



County of Solano Community Healthcare Board

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, September 20, 2023

In Person Meeting

Members Present:

At Roll Call: Michael Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy.

Members Absent: Sandra Whaley, Robert Wieda, Brandon Wirth

Staff Present:

Roger Robinson, Bela Matyas, Dr. Michele Leary, Dona Weissenfels, Kelly Welsh, Desiree Bodiford, Nina Delmendo, Katreena Dotson, Valerie Flores, Krista McBride, Dr. Reza Rajabian, Shaekia Aiken, Jasmine Chisley, Julie Barga and Danielle Seguerre-Seymour.

1) Call to Order- 12:02 pm

- a. Welcome
- b. Roll Call

2) Approval of the September 20, 2023 Agenda

Motion: To approve the September 20, 2023 Agenda, with the removal of Agenda Item 7a, "Review and consider approval of revisions to the Co-Applicant Agreement", which will be returned on an agenda for Board approval, after the final HRSA recommendations are received.

Motion by: Tracee Stacy and seconded by Ruth Forney

Discussion: Bela Matyas made a recommendation to the Board regarding Agenda Item 7a, under Business Governance. He recommended that the Board consider review and approval of any revisions to the FQHC Co-Applicant Agreement, until the final HRSA recommendations become available. Board Member Ruth Forney agreed and the Agenda was recommended by the Board to postpone that item, until final HRSA recommendations are received.

Ayes: Michael Brown, Don O'Conner, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy.

Nays: None

Abstain: None

Motion Carried

3) Public Comment

There was no Public Comment.



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Regular Calendar

4) Approval of Minutes

Approval of the August 16, 2023 Draft Minutes

Motion: To approve the August 16, 2023 Draft Minutes

Motion by: Ruth Forney and seconded by Don O'Connor

Discussion: None.

Ayes: Michael Brown, Don O'Conner, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy.

Nays: None

Abstain: None

Motion Carried

5) Clinic Operations Reports

a. Staffing Update — Dona Weissenfels

- i. Dona shared that Family Health Services is bringing on a planning analyst to better support a more sophisticated and automatic reporting process instead of a manual process to pull reports. Interviews for the planning analyst position are set to occur next week.

b. Credentialing Update — Desiree Bodiford

- i. Desiree reported that screening took place for 131 employees and that they are in the process of credentialing 10 staff and recredentialing 4 staff.

c. HRSA Grants update — There were no updates to report on.

d. Grievances/Compliments — There were no updates on grievances and complaints to report.

e. Compliance — There were no updates pertaining to compliance to report.

f. Finance — Nina Delmendo – Updated Fiscal Report handout

- i. Nina stated she will provide a report on the Revenue Cycle at next month's meeting. Regarding the Fiscal Report, Nina clarified that since July is the beginning of the fiscal year, there is not much financial data to report on and that as of August 31st, about 17% of the fiscal year has passed.
- ii. In terms of benchmarks, Nina highlighted that the year-to-date actuals as a percent of the working budget shows that we have spent 49% of the budget; however, this value varies when people leave and the percentage will be adjusted when they do the mid-year budget. Overall, the Salaries Benefits Total shows that we are currently underspending than what was originally anticipated with a value of roughly 11%. Nina clarified that although the report is showing 0% for insurance actuals, we can still expect the insurance charges to be what was included in the budget and that the charges will be reflected closer to the end of December.
- iii. Nina stated that the contracted and professional services also appear to be very low; there is 1.249 in the budget for that, but we have only spent \$1500. Nina explained that the values



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listed are reflected based on the timing of when vendors submit their claims to us. She stated that all the expenditures will be captured by June. She also mentioned that many of the \$0 charges in other columns of the report are due to timing differences.

iv. Regarding revenues, Nina reported that we have not drawn down any realignment yet; the process to cover expenditures and to draw down some of the grants will start in the next few months. Nina also mentioned that the \$943,000 congressional year mark funds is what is still anticipated to be spent this fiscal year and that the remaining balance of \$1 million will be caught up in July.

g. Referrals — There were no updates to report.

h. Major Project Updates — There were no updates to report.

