact lens	2
Decreased vision	2
Diabetes mellitus without complication	2
Essential (primary) hypertension	2
Eye pain, right	2
Floaters, left	2
Pterygium, left	2

Retinopathy due to secondary diabetes mellitus	2
Type 1 diabetes mellitus with hyperglycemia	2
Type 2 diabetes mellitus with diabetic polyneuropathy, without long-term c	2
Type 2 diabetes mellitus with unspecified complications	2
Wears glasses	2
Abnormal eye finding	1
Abnormal eye movements	1
Abrasion of left cornea, initial encounter	1
Abrasion of left cornea, subsequent encounter	1
Abrasion of right cornea, subsequent encounter	1
Abscess, eyelid, left	1
Age-related cataract of both eyes, unspecified age-related cataract type	1
Age-related nuclear cataract of both eyes	1
Bilateral blindness	1
Bilateral epiphora	1
Blepharitis of left upper eyelid, unspecified type	1
Blindness of left eye, unspecified right eye visual impairment category	1
Blindness, one eye, unspecified eye	1
Blurry vision, right eye	1
Cataract, unspecified cataract type, unspecified laterality	1
Chalazion left upper eyelid	1
Chalazion of right lower eyelid	1
Chalazion of right upper eyelid	1
Chalazion right upper eyelid	1
Changes in vision	1
CMV (cytomegalovirus) antibody positive	1
Complete eye exam, encounter for	1
Congenital syphilis, unspecified	1
Conjunctivitis of both eyes, unspecified conjunctivitis type	1
Controlled diabetes mellitus type 2 with complications, unspecified whether	1
Controlled type 2 diabetes mellitus with acute heart failure, with long-term	1
Controlled type 2 diabetes mellitus with complication, with long-term curre	1
Controlled type 2 diabetes mellitus with complication, without long-term c	1
Controlled type 2 diabetes mellitus without complication, with long-term c	1
Cystic acne	1
Dacrocystitis, left	1
Diabetes mellitus with albuminuria	1
Diabetes mellitus with microalbuminuria	1
Diabetic cataract	1
Diabetic eye exam	1
Diabetic glaucoma	1
Diabetic macular edema	1
Diabetic peripheral neuropathy	1
Diabetic polyneuropathy associated with type 2 diabetes mellitus	1
Diabetic retinal edema with moderate nonproliferative retinopathy associa	1
Diplopia	1
Elevated sed rate	1

Encounter for exam of eyes and vision w abnormal findings	1
Encounter for routine child health examination with abnormal findings	1
Esotropia of left eye	1
Esotropia, both eyes	1
Esotropia, left eye	1
Examination of eyes and vision	1
Exudative retinal detachment, left	1
Eye abnormality	1
Eye exam, routine	1
Eye fatigue, right	1
Eye inflammation	1
Eye pain, bilateral	1
Eye problem	1
Eye tearing, right	1
Floaters, unspecified laterality	1
Generalized epilepsy	1
Glaucoma of both eyes, unspecified glaucoma type	1
Graves disease	1
H/O diabetic retinopathy	1
H/O redness of eye	1
Healthcare maintenance	1
Hearing loss	1
Herpes keratitis of left eye	1
Herpes simplex disciform keratitis	1
Herpes zoster without complication	1
History of cataract extraction, unspecified laterality	1
HIV infection, unspecified symptom status	1
Hordeolum externum of left upper eyelid	1
Horizontal nystagmus	1
Hx of cataract surgery, unspecified laterality	1
Hyperthyroidism	1
Hypothyroidism, unspecified type	1
Ingrowing eyelash of lower lid	1
Intractable migraine with status migrainosus, unspecified migraine type	1
Intraocular hemorrhage of left eye	1
Iron deficiency anemia, unspecified iron deficiency anemia type	1
Joint laxity	1
Lazy eye, left	1
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Pain of right eye	1
Pain, joint, knee, left	1

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Presbyopia	1
Prostate cancer	1
Pterygium, bilateral	1
Redness of both eyes	1
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Type 2 diabetes mellitus with diabetic neuropathy, without long-term current use	1
Type 2 diabetes mellitus with foot ulcer, without long-term current use of insulin	1
Type 2 diabetes mellitus with hyperglycemia, unspecified whether long term or current	1
Type 2 diabetes mellitus with left eye affected by retinopathy without macular edema	1
Type 2 diabetes mellitus with other specified complication, without long-term current use of insulin	1
Type 2 diabetes mellitus with stage 3a chronic kidney disease, without long-term current use of insulin	1
Type 2 diabetes mellitus without complication	1
Type 2 diabetes with complication	1
Type 2 diabetes, HbA1C goal < 8%	1
Uncontrolled type 1 diabetes mellitus with hyperglycemia	1
Unspecified esotropia	1
Unspecified glaucoma	1
Vision disorder	1
Vision loss	1
Vision loss, left eye	1
Vision screen with abnormal findings	1
Visual disturbance	1
Visual disturbances	1
Vitreous floaters of right eye	1
Vogt-Koyanagi-Harada syndrome of both eyes	1
Williams syndrome	1
<b>Grand Total</b>	<b>546</b>



# FHS QUALITY IMPROVEMENT PROJECT UPDATE

## CHILD PHYSICALS 0-15 MONTHS OLD

1

## Child Physicals 0-15 Months Old

### **The Measure:**

- *At least* 6 physicals by 15 months old
- Keeps patients on track for monitoring growth and development, provides immunizations to prevent disease, and provides opportunities for parent/guardian to bring up concerns.

### **The Quality Improvement Project: Child Physicals Every 2 Months Until 12 Months Old**

- Track all newborns in Fairfield Pediatric Clinic starting June 2022
- Starting at 2 months old, see the patient at 2 month intervals until 12 months old
  - Can complete 6 physicals by the time child is 12 months old
  - New schedule allows for extra time to catch up if needed
- Complete continuous outreach

2

## Quality Improvement Project - Child Physicals Every 2 Months Until 12 Months Old

QI Project: Schedule physicals every 2 months from 2 to 12 months old

		#1	#2	#3	#4	#5	#6	
Newborn	2 Weeks Old	2 Months Old	4 Months Old	6 Months Old	8 Months Old	10 Months Old	12 Months Old	13-14 Months Old

*Buffer Zone:* Physicals before 2 months old count towards 6 visit goal

*Catch-up Zone:* If patient has not had 6 physicals by 12 months old, we have time to catch up

3

## Quality Improvement Project - Tracking

1

### Track all newborns to 12 months old

- Extend to 15 months old if hasn't completed 6 physicals

2

### Track appointments

- Kept
- No Show
- Cancelled
- Expected

3

### Outreach

- Appointment Reminders
- Follow up on no shows & cancellations

4



## Quality Improvement Project - Fairfield Pediatric Clinic

- QI Project Pilot Site
- Since 6/2022: 238 newborns seen and tracked
- As of 7/31/2023: 70 patients are at least 10 months old
  - 35 patients (50%) are capped elsewhere \*
  - Only 29 are still receiving care at FF Peds Clinic (41.4%)
  - 4 switched to another FHS Clinic
  - 2 moved
- Of the 29 patients who continue to receive care at FF Peds Clinic, **72.4% have completed at least 5 physicals!**

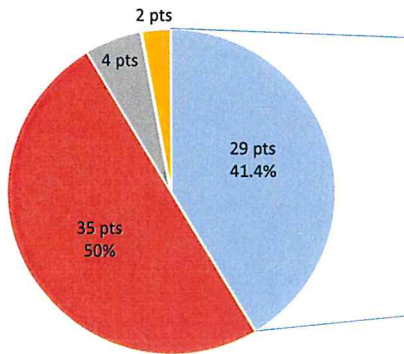
\*Additional data provided on Appendix A

5

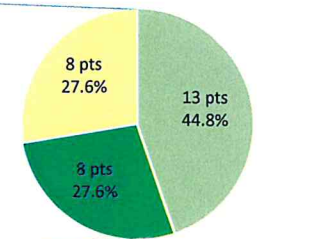
## Quality Improvement Project – Tracking Newborn to 10 Months Old



Patient Status (70 patients)



# Child Physicals Completed at 10 Months Old (29 Patients)



- Patients Seen in FF Peds (29)
- Capped Elsewhere (35)
- Switched to VV/VJO FHS (4)
- Moved (2)
- 5 Physicals - On Track! (13)
- 6/+ Physicals - MEETING MEASURE! (8)
- Less Than 5 Physicals (8)

