

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

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

AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE JULY 17, 2024, AGENDA

3) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. If you would like to make a comment, please announce your name and the topic you wish to comment and limit comments to three (3) minutes.

REGULAR CALENDAR

4) APPROVAL OF MINUTES

Approval of the June 19, 2024, draft meeting minutes.

5) CLINIC OPERATIONS REPORTS

Written Report submitted?

- | | |
|---|--------|
| a) Staffing Update – Natasha Hamilton | Yes |
| b) Credentialing Update – Desiree Bodiford | Yes |
| i) Update on Credentialing and Privileging Policy and Procedures | Verbal |
| c) HRSA Grant Update(s) – Noelle Soto | Yes |
| d) Grievances/Compliments – Rebecca Cronk | Yes |
| e) H&SS Compliance – Krista McBride | Yes |
| f) Finance & Revenue Cycle Management – Nina Delmendo | No |
| g) Referrals Report & Improvement Project Update – Cynthia Coutee | Yes |
| h) OCHIN EPIC Update(s) – Dona Weissenfels | Yes |
| i) QI Update – Han Yoon | Verbal |
| j) FHS Clinic Q-Matic Stats – Noelle Soto | Yes |

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6) CHB FOLLOW-UP TO CLINIC QUALITY AND OPERATIONAL REPORTS:

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

- a) Referral Improvement Project Status – Cynthia Coutee
- b) Ryan White/HIV-AIDS Program: Informational presentation specific to resources for the 50+ age group – *August 2024*
- c) FHS Homeless Resources: Informational presentation – *August 2024*
- d) FHS Acronym List – *September 2024*

7) PRESENTATION BY PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

- a) Solano County Family Health Services – Managed Care Plan Quality Program – Kathryn Power, Regional Director

8) HRSA PROJECT DIRECTOR REPORT

- a) Health Center HRSA Project Director Update – Dona Weissenfels
 - i) Health Center Activities – Internal and External Update
 - ii) Strategic Plan Report Update.
 - iii) Governance related topic.

9) BUSINESS GOVERNANCE

- a) Review and consider approval of the Quarterly Quality Improvement Report – Han Yoon
 - i) **ACTION ITEM:** The Board will consider approval of the Quarterly Quality Improvement Report
- b) Board Member Robert Wieda submitted his resignation to the Executive Committee, via email. It is recommended the Board accepts his resignation from the Community Healthcare Board.
 - i) **ACTION ITEM:** The Board will consider and accept the resignation of Board Member, Robert Wieda, from the Community Healthcare Board.
- c) Board Member Yalda Mohammad Shafi, notified the CHB Chair, Brandon Wirth, in person, that she was resigning as a Board Member. Her resignation was shared with the Executive Committee. It is recommended the Board accepts her resignation from the Community Healthcare Board.
 - i) **ACTION ITEM:** The Board will consider and accept the resignation of Board Member, Yalda Mohammad Shafi, from the Community Healthcare Board.

10) DISCUSSION

- a) “Network of Care” – Tracee Stacy
- b) Board Member Self-Assessment – Report – Brandon Wirth – *August 2024*
- c) National Health Center Week, August 4-10, 2024 – Dona Weissenfels

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d) Federally Qualified Health Center (FQHC) Board Training:

- i) Link: <https://training.feldesman.com/community-health-centers/content/health-center-program-governance-training-series-navigating-legal-considerations>.

11) BOARD MEMBER COMMENTS

12) PARKING LOT

- a) Create a Rebranding Sub-Committee

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

DATE: August 21, 2024
TIME: 12:00 pm – 2:00 pm
LOCATION: Multi-Purpose Room
2201 Courage Drive
Fairfield, CA 94533



**County of Solano
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REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, June 19, 2024
In Person Meeting

Members Present:

At Roll Call: Michael Brown, Ruth Forney, Charla Griffith, Deborah Hillman, Anthony Lofton, Seema Mirza, Yalda Mohammad Shafi, Tracee Stacy, and Brandon Wirth.

Members Absent: Etta Cooper, Marbeya Ellis, Gerald Hase, Rovina Jones, Don O’Conner, Sandra Whaley, and Robert Wieda

Staff Present:

Gerald Huber, Dona Weissenfels, Dr. Bela Matyas, Dr. Ian Bennett, Dr. Michelle Stevens, Dr. Reza Rajabian, Han Yoon, Noelle Soto, Cynthia Coutee, Pearce Leavell, Nina Delmendo, Debbie Vaughn, Desiree Bodiford, Julie Barga, Krista McBride, Dorian Roberts-PHC, Danielle Seguerre-Seymour and Patricia Zuñiga.

1) Call to Order- 12:05 p.m.

- a) Welcome
- b) Roll Call

2) Approval of the June 19, 2024 Agenda

Discussion: None.

Motion: To approve the June 19, 2024, Agenda.

Motion by: Tracee Stacy and seconded by Charla Griffith.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Deborah Hillman, Anthony Lofton, Seema Mirza, Yalda Mohammad Shafi, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: None.

Motion Carried.

3) Public Comment

- Desiree Bodiford announced that June 19, 2024, celebrates Juneteenth. She mentioned that the Board of Supervisors recognized Juneteenth at the last meeting and shared the meaning of Juneteenth referencing January 1, 1863, when President Lincoln signed the Emancipation Proclamation, freeing all slaves. In Texas, freedom to the slaves, finally came on June 19, 1865, when



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some 2,000 Union troops arrived in Galveston Bay, Texas. The army announced that the more than 250,000 enslaved black people in the state were free by executive decree. On this day known as “Juneteenth, it commemorates the newly freed slaves in Texas.

- > Dona mentioned that about 16.8% of FHS patients are African American, who are provided services.
- > Board Member Ruth Forney mentioned there were festivities celebrating Juneteenth in Fairfield and Suisun.

Regular Calendar

4) Approval of Minutes

Approval of the May 15, 2024, draft Minutes

Discussion: There was no discussion.

Motion: To approve the May 15, 2024, draft meeting minutes.

Motion by: Deborah Hillman and seconded by Anthony Lofton.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Deborah Hillman, Anthony Lofton, Seema Mirza, Yalda Mohammad Shafi, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: None.

Motion Carried.

5) Clinic Operations Reports

a) Staffing Update — Dona Weissenfels

- Dona reviewed the Staffing Update report. *(Please reference the “FHS Staffing Update – June 19, 2024”)*
- Dona mentioned that there are six (6) pending positions and the Team had been waiting for Human Resources (HR) to provide certified lists, but due to HR staff shortages, it’s taking longer.
- Dona also acknowledged Danielle Seguerre-Seymour for her effort in filling the vacant positions and following up with HR.
- Dr. Ian Bennett announced that he continues to be a professor at the University of Washington, and due to a change related to COVID-19 and working remotely, he will be on leave for up to three (3) months and plans to return in October or sooner. He clarified that the leave is temporary and will be returning to FHS.
- Board Member Seema Mirza mentioned she had called for an appointment and was told that in June and July there would only be walk-in appointments and she would not be scheduled for an appointment until August. She wanted to know why. Dona informed her and everyone that due to short staffing and staff training on the new electronic health record (EHR) system, EPIC, that she could walk into the clinic first thing in the morning at 7:30am and be seen, as an option.
- Dr. Ian Bennett noted that the term “Open Access” had been used at other clinics and meant the same as “Walk-In” clinics.



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- Dr. Bela Matyas noted that staff shortage is problematic throughout all primary care clinics and FHS continues to recruit staff.
- 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 – June 2024” and “Credentialing Program Update”*)
 - Desiree mentioned that there were 138 screenings with zero exclusions and that they continue to support FHS in hiring staff.
 - Desiree also mentioned that the Credentialing Team made improvements in identifying the classifications that require credentialing and re-credentialing every two (2) years. The updated list of classifications, “*Credentialing Program Update*”, was included in the packet.
 - There were no questions from the Board.
- c) **HRSA Grant Update(s)** — Noelle Soto (*Please reference the “Health Resources and Services Administration (HRSA) Grant Updates, June 19, 2024”*)
 - Noelle Soto read the HRSA Updates report to the Board.
 - There were no questions from the Board.
- d) **Grievances/Compliments** — Pierce Leavell (*Please reference the “Grievance Reports, April-December 2023 & January– May 2024.”*)
 - Pierce noted there were more Quality of Care and Scheduling grievances, which is partially due to staff shortage and that the appropriate providers were always made aware appropriately, when Quality of Care grievances were submitted.
 - There were no questions from the Board.
- e) **H&SS Compliance** — Krista McBride (*Please reference the “FHS Privacy & Security Incident Report May 1 to May 31, 2024.”*)
 - Krista reviewed the report.
 - There were no questions from the Board.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo
Revenue Cycle Reports
 - Nina stated due to the full agenda, she briefly reviewed the Revenue Cycle Reports and asked the Board if there were any questions
 - There were no questions from the Board.FY 23/24 Third Quarter (TQ) Budget
 - Nina mentioned that the FY 23/24 TQ Budget was updated based on the measurements after 10 months to see where FHS stands and to anticipate where FHS would be at the end of the FY 23/24.
 - She asked the Board if there were any questions.
 - There were no questions from the Board.FY 24/25 FHS Budget
 - Nina updated the FY2024/25 Budget with the suggestions given by the Board and mentioned that there were three (3) columns: (A) – Requested Budget as of 4/17/24 (B) – Recommended Budget as of 5/15/24 and (C) – Recommended Budget with supplemental, which shows the changes.
 - She also mentioned that the following day, the proposed budget would go to the Board of Supervisors (BOS) for approval and that it was a part of the whole County Budget.
 - Nina noted that she worked with Dona and the County Administrator Office (CAO) to make the necessary changes.



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- Chair Brandon Wirth asked Nina to confirm that the left over AARPA funding would be rolled over to the following FY 24/25 and Nina stated it would be.
 - Board Member Tracee Stacy asked if extra help providers could be hired and Dr. Matyas stated the focus was hiring full time providers so there was no need to hire extra help providers at this time.
 - There were no other questions from the Board.
- g) **Referrals** — Cynthia Coutee (*Please reference the “Family Health Services Referrals for May 2024”.*)
- Cynthia referred to the report stating as of May 15, 2024 there were 856 referrals being processed 1 month out and the total number of referrals in the box as of June 10th was 360 and at that time the referrals were processed 12 days out, with a continued goal of meeting Partnership’s compliance of processing referrals within 10 business days.
 - Cynthia noted due to the Quality Improvement Process (QIP), and Quality “Plan Do Study Act” (PDSA) process it was decided to offer overtime to the clinical staff to process referrals and attempt to lower the total number of the referrals considerably. To do this, a combination of Medical Assistants, a Senior Registered Nurse and Cynthia worked on one or more Saturdays, on June 15th, 22nd and 29th.
 - Cynthia reminded the Board that it is not possible to get caught up on referrals, since as referrals are ordered, more are being submitted hourly in the box, so it continues to be a fluid process.
 - Board Member Deborah Hillman noted that all her referrals came through and she thanked those that made it happen. She expressed her appreciation to the staff.
 - Board Member Tracee Stacey asked when the goal was reached did the focus reduce and Cynthia stated, “No” and that referrals are always a primary focus.
 - Dona stated the clinics really need to close the loop and confirm that the patients actually showed up to their appointments, but with the current Electronic Health Record (EHR) NextGen, that’s not possible. So when EPIC is up and running, that will hopefully be a means to follow up with the patient referral appointments.
 - Board Member Tracee Stacey asked if the referrals were prioritized and Cynthia confirmed they were.
 - There were no other questions from the Board.
- h). **OCHIN EPIC Update(s)** —Dona Weissenfels (*Please reference the “OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – June 2024 and Project Milestones / Highlights”.*)
- Dona mentioned FHS continues to be on track with the milestones and that EPIC super user training was scheduled for Leadership staff the following week, in July, August and early September. The rest of the staff would receive training in August and September.
 - There were no questions from the Board
- i) **QI Update** – Han Yoon
- Han announced that FHS had joined forces with Partnership HealthPlan for a Mobile Mammogram Event. The mammogram van would be parked at the Fairfield Adult Clinic on 6/26/2024 from 9:00am to 4:00pm and at the Vallejo Clinic on 6/27/2024 from 9:00am to 4:00pm. FHS patients would be scheduled and there would be no impact to the clinics. The event was being handled by the Quality Team and Han mentioned that if there were any questions or concerns about the event, after the meeting, to please contact Han via email; J_Yoon@SolanoCounty.com.
 - There were no questions from the Board.
- 1) **QA/QI May 10, 2024 Meeting Minutes**
- Han mentioned that the minutes from the May 10th QA/QI Meeting were in the packet.



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- There were no questions from the Board.
- j) **FHS Clinic Q-Matic Stats** — Noelle Soto (*Please reference the “FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-May 2024” report.*)
- Noelle reviewed the Q-Matic stats briefly with the Board.
 - Board Member Charla Griffith asked if a machine could be installed at the Fairfield Pediatrics Clinic. Noelle stated that there is no funding in the current budget and that it had been requested in the past to purchase one for Fairfield Pediatrics Clinic, but it was denied due to lack of funds. Dr. Matyas also noted that in comparison of the other clinics, the number of patients was low for the Fairfield Pediatric Clinic.
 - There were no other 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 – Cynthia Coutee
- Cynthia noted that she gave the update when she reported on the Referrals Clinic Operations Report.
 - There were no questions from the Board.
- b) Referencing the UDS Report given at the May meeting, update the Board on 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
- Noelle clarified that this would be a one-time presentation and she planned to present it in July or August.
- 7) HRSA Project Officer Report**
- a) Health Center HRSA Project Officer Update – Dona Weissenfels
- i) Health Center Activities – Internal and External Update
- External News:
- Dona informed the Board that a few of the FHS Leadership staff visited La Clínica in Vallejo to observe how the EPIC EHR program works in person. Visually watching the staff use it was very helpful
 - Dona mentioned that EPIC is one of the top ten (10) EHR Programs in the United States and they are continually evolving and improving their software. EPIC would be tailored to the needs of the FHS Clinics workflows, FHS Staff and patients.
 - Chair Brandon Wirth asked if staff would have the opportunity to observe EPIC at La Clínica and Dona said, “No”.
 - There were no other questions from the Board.
- Internal News:
- Dona mentioned there was an in-person Quarterly Operations Meeting held between FHS and Partnership HealthPlan of California (PHC). The meeting was a collaborative meeting for representatives from FHS and PHC to discuss FHS’ clinic operations and quality improvement. The meeting was also an opportunity to get acquainted with PHC staff and discuss Quality Improvement Measures, credentialing and lots of other topics. It was a very productive meeting.
 - Dona mentioned she is working with Sutter Health to put together a radiology contract for the Vallejo FHS Clinic.



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- Dona mentioned that the HRSA Grant Transitions in Care was for five (5) years and in was in the amount of 5.7 million dollars, but due to budget costs the amount could be less. More news to come.
 - Dona noted that the Operations Site Visit (OSV) conditions were cleared and FHS Leadership was planning for the next OSV and discussing what could be done to improve the results. She noted that the Board Members section, Chapter 19, needed improvement and that training for Board members was vital as was education and understanding their role as board members.
 - There were no questions from the Board
- ii) Strategic Plan Report Update (*Please reference the "Strategic Plan Report – Strategic Plan July 1, 2024 – June 30, 2025, June 19, 2024".*)
- Dona proposed that the Board review the Strategic Plan and go through it again to remove, add or modify it, in the near future.
 - Board Member Tracee proposed to review it in October, after the EPIC implementation. Dona agreed. It will be added to the October agenda.
 - Board Member Ruth Forney requested that the Needs Assessment also be reviewed at the same time.
 - There were no other questions from the Board

8) Business Governance

- a) Review and consider the 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 members(s)] to attend the National Association of Community Health Centers (NACHC) 2024 Community Health Institute (CHI) & EXPO, August 24-26, or provide Internal Training for the Board.

Discussion: Nina noted the budget for Board Member education, training, in-state and out of state travel was \$15,000. Dona told the Board that she would not be attending the NACHC Conference due to the cost, which was about \$4,00.00 per person. Discussion ensued between the board members. A few board members stated that the NACHC Conference was important, informational and provided many learning opportunities although the cost was high and only a few could attend. Other board members noted due to the high cost of sending a few board members to a conference, they thought it would be better to provide internal training to all the board members whether it be online or in person. The suggestion of sending a couple board members to the conference and to also provide internal training was made, but the agenda item stated to send board member(s) to the conference or provide internal training for the board. It was duly noted that a majority of board members thought with internal training, all board members could benefit in receiving education and training, rather than a few who would attend the conference.

Motion: To not send Board Members to the NACHC Conference, but provide Internal training to all Board Members. In addition, the Board asked that a training schedule be discussed at the next meeting.



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Motion by: Brandon Wirth and seconded by Michael Brown.

