

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

May 17, 2023
12:00 pm – 2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE MAY 17, 2023 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 minutes.

REGULAR CALENDAR

4) APPROVAL OF MINUTES

Approval of the April 19, 2023 Draft Minutes

5) CLINIC OPERATIONS REPORTS

- a) Staffing Update
- b) Credentialing Update
- c) HRSA Grants Update(s)
 - i) FHS 2022 UDS Report
 - ii) FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS) Grant Application information.
- d) Grievances/Compliments
- e) Compliance
- f) Finance
- g) Referrals
- h) Major Project Updates – Final UDS Report
- i) QI Update
- j) Revenue Cycle Management
- k) Clinic Operational Metrics
 - i) FHS Clinic Q-Matic Stats
 - ii) Call Center Stats

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6) **HRSA PROJECT OFFICER REPORT**

- a) Health Center HRSA Project Officer Update – Dona Weissenfels
 - i) Health Center Activities, Internal & External Update
 - ii) Community Health Center Update – Dr. Bela Matyas

7) **BUSINESS GOVERNANCE**

- a) Review and approve the updated Family Health Services Policies listed below – Rebecca Cronk
 - i) **ACTION ITEM:** The Board will consider approval of the Family Health Services Policies listed below:
 - 300.02 – Emergency Response During Hours of Operation
 - 300.03 – Continuity of Care
 - 300.05 – FHS Medical Referrals to External Specialists and Follow-up
- b) Family Health Services Requested Budget Proposal for FY 2023/2024 – Nina Delmendo
 - i) **ACTION ITEM:** The Board will consider approval of the FHS Requested Budget Proposal for FY 2023/2024
- c) Family Health Services 2023-2026 Strategic Plan – Dona Weissenfels
 - i) **ACTION ITEM:** The Board will consider approval of the Family Health Services 2023-2026 Strategic Plan

8) **DISCUSSION**

- a) Community Healthcare Board Self-Assessment submission update.
- b) Health Centers Week, August 7 – 11, 2023 Update
- c) Mental Health/Behavioral Health Services Provided to FHS Patients Update
- d) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, August 27-29, 2023 in San Diego, CA.
- e) Compliance Program

9) **BOARD MEMBER COMMENTS**

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

DATE: June 21, 2023
TIME: 12:00 p.m. – 2:00 p.m.
LOCATION: Multi-Purpose Room
2201 Courage Drive
Fairfield, CA 94533

DISABLED ACCOMMODATION: Meeting facilities are accessible to persons with disabilities. If you have a disability which requires an accommodation or an alternative means to assist you in attending, observing, or commenting on this meeting, or an alternative agenda document format, please contact Patricia Zuniga, Community Healthcare Board Clerk at (707) 784-8775 or by email at PDZuniga@SolanoCounty.com to request arrangements for accommodation.



**County of Solano
Community Healthcare Board
DRAFT**

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, April 19, 2023
In Person Meeting

Members Present:

At Roll Call: Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy and Brandon Wirth

Members Absent: Mike Brown, Sandra Whaley, Robert Wieda

Staff Present:

Bela Matyas, Dona Weissenfels, Cynthia Coutee, Rebecca Cronk, Nina Delmendo, Valerie Flores, Janine Harris, Raechel Leas, Krista McBride, Dr. Reza Rajabian, Danielle Seguerre-Seymour, Noelle Soto, Kelly Welsh, Charla Griffith, Kristine Gual (PHC), Kathryn Power (PHC) and Patricia Zuñiga

1) Call to Order – 1:05 p.m.

- a) Welcome
- b) Roll Call

2) Approval of the April 19, 2023 Agenda

Motion: To approve the April 19, 2023, Agenda with Agenda Item 8, Business Governance moved after Agenda Item 4, Consent Calendar Clinic Operations Reports.

Motion by: Deborah Hillman and seconded by Anthony Lofton

Discussion: Chair Brandon Wirth asked that Agenda Item 8, Business Governance, be discussed earlier in the meeting, and move it after Agenda Item 4, Consent Calendar Clinic Operations Reports, to accommodate a Board Member that had to leave on time.

Ayes: Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

3) Public Comment

There was no Public Comment

Consent Calendar

4) Clinic Operations Reports

- a) Staffing Update – Toya Adams
- b) Credentialing Update – Raechel Leas
- c) HRSA Grants update – Noelle Soto
- d) Revenue Cycle – Janine Harris
- e) Clinic Operational Metrics – Queue Management (Q-Matic) Stats – March 2023



**County of Solano
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5)-8) Business Governance

- a) Review and approve the FHS Quarterly Financial Report – Nina Delmendo
- Nina reviewed the highlights of the Financial Report to the Board Members.
 - Please reference the document titled, “*County of Solano Expenditure and Revenue Report Family Health Services, March 31, 2023*” for detailed information.
- i) ACTION ITEM: The Board will consider approval of the FHS Quarterly Financial Report

Motion: To approve the FHS Quarterly Financial Report.

Motion by: Ruth Forney and seconded by Don O’Conner

Discussion: None.

Ayes: Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O’Conner, Tracee Stacy and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

- b) The Board will approve acceptance of the Partnership HealthPlan (PHP) Health Equity Unit of Service Award of \$2000.00 – Dr. Michelle Stevens
- On behalf of Dr. Stevens, who was unable to attend, because she was seeing patients, Dona notified the Board, due to the effort of Dr. Stevens, to apply for the Health Equity Grant offered by PHP, FHS was awarded \$2000.00, thanks to her.
- i) ACTION ITEM: The Board will consider approval and acceptance of the Partnership HealthPlan (PHP) Health Equity Unit of Service Award of \$2000.00.

Motion: To approve and accept the Partnership HealthPlan (PHP) Health Equity Unit of Service Award of \$2000.00.

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

Discussion: None.

Ayes: Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O’Conner, Tracee Stacy and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

- c) Review and approve the revised Family Health Services Financial Policies listed below – Janine Harris
- Janine stated that the fourteen (14) FHS Financial Policies were reviewed by her Team and appreciated their effort in reviewing these. She stated that there were no major changes to the policies and only very minor changes were made.



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- i) **ACTION ITEM:** The Board will consider approval of the Family Health Services Financial Policies listed below:
- 100.01 – Insurance & Eligibility Verification
 - 100.02 – Cash Handling
 - 100.04 – Claims Processing
 - 100.05 – Coding
 - 100.06 – Other Health Insurance/Private Insurance
 - 100.07 – Void/Deleted Payments
 - 100.08 – Fee Waiver & Payment Plans
 - 100.10 – Patient Registration
 - 100.11 – Billing and Collections
 - 100.12 – Fee Schedule
 - 100.13 – Dental Appliances
 - 100.14 – Bad Debt Write Off
 - 100.15 – Back Office Claims Processing
 - 100.16 – Non-Sufficient Funds

Motion: To approve all the Family Health Services Financial Policies listed above.

Motion by: Ruth Forney and seconded by Deborah Hillman

Discussion: Chair Brandon Wirth, asked that in the future to submit red-lined versions of any policies to the Board, so the changes can be noted. Janine responded to the Chair and Board Members and stated that the changes were very minimal, such as punctuation corrections. She agreed she would include versions of any revised policies with the noted tracking, in the future.

Ayes: Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O’Conner, Tracee Stacy, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried.

Regular Calendar

6)5) Approval of Minutes

- i) Approval of the March 15, 2023 Draft Minutes

Motion: To approve the March 15, 2023 Minutes

Motion by: Tracee Stacy and seconded by Anthony Lofton

Discussion: None.

Ayes: Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O’Conner, Tracee Stacy, and Brandon Wirth

Nays: None.



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Abstain: None.

Motion Carried.

7)6) Clinic Operations Reports

- a) Grievances/Compliments – Rebecca Cronk reported in February there were a total of 5 grievances and in March there were a total of 12 grievances. They were in three (3) categories which were: access to the clinic during the repairs, wait time in the lobby and quality of care.
- b) Compliance – There was no Compliance Report given.
- c) Finance – There was no Finance Report given
- d) Referrals – There was no Referrals Report given.
- e) Major Project Updates - There was no Major Project Updates Report given.
- f) QI Update - There was no QI Update Report given.

8)7) HRSA Project Officer Report – Dona Weissenfels

- a) Health Center HRSA Project Director (Clinic Operations Officer) Update
 - Dona announced that a few weeks ago, after holding meetings with Partnership HealthCare Plan of California (PHC) and other Community Healthcare Centers in the region, a decision was made to close the provider panels in Fairfield Adult Clinic and Vacaville Clinic to new patients. For the Vallejo Clinic, they will continue to keep new patient appointments, only as a safety net to provide healthcare to those that are in need. The hope is for a turnaround soon, in about eight (8) weeks or so, depending on the recruitment of providers at the clinics. FHS is doing the best they can.
- b) Health Center Activities, Internal & External Update
 - Dona mentioned they are in the process of recruiting a Clinic Physician Supervisor and talking with Locum Tenens to also bring in providers on a temporary basis.
 - Dona also mentioned that the Hiring Team is actively recruiting providers and other positions. There are limited providers applying since we are operating as a FQHC and the providers need to see patients in person.
 - Dona mentioned that during COVID-19 all healthcare systems were experiencing a decrease of 15% funding and currently FHS was about a \$7,000,000.00 short fall. The model of care is not sustainable. However, she wants to move the clinics to an alternative payment method (APM), which allows for paid services when a patient sees a non-provider. We don't qualify yet, until improvements are made at the clinics, such as increasing the Call Center Team, having a Quality Team in place and having a Quality electronic medical record (EMR), in place, which will be EPIC. Dr. Matyas also mentioned that he wanted to present APM at a future meeting and noted that in reality it would take about three (3) years for the transition and five (5) years to implement APM.
 - Dona announced that EPIC EMR is scheduled to be implemented towards the end of 2024.

- 8) Business Governance** *(This agenda item was approved by the Board to move it up in the Agenda as Agenda Item 5.)*



**County of Solano
Community Healthcare Board
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9) Discussion

- a) Board Member Application received from Charla Griffith
- i) The Executive Committee reviewed the Board member Application submitted by Charla Griffith and recommends the Board's approval for Charla Griffith to be appointed as a Community Healthcare Board Member.
 - ii) **ACTION ITEM:** The Board will consider Charla Griffith to be appointed as a Community Healthcare Board Member.

Motion: To appoint Charla Griffith as a Board Member of the Family Health Services Community Healthcare Board.

Motion by: Brandon Wirth and seconded by Anthony Lofton

Discussion: None.

Ayes: Ruth Forney, Gerald Hase, Anthony Lofton, Don O'Conner, Tracee Stacy, and Brandon Wirth

Nays: None.

Abstain: None.

Motion Carried.

- b) Discuss the Community Healthcare Board Self-Assessment
- Chair Brandon Wirth stated that the Board Members were given the Self-Assessment and were asked all Board Members to complete the Self-Assessment and turn it in to the Clerk at the end of the meeting.

10) Board Member Comments

- Board Member Tracee Stacy wanted to know the mental health services that are provided by the FHS clinics and agendaize it for the May Meeting. She wants to know the levels of mental health provided. She is concerned and passionate about this topic as she is on a Mental Health Board and is concerned about the high numbers of drug overdose and suicidal rates.
- Board Member Ruth Forney, announced and complimented Cynthia Coutee, Health Services Clinic Manager of the Vacaville FHS Clinic, as a recipient of the Edward G. Lopez award.

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

DATE: April 19, 2023
TIME: 1:00 p.m. – 2:00
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The meeting was adjourned at 2:18 p.m.

