

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

April 17, 2024
12:00 pm – 2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE APRIL 17, 2024 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 (3) minutes.

REGULAR CALENDAR

4) APPROVAL OF MINUTES

Approval of the March 20, 2024, draft meeting minutes.

5) CLINIC OPERATIONS REPORTS

Written Report submitted?

- | | |
|---|-----|
| a) Staffing Update – Natasha Hamilton | Yes |
| b) Credentialing Update – Desiree Bodiford | Yes |
| c) HRSA Grants Update(s) – Noelle Soto | Yes |
| d) Grievances/Compliments – Rebecca Cronk | Yes |
| e) H&SS Compliance – Krista McBride | Yes |
| f) Finance & Revenue Cycle Management – Nina Delmendo | Yes |
| g) Referrals – Cynthia Coutee | Yes |
| h) OCHIN EPIC Update(s) – Dona Weissenfels | Yes |
| i) QI Update – Han Yoon | Yes |
| j) FHS Clinic Q-Matic Stats – Noelle Soto | Yes |

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- 6) CHB FOLLOW-UP TO CLINIC QUALITY AND OPERATIONAL REPORTS:**
Review, Follow-up & Next Steps: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.
- a) Quality staffing update.
- 7) HRSA PROJECT OFFICER REPORT**
- a) Health Center HRSA Project Officer Update – Dona Weissenfels
 - i) Health Center Activities – Internal and External Update
 - ii) Strategic Plan Report Update
- 8) BUSINESS GOVERNANCE**
- a) Review and approve the Quarterly Quality Improvement Report – Han Yoon.
 - i) **ACTION ITEM:** The Board will consider approval of the Quarterly Quality Improvement Report.
 - b) Review and consider approval of the Quarterly Financial Report – Nina Delmendo.
 - i) **ACTION ITEM:** The Board will consider approval of the Quarterly Financial Report.
 - c) Review and consider approval of the FHS Requested Budget Proposal for FY 24/25 – Nina Delmendo.
 - i) **ACTION ITEM:** The Board will consider approval of the FHS Requested Budget Proposal for FY 24/25 – Nina Delmendo
 - d) Review and consider approval of the Co-Applicant Agreement between the County of Solano and the Solano County Community Healthcare Co-Applicant Board – Dona Weissenfels.
 - i) **ACTION ITEM:** The Board will consider approval of the Co-Applicant Agreement between the County of Solano and the Solano County Community Healthcare Co-Applicant Board.
- 9) DISCUSSION**
- a) Board Member Self-Assessment.
 - i) The Chair will give guidance on the Board Member Self-Assessment process to the Board Members – Brandon Wirth.
 - b) Sharing information on “Network of Care” – Tracee Stacy
 - c) Quality Training – May or June Meeting Presentation – Dona Weissenfels
- 10) BOARD MEMBER COMMENTS**
- 11) PARKING LOT**
- a) Create a Marketing/Rebranding Sub-Committee

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

DATE: May 15, 2024
TIME: 12:00 pm – 2:00 pm
LOCATION: Multi-Purpose Room
2201 Courage Drive
Fairfield, CA 94533



**County of Solano
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REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, March 20, 2024

In Person Meeting

Members Present:

At Roll Call: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O’Conner and Sandra Whaley.

Members Absent: Brandon Wirth, Charla Griffith, Tracee Stacy and Robert Wieda,

Staff Present:

Gerald Huber, Dr. Bela Matyas, Dr. Michele Leary, Dona Weissenfels, Cynthia Coutee, Rebecca Cronk, Nina Delmendo, Natasha Hamilton, Pierce Leavell, Krista McBride, Dr. Reza Rajabian, Noelle Soto, Cherry Violanda, Kelly Welsh, Han Yoon, Debbie Vaughn, Seema Mirza, Yalda Mohammad Shafi, Rovina Jones, Danielle Seguerre-Seymour and Patricia Zuñiga.

1) Call to Order- 12:08 pm

- a) Welcome
- b) Roll Call

2) Approval of the February 21, 2024 Agenda

Discussion: Vice Chair Michael Brown notified the Board that Board Member Tracee Stacy was unable to attend the meeting and she was scheduled to present, Agenda Item 9c) Sharing information on “Network of Care”, in the “Discussion” section. Because Tracee was not present, it was requested that item 9c) be removed from the March Agenda and be moved to the April 17, 2024, Agenda.

Motion: To approve the March 20, 2024, Agenda, with the change that Agenda Item 9c), be removed and moved to the April 17, 2024, Agenda.

Motion by: Sandra Whaley and seconded by Don O’Conner.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O’Conner and Sandra Whaley.

Nays: None.

Abstain: None.

Motion Carried.



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3) Public Comment

- There was no public comment.

Regular Calendar

4) Approval of Minutes

Approval of the February 21, 2024, draft Minutes

Discussion: Vice Chair Michael Brown asked the Board Members to remove the draft minutes that came with the agenda packet and to review the red-lined draft minutes handed out at the meeting. Project Officer, Dona Weissenfels, noted that there were changes proposed on Page 4, in Agenda Item 5i) QI Update.

Motion: To approve the February 21, 2024, red-lined draft Minutes.

Motion by: Sandra Whaley and seconded by Deborah Hillman.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O’Conner and Sandra Whaley.

Nays: None.

Abstain: None.

Motion Carried.

5) Clinic Operations Reports

a) Staffing Update — Natasha Hamilton

- Natasha reviewed the Staffing Update report. *(Please reference the “FHS Staffing Update – March 20, 2024”)*
- Natasha announced that FHS had three (3) Nurse Practitioners that started on Monday, March 18th, and thanked Dr. Michele Leary, for her effort in recruiting and hiring providers.
- Natasha also mentioned FHS continues to work with Human Resources in filling vacancies.
- There were no questions from the Board.

b) Credentialing Update — Cherry Violanda *(Please reference the “ESU Status Report – March 2024”)*

- Desiree and Raechel were unavailable, so Cherry Violanda presented the report.
- There were no questions from the Board.

c) HRSA Grants Update(s) — Noelle Soto

- Noelle noted that HRSA meant Health Resources Services Administration, to explain the acronym to those that are new to the meeting.
- Noelle stated that the Uniform Data Systems (UDS) Grant and is also known as an annual report card for the clinics. At the last meeting she stated that it was submitted, and FHS staff was waiting for the reviewer’s comments. Since the last meeting, FHS received a few follow-up comments and questions from the reviewer, of which they responded in the allotted time. She announced that as of Friday, 15th, those responses were reviewed by the reviewer and accepted. The report would be moved on for official HRSA filing and if there were no issues with the report, then the FHS UDS Report would be preliminarily closed on the 2023 UDS



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- Report. If there were no issues from HRSA and it was accepted, then she would present the UDS Report at the April meeting as scheduled.
- Noelle also mentioned that for the Ryan White Part C, Early Intervention Services portion, which provides HIV-AIDS care, to people living with HIV, they also do an annual report, called the Ryan White Services Report (RSR). That report has been submitted, and they provided both the provider and recipient portion. They go hand in hand and they both were accepted before the deadline at the end of the month.
 - There were no questions from the Board.
- d) **Grievances/Compliments** — Rebecca Cronk (*Please reference the “Grievance Reports, April-December 2023 & January– February 2024.”*)
- Rebecca presented and explained the graphs for 2023 and 2024 shown as a comparison and she reviewed the nine (9) grievances noted for February 2024. She stated that the Grievance Severity Rating was a Level 1, which is the lowest rating.
 - A board member asked for examples of the Referrals category. Rebecca said the complaint was specific to a referral process as opposed to other clinic general process.
 - There were no other questions from the Board.
- e) **H&SS Compliance** — Krista McBride (*Please reference the “H&SS Compliance-FHS Privacy & Security Incident Report February 1 – 29, 2024”.*)
- Krista reviewed the one (1) item noted in the report. It was in the category of Security: Lost/Damaged Property that involved an auto collision in the parking lot and there were no breaches reported for February.
 - There were no questions from the Board.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo (*Please reference the “FHS Revenue Cycle Reports: Expenditure and Revenue as of February 2024, Revenue Cycle Reports: Total Unbilled Encounters as of March 14, 2024, Total Encounters as of February 29, 2024, and Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24 – July 2023 – February 2024.”*)
- Nina notified the Board Members that the Financial reports were available at the meeting and not included in the agenda packet. The reports were handed out by the Board Clerk, Patricia Zuñiga.
 - Nina mentioned that the mid-year budget report, a measurement of the adopted budget that was added at the beginning of the year, went to the County Board of Supervisors last Tuesday and they did not have any questions.
 - Nina reviewed all the reports in detail.
 - Board Member Ruth Forney complimented Nina’s reports and said they were very detailed.
 - There were no other questions from the Board.
- g) **Referrals** — Cynthia Coutee
- Cynthia informed the Board that they are still in the process, trying to make it easier to streamline the referrals process but it is difficult to do with not having enough staff to process the referrals. They are using the Plan-Do-Study-Act (PDSA) Quality process to evaluate the existing improved process and fine tuning it. They are working with the Referral Coordinators, and in reviewing the referrals process and there was an inequity of the number of referrals processed by each Medical Assistant, which is also being studied along with the hours of productivity. They are also looking at increasing the number of hours that referrals are being processed.
 - Cynthia noted that as of this morning, there were 709 referrals and were currently working on referrals received since February 23rd. She noted that as of yesterday, there were 745 referrals,



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so as of the morning of the meeting, 39 referrals were completed during the time frame from the prior day to the morning of the meeting. She mentioned the many nuances and inconsistencies of MA availability, and that they are still short staffed, which also has an impact on the number of referrals that can be processed.

- Board Member Etta Cooper asked to clarify the number of referrals. Cynthia noted that as of yesterday (3/19/2024) there were 745 referrals and in the morning of the meeting (3/20/2024), there were 709 referrals.
- Board Member Deborah Hillman asked if the referrals were from all the clinics and Cynthia confirmed they were from all the clinics in Vallejo, Fairfield and Vacaville.
- Board member Ruth Forney asked whether staffing would be increased those areas. Dona stated that she would cover that in her Project Officer's Report.
- Board Member Sandra Whaley asked about the number of referral staff. Cynthia stated that there are three (3) Referral Coordinators at each site and there are additional staff that assist for limited hours, who are on the floor.
- There were no other questions from the Board. The Board will monitor and follow-up on the process improvement specific to Referrals.

h). **OCHIN EPIC Update(s)** — Dona Weissenfels (*Please reference the "OCHIN EPIC EHR Implementation 2024, Project Milestones / Highlights and Dashboard – March 2024".*)

- Dona mentioned one of the handouts in the packet that showed where they are percentage wise in the project. The project started with a soft launch in December and she noted that they are about 10% through the project. In the past week they had presentations by OCHIN about all the major areas, such as billing, practice management, and clinical.
- Dona announced that the following week of March 25th, there would be hybrid meetings with FHS staff, OCHIN, NetraVine (IT Project Manager) and Facktorhealth, reviewing the EPIC software, and the workflows of the different areas. DoIT will be also be observing during these meetings. The software will need to be modified to the specific needs of the FHS clinics.
- Dona stated that it was just the beginning, and exhausting, but everyone is excited about the future of having EPIC Software.
- Gerald Huber asked if the new providers coming into the clinic were familiar with EPIC and Dona and Dr. Leary noted that most of them are and some of the current providers have experience with EPIC.
- Board member Ruth Forney noted that most of the Health Centers are using EPIC. Dona added that with EPIC there will be bi-virtual texting available for our patients and a patient portal, which will enhance our communication with the patients. Dona also stated that right now that communication with our patients is manual which is problematic since we are short staffed.
- Board Member Gerald Hase asked how long EPIC has been around and Dona stated they have been around for decades and they stay on top of the environment, always improving their software. She also mentioned that over the last decade a lot of electronic health record (EHR) vendors have gone out of business and OCHIN EPIC is in the top five (5) EHR vendors.
- There were no other questions or concerns from the Board.

i) **QI Update** – Han Yoon – (*Please reference the "QI/QA Evaluation Memo" and "QI/QA Evaluation – QI/QA Plan Checklist and Self-Assessment Tool 2024, FHS – Solano County".*)

- Han mentioned that the QI/QA Evaluation was in the packet and that it would be reviewed and up for Board approval in the "Business Governance" section of the agenda. They are continuously improving the QI process.



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- The Board reviewed the materials and weighed in on the Evaluation during the Business Governance Section of the meeting.
- j) **FHS Clinic Q-Matic Stats** — Noelle Soto (*Please reference the “FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-February 2024” report.*)
 - Noelle reviewed the Q-Matic stats with the Board. She mentioned that the report shows the stats from March to December of last year, and also from January to February of this year as a comparison.
 - Since there were new people who attended the meeting, Noelle explained that the Q-Matic Stats was a tool to count the number of people who walk into the clinic lobby at each location, except the Dental clinics and the Fairfield Pediatrics clinic. Also, she noted that not all people who walk into the clinic have an appointment. Some may just have a request or question, they may have a lab appointment, or get triaged by a nurse.
 - She pointed out in February there was a slight decrease in the totals, likely due to the short month and two (2) holidays in the month.
 - There were no questions from the Board.
- 6) **CHB Follow-up to Clinic Quality and Operational Reports:**

Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.

 - There were no follow-up items requested by the Board, from the February meeting, that needed to be reported.
 - Board Member Ruth Forney stated she appreciated that all the Operations Reports, both verbal and written, were very thorough and detailed and that the packet was available in advance for everyone to review in advance.
 - Vice Chair Michael Brown also mentioned that when the meeting invite is sent out to everyone, a link to the online Solano County website, CHB web page is provided, so that anyone can click on it and review the agenda packet and information, before attending the meeting.
- 7) **HRSA Project Officer Report**
 - a) Health Center HRSA Project Officer Update – Dona Weissenfels
 - i) Health Center Activities – Internal and External Update
 - External News: From the National Association of Community Health Centers, recently the Senate and the House of Representatives, approved funding to our County Health Centers and it was much needed financial improvement over the last decade. There will be continued support with the FQHC system. FHS benefits from it with the 330 Grant and all the other programs surrounding it like the National Association Payment for Physicians and back to school loans. Board Member Ruth Forney added that it was approved at the end of 2023 and mentioned she made many phone calls to Representatives and others, advocating in support of passing that bill. Ruth also noted that it is important to make those phone calls and advocate for these programs.
 - Internal News: Dona announced that FHS has a dire staffing issue specifically with the MAs. FHS has brought on several providers over the last several months, but in order to take care of our patients, each provider needs a team of MAs to support them and we fall short. FHS has asked for 10 MA positions to be unfrozen to fortify MA staff since they would be facing a real crisis during the summer, when six (6) MAs, will be out on maternity leave. This would leave a gaping hole. There are new providers who are rooming their



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patients on their own, due to the MA staff shortage, which is a detriment not only to the provider, but FHS would also get a financial hit, because the providers are not being as productive as they would with MA support. The hope is to have this issue resolved soon. She did not want to take such action as reducing patient appointments, or other strategies, if the providers do not have the MA support they need.