Ayes: Michael Brown, Charla Griffith, Deborah Hillman, Anthony Lofton, Seema Mirza, Yalda Mohammad Shafi, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: Ruth Forney.

Motion carried.

b) Review and consider approval to apply for California Healthcare Foundation Grant funding for African American Well Child Group Visits – Dr. Michelle Stevens (*Please reference the “Centering Well Child Visits” presentation and “California Health Care Foundation.”*)

- Dr. Michelle Stevens presented the California Healthcare Foundation Grant in the amount of \$1,300.00, to address Anti-Black Racism Delivery System Initiative (Solano County), African American Well Child Group Visits.
- She had information about the well child group visits posted on the walls, which showed and displayed the advantages of these group visits.
- She noted if awarded the grant, the funding would be provided May 2024 through July 2025.
- Dona noted this was a pilot program and hoped to eventually spread it throughout the County.
- Vice Chair Mike Brown, as a Pastor in Vallejo, noted the program was a great program and said the need was great in Vallejo.
- Dr. Stevens mentioned that part of the program was for the Mothers to meet in a group for support and she would need volunteers. Board Member Deborah noted she wanted to volunteer, and Dr. Stevens would give her the dates when the group would meet.
- Cynthia Coutee mentioned that if anyone would like to volunteer, they could also contact her.

i) **Action Item:** The Board will consider approval to apply for the California Healthcare Foundation Grant funding for African American Well Child Group Visits.

Discussion: None.

Motion: To give approval to apply for the California Healthcare Foundation Grant funding for African American Well Child Group Visits

Motion by: Charla and seconded by Ruth Forney.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Deborah Hillman, Anthony Lofton, Seema Mirza, Yalda Mohammad Shafi, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: None.



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Motion carried.

- c) Review and consider approval to apply for the HRSA Supplemental Grant FY2025 Expanded Hours – Dona Weissenfels. *(Please reference the HRSA Expanded Hours Funding Opportunity Number: HRSA -25-084, New Funding Opportunity”)*
- Dona mentioned that with the funds from this grant, the hope was to open the FHS clinics for Saturday Clinic hours and host appointments for those patients, specific to the PHC Measures, which would increase patient screenings and in turn funding from PHC.
- i) Action Item: The Board will consider approval to apply for the HRSA Supplemental Grant FY2025 Expanded Hours.

Discussion: None.

Motion: To give approval to apply for the HRSA Supplemental Grant FY2025 Expanded Hours.

Motion by: Ruth Forney and seconded by Deborah Hillman.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Deborah Hillman, Anthony Lofton, Seema Mirza, Yalda Mohammad Shafi, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: None.

Motion carried.

- d) Review and consider approval of the updated Family Health Services Policy Number: 500.05, Patient Grievances – Pierce Leavell.
- Pierce noted that there was not a red-line version presented, because the only change was the title. It was “Patient Grievances Process” and then changed to “Patient Grievances”. The work “Process” was removed from the title.
- i) Action Item: The Board will consider approval of the updated Family Health Services Policy Number: 500.05, Patient Grievances

Discussion: None.

Motion: To approve the Updated Family Health Services Policy Number: 500.05, Patient Grievances.

Motion by: Tracee Stacy and seconded by Anthony Lofton.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Deborah Hillman, Anthony Lofton, Seema Mirza, Yalda Mohammad Shafi, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: None.



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Motion carried.

9) Discussion

- a) Quality Training – Han Yoon (*Please reference the “Quality Improvement” presentation.*)
 - Han presented the Quality Improvement slide show.
 - Board Member Ruth Forney asked if there would be a portal and Han noted that with the EPIC EHR there would be a portal between the clinic and patients so text messages could be sent and received between FHS and the patients, as an example and to provide better communication with the patients.
 - Dona mentioned once EPIC was in place reports could also be created in real time.
 - Chair Brandon Wirth asked if audits could be done and Dona stated that PHC already has a mandated annual audit and once EPIC becomes more familiar, it is possible to perform audits. More to come.
- b) New Board Member Training/Binders – Michael Brown
 - Vice Chair, Michael Brown, asked Clerk Patricia Zuñiga to hand out the new Board Member Binders.
 - He told the Board Members that the CHB Executive Committee reviewed what was in the existing binders and that there were outdated materials. Also, to simplify, it made sense to have two (2) binders instead. One to bring at each meeting that would contain the important and frequently referenced documents, such as FHS Clinic information, the Bylaws, Strategic Plan, etc. The other binder would have HRSA information to reference and other helpful resources.
 - Vice Chair, Michael Brown also mentioned that the Clerk would bring a 3-hole punch machine to each of the meetings, so if the board members have any documents they want to add to their binder, they can get it 3-hole punched at the meeting then place them in the binder.
 - Vice Chair, Michael Brown also noted that the second binder/HRSA information and resources would be handed out at the next meeting and told the Board that if they had any ideas of what to include in the binders, to mention them at future meetings.
- c) “Network of Care” – Tracee Stacey (*Please reference the “SolanoCares.org, Your One-Stop Resource” presentation.*)
 - Board Member Tracee asked that this agenda item be moved to the July 17, 2024, meeting and the Board agreed.
- d) Board Member Self-Assessment – Report – Brandon Wirth.
 - Chair Brandon Wirth noted that there were thirteen (13) Board Member Self-Assessments submitted and he was working on the report. He asked that this item be tabled and addressed at the July 17, 2024 meeting.
- e) National Health Center Week, August 4 – 10, 2024 – Dona Weissenfels (*Please reference the flyer “National Health Centers Week August 4-10, 2024, Powering Communities through Caring Connections”*)
 - Dona mentioned she wanted to make this event patient and staff focused.
 - Dona noted there was a little funding and asked the Board Members to think of how to celebrate or send her any suggestions on how to show appreciation.

10) Board Member Comments

- Board Member Tracee Stacy mentioned there was a new Solano Mobile Crisis Unit program available, sponsored by Solano County Behavioral Health. She stated their phone number, 707-806-0866 and noted the Team operates 24/7/365.



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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 p.m. — 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The Meeting was adjourned at 2:03 p.m.

Handouts in the Agenda Packet

- CHB May 15, 2024, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – June 19, 2024
- Clinic Operations Report – FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – June 2024
- Credentialing Program Update – Classifications Requiring Credentialing – June 2024
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates as of June 29, 2024
- Clinic Operations Report – Grievance Reports - April – December 2023 and January – May 2024
- Clinic Operations Report – FHS Privacy & Security Incident Report, May 1-May 31, 2024
- Clinic Operations Report – Revenue Cycle Reports
- Clinic Operations Report – Operations Report – Finance Third Quarter (TQ) FY2023/24
- Clinic Operations Report – Operations Report – Finance Recommended Budget with Supplemental Changes FY2024/25
- Clinic Operations Report – Referrals – Time Period May 2024
- Clinic Operations Report – OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – June 2024 and Project Milestones / Highlights
- Clinic Operations Report – FHS Quality Assurance/Quality Improvement (QA/QI) May 10, 2024 Meeting Minutes
- Clinic Operations Report – FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-May 2024
- Strategic Plan Report – Strategic Plan July 1, 2024 – June 30, 2025, June 19, 2024
- Centering Well Child Visits
- California Health Care Foundation – Reference Number: G-33534
- HRSA Grant – Expanded Hours HRSA-25-084
- FHS Policy Number: 500.05, Patient Grievances
- Quality Improvement
- SolanoCares.org
- National Health Center Week, August 4-10, 2024, Powering Communities Through Caring Connections

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: July 17, 2024

Number of Active Candidates - County

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

Number of Active Candidates - Touro

Physician Assistant - 1

Number of Active Candidates - Locum Tenens

Nurse Practitioner - FF Peds

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) - 2
Health Education Specialist **Extra Help** - 2
Medical Assistant - 8
Medical Assistant Lead - 1
Medical Records Technician, Sr **Extra Help** - 2
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, Sr (Extra Help) - 07/16
*Mental Health Clinician - TBD

Expected New Hires + Recently Hired Staff

*Medical Assistant - VJO Call Center - 07/22/2024

Vacancies/Departures

*Dental Assistant (Registered) - VV - 07/10/2024
*Medical Assistant (referral) - 07/11/2024

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

Excluded Parties/Sanction Screening: 137

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
June 2024 TOURO/LOCUMS	Touro/Locum Providers: 17	Exclusions Found: 0
June 2024 County – H&SS Employees/Candidates	H&SS Employees: 120	Exclusions Found: Report pending
Totals	TOTAL SCREENED: 137	Exclusions Found: Report pending

Credentialing: 5 Re-Credentialing: 6

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
June 2024 TOURO	<u>Active/Open: 2</u> Physician Assistant: 1 Clinic Physician: 1	Submitted to Partnership: -1- Approved by Partnership: -0- Pending Submission to Partnership: 1
June 2024 LOCUM	<u>Active/Open: 0</u>	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 0
June 2024 County H&SS Employees/ Candidates	<u>Active/Open: 9</u> Medical Assistant – 6 Clinic Registered Nurse – 1 Nurse Practitioner – 1 Registered Dental Assistant - 1	Submitted to Partnership: --0 Approved by Partnership: -1- Pending Submission to Partnership: 1

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

Partnership – NEW Provider Enrollments

New Provider Enrollments: ACTIVE - Pending Submission: 2 (1 Touro PA, 1 NP)
 Submitted: 0 Pending Approval: 1
 Approved: 1

Partnership – Provider Re-Credentialing

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

Denti-Cal – Provider Revalidations

None During this Reporting Period

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

None During this Reporting Period

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

Credentialing Program Update Amended June 20, 2024

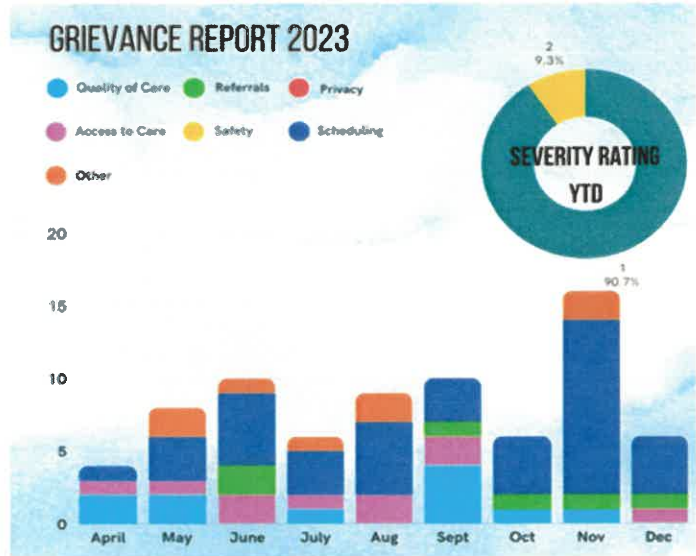
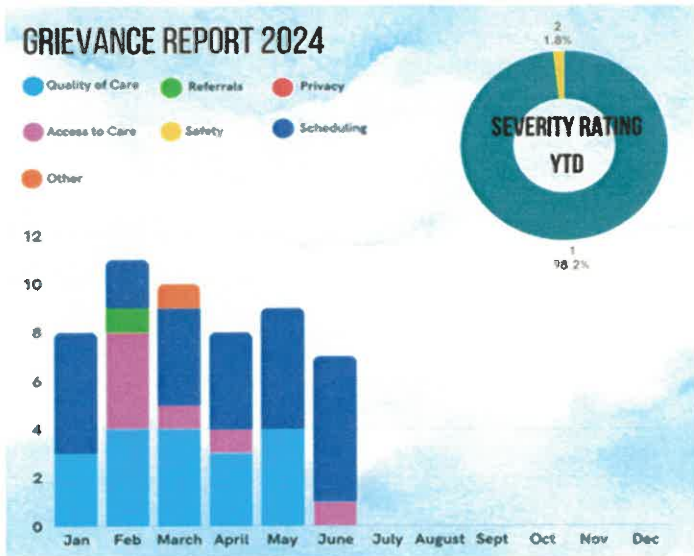
In an effort to continue building and refining the Credentialing program, the Credentialing team has worked with divisions to evaluate all job classifications and job functions to determine which classifications need to be credentialed. The following is a list of the Solano County classifications in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

This is the updated classification list, which supersedes all previously submitted versions.

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

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

- Family Health Services (FHS) will be completing a No-Cost Extension (NCE, also known as an Extension Without Funds) request for the remaining *Community Project Funding / Congressionally Directed Spending – Non-Construction* (“Congressional Funding”) grant (GE1HS49534). The initial funding award was \$1,000,000 for a performance period of July 15, 2023 to July 14, 2024. To date, greater than 90% of the funding has been utilized toward the approved Personnel, Benefits, Equipment and Contractual budget category. The NCE performance period request will be for one-year in order to complete the remaining approved activities. Applicable documents will be presented to the Community Healthcare Board (CHB) for review and approval on a later date.
- After CHB approved the exploration of the HRSA Fiscal Year (FY) 2025 Expanded Hours (EH) supplemental grant, FHS submitted Phase 1 of the application by the June 24, 2024 deadline. Phase 2 of the application is being completed and will be submitted by the July 23, 2024 deadline. 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"> • No harm • Inconvenience 	<ul style="list-style-type: none"> • The event effected the patient but did not cause physical harm. • Processes appropriate, patient disagreed. 	<ul style="list-style-type: none"> • A pain management contract process with which the patient disagrees. • An employee displayed rudeness to a patient. • Patient experienced long hold time on the phone.
2	<ul style="list-style-type: none"> • Temporary harm (mild or moderate) 	<ul style="list-style-type: none"> • Caused temporary harm to the patient, resulting in the need for additional treatment. • Caused a delay in time-sensitive care. 	<ul style="list-style-type: none"> • A delay to a patient in getting prescription medications. • A lack of follow-up requested following a procedure.
3	<ul style="list-style-type: none"> • Significant harm 	<ul style="list-style-type: none"> • Significant harm to the patient occurred, up to and including death. 	<ul style="list-style-type: none"> • A patient received a misdiagnosis. • A patient experienced an unanticipated complication or infection. • A patient’s oncology referral was not processed.

Grievances

Mid-Year Review

Family Health Services received 53 grievances between January 1st and June 30th, 2024.

- On average, the clinics received nine grievances per month during this time period.
- The majority of grievances fell in the scheduling category, representing 49% of total grievances received.

This data is consistent with the data from July - December of 2023.

Family Health Services received 53 grievances between July 1st and December 31st, 2023.

- On average, the clinics received nine grievances per month.
- The majority of grievances were also in the scheduling category, representing 58% of total grievances received.

Summary:

The data shows that the majority of grievances fall into the scheduling category; this is consistent with feedback received from patients and the staff's observations in the clinics. Patients are often unable to schedule an appointment in the timeframe they wish because the clinics' staffing levels continue to be too low to meet the demand for appointments. Clinic staff have been trained to recommend walk-in's as an alternative to scheduling an appointment, as this will increase the likelihood that patients are seen within 24-48 hours. Walk-in appointments are on a first-come, first-served basis and are dependent on other patients no-showing for their scheduled appointments.

**Family Health Services (FHS) Incident Report Tracking
June 1 to June 30, 2024**

FHS Department (if applicable)	Compliance Breach	Description (Basic Information/Activity)	Total Received
	Breach Report / Information Security		0
			Total Privacy & Security incidents June 2024 = 0
			Total Reported Q3 - Q4 2024 = 0

Please Note: Privacy & Security incidents are categorized under "Compliance" and subcategory "Breach Report/ Information Security Report". Ownership and resolution of all other incidents reported through Compliance rests with FHS Leadership. Compliance provides tracking and trending and reports to the Board based on what is reported to our team. As of 6/30/2024; there have been zero (0) reports of FHS privacy & security incidents for Q3 - Q4.

FHS Department (if applicable)	Category/(ies)	Description (Basic Information/Activity)	Total Received
Dental Clinic	Safety, Client Emergency Medical 911	Patient suffered a medical emergency and was transported via EMS.	1
			Total Reported June 2024 = 1
			Total Reported Q3 - Q4 2024 = 15



SOLANO COUNTY



Time Period June 2024

Referrals 1036

Adult-896 Pediatrics-140

Adult Specialty Referrals	Ordered	Peds Specialty Referrals	Ordered
Dermatology	71	Allergy Immunology	13
Gastroenterology	80	Dermatology	15
Ophthalmology	111	Nutrition	16
Physical Therapy	112	Ophthalmology	14
Podiatry	66	Orthopedic Surgery	8
	374		66
Total to Specialties:440			

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

The total number of referrals in the box as of **Tuesday July 9th** was **338** at that time we were processing **14 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. During our overtime project on June **15th, 22nd, 29th**), there were 298 referrals completed over the 3 weekends. We continue to prioritize our goal of meeting the Partnership requirement of 10 days. Also, we now have a focus as well of getting the number of referrals in the que down as we near the launching of Ochin Epic. We learned that unprocessed referrals will not transfer into EPIC, and these will have to be entered manually and getting the referrals numbers down will help.