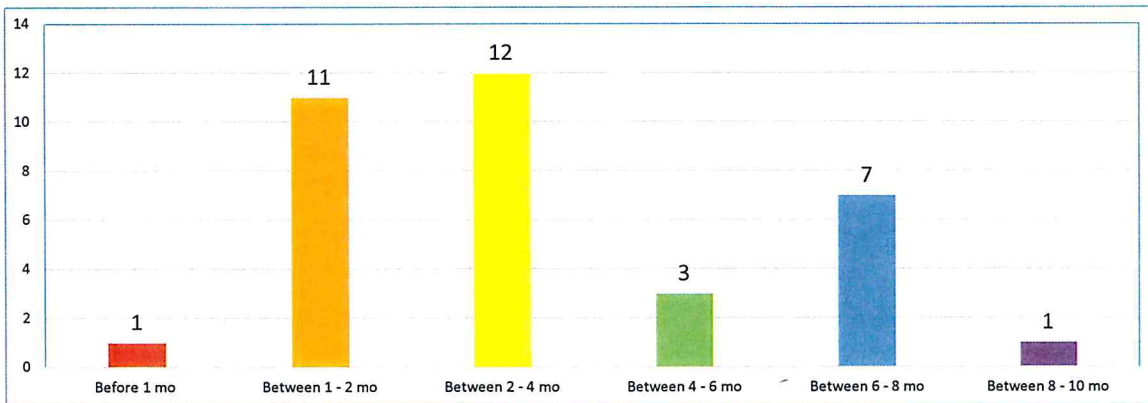
6

# Quality Improvement Project Update



7

## Appendix A - Age of Patient When Capped Elsewhere

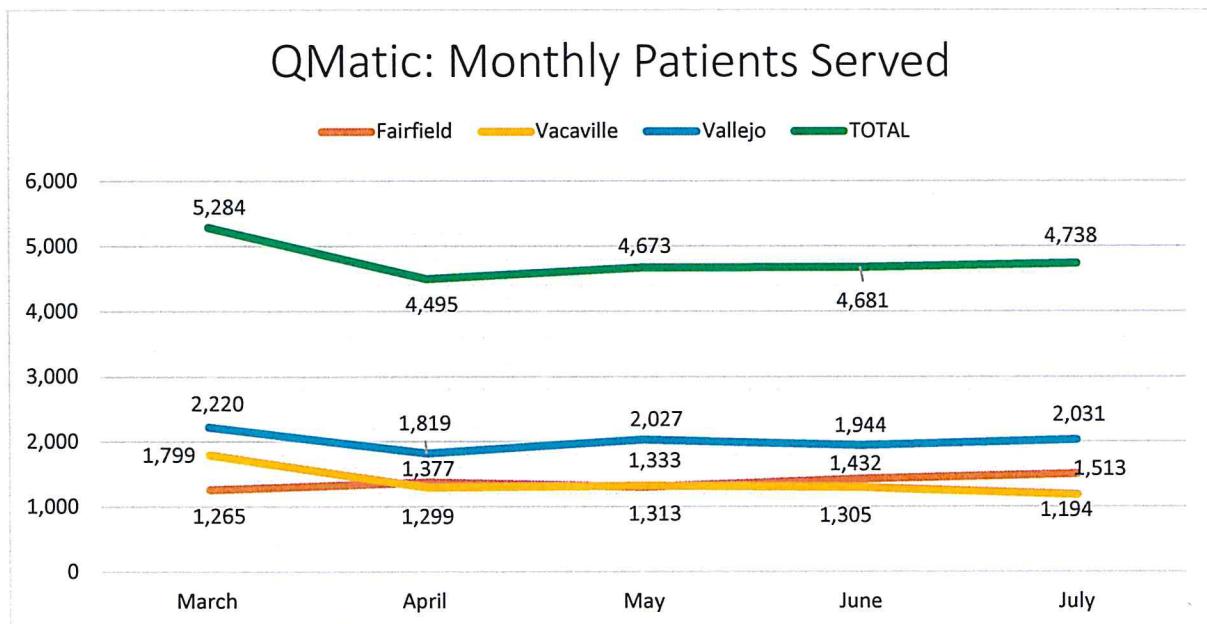


8

**Clinic Operations Report:** Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Patients Served				
	March	April	May	June	July
<b>Fairfield</b>					
Lab	94	106	91	114	99
Medical (Adult)	1,171	1,271	1,222	1,318	1,414
<b>Subtotal</b>	<b>1,265</b>	<b>1,377</b>	<b>1,313</b>	<b>1,432</b>	<b>1,513</b>
<b>Vacaville</b>					
Dental	792	524	662	566	539
Medical (Adult & Peds)	1,007	775	671	739	655
<b>Subtotal</b>	<b>1,799</b>	<b>1,299</b>	<b>1,333</b>	<b>1,305</b>	<b>1,194</b>
<b>Vallejo</b>					
Dental & Medical (Adult & Peds)	2,164	1,738	1,961	1,865	1,950
Lab	56	81	66	79	81
<b>Subtotal</b>	<b>2,220</b>	<b>1,819</b>	<b>2,027</b>	<b>1,944</b>	<b>2,031</b>
<b>TOTAL</b>	<b>5,284</b>	<b>4,495</b>	<b>4,673</b>	<b>4,681</b>	<b>4,738</b>





## Family Health Services

### After Hours Coverage

Policy Number: 300.01

Effective Date	06/01/2019
Frequency of Review	Annually
Last Reviewed	06/12/2023
Last Edited	06/12/2023
Author(s)	Michele Leary, DO, Chief Medical Officer, Michelle Stevens, MD, Clinic Physician Supervisor, Reza Rajabian, DDS, Dentist Manager
Responsible Department	Medical Services- Clinical

#### **PURPOSE:**

To provide a mechanism for patients established with Family Health Services (FHS) to receive telephone advice from qualified personnel regarding non-emergency, yet urgent medical or dental questions outside of usual business hours.

#### **DEFINITIONS:**

**Usual Business Hours:** Hours of operation approved by the Community Healthcare Council that are accessible to patient populations served by FHS health centers.

**Qualified Personnel:** A licensed physician, dentist, physician's assistant, or nurse practitioner qualified by training, experience and certification to assess a patient's need for emergency medical care.

**Non-Emergency:** Not of, relating to, or constituting a medical or dental emergency.

**Urgent Medical Questions:** Questions related to a non-life-threatening illness or injury.

#### **BACKGROUND**

It is the intent of FHS to comply with requirements outlined by the Health Resources and Services Administration (HRSA). 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 Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). Requirements indicate health centers must have after-hour coverage provided via telephone or face-to-face by an individual with the qualification and training necessary to exercise professional judgement in assessing a health center patient's need for emergency medical or dental care.

#### **POLICY:**

It is the policy of FHS that patients obtain professional and timely access to interactive clinical advice over the telephone with a medical or dental provider outside of usual business hours. Communication must be delivered in a manner that is culturally and linguistically appropriate.

It is the policy of FHS that clinical advice by telephone outside of usual business hours is communicated only to patients who are established with FHS health centers.



## Family Health Services

### After Hours Coverage

Policy Number: 300.01

It is the policy of FHS that communication outside of usual business hours by telephone is documented in the patient's medical or dental record in a manner that is consistent with medical or dental and legal prudence.

#### **PROCEDURE:**

1. Patients can seek and receive clinical advice from an on-call FHS medical or dental provider by telephone when health center offices are closed.
2. FHS establishes a monthly schedule for on-call providers, which can be found in each health center location. A new schedule is also faxed and/or emailed to the answering service contracted by FHS monthly.
3. Patients are informed of the availability of after hour coverage in the following ways:
  - a. Pamphlet provided to patient after establishing care with an FHS health center.
  - b. Notification of services is posted on the front door of the health centers.
  - c. Notification is included on the recorded phone message heard whenever patients call.
  - d. Notification is available on the FHS website.
4. When patients call an FHS Health Center during usual business hours they hear a recorded message provided in both English and Spanish informing them of the following:
  - a. To call 911 if experiencing a medical emergency.
  - b. The Health Centers usual business hours.
  - c. The medical advice phone number for Partnership HealthPlan of California members.
  - d. Directions to obtain a medication refill.
  - e. Directions to speak with an FHS on-call provider after usual business hours.
5. All after-hour dental calls shall be addressed by the Dental Manager/Director. Documentation for dental calls are recorded on an on-call log sheet as well as in the Electronic Dental Record (EDR). Available call response options may include the following:
  - a. Non-emergency and non-urgent dental calls- Patient shall be asked to call the dental center during usual business hours to schedule an appointment.
  - b. Non-emergency, yet urgent dental calls- The on-call dental provider will notify the Office Supervisor or Lead Dental Assistant the next business day to contact the patient to schedule a same day appointment.
  - c. Emergency dental calls- Patient's will be directed to the dental center to receive immediate after-hour treatment and the on-call provider will call the Lead Dental Assistant to meet at the center.
  - d. Necessary prescriptions will be sent to patient's pharmacy of choice.
6. When requesting to speak with the on-call provider, the patient is first connected to the answering service contracted by FHS and provides the operator with their full name, date of birth, the primary provider name, and the reason for the call.
7. The answering service operator identifies the correct on-call provider and contacts him or her.



## Family Health Services

### After Hours Coverage

Policy Number: 300.01

8. The on-call provider contacts the patient within 45 minutes of receiving the call and provides the patient with advice related to their needs. All communications are documented in the patient's medical record within 24 hours, in a manner that is consistent with medical or dental and legal prudence.
9. If there is no response by the on-call provider to the answering service operator's call within 45 minutes, the operator will perform one or more of the following steps, listed in sequential order:
  - a. Complete a second attempt to contact the on-call provider.
  - b. Attempt to contact the on-call provider at their secondary contact number.
  - c. Contact the appropriate medical director.
  - d. Attempt to contact the medical director on their secondary contact number.The operator will report unsuccessful attempts to contact the on-call provider by emailing the FHS Chief Operations Officer the next morning.
10. Patient follow up by Health Center staff may be required once after-hour services have been utilized. Follow-up care may include the following:
  - a. On-call provider shall have the ability to make urgent same-day or next day appointments in any of the FHS health centers.
  - b. On-call provider may determine the patient needs urgent/emergent care and direct them to call 9-1-1 or go to the nearest emergency room.
  - c. If patient is advised to call 9-1-1 or go to the nearest emergency room, on the next business day, utilizing the Electronic Medical Record (EMR), the on-call provider shall task appropriate health center staff (Nurse, MA, or Case Manager) to confirm patient's status.
  - d. Health Center staff shall request discharge paperwork and hospital medical records for either an Emergency Room (ER) visit or Hospitalization be faxed to the health center after patient discharge.
  - e. Health Center staff shall schedule a follow-up appointment for the patient with their Primary Care Provider (PCP) after the ER visit or following hospital discharge.
11. When in receipt of a non-medically urgent after hours call (i.e. request for appointment, non-urgent medical question, or requests for information), patients will be transferred to the answering service operator and given the option to leave a message. Messages received by the answering service will be documented and faxed to the assigned health center for follow-up. Faxes shall be given to the Sr. Clinic RN or the Clinic RN for review and response. Nursing staff shall contact the patient and document the content on the telephone call into the patient's chart under the telephone template.
12. Tracking of patient calls received outside of usual business hours will be maintained in the Nextgen Electronic Medical Record System. A report of patient calls received will be provided monthly to FHS Administration. Tracking of patient calls is also maintained by the contracted answering service and shall be obtained upon request.

All communication between the on-call provider and the patient shall be thoroughly documented in the patient's record, including the date and time.