- Dona also mentioned that with the OCHIN EPIC transition there would be downtime for the clinics during the summer, to train staff.
 - Dona gave an update about the HRSA VOSV. A few conditions still need to be cleared. She mentioned that the first set of conditions are contract related and are all NorthBay Memorandum of Understanding (MOU) referrals. The three contracts in progress are for X-Ray, OB/GYN and the hospital. Their lawyer is reviewing them, and the hope is to get signatures next week and send them to HRSA. Noelle and Dona have been meeting with HRSA every week to review the conditions and have been making good progress. The contracts are due April 8, 2024 and the rest of the conditions are due April 27, 2024. Dona stated they did not want to slide into the 30-day category thereafter and want to be compliant with all the conditions before the end of April.
 - Board Member Ruth Forney asked to state the other conditions. Dona said they are the Co-Applicant Agreement, the Key Management Policy which was on the agenda up for board approval, and Job Duty Statements from Finance, and an MOU with the IT Department. HRSA has asked that Dona has her role, span of control, over different areas, because we are a County system, and because we have classifications, it really threw grievances to other areas that support us.
 - Dona mentioned QI/QA and offered the Board training or a presentation on Quality possibly next month to educate everyone on the Quality process. When HRSA met with the Board Members on the topic of Quality and when asked about the FHS QI projects, they did not get a good response from the Board. She also mentioned that the Board is responsible to have oversight on the Quality Program and all the FHS Quality Projects. It is also very important to HRSA that the Board is educated on Quality and are updated on the FHS Quality Projects.
 - Dona mentioned regarding board composition, that there were three (3) Community Healthcare Board applicants at the meeting and there is an agenda item for board approval, in the "Board Governance" section. Hopefully, the Board will meet the Board Composition condition.
 - There were no other questions from the Board.
- ii) Strategic Plan Report Update *(Please reference the "Strategic Plan Report – Report Period: January-February 2024, Date of Report: February 21, 2024" provided at the meeting.)*
- Dona mentioned that there were no significant updates on the Strategic Plan.
 - She complimented Fiscal, who have done a phenomenal job in preparing the FY 24/25 Budget, thanks to the effort of Girlie and Nina.
 - There were no questions from the Board.
- iii) Responsibilities Matrix for Co-Applicants *(Please reference the "Responsibilities Matrix for Co-Applicants")*
- Dona mentioned the "Responsibilities for Co-Applicants" grid handout, which was included in the packet. This is what FHS received from the VOSV last summer, because there was a lot of confusion about who does what. This reminded the Board of who does what in the FHS environment. Board Member Ruth Forney noted that FHS could



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miss out on funding and Dona noted that meeting the HRSA conditions are taken very seriously.

8) Business Governance

- a) Review and evaluate the QI/QA Evaluation Report and the performance of the Health Center based on QI/QA Evaluation/Assessment and other information received from the Health Center – Han Yoon. *(Please reference the “Memo: QI/QA Evaluation” and “QI/QA Evaluation – QI/QA Plan Checklist and Self-Assessment Tool 2024, FHS – Solano County”).*
- Han presented the QI/QA Evaluation and memo to the Board for review and comment.. It was also noted that the QI/QA Evaluation looks at the components of the FHS Quality Program and assesses whether our program contains all of the required components The Board reviewed the annual evaluation and memo and noted the recommendations for increasing QI/QA Staff.
 -
 - Han mentioned the Quality Department staffing levels. As of now they are still short staffed, lacking Medical Assistants (MAs), plus a Quality Manager who would oversee & drive the QI/QA program. Currently the QI/QA staff consists of one MA, one Office Assistant and himself as the Planning Analyst. He also mentioned that he is not full time with FHS, due to short staffing in Fiscal, so his time is split 50/50 between two programs. The Board will follow-up at the next Board meeting regarding the quality program staffing shortages.
- i) **Action item:** The Board will consider approval of the QI/QA Evaluation Report and the performance of the Health Center based on the Quality Evaluation and other reports received from the Health Center. The Board will request action or follow-up on the Quality Program as appropriate.

Discussion: None.

Motion: To approve the QI/QA Evaluation Report and the performance of the Health Center based on the Quality Evaluation and other reports received from the Health Center. The Board will request action or follow-up on the Quality Program as appropriate.

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

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O’Conner, Sandra Whaley, Brandon Wirth and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

- b) Review and consider approval of a new FHS Policy; Board Key Management, Policy 900.03 – Dona Weissenfels *(Please reference the “Board Key Management, Policy Number: 900.03”)*
- Dona mentioned this policy was a result of the HRSA VOSV and recommended by the HRSA Auditors that FHS have a policy about Key Management, to ensure that the clinics are supported in all the management areas and that there needs to be a connection between FHS and the County.



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- Dona also mentioned that they are pursuing Job Duty Descriptions, Service Level Agreements or Memorandums of Understanding. Job Duty Descriptions are with Fiscal, and the Service Level Agreements or Memorandum of Understanding are with IT. Dona does not currently have direct authority over the work performed for the clinics in these two areas. Through these vehicles, Dona would have the opportunity to support FHS by directing the work that needs to be done. This was a HRSA directed change.
- i) **Action item:** The Board will consider approval of the FHS Policy; Board Key Management, Policy 900.03.

Discussion: None.

Motion: To approve the FHS Policy; Board Key Management, Policy 900.03.

Motion by: Roth Forney and seconded by Sandra Whaley.

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O'Conner, Sandra Whaley, Brandon Wirth and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

- c) Review and consider approval of the updated 2024 Community Healthcare Board Calendar, which reflects the changes in the months that the Quarterly Quality Improvement Report will be presented to the Board. *(Please reference the updated "2024 Community Healthcare Board Calendar")*
 - i) **Action item:** The Board will consider approval of the 2024 Community Healthcare Board Calendar.

Discussion: Board Member Sandra Whaley asked Nina Delmendo if the months when the Quarterly Financial Reports were to be presented to the Board, were also correct on the updated calendar. Nina said the months noted on the updated calendar, to present the Quarterly Financial Reports were correct.

Motion: To approve the updated 2024 Community Healthcare Board Calendar.

Motion by: Ruth Forney and seconded by Sandra Whaley.

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O'Conner, Sandra Whaley, Brandon Wirth and Tracee Stacy.

Nays: None.

Abstain: None.



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Motion carried.

- d) Consider approval to create and name the volunteer Board members on the new Marketing Sub-Committee.
- Board Member Ruth Forney stated that this topic was brought up at the last meeting, to prepare for the transition of the new EHR and advertise the FHS County clinics. It was on the agenda to create a sub-committee and start discussing the topic. She then asked Legal Counsel, Kelly Welsh, for clarification of an ad-hoc versus a regularly held meeting. Kelly noted that an ad-hoc meeting happens one time and a sub-committee would meet on a regular basis.
 - Discussion ensued about what was involved in marketing, whether funding was available or would there be a better time frame to create a sub-committee. Gerald Huber also stated that it should be noted in the Strategic Plan and that maybe it was too early to discuss it.
 - The Board decided that this topic can be on future agendas, so it does not get forgotten, so the Board agreed to add it on a Parking Lot Agenda Item. It was also agreed that this action item could be added on the August Agenda.
- i) **Action item:** The Board decided to have this item, as a “Parking Lot” Agenda Item monthly and then add it in the “Business Governance” section on the August 21, 2024 Agenda as an action item.

Discussion: None.

Motion: To put this item, “Create and name volunteers on a Marketing Sub-Committee” on the agenda as a “Parking Lot” item on future agendas and to vote on it at the August 21, 2024 CHB Meeting as an agenda item.

Motion by: Sandra Whaley and seconded by Ruth Forney.

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O’Conner, Sandra Whaley, Brandon Wirth and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

9) Discussion

- a. Board Member Applications received from Rovina Jones, Seema Mirza and Yalda Mohammad Shafi.
- Each Board Member applicant was introduced then each shared their past experiences in the health field, background and the reasons they wanted to be a Board Member.
- i) The Executive Committee reviewed three Board Member Applications submitted by Rovina Jones, Seema Mirza and Yalda Mohammad Shafi, and recommends the Board’s approval, for all three applicants to be appointed as FHS Community Healthcare Board Members.
- ii) **Action Item:** The Board will consider Rovina Jones, Seema Mirza and Yalda Mohammad Shafi to be appointed as FHS Community Healthcare Board Members.



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Discussion: None.

Motion: To appoint Rovina Jones, Seema Mirza and Yalda Mohammad Shafi as FHS Community Healthcare Board Members.

Motion by: Deborah Hillman and seconded by Don O'Conner.

Ayes: Michael Brown, Etta Cooper, Ruth Forney, Charla Griffith, Gerald Hase, Don O'Conner, Sandra Whaley, Brandon Wirth and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried. The new board members were welcomed and applauded.

b. Compliance Training – Krista McBride, H&SS Compliance. *(Please reference the “The Brown Act Presentation”.)*

- Before Krista presented the H&SS Compliance Training, she asked that all the Board Members complete three County of Solano documents: “Code of Conduct and Professional Ethics”, “Oath of Confidentiality” and the “Compliance Attestation and Acknowledgement”. For those Board Members who were absent, the Board Clerk, Patricia Zuñiga was asked to send the presentation along with the three forms to those Board Members and ensure all Board Members completed and submitted them. Thereafter, each Board Member would receive a copy of their signed forms, copies of all forms would be kept on file with the Board Clerk and the original forms would be given to Krista for her records.
- There were no questions from the Board Members.

c. Sharing information on “Network of Care” – Tracee Stacy.

(Note: This agenda item was voted by the Board to be removed and added to next month’s agenda, as Tracee was not in attendance.)

10) Board Member Comments

- There were no Board Member Comments.

11) Closed Session

- i) Project Officer/CEO Evaluation

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

DATE: May 15, 2024
TIME: 12:00 p.m. — 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533



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The Meeting was adjourned at 2:26 p.m.

Handouts in the Agenda Packet

- CHB February 21, 2023, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – March 20, 2024
- Clinic Operations Report – ESU Status Report – March 2024
- Clinic Operations Report – Grievance Reports - April – December 2023 and January – February 2024
- Clinic Operations Report – HSS Compliance-FHS Privacy & Security Incident Report – February 1-29, 2024
- Clinic Operations Report – OCHIN EPIC EHR Implementation 2024, Project Milestones / Highlights and Dashboard – March 2024
- Clinic Operations Report – FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-February 2024.
- Responsibilities Matrix for Co-Applicants
- Memo: QI/QA Evaluation
- QI/QA Evaluation – QI/QA Plan Checklist and Self-Assessment Tool 2024, FHS – Solano County
- Board Key Management, Policy Number: 900.03
- Updated 2024 Community Healthcare Board Calendar: Red-lined version and the final version
- Compliance Training Basics Presentation

Documents received at the meeting:

- February 21, 2024 CHB Minutes-Draft – Proposed changes to the draft (both the red-lined and final versions).
- FHS Revenue Cycle Reports: Expenditure and Revenue as of February 2024, Revenue Cycle Reports: Total Unbilled Encounters as of March 14, 2024, Total Encounters as of February 29, 2024, and Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24 – July 2023 – February 2024.

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: April 17, 2024

Number of Active Candidates - County
Clinic Physician (Board Certified) - 1 (UHC Solutions) Clinic Registered Nurse - VV Medical - 1 Dental Assistant (Registered) - 1 Medical Assistant - VJO Medical - 1

Number of Active Candidates - Touro
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 Registered Nurse - 1 Clinic Registered Nurse (Part-time) - 1 Clinic Registered Nurse, Senior - 1 Dental Assistant (Registered) 0.50 FTE - 1 Dental Assistant (Registered) - 1 Health Education Specialist Extra Help - 2 Medical Assistant - 3 *8 pending* Medical Assistant Lead - 1 Medical Records Technician, Sr Extra Help - 1 Mental Health Clinician (Licensed) - 1 Nurse Practitioner/Physician Assistant - 4 Nurse Practitioner/Physician Assistant Extra Help - 1

Interviews in Progress
*Dental Assistant (Registered) - 4/03/2024 & 4/04/2024 *Medical Assistant - 4/11/2024

Expected New Hires + Recently Hired Staff
*Nurse Practitioner - FF Adult - 05/13/2024

Vacancies/Departures
*Medical Assistant - 05/01/2024 *Clinic Registered Nurse (P/T) - 05/03/2024

**FHS Community Healthcare Board – Status Report April 2024:
FHS Credentialing, Provider Enrollment and Sanction Screening Activities**

Excluded Parties/Sanction Screening: 146

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
March 2024 TOURO/LOCUMS	Touro/Locum Providers: 23	Exclusions Found: 0
March 2023 County – H&SS Employees/Candidates	H&SS Employees: 123	Exclusions Found: 0
Totals	TOTAL SCREENED: 146	Exclusions Found: 0

Credentialing: 3 Re-Credentialing: 7

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
March 2024 TOURO	<u>Active/Open: 2</u> Physician Assistant: 1 Clinic Physician: 1	Submitted to Partnership: -0- Approved by Partnership: -1- Pending Submission to Partnership: 1
March 2024 LOCUM	<u>Active/Open: 1</u> Nurse Practitioner: 1	Submitted to Partnership: -1- Approved by Partnership: -0- Pending Submission to Partnership: 0
March 2024 County H&SS Employees/ Candidates	<u>Active/Open: 7</u> Medical Assistant – 5 Nurse Practitioner – 1 Licensed Vocational Nurse - 1	Submitted to Partnership: --2 Approved by Partnership: -0- Pending Submission to Partnership: 0

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

Partnership – NEW Provider Enrollments

New Provider Enrollments: ACTIVE - Pending Submission: 1 (1 Touro PA)
Submitted: 3 Pending Approval: 7
Approved: 0

Partnership – Provider Re-Credentialing

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

Denti-Cal – Provider Revalidations

None During this Reporting Period

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

None During this Reporting Period

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

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

- Family Health Services (FHS) 2023 Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR) was submitted and accepted by HRSA. The RSR reports information about all clients served by RWHAPs recipients and subrecipients such as: demographic and socioeconomic characteristics (e.g., age, race/ethnicity, housing status, federal poverty level, transmission category), analyses that measure progress toward achieving HIV-related health outcomes, etc.

Solano County FHS RWHAP, Demographics

2021 – 2023

	Total Clients	Newly Diagnosed
2023	229	23
2022	232	31
2021	230	12

RACE/ETHNICITY							
	Asian	Black or African American	Hispanic	More Than One Race	Other / Unknown / Refused	Pacific Islander	White (Non-Hispanic)
2023	8 (3.5%)	86 (37.6%)	75 (32.8%)	8 (3.5%)	1 (0.4%)	1 (0.4%)	50 (21.8%)
2022	9 (3.9%)	83 (35.8%)	68 (29.3%)	9 (3.9%)	1 (0.4%)	1 (0.4%)	61 (26.3%)
2021	11 (4.8%)	92 (40.0%)	60 (26.1%)	6 (2.6%)	4 (1.7%)	1 (0.4%)	56 (24.3%)

GENDER			
	2023	2022	2021
Male	173 (75.5%)	165 (71.1%)	166 (72.2%)
Female	52 (22.7%)	62 (26.7%)	61 (26.5%)
Transgender	3 (1.3%)	4 (1.7%)	2 (0.9%)
Unknown / Refused to Report	1 (0.4%)	1 (0.4%)	1 (0.4%)

AGE RANGE			
	2023	2022	2021
Age 65 and over	26 (11.4%)	29 (12.5%)	35 (15.2%)
Ages 50-64	72 (31.4%)	83 (35.8%)	97 (42.2%)
Ages 40-49	50 (21.8%)	42 (18.1%)	36 (15.7%)
Ages 30-39	44 (19.2%)	45 (19.4%)	35 (15.2%)
Ages 20-29	34 (14.8%)	32 (13.8%)	26 (11.3%)
Ages 15-19	3 (1.3%)	1 (0.4%)	1 (0.4%)

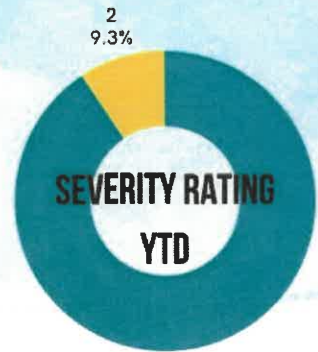
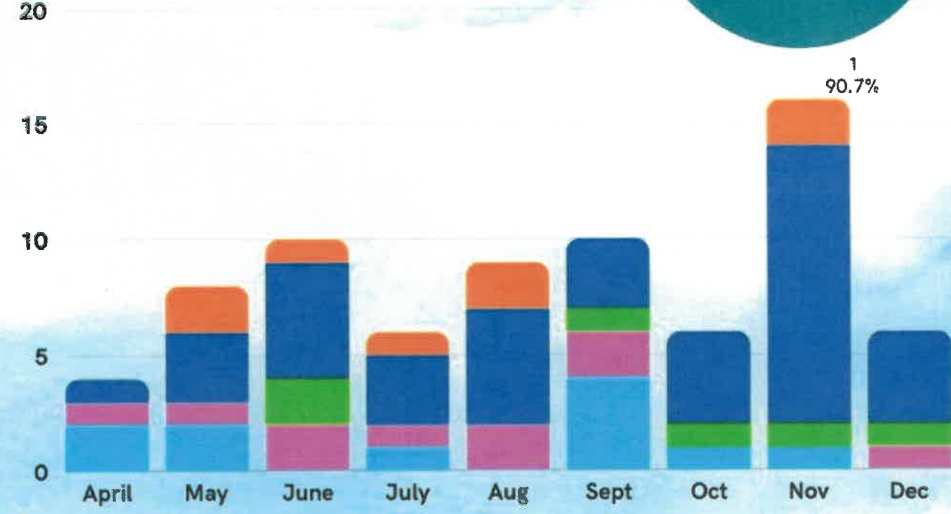
GRIEVANCE REPORT 2024