Handouts:

- March 15, 2023 CHB Draft Minutes
- Community Healthcare Board Family Health Services Staffing Update
- FHS Credentialing, Provider Enrollment and Sanction Screening Activities
- Health Resources and Services Administration (HRSA) Grant Updates



County of Solano Community Healthcare Board DRAFT

- Solano County Health and Social Services Family Health Services Revenue Cycle Management Reports
- Clinic Metrics, Queue Management (Q-Matic) Stats – March 2023
- County of Solano Community Healthcare Board March 15, 2023 DRAFT Meeting Minutes
- County of Solano Expenditure and Revenue Report, Family Health Services, March 31, 2023
- 2022 Quality Measure Highlight, Unit of Service – Health Equity Measure, PHP Health Equity Unit of Service Award
- The Contributions of African American Midwives to Promote Health & Wellness of African Americans PowerPoint Presentation
- 100.01 – Insurance & Eligibility Verification
- 100.02 – Cash Handling
- 100.04 – Claims Processing
- 100.05 – Coding
- 100.06 – Other Health Insurance/Private Insurance
- 100.07 – Void/Deleted Payments
- 100.08 – Fee Waiver & Payment Plans
- 100.10 – Patient Registration
- 100.11 – Billing and Collections
- 100.12 – Fee Schedule
- 100.13 – Dental Appliances
- 100.14 – Bad Debt Write Off
- 100.15 – Back Office Claims Processing
- 100.16 – Non-Sufficient Funds

Community Health Care Board

Family Health Services Staffing Update - REVISED

CHB Meeting Date: May 17, 2023

Number of Active Candidates - County
Clinic Physician Supervisor - 1 Health Education Specialist - 1 Health Education Specialist Extra Help - 2 Nurse Practitioner - 1

Number of Active Candidates - Touro
Physician Assistant - 3 Clinic Physician (Board Cert) - 1

Number of Active Candidates - Locum Tenens
Nurse Practitioner - 1

Number of Active Candidates - Volunteer
Clinic Physician (Board Cert) TB - 1

Open County Vacancies
Clinic Physician (Board Cert) - 1 Clinic Physician (Board Cert) Extra Help - 1 Clinic Physician Supervisor - 1 Clinic Registered Nurse - 1 Dental Assistant (Registered) - 1 Dentist Manager Extra Help - 1 Health Education Specialist - 1 Health Education Specialist Extra Help - 2 Health Services Manager - 1 Medical Assistant - 1 Medical Records Technician, Sr Extra Help - 1 Mental Health Clinician (Licensed) - 1 Nurse Practitioner/Physician Assistant - 3 Nurse Practitioner/Physician Assistant - 2 *Pending*

Interviews in Progress
Clinic Registered Nurse - TBD Dentist Manager (Extra Help) - TDB Mental Health Clinician Licensed - TBD

Recently Hired Staff
Clinic Physician Extra Help, FF - 4/18/2023 Physician Assistant, VV - 5/01/2023 Health Education Specialist, FF - 5/15/2023 Office Assitant II, VJO - 5/17/2023

**FHS Community Healthcare Board – Status Report DRAFT May 2023:
FHS Credentialing, Provider Enrollment and Sanction Screening Activities**

Excluded Parties/Sanction Screening: 132

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
April 2023 TOURO	Touro Providers: 12	Exclusions Found: 0
April 2023 County – H&SS Employees/Candidates	H&SS Employees: 120	Exclusions Found: 0
Totals	TOTAL SCREENED: 132	Exclusions Found: 0

Credentialing: 9 Re-Credentialing: 3

Month	Number of Candidates’ Credentials Verifications - (Re-)Started -	Number of Candidates’ Partnership Provider Enrollments - Submitted for Partnership Approval -
April 2023 TOURO	<u>Active/Open: 2</u> Physician Assistants (PAs): 2	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 2
April 2023 LOCUM	<u>Active/Open: 2</u> Physician Assistant (PA): 1 Nurse Practitioner: 1	Submitted to Partnership: -1- Approved by Partnership: -0- Pending Submission to Partnership: 1
April 2023 County H&SS Employees/ Candidates	<u>Active/Open: 8</u> Dentist Manager: 1 Physician Assistant –2 Clinic Physician – 1 Supervising Physician – 2 Nurse Practitioner: 1 LCSW - 1	Submitted to Partnership: -2- Approved by Partnership: -0- Pending Submission to Partnership: 2

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

Partnership – NEW Provider Enrollments

New Provider Enrollments: ACTIVE - Pending Submission: 4 (2 Touro PAs, 1 NP, 1 Supervising Physician)
Submitted: 2 Pending Approval: 2
Approved: None During this Reporting Period

Partnership – Provider Re-Credentialing

Provider Re-Credentialing: Submitted: 1 Pending Approval: 1 Pending Submission: 1
Approved: None During this Reporting Period

Denti-Cal – Provider Revalidations

None During this Reporting Period

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

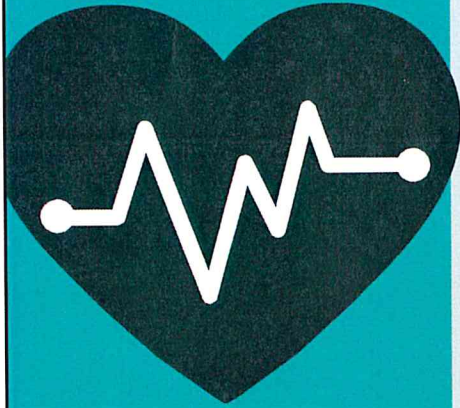
None During this Reporting Period

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

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

- Family Health Services (FHS) will be completing a No-Cost Extension (NCE) request for the remaining *American Rescue Plan Act Uniform Data System (ARP-UDS+) Supplemental Funding for Health Centers* (H8FCS40398). The initial supplemental funding award was \$65,5000 for a performance period of *August 1, 2022 to March 31, 2023*. Less than 20% of the funding was utilized toward the approved Contractual budget category. The NCE performance period request will be for one-year and applicable documents will be presented to the Community Healthcare Board (CHB) for review and approval at a later date.
- FHS will be completing a NCE request for the *Expanding COVID-19 Vaccination (ECV)* (H8G47592). The initial funding award was \$225,319 for a performance period of *December 1, 2022 to May 31, 2023*. Initially approved budget categories (Personnel, Fringe Benefits, and Contractual) have not received any drawdowns to date and therefore, the NCE will be requested to complete initially approved grant activities for an additional one-year performance period. Applicable documents will be presented to the CHB for review and approval at a later date.
- FHS 2022 Uniform Data System (UDS) Report – *See presentation*
- Fiscal Year (FY) 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS) – *See presentation*

FHS 2022 UNIFORM DATA SYSTEM (UDS) REPORT



Universal Patient Population

Patients Served: **18,597**
 Ages 0-17 **6,508 (35.0%)**
 Ages 18-64 **9,951 (53.5%)**
 Ages 65 and Over **2,138 (11.5%)**

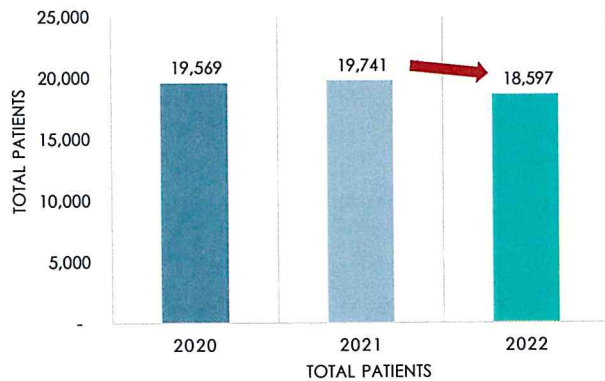
Patient Visits: **54,196**
11.6% were Virtual Visits

Healthcare for the Homeless (HCH) Patient Population

42.0% of Universal Patient Population
 Patient Visits: **24,145 (44.6%)**
11.9% were Virtual Visits

1

FHS UNIVERSAL PATIENTS

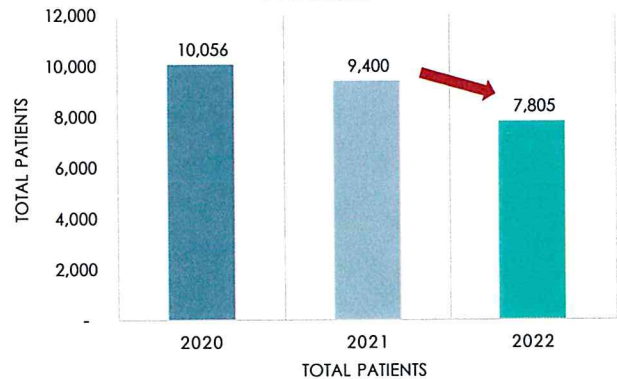


FHS PATIENTS

Universal - 5.8% decrease
 HCH -17.0% decrease

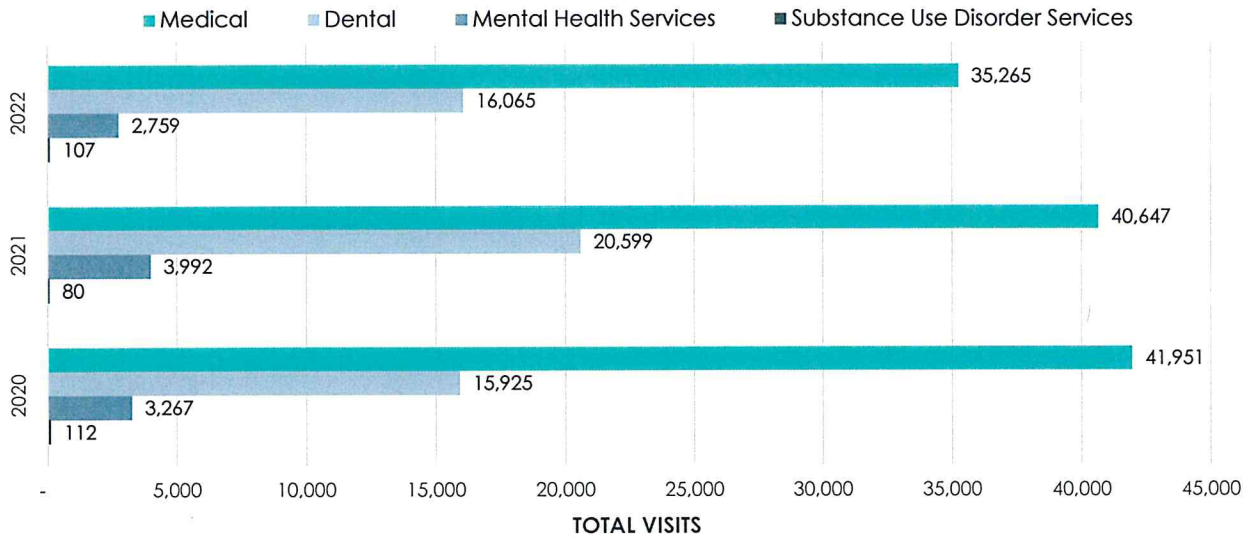
HEALTH CENTER PROGRAM RECOVERY

FHS HEALTHCARE FOR THE HOMELESS
PATIENTS



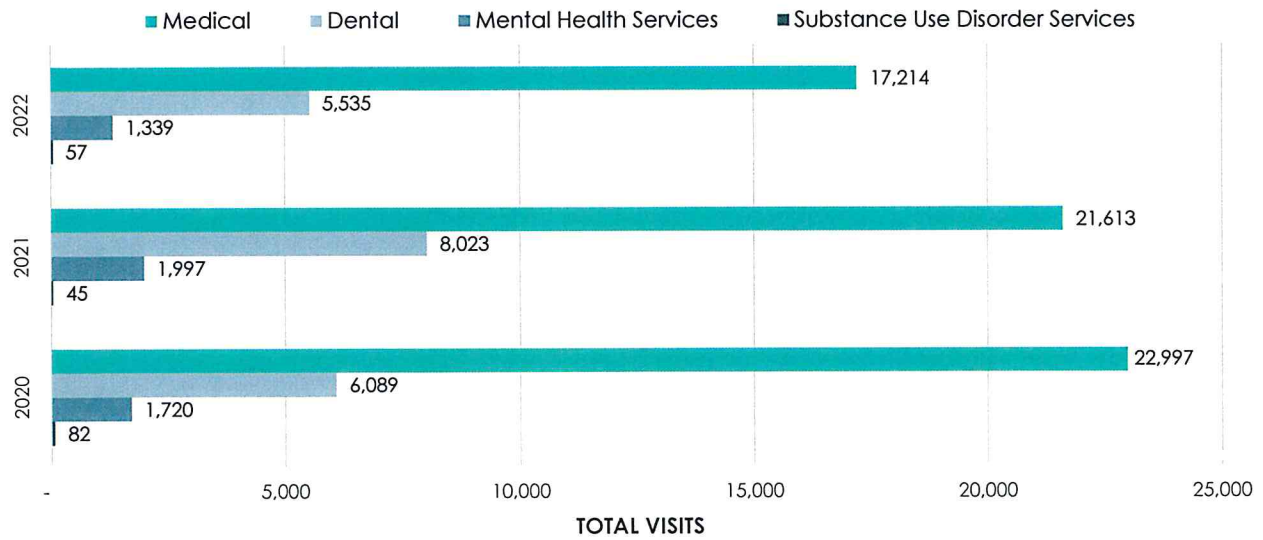
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FHS UNIVERSAL CARE SERVICES