Respectfully Submitted,

Cynthia Coutee, Clinic Manager-Vacaville



Solano County Family Health Services
OCHIN Epic EHR Implementation 2024



OCHIN Epic EHR Implementation Dashboard
 July 2024

Project Information

27%

Percent Complete

12/20/23

Start Date

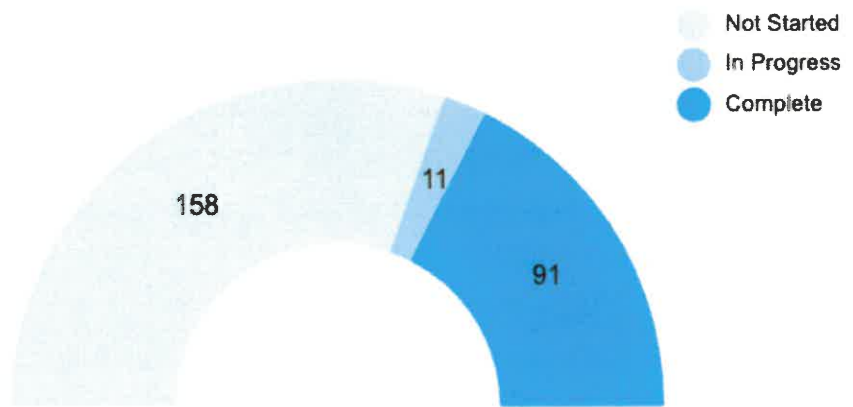
09/24/24

Epic Go Live Date

04/28/25

Project Closure Date

Tasks by Status



Current Status and Project Health

Health & Trend

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

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



Solano County Family Health Services OCHIN Epic EHR Implementation 2024



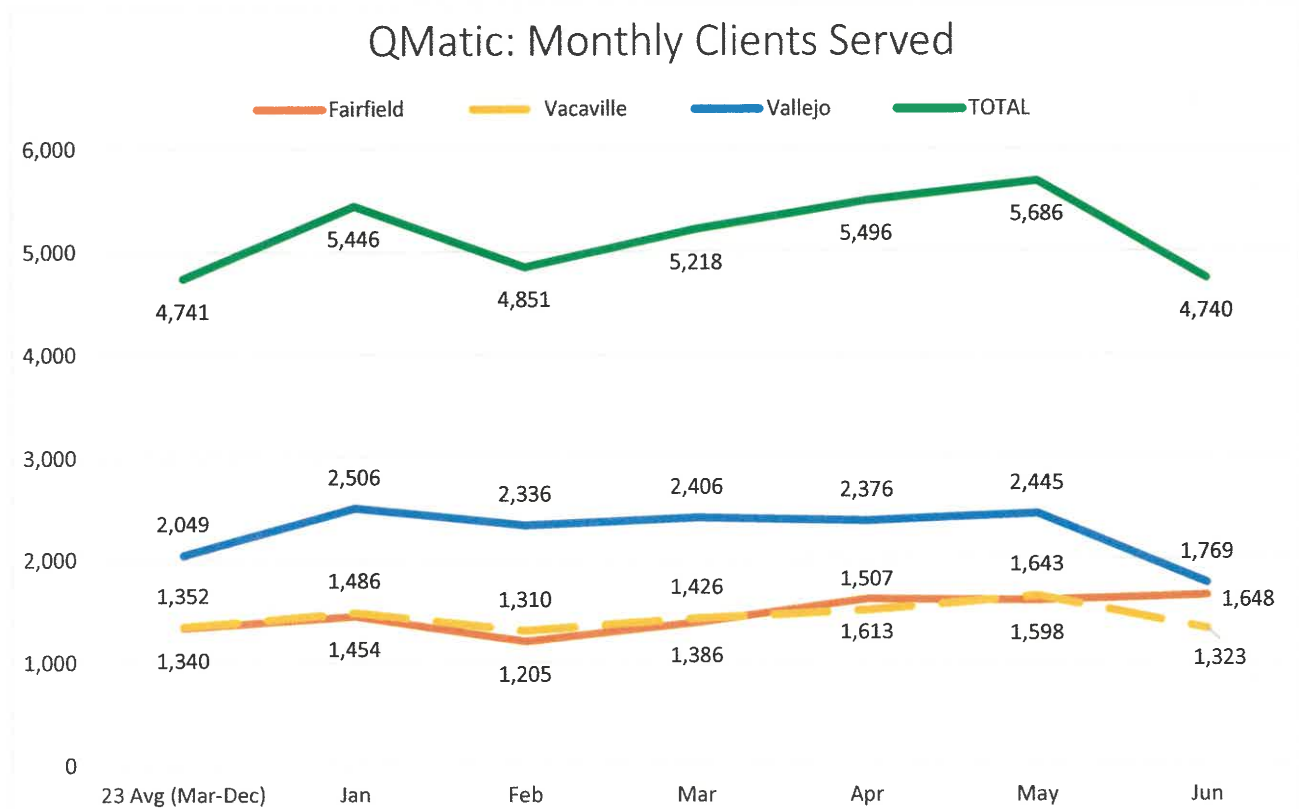
Project Milestones / Highlights

1. The project timeline and budget is currently on target. Currently FHS does not foresee a major risk to the project. OCHIN has been continuing to work on build.
2. Staff were provided access to ELLA, OCHIN Epic's online learning center, and are continuing to watch tutorials on different modules. 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.
3. OCHIN Build Deliverables are on-track, and integrated testing for core functionalities and end-to-end clinical workflows for medical, dental, and BH is scheduled to occur from July 15th – July 18th. Lindsey will be onsite this week. OCHIN will make all changes and testing will be complete by July 26th.
4. 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.
5. Billing and Clinical training session 1 for super users is complete, and all trainings have been a success so far.
6. Billing testing is complete.
7. Practice Management Super User Training (Front Desk) will be July 9-10th, and Dental Super User Training will be July 23-24th.
8. All hardware (printers and scanners) has now been received.
9. 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
10. 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. Facktor Health has trained the EHR trainers, Jasmine and Shae, on how to manage FAQs moving forward so questions are answered in an organized and timely manner.

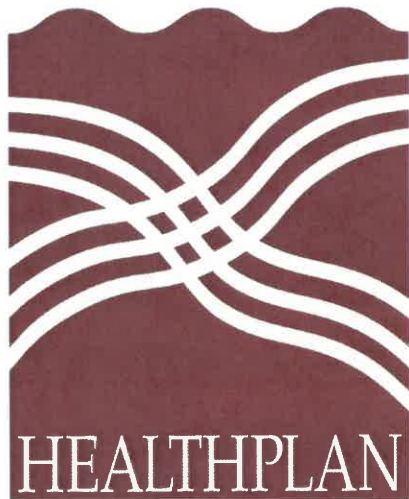
Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Clients Served						
	2023 (Mar to Dec) Average	Jan	Feb	Mar	Apr	May	Jun
Fairfield							
Lab	93	95	76	94	125	127	116
Medical (Adult)	1,247	1,359	1,129	1,292	1,488	1,471	1,532
Subtotal	1,340	1,454	1,205	1,386	1,613	1,598	1,648
Vacaville							
Dental	588	598	535	552	571	620	596
Medical (Adult & Peds)	764	888	775	874	936	1,023	727
Subtotal	1,352	1,486	1,310	1,426	1,507	1,643	1,323
Vallejo							
Dental & Medical (Adult & Peds)	1,970	2,413	2,245	2,313	2,269	2,342	1,671
Lab	79	93	91	93	107	103	98
Subtotal	2,049	2,506	2,336	2,406	2,376	2,445	1,769
TOTAL	4,741	5,446	4,851	5,218	5,496	5,686	4,740



PARTNERSHIP



of CALIFORNIA
A Public Agency



Solano County Family Health
Services

Board Meeting Discussion
on Managed Care Plan Quality
Program

July 2024



About Partnership

Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

- Low administrative rate allows for Partnership to have a higher provider reimbursement rate and support community initiatives

Local Control and Autonomy

- A local governance that is sensitive and responsive to the area's healthcare needs

Community Involvement

- Contract directly with providers and community based organizations.
- Advisory boards that participate in collective decision making regarding the direction of the plan.





Medi-Cal Managed Care: What is it?

- **Health plans like Partnership contract with the state of California to cover health care services through established networks of care, including primary care, specialty care, behavioral health and many other services. We do not cover vision or dental services.**
- **Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care.**
- **The Medi-Cal program offers a comprehensive set of health benefits at no cost to the beneficiary – there are no premiums or co-payments.**
- **Approximately 15.2 million Medi-Cal beneficiaries are covered by Managed Care in California**
- **In Solano County, both Partnership HealthPlan and Kaiser Permanente operate Managed Care Medi-Cal plans.**





Our Benefits and Programs

Increasingly, Partnership and other plans are covering additional services to support the health of our members and community

- Doula services
- Enhanced Case Management (ECM)
- Community Supports (CS)
- Community Health Worker services
- Transportation services to and from appointments
- Coverage for medical monitoring equipment
- Services for individuals transitioning from incarceration
- Enhanced behavioral health services provided in K-12 schools
- Enhanced benefits for foster youth and transitional aged youth (TAY)
- Housing resources for members
- In 2026: a D-SNP program for Medicare Advantage





Our Programs: How do we partner with Solano County?

Partnership HealthPlan and the County have partnered on many initiatives that focus on the health and well being of Medi-Cal members

Housing and Homelessness Incentive Program*

- \$4.2M for housing and care coordination for homeless individuals

Student Behavioral Health Incentive Program*

- \$3.83M for behavioral health services and supports for K-12 students

Mobile Mammography

- Provide mammography screening services to FHS patients onsite

Provider Recruitment Program

- \$150,000 available to FHS for recruitment of qualified medical providers

Kindergarten Roundup

- 2023 partnership with FHS to increase well child visits

Equity Practice Transformation Program

- State funds for FHS for health equity and service improvement

Quality Incentive Program

- \$3.5M in 2023 for meeting quality metrics

**Indicates funds provided directly to Solano County*





Quality Program at Partnership

- Importance of Quality
- QIP measure set
- Key Details
- Disparity Analysis
- Comparison across region

Eureka | Fairfield | Redding | Santa Rosa



Importance of Quality

1. People

There are real patients behind the statistics, whose health outcomes are affected when their needs are not met.

2. Finances

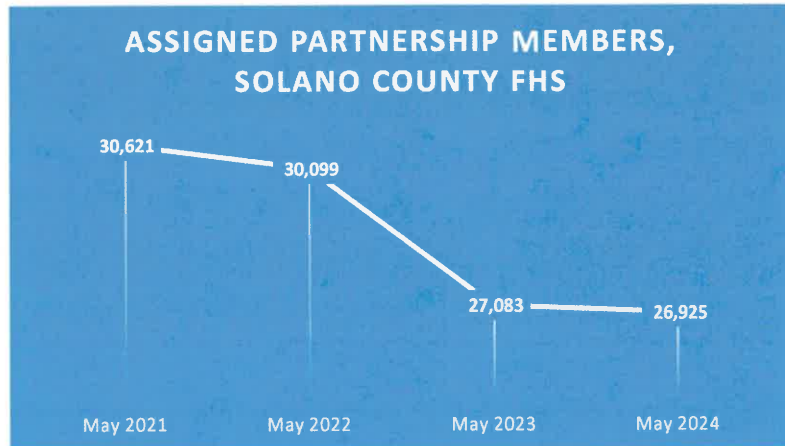
High performance earns more resources which gives the health center the resources to better care for their patients.

3. Reputation

Having a reputation as a high quality primary care provider helps with attracting and retaining staff and increases the likelihood of success when applying for grants or other opportunities (it opens doors).



SCFHS Assigned Membership



ID	Provider Site	Current Enrollment Status	Partnership Member Count May 2024
1013	Solano County FHS: Fairfield Adult	Current Patients Only	3,669
27776	Solano County FHS: Fairfield Peds	Open	3,695
26994	Solano County FHS: Vacaville	Open	4,646
1034	Solano County FHS: Vallejo	Open	14,915
	TOTAL		26,925



2024 PCP QIP Measure Set

Key:

New Measure || Change to Measure Design || Measure-removed

2024 Clinical Domain
<p>Family Medicine:</p> <ol style="list-style-type: none"> Asthma Medication Ratio Well-Child Visits in the First 15 Months of Life Childhood Immunization Status: Combo 10 Lead Screening in Children (Blood Lead Screening) Child and Adolescent Well Care Visits Immunizations for Adolescents – Combo 2 Breast Cancer Screening Cervical Cancer Screening Colorectal Cancer Screening Comprehensive Diabetes Care: HbA1c Control Diabetes Management: Eye Exams Controlling High Blood Pressure
<p>Pediatric Medicine:</p> <ol style="list-style-type: none"> Asthma Medication Ratio Child and Adolescent Well Care Visits Childhood Immunization Status: Combo 10 Immunizations for Adolescents – Combo 2 Well-Child Visits in the First 15 Months of Life Lead Screening in Children (Blood Lead Screening)

Appropriate Use of Resources
<p>Family Medicine & Internal Medicine:</p> <ol style="list-style-type: none"> Ambulatory Care Sensitive Admissions Risk Adjusted Readmission Rate (RAR)
<p>Access and Operations</p>
<p>All Practice Types:</p> <ol style="list-style-type: none"> Avoidable ED Visits PCP Office Visits
<p>Patient Experience</p>
<p>All Sites:</p> <ol style="list-style-type: none"> Patient Experience





2024 PCP QIP Clinical Measurement Set



NCQA Quality
Compass Benchmarks

CLINICAL DOMAIN							
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS	
FAMILY	INTERNAL	PEDS				PARTIAL (50th)	FULL (90th)
✓	✓		Comprehensive Diabetic Care - HbA1c Control	CHRONIC DISEASE MANAGEMENT	18 - 75 YRS	52.31%	60.34%
✓	✓		Comprehensive Diabetic Care - Retinal Eye Exam		18 - 75 YRS	52.31%	63.33%
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	61.31%	72.22%
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	34.31%	48.80%
✓	✓		Breast Cancer Screening		50 - 74 YRS	52.20%	63.37%
✓	✓		Cervical Cancer Screening		21 - 64 YRS	57.11%	66.48%
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	30.90%	45.26%
✓		✓	**Lead Screening in Children		0-2YRS	n/a	62.79%**
✓	✓		Colorectal Cancer Screening		45 - 75 YRS	31.68% (25 th)	39.81% (50 th)
✓		✓	Child and Adolescent Well Care Visit		3 - 17 YRS	48.07%	61.15%
✓		✓	Well Child Visits in the First 15 Months of Life	UTILIZATION	15 MONTHS	58.38%	68.09%

****New measures are eligible for full points only, no partial points available. New measure full point target is set at the 50th percentile.**

Eureka | Fairfield | Redding | Santa Rosa



PCP QIP Key Details



Status ⁱ
FINAL



Refresh Date
Dec-23



Members
25,252



Claims Timeliness
99.53% (Excellent)
(35,181/35,347)

|Solano County Health & Social Services

|Parent Organization (PO) Executive QIP Measure Summary

Measure	PO Score	50th Target	PO Partial Points NNT	PO Full Points NNT	PO QIP \$ Earned	PO Remaining QIP \$	Bar Chart
ACS_ADMISSION	14.31	N/A	N/A	N/A	\$24,153	\$117,742	55 / 87
Asthma Medication Ratio	74.11	64.26	0	1	\$237,268	\$20,099	34 / 84
Avoidable ED/1000	16.00	N/A	N/A	N/A	\$28,727	\$160,064	83 / 94
Breast Cancer Screening	42.98	50.95	26	115	\$0	\$170,273	67 / 85
Cervical Cancer Screening	34.95	57.64	N/A	1240	\$0	\$170,273	74 / 86
Child and Adolescent Well Care Visits	28.12	48.93	N/A	1355	\$64,635	\$297,967	64 / 73
Childhood Immunization Status CIS 1	26.98	34.79	17	38	\$80,394	\$153,981	22 / 58
Colorectal Cancer Screening	27.50	40.23	280	482	\$28,727	\$113,168	73 / 85
Controlling High Blood Pressure	69.92	59.85	0	0	\$170,273	\$0	20 / 85
Diabetes - HbA1C Good Control	66.35	60.10	0	7	\$139,955	\$30,318	49 / 84
Diabetes - Retinal Eye exam	53.65	51.09	0	25	\$54,023	\$87,872	38 / 84
Immunization for Adolescents IMA 2	21.80	35.04	23	68	\$0	\$234,375	40 / 72
Patient Experience	0.00	N/A	N/A	N/A	\$350,784	\$0	
PCP Office Visits	0.89	N/A	N/A	N/A	\$0	\$182,091	86 / 94
RAR_READMISSION	0.75	N/A	N/A	N/A	\$141,894	\$0	51 / 87
Well Child First 15 Months	48.45	55.72	N/A	14	\$107,192	\$190,775	39 / 82

|Payout Status

Your organization has earned 42.54% of your Total Possible QIP \$.