- Quality of Care
- Referrals
- Privacy
- Access to Care
- Safety
- Scheduling
- Other



GRIEVANCE REPORT 2023

- Quality of Care
- Referrals
- Privacy
- Access to Care
- Safety
- Scheduling
- Other



Family Health Services (FHS) Privacy & Security Incident Report
March 1 to March 31, 2024

Department	Category	Description (Basic Information/Activity)	Total Received
Family Health Services	Safety, Client	Client bumped head on structural beam in lobby while sitting in a chair. County nurse attended to client. No outside medical required.	1
Family Health Services	Safety, Client	Parent of minor patient seen in clinic reports being poked by Medical Assistant while giving patient a vaccine.	1
Total = 2			

SOLANO COUNTY
FAMILY HEALTH SERVICES
EXPENDITURE AND REVENUE REPORT
MARCH 31, 2024

CATEGORY DESCRIPTION	FY2023/24 MIDYEAR BUDGET	YTD Actuals as of March 31, 2024	YTD ACTUALS AS A % OF MIDYEAR BUDGET	
EXPENDITURES				Notations
Salaries & Benefits				
Salaries - Regular	11,687,256	8,142,470	69.67%	
Salaries - Extra Help	51,434	33,978	66.06%	
Salaries - OT/Callback/Standby	112,438	75,577	67.22%	
Staffing costs from other divisions (net amount)	49,375	11,639	23.57%	
Benefits	6,734,693	4,677,827	69.46%	
Accrued Leave CTO Payoff	19,744	15,575	78.89%	
Salary Savings	-	-	0.00%	
Salaries & Benefits Total	18,654,940	12,957,067	69.46%	

SOLANO COUNTY
 FAMILY HEALTH SERVICES
 EXPENDITURE AND REVENUE REPORT
 MARCH 31, 2024

CATEGORY DESCRIPTION	FY2023/24 MIDYEAR BUDGET	YTD Actuals as of March 31, 2024	YTD ACTUALS AS A % OF MIDYEAR BUDGET	
EXPENDITURES				Notations
Services & Supplies				
Office Expense and Supplies	155,266	64,259	41.39%	Drinking water, household expenses, and trash services.
Communications	135,945	92,587	68.11%	Telephones and cell phones.
Insurance	859,428	280,002	32.58%	>Budget includes cost of Liability Insurance and Malpractice Insurance. >Actuals represent Liability Insurance for 2023-24. >These charges will originate from another County Department. >Medical Malpractice will post at year end and are expected to be budgeted amount.
Equipment - Purchases, Leases & Maintenance	62,920	41,910	66.61%	Q-Matic. Handpiece Express. Patterson Dental. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	75,774	41,873	55.26%	Monthly charges for vehicles assigned to County Departments; personal mileage. Charges are high due to repair charges made to County vehicles.
Buildings - Maintenance, Improvements, Rent & Utilities	257,263	154,342	59.99%	PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	570,897	443,991	77.77%	Henry Schein. McKesson. Patterson Dental. TheraCom.
Controlled Assets & Computer Related Items	206,353	94,355	45.72%	Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	171,422	92,418	53.91%	JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.

SOLANO COUNTY
 FAMILY HEALTH SERVICES
 EXPENDITURE AND REVENUE REPORT
 MARCH 31, 2024

CATEGORY DESCRIPTION	FY2023/24 MIDYEAR BUDGET	YTD Actuals as of March 31, 2024	YTD ACTUALS AS A % OF MIDYEAR BUDGET	
EXPENDITURES				Notations
Services & Supplies				
Contracted and Other Professional Services	1,247,213	451,645	36.21%	Actual charges are low due to timing of vendor claim invoicing. Budget includes the following contracts: >Forvis (Medicare Cost Report) >Stericycle (medical waste disposal) >Waystar (electronic claims management) >Simi >Allied Security >Facktor - placeholder >EHR consultants (project and IT) - placeholder >Expanding COVID Vaccine TBD contract-grant funded >Kaye Bassman >UHC Solutions
DoIT	1,615,966	1,163,122	71.98%	
Software & Maintenance or Support	1,302,723	450,181	34.56%	Budget and actuals include the following: >Next Gen >OCHIN contract >Intelligent Medical Objects (electronic medical records) >Medical Minds (triage protocols) >Nuance Communications (Dragon dictation services) >Up To Date
Professional Licenses & Memberships	19,971	6,707	33.58%	
Education, Training, In-State Travel, Out of State Travel	15,080	4,307	28.56%	Registration fees for NACHC Community Health Institute & Expo Conference
Other	51,451	29,003	56.37%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
Services & Supplies Total	6,747,672	3,410,702	50.35%	

SOLANO COUNTY
FAMILY HEALTH SERVICES
EXPENDITURE AND REVENUE REPORT
MARCH 31, 2024

CATEGORY DESCRIPTION	FY2023/24 MIDYEAR BUDGET	YTD Actuals as of March 31, 2024	YTD ACTUALS AS A % OF MIDYEAR BUDGET	
EXPENDITURES				Notations
Other Charges				
Interfund Services - Professional	582,258	316,682	54.39%	County related charges for Sheriff services, building and grounds maintenance and
Interfund Services - Accounting & Audit	22,800	-	0.00%	
Interfund Services - Other	55,977	40,209	71.83%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	8,391	13,991	166.73%	Registration fees for NACHC Community Health Institute & Expo Conference (two board members).
Other Charges Total	669,426	370,882	55.40%	
Contracts/Client Support				
Contracted Direct Services	1,794,000	1,062,429	59.22%	Actuals are low due to timing of vendor claim invoicing. Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers)
Client Support	22,290	18,937	84.96%	Client support transportation costs.
Contracts/Client Support Total	1,816,290	1,081,365	59.54%	
Equipment				
Equipment	184,100	-	0.00%	
Equipment Total	184,100	-	0.00%	
Administration Costs				
H&SS Administration	2,405,626	1,254,828	52.16%	Actuals represent H&SS Admin Q1 & Q2 costs
Countywide Administration	935,417	935,417	100.00%	Actuals represent total charges for FY2023/24
Administration Costs Total	3,341,043	2,190,245	65.56%	
TOTAL EXPENDITURES	31,413,471	20,010,261	63.70%	

SOLANO COUNTY
 FAMILY HEALTH SERVICES
 EXPENDITURE AND REVENUE REPORT
 MARCH 31, 2024

CATEGORY DESCRIPTION	FY2023/24 MIDYEAR BUDGET	YTD Actuals as of March 31, 2024	YTD ACTUALS AS A % OF MIDYEAR BUDGET	
REVENUES				Notations
Payer Revenues				
Payer Revenues	15,222,294	10,369,178	68.12%	Revenues from Medi-Cal, Partnership Capitation, Medicare, Private Pay Actuals have been adjusted for estimated payback.
Payer Revenues Total	15,222,294	10,369,178	68.12%	
Federal/State Revenues				
1991 Realignment (Underinsured/Uninsured/PH Services)	1,167,612	-	0.00%	
Federal Direct - COVID (one time funding)	602,948	25,138	4.17%	Rollover for HRSA Capital Grant funds and Expanding COVID Vaccinations grant
Federal Grants	2,075,915	602,290	29.01%	Budget includes: >CHC Base grant >RWC >RWC Capacity grant
Federal Other	943,392	-	0.00%	\$1M Congressional earmark funding, portion budgeted to spend in current FY with balance to be spend in FY24/25
American Rescue Plan Act (ARPA)	1,477,455	-	0.00%	ARPA funding for OCHIN EHR conversion
Other Revenue	1,548,626	209,308	13.52%	Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
Program Revenues Total	7,815,948	836,736	10.71%	
TOTAL PAYER AND PROGRAM REVENUES				
	23,038,242	11,205,913	48.6%	

SOLANO COUNTY
 FAMILY HEALTH SERVICES
 EXPENDITURE AND REVENUE REPORT
 MARCH 31, 2024

CATEGORY DESCRIPTION	FY2023/24 MIDYEAR BUDGET	YTD Actuals as of March 31, 2024	YTD ACTUALS AS A % OF MIDYEAR BUDGET	
TOTAL EXPENDITURES vs TOTAL REVENUES				Notations
	FY2023/24 MIDYEAR BUDGET	YTD Actuals as of March 31, 2024	YTD ACTUALS AS A % OF MIDYEAR BUDGET	
TOTAL EXPENDITURES	31,413,471	20,010,261	63.70%	
TOTAL REVENUES	23,038,242	11,205,913	48.64%	
DEFICIT (SURPLUS)	8,375,229	8,804,348	105.12%	
County General Fund	4,486,028	2,243,014		
DEFICIT (SURPLUS) after CGF**	3,889,201	6,561,334		

***Deficit to be funded with 1991 Realignment and/or
 County General Fund*

**REVENUE CYCLE REPORT
TOTAL ENCOUNTERS
Through March 31, 2024**

	Annual Target	Monthly Target (1/12)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	YTD Target Mar 2024 9 mths	Over (Shortfall)
MEDICAL																	
County Providers	51,834	4,320	1,735	2,115	1,669	1,976	1,725	1,461	1,803	1,754	2,024				16,262	38,876	(22,614) <i>Note 1</i>
Touro	5,200	433	407	379	283	383	399	320	381	358	431				3,341	3,900	(559)
Locum	-	-	353	432	340	395	501	452	530	444	490				3,937	-	3,937
TOTAL MEDICAL	57,034	4,753	2,495	2,926	2,292	2,754	2,625	2,233	2,714	2,556	2,945	-	-	-	23,540	42,776	(19,236)
TOTAL MENTAL HEALTH	4,368	364	163	265	192	213	202	196	224	205	217				1,877	3,276	(1,399) <i>Note 1</i>
TOTAL DENTAL	19,511	1,626	1,350	1,513	1,196	1,453	1,289	1,153	1,381	1,092	1,058				11,485	14,633	(3,148) <i>Note 1</i>
	80,913	6,743	4,008	4,704	3,680	4,420	4,116	3,582	4,319	3,853	4,220	-	-	-	36,902	60,685	(23,783)

NOTES

Note 1: Shortfall for County Providers only

Filled positions	(7,347)	27%
Filled (start after 7/1/23)	(4,553)	17%
Vacant	(15,260)	56%
TOTAL	(27,160)	100%

DEFINITIONS

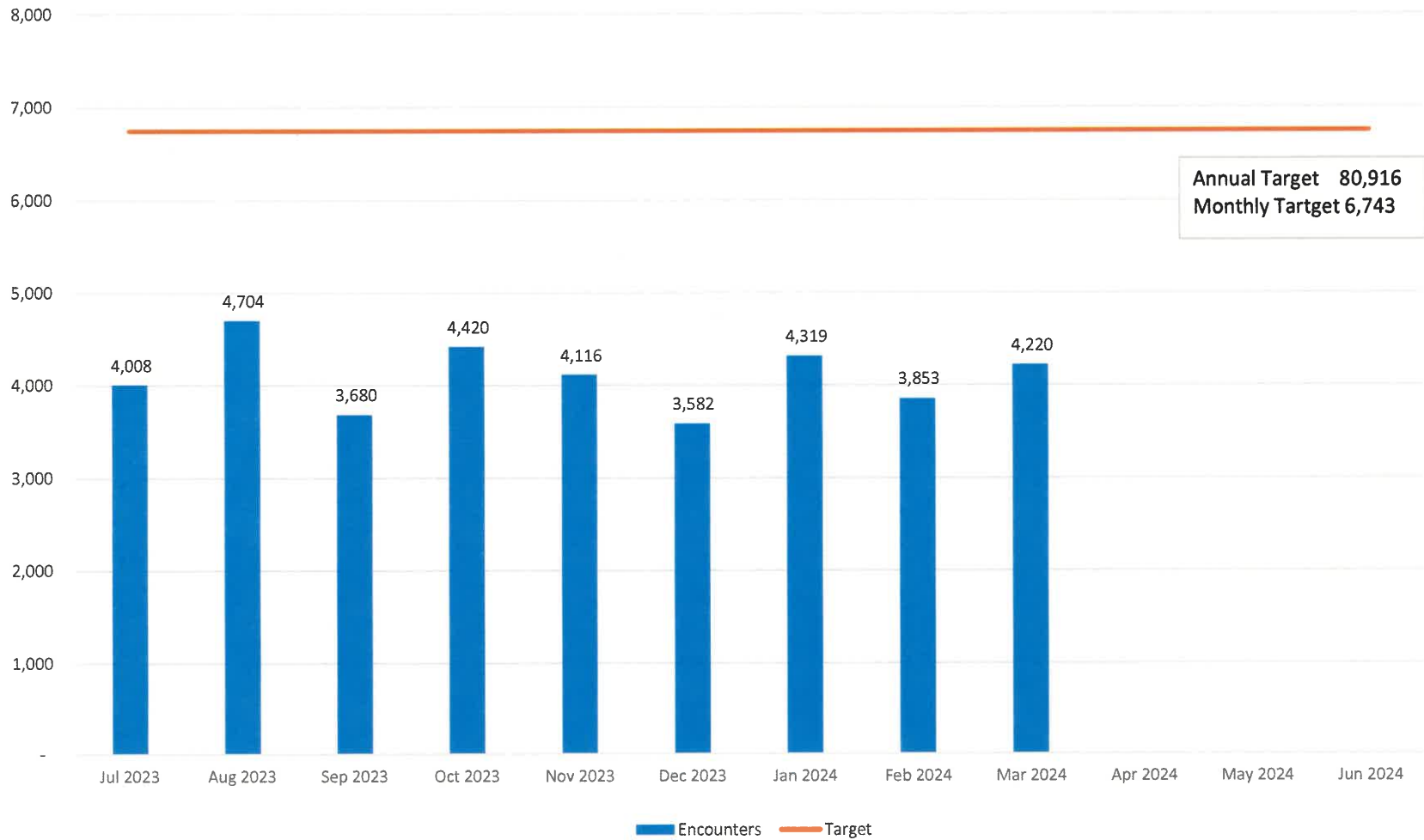
ENCOUNTER

An interaction between a patient and a healthcare provider for the purpose of providing healthcare services or assessing the health status of a patient

BILLABLE ENCOUNTER

1. Healthcare provider
 - > Physician
 - > Physician Assistant
 - > Nurse Practitioner
 - > Dentist
 - > Licensed Clinical Social Worker
2. Must take place in the "4 walls" of the FQHC
3. Medically necessary
4. Billing limited to one visit per day with certain exceptions

Solano County Health and Social Services
Family Health Services
Total Qualified Encounters
(Medical, Dental, Mental Health)
FY2023/24



**REVENUE CYCLE REPORT
TOTAL UNBILLED ENCOUNTERS
As of April 11, 2024**

24-Jan
 20-Feb
 23-Feb
 26-Feb
 27-Feb
 1-Mar
 4-Mar
 5-Mar
 6-Mar
 7-Mar
 8-Mar
 Gran

DATE OF SERVICE	23-Feb	4-Mar	18-Mar	19-Mar	22-Mar	25-Mar	27-Mar	28-Mar	29-Mar	2-Apr	3-Apr	4-Apr	5-Apr	TOTAL
Encounters	1	1	1	1	1	8	6	1	1	3	5	6	15	50

NOTES

- > Data compiled 4/11/2024 for services through 4/06/2024
- > Encounters are billed the next business day after charges are submitted
- > Billing and Collections team sends emails directly to providers regarding any unbilled encounters > 3 days

- > Encounter may or may not be a qualified encounter - pending documentation

DEFINITIONS

UNBILLED ENCOUNTER Encounter not documented or missing charges

Time Period January 2024-March 2024

Referrals

Highest Specialty Referrals	Number ordered
Cardiology	178
Dermatology	221
Gastroenterology	274
Neurology	114
Ophthalmology	357
Orthopedic	181
Orthopedic Surgery	110
Otolaryngology	110
Physical Therapy	210
Podiatry	138
Total for 3 months for Adult and Pediatrics: 3060	Total to Specialties: 1783

The above report reflects the total of referrals for the first quarter of the 2024, and the number of specialty referrals.