i. QI update — Dr. Michele Leary – Primary Care Provider Quality Improvement Program (PCP QIP) Report

i. Dr. Leary explained that the report reflects lower values that are not up-to-date, namely for the hypertension and diabetes measures, due to limited staffing availability to pull the manual uploads.

ii. Regarding screenings, she reported that the cervical cancer screening rate is low due to limited appointment availability following the shortage of providers and the difficult nature of the screening itself for patients to complete even when providers have the availability. The huge push on breast cancer screenings that FHS launched in February is showing progress, particularly because this initiative can be done without an appointment. For colorectal screening, FHS has shifted to promoting Cologuard as an option for patients with normal risk because it is valid for three years as opposed to one-year options and it increases access for patients; she also mentioned that this effort has been holding FHS screening rates steady. In addition, Dr. Leary mentioned that the electronic patient reminders that comes with EPIC's patient portal should help with next year's initiatives in the future.

iii. Dr. Leary explained that the current strategy to tackle the Asthma Medication Ratio measure is to have FHS providers prescribe controller inhalers first and then albuterol as needed.

iv. Dr. Leary also noted that most FHS Pediatric Quality Initiatives are linked to visits; however, FHS does not have enough appointments available at this time. FHS is continuing to work on hiring. Dr. Leary also explained that FHS is focusing on allowing established patients the opportunity to at least come in for immunizations. Dr. Leary explained that the 15-month Well Child Visit initiative that started in the Fairfield Pediatric clinic and is now adopted by the Vallejo and Vacaville clinics, will not show a rise in numbers for the two clinics until next year. However; Dr. Leary noted the current data is showing that the initiative is working.

v. When asked about what areas need more focus, Dr. Leary clarified that the biggest issue is access to appointments, specifically with hiring, training, and getting more providers back in to get our levels back to what they used to be three years ago.

j. Revenue Cycle Management — Nina Delmendo — There was no report.

k. FHS Clinic Q-Matic Stats — Dona Weissenfels — (handout on this)

6) HRSA Project Officer Report- Dona Weissenfels; Health Center HRSA Project Office Update

a. Health Center HRSA Project Office Update

Training:



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- i. Dona stated that training and recruiting has been the primary focus for the last few weeks. Dona shared that FHS staff is catching up on three trainings: Civil Rights, HIPS training, and Compliance via Vector Solutions.
- ii. Dona announced that FHS is having their first Skills Fair Training tomorrow (9/21/23) to ensure that essential skills for FHS staff remain up to date. Dona highlighted a few areas of training from this collaborative effort from the staff: rooming and checking out patients, safety and security, policies and procedures, vital signs, point of care testing, FHS history and services, injections, revenue cycles, EKGs, dental services and EDR charting and grouping, pediatric project presentations, good faith estimates, Intellitime payroll system, translation services, Call Center training, privacy breaches, pharmacy clinical services, and the patient registration process.

Recruitment:

- i. Dona reported that two Supervising Physicians are in the que pending their background checks and CA medical licensing. She also shared that FHS is utilizing a lot of locums through Barton & Associates; this is projected to wind down by March. She further mentioned that FHS will need to retain some of the locums for the transition from NextGen to OCHIN EPIC to supplement staff, but that the goal is to get permanent staff.
- ii. She stated that UHC, a reputable, FQHC recruiting firm, has given them a handful of candidates every week and that FHS is doing interviews and keeping in touch with the physicians frequently.
- iii. Dona shared that FHS has selected three candidates to fill the Senior HSM, HSM (Fairfield) and Call Center Supervisor positions. Each are in the process of going through their live scans. She also noted that the Call Center Supervisor has worked in a Call Center and has supervisory experience.