You have earned 42.22% of your possible points. The Planwide Average to date is 66.44% giving you an Overall Rank of 121 out of 188 parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Top 20



121 / 188

Bottom 20

|Provider Score



County Level Comparison with peers



Maximizing Visibility of Quality Data PCP QIP Total Score Rank Chart

A Dashboard to View Unblinded Provider Performance

94% and above: 5 stars
88% - 93%: 4.5 stars
81% - 87%: 4 stars
74% - 80%: 3.5 stars

63% - 73%: 3 stars
51% - 62%: 2.5 stars
41% - 50%: 2 stars
21% - 40%: 1.5 stars, 0 - 20%: 1 star

Measurement Year: County: Parent Organization:

About this dashboard: Subregion Total and Planwide Total can also be selected under County filter for performance comparison. Hover over star icons to view **Monthly Score and Rank**.

Refresh Date: December 2023 / County Selected: SOLANO

Provider Name	Parent Organization	Total Score	Members	County	Rank	
Community Medical Center Dixon (1004)	Community Medical Centers	99.00%	2207	SOLANO	2	★★★★★
NorthBay Center for Primary Care, Vacaville (10717)	Northbay Healthcare	89.00%	2068	SOLANO	11	★★★★☆
La Clinica, North Vallejo (18926)	La Clinica	87.00%	8570	SOLANO	19	★★★★☆
NorthBay Center for Primary Care, Hilborn Rd. (17294)	Northbay Healthcare	86.00%	3147	SOLANO	22	★★★★☆
Sutter Medical Group Solano, Vacaville (13352)	Sutter Medical Foundation-West	85.00%	1161	SOLANO	25	★★★★☆
La Clinica, Vallejo (11975)	La Clinica	83.00%	5993	SOLANO	30	★★★★☆
NorthBay Center for Primary Care, Green Valley (13692)	Northbay Healthcare	81.00%	1271	SOLANO	38	★★★★☆
Patel, Jayesh Jagubhai, MD (14448)	Intercommunity Medical Group	79.00%	681	SOLANO	47	★★★★☆
Sutter Medical Group Solano, Fairfield (13351)	Sutter Medical Foundation-West	76.00%	1738	SOLANO	54	★★★★☆
Ole Health, Fairfield (36802)	Ole Health DBA CommuniCare Ole	76.00%	4486	SOLANO	54	★★★★☆
Sutter Medical Group Solano, Vallejo (17120)	Sutter Medical Foundation-West	73.33%	416	SOLANO	64	★★★★☆
Ole Health, East Fairfield (48514)	Ole Health DBA CommuniCare Ole	71.00%	4434	SOLANO	69	★★★★☆
Solano County Family Health & Social Services, 2201 Courage Dr. (1013)	Solano County Health & Social Services	69.62%	4055	SOLANO	74	★★★★☆
Sutter Medical Group Yolo, Dixon (3699)	Sutter Medical Foundation-West	69.00%	528	SOLANO	75	★★★★☆
Community Medical Center, Vacaville (10992)	Community Medical Centers	68.00%	7009	SOLANO	77	★★★★☆
SOLANO (County Total)	County Total	65.92%	72177	SOLANO	N/A	★★★★☆
Solano County Family Health & Social Services, 2101 Courage Dr. (27776)	Solano County Health & Social Services	48.00%	3845	SOLANO	132	★★★☆☆
Solano County Family Health & Social Services, Vacaville (26994)	Solano County Health & Social Services	40.00%	4336	SOLANO	155	★★★☆☆
Community Medical Center, Vacaville, Suite 210 (82886)	Community Medical Centers	36.78%	3221	SOLANO	162	★★★☆☆
Solano County Family Health & Social Services, Vallejo (1034)	Solano County Health & Social Services	31.00%	13016	SOLANO	169	★★★☆☆

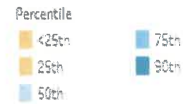
Disparity Analysis



Partnership HealthPlan of California
 Quality Dashboard
 Disparity Analysis - Measure and Race Geo Drilldown

Filters and Breakouts to Modify the Table Display

Refresh Date: Dec 23 | Measure Name: (All) | Parent Organization: Solano County Health & | Provider Name: (All) | Race/Ethnicity Group: (Multiple values) | Denominator Size: (All)



Geo Breakout 1: None | Geo Breakout 2: None | Geo Breakout 3: None

Length of the horizontal color bar represents denominator size in log scale

Subregion and County Average on tooltip only makes sense when user drills down to a more granular geo level (i.e. Parent Organization, PCP)

Measure and Race Drilldown

Measure Name	Geo Breakout 1	Geo Breakout 2	Geo Breakout 3	ASIAN/PACIFIC ISLANDER	BLACK	EAST ASIAN	HISPANIC	NATIVE AMERICAN	SOUTH ASIAN	SOUTHEAST ASIAN	WHITE
Asthma Medication Ratio	None	None	None	60.00	63.27		77.06	50.00		63.75	90.32
Breast Cancer Screening	None	None	None	34.29	39.79	78.26	52.39	40.00	47.27	48.09	81.13
Cervical Cancer Screening	None	None	None	30.94	35.02	40.74	36.66	21.06	35.66	34.00	29.19
Child and Adolescent Well Care Visits	None	None	None	22.22	19.49	37.64	39.29	10.69	42.97	26.46	20.21
Childhood Immunization Status (C.S. 10)	None	None	None	0.00	7.64		39.72		0.00	66.67	3.67
Colorectal Cancer Screening	None	None	None	24.76	23.06	49.21	29.22	13.61	37.89	36.66	23.99
Controlling High Blood Pressure	None	None	None	70.83	60.66	64.71	75.20	60.00	81.58	71.27	70.27
Diabetes - HbA1C Good Control	None	None	None	71.43	69.06	80.00	68.66	45.46	76.00	80.92	68.49
Diabetes - Retinal Eye exam	None	None	None	67.14	49.26	70.00	66.22	36.36	74.00	65.13	46.29
Immunization for Adolescents (MA 2)	None	None	None	16.67	6.72		30.17		20.00	19.05	12.20
Well Child First 15 Months	None	None	None		46.67		61.54			25.00	0.00

2024 PCP QIP – Gaps to Benchmarks

Parent Organization: Solano County Health & Social Services | Refresh Date: June 2024 | Target/Benchmark Filter: PCP QIP Full Points target

Gap Size & Dollars Remaining

■ < 10 From Target
 ■ < 30 From Target
 ■ > 30 From Target
 ■ Target Met

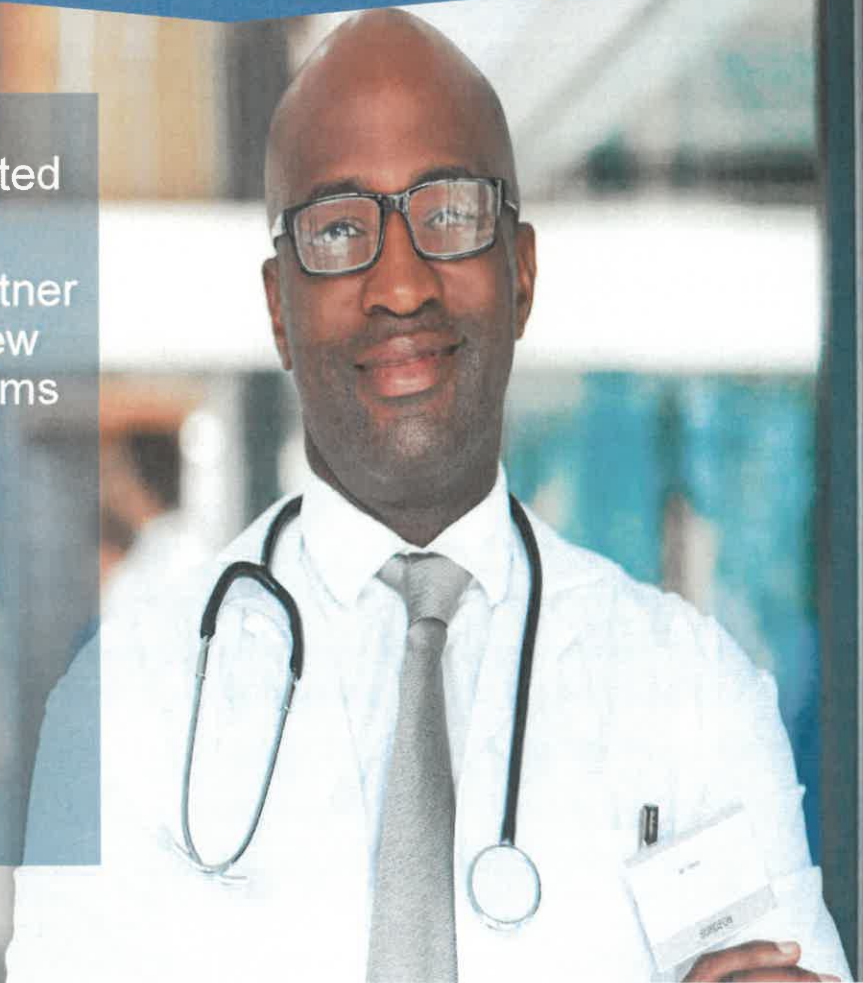
Measure	Total Org Gap	Total Org Num	Total Org Denom	Solano County Family Health & Social Services, 2101 Courage Dr. (27776)	Solano County Family Health & Social Services, 2201 Courage Dr. (1013)	Solano County Family Health & Social Services, Vacaville (26994)	Solano County Family Health & Social Services, Vallejo (1094)
Breast Cancer Screening	314	503	1,517		105 \$43,131	74 \$36,508	135 \$117,466
Cervical Cancer Screening	2,174	1,902	7,133		306 \$43,131	507 \$36,508	1361 \$117,466
Child and Adolescent Well Care Visits	2,619	943	7,404	937 \$140,747	1 \$14,377	383 \$54,762	1298 \$176,198
Childhood Immunization Status CIS 10	106	29	368	26 \$87,129		11 \$36,508	69 \$117,466
Colorectal Cancer Screening	857	1,242	5,800		120 \$35,942	181 \$30,423	556 \$97,888
Controlling High Blood Pressure	577	190	1,059		154 \$43,131	94 \$36,508	329 \$117,466
Diabetes - HbA1C Good Control	535	270	1,332		142 \$43,131	123 \$36,508	270 \$117,466
Diabetes - Retinal Eye exam	184	605	1,332		37 \$7,188	54 \$30,423	93 \$97,888
Immunization for Adolescents IMA 2	123	34	453	50 \$87,129		21 \$36,508	52 \$117,466
Lead Screening in Children	13	153	237	0 \$0		7 \$36,508	6 \$117,466
Well Child First 15 Months	82	37	200	5 \$87,129		5 \$54,762	72 \$176,198





Let's Discuss

- Access and patient experience are complicated problems to solve
- Partnership wants to partner with SCFHS to create new solutions to these problems





Resources

- 2023 PCP QIP scores by location



2023 PCP QIP – Fairfield Adult



Status/PMPM
FINAL/\$10.28



Refresh Date
Dec-23



Members
8,110



Timeliness
99.53% (Excellent)
(35,181/35,347)

Organization:
Solano County Health & Social Services
Provider:
Solano County Family Health & Social Services, 2201 Courage Dr. (1013)
Practice Type:
FAMILY

2024-2025 Measure Strategy Timeline
Click the icon to see a suggested timeline developed by PHC's Chief Medical Officer for addressing measures and maximizing QIP performance.



Performance Summary

This table provides a timely summary of a individual provider's performance, showing score, Full Points/Partial Points/No Points, payout and ranking for a given measure.

Measure Type	Measure Category	Measure	Score	Partial Points Target	Partial Points NNT	Full Points Target	Full Points NNT	Points Earned	Potential Points	QIP \$ Earned	Total Possible QIP \$	Remaining QIP \$	Select/Ranking	#	252
Clinical	Chronic Disease Mgmt	Asthma Medication Ratio	75.44	64.26	0	69.67	0	6	6	\$43,090	\$43,090	\$0	89	226	
		Controlling High Blood Pressure	58.73	59.85	0	65.10	0	6	6	\$43,090	\$43,090	\$0	87	218	
		Diabetes - HbA1C Good Control	59.89	60.10	0	64.48	0	6	6	\$43,090	\$43,090	\$0	110	220	
		Diabetes - Retinal Eye exam	60.00	51.09	0	56.51	0	5	5	\$35,908	\$35,908	\$0	80	220	
Peds Access	Child and Adolescent Well Car.	50.00	N/A	N/A	48.93	0	9	9	\$64,635	\$64,635	\$0	118	186		
Preventative Screening	Breast Cancer Screening	Breast Cancer Screening	49.18	N/A	N/A	50.95	10	0	6	\$0	\$43,090	\$43,090	140	223	
		Cervical Cancer Screening	39.40	N/A	N/A	57.64	322	0	6	\$0	\$43,090	\$43,090	194	227	
		Colorectal Cancer Screening	34.89	32.80	0	40.23	82	4	5	\$28,727	\$35,908	\$7,182	145	225	
Non-Clinical	Patient Experience	0.00	N/A	N/A	N/A	N/A	10	10	\$71,817	\$71,817	\$0				
Hosp Utilization	ACS_ADMISSION	ACS_ADMISSION	22.18	10.61	N/A	8.21	N/A	0	5	\$0	\$35,908	\$35,908	197	228	
		RAR_READMISSION	0.85	1.20	N/A	0.99	N/A	5	5	\$35,908	\$35,908	\$0	152	228	
Primary Care Utilization	Avoidable ED/1000	Avoidable ED/1000	7.18	8.25	N/A	6.57	N/A	4	5	\$28,727	\$35,908	\$7,182	127	252	
		PCP Office Visits	1.03	1.50	N/A	1.80	N/A	0	5	\$0	\$35,908	\$35,908		233	252
Grand Total								55	79	\$394,993	\$567,354	\$172,361	82	252	





2023 PCP QIP – Fairfield Pediatric



Status/PMPM
FINAL/\$13.22



Refresh Date
Dec-23

Organization:

Solano County Health & Social Services

Provider:

Solano County Family Health & Social Services, 2101 Courage Dr. (27776)

Practice Type:

PEDIATRICS

2024-2025 Measure Strategy Timeline

Click the icon to see a suggested timeline developed by PHC's Chief Medical Officer for addressing measures and maximizing QIP performance.



Members
3,845



Timeliness
99.53% (Excellent)
(35.131/35.347)

Performance Summary

This table provides a timely summary of a individual provider's performance, showing score, Full Points/Partial Points/No Points, payout and ranking for a given measure.

Measure Type	Measure Category	Measure	Score	Partial Points Target	Partial Points NNT	Full Points Target	Full Points NNT	Points Earned	Potential Points	QIP \$ Earned	Total Possible QIP \$	Remaining QIP \$	Select Ranking	Planwide
Clinical	Chronic Disease Mgmt	Asthma Medication Ratio	68.18	64.26	0	69.67	1	10	13	\$66,995	\$87,094	\$20,099	121	226
		Child and Adolescent Well Care Visits	26.97	N/A	N/A	48.93	615	0	16	\$0	\$107,192	\$107,192	175	
	Preventative Screening	Well Child First 15 Months	75.86	N/A	N/A	55.72	0	16	16	\$107,192	\$107,192	\$0	46	145
		Childhood Immunization Status CIS 10	35.77	34.79	0	42.09	8	12	16	\$80,394	\$107,192	\$26,798	42	170
Non-Clinical	Patient Experience	Immunization for Adolescents IMA 2	22.53	35.04	23	41.12	34	0	16	\$0	\$107,192	\$107,192	96	176
		Patient Experience	0.00	N/A	N/A	N/A	N/A	10	10	\$66,995	\$66,995	\$0		
	Primary Care Utilization	Avoidable ED/1000	17.44	8.25	N/A	6.57	N/A	0	7	\$0	\$46,897	\$46,897	221	252
		PCP Office Visits	0.77	1.50	N/A	1.80	N/A	0	6	\$0	\$40,197	\$40,197		240
Grand Total							48	100	\$321,576	\$669,950	\$348,374	252	163	





2023 PCP QIP – Vacaville



Status/PMPM
FINAL/\$9.85



Refresh Date
Dec-23



Members
4,336



Timeliness
99.53% (Excellent)
(35,181/35,347)

Organization:
Solano County Health & Social Services
Provider:
Solano County Family Health & Social Services, Vacaville (26994)
Practice Type:
FAMILY

2024-2025 Measure Strategy Timeline
Click the icon to see a suggested timeline developed by PHC's Chief Medical Officer for addressing measures and maximizing QIP performance.