The total number of referrals in the box as of Monday April 8th was 657 at that time we were processing 18 days out, with our goal to meet Partnership compliance being 7-10 business days.

It is unfortunate that due to shortage of Medical Assistants (MAs) and our need to ensure that we pair MAs with providers; there are times referrals coordinators are pulled more often than we like to help with coverage on the floor to be able to provide patient care.

We are in dire need to get the additional (10) MAs which will help us make a great impact of processing referrals.

My colleagues and I are working on solutions/options to help but as much as we try the real issue is simply, we do not have enough staff to address the all the referrals.

I am continuing to work with our Supervising Physicians to review charts to ensure we are not over referring, to date we cannot confirm this as part of the problem. We are hopeful that we can get these additional MA positions filled soon to make some positive traction in this area.

Respectfully Submitted,

Cynthia Coutee, Clinic Manager-Vacaville



Solano County Family Health Services
OCHIN Epic EHR Implementation 2024



OCHIN Epic EHR Implementation Dashboard
 April 2024

Project Information

12%

Percent Complete

12/20/23

Start Date

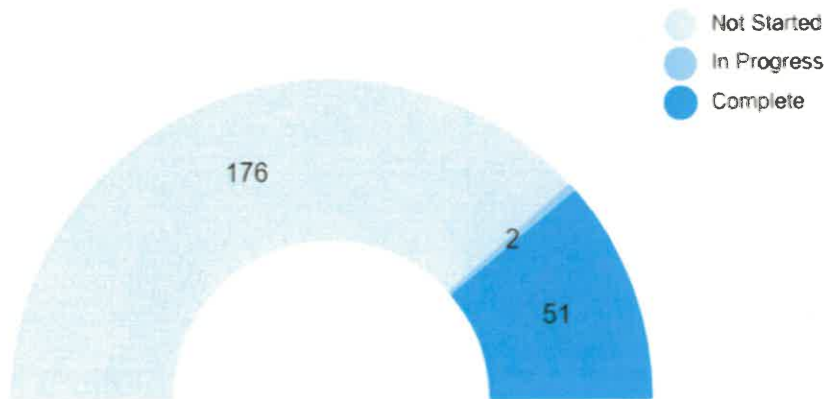
09/24/24

Epic Go Live Date

04/28/25

Project Closure Date

Tasks by Status



Current Status and Project Health

Health & Trend

Schedule	Budget	Scope
----------	--------	-------

RED	Issues or risks presenting putting scope, budget, or schedule in jeopardy
YELLOW	Issues or risk presenting putting scope, budget, or schedule on watch list
GREEN	Little to no issues or risk that materially impact scope, budget, or schedule



Solano County Family Health Services
OCHIN Epic EHR Implementation 2024



Project Milestones / Highlights

1. On March 14, Facktor provided a training to the FHS leadership team on the new internal communications system to be implemented prior to the OCHIN Epic rollout. The training also included best practices and practical tools for effective organization-wide communication. This sparked many productive discussions about areas of opportunity within FHS to improve communication, culture, and connection. FHS leaders are already implementing several of the tools and approaches with good results. Facktor remains available to provide coaching and support as FHS implements this new system, which is designed to remain in place even after the new EHR rollout is complete. As a next step, Facktor will provide an in-person training on May 30 at the All-Staff meeting to ensure teams throughout the organization are aware of the new system and how to use it.
2. The OCHIN Epic team joined FHS onsite for three days (March 26-28) to meet with different Solano subject matter experts and stakeholders. Teams began New Member Set-up, aligned on workflows, and staff participated in a live OCHIN Epic Demo. FHS completed all deliverables during the onsite time. Project is currently slightly ahead of schedule for overall timeline.
3. Hardware procurement is in progress.
4. The OCHIN Epic training schedule has been confirmed for July for the first round of super users. OCHIN has also provided the training scheduled for all end users, leadership is working to finalize the details.
5. The initial data migration from NextGen to OCHIN was successful. FHS has a few more instances of the data migration to ensure all patients are in OCHIN at the time of go-live.

**Primary Care Provider Quality Improvement Program (PCP QIP) Report
Solano County, Health & Social Services, Family Health Services
April 2024**

TABLE OF CONTENTS

The below information reflects critical components related to Risk Management & Quality Improvement activities for Family Health Services:

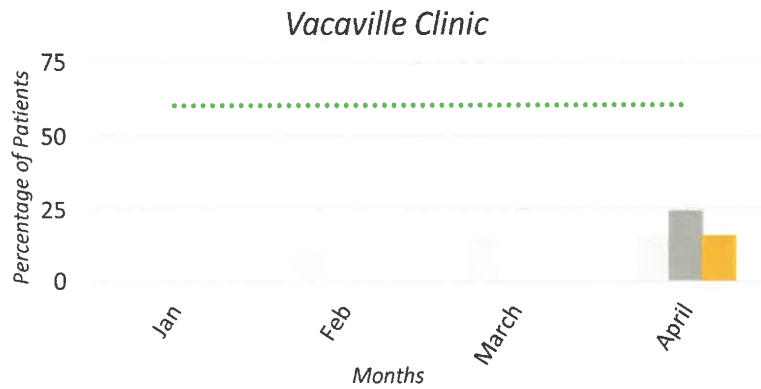
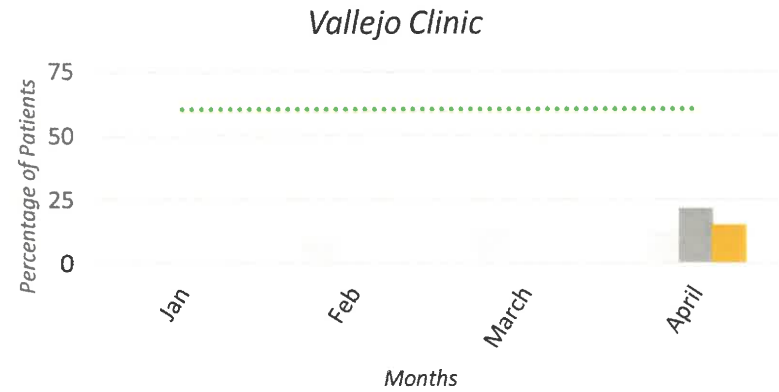
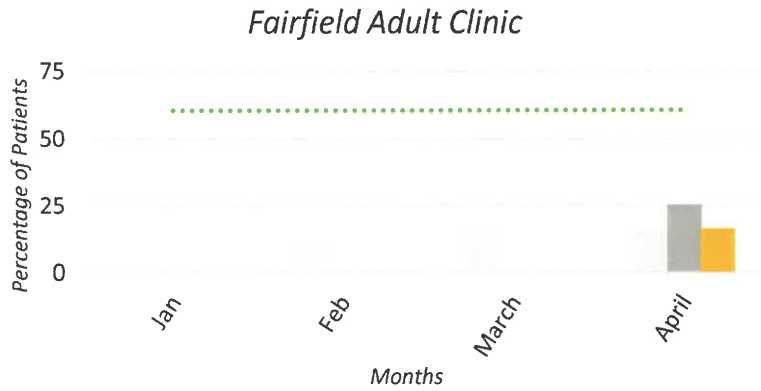
- I. Clinical Quality

I. CLINICAL QUALITY

Terms Defined

Primary Care Provider Quality Improvement Program (PCP QIP)- financial incentive program from Partnership HealthPlan of California to primary care providers for meeting specific performance thresholds. PCP QIP clinical measures look only at data for patients with Partnership HealthPlan of California insurance plans during calendar year 2024.

PCP QIP Diabetes HbA1c Good Control

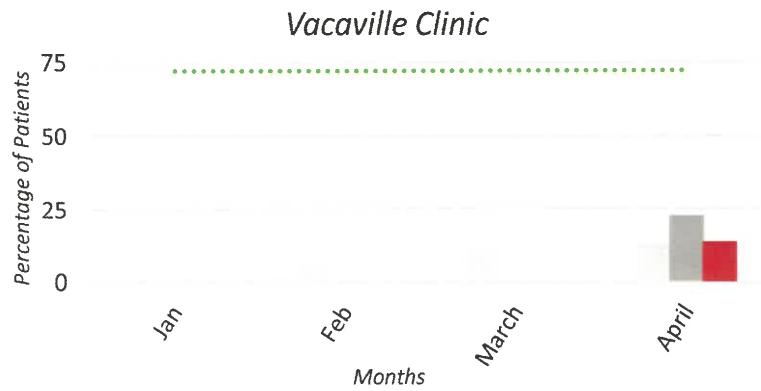
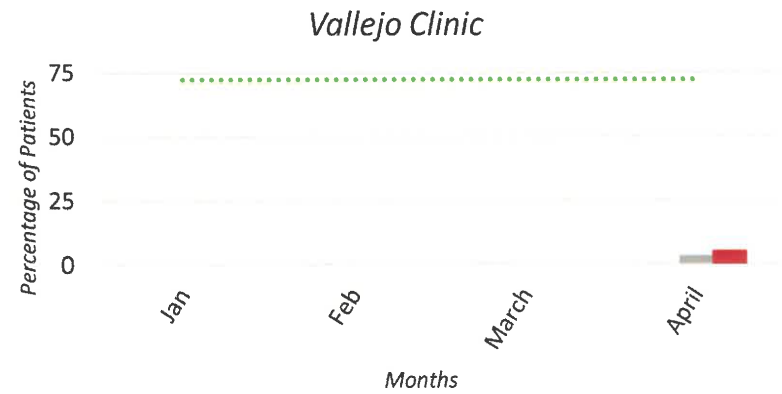
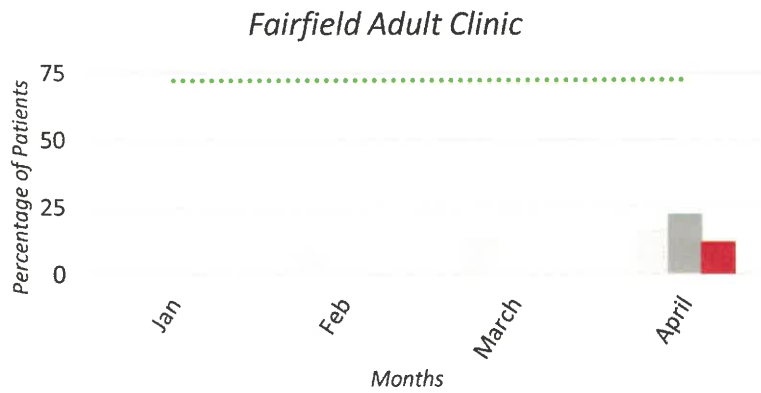


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Adult	16.06%	171	60.34%
Vallejo	14.72%	270	
Vacaville	15.53%	119	

2022 2023 2024 Target

Note: 1st manual upload of HbA1c readings in October 2024

PCP QIP Controlling High Blood Pressure



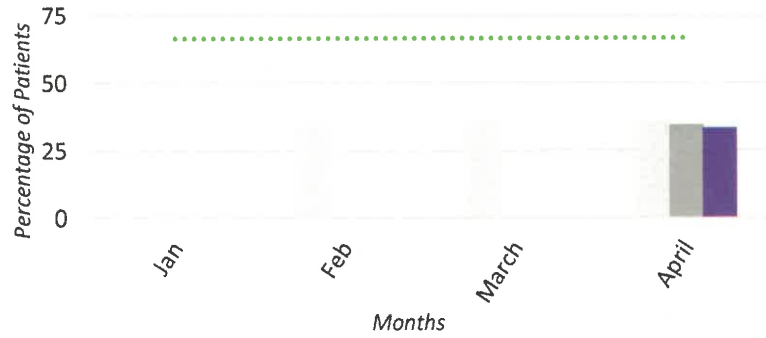
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Adult	11.79%	170	72.22%
Vallejo	5.36%	325	
Vacaville	13.51%	109	

2022 2023 2024 Target

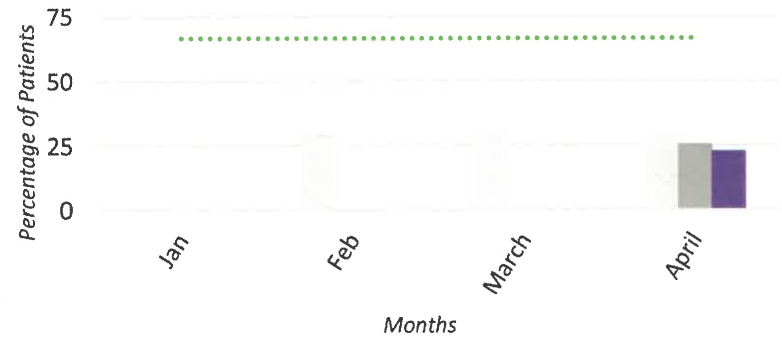
Note: 1st manual upload of blood pressure readings in October 2024

PCP QIP Cervical Cancer Screening

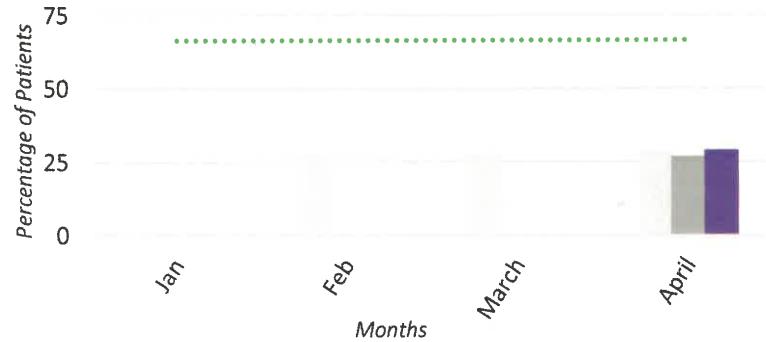
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Adult	32.93%	553	66.48%
Vallejo	22.65%	1,756	
Vacaville	28.76%	429	

2022 2023 2024 Target

PCP QIP Breast Cancer Screening

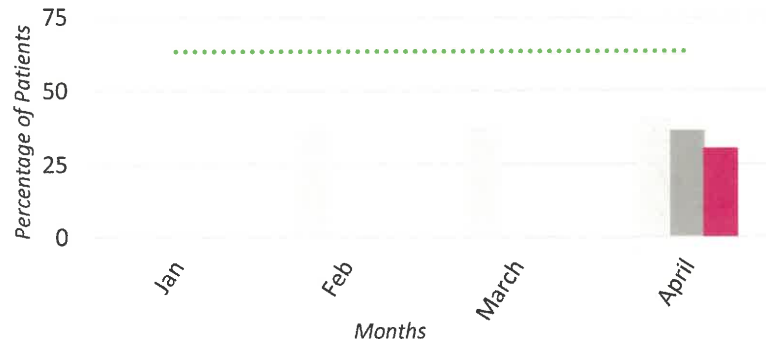
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

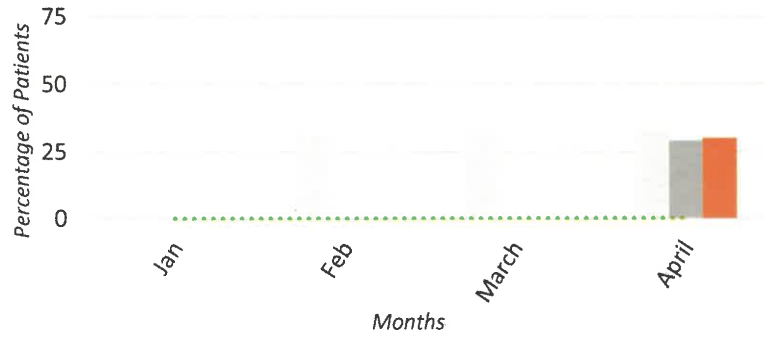


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Adult	36.53%	146	63.37%
Vallejo	30.91%	237	
Vacaville	30.24%	111	