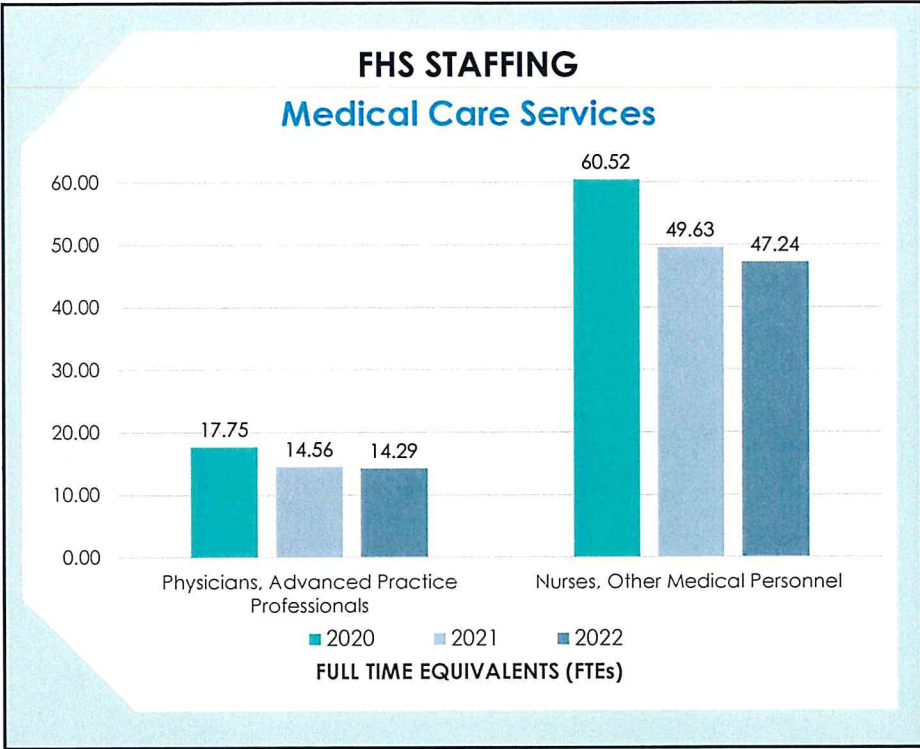


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FHS HEALTHCARE FOR THE HOMELESS CARE SERVICES

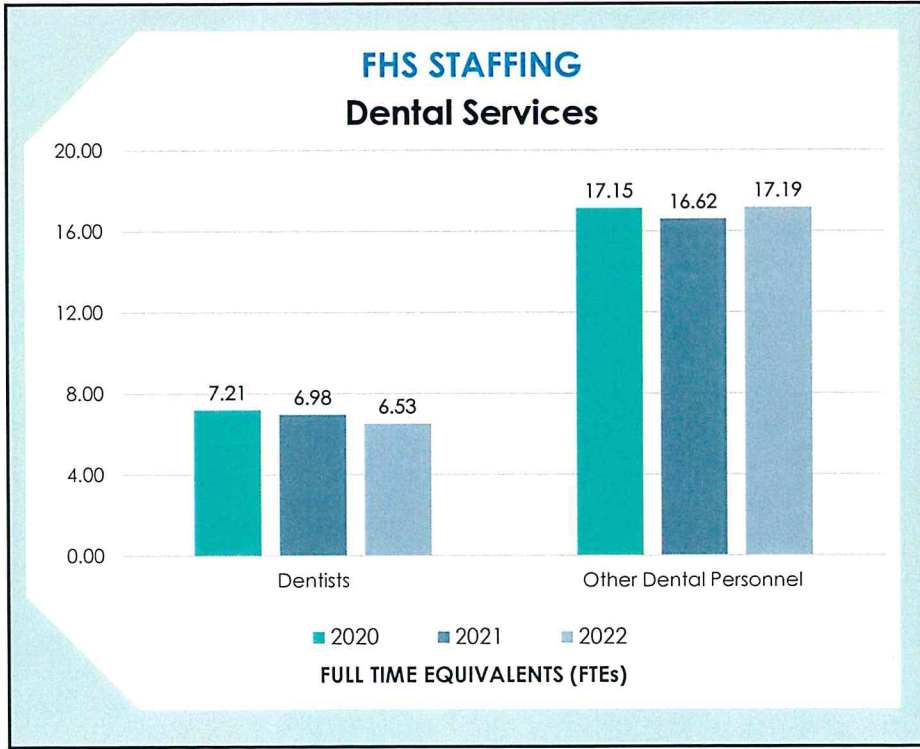


4



FHS
2022
UDS
REPORT

5



FHS
2022
UDS
REPORT

6

2022 FHS UDS REPORT HIGHLIGHTS UNIVERSAL POPULATION

Patient Demographic	Percent of Patients
Patients that identified as Racial and/or Ethnic Minority ¹	43.4%
Patients best served in a Language Other than English	17.9%
Patients with Income ≤200% Federal Poverty Guidelines ²	43.1%
Patients with Medicaid as their Principal Medical Insurance	83.3%

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



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2022 FHS UDS REPORT HIGHLIGHTS HEALTHCARE FOR THE HOMELESS POPULATION

Patient Demographic	Percent of Patients
Patients that identified as Racial and/or Ethnic Minority ¹	47.9%
Patients best served in a Language Other than English	19.0%
Patients with Income ≤200% Federal Poverty Guidelines ²	36.2%
Patients with Medicaid as their Principal Medical Insurance	80.7%



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

8



HRSA
Health Resources & Services Administration

Community Project Funding/Congressionally Directed Spending (CPF/CDS) Non-Construction & Construction Projects Overview

Technical Assistance Webinar

March 2, 2023

Office of Special Activities (OSA)
Office of Federal Assistance Management (OFAM)

Vision: Healthy Communities, Healthy People



Community Project Funding/Congressionally Directed Spending (CFP/CDS): Non-Construction Projects

HRSA-23-118



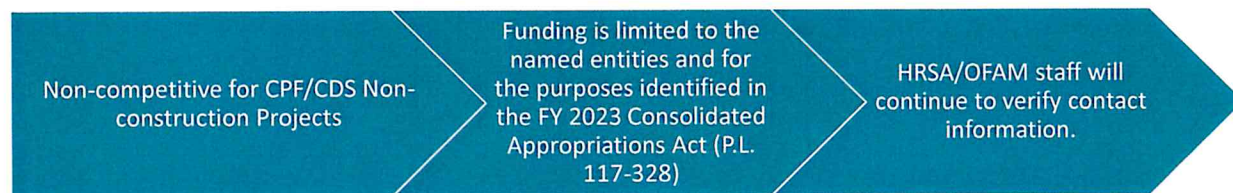
CPF/CDS Non-Construction Funding Overview

Application Due Date: June 1, 2023 at 4:59 p.m. Eastern Time

Estimated Number of Awards: Based on Congressionally approved projects

Maximum Funding Amount: Varies, based on Congressionally approved project funding

Period of Performance: 1 year (on/around July 15, 2023 – July 14, 2024)



Non-Construction Application Submission

Project
Abstract

Project
Narrative

Budget &
Budget
Narrative

Required
Attachments



Non-Construction Project Abstract & Narrative

Project Abstract

What it is: a one-page, single spaced **standalone summary** of the application.

Tips for Applicants:

Use clear and concise language to describe the proposal.

Provide **all** requested information.

See Section 4.1.ix of HRSA's SF-424 Application Guide for further instructions.

Narrative Section Headers

Introduction

Work Plan

Equipment (if applicable)



Non-Construction Budget & Budget Narrative

Standard Form (SF) 424 A

- **Section A – Budget Summary**
 - Include Fed + Non-Fed totals
- **Section B Budget Categories**
 - **Object Class Categories** – include total amount requested for each cost line item
- **Budget Narrative/Justification**
- **Personnel Justification ***
- **Equipment List ***
- **Indirect Cost Rate Agreement***
- **Minor A&R***

* If applicable

BUDGET INFORMATION - Non-Construction Programs							OMB Approval No. 0348-0044	
SECTION A - BUDGET SUMMARY								
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget				
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)		
1 Name of Grant		\$		\$	565,940.00	\$	565,940.00	
2							0.00	
3							0.00	
4							0.00	
5 Totals		\$	0.00	\$	0.00	\$	565,940.00	
SECTION B - BUDGET CATEGORIES								
6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (i)		
	(1) Care Supplemental	(2)	(3)	(4)	(5)			
a. Personnel	\$	342,050.29	\$		\$	342,050.29		
b. Fringe Benefits		97,997.41				97,997.41		
c. Travel						0.00		
d. Equipment						0.00		
e. Supplies						0.00		
f. Contractual		16,355.53				16,355.53		
g. Construction						0.00		
h. Other						0.00		
i. Total Direct Charges (sum of 6a-6h)		456,403.23	0.00	0.00	0.00	456,403.23		
j. Indirect Charges		109,536.77				109,536.77		
k. TOTALS (sum of 6i and 6j)	\$	565,940.00	\$	0.00	\$	0.00	\$	565,940.00
7. Program Income		\$		\$		\$	0.00	

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102



Non-Construction Required Attachments

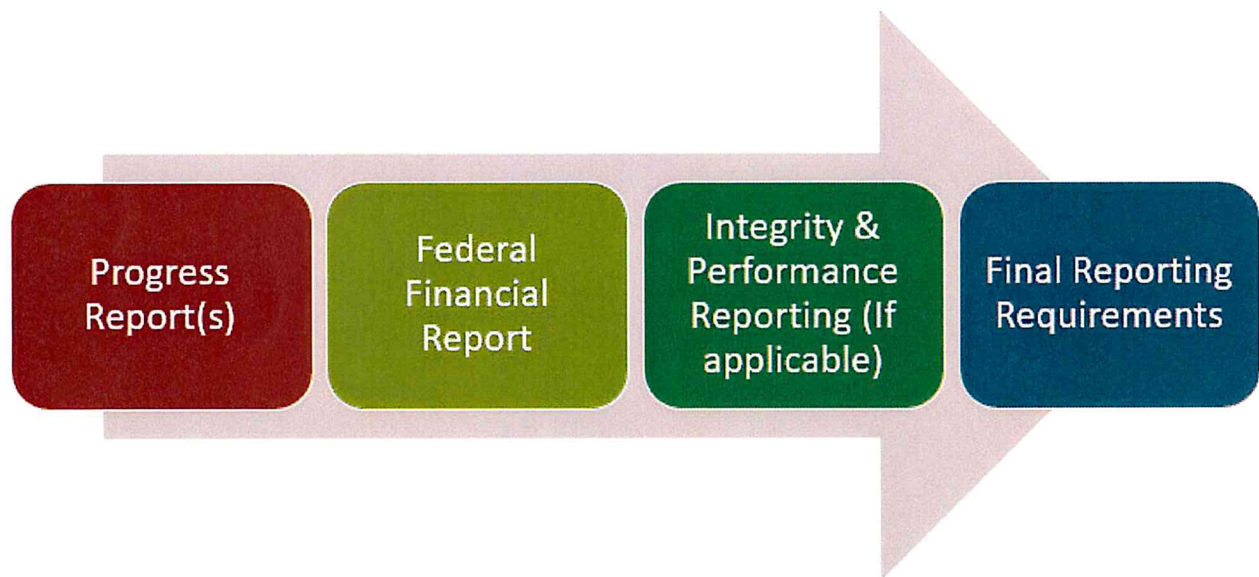
What it is: Includes required and optional document attachments that complete the content of the application

Tips for Applicants:

- Carefully follow the instructions detailed in the guidance for each attachment
 - Clearly label each attachment
- Attachment 1: Staffing Plan and Job Descriptions for Key Personnel
 - Attachment 2: Biographical Sketches of Key Personnel
 - Attachment 3: Letters of Agreement, Memoranda of Understanding and/or Description(s) of Proposed/Existing Contracts (project-specific)
 - Attachment 4: Project Organization Chart
 - Attachment 5: Equipment List and minor A&R, if applicable



Non-Construction Reporting and Review Activities



Community Project Funding/Congressionally Directed Spending (CPF/CDS) for Construction Projects

HRSA-23-117



Construction Project Types

Construction and Modernization projects with or w/o equipment

- New building structure or facility
- Modernization – alternation, repair, remodeling and/or renovation of a building
- Examples – construction of a new standalone service delivery site; modernizing facility interior

Design-Only” (planning portion of a construction project)

- Funds limited to allowable design/planning related costs for an overall construction project.