## Family Health Services

### After Hours Coverage

Policy Number: 300.01

Family Health Services strives to employ and make available providers who can speak in the language of its patients. In the event a patient cannot be accommodated with a provider fluent in the patient's language, the provider is responsible for initiating a three-way conference call with the FHS or Partnership Health Plan's interpreter service in accordance to the FHS Language Access Policy. All calls will be handled in a manner that is culturally appropriate.

As with any form of patient communication and documentation, unprofessional remarks or comments in telephone communications are prohibited. Confidentiality of patient information is required to maintain the integrity of protected health information (PHI).

<b>REFERENCED POLICIES</b>	-After Hours Coverage Policy last revised 6/15/2016 -Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual -Language Access Policy last revised 5/2/2014
<b>REFERENCED FORMS</b>	Answernet Inc, Purchase Order #D0121810 last renewed 7/23/2018
<b>REFERENCES</b>	

\_\_\_\_\_  
**Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice-Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

**COUNTY OF SOLANO  
EXPENDITURE AND REVENUE REPORT  
DEPT: 7580 FAMILY HEALTH SERVICES  
JUNE 30, 2023**

Category Subobject	A Description	B FY 2022/23 Third Quarter Budget (TQ)	C 6/30/23 YTD Actuals	D Change between YE and TQ	E % Change between YE and TQ	COMMENTS
<b>EXPENDITURES</b>						
1000	<b>SALARIES AND EMPLOYEE BENEFITS</b>					
1 0001110	SALARY/WAGES REGULAR	11,460,441	11,188,479	(271,962)	-2.37%	
2 0001121	SALARY/WAGES-EXTRA HELP	49,474	51,553	2,079	4.20%	
3 0001131	SALARY/WAGES OT/CALL-BACK	75,023	71,214	(3,809)	-5.08%	
4 0001141	SALARY/WAGES PREMIUM PAY	50	32	(18)	-35.58%	
5 0001142	SALARY/WAGES STANDBY PAY	41,077	40,422	(655)	-1.50%	
6 0001210	RETIREMENT-EMPLOYER	3,050,857	2,931,310	(119,547)	-3.92%	
7 0001212	DEFERRED COMP-COUNTY MATCH	12,558	13,287	729	5.81%	
8 0001213	OPEB COSTS	221,805	214,388	(7,417)	-3.34%	
9 0001215	PERS-REPLACEMENT BENEFIT	-	5,729	5,729	#DIV/0!	
10 0001220	FICA-EMPLOYER	834,452	815,431	(19,021)	-2.28%	
11 0001230	HEALTH INS-EMPLOYER	1,885,678	1,763,135	(122,543)	-6.50%	
12 0001231	VISION CARE INSURANCE	17,552	16,648	(904)	-5.15%	
13 0001240	COMPENSATION INSURANCE	269,010	269,010	-	0.00%	
14 0001241	LT DISABILITY INSURANCE ER	4,387	4,367	(20)	-0.45%	
15 0001280	DENTAL INS-EMPLOYER	115,714	111,465	(4,249)	-3.57%	
16 0001270	ACCRUED LEAVE CTO PAYOFF	44,370	56,343	11,973	26.99%	
17 0001290	LIFE INSURANCE-EMPLOYER	14,465	14,124	(361)	-2.49%	
18 1000	<b>SALARIES AND EMPLOYEE BENEFITS</b>	<b>18,096,933</b>	<b>17,566,937</b>	<b>(529,996)</b>	<b>-2.91%</b>	Favorable variance primarily due to continued vacancies in the clinic.
19						
20 2000	<b>SERVICES AND SUPPLIES</b>					
21 0002011	CLOTHING & PERSONAL SUPPLIES	-	120	120	#DIV/0!	
22 0002012	UNIFORM ALLOWANCE	210	395	185	88.10%	
23 0002021	COMMUNICATION-TELEPHONE SYSTEM	89,880	89,291	(589)	-0.66%	
24 0002022	COMMUNICATION-TELEPHONE AMC	9,877	9,205	(672)	-6.80%	
25 0002025	CELLULAR COMMUNICATION SERVICE	14,137	13,799	(338)	-2.39%	
26 0002028	TELEPHONE SERVICES	15,847	16,932	1,085	6.85%	
27 0002030	FOOD	158	157	(1)	-0.61%	
28 0002035	HOUSEHOLD EXPENSE	23,454	23,165	(290)	-1.23%	
29 0002050	INSURANCE-RISK MANAGEMENT	2,143	2,140	(3)	-0.14%	
30 0002051	LIABILITY INSURANCE	246,890	246,890	-	0.00%	
31 0002057	MALPRACTICE INSURANCE	592,301	584,894	(7,407)	-1.25%	
32 0002103	INTERPRETERS	1,700	4,794	3,094	181.41%	
33 0002120	MAINTENANCE EQUIPMENT	19,909	19,379	(530)	-2.66%	
34 0002122	FUEL & LUBRICANTS	2,104	1,005	(1,099)	-52.24%	
35 0002140	MAINTENANCE-BLDGS & IMPROVE	2,136	2,181	45	2.11%	
36 0002151	DRUGS & PHARMACEUTICAL SUPP	164,457	162,328	(2,131)	-1.30%	Unfavorable variance due to clinic needs. FY2022/23 actuals are comparable to PY actuals.
37 0002153	MEDICAL/DENTAL SUPPLIES	269,341	381,416	112,075	41.61%	
38 0002170	MEMBERSHIPS	3,050	1,998	(1,052)	-34.49%	
39 0002171	PROFESSIONAL LICENSES & CERT	6,163	8,766	2,603	42.24%	
40 0002176	FEES AND PERMITS	3,556	3,642	86	2.42%	
41 0002178	CASH SHORTAGE	200	265	65	32.50%	
42 0002180	BOOKS & SUBSCRIPTIONS	-	741	741	#DIV/0!	
43 0002200	OFFICE EXPENSE	47,057	63,503	16,446	34.96%	
44 0002201	EQUIPMENT UNDER \$1,500	6,717	5,113	(3,604)	-41.35%	
45 0002202	CONT ASSETS COMPUTER RELATED	131,651	131,646	(5)	0.00%	
46 0002203	COMPUTER COMPONENTS <\$1,500	1,368	1,368	(0)	-0.01%	
47 0002204	COMPUTER RELATED ITEMS <\$500	2,634	2,775	141	5.35%	
48 0002206	CONT ASSE-NON COMP RELATED	89,972	74,785	(14,187)	-15.95%	
49 0002207	ERGONOMIC UNDER \$1500	2,374	3,074	700	29.50%	
50 0002215	MANAGED PRINT COST PER COPY	11,721	11,166	(555)	-4.74%	
51 0002216	MAINTENANCE/SERVICE CONTRACTS	11,757	11,758	(1)	-0.01%	
52 0002221	RECORDS STORAGE	4,568	2,928	(1,640)	-35.90%	
53 0002226	MEDICAL/DENTAL SERVICE	161,850	163,579	1,729	1.07%	Favorable variance due to contract placeholder for outreach services which did not materialize.
54 0002245	CONTRACTED SERVICES	838,701	747,601	(91,100)	-10.86%	
55 0002250	OTHER PROFESSIONAL SERVICES	41,116	55,273	14,157	34.43%	
56 0002255	CREDIT CARD PROCESSING FEES	1,800	1,239	(561)	-31.16%	
57 0002260	DATA PROCESSING SERVICES	1,800	1,800	-	0.00%	
58 0002261	SOFTWARE MAINTENANCE & SUPPORT	561,464	528,914	(32,550)	-5.80%	
59 0002263	H&SS DOIT TIME STUDY COSTS	943,192	537,522	(405,670)	-43.01%	Favorable variance due to actual charges from DoIT less than anticipated.

	A	B	C	D	E	
Category Subobject	Description	FY 2022/23 Third Quarter (TQ) Budget	6/30/23 YTD Actuals	Change between YE and TQ	% Change between YE and TQ	COMMENTS
60	0002264	HSS CDP COSTS	331,299	331,299	-	0.00%
61	0002266	CENTRAL DATA PROCESSING SVCE	709,468	710,641	2,173	0.31%
62	0002270	SOFTWARE	5,170	5,170	-	0.00%
63	0002271	SOFTWARE RENTAL / SUBSCRIPTION	20,894	28,173	7,179	34.19%
64	0002285	RENTS & LEASES - EQUIPMENT	6,148	5,802	(346)	-5.63%
65	0002295	RENTS & LEASES-BUILDINGS/IMPR	2,400	2,400	-	0.00%
66	0002310	EDUCATION & TRAINING	12,588	17,272	4,684	37.21%
67	0002312	SPECIAL DEPARTMENTAL EXPENSE	12,387	10,824	(1,563)	-12.61%
68	0002335	TRAVEL EXPENSE	1,491	1,440	(51)	-3.43%
69	0002336	TRAVEL OUT-OF-STATE	1,123	1,122	(1)	-0.07%
70	0002337	MEALS/REFRESHMENTS	2,869	1,105	(1,764)	-61.50%
71	0002338	EMPLOYEE RECOGNITION	3,850	1,520	(2,330)	-60.52%
72	0002339	MANAGEMENT BUSINESS EXPENSE	2,964	2,750	(214)	-7.22%
73	0002350	COUNTY GARAGE SERVICE	(2,094)	(2,191)	(107)	-5.13%
74	0002355	PERSONAL MILEAGE	11,787	10,708	(1,059)	-9.00%
75	0002360	UTILITIES	199,151	190,937	(8,214)	-4.12%
76	0002361	WATER	23,283	17,852	(5,431)	-23.33%
77	2000	SERVICES AND SUPPLIES	5,672,123	5,254,355	(417,768)	-7.37%
78						
79	3000	OTHER CHARGES				
80	0003121	INDIGENT CARE	33,803	40,250	6,447	19.07%
81	0003153	CONTRACTED DIRECT SERVICES	858,068	731,863	(126,205)	-14.71%
82	0003158	FOOD FOR INDIGENT CLIENTS	-	276	276	#DIV/0!
83	0003160	TRANSPORTATION FOR CLIENTS	19,082	21,141	2,059	10.79%
84	0003235	LEASE EXPENSE - LT LEASE-CP.MF	4,468	4,356	(112)	-2.51%
85	0003690	INTERFUND SERVICES USED-COUNTY	5,233	6,994	1,761	33.65%
86	0003694	INTERFUND SVCS-PROFESSIONAL	500,569	439,126	(61,443)	-12.27%
87	0003695	INTERFUND SVCS-MNT MATERIALS	1,280	102	(1,178)	-92.06%
88	0003696	INTERFUND SVCS-SMALL PROJECTS	1,735	26,574	24,839	1431.64%
89	0003697	INTERFUND SVCS-POSTAGE	28,521	27,334	(1,187)	-4.16%
90	0003698	INTERFUND SVCS-MINT LABOR	9,382	7,754	(1,628)	-17.35%
91	0003701	CONTRIB - NON COUNTY AGENCIES	3,003	3,003	(0)	0.00%
92	0003710	COUNTYWIDE ADMIN OVERHEAD	896,007	896,007	-	0.00%
93	3000	OTHER CHARGES	2,361,151	2,204,780	(156,371)	-6.62%
94						
95	4000	FIXED ASSETS				
96	0004303	EQUIPMENT	51,500	25,138	(26,362)	-51.19%
97	4000	FIXED ASSETS	51,500	25,138	(26,362)	-51.19%
98						
99	5000	OTHER FINANCING USES				
100	0005040	TRANS OUT-POBs	175,118	169,513	(5,605)	-3.20%
101	5000	OTHER FINANCING USES	175,118	169,513	(5,605)	-3.20%
102						
103	7000	INTRA FUND TRANSFERS				
104	0007010	INTRA-FUND TRANSFER	2,237,277	2,230,972	(6,305)	-0.28%
105	0007021	INTRAFUND SVCS-ACCTG & AUDIT	-	973	973	#DIV/0!
106	0007023	INTRAFUND SVCS-PERSONNEL	80,398	69,411	(10,987)	-13.67%
107	0007024	INTRAFUND SVCS-PROFESSIONAL	181	218	37	20.44%
108	7000	INTRA FUND TRANSFERS	2,317,856	2,301,574	(16,282)	-0.70%
109						
110		TOTAL EXPENDITURES	28,674,681	27,522,297	(1,152,384)	-4.02%