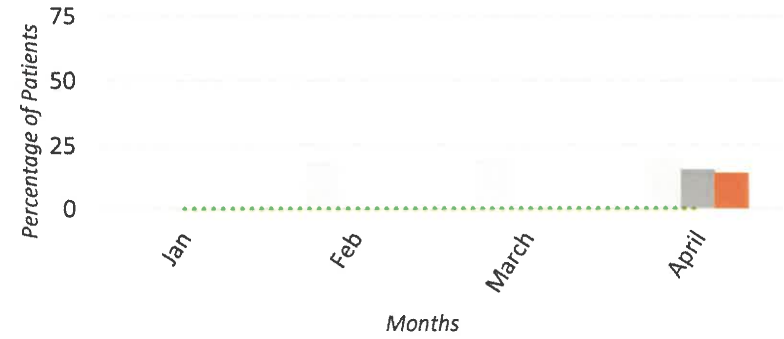
2022 2023 2024 Target

PCP QIP Colorectal Cancer Screening

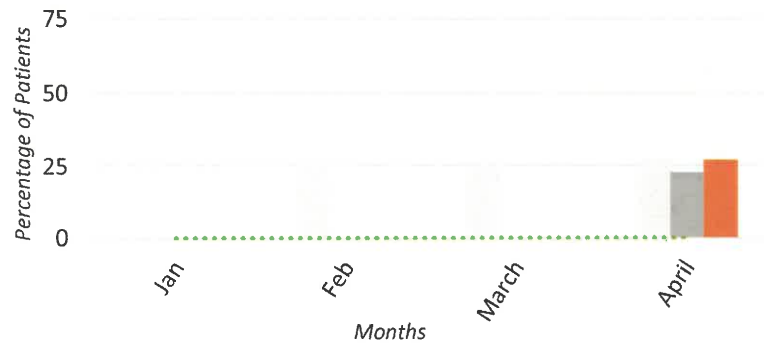
Fairfield Adult Clinic



Vallejo Clinic



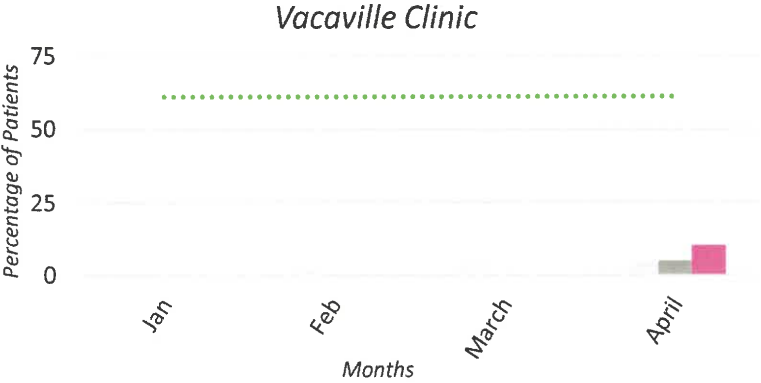
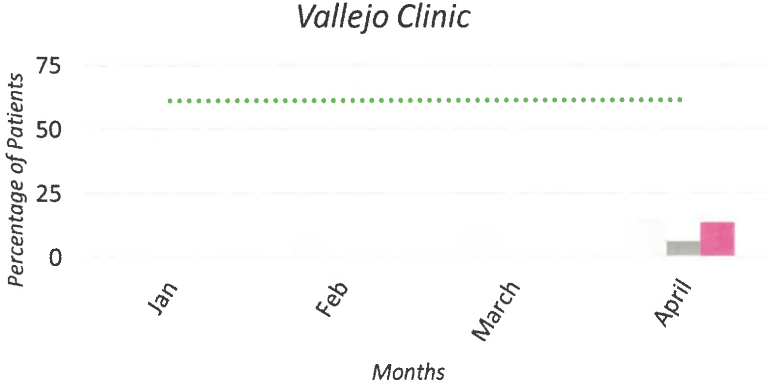
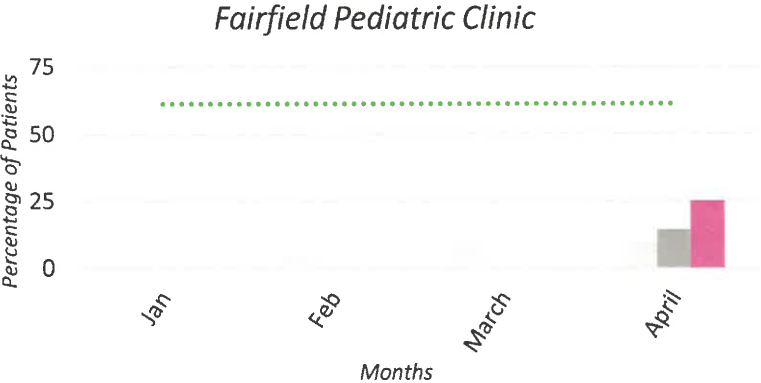
Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (50 th Percentile)
Fairfield Adult	29.73%	304	TBD
Vallejo	13.90%	1,138	
Vacaville	26.69%	239	

2022 2023 2024 Target

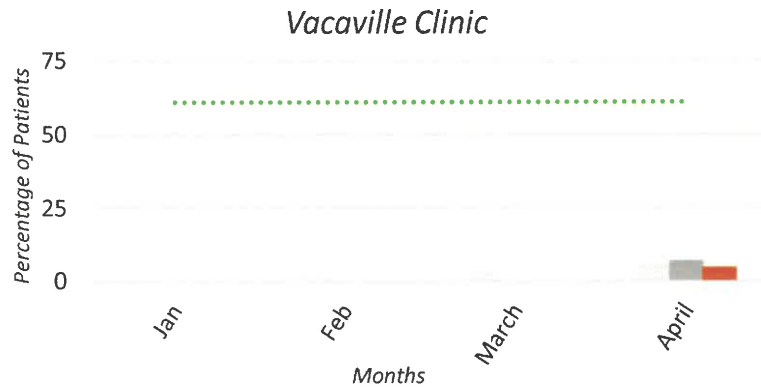
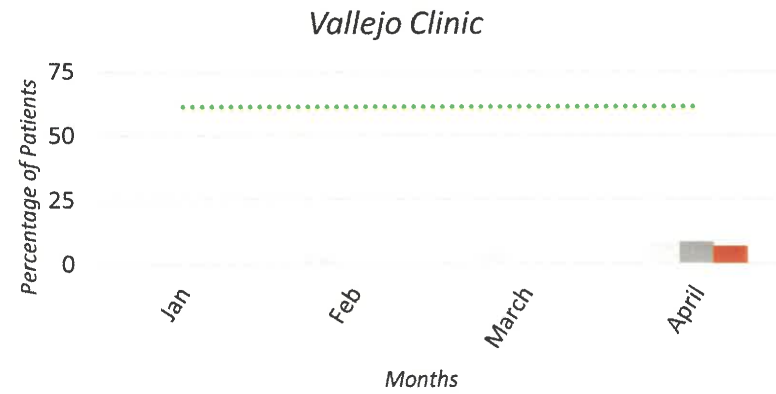
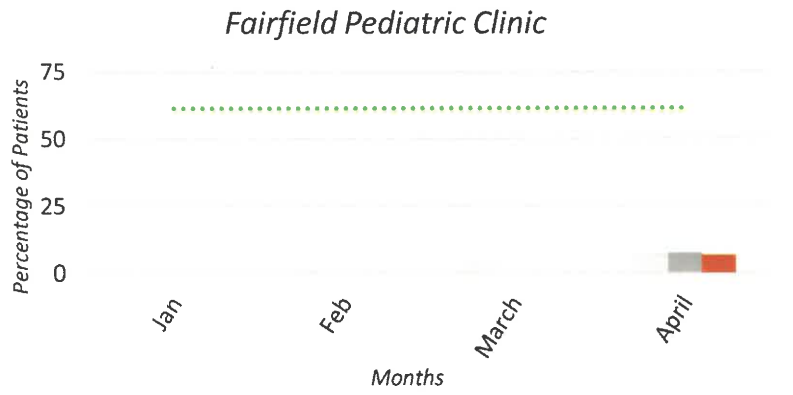
PCP QIP Well Child First 15 Months



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Pediatrics	25.00%	7	61.19%
Vallejo	13.30%	104	
Vacaville	10.00%	6	

2022 2023 2024 Target

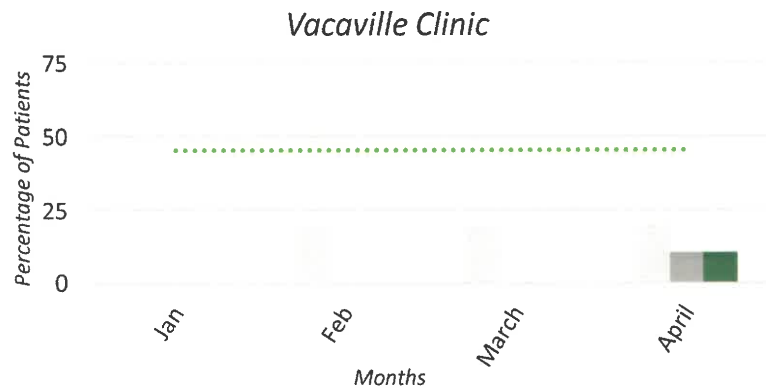
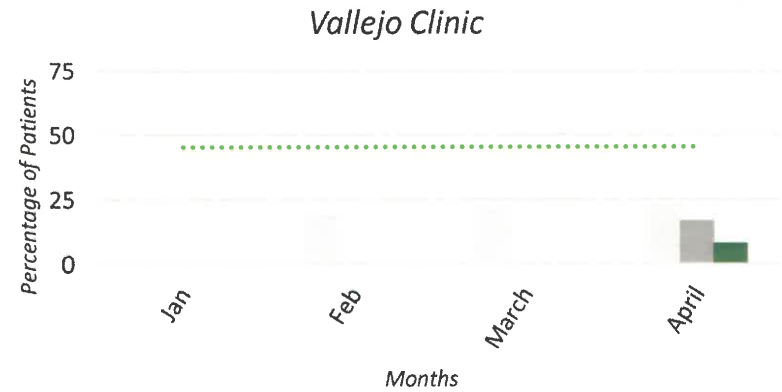
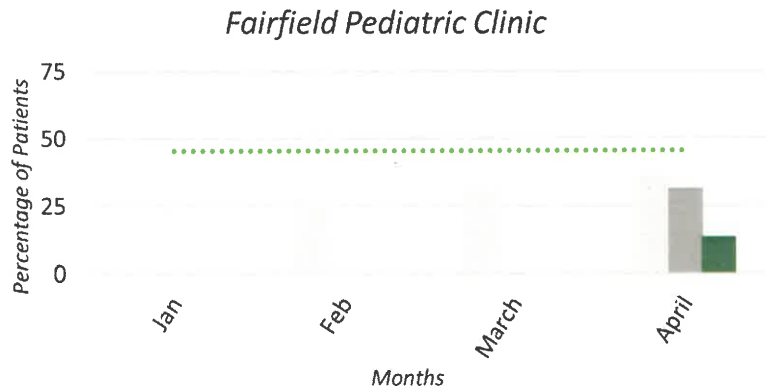
PCP QIP Child and Adolescent Well Care Visits



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Pediatrics	6.58%	1,451	61.15%
Vallejo	6.54%	1,987	
Vacaville	4.45%	549	

2022 2023 2024 Target

PCP QIP Childhood Immunizations

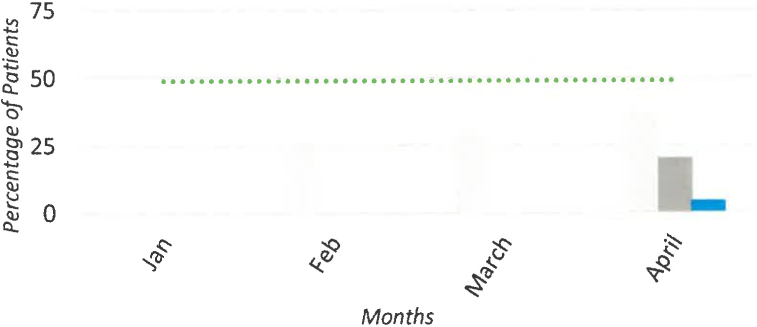


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Pediatrics	13.24%	22	45.26%
Vallejo	7.76%	92	
Vacaville	10.20%	18	

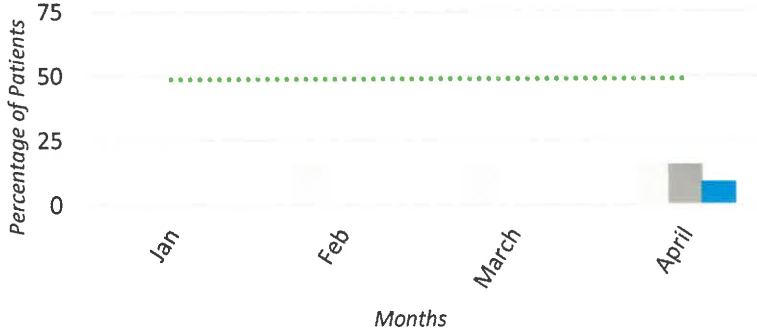
2022 2023 2024 Target

PCP QIP Adolescent Immunizations

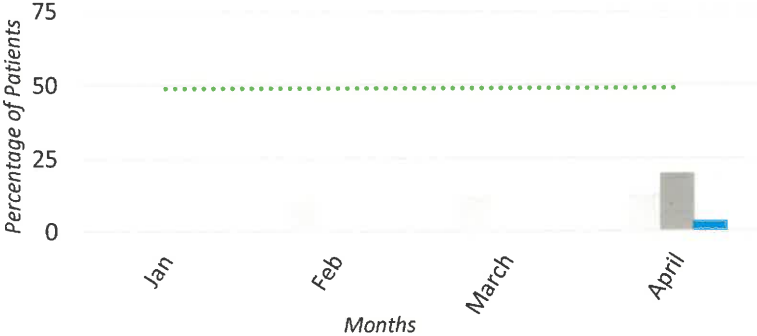
Fairfield Pediatric Clinic



Vallejo Clinic



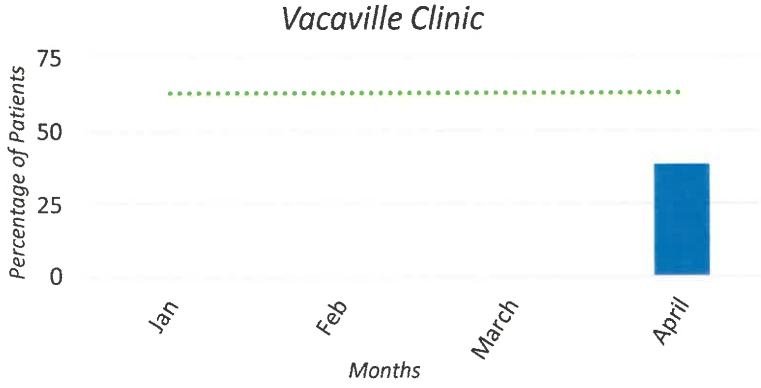
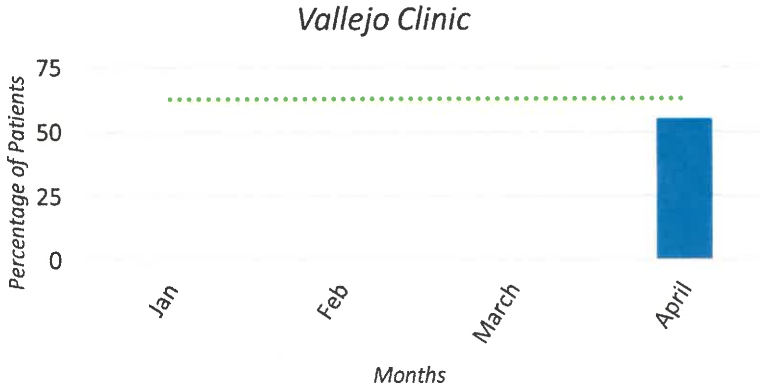
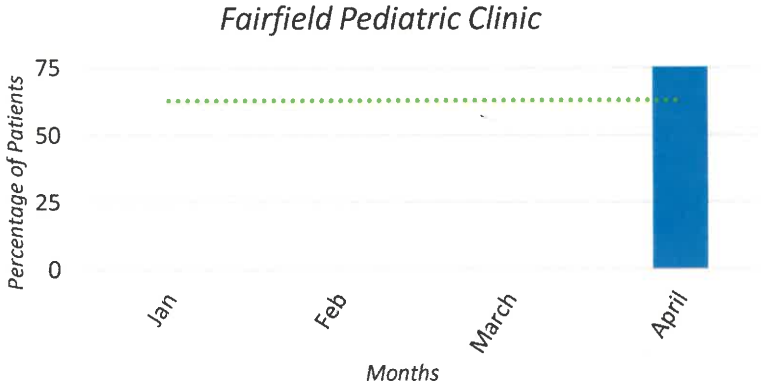
Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Pediatrics	4.02%	78	48.80%
Vallejo	8.50%	81	
Vacaville	2.99%	31	