Equipment Only

- Loose, moveable equipment not affixed to the physical building structure, and with a useful life of more than one year
- Examples – purchase of new clinical equipment; purchase of a mobile van



Community Health Care Board
Family Health Services Grievance Report
CHB Meeting Date: May 17, 2023

Grievance Category	April 2023
Access to Care/Timeliness	1
Quality of Care	2
Scheduling	1
Totals	4

The data in this sheet represents referral categories and totals for Fairfield January-April, for Adults and Pediatrics. The highlighted areas are the top 5 referrals.

Total Referrals 2023 Jan-April 3672	Fairfield		Site Total
	Adult	Pediatric	
	ABA Therapy		4
Accupuncture	1		1
Allergy	8	10	18
Audiology	26	2	28
Bariatric Surgery	3		3
Breast Surgery	1		1
Cancer institute	3		3
Cardiology	130	3	133
Chiropractic	4	1	5
Colon & Recta Surgery	1		1
Craniofacial		1	1
Dentistry			
Dermatology	87	20	107
Endocrinology	19	1	20
ENT-Ear Nose Throat	32	6	38
Gastroenterology			
Gastroenterology	156	8	164
General Surgery	13	2	15
Genetics		1	1
Gynecology	29	1	30
Hand Ortho	11		11
Hematology	8	2	10
Hepatology			
Home Health	5		5
Immuniology			
Infectious Disease		1	1
Mental Health			
Mind Institute		1	1
Nephrology	20	1	21
Neuro Surgery	6		6
Neurology	63	5	68
Neuropsychology			
NorthBay Regional Center	4	6	10
Nutrition	28	5	33
Occupational Therapy			
Oncology	6		6

Ophthalmology	13		13
Ophthalmology			
Ophthalmology	170	8	178
Optometry	2	1	3
Oral maxillofacial surgery	3		3
Ortho Surgery	13		13
Orthopedic	50	10	60
Otolaryngology	1		1
Pain Management	19		19
Physical Therapy	84	9	93
Plastic Surgery			
Podiatry	78	3	81
Psychiatry	2		2
psychology			
Pulmonology	30	2	32
Pulomonology	11	1	12
Retina Specialist	1		1
Rheumatology	4	1	5
Sleep	26		26
Social Services	1		1
Speech Therapy	2	1	3
Spinal Surgery		1	1
transgender clinic			
Urology	36	5	41
Vascular Surgery	11		11
Wound Care			
(blank)	7	5	12
Otolaryngology		1	1
Podiatry			
Diatrician	1		1
Grand Total	1229	129	1358
	627	57	684

Top 5 Referral Request

Adult	Pediatric
Cardio	Allergy
Dermatology	Dermatology
Gastroentology	Gastroentology
Opthamology	Orthopedic
Phy. Therapy	Phy. Therapy

The data in this sheet represents referral categories and totals for Vacaville January-April, for Adults and Pediatrics. The highlighted areas are the top 5 referrals.

Total Referrals 2023 Jan-April 3672	Vacaville		Site Total
	Adult	Pediatric	
ABA Therapy		3	3
Accupuncture	2		2
Allergy	9		9
Audiology	15	5	20
Bariatric Surgery	4		4
Breast Surgery			
Cancer institute			
Cardiology	36	2	38
Chiropractic	6		6
Colon & Recta Surgery			
Craniofacial			
Dentistry			
Dermatology	47	1	48
Endocrinology	11		11
ENT- Ear Nose Throat	20	4	24
Gastroenterology			
Gastroenterology	72	4	74
General Surgery	17	1	18
Genetics	1		1
Gynecology	21		21
Hand Ortho			
Hematology	5		5
Hepatology			
Home Health			
Immuniology			
Infectious Disease	1		1
Mental Health			
Mind Institute			
Nephrology	13		13
Neuro Surgery	6		6
Neurology	37		37
Neuropsychology			
NorthBay Regional Center		2	2
Nutrition	29	4	33
Occupational Therapy	4		4
Oncology	4		4
Ophthalmology	10		10

Ophthalmology			
Ophthalmology	78	6	84
Optometry	1		1
Oral maxillofacial surgery			
Ortho Surgery			
Orthopedic	33	1	34
Otolaryngology			
Pain Management	10		10
Physical Therapy	49	4	53
Plastic Surgery	1		1
Podiatry	70	3	73
Psychiatry			
psychology			
Pulmonology	7		7
Pulomonology	8		8
Retina Specialist			
Rheumatology	11		11
Sleep	12	1	13
Social Services			
Speech Therapy	7	1	8
Spinal Surgery			
transgender clinic			
Urology	15	1	16
Vascular Surgery	8	1	9
Wound Care	4		4
(blank)	30	1	31
Otolaryngology			
Podiatry	1		1
Diatician			
Grand Total	715	45	760
	314	22	326

Top 5 Referral Request

Adult	Pediatric
Cardio	Audiology
Dermatology	ENT (Ear Nose Throat)
Gastroentology	Gastroentology
Opthamology	Ophamology
Phy. Therapy	Phy. Therapy

The data in this sheet represents referral categories ad totals for Vallejo January-April, for Adults and Pediatrics. The highlighted areas are the top 5 referrers.

Total Referrals 2023 Jan-April 3672	Vallejo		Site Total
	Adult	Pediatric	
	ABA Therapy	1	6
Accupuncture	3	1	4
Allergy	7	11	18
Audiology	25	19	44
Bariatric Surgery	14		14
Breast Surgery			
Cancer institute	1		1
Cardiology	69	5	74
Chiropractic	19	1	20
Colon & Recta Surgery	3		3
Craniofacial			
Dentistry	2		2
Dermatology	85	34	119
Endocrinology	22	4	26
ENT-Ear Nose Throat	41	21	62
Gastroenterology			
Gastroenterology	136	7	143
General Surgery	32	3	35
Genetics	2	1	3
Gynecology	59		59
Hand Ortho	7	1	8
Hematology	16		17
Hepatology	3		3
Home Health			
Immuniology	1		1
Infectious Disease	1		1
Mental Health	1		1
Mind Institute		1	1
Nephrology	14	1	15
Neuro Surgery	8		8
Neurology	60	8	68
Neuropsychology	1	2	3
NorthBay Regional Center	3	23	26
Nutrition	39	10	49
Occupational Therapy	2	3	5
Oncology	4		4

Ophthalmology	6	2	8
Ophthalmology	1		1
Ophthalmology	142	26	168
Optometry	10	20	30
Oral maxillofacial surgery	1	1	2
Ortho Surgery	21	2	23
Orthopedic	71	9	80
Otolaryngology	12	4	16
Pain Management	30		30
Physical Therapy	83	13	96
Plastic Surgery	3	2	5
Podiatry	66	4	70
Psychiatry	4	4	8
psychology		1	1
Pulmonology	12	1	13
Pulomonology	13	1	14
Retina Specialist			
Rheumatology	16	1	17
Sleep	18	1	19
Social Services	2		2
Speech Therapy	4	10	14
Spinal Surgery	6		6
transgender clinic	1		1
Urology	45	9	54
Vascular Surgery	22		22
Wound Care			
(blank)	9		9
Otolaryngology			
Podiatry			
Diatician	1		1
Grand Total	1280	273	1554
	517	124	641

Top 5 Referral Request

Adult	Pediatric
Dermatology	Dermatology
Gastroentology	ENT (Ear, Nose Throat)
Opthamology	NB Regional
Orthopedic	Opthamology
Phy. Therapy	Optometry

Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats – April 2023

Clinic Site	Patients Served
Fairfield	
Lab	106
Medical (Adult)	1,271
Subtotal	1,377
Vacaville	
Dental	524
Medical (Adult & Peds)	775
Subtotal	1,299
Vallejo	
Dental & Medical (Adult & Peds)	1,738
Lab	81
Subtotal	1,819
TOTAL	4,495

Call Center Stats 2023

Calls Appts

Numbers taken from total calls presented. Specific Skill Averages in Que

Average Tab

Time- HH:MM:SS

Month	Total Presented Calls	Total Handled Calls	% Handled	Total Abandon Calls	% of calls Abandon	Average Hold Until Handled	Average Hold Until Abandoned	Maximum Handle Time	Average Maximum Time Until Call was Abandoned	Appointments Scheduled by Call Center
Jan-2023	8792	6478	74.00%	2299	26.00%	0:05:34	0:06:31	0:32:25	3:06:37	2,038
Feb-2023	7572	6315	83.00%	1257	17.00%	0:04:13	0:05:00	0:32:09	0:38:12	1,890
Mar-2023	8256	8007	94.00%	5105	6.00%	0:01:49	0:03:18	0:33:22	0:22:41	2,354
Apr-2023	7154	6614	92.00%	537	8.00%	0:02:19	0:04:53	0:25:30	0:39:14	1,817
May-2023										
Jun-2023										
Jul-2023										
Aug-2023										
Sep-2023										
Oct-2023										
Nov-2023										
Dec-2023										
Totals 2023	31,774.00	27,414.00	86.28%	9,198.00	28.95%	0:03:52	0:04:56	0:33:22	3:06:37	8,099
								Ave # of Apt Sched each moth		2,024.75

- * large differences between January - March are reflective of the staff that is back in the office full time and the addition of .5 extra help.
- * In the month of April there were two additional staff assigned temporality to the Call Center.



Family Health Services

Medical Emergencies During Hours of Operation

Policy Number: 300.02

Effective Date	05/17/2023
Frequency of Review	Annually
Last Reviewed	
Last Updated	
Author(s)	Medical Director, Michelle Leary, DO Frances Paulette Jacinto, Sr. RN Jennifer Manoos, Sr. RN Taylor Olsen, Sr. RN
Responsible Department	Family Health Services

PURPOSE: Solano County Family Health Services (FHS) ensures timely and appropriate response to patients with a medical emergency during regular office hours. FHS ensures all clinical staff members are trained and certified in basic life support (BLS) to respond to patient medical emergencies during the health center's regularly scheduled hours of operation. This protocol applies to all providers, medical assistants, and other clinical support staff as directed.

POLICY:

- A. In the event of a medical emergency in the health center, the team lead present will manage the emergency according to his/her training and skills.
 - i. All clinical staff members shall be BLS certified within six months of hire.
- B. Any of the following medical conditions are classified as emergent and life-threatening:
 - i. Cardiac and respiratory arrest
 - ii. Sudden severe pain (head, chest, abdomen, back)
 - iii. Seizure
 - iv. External uncontrolled bleeding
 - v. Anaphylaxis
 - vi. Status asthmaticus
 - vii. Sudden change in neurological status (confusion, vision changes, numbness, weakness, facial drooping, slurred speech, unsteady gait)
 - viii. Signs of shock (cold/pale/clammy skin, too weak to stand, low blood pressure, rapid pulse)
 - ix. Vomiting red blood or black (coffee ground) material
 - x. High fever with unresponsiveness, stiff neck, difficulty breathing, confusion
 - xi. New onset of multiple purple (or blood-colored) spots or dots on skin
 - xii. Coma (unconscious, not responding to verbal or painful stimuli)
 - xiii. Severe burn
 - xiv. Severe choking
 - xv. Homicidal or suicidal threat



Family Health Services

Medical Emergencies During Hours of Operation

Policy Number: 300.02

- xvi. Hyperthermia ($> 105^{\circ}\text{ F}$ [40.5° C] rectally or $> 104^{\circ}\text{ F}$ [40.0° C] orally) or hypothermia (from cold exposure; $< 95^{\circ}\text{ F}$ [35° C] rectally or $< 94^{\circ}\text{ F}$ [34.4° C] orally)
- C. Staff will treat and stabilize patient using guidelines outlined in Standing Order for Medical Emergency Response while emergency medical services is en route.
- D. Delegated staff member will notify the medical director if he/she is not on site and apprise him/her of medical emergency.
- i. An incident report will be completed and sent to compliance by the team lead.
- E. Staff will comply with the process for hospital follow-up as outlined in Policy 300.03, Continuity of Care.

