

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

May 15, 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 MAY 15, 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 April 17, 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 |
| i) FHS 2023 Uniform Data System (UDS) Report | Yes |
| d) Grievances/Compliments – Rebecca Cronk | Yes |
| e) H&SS Compliance – Lavonna Hamilton | Yes |
| f) Finance & Revenue Cycle Management – Nina Delmendo | No |
| g) Referrals – Natasha Hamilton | Yes |
| h) OCHIN EPIC Update(s) – Natasha Hamilton | Yes |
| i) QI Update – Han Yoon | Yes |
| i) Mammogram Van | Verbal |
| ii) Equity Adjustment + QIP (PCP) April 2024 | 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 & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.
 - a) Referral Improvement Project Status – Natasha Hamilton

- 7) **HRSA PROJECT OFFICER REPORT**
 - a) Health Center HRSA Project Officer Update – Natasha Hamilton
 - i) Health Center Activities – Internal and External Update
 - ii) OSV Condition Status
 - iii) Strategic Plan Report Update.
 - iv) QIP Payment Update

- 8) **BUSINESS GOVERNANCE**
 - a) Information Only – Behavioral Health Pilot with Family Health Services.
The Board will consider approval to apply for a grant – HRSA Grant Transitions in Care – Primary Care for People Leaving Incarceration – Noelle Soto.
 - i) **ACTION ITEM:** The Board will consider approval to apply for the HRSA Grant Transitions in Care for People Leaving Incarceration.

- 9) **DISCUSSION**
 - a) Board Member Self-Assessment.
 - i) The Chair will give guidance to the Board Members on the Board Member Self-Assessment process. – Brandon Wirth.
 - b) Sharing information on “Network of Care” – Tracee Stacy
 - c) New Board Member Training/Binders – Michael Brown
 - d) Quality Training – June Meeting Presentation – Han Yoon.
 - e) Process in preparation and approval of the FY budget – Nina Delmendo.
 - f) Single Audit – Nina Delmendo
 - g) Ryan White/HIV-AIDS Program – How it works and resources for the 50+ age group, to meet their specific needs, presented in July or August – Noelle Soto
 - h) Partnership Health Plan Presentation in July
 - i) National Association of Community Health Centers (NACHC) Conference, 2024 CHI & EXPO, August 24-26, 2024 in Atlanta, Georgia – A Learning Opportunity.

- 10) **BOARD MEMBER COMMENTS**

- 11) **PARKING LOT**
 - a) Create a Rebranding Sub-Committee

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

DATE: June 19, 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, April 17, 2024

In Person Meeting

Members Present:

At Roll Call: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, Don O'Conner, and Tracee Stacy.

Members Absent: Charla Griffith, Rovina Jones, Anthony Lofton, Sandra Whaley, Robert Wieda, and Brandon Wirth.

Staff Present:

Gerald Huber, Debbie Vaughn, Dr. Bela Matyas, Dr. Michele Leary, Dona Weissenfels, Dr. Reza Rajabian, Dr. Ian Bennett, Han Yoon, Nina Delmendo, Valerie Flores, Noelle Soto, Natasha Hamilton, Rebecca Cronk. Pierce Leavell, Krista McBride, Cherry Violanda, Kelly Welsh, Julie Barga, Kristine Gual-PHC, Danielle Seguerre-Seymour and Patricia Zuñiga.

1) Call to Order- 12:08 p.m.

- a) Welcome
- b) Roll Call

2) Approval of the April 17, 2024 Agenda

Discussion: None.

Motion: To approve the April 17, 2024, Agenda.

Motion by: Ruth Forney and seconded by Deborah Hillman.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, Don O'Conner, and Tracee Stacy.

Nays: None.

Abstain: None.

Motion Carried.

3) Public Comment

- There was no public comment, but Vice Chair Michael Brown reminded everyone that the Agenda Packet is online on the web page and that anyone can review it.



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Regular Calendar

4) Approval of Minutes

Approval of the March 20, 2024, draft Minutes

Discussion: There was no discussion.

Motion: To approve the March 20, 2024, red-lined draft Minutes.

Motion by: Marbeya Ellis and seconded by Etta Cooper.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, and Don O'Conner.

Nays: None.

Abstain: Tracee Stacy.

Motion Carried.

5) Clinic Operations Reports

- Vice Chair Michael Brown announced that all Clinic Operations Reports were submitted before the meeting. He thanked and acknowledged the effort of those who submitted them.

a) Staffing Update — Natasha Hamilton

- Natasha reviewed the Staffing Update report. *(Please reference the "FHS Staffing Update – April 17, 2024")*
- Natasha announced the following highlights: A Registered Nurse (RN) was is in background for the Fairfield Clinic, interviews were in progress for a Registered Dental Assistant (RDA) and a Medical Assistant (MA), and a new Nurse Practitioner would be starting on May 13th.
- Natasha also mentioned FHS continues to work with Human Resources in filling vacancies.
- Board Member Etta Cooper asked with the hiring, and open positions, would the public be able to apply for other positions. Natasha mentioned that the open positions are on the Solano County HR website and anyone, including the public can apply. Etta also asked when the clinic patient panels would open up to new patients, since the Vacaville and Fairfield clinics have not been accepting new patients due to staff shortage. Dona mentioned that the patient panels were open at the Vacaville Clinic (adults & pediatrics) and the Fairfield pediatrics clinic. New patient panels would remain closed until provider staffing has become more robust. Etta also asked how the public would be notified that the Vacaville and Fairfield pediatrics clinic were reopened to new patients. Dona stated that most of the patients are referred by Partnership HealthCare (PHC), so PHC was aware of the patient panels opened in Vallejo, Vacaville and Fairfield pediatrics. Also, if someone calls the clinic, the call center staff would inform those who called in and would refer the patient to a clinic that was taking new patients and there is a recall list, to keep track of patients that need visits, so they would be called also.
- There were no other questions from the Board.

b) Credentialing Update — Cherry Violanda *(Please reference the "FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – April 2024")*



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- Desiree Bodiford and Raechel were unavailable, so Cherry Violanda presented the report.
 - Cherry mentioned that there were 146 screenings and there were zero exclusions.
 - Dr. Bela Matyas explained the role of the Credentialing Team. They certify clinical and professional staff, to ensure their qualifications and licenses are current, before hiring candidates in these classifications. Then after new clinical staff are hired, periodically, every two (2) years, they are recertified, meaning they are re-certified to make sure their licenses and training are current, for example. Credentialing's role is very important.
 - Vice Chair Michael Brown commented that it was good to know that the providers and all the staff are being credentialed so it meant that the clinics have top notch staff providing services to our patients. He thanked the Credentialing Team for their effort and keeping track of credentialing of the clinic staff.
 - There were no questions from the Board.
- c) **HRSA Grants Update(s)** — Noelle Soto (*Please reference the "Health Resources and Services Administration (HRSA) Grant Updates as of April 17, 2024"*)
- Noelle Soto noted the Ryan White report was included in the packet, which was submitted and accepted by HRSA last month. The report included a snap-shot of data from the last three (3) years.
 - Board Member Tracee Stacy asked, since the report included data specifically for those patients in the 50+ years age group and she works with older adults, were their specific needs of HIV patients in the 50+ age group being met and were they being connected to outside resources, and maybe, could there be a presentation to the Board on how those needs were being met and the outside resources that they were connected with. Noelle stated that the needs of those HIV patients 50+ age group were being met and they were connected with outside resources, as well as necessary. Noelle also stated that she could prepare a presentation about how the program works and show how the needs of the specific age group of 50+ were being met and that the different programs they were referred.
 - There were no other questions from the Board.
- d) **Grievances/Compliments** — Rebecca Cronk (*Please reference the "Grievance Reports, April-December 2023 & January- March 2024."*)
- Rebecca presented and stated that there was a total of 10 grievances for March and that the majority continues to be scheduling and there was a slight increase of quality of care, which relates to bedside manner.
 - Rebecca mentioned that the Vallejo Clinic has a new Supervising Physician, Dr. Ian Bennett, which is great, and he has been reviewing the grievances from a clinical and provider perspective, so there was a more thorough review process in place.
 - Board member Tracee Stacy asked about the Safety in the clinical outcomes. Rebecca defined Safety Grievances as complaints that allege concerns about errors, adverse effects, and preventable injuries to patients associated with their health care. She gave an example that if someone fell off a chair.
 - Board member Etta Cooper asked for examples of Scheduling. Rebecca defined Scheduling as it related to Access to Care and Timeliness with the patient's ability to schedule services in a timely manner. She gave an example when a patient calls to schedule an appointment and the timeliness it is scheduled.
 - Board Member Deborah Hillman asked how the process of appointments for referrals works, because she had been waiting on a referral for over two (2) months. She also asked it if was it due to manpower or not enough people to make the referral appointments? Rebecca stated



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that it was due to staffing shortage issue and management is trying to address it. And that from the specialty's aspect, ideally, staff tries to close the loop to follow up with telling the patients updates on their referrals, but referrals are behind, again due to staff shortage. The MAs have also been informing patients that referrals are taking longer due to staff shortage.

- Dr. Bela Matyas also mentioned that referrals are for those services that FHS does not provide so most of the referrals are usually sent to NorthBay Hospital, who provide specialty services and there are a limited number of slots for FHS patients. He also mentioned that in Solano County there has been a significant shortage of specialists, so clients that don't have private insurance, (Medi-Cal) or no insurance at all, tend to fall at the bottom of the list. He mentioned that the clinic is moving towards EPIC which will allow staff to follow up on outside referrals more frequently, but it would take time for EPIC to be in place and staff trained on EPIC.
- Dona Mentioned that NorthBay had a cyber attack recently on March 1st, and she didn't know whether they recovered yet or not, so this could cause a delay as well.
- Dr. Ian Bennet commented on the grievances and stated that healthcare providers may not be the best with bedside manners, but he wanted to reassure everyone that the providers really care that the quality of care is the highest it can be. He also stated that customer service training is being considered for the providers.
- Board member Tracee Stacy asked if referrals were triaged and were there rules about referrals. Dona Weissenfels noted that there are rules such as urgent or routine. Tracee also asked if FHS is doing data collection on outcomes and Dona Weissenfels replied, "Yes".
- Dr. Matyas gave a perspective on the number of grievances in March. He stated that in March there were 10 grievances out of a couple thousand appointments, which shows the rate is significantly low. He wanted to make sure that the Board Members understood that all grievances are taken seriously. It was gratifying to see the rate of grievances were low.
- Board Member Seema Mirza had a question about referrals to a specialized doctor. She shared that she received a letter from her doctor stating that a referral was made for her. She hadn't received or heard any news from the specialized doctor and wanted to know who she could call to follow up on the letter, about the referral. Dr. Michele Leary advised that she should contact her primary care doctor at FHS and FHS could follow up on her behalf about the status of her referral.
- Board Member Deborah Hillman asked about a referral letter she received. She asked to confirm that when she received that letter, it meant that the referral was made by her clinic doctor and that she was waiting for the specialist office to contact her for an appointment. Dr. Michele Leary confirmed she understood correctly.
- Board Member Etta Cooper thanked everyone for working on the grievances and she appreciated their effort. She asked about the specialties that are referred out and wanted to know if FHS is looking as hiring any of those specialties in the clinic. Dona informed Etta that FHS is a primary care clinic, and not a specialty clinic, and that is why there are referrals. Dr. Bela Matyas also informed Etta that there have been specialty providers in the past, but due to the shortage they would not hire any especially due to the high cost and having to pay them top dollar, which FHS can't afford.
- Vice Chair Michael Brown, noted like Dr. Matyas stated, thousands of patients that are seen at the clinics, and all but 10 received good medical care and they appreciated the care and the staff. He stated he wanted to focus on the positive that the clinic staff and providers are doing and not the negative.
- There were no other questions from the Board.



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- e) **H&SS Compliance** — Krista McBride (*Please reference the “H&SS Compliance-FHS Privacy & Security Incident Report March 1 – 31, 2024”.*)
- Krista reviewed the two (2) items noted in the report. It was in the category of Safety: a client bumped their head in the lobby and a parent of a minor reported being poked by and MA while given a vaccine. These incidents were reported to the necessary program. There were no breaches reported for March.
 - There were no questions from the Board.

- f) **Finance & Revenue Cycle Management** — Nina Delmendo (*Please reference the “Expenditure and Revenue Report as of March 31, 2024, Revenue Cycle Reports: Total Encounters through March 31, 2024, Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24 – July 2023 – March 2024 and Total Unbilled Encounters as of April 11, 2024.”*)
- Expenditure and Revenue Report as of March 31, 2024

- Nina Delmendo reviewed the Expenditure and Revenue Report as of March 31, 2024, in detail, which was up for approval by the Board in Agenda Item 8b, “Review and consider approval of the Quarterly Financial Report”.
- Nina mentioned that we are about 75% into the Fiscal Year and asked if there were any questions from the Board, she could answer those when she reviews the report later in the meeting during Agenda Item 8b.
- There were no questions at that time about the Expenditure and Revenue Report.

