

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

June 19, 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 JUNE 19, 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 May 15, 2024, draft meeting minutes.

**5) CLINIC OPERATIONS REPORTS**

**Written Report submitted?**

- |   |     |
|---|-----|
| a) Staffing Update – Natasha Hamilton                 | Yes |
| b) Credentialing Update – Desiree Bodiford            | Yes |
| c) HRSA Grants Update(s) – Noelle Soto                | Yes |
| d) Grievances/Compliments – Pierce Leavell            | Yes |
| e) H&SS Compliance – Krista McBride                   | Yes |
| f) Finance & Revenue Cycle Management – Nina Delmendo | Yes |
| g) Referrals – Cynthia Coutee                         | Yes |
| h) OCHIN EPIC Update(s) – Dona Weissenfels            | Yes |
| i) QI Update – Han Yoon                               |     |
| 1) QA/QI May 10, 2024 Meeting Minutes                 | Yes |
| j) FHS Clinic Q-Matic Stats – Noelle Soto             | Yes |

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

**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 – Cynthia Coutee
- b) Referencing the UDS Report given at the May meeting, update the Board on the how the homeless patient population, are getting referred to Solano County based resources and opportunities within the county and how is it working – Noelle Soto

**7) HRSA PROJECT OFFICER REPORT**

- a) Health Center HRSA Project Officer Update – Dona Weissenfels
  - i) Health Center Activities – Internal and External Update
  - ii) Strategic Plan Report Update.

**8) BUSINESS GOVERNANCE**

- a) Review and consider National Association of Community Health Centers (NACHC) 2024 Community Health Institute (CHI) & EXPO, August 24-26, 2024 or Internal Training for the Board – Dona Weissenfels
  - i) **ACTION ITEM:** The Board will consider approval of [board member(s)] to attend the National Association of Community Health Centers (NACHC) 2024 Community Health Institute (CHI) & EXPO, August 24-26, or Internal Training for the Board.
- b) Review and consider approval to apply for California Healthcare Foundation Grant funding for African American Well Child Group Visits – Dr. Michelle Stevens
  - i) **ACTION ITEM:** The Board will consider approval to apply for the California Healthcare Foundation Grant funding for African American Well Child Group Visits.
- c) Review and consider approval to apply for the HRSA Supplemental Grant FY2025 Expanded Hours – Dona Weissenfels
  - i) **ACTION ITEM:** The Board will consider approval to apply for the HRSA Supplemental Grant FY2025 Expanded Hours.
- d) Review and consider approval of the updated Family Health Services Policy Number: 500.05, Patient Grievances – Pierce Leavell.
  - i) **ACTION ITEM:** The Board will consider approval of Family Health Services Policy Number: 500.05, Patient Grievances

**9) DISCUSSION**

- a) Quality Training – Han Yoon.
- b) New Board Member Training/Binders – Michael Brown
- c) “Network of Care” – Tracee Stacy
- d) Board Member Self-Assessment – Report – Brandon Wirth.
- e) National Health Center Week, August 4-10, 2024 – Dona Weissenfels.

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

**10) BOARD MEMBER COMMENTS**

**11) PARKING LOT**

- a) Create a Rebranding Sub-Committee

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

DATE: July 17, 2024  
TIME: 12:00 pm – 2:00 pm  
LOCATION: Multi-Purpose Room  
2201 Courage Drive  
Fairfield, CA 94533



**County of Solano  
Community Healthcare Board  
DRAFT**

**REGULAR GOVERNING BOARD MEETING MINUTES**

Wednesday, May 15, 2024  
In Person Meeting

**Members Present:**

At Roll Call: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Seema Mirza, Don O’Conner, Tracee Stacy, Sandra Whaley, and Brandon Wirth.

**Members Absent:** Rovina Jones, Yalda Mohammad Shafi and Robert Wieda

**Staff Present:**

Dr. Michele Leary, Han Yoon, Noelle Soto, Natasha Hamilton, Cynthia Coutee, Rebecca Cronk. Desiree Bodiford, Lavonna Hamilton, Kelly Welsh, Danielle Seguerre-Seymour and Patricia Zuñiga.

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

- a) Welcome
- b) Roll Call

**2) Approval of the May 15, 2024 Agenda**

Discussion: None.

Motion: To approve the May 15, 2024, Agenda.

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

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

Nays: None.

Abstain: Charla Griffith.

Motion Carried.

**3) Public Comment**

- There was no public comment.



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

**Regular Calendar**

**4) Approval of Minutes**

Approval of the April 17, 2024, draft Minutes

Discussion: There was no discussion.

Motion: To approve the April 17, 2024, draft meeting minutes.

Motion by: Tracee Stacy and seconded by Anthony Lofton.

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

Nays: None.

Abstain: Charla Griffith, Sandra Whaley, and Brandon Wirth.

Motion Carried.

**5) Clinic Operations Reports**

**a) Staffing Update — Natasha Hamilton**

- Natasha reviewed the Staffing Update report. *(Please reference the “FHS Staffing Update – May 15, 2024”)*
- Natasha was excited to announce that a new Nurse Practitioner was hired on May 13<sup>th</sup>.
- Natasha also mentioned FHS continues to work on filling positions and that there were five (5) employees that departed from FHS recently.
- Vice Chair Michael Brown asked if there was a main reason for staff to leave and Natasha noted that they left to work at other places like Kaiser, maybe due to the better pay.
- There were no other questions from the Board.

**b) Credentialing Update — Desiree Bodiford *(Please reference the “FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – May 2024”)***

- Desiree mentioned that there were 146 screenings and there were zero exclusions and that they continue to support FHS in hiring 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 May 15, 2024”)***

- Noelle Soto read her HRSA Updates report to the Board and mentioned there was a HRSA Grant agenda item that was to be voted by the Board in the “Business Governance” section.

**i) FHS 2023 Uniform Data System (UDS) Report**

- Noelle reviewed the 2023 UDS Report.
- Board Member Tracee Stacy asked about healthcare for the homeless. She wanted to know what FHS does for the homeless, in warm handoffs to the County Based programs or opportunities within the County.
- There were no other questions from the Board.



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

- d) **Grievances/Compliments** — Rebecca Cronk (*Please reference the “Grievance Reports, April-December 2023 & January–April 2024.”*)
- Rebecca noted a few highlights and mentioned that Grievance Category Definitions would be included with the report to help explain the categories noted on the graphs.
  - There were no questions from the Board.
- e) **H&SS Compliance** — Lavonna Hamilton (*Please reference the “FHS Incident Report Update of April 2024” and the “Medical Services-FHS / Dental Mandatory Training Report of April 2024.”*)
- Lavonna reviewed the two (2) reports.
  - There were no questions from the Board.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo (Nina was not present.)
- In Nina’s absence, Vice Chair Michael Brown read a message from Nina to the Board, Because there was no one to represent or report on Finance. (The following handouts were made available at the meeting: “Solano County Family Health Services Recommended Budget FY 2024/25” and a copy of Single Audit for FY 2022/23, “Federal Awards Reports in Accordance with the Uniform Guidance for the Fiscal Year Ending June 20, 2023 County of Solano, California”)
  - The following questions were asked and forwarded to Nina:
    - Chair Brandon Wirth asked that a red-line budget report be presented to the Board so they could see where the budget cuts or adjustments were made, as was requested by the CAO to reduce expenditures.
    - Board Members Ruth Forney and Tracee Stacy asked that in the future, the Board would like to have input on the budget cuts or adjustments.
  - There were no other questions from the Board.
- g) **Referrals** — Cynthia Coutee (*Please reference the “Family Health Services Referrals for April 2024.”*)
- Cynthia noted in April there were 1077 referrals ordered and of those, 890 were for Adults and 187 were for Pediatrics.
  - Cynthia also mentioned that urgent referrals are the high priority to process.
  - Cynthia noted that they continue to be short staffed and that there is only one (1) Referrals Coordinator at each clinic.
  - There were no questions from the Board.
- h). **OCHIN EPIC Update(s)** —Natasha Hamilton (*Please reference the “OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – May 2024 and Project Milestones / Highlights”.*)
- Natasha mentioned FHS is on track with the milestones and that in June, super user training would be scheduled for Leadership staff and in July, August and early September the rest of the staff would be trained to be on track to transition and go live in late September.
  - There were no questions from the Board
- i) **QI Update** – Han Yoon
- i) **Mammogram Van**
- Han announced that arrangements were made to have the Mammogram Van, sponsored by PHC, at the FHS Clinics as follows: Wednesday, June 26, 2024 at the Fairfield Adult Clinic located at 2201 Courage Drive and on Thursday, June 27, 2024 at the Vallejo Clinic, located at 365 Tuolumne Street. Patients would be required to make appointments and the clinic staff were in the process of scheduling patients.
  - Board member Etta Cooper asked who to contact to make an appointment and Dr. Leary stated that anyone interested could contact the clinic and stated the phone number, 707-784-2010.



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

- ii) Equity Adjustment + QIP (PCP) April 2024 *(Please reference the “Quality Incentive Program (PCP QIP) Equity Adjustment Specifications Published: April 2024, 2024 Measurement Year” from Partnership HealthPlan of California.)*
    - Han stated the document was prepared by PHC.
    - There were no 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-April 2024” report.)*
    - Noelle reviewed the Q-Matic stats briefly with the Board.
    - There were no questions from the Board.
- 6) CHB Follow-up to Clinic Quality and Operational Reports:**  
Review, Follow-up & Next Steps: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.
- a) Referrals Improvement Project Status – Natasha Hamilton
    - Natasha stated that the Hiring continues to work on staffing. Additional staffing has been requested and FHS is waiting for the County Administrator Office’s (CAO) response.
    - Board Member Tracee Stacy complimented the Referrals Team and noted they are doing a fantastic job!
    - There were no questions from the Board.
- 7) HRSA Project Officer Report**
- a) Health Center HRSA Project Officer Update – Natasha Hamilton and Noelle Soto
    - i) Health Center Activities – Internal and External Update
      - Natasha informed the Board that she would give the report in Dona’s absence.

External News:

      - Natasha mentioned that the Leadership Team had plans to observe EPIC EHR at La Clínica in Vallejo as an opportunity to see how the program is utilized.
      - Natasha announced that the HRSA OSV condition status was deemed in full compliance and that a copy of the “Notice of Award” was included in the packet.
      - There were no questions from the Board.

Internal News:

      - Natasha informed the Board that the focus is on the transition and implementation of OCHIN EPIC Electronic Health Record (EHR).
      - There were no questions from the Board
    - ii) OSV Condition Status
      - Noelle Soto did a quick review of the Notice of Award and noted the conditions that were met and addressed.
    - iii) Strategic Plan Report Update *(Please reference the “Strategic Plan Report – Strategic Plan July 1, 2024 – June 30, 2025, May 15, 2024”.)*
      - Natasha reviewed the high priority Goals and Objectives:
        - 1.1 – *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 groups by 10 percent by June 30, 2026.* Natasha mentioned a Patient Survey is in development.



## County of Solano Community Healthcare Board DRAFT

- 1.5 – *FHS will increase new provider retention by creating and implementing a new provider mentorship program by June 30, 2024.* Natasha noted that due to the cost this was denied by the CAO due to lack of funds and will be revisited in the next budget cycle in 2024/2025.
- 2.1 – *Hire a nurse with a background in quality and a Data Analyst during the first quarter of 2024-2025.* Natasha noted that Nurse Manager position was denied, and the Data Analyst started the hiring process for the position in 2024.
- 3.2 – *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.* Natasha noted that 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 and continued Improvement noted.
- 4.1 – *Develop an EHR transition plan with the clinic leadership team and OCHIN on the transition from the current HER to EPIC by December 31, 2023.* Natasha noted that a plan is in place and a training schedule was published for staff with the clinic closed during select times and dates.
- 5.1 – *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 HealthPlan to maximize income including Pay for Performance Payments by December 2025.* Natasha noted that the H&SS Fiscal Team is engaged in trainings specific to HRSA requirements for Health Centers. Improved collaboration on budget and analysis. Ongoing.
- 6.2 – *FHS Vallejo Health Center will expand the number of dental operatories by four to six new dental operatories (chairs) by June 2026.* Natasha noted the project escalated to County for consideration/pending. She also noted that for this expansion, an order was placed for a chair.

### Board Member questions:

- RE: 1.1, Chair Brandon Wirth requested that internal conversations happen and that a report be presented at the next month's meeting on the status of the patient survey.
- RE: 4.1, *Improve WiFi access to enhance patient and staff experience at all sites with special attention to FHS rural sites by June 30, 2024.* This item is a medium priority. It was noted in the report that it was not started. CHB Member expressed concern about the WiFi quality at the clinics. Need to determine next steps. Chair Brandon Wirth requested a discussion of what can happen without additional funds and why this is dependent on funding.  
4.1, Board Member Ruth Forney mentioned that she participated in a Board of Supervisor (BOS) Meeting (virtually), when WiFi broadband was on the agenda. In support of FHs clinics, she notified the Board that she called in and asked the BOS to consider broadband for FHS.
- Board Member Tracee Stacy stated that the Board should have input to decide what to cut in the budget. She asked why the Board wasn't involved in making budget decisions and also





**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

asked if there was any direction given in the Co-Applicant Agreement about a tool or process so the CHB can have input on the budget.

- There were no other questions from the Board
- iv) QIP Payment Update – *(Please reference the “Quality Incentive Program (PCP QIP) Equity Adjustment Specifications Published: April 2024, 2024 Measurement Year” from Partnership HealthPlan of California.)* Han mentioned the report earlier during Agenda Item 5i).
  - Natasha announced with the QIP Payment, FHS was awarded \$1.4 million dollars, due to the effort and hard work of the Quality Team and they were given applause.
  - There were no questions from the Board

**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.

- Noelle clarified that these are two separate but related items.
  1. Dr. Ian Bennett is working with BH on a Pilot Project connecting their patients with FHS Primary Care services.
  2. FHS is asking the Board to approve going forward in exploring and applying for the HRSA Grant Transitions in Care for People Leaving Incarceration supplemental grant. It would include conversations between FHS and BH, Sheriff’s Office and Public Health regarding how to provide medical care to this specific population.
- i) **ACTION ITEM:** The Board will consider approval to apply for the HRSA Grant Transitions in Care for People Leaving Incarceration.

Discussion: None.

Motion: To give approval to apply for the HRSA Grant Transitions in Care for People Leaving Incarceration.

Motion by: Ruth Forney and seconded by Tracee Stacy.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Seema Mirza, Don O’Conner, Tracee Stacy, Sandra Whaley, and Brandon Wirth.

Nays: None.

Abstain: None.

Motion carried.

**9) Discussion**

- 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.



## County of Solano Community Healthcare Board DRAFT

- Chair Brandon Wirth informed the Board that this assessment was done each year and he asked that each Board Member complete the assessment and turn it in to him before they leave the meeting.
  - Vice Chair asked that each Board Member to answer the questions honestly to get an idea of those areas that are doing well or need improvement can be discussed.
- b) Sharing information on “Network of Care” – Tracee Stacy. (Voted by the Board to be moved to the June 19, 2024 CHB Meeting.)
- Board Member Tracee Stacy asked that this item, Agenda Item 9b) be moved to the June 19, 2024, CHB Meeting. She stated she was volunteered to discuss this topic but preferred that Dr. Matyas be present to provide Public Health input if needed. Her request was approved by the Vice Chair Michael Brown, who was asked to run the meeting by the Chair Brandon Wirth.
- c) New Board Member Training/Binders – Michael Brown
- Vice Chair Michael Brown, told the Board that what the Board Members have in their binders is different and not the same, so Brandon, Dona, himself and Patricia will be having discussions on the documents that would be appropriate and make sense to be included in the binders first. Once decisions are made what the contents should be, then new ones with updated documents will be made for all Board Members so everyone has the same information.
  - Vice Chair Michael Brown gave examples of documents that would be useful to the Board members and user friendly. In addition, the HRSA documents which are very thick, could be in a separate binder due to the size of the documents.
  - Vice Chair Michael Brown suggested that Board Members think about what would be useful to them to have in the binder and note it on the Self-Assessment.
  - Board Clerk admitted that she never looked at the binder information, and when asked to make copies for the new Board Members, she noticed that the contents did not always reflect the Table of Contents and in addition the information was outdated, so it made sense for the Executive Committee and Board Members to revisit the contents of the binder contents.
  - Board Member Deborah Hillman asked how many agendas and minutes should be kept in the binder and Vice Chair said it was up to the board member. Legal Counsel Kelly Welsh reminded the board members that all the agendas and minutes are online on the CHB web site to reference. Discussion ensued about the number of agendas, minutes and information that should be kept.
- d) Quality Training –June Meeting Presentation – Han Yoon
- Han announced that he would be giving the Quality Training presentation at the June 19, 2024 meeting.
- e) Process in preparation and approval of the FY budget – Nina Delmendo (Nina was not present.) (The following handout was made available at the meeting: “*Solano County Family Health Services Recommended Budget FY 2024/25*”.)
- Vice Chair Michael Brown read a statement from Nina who was unable to attend the meeting. On Nina’s behalf he stated that she mentioned the requested budget was discussed at the CHB meeting last month. The CAO requested that FHS reduce expenditures and Nina worked with FHS Leadership to address the reductions while keeping in mind the priorities of the clinics. They were able to reduce the approximate \$10 million dollar deficit as presented at the last meeting to about \$9 million. The Shortfall will be funded with both County General Funds (CGF) of \$4.7 million and the balance with 1991 Realignment of \$4.3 million.
  - Vice Chair Michael Brown stated that the handout given at the meeting was the Recommended Budget FY2024/25 and that the Fiscal Team was currently working on Supplemental changes the



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

same week, which would become part of the Recommended Budget. Changes would mainly be determining if there was any rollover funding from some of the grants such as the \$1million grant, ARPA funds for OCHIN and the HRSA Capital Improvement Grant. Nina will work with FHS Leadership to finalize the changes. At the June meeting Nina will present the final budget that will go to the County BOS and Solano County Budget Hearings are scheduled June 20<sup>th</sup> and June 21<sup>st</sup>.

- He also read the following note on behalf of Nina: FY2023/24 Budget – Nina’s Team is currently working on the 10-month (previously the third quarter budget) and anticipate having it finalized prior to the June CHB Meeting.
  - Chair Brandon Wirth asked, as an example, we are postponing the Strategic Plan by six (6) months for Goal 1.5 – Provider Mentorship and Goal 1.4 – Improving FHS WiFi, not understanding the process with the County, concerning FHS, if that’s delayed and we find funding during this coming year is adequate, is there a way to get those items on the budget? The answer he received was likely not, so he tabled the question.
  - Board Member Tracy Stacey noticed that there were not any notations showing what changes were made or what was cut, so the board members could see the changes made and ask appropriate questions concerning the budget. She asked Nina could provide the budget report that shows which budgets were cut or where changes were made to deduct the \$1 million dollars. It was asked to present the updated budget with “track changes” or changes noted in red to the next meeting.
- f) Single Audit – Nina Delmendo (Nina was not present) (The following handout was made available at the meeting: “*Single Audit for FY 2022/23*”.)
- Vice Chair Michael Brown read a statement from Nina who was unable to attend the meeting. On Nina’s behalf he informed the Board that there was a handout provided at the meeting. It was a copy of Single Audit for FY 2022/23 and advised the Board that on page 10 of the report is where the Health Center funding was reported, as per Nina’s notes.
  - Chair Brandon Wirth questioned whether this audit report should have been in the “Board Governance” section and approved by the Board. Tracee Stacy mentioned that the audit was done for all HSS and would not be voted by the Board. Legal counsel didn’t want to speak for Nina, but the document was informational, and noted that this was an annual audit required by the County and has to do an external annual audit.
  - Chair Brandon Wirth mentioned that this was an important piece as an outside audit and the board members did not have sufficient time to review it and it should have been provided in advance, as it was a 35 page document.
- 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
- Noelle mentioned that this was a request of the Board at the last meeting and in addressing the request, she plans to present this item in July or August.
- h) Partnership HealthPlan 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.
- Ruth Forney mentioned that information about the conference, registration and the hotel was in the packet and last year the hotel was about \$209 per night and the registration was about \$2800 and will probably go up this year.
  - Vice Chair also mentioned that at the last meeting Dona wanted the Board to consider HRSA training for all the board members which would be beneficial. Board Clerk Patricia Zuñiga,



## County of Solano Community Healthcare Board DRAFT

mentioned that at the last meeting it was mentioned that HRSA training was provided so that the board members could be better prepared for the upcoming HRSA OSV.

- Ruth Forney mentioned that the process to prepare the request, get approvals and make the arrangements is very time consuming. The Board is always being conscientious about spending money, but it took so long for the process that the early registration was missed.