Federal Awards Reports in Accordance  
with the Uniform Guidance  
For the Fiscal Year Ending June 30, 2022  
**County of Solano, California**

Independent Auditor’s Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i> .....	1
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**Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Supervisors  
County of Solano, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, each major fund, and the aggregate discretely presented component units and remaining fund information of the County of Solano, California (County), as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the County's basic financial statements and have issued our report thereon dated January 30, 2023. Our report included an emphasis of matter paragraph regarding the County's adoption of Governmental Accounting Standards Board Statement No. 87, *Leases*, effective July 1, 2021, and the restatement of beginning fiduciary net position for the correction of an error.

**Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the County's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We identified certain deficiencies in internal control, described in the accompanying Schedule of Findings and Questioned Costs as items 2022-001 and 2022-002 that we consider to be material weaknesses.

## **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **County's Responses to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the County's responses to the findings identified in our audit and described in the accompanying Schedule of Findings and Questioned Costs. The County's responses were not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the responses.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the County's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the County's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Sacramento, California  
January 30, 2023





**Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance; and Supplemental Schedule of Office of California State Department of Aging Grants**

To the Board of Supervisors  
County of Solano, California

**Report on Compliance for Each Major Federal Program**

***Qualified and Unmodified Opinions***

We have audited the County of Solano, California's (County) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2022. The County's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

***Qualified Opinions on Housing Voucher Cluster and Emergency Rental Assistance Program***

In our opinion, except for the noncompliance described in the Basis for Qualified and Unmodified Opinions section of our report, the County complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the Housing Voucher Cluster and Emergency Rental Assistance Program for the year ended June 30, 2022.

***Unmodified Opinion on Each of the Other Major Federal Programs***

In our opinion, the County complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2022.

***Basis for Qualified and Unmodified Opinions***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the County and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the County's compliance with the compliance requirements referred to above.

*Matters Giving Rise to Qualified Opinion on the Housing Vouchers Cluster*

As described in the accompanying schedule of findings and questioned costs, the County did not comply with requirements regarding Assistance Listing No. 14.871 and 14.879 Housing Vouchers Cluster as described in finding numbers 2022-003 for subrecipient monitoring and 2022-004 for reporting.

Compliance with such requirements is necessary, in our opinion, for the County to comply with the requirements applicable to that program.

*Matter Giving Rise to Qualified Opinion on the Emergency Rental Assistance Program*

As described in the accompanying schedule of findings and questioned costs, the County did not comply with requirements regarding Assistance Listing No. 21.023 Emergency Rental Assistance Program as described in finding number 2022-008 for subrecipient monitoring.

Compliance with such requirements is necessary, in our opinion, for the County to comply with the requirements applicable to that program.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the County's federal programs.

***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the County's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the County's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the County's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the County's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

#### ***Other Matters***

The results of our auditing procedures disclosed instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as items 2022-005 through 2022-007, and 2022-010 through 2022-011. Our opinions on each major federal program is not modified with respect to these matters.

*Government Auditing Standards* requires the auditor to perform limited procedures on the County's responses to the noncompliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The County's responses were not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the responses.

#### **Report on Internal Control over Compliance**

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we did identify certain deficiencies in internal control over compliance that we consider to be material weaknesses and a significant deficiency.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs as items 2022-003 through 2022-005, 2022-007 through 2022-011 to be material weaknesses.

*A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2022-006 to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

*Government Auditing Standards* requires the auditor to perform limited procedures on the County's responses to the internal control over compliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The County's responses were not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the responses.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

#### **Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance and Supplemental Schedule of Office of California Department of Aging Grants**

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated January 30, 2023, which contained unmodified opinions on those financial statements. Our reported included emphasis of matter paragraphs stating that the County adopted Governmental Accounting Standards Board Statement No. 87, *Leases*, effective July 1, 2021, and corrected for an error discovered by management in the prior year financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards and schedule of the Office of California State Department of Aging Grants are presented for purposes of additional analysis as required by the Uniform Guidance and the California Health and Human Services Agency, Department of Aging, respectively, and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information

directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards and supplemental schedule of the Office of California State Department of Aging Grants, are fairly stated in all material respects in relation to the basic financial statements as a whole.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Sacramento, California

April 17, 2023

County of Solano, California  
Schedule of Expenditures of Federal Awards  
For the Fiscal Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>US Department of Agriculture (USDA)</b>				
Pass-Through Programs:				
California Department of Food and Agriculture (CDFA)				
Plant and Animal Disease, Pest Control, and Animal Care	10.025	21-1036-013-SF	\$ 37,242	\$ -
Plant and Animal Disease, Pest Control, and Animal Care	10.025	18-0629-000-FR	347,784	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	21-0421-019-FR	1,150	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	190-267-000-FR	63,639	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	19-8506-0484-FR	750,970	-
Subtotal Plant and Animal Disease, Pest Control, and Animal Care			<u>1,200,785</u>	<u>-</u>
California Department of Education				
Child Nutrition Cluster:				
National School Lunch Program	10.555	48-10488-6051569-01	2,937	-
Subtotal Child Nutrition Cluster			<u>2,937</u>	<u>-</u>
California Department of Public Health (CDPH)				
Special Supplemental Nutrition Program for Women, Infants, and Children				
	10.557	19-10192	2,634,924	-
SNAP Cluster:				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	19-10377	195,928	88,774
California Department of Social Services (CDSS)				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	1946001347 A7	12,476,064	-
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - CalFresh/CalWIN	10.561	1946001347 A7	171,753	-
California Department of Aging				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (CalFresh/SNAP-Ed)	10.561	SP-2021-28, SP-2122-28	117,086	109,199
Subtotal SNAP Cluster			<u>12,960,831</u>	<u>197,973</u>
<b>US Department of Agriculture (USDA) Total</b>			<u>16,799,477</u>	<u>197,973</u>
<b>US Department of Housing and Urban Development (HUD)</b>				
Direct Programs:				
Housing Voucher Cluster:				
Section 8 Housing Choice Vouchers	14.871	CA131	2,717,032	2,717,032
Mainstream Vouchers	14.879	CA131	48,914	48,914
Subtotal Housing Voucher Cluster			<u>2,765,946</u>	<u>2,765,946</u>
Family Self-Sufficiency Program	14.896	CA131	42,176	42,176
<b>US Department of Housing and Urban Development (HUD) Total</b>			<u>2,808,122</u>	<u>2,808,122</u>
<b>US Department of Justice (DOJ)</b>				
Direct Programs:				
Safe Streets Violent Crimes Initiative	16.U01	Not Applicable	16,393	-
2021 Domestic Cannabis Eradication Suppression Program	16.U02	Not Applicable	8,627	-
2022 Domestic Cannabis Eradication Suppression Program	16.U03	Not Applicable	21,913	-
State Criminal Alien Assistance Program (SCAAP)	16.606	Not Applicable	175,000	-
Equitable Sharing Program	16.922	Not Applicable	8,662	-
Direct Programs Subtotal			<u>230,595</u>	<u>-</u>