Revenue Cycle Reports

- Nina reviewed the Revenue Cycle Reports which includes those encounters are face-to-face interactions between a patient and their provider. She also included a target, which reflected what FHS did last year in their requested budget. She stated as of March 31st this year, FHS is has a shortfall, but she added information on the report of the reasons for the shortfall. For example, providers are 27% less than there should be, and there are filled positions that started after July 1, 2023, which does not make the target, because they were not at FHS the whole year. In addition, 56% of the shortfall and encounters were due to provider vacancies.
- Board Member Ruth Forney stated that she saw that short staffing was driving everything and how the clinics fall short.
- Nina referred to a question the Board had at the last meeting about the unbilled encounters report that shows encounters that have not yet been billed. She informed the Board that this report is provided weekly, and it is provided to FHS Leadership, so they can follow up with those providers that have unbilled encounters. FHS Leadership asked if there was a financial impact and Nina stated that there was not and that eventually the encounters get billed. In addition, the Billing Team reaches out to the providers as well.
- Board Member Ruth Forney asked if the unbilled encounters were Medi-Cal or Medi-Care? Nina said, “No”, and explained the process of billing. For example, after a provider sees a patient, there could be a number of reasons for unbilled encounters. It could be that the charting was not documented in the EHR (Electronic Health Record)/NextGen or maybe a button in the EHR was not pressed or the wording was not properly entered. Dr. Matyas also added that another reason could be that the providers saw many patients and didn’t have time to do the documentation in NextGen on that day. Dr. Leary also added that it could have been due to entering a wrong code. Ruth said she thanked and appreciated all the work that the providers do and getting things done and she complimented Nina’s reports and said they were easy to understand, the highlights are helpful, and they were very detailed.



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- Vice Chair Michael stated that in listening to all the information, he was very happy with the services provided by medical and dental care.
 - There were no other questions from the Board.
- g) **Referrals** — Cynthia Coutee
- Cynthia was unavailable to review the Referrals report, so Dona mentioned that referrals were a focus for FHS, and they are working on closing the loop on referrals and make sure patients are accessing care outside of the clinics. FHS is working with PHC to ensure they have enough specialists. Dona mentioned that she would be attending an OCHIN Steering Committee and OCHIN Learning Forum next month. One of the sessions she will be attending is a 5-hour session on referrals. She is excited about the event and hopes to bring back information on OCHIN EPIC about how referrals can be processed efficiently.
 - Board Member Tracee Stacy asked if the total number of referrals on the report were to our FHS Pediatrics and Adults. Dr. Leary confirmed that the referrals in the report were FHS Patients from all clinics, being referred to outside specialty providers. Also, not all of the types of specialties were noted and only the top specialties. The top specialty referrals noted were 1783 and the total referrals were 1277 were for other specialties. So, if there was only one (1) referral to a specific specialty, it was not included in the top specialties, but with other specialties and the total referrals processed were 3060.
 - Board Member Gerald Hase asked what the Otolaryngology specialty was, and Dr. Michele Leary confirmed it meant the ear, nose and throat (ENT) specialty.
 - Board Member Tracee Stacy asked if there was any feedback on the approval of the requested positions. Dona stated they had not yet been approved yet. She also asked when it would show on the approved budget whether the positions were approved and through discussion between Dr. Matyas and Nina, it was confirmed that any new positions would be reflected in the FY 24/25 budget in July or later, after the budget was approved. Dona reminded everyone that there are six (6) MAs that are expected to be out in a few months on pregnancy leave, and that the clinics would be extremely short staffed in the near future. Tracee asked if it was possible to backfill the MA positions with temporary help. Dr. Michele Leary stated that she couldn't find any Locum Tenens for MA positions and that the process and steps to take to request Locum Tenens takes a long time. Dona added that any time someone is hired outside the County are much more expensive and FHS will do the best they can.
 - Dr. Bela Matyas noted that all clinics in Solano County are struggling with staff shortage and that there was not a lack of effort in the hiring process. FHS has been working hard to find people. It is a process to hire and maintain staff.
 - Board Member Deborah Hillman complimented FHS staff and clarified that with the staff shortage at FHS, she is very pleased with the level of care and she has received, even during the pandemic and after pandemic. She is always treated with the utmost dignity and wanted to let FHS staff know that she didn't appreciate everyone and given the circumstances of staff shortage in FHS she thought that everyone is doing a wonderful job.
 - Board Member Etta Cooper agreed with Deborah's compliment and stated she appreciated the TLC she has received. A round of applause was given to everyone.
 - 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: Implementation Dashboard – April 2024 and Project Milestones / Highlights".*)



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- Dona Weissenfels announced that the process is going well and that it was hard to believe that percentage wise FHS is 12% into the project. FHS is doing very well with implementation and she reviewed the highlights on the OCHIN Project Milestones/Highlights handout.
 - Board Member Ruth Forney noted that It was a good timeline and she thought the progress was moving faster than thought initially. Dona complimented Dr. Leary has been a champion in the process in tailoring the software to ensure quality measures are captured as an example.
 - There were no other questions or concerns from the Board.
- i) **QI Update** – Han Yoon – *(Please reference the “Quarterly QA/QI Report of April 2024 (Reflects January – March 2024)”.)*
- Han mentioned that QA/QI Quarterly Report captured data from the first quarter, January through March 2024 and that the report would be considered for approval by the Board in Agenda Item 8a) Review and approval of the Quarterly QA/QI Quarterly Report.
 - Han reviewed the Breast Cancer Screening section in detail for the Board and explained the data of the graphs and the percentages of each for Vallejo, Fairfield and Vacaville.
 - Han Yoon gave an update on the QA/QI staff and mentioned that the QA/QI Team is doing their best as they are still short staffed. There are no new hires to the QA/QI Team.
 - Board Member Tracee Stacy asked about the Pediatrics charts, Well Child Visits and Immunizations. She asked if there was data showing the total number of kids seen in the clinics and if they were meeting the goals. Dr. Michele Leary stated that they FHS knows the number of patients they have and know where they are in the process. They track the progress of the children throughout the well child ages in meeting the goals. Tracy asked for clarification of the number of patients on the graphs whether they were patients of all clinics in the area or just FHS patients. Dr. Leary confirmed the numbers on the graphs are only FHS patients and are measured against FHS patients. Dr. Matyas noted that the pediatrics measure of child visits “First 15 Months” may seem low, but asked her to consider how the patients may be with FHS for a couple months, then they move to another clinic, for the next month or two, so the patient may not stay with FHS for the whole time frame to track the child for the first 15 months of their life at FHS. In addition, Dr. Matyas stated that American adults in America generally don’t take care of themselves, so this affects the metrics as well.
 - Board Member Tracee Stacy also asked if the numbers in the report were just FHS patients and the response was, “Yes”, the statistics were only FHS patients.
 - There were no other questions from the board members.
- j) **FHS Clinic Q-Matic Stats** — Noelle Soto *(Please reference the “FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-March 2024” report.)*
- Noelle reviewed the Q-Matic stats with the Board.
 - Board Member Marbeya asked to confirm the numbers noted on the report represented the traffic in the clinics and not all of them were encounters. Noelle answered, “Yes” and also reminded the Board that the Q-Matic Stats was a tool to count the number of people who walk into the clinic lobby at each primary care medical location, except the Dental clinics and the Fairfield Pediatrics clinic. And that not all people who walk into the clinic have an appointment. Some may just have a request or a question, or they may have a lab appointment, or get triaged by a nurse. Dr. Matyas, restated what Noelle stated in a different way and that the number of encounters is a subset of the total number of people that walk in the clinics.
 - There were no questions from the Board.



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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.

- Dona Weissenfels thanked all the board members who asked questions and reviewed data on the reports prior to the meeting. She appreciated the effort the Board members made in reviewing the reports in advance and asking questions to get a better understanding of the reports and FHS projects, specifically quality projects. She asked that the Board continued to ask questions.
- Dona mentioned that she appreciated the staff, because the quality data and operational data is improving and looking forward to the new EHR system, which will provide a high level of technology which will improve the quality of the quality and operational reports as well.
- Board Member Marbeya asked for clarification if the new EHR system would improve the quality function or the work in the clinics. Dona confirmed the new EHR would improve all of the above.
- Board Member Ruth Forney appreciated all the reports, which were detailed too.
- Vice Chair Michael Brown commented that the more the Board Members ask, the more they are engaged and the more that they learn and understand.

a) Quality Staffing Update.

- Han Yoon noted there was no staffing update of the QA/QI Team. The QA/QI Team still consisted of three (3) staff, him, the Planning Analyst, one (1) MA and one (1) Office Assistant. The understanding was that the requests for staff were under review with the CAO (County Administrator Office).
- Dona would keep the Board informed if any of the proposed positions for the QA/QI Team would be approved.

7) HRSA Project Officer Report

a) Health Center HRSA Project Officer Update – Dona Weissenfels

i) Health Center Activities – Internal and External Update

- Dona mentioned that the plan under HRSA of outreach for COVID that was approved over a year ago, has been an effort partnered between FHS and Public Health (PH) and there is a platform to reach out to the community. The information is available in English and Spanish.

External News:

- Dona Weissenfels and Cynthia Coutee spoke at a Vacaville Chamber of Commerce Leadership meeting. They were interested in what FHS does. Information was shared about FHS, the services they provide and about how an FQHC is different from Kaiser. It was shared that FHS as an FQHC is a safety net for those who are without health insurance or homeless and in need of medical or dental care. The presentation went well, and the Chamber members were unaware of FHS and the services provided.
- Dona attended the 2024 Northern California State of Reform Health Policy Conference and it involves people from all of California. PHC also attended. Dona passed around some information and asked if any of the Board Members wanted more information to contact her and she could print it out for them. It was very informative and refreshing to see what other communities are doing.
- Dona also mentioned the California Primary Care Association. They have what is called a “Day at the Capital” and she thought that was something the Board should consider in participating in next year and the registration is free. It would be an opportunity to meet the clinical powers at the Capital and learn about what is needed for FQHCs in our community.



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- Board Member Etta Cooper mentioned H.O.P.E. which is a group in Fairfield, and they had an event at a church in Fairfield. They have it twice a year and she suggested that maybe FHS would like to sponsor a booth to do outreach and share information about Solano County FHS clinics. Kristine Gual (PHC) also mentioned that they participate in it as well and she confirmed there are vendors, they had representatives from Medi-Cal who signed up people and showers available. Dona mentioned that maybe when FHS is better staffed and past the EPIC transition and more stable they could participate in the event.
- There were no questions from the Board.

Internal News:

- Dona gave an update of the HRSA OSV status of meeting the findings (corrective action required).
 - Two (2) conditions were due in a few days specifically that involved Contracts and a big Thanks to Noelle for her help in getting those cleared!
 - Four (4) are due April 27, 2024. They are working on an MOU (Memorandum of Understanding) with DoIT (Department of Information Technology-computer and technical support), the Co-Applicant Agreement, which is on the agenda for Board Approval, FHS needs to show documentation of Board involvement and that they are engaged with QA/QI, and Board Membership composition needed to reflect the diverse community in the community.
 - Dona also mentioned to support these activities FHS was awarded an Equity and Practice Transformation Grant in the amount of 3.75 million dollars. FHS would be kicking off that grant with a population survey that should be completed by the end of April.
 - There were no questions from the Board.
- ii) **Strategic Plan Report Update** *(Please reference the “Strategic Plan Report – Strategic Plan July 1, 2024 – June 30, 2025, April 17, 2024”.)*
- Dona mentioned the Strategic Plan was included in the packet and she did a brief review of the updates.
 - Board Member Ruth Forney thanked Dona for keeping the Board updated monthly on the Strategic Plan.

8) Business Governance

- a) Review and approve the Quarterly Quality Improvement Report – Han Yoon. *(Please reference the “Quarterly Quality Improvement Report”.)*
- Han Yoon presented the “Breast Cancer” portion earlier in Agenda Item 5i) QI Update.
 - There were no additional questions from the Board.
- i) **Action item:** The Board will consider approval of the Quarterly Quality Improvement Report. The Board will request action or follow-up on the Quality Program as appropriate.

Discussion: None. *(Han reviewed this report earlier in the meeting during his report on Quality Clinical Operations Report.)*

Motion: To approve the Quarterly Quality Improvement Report. The Board will request action or follow-up on the Quality Program as appropriate.

Motion by: Tracee Stacy and seconded by Don O’Conner.



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Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, Don O’Conner, and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

b) Review and consider approval of the Quarterly Financial Report – Nina Delmendo (*Please reference the “Quarterly Financial Report”*)

- Nina Delmendo presented and reviewed the Quarterly Financial Report earlier in Agenda Item 5f) Finance & Revenue Cycle Management.
- There were no additional questions from the Board.

i) **Action item:** The Board will consider approval of the Quarterly Financial Report.

Discussion: Board Member stated that the March FHS Finance Committee meeting was awesome and encouraged the Board members to attend future FHS Finance Committee Meetings. She gave a big thank you to Nina, and she felt that this was the first time in decades or more that they had a budget that reflected data, substance and realistic projections for FHS. The work was awesome. She encouraged Board members to attend.

- Nina made a comment that the FHS Finance Committee Meeting is a County meeting and Board Members are invited attend the FHS Finance Committee Meeting, but if there is a quorum present, one of the board members will be asked to forego attending the meeting, otherwise a separate public meeting would need to be scheduled.

Motion: To approve the Quarterly Financial Report.

Motion by: Tracee Stacy and seconded by Don O’Conner.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, Don O’Conner, and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

c) Review and consider approval of the FHS Requested Budget Proposal for FY 24/25 – Nina Delmendo. (*Please reference the “FHS Requested Budget Proposal for FY 24/25”*)

- Nina Delmendo mentioned that this was a draft and only a draft and that there was a meeting last week and that some of the items the Board requested were cut and not shown on the draft.
- Nina reminded that she would not review the budget line by line, because it was up to the Board Members to review it in advance and she would only review highlights.



County of Solano
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DRAFT

- Nina noted that staffing reflected 64% of the budget and that it was discussed and decided that to make up a Provider Team it requires 1.5 FTE (Full Time Employee) MA support and that the bulk of revenue for FHS is from encounters.
- Nina said she would bring the Final FY 24/25 Budget back to the Board to share.
- i) **Action item:** The Board will consider approval of the FHS Requested Budget Proposal for FY 24/25.

Discussion: None.

Motion: To approve the FHS Requested Budget Proposal for FY 24/25.