REFERENCED POLICIES	Policy 300.03, Continuity of Care
REFERENCED FORMS	
REFERENCES	

Chair – Community Healthcare Board

Date

Vice-Chair – Community Healthcare Board

Date



Family Health Services

Continuity of Care

Protocol Number: 300.03

Effective Date	August 21, 2019
Frequency of Review	Annually
Last Reviewed	May 17, 2023
Last Updated	May 17, 2023
Author(s)	Michele Leary, CMO Frances Paulette Jacinto, RN Sr. Jennifer Manoos, RN Sr. Taylor Olsen, RN Sr.
Responsible Department	Family Health Services

PURPOSE: Solano County Family Health Services (FHS) ensures continuity of care for patients that require inpatient hospitalization or emergency room visits. Patients may at times require to be sent to the Emergency Department (ED) for acute evaluation, acute illness or for hospitalization or may decide on their own to report to the Emergency Room. This protocol applies to all providers, medical assistants, and other clinical support staff as directed. As the patient's medical home, FHS is responsible for managing a patient's continuity of care.

PROTOCOL GUIDELINES:

It is the protocol of FHS to keep track of its patients that have been to the Emergency Department (ED) and/ or have been hospitalized. Key clinical information including reason for hospitalization or ED visit, discharge summaries, summary-of-care records, lab results, radiology images, and consult notes will be exchanged with the hospital. The protocol for this exchange of information and subsequent patient follow-up is as follows:

1. Alerts of any recent patient hospital admissions or emergency department visits are sent to the clinic from the hospital and/or health plan through fax notifications, direct alerts into the Primary Care Provider's (PCP's) Electronic Inbox via a Continuity of Care Document (CCD-A) in NextGen or from the patient or discharge planner calling to schedule follow up visit.
2. Once a notification is sent to the clinic, the Registered Nurse (RN) or Medical Assistant (MA) is tasked with obtaining the patient's discharge summary and relevant records specific to the purpose of the hospitalization or ED visit from the hospital.
3. The documentation will include, at a minimum:
 - a. Patient personal/demographic information
 - b. Date of admission or visit

- c. Reason for visit, if known
- d. Discharge summary: including laboratory & radiology results, and follow-up instructions
- 4. Hospital discharge paperwork, CCD-As, and other documentation received from the hospital will be scanned into the patient’s chart in NextGen by the RN or MA.
- 5. Once the paperwork is scanned, a MA follows up with the patient via phone call within 72 business hours to schedule them for a follow-up PCP visit. The MA will attempt to schedule a PCP visit within 7-10 business days.
 - a. The goal of the follow-up visit is to identify the reasons for hospitalization/ ED visit, factors contributing to hospitalization/ ED visit, medication changes/ adherence, newly identified patient needs, pain assessment, coordinate follow-up care, and identify and make updates to the patient’s care plan, as appropriate.
- 6. Three outreach attempts will be made via phone call. HIPAA compliant voicemails will be left each time, and each call will be documented in the telephone encounter section of the patient’s chart in NextGen for tracking purposes.
 - a. If phone number is not working, a letter is generated and sent to the patient in order to connect with the patient.
 - b. If no address is available, a letter is still generated and remains in the chart to show attempt of contact was made.
- 7. Once the PCP follow-up appointment is scheduled, the PCP will review the discharge paperwork before the patient arrives to help inform the goals of the visit.
- 8. The PCP follow-up appointment will be scheduled and be labeled as a “Hospital/ED Follow-up” visit in NextGen Practice Management.

Hospitalization Tracking:

- 1. A tracking log will be created, maintained, and reviewed regularly, at least quarterly, at the QI/QA Committee to identify trends and opportunities for improvement.
- 2. Recurrent Hospitalizations: If more than one hospitalization has occurred within the past three months, the MA brings this to the attention of the provider. The provider then investigates to see if there is an underlying issue that is precipitating recurrent hospitalizations and seeks to address this.

REFERENCED POLICIES	
REFERENCED FORMS	
REFERENCES	

Chair – Community Healthcare Board

Date

Vice-Chair – Community Healthcare Board

Date



**Medical Referrals to External Specialists
& Follow-Up**

Policy Number: 300.05

Effective Date	August 21, 2019
Frequency of Review	Annually
Last Reviewed	May 17, 2023
Last Updated	May 17, 2023
Author (s)	Michele Leary, CMO Frances Paulette Jacinto, Sr. RN Jennifer Manoos, Sr. RN Taylor Olsen, Sr. RN
Responsible Department	Family Health Services

PURPOSE:

Solano County Family Health Services (FHS) is committed to facilitating timely and accurate referrals and follow-up.

DEFINITIONS:

Referral Authorization Form (RAF): Form submitted to insurance company to request referral coverage.

Referral: A written order from a primary care provider for patient to see a specialist.

Referral Team: A team comprised of medical assistants/referral coordinators.

Urgent RAF request from an external specialist: A RAF request for urgent conditions associated with cancer, fractures requiring orthopedic surgery, high-risk pregnancy, acute hematologic diseases as well as ophthalmologic, neurologic, cardiothoracic, and cardiac emergencies, etc.

POLICY:

It is the policy that FHS has a system in place for the generating and tracking of referrals to specialty health care. All patients requiring specialty medical care need to be referred by their Primary Care Provider (PCP); for initial referrals to a specialty office, an appointment is required.

1. Referrals will be addressed in a timely and efficient manner to facilitate high quality patient care. All referrals will be processed according to established evidence-based clinical care standards and guidelines and are to be processed based on medical urgency.
2. The referring clinician is responsible for providing sufficient documentation to justify the appropriate level of care of the patient, and to determine the severity of the medical condition, and the urgency of the referral.



Medical Referrals to External Specialists & Follow-Up

Policy Number: 300.05

3. The referral team will immediately inform the referring provider of any delays in or barriers to referral processing so that appropriate clinical decisions or alternatives can be pursued, and to avoid a backlog in managing referrals.
4. The referral team will track the referral process to assure completion of orders and obtain test results, consult reports and recommendations from specialists and provide them to the PCP for review.
5. The referral team will conduct themselves as care advocates based on the instructions of the referring clinician.

PROCEDURE:

A. Referrals to External Specialists

1. Urgent Referrals to External Specialists

- a) The PCP will send an urgent referral request. If possible, the referral team will be notified verbally.
- b) Urgent referrals generated after-hours shall be initiated within 24 hours, or next business day for weekend clinic. If this is not possible, the referral is initiated by close of business on the same day that the PCP generates the referral request, or by the next business day in limited situations.
- c) The PCP should clarify with patient that the referral is desired and will be completed. PCP should explain that the patient may be responsible for costs if uninsured. For insured patients the RAF process will be initiated by the referral team get insurance company approval to cover costs. Upon obtaining patients agreement for the referral, PCP generates referral request.
- d) The referral team will advise the PCP of any problems with urgent referrals; the PCP shall be notified after two unsuccessful attempts to coordinate care.
- e) All urgent referrals must be tracked by the referral team.
- f) Behavioral health providers will maintain their own lists of internal/external referrals. Monitoring of referrals will be done through peer review.

2. Non-Urgent Referrals to External Specialists

- a) All non-urgent referrals must be acted upon by the referral team within 10 business days.
- b) All non-urgent referrals must be tracked by the referral team.
- c) The PCP will clarify with patient that referral is desired and explain that the patient may be responsible for costs if uninsured.
 - i. For insured patients, the RAF process will be initiated by the referral team to get insurance company approval to cover costs.
 - ii. Upon obtaining patients agreement for the referral, the PCP will generate the referral request.



Medical Referrals to External Specialists & Follow-Up

Policy Number: 300.05

d) The referral team should inform the PCP of any problems with non-urgent referrals (e.g., finding a specialist, timeliness of appointment, etc.).

3. RAF Request from External Specialists: All RAF requests from external specialists must be supported by consultation/chart notes. The referral team must determine if the RAF request is urgent based on definition outlined on page one.

- a) Urgent RAF Requests from External Specialists for Non-Established Patients
 - i. All urgent RAF requests for non-established patients should be addressed immediately by the referral team upon receipt. If the urgent RAF request is valid, the RAF will be processed upon receipt, remain valid for six months and will be faxed back to the specialist by referral team.
 - ii. When an urgent RAF request is sent by referral team to an external specialist and the specialist determines that the patient should be seen by a secondary specialist/sub-specialist, the secondary referral will be generated by the referral team.
- b) Urgent RAF Requests from External Specialists for Established Patients
 - i. All urgent RAF requests for established patients should be addressed immediately by the referral team upon receipt. If the urgent RAF request is valid, the RAF will be processed upon receipt and remain valid for 12 months and faxed back to specialist by referral team.
 - ii. When an urgent RAF request for the established patient is sent by the referral team to an external specialist and the specialist determines that the patient should be seen by a secondary specialist/sub-specialist, the secondary referral will be generated by the referral team.
 - iii. The referral team will advise the PCP of any problems with referrals (e.g., finding a specialist, timeliness of appointment, etc.).
- c) Non-Urgent RAF Requests from External Specialists for Non-Established Patients
 - i. All non-urgent referrals must be acted upon by the referral team within 10 business days. If RAF request is valid, the RAF will be processed upon receipt and remain valid for six months and faxed back to specialist by referral team.
 - ii. Non-urgent RAF requests for non-established patients require consultation/chart notes from the requesting specialists.

4. Non-Urgent RAF Requests from External Specialists for Established Patients

- a) All non-urgent referrals must be acted upon by the Referral Team within 10 business days.
- b) Non-urgent RAF requests for established patients can be



**Medical Referrals to External Specialists
& Follow-Up**

Policy Number: 300.05

processed if patients have been seen within a year.

- c) When initial RAF request was sent by Referral Coordinator to an external specialist and the specialist determines that the patient needs to be seen by a secondary specialist/sub-specialist, the secondary referral is generated by the Referral Team.
- d) The Referral Coordinator will advise the PCP of any problems with non-urgent referrals (e.g., finding a specialist, timeliness of appointment, etc.).

5. Referral Follow-Up

- a) The referral team shall contact the facility/specialist to determine if patient has been contacted, scheduled, or completed appointment within 30 days for non-urgent referrals, and within one week for urgent referrals:
 - i. Request report (including consult notes, labs, and diagnostic imaging) if appointment has been completed.
 - ii. If appointment is pending, follow-up two weeks after scheduled appointment.
 - iii. If appointment was missed, staff will follow-up with the patient via phone and document the attempt in the patient’s chart.
 - iv. Document updates using referral tracking log.

6. Receiving Consult Notes from Specialists

- a) Referral consult note(s) received by fax and placed in the PCP’s inbox.
- b) Consult notes will be scanned into the patient’s chart by the medical assistant.
- c) The referral team will review the patient’s chart during referral follow-up to determine if the consult notes have been received - if they have not been received, they will be requested from specialist.
- d) Once consult notes are in the chart, the referral team will update the referral log.