County of Solano, California  
Schedule of Expenditures of Federal Awards  
For the Fiscal Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>US Department of Justice (DOJ) (Continued)</b>				
Pass-Through Programs:				
California Board of State and Community Corrections				
COVID-19 Coronavirus Emergency Supplemental Funding Program	16.034	5227-BSCC12920	\$ 259,416	\$ -
Edward Byrne Memorial Justice Assistance Grant Program	16.738	BSCC 629-19	492,601	453,303
California Office of Emergency Services (CalOES)				
Paul Coverdell Forensic Sciences Improvement Program	16.742	CQ19080480	48,946	-
Paul Coverdell Forensic Sciences Improvement Program	16.742	CQ19080480	4,003	-
Subtotal Paul Coverdell Forensic Sciences Improvement Program			<u>52,949</u>	<u>-</u>
Crime Victim Assistance	16.575	UV20030480	53,263	-
Crime Victim Assistance	16.575	UV21040480	66,038	-
Crime Victim Assistance	16.575	XC20030480	166,963	-
Crime Victim Assistance	16.575	XC21040480	130,186	-
Crime Victim Assistance	16.575	VW20390480	174,365	-
Crime Victim Assistance	16.575	VW21400480	609,400	-
Subtotal Crime Victim Assistance			<u>1,200,215</u>	<u>-</u>
Pass-Through Programs Subtotal			<u>2,005,181</u>	<u>453,303</u>
<b>US Department of Justice (DOJ) Total</b>			<u>2,235,776</u>	<u>453,303</u>
<b>US Department of Labor (DOL)</b>				
Pass-Through Programs:				
State of California Employment Development Department (EDD)				
WIA/WIOA Cluster:				
WIA/WIOA Adult Program	17.258	AA011039	241,772	-
WIA/WIOA Adult Program	17.258	AA111039	149,174	-
WIA/WIOA Adult Program	17.258	AA211039	898,929	-
Subtotal WIA/WIOA Adult Program			<u>1,289,875</u>	<u>-</u>
WIA/WIOA Youth Activities	17.259	AA111039	271,491	164,143
WIA/WIOA Youth Activities	17.259	AA211039	599,638	-
WIA/WIOA Youth Activities	17.259	AA311039	21,176	-
Subtotal WIA/WIOA Youth Activities			<u>892,305</u>	<u>164,143</u>
WIA/WIOA Dislocated Worker Formula Grants	17.278	AA111039	110,589	-
WIA/WIOA Dislocated Worker Formula Grants	17.278	AA211039	1,026,109	-
Subtotal WIA/WIOA Dislocated Worker Formula Grants			<u>1,136,698</u>	<u>-</u>
Subtotal WIA/WIOA Cluster			<u>3,318,878</u>	<u>164,143</u>
WIOA National Dislocated Worker Grants/WIA National Emergency Grants	17.277	AA111039	110,652	-
<b>US Department of Labor (DOL) Total</b>			<u>3,429,530</u>	<u>164,143</u>

County of Solano, California  
Schedule of Expenditures of Federal Awards  
For the Fiscal Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>US Department of Transportation (DOT)</b>				
Direct Programs:				
COVID-19 Airport Improvement Program	20.106	Not Applicable	\$ 32,000	\$ -
Airport Improvement Program	20.106	Not Applicable	<u>833,148</u>	<u>-</u>
Subtotal Airport Improvement Program			<u>865,148</u>	<u>-</u>
Pass-Through Programs:				
California Department of Transportation (CalTrans)				
Highway Planning and Construction Cluster:				
Highway Planning and Construction	20.205	5923	<u>198,778</u>	<u>-</u>
Subtotal Highway Planning and Construction Cluster			<u>198,778</u>	<u>-</u>
California Office of Traffic Safety (OTS)				
Minimum Penalties for Repeat Offenders for Driving While Intoxicated	20.608	AL22016	257,410	-
Highway Safety Cluster:				
National Priority Safety Programs	20.616	OP22008	35,456	-
National Priority Safety Programs	20.616	D122015	135,264	-
National Priority Safety Programs	20.616	D121010	<u>224,999</u>	<u>-</u>
Subtotal Highway Safety Cluster			<u>395,719</u>	<u>-</u>
Pass-Through Programs Subtotal			<u>851,907</u>	<u>-</u>
<b>US Department of Transportation (DOT) Total</b>			<u>1,717,055</u>	<u>-</u>
<b>US Department of Health and Human Services (DHHS)</b>				
Direct Programs:				
Health Center Program Cluster:				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	Not Applicable	1,743,993	-
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	Not Applicable	2,497,394	-
Grants for New and Expanded Services Under the Health Center Program	93.527	Not Applicable	<u>181,400</u>	<u>-</u>
Total Health Center Program Cluster			<u>4,422,787</u>	<u>-</u>
Health Center Infrastructure Support	93.526	Not Applicable	157,171	-
COVID-19 Provider Relief Fund	93.498	Not Applicable	407,800	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918	Not Applicable	<u>300,644</u>	<u>-</u>
Direct Programs Subtotal			<u>5,288,402</u>	<u>-</u>



County of Solano, California  
Schedule of Expenditures of Federal Awards  
For the Fiscal Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>US Department of Health and Human Services (DHHS) (Continued)</b>				
Pass-Through Programs:				
California Department of Aging (CDA)				
Aging Cluster:				
Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	AP-2021-28, 2001CAOAEA-00, AP-2122-28 2101CAOAEA-01	\$ 8,555	\$ 8,555
Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AP-2021-28 2001CAOAEA-00, AP-2122-28 2101CAOAEA-01	68,778	68,778
COVID - 19 Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals	93.042	CARES Act - Ombudsman Program 2001CAOMC3-00	3,284	3,284
COVID - 19 Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals	93.042	CARES Act - Ombudsman Program 2001CAOMC3-00	3,423	3,423
Subtotal Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals			<u>75,485</u>	<u>75,485</u>
Special Programs for the Aging, Title III, Part D, Disease and Health Promotion Services	93.043	AP-2021-28, 2001CAOAPH-00, AP-2122-28 2101CAOAPH-01	29,825	29,825
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AP-2021-28 2001CAOASS-00, AP-2122-28 2101CAOASS-01	921,220	851,548
COVID - 19 Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	CARES Act - Supportive Services 2001CASSC3-00	113,289	113,289
COVID - 19 Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	ADRC COVID Vaccine Access Program 2101CAVAC5-00	29,520	29,520
Subtotal Special Programs for the Aging, Title III, Part B Grants for Supportive Services and Senior Centers			<u>1,064,029</u>	<u>994,357</u>
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2021-28 2001CAOACM-00 2001CAOAHD-00 AP-2122-28, 2001CAOACM-01 2101CAOAHD-01	1,063,797	921,830
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	Consolidated Appropriations Act 2101-CAHDC5-00	214,994	214,994
COVID - 19 Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	CARES Act - Nutrition Services 2001CAHDC3-00	485,349	485,349
Subtotal Special Programs for the Aging, Title III, Part C, Nutrition Services			<u>1,764,140</u>	<u>1,622,173</u>

County of Solano, California  
Schedule of Expenditures of Federal Awards  
For the Fiscal Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>US Department of Health and Human Services (DHHS) (Continued)</b>				
National Family Caregiver Support, Title III, Part E	93.052	AP-2021-28, 2001CAOAF-00, AP-2122-28 2101CAOAF-01	\$ 319,069	\$ 287,780
COVID - 19 National Family Caregiver Support, Title III, Part E	93.052	CARES ACT - FCSP 2001CAFCC3-00	122,881	122,881
Subtotal National Family Caregiver Support, Title III, Part E			<u>441,950</u>	<u>410,661</u>
Nutrition Services Incentive Program	93.053	AP-2021-28 2001CAOANS-00, AP-2122-28 2101CAOANS-01	258,124	258,124
Total Aging Cluster			<u>3,642,108</u>	<u>3,399,180</u>
Pass-Through Programs:				
California Department of Public Health (CDPH)				
Public Health Emergency Preparedness (PHEP)	93.069	17-10201	290,538	-
National Bioterrorism Hospital Preparedness Program (HPP)	93.889	17-10201	188,888	-
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	2048BASE00	82,897	-
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	20-10551	21,556	-
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	0187.5280 ELC CARES	218,012	-
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	COVID-19ELC48	2,727,677	-
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	COVID-19ELC106	2,840,532	275,000
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	187.3408	113,350	-
Subtotal Epidemiology and Laboratory Capacity for Infectious Diseases			<u>5,899,571</u>	<u>275,000</u>
Activities to Support State, Tribal, Local and Territorial (STLT)				
Health Department Response to Public Health or Healthcare Crises	93.391	CERI-212340	31,297	-
Maternal, Infant, and Early Childhood Home Visiting Program	93.870	CHVP 21-48	827,627	-
HIV Care Formula Grants	93.917	18-10892	187,925	-
HIV Prevention Activities_Health Department Based	93.940	18-10774	115,375	20,035
Public Health Emergency Response: Cooperative Agreement for Emergency Response Public Health Crisis Response	93.354	4265	242,561	-
COVID-19 Public Health Emergency Response: Cooperative Agreement for Emergency Response Public Health Crisis Response	93.354	4265	13,986	-
Subtotal Public Health Emergency Response Public Health Crisis Response			<u>256,547</u>	<u>-</u>
Immunization Cooperative Agreements	93.268	17-10354	2,843,836	-