Performance Summary

This table provides a timely summary of a individual provider's performance, showing score, Full Points/Partial Points/No Points, payout and ranking for a given measure.

Measure Type	Measure Category	Measure	Score	Partial Points Target	Partial Points NNT	Full Points Target	Full Points NNT	Points Earned	Potential Points	QIP \$ Earned	Total Possible QIP \$	Remaining QIP \$	Select Ranking
Clinical	Chronic Disease Mgmt	Asthma Medication Ratio	80.49	64.26	0	69.67	0	6	6	\$36,229	\$36,229	\$0	69 / 126
		Controlling High Blood Pressure	69.91	59.85	0	65.10	0	6	6	\$36,229	\$36,229	\$0	73 / 218
		Diabetes - HbA1C Good Control	66.22	60.10	0	64.48	0	6	6	\$36,229	\$36,229	\$0	138 / 220
		Diabetes - Retinal Eye exam	51.84	51.09	0	56.43	14	3	5	\$18,114	\$30,191	\$12,076	116 / 220
	Peds Access	Child and Adolescent Well Car..	22.98	N/A	N/A	48.93	270	0	9	\$0	\$54,343	\$54,343	125 / 249
		Well Child First 15 Months	23.08	N/A	N/A	55.72	9	0	9	\$0	\$54,343	\$54,343	125 / 249
	Preventative Screening	Breast Cancer Screening	42.16	50.95	26	51.96	29	0	6	\$0	\$36,229	\$36,229	170 / 223
		Cervical Cancer Screening	31.69	N/A	N/A	57.64	311	0	6	\$0	\$36,229	\$36,229	213 / 217
		Childhood Immunization Statu..	16.07	N/A	N/A	34.79	11	0	6	\$0	\$36,229	\$36,229	90 / 170
		Colorectal Cancer Screening	28.83	32.80	43	40.23	122	0	5	\$0	\$30,191	\$30,191	163 / 225
Non-Clinical	Patient Experience	Immunization for Adolescents ..	24.07	N/A	N/A	35.04	6	0	6	\$0	\$36,229	\$36,229	94 / 179
		Patient Experience	0.00	N/A	N/A	N/A	N/A	10	10	\$60,382	\$60,382	\$0	
	Hosp Utilization	ACS_ADMISSION	9.82	10.61	N/A	8.21	N/A	4	5	\$24,153	\$30,191	\$6,038	136 / 228
		RAR_READMISSION	0.55	1.20	N/A	0.99	N/A	5	5	\$30,191	\$30,191	\$0	115 / 228
	Primary Care Utilization	Avoidable ED/1000	10.46	8.25	N/A	6.57	N/A	0	5	\$0	\$30,191	\$30,191	165 / 252
		PCP Office Visits	0.83	1.50	N/A	1.80	N/A	0	5	\$0	\$30,191	\$30,191	238 / 252
Grand Total								40	100	\$241,526	\$603,815	\$362,289	212 / 195





2023 PCP QIP – Vallejo



Status/PMPM
FINAL/\$10.19



Refresh Date
Dec-23



Members
13,016



Timeliness
99.53% (Excellent)
(35,181/35,347)

Organization:
Solano County Health & Social Services
Provider:
Solano County Family Health & Social Services, Vallejo (1034)
Practice Type:
FAMILY

2024-2025 Measure Strategy Timeline

Click the icon to see a suggested timeline developed by PHC's Chief Medical Officer for addressing measures and maximizing QIP performance.



Performance Summary

This table provides a timely summary of a individual provider's performance, showing score, Full Points/Partial Points/No Points, payout and ranking for a given measure.

Measure Type	Measure Category	Measure	Score	Partial Points Target	Partial Points NNT	Full Points Target	Full Points NNT	Points Earned	Potential Points	QIP \$ Earned	Total Possible QIP \$	Remaining QIP \$	Select Ranking	Planwide
Clinical	Chronic Disease Mgmt	Asthma Medication Ratio	71.43	64.26	0	69.67	0	6	6	\$90,954	\$90,954	\$0	107	226
		Controlling High Blood Pressure	70.86	59.85	0	65.10	0	6	6	\$90,954	\$90,954	\$0	68	116
		Diabetes - HbA1C Good Control	63.14	60.10	0	64.48	7	4	6	\$60,636	\$90,954	\$30,318	155	120
		Diabetes - Retinal Eye exam	48.88	N/A	N/A	51.09	11	0	5	\$0	\$75,795	\$75,795	128	220
	Peds Access	Child and Adolescent Well Car..	31.32	N/A	N/A	48.93	470	0	9	\$0	\$136,431	\$136,431	172.86	
		Well Child First 15 Months	45.24	N/A	N/A	55.72	5	0	9	\$0	\$136,431	\$136,431	108	149
	Preventative Screening	Breast Cancer Screening	37.30	N/A	N/A	50.95	76	0	6	\$0	\$90,954	\$90,954	194	223
		Cervical Cancer Screening	33.36	N/A	N/A	57.64	607	0	6	\$0	\$90,954	\$90,954	207.227	
		Childhood Immunization Statu..	23.40	34.79	17	36.57	19	0	6	\$0	\$90,954	\$90,954	73	170
		Colorectal Cancer Screening	21.37	32.80	237	34.81	278	0	5	\$0	\$75,795	\$75,795	207.225	
Non-Clinical	Immunization for Adolescents ..	Immunization for Adolescents ..	20.43	N/A	N/A	35.04	28	0	6	\$0	\$90,954	\$90,954	100	176
		Patient Experience	0.00	N/A	N/A	N/A	N/A	10	10	\$151,591	\$151,591	\$0		
	Hospo Utilization	ACS_ADMISSION	11.29	10.61	N/A	8.21	N/A	0	5	\$0	\$75,795	\$75,795	146	228
		RAR_READMISSION	0.74	1.20	N/A	0.99	N/A	5	5	\$75,795	\$75,795	\$0	141	226
	Primary Care Utilization	Avoidable ED/1000	21.14	8.25	N/A	6.57	N/A	0	5	\$0	\$75,795	\$75,795	298.52	
		PCP Office Visits	0.91	1.50	N/A	1.80	N/A	0	5	\$0	\$75,795	\$75,795	297.52	
Grand Total							31	100	\$469,931	\$1,515,905	\$1,045,974	252	214	





2024 PCP QIP Clinical Measures Preventive Screening



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Breast Cancer Screening

Family Practice
Internal Medicine

Measure Description:

The percentage of continuously enrolled Medi-Cal women 50-74 years of age who had a mammogram to screen for breast cancer.

Denominator:

The number of assigned members 52 – 74 years of age as of December 31 of the measurement year

Numerator:

The number of members from the eligible population in the denominator with one or more mammograms any time on or between October 1, 2022 and December 31, 2024

Allowable Gap Criteria:

No more than one (1) month gap in enrollment with PHC during the continuous enrollment period. The continuous enrollment period is between the month of age 31 days and the month of age 15 months.

**This criteria is in addition to the Continuous Enrollment criteria applied at the end of the measurement year to all measures*

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Cervical Cancer Screening

Family Practice
Internal Medicine

Measure Description:

Percentage of women 21-64 years of age who were screened for cervical cancer according to evidence-based guidelines

Denominator:

Number of assigned women 24-64 years of age as of December 31 of the measurement year

Numerator:

Number of assigned women in the eligible population who were appropriately screened according to evidence based-guidelines any time during the measurement year

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Childhood Immunizations Combo 10

Family Practice
Pediatrics

Measure Description and Numerator Criteria:

Percentage of children 2 years of age who had the following immunizations by their second birthday:

- Four (4) diphtheria, tetanus and acellular pertussis (DTaP)
- Three (3) polio (IPV)
- One (1) measles, mumps and rubella (MMR)
- Three (3) *haemophilus influenzae* type B (HiB)
- Three (3) hepatitis B (HepB)
- One (1) chicken pox (VZV)
- Four (4) pneumococcal conjugate (PCV)
- One (1) hepatitis A (HepA)
- Two (2) or three (3) rotavirus (RV)
- Two (2) influenza (flu) vaccines

Denominator:

The number of continuously enrolled Medi-Cal members who turn 2 years of age between January 1 and December 31 of the measurement year (DOB between January 1, 2022 and December 31, 2022).

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Childhood Immunizations - Combo 10 Additional Measure Criteria

Family Practice
Pediatrics

Immunizations given *on* or *before* the child's 2nd birthday must have different dates of service for doses of the same vaccines, for example:

DTap: 4+ • IPV: 3+ • HiB: 3+ • PCV: 4+

Do not count vaccines administered prior to 42 days after birth.

14 Days Rule:

There must be at least 14 days between each date of service, excluding the MMR vaccination. For example, If the first date of service (DOS) was completed on 12/1, the next date of service would have to be 12/15 (first DOS + 14 days) or later.

Purpose: To avoid duplication of events when only assessing administrative data or when combining administrative and medical record data.



Immunizations for Adolescents Combo 2

Family Practice
Pediatrics

Measure Description:

The percentage of continuously enrolled Medi-Cal adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Denominator:

The number of members who turn 13 years of age during the measurement year.

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Immunizations for Adolescents Combo 2 - Continued

Family Practice
Pediatrics

Numerator:

The number of members in the denominator who are compliant for all three indicators:

Meningococcal

1+ conjugate vaccine with a date of service on or between the members' 11th and 13th birthdays

Tdap

1+ vaccine with a date of service between the member's 10th and 13th birthdays

HPV

2+ vaccines with different dates of service on or between the member's 9th and 13th birthdays

****Must have at least 146 days between 1st and 2nd doses***

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Colorectal Cancer Screening

Family Practice
Internal Medicine

Measure Description:

Percentage of assigned members 45–75 years of age who had appropriate screening for colorectal cancer.

Denominator:

Number of assigned members 46–75 years of age by December 31 of the measurement year (DOB between January 1, 1949 and December 31, 1978).

Numerator:

The number of assigned members 46–75 years of age who had one or more screenings for colorectal cancer according to clinical guidelines. Any of the following meet the criteria:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four (4) years prior to the measurement year.
- Colonoscopy during the measurement year or the nine (9) years prior to the measurement year.
- CT colonography during the measurement year or the four (4) years prior to the measurement year.
- FIT-DNA test (e.g., Cologuard®) during the measurement year or the two (2) years prior to the measurement year.

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2023 PCP QIP Clinical Measures Chronic Disease Management



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Comprehensive Diabetic Care HbA1c Control

Family Practice
Internal Medicine

Measure Description:

Percentage of assigned members 18-75 years of age who had a diagnosis of diabetes with evidence of HbA1c levels at or below the threshold

Denominator:

Number of assigned members 18-75 years of age as of December 31 of the measurement year with diabetes identified as of December 31 of the measurement year

Numerator:

The number of diabetics in the eligible population with evidence of the most recent measurement at or below the threshold for HbA1c $\leq 9.0\%$ during the measurement year

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Comprehensive Diabetic Care Retinal Exam

Family Practice
Internal Medicine

Measure Description:

Percentage of members 18-75 years of age who had a diagnosis of diabetes who have had recommended retinal eye exams, screening for diabetes related retinopathy.

Denominator:

Number of continuously enrolled Medi-Cal members 18-75 years of age with diabetes identified as of December 31 of the measurement year.

Numerator:

An eye screening for diabetic retinal disease as identified by administrative data. This includes diabetics who had any one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist or teleoptometry service such as EyePACs) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional during the measurement year or the year prior. For exams performed with a negative result in the year prior to the measurement year a result must be available.
- Unilateral eye enucleation with a bilateral modifier.
- Left unilateral eye enucleation and right unilateral eye enucleation on the same or different dates of service.

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Controlling High Blood Pressure

Family Practice
Internal Medicine

Measure Description:

Percentage of members 18-85 years of age who had a diagnosis of hypertension and whose most recent BP reading taken during the measurement year was adequately controlled

Denominator:

Number of members 18-85 years of age as of December 31 with at least two visits on different dates of service with a diagnosis of hypertension, during the measurement year or the year prior to the measurement year

Numerator:

Number of eligible population whose most recent BP during the measurement year (both systolic and diastolic) is adequately controlled. For BP to be controlled the reading must be $<140/90$

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2023 PCP QIP Clinical Measures Utilization



Eureka | Fairfield | Redding | Santa Rosa





Well-Child Visits in the First 15 Months of Life

Family Practice
Pediatrics

Measure Description:

The percentage of continuously enrolled Medi-Cal members who turned 15 months old during the measurement year and who had six (6) or more well-child visits with a PCP during their first 15 months of life.

Denominator:

The number of continuously enrolled Medi-Cal members who turn 15 months old between January 1 and December 31 of the measurement year (DOB between October 3, 2022 and October 2, 2023).

Numerator:

The number of children in the eligible population with at least six (6) well-child visits with a PCP by the date of age 15 months.

There must be at least 14 days between each date of service

For example, If the first date of service (DOS) was completed on 12/1, the next date of service would have to be 12/15 (first DOS + 14 days) or later.

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Child and Adolescent Well Care Visits

Family Practice
Pediatrics

Measure Description:

Percentage of members 3 - 17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Denominator:

The number of continuously enrolled Medi-Cal members 3-17 years of age as of December 31 of the measurement year

Numerator:

The number of children in the eligible population with at least one well-care visit with a PCP or OB/GYN during the measurement year

Eureka | Fairfield | Redding | Santa Rosa



STRATEGIC PLAN REPORT
STRATEGIC PLAN JULY 1, 2022 - JUNE 30, 2025

REPORT PERIOD: June – July 2024

DATE OF REPORT: July 17, 2024

COMPLETED BY: Dona Weissenfels

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

Solano County
Family Health Services

Goal 4: Prepare and implement transition to new EHR system.
2 Objectives: ___ (C) Completed ___ X ___ (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 ___ X ___ (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 ___ X ___ (IP) In Progress ___ (D) Delayed ___ (NI) Not Initiated ___ (RR) Consider Review/Revise
Summary/Comments
Progress Report July 2024. All projects in process. Scheduling a review of the Strategic Plan goals and progress August & September Board Meetings.

**STRATEGIC PLAN
GOALS AND OBJECTIVES DETAILED ASSESSMENT**

DASHBOARD: Status of Goals & Objectives

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

PRIORITY LEVEL

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

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

1 / Priority	Objective (includes Anticipated Completion Date)	Lead	Summary of work (3-5 sentences)	Status
1.1 High	Create and implement three satisfaction surveys for patients, providers, and staff regarding call center services by May 31, 2024 <u>Use the baseline data gathered from each survey to improve satisfaction among these three groups by 10 percent by June 30, 2026.</u>	Dona/Call Center Supervisor	Patient Survey in Development with Call Center Supervisor – June 2024. Reevaluating timelines with Call Center Supervisor and Sr. Health Services Manager. Extending deadline to develop plan to August 2024.	IP

Solano County
Family Health Services

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

1.2 Medium	Develop 1-3 strategies using CQI to address health equity at FHS based upon the National Association of Community Health Center (NACHC) Training & Technical Assistance Resource Manual, the Population Health Management Module, and the NACHC Social Determinants of Health tool by July 2024.	Dr. Leary/Dr. Stevens/Dona & CHB Oversight	Partially implemented. 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 April 30, 2024</u> . Due to State budget cuts the funding for this grant has been significantly reduced. TBD.	IP
1.3 Medium	Implement strategies on health equity developed in Objective 1.2 using Plan-Do-Study-Act (PDSA) cycles to address health equity at FHS by January 2025.	Dr. Stevens/Dona	Staffing Quality Team is a priority to implement this project. Awarded Equity & Practice Transformation Grant and micro-grant African Americans/Well Child Visits. EPT grant funding possible state budget cuts to this funding. TBD.	IP
1.4 Medium	Improve wi-fi access to enhance patient and staff experience at all sites with special attention to FHS rural sites by June 30, 2024	Not Assigned	Not Started. CHB Member (Ruth Forney) expressed concern about the Wi-Fi quality at the Clinics. Need to determine next steps.	NI
1.5 High	FHS will increase new provider retention by creating and implementing a new provider mentorship program by June 30, 2024.	Dr. Leary	Maven Project - request in budget for 2024/2025 (This was removed from the budget due to finances), will revisit in next budget cycle, 2024/2025. Maven project was cut from the Clinic budget May 2024.	IP

Solano County
Family Health Services

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

2 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
2.1 High	Hire a nurse with a background in quality and a Data Analyst during the first quarter of 2024-2025.	Dr. Leary	Submitted personnel request (year three) to hire a Nurse Manager. Request denied. Data Analyst started position 2024.	IP
2.2 High	In the first quarter of 2024-2025, establish an effective Quality Committee that includes new 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