Motion by: Marbeya Ellis and seconded by Deborah Hillman.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, Don O'Conner, and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

- 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 (*Please reference the "Co-Applicant Agreement"*)
- It was decided by the Board that Vice Chair Michael Brown was given and delegated authority as the CHB Chair, with the absence of Chair Brandon Wirth.
 - Dona Weissenfels explained that one of the conditions of the HRSA OSV was that the reviewer didn't understand the language in the Co-Applicant Agreement submitted. It was not understood who did what with FHS. This agreement is unique, because the CHB is associated with a government entity, Solano County and does not stand alone. She also mentioned that HRSA approved the version that the Board would be voting on and if the CHB approved it, then it would go to the Board of Supervisors (BOS) for final approval at the BOS meeting scheduled Tuesday, April 23, 2024.
- 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.

Discussion: There was no discussion. Board Member Ruth Forney made a comment that there wasn't enough time for the Co-Applicant Agreement to be reviewed and discussed as it was in the past and hopefully with future revisions, time would be allowed for the Board Members to discuss and review before voting on it.

Motion: To approve the Co-Applicant Agreement between the County of Solano and the Solano County Community Healthcare Co-Applicant Board.

Motion by: Ruth Forney and seconded by Tracee Stacy.



County of Solano
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Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, Don O’Conner, and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

9) Discussion

- Board Member Tracee Stacy made a motion to table Agenda Items 9a), 9b) and 9c) to the May 15, 2024, CHB Meeting, due to the length of the meeting going past the 2:00 p.m. time frame.

Motion: To table Agenda Items 9a), 9b) and 9c) to the May 15, 2024 CHB Meeting.

Motion by: Tracee Stacy and seconded by Michael Brown.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Seema Mirza, Yalda Mohammad Shafi, Don O’Conner, and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

- a. Board Member Self-Assessment *(Voted by the Board to be moved to the May 15, 2024 CHB Meeting.)*
 - 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. *(Voted by the Board to be moved to the May 15, 2024 CHB Meeting.)*
- c. Quality Training – May or June Meeting Presentation – Dona Weissenfels. *(Voted by the Board to be moved to the May 15, 2024 CHB Meeting.)*

10) Board Member Comments

- Board Member Tracee shared the following information from the Suicide Prevention Meeting: There was 13 overdose cases this year so far and she mentioned NARCAN Training was available through the County, and shared that what used to require 1 dose now can require 2 or more doses. Dr. Matyas informed everyone that there was actually no longer training on the number of doses to give to someone who was overdosed. Tracee also stated that there were no homeless deaths by suicide.
- Dr. Matyas mentioned that “Drug Safe Solano” provides free trainings raising awareness of the dangers of opioids, fentanyl and other drugs and may provide NARCAN training. He asked that the information be shared or provided with all the Board Members at the next meeting.



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- Board Member Ruth Forney announced that Don Rowe the previous H&SS Director to Patrick Duterte, passed away and his service will be April 23, 2024. Don Rowe's wife asked Ruth to make an announcement at the meeting.
- Gerald Huber, H&SS Director announced that his retirement date would be November 1st.
- Board Member Deborah Hill asked why the Chair, Brandon Wirth had not attended a few meetings, since everyone makes a commitment to attend them. Vice Chair notified the Board that Brandon has been out because his mother is very ill and he is an only child.

11) Parking Lot

- a) Create a Marketing/Rebranding Sub-Committee

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

The Meeting was adjourned at 2:24 p.m.

Handouts in the Agenda Packet

- CHB March 20, 2023, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – April 17, 2024
- Clinic Operations Report – FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – April 2024
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates as of April 17, 2024
- Clinic Operations Report – Grievance Reports - April – December 2023 and January – March 2024
- Clinic Operations Report – HSS Compliance-FHS Privacy & Security Incident Report – March 1-31, 2024
- Clinic Operations Report – FHS Expenditure and Revenue Cycle Reports: Expenditure and Revenue Report as of March 31, 2024, Revenue Cycle Reports: Total Encounters through March 31, 2024, Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24 – July 2023 – March 2024 and Total Unbilled Encounters as of April 11, 2024
- Clinic Operations Report – Referrals – Highest Specialty Referrals January 2024 – March 2024
- Clinic Operations Report – OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – April 2024 and Project Milestones / Highlights
- Clinic Operations Report – QI Update – Quarterly QA/QI Report of April 2024 (Reflects January – March 2024)
- Clinic Operations Report – FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-March 2024
- Strategic Plan Report – Strategic Plan July 1, 2024 – June 30, 2025, April 17, 2024
- Family Health Services Requested Budget FH 2024/25 – DRAFT of 4/10/2024
- Co-Applicant Agreement between the County of Solano and the Solano County Community Healthcare Co-Applicant Board
- SolanoCares.org PowerPoint Presentation

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: May 15, 2024

Number of Active Candidates - County
Clinic Registered Nurse - VV Medical - 1 Dental Assistant (Registered) - 1 Medical Assistant - Call Center - 1

Number of Active Candidates - Touro
Physician Assistant - 1

Number of Active Candidates - Locum Tenens

Number of Active Candidates - Volunteer

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
*Clinic Registered Nurse, Senior - TBD *Health Education Specialist (Extra Help) - TBD *Medical Assistant - TBD *Medical Assistant, Lead - TBD *Medical Records Technician, Senior (Extra Help) - TBD *Mental Health Clinician - TBD

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

Vacancies/Departures
*Clinic Registered Nurse (P/T) - 05/03/2024 *Medical Assistant - 05/03/2024 *Mental Health Clinician (Lic) - 06/01/2024 *Nurse Practitioner - 04/26/2024

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

Excluded Parties/Sanction Screening: 146

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

Credentialing: 1 Re-Credentialing: 8

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

Partnership – Provider Re-Credentialing

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

Denti-Cal – Provider Revalidations

None During this Reporting Period

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

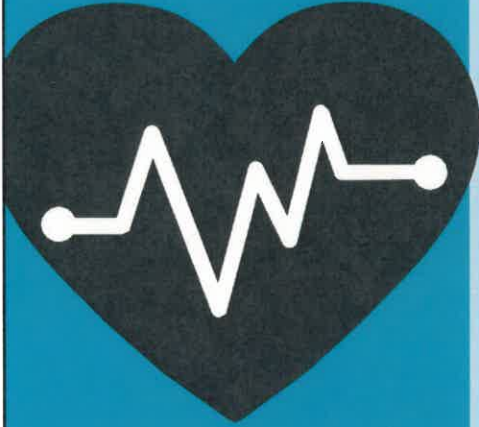
None During this Reporting Period

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

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

- Family Health Services (FHS) will be completing a No-Cost Extension (NCE, also known as an Extension Without Funds) request for the remaining *American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital)* grant (C8ECS44150). The initial funding award was \$749,678 for a performance period of September 15, 2021 to September 14, 2024. To date, greater than 50% of the funding has been utilized toward the approved Equipment budget category. The NCE performance period request will be for one-year in order to complete the remaining approved Equipment purchases. Applicable documents will be presented to the Community Healthcare Board (CHB) for review and approval on a later date.
- The *Ryan White HIV/AIDS Program Part C Early Intervention Services Existing Geographic Service Area (RWHAP Part C EIS GSA)* competing continuation (CC) application period opened on April 16th. FHS is in the process of completing the application and will submit by the June 17th deadline. Applicable documents will be presented to the CHB for review and approval on a later date.
- FHS 2023 Uniform Data System (UDS) Report – *See presentation*

FHS 2023 UNIFORM DATA SYSTEM (UDS) REPORT



Universal Patient Population

Patients Served: **17,180**

Ages 0-17 **5,708 (33.2%)**

Ages 18-64 **9,427 (54.9%)**

Ages 65 and Over **2,045 (11.9%)**

Patient Visits: **50,411**

8.1% were Virtual Visits

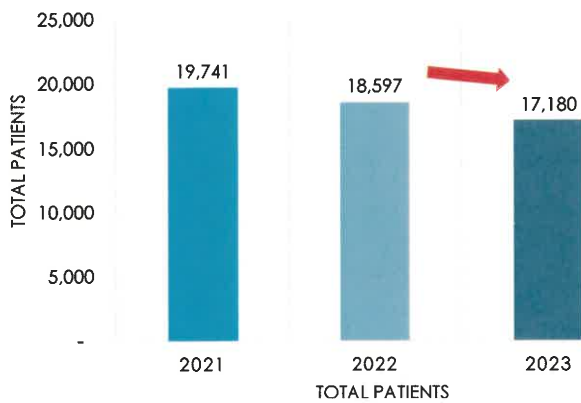
Healthcare for the Homeless (HCH) Patient Population

33.8% of Universal Patient Population

Patient Visits: **17,230 (34.2%)**

10.1% were Virtual Visits

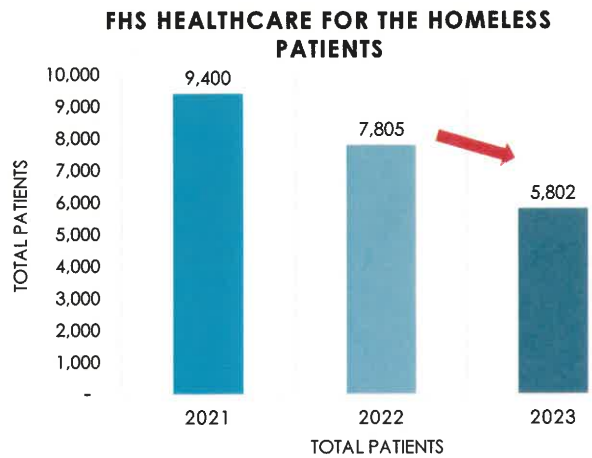
FHS UNIVERSAL PATIENTS

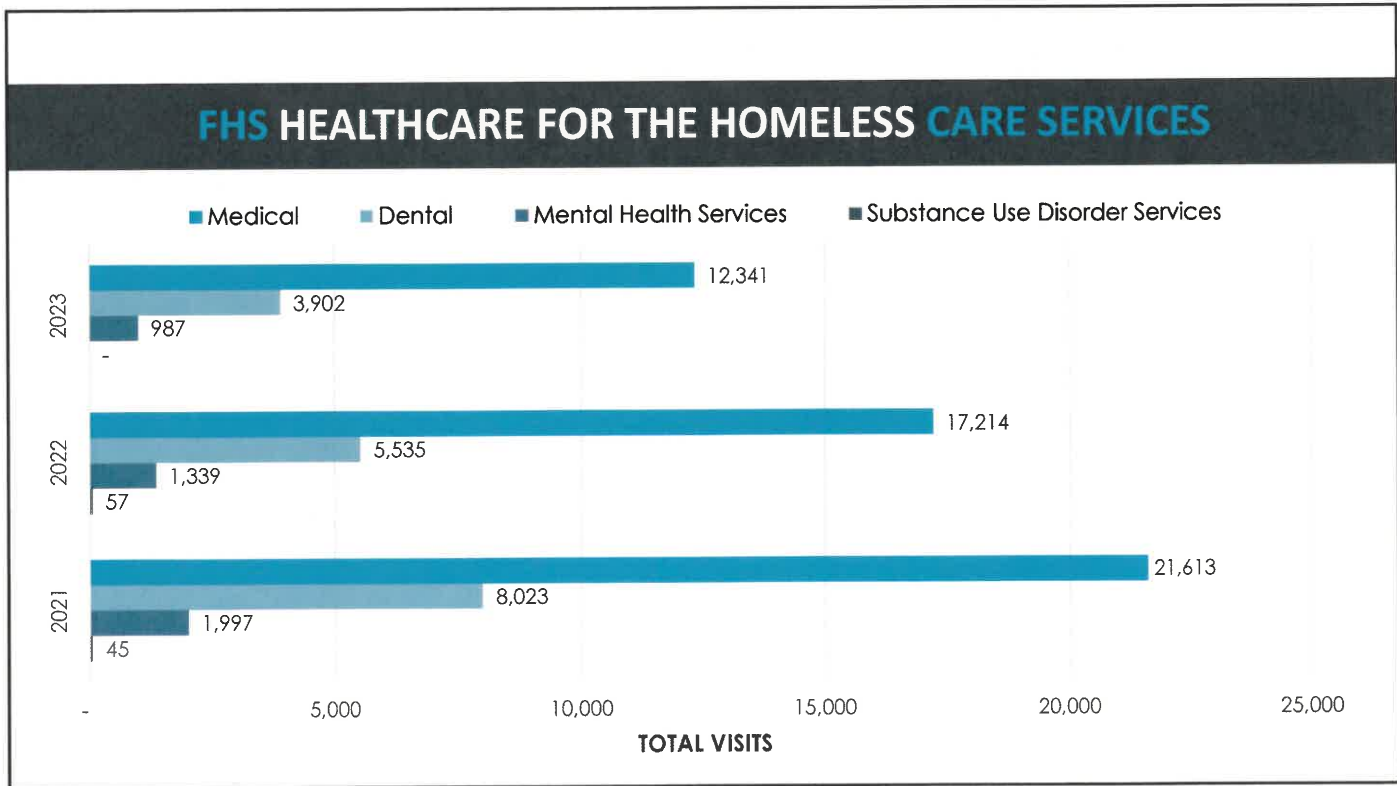
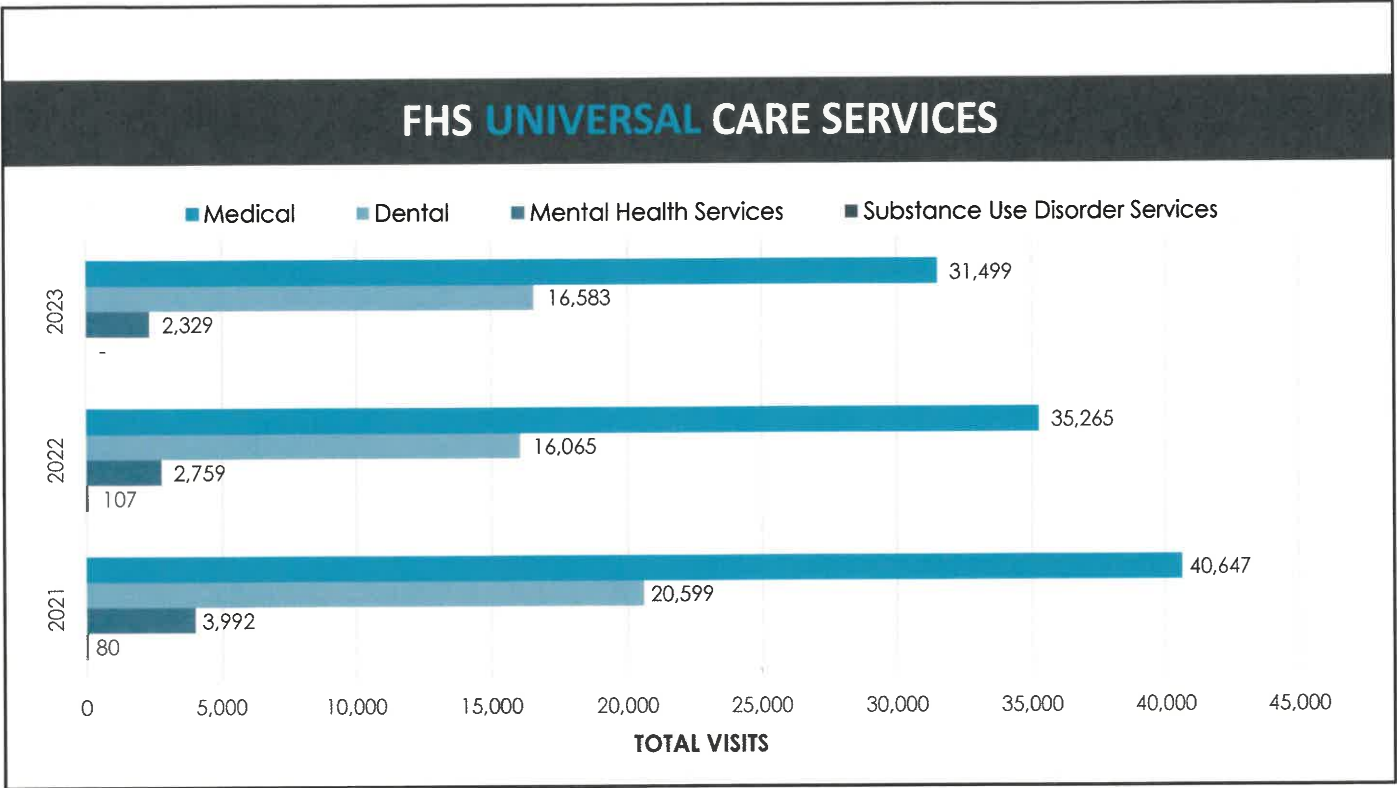