County of Solano, California  
Schedule of Expenditures of Federal Awards  
For the Fiscal Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>US Department of Health and Human Services (DHHS) (Continued)</b>				
California Department of Social Services (CDSS)				
Guardianship Assistance	93.090	1946001347 A7	\$ 664,682	\$ -
MaryLee Allen Promoting Safe and Stable Families	93.556	1946001347 A7	287,193	275,203
Community-Based Child Abuse Prevention Grants	93.590	1946001347 A7	33,596	33,596
Temporary Assistance for Needy Families	93.558	1946001347 A7	23,868,715	6,921,429
Temporary Assistance for Needy Families	93.558	1946001347 A7	7,204,534	-
Temporary Assistance for Needy Families	93.558	1946001347 A7	186,959	-
Subtotal Temporary Assistance for Needy Families			<u>31,260,208</u>	<u>6,921,429</u>
Refugee and Entrant Assistance State/Replacement Designee Administered Programs	93.566	1946001347 A7	42,101	-
Adoption and Legal Guardianship Incentive Payments Program	93.603	1946001347 A7	5,252	-
Stephanie Tubbs Jones Child Welfare Services Program	93.645	1946001347 A7	149,297	-
Foster Care_Title IV-E	93.658	1946001347 A7	7,184,104	2,251,193
Adoption Assistance_Title IV-E	93.659	1946001347 A7	5,095,323	-
Social Services Block Grant	93.667	1946001347 A7	686,112	-
John H. Chafee Foster Care Program for Successful Transition to Adulthood	93.674	1946001347 A7	131,777	131,777
California Department of Child Support Services (DCSS)				
Child Support Enforcement	93.563	1-946001347-P-9	8,723,419	-
California Department of Health Care Services (DHCS)				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	14-90354	65,432	-
Block Grants for Community Mental Health Services	93.958	14-90354	431,731	374,582
Block Grants for Prevention and Treatment of Substance Abuse	93.959	14-90354	2,894,461	1,347,036
Maternal and Child Health Services Block Grant to the States	93.994	14-90354	1,033,304	-
California Department of Public Health (CDPH)				
Maternal and Child Health Services Block Grant to the States	93.994	202148	348,416	-
Subtotal Maternal and Child Health Services Block Grant to the States			<u>1,381,720</u>	<u>-</u>
Medicaid Cluster:				
Medical Assistance Program	93.778		19,515,066	-
Total Medicaid Cluster			<u>19,515,066</u>	<u>-</u>
<b>US Department of Health and Human Services (DHHS) Total</b>			<u>98,228,041</u>	<u>15,029,031</u>
<b>US Department of Homeland Security (DHS)</b>				
Pass-Through Programs:				
California Office of Emergency Services (CalOES)				
Emergency Management Performance Grants	97.042	Cal OES ID: 095-0000 Subaward #2021-0015	98,365	-
Emergency Management Performance Grants	97.042	Cal OES ID: 095-0000 Subaward #2020-0006	108,682	-
Emergency Management Performance Grants	97.042	Cal OES ID: 095-0000 Subaward #20002-0095	107,500	-
Subtotal Emergency Management Performance Grants			<u>314,547</u>	<u>-</u>
Homeland Security Grant Program	97.067	2021-0081 Cal OES ID: 095-0000	900	-
Homeland Security Grant Program	97.067	2020-0095 Cal OES ID: 095-0000	169,677	80,887
Homeland Security Grant Program	97.067	95-00000	466,876	222,118
City & County of San Francisco				
Homeland Security Grant Program	97.067	075-95017	112,266	-
Subtotal Homeland Security Grant Program			<u>749,719</u>	<u>303,005</u>
<b>US Department of Homeland Security (DHS) Total</b>			<u>1,064,266</u>	<u>303,005</u>

County of Solano, California  
 Schedule of Expenditures of Federal Awards  
 For the Fiscal Year Ended June 30, 2022

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures	Amounts Passed- Through to Subrecipients
<b>US Department of the Treasury</b>				
Direct Programs:				
COVID-19 Emergency Rental Assistance Program	21.023	Not Applicable	\$ 11,440,404	\$ 6,177,719
<b>US Department of Treasury Total</b>			<u>11,440,404</u>	<u>6,177,719</u>
<b>US Small Business Administration (SBA)</b>				
Pass-Through Programs:				
Humboldt State University				
Small Business Development Centers	59.037	SBAHQ-20-C-0069	34,441	-
Small Business Development Centers	59.037	SBAHQ-21-B-0044	65,459	-
Small Business Development Centers	59.037	SBAHQ-20-B-0066	76,382	-
<b>US Small Business Administration (SBA) Total</b>			<u>176,282</u>	<u>-</u>
<b>Total Federal Financial Assistance</b>			<u>\$ 137,898,953</u>	<u>\$ 25,133,296</u>

**Note 1 - Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal award activity of the County of Solano, California (County) under programs of the federal government for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of Title 2 Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County.

**Note 2 - Summary of Significant Accounting Policies**

Expenditures reported in the schedule are reported on the modified accrual basis of accounting for the governmental funds and the accrual basis of accounting for the proprietary funds, except for subrecipient expenditures which are recorded on the cash basis and certain U.S. Department of Health and Human Resources programs that are reported on a cash basis in accordance with guidance provided by the California Health and Human Services Agency. When applicable, such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts, if any, shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in the prior years.

**Note 3 - Pass-Through Entities' Identifying Numbers**

When federal awards are received from a pass-through entity, the Schedule indicates if assigned, the identifying grant or contract number that has been assigned by the pass-through entity.

**Note 4 - Medicaid Cluster**

Except for Medi-Cal administrative expenditures, Medicaid (Medi-Cal) and Medicare program expenditures are excluded from the schedule of expenditures of federal awards. These expenditures represent fees for services; therefore, neither is considered a federal award program of the County for purposes of the schedule of expenditures of federal awards or in determining major programs. The County assists the State of California (State) in determining eligibility and provides Medi-Cal and Medicare services through County-owned health facilities. Medi-Cal administrative expenditures are included in the schedule of expenditures of federal awards as they do not represent fees for services.

**Note 5 - Indirect Cost Rate**

The County has not elected to use the 10-percent de minimis indirect cost rate.

**Note 6 - Aging Cluster**

The California Department of Aging considers other closely related pass-through programs by the State to be included with the Aging Cluster, in accordance with 2 CFR 200.12.

**Note 7 - Provider Relief Funds**

The County received amounts from the U.S. Department of Health and Human Services (HHS) through the Provider Relief Fund (PRF) program (Federal Financial Assistance Listing/CFDA #93.498) during the year ended June 30, 2021 totaling \$407,800. Additional funds of \$463,799 were received during the year ended June 30, 2022. The County incurred eligible expenditures and, therefore, recognized revenues totaling \$463,799 for the year ended June 30, 2022 on the financial statements. In accordance with the 2022 compliance supplement, the PRF expenditures recognized on the schedule are based on the reporting to HHS for Period 2, defined as payments received during July 1, 2020 to December 31, 2020 of \$407,800, as required under the PRF program.

**Section I – Summary of Auditor’s Results**

**FINANCIAL STATEMENTS**

Type of auditor's report issued:	Unmodified
Internal control over financial reporting:	
Material weaknesses identified	Yes
Significant deficiencies identified not considered to be material weaknesses	None reported
Noncompliance material to financial statements noted?	No

**FEDERAL AWARDS**

Internal control over major federal programs:	
Material weaknesses identified	Yes
Significant deficiencies identified not considered to be material weaknesses	Yes
Type of auditor's report issued on compliance for major programs:	Unmodified for all major programs except for the Housing Voucher Cluster and Emergency Rental Assistance Program, which were qualified.
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	Yes

**Identification of major programs:**

Name of Federal Program	Federal Financial Assistance Listing
Housing Voucher Cluster	14.871 / 14.879
WIOA Cluster	17.258 / 17.259 / 17.278
Health Center Program Cluster	93.224 / 93.527
Aging Cluster	93.041 / 93.042 / 93.043 / 93.044 / 93.045 / 93.052 / 93.053
Epidemiology and Laboratory Capacity for Infectious Diseases	93.323
Temporary Assistance for Needy Families	93.558
Emergency Rental Assistance Program	21.023
Dollar threshold used to distinguish between type A and type B programs:	\$3,000,000
Auditee qualified as low-risk auditee?	No

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**Section II – Financial Statement Findings**

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**2022-001      Financial Reporting**

*Type of Finding: Material Weakness*

*Criteria:*

Management is responsible for the preparation and fair presentation of the financial statements. Management is responsible for ensuring that all financial records and related information is reliable and properly recorded.

*Condition:*

During our audit, we identified one misstatement in the Health & Social Service fund to correct for the proper recognition of revenue and accounts receivable.

Additionally, management identified and corrected the beginning fiduciary net position of the custodial funds for an understatement of fiduciary net position presented in the previously issued financial statements.

*Cause:*

The County continues to experience staffing shortages impacting its ability to perform established internal control activities timely.

*Effect:*

Adjustments were necessary to fairly present the financial statements.

*Recommendation:*

We recommend that the County review and strengthen its procedures over the review of transactions and the financial statements.

*Views of Responsible Officials and Planned Corrective Action:*

Management agrees with the finding. See separate corrective action plan.



**2022-002 Property Assessment Valuation Changes**

*Type of Finding: Material Weakness*

*Criteria:*

Internal controls should be established to ensure that reviews and approvals of property assessment valuation changes prepared by the County's appraisers are documented.

*Condition:*

In a sample of 1 out of 40 property valuation assessment changes selected, the County was unable to provide evidence of management's review and approval of the valuation change.

*Cause:*

Management asserted that in some instances, the County's system for property valuation assessment changes does not retain evidence of management's review and approval.

*Effect:*

There is an increased risk of error or fraud if the property assessment valuation changes are not reviewed and documented.

*Recommendation:*

We recommend that management implement policies and procedures to document and retain evidence of the supervising appraisers review and approval of the assessment valuation changes.

*Views of Responsible Officials and Planned Corrective Action:*

Management agrees with the finding. See separate corrective action plan.

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**Section III – Federal Award Findings and Questioned Costs**

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**2022-003**      **Program:** Housing Voucher Cluster  
**Assistance Listing No.:** 14.871, 14.879  
**Federal Agency:** U.S. Department of Housing and Urban Development  
**Passed-through:** n/a – direct award  
**Award Number and Year:** CA131, 2021/2022

**Compliance Requirement:** Subrecipient Monitoring  
**Type of Finding:** *Material Weakness in Internal Control over Compliance, Material Noncompliance*

*Criteria:*

2 CFR 200.331(a) establishes the required elements that the pass-through entity (County) must include in their subrecipient agreements.

2 CFR 200.331(b) establishes the requirement that the pass-through entity must evaluate the risk of noncompliance with Federal statutes, regulations, and terms and conditions of the program for each subaward for the purpose of determining the appropriate subrecipient monitoring activities.

2 CFR 200.331(d) and 2 CFR 200.331(e) establishes the requirement that the pass-through entity must monitor the activities of each subrecipient of program funds to ensure that the subaward is used for authorized purposes, complies with the terms and conditions of the subaward and achieves performance goals. 2 CFR 200.331(d) requires that the monitoring activities must include:

- 1) Reviewing of financial and performance reports as required by the pass-through entity.
- 2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and other means.
- 3) Issuing a management decision for audit findings pertaining to the Federal award provided to the subrecipient from the pass-through entity as required by §200.521 Management decision.