Solano County
Family Health Services

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

3 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
3.1 Medium	To address the increasing number of laws, rules, and regulations to which FHS is subject, while minimizing risk and optimizing performance, an FHS-dedicated Compliance Officer will be hired with expertise in health care compliance including HIPAA, HRSA, Medi-Cal and Medicare billing (Prospective Payment System), APM, Ryan White CARE funding, and the California Non-Profit Integrity Act. The Compliance Officer will reduce risk exposure for the patients, licensed personnel, the nonprofit Board of Directors, and the Health Department. An FHS-centered Compliance Officer will be on staff by December 2024.	Bela/H&SS Leadership	FHS Leadership developing continual surveillance of HRSA grant requirements via Leadership meetings and workplan. H&SS Compliance Team does not cover 330 Grant Compliance Program. Will need to identify and grow internal candidate for this position 2024. Compliance developing two presentations, General Compliance and 330 Compliance presentations. General 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.	IP
3.2 High	FHS is committed to remaining compliant with HRSA grant funding regulations on Section 330 and Ryan White CARE Act. Additionally, FHS is committed to educating the Board of Directors on board governance in financial oversight, HRSA federal law and regulations, and the California Nonprofit Integrity Act. FHS recognizes that a shift to APM will require a Financial Director that has a comprehensive understanding of Medi-Cal, Medicare, FQHC Prospective Payment Services, data management, billing, and coding.	Bela/H&SS Leadership	Finance is taking steps to understand and learn FQHC finance structure and apply learnings to Clinic. Improved reporting and analysis is noted. On track to providing what the CHB has requested. Continued improvement noted. Staff attended the CPCA Annual CFO conference May 2024.	IP

Solano County
Family Health Services

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

# / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
4.1 High	Develop an EHR transition plan with the clinic leadership team and OCHIN on the transition from the current EHR to EPIC by December 31, 2023.	Dona	Onsite visit January 2024 and March 2024. Workflow analysis underway and equipment ordered. Monitors arrived April 10 th . Training schedule published for staff, clinic closed during select times and dates.	IP
4.B Medium	Implement EHR transition plan developed in Objective 4.1 by September 30, 2024.	Dona	Plan underway with OCHIN EPIC, Vendors & DoIT, hard launch of timeline February 27, 2024 full implementation by September 24, 2024	IP

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

5 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
5.1 Medium	Hire an FHS-dedicated Financial Director that will ensure compliance with HRSA FQHC/Prospective Payment Regulations, Medi-Cal and Medicare billing and collections regulations and work with Partnership Health Plan to maximize income including Pay for Performance Payments by December 2025.	Bela/H&SS Leadership	Fiscal Team engaged in trainings specific to HRSA requirements for Health Centers. Improved collaboration on budget and analysis. Ongoing.	IP
5.2 Medium	On an annual basis, FHS will provide a minimum of four trainings for the Board of Directors on the financial oversight responsibilities of the Board pursuant to HRSA Regulations (FQHC and RWCA) and the Non-Profit Integrity Act by December 31, 2024	Nina/Finance	In development – dates selected for training	IP

Solano County
Family Health Services

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

5.3 Medium	FHS will work with California Primary Care Association (CPCA), the designated state clinic association for FQHC transition by the California State Health Department to Alternate Payment Methodology in the development of APM Transition Plan to begin January 1, 2025.	Nina/Finance	Fiscal obtaining knowledge about APM and impact to Clinics. Attending Fiscal Boot Camp through NACHC. Meeting scheduled with Partnership CFO to discuss APM – March 2024 – meeting held and information was gathered. Staff attended the CPCA CFO Conference May 2024.	IP
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Goal 6: FHS will expand dental services through investment of capital in new dental operatories (chairs).

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

Facktor/J. Gressman/5.13.23

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

TABLE OF CONTENTS

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

1. Clinical Quality

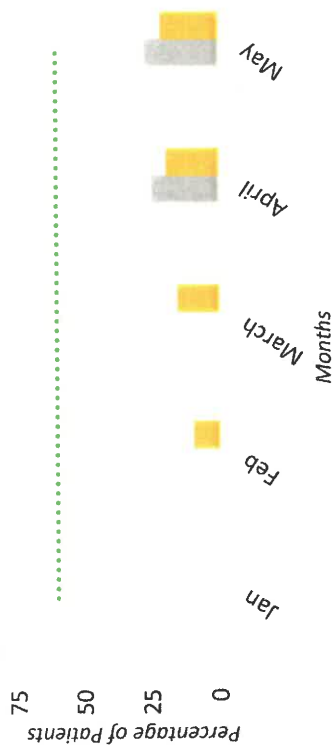
I. CLINICAL QUALITY

Terms Defined

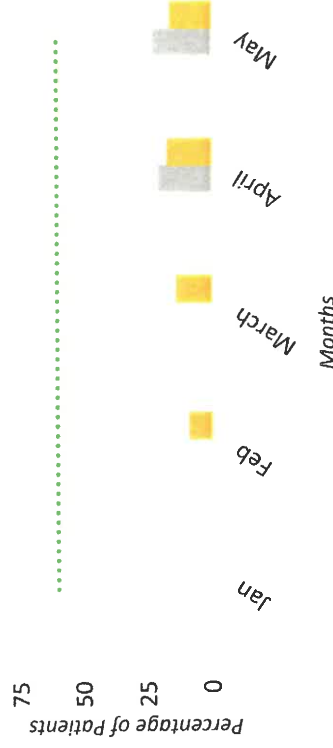
Primary Care Provider Quality Improvement Program (PCP QIP)– financial incentive program from Partnership Health Plan of California to primary care providers for meeting specific performance thresholds. PCP QIP clinical measures look only at data for patients with Partnership Health Plan of California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

PCP QIP Diabetes HbA1c Good Control

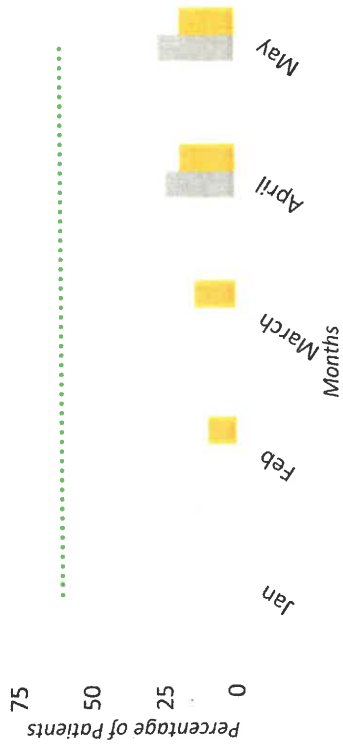
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

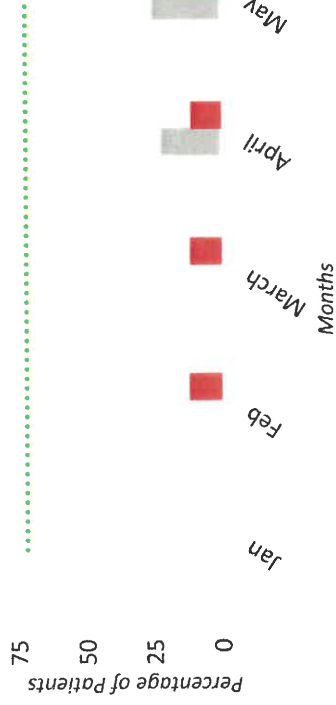


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Adult	24.26%	146	60.34%
Vallejo	17.15%	270	60.34%
Vacaville	20.90%	123	60.34%

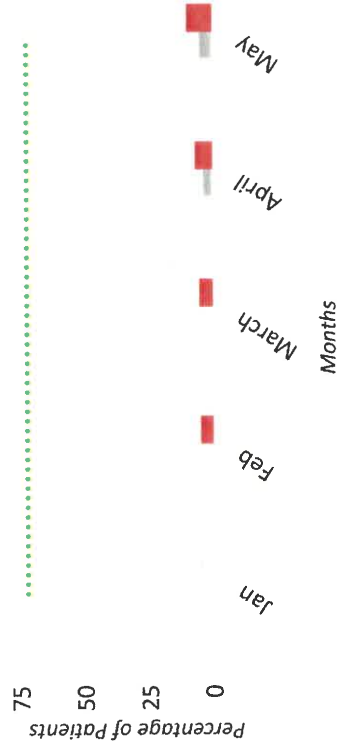
Note: 1st manual upload of HbA1c readings in October 2024

PCP QIP Controlling High Blood Pressure

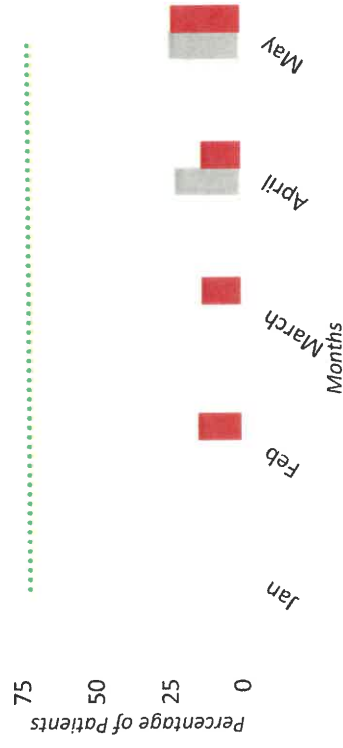
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic



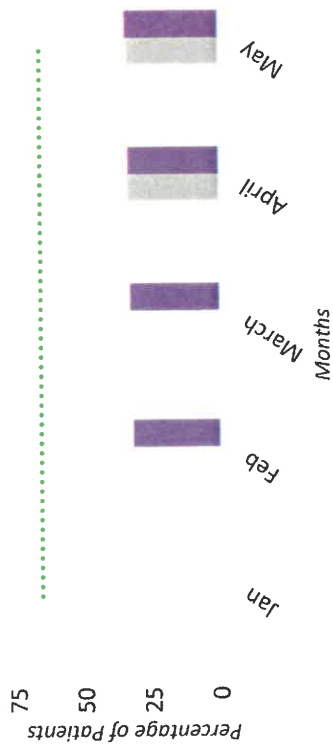
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90th Percentile)
Fairfield Adult	23.66%	154	
Vallejo	10.84%	329	72.22%
Vacaville	27.40%	94	

2022 2023 2024 Target

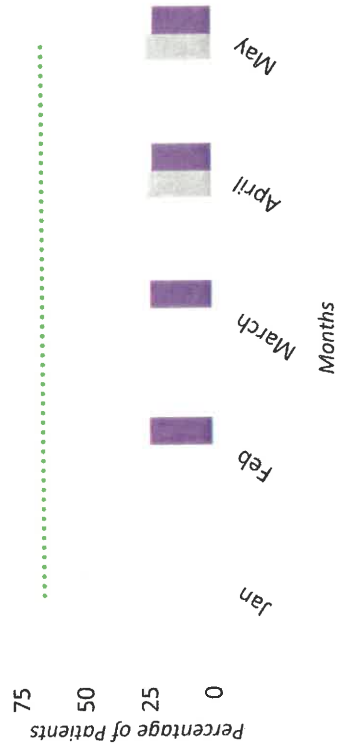
Note: 1st manual upload of blood pressure readings in October 2024

PCP QIP Cervical Cancer Screening

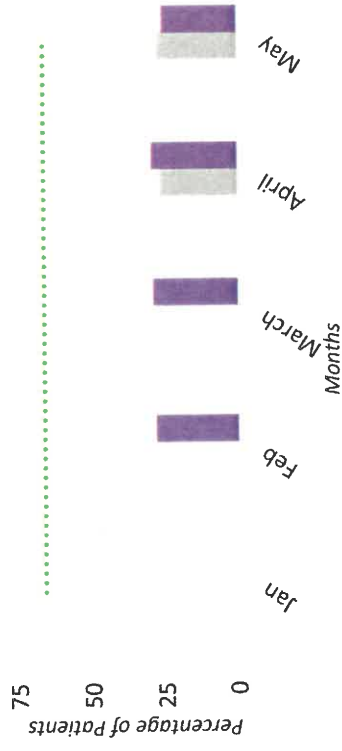
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

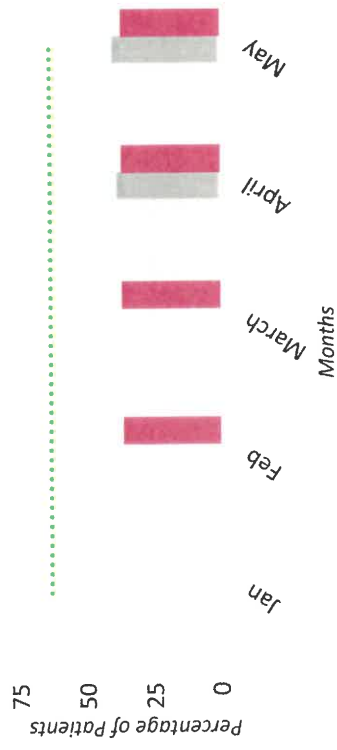


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90th Percentile)
Fairfield Adult	37.53%	456	
Vallejo	23.60%	1,741	66.48%
Vacaville	23.85%	649	

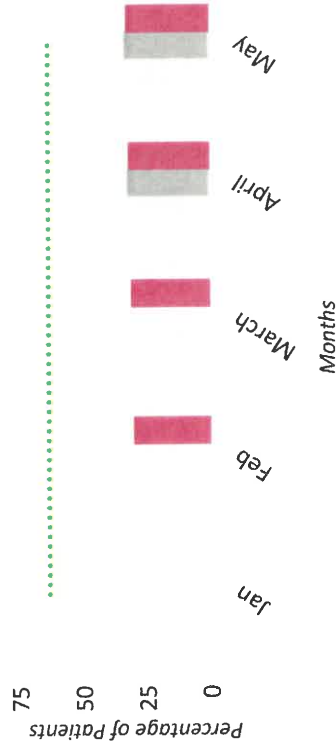
2022 2023 2024 Target

PCP QIP Breast Cancer Screening

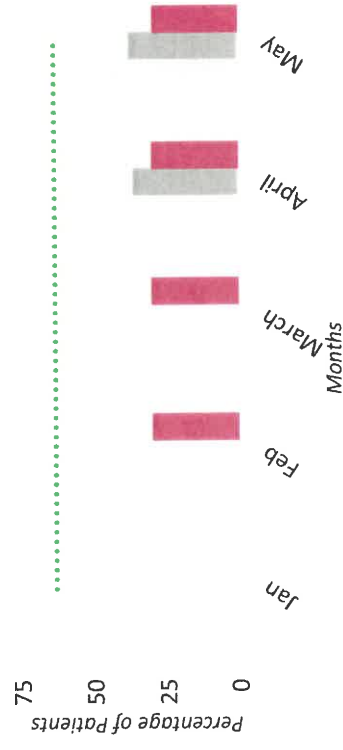
Fairfield Adult Clinic



Vallejo Clinic



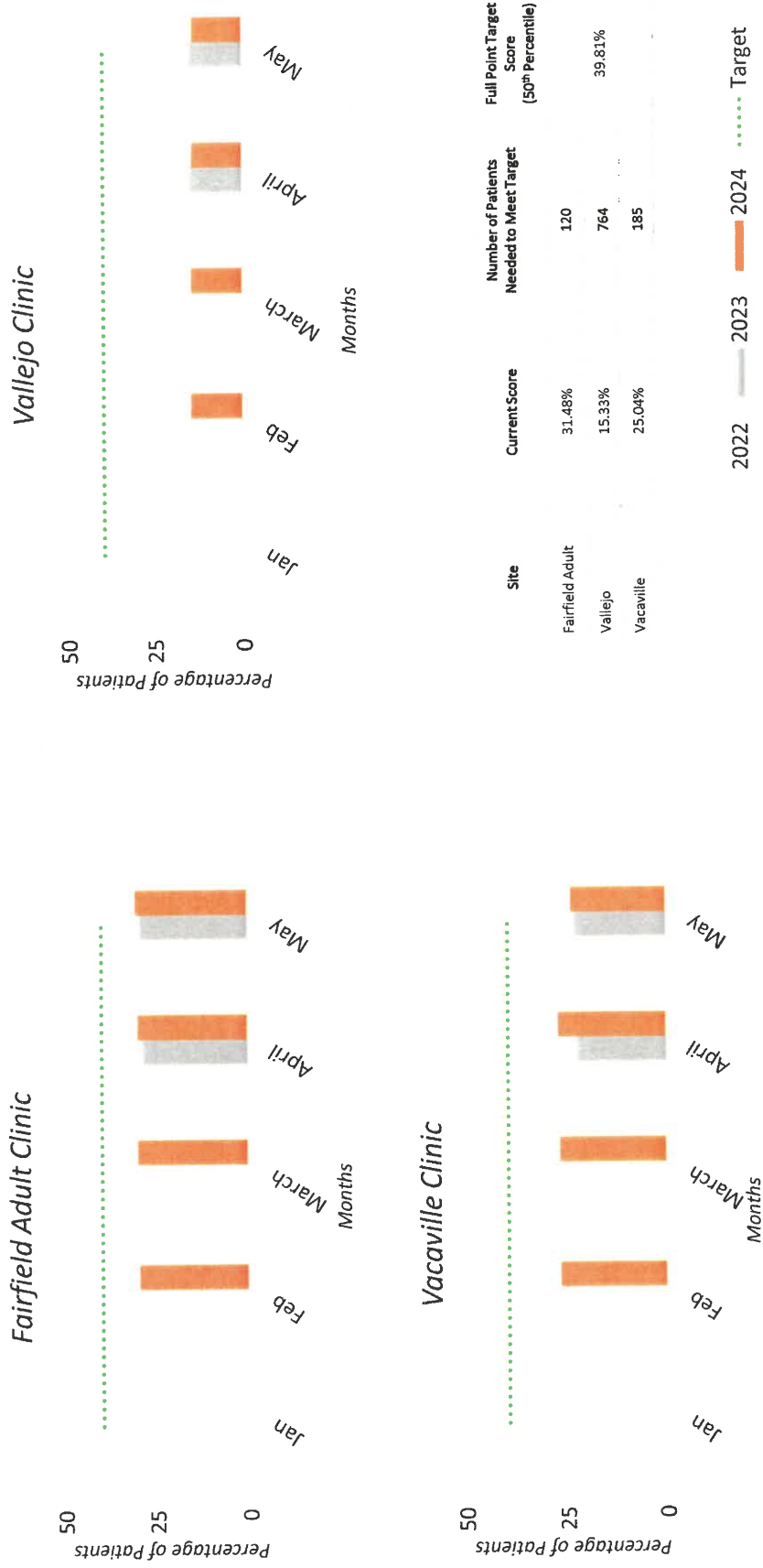
Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Adult	36.68%	139	63.37%
Vallejo	32.35%	211	63.37%
Vacaville	29.15%	110	63.37%