### 10) Board Member Comments

- Board Member Tracee Stacy mentioned Narcan training for Fentanyl overdose and that the information has changed and requested information on a class. Board Clerk noted there was a flyer included in the packet sponsored by Drug Safe Solano, who provides training. Tracee suggested that they could give training to the Board, maybe at a future board meeting.
- Board Member Ruth Forney suggested that Health Center Week be held at Vacaville this time. Health Center Week is from August 4-9, 2024.
- Board Member Anthony Lofton shared a story about a person that was at a gas station filling his car with gas and he collapsed because of a Fentanyl overdose, and that it was a serious situation.

### 11) Parking Lot

- a) Create a Marketing/Rebranding Sub-Committee

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

**DATE:** June 19, 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 2:15 p.m.

### Handouts in the Agenda Packet

- CHB April 17, 2023, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – May 15, 2024
- Clinic Operations Report – FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – May 2024
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates as of May 15, 2024
- FHS 2023 Uniform Data System (UDS) Report
- Clinic Operations Report – Grievance Reports - April – December 2023 and January – April 2024
- Clinic Operations Report – HSS Compliance-FHS Privacy & Security Incident Report – March 1-31, 2024
- Clinic Operations Report – FHS Incident Report Update, April 2024
- Clinic Operations Report – Medical Services-FHS / Dental Mandatory Training Report, April 2024
- Clinic Operations Report – FHS Privacy & Security Incident Report, April 1-30, 2024
- Clinic Operations Report – Referrals – Time Period April 2024
- Clinic Operations Report – OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – May 2024 and Project Milestones / Highlights



**County of Solano**  
**Community Healthcare Board**  
**DRAFT**

- Primary Care Provider, Quality Incentive Program (PCP QIP), Equity Adjustment Specifications, Published: April 2024, 2024 Measurement Year
- Clinic Operations Report – FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-April 2024
- HRSA Notice of Award
- Strategic Plan Report – Strategic Plan July 1, 2024 – June 30, 2025, May 15, 2024
- Article on During Second Chance Monty, HRSA Takes Policy Action, Releases First-Ever Funding Opportunity for Health Centers to Support Transitions in Care for People Leaving Incarceration
- HRSA Grant – Transitions in Care for People Leaving Incarceration
- 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
- NACHC 2024 CHI & Expo, August 24-26, 2024
- Board of Supervisors Action Only and Co-Applicant Agreement between the County of Solano and The Solano County Community Healthcare Co-Applicant Board
- Drug Safe Solano, Touro University of California (Narcan/Naloxone distribution & training)
- FHS CHB 2024 Annual Calendar

At the meeting, the below reports were provided:

- Solano County Family Health Services Recommended Budget FY2024/25
- Federal Awards Report in Accordance with the Uniform Guidance for the Fiscal Year Ending June 30, 2023 county of Solano, California, prepared by EideBailly (outside vendor)

# Community Health Care Board

## Family Health Services Staffing Update

CHB Meeting Date: June 19, 2024

### Number of Active Candidates - County

Clinic Registered Nurse - FF Medical - 1  
Dental Assistant (Registered) - 1  
Medical Assistant - Call Center - 1  
Nurse Practitioner - VV Medical - 1

### Number of Active Candidates - Touro

Physician Assistant - 1

### Number of Active Candidates - Locum Tenens

Nurse Practitioner - 1

### 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) - 1  
Health Education Specialist **Extra Help** - 2  
Medical Assistant - 3 **\*4 pending\***  
Medical Assistant Lead - 1  
Medical Records Technician, Sr **Extra Help** - 1  
Mental Health Clinician (Licensed) - 2  
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

### Vacancies/Departures

Mental Health Clinician (Lic) - 06/01/2024

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

**Excluded Parties/Sanction Screening: 138**

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
May 2024 TOURO/LOCUMS	Touro/Locum Providers: 17	Exclusions Found: 0
May 2024 County – H&SS Employees/Candidates	H&SS Employees: 121	Exclusions Found: 0
Totals	<b>TOTAL SCREENED:</b> 138	Exclusions Found: 0

**Credentialing: 3      Re-Credentialing: 5**

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
May 2024 TOURO	<u>Active/Open: 1</u> Physician Assistant: 1	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 1
May 2024 LOCUM	<u>Active/Open: 0</u>	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 0
May2024 County H&SS Employees/ Candidates	<u>Active/Open: 7</u> Medical Assistant – 6 Clinic Registered Nurse - 1	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: 2  
 Approved: 3

**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**

## Credentialing Program Update

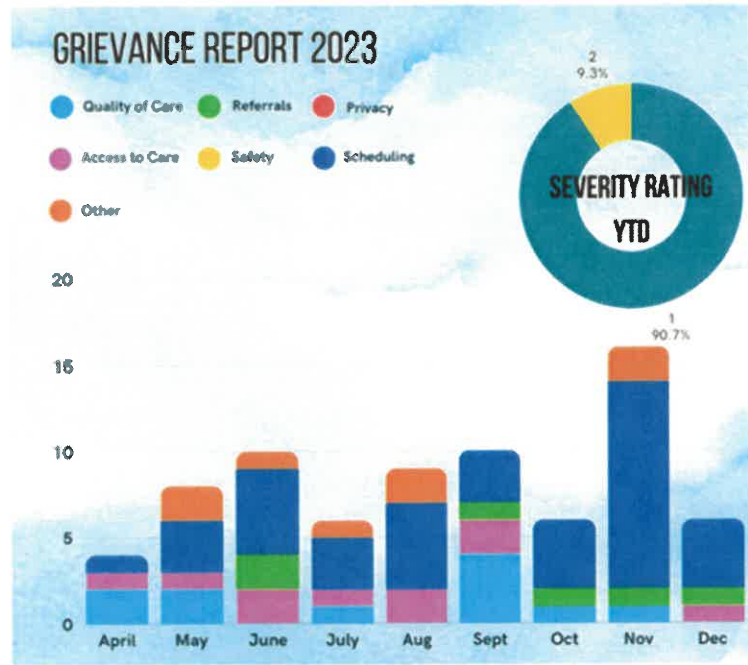
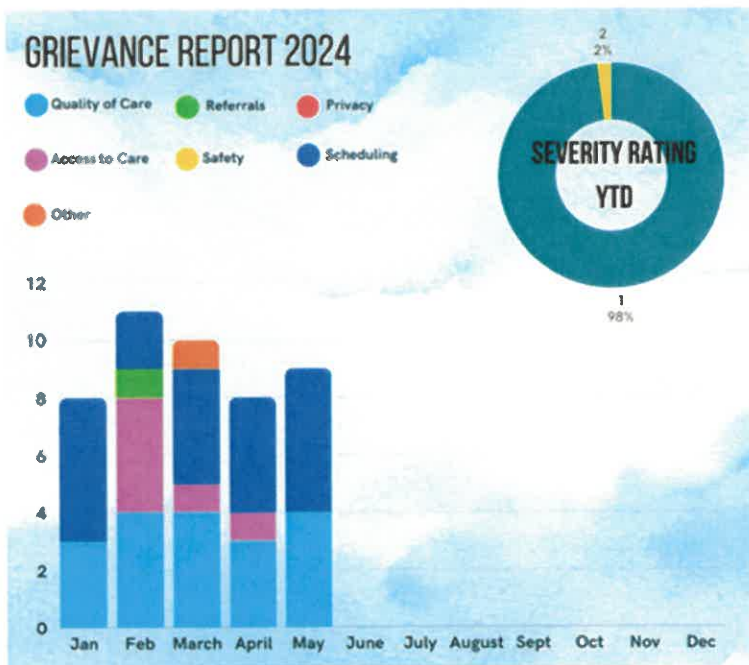
In an effort to continue building and refining the Credentialing program, the Credentialing team has evaluated all job classifications and job functions to determine which classifications need to be credentialed. The following is a list of the Solano County classifications in Health & Social Services to be credentialed and then re-credentialed every two years.

Behavioral Health Peer Support Specialist	Mental Health Specialist II
Behavioral Hlth Svcs Administrator	Nurse Practitioner/Physician Asst
Chief Deputy Behavioral Health	Nursing Manager
Chief Deputy Health - Health Officer	Nursing Services Director
Chief Medical Officer	Nursing Supervisor
Clinic Physician	Occupational Therapist
Clinic Physician (Board Cert)	Pharmacy Specialist
Clinic Physician Supervisor	Physical Therapist
Clinic Registered Nurse	Psychiatrist (Board Cert)
Clinic Registered Nurse (Sr)	Psychiatrist Supervisor
Clinical Psychologist	Psychiatrist (Child-Board Cert)
Clinical Psychologist (Entry)	Public Hlth Lab Asst Director
Clinical Services Associate	Public Hlth Lab Director
Communicable Disease Invest (Spvsg)	Public Hlth Lab Technician
Communicable Disease Invest	Public Hlth Microbiologist (Ent)
Dental Assistant (Reg Lead)	Public Hlth Nurse
Dental Assistant (Registered)	Public Hlth Nurse (Entry)
Dentist	Public Hlth Nurse (Senior)
Dentist Manager	Public Hlth Nurse Manager
Dep Director H&SS-Behavioral Health	Public Hlth Nutritionist
Deputy Health Officer	Public Hlth Nutritionist (Entry)
Director of Health & Soc Svcs	Public Hlth Nutritionist (Spvsg)
Epidemiologist	
Epidemiologist (Senior)	
Health Assistant	
Health Education Spec (Senior)	
Health Education Specialist	
Health Services Manager (Sr)	
Infant Nutrition Counselor	
Lactation Educator & Counselor	
Licensed Vocational Nurse	
Medical Assistant	
Medical Assistant (Lead)	
Mental Health Clinical Supv	
Mental Health Clinician (Lic)	
Mental Health Clinician (Reg)	
Mental Health Medical Director	
Mental Health Nurse	
Mental Health Services Manager	
Mental Health Services Mgr (Sr)	
Mental Health Specialist I	



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

- After the Community Healthcare Board approved the exploration of the HRSA Fiscal Year (FY) 2025 Quality Improvement Fund – Transitions in Care for Justice-Involved Populations (QIF TJI) supplemental grant, Family Health Services (FHS) met with representatives from Behavioral Health, Public Health and the Sheriff's Office. It was determined that this special population's linkage to FHS primary care services is possible with the existing infrastructure present in the aforementioned partners' programs. Additional grant funding is unwarranted at this time.
- The FY 2025-28 *Ryan White HIV/AIDS Program Part C Early Intervention Services Existing Geographic Service Area (RWHAP Part C EIS GSA)* competing continuation (CC) application was due on June 17<sup>th</sup>. Applicable documents will be presented to the CHB for review and approval on a later date.



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

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

Department	Category	Description (Basic Information/Activity)	Total Received
Pediatric Clinic	Safety, Client Injury/Illness/First Aid	Pediatric patient fell off exam table; patient and parents referred to hospital for evaluation.	1
Adult Clinic	Safety, Client Quality of Care	Patient reported concern regarding provider's ability to provide quality care.	1
Adult Clinic	Safety, Client Quality of Care	Anonymous report regarding provider giving equal quality care.	2
Dental Clinic	Safety, Client Emergency Medical 911	Patient experienced a medical emergency while in clinic; staff called 911.	1
Dental Clinic	Safety, Client Injury/Illness/First Aid	Individual in distress and complaint of pain (non-dental); transported by EMS to local hospital.	1
<b>Total = 6</b>			

# REVENUE CYCLE REPORTS

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
REVENUE CYCLE REPORT  
TOTAL ENCOUNTERS  
Through May 31, 2024**

	Annual Target	Monthly Target (1/12)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	YTD Target May 2024 11 mths	Over (Shorfall)
<b>MEDICAL</b>																	
County Providers	51,834	4,320	1,735	2,115	1,669	1,976	1,725	1,461	1,804	1,755	2,040	2,168	1,948		20,396	47,515	(27,119) <i>Note 1</i>
Touro	5,200	433	407	379	283	383	399	320	381	358	433	328	478		4,149	4,767	(618)
Locum	-	-	353	432	340	395	501	452	530	444	490	461	448		4,846	-	4,846
<b>TOTAL MEDICAL</b>	<b>57,034</b>	<b>4,753</b>	<b>2,495</b>	<b>2,926</b>	<b>2,292</b>	<b>2,754</b>	<b>2,625</b>	<b>2,233</b>	<b>2,715</b>	<b>2,557</b>	<b>2,963</b>	<b>2,957</b>	<b>2,874</b>	<b>-</b>	<b>29,391</b>	<b>52,281</b>	<b>(22,890)</b>
<b>TOTAL MENTAL HEALTH</b>	<b>4,368</b>	<b>364</b>	<b>163</b>	<b>265</b>	<b>192</b>	<b>213</b>	<b>202</b>	<b>196</b>	<b>224</b>	<b>205</b>	<b>217</b>	<b>174</b>	<b>194</b>		<b>2,245</b>	<b>4,004</b>	<b>(1,759)</b> <i>Note 1</i>
<b>TOTAL DENTAL</b>	<b>19,511</b>	<b>1,626</b>	<b>1,350</b>	<b>1,513</b>	<b>1,196</b>	<b>1,453</b>	<b>1,289</b>	<b>1,153</b>	<b>1,381</b>	<b>1,092</b>	<b>1,058</b>	<b>1,133</b>	<b>1,223</b>		<b>13,841</b>	<b>17,885</b>	<b>(4,044)</b> <i>Note 1</i>
<b>TOTAL</b>	<b>80,913</b>	<b>6,743</b>	<b>4,008</b>	<b>4,704</b>	<b>3,680</b>	<b>4,420</b>	<b>4,116</b>	<b>3,582</b>	<b>4,320</b>	<b>3,854</b>	<b>4,238</b>	<b>4,264</b>	<b>4,291</b>	<b>-</b>	<b>45,477</b>	<b>74,170</b>	<b>(28,693)</b>

**NOTES**

*Note 1: Shorfall for County Providers only*

Filled positions	(9,090)	28%
Filled (start after 7/1/23)	(5,174)	16%
Vacant	(18,657)	57%
<b>TOTAL</b>	<b>(32,921)</b>	<b>100%</b>

**DEFINITIONS**

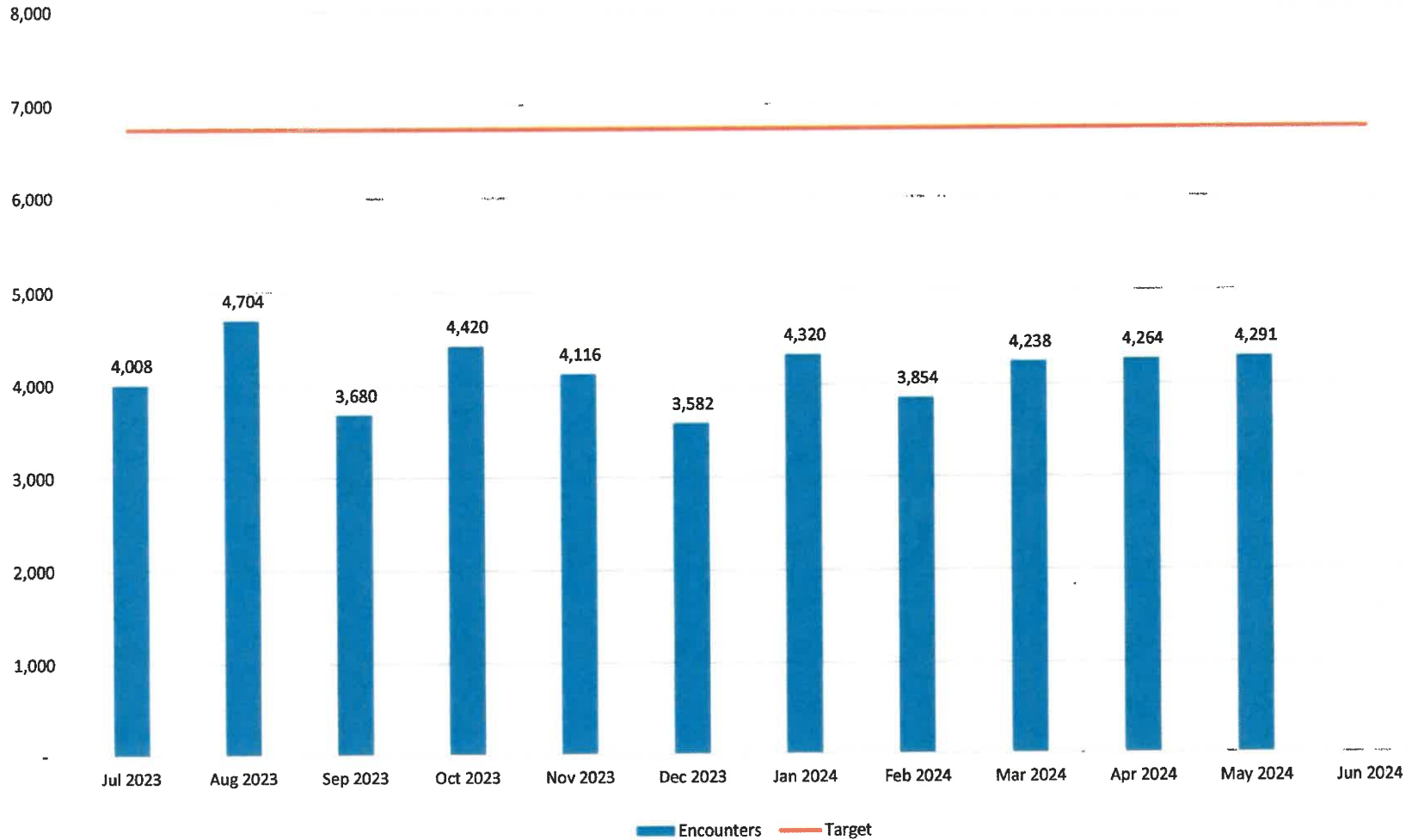
**ENCOUNTER**

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

**BILLABLE ENCOUNTER**

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

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



**REVENUE CYCLE REPORT  
TOTAL UNBILLED ENCOUNTERS  
As of June 6, 2024**

DATE OF SERVICE	19-Apr	25-Apr	7-May	10-May	17-May	20-May	22-May	23-May	24-May	28-May	29-May	30-May	31-May	TOTAL
Encounters	1	1	1	1	1	1	1	1	6	5	12	13	6	50

**NOTES**

- > Data compiled 06/06/2024 for services through 06/01/2024
- > Encounters are billed the next business day after charges are submitted
- > Billing and Collections team sends emails directly to providers regarding any unbilled encounters > 3 days
  
- > Encounter may or may not be a qualified encounter - pending documentation

**DEFINITIONS**

**UNBILLED ENCOUNTER**    Encounter not documented or missing charges

OPERATIONS REPORT - FINANCE  
THIRD QUARTER (TQ)  
FY2023/24



SOLANO COUNTY  
FAMILY HEALTH SERVICES  
THIRD QUARTER (TQ) BUDGET FY2023/24

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	YTD ACTUALS as of MAY 31, 2024	YTD ACTUALS as a % of THIRD QUARTER BUDGET	
<b>EXPENDITURES</b>				<b>Notations</b>
<b>Salaries &amp; Benefits</b>				
Salaries - Regular	11,733,860	10,430,508	88.89%	
Salaries - Extra Help	46,097	40,653	88.19%	
Salaries - OT/Callback/Standby	114,561	100,139	87.41%	
Staffing costs from other divisions (net amount)	63,511	19,049	29.99%	
Benefits	6,696,261	5,968,156	89.13%	
Accrued Leave CTO Payoff	15,577	20,871	133.99%	
Salary Savings	-	-	0.00%	
<b>Salaries &amp; Benefits Total</b>	<b>18,669,867</b>	<b>16,579,376</b>	<b>88.80%</b>	
<b>Services &amp; Supplies</b>				
Office Expense and Supplies	151,334	124,876	82.52%	Drinking water, household expenses, and trash services.
Communications	141,412	116,564	82.43%	Telephones and cell phones.
Insurance	859,428	280,002	32.58%	>Budget includes cost of Liability Insurance and Malpractice Insurance. >Actuals represent Liability Insurance for 2023-24. >These charges will originate from another County Department. >Medical Malpractice will post at year end and are expected to be budgeted amount.
Equipment - Purchases, Leases & Maintenance	57,189	50,607	88.49%	Q-Matic. Handpiece Express. Patterson Dental. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	53,034	47,490	89.55%	Monthly charges for vehicles assigned to County Departments; personal mileage. Charges are high due to repair charges made to County vehicles.
Buildings - Maintenance, Improvements, Rent & Utilities	219,672	183,577	83.57%	PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	626,584	569,925	90.96%	Henry Schein. McKesson. Patterson Dental. TheraCom.
Controlled Assets & Computer Related Items	210,727	116,450	55.26%	Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.