2 CRF 200.331(f) establishes the requirement for the pass-through entity to verify whether the subrecipient is subject to a single audit when the subrecipient's expenditures are expected to exceed the threshold set forth in 2 CRF 200.501.

*Condition:*

In 1 out of 1 instance selected, we found that the subrecipient agreement did not contain the federal award identification elements required to be communicated by the County.

We found that the County did not have documented policies or procedures for the evaluation of the subrecipient's risk of noncompliance with program requirements prior to awarding the subrecipient contract. We also found that the County did not have documented monitoring procedures to be followed based on the assessed level of risk of noncompliance. Furthermore, the County did not have documented procedures to verify whether the subrecipient was subject to a single audit. As a result, we found that in 1 out of 1 instance selected, a documented assessment of the subrecipient's risk of noncompliance was not performed. In this same instance, a documented review of whether the subrecipient was subject to a single audit was also not performed.

*Cause:*

The County did not have documented policies and procedures over subrecipient monitoring to ensure that the required risk assessments and monitoring procedures were performed. The County's subrecipient contracting procedures also did not require the inclusion of the required elements.

*Effect:*

The County did not include all the required elements in their subawards and did not perform appropriate monitoring procedures over the subrecipients.

*Questioned Costs:*

No known questioned costs identified.

*Context/Sampling:*

We selected 100% of the County's subrecipients of the program.

*Repeat Finding from Prior Year(s):*

Yes, prior year finding 2021-004.

*Recommendation:*

We recommend that the County establish documented policies and procedures over subrecipient monitoring, including a documented risk assessment, monitoring procedures, and contract reviews.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

**2022-004**      **Program:** Housing Voucher Cluster  
**Assistance Listing No.:** 14.871, 14.879  
**Federal Agency:** U.S. Department of Housing and Urban Development  
**Passed-through:** n/a – direct award  
**Award Number and Year:** CA131, 2021/2022

**Compliance Requirement:** Reporting  
**Type of Finding:** *Material Weakness in Internal Control over Compliance, Material Noncompliance*

*Criteria:*

2 CFR 200.303(a) establishes that the auditee must establish and maintain effective internal control over the federal award that provides assurance that the entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the federal award. 2 CFR Part 170 establishes requirements for recipients’ reporting of information on subawards as required by the Federal Funding Accountability and Transparency Act of 2006 (FFATA).

*Condition:*

We identified that the FFATA reporting was not completed as required by 2 CFR Part 170 for the following instances:

Transactions Tested	Subaward Not Reported	Report Not Timely	Subaward Amount Incorrect	Subaward Missing Key Elements
1	1	1	1	1

Dollar Amount of Tested Transactions	Subaward Not Reported	Report Not Timely	Subaward Amount Incorrect	Subaward Missing Key Elements
\$2,765,946	\$2,765,946	\$2,765,946	\$2,765,946	\$2,765,946

*Cause:*

Management asserted that the agreement had been in place for greater than 10 years and had no reason to be updated. Management has also asserted that they do not have access to submit the FFATA reports.

*Effect:*

Ineffective controls over this area of compliance could result in reports that are inaccurate, or incomplete being submitted to the federal agency.

*Questioned Costs:*

No questioned costs were identified as a result of our procedures.

*Context/Sampling:*

We tested 100% of all subrecipients.

*Repeat Finding from Prior Year(s):*

Yes, prior year finding 2021-005.

*Recommendation:*

We recommend that management strengthen their processes and procedures related to the submission of the required FFATA reports to ensure compliance with the program requirements. We also recommend that management establish documented review of the required FFATA reports by an individual other than the preparer prior to submission and retain record of the review and submission.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

**2022-005**

**Program:** Temporary Assistance for Needy Families  
**Assistance Listing No.:** 93.558  
**Federal Agency:** U.S. Department of Health and Human Services  
**Passed-through:** California Department of Social Services  
**Award Number and Year:** 1946001347 A7, 2021/2022

**Compliance Requirement:** Allowable Costs, Eligibility and Special Tests and Provisions  
**Type of Finding:** *Material Weakness in Internal Control over Compliance, Instances of Noncompliance*

*Criteria:*

Per the 2022 OMB Compliance Supplement, agencies are required to maintain eligibility records including documents to support the agency's eligibility determination and information about each individual and benefits paid to or on behalf of the individual. In addition, it is required that eligibility determinations and redeterminations, including obtaining any required documentation and verifications, are performed annually to determine if individuals are eligible in accordance with the compliance requirements of the program.

*Condition:*

As a result of our eligibility testing, we noted the following:

- Two (2) out of 60 cases tested were missing the annual redetermination for the reevaluation of their benefits and eligibility requirements.
- 31 out of 60 cases the evidence of the review of the Income Eligibility and Verification System (IEVS) report were not documented during the applicable or annual redetermination applicable to the fiscal year.

*Cause:*

The County's policies and procedures did not ensure that 1) timely redeterminations are performed for all program recipients, and 2) IEVS reports are reviewed for all application/redeterminations.

*Effect:*

The lack of performance of timely eligibility redetermination and supporting documentation for eligibility determinations could result in ineligible individuals receiving benefits and increase the risk of noncompliance with the program

*Questioned Costs:*

We identified known questioned costs of \$1,731.

*Context/Sampling:*

The condition noted above was found during our testing procedures over allowed costs, eligibility and special tests and provisions. A sample of 60 benefit payments out of a population 38,950 were selected for testing. This represented \$42,512 of benefit payments out of \$7,048,799.

In two (2) out of 60 cases, we found that the County did not maintain evidence of its annual re-determination for the re-evaluation of their benefits and eligibility requirements. The individuals are still receiving benefits.

In 31 out of 60 cases, we found that the review of the IEVS was not documented during the application or annual re-determination applicable to the fiscal year. However, we found that the related recipients/cases were eligible.

*Repeat Finding from Prior Year(s):*

No.

*Recommendation:*

We recommend that the County strengthen its current policies and procedures with regards to eligibility redeterminations, required documentation, and maintenance of participant file and ensure that such policies and procedures are formally documented.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

2022-006

**Program:** Emergency Rental Assistance Program  
**Assistance Listing No.:** 21.023  
**Federal Agency:** U.S. Department of the Treasury  
**Passed-through:** n/a – direct award  
**Award Number and Year:** Not Applicable, 2021/2022

**Compliance Requirement:** Eligibility

**Type of Finding:** *Significant Deficiency, Instance of Noncompliance*

*Criteria:*

The Consolidated Appropriations Act, 2021, for Emergency Rental Assistance Program (ERA) requires the entity to establish and document their policies and procedures for determining a household's eligibility to include policies and procedures for determining the prioritization of households in compliance with the statute and maintain records of their determinations. Within those policies, the grantee is required to specify under what circumstances they will accept written attestations from the applicant without further documentation to determine any aspect of eligibility or the amount of assistance, and in such cases, grantees must have in place reasonable validation or fraud-prevention procedures to prevent abuse.

*Condition:*

The County's policy and procedures for eligibility determination did not incorporate policies and procedures specifying under what circumstances they will accept written attestations from the applicant without further documentation to determine any aspect of eligibility or the amount of assistance.

*Cause:*

The County did not formulate complete policies and procedures for the program.

*Effect:*

The County's policies and procedures were incomplete.

*Questioned Costs:*

None identified.

*Context/Sampling:*

This instance was identified through our review of the County's policies and procedures.

*Repeat Finding from Prior Year:*

No.

*Recommendation:*

We recommend the County revise its policies and procedures for the program.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

**2022-007**

**Program:** Emergency Rental Assistance Program

**Assistance Listing No.:** 21.023

**Federal Agency:** U.S. Department of the Treasury

**Passed-through:** n/a – direct award

**Award Number and Year:** Not Applicable, 2021/2022

**Compliance Requirement:** Reporting

**Type of Finding:** *Material Weakness in Internal Control over Compliance, Instances of Noncompliance*

*Criteria:*

2 CFR 200.303(a) requires that the non-federal entity must establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.

*Condition:*

We noted that reports were submitted for the program did not go through a review process. Furthermore, we identified two instances in which quarterly report amounts were not accurately reported.



We identified two instances in which amounts reported were inaccurate. In both instances, we found that the cumulative expenditures reported did not agree to the underlying accounting records. In one instance, we found that the County incorrectly reported cumulative obligations and cumulative expenditures as zero.

*Cause:*

The County did not establish a review and approval process for the reports submitted for the program.

*Effect:*

The County's reports did not go through a review process. Amounts were not accurately reported.

*Questioned Costs:*

None noted.

*Context/Sampling:*

These instances were identified through our procedures over compliance with the Uniform Guidance for reporting. A sample of 6 (2 quarterly, 4 monthly) reports out of a population of 16 (2 quarterly and 12 monthly) were selected for testing.

*Repeat Finding from Prior Year:*

No.

*Recommendation:*

We recommend that the County strengthen its internal controls to ensure that reports are subject to review prior to submission and maintain evidence of a review and approval.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

2022-008

**Program:** Emergency Rental Assistance Program  
**Assistance Listing No.:** 21.023  
**Federal Agency:** U.S. Department of the Treasury  
**Passed-through:** n/a – direct award  
**Award Number and Year:** Not Applicable, 2021/2022

**Compliance Requirement:** Subrecipient Monitoring  
**Type of Finding:** *Material Weakness in Internal Control over Compliance, Material Noncompliance*

*Criteria:*

2 CFR 200.331(a) establishes the required elements that the pass-through entity (County) must include in their subrecipient agreements.

2 CFR 200.331(b) establishes the requirement that the pass-through entity must evaluate the risk of noncompliance with Federal statutes, regulations, and terms and conditions of the program for each subaward for the purpose of determining the appropriate subrecipient monitoring activities.