FHS PATIENTS

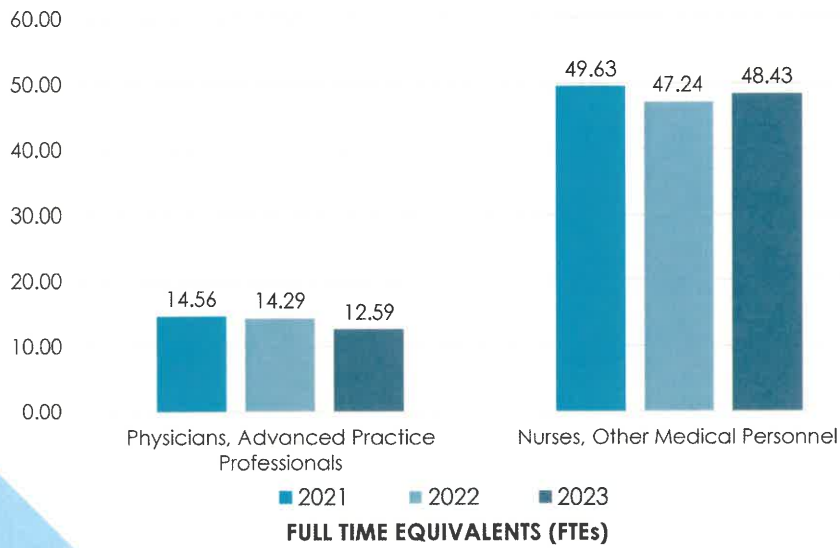
Universal - 7.6% decrease
HCH -25.7% decrease

HEALTH CENTER PROGRAM RECOVERY



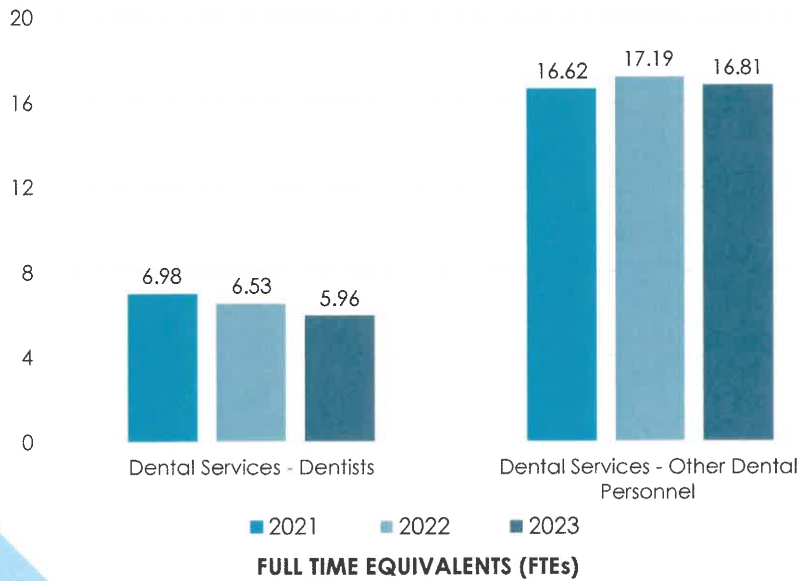


FHS STAFFING Medical Care Services



FHS
2023
UDS
REPORT

FHS STAFFING Dental Services



FHS
2023
UDS
REPORT

2023 FHS UDS REPORT HIGHLIGHTS UNIVERSAL POPULATION

Patient Demographic	Percent of Patients
Patients that identified as Racial and/or Ethnic Minority ¹	37.2%
Patients best served in a Language Other than English	19.1%
Patients with Income ≤200% Federal Poverty Guidelines ²	55.8%
Patients with Medicaid as their Principal Medical Insurance	84.0%



¹Based on patients with known race and/or ethnicity, ²Based on patients of known income

2023 FHS UDS REPORT HIGHLIGHTS HEALTHCARE FOR THE HOMELESS POPULATION

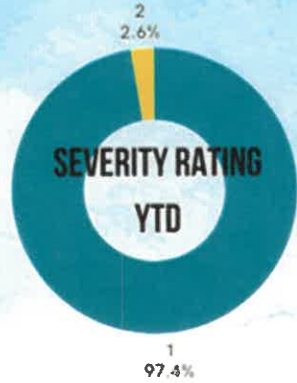
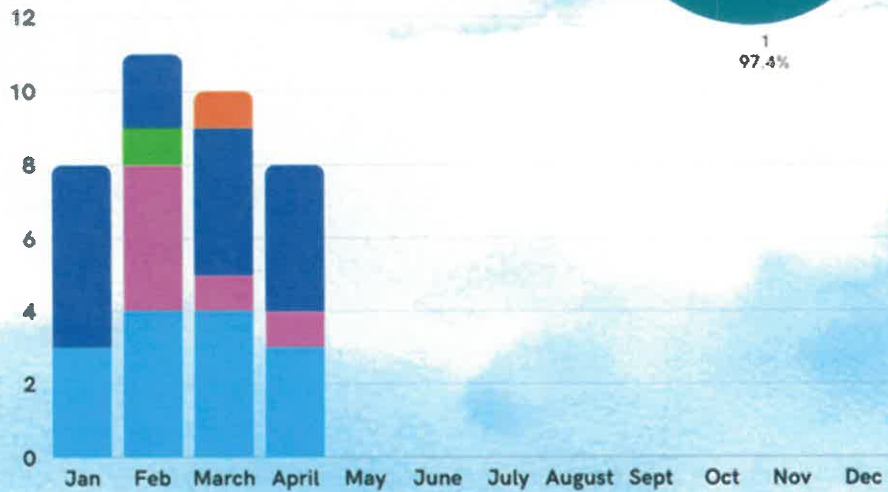
Patient Demographic	Percent of Patients
Patients that identified as Racial and/or Ethnic Minority ¹	42.1%
Patients best served in a Language Other than English	19.5%
Patients with Income ≤200% Federal Poverty Guidelines ²	46.2%
Patients with Medicaid as their Principal Medical Insurance	80.1%



¹Based on patients with known race and/or ethnicity, ²Based on patients of known income

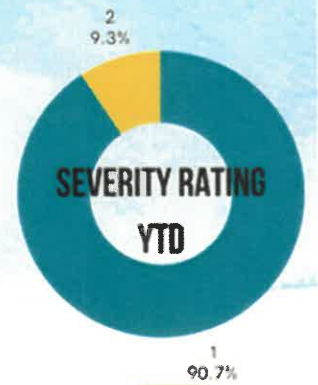
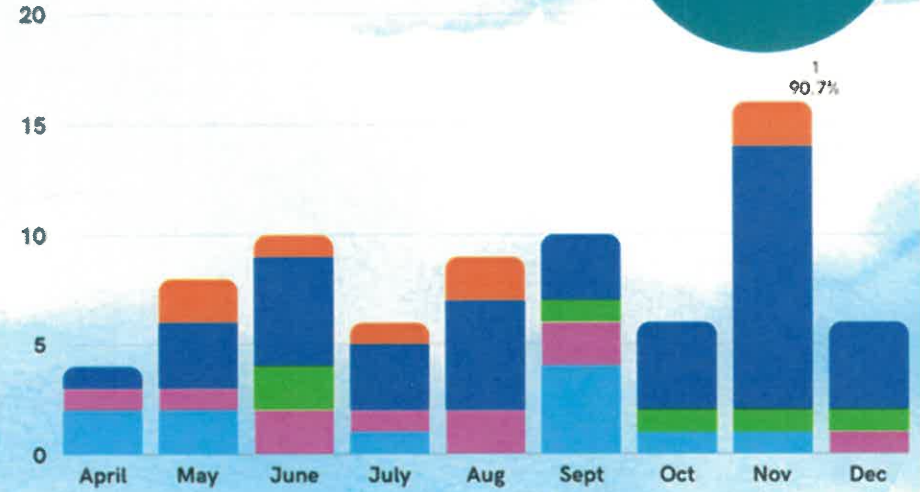
GRIEVANCE REPORT 2024

- 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



Grievance Category Definitions

- **Quality of Care**
 - Complaints that allege concerns about substandard care from providers, which may include but are not limited to, misdiagnosis, poor bedside manner, negligent treatment, delay in treatment, under prescribing, and/or inappropriate prescribing.
- **Access to Care/Timeliness**
 - Complaints that allege concerns about the affordability of care, follow-up completed in a timely manner, availability of providers to treat patients, and providers located in relatively close proximity to patients.
 - **Scheduling**
 - Sub-category under Access to Care/Timeliness that deals with complaints associated with the patient’s ability to schedule services in a timely manner.
 - **Referrals**
 - Sub-category under Access to Care/Timeliness that deals with complaints associated with the ordering, processing, and follow-up of patient referrals.
- **Safety**
 - Complaints that allege concerns about errors, adverse effects, and preventable injuries to patients associated with their health care.
- **Privacy**
 - Complaints that allege concerns about personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).
- **Other**
 - Complaints that do not fall into any of the above categories.

Grievance Severity Rating

Level	Description	Definition	Example
1	<ul style="list-style-type: none"> • No harm • Inconvenience 	<ul style="list-style-type: none"> • The event effected the patient but did not cause physical harm. • Processes appropriate, patient disagreed. 	<ul style="list-style-type: none"> • A pain management contract process with which the patient disagrees. • An employee displayed rudeness to a patient. • Patient experienced long hold time on the phone.
2	<ul style="list-style-type: none"> • Temporary harm (mild or moderate) 	<ul style="list-style-type: none"> • Caused temporary harm to the patient, resulting in the need for additional treatment. • Caused a delay in time-sensitive care. 	<ul style="list-style-type: none"> • A delay to a patient in getting prescription medications. • A lack of follow-up requested following a procedure.
3	<ul style="list-style-type: none"> • Significant harm 	<ul style="list-style-type: none"> • Significant harm to the patient occurred, up to and including death. 	<ul style="list-style-type: none"> • A patient received a misdiagnosis. • A patient experienced an unanticipated complication or infection. • A patient’s oncology referral was not processed.



To: Family Health Services (FHS) – Community Healthcare Board (CHB)
From: Lavona Hamilton, Compliance & QA Analyst
Date: May 6, 2024
Subject: FHS Incident Report Update [April 2024]

Incident Report Update, April 1 – April 30, 2024

The Solano County Health & Social Services Department, Administration Division: Compliance & Quality Assurance Unit administers the department's Incident Reporting Program. The program includes a hotline number (707) 784-3198 and an online reporting portal <https://solanocounty.cqs.symplr.com/Portal> for submission of incidents. The incidents received were reviewed by the Compliance & Quality Assurance Unit in cooperation with Executive Management as deemed appropriate.