SOLANO COUNTY  
FAMILY HEALTH SERVICES  
THIRD QUARTER (TQ) BUDGET FY2023/24

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	YTD ACTUALS as of MAY 31, 2024	YTD ACTUALS as a % of THIRD QUARTER BUDGET	
<b>EXPENDITURES</b>				<b>Notations</b>
<b>Services &amp; Supplies (continued)</b>				
Medical/Dental Services	128,803	109,617	85.10%	JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	847,621	559,475	66.01%	Actual charges are low due to timing of vendor claim invoicing. Budget includes the following contracts: >Forvis (Medicare Cost Report) >Stericycle (medical waste disposal) >Waystar (electronic claims management) >Siml >Allied Security >Facktor - placeholder >EHR consultants (project and IT) - placeholder >Expanding COVID Vaccine TBD contract-grant funded >Kaye Bassman >UHC Solutions
DoIT	1,646,801	1,325,972	80.52%	
Software & Maintenance or Support	1,327,968	516,295	38.88%	Budget and actuals include the following: >Next Gen >OCHIN contract >Intelligent Medical Objects (electronic medical records) >Medical Minds (triage protocols) >Nuance Communications (Dragon dictation services) >Up To Date
Professional Licenses & Memberships	17,224	7,010	40.70%	
Education, Training, In-State Travel, Out of State Travel	6,257	4,157	66.44%	Registration fees for NACHC Community Health Institute & Expo Conference
Other	231,756	132,031	56.97%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
<b>Services &amp; Supplies Total</b>	<b>6,525,810</b>	<b>4,144,047</b>	<b>63.50%</b>	

SOLANO COUNTY  
FAMILY HEALTH SERVICES  
THIRD QUARTER (TQ) BUDGET FY2023/24

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	YTD ACTUALS as of MAY 31, 2024	YTD ACTUALS as a % of THIRD QUARTER BUDGET	
<b>EXPENDITURES</b>				<b>Notations</b>
<b>Other Charges</b>				
Interfund Services - Professional	582,258	432,894	74.35%	County related charges for Sheriff services, building and grounds maintenance and
Interfund Services - Accounting & Audit	-	-	#DIV/0!	
Interfund Services - Other	68,167	47,603	69.83%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	13,991	13,991	100.00%	Registration fees for NACHC Community Health Institute & Expo Conference (two board members).
<b>Other Charges Total</b>	<b>664,416</b>	<b>494,488</b>	<b>74.42%</b>	
<b>Contracts/Client Support</b>				
Contracted Direct Services	2,367,886	1,297,579	54.80%	Actuals are low due to timing of vendor claim invoicing. Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers)
Client Support	23,830	23,458	98.44%	Client support transportation costs.
<b>Contracts/Client Support Total</b>	<b>2,391,716</b>	<b>1,321,037</b>	<b>55.23%</b>	
<b>Equipment</b>				
Equipment	93,626	40,671	43.44%	
<b>Equipment Total</b>	<b>93,626</b>	<b>40,671</b>	<b>43.44%</b>	
<b>Administration Costs</b>				
H&SS Administration	2,338,194	1,689,486	72.26%	Actuals represent H&SS Admin Q1 - Q3 costs
Countywide Administration	935,417	935,417	100.00%	Actuals represent total charges for FY2023/24
<b>Administration Costs Total</b>	<b>3,273,611</b>	<b>2,624,903</b>	<b>80.18%</b>	
<b>TOTAL EXPENDITURES</b>	<b>31,619,046</b>	<b>25,204,522</b>	<b>79.71%</b>	

SOLANO COUNTY  
FAMILY HEALTH SERVICES  
THIRD QUARTER (TQ) BUDGET FY2023/24

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	YTD ACTUALS as of MAY 31, 2024	YTD ACTUALS as a % of THIRD QUARTER BUDGET	
<b>REVENUES</b>				<b>Notations</b>
<b>Payer Revenues</b>				
Payer Revenues	15,346,422	13,239,624	86.27%	Revenues from Medi-Cal, Partnership Capitation, Medicare, Private Pay Actuals have been adjusted for estimated payback.
<b>Payer Revenues Total</b>	<b>15,346,422</b>	<b>13,239,624</b>	<b>86.27%</b>	
<b>Federal/State Revenues</b>				
1991 Realignment (Underinsured/Uninsured/PH Services)	1,167,612	-	0.00%	
Federal Direct - COVID (one time funding)	602,948	109,266	18.12%	Rollover for HRSA Capital Grant funds and Expanding COVID Vaccinations grant
Federal Grants	2,075,915	1,593,225	76.75%	Budget includes: >CHC Base grant >RWC >RWC Capacity grant
Federal Other	943,392	-	0.00%	\$1M Congressional earmark funding, portion budgeted to spend in current FY with balance to be spend in FY24/25
American Rescue Plan Act (ARPA)	200,958	-	0.00%	ARPA funding for OCHIN EHR conversion
Other Revenue	1,673,431	1,641,810	98.11%	Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
<b>Program Revenues Total</b>	<b>6,664,256</b>	<b>3,344,302</b>	<b>50.18%</b>	
<b>TOTAL PAYER AND PROGRAM REVENUES</b>	<b>22,010,678</b>	<b>16,583,926</b>	<b>75.3%</b>	

SOLANO COUNTY  
 FAMILY HEALTH SERVICES  
 THIRD QUARTER (TQ) BUDGET FY2023/24

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	YTD ACTUALS as of MAY 31, 2024	YTD ACTUALS as a % of THIRD QUARTER BUDGET	
<b>TOTAL EXPENDITURES vs TOTAL REVENUES</b>				<b>Notations</b>
	FY2023/24 THIRD QUARTER BUDGET	YTD ACTUALS as of MAY 31, 2024	YTD ACTUALS as a % of THIRD QUARTER BUDGET	
TOTAL EXPENDITURES	31,619,046	25,204,522	79.71%	
TOTAL REVENUES	22,010,678	16,583,926	75.34%	
DEFICIT (SURPLUS)	9,608,368	8,620,596	89.72%	
<b>County General Fund</b>	<b>4,486,028</b>	<b>3,364,521</b>		
DEFICIT (SURPLUS) after CGF**	5,122,340	5,256,075		

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

OPERATIONS REPORT - FINANCE  
RECOMMENDED BUDGET WITH  
SUPPLEMENTAL CHANGES  
FY2024/25

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25**

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	NOTE: Adjustments pending (from requested budget presentation 4/17/24)
<b>EXPENDITURES</b>						<b>Notations</b>
<b>Salaries &amp; Benefits</b>						
Salaries - Regular	15,678,423	16,306,079	16,306,079	16,306,079	627,656	
Salaries - Extra Help	135,755	183,000	17,000	17,000	(118,755)	(A) Medical Records Tech and 2 Health Education Specialists. (B) Removed 2 Health Education Specialists, remaining budget for Medical Records Tech. (C) No change.
Salaries - OT/Callback/Standby	41,392	100,374	69,874	69,874	28,482	(A) Projection included placeholders for various clinics. (B) Removed placeholders and budgeted based on prior years' actuals trend. (C) No change.
Staffing costs from other divisions (net amount)	161,874	133,070	133,070	133,070	(28,804)	
Benefits	9,524,941	10,561,338	10,561,338	10,561,338	1,036,397	
Accrued Leave CTO Payoff	20,000	69,800	20,000	20,000	-	(A) (B) Reduced to be equal to FY2023/24 Adopted Budget. (C) No change.
Salary Savings	(4,177,375)	(2,354,313)	(2,789,326)	(2,789,326)	1,388,049	(A) (B) Increased salary savings with a combination of unfunding positions as well as postponing hiring. (C) No change.
<b>Salaries &amp; Benefits Total</b>	<b>21,385,010</b>	<b>24,999,348</b>	<b>24,318,035</b>	<b>24,318,035</b>	<b>2,933,025</b>	

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25**

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	NOTE: Adjustments pending (from requested budget presentation 4/17/24)
EXPENDITURES						Notations
<b>Services &amp; Supplies</b>						
Office Expense and Supplies	158,825	186,483	165,133	165,133	6,308	Drinking water, household expenses, and trash services, books and subscriptions, equipment less than \$1500  (A) (B) Reduced various office expenses and supplies. (C) No change.
Communications	138,336	138,331	138,331	138,331	(5)	Telephones and cell phones.
Insurance	859,428	770,778	1,000,703	1,000,703	141,275	These charges will originate from another County Department >Liability insurance >Malpractice insurance >Insurance - Risk Management  (A) (B) Increased Malpractice insurance, which was underprojected by \$229,925. (C) No change.
Equipment - Purchases, Leases & Maintenance	62,937	145,184	73,780	73,780	10,843	Reviewing for potential adjustments >Copiers >Maintenance/Service Contracts  (A) Projection included maintenance placeholders for equipment not purchased. (B) Reduced budget based on prior years actuals trend. (C) No change.
Mileage, Fuel and Fleet	39,086	56,513	45,503	45,503	6,417	>County vehicles >Personal mileage.  (A) (B) Reduced budget based on prior years actuals trend. (C) No change.



**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25**

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	NOTE: Adjustments pending (from requested budget presentation 4/17/24)
EXPENDITURES						Notations
<b>Services &amp; Supplies (continued)</b>						
Buildings - Maintenance, Improvements, Rent & Utilities	203,400	298,458	258,458	258,458	55,058	>Utilities - PG&E and water services. >Maintenance Buildings  (A) (B) Reduced placeholders for projects. (C) No change.
Drugs, Pharmaceuticals, Medical and Dental Supplies	569,398	727,905	623,605	623,605	54,207	(A) Estimate included placeholders. (B) Reduced placeholders and adjusted based on prior years actuals trend. (C) No change.
Controlled Assets & Computer Related Items	154,029	238,929	81,754	151,940	(2,089)	>Refresh computers >Dental Equipment  (A) (B) Reduced budget for computer equipment. (C) Added placeholder for equipment to be purchased with rollover capital grant funds.
Medical/Dental Services	218,903	262,600	207,600	207,600	(11,303)	>Quest Lab Services >Solano Diagnostics Imaging >Solano Public Health Lab charges  (A) (B) Reduced budget based on prior years actuals trend. (C) No change.

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25**

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	<b>NOTE: Adjustments pending (from requested budget presentation 4/17/24)</b>
EXPENDITURES						Notations
<b>Services &amp; Supplies (continued)</b>						
Contracted and Other Professional Services	1,249,640	1,155,765	1,019,565	1,019,565	(230,075)	>Allied Security >Simi Group >Trizetto/Waystar (Electronic claims management) >Forvis (Medicare Cost Report) >Medical Records Associates (Coding consulting) >Stericycle (Medical waste disposal) >Facktor (Consulting services) >UHC Solutions (Recruitment services)  (A) (B) Reduced Simi Group and Waystar contracts. (C) No change.
<b>DofT</b>	<b>2,689,004</b>	<b>2,152,500</b>	<b>2,152,500</b>	<b>2,152,500</b>	<b>(536,504)</b>	
Software & Maintenance or Support	1,300,014	1,096,136	690,031	690,031	(609,983)	Budget and actuals include the following: >OCHIN/EPIC contract >Next Gen (Legacy System) >Intelligent Medical Objects (electronic medical records) >Nuance Communications (Dragon dictation services) >Up To Date  (A) (B) Reduced OCHIN contract and NextGen. (C) No change.

SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	NOTE: Adjustments pending (from requested budget presentation 4/17/24)
<b>EXPENDITURES</b>						<b>Notations</b>
<b>Services &amp; Supplies (continued)</b>						
Professional Licenses & Memberships	18,455	51,881	27,871	27,871	9,416	(A) (B) Reduced placeholders. (C) No change.
Education, Training, In-State Travel, Out of State Travel	12,000	25,290	25,290	25,290	13,290	>CPCA conference >Ryan White C and HIV/AIDS Conferences
Other	39,986	68,565	52,291	69,758	29,772	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans >Meals/Refreshments >Employee recognition  (A) (B) Adjusted various line items. (C) Adjusted various line items.
<b>Services &amp; Supplies Total</b>	<b>7,713,441</b>	<b>7,375,318</b>	<b>6,562,415</b>	<b>6,650,068</b>	<b>(1,063,373)</b>	

SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	NOTE: Adjustments pending (from requested budget presentation 4/17/24)
EXPENDITURES						Notations
<b>Other Charges</b>						
Interfund Services - Professional	582,258	703,804	712,944	712,944	130,686	County related charges >Sheriff services >Building and grounds maintenance >Custodial services.  (A) (B) Adjusted budget based on updated information from other County Department(s). (C) No change.
Interfund Services - Accounting & Audit	22,800	-	-	-	(22,800)	
Interfund Services - Other	44,875	64,285	64,285	64,285	19,410	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	18,000	15,000	15,000	15,000	(3,000)	Community Health Board Training/Conference
<b>Other Charges Total</b>	<b>667,933</b>	<b>783,089</b>	<b>792,229</b>	<b>792,229</b>	<b>124,296</b>	
<b>Contracts/Client Support</b>						
Contracted Direct Services	1,334,000	1,492,000	1,492,000	1,492,000	158,000	Budget includes the following contracts: >Barton & Associates (locum provider services) >Children's Choice (dental services) >Touro University (providers)
Client Support	21,740	22,700	22,700	22,700	960	Client support transportation costs.
<b>Contracts/Client Support Total</b>	<b>1,355,740</b>	<b>1,514,700</b>	<b>1,514,700</b>	<b>1,514,700</b>	<b>158,960</b>	

SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	NOTE: Adjustments pending (from requested budget presentation 4/17/24)
<b>EXPENDITURES</b>						<b>Notations</b>
<b>Equipment</b>						
Equipment	184,100	-	43,000	5,000	(179,100)	(A) No planned purchases. (B) Added dental equipment (pending confirmation purchases not made) (C) Reduced dental equipment purchased in FY2023/24, remaining amount is for an X-ray chair.
<b>Equipment Total</b>	<b>184,100</b>	<b>-</b>	<b>43,000</b>	<b>5,000</b>	<b>(179,100)</b>	
<b>Administration Costs</b>						
H&SS Administration	2,632,919	2,957,878	2,957,878	2,957,878	324,959	
Countywide Administration	935,417	1,312,262	1,312,262	1,312,262	376,845	
<b>Administration Costs Total</b>	<b>3,568,336</b>	<b>4,270,140</b>	<b>4,270,140</b>	<b>4,270,140</b>	<b>701,804</b>	
<b>TOTAL EXPENDITURES</b>	<b>34,874,560</b>	<b>38,942,595</b>	<b>37,500,519</b>	<b>37,550,172</b>	<b>2,675,612</b>	

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25**

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	NOTE: Adjustments pending (from requested budget presentation 4/17/24)
<b>REVENUES</b>						<b>Notations</b>
<b>Payer Revenues</b>						
Payer Revenues	23,914,092	23,355,466	23,355,466	23,355,466	(558,626)	>Medi-Cal >Partnership Capitation >Medicare >Private Pay
<b>Payer Revenues Total</b>	<b>23,914,092</b>	<b>23,355,466</b>	<b>23,355,466</b>	<b>23,355,466</b>	<b>(558,626)</b>	
<b>Federal/State Revenues</b>						
1991 Realignment (Underinsured/Uninsured/PH Services)	1,237,344	1,571,023	1,386,906	1,386,906	149,562	
Federal Direct - COVID (one time funding)	602,948	-	-	100,405	(502,543)	Expired grants >HRSA Capital Grant funds >Expanding COVID Vaccinations grant  (A) Grants anticipated to be expended by 6/30/24. (B) No change. (C) Increased budget to include HRSA Capital Grant rollover funds.
Federal Grants	2,057,990	2,047,990	2,047,990	2,047,990	(10,000)	>CHC Base grant >RWC
Federal Other	943,392	56,608	56,608	56,608	(886,784)	\$1M Congressional earmark funding - estimated rollover
American Rescue Plan Act (ARPA)	-	-	-	1,276,497	1,276,497	ARPA funding for OCHIN EHR conversion  (A) (B) No change. (C) Increased ARPA rollover funding.
Other Revenue	1,339,636	1,617,600	1,617,600	1,617,600	277,964	>QIP revenues >Patient care payment recoveries
<b>Program Revenues Total</b>	<b>6,181,310</b>	<b>5,293,221</b>	<b>5,109,104</b>	<b>6,486,006</b>	<b>304,696</b>	
<b>TOTAL PAYER AND PROGRAM REVENUES</b>	<b>30,095,402</b>	<b>28,648,687</b>	<b>28,464,570</b>	<b>29,841,472</b>	<b>(253,930)</b>	

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
RECOMMENDED BUDGET FY2024/25**

CATEGORY DESCRIPTION	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	<i>NOTE: Adjustments pending (from requested budget presentation 4/17/24)</i>
----------------------	--------------------------------	---	---	---	--	---

TOTAL EXPENDITURES vs TOTAL REVENUES						Notations
	FY2023/24 ADOPTED BUDGET	(A) FY2024/25 REQUESTED BUDGET 04/17/2024	(B) FY2024/25 RECOMMENDED BUDGET 05/15/2024	(C) FY2024/25 RECOMMENDED BUDGET W/SUPPLEMENTAL	DIFFERENCE BETWEEN AD2023/24 AND RC2024/25 Col (C)	
TOTAL EXPENDITURES	34,874,560	38,942,595	37,500,519	37,550,172	2,675,612	
TOTAL REVENUES	30,095,402	28,648,687	28,464,570	29,841,472	(253,930)	
DEFICIT (SURPLUS)	4,779,158	10,293,908	9,035,949	7,708,700	2,929,542	

County General Fund	4,486,028	10,293,908	4,708,209	4,708,209		
DEFICIT (SURPLUS) after CGF**	293,130	-	4,327,740	3,000,491		

\*\*Deficit to be funded with 1991 Realignment



**SOLANO  
COUNTY**



**Time Period May 2024**

**Referrals 1130**

**Adult-941 Pediatrics-189**

<b>Adult Specialty Referrals</b>	<b>Ordered</b>	<b>Peds Specialty Referrals</b>	<b>Ordered</b>
Cardiology	72	Allergy Immunology	14
Dermatology	63	Dermatology	24
Gastroenterology	89	Gastroenterology	6
Ophthalmology	112	Nutrition	17
Physical Therapy	66	Otolaryngology	16
	<b>402</b>		<b>77</b>
<b>Total to Specialties:479</b>			

**Note: As of 5/15/2024 there were 856 referrals processing 1 month out.**

The above report reflects the total number of referrals for the month of April,2024, and the top 5 specialty referrals for both pediatric and adults.

The total number of referrals in the box as of **Monday June 10th** was 360 at that time we were processing 12 days out, with our continued goal of meeting Partnership's compliance of 10 business days.

We continue to work with staff on solutions to get referral numbers down. We have identified 3 Saturdays in June (**15th, 22nd, 29th**), where staff have committed to work on helping get referrals numbers down. We are making good progress.

Respectfully Submitted,

Cynthia Coutee, Clinic Manager-Vacaville





Solano County Family Health Services  
**OCHIN Epic EHR Implementation 2024**



OCHIN Epic EHR Implementation Dashboard  
 June 2024

**Project Information**

**Tasks by Status**

**23%**

*Percent Complete*

**12/20/23**

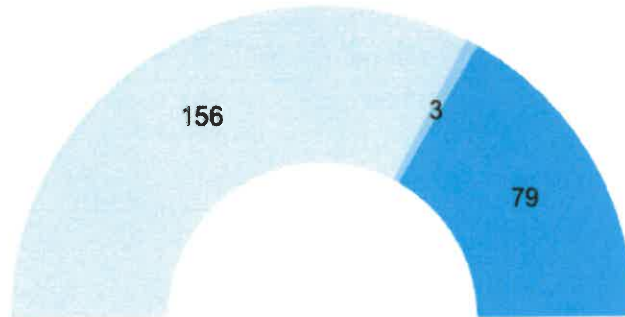
*Start Date*

**09/24/24**

*Epic Go Live Date*

**04/28/25**

*Project Closure Date*



- Not Started
- In Progress
- Complete

**Current Status and Project Health**

Health & Trend

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

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



## Solano County Family Health Services OCHIN Epic EHR Implementation 2024



### Project Milestones / Highlights

1. The project timeline and budget is currently on target. Currently FHS does not foresee a major risk to the project. Note that the overall project status dashboard did not move much this month because it was OCHIN's time to do build.
2. The OCHIN Epic training schedule has been created, including lists of attendees. Natasha is working with the site managers to enroll staff. Staff were provided access to ELLA, OCHIN Epic's online learning center and are continuing to watch tutorials on different modules.
3. Lindsey, the OCHIN Epic PM, is working closely with Jasmine and Shae to develop training materials in preparation for the staff training, go-live and onboarding of new employees post-implementation.
4. OCHIN Build Deliverables are on-track, and testing is scheduled to begin on July 15<sup>th</sup>, 2024.
5. Workflows for primary care (including medical, dental, and behavioral health), registration, and scheduling have been approved. Pending workflows include those for manual medicine, TB, Ryan White, and other specialties.
6. Billing training and testing will begin on June 11<sup>th</sup>.
7. Hardware procurement is in progress.
8. Facktor Health will be working with operations staff and supporting referrals and front office teams to ensure staff are comfortable with the new OCHIN Epic workflows and technical interface.
9. Facktor Health is continuing to strategize best practices for the OCHIN Epic MS Teams channel as an avenue for consistent communication regarding the transition process. coaching and support as FHS implements this new system, which is designed to remain in place even after the new EHR rollout is complete.