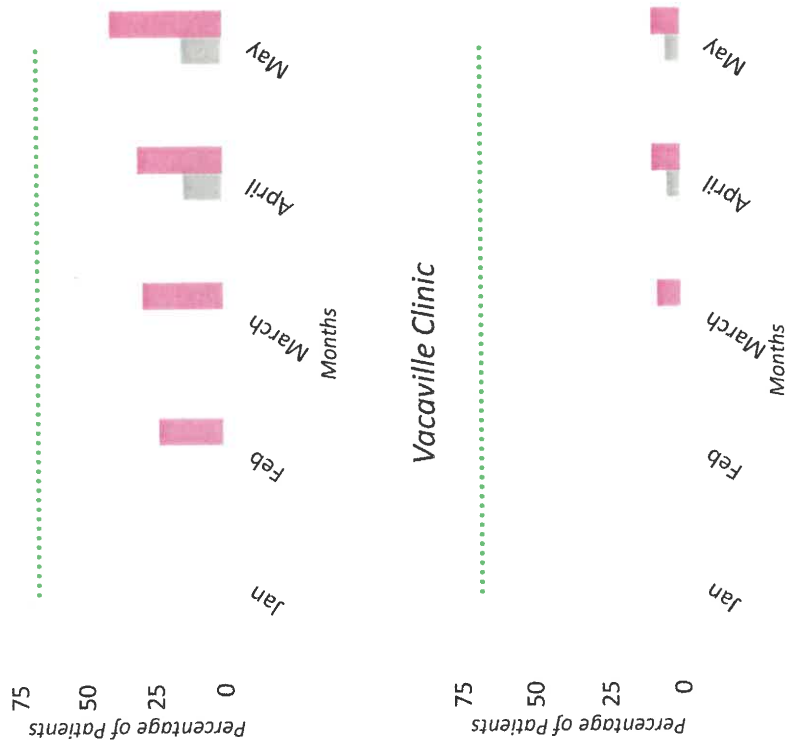
2022 2023 2024 Target

PCP QIP Colorectal Cancer Screening

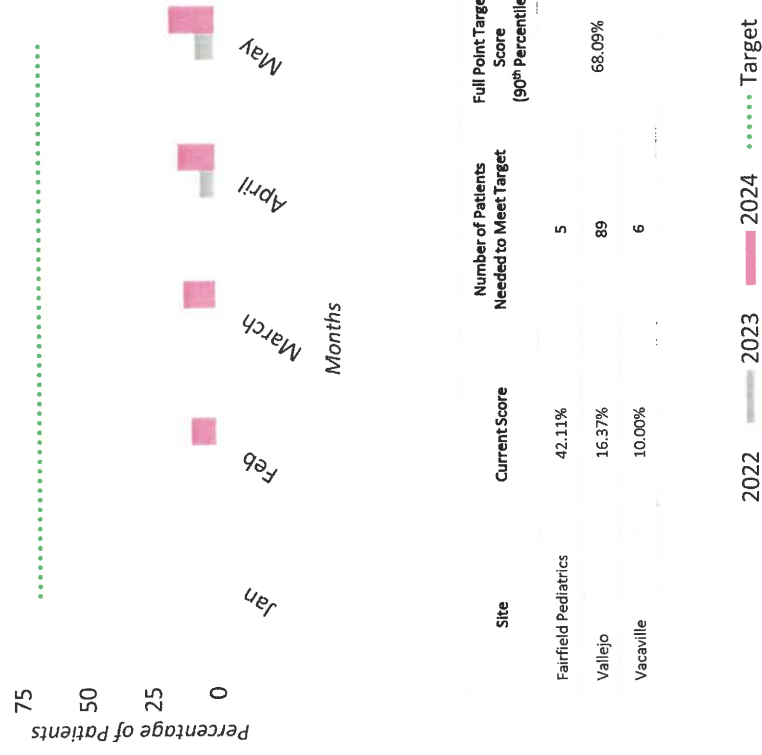


PCP QIP Well Child First 15 Months

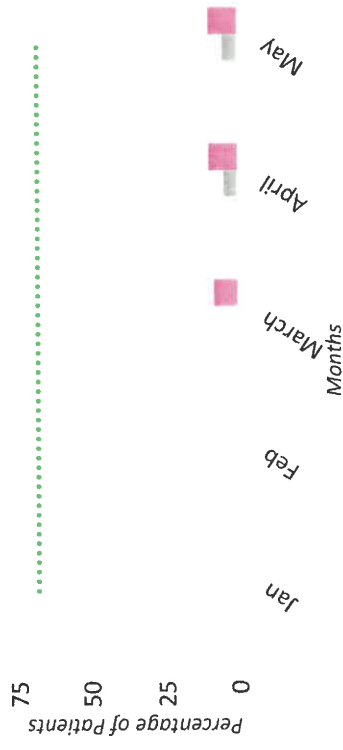
Fairfield Pediatric Clinic



Vallejo Clinic



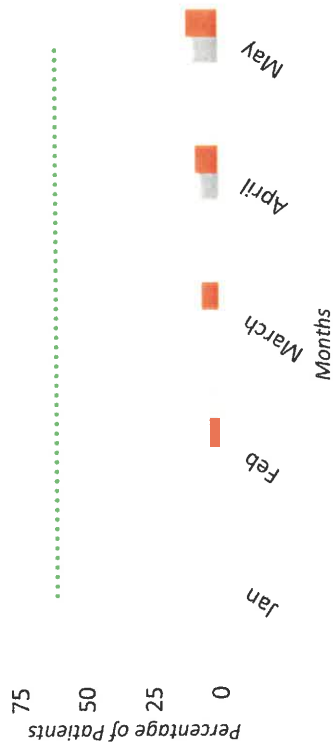
Vacaville Clinic



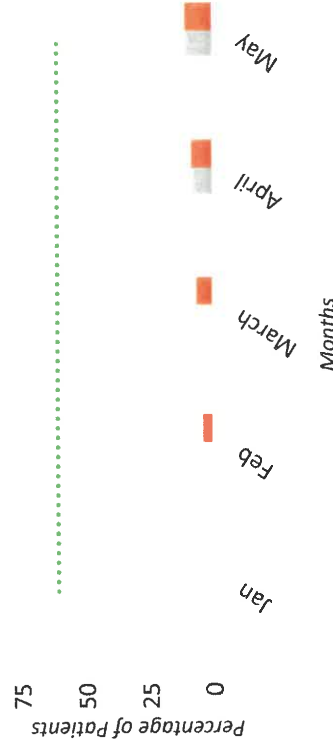
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Pediatrics	42.11%	5	
Vallejo	16.37%	89	68.09%
Vacaville	10.00%	6	

PCP QIP Child and Adolescent Well Care Visits

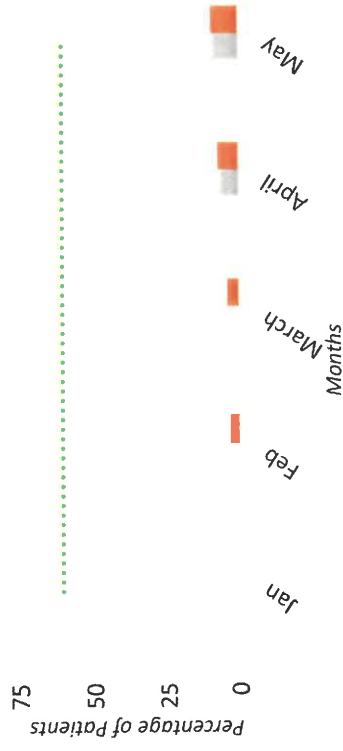
Fairfield Pediatric Clinic



Vallejo Clinic



Vacaville Clinic

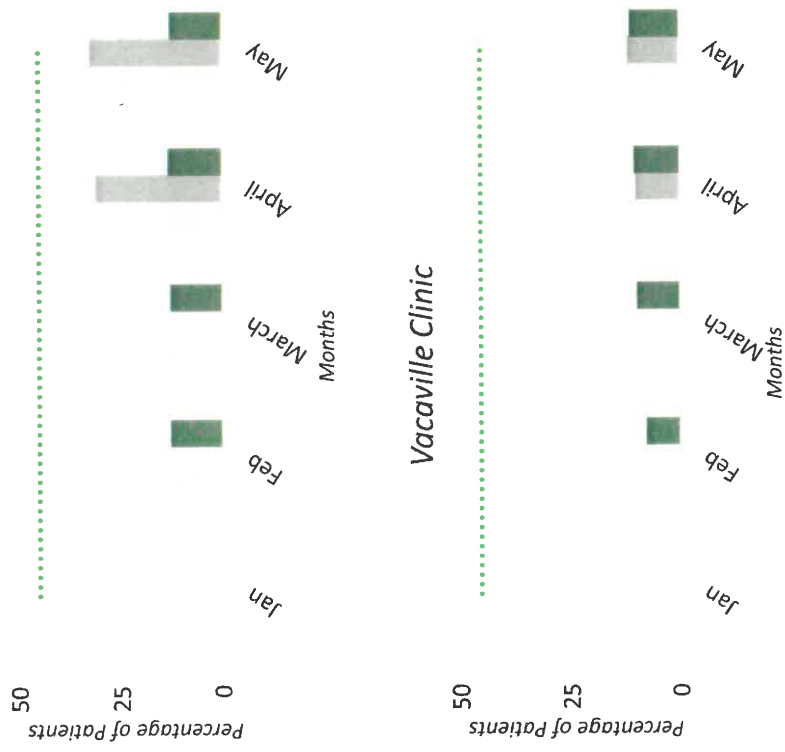


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90th Percentile)
Fairfield Pediatrics	13.69%	1,293	61.15%
Vallejo	12.56%	1,776	61.15%
Vacaville	10.82%	517	61.15%

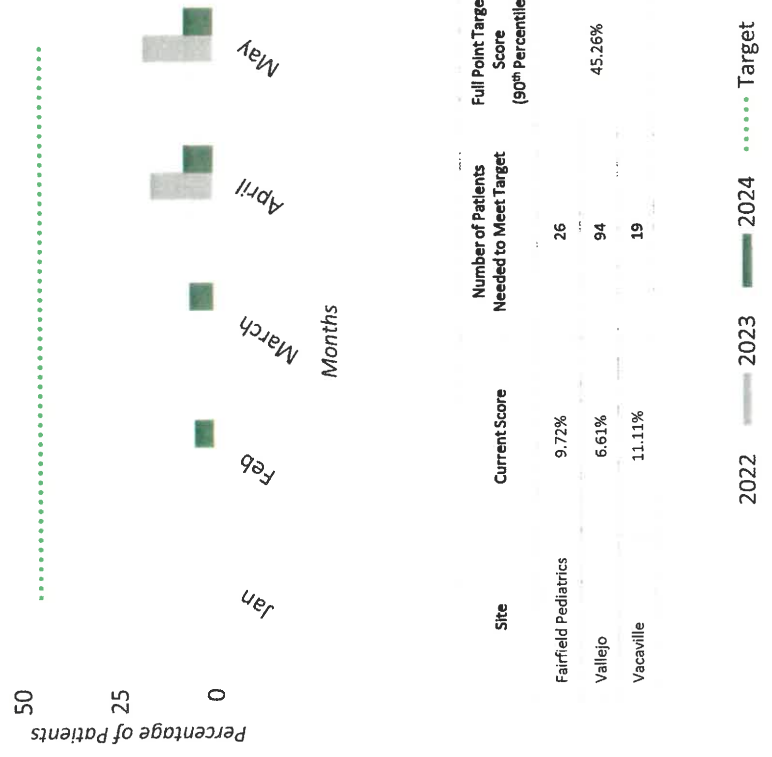
2022 2023 2024 Target

PCP QIP Childhood Immunizations

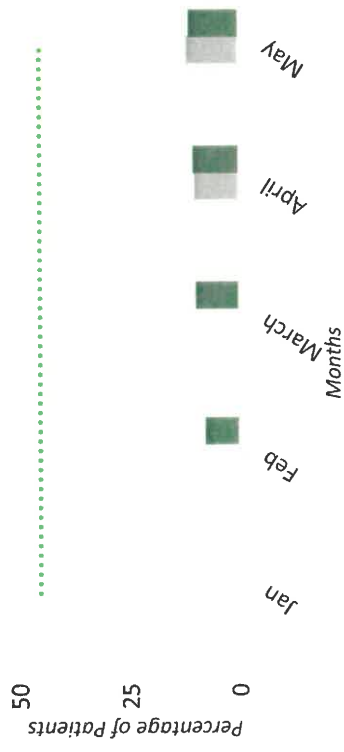
Fairfield Pediatric Clinic



Vallejo Clinic



Vacaville Clinic

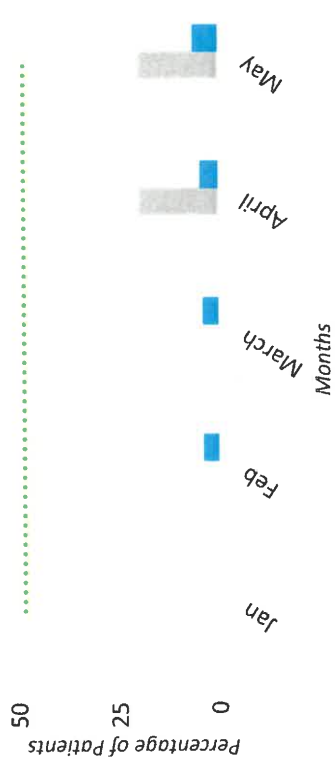


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 th Percentile)
Fairfield Pediatrics	9.72%	26	
Vallejo	6.61%	94	45.26%
Vacaville	11.11%	19	