From April 1 through April 30, the Compliance & Quality Assurance Unit received 01 FHS incident report that was categorized as general, privacy & security and/or compliance through the Incident Reporting Program. Of the 01 incident report received, 01 was documented for trending and training opportunities or process improvement. Therefore, the 01 incident was referred to FHS division leadership team for review and follow up. As a result, there were 00 FHS privacy & security incidents received this period by the Compliance & Quality Assurance Unit as part of the Incident Reporting Program.

01 Incident report received is summarized by Medical Services as follows:

- 01 Dental Clinic
- 00 Family Health Services

The 01 incident reports received is summarized by category as follows:

- 01 Incidents – [General/Compliance/Safety]
- 00 Privacy and security breach

Of the 01 Incident:

- 01 Employee injury/medical emergency

The Incident Reporting Program continues to serve as a successful tool to aide in the identification, investigation and resolution of alleged privacy & security breaches or other compliance issues. The Program is an effective line of communication to promote the confidentiality of protected health information and personal identifiable information by providing a process for employees to report incidents and ensure the department files all necessary documents to the required state and federal agencies.



To: Family Health Services (FHS) – Community Healthcare Board (CHB)
From: Lavona Hamilton, Compliance & QA Analyst
Date: May 6, 2024
Subject: Medical Services – FHS / Dental Mandatory Training Report [April 2024]

Medical Services [FHS/Dental] Annual Mandatory Training Report April 2024

The following report summary provides a statistical overview of the annual mandatory compliance training rates for the Health & Social Services Department, Medical Services Division [FHS/Dental] as of April 03, 2024. The purpose of this report is to inform and highlight the key training initiatives.

Annual Compliance Training Initiatives and Content:

- 1. H&SS Health Information Privacy & Security (H.I.P.S.) Training: This annual training is a critical requirement for all employees in H&SS as they handle or have access to protected health information (PHI) and personally identifiable information (PII) as part of their job responsibilities.
2. H&SS Compliance Training: This annual training is conducted to ensure all H&SS employees remain up to date with relevant laws, regulations, county policies, and best practices that govern our industry.
3. H&SS Civil Rights Training: This annual training is a crucial requirement for all H&SS employees to ensuring a respectful and inclusive workplace environment.

Completion Rates:

- Compliance will continue to monitor the completion rates to help reach the desired goal of 100%.

Table with 4 columns: Divisions, H.I.P.S. / HIPAA Training, H&SS Compliance Training, H&SS Civil Rights Training. Row 1: FHS, 56.9 %, 63.4 %, 63.4 %



Time Period April 2024
Referrals 1077
Adult-890 Pediatrics-187

Adult Specialty Referrals	Ordered	Peds Specialty Referrals	Ordered
Cardiology	63	Allergy Immunology	13
Dermatology	61	Dermatology	20
Gastroenterology	89	Orthopedic Surgery	10
Ophthalmology	105	Otolaryngology	17
Physical Therapy	70	Podiatry	9
	388		69
Total to Specialties: 457			

The above report reflects the total number of referrals for the month of April, 2024, and the number of specialty referrals.

The total number of referrals in the box as of Monday May 7th was 908 at that time we were processing over 1 Month out, with our continued goal of meeting Partnership's compliance of 7-10 business days.

My colleagues and I continue to work with staff on solutions to get referral numbers down. We will be meeting with the referral coordinators to strategize a plan to ensure referrals process is being followed and to look at on solutions efficiency.

Respectfully Submitted,
 Cynthia Coutee, Clinic Manager-Vacaville



Solano County Family Health Services
OCHIN Epic EHR Implementation 2024



OCHIN Epic EHR Implementation Dashboard
 May 2024

Project Information

23%

Percent Complete

12/20/23

Start Date

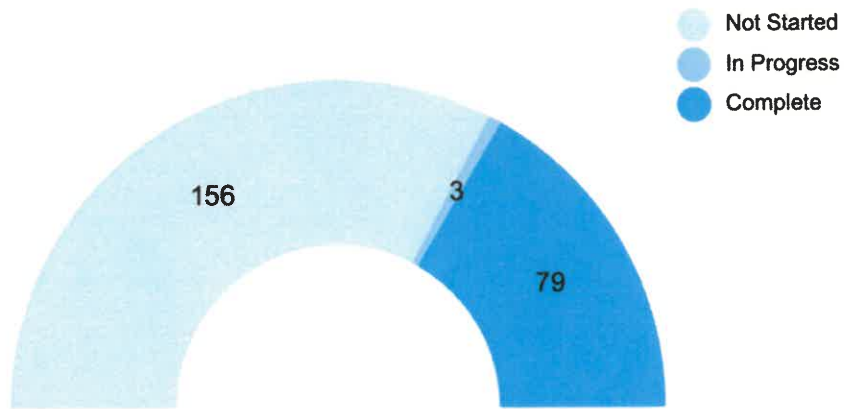
09/24/24

Epic Go Live Date

04/28/25

Project Closure Date

Tasks by Status



Current Status and Project Health

Health & Trend

Schedule	Budget	Scope
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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



SA336 Solano County Executive Sponsor Report



Project Contacts		City and State	Go-Live Date	Date of Report	Project Status	Days to Go Live
Install Project Manager	Robert Moreno	City: Fairfield	09/24/2024	05/10/2024	● Project Status	138
Member Project Manager	Lindsey Fritsch	State: CA				
Install Portfolio Manager	Jessica Henry					
Member Executive Sponsor	Dona Weisenfells					

Executive Summary

This project is on-track for its 9-24 go-live. The CCD data conversion load has been moved to Wave 2 but has no negative impact on the project

RAID At Risk Report

Severity	Date Identified	Risk Description	Impact	Mitigation Plan
!	04/18/24	CCD's not delivered to data conversion by required date, which was 4/9/24.	If CCD's are not received by 4/19, it could negatively impact scope	<p>4/18/24: It was believed the router needed to be in place at the member site to send the CCD's by SFTP. We learned that is incorrect. Currently, the member is in the process of sending the CCD'S via the SFTP</p> <p>4/19/24: A batch was sent through SFTP for OCHIN Analysts to review. There was PAMI information missing. OCHIN and Solano County will be meeting with NextGen on 4/22 to resolve issue.</p> <p>4/26/24: This remains a risk until we receive the signed SOW. The OCHIN DC team has a efficient process to pull the CCD's. When we get the signed SOW, the CCD's will be pulled. We may need to move the validation to Wave 2, but the project is not in jeopardy.</p> <p>5/3/24: This remains a risk until we receive the signed SOW. The OCHIN DC team has a efficient process to pull the CCD's. When we get the signed SOW, the CCD's will be pulled. We may need to move the validation to Wave 2, but the project is not in jeopardy.</p> <p>5/10/24: SOW has been sent to OCHIN SOW team. CCD's will move from Wave 1 to Wave 2 with no negative impact on project.</p>

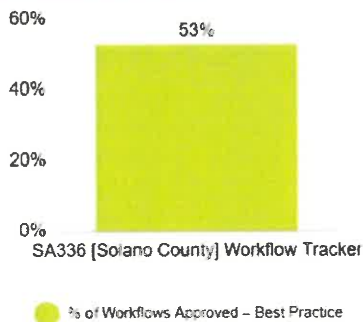
Key Progress

- 5/8: CI Dental Kickoff completed
- 5/8: MyChart Branding Kickoff completed
- 5/9: OnBase/ RightFax/Smartfiler Kickoff completed

Key Dates

Task Health	% Complete	Milestone	Start Date	End Date	Notes
●	100%	All Kick Offs Complete	03/26/24	03/26/24	
●	100%	New Member Setup	03/26/24	03/28/24	
●	100%	Scope Lock for Go-Live	05/07/24	05/07/24	
●	100%	Router Configuration & Testing Complete	04/11/24	04/17/24	
●	100%	Deliverables - Foundation	04/25/24	04/25/24	
●	83%	Deliverables Wave 1 (Required for LCT)	04/16/24	06/17/24	
●	5%	Deliverables Wave 2 (Required for UAT & OT)	06/18/24	07/22/24	
●	0%	Deliverables Wave 3 (Required for Go-Live)	07/23/24	08/12/24	
●	0%	Deliverables- Wave 4 (Go-Live Preparation)	08/01/24	09/11/24	
●	0%	Workflow Discovery & Approval Complete	07/08/24	07/12/24	
●	0%	Report Mapping Review	07/02/24	07/02/24	
●	0%	Reports Built, Validated and Ready for Go-Live	07/03/24	07/03/24	
●	100%	Hardware Inventory Complete	06/03/24	06/03/24	
●	100%	Hardware Gap Analysis Complete	02/29/24	02/29/24	
●	100%	Hardware Order Complete	04/15/24	04/15/24	
●	10%	Hardware Installation Complete	07/02/24	07/02/24	
●	100%	EOP ENROLLMENTS: 50% COMPLETE	05/27/24	05/28/24	
●	100%	EOP ENROLLMENTS: 100% COMPLETE	06/17/24	06/18/24	
●	0%	Live Claims Testing Training	06/25/24	06/25/24	
●	0%	Live Claims 50% Accepted by Trizetto	07/08/24	07/08/24	
●	0%	Live Claims 100% Accepted by Trizetto	07/22/24	07/22/24	
●	0%	Live Claims 50% Resolved	08/05/24	08/05/24	
●	0%	Live Claims 80% Resolved	08/27/24	08/27/24	
●	0%	Live Claims 90% Resolved	09/10/24	09/10/24	

Workflow Approvals



ALL PRACTICE TYPES



Primary Care Provider

Quality Incentive Program (PCP QIP)

Equity Adjustment Specifications

Published: April 2024

2024

MEASUREMENT YEAR



Equity Adjustment Overview

In 2023, the Primary Care Provider (PCP) Quality Incentive Program (QIP) was analyzed and revealed some underlying sources of inequity. Collectively, these sources resulted in lower PCP QIP payments going to PCPs:

- In counties with less social support services and more sociodemographic stresses
- With a higher than average proportion of complex patients
- In counties with more challenges recruiting clinicians.
- With less baseline financial and staffing resources
- Sites with major impacts associated with local natural disasters (mainly fires, but also potentially floods, earthquakes)
- Large providers who take a larger percentage of Medi-Cal patients.

After review, the underlying dollar amount available for the PCP QIP Core Measure set was approved to be adjusted at the PCP site level to begin to rectify these inequities.

Goals of QIP payment equity adjustment:

1. Leave no site behind: Every PCP site is given resources to help them provide the best care they are capable of to the members they serve.
2. Most adjustments are made based on factors beyond the control of the PCP site. The focus at the site level is to provide the best care possible (i.e. focus on the QIP measures and factors that contribute to them). These adjustments will serve to redistribute resources that are distributed.

Previous Payment Methodology

Previously, dollars going into the pool for the PCP QIP were only dependent on assigned Partnership members with primary Medi-Cal coverage. There was no adjustment in payment amount for the complexity of the member, the degree of socio-demographic stress, the difficulty in recruiting high quality staff, or the baseline resources of the PCP. Dollars available for PCP QIP was historically set at \$9.25 Per Member Per Month (PMPM) for members capitated or assigned to a PCP site. Of this amount in 2022, 62% of funds were earned (weighted average), or about \$5.75 PMPM.

Equity Adjustment Change Summary

Gateway

PCP site must have at least 100 assigned members as of December of the prior measurement year

Core adjustments

1. Acuity of patient panel
2. Socio-demographic risk, at patient level, rolled up to PCP site level
3. Site difficulty in recruiting PCP physicians
4. Lower than average baseline per visit resources available to PCP

Supplemental Adjustments

1. Natural Disaster Adjustment
2. Pediatric Access Equity Adjustment

New Payment Methodology

The methodology for calculating the PCP site PMPM amount will have two (2) components:

1. A base rate of a \$4 PMPM minimum
2. A site adjusted supplemental rate (may range from an additional \$0 to a maximum of approximately \$20 PMPM).

The following six (6) factors will be used to generate the site adjusted supplemental rate:

- **Factors 1a & 1b (Core Adjustment)**
 - An adjustment for the severity of the patient mix of the site, based on an estimate of the additional workload of caring for that patient population
- **Factor 2 (Core Adjustment)**
 - An adjustment for unfavorable socio-demographic mix of patient population
- **Factors 3a & 3b (Core Adjustment)**
 - An adjustment for the difficulty in hiring primary care clinicians at the site
- **Factor 4 (Core Adjustment)**
 - An adjustment for low practice resources
- **Factor 5 (Supplemental Adjustment)**
 - An adjustment for major disruptions in service related to natural disasters
- **Factor 6 (Supplemental Adjustment)**
 - An adjustment to support pediatric access for sites meeting certain criteria

Weighting of Core Adjustments

Percentage Weight	Equity Adjustment Factor
40%	Acuity Adjustment (2 components: 20% each)
20%	Socio-demographic risk factors
20%	Difficulty in Recruiting PCPs (2 components: 10% each)
20%	Below Average Resources

*Only PCP sites with at least 100 assigned members as of December of the prior measurement year will be eligible for the above adjustments (Factors 1-6)

Dollars at stake

1. Lower the base rate at risk from \$9.25 PMPM to \$4.00 PMPM
2. All six (6) categories above result in additional PMPM payments, at risk depending on QIP score.
3. Globally the program will be set up to be budget neutral, with an estimated range of PMPM at risk ranging from \$4.00 to approximately \$20.00 PMPM. This PMPM may fluctuate from year to year but will never less than \$4 or greater than \$20.