REFERENCED POLICIES	
REFERENCED FORMS	
REFERENCES	

Chair – Community Healthcare Board

Date

Vice-Chair – Community Healthcare Board

Date

COUNTY OF SOLANO
DEPT: 7580 FAMILY HEALTH SERVICES
REQUESTED BUDGET FY2023/24

A		B	C	D	E		
Category Subobject	Description	FY2021/22 Actuals	FY 2022/23 Adopted Budget	FY 2023/24 Requested Budget	Change between RQ and AD (Col C - Col B)	% Change between RQ and AD (Col D/Col B)	Comments
EXPENDITURES							
1000	SALARIES AND EMPLOYEE BENEFITS						
1	0001110 SALARY/WAGES REGULAR	9,923,407	14,232,905	15,506,693	1,273,788	8.95%	
2	0001121 SALARY/WAGES-EXTRA HELP	98,292	370,757	135,755	(235,002)	-63.38%	
3	0001131 SALARY/WAGES OT/CALL-BACK	96,647	102,976	17,448	(85,528)	-83.06%	
4	0001141 SALARY/WAGES PREMIUM PAY	183	-	-	-	0.00%	
5	0001142 SALARY/WAGES STANDBY PAY	43,824	63,500	23,944	(39,556)	-62.29%	
6	0001210 RETIREMENT-EMPLOYER	2,566,640	4,249,940	4,456,625	206,685	4.86%	
7	0001211 PARS RETIREMENT-ER	20,363	-	-	-	#DIV/0!	
8	0001212 DEFERRED COMP-COUNTY MATCH	9,771	9,360	43,227	33,867	361.83%	
9	0001213 OPEB COSTS	197,414	284,661	310,146	25,485	8.95%	
10	0001220 FICA-EMPLOYER	725,573	1,011,977	1,096,354	84,377	8.34%	
11	0001230 HEALTH INS-EMPLOYER	1,673,827	2,467,971	2,792,798	324,827	13.16%	
12	0001231 VISION CARE INSURANCE	16,938	23,078	23,301	223	0.97%	
13	0001240 COMPENSATION INSURANCE	395,921	269,010	232,011	(36,999)	-13.75%	
14	0001241 LT DISABILITY INSURANCE ER	3,674	7,692	8,113	421	5.47%	
15	0001250 UNEMPLOYMENT INSURANCE	45,845	-	-	-	#DIV/0!	
16	0001260 DENTAL INS-EMPLOYER	105,203	166,375	173,521	7,146	4.30%	
17	0001270 ACCRUED LEAVE CTO PAYOFF	57,066	66,779	20,000	(46,779)	-70.05%	
18	0001290 LIFE INSURANCE-EMPLOYER	13,476	19,454	20,375	921	4.73%	
19	0001999 SALARY SAVINGS	-	(2,213,847)	(4,177,375)	(1,963,528)	88.69%	
20	1000 SALARIES AND EMPLOYEE BENEFITS	15,994,063	21,132,588	20,682,936	(449,652)	-2.13%	
21							
22	2000 SERVICES AND SUPPLIES						
23	0002021 COMMUNICATION-TELEPHONE SYSTEM	92,156	100,401	93,609	(6,792)	-6.76%	
24	0002022 COMMUNICATION-TELEPHONE AMC	12,992	19,168	12,082	(7,086)	-36.97%	
25	0002023 COMMUNICATION-VOICE MAIL	-	-	-	-	0.00%	
26	0002025 CELLULAR COMMUNICATION SERVICE	12,324	16,128	14,901	(1,227)	-7.61%	
27	0002026 CELL PHONE ALLOWANCE	418	480	-	(480)	-100.00%	
28	0002028 TELEPHONE SERVICES	19,046	17,000	17,144	144	0.85%	
29	0002035 HOUSEHOLD EXPENSE	25,075	25,633	25,123	(510)	-1.99%	
30	0002050 INSURANCE-RISK MANAGEMENT	1,544	2,149	-	(2,149)	-100.00%	
31	0002051 LIABILITY INSURANCE	254,844	246,890	280,002	33,112	13.41%	
32	0002057 MALPRACTICE INSURANCE	297,692	592,301	579,426	(12,875)	-2.17%	
33	0002103 INTERPRETERS	2,421	6,462	4,415	(2,047)	-31.68%	
34	0002120 MAINTENANCE EQUIPMENT	28,453	33,703	26,689	(7,014)	-20.81%	

A			B	C	D	E	
Category Subobject	Description	FY2021/22 Actuals	FY 2022/23 Adopted Budget	FY 2023/24 Requested Budget	Change between RQ and AD (Col C - Col B)	% Change between RQ and AD (Col D/Col B)	Comments
35 0002122	FUEL & LUBRICANTS	956	1,295	1,608	313	24.17%	
36 0002140	MAINTENANCE-BLDGS & IMPROVE	6,597	-	-	-	#DIV/0!	
37 0002151	DRUGS & PHARMACEUTICAL SUPP	283,530	232,080	241,963	9,883	4.26%	
38 0002153	MEDICAL/DENTAL SUPPLIES	375,636	330,497	327,435	(3,062)	-0.93%	
39 0002170	MEMBERSHIPS	1,223	15,060	3,460	(11,600)	-77.03%	
40 0002171	PROFESSIONAL LICENSES & CERT	6,878	16,357	14,995	(1,362)	-8.33%	
41 0002176	FEES AND PERMITS	7,788	10,965	9,364	(1,601)	-14.60%	
42 0002178	CASH SHORTAGE	0	-	-	-	0.00%	
43 0002180	BOOKS & SUBSCRIPTIONS	698	5,250	1,450	(3,800)	-72.38%	
44 0002200	OFFICE EXPENSE	44,727	59,930	57,532	(2,398)	-4.00%	
45 0002201	EQUIPMENT UNDER \$1,500	7,077	18,710	52,220	33,510	179.10%	
46 0002202	CONT ASSETS COMPUTER RELATED	122,170	157,425	91,850	(65,575)	-41.65%	Refresh of computers/laptops to be purchased using one-time HRSA Capital Grant funds.
47 0002203	COMPUTER COMPONENTS <\$1,500	3,591	33,253	1,500	(31,753)	-95.49%	
48 0002204	COMPUTER RELATED ITEMS:<\$500	3,678	3,500	-	(3,500)	-100.00%	
49 0002205	POSTAGE	210	60	-	(60)	-100.00%	
50 0002206	CONT ASSET-NON COMP RELATED	17,525	464,949	56,679	(408,270)	-87.81%	Placeholder for equipment to be purchased using one-time HRSA Capital Grant funds.
51 0002207	ERGONOMIC UNDER \$1500	542	25,206	22,500	(2,706)	-10.74%	
52 0002215	MANAGED PRINT COST PER COPY	13,907	14,820	12,871	(1,949)	-13.15%	
53 0002216	MAINTENANCE/SERVICE CONTRACTS	11,499	22,000	11,720	(10,280)	-46.73%	
54 0002221	RECORDS STORAGE	3,092	4,558	2,710	(1,848)	-40.54%	
55 0002226	MEDICAL/DENTAL SERVICE	167,569	239,000	197,768	(41,232)	-17.25%	
56 0002245	CONTRACTED SERVICES	421,896	654,589	682,939	28,350	4.33%	Forvis #03815 \$15,000 Simi #03884 \$380,000 Facktor #04000 \$50,000 - placeholder for carryover from FY2022/23 contract Waystar #03377 \$60,660 Security (Allied) \$177,279
57 0002250	OTHER PROFESSIONAL SERVICES	150,977	79,750	109,382	29,632	37.16%	
58 0002255	CREDIT CARD PROCESSING FEES	1,577	2,450	1,703	(747)	-30.49%	
59 0002260	DATA PROCESSING SERVICES	1,800	2,500	2,700	200	8.00%	
60 0002261	SOFTWARE MAINTENANCE & SUPPORT	386,105	572,572	809,813	237,241	41.43%	Increase due to implementation of OCHIN/EPIC.
61 0002263	H&SS DOIT TIME STUDY COSTS	536,889	770,034	1,448,281	678,247	88.08%	Anticipated increase in Department of Information Technology (DoIT) staff working on FHS projects.
62 0002264	HSS CDP COSTS	336,327	331,299	346,875	15,576	4.70%	
63 0002266	CENTRAL DATA PROCESSING SVCE	822,832	708,468	848,848	140,380	19.81%	
64 0002270	SOFTWARE	130	5,000	7,700	2,700	54.00%	
65 0002271	SOFTWARE RENTAL / SUBSCRIPTION	36,496	30,964	26,350	(4,614)	-14.90%	

A		B	C	D	E		
Category Subobject	Description	FY2021/22 Actuals	FY 2022/23 Adopted Budget	FY 2023/24 Requested Budget	Change between RQ and AD (Col C - Col B)	% Change between RQ and AD (Col D/Col B)	Comments
66	0002280	PUBLICATIONS AND LEGAL NOTICES	2,701	2,805	-	(2,805)	-100.00%
67	0002281	ADVERTISING/MARKETING	675	7,500	-	(7,500)	-100.00%
68	0002285	RENTS & LEASES - EQUIPMENT	10,525	10,762	11,657	895	8.32%
69	0002295	RENTS & LEASES-BUILDINGS/IMPR	2,400	6,000	2,400	(3,600)	-60.00%
70	0002310	EDUCATION & TRAINING	11,592	18,197	6,000	(12,197)	-67.03%
71	0002312	SPECIAL DEPARTMENTAL EXPENSE	9,470	56,541	7,244	(49,297)	-87.19%
72	0002335	TRAVEL EXPENSE	4,669	7,789	6,000	(1,789)	-22.97%
73	0002336	TRAVEL OUT-OF-STATE	-	-	-	-	#DIV/0!
74	0002337	MEALS/REFRESHMENTS	-	3,000	3,000	-	0.00%
75	0002338	EMPLOYEE RECOGNITION	3,164	3,850	4,050	200	5.19%
76	0002339	MANAGEMENT BUSINESS EXPENSE	-	-	4,800	4,800	#DIV/0!
77	0002345	MOVING/FREIGHT/TOWING	-	-	-	-	#DIV/0!
78	0002350	COUNTY GARAGE SERVICE	47,740	22,754	27,873	5,119	22.50%
79	0002355	PERSONAL MILEAGE	11,445	7,921	9,605	1,684	21.26%
80	0002360	UTILITIES	167,629	179,824	178,906	(918)	-0.51%
81	0002361	WATER	22,553	39,624	22,094	(17,530)	-44.24%
82	2000	SERVICES AND SUPPLIES	4,815,448	6,239,423	6,729,236	489,813	7.85%
83							
84	3000	OTHER CHARGES					
85	0003121	INDIGENT CARE	17,228	25,820	21,135	(4,685)	-18.14%
							Children's Choice #03611 \$34,000 Touro #03450 \$500,000 Barton & Associates #03965 \$400,000 Jackson & Coker #03906 \$400,000
86	0003153	CONTRACTED DIRECT SERVICES	364,391	975,000	1,334,000	359,000	36.82%
87	0003158	FOOD FOR INDIGENT CLIENS	8	150	-	(150)	-100.00%
88	0003160	TRANSPORTATION FOR CLIENTS	6,256	28,600	21,740	(6,860)	-23.99%
89	0003421	BAD DEBTS	2,011	-	-	-	#DIV/0!
90	0003690	INTERFUND SERVICES USED-COUNTY	6,901	6,775	6,808	33	0.49%
91	0003691	INTERFUND SVCES-ACCTG & AUDIT	29,716	-	22,800	22,800	0
92	0003694	INTERFUND SVCES-PROFESSIONAL	387,765	720,483	582,258	(138,225)	-19.19%
93	0003695	INTERFUND SVCES-MNT MATERIALS	2,301	5,439	-	(5,439)	-100.00%
94	0003696	INTERFUND SVCES-SMALL PROJECTS	14,960	47,882	1,949	(45,933)	-95.93%
95	0003697	INTERFUND SVCES-POSTAGE	21,990	29,677	26,968	(2,709)	-9.13%
96	0003698	INTERFUND SVCES-MNT LABOR	7,564	6,061	9,150	3,089	50.97%
97	0003701	CONTRIB - NON COUNTY AGENCIES	-	5,000	-	(5,000)	-100.00%
98	0003710	COUNTYWIDE ADMIN OVERHEAD	1,224,760	896,007	935,417	39,410	4.40%
99	0003712	CAC BUILDING CHARGES	213	-	-	-	#DIV/0!
100	3000	OTHER CHARGES	2,086,063	2,746,894	2,962,225	215,331	7.84%
101							
102	4000	FIXED ASSETS					