**Family Health Services  
Quality Assurance/Quality Improvement  
Committee Meeting Minutes**

**Date: Friday, May 10, 2024, Time: 1:00 p.m. – 2:00 p.m.  
Meeting Location: MS Teams, Call in number: +1 323-457-3408  
Conference ID: 447 985 080#, Meeting ID: 263 404 444 206#,  
Password: CfQndb**

<b>Members (x indicates attendance)</b>			
<input type="checkbox"/> Michele Leary, Co-Chair	<input checked="" type="checkbox"/> Reza Rajabian	<input type="checkbox"/> Brandon Wirth	<input checked="" type="checkbox"/> Elizabeth Coudright
<input checked="" type="checkbox"/> Dona Weissenfels	<input type="checkbox"/> Kaitlyn Riley	<input checked="" type="checkbox"/> Athena Gabriel	<input type="checkbox"/> Amber Searcy
<input checked="" type="checkbox"/> Michelle Stevens	<input checked="" type="checkbox"/> Daniel Klein	<input checked="" type="checkbox"/> Esperanza Garcia	<input type="checkbox"/> Pierce Leavell
<input checked="" type="checkbox"/> Shabnam Chabi	<input checked="" type="checkbox"/> Karla Bailey	<input type="checkbox"/> Trielle Robinson	<input checked="" type="checkbox"/> Katreena Dotson
<input type="checkbox"/> Rodney Faucett	<input type="checkbox"/> Sharon Vaca	<input type="checkbox"/> Maria Torres	<input checked="" type="checkbox"/> Noelle Soto
<input checked="" type="checkbox"/> Han Yoon		<input checked="" type="checkbox"/> Rebecca Cronk	

<b>Agenda Topics</b>	<b>Discussion</b>	<b>Action Items &amp; Due Date</b>	<b>Speaker(s)</b>
<b>Welcome</b>	Greetings		Athena
1. QIP Reporting	<p>2024 Measurement Year – current status</p> <ul style="list-style-type: none"> <li>Han presented current 2024 PHC QIP measurement data and where we stand with each measure at each clinic site. Including the changes in 2024 of the measurement set, to achieve full points this year the percentile has been changed from 75<sup>th</sup> percentile to 90<sup>th</sup> percentile. A point was made regarding Colorectal Cancer Screening, to achieve full points the benchmark is set to 50<sup>th</sup> percentile, which is the only measure set to 50<sup>th</sup> percentile to achieve full points. Additionally, since Blood Lead Screening is a new measure in 2024, the benchmark has been set to the 50<sup>th</sup> percentile to achieve full points.</li> </ul>		Han

File location:

C:\Users\pdzuniga\AppData\Local\Microsoft\Windows\NetCache\Content.Outlook\T7SV8LJ3\New

<p>2. 2024 QA/QI Adult Projects</p>	<p>Mobile mammography project w/Alinea &amp; PHC  FF - 6/26/24  VJO - 6/27/24</p> <ul style="list-style-type: none"> <li>We will be having Mobile Mammography days in June, specifically at the Fairfield and Vallejo sites. It is a PHC event, along with the help of Alinea. June 26<sup>th</sup>, 2024 will be at our Fairfield site (2201 Courage Drive) and June 27<sup>th</sup>, 2024 will be at our Vallejo site (365 Tuolumne Street).</li> <li>Current status of project - Athena and Esperanza have scrubbed thousands of charts and Katreena is now double-booking patients for these days.</li> </ul>		<p>Han</p>
<p>3. 2024 QA/QI Peds Projects</p>	<p>Frontloading project – FF (Sharon), VJO (?), &amp; VV (Angelica)</p> <ul style="list-style-type: none"> <li>The Frontloading project is regarding the Well Child Visits in the First 15 Months of Life, newborns needing 6 physicals by the age of 15 months old. The Frontloading project is our attempt of being pro-active and tracking newborns and their physicals. Those working on the project are at Fairfield Peds, Sharon Vaca, Angelica (Maria Duenas) in Vacaville, and we are still looking for someone to take on this project in Vallejo. We would like to make everyone aware that we are still working this project. And will also be reaching out soon to ask who can help maintain this project in Vallejo.</li> <li>We have seen great results due to the Frontloading project, Fairfield Peds met the measure last year because of this project, so we do not want to lose our momentum.</li> </ul> <p>Centering Parenting project  Focusing on WCC 0-15 months and Health Equity</p> <ul style="list-style-type: none"> <li>This project will be talked about more in our next month’s meeting. But another project Fairfield Peds has been working on is the Centering Parenting project. This is also focusing on the measure, Well Child Visits in the First 15 Months of Life, but also Health Equity. Dr. Stevens is running this project in Fairfield Peds, working with 6 or 7 families in a group environment. The ages of the babies are relatively from the same cohort. The idea is that families will individually have a physical with a provider, then proceed with a group session on different types of topics. This group setting has been proven to work as far as health equity and babies getting their 6 physicals by the age of 15 months old. In April, we had an information session and our first group</li> </ul>		<p>Athena</p>

	session/physicals will be on May 28 <sup>th</sup> . This project will run until next year since it is regarding a two-year measure. We will have more information on this project in our June meeting.		
4. Standard Operating Procedure (SOP)	<p>WCC 0-15 Physicals and Immunizations SOP</p> <p>Split into two documents per age: 0-2 years of age &amp; 3-17 years of age</p> <ul style="list-style-type: none"> <li>• The Well Child Visits 0-15 months Physicals and Immunizations Standard Operating Procedure (SOP) has been finalized which has been in the works for about 2 years. The SOP has been split into two documents by age. One for 0-2 years of age and another for 3-17 years of age. This SOP has been tailored based on PHC QIP Peds Measurement sets. The standardized schedule has been tailored to meet multiple PHC QIP measures. Each SOP was gone over and read out loud to everyone. This SOP has been finalized and should go out early next week.</li> </ul>		Athena
5. Discussion	<p>Open for comments, questions, or concerns</p> <ul style="list-style-type: none"> <li>• Question from Karla Bailey - <i>Are you looking for a provider for a Peds project in Vallejo?</i></li> <li>• Answer per Athena – <i>Yes, we are always looking for help. For the Centering Parenting project, we originally wanted to run a project in Fairfield and Vallejo, but we could not get help in Vallejo. So, yes, we are always looking for help, since there are not a lot of people on the quality team. So, Karla, we will jot down your name and reach out to you.</i></li> <li>• Question from Karla Bailey – <i>Can we have, for example, a pap day?</i></li> <li>• Answer per Katreena: <i>We are doing that, we are currently starting in Fairfield, so it has not made it to Vallejo yet.</i></li> <li>• Answer per Athena – <i>Since the Quality team is very small, projects usually start at Fairfield Adult first. We see how the project goes and figure out what worked vs. what didn't work, then are ready to get it over to Vallejo and Vacaville. Katreena right now is working on either "pap days" or "after hours" for Cervical Cancer Screenings.</i></li> <li>• Answer per Katreena – <i>Karla do you remember in the Provider Meeting, when Dr. Leary had all the providers vote on if they would prefer working extra hours, either after hours, Saturdays, or coming in on their Mod Day off? That was in regards to, "pap days", "A1c and BP days". So, we are going to pilot it</i></li> </ul>		Han

	<p><i>in Fairfield because we have Locums that don't have schedules, so they can help us with some of these projects. But it should be rolled out to Vacaville and Vallejo after we see how it turns out in Fairfield. But if you are ok with coming into Fairfield to do "pap days" then let us know. Zosima Inton is the first one who will be doing it in Fairfield.</i></p> <ul style="list-style-type: none"> <li>• Question from Karl Bailey – <i>What would be the hours?</i></li> <li>• Answer per Katreena – <i>It would be on your day off, with a full day of patients. Currently we are testing out Friday's because the Locums are off on Friday's, so we have the MA's help for that "Pap day" to make it a little easier.</i></li> <li>• Question from Daniel Klein – <i>The mobile mammography days, is there any information we can have to share with patients?</i></li> <li>• Answer per Athena – <i>Right now we are targeting PHC patients only, we are not advertising to all patients.</i></li> <li>• Answer per Han – <i>This is our first pilot run, we want to see how it works out first before we expand any further. So right now all our target patients are PHC patients that are capped to Family Health Services.</i></li> <li>• Comment from Daniel – <i>Most of the patients I see are mostly PHC patients.</i></li> <li>• Answer per Katreena – <i>It would have to be patients specifically on our PHC measure report that are capped to Family Health Services. So you might have a patient who needs a mammo, but are not on our list, so yes, do a referral for them. But the patients that we are trying to get in are the one's on our PHC measure report list.</i></li> <li>• Answer per Athena – <i>We also have parameters that we need to stay within, for those who would qualify for this mobile mammography project. For example, they will not be accepting those who have implants, who have had past history of breast cancer, or those who need a 3-D mammo.</i></li> <li>• Comment from Daniel – <i>Ok, understood.</i></li> <li>• Answer per Athena – <i>As we get through the project, we will share the results. Thank you Danie, for that question because in the future, if this projects works, we will need help from the providers to help us advertise.</i></li> </ul>		
--	---	--	--

<b>Next Meeting</b>	<b>Future Meetings</b>
Friday, June 7, 2024	We meet every other month
<b>Time</b>	<b>Location</b>
1:00 p.m. – 2:00 p.m.	MS Teams (meeting details above)

File location:

C:\Users\pdzuniga\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\T7SV8LJ3\New

Last edited by: Athena Gabriel on 5/15/2024

## Family Health Services

### Free Bottled Water

During this time of Excessive Heat, we at Solano County Family Health Services want to give you some advice on how to Beat the Heat:

#### **Here are some ways to stay cool:**

- Visit a local shopping center, store, or other public space
- Catch a movie at a local theater
- Take a cool shower
- Visit a friend or family member with air conditioning system
- Take a day trip to cooler climate
- Go for a swim at your community pool

[Click here](#) for summer safety tips.

We also want to give you some water to cool down and stay hydrated. Please feel free to take a few bottles with you as you leave to go home.

We care about you and your health. Stay cool!

Your friends at

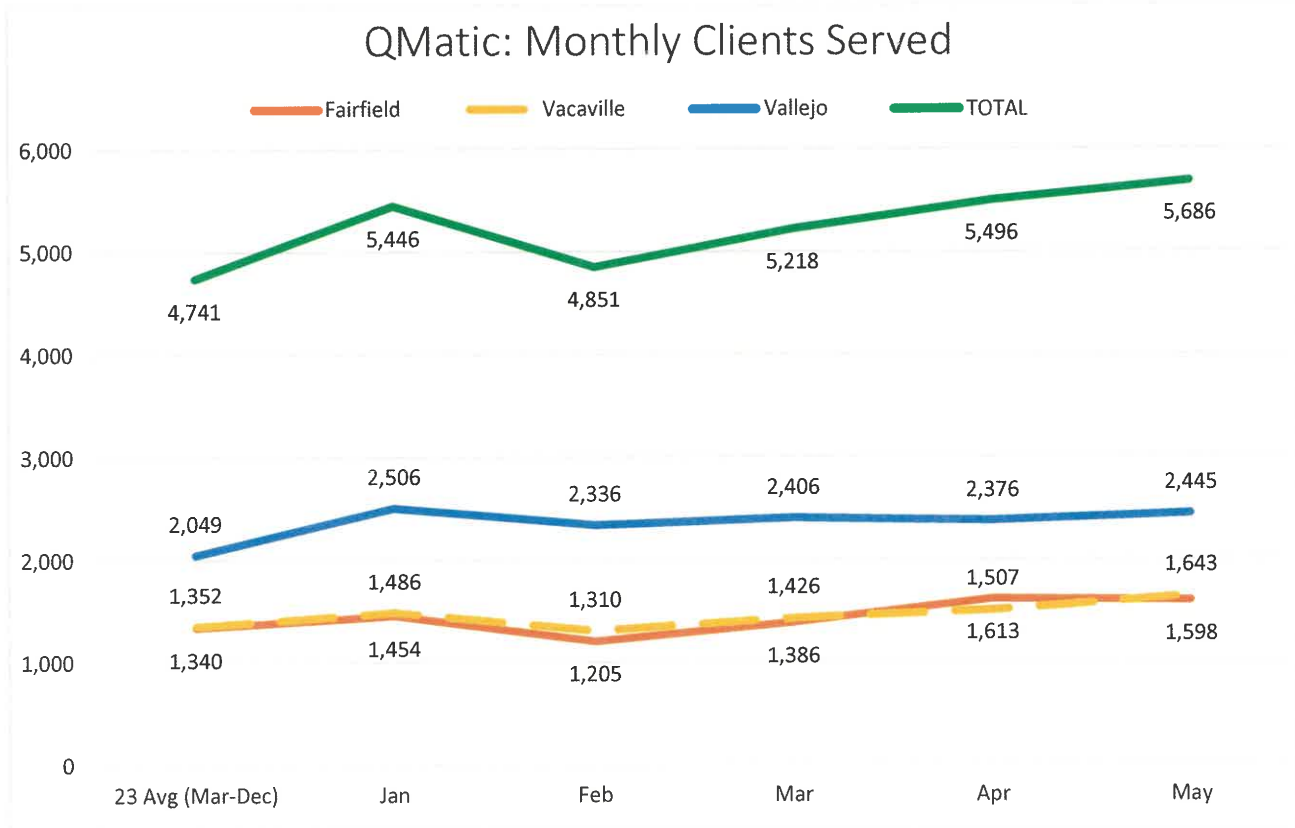
Solano County Family Health Services



**Clinic Operations Report: Clinic Metrics**

**Queue Management (Q-Matic) Stats**

Clinic Site	Clients Served					
	2023 (Mar to Dec) Average	Jan	Feb	Mar	Apr	May
<b>Fairfield</b>						
Lab	93	95	76	94	125	127
Medical (Adult)	1,247	1,359	1,129	1,292	1,488	1,471
<b>Subtotal</b>	<b>1,340</b>	<b>1,454</b>	<b>1,205</b>	<b>1,386</b>	<b>1,613</b>	<b>1,598</b>
<b>Vacaville</b>						
Dental	588	598	535	552	571	620
Medical (Adult & Peds)	764	888	775	874	936	1,023
<b>Subtotal</b>	<b>1,352</b>	<b>1,486</b>	<b>1,310</b>	<b>1,426</b>	<b>1,507</b>	<b>1,643</b>
<b>Vallejo</b>						
Dental & Medical (Adult & Peds)	1,970	2,413	2,245	2,313	2,269	2,342
Lab	79	93	91	93	107	103
<b>Subtotal</b>	<b>2,049</b>	<b>2,506</b>	<b>2,336</b>	<b>2,406</b>	<b>2,376</b>	<b>2,445</b>
<b>TOTAL</b>	<b>4,741</b>	<b>5,446</b>	<b>4,851</b>	<b>5,218</b>	<b>5,496</b>	<b>5,686</b>



**STRATEGIC PLAN REPORT**  
**STRATEGIC PLAN JULY 1, 2022 - JUNE 30,2025**  
Board of Directors Adopted: June 19. 2024

**REPORT PERIOD: May – June 2024**

**DATE OF REPORT: June 7, 2024**

**COMPLETED BY: Dona Weissenfels**

<b>DASHBOARD SUMMARY OF 43 OBJECTIVES COMPLETED</b>
<b>Status Summary of Completion of Objectives: _____ (C) Completed <u>  x  </u> (IP) In Progress _____ (D) Delayed _____ (NI) Not Initiated _____ (RR) Consider Review/Revised</b>
<b>Goal 1: Enhance the experience of FHS patients and staff.</b>
5 Objectives: _____ (C) Completed x (IP) In Progress _____ (D) Delayed _____ (NI) Not Initiated (RR) Consider Review/Revise
<b>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.</b>
4 Objectives: _____ (C) Completed <u>  X  </u> (IP) In Progress _____ (D) Delayed _____ (NI) Not Initiated _____ (RR) Consider Review/Revise
<b>Goal 3: FHS will implement a compliance program specific to the health center.</b>
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 June 2024. All projects in process.**

Solano County  
Family Health Services

## STRATEGIC PLAN GOALS AND OBJECTIVES DETAILED ASSESSMENT

### DASHBOARD: Status of Goals & Objectives

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

### PRIORITY LEVEL

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

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

Solano County  
Family Health Services

	the National Association of Community Health Center (NACHC) Training & Technical Assistance Resource Manual, the Population Health Management Module, and the NACHC Social Determinants of Health tool by July 2024.	<b>&amp; CHB Oversight</b>	<b>Staffing Quality Team is a priority to implement this project. Requesting staffing to fiscal, CAO Office Received micro-grant to improve population health for African Americans/Well Child Visits. Waiting for contract. Presentation by Dr. Stevens June 2024. Received approval for DHCS, Equity and Practice Transformation Funding (3.75 million) five year initiative. First deliverable <u>PhmCAT Survey submitted</u> April 30, 2024. Due to possible state budget cuts the funding may be cut. TBD.</b>	
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.	<b>Dr. Stevens/Dona</b>	<b>Staffing Quality Team is a priority to implement this project. Awarded Equity &amp; Practice Transformation Grant and micro-grant African Americans/Well Child Visits. EPT grant funding possible state budget cuts to this funding. TBD.</b>	<b>IP</b>
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	<b>Not Assigned</b>	<b>Not Started. CHB Member (Ruth Forney) expressed concern about the Wi-Fi quality at the Clinics. Need to determine next steps.</b>	<b>NI</b>
1.5 High	FHS will increase new provider retention by creating and implementing a new provider mentorship program by June 30, 2024.	<b>Dr. Leary</b>	<b>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. Maven projet was cut from the Clinic budget May 2024.</b>	<b>IP</b>

**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.**

<b>2 / Priority</b>	<b>Objective</b>	<b>Lead</b>	<b>Summary of work (3-5 sentences)</b>	<b>Status</b>
-------------------------	------------------	-------------	--	---------------

Solano County  
Family Health Services

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

2.1 High	Hire a nurse with a background in quality and a Data Analyst during the first quarter of 2024-2025.	Dr. Leary	Submitted personnel request (year three) to hire a Nurse Manager. 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 staff from Objective 2.1 that meets monthly and addresses HRSA and Partnership Health Plan quality goals	Dr. Leary/Dona	Hiring new staff (pending) to augment team and to free up staff to focus on quality, new supervising physicians, quality team, data analyst and nurse manager. Invited CHB members to attend the QI/QA Meetings to increase knowledge and provide input	IP
2.3 High	FHS will prioritize reviewing, revising, publishing, and training staff on policies, procedures and standing orders 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	Bela/H&SS Leadership	FHS Leadership developing continual surveillance of HRSA grant requirements via Leadership meetings and workplan.	IP

Solano County  
Family Health Services

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

	with expertise in health care compliance including HIPAA, HRSA, Medi-Cal and Medicare billing (Prospective Payment System), APM, Ryan White CARE funding, and the California Non-Profit Integrity Act. The Compliance Officer will reduce risk exposure for the patients, licensed personnel, the nonprofit Board of Directors, and the Health Department. An FHS-centered Compliance Officer will be on staff by December 2024.		<b>H&amp;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 Compliance presented, 330 presentation pending in July 2024. Identified possible solution with RegLantern to ensure 330 requirements are tracked, trended and monitored. Will fill in the compliance gap.</b>	
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.	<b>Bela/H&amp;SS Leadership</b>	<b>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. Staff attended the CPCA Annual CFO conference May 2024.</b>	<b>IP</b>

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

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



Solano County  
Family Health Services

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

	from the current EHR to EPIC by December 31, 2023.		arrived April 10 <sup>th</sup> . Training schedule published for staff, clinic closed during select times and dates.	
4.B Medium	Implement EHR transition plan developed in Objective 4.1 by September 30, 2024.	<b>Dona</b>	Plan underway with OCHIN EPIC, Vendors & DoIT, hard launch of timeline February 27, 2024 full implementation by September 24, 2024	<b>IP</b>

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

<b>5 / Priority</b>	<b>Objective</b>	<b>Lead</b>	<b>Summary of work (3-5 sentences)</b>	<b>Status</b>
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.	<b>Bela/H&amp;SS Leadership</b>	<b>Fiscal Team engaged in trainings specific to HRSA requirements for Health Centers. Improved collaboration on budget and analysis. Ongoing.</b>	<b>IP</b>
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	<b>Nina/Finance</b>	<b>In development – dates selected for training</b>	<b>IP</b>
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	<b>Nina/Finance</b>	<b>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</b>	<b>IP</b>

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

	Methodology in the development of APM Transition Plan to begin January 1, 2025.		information was gathered. Staff attended the CPCA CFO Conference Ma 2024.	
--	---	--	---	--

**Goal 6: FHS will expand dental services through investment of capital in new dental operatories (chairs).**

<b>6 / Priority</b>	<b>Objective</b>	<b>Lead</b>	<b>Summary of work (3-5 sentences)</b>	<b>Status</b>
<b>6.1 Medium</b>	<b>FHS Fairfield dental site will replace its outdated dental operatories (chairs) by June 2025</b>	<b>Dr. Rajabian</b>	<b>Requests made to replace chairs/pending. Pending installation May 2024.</b>	<b>IP</b>
<b>6.2 Low</b>	<b>FHS Vallejo Health Center will expand the number of dental operatories by four to six new dental operatories (chairs) by June 2026.</b>	<b>Dr. Rajabian</b>	<b>Renewed prior Dental Request for expansion. Project escalated to County for consideration/pending</b>	<b>IP</b>

Facktor/J. Gressman/5.13.23

# Centering Well Child Visits

1

## Brief Facts

Who? African American Babies

What? Well Child Visits

When? Birth to 15 months

May 2024- July 2025


Where? FHS, FF Pediatrics

2



**6 Well Child Visits  
from 0- 15  
months**

3



**Black Pregnant Mothers**

- Increased mortality
- Increased morbidity
- Rates are 2-3 times higher than white mothers; even educated & Higher SES Black Moms

4

## Why does this even matter?

Anti-Black Anti-Racism Work within California-  
Affects Black Californians

Doodle Poll: Put in a QR Code

Khira- Cedars Sinai

Serena Williams- Tennis Star

If it happens to FAMOUS WOMEN, what are the disparities and why are there disparities?