2022 2023 2024 Target

PCP QIP Blood Lead Screening



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (50 th Percentile)
Fairfield Pediatrics	86.15%	Target Met - over by 4	62.79%
Vallejo	54.74%	34	
Vacaville	38.10%	18	

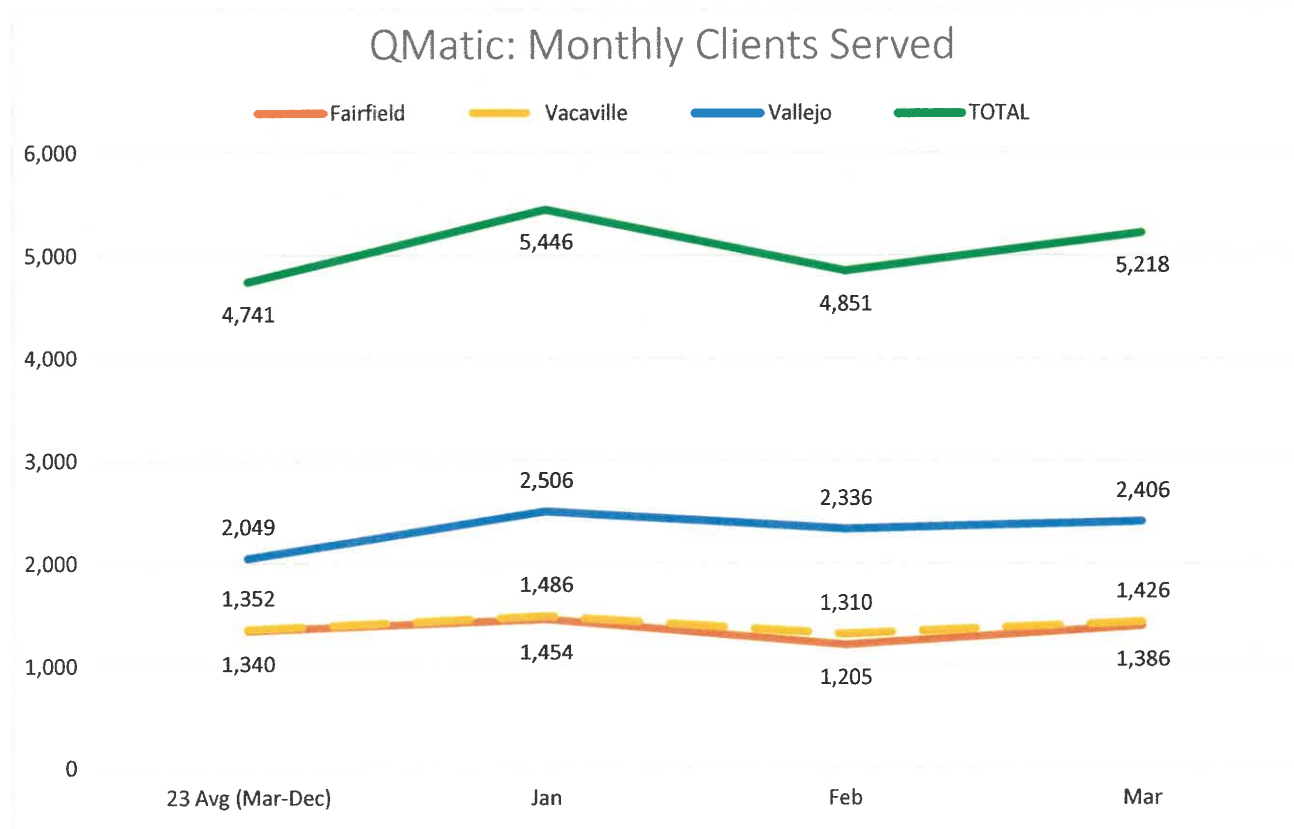
■ 2024 Target

Note: New measure added in 2024

Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Clients Served			
	2023 (Mar to Dec) Average	Jan	Feb	Mar
Fairfield				
Lab	93	95	76	94
Medical (Adult)	1,247	1,359	1,129	1,292
Subtotal	1,340	1,454	1,205	1,386
Vacaville				
Dental	588	598	535	552
Medical (Adult & Peds)	764	888	775	874
Subtotal	1,352	1,486	1,310	1,426
Vallejo				
Dental & Medical (Adult & Peds)	1,970	2,413	2,245	2,313
Lab	79	93	91	93
Subtotal	2,049	2,506	2,336	2,406
TOTAL	4,741	5,446	4,851	5,218



STRATEGIC PLAN REPORT
STRATEGIC PLAN JULY 1,2022-JUNE 30,2025
 Board of Directors Adopted: May 17,2023

REPORT PERIOD: April 2024

DATE OF REPORT: April 17, 2024

COMPLETED BY: Dona Weissenfels

DASHBOARD SUMMARY OF 43 OBJECTIVES COMPLETED
Status Summary of Completion of Objectives: _____ (C) Completed __x__ (IP) In Progress _____(D) Delayed _____(NI) Not Initiated _____(RR)Consider Review/Revised
Goal 1: Enhance the experience of FHS patients and staff.
5 Objectives: _____ (C) Completed x (IP) In Progress _____(D) Delayed _____(NI) Not Initiated (RR)Consider Review/Revise
Goal 2: FHS will achieve significant advancement in quality outcomes based upon the Uniform Data System Annual Reporting and Pay for Performance Medi-Cal payments by Partnership Health Plan through the development and implementation of a Continuous Quality Improvement (CQI) team at FHS.
4 Objectives: _____ (C) Completed __X_ (IP) In Progress _____(D) Delayed _____(NI) Not Initiated _____(RR)Consider Review/Revise
Goal 3: FHS will implement a compliance program specific to the health center.
2 Objectives: _____ (C) Completed __X_ (IP) In Progress _____(D) Delayed _____(NI) Not Initiated _____(RR)Consider Review/Revise

Solano County
Family Health Services

Goal 4: Prepare and implement transition to new EHR system.
2 Objectives: ____ (C) Completed <input checked="" type="checkbox"/> (IP) In Progress ____ (D) Delayed ____ (NI) Not Initiated ____ (RR) Consider Review/Revise
Goal 5: Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations and prepare for transition to APM.
3 Objectives: ____ (C) Completed <input checked="" type="checkbox"/> (IP) In Progress ____ (D) Delayed ____ (NI) Not Initiated ____ (RR) Consider Review/Revise
Goal 6: FHS will expand dental services through investment of capital in new dental operatories (chairs).
2 Objectives: ____ (C) Completed <input checked="" type="checkbox"/> (IP) In Progress ____ (D) Delayed ____ (NI) Not Initiated ____ (RR) Consider Review/Revise
Summary/Comments
Progress Report March 20, 2024. All projects in process.

Solano County
Family Health Services

**STRATEGIC PLAN
GOALS AND OBJECTIVES DETAILED ASSESSMENT**

DASHBOARD: Status of Goals & Objectives

- C: Completed
- IP: In progress
- D: Delayed
- NI: Not initiated
- RR: Review and/or revise

PRIORITY LEVEL

- High – Initiate in beginning in year 1: July 2023
- Medium – Initiate in beginning months in Year 2: July 2024
- Low – Initiate in the beginning months in Year 3: July 2025

Goal 1: Enhance the experience of FHS patients and staff.

1 / Priority	Objective (includes Anticipated Completion Date)	Lead	Summary of work (3-5 sentences)	Status
1.1 High	Create and implement three satisfaction surveys for patients, providers, and staff regarding call center services by May 31, 2024 Use the baseline data gathered from each survey to improve satisfaction among these three groups by 10 percent by June 30, 2026.	Dona/Call Center Supervisor	Patient Survey in Development	IP
1.2 Medium	Develop 1-3 strategies using CQI to address health equity at FHS based upon	Dr. Leary/Dona	Partially implemented.	IP

Solano County
Family Health Services

Goal 1: Enhance the experience of FHS patients and staff.

	the National Association of Community Health Center (NACHC) Training & Technical Assistance Resource Manual, the Population Health Management Module, and the NACHC Social Determinants of Health tool by July 2024.	& CHB Oversight	Staffing Quality Team is a priority to implement this project. Requesting staffing to fiscal, CAO Office Received micro-grant to improve population health for African Americans/Well Child Visits. Waiting for contract. Received approval for DHCS, Equity and Practice Transformation Funding (3.75 million) five year initiative. First deliverable PhmCAT Survey due end of April.	
1.3 Medium	Implement strategies on health equity developed in Objective 1.2 using Plan-Do-Study-Act (PDSA) cycles to address health equity at FHS by January 2025.	Dr. Stevens/Dona	Staffing Quality Team is a priority to implement this project. Awarded Equity & Practice Transformation Grant and micro-grant African Americans/Well Child Visits.	IP
1.4 Medium	Improve wi-fi access to enhance patient and staff experience at all sites with special attention to FHS rural sites by June 30, 2024	Not Assigned	Not Started	NI
1.5 High	FHS will increase new provider retention by creating and implementing a new provider mentorship program by June 30, 2024.	Dr. Leary	Maven Project - request in budget for 2024/2025 (possible reduction for this line item due to County budget issues)	IP

Goal 2: FHS will achieve significant advancement in quality outcomes based upon the Uniform Data System Annual Reporting and Pay for Performance Medi-Cal payments by Partnership Health Plan through the development and implementation of a Continuous Quality Improvement (CQI) team at FHS.

2 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
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Solano County
Family Health Services

Goal 2: FHS will achieve significant advancement in quality outcomes based upon the Uniform Data System Annual Reporting and Pay for Performance Medi-Cal payments by Partnership Health Plan through the development and implementation of a Continuous Quality Improvement (CQI) team at FHS.

2.1 High	Hire a nurse with a background in quality and a Data Analyst during the first quarter of 2024-2025.	Dr. Leary	Submitted personnel request (year three) to hire a Nurse Manager. Pending Data Analyst started position 2024.	IP
2.2 High	In the first quarter of 2024-2025, establish an effective Quality Committee that includes new staff from Objective 2.1 that meets monthly and addresses HRSA and Partnership Health Plan quality goals	Dr. Leary/Dona	Hiring new staff (pending) to augment team and to free up staff to focus on quality, new supervising physicians, quality team, data analyst and nurse manager. Invited CHB members to attend the QI/QA Meetings to increase knowledge and provide input	IP
2.3 High	FHS will prioritize reviewing, revising, publishing, and training staff on policies, procedures and standing orders by March 31, 2024.	All Clinic Managers	Work started and in progress, conducted monthly during All Staff Meetings.	IP
2.4 High	FHS will improve its performance and staff satisfaction by establishing and providing regular training on all aspects of policies, procedures and standing orders (as required by law) to begin by January 2024.	All Clinic Managers	Work started and in progress, conducted monthly during All Staff Meetings.	IP

Goal 3: FHS will implement a compliance program specific to the health center.

3 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
3.1 Medium	To address the increasing number of laws, rules, and regulations to which FHS is subject, while minimizing risk and optimizing performance, an FHS-dedicated Compliance Officer will be hired	Bela/H&SS Leadership	OSV Audit cited Key Management issues, lack of oversight by the CEO. Working with H&SS Leadership to carve out oversight from the CEO for Finance and IT	IP

Solano County
Family Health Services

Goal 3: FHS will implement a compliance program specific to the health center.

	with expertise in health care compliance including HIPAA, HRSA, Medi-Cal and Medicare billing (Prospective Payment System), APM, Ryan White CARE funding, and the California Non-Profit Integrity Act. The Compliance Officer will reduce risk exposure for the patients, licensed personnel, the nonprofit Board of Directors, and the Health Department. An FHS-centered Compliance Officer will be on staff by December 2024.		H&SS Compliance Team does not cover 330 Grant Compliance Program. Will need to identify and grow internal candidate for this position 2024. Compliance developing two presentations, General Compliance and 330 Compliance presentations.	
3.2 High	FHS is committed to remaining compliant with HRSA grant funding regulations on Section 330 and Ryan White CARE Act. Additionally, FHS is committed to educating the Board of Directors on board governance in financial oversight, HRSA federal law and regulations, and the California Nonprofit Integrity Act. FHS recognizes that a shift to APM will require a Financial Director that has a comprehensive understanding of Medi-Cal, Medicare, FQHC Prospective Payment Services, data management, billing, and coding.	Bela/H&SS Leadership	Finance is taking steps to understand and learn FQHC finance structure and apply learnings to Clinic. Improved reporting and analysis is noted. On track to providing what the CHB has requested.	IP

Goal 4: Prepare and implement transition to new EHR system.

# / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
4.1 High	Develop an EHR transition plan with the clinic leadership team and OCHIN on the transition	Dona	Onsite visit January 2024 and March 2024. Work flow analysis underway and equipment ordered. Monitors arrived April 10th.	IP

Solano County
Family Health Services

Goal 4: Prepare and implement transition to new EHR system.

	from the current EHR to EPIC by December 31, 2023.			
4.B Medium	Implement EHR transition plan developed in Objective 4.1 by September 30, 2024.	Dona	Plan underway with OCHIN EPIC, Vendors & DoIT, hard launch of timeline February 27, 2024 full implementation by September 24, 2024	IP

Goal 5: Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations and prepare for transition to APM.

5 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
5.1 Medium	Hire an FHS-dedicated Financial Director that will ensure compliance with HRSA FQHC/Prospective Payment Regulations, Medi-Cal and Medicare billing and collections regulations and work with Partnership Health Plan to maximize income including Pay for Performance Payments by December 2025.	Bela/H&SS Leadership	Fiscal Team engaged in trainings specific to HRSA requirements for Health Centers. Improved collaboration on budget and analysis. Ongoing.	IP
5.2 Medium	On an annual basis, FHS will provide a minimum of four trainings for the Board of Directors on the financial oversight responsibilities of the Board pursuant to HRSA Regulations (FQHC and RWCA) and the Non-Profit Integrity Act by December 31, 2024	Nina/Finance	In development – dates selected for training	IP
5.3 Medium	FHS will work with California Primary Care Association (CPCA), the designated state clinic association for FQHC transition by the California State Health Department to Alternate Payment	Nina/Finance	Fiscal obtaining knowledge about APM and impact to Clinics. Attending Fiscal Boot Camp through NACHC. Meeting scheduled with Partnership CFO to discuss APM – March 2024	IP

Goal 5: Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations and prepare for transition to APM.

	Methodology in the development of APM Transition Plan to begin January 1, 2025.			
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Goal 6: FHS will expand dental services through investment of capital in new dental operatories (chairs).