Table A: Major Category of Equity Risk Adjustment

Weight	Factor	Description	Level of adjustment	Adjustment Method	Zero Adjustment	Max Adjustment	Data Source
20%	1a	Acuity: Number of diagnoses	PCP Site	Continuous	<2.5 diagnoses/ encounter	>4 diagnoses/ encounter	PHC Claims & Membership Data; Denominator=claims from PCP site
20%	1b	Acuity: Non Utilizer rate	PCP site	Continuous	>20%	<10%	PHC Claims Data; Denominator=2 year lookback of assigned patients
20%	2	Sociodemographic Factors	Rolled up member risk to PCP site	Continuous	>0.8	< -0.4	Healthy Places Index. Address of each Resident (homeless patients assigned to PHC location for address)
10%	3a	Physician Shortage area- Frontier Location	Location of PCP Site (Frontier)	full credit for frontier level 2 (all or nothing)	Non-frontier	Frontier Level 2	USDA
10%	3b	Physician Shortage area PCP density in county	County of PCP site (PCPs/1000 residents)	Continuous	Greater than 1.05 PCPs/1000 residents	0.4 or less PCPs/1000 residents	County Health Rankings
20%	4	Structurally unfavorable per visit reimbursement	Site level	Continuous	> \$220	< \$120	DHCS, PHC contracts
	5	Natural Disasters	Site level	Continuous		>13 weeks	PHC contracts
	6	Pediatric Access - CHDP	Site level	Continuous			DHCS, PHC contracts

Equity Adjustment Gateway Measure: Adjustment Exclusion for Larger Percentage of PHC Member

Description

For providers with very small numbers of PHC members enrolled in their practice, they will not find the PCP QIP dollars to be sufficient to lead to focused behavior change.

Calculation

PCP sites with less than 100 members assigned on December of the prior measurement year, the baseline PMPM available for the PCP QIP will be \$4 with no additional equity adjustments.

Data Sources

PHC Database

Equity Adjustment 1a & 1b: Acuity Diagnosis

Overview

Patient Acuity is a description of how sick a person is at the present time. PHC aligns the PCP QIP incentives using Acuity as an estimate of Primary Care work and as an estimate of PHC risk. This alignment can be best described as:

- If your members are more sick, they will be worth more dollars at stake in the PCP QIP
- DHCS is moving towards acuity adjustment of Managed Care Plan Rates. In the future, risk adjustment is a critical feature of a DHCS mandated implementation of a MediCare Dual Special Needs plan.

The acuity diagnosis adjustment has two factors:

1. Number of Diagnoses (1a)
2. Non-utilizer Rate (1b)

For both components, an upper target and lower baseline threshold are established at approximately the 90th percentile and 10th percentile, respectively. Between these values, increased acuity scores will lead to a higher supplemental PMPM. The number of diagnoses (1a) is used as a weighted average per claim received for each PCP clinic based on the members' aid category at the time of service.

Factor 1a

Denominator

Count of number of PCP visits performed at the PCP site during the measurement year for assigned members, based on PHC claims data submitted.

Numerator

The number of diagnoses found in claims for primary care services (PCP visits) submitted by PCP QIP providers during measurement year (2024), for the PCP site.

PHC defines PCP Visit as an encounter happening at any location regardless of if it is the members' assigned PCP site.

Inclusions

- PCP site participating in the PCP QIP with >100 assigned members in December of the prior measurement year
- Aid Categories: DHCS mapping - version 1H-2022 (See Appendix 1 – Aid Code Mapping Table)
- Partial dual members who have been moved to the SPD category
- Members identified as California Children Services (CCS)

Exclusions

- Wellness & Recovery only members
- Full dual members
- Medicare Part B only members
- Newborns
- Members not continuously enrolled in Calendar Year (CY) 2023 and CY 2024
- PCP sites with less than 100 members assigned as of Decemeber 2023

Data Sources

- PCP Visits (Claims)
- Member Months

Factor 1b

Denominator

Members assigned to the PCP site in December of 2024 and who had at least one paid claim for a health care encounter in any setting in 2023 (all services except for Pharmacy, ambulatory and independent laboratory services) and were continuously enrolled in CYs 2023 and 2024

Numerator

Count of members from the denominator who did not have any claims for encounters in 2024 (all service except for Pharmacy, ambulatory and independent laboratory services)

Exclusions

- Wellness & Recovery only members
- Full dual members
- Part B only members
- Newborns
- Members not continuously enrolled in CY 2023 and CY 2024
- PCP sites with less than 100 members assigned as of December 2023

Data Sources

- Claims
- Member Months
- Provider reporting to PHC

Equity Adjustment 2: Socio-Demographic Risk Factors

Description

Some portion of the quality measure results is related to factors related to the underlying sociodemographic status of the patient population, which are not under the control of the PCP.

Without any adjustment, the effect is that the wealthier, well-resourced communities get more resources and the poorer, less healthy communities get less. County level adjustment is imperfect; some providers specialize in more complex sub-populations. This is accounted for in the acuity adjustment (factors 1a and 1b)

This adjustment is reliant on California Healthy Places Index (HPI) data produced by the Public Health Alliance of Southern California (healthyplacesindex.org). This freely available data set ranks California census tracts on a composite score of health disadvantage by incorporating data on 25 individual indicators organized in 8 domains, namely economy, education, healthcare access, housing, neighborhoods, clean environment, transportation, and social environment.

Healthy Places Index (HPI) scores are assigned at the census tract level of the member's most recent address information.

For members without any address information, their assigned provider site census tract was used to assign the HPI score. HPI scores were not available for providers who fell into the five percent (5%) of California census tracts due to population limitations. For these providers, the HPI score of the nearest census tract with an available score was assigned. For PCP parent organizations with more than one (1) location, the average HPI score was computed based on the site ID #. For PCP sites without any assigned members in December 2024, HPI scores are assigned at the census tract level of the provider site location.

Numerator

Aggregate HPI score of all assigned members by PCP site number and Parent Organization identifier

Denominator

Members who were assigned to a QIP PCP site as of December 2024

Exclusions

- Wellness & Recovery only members
- Full dual members
- Part B only members

- Newborns
- PCP sites with less than 100 members assigned as of December 2023

Data Source

- Claims data
- Member months
- HPI 3.0 Dataset, [Version](#) 2/10/2022

Equity Adjustment 3a & 3b: Physician Shortage Area

Description

Differential willingness of PCPs to locate in different locations can be overcome with increased PCP reimbursement, as has been demonstrated in the United Kingdom. While some clinicians will only practice near urban or suburban centers, and some only wish to be in more rural areas, differential pay can sway a group in the middle willing to potentially practice in either setting.

As a partial step to help give resources to increase pay for clinicians in locations that are harder to recruit for, an adjustment to the PMPM available in the PCP QIP is included.

Two factors will be included:

1. **3a:** Frontier status (site located in level 2 or greater frontier or remote area) – (50% weight)
 - a. Rural or urban areas up to 25,000 people
 - b. 45 minutes or more from an urban area of 25,000 - 49,999 people
 - c. 60 minutes or more from an urban area of 50,000 or more people
2. **3b:** Current level of Population/PCP in county – (50% weight)

Data Sources

3a

- USDA
- Zero Adjustment = Non-frontier status
- Max Adjustment = Frontier Level 2

3b

- County Health Rankings
- Zero Adjustment = 0.6 or less physicians/1000 residents
- Max Adjustment = Greater than 3 physicians/1000 residents

Exclusions

PCP sites with less than 100 assigned members as of December of the prior measurement year

Equity Adjustment 4: Structurally Unfavorable per Visit Reimbursement

Description

PCP sites have significantly different resources available for patient care based on factors outside the PCP contracted rates. By 2024, 89% of our primary care providers will be paid based on some type of PPS system, with per visit reimbursement rates ranging from approximately \$73 to \$654.

For PCP sites with low resources, this equity adjustment will have allocated additional resources to partially offset the negative financial effect of their decreased resources, and allow these practices to use this adjustment to more equitably provide services to the Partnership patients they serve.

PCP sites not subject to a PPS system and not part of a large medical group contracting process will be adjusted based on a calculation of an equivalent per-visit rate.

Exclusions

PCP sites with less than 100 assigned members as of December of the prior measurement year

Data Sources

- DHCS
- PHC Contracts
- Zero Adjustment Adjusted per visit reimbursement = > \$220
- Max Adjustment Adjusted per visit reimbursement = < \$120

Equity Adjustment 5: Adjustment for Natural Disasters (Applied only when disaster happens)

Description

Natural disasters affect one or more counties in the PHC service area each year, most commonly fires, but occasionally earthquakes, floods, and power disruptions. Occasionally a PCP site is subject to more major disruption as a result of natural disaster, which impact the ability to focus on quality interventions.

The nature and length of disruption of a particular site varies from staying open but responding to the disaster to complete destruction of the site. Any adjustment should take into account the number of weeks of disruption in services, in which most routine services cannot be performed. Budget neutral approach would be to have all PCPs sited not affected by disaster to have a small decrease in funding with a major adjustment available to the site affected by the disaster, similar to an insurance policy.

The maximum possible adjustment cannot be so high that it exceeds DHCS guidelines. Therefore, the maximum adjustment be doubling the baseline PMPM available for the PCP QIP.

If the baseline PCP QIP incentive were \$10 PMPM, for example, it would double to \$20. The amount of disruption which would make this maximum adjustment is set at 13 weeks. Disruptions of 13 weeks or more in the year would be allowed this maximum adjustment to apply.

For example, if one site with a net PCP QIP PMPM of \$10 has 10,000 members and experiences a disruption lasting 8 weeks, their adjustment would be 8 weeks/13 weeks' x \$10 PMPM or an increase of \$6.15 PMPM for that site for the year.

Note, that this last adjustment factor is different from the others; it functions more as an insurance policy and thus has a much larger potential increase than the other adjustments.

Calculation

Equity adjusted PMPM QIP dollars at risk x Number of full weeks the site was closed
(up to a maximum of 13) / 13 = Supplemental PMPM for disaster adjustment

Exclusions

PCP sites with less than 100 assigned members as of December of the prior measurement year

Data Sources

Provider reporting to Partnership's Provider Relations representatives. The Provider Relations Department will submit a report to the QI department listing the sites closed, the nature of the closures, and the dates the sites were closed.

Equity Adjustment 6: Pediatric Access Equity Adjustment

Description

Pediatric Access is a major challenge in California, and in the Partnership HealthPlan region. To provide additional resources for providers struggling to provide pediatric access, additional resources will be assigned, based on several factors.

Calculation

In MY2023, the methodology was based on several year-old agreements with PCPs who agreed to have CHDP visits removed from Capitation. This included adjustments for Family Practices and Pediatric Practices in certain FQHCs, RHCs, and Tribal Health Centers, but not entities with an ACO-like intermediary.

For MY2024, several changes are being considered, including linking the payment to the size of the provider's pediatric practice, and accepting new pediatric patients.

Specifications for MY2024 will be revised and communicated to the network with details of the approved changes to Factor 6 when they become available.

Exclusions

PCP sites with less than 100 enrolled members as of December of the prior measurement year

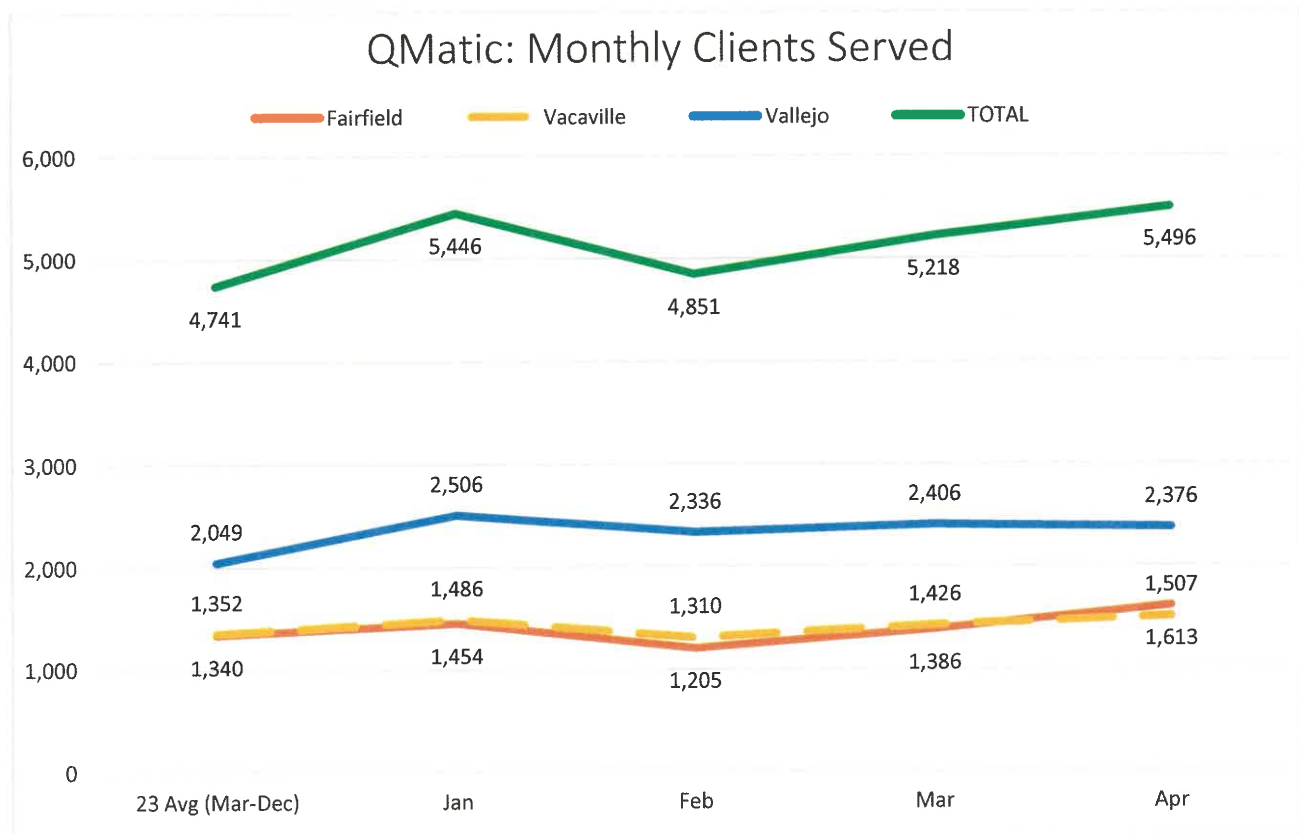
Data Sources

PHC Database

Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Clients Served				
	2023 (Mar to Dec) Average	Jan	Feb	Mar	Apr
Fairfield					
Lab	93	95	76	94	125
Medical (Adult)	1,247	1,359	1,129	1,292	1,488
Subtotal	1,340	1,454	1,205	1,386	1,613
Vacaville					
Dental	588	598	535	552	571
Medical (Adult & Peds)	764	888	775	874	936
Subtotal	1,352	1,486	1,310	1,426	1,507
Vallejo					
Dental & Medical (Adult & Peds)	1,970	2,413	2,245	2,313	2,269
Lab	79	93	91	93	107
Subtotal	2,049	2,506	2,336	2,406	2,376
TOTAL	4,741	5,446	4,851	5,218	5,496