What can we do to address these disparities?

5

## California HealthCare Foundation

Awarded Solano County Family  
Health Services

\$\$ 1300 Grant

- Funds to be used for Centering Parenting Training \$900
- Parenting Books \$120
- Posters/AV Aids \$150



6



**CHCF Grant**

\$1300

Need the board to vote on whether we can accept this grant to provide health care to African American Babies from the ages of 0-15 months

7



**Thank you**

Michelle Stevens, M.D.  
Pediatric Medical Director  
Solano County Family Health Services  
[mestevens@solanocounty.com](mailto:mestevens@solanocounty.com)  
707-784-2101

8



California  
Health Care  
Foundation

May 15, 2024

Michelle Stevens  
Family Health Services, Supervising Physician Pediatrics  
County of Solano  
2201 Courage Drive  
Fairfield, CA 94534

Reference Number: G-33534

Dear Michelle Stevens:

It is my pleasure to inform you that the California HealthCare Foundation (CHCF) is awarding a grant in the amount of \$1,300 to the County of Solano (Grantee) for *Addressing Anti-Black Racism Delivery System Initiative (Solano County)*.

The grant is subject to the terms described in the Grant Agreement and Conditions enclosed with this letter. You may submit a signed copy either electronically if you received a copy from CHCF through DocuSign, uploading a signed copy to CHCF's Grants Portal at <https://chcfgrants.foramtitan.com/ftproject/grants>, or by emailing a signed copy to Ann Speyer, Program Associate ([aspeyer@chcf.org](mailto:aspeyer@chcf.org)). For questions or concerns related to this award, please contact Katherine Haynes, Senior Program Officer ([khaynes@chcf.org](mailto:khaynes@chcf.org)).

We are happy to make this grant and look forward to our continued partnership.

Sincerely,

*Tie K. Kim*

Tie K. Kim  
Vice President, Finance & Administration

Enclosure



California  
Health Care  
Foundation

### **GRANT AGREEMENT AND TERMS**

This grant from the California HealthCare Foundation (CHCF), a California nonprofit public benefit corporation, is for the purposes described below and is subject to the Grantee's acceptance of the terms specified below. This Agreement will be effective when signed by a properly authorized representative of the Grantee organization and returned to CHCF: submit by uploading to CHCF's Salesforce Grants Management System; by mail at 1438 Webster Street, Suite 400, Oakland, CA 94612; or by email to the CHCF staff assigned to this grant.

---

**Grant Number:** G-33534  
**Grantee:** County of Solano  
**Award Amount:** \$1,300  
**Period of Grant:** May 15, 2024 through May 30, 2025

**Grant Title** *Addressing Anti-Black Racism Delivery System Initiative (Solano County)*

**Grant Lead:** Michelle Stevens

**Email:** mstevens@solanocounty.com

#### **Purpose:**

To support Family Health Services, Solano County's pilot program for group well child visits for Black families and their children with race concordant providers, to improve adherence to well child visit schedules and patient experience of care.

**CHCF Staff Assigned to this Grant:** Katherine Haynes, Senior Program Officer



**Report Schedule:\***

<b>Date Due</b>	<b>Type of Report</b>	<b>Report Description</b>
May 24, 2024	Signed Agreement	Signed agreement
May 30, 2024	Deliverable	Evaluation plan
May 31, 2025	Deliverable	Short final report of activities accomplished.

\* Please alert CHCF of any reason that may impact the timely submission of reports. Guidelines for writing Progress Reports, Final Narrative Reports, and Evaluation Reports can be downloaded from CHCF's website at [www.chcf.org/grants/grantee-resources](http://www.chcf.org/grants/grantee-resources).

**Payment Schedule:**

Grant payments will be made within 30 days of CHCF's receipt of the following:

<b>Amount</b>	<b>Deliverable &amp; Due Date</b>
\$1,300	Signed Agreement due May 24, 2024

**Purpose:**

The objective of this project is to support Family Health Services, Solano County's pilot program for group well child visits for Black families and their children with race concordant providers, to improve adherence to well child visit schedules and patient experience of care.

Family Health Services, Solano County will aim to complete the following activities:

- Work Group Formation
  - Establish working group to review pilot findings
- Before Group Visits:
  - Secure conference room locations and ensure schedules for provider and staff facilitators are blocked for group visits
  - Secure equipment and supplies for executing the training
  - Conduct outreach to confirm attendance at specified time in evening
- During Group Visit (Approximately 3 hours)
  - Collect missing key vitals of pediatric patients
  - Conduct needed physical examinations and administer needed vaccinations
  - Engage in group discussion with fellow parents, community speakers, and other health leaders
  - Provide Reach out and Read book to Children and Gift cards to Mothers
  - Provide follow-up patient education sheets and reminders for follow up group meeting
- Post Group Visit
  - Debrief after each visit and ensure documentation into the electronic medical records

- Evaluation
  - Administer pre and post group visit surveys to assess patient experience
  - Analyze workgroup outcomes, including degree of adherence to well child visit schedule versus patient population not involved in the group visit pilot
- Sustainability Significance and Novelty of Proposed Work
  - Upon completion of the pilot, results will be analyzed and considered for inclusion into routine operations and budget

## **GRANT TERMS**

### **1. Political Activities**

Grant funds may not be used for any of the following purposes: to carry out propaganda, or otherwise attempt to influence legislation; to influence the outcome of any specific public election or to carry on directly or indirectly any voter registration drive; to make any ‘contribution,’ ‘expenditure,’ or ‘payment to influence legislative or administrative action,’ as those terms are defined by sections 82015, 82025, and 82045, respectively, of the California Government Code and applicable California Fair Political Practices Commission regulations; to make any grants that do not comply with the rules for individual grants and organizational grants in Section 4945 of the Internal Revenue Code; or to undertake any activity for a non-charitable purpose.

### **2. IRS Determination**

The Grantee shall provide immediate written notification to CHCF of any changes in the Grantee Institution’s tax status as defined by the Internal Revenue Code.

### **3. Expenditure of Funds**

This grant is to be used to support the purpose of the award. Any changes in the use of CHCF’s grant funds must be requested in writing, and CHCF’s approval obtained, before such changes are implemented. Grant funds that are not used for the purposes of the grant must be returned to CHCF within 60 days of the close of the grant.

### **4. Financial Records**

The Grantee is expected to maintain complete books and records of revenues and expenditures for the project, which should be made available for inspection at reasonable times if deemed necessary by CHCF. CHCF, at its expense, will periodically audit a selected number of its grants. If this grant is selected, the Grantee will be expected to provide all necessary assistance in connection with such audit. Records must be kept for at least three (3) years after completion of the grant.

### **5. Indemnification**

Except as otherwise provided below, each party to this Agreement will, to the maximum extent

permitted by California law, indemnify, hold harmless and defend the other party, its directors, officers, employees and agents from and against any claim, action, proceeding, loss, liability, expense, damages, judgment, amounts paid in settlement, costs, expenses, attorneys' fees and witness fees (a "Claim") which arises as a result of the breach of any representation, warranty, covenant or agreement of the indemnitor set forth in this Grant Agreement. In addition, the Grantee will, to the maximum extent permitted by California law, indemnify, hold harmless and defend CHCF, its directors, officers, employees and agents, from and against any Claim which arises in whole or part out of carrying out the Purpose of this award from and after the Grant commencement date, but only in proportion to and to the extent such claim is caused by or results from the negligent or intentional acts or omissions of Grantee, its officers, employees or agents. Similarly, CHCF will, to the maximum extent permitted by California law, indemnify, hold harmless and defend Grantee, its directors, officers, employees and agents, from and against any Claim which arises in whole or part out of the use of deliverables from the Grant by CHCF, but only in proportion to and to the extent such claim is caused by or results from the negligent or intentional acts or omissions of CHCF, its officers, employees or agents.

## **6. Acknowledgment and Publicity**

The California HealthCare Foundation may issue a press release or other announcement about this project. If the Grantee wishes to issue a press release regarding this grant, CHCF requires review and final sign-off of the text by its External Engagement Department. Any publication produced by the Grantee that refers or results from this grant should include an acknowledgment of CHCF. The following acknowledgement is suggested:

“Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit [www.chcf.org](http://www.chcf.org) to learn more.”

## **7. Grant Termination**

CHCF, at its sole option, may terminate the grant at any time if, in CHCF's judgment, the grantee becomes unable to carry out the Purpose of the grant, ceases to be an appropriate means of accomplishing the Purpose of the grant, or fails to comply with any of the terms of the Grant Agreement.

## **8. Limitation**

It is expressly understood that CHCF has no obligation to provide other or additional support for this or any other project or purposes.

**Acceptance of Grant Agreement and Terms.** This document is to be signed by an official authorized to sign for the Grantee and by the Grant Lead,\* signifying that the Grantee organization agrees to comply with all the terms of the grant specified above. If the Grant Lead is authorized to sign for the institution, the same person may sign in both capacities.

The above Grant Agreement and Terms is hereby accepted and agreed to as of the date specified:

County of Solano

For: \_\_\_\_\_  
Grantee Institution  
Public, state agency  
94-6000538

By: _____	_____
Signature of Authorized Official	Signature of Grant Lead
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Date	Date

\*The Grant Lead is the individual directly responsible for developing the proposed activity, its implementation, and day-to-day direct supervision of the grant.

**U.S. Department of Health and Human Services**



**Health Resources & Services Administration**

**NOTICE OF FUNDING OPPORTUNITY**

**Fiscal Year 2025**

**Bureau of Primary Health Care**

**Health Center Program**

**Expanded Hours**

**Funding Opportunity Number: HRSA-25-084**

**Funding Opportunity Type(s): New**

**Assistance Listing Number: 93.224**

**Application Due Date in Grants.gov: June 24, 2024**

**Supplemental Information Due Date in HRSA EHBs: July 23, 2024**

**Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!**

**We will not approve deadline extensions for lack of registration.**

**Registration in all systems may take up to 1 month to complete.**

**Issuance Date: May 21, 2024**

Tyler Bysshe and Claire Giammaria  
Public Health Analysts, Bureau of Primary Health Care  
Call: 301-594-4300  
Contact: [BPHC Contact Form](#)

[Expanded Hours \(EH\) technical assistance \(TA\) webpage](#)

See [Section VII](#) for a complete list of agency contacts.

Authority: [42 U.S.C. § 254b \(Title III, § 330 of the Public Health Service \(PHS\) Act\)](#)

## 508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

## SUMMARY

Funding Opportunity Title:	Expanded Hours
Funding Opportunity Number:	HRSA-25-084
Assistance Listing Number:	93.224
Due Date for Applications – Grants.gov:	<b>Phase 1:</b> June 24, 2024 (11:59 p.m. ET)
Due Date for Supplemental Information – HRSA Electronic Handbooks (EHBs):	<b>Phase 2:</b> July 23, 2024 (5 p.m. ET)
Purpose:	Expanded Hours (EH) funding will expand access to health center services by increasing health center operating hours to meet identified patient and community needs.
Program Objective:	Expand access and alleviate barriers to high-quality primary care by increasing the number of hours during which you provide services to patients.
Eligible Applicants:	Current Health Center Program operational (H80) grant award recipients. See <a href="#">Section III</a> for complete eligibility information.
Anticipated FY 2025 Total Available Funding:	\$60 million
Estimated Number and Type of Award(s):	Approximately 120 new grants
Estimated Annual Award Amount:	Up to \$500,000 per year. Your funding request should be scaled to reflect the size and scope of your proposed project.

Minor Alteration/Renovation (A/R) and Equipment Costs Allowed:	Yes, you may request up to \$150,000 of the \$500,000 in year 1 for minor alteration/renovation and equipment costs.
Cost Sharing or Matching Required:	No
Period of Performance:	December 1, 2024 through November 30, 2026 (2 years)
Agency Contacts:	<p><b>Business, administrative, or fiscal issues:</b></p> <p>Clare Oscar and Saul Arana Grants Management Specialists Division of Grants Management Operations, OFAM Email: <a href="mailto:coscar@hrsa.gov">coscar@hrsa.gov</a> and <a href="mailto:sarana@hrsa.gov">sarana@hrsa.gov</a></p> <p><b>Program issues or technical assistance:</b></p> <p>Tyler Bysshe and Claire Giammaria Public Health Analysts, Office of Policy and Program Development Bureau of Primary Health Care Contact: <a href="#">BPHC Contact Form</a></p> <ul style="list-style-type: none"> <li>• Under <i>Funding</i>, select <i>Applications for Notice of Funding Opportunities</i>, then <i>Expanded Hours</i></li> </ul>

## Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and the *HRSA Two-Tier Application Guide*. Visit [HRSA’s How to Prepare Your Application page](#) for more information.

## Technical Assistance

The [EH TA webpage](#) includes:

- Application resources, such as example forms and documents.
- Answers to frequently asked questions.
- Details about our pre-application TA webinar.
- Contact information for questions.

The HRSA-supported [Health Center Resource Clearinghouse](#) also provides training and TA resources for health centers nationwide.

## Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE .....	1
2. BACKGROUND.....	1
II. AWARD INFORMATION.....	2
1. TYPE OF APPLICATION AND AWARD .....	2
2. SUMMARY OF FUNDING .....	2
III. ELIGIBILITY INFORMATION .....	3
1. ELIGIBLE APPLICANTS .....	3
2. COST SHARING OR MATCHING .....	3
3. OTHER .....	3
IV. APPLICATION AND SUBMISSION INFORMATION.....	4
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	4
2. CONTENT AND FORM OF APPLICATION SUBMISSION .....	4
i. Project Abstract .....	8
ii. Project Narrative.....	9
iii. Budget.....	12
iv. Budget Narrative.....	14
v. Program-Specific Forms (Submit in EHBs).....	15
vi. Attachments.....	15
3. UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM).....	16
4. SUBMISSION DATES AND TIMES .....	17
5. INTERGOVERNMENTAL REVIEW.....	17
6. FUNDING RESTRICTIONS .....	17
V. APPLICATION REVIEW INFORMATION .....	18
1. REVIEW CRITERIA .....	18
2. REVIEW AND SELECTION PROCESS .....	21
3. ASSESSMENT OF RISK.....	22
VI. AWARD ADMINISTRATION INFORMATION.....	23
1. AWARD NOTICES .....	23
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .....	23
3. REPORTING .....	24
VII. AGENCY CONTACTS.....	25
VIII. OTHER INFORMATION.....	26
APPENDIX A: PAGE LIMIT WORKSHEET.....	27
APPENDIX B: EQUIPMENT AND MINOR A/R REQUIREMENTS.....	28



# I. Program Funding Opportunity Description

## 1. Purpose

This Notice of Funding Opportunity (NOFO) announces the opportunity to apply for funding under the fiscal year (FY) 2025 Expanded Hours (EH) program. EH funding will expand access to health center services by increasing health center operating hours to meet identified patient and community needs.

See [Program Requirements and Recommendations](#) for more details.

## 2. Background

The Health Center Program is authorized by [42 U.S.C. § 254b](#) (Title III, § 330 of the Public Health Service (PHS) Act). For the purpose of this NOFO, health centers are defined as those receiving Health Center Program operational funding under Sections 330(e), (g), (h) or (i), otherwise referred to as H80 funding.

Increasing access to preventive care is a Healthy People 2030 goal.<sup>1</sup> In 2020, only 5.3 percent of adults received recommended evidence-based preventive health care.<sup>2</sup> Delayed care is often the result of barriers such as lack of health insurance, lack of access to transportation, lack of availability of appointments, and inability to take time off work to attend appointments.<sup>3</sup> In 2020, 46 percent of households surveyed nationwide reported negative health consequences as a result of not being able to get an appointment during the hours needed.<sup>4</sup>

In 2022, health centers provided access to primary care services for 30.5 million patients at more than 15,000 service sites.<sup>5</sup> Health centers address financial barriers to accessing care by offering health care regardless of ability to pay based on a sliding fee.<sup>6</sup> To further address access, health centers' operating hours must be responsive to

---

<sup>1</sup> Healthy People 2030. Health care access and quality. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality> (accessed May 25, 2023).

<sup>2</sup> Healthy People 2030. Increase the proportion of adults who get recommended evidence-based preventative health care. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-adults-who-get-recommended-evidence-based-preventive-health-care-ahs-08/data> (accessed July 17, 2023).

<sup>3</sup> Healthy People 2030. Access to Primary Care. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care> (accessed July 17, 2023).

<sup>4</sup> NPR, Robert Wood Johnson Foundation, & Harvard TH Chan School of Public Health, 2020. *The Impact of Coronavirus on Households Across America*. [https://www.hsph.harvard.edu/wp-content/uploads/sites/94/2020/09/NPR-RWJF-Harvard-National-Report\\_092220\\_Final-1.pdf](https://www.hsph.harvard.edu/wp-content/uploads/sites/94/2020/09/NPR-RWJF-Harvard-National-Report_092220_Final-1.pdf) (accessed August 4, 2023).

<sup>5</sup> HRSA. 2022. Health Center Program: Impact and growth. <https://bphc.hrsa.gov/about-health-centers/health-center-program-impact-growth> (accessed August 8, 2023).

<sup>6</sup> HRSA. 2018. Health Center Program Compliance Manual, Chapter 9: Sliding fee discount program. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter9> (accessed May 3, 2023).

patients' needs,<sup>7</sup> and they must have arrangements for promptly responding to medical emergencies after hours.<sup>8</sup>

Health centers will use EH funding to further ease patients' ability to access essential health center services during new operating hours such as early weekday mornings, weekday evenings, and weekends, when access to primary care may otherwise be limited or nonexistent in their community. New operating hours will support patients to receive care in a primary care setting, reducing visits to emergency departments. This will reduce health care costs and preserve emergency department capacity for patients with acute needs.

## **II. Award Information**

### **1. Type of Application and Award**

Application type: New.

We will fund you via a grant.

### **2. Summary of Funding**

We estimate \$60 million will be available each year to fund approximately 120 awards. You may apply for up to \$500,000 annually (reflecting direct and indirect costs).

The period of performance is December 1, 2024, to November 30, 2026 (2 years).

Support beyond the first budget year will depend on:

- Appropriations
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

**We may adjust the final award amounts or number of awards based on the number of fundable applications.**

If funded, we will award EH funding as a new grant award, separate from your Health Center Program operational (H80) award. Under 45 CFR § 75.302, you must document use of EH funds separately and distinctly from other Health Center Program funds and other federal award funds. You must maintain your H80 award status throughout the 2-year period of performance to maintain your EH funding.

All uses of EH funds must align with your H80 scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target

---

<sup>7</sup> HRSA. 2018. Health Center Program Compliance Manual, Chapter 6: Accessible locations and hours of operation. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter6> (accessed May 3, 2023).

<sup>8</sup> HRSA. 2018. Health Center Program Compliance Manual, Chapter 7: Coverage for medical emergencies during and after hours. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter7> (accessed May 3, 2023).

population that are supported (wholly or in part) under your total approved health center budget. You must comply with all Health Center Program requirements as described in the Health Center Program Compliance Manual, and applicable law and regulations.<sup>9</sup>

We will assess your performance based on your approved scope adjustments and documented increase in operating hours 18 months after the award start date, compared to the increase in hours proposed in your application. We will use these assessments to determine if you will receive increased, continued, reduced, or no funding beyond the initial 2-year funding period. If HRSA continues funding, we may supplement this initial award and/or provide further funding under your H80 award.

When we assess your performance, we may also consider activity progress and increases in the:

- Number of patients and visits.
- Hours across all service delivery sites.
- Number of sites with increased hours.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

You can apply if your organization is a Health Center Program award recipient<sup>10</sup> with an active H80 grant award.

#### **2. Cost Sharing or Matching**

Cost sharing or matching is not required for this program.