A			B	C	D	E	
Category Subobject	Description	FY2021/22 Actuals	FY 2022/23 Adopted Budget	FY 2023/24 Requested Budget	Change between RQ and AD (Col C - Col B)	% Change between RQ and AD (Col D/Col B)	Comments
103 0004303	EQUIPMENT	24,960	-	184,100	184,100	#DIV/0!	Dental equipment to be purchased using one-time HRSA Capital Grant funds.
104 0004304	COMPUTER EQUIPMENT	-	-	-	-	0.00%	
105 4000	FIXED ASSETS	24,960	-	184,100	184,100	#DIV/0!	
106							
107 5000	OTHER FINANCING USES						
108 0005040	TRANS OUT-POBs	155,874	225,218	251,670	26,452	11.75%	
109 5000	OTHER FINANCING USES	155,874	225,218	251,670	26,452	11.75%	
110							
111 7000	INTRA FUND TRANSFERS						
112 0007010	INTRA-FUND TRANSFER	2,009,249	2,384,541	2,632,919	248,378	10.42%	
113 0007023	INTRAFUND SVCES-PERSONNEL	69,940	99,268	161,874	62,606	63.07%	
114 0007024	INTRAFUND SVCES-PROFESSIONAL	406	-	-	-		
115 7000	INTRA FUND TRANSFERS	2,079,595	2,483,809	2,794,793	310,984	12.52%	
116							
117	TOTAL EXPENDITURES	25,156,004	32,827,932	33,604,960	777,028	2.37%	
118							

A			B	C	D	E	
Category Subobject	Description	FY2021/22 Actuals	FY 2022/23 Adopted Budget	FY 2023/24 Requested Budget	Change between RQ and AD (Col C - Col B)	% Change between RQ and AD (Col D/Col B)	Comments
119	REVENUES						
120							
121 9500	INTERGOVERNMENTAL REVENUES						
122 0009519	STATE VLF 1991 REALIGNMNT - PH	1,292,537	1,237,344	1,237,344	-	0.00%	Funding to pay costs for the uninsured/underinsured and the cost of Public Health functions performed in the clinics.
123 0009567	COVID-19 FEDERAL DIRECT	3,299,993	1,969,488	332,629	(1,636,859)	-83.11%	HRSA Capital Grant funding
124 0009572	FEDERAL AID	2,080,704	2,169,371	2,057,990	(111,381)	-5.13%	CHC Base Grant \$1,725,661 RWC Part C \$322,329 RWC Capacity \$10,000
125 0009591	STATE GRANT REVENUE	-	-	-	-	0.00%	
126 0009596	PRIOR YEAR REV-FEDERAL	1,055	-	-	-	100.00%	Garamendi Congressional Earmark funding for OCHIN/EPIC implementation.
127 0009599	FEDERAL OTHER	-	-	237,241	237,241	200.00%	
128 9500	INTERGOVERNMENTAL REVENUES	6,674,288	5,376,203	3,865,204	(1,510,999)	-28.11%	
129							
130 9600	CHARGES FOR SERVICES						
131 0009603	PHOTO/MICROFICHE COPIES	2,426	4,234	2,200	(2,034)	-48.04%	
132 0009643	PRIVATE PAY PATIENT	170,566	201,689	177,921	(23,768)	-11.78%	
133 0009657	INSURANCE PAYMENTS	20,784	15,575	28,104	12,529	80.44%	
134 0009661	MEDI-CAL SERVICES	10,531,459	18,255,111	18,385,155	130,044	0.71%	
135 0009662	MEDICARE SERVICES	836,922	158,151	848,132	689,981	436.28%	
136 0009663	PRIOR YEAR REV-OTHER CHARGES	68,209	-	-	-	0.00%	
137 0009667	CMSP SERVICES	300	-	-	-	0.00%	
138 0009670	MANAGED CARE SERVICES	4,739,685	4,759,941	4,474,780	(285,161)	-5.99%	
139 9600	CHARGES FOR SERVICES	16,370,351	23,394,701	23,916,292	521,591	2.23%	
140							
141 9700	MISC REVENUES						
142 0009703	OTHER REVENUE	2,093,833	1,382,155	1,337,436	(44,719)	-3.24%	
143 9700	MISC REVENUES	2,093,833	1,382,155	1,337,436	(44,719)	-3.24%	
144							
145 9800	OTHER FINANCING SOURCES						
146 0009807	TRANSFER IN-COUNTY CONTRIB	-	1,337,437	4,486,028	3,148,591	100.00%	County General Funds used to fund the revenue shortfall in the clinics.
147 TOTAL	OTHER FINANCING SOURCES	-	1,337,437	4,486,028	3,148,591	100.00%	
148							
149							
150	TOTAL REVENUE	25,138,472	31,490,496	33,604,960	2,114,464	6.71%	
151							

A		B	C	D	E		
Category Subobject	Description	FY2021/22 Actuals	FY 2022/23 Adopted Budget	FY 2023/24 Requested Budget	Change between RQ and AD <i>(Col C - Col B)</i>	% Change between RQ and AD <i>(Col D/Col B)</i>	Comments
152	TOTAL EXPENDITURES VS TOTAL REVENUES						
153	TOTAL EXPENDITURES VS TOTAL REVENUES						
154	TOTAL EXPENDITURES VS TOTAL REVENUES						
		FY2020/21 Actuals	FY 2021/22 Adopted Budget	FY 2022/23 Requested Budget			
155	TOTAL EXPENDITURES	25,156,004	32,827,932	33,604,960			
156	TOTAL EXPENDITURES	25,156,004	32,827,932	33,604,960			
157	TOTAL REVENUE	25,138,472	31,490,496	33,604,960			
158	TOTAL REVENUE	25,138,472	31,490,496	33,604,960			
159	DEFICIT/(SURPLUS) FUNDED WITH 1991R	17,531	1,337,436	-			



Strategic Plan 2023 - 2026

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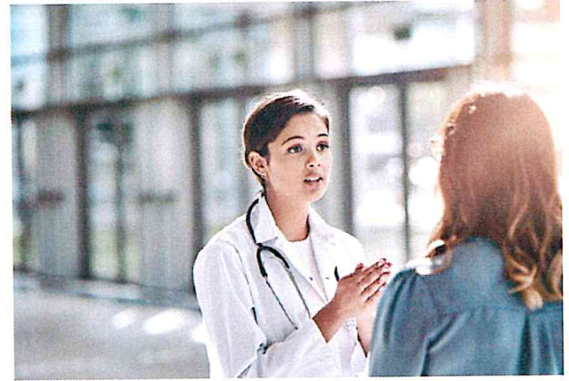
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I. Introduction

County of Solano Family Health Services (FHS), a Federally Qualified Health Center, engaged Facktor to develop a new Strategic Plan. The Strategic Plan, which will guide the organization over the next three years, follows the Vision, Mission and Values established and re-affirmed by the Board of Directors on April 19, 2023.



Components of the planning process included: (1) a review of community needs, (2) a review of services currently provided by FHS, (3) interviews with key community stakeholders and FHS leaders, (5) a Strengths, Weaknesses, Opportunities, Threats (SWOT) activity with FHS leaders, (6) development of draft priorities, strategies and measures of success with FHS's Leadership Team, (6) development of draft Goals and Objectives based on the assessment activities, (7) working with the FHS Health Center Director and Solano Public Health Department Director to review, analyze and refine draft Goals and Objectives, and (8) review and approval of the process and draft Goals and Objectives with the Board of Directors at an April 19, 2023 Board Retreat. At the May 2023 Board Meeting, the Board of Directors adopted the Strategic plan for July 1, 2023 - June 30, 2026.

The Family Health Services Strategic Plan for July 1, 2023 - June 30, 2026 lays out priorities in six key areas: (1) Access to Care, (2) Improved Quality Outcomes, (3) Enhanced Corporate Compliance, (4) New and improved Electronic Health Record, (5) Maximized Financial Operations, and (6) Expanded Dental Services.

II. Background



■ Family Health Services Vision

FHS envisions healthy communities by building relationships and partnerships that ensure wellness, compassionate, affordable, and innovative health care for all members of our community. We will be recognized for an exceptional patient experience, comprehensive and integrated health care services with innovative approaches to clinical care, patient services, and business operations.

■ Family Health Services

Mission

FHS' mission is to provide high quality, comprehensive, accessible medical and dental care to support Solano County's diverse community to live, learn and work with thriving health.

■ Values

FHS' values are:

- Equity
- Diversity
- Respect
- Integrity
- Responsiveness
- Transparency

■ History

In October 1918, the Solano County Board of Supervisors opened the Solano County Public Hospital on West Texas Street in Fairfield. The facility was a full-service 50-bed hospital that offered surgical, emergency, laboratory, radiology, long-term care, and outpatient primary care services. Staffing included 12 to 15 full-time medical doctors and 30 to 40 nursing and ancillary staff. The facility cared for Solano County's indigent population, Medi-Cal recipients, and prisoners from the county jail. While the County Hospital closed in June 1973, the outpatient primary care clinics continued to operate and see patients five days a week, with some weekend and evening hours offered. Subsequently, the new Fairfield Adult Medical Clinic opened its doors in 2010, as did the Vallejo Medical Clinic. The Vacaville Medical and Dental Clinics opened in 2012.

In the later 19990's Family Health Services secured a Federal Public Health Section 330 Health Center for the Homeless Grant (HCH). HCH is a funded Community Health Center Program targeting the medical, dental, behavioral health and social needs of persons experiencing homelessness or at risk of becoming unhoused. Recognizing the need to serve low-income, uninsured, underinsured, Medi-Cal and Medicare patients in the area, FHS applied and received Federal 330(e) Community Health Funding to support this expansion. With 330 funding FHS was deemed by the U.S Department of Health and Human Services to be a Federally Qualified Health Center (FQHC). With FQHC designation, Medi-Cal, and Medicare rates transition to a full cost reimbursement structure, significantly increasing revenue to support FHS. Every three years, FHS is reviewed by an outside team of FQHC experts to ensure compliance with the Public Health Service Section 330 Community Health Center Funding.

Additionally, FHS receives Ryan White CARE Act (RWCA) Funding Part C, a community based federally funding to support patients living with HIV or AIDS. With RWCA funding FHS provides: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluations of individuals with HIV and clinical and diagnostic services for HIV care and treatment; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health care and support services. These services are provided directly or through referrals, contracts, or memoranda of understanding (MOUs).

■ Organizational Structure

FHS is a partnership of a non-profit Board of Directors (Board) and the Solano County Health Department. The Board and County Health Department officials work closely to maximize collaboration to better the health of all persons of Solano County. Pursuant to Federal Community Health Center law and regulations on Co-Applicant Community Health Center Grants, responsibilities for the Community Health Center grant are divided. Responsibilities of each party are outlined in a Co-Applicant Agreement signed by both parties in February 2023.

■ Family Health Services Board of Directors Responsibilities¹

The responsibilities of the non-profit Board of Directors of Family Health Services include the following:

- Create and ensure adherence to the Vision, Mission, and Values of the health center
- Compliance with federal, state, and local laws and regulations
- Scope and availability of services
- Service locations
- Hours of operation
- Approve or adopt the Strategic Plan
- Quality Improvement Plan
- Program budget for the health center program
- Oversight of project objectives
- Service utilization patterns
- Productivity: number of patients seen, patient schedules, no-show rates
- Efficiency & effectiveness of health center: clinical and financial data
- Patient Satisfaction and Patient Grievances
- Establishing Sliding Fee Discount, Billing and Collection Policies with input from the Health Department

Under Federal Regulations that govern the Co-Applicant Agreement, the Board of Directors and Solano County Health Department are to work together in:

- Adopting and approving finance and accounting systems
- General personnel policies. The employees of the health center may be Health Department employees under the Health Department Human Resource requirements
- Sliding fee and discount policies, billing, and collections
- Approving the federal community health center grant submission including service deliverables and budget
- Monitoring performance targets (service levels, quality & finance, including budget development, monitoring, and revision for all funds related to the health center grant request)
- Adopting policies
- Governance processes
- Hiring, firing, evaluating, and terminating the Health Center Director (project director named in the grant, individual may be a health department employee)
- Advocacy

■ Health Department Responsibilities¹

The responsibilities of the Solano County Health Department include the following:

- Human Resources
- Day-to-day operations
- Fiscal management including policies and procedures
- Operational policies

¹ Source: Public Centers Monograph, September 2019, available at www.healthcenterinfo.org/details/?id=2314. The Monograph is published through a National Cooperative Agreement to the National Association of Community Health Centers.

- Report development

FHS Patient Demographics 2019 - 2022

During the period 2019-2022, the world experienced the COVID-19 pandemic. Health care systems around the world transitioned overnight from in-person visits to telehealth. FHS, like all health care systems, experienced significant challenges in staffing, patient trust of health care providers, panic, and confusion by patients. Patient enrollment and services experienced significant changes and challenges. See Table 1 for health center data reviewed during the strategic planning process. As we move away from the pandemic, services are being re-configured and new systems developed to support patients' needs and increase access to care.