Recipient Information

- 1. Recipient Name**
County of Solano
MailStop Code: 10-100
Division Line: Health & Social Services Dept.
2101 Courage Dr
Fairfield, CA 94533-6717
- 2. Congressional District of Recipient**
08
- 3. Payment System Identifier (ID)**
1946000538A1
- 4. Employer Identification Number (EIN)**
946000538
- 5. Data Universal Numbering System (DUNS)**
126617427
- 6. Recipient's Unique Entity Identifier**
EFP6RT4DLF99
- 7. Project Director or Principal Investigator**
Dona Weissenfels
Project Director
DWeissenfels@SolanoCounty.com
(707)784-8519
- 8. Authorized Official**
Noelle S Soto
Project Manager
NSSoto@SolanoCounty.com
(707)784-4452

Federal Agency Information

- 9. Awarding Agency Contact Information**
Patrick Johnson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
pjohnson3@hrsa.gov
(301) 443-0157
- 10. Program Official Contact Information**
Cindy M Eugene
Project Officer
Bureau of Primary Health Care (BPHC)
ceugene@hrsa.gov
(301) 443-3870

Federal Award Information

- 11. Award Number**
6 H80CS04218-20-04
- 12. Unique Federal Award Identification Number (FAIN)**
H8004218
- 13. Statutory Authority**
42 U.S.C. § 254b
- 14. Federal Award Project Title**
Health Center Program
- 15. Assistance Listing Number**
93.224
- 16. Assistance Listing Program Title**
Community Health Centers
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 05/01/2024 - End Date 04/30/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$3,568,336.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,725,661.00
24. Total Approved Cost Sharing or Matching, where applicable	\$33,148,899.00
25. Total Federal and Non-Federal Approved this Budget Period	\$34,874,560.00
26. Project Period Start Date 05/01/2022 - End Date 04/30/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$99,021,058.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Patrick Johnson on 05/07/2024

30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award
Award Number: 6 H80CS04218-20-04
Federal Award Date: 05/07/2024

Bureau of Primary Health Care (BPHC)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input type="checkbox"/> Grant Funds Only</p> <p><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$13,517,921.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$7,705,215.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$21,223,136.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$240,779.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$869,730.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$15,605.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$6,175,566.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$2,781,408.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$31,306,224.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$3,568,336.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$3,568,336.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$34,874,560.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$33,148,899.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$1,725,661.00</td></tr> </table> <p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$1,725,661.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$1,725,661.00</td></tr> <tr><td>e. 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Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$1,725,661.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. 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i. Indirect Cost Federal Share:	\$0.00																																																																				
ii. Indirect Cost Non-Federal Share:	\$3,568,336.00																																																																				
q. TOTAL APPROVED BUDGET:	\$34,874,560.00																																																																				
i. Less Non-Federal Share:	\$33,148,899.00																																																																				
ii. Federal Share:	\$1,725,661.00																																																																				
a. Authorized Financial Assistance This Period	\$1,725,661.00																																																																				
b. Less Unobligated Balance from Prior Budget Periods																																																																					
i. Additional Authority	\$0.00																																																																				
ii. Offset	\$0.00																																																																				
c. Unawarded Balance of Current Year's Funds	\$0.00																																																																				
d. Less Cumulative Prior Award(s) This Budget Period	\$1,725,661.00																																																																				
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																																																				
YEAR	TOTAL COSTS																																																																				
Not applicable																																																																					
a. Amount of Direct Assistance	\$0.00																																																																				
b. Less Unawarded Balance of Current Year's Funds	\$0.00																																																																				
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00																																																																				
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																																																				
<p>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</p> <p>a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.</p>																																																																					
<p>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center;">FY-CAN</th> <th style="text-align: center;">CFDA</th> <th style="text-align: center;">DOCUMENT NUMBER</th> <th style="text-align: center;">AMT. FIN. ASST.</th> <th style="text-align: center;">AMT. DIR. ASST.</th> <th style="text-align: center;">SUB PROGRAM CODE</th> <th style="text-align: center;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">24 - 3981160</td> <td style="text-align: center;">93.224</td> <td style="text-align: center;">22H80CS04218</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">CH</td> <td style="text-align: center;">22H80CS04218</td> </tr> <tr> <td style="text-align: center;">24 - 398879N</td> <td style="text-align: center;">93.224</td> <td style="text-align: center;">22H80CS04218</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">HCH</td> <td style="text-align: center;">22H80CS04218</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	24 - 3981160	93.224	22H80CS04218	\$0.00	\$0.00	CH	22H80CS04218	24 - 398879N	93.224	22H80CS04218	\$0.00	\$0.00	HCH	22H80CS04218																																															
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The grant condition stated below on NoA 6 H80CS04218-20-01 is hereby lifted.
Board Composition-c. Current Board Composition: The health center has failed to submit an acceptable response to the prior condition within the 90-day timeframe. Within 60 days, provide updated documentation that the health center governing board is composed of: 1) At least 9 and no more than 25 members; 2) A patient majority (at least 51 percent); 3) Patient board members, who as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender, consistent with the demographics reported in the health center's Uniform Data System (UDS) report; 4) For those health centers that receive any award/designation under one or more of the special populations subparts, Representative(s) from or for each of the special population(s); and 5) Non-patient board members representative of the community in which the health center is located, with relevant skills and expertise; and no more than 50 percent of such members earn more than 10 percent of their annual income from the health care industry. Failure to provide an acceptable response will result in a 30-day condition which will be the final opportunity to demonstrate compliance. Please see Chapter 20: Board Composition of the Health Center Program Compliance Manual (<https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) for additional information and contact your project officer with any questions, including the applicable components to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)
2. The grant condition stated below on NoA 6 H80CS04218-20-01 is hereby lifted.
Key Management Staff-d. CEO Responsibilities: The health center has failed to submit an acceptable response to the prior condition within the 90-day timeframe. Within 60 days, provide documentation that the Project Director/CEO: 1) Is directly employed by the health center; 2) Reports to the health center governing board; and 3) is responsible for overseeing other key management staff in carrying out the daily operations of the health center's approved scope of project. Failure to provide an acceptable response will result in a 30-day condition which will be the final opportunity to demonstrate compliance. Please see Chapter 11: Key Management Staff of the Health Center Program Compliance Manual (<https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) for additional information and contact your project officer with any questions. (45 CFR 75.207(a) and 45 CFR 75.371)
3. The grant condition stated below on NoA 6 H80CS04218-20-01 is hereby lifted. **Board Authority-c. Exercising Required Authorities and Responsibilities:** The health center has failed to submit an acceptable response to the prior condition within the 90-day timeframe. Within 60 days, provide board minutes and any other relevant documentation that confirms the health center's governing board is exercising, without restriction, the following authorities and functions: 1) Holding monthly meetings where a quorum is present to ensure the board has the ability to exercise its required authorities and functions; 2) Approving the selection, evaluation and, if necessary, the dismissal or termination of the Project Director/CEO from the Health Center Program project; 3) Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue; 4) Approving the Health Center Program project's sites, hours of operation and services, including decisions to subaward or contract for a substantial portion of the health center's services; 5) Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken; 6) Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs; and 7) Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management, and ensuring appropriate follow-up actions are taken. Failure to provide an acceptable response will result in a 30-day condition which will be the final opportunity to demonstrate compliance. Please see Chapter 19: Board Authority of the Health Center Program Compliance Manual (<https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) for additional information and contact your project officer with any questions, including the applicable components to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)
4. The grant condition stated below on NoA (6 H80CS04218-20-01) is hereby lifted.

Board Authority-a. Maintenance of Board Authority Over Health Center Project: The health center has failed to submit an acceptable response to the prior condition within the 90-day timeframe. Within 60 days, provide final, executed documentation that ensures the health center governing board maintains authority for oversight of the health center project. Specifically provide final, executed documentation of organizational or other changes that address a finding(s) that: 1) Another individual, entity or committee reserves approval authority or has veto power over the health center board with respect to required authorities and functions; 2) Collaborations or agreements with another entity infringe or restrict the health center’s required authorities and functions; or, if applicable, 3) The co-applicant agreement did not delegate required authorities and functions to the co-applicant board and/or did not delineate the roles and responsibilities of both the co-applicant board and the public agency in carrying out the health center project. If final, executed documentation of organizational or other changes necessary for the board to maintain all required authorities is not yet available, provide an action plan detailing the steps the health center will take to implement and finalize such changes. Acceptance of this plan by HRSA will result in a condition, which provides 120 days for the health center to submit final, executed documentation that confirms the health center has implemented the organizational or other changes necessary for the board to maintain all required authorities. Failure to provide an acceptable response will result in a 30-day condition which will be the final opportunity to demonstrate compliance. Please see Chapter 19: Board Authority of the Health Center Program Compliance Manual (<https://www.bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) for additional information and contact your project officer with any questions, including the applicable components to be addressed. (45 CFR 75.207(a) and 45 CFR 75.371)

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Noelle S Soto	Authorizing Official, Point of Contact	nssoto@solanocounty.com
Dona Weissenfels	Program Director	dweissenfels@solanocounty.com
E. J Alberg	Business Official	ejalberg@solanocounty.com

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

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

REPORT PERIOD: May 2024

DATE OF REPORT: May 15, 2024

COMPLETED BY: Dona Weissenfels

DASHBOARD SUMMARY OF 43 OBJECTIVES COMPLETED
Status Summary of Completion of Objectives: _____ (C) Completed <u> x </u> (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 <u> x </u> (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 <u> X </u> (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 <u> X </u> (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 (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 (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 (IP) In Progress ____ (D) Delayed ____ (NI) Not Initiated

____ (RR) Consider Review/Revise

Summary/Comments

Progress Report May 2024. All projects in process.

**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 the National Association of Community Health Center (NACHC) Training &	Dr. Leary/Dona & CHB Oversight	Partially implemented. Staffing Quality Team is a priority to implement this project. Requesting staffing to fiscal, CAO Office	IP

Solano County
Family Health Services

	Technical Assistance Resource Manual, the Population Health Management Module, and the NACHC Social Determinants of Health tool by July 2024.		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 submitted April 30, 2024.	
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. CHB Member expressed concern about the Wi-Fi quality at the Clinics. Need to determine next steps.	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 (This was removed from the budget due to finances), will revisit in next budget cycle, 2024/2025.	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
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. Request denied. Data Analyst started position 2024.	IP
2.2 High	In the first quarter of 2024-2025, establish an effective Quality Committee that includes new	Dr. Leary/Dona	Hiring new staff (pending) to augment team and to free up staff to focus on quality, new supervising	IP

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.

	staff from Objective 2.1 that meets monthly and addresses HRSA and Partnership Health Plan quality goals		physicians, quality team, data analyst and nurse manager. Invited CHB members to attend the QI/QA Meetings to increase knowledge and provide input	
2.3 High	FHS will prioritize reviewing, revising, publishing, and training staff on policies, procedures and standing orders continual effort to review.	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. Continual effort to review an train.	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 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	Bela/H&SS Leadership	FHS Leadership developing continual surveillance of HRSA grant requirements via Leadership meetings and workplan. 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. General	IP

Solano County
Family Health Services

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

	personnel, the nonprofit Board of Directors, and the Health Department. An FHS-centered Compliance Officer will be on staff by December 2024.		Compliance presented, 330 presentation pending in July 2024.	
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. Continued improvement noted.	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 from the current EHR to EPIC by December 31, 2023.	Dona	Onsite visit January 2024 and March 2024. Workflow analysis underway and equipment ordered. Monitors arrived April 10th. Training schedule published for staff, clinic closed during select times and dates.	IP
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

Solano County
Family Health Services

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 Methodology in the development of APM Transition Plan to begin January 1, 2025.	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 – meeting held and information was gathered.	IP

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
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Solano County
Family Health Services

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

During Second Chance Month, HRSA Takes Policy Action, Releases First-Ever Funding Opportunity for Health Centers to Support Transitions in Care for People Leaving Incarceration

Latest policy makes clear HRSA-funded Health Centers can provide health care services – including chronic disease, mental health, and substance use disorder treatment – to individuals in the 90 days prior to release from incarceration as they get ready and return to the community

New funding opportunity makes \$51 million available to support transitions in care prior to release from incarceration for the first time in the program's history

Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), took new policy action and announced the availability of \$51 million for the first-ever funding opportunity for HRSA-funded health centers to implement innovative approaches to support transitions in care for people leaving incarceration. Aligned with the White House Second Chance Initiative <https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/26/fact-sheet-biden-harris-administration-expands-second-chance-opportunities-for-formerly-incarcerated-persons/>, today's action, for the first time, explicitly supports the provision of health services to individuals during the 90 days prior to their release to help them return to the community by expanding access to primary health care, including mental health and substance use disorder treatment, furthering public health and strengthening public safety.