#### **3. Other**

We may consider your application ineligible for review if it:

- Requests more than \$500,000 annually.
- Does not include a Project Narrative.
- Fails to meet the deadline referenced in Section IV.4.

---

<sup>9</sup> Requirements are stated in 42 USC § 254b (section 330 of the PHS Act), and in applicable program regulations (42 CFR parts 51c and 56, as appropriate), grants regulations (45 CFR part 75), and grants policy (HHS Grants Policy Statement).

<sup>10</sup> Funded under 42 U.S.C. § 254b(e), (g), (h), and/or (i).

## Multiple Applications

We will only review your **first** validated application under HRSA-25-084 in Grants.gov. If you wish to change attachments submitted in a Grants.gov application, you may do so in the [HRSA EHBs](#) application phase.

## IV. Application and Submission Information

### 1. Address to Request Application Package

We **require** you to apply online through Grants.gov and EHBs. Use the SF-424 workspace application package associated with this NOFO. You must use a **two-phase** submission process. Follow these directions: [How to Apply for Grants](#) and those in EHBs.

- **Phase 1 – Grants.gov** – You must submit your application via Grants.gov by **June 24, 2024 at 11:59 p.m. ET.**
- **Phase 2 – EHBs** – You must submit supplemental information via EHBs by **July 23, 2024 at 5 p.m. ET.**

**Only applicants who successfully submit the workspace application package associated with this NOFO in Grants.gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2).** If you wish to change information you submitted in EHBs, you may reopen and revise your application before the EHBs deadline. For more details, see Sections 3 and 4 of the *Two-Tier Application Guide*. **Note:** Grants.gov calls the NOFO, “Instructions.”

Select “Subscribe” and enter your email address for HRSA-25-084 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

### 2. Content and Form of Application Submission

#### Application Format Requirements

Follow instructions in Sections 4 and 5 of the *Two-Tier Application Guide* and this NOFO. Write your application **in English. Use U.S. dollars for your budget.** There’s an Application Completeness Checklist in the *Two-Tier Application Guide* to help you.

In **Grants.gov (Phase 1)**, submit your:

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project/Performance Site Locations
- Grants.gov Lobbying Form

- Key Contacts

In **EHBs (Phase 2)**, submit your:

- Project Narrative
- SF-424A Budget Information Form
- Budget Narrative and Table of Personnel Paid with Federal Funds
- Program-Specific Forms
- Attachments, if applicable

### **Application Page Limit**

The page limit for your application is **50 pages**. We will not review any pages that exceed the page limit. Using the pages within the page limit, we will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms in the NOFO's workspace application package and program-specific forms in EHBs
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in [Section IV.2.vi Attachments](#).

If you use an OMB-approved form that is not in the HRSA-25-084 workspace application package or EHBs application, it may count toward the page limit. Therefore, we recommend you only use Grants.gov and EHBs workspace forms for this NOFO to avoid exceeding the page limit.

**It is important to ensure your application does not exceed the specified page limit.** See [Appendix A: Applicant Page Limit Worksheet](#) for additional information.

**Applications must be complete, validated by Grants.gov, and submitted under HRSA-25-084 before the Grants.gov and EHBs [deadlines](#).**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- When you submit your application, you certify that you and your principals<sup>11</sup> (for example, program director) can participate in receiving award funds to carry out a

---

<sup>11</sup> See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.

- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.<sup>12</sup>
- If you cannot certify this, you must explain why in [Attachment 1: Other Relevant Documents](#).

See Section 5.1 viii – Certifications of the *Two-Tier Application Guide*.

## Program Requirements and Recommendations

### Program Requirements

- You must propose to use EH funds to increase the number of health center operating hours. Expanded hours are defined as an increase in the number of operating hours over your current operating hours by 1 or more hour each week.<sup>13</sup>
- You must expand hours for one or more in-scope service delivery sites.<sup>14</sup>
- Your expanded hours must be responsive to the needs of patients and residents of your service area.
- You must provide in-person appointments during your expanded hours.<sup>15</sup>
- You must maintain compliance with all Health Center Program requirements and all other applicable federal, state, and local laws and regulations.
- Within 6 months of award, you must begin to increase operating hours at one or more of your proposed sites and document the increase through a Form 5B Scope Adjustment Request in EHBs.<sup>16</sup> If you do not add hours within 6 months of award, HRSA may impose additional award conditions per [45 CFR § 75.207](#),

---

<sup>12</sup> See also 2 CFR parts [180](#) and [376](#), 31 U.S.C. [§ 3354](#), and [45 CFR § 75.113](#).

<sup>13</sup> For the purpose of this NOFO, current operating hours are the hours captured in the EHBs, with information pre-populated from your approved scope of project (on Form 5B) as of the time of this NOFO's release.

<sup>14</sup> You may propose to increase hours of operation at any service delivery site in your approved scope of project (on Form 5B) as of the time of this NOFO's release.

<sup>15</sup> You may offer telehealth services in addition to in-person appointments during your expanded hours. For information about telehealth and your health center scope of project, refer to [PAL 2020-01](#).

<sup>16</sup> For information on Scope Adjustment Requests, refer to the [Scope of Project](#) page and the Change in Scope questions under Scope of Project at [Health Center Program Compliance Frequently Asked Questions](#).

which may include additional project monitoring or draw down restriction. If you do not resolve such conditions within the specified timeframe, HRSA may terminate all, or part, of your EH award per 45 CFR § 75.371.

- Within 18 months of award (6 months prior to the end of the 2-year period of performance), you must implement your entire proposed increase in hours of operation and document the increase through a Form 5B Scope Adjustment Request in EHBs.

We will consider your proposed versus actual increase in hours of operation 18 months after award (6 months prior to the end of the 2-year period of performance) to inform ongoing funding decisions.

### **Program Recommendations**

When designing your project, consider:

- The maximum number of sites at which you can expand hours to support patient access to health center services.
- Addressing issues that contribute to health disparities among current patients and other residents in the service area.
- Your team's cultural and clinical competence.<sup>17</sup>
- Scheduling barriers that impede patients' ability to access care during your current operating hours, including patients' nontraditional work schedules, lack of sick leave, and childcare needs.
- Other barriers to care that may include transportation issues, language assistance, and the need for other non-clinical services that support access to health care and improved health outcomes.
- Your workforce well-being and safety.
- Establishing or enhancing partnerships to support referring patients who can benefit from your increased hours of operation.

You can change the way services are delivered, but you may not add a new service to scope with this funding.<sup>18</sup>

---

<sup>17</sup> Refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care for additional information.

<sup>18</sup> All uses of EH funds must align with your H80 scope of project. Refer to the Change in Scope questions under Scope of Project at Health Center Program Compliance Frequently Asked Questions and Updating Form 5A: Services Provided for more information. As a reminder, you must request all scope adjustments outside of this application.

If you use broadband or telecommunications services to provide health care, discounts are available through the Federal Communication Commission’s Universal Service Program. For more information, see the [Rural Health Care Program](#). The [Affordable Connectivity Program \(ACP\)](#) and [Lifeline](#) are federal programs that help eligible households pay for internet services and internet connected devices. Patients living on tribal lands may be eligible for additional benefits through ACP.

**Program-Specific Instructions**

Include application requirements and instructions from Sections 4 and 5 of the *Two-Tier Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

**i. Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 5.1.ix of the *Two-Tier Application Guide*. In addition, provide your Health Center Program grant number (H80CSXXXXX) and a brief summary of how your proposal for increasing hours of operation will meet identified needs in your community.

**NARRATIVE GUIDANCE**

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you address everything. We will consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section, Forms, Attachments	Review Criteria
Need section	Criterion 1: Need
Response section Project Overview Form Form 5B - Select Site(s) From Scope Form	Criterion 2: Response
Collaboration section	Criterion 3: Collaboration
Resources/Capabilities section Project Overview Form Equipment List Form (if applicable) Minor A/R Budget Justification (as part of the A/R Project Cover Page, if applicable)	Criterion 4: Resources/Capabilities
Impact section Project Overview Form	Criterion 5: Impact



Narrative Section, Forms, Attachments	Review Criteria
Budget Narrative SF-424A Budget Information Form Equipment List Form (if applicable) Minor A/R Budget Justification (as part of the A/R Project Cover Page, if applicable)	Criterion 6: Support Requested

**ii. Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Use the section headers. This ensures reviewers can understand your proposed project. The *Support Requested* section does not require a written narrative and will be scored based upon information in other application components.

*NEED*-- Corresponds to Section V. Review Criterion 1: Need

1. Describe how you determine that your current hours of operation are responsive to patient and community needs. Include how you collect patient input to determine your hours and how you ensure that your hours continue to meet patient needs over time.
2. Describe the needs that your proposed expanded hours, and services to be provided in those hours, will address. Be specific to the needs of current patients and other service area residents, including those experiencing health disparities. Support your description with data from each of the following sources.
  - a. Your latest health center needs assessment;<sup>19</sup>
  - b. Your patient service utilization data;<sup>20</sup>
  - c. Community-wide health needs assessments (such as those conducted by a hospital, health department, or other organization that serves the service area);
  - d. Patient input from sources such as annual surveys, focus groups, patient board members, and other means; and
  - e. Information provided by other service area residents who are not current patients.

Provide an explanation if any of these data sources are unavailable, or not current or specific to your patients and service area residents.

---

<sup>19</sup> Refer to Chapter 3: Needs Assessment of the Compliance Manual.

<sup>20</sup> Use the utilization data that best supports your proposed project. For example, if you are adding more weekend operating hours, consider including data you have collected that demonstrates wait times for weekend appointments are longest.

*RESPONSE-- Corresponds to Section V. Review Criterion 2: Response*

Complete the Project Overview Form in EHBs. In this form, you will provide site-specific details about your proposed project, including key, time-framed tasks for adding hours. Reviewers will assess information you provide in the Project Overview Form together with the responses to the questions below to provide a score for your *Response*. Refer to the [EH technical assistance webpage](#) for an example Project Overview Form.

1. Describe how you determined the following, and include how these decisions will maximize the benefit of expanded hours to your patients and community by addressing identified needs described in the NEED section:
  - a. The number of sites where you will increase hours of operation.
  - b. Which sites would be selected.
  - c. The types of services you plan to offer during the additional hours.
2. Describe your proposed increase in hours of operation, including:
  - a. The additional hours your sites will be open, such as new weekend or evening hours.
  - b. The other options available for your patients to access primary health care services during your additional hours, other than at your health center.
  - c. How the additional hours are responsive to the identified needs described in the NEED section.
3. Describe how the services that will be available during increased hours of operation address needs described in the NEED section. The service information you describe here will be more detailed than the service categories you selected on the Project Overview Form. For example, if you selected medical on the Project Overview Form, you should describe the specific services you'll offer during your increased hours of operation (such as gynecological or pediatric).<sup>21</sup>
4. Describe how the additional operational hours will reduce non-urgent visits to emergency departments.
5. Describe how you will advertise your increased hours of operation to your current patients and other residents of your service area.

*COLLABORATION-- Corresponds to Section V. Review Criterion 3: Collaboration*

1. Describe any existing or new partnerships or collaborative arrangements that will support implementation of your proposed project. Include partners that will promote your increased hours of operation, refer patients to the health center, and address patients' health related social needs that impact access to care.

---

<sup>21</sup> Reminder: in-person services are required. Telehealth is optional.

2. If applicable, describe how you will coordinate with other providers in your service area (such as other health centers, rural health clinics, and critical access hospitals) to ensure that you address patients' comprehensive needs during your expanded hours.

*RESOURCES/CAPABILITIES-- Corresponds to Section V. Review Criterion 4: Resources/Capabilities*

1. Describe your past expansion efforts (such as changes in hours, services, and/or minor A/R projects) and how lessons learned informed your proposed project.
2. Describe your clinical and non-clinical workforce plan to support successfully increasing hours of operation at your service sites.
3. Describe your plans to help ensure safety of patients and staff, as applicable. For example, if you propose to stay open late in the evening and security is a concern, you may tell us about your plans to expand or add new trauma informed safety practices or personnel.
4. If your proposal includes minor alteration and renovation activities (A/R), describe how they are necessary to successfully implement your project and your ability to complete your planned minor A/R activities within 12 months of award.
5. Describe how you will maintain additional operating hours and sustain services provided with EH funding throughout the 2-year period of performance and beyond.

*IMPACT-- Corresponds to Section V. Review Criterion 5: Impact*

1. Describe how you estimated the proposed increase in patients based on the identified need and increased hours of operation noted on your Project Overview form.
2. Describe how and how often you will assess the extent to which the hours, site(s), and services you selected are:
  - a. Meeting the identified needs of current patients and other residents of your service area.
  - b. Increasing patients/visits.
  - c. Reducing patients' non-urgent use of emergency departments.
3. Describe how you will use your findings from your assessments noted above to adjust your project over the 2-year period of performance.

*SUPPORT REQUESTED-- Corresponds to Section V. Review Criterion 6*

Attach the budget narrative and complete the SF-424A, Equipment List (if applicable), and Minor A/R Budget Justification form (as part of the A/R Project Cover Page, if applicable) in EHBs to reflect a proposed budget that will reasonably support the size and scope of your proposed project, including total number of additional hours, number

of sites, and service types. To access complete instructions and preview the forms to be completed in EHBs, visit the [EH TA webpage](#). You are not required to write a *Support Requested* section in your Project Narrative.

### iii. **Budget**

Follow the instructions in Section 5.1. iv Budget of the *Two-Tier Application Guide* and any specific instructions listed in this section. Your total budget<sup>22</sup> for EH should show a well-organized plan.

**Reminder:** The total budget for this project are all allowable (direct and indirect) costs<sup>23</sup> used for EH. This includes costs charged to the award and non-federal funds used to support the project.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)\*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 5.1.v. Budget Narrative in the *Two-Tier Application Guide*.

\**Note:* One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

You may use up to \$150,000 in year 1 for one-time costs necessary to meet the EH objectives, including:

- Minor alteration/renovation (as defined in [Appendix B: Equipment and Minor A/R Requirements](#), the total federal and non-federal cost of the alteration/renovation project must be less than \$1,000,000, excluding the cost of moveable equipment), and/or
- Moveable equipment that costs \$5,000 or more.

Your total budget must:

- Include the amount of EH funds to be awarded (up to \$500,000 each year).
- Include all non-federal funds that will support your proposed project.
- Comply with all related HHS policies and other federal requirements.<sup>22</sup> You have discretion about how you propose to allocate the total budget between EH federal funds and other funding that supports the project if you are following the outlined policies and federal requirements.
- Directly relate to and support the proposed project.

---

<sup>22</sup> See [Chapter 17: Budget](#) of the Compliance Manual.

<sup>23</sup> For details on allowable costs, see 45 CFR part 75 at <https://www.ecfr.gov/current/title-45/part-75>.

All activities must be carried out consistent with Health Center Program requirements as described in the Health Center Program Compliance Manual, including those associated with Chapter 9: Sliding Fee Discount Program and Chapter 17: Budget.

### **Program Income**

The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

In accordance with § 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, “as permitted under this section [§ 330],” and may use such funds “for such other purposes as are not specifically prohibited under this section [§ 330] if such use furthers the objectives of the project.”

### **Specific Instructions**

As required by the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II § 202, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2024, the salary rate limitation is \$221,900. As required by law, salary rate limitations may apply in future years and will be updated.

### **Budget Information Form (SF-424A)**

Complete the Budget Information Form in EHBs. The budget information in these sections must match the total cost of your EH project for year 1, except Section E, which records year 2. You should scale the federal funding amount you request to reflect the size and scope of your proposed project, including total number of additional hours, number of sites, and types of services you can support with the requested budget.

- Section A – Budget Summary: Under New or Revised Budget, in the Federal column, enter the federal funding requested for year 1 (up to \$500,000) for each type of Section 330 funding that you currently receive. The types are:
  - Section 330(e) Community Health Center
  - Section 330(g) Migrant Health Center
  - Section 330(h) Health Care for the Homeless
  - Section 330(i) Public Housing Primary Care

We will award funding based on your current H80 award proportions. Enter all other project costs in the Non-Federal column. Leave the Estimate Obligated Funds column blank.

- Section B – Budget Categories: Enter an object class category (line item) budget for year 1, broken out by federal and non-federal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative. You may request up to \$150,000 for equipment and/or minor A/R. If you request funds for equipment, include that amount on the equipment line. If you request funds for minor A/R, include that amount on the construction line. Plan to complete minor A/R in year 1.
- Section C – Non-Federal Resources: Enter all sources of funding for year 1 except for the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category.
- Section D – Forecasted Cash Needs: Leave this section blank.
- Section E – Budget Estimates of Federal Funds Needed for Balance of the Project: Enter the federal funding request (up to \$500,000) for year 2 in the (a) First column. The other columns must remain \$0.
- Section F – Other Budget Information: If applicable, explain amounts for individual object class categories that may appear to be out of the ordinary in Direct Charges. Enter the type of indirect rate (provisional, predetermined, final, fixed, or de minimis) that will be in effect during the period of performance.

#### iv. ***Budget Narrative***

EH requires a detailed budget narrative that outlines federal and non-federal costs by object class category for **each requested 12-month period** (budget year) of the 2-year period of performance. The sum of line-item costs for each category must align with those presented on the SF-424A Budget Information Form. See Section 5.1.v. of the *Two-Tier Application Guide*.

For year 2, the narrative should highlight the changes from year 1 or clearly indicate that there are no substantive changes. See the [EH TA webpage](#) for an example Budget Narrative.

Your budget narrative must:

- Demonstrate that you will use EH funds to increase the number of hours that you provide services to patients.
- Clearly detail proposed costs for each line item on your SF-424A Budget Information Form, section B, with calculations for how you estimated each cost.
- Not include ineligible costs.
- Not exceed \$150,000 in one-time costs.

- Provide us with enough information to determine that you will use EH funds separately and distinctly from other Health Center Program support (for example, H80 awards).
- Include a Table of Personnel to be Paid with Federal Funds, as shown in the example in the *Two-Tier Application Guide*.
- Align with your minor A/R project budget justification (uploaded as part of the A/R Project Cover Page) and the Equipment List Form, as applicable.

All contractual arrangements must be appropriate for health center oversight of the proposed project and include any contractors and sub-recipients.

Format the budget narrative to have all columns fit on an 8.5 x 11" page when printed.

#### v. **Program-Specific Forms (Submit in EHBs)**

For **Phase 1**, you will submit the required SF-424 information through Grants.gov. For **Phase 2**, you will submit supplemental information through EHBs.

All of the following forms are required, as applicable. Because information you provide in some forms will automatically populate in other forms, you should fill out these forms in the following order:

- 1) H80 Grant Number
- 2) Form 1B – Funding Request Summary
- 3) Form 5B – Select Site(s) from Scope
- 4) Alteration/Renovation (A/R) Information (if applicable)
- 5) Alteration/Renovation (A/R) Project Cover Page (if applicable)
- 6) Other Requirements for Sites (if applicable)
- 7) Project Overview
- 8) Equipment List (if applicable)

To access complete instructions and preview the forms you will complete in EHBs, visit the [EH technical assistance webpage](#).

#### vi. **Attachments**

**Provide the following attachments in the order we list them.**

**Most attachments count toward the application page limit.** Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

**Clearly label each attachment.** Upload attachments into the application. Reviewers will not open any attachments you link to.

*Attachment 1: Other Relevant Documents (if applicable)*

- Upload an indirect cost rate agreement, if applicable.
- Include other relevant documents to support the proposed project.
- Do not upload more than five files.

**3. Unique Entity Identifier (UEI) and System for Award Management (SAM)**

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a Data Universal Numbering System (DUNS) number to apply. For more details, visit the [General Service Administration's UEI Update](#) webpage.

After you register with SAM, maintain it. Keep your information updated when you have:

- An active federal award,
- An application, or
- A plan that an agency is considering.<sup>24</sup>

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) is approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\) \(SAM Knowledge Base\)](#)
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

---

<sup>24</sup> Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).



- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.2 of the *Two-Tier Application Guide*.

**Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.**

#### 4. Submission Dates and Times

##### Application Due Dates

- Your application is due in Grants.gov (**Phase 1**) by **June 24, 2024 at 11:59 p.m. ET.**
- Your supplemental application is due in EHBs (**Phase 2**) by **July 23, 2024 at 5 p.m. ET.**

We suggest you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unexpected events. See the *Two-Tier Application Guide’s* Section 9.2.5 – Summary of emails from Grants.gov.

EHBs allows the authorizing official (AO) to reopen the application in EHBs before the EHBs deadline. For additional details and step-by-step instructions with screenshots, refer to the [Reopen Submitted Applications webpage](#). The AO must resubmit the reopened application in EHBs by 5 p.m. ET on the EHBs due date for the application to be considered.

#### 5. Intergovernmental Review

The Health Center Program must follow the terms of [Executive Order 12372](#) in [45 CFR part 100](#).

See Section 5.1 ii of the *Two-Tier Application Guide* for more information.