2 CFR 200.331(d) and 2 CFR 200.331(e) establishes the requirement that the pass-through entity must monitor the activities of each subrecipient of program funds to ensure that the subaward is used for authorized purposes, complies with the terms and conditions of the subaward and achieves performance goals. 2 CFR 200.331(d) requires that the monitoring activities must include:

1. Reviewing of financial and performance reports as required by the pass-through entity.
2. Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and other means.
3. Issuing a management decision for audit findings pertaining to the Federal award provided to the subrecipient from the pass-through entity as required by §200.521 Management decision.

2 CFR 200.331(f) establishes the requirement for the pass-through entity to verify whether the subrecipient is subject to a single audit when the subrecipient's expenditures are expected to exceed the threshold set forth in 2 CRF 200.501.

*Condition:*

In 1 out of 1 instance selected, we found that the subrecipient agreement did not contain the federal award identification elements required to be communicated by the County.

We found that the County did not have documented policies or procedures for the evaluation of the subrecipient's risk of noncompliance with program requirements prior to awarding the subrecipient contract. We also found that the County did not have documented monitoring procedures to be followed based on the assessed level of risk of noncompliance. Furthermore, the County did not have documented procedures to verify whether the subrecipient was subject to a single audit. As a result, we found that in 1 out of 1 instance selected, a documented assessment of the subrecipient's risk of noncompliance was not performed. In this same instance, a documented review of whether the subrecipient was subject to a single audit was also not performed.

*Cause:*

The County did not have documented policies and procedures over subrecipient monitoring to ensure that the required risk assessments and monitoring procedures were performed. The County's subrecipient contracting procedures also did not require the inclusion of the required elements.

*Effect:*

The County did not include all the required elements in their subawards and did not perform appropriate monitoring procedures over the subrecipients.

*Questioned Costs:*

None noted.

*Context/Sampling:*

We selected 100% of the County's subrecipients of the program. \$6,177,719 was paid to the subrecipient during the fiscal year.

*Repeat Finding from Prior Year:*

No.

*Recommendation:*

We recommend that the County establish documented policies and procedures over subrecipient monitoring, including a documented risk assessment, monitoring procedures, and contract reviews.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

**2022-009**      **Program:** Epidemiology and Laboratory Capacity for Infectious Diseases  
**Assistance Listing No.:** 93.323  
**Federal Agency:** U.S. Department of Health and Human Services  
**Passed-through:** California Department of Public Health  
**Award Number and Year:** 0187.5280 ELC CARES, COVID-19ELC48, COVID-19ELC106, 187.3408, 2021/2022

**Compliance Requirement:** Reporting  
**Type of Finding:** *Material Weakness in Internal Control over Compliance*

*Criteria:*

2 CFR 200.303(a) requires that the non-federal entity must establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.

*Condition:*

Out of 4 reports sampled, we noted four (4) instances where the review and approval of the submitted reports was not documented.

*Cause:*

The County's internal control environment was impacted by a shortage of staff necessary to fully conduct the program.

*Effect:*

The County's reports on the awards were not reviewed for accuracy.

*Questioned Costs:*

None noted.

*Context/Sampling:*

We selected four (4) reports out of eight (8) submitted.

*Repeat Finding from Prior Year:*

No.

*Recommendation:*

We recommend that the County establish documented policies and procedures over reporting.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

**2022-010**

**Program:** Epidemiology and Laboratory Capacity for Infectious Diseases

**Assistance Listing No.:** 93.323

**Federal Agency:** U.S. Department of Health and Human Services

**Passed-through:** California Department of Public Health

**Award Number and Year:** 0187.5280 ELC CARES, COVID-19ELC48, COVID-19ELC106, 187.3408, 2021/2022

**Compliance Requirement:** Procurement, Suspension and Debarment

**Type of Finding:** *Material Weakness in Internal Control over Compliance, Instances of Noncompliance*

*Criteria:*

Per 2 CFR part 200, subpart D, section 200.303, the nonfederal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the nonfederal entity is managing the federal award is compliance with federal statutes, regulations, and the terms and conditions of the federal award.

Prior to entering into subawards and contracts with award funds, recipients must verify that such contractors and subrecipients are not suspended, debarred, or otherwise excluded pursuant to 31 CFR section 19.300

*Condition:*

Out of 7 reports procurements sampled, we noted 4 instances where there was no evidence that management performed a verification of tested covered transactions by checking the EPLS and management did not obtain a certification or added a clause or condition to the covered transaction.

*Cause:*

While aware of the requirements, the County did not have internal controls in place to ensure compliance with the procurement and suspension and debarment requirements.

*Effect:*

Noncompliance requirements for entering into contracts with vendors could result in disbursement of Federal funds to suspended or debarred parties.

*Questioned Costs:*

None noted.

*Context/Sampling:*

A nonstatistical sample of 7 out of 32 contracts were selected.

*Repeat Finding from Prior Year:*

No.

*Recommendation:*

We recommend that the County implement policies and procedures to ensure procurement methods are properly documented, and to verify SAM registration status of potential vendors, collect certification from potential vendors, or include a clause or condition to the contract to verify that entities to which the County is awarding Federal funds is not suspended or debarred. We also recommend that management review its current vendors to ensure they are not suspended or debarred and maintain documentation of the verification procedure performed.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

**2022-011**

**Program:** WIA/WIOA Cluster

**Assistance Listing No.:** 17.258, 17.259, 17.278

**Federal Agency:** US Department of Labor

**Passed-through:** State of California Employment Development Department (EDD)

**Award Year and Number:** AA011039, AA111039, AA211039, AA311039, 2021/2022

**Compliance Requirement:** Reporting

**Type of Finding:** *Material Weakness in Internal Control over Compliance, Instances of Noncompliance*

*Criteria:*

2 CFR 200.303(a) establishes that the auditee must establish and maintain effective internal control over the federal award that provides assurance that the entity is managing the federal award in compliance with federal statutes, regulations, and the terms and conditions of the federal award.

*Condition:*

We identified one (1) instance in which a required financial report was not submitted, and one (1) instance in which amounts were incomplete/inaccurately reported.

*Cause:*

The County did not have procedures in place over these reports to ensure that all required financial reports were submitted and that financial reports were complete and accurate prior to submission.

*Effect:*

By not having procedures in place to ensure that 1) all required reports are submitted and 2) reports are complete and accurately prepared, this increases the County's risk of noncompliance with the program.

*Questioned Costs:*

We identified no questioned costs in our tests of compliance with this requirement.

*Context/Sampling:*

The condition noted above was found during our testing procedures over reporting. A sample of 14 out of 65 reports were selected.

*Repeat Finding from Prior Year(s):*

No.

*Recommendation:*

We recommend that the County review its policies and procedures with regards to the preparation and submission of reports.

*Views of Responsible Officials:*

Management agrees with the finding. See separate corrective action plan.

County of Solano, California  
 Summary Schedule of Prior Audit Findings  
 For the Fiscal Year Ended June 30, 2022

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Summarized below is the current status of findings reported in the prior year’s schedule of audit findings and questioned costs.

<b>Finding No.</b>	<b>Program/Cluster</b>	<b>Assistance Listing No.</b>	<b>Compliance Requirement</b>	<b>Status</b>
2021-001	Section 8 Housing Choice Vouchers	21.019	Other	Implemented
2021-002	COVID-19 Coronavirus Relief Fund	21.019	Subrecipient Monitoring	Implemented
2021-003	COVID-19 Coronavirus Relief Fund	21.019	Other	Implemented
2021-004	Section 8 Housing Choice Vouchers	14.871	Subrecipient Monitoring	Not implemented. See Finding 2022-003
2021-005	Section 8 Housing Choice Vouchers	14.871	Reporting	Not implemented. See Finding 2022-004



County of Solano, California  
 Supplemental Schedule of the Office of California State Department of Aging Grants  
 For the Fiscal Year Ended June 30, 2022

**I. AREA PLAN \***

Federal Grantor/Program Title	CFDA Number	Contract Number	Federal Expenditures	State Expenditures	Total Expenditures
Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	AP-2122-28	\$ 8,555	\$ -	\$ 8,555
Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals	93.042	AP-2122-28	68,778	-	68,778
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	AP-2122-28	29,825	-	29,825
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AP-2122-28	921,220	-	921,220
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2122-28	1,063,797	608,893	1,672,690
National Family Caregiver Support, Title III, Part E	93.052	AP-2122-28	319,069	-	319,069
Nutrition Services Incentive Program	93.053	AP-2122-28	258,124	-	258,124
General Fund IIIB (Ombudsman)	N/A	AP-2122-28	-	330,647	330,647
Public Health L&C Program Fund (PHL&C Ombudsman)	N/A	AP-2122-28	-	2,317	2,317
State Health Facilities Citation Penalties Account (SHF Cit Pen Ombudsman)	N/A	AP-2122-28	-	29,341	29,341
State Nursing Facilities Quality and Accountability (SNFQAF Ombudsman)	N/A	AP-2122-28	-	24,539	24,539
			<u>\$ 2,669,368</u>	<u>\$ 995,737</u>	<u>\$ 3,665,105</u>

**II. OTHER FUNDING \***

Federal Grantor/Program Title	CFDA Number	Contract Number	Federal Expenditures	State Expenditures	Total Expenditures
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (CalFresh/SNAP-ED)	10.561	SP-2021-28	\$ 50,464	\$ -	\$ 50,464
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program (CalFresh/SNAP-ED)	10.561	SP-2122-28	66,622	-	66,622
Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals	93.042	CARES	3,284	-	3,284
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	CARES	113,289	-	113,289
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	CARES	485,349	-	485,349
National Family Caregiver Support, Title III, Part E	93.052	CARES	122,881	-	122,881
Special Programs for the Aging, Title VII, Chapter 2, Long-Term Care Ombudsman Services for Older Individuals	93.042	CARES	3,423	-	3,423
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	CARES	29,520	-	29,520
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	CAA	214,994	-	214,994
State General Fund - Dignity at Home Fall Prevention Program	N/A	Dignity FP	-	12,545	12,545
			<u>\$ 1,089,826</u>	<u>\$ 12,545</u>	<u>\$ 1,102,371</u>

Note:

\* Payments to subrecipients are reported when disbursed (cash basis of accounting), in accordance with the requirements of the Uniform Guidance.