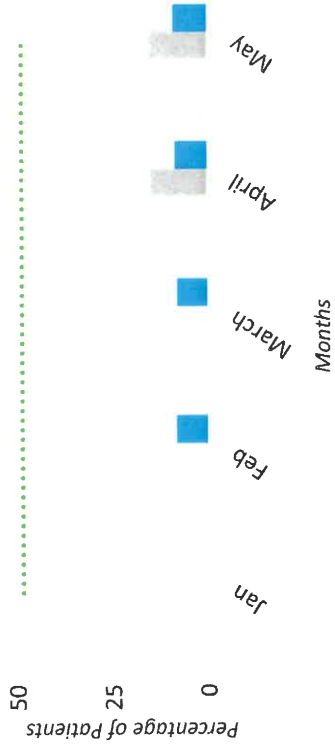
2022 2023 2024 Target

PCP QIP Adolescent Immunizations

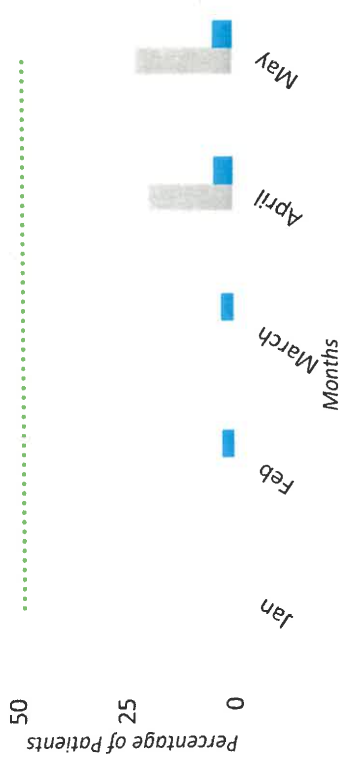
Fairfield Pediatric Clinic



Vallejo Clinic



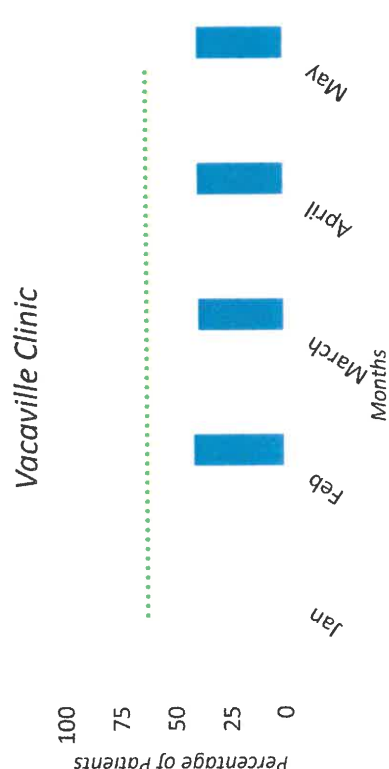
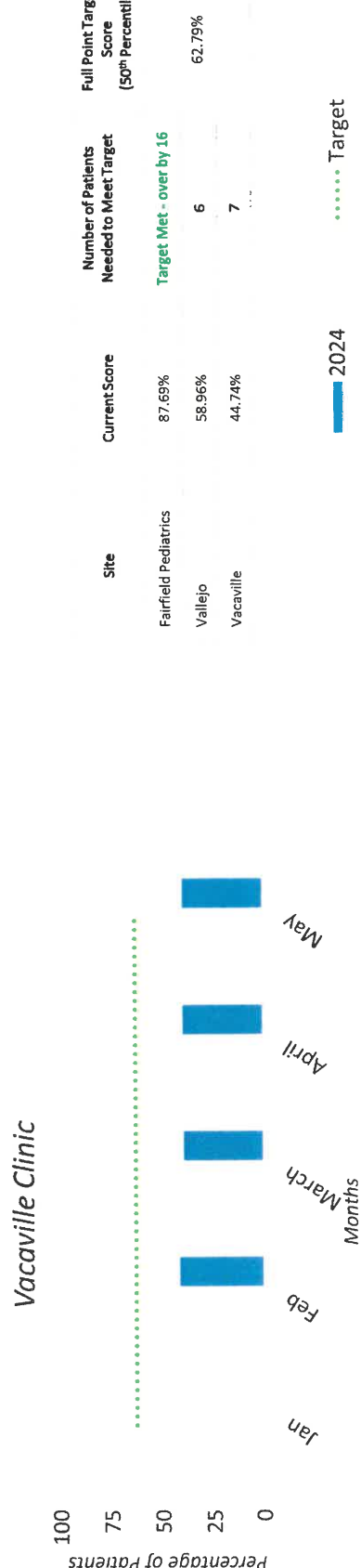
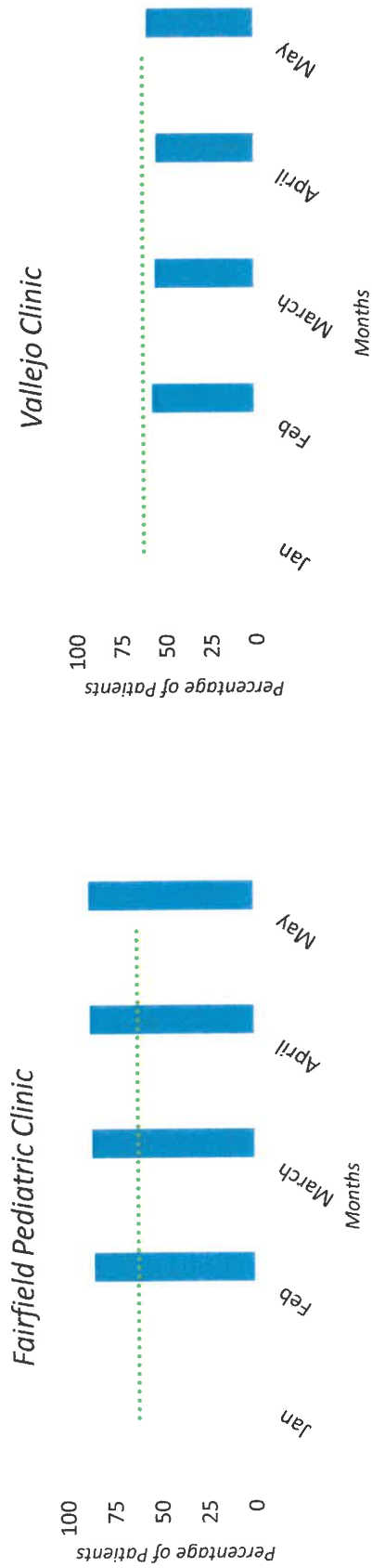
Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90th Percentile)
Fairfield Pediatrics	5.75%	75	
Vallejo	9.57%	82	48.80%
Vacaville	5.71%	31	

2022 2023 2024 Target

PCP QIP Blood Lead Screening



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (50 th Percentile)
Fairfield Pediatrics	87.69%	Target Met - over by 16	
Vallejo	58.96%	6	62.79%
Vacaville	44.74%	7	

Note: New measure added in 2024

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

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

Healthy People – Healthy Community



4



SolanoCares
.org
YOUR ONE-STOP RESOURCE

Healthy People – Healthy Community



SOLANO
PUBLIC
HEALTH



5



YOUR ONE-STOP RESOURCE

PRO SERVICES FOR

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

HOW CAN WE HELP YOU?



Healthy People – Healthy Community



SOLANO
PUBLIC
HEALTH



6

SolanoCares.org Live Demonstration

SolanoCares.org

Healthy People - Healthy Community



7

NEWS AND ANNOUNCEMENTS

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

12.12.2023 **Annual Meeting of the Board of Directors**

Public Health Site

WELCOME TO SOLANOCARES AND OUR SERVICES
A One-Stop Resource for Local Community Services

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

SEARCH

ALL View Categories

Home Care	Elder Care	Food Bank	Senior Services
Mental Health	Substance Abuse	Transportation	Volunteer

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, laws, and related issues, as well as communication tools and other features. Regardless of where you begin your search for assistance with behavioral health issues, the Network of Care helps you find what you need. It helps ensure that there is "No Wrong Door" for those who need services. This Web site can greatly assist in our efforts to protect our greatest human asset - our beautiful people.

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 topics, and other resources.

FIND AGENCIES, PROGRAMS, OR FACILITIES NEAR YOU

Click to see more categories

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

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



Governance Training Series for Health Center Boards: Navigating Legal Considerations

Overview

Health center governing boards play a critical role in establishing a culture of compliance. In fact, each board is required, by regulation, to assure that the health center is operated in compliance with applicable Federal, State and local laws and regulations.

In order to meaningfully fulfill such obligations, board members must have a meaningful understanding of the legal requirements applicable to operating a health center project, either as a grantee or as a “look-alike.”

This webinar series was developed to provide health center board members with a summary of key legal concepts, with targeted topics that were selected based on Feldesman’s vast experience supporting health center boards for over 40 years.

Lasting 30-45 minutes each and available on-demand, the webinars can be viewed during a board meeting or by individual board members at their convenience. The webinars are also a great resource to train new board members.

Each webinar is presented by a Feldesman attorney. In addition to bringing extensive legal experience, two of the presenters have served as directors of community health center governing boards.

Webinars Included in This Series

Descriptions for each of the webinars can be found under the 'Agenda' tab above.

1. Fiduciary Duties
2. Challenging Situations in Governance
3. Governing Board Authorities
4. Corporate Compliance: The Board's Role
5. Assessing Corporate Consolidation Opportunities: Mergers and Acquisitions
6. Identifying and Managing Conflicts of Interest
7. Reviewing Your Health Center's Audit Report
8. Board Member Engagement and Participation
9. "PPS" Fundamentals: Medicare/Medicaid Reimbursement for FQHCs
10. Risk Management and FTCA Coverage
11. CEO Employment Agreements
12. CEO Evaluations and Compensation

Cost: **\$1,750.00**

Agenda

Fiduciary Duties

During this webinar governing board members will learn about the three important fiduciary duties: duty of care, duty of loyalty, and the duty of obedience. The presenter will provide practical tips to support board members' efforts to satisfy such duties and further their health center's mission.

Challenging Situations in Governance

The governing board must act as a unified group, with a clear understanding of its role and authorities. In addition, board members have fiduciary duties that govern their behavior. Failure to abide by such duties, particularly in the context of addressing challenging and/or contentious

situations, can undermine the organization. This webinar will delve into the governance “dos” and “don’ts,” with tips to avoid improper board conduct.

Governing Board Authorities

This webinar summarizes the specific authorities and functions that the board must autonomously exercise, as described in the Health Center Program Compliance Manual. The presenter will highlight how such authorities are assessed in the context of an Operational Site Visit, and will describe common pitfalls and strategies to achieve compliance.

Corporate Compliance: The Board’s Role

The Health Center Program requires that the governing board assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations. A Corporate Compliance Program creates a systematic way for the health center to evaluate and address compliance risk. This webinar will provide an overview of the elements of a Corporate Compliance Program, including defining the role of board members, leadership and the Compliance Officer in developing and implementing the Corporate Compliance Program. The presenter will include key questions board members can ask to evaluate and improve their health center’s Corporate Compliance Program.

Assessing Corporate Consolidation Opportunities: Mergers and Acquisitions

Corporate consolidation is an increasingly common strategy to achieve expansion. With a focus on mergers and acquisitions, the presenter will highlight advantages and common pitfalls to corporate consolidation, as well as key considerations specific to health centers. This webinar will support board members’ efforts to identify and evaluate such opportunities and assure continued compliance with the Health Center Program requirements.

Identifying and Managing Conflicts of Interest

Every board member owes the health center a duty of loyalty. Specifically, every board member must act in the best interests of the health center and not in a manner that furthers personal interests at the health center’s expense. Impartial decision-making is critical for effective health center governance, and identifying and managing actual and perceived conflicts of interest is key to this process. In this session, the presenter will discuss the basic legal responsibilities board members have as stewards of Health Center Program grant funds, as well as potential pitfalls commonly faced by governing board members, with a focus on conflicts of interest and confidentiality.

Reviewing Your Health Center's Audit Report

The audit report provides significant information regarding your health center financial stability and legal compliance. In fact, the Health Center Program requires that the board review the results of the annual audit to ensure appropriate follow-up actions are taken. This webinar will describe the role of the Audit Committee and will provide board members with the tools to understand and appropriately respond to audit reports.

Board Member Engagement and Participation

This webinar will describe strategies to promote board member engagement and participation through well-written board agendas, workplans, and calendars and the use of board committees as set forth in a health center's bylaws. For example, assigning board committees responsibility for making recommendations to the full board on specific topics can increase board member engagement. This webinar will be presented by Feldesman Partner, Adam Falcone, who has served as board member and chair of a health center.

"PPS" Fundamentals: Medicare/Medicaid Reimbursement for FQHCs

As federally-funded or look-alike health centers, FQHCs are paid by Medicare and Medicaid under unique cost-related payment methodologies. Under both the Medicare and Medicaid "prospective payment systems," payment is made a fixed per-visit amount that is intended to encompass the historical costs of furnishing "FQHC services." This webinar provides an overview of the Medicare and Medicaid FQHC PPSs, emphasizing key considerations for board members, including issues surrounding compliance and patients' access to comprehensive services.

Risk Management and FTCA Coverage

Risk management programs are key to reducing the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. Health centers with malpractice coverage under the Federal Tort Claims Act (FTCA) must provide a report to the board on health care risk management activities and progress in meeting goals at least annually, including documentation showing that any related follow-up actions have been implemented. This webinar will familiarize board members with the key elements of "risk management" and will provide tips for board members to provide meaningful oversight and input.

CEO Employment Agreements

Employing the CEO of the health center is arguably one of the most important functions of the governing board, and a good employment relationship with the CEO starts with a good employment agreement. The CEO's employment agreement defines the parameters of the CEO/Board relationship and allows the Board and the CEO to negotiate their individual rights and

responsibilities in the employment relationship. This webinar will address the key considerations and potential pitfalls associated with drafting (or updating) your health center's CEO employment agreement.

CEO Evaluations and Compensation

The annual evaluation of the CEO is often the most challenging responsibility undertaken by any governing board. For health center boards, it is made more difficult by the board's limited direct involvement in day-to-day operations, the lack of human resource expertise amongst board members, and the lack of clear guidelines and policies to provide direction or expectations for how the evaluation process should be conducted. On top of the challenge of conducting the evaluation sits the sensitive issue of determining the CEO's compensation and benefits. This webinar will discuss the challenges and practical solutions, including a focus on the evaluation methodology, and potential considerations and resources for setting compensation. This webinar will be presented by Feldesman attorney, Michael Golde, who currently serves as a chair of a health center and has otherwise served as a health center director for over 12 years.

Presenter(s)

Molly Evans

Molly Evans is a Partner in the firm's health law practice group. She advises health centers on the management of clinical, employment and workforce related risks, with a particular focus on professional liability, Federal Tort Claims Act, and HIPAA matters. From her experience as both a private attorney and in-house counsel, Molly knows the importance of managing liability and risk issues in mission-driven organizations. [[Full Bio](#)]

Adam Falcone

Adam Falcone is a Partner in the firm's national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. Adam counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters. [[Full Bio](#)]

Michael Golde

Michael Golde serves in the role as Of Counsel to the firm in the health law practice group. He concentrates his practice in advising and counseling health care and nonprofit organizations, including many Federally Qualified Health Centers, on business transactions and regulatory matters. He regularly advises FQHCs and other health care providers across the country on complex issues related to health care delivery and collaborative affiliations keeping clients apprised of ever-changing laws and regulations. Believing in the important role of health centers within his

own community, Michael has served as a board member of his local FQHC for many years and is currently President of the Board of Directors. [\[Full Bio\]](#)

Susannah Vance Gopalan

Susannah Vance Gopalan is a Partner in the firm's health law practice group where she focuses on health care litigation and regulatory counseling, with a focus on Medicaid and Medicare payment, financing, and compliance issues. She brings regulatory expertise to bear when advising clients and pursuing litigation on their behalf. She has experience negotiating Medicaid waivers and managed care arrangements on behalf of providers, provider associations, and governmental entities. She represented a group of providers in reaching a settlement in major Medicaid litigation. [\[Full Bio\]](#)

Dianne Pledge

Dianne Pledge serves as Partner and Compliance Counsel with the firm's health law practice group, Dianne advises health centers on implementing effective compliance programs and on addressing top compliance risk areas. Dianne counsels health centers and other organizations on developing compliance programs that include the OIG's seven elements, respond to identified compliance risk areas, and reflect the organization's culture. Dianne also advises health centers and other organizations on patient privacy and confidentiality, including the HIPAA Privacy Rule and 42 CFR Part 2. She has experience responding to privacy and security incidents, including determining whether there has been a breach, notifying patients and the government, and creating corrective action plans. Dianne is a member of the New York and Massachusetts Bars and is not licensed in Washington, DC. Her practice is limited to federal health care matters. [\[Full Bio\]](#)

Carrie Riley

Carrie Riley is a Partner in the firm's health law practice group. She counsels a wide variety of health care clients, including Title X grantees and subrecipients, and other private and public health care providers, on contracting, regulatory compliance, fraud and abuse, and reimbursement matters. Carrie also provides counsel on transactional matters, including formation and agreements for multi-provider affiliations/joint ventures, general contracting, and residency training arrangements. Prior to going to law school, Carrie worked at a Title X regional training center for several years. [\[Full Bio\]](#)

Edward "Ted" Waters

Ted Waters has served as Managing Partner of the firm since 2003, and as a member of the Health Law and Federal Grants practices since 1992. Ted is a national authority in the area of federal grants, particularly in the health and community service spheres. He advises clients on all aspects of program requirements, including issues such as cost-based reimbursement, governance, grant administration, cost reporting, and administrative issues and routinely handles challenging issues

such as government audits, internal investigations, and litigation. His priority is to help each organization carry out its mission by offering practical, down-to-earth counsel and to ensure that legal challenges do not distract from that focus. [\[Full Bio\]](#)

Marcie Zakheim

Marcie Zakheim is a Partner at the firm specializing in health care law, particularly in the areas of federal grants, grant-related requirements and grants management related to the federal health center program. Health centers turn to Marcie as a resource for knowing not only the letter of the law, but also the likely interpretation of requirements by federal policymakers, including the Health Resources and Services Administration (HRSA). [\[Full Bio\]](#)

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