#### 6. Funding Restrictions

The General Provisions in Division D, Titles II and V, that reference the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) apply to this program. See Section 5.1 of the Application Guide for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

[45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. You cannot use EH funds for the following:

- Costs already paid for by other Health Center Program funds
- Costs not aligned with the EH purpose
- Activities inconsistent with the scope of project requirements
- Costs for services and activities that are not provided directly by or on behalf of the health center and health center project
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology's Health IT Certification Program.
- New construction activities, including additions or expansions
- Major alteration or renovation (A/R) projects valued at \$1,000,000 or greater in total federal and non-federal costs (excluding the cost of moveable equipment)
- Purchase and installation of trailers and prefabricated modular units
- Facility or land purchases
- Purchase of vehicles or mobile units

Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 5.1 (**Funding Restrictions**) of the *Two-Tier Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

## V. Application Review Information

### 1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We will use six criteria to review EH applications. Here are descriptions of the review criteria and their scoring points.

*Criterion 1: NEED (20 points) – Corresponds to Section IV. Need*

- The extent to which the applicant describes how their current hours of operation are responsive to patient and community needs, including how they collect patient input to determine their hours and how they ensure their hours continue to meet patient needs over time.
- The strength of the documented needs for expanded hours and the services to be provided during those hours based on:
  - Whether the needs identified are specific to the applicant's current patients and other service area residents, including those experiencing health disparities.
  - How well the applicant supported the needs with data from:
    - The latest health center needs assessment;
    - Patient service utilization data;
    - Community-wide health needs assessment (such as those conducted by a hospital, health department, or other organization that serves the service area);
    - Information provided by current patients (such as data obtained from annual surveys, focus groups, patient board members, and other means); and
    - Information provided by other service area residents who are not current patients.
  - If any requested data were not provided or were not current or specific to the service area, the strength of the applicant's explanation of why the data were not provided.

*Criterion 2: RESPONSE (20 points) – Corresponds to Section IV. Response*

Information regarding the applicant's *RESPONSE* is contained in both the Project Narrative and the Project Overview Form.

- The extent to which the selection of sites, number of sites, and service selection is responsive to the identified needs and maximizes the benefit of expanded hours for current patients and for other residents in the applicant's service area.
- The extent to which the proposed new hours of operation will address identified needs and provide a critical health care option when health care is currently limited or not available.
- The strength of the documented plan to increase hours of operation, including:
  - The inclusion of key tasks and deliverables.

- The reasonableness of the proposed increase in hours given the identified needs and requested budget.
- How services that will be available during additional hours will address identified needs.
- The likelihood of the implementation timeline to successfully increase hours of operation by the 6-month and 18-month targets.
- The extent to which the proposed services to be available during increased hours of operation will address identified needs.
- The impact of the proposed additional operational hours on non-urgent visits to emergency departments.
- The strength of the applicant's plan to advertise increased hours of operation.

*Criterion 3: COLLABORATION (10 points) – Corresponds to Section IV. Collaboration*

- The strength of the applicant's plan to collaborate with partners to support the implementation of the proposed project, including partners that will promote the increased hours, refer patients to the health center, and address patients' health related social needs.
- If applicable, the strength of the applicant's plan to coordinate with other providers to address patients' comprehensive needs during the expanded hours.

*Criterion 4: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV. Resources/Capabilities*

- The extent to which lessons learned from past expansion efforts (such as changes in hours, services provided, and/or minor A/R projects) informed the proposed project.
- The strength of the applicant's clinical and non-clinical workforce plan to support successfully increasing hours of operation.
- If the application includes minor A/R, how well the applicant justifies the necessity of the minor A/R for project success, including the ability to complete minor A/R activities within 12 months of award.
- The strength of the applicant's plan to maintain additional operating hours and sustain services provided with EH funding throughout the 2-year period of performance and beyond.

*Criterion 5: IMPACT (20 points) – Corresponds to Section IV. Impact*

- The reasonableness of the estimated increase in patients based on the identified need and proposed number of increased hours of operation noted on their Project Overview form.

- The strength of the plan to determine how the hours, site(s), and services are meeting identified needs, increasing their patients and/or visits, and reducing patients' non-urgent use of emergency departments. Their plan should include the frequency of assessments.
- The strength of the plan to use findings from their assessments to adjust their project over the 2-year period of performance.

**Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV. Support Requested**

- The extent to which the budget proposal, which includes the SF-424A, budget narrative, equipment list (if applicable) and minor A/R budget (if applicable):
  - Is detailed and consistent across all components
  - Aligns with the proposed project
  - Will support meeting the requirements and success of the proposed project
  - Is appropriately scaled for the size and scope of the proposed project that includes total number of additional hours, number of sites, and service types.

**2. Review and Selection Process**

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 6.3 of the *Two-Tier Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- Review past performance (if applicable)
- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors, including:
  - Distribution of awards
  - H80 Compliance status

**Rural/Urban Distribution of Awards**

We will make aggregate awards in FY 2025 to ensure that the ratio of rural to urban target populations is not less than two to three or greater than three to two as set forth in § 330(e)(6)(B) of the PHS Act. To ensure this distribution, we may award funding to applications out of rank order.

## Compliance Status<sup>25</sup>

You will not receive EH funding if you meet either of the following criteria when we make funding decisions:

- You no longer receive H80 funding, or
- You have a 30-day condition on your H80 award related to a Health Center Program requirement.

### 3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may apply special conditions of award or decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we will:

- Review past performance (if applicable).
- Review audit reports and findings.
- Analyze the cost of the project/program budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review, we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

---

<sup>25</sup> See Chapter 2: Health Center Program Oversight of the Compliance Manual.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 6.4 of the *Two-Tier Application Guide* for more information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of the *Two-Tier Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance Measurement.
- Any statutory provisions that apply.
- The Assurances (standard certification and representations) included in the annual SAM registration.

### Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

### Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages

you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

### Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

### Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

<b>Where award funding involves:</b> Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	<b>Recipients and subrecipients are required to:</b> Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.
--	---

### 3. Reporting

Award recipients must comply with Section 7 of the *Two-Tier Application Guide* and the following reporting and review activities:

1. **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
2. **Non-Competing Continuation (NCC):** – Recipients must submit, and we must approve, an NCC progress report to release year 2 funding (dependent upon congressional appropriation, satisfactory performance, and a determination that continued funding would be in the government's best interest). You will receive an email via EHBs when it is time to begin working on the NCC.

Your NCC will collect the following, and may collect additional information:

- Implementation progress.



- Minor A/R activities progress (if applicable).
  - Reference to any Scope Adjustments related to EH funding.
  - Explanation of lack of progress on increasing your hours of operation, if applicable.
3. **Semi-Annual Progress Reports.** Recipients will complete semi-annual reports to describe accomplishments and barriers toward implementing your proposed project, building on details submitted in the NCC.

Progress reports following your NCC will collect some or all the following, depending on the timing of the report, and may include additional information:

- Implementation progress.
  - Reference to any Scope Adjustments related to EH funding. Remember that not achieving your proposed increase within 18 months of award could impact your ability to receive funding beyond the 2-year period of performance.
  - Lessons learned, challenges, and barriers.
4. **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility/Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

Further information on reporting requirements, including timing of reports, will be included in your NOA and posted to the EH TA webpage.

## VII. Agency Contacts

<p><b>Business, Administrative, or Fiscal Issues</b></p>	<p>Clare Oscar and Saul Arana Grants Management Specialists Division of Grants Management Operations, OFAM Health Resources and Services Administration Call: 301-443-8862 or 301-443-6555 Email: <a href="mailto:coscar@hrsa.gov">coscar@hrsa.gov</a> or <a href="mailto:sarana@hrsa.gov">sarana@hrsa.gov</a></p>
<p><b>Program Issues or Technical Assistance</b></p>	<p>Tyler Bysshe and Claire Giammaria Public Health Analysts, Office of Policy and Program Development Bureau of Primary Health Care Health Resources and Services Administration Call: 301-594-4300 Contact: <u>BPHC Contact Form</u></p> <ul style="list-style-type: none"> <li>• <i>Under Funding, select Applications for Notice of Funding Opportunities, then Expanded Hours</i></li> </ul>

<b>Grants.gov Contact Center for help applying through Grants.gov</b>	<b>Always get a case number when you call.</b> Call: 1-800-518-4726 (International callers: 606-545-5035) (24 hours a day, 7 days a week, excluding federal holidays) Email: <a href="mailto:support@grants.gov">support@grants.gov</a> Web: <a href="#">Search the Grants.gov Knowledge Base</a>
<b>Health Center Program Support for help applying through EHBs</b>	<b>Always get a case number when you call.</b> (Monday–Friday, 8 a.m. – 8 p.m. ET, excluding federal holidays) Call: 1-877-464-4772 Contact: <a href="#">BPHC Contact Form</a> <ul style="list-style-type: none"> <li>• Under <i>Technical Support</i>, select <i>EHBs Tasks/EHBs Technical Issues</i></li> </ul>

## VIII. Other Information

### Technical Assistance

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the EH TA webpage for resources that may support developing your application. See [TA details](#) in Summary of this NOFO.

### HRSA Primary Health Care Digest

The [HRSA Primary Health Care Digest](#) is a weekly email newsletter with Health Center Program information and updates, including competitive funding opportunities. We encourage you and your staff to subscribe.

### Federal Tort Claims Act (FTCA) Coverage

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. For more information, review the [FTCA Health Center Policy Manual](#).

### Tips for Writing a Strong Application

See Section 5.7 of the *Two-Tier Application Guide*.

## Appendix A: Page Limit Worksheet

Use this worksheet to ensure that the number of pages you upload into your application is within the 50-page limit. Do not submit this worksheet with your application.

### Reminders

- Standard Forms listed in Column 1 **do not** count against the page limit.
- Attachments listed in Column 2 that you upload into your Standard Forms **do** count toward the page limit unless otherwise noted.
- Program-Specific Forms in EHBs and attachments to those forms **do not** count against the page limit. For example, the documents you attach to your A/R Project Cover Page, such as schematics, do not count against the page limit. But if you upload them under Attachment 1, they do count toward the page limit.
- Your Indirect Cost Rate Agreement will not count against the page limit if you upload it under Attachment 1.

<b>Standard Form or Application Section</b>	<b>Attachment File Name</b>	<b>Optional or Required</b>	<b>Pages in Your Attachments</b>
Grants.gov Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States)	Optional	<i>My attachment = ___ pages</i>
Grants.gov Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	<i>My attachment = ___ pages</i>
Grants.gov Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required if "Yes"	<i>My attachment = ___ pages</i>
Grants.gov Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	<i>My attachment = ___ pages</i>
EHBs : Project Narrative	Project Narrative	Required	<i>My attachment = ___ pages</i>
EHBs : Budget Narrative	Budget Narrative	Required	<i>My attachment = ___ pages</i>
EHBs Appendices	Attachment 1: Other Relevant Documents	Optional	<i>My attachment = ___ pages</i>
EHBs Program-Specific Forms	Varied attachments to forms, as applicable	Required as Applicable	<i>Do not count against the page limit.</i>
<b>Page Limit for HRSA-25-084 is 50 pages</b>	<b>My total = ___ pages</b>		

## Appendix B: Equipment and Minor A/R Requirements

You may use up to \$150,000 in Year 1 for one-time costs necessary to meet the EH objectives. If you request one-time funding, you must enter the amount requested on the SF-424A Budget Information Form in the Equipment and/or Construction object class categories.

One-time funding cannot be used for new construction activities, such as:

- Additions or expansions
- Work that requires ground disturbance, for example, new parking surfaces
- The installation of trailers or prefabricated modular units, or major A/R

For a minor A/R activity, the total federal and non-federal cost of the A/R project must be less than \$1,000,000, excluding the cost of moveable equipment.

Equipment includes moveable items that are non-expendable, tangible personal property (including IT systems) with a useful life of more than 1 year and a per-unit acquisition cost of \$5,000 or more. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space.

Costs for the attachment of equipment, flooring, paint, or carpeting to any stationary structure is considered A/R and must be included in your total A/R project costs.

Permanently affixed equipment (for example, heating, ventilation, and air conditioning, generators, lighting) is considered fixed equipment and categorized as A/R.

An allowable minor A/R project must be a stand-alone project consisting of work in an existing facility required to:

- Install fixed equipment
- Modernize, improve, and/or reconfigure the interior arrangements or other physical characteristics of a facility
- Repair and/or replace the exterior envelope
- Improve accessibility such as curb cuts, ramps, or widening doorways
- Address life safety requirements

If you request one-time funding, you must complete the Equipment List Form (if applicable) and the minor A/R Project Cover Page, Environmental Information Documentation (EID) Checklist, the A/R section of the Site Selection form, and Other Requirements for Sites form with accompanying attachments (if proposing minor A/R). Refer to the [EH TA webpage](#) for instructions.



## Family Health Services

### Patient Grievances

Policy Number: 500.05

Effective Date	May 1, 2019
Frequency of Review	Annually
Last Reviewed	May 1, 2024
Last Updated	May 1, 2024
Author	Rebecca Cronk, HSM
Responsible Department	Family Health Services

#### **PURPOSE:**

This policy establishes a uniform process allowing a patient or patient's authorized representative to submit a written or verbal grievance pertaining to any of the Family Health Services (FHS) Health Centers. All grievances shall be evaluated and resolved in a manner that assures quality care and services.

#### **DEFINITIONS:**

**Grievance** – A formal statement of complaint that undergoes an investigation.

#### **BACKGROUND**

It is the intent of FHS to comply with requirements outlined by the Health Resources and Services Administration (HRSA). FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). Requirements indicate health centers must maintain operating procedures or processes that address hearing and resolving patient grievances.

#### **POLICY:**

It is the policy of FHS to provide and adhere to a procedure for receiving, resolving, and responding to the grievances of a patient and/or patient's authorized representative. This procedure shall include informing the patient and/or patient's representative of the right to file a grievance and the mechanisms available for doing so. Investigating the grievance, ensuring a resolution occurs and responding to the grievance is required under applicable state and federal law.

#### **PROCEDURE:**

1. Procedure for informing a patient and/or patient's authorized representative of the right to file a grievance:
  - A. Staff is required to inform each patient and/or authorized representative of the patient's rights in advance of furnishing or discontinuing patient care. Patients are informed of their right to file a grievance in the Family Health Services Patient Welcome Packet, located at registration and provided to all new patients. Patients may utilize the Patient Feedback Forms to write the grievance, located at each registration window (FHS staff can assist with completing the form if necessary).
2. The patient and/or patient's authorized representative may submit a grievance with the health center in the following ways:



## Patient Grievances

Policy Number: 500.05

- A. By telephone – the patient and/or authorized representative can submit a grievance through the FHS call center, which will be forwarded to the appropriate Health Services Manager.
  - B. In writing – the patient and/or authorized representative can submit a grievance in writing while present in the health center or by mailing a written letter to the attention of the Health Services Manager at one of the following addresses:
    - i. Fairfield FHS (Adult Medical) – 2201 Courage Dr., Fairfield, CA 94533
    - ii. Fairfield FHS (Pediatric Medical and Dental) – 2101 Courage Dr., Fairfield, CA 94533
    - iii. Vacaville FHS (Medical and Dental) – 1119 E. Monte Vista Ave., Vacaville, CA 95688
    - iv. Vallejo FHS (Medical and Dental) – 365 Tuolumne St., Vallejo, CA 94590
  - C. Patients capped to Partnership HealthPlan of California (PHC) may file a grievance through use of their “Member Grievance Toolkit” located in the front office of each health center. Grievances to PHC may be filed in the following ways:
    - i. By telephone – Call Member Services at (800) 863-4155
    - ii. In writing – Mail to PHC c/o Member Services Department 4665 Business Center Dr., Fairfield, CA 94534
    - iii. In person – Visit 4665 Business Center Dr., Fairfield, CA 94534
    - iv. PHC Website – Visit [www.partnershiphp.org](http://www.partnershiphp.org)
3. Response to the patient and/or patient’s authorized representative:
- A. Grievance responses will be provided at the conclusion of the investigation conducted by an FHS supervisor or designee.
    - i. Grievances received via PHC shall be routed to the appropriate Health Services Manager and will be resolved as outlined in the Appeals and Grievances policies set forth in the PHC Operations Manual.
  - B. Responses may be made using the following methods, based on the source of the grievance:
    - i. Patient Feedback Form, verbal or written grievance:
      - a. A phone call, which must be documented in the Electronic Health Record (EHR) under Telephone Template.
      - b. A Resolution Letter mailed to the patient’s address on file; the Resolution Letter will include a description of the incident, a summary of the investigation findings, and action(s) taken to address the incident.
    - ii. PHC Grievance:
      - a. A Partnership HealthPlan Grievance Response Letter sent to PHC by the date specified; staff may request PHC to grant an extension of the due date if additional time is required to complete the investigation and response.
  - C. Final written response to formal investigations should be provided within 10 business days of receipt of the grievance or by the date set by PHC, if sooner.
4. Document the grievance investigation and response at the conclusion of the process by the following methods:



## Family Health Services

### Patient Grievances

Policy Number: 500.05

- A. Update the tracking log and upload documents pertaining to the investigation and response per the guidelines in the Standard Operating Procedure for Patient Grievances.

<b>REFERENCED POLICIES</b>	<ul style="list-style-type: none"><li>• Standard Operating Procedure for Patient Grievances, last revised 02/01/2023</li><li>• Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual</li><li>• Partnership HealthPlan of California Member Grievance Toolkit</li><li>• Partnership HealthPlan of California Medi-Cal Member Grievance System Policy and Procedure, last reviewed 9/14/2022</li></ul>
<b>REFERENCED FORMS</b>	<ul style="list-style-type: none"><li>• Contract #08164/1001.1077C Medical Services Agreement between PHC and Solano County</li></ul>
<b>REFERENCES</b>	<ul style="list-style-type: none"><li>• Section 8 – Grievances and Appeals</li></ul>

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

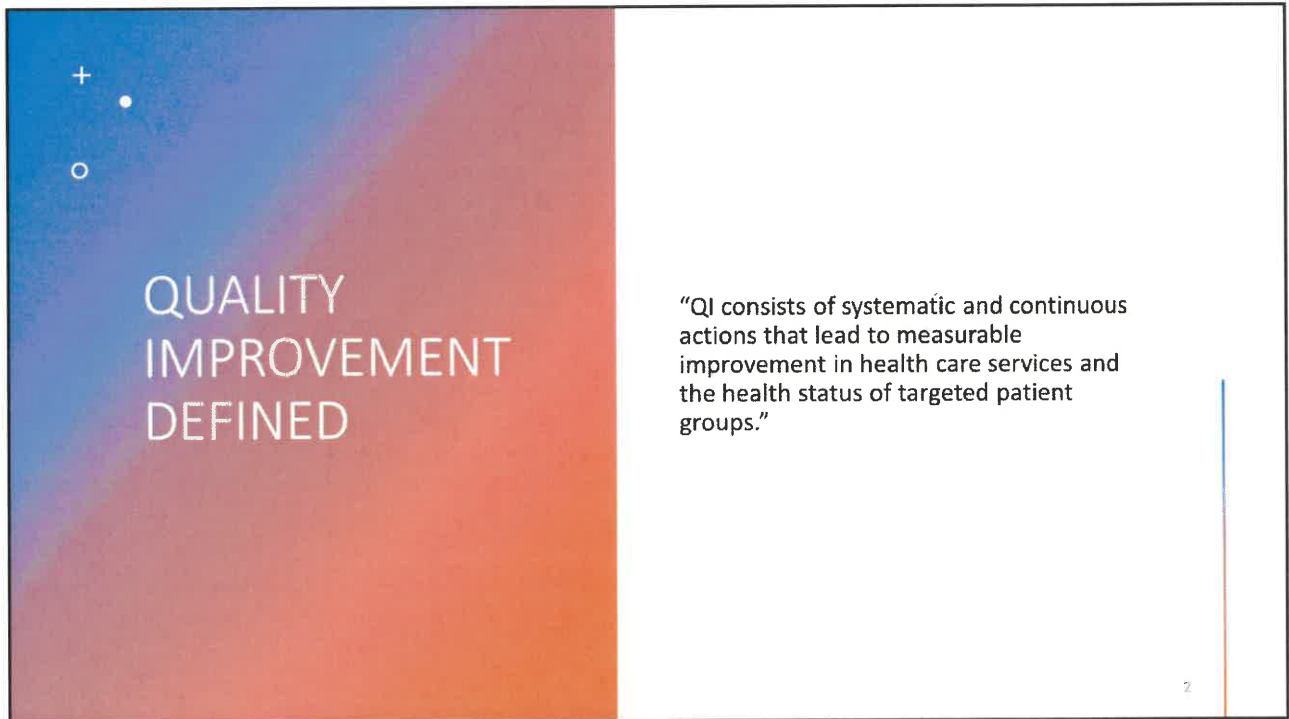
\_\_\_\_\_  
**Date**

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

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



1



2



## WHY IS QUALITY IMPROVEMENT IMPORTANT?

- It involves identifying areas for improvement, implementing changes based on evidence-based practices, measuring the effectiveness of those changes, and making continuous adjustments as needed.
- QI aim to enhance patient safety, reduce medical errors, optimize clinical processes, and ultimately improve overall healthcare delivery.