6 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
6.1 Medium	FHS Fairfield dental site will replace its outdated dental operatories (chairs) by June 2025	Dr. Rajabian	Requests made to replace chairs/pending	IP
6.2 Low	FHS Vallejo Health Center will expand the number of dental operatories by four to six new dental operatories (chairs) by June 2026.	Dr. Rajabian	Renewed prior Dental Request for expansion. Project escalated to County for consideration/pending	IP

Facktor/J. Gressman/5.13.23

SOLANO COUNTY
 FAMILY HEALTH SERVICES
 REQUESTED BUDGET
 FY2024/25

DRAFT

04.10.2024

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	FY2024/25 REQUESTED BUDGET	DIFFERENCE BETWEEN AD2023/24 AND RQ2024/25	NOTE: Adjustments pending
EXPENDITURES				Notations
Salaries & Benefits				
Salaries - Regular	15,678,423	16,306,079	627,656	
Salaries - Extra Help	135,755	183,000	47,245	Medical Records Tech and 2 Health Education Specialists
Salaries - OT/Callback/Standby	41,392	100,374	58,982	
Staffing costs from other divisions (net amount)	161,874	133,070	(28,804)	
Benefits	9,524,941	10,561,338	1,036,397	
Accrued Leave CTO Payoff	20,000	69,800	49,800	
Salary Savings	(4,177,375)	(2,354,313)	1,823,062	
Salaries & Benefits Total	21,385,010	24,999,348	3,614,338	

SOLANO COUNTY
 FAMILY HEALTH SERVICES
 REQUESTED BUDGET
 FY2024/25

DRAFT

04.10.2024

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	FY2024/25 REQUESTED BUDGET	DIFFERENCE BETWEEN AD2023/24 AND RQ2024/25	NOTE: Adjustments pending
EXPENDITURES				Notations
Services & Supplies				
Office Expense and Supplies	158,825	186,483	27,658	Drinking water, household expenses, and trash services, books and subscriptions, equipment less than \$1500
Communications	138,336	138,331	(5)	Telephones and cell phones.
Insurance	859,428	770,778	(88,650)	These charges will originate from another County Department >Liability Insurance >Malpractice Insurance >Insurance - Risk Management
Equipment - Purchases, Leases & Maintenance	62,937	145,184	82,247	Reviewing for potential adjustments >Copiers >Maintenance/Service Contracts
Mileage, Fuel and Fleet	39,086	56,513	17,427	>County vehicles >Personal mileage.
Buildings - Maintenance, Improvements, Rent & Utilities	203,400	298,458	95,058	>Utilities - PG&E and water services. >Maintenance Buildings
Drugs, Pharmaceuticals, Medical and Dental Supplies	569,398	727,905	158,507	
Controlled Assets & Computer Related Items	154,029	238,929	84,900	>Refresh computers >Dental Equipment
Medical/Dental Services	218,903	262,600	43,697	>Quest Lab Services >Solano Diagnostics Imaging >Solano Public Health Lab charges

SOLANO COUNTY
FAMILY HEALTH SERVICES
REQUESTED BUDGET
FY2024/25

DRAFT

04.10.2024

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	FY2024/25 REQUESTED BUDGET	DIFFERENCE BETWEEN AD2023/24 AND RQ2024/25	NOTE: Adjustments pending
EXPENDITURES				Notations
Services & Supplies (continued)				
Contracted and Other Professional Services	1,249,640	1,155,765	(93,875)	>Allied Security >Simi Group >Trizetto/Waystar (Electronic claims management) >Forvis (Medicare Cost Report) >Medical Records Associates (Coding consulting) >Stericycle (Medical waste disposal) >Factor (Consulting services) >UHC Solutions (Recruitment services)
DoIT	2,689,004	2,152,500	(536,504)	
Software & Maintenance or Support	1,300,014	1,096,136	(203,878)	Budget and actuals include the following: >OCHIN/EPIC contract >Next Gen (Legacy System) >Intelligent Medical Objects (electronic medical records) >Nuance Communications (Dragon dictation services) >Up To Date
Professional Licenses & Memberships	18,455	51,881	33,426	
Education, Training, In-State Travel, Out of State Travel	12,000	25,290	13,290	>CPCA conference >Ryan White C and HIV/AIDS Conferences
Other	39,986	68,565	28,579	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans >Meals/Refreshments >Employee recognition
Services & Supplies Total	7,713,441	7,375,318	(338,123)	

SOLANO COUNTY
FAMILY HEALTH SERVICES
REQUESTED BUDGET
FY2024/25

DRAFT

04.10.2024

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	FY2024/25 REQUESTED BUDGET	DIFFERENCE BETWEEN AD2023/24 AND RQ2024/25	NOTE: Adjustments pending
EXPENDITURES				Notations
Other Charges				
Interfund Services - Professional	582,258	703,804	121,546	County related charges >Sheriff services >Building and grounds maintenance >Custodial services.
Interfund Services - Accounting & Audit	22,800	-	(22,800)	
Interfund Services - Other	44,875	64,285	19,410	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	18,000	15,000	(3,000)	Community Health Board Training/Conference
Other Charges Total	667,933	783,089	115,156	
Contracts/Client Support				
Contracted Direct Services	1,334,000	1,492,000	158,000	Budget includes the following contracts: >Barton & Associates (locum provider services) >Children's Choice (dental services) >Touro University (providers)
Client Support	21,740	22,700	960	Client support transportation costs.
Contracts/Client Support Total	1,355,740	1,514,700	158,960	
Equipment				
Equipment	184,100	-	(184,100)	
Equipment Total	184,100	-	(184,100)	
Administration Costs				
H&SS Administration	2,632,919	2,957,878	324,959	
Countywide Administration	935,417	1,312,262	376,845	
Administration Costs Total	3,568,336	4,270,140	701,804	
TOTAL EXPENDITURES	34,874,560	38,942,595	4,068,035	

SOLANO COUNTY
FAMILY HEALTH SERVICES
REQUESTED BUDGET
FY2024/25

DRAFT

04.10.2024

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	FY2024/25 REQUESTED BUDGET	DIFFERENCE BETWEEN AD2023/24 AND RQ2024/25	NOTE: Adjustments pending
REVENUES				Notations
Payer Revenues				
Payer Revenues	23,914,092	23,355,466	(558,626)	>Medi-Cal >Partnership Capitation >Medicare >Private Pay
Payer Revenues Total	23,914,092	23,355,466	(558,626)	
Federal/State Revenues				
1991 Realignment (Underinsured/Uninsured/PH Services)	1,237,344	1,571,023	333,679	
Federal Direct - COVID (one time funding)	602,948	-	(602,948)	Expired grants >HRSA Capital Grant funds >Expanding COVID Vaccinations grant
Federal Grants	2,057,990	2,047,990	(10,000)	>CHC Base grant >RWC
Federal Other	943,392	56,608	(886,784)	\$1M Congressional earmark funding - estimated rollover
American Rescue Plan Act (ARPA)	-	-	-	ARPA funding for OCHIN EHR conversion
Other Revenue	1,339,636	1,617,600	277,964	>QIP revenues >Patient care payment recoveries
Program Revenues Total	6,181,310	5,293,221	(888,089)	
TOTAL PAYER AND PROGRAM REVENUES	30,095,402	28,648,687	(1,446,715)	

SOLANO COUNTY
 FAMILY HEALTH SERVICES
 REQUESTED BUDGET
 FY2024/25

DRAFT

04.10.2024

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	FY2024/25 REQUESTED BUDGET	DIFFERENCE BETWEEN AD2023/24 AND RQ2024/25	NOTE: Adjustments pending
TOTAL EXPENDITURES vs TOTAL REVENUES				Notations
	FY2023/24 ADOPTED BUDGET	FY2024/25 REQUESTED BUDGET	DIFFERENCE BETWEEN AD2023/24 AND RQ2024/25	
TOTAL EXPENDITURES	34,874,560	38,942,595	4,068,035	
TOTAL REVENUES	30,095,402	28,648,687	(1,446,715)	
DEFICIT (SURPLUS)	4,779,158	10,293,908	5,514,750	

CO-APPLICANT AGREEMENT

Between the County of Solano And The Solano County Community Healthcare Co-Applicant Board

This Co-Applicant Agreement ("Agreement") shall delineate the relationship between County of Solano ("COUNTY" or "Grantee") and the Solano County Community Healthcare Board ("BOARD"). COUNTY and BOARD shall be collectively referred to as "Co-Applicants" or as the "Parties," as applied to Health Resources and Services Administration ("HRSA") Regulations and Authorities pertaining to the operation of the Health Center in the County of Solano, California designated as part of the Federally Qualified Health Center ("FQHC") program, and

WHEREAS, the COUNTY, through its Health and Social Services Department, ("HSS") provides primary health care services to medically underserved communities and vulnerable populations in the COUNTY; and

WHEREAS, HRSA has established the FQHC program under which the COUNTY may draw federal funding to provide primary health care services to medically underserved communities and vulnerable populations; and

WHEREAS, the COUNTY believes it can better serve these populations through participation in the FQHC program; and

WHEREAS, the COUNTY's participation in the FQHC program requires the COUNTY to comply with the applicable law and the formal policies of HRSA,¹ including the establishment of an independent board that assumes specified authority and oversight responsibility over the Health Center designated as an FQHC; and

WHEREAS, the Parties recognize that consistent with applicable federal laws, regulations, and policies regarding the establishment of a Health Center designated as an FQHC, the co-applicant arrangement is for the BOARD as the patient/community-based governing board to review, adopt or approve the Health Center policies. The co-applicant arrangement shall not allow the COUNTY to override the final approvals and required decision-making authorities of the BOARD, but the COUNTY may be constrained by law in the delegation of certain government functions, and thus the COUNTY is permitted to retain authority over certain fiscal and personnel decisions and policies for the Health Center with an approved co-applicant board arrangement, as set forth herein; and

WHEREAS, the Parties have agreed to enter into a co-applicant arrangement;
and

¹ Specifically, Section 330 of the Public Health Services Act (42 U.S.C. §254(b)) and 42 C.F.R. 51c and 42 C.F.R. 56.2d -56.604.

WHEREAS, the Parties wish to set forth in this Agreement, the authorities to be exercised by each Party and the shared responsibilities of the Parties with respect to the Health Center designated as a FQHC; and

NOW, THEREFORE, the COUNTY and the BOARD agree as follows:

1. Role of the BOARD.

- 1.1 Membership. The BOARD's Membership must meet the size, member selection, and composition requirements documented in the Health Center's application for FQHC designation. The details of such are also described in the duly approved Bylaws of the BOARD then in effect, "BOARD Bylaws", which are incorporated by this reference, along with the processes related to elections to officer positions, committee appointments, terms of office, selection, removal, vacancies, and recruitment.
- 1.2 Governance Authorities and Responsibilities. The Parties agree that the BOARD shall carry out its governance responsibilities in accordance with the provisions set out by the applicable law and the formal policies of HRSA, the Health Center Program Requirements and Compliance Manual, the BOARD Bylaws, and the terms of this Agreement, subject to certain limitations.

The BOARD's governance responsibilities include:

- A. Monthly Meetings. The BOARD shall hold monthly meetings where a quorum is present to ensure the BOARD can exercise its required functions;
- B. Project Director (or appropriate Human Resources classification). The BOARD shall approve the selection, evaluate the performance, and/or

approve termination/dismissal of the Project Director from the position of Project Director. Removal of the Project Director from the position of Project Director by the BOARD pursuant to this Agreement shall not in itself constitute a termination of COUNTY employment or impede the Project Director's employment relationship with the COUNTY. COUNTY has the ultimate right to dismiss the Project Director as a COUNTY employee consistent with COUNTY personnel policies, with or without action to dismiss the Project Director by the BOARD, in which case there shall be no recourse for the BOARD concerning that action.². The Project Director reports directly to the BOARD and is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the purpose of the Health Center Program project consistent with this Co-Applicant Agreement and the COUNTY's personnel policies and position classifications.

- C. Key Management Team. The Project Director is responsible for the day-to-day direction and management of the Health Center. Together, the BOARD, Project Director, and other members of the key management team, comprise the leadership of the Health Center and shall work together to ensure a strong organization;
- D. Approval of the Annual Budgets and Audits. The BOARD shall approve the Health Center's annual operating and capital budget prior to submission, as well as approve any changes to the budget made by the COUNTY; and review and accept the annual audit, as well as review and approve any corrective actions as necessary;
- E. Approval of Applications. The BOARD shall approve applications and associated budgets for annual FQHC recertification, annual Section 330 grants (as applicable), and other grant funds regarding the scope of the Health Center;
- F. Approval of Health Center Operations. Subject to COUNTY fiscal and Human Resources policies, the BOARD shall approve the Health Center's hours of operation and health services provided, including decisions to contract for a substantial portion of the Health Center's services;
- G. Financial Management. The BOARD shall monitor the financial status of the Health Center, including ensuring appropriate follow up with HSS regarding the adoption and periodic updates of policies for the financial management of the Health Center (including a system to assure accountability for the Health Center's resources, provision of an annual audit, long-range financial planning, billing and collection policies and accounting procedures).

The BOARD shall receive, review and approve financial reports, including Billing and Accounts Receivable reports;

² See, National Association of Community Health Centers, Public Centers Monograph (Sept. 2019), at p. 27 (Personnel Policies); HRSA Manual Chapter 19 p 1/5; HRSA Manual Ch 11.

- H. Fees and Partial Payment Schedules. The BOARD shall approve the fee schedule for Health Center services, and it shall approve the sliding fee discount program policies and procedures, including the nominal fee and credit and collection policies, subject to the COUNTY's fiscal policies and procedures;
 - I. Strategic Planning and Thinking. The BOARD shall approve the mission, vision and values of the Health Center and use these to guide its decision-making and planning. The BOARD shall ensure the community needs assessment informs strategic planning and shall engage in ongoing strategic planning at least once every three years. The BOARD shall approve plans and priorities for the Health Center;
 - J. Quality Assurance and Management. The BOARD shall evaluate the performance of the Health Center based on reports from the quality management staff, and ensure appropriate follow up is taken by COUNTY's quality management staff, including audits and state quality management reporting requirements. The Project Director and appropriate staff shall regularly report to the BOARD on matters concerning quality management including any follow-up actions being taken to improve performance. The BOARD shall review, adopt and/or approve policies related to the Health Center's annual Quality Assurance and Management plan;
 - K. Client Satisfaction. The BOARD shall provide recommendations on content and implementation of the client survey, and review survey results and follow-up actions, and provide recommendations for improvements, as appropriate; and
 - L. Risk Management. The BOARD shall review and approve the Health Center's risk management program and patient grievance policies.
- 1.3 Policies. Subject to the limitations set forth in the BOARD Bylaws and/or this Agreement, the BOARD shall have authority to ratify and adopt general policies and procedures for the Health Center, including, but not limited to:
- A. Quality Management. Adopting policies for the quality-of-care program including audit procedures;
 - B. Fee Schedules. Ratifying and adopting policies for eligibility of services including criteria for fee schedules for services and the sliding fee discount program; and

C. Personnel Policies. Ratifying and adopting the personnel policies and regulations developed and approved by the COUNTY (and as modified, revised or amended by the COUNTY) including, but not limited to, employee selection, performance review, evaluation, discipline and dismissal procedures, employee compensation, wage, salary and benefits, position descriptions, job titles and classifications, reporting structures, employee grievance procedures and processes, and equal employment opportunity practices.

1.4 Limitations on BOARD Authority. The BOARD may not adopt policy or practice, or take any action, within its scope under this Agreement which is inconsistent with or which alters the scope of any decision or policy set by the COUNTY regarding fiscal or personnel matters or which asserts control, directly or indirectly, over any non-HRSA funded project and/or program.

2. Role of the COUNTY.

2.1 Governance Authorities and Responsibilities. In accordance with federal and state requirements, the Parties recognize that COUNTY, as a public agency, is constrained by law in the delegation of certain functions to other entities. In view of the foregoing, the Parties agree that COUNTY shall retain and exercise freely the following authorities and responsibilities with respect to Health Center:

A. Fiscal. COUNTY shall maintain its authority to set policy on fiscal matters pertaining to Health Center, including, but not limited to, capital and operating borrowing, maintaining internal control policies and procedures, and providing for an annual external independent audit in compliance with the requirements of the Single Audit, to ensure sound financial management procedures and purchasing policies and standards, and appropriating and authorizing funding and staffing for programs;

B. Personnel. Subject to the BOARD's authority as set forth in Section 1.2.B. of this Agreement regarding the selection, evaluation, approval and removal of Health Center Project Director, the Parties agree that COUNTY shall have sole authority over employment matters and development and approval of personnel policies and procedures, including, but not limited to:

- i. Employing or contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project and Health Center, including agreements for the provision of staff who are employees of other agencies and organizations;
- ii. County personnel policies also include establishment of general work schedules and shifts, provided however that assignment of individuals schedules and shifts shall be within day-to-day direction and management of the Project Director; and
- iii. Subject to Section 1.2.B, the day-to-day management of personnel including:
 - a. Employee selection;
 - b. Employee performance review;
 - c. Employee evaluation;
 - d. Employee discipline and dismissal procedures;
 - e. Employee compensation, wage, salary, and benefits;
 - f. Employee position descriptions, job titles, and classifications;
 - g. Employee reporting structures;
 - h. Establishment of general work schedules and shifts, provided however that assignment of individuals to schedules and shifts shall be within day-to-day direction and management of the Project Director;
 - i. Employee grievance procedures and processes;
 - j. Equal opportunity practices;
 - k. Collective bargaining agreements; and
 - l. Labor disputes and other labor and human resources matters.