Externally:

- i. The Vallejo site is due for a Partnership Audit on November 7th and 8th for a medical records and operational review.
 - ii. The “Equity and Practice Transformation Program” grant submission is due October 23rd and provides approximately four million dollars over a five-year period. Dona mentioned that the Health Equity grant can support our delivery system transformation, primary care, family medicine, internal medicine, and behavioral health service areas. She also noted that this grant can assist with paving the way for the APM model. In addition, because the grant is a statewide learning collaborative, it provides an opportunity to learn from other FQHCS and clinics.
 - iii. Dona shared that she and Dr. Stevens are beginning conversations with Touro University about a possible collaboration to introduce a Scribe program at FHS. Additionally, Dona and Dr. Leary will be visiting Touro University in early October to gain more insight on Touro University’s requirements to become a residency site for their residency program in the future. Dona noted that this collaboration can provide positive exposure for Touro's master-level students to understand what an FQHC is and to grow interest in serving community health centers and possibly a future career at FHS. Dona also mentioned that Partnership is working on behalf of the community to identify residency programs.
- b. Responsibilities Matrix for Co-Applicants- handout
- i. Dona asked the Community Health Board to review the handout that clarifies the responsibilities of the County, the Community Health Board, and the CEO. She informed the Community Health Board that, upon reviewing the information, there is an option to



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coordinate a meeting with a Facktor Health member to walk through this process and to offer them guidance.

- ii. Along with the final OSV report, FHS received an organizational assessment that was conducted by Facktor Health approximately two years ago. Dona noted that there is a need for FHS operational workflows to be revisited. She also stated that the organizational assessment, the OSV report, and the workplan that she is developing should address most of the workflow issues because there will be new workflows required to implement OCHIN EPIC. She mentioned that one of the first collaborative efforts she will have with the Senior HSM will be to map out what needs to change. Dona also shared that the organizational assessment highlights FHS staff interactions with patients and customer service as a strength.
- c. HRSA Virtual Operations Site Visit (VOSV) report update
 - i. Dona stated that the final report from the HRSA OSV audit is still pending. She also stated that deviation from what was reported in the initial exit interview was minimal and that everything has been submitted. Once Dona acquires the report, the team will review the findings critically and act within the initial 90-day period to come into compliance and get approved; there is an additional 60-day and 30-day period if more corrective action is needed.
 - ii. When asked if there are any foreseeable problems to address during the 90-day period, Dona stated that the NorthBay contracts will need to be revised, especially for the radiology contracts that expire Nov 1, 2023. Dona clarified that the contracts, as it stands, do not disrupt the current services provided but that it is essential to have this document in a clear, written, formalized process that follows HRSA compliance. She stated that she is still working on making additional attempts to identify who the contact person at NorthBay is to address the contract issues for referrals.
 - iii. Dr. Matyas and Director Gerald Huber mentioned during this discussion that FHS patients will have the option to be Medi-Cal under Kaiser or Medi-Cal under Partnership in the future. Both clarified that the only change would be in how FHS will have the option to charge one of two insurance companies; access to services and the quality of care that FHS provides to clients will not be impacted. A member of the Board raised a concern about how this change may impact the ability to maintain the current patient population at FHS, and further discussion occurred regarding the current capacity-building efforts at FHS and the future opportunities that switching over to a different model of care can bring to strengthen this transition.

7) Business Governance

- a. Review and consider approval of revisions to the Co-Applicant Agreement — Dona Weissenfels
 - i) **Action item:** The Board will consider approval of the revisions to the Co-Applicant Agreement

Discussion: It was recommended to postpone voting on the revisions to the Co-Applicant agreement until the final HRSA recommendation becomes available.

Motion: To move voting on the approval of the revisions to the Co-Applicant Agreement to next month's agenda.

Motion by: Tracee Stacey and seconded by Ruth Forney



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Ayes: Michael Brown, Don O'Conner, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy

Nays: None

Abstain: None

Motion Carried

8) Discussion

- a. National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Exp Conference — report update
 - i. Dona and Board Member Tracee Stacey attended the conference and expressed that the information received was valuable. Tracee highlighted the Finance and the Trauma-Informed Care Model workshops as particularly useful to understand the revenue cycle, communications, grant considerations, and how ACES impacts our organizational workforce, followed by best practices to support staff.
 - ii. Board Member Ruth echoed similar sentiments as a participant and particularly noted the *Building Hope, Power, and Strengthening Health Center Advocacy with Community Organizing* workshop. This workshop covered strategies to build a diverse network of leaders, which brings shared values and resources to strengthen patients, staff, and communities. Ruth also noted the following workshops and opportunities she found valuable: *Succession Plan; Maximizing Fundraising Potential with Health Center Based Foundations; Advocacy Center of Excellence (ACE) program; Federal Updates; and the closing remarks from the Keynote speaker.*
 - iii. Board Member Michael Brown also echoed the closing remarks from the keynote speaker, notably on the need to reframe how to approach our same efforts in an innovative way.
- b. Dental Clinic Presentation- Ray Rajabian, DDS.
 - i. Dr. Rajabian presented the operational need to expand space at the Vallejo site to better address the need for dental services in this location. Existing challenges include the Vallejo site only having one room to operate in, which is full of portable dental equipment that produces disruptive noise and heat for the patients and children.
 - ii. Dr. Rajabian presented three potential solutions to address these challenges: 1) Adding an additional room in the current 365 building, 2) Expanding multiple rooms in the 365 building or the adjacent 355 Building, or 3) Utilizing the dental vans. Dr. Rajabian went over the pros and cons of each option he presented.
 - Option 1: Dr. Rajabian expressed that adding a room to the current site would only be an ideal short-term solution. This option allows them to use the same address on file, which does not require registering the site with HRSA again, and it increases the capacity to see 18 patients daily instead of 10. However, this option still takes away space from Medical and does not fully address the disruptive concerns. He also emphasized that the current setup that relies on portable equipment is not sustainable and would still require conventional chairs and dental equipment to provide traditional dentistry.
 - Option 2: Dr. Rajabian expressed that expanding the site to add multiple rooms to include four new operatories, especially for the 355 building, would be the ideal, long-term solution. He explained how this option provides the same benefits as Option 1 in



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addition to providing a proper build of traditional dentistry and the ability to serve up to 36 patients daily. If the initial expansion is planned properly, the 355 building may also be able to provide additional space to accommodate future dental needs. However, the layout of the 355 building was not initially designed to be a clinic and this choice will require careful consideration of other departments that may need the space in the 355 building as well.

Option 3: Dr. Rajabian stated that the dental van would be the least ideal option. The dental van is great for its ability to mobilize services; however, the maintenance is costly, it has limited capacity to see patients, and it is not operational due to the heat it generates.

- iii. Before any decision-making takes place, an extensive study and evaluation are required to determine the most suitable option. This initiative will take a minimum of two years to implement and build. Director Huber and Dr. Matyas stated that they will continue to provide updates to the Community Health Board regarding this matter.
- c. Request of a future presentation to the Board on a Behavioral Health Plan regarding integrated behavioral health for Family Health Services (FHS) patients — Board Member Tracee Stacy
 - i. Board Member Tracee Stacy clarified that this item was a reminder to discuss a Behavioral Health Plan. Dona stated that FHS does not currently have an integrated behavioral health model. She further explained that although FHS currently has two LCSWs who see roughly six patients a day with a traditional model, having an integrated model still needs to be addressed so that more can be done in-house before or immediately following an appointment for patients who present with a positive behavioral health screening. Dona also stated that she will present the plan that was originally created.
 - ii. Director Huber also recommended the need for a presentation to clarify and differentiate resources offered through Behavioral Health's Access Line, Beacon, and internal services.
- d. Request to discuss how CHB budget dollars are allocated
 - i. Dona clarified that the goal of this agenda item is to develop an understanding of what CHB wants prioritized and to identify the steps required to capture it in the budget. She also noted that this discussion will not be for this year's budget.
 - ii. It was decided that this discussion will be tabled until more information is provided on the strategic plan and marketing and marketing.

9) Board Member Comments

There were no comments.

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

DATE: October 18, 2023
TIME: 12:00 p.m. — 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The Meeting was adjourned at 2:01 p.m.

Handouts



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- Clinic Operations Report – FHS Staffing
- Clinic Operations Report – ESU Monthly Board Report
- QIP Measure Graphs
- FHS Financial Report, 8/31/2023
- Responsibilities Matrix for Co-Applicants
- FQHC Co-Applicant Agreement
- Vallejo Dental Clinic Option