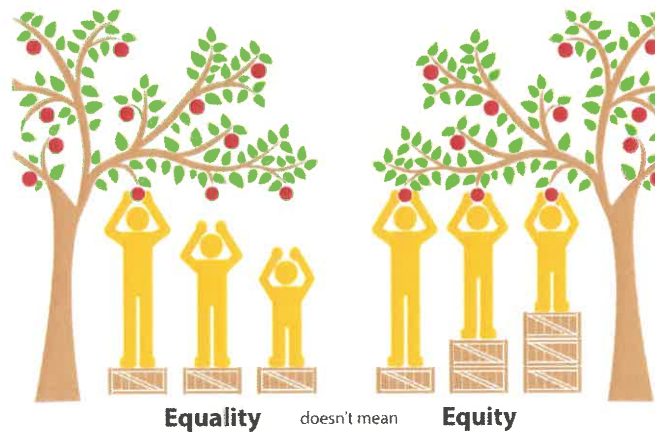


3

3

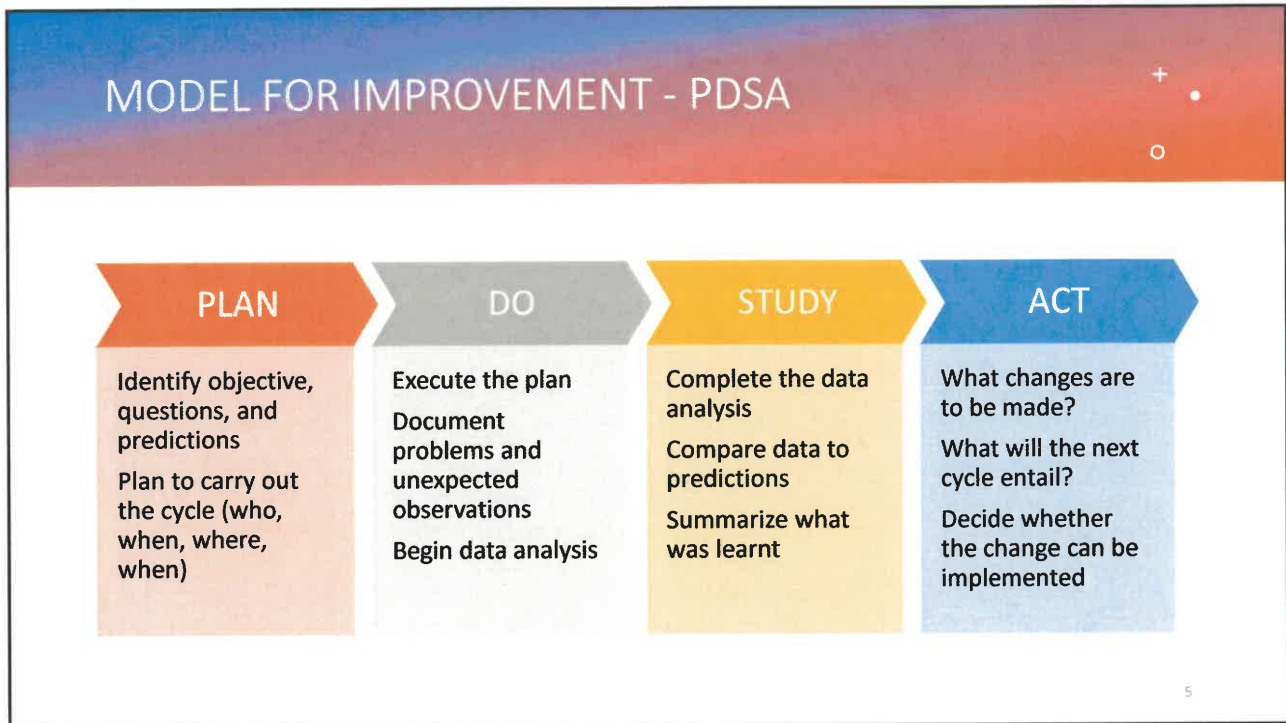
## WHY QUALITY IMPROVEMENT?

- Improving quality is about making health care more safe, effective, patient centered, timely, efficient, and equitable.
- Improving quality should be led by reducing health inequities.
- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

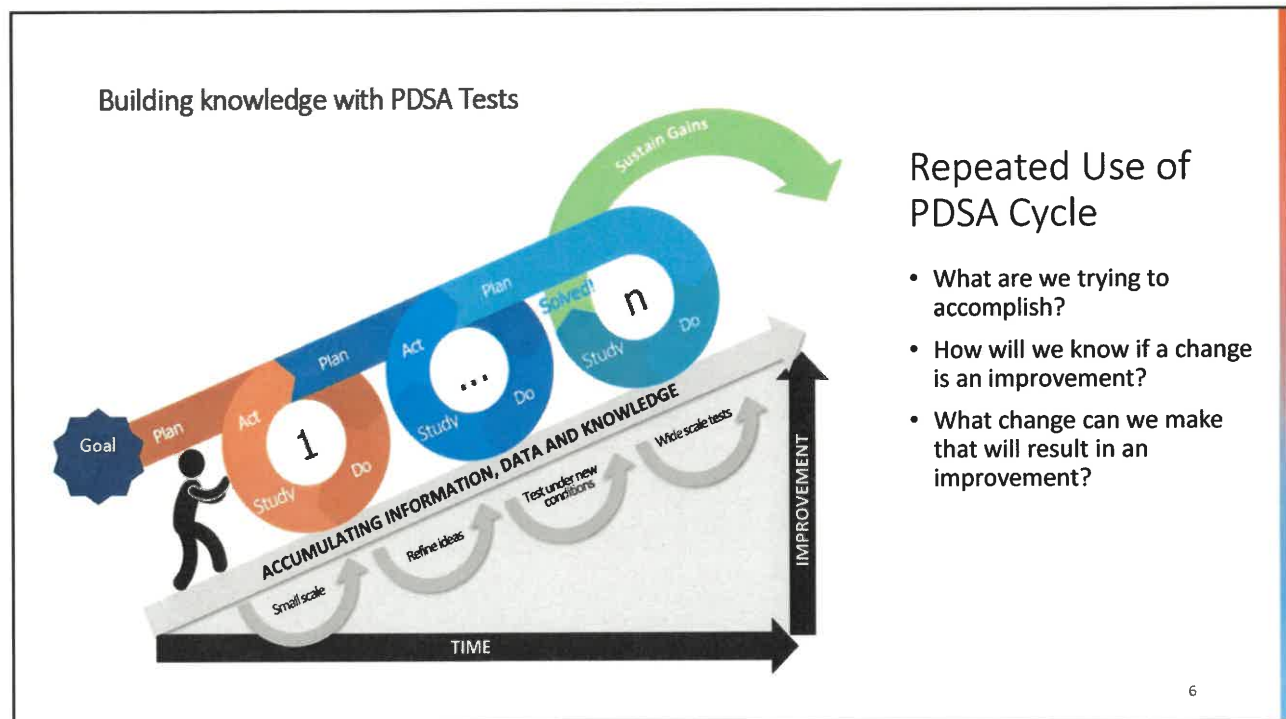


4

4



5



6

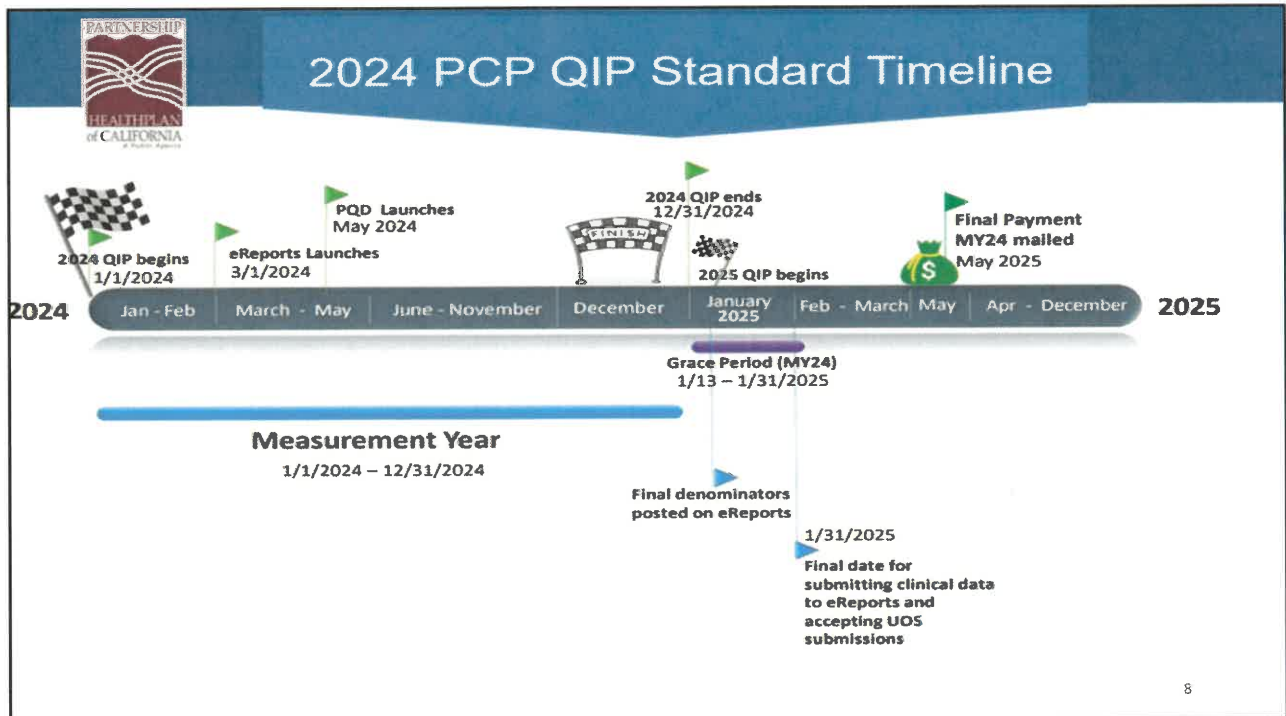


## MODEL FOR IMPROVEMENT - PDSA

- Dr. William E. Deming
- “Quality is everyone’s responsibility”
- “Without data you’re just another person with an option.”


7

7




8

8



## eReports – Upload Schedule



### 2024 PCP QIP - eREPORTS UPLOAD SCHEDULE

**CLINICAL MEASUREMENT SET:**

Cervical Cancer Screening Childhood Immunization Status - Combo 10 Comprehensive Diabetes Care - Retinal Eye Exams Colorectal Cancer Screening Lead Screening in Children <b>*New</b> Immunizations for Adolescents - Combination 2	Mar 01, 2024 - JAN 31, 2025
Comprehensive Diabetes Care - HbA1c Control (A1c) Controlling High Blood Pressure Well-Child Visits in the First 15 Months of Life	OCT 01, 2024 - JAN 31, 2025
Breast Cancer Screening Child and Adolescent Well Care Visits	JAN 09, 2025 - JAN 31, 2025

9

## What is eReports?

- Access to a web-based portal 24 hours/7 days a week
- Track your clinical performance in real-time
- Download patient reports for each of the clinical measures
- Upload supplemental data for your patients
- Access to detailed specifications manual

10

10

**eReports Home Screen**

QIP - eReports

MEASURES TO VIEW: YOU MAY NOT BE ABLE TO VIEW A MEASURE DUE TO THE QIP MEASURE IDENTIFICATION MANUAL FOR PHYSICIAN MEASURES IN QIP MEASURE SET

GROUP NAME: [REDACTED]

Select a PDF (click on QIP)

Download | Print

Measure	QIP Score	Numerator	Denominator	2023 Threshold %	2023 Target/Achievement	2024 Threshold %	2024 Target/Achievement	2024 Threshold %	2024 Target/Achievement
Stroke and Myocardial Infarction Care 2024	13.47 %	409	4384	100 %	100 %	100 %	100 %	100 %	100 %
Stroke Clinical Screening 2024	22.26 %	667	2997	100 %	100 %	100 %	100 %	100 %	100 %
Cervical Cancer Screening 2024	27.76 %	476	1715	100 %	100 %	100 %	100 %	100 %	100 %
Colorectal Cancer Screening 2024	3.24 %	44	1356	100 %	100 %	100 %	100 %	100 %	100 %
Colorectal Cancer Screening 2024	10.24 %	137	1338	100 %	100 %	100 %	100 %	100 %	100 %
Depression High-Risk Patients 2024	0.00 %	0	439	100 %	100 %	100 %	100 %	100 %	100 %
Diabetes - High-Risk Control 2024	7.22 %	20	276	100 %	100 %	100 %	100 %	100 %	100 %
Diabetes - Patient Education 2024	34.74 %	40	115	100 %	100 %	100 %	100 %	100 %	100 %
Prostate Cancer Screening 2024	0.00 %	0	443	100 %	100 %	100 %	100 %	100 %	100 %
Self-Reported Depression 2024	10.00 %	6	60	100 %	100 %	100 %	100 %	100 %	100 %
Self-Reported Diabetes 2024	25.00 %	15	240	100 %	100 %	100 %	100 %	100 %	100 %

Advanced Care Planning

LAST LOGIN: 6/12/2024 10:55 PM  
QIP SCORES UPDATED: 6/11/2024 2:57:17 PM


11

## What is PQD?

- Partnership Quality Dashboard (PQD) is an online platform that integrates many sources of data and is designed to help prioritize, inform and evaluate quality improvement efforts.

12

## Home – PO Measure Summary




Home | QIP Stoplight | Provider | Measure Performance | Scorecard | DrillDown\_Clinical | Drilldown\_NonClinical | F31 | F32 | F33

**Partnership Health Plan of California**  
Quality Dashboard  
Home

Status: **ESTIMATED** Refresh Date: **Feb-24**

Members: **74,294** Claims Timeliness: **85.28% (Good)** (23,491/27,546)


**Payout Status**  
Your organization has earned **14.80%** of your Total Possible QIP \$.



Total QIP \$ Earned: **\$1,452,937**  
Total Remaining QIP \$: **\$8,501,922**

You have earned **57.25%** of your possible points. The Planwide average to date is **29.13%** giving you an Overall Rank of **66** out of **252** parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Top 20



145

Bottom 20

**Parent Organization (PO) Executive QIP Measure Summary**

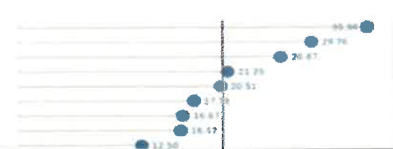
Measure	PO Score	SOth Target	PO Partial Points N/1	PO Full Points N/1	PO QIP \$ Earned	PO Remaining QIP \$	Bar Chart
ACS_ADMISSION	8.24	N/A	N/A	N/A	\$125,540	\$55,696	[85] 115
Avoidable ED/1000	7.64	N/A	N/A	N/A	\$175,785	\$196,719	[72] 127
Breast Cancer Screening	84.50	82.20	742	842	\$27,915	\$235,495	[88] 89
Cervical Cancer Screening	28.11	37.11	3514	3525	\$0	\$288,793	[77] 115
Child and Adolescent Well Care Visits	4.97	49.07	3994	5888	\$0	\$587,138	[47] 105
Childhood Immunization Status (IS 3)	32.04	30.90	114	180	\$0	\$440,130	[91] 100
Colorectal Cancer Screening	21.13	39.81	879	1469	\$25,181	\$186,741	[69] 114
Controlling High Blood Pressure	26.16	61.31	433	538	\$6,221	\$243,814	[8] 109
Diabetes - HbA1C Good Control	12.99	52.31	537	704	\$0	\$250,313	[42] 117
Diabetes - Retinal Eye exam	23.41	52.31	517	537	\$0	\$187,038	[48] 111
Immunization for Adolescents (MA 2)	38.59	34.31	99	228	\$0	\$440,130	[71] 103
Lead Screening in Children	85.14	82.79	N/A	24	\$160,864	\$156,040	[92] 94
PCP Office Visits	3.40	N/A	N/A	N/A	\$34,527	\$337,882	[85] 117
RAR_READMISSION	0.89	N/A	N/A	N/A	\$162,891	\$6,441	[78] 104
Well Child First 15 Months	21.78	58.38	110	165	\$8,799	\$184,812	[29] 85


**Provider Score**

Site #1

Site #2


Site #3






13

## eReports and Partnership Quality Dashboard (PQD) Comparison



	eReports	PQD
Real-Time Data Monitoring	Yes	No
Historical Data Monitoring	No	Yes
Measure Set (s)	Clinical	Clinical & Non-Clinical
Accepts Uploaded Data	Yes	No
Data Refresh Schedule	Twice a week (Tues & Thurs)	Monthly (10 <sup>th</sup> of each month)
Target User(s)	QI Teams	Executive/QI Leadership Teams



14



Questions?

- Contact Information
  - FHS Quality Team:  
[fhsqgiteam@solanocounty.com](mailto:fhsqgiteam@solanocounty.com)

15

# SolanoCares.org

YOUR ONE-STOP RESOURCE

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



Healthy People – Healthy Community

1

## Overview of Presentation

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



Healthy People – Healthy Community

2



## History of SolanoCares

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



SOLANO  
PUBLIC  
HEALTH



Healthy People - Healthy Community

3

## History of SolanoCares continued...

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




SOLANO  
PUBLIC  
HEALTH




Healthy People - Healthy Community


4



**SolanoCares**  
 .org  
**YOUR ONE-STOP RESOURCE**




**SOLANO PUBLIC HEALTH**



Healthy People - Healthy Community

5

SPH01 010 20



**SolanoCares**  
 YOUR ONE-STOP RESOURCE

PROVIDES SERVICES FOR

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

HOW CAN WE HELP YOU?




**SOLANO PUBLIC HEALTH**



Healthy People - Healthy Community

6

# SolanoCares.org Live Demonstration

## SolanoCares.org



Healthy People - Healthy Community

7

### NEWS AND ANNOUNCEMENTS

Grid of news items with images and titles:

- Image of people holding a sign
- Image of a group of people
- Image of a person
- Image of a person
- Image of a person
- Image of a person
- Image of a person
- Image of a person
- Image of a person
- Image of a person
- Image of a person

Public Health Site

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

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

SEARCH BY CATEGORY

OR View Categories @

A Place to Live	Compass	Food	Senior Assistance
Healthcare	Senior Centers	Transportation	Volunteering

Seniors Site



Healthy People - Healthy Community

8

WELCOME TO SOLANOCARE.ORG FOR BEHAVIORAL HEALTH

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

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

Behavioral Health Site

Children, Families & Adults Site

WELCOME TO SOLANOCARE.ORG FOR CHILDREN, FAMILIES & ADULTS

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

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

Behavioral Health Site

Children, Families & Adults Site

Food Assistance

Homeless & Public Assistance

Immunization

Mental Health Services

Parent & Family Support

Substance Use & Tobacco Services

WIC & Pregnancy Services

Wound & Dental Services and Health Care

Click to see more categories

SOLANO COUNTY HEALTH SERVICES

SOLANO PUBLIC HEALTH

SPHAG

Healthy People - Healthy Community

9

## Engagement Metrics for 2023

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

SOLANO COUNTY HEALTH SERVICES

SOLANO PUBLIC HEALTH

SPHAG

Healthy People - Healthy Community

10

## Next steps

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



Healthy People – Healthy Community

11

## Questions?



Healthy People – Healthy Community

12



Contact Information:  
[ARCumpas@SolanoCounty.com](mailto:ARCumpas@SolanoCounty.com)



SOLANO  
PUBLIC  
HEALTH



Healthy People - Healthy Community



NATIONAL HEALTH CENTER WEEK AUGUST 4 -10, 2024



Powering  
*Communities*  
Through  
*Caring Connections*



NATIONAL ASSOCIATION OF  
Community Health Centers®



## HISTORY OF NATIONAL HEALTH CENTER WEEK

The community health center in the United States plays an eminent role in providing primary care and public health services to the low-income and uninsured groups of society. They are also classified as non-profit and clinical care providers operating under federal standards. As part of the country's health care safety net, the centers use federal grant funding.

A civil rights movement in the 1960s catalyzed the establishment of community health centers in the United States of America. The Office of Economic Opportunity (O.E.O.) set up "neighborhood health centers" to provide health and social services to the medically underserved and disenfranchised populace. Appropriate federal funds were also granted for the clinics and they ensured extensive community involvement for quick responsiveness to community needs. The Columbia Point Health Center funded by the O.E.O. served the poor community living in the Columbia Point Public Housing Projects and on its 25th anniversary in 1990, the center was rededicated as the Geiger-Gibson Community Health Center. This center is still in operation. Health centers across the country now serve millions of patients each year and they also provide solutions to pressing healthcare issues to make sure it is accessible for one and all.

The National Association of Community Health Centers started National Health Center Week to promote their efforts in building a healthy country by servicing the citizens for their health requirements. Each year they honor the work and services carried out by health centers within their communities on designated days during National Health Care Center Week.



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

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