2.2 Other Responsibilities. Subject to the governance responsibilities exercised by the BOARD, and through the BOARD's policies and

direction, COUNTY shall be responsible for the following:

- A. Applying for and maintaining all licenses, permits, certifications, accreditations, and approvals necessary for the operation of the Health Center;
- B. Receiving, managing and disbursing, as applicable, revenues of the Health Center consistent with the approved budget for the Health Center;
- C. Credentialing and privileging of providers;
- D. Preparing and submitting cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs;
- E. Preparing monthly financial reports, which shall be submitted to the BOARD, and managing financial matters related to the operation of the Health Center;
- F. Developing and managing internal control systems, in consultation with the BOARD or, in the case of 2.2.F.(v), below, at the direction of the BOARD as appropriate, and as set forth in this Agreement (as applicable), in accordance with Section 330 that provide for:
 - i. Client eligibility determinations, in accordance with the BOARD's approvals and direction in 1.2.H and 1.3.B above;
 - ii. Development, preparation, maintenance and safekeeping of records and books of account relating to the business and financial affairs of the Health Center;
 - iii. Separate maintenance of the Health Center's business and financial records from other records related to the finances of HSS to ensure that funds of the Health Center may be properly allocated;
 - iv. Accounting procedures and financial controls in accordance with generally accepted accounting principles as applied to government agencies;
 - v. Administering, at the BOARD's direction, and subject to the BOARD's approval of the Policies and Fee/Discount Schedules as indicated in 1.2.H and 1.3.B above, a schedule of charges and partial payment schedules (i.e., a sliding fee schedule of discounts) for services provided to certain uninsured and underinsured patients that is consistent with

state and federal law and HRSA policy;

vi. Billing and collection of payments for services rendered to individuals who are: (1) eligible for federal, state or local public assistance; (2) eligible for payment by private third-party payors and (3) underinsured or uninsured and whose earnings fit the low income criteria established and approved by the BOARD in 1.2.H and 1.3.B above; and

vii. Compliance with the terms and conditions of the FQHC Look- Alike and/or Grantee designation, as applicable.

G. At the BOARD's direction, assisting with the implementation of ongoing quality improvement programs.

3. Mutual Obligations.

3.1 Budget Development and Approval.

A. COUNTY shall develop the annual operating and capital budget for the Health Center in consultation with the BOARD. Subject to the requirements for adoption and approval of a public agency budget, the BOARD shall have authority to approve the annual operating and capital budgets of Health Center. In the event the BOARD is unable or unwilling to approve the recommended budget, the

Parties shall engage in a dispute resolution process as defined in the Dispute Resolution and Mediation section of this Agreement;

- B. The Parties shall not materially deviate from the adopted budgets that are approved through the process outlined above except that COUNTY through HSS may modify planned fiscal activities if there is a reduction in available resources (e.g. decreased levels of reimbursement, diminished revenues, or adverse labor events). The COUNTY or HSS shall immediately notify the BOARD of any budgetary change that would materially modify the scope of the FQHC project and seek the necessary approvals of such changes before they are enacted, whenever possible; and
- C. All funds received for services provided and all income otherwise generated by the Health Center, including fees, premiums, third-party reimbursements and other state and local operational funding, and Section 330 grant funds ("Program Income"), as well as all Program Income greater than the amount budgeted ("Excess Program Income"), shall be maintained by the COUNTY. All Program Income and Excess Program Income shall be used to further the goals of the Health Center consistent with the terms of this Agreement.

3.2 Compliance with Laws and Regulations. The Parties shall have a mutual commitment and responsibility to work together to ensure that the Health Center provides care in compliance with all applicable federal, state, and local laws, policies, and regulations.

3.3 Financial Responsibility. Each Party agrees not to undertake expenditures in excess of the authorized budget and the available resources and to recognize the COUNTY's responsibility with respect to the fiscal controls and related financial matters described in this Agreement.

3.4 Expenses of Parties. The expenses of the COUNTY and the BOARD incurred in carrying out its respective obligations for governance and operation of the Health Center pursuant to this Agreement shall be considered expenses incurred in furtherance of the Health Center and thus shall be reimbursed in accordance with applicable FQHC program requirements and the fiscal policies of the COUNTY.

3.5 Record-Keeping and Reporting. Each Party shall maintain records, reports, supporting documents and all other relevant books, papers, and other documents to enable the Parties to meet all FQHC-related reporting requirements. Records shall be maintained for a period of four (4) years from the date this Agreement expires or is terminated, unless

state and/or federal law requires that records be maintained for a period greater than the four (4) year period specified herein ("the retention period"). If an audit, litigation, or other action involving the records is started before the end of the retention period, the Parties agree to maintain the records until the end of the retention period or until the audit, litigation, or other action is completed, whichever is later. The Parties shall make available to each other, DHHS and the Comptroller General of the United States, the California Department of Health Care Services, the Office of the Comptroller of the State of California or any of their duly authorized representatives, upon appropriate notice, such records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to each Party's personnel for purposes of interview and discussion related to such documents.

- 3.6 Confidentiality. Subject to the COUNTY's obligations, if any, to make public its records in accordance with applicable law, the Parties agree that all information, records, data, and data elements collected and maintained for the administration of this Agreement (in any form, including, but not limited to, written, oral, or contained on video tapes, audio tapes, computer diskettes or other storage devices) shall be treated as confidential and proprietary information. Accordingly, each Party shall take all reasonable precautions to protect such information from unauthorized disclosure; however, nothing contained herein shall be construed to prohibit any authorized federal or other appropriate official from obtaining, reviewing, and auditing any information, record, data, and data element to which they are lawfully entitled. The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all protected health information ("PHI") of the patients receiving care provided by the Health Center, in accordance with all applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act ("HIPAA").
- 3.7 Medical Records. The Parties agree that COUNTY, as the operator of the Health Center, shall retain ownership of all medical records established and maintained relating to diagnosis and treatment of patients served by the Health Center.
- 3.8 Insurance.
- A. The COUNTY shall maintain Professional Liability Insurance, Workers' Compensation Insurance, and General Liability and Property Damage Insurance to cover Health Center activities;

- B. Insurance for the BOARD Chair and BOARD Members shall be required; and
 - C. Survival of Section 3.8. This Section 3.8 shall survive the termination of this Agreement without regard to the cause for termination.
- 3.9 Ownership of Property Acquired with Grant Funds. The provisions of 45 C.F.R. § 74.40, et seq., apply to tangible property acquired under this Agreement. The Parties agree that the COUNTY shall be the title holder to all property purchased with grant funds.
- 3.10 Copyrightable Material. If any copyrightable material is developed under this Agreement, COUNTY and the U.S. Department of Health & Human Services ("HHS") shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, authorize others or otherwise use such material.
4. Governing Law.
- 4.1 Applicable Laws, Regulations and Policies. This Agreement shall be governed and construed in accordance with applicable federal laws, regulations, and policies. In addition, each Party covenants to comply with all applicable laws, ordinances and codes of the State of California and all local governments.
 - 4.2 New HRSA Directives. The Project Director shall submit promptly to each Party any directives or policies that are received from HRSA after execution of this Agreement and are pertinent to applicable FQHC program, and the Parties shall comply with such additional directives/policies, as they become applicable.
 - 4.3 Non-Discrimination. By signing this Agreement, the BOARD agrees to comply with the COUNTY's Equal Employment Opportunity Non-Discrimination Policy, all related personnel policies, and all related federal and state requirements.
5. Term. This Agreement shall remain in effect during the duration of any Section 330 grant award that the COUNTY receives unless terminated at an earlier date in accordance with the terms of Section 6 of this Agreement.
6. Termination.
- 6.1 Immediate Termination. This Agreement shall terminate immediately upon the non-renewal or termination of the Section 330 grant.
 - 6.2 For Cause Termination. Either party may terminate this Agreement "for cause" if the other Party fails to meet its material obligations under this

Agreement. Such "for cause" termination shall require 90 days prior written notice of intent to terminate during which period the Party that has allegedly failed to meet its material obligations may cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with this Agreement.

6.3 Termination by Mutual Agreement. This Agreement may be terminated upon the mutual approval of the Parties in writing.

6.4 Termination Contingent Upon HRSA Approval. With the exception of a termination for cause arising from the voluntary or involuntary loss of the Health Center's FQHC designation (or its Section 330 grant), either party may terminate this agreement on 120 days written notice; however, such termination shall not become effective unless and until HRSA issues its written approval of such termination.

7. Dispute Resolution and Mediation. The Parties shall first attempt to resolve any dispute or impasse in decision-making arising under or relating to this Agreement by informal discussions between the Project Director and the Chair of the Co-Applicant BOARD. Any dispute or impasse not resolved within a reasonable time following such discussions (not to exceed thirty (30) days) shall be taken to the HSS Director. If the Parties are unable to resolve the dispute, either Party may pursue any remedy available at law.

8. Notices. All notices permitted or required by this Agreement shall be deemed given when made in writing and delivered personally or deposited in the United States Mail, first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the addresses set forth below , or such other addresses as the Party may designate in writing:

For Co-Applicant:
Chairperson
County of Solano Community Health Center
Co-Applicant Board
2201 Courage Dr.
Fairfield, CA 94533

For Health Center Operations:
Health Center Project Director
2201 Courage Dr.
Fairfield, CA 94533

For the County of Solano:
Director Health and Social Services

275 Beck Avenue
Solano, CA 94533

9. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective transferees, successors and assigns; provided that neither Party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other Party and HRSA.
10. Severability. The terms of this Agreement are severable, and the illegality or invalidity of any term or provision shall not affect the validity of any other term or provision, all of which shall remain in full force and effect.
11. Amendments. The Parties may agree to amend this Agreement which shall be in writing and signed by the Parties.
12. Waiver. No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer or representative of the waiving Party.
13. Agency. Except as may be required by the State as a condition of licensure, neither Party is, nor shall be deemed to be, an employee, agent, co-venture or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.
14. Third-Party Beneficiaries. None of the provisions of this Agreement shall be for the benefit of or enforceable by any third party, including, without limitation, any creditor of either Party. No third-party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, obligation or otherwise against any Party to this Agreement.
15. Force Majeure. In the event either Party is unable to timely perform its obligations under this agreement due to causes that are beyond its control, including, without limitation, strikes, riots, earthquakes, epidemics, pandemic, war, fire, or any other general catastrophe or act of God, neither Party shall be liable to the other for any loss or damage resulting therefrom.
16. Co-Applicant BOARD Bylaws. Duly approved BOARD Bylaws have been enacted by the BOARD and are part of this Agreement articulating an

enduring structure and scope of authority guiding the activities of the BOARD. Those BOARD Bylaws are intended for the regulation of the BOARD and shall be regarded as rules and regulations of the BOARD.

17. Incorporation by Reference of Portions of the County Code. Solano County Code Chapter 2 is hereby incorporated by this reference as though stated in full herein.
18. Entire Agreement. This Agreement constitutes the entire agreement between the Parties and no statements, promises or inducements made by a Party or by agents of either Party which are not contained in this Agreement shall be valid or binding.

Execution:

The parties have executed this agreement below by their duly authorized representatives.

County of Solano
Board of Supervisors

County of Solano Community
Health Centers
Co-Applicant Board

By _____
Chair Supervisor Mashburn

By _____
Chair Brandon Wirth

Date _____

Date _____

SolanoCares.org

YOUR ONE-STOP RESOURCE

PREPARED BY:
ASHLEY CUMPAS, SR. HEALTH EDUCATION SPECIALIST
SOLANO COUNTY H&SS DEPARTMENT, PUBLIC HEALTH DIVISION



Healthy People – Healthy Community

1

Overview of Presentation

- Review history of SolanoCares.org
- Live demonstration of website
- Provide engagement metrics
- Next steps



Healthy People – Healthy Community

2

History of SolanoCares

- One of the priorities of Solano County has been the needs of seniors and older adults
- Solano County created Solano Cares 4 Seniors back in 2017 as a tool to connect seniors and caregivers to information and resources that were important to them
- County would previously print resource booklets that would become outdated as soon as it was printed
- The site was a way to streamline access to services and information they need



SOLANO
PUBLIC
HEALTH



Healthy People - Healthy Community

3

History of SolanoCares continued...

- Allows users to locate services, search health-related articles, and track legislation
- Offered in multiple languages
- Created as a result of input from community members, senior advocates, Solano County Health & Social Services, the Senior Coalition and the Area Agency on Aging



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4



SolanoCares
 .org
 YOUR ONE-STOP RESOURCE

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5

Select Language



FIND SERVICES FOR

SENIORS	CHILDREN, FAMILIES & ADULTS	
DISABILITIES	VETERANS	PUBLIC HEALTH
VICTIMS OF VIOLENCE	BEHAVIORAL HEALTH	

HOW CAN WE HELP YOU?

I AM LOOKING FOR
 Enter keywords

SEARCH



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6

SolanoCares.org Live Demonstration

SolanoCares.org



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7

NEWS AND ANNOUNCEMENTS

NEWS AND ANNOUNCEMENTS
A One-Stop Resource for Local Community Services

NEWS AND ANNOUNCEMENTS
 A One-Stop Resource for Local Community Services

DATA
 Data for the People

HEALTH TOPICS
 A Place to Live
 Community Health
 Health Resources
 Health Services

COMMUNITY HEALTH
 A Place to Live
 Community Health
 Health Resources
 Health Services

HEALTH RESOURCES
 A Place to Live
 Community Health
 Health Resources
 Health Services

HEALTH SERVICES
 A Place to Live
 Community Health
 Health Resources
 Health Services

Public Health Site

WELCOME TO SOLANOCARES.ORG FOR SENIORS
 A One-Stop Resource for Local Community Services

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

OR View Categories

A Place to Live	Caregiver	Meals	Senior Assistance
Healthcare	Senior Centers	Transportation	Women's

CLICK TO SEE MORE

Seniors Site



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8

WELCOME TO SOLANOCARE.ORG FOR BEHAVIORAL HEALTH

This Web site is a resource for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, fees, and related news, as well as communication tools and other features. Regardless of where you begin your search for assistance with behavioral health issues, the Network of Care helps you find what you need - it helps ensure that there is "No Wrong Door" for those who need services. This Web site can greatly assist in our efforts to protect our precious human lives - our beautiful minds.

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

What are you looking for? To Code

Or View Categories

- [Addictive Disorders, Violence & Sexual Assault Services](#)
- [Employment & Volunteering](#)
- [Mental Health Services & Facilities](#)
- [Adoption & Subsidized Abuse](#)
- [Financial / Expense Assistance](#)
- [Recreation & Leisure](#)
- [Advocacy](#)
- [General Health Care](#)
- [Safety & Accessibility](#)
- [Basic Needs & Public Assistance](#)
- [Health Insurance & Benefits](#)
- [Senior Assistance](#)
- [Case Services](#)
- [Housing / Homeless Services](#)
- [Support & Support Groups](#)
- [Disability Assessment](#)
- [Information & Referral](#)
- [Transportation](#)
- [Education & Training](#)
- [Legal Services](#)
- [Veterans](#)
- [Widows](#)

Behavioral Health Site

Children, Families & Adults Site

WELCOME TO SOLANOCARE.ORG FOR CHILDREN, FAMILIES & ADULTS

This one-stop information resource is here to help Solano residents and partner agencies find local services, information on health topics, and other resources.

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

What are you looking for? To Code

Basic Needs & Public Assistance

Mental Health Services

Child Immunization

Family Support Services

Food Assistance

Housing And Homeless Services

Legal & Financial Services

Medical & Dental Services And Health Care

[Click to see more categories](#)

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9

Engagement Metrics for 2023

Month	Total Visits	Average Visits per Day	Engagement Rate
Jan	106,572	491	13:10
Feb	71,431	364	15:02
March	77,691	358	15:35
April	106,690	508	14:21
May	94,818	436	16:06
June	39,595	188	14:59
July	71,697	330	14:38
Aug	124,065	571	11:48
Sept	125,844	599	8:15
Oct	84,563	389	7:19
Nov	97,471	464	7:58
Dec	86,445	398	8:16

Healthy People - Healthy Community

10

Next steps

- Continuously updating over 1,000 Solano County resources
- Advisory committee meets quarterly
 - New members always welcome!
- Provide outreach to community based-organizations and attend outreach events in Solano County
- Media campaign to launch this April 2024
- [Solano Senior Fraud Prevention Center](#) now available



Healthy People – Healthy Community

11

Questions?



Healthy People – Healthy Community

12



Contact Information:

ARCumpas@SolanoCounty.com



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