HRSA-funded health centers provide primary care regardless of ability to pay and are a cornerstone of our country's health care system, especially for individuals and families who are uninsured; enrolled in Medicaid; living in rural, remote, or underserved areas; struggling to afford their health insurance co-pays; experiencing homelessness; residing in

public housing; or otherwise having difficulty finding a doctor or paying for the cost of care. The 1,400 HRSA-funded health centers operate more than 15,000 service sites, providing care for more than 30 million patients.

“As President Biden has often said, America is a nation of second chances. People reentering the community after incarceration deserve a fair shot at living long, healthy lives and contributing to their communities,” said HHS Secretary Xavier Becerra. “HRSA-funded health centers are well positioned to facilitate these transitions from incarceration to high quality, community-based primary care.”

“At HRSA, we know that poor care transitions as people leave prisons and jails can have devastating consequences,” said HRSA Administrator Carole Johnson. “People returning from incarceration – particularly those with substance use or mental health conditions – often have significant health care needs and are particularly vulnerable to overdose deaths and other bad health outcomes. Yet, they struggle to get connected to the health services. That is why we are launching this innovative HRSA effort during Second Chance Month and aim to tackle these needs head-on and ensure better care and better health outcomes for people reentering their communities after incarceration.”

HRSA’s updated policy makes clear that health centers can provide health services to incarcerated individuals who are expected to be or are scheduled for release from a carceral setting within 90 days to help ensure continuity of care as people move home to the community.

As many as 80% of individuals returning to the community after incarceration have chronic medical, psychiatric, and/or substance use conditions. Studies have shown a dramatic and concerning increase in risk for opioid overdose after release from incarceration, with one study showing the risk of death at least ten times higher than for the general public. Nearly half of individuals entering incarceration meet the criteria for having a substance use disorder, and many of these individuals struggle to access and afford medication-assisted and other substance use disorder treatments following release.

Individuals returning to the community also become disconnected from critical medications and treatment for diabetes and hypertension – among the leading causes of death in the United States. They also face disproportionate risks of bad health outcomes

overall because they lack connections to services and supports to navigate the process of applying for or reinstating health insurance eligibility and other benefits in the immediate period after their release.

For this competitive funding opportunity, approximately 51 health centers will implement approaches that focus on:

- Reducing drug overdose risk
- Addressing mental health and substance use disorder treatment needs
- Managing chronic conditions
- Preventing, screening, diagnosing, and treating hepatitis C, HIV, syphilis, and other infectious diseases

Health centers can also use funds made available through the funding opportunity to provide case management services that address key social drivers of health, such as housing and food insecurity, financial strain, access to transportation, and intimate partner violence. Facilitating the successful reentry of individuals returning to the community will enhance public health and safety.

This work builds on previous action taken across the Department to support justice-involved individuals and complements efforts from SAMHSA and other federal entities that provide grant funds to expand substance use disorder treatment and related recovery and reentry services to adults. A new Medicaid 1115 waiver opportunity, for example, empowers states to provide justice-involved individuals with Medicaid coverage in the period immediately prior to their release to address various health concerns, including substance use disorders and other chronic health issues. Additionally, the HHS Roadmap for Behavioral Health Integration - PDF

<https://aspe.hhs.gov/sites/default/files/documents/4e2fff45d3f5706d35326b320ed842b3/roadmap-behavioral-health-integration.pdf> emphasizes engaging populations at highest risk, including individuals who are justice-involved.

Applications are due in Grants.gov on June 10, 2024, and in HRSA Electronic Handbooks <https://grants.hrsa.gov/2010/webepsexternal/interface/common/accesscontrol/login.aspx> on July 2, 2024.

Visit the Health Center Program webpage <https://bphc.hrsa.gov/funding/funding-opportunities/quality-improvement-fund-justice-involved-populations> for more information about this funding opportunity.

HRSA Grant – Transitions in Care for People Leaving Incarceration

General Information

Document Type: Grants Notice

Funding Opportunity Number: HRSA-25-005

Funding Opportunity Title: Fiscal Year (FY) 2025 Quality Improvement Fund – Transitions in Care for Justice-Involved Populations (QIF-TJI)

Opportunity Category: Discretionary

Opportunity Category Explanation:

Funding Instrument Type: Grant

Category of Funding Activity: Health

Category Explanation: <https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=683e5315-17df-4197-84b8-942e2419b7d8>

Expected Number of Awards: 51

CFDA Number(s): 93.527 -- Grants for New and Expanded Services under the Health Center Program

Cost Sharing or Matching Requirement: No

Version: Synopsis 1

Posted Date: Apr 10, 2024

Last Updated Date: Apr 10, 2024

Original Closing Date for Application: Jun 10, 2024

Current Closing Date for Application: Jun 10, 2024

Archive
Date:
Estimated Total \$ 51,000,000
Program
Funding:
Award \$1,000,000
Ceiling:
Award \$0
Floor:

Eligibility

Eligible Applicants: Others (see text field entitled "Additional Information on Eligibility" for clarification)
Additional Information on Eligibility: Your organization must be a Health Center Program award recipient with an active H80 grant award to apply. Health Center Program award recipients are organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act.

Additional Information

Agency Name: Health Resources and Services Administration

Description: This notice announces the opportunity for health centers funded by HRSA under section 330 of the Public Health Service Act to apply for funding under Fiscal Year (FY) 2025 Quality Improvement Fund – Transitions in Care for Justice-Involved Populations (QIF-TJI). The purpose of this funding opportunity is to strengthen transitions in care for individuals who will soon be released from incarceration, increasing their access to community-based, high-quality primary care services. Through this one-time investment, health centers will build upon existing evidence-based models to pilot innovative approaches that connect or reconnect justice-involved individuals reentering the community (JI-R) to in-scope health center services that address critical health and health-related social needs. FY 2025 QIF-TJI award recipients will pilot models of care that increase access to and engagement with health center services for JI-R individuals as they prepare for release from incarceration and return to living in the community. Your proposed QIF-TJI activities must align with the Health Center Program Scope of Project Policy Manual (Scope Policy Manual). A list of in-scope services for JI-R individuals is included in Appendix C. Carceral authorities are obligated to provide medical care to incarcerated individuals within the carceral setting. Health centers may not use QIF-TJI funding to replace the obligations of carceral authorities to provide medical care or for any activities that are not specifically focused on engaging JI-R individuals with health center community-based primary health care to support transitions in care. In addition, health centers cannot use QIF-TJI funding to provide medical care to individuals who are more than 90 days from scheduled or expected release from incarceration or activities that are not aligned with associated guidance in this NOFO and its appendices. For more details, see Program Requirements and Recommendations.

Link to Additional Information:

Grantor Contact Information: If you have difficulty accessing the full announcement electronically, please contact:

Information: Department of Health and Human Services, Health Resources and Services Administration
BPHCfunding@hrsa.gov

Contact Stephanie Cerritos at (301)594-4300 or email BPHCfunding@hrsa.gov

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



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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



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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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SolanoCares
 .org
 YOUR ONE-STOP RESOURCE

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SOLANO
PUBLIC
HEALTH



5

Site: 1.010-036



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VICTIMS OF VIOLENCE	BEHAVIORAL HEALTH	

HOW CAN WE HELP YOU?

1-800-345-7273



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SOLANO
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HEALTH



6

WELCOME TO SOLANOCARES.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, laws, 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 - to help ensure that there is "No Wrong Door" for those who need services. This Web site can greatly assist in our efforts to protect our greatest human asset - our beautiful minds.

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

Behavioral Health Site


Children, Families & Adults Site

WELCOME TO SOLANOCARES.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

Click to see more categories




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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



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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



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Questions?



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Contact Information:
ARCumpas@SolanoCounty.com



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CONFERENCES: Community Health Institute (CHI) & Expo Conference: Conference Schedule



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[Community Health Institute \(CHI\) & Expo Conference](#) >
Conference Schedule



2024 CHI & EXPO
COMMUNITY HEALTH INSTITUTE
CONFERENCE: August 24-26
COMMITTEE MEETINGS: August 22-23
Hyatt Regency Atlanta
Atlanta, GA

Hyatt Regency, Atlanta, GA
Conference: August 24-26
Committee Meetings: August 22-23

 In-Person



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CHI CONFERENCE SCHEDULE

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The conference schedule-at-a-glance is now available! Check back in periodically for updates to our agenda and schedule of events.

[View CHI Schedule](#)

NACHC CONFERENCE CODE OF CONDUCT

All attendees, speakers, sponsors, and volunteers at our conference are required to agree with the following code of conduct. NACHC will enforce this code throughout the event. We expect cooperation from all participants to help ensure a safe environment for everybody.

Our conference is dedicated to providing a harassment free experience for everyone, regardless of gender, gender identity and expression, age, sexual orientation, disability, physical appearance, body size, race, ethnicity, or religion. We do not tolerate harassment of conference participants in any form. This also includes inappropriate physical contact and unwelcome sexual attention.

Sexual language and imagery is not appropriate for any conference venue, including talks, workshops, social events, Twitter and other online media. Participants asked to stop any harassing behavior are expected to comply immediately. Conference participants violating these rules may be sanctioned or expelled from the conference without a refund at the discretion of NACHC.

If you are being harassed, notice that someone else is being harassed, or have any other concerns, please contact a member of the conference staff immediately.

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YEARS ADVOCATING FOR
COMMUNITY HEALTH CENTERS

31.5M

PATIENTS SERVED AT LOCAL
COMMUNITY HEALTH CENTERS

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Solano County

675 Texas Street
Fairfield, California 94533
www.solanocounty.com

Meeting Minutes - Action Only

Board of Supervisors

Mitch Mashburn (Dist. 5), Chair
(707) 784-6130
Erin Hannigan (Dist. 1), Vice-Chair
(707) 553-5363
Monica Brown (Dist. 2)
(707) 784-3031
Wanda Williams (Dist. 3)
(707) 784-6136
John M. Vasquez (Dist. 4)
(707) 784-6129

Tuesday, April 23, 2024

9:00 AM

Board of Supervisors Chambers

14

[24-282](#)

Approve an updated Federally Qualified Health Center Co-Applicant Agreement with the Solano County Community Healthcare Board in accordance with the Health Resources and Services Administration guidelines

Attachments:

[A - 2024 FQHC Co-Applicant Agreement](#)

[B - Link to 2023 & 2015 FQHC Co-Applicant Agreements](#)

Approved

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 

By Mike Brown vice chair, Michael Wirth

Chair Supervisor Mashburn

Chair Brandon Wirth

Date 4/23/24

Date 4/17/24



Who We Are

Drug Safe Solano is a community coalition that was found in 2018. Our mission is to provide all Solano County residents with equitable access to harm reduction services and treatment resources, with goals to educate the community about the opioid epidemic in our county.

What We Do

We provide services, resources and education on both Opioid Use Disorder and Substances Use Disorder. This includes overdose education and prevention, education and training on Medical Assisted Treatment (MAT), along with access to prevention, recovery, and treatment services

Our Services

- Narcan/ Naloxone distribution & training
- Syringe Exchange Services
- Hygiene Products
- Community Outreach

CONTACT US



<https://tu.edu/drug-safe-solano/>



Speak with a Substance Use Navigator for treatment resources: 707-638-5212



Oliver Muise, Harm Reduction Program Coordinator
Omuise@touro.edu



Devya Bharti, Administrative Assistant
Dbharti@touro.edu

DEPARTMENT OF HEALTH & SOCIAL SERVICES



Family Health Services Community Healthcare Board
2024 Annual Calendar

Month	Required Annual Review	Comments/Training
January 17, 2024	<ul style="list-style-type: none"> Project Officer/CEO Evaluation Review Board Members Sign Annual Bylaws Appendix A “Conflict of Interest” and “Confidentiality” forms Quarterly Financial Report Quarterly Quality Improvement Report 	Additional Items that can be added to Agenda for Board Approval at any given time:
February 21, 2024	<ul style="list-style-type: none"> Review UDS Initial Submission Progress Review and Approve: Sliding Fee Scale Policy 	<ul style="list-style-type: none"> Review and Update Health Center Policies, Procedures and Services
March 20, 2024	<ul style="list-style-type: none"> Review UDS Final Submission Progress Evaluation of QI/QA Program 	<ul style="list-style-type: none"> Contracts Review Compliance Training
April 17, 2024	<ul style="list-style-type: none"> Quarterly Financial Report Quarterly Quality Improvement Report Board Self-Assessment FHS Requested Budget Proposal for FY 24/25 	<ul style="list-style-type: none"> Robert’s Rules Review Brown Act Review
May 15, 2024	<ul style="list-style-type: none"> Review Final UDS Submission Update Community Needs Assessment 	
June 19, 2024	<ul style="list-style-type: none"> Review Strategic Plan (3-year Cycle) 	
July 17, 2024	<ul style="list-style-type: none"> Review and Approve Credentialing and Privileging Policy and Procedures Quarterly Quality Improvement Report 	
August 21, 2024	<ul style="list-style-type: none"> FY 25/26 Budget Development Quarterly Financial Report 	
September 18, 2024	<ul style="list-style-type: none"> FY 24/25 Budget Development (continued) Evaluation of QI/QA Program (from June) Review and Approve the QI/QA Plan (from June) 	
October 16, 2024	<ul style="list-style-type: none"> Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports Quarterly Financial Report Quarterly Quality Improvement Report 	
November 20, 2024	<ul style="list-style-type: none"> Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports Board Nominations – Executive Positions Review Annual Board Calendar 	
December 18, 2024	<ul style="list-style-type: none"> Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports Board Elections – Executive Positions Patient Satisfaction Report 	

2024 CHB Calendar Updated 2-29-2024 – Approved 3-20-2024