TABLE 1:
FHS HISTORICAL DATA

	2020	2021	2022
Unduplicated Patients	19,569	19,741	18,597
PATIENTS CHARACTERISTICS PROFILE			
Patients by Race			
Asian	2,578	2,492	2,348
Native Hawaiian & Other Pacific Islanders	321	324	311
Black/African American	4,464	4,484	3,967
Hispanic/Latino Ethnicity Patients	7,876	8,096	7,967
American Indian/Alaska Native	193	211	209
White	3,574	3,486	7,741
More than one race	1,368	1,313	2,793
Patients Best Served in a Language Other than English			
Patients Best Served in a Language Other than English	3,204	3,397	3,334
Patients by Age			
Under 18	6,696	6,558	5,440
18-64	10,865	10,901	11,054
65 & over	2,008	2,282	2,098
Patients by Gender			
Female			9,110
Male			7,575
Transgender			40
Other			27
Chose not to disclose			1,844
Unknown			1
Total Patients with Known Income Status			
Patients at or Below 200% of Federal Poverty Guideline	14,498	5,787	2,860
Patients at or Below 100% of Federal Poverty Guideline (included in above)	10,270	3,940	5,147
Unknown	4,944	13,014	9,862
Primary Third-Party Medical Insurance			
Medicaid/Medi-Cal	15,969	16,423	15,485
Medicare	1,749	1,593	1,520
Medi-Cal/Medicare			1,651
Private Insurance			54
Federally Designated Special Populations Under Federal Law			
Homeless	10,056	9,400	7,805
Veterans	197	181	182
SERVICE PROFILE			

Medical Care Services	Patients: 15,953	Patients: 15736	Patients: 14,534
Dental Services	Patients: 5,701	Patients: 6,306	Patients: 6,146
Mental Health	Patients: 992	Patients: 1,068	Patients: 854
Substance Abuse Disorder	Patients: 48	Patients: 19	Patients: 27
SELECTED CLINICAL DATA			
Health Centers report on clinical data on four Medical Conditions, Prenatal patients, 11 Quality of Care Measures and five Chronic Care Management Measures. America's most common conditions are reported here.			
Hypertension Patients	33.8% 3,508	33% 3,456	15% 2,798
Diabetes Patients	21% 2,068	21% 2,087	11% 1,994
Asthma Patients	2% 758	1% 671	3% 558
Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	2% 254	1% 218	1% 221
Prenatal Patients	17	31	0
COST DATA: TOTAL ACCRUED COST PER PATIENT			
Two San Francisco Bay Area County Health Department Grantees were selected for comparison (County Health Department Grantees were chosen because FHS operational costs are operational costs of the Solano County Health Department under the Co-Applicant Agreement)			
Solano County Family Health Services	\$1,432.65	\$1,245.25	Not available
Alameda County Health Service Agency	\$2,242.66	\$2341.04	Not available
Santa Clara Valley Health and Hospital System	\$3,052	\$4,030.82	Not available
Source: DHHS Uniform Data System Report filed with DHHS Annually by Family Health Services			

III. Service Area

FHS' service area is composed of 13 zip codes (see Table 2). Patients come principally from areas immediately adjacent to the health center locations in Solano County with some patients traveling from the neighboring counties of Yolo, Napa, Sonoma, and San Joaquin (Figure 1). The service area is located within Solano County, the northeastern county in the nine-county San Francisco Bay Area (Figure 2).

**TABLE 2:
FHS SERVICE AREA ZIP CODES**

ZIP CODE	COMMUNITY/CITY	ZIP CODE	COMMUNITY/CITY
94503	American Canyon	94590	Vallejo
94510	Benicia	94591	Vallejo
94533	Fairfield	94592	Vallejo
94534	Fairfield	95694	Winters
94535	Travis AFB	95620	Dixon
94571	Rio Vista	95687	Vacaville
94585	Suisun City	95688	Vacaville
94589	Vallejo		

Per the FHS Needs Assessment, the racial/ethnic breakdown of the target population within Solano County (473,849 individuals) is comprised of individuals who identified as 36.7 percent White, 15.7 percent Asian, 27.3 percent Latino, 12.8 percent African American, and 0.40 percent American Indian/Alaskan Native. Related to age, 31.2 percent are below 24 years old, 53.4 percent are between 25 and 64 years, and 15.5 percent are over 64 years.

FIGURE 1:
FHS PATIENT ORIGIN MAP

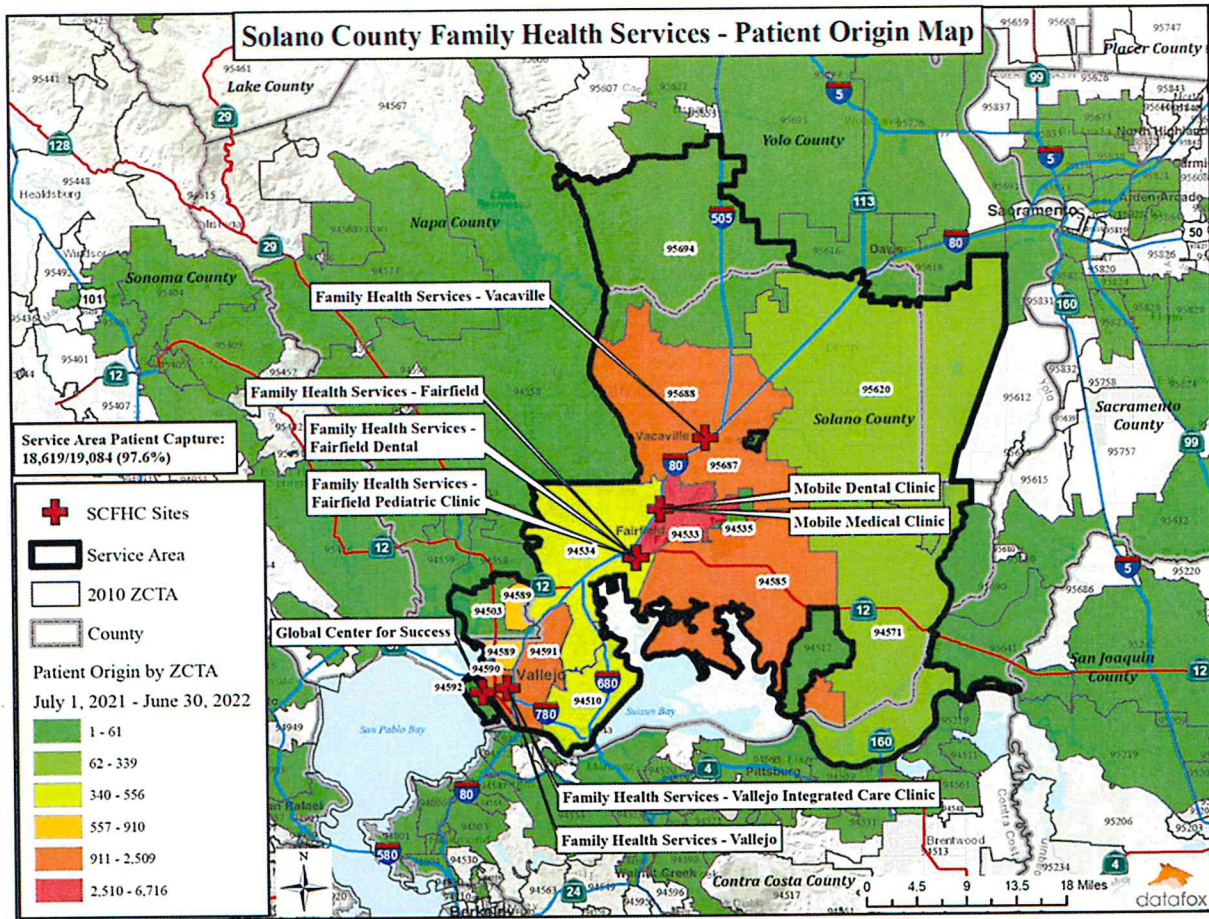
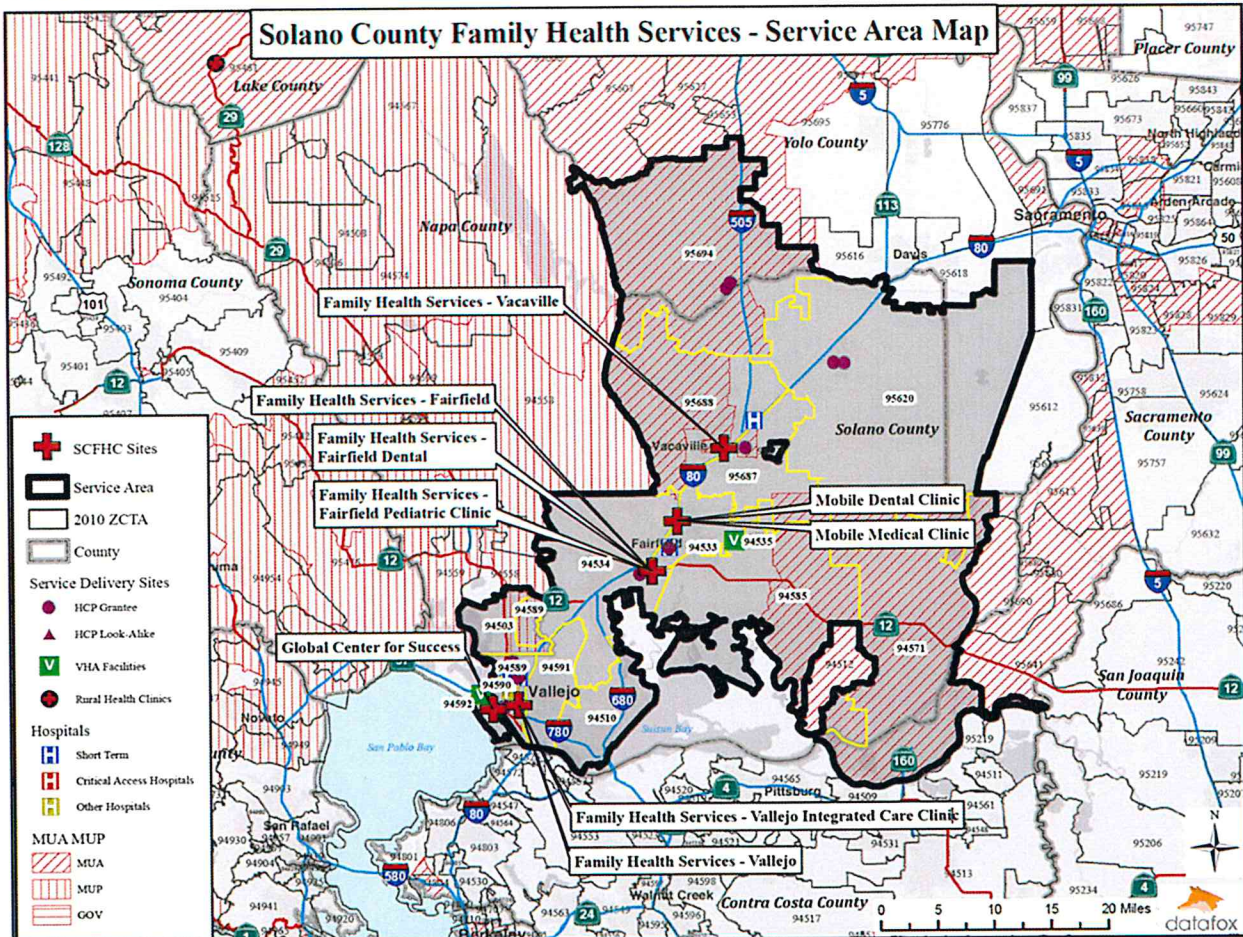


FIGURE 2:
FHS SERVICE AREA MAP



Map created by DataFox www.datafox.com P: (530) 768-2245 November 2022

IV. Population Health Needs

■ Significant Health Issues

Following is a summary of key needs for FHS' service area.² The service area population has several significant health issues that are listed below. Note that the following is not an exhaustive list, but rather intended to provide a brief snapshot of the service area.

- **Malignant Neoplasms (Cancers).** Cancer was the leading cause of death in FHS' service area between 2016 and 2020. The rate of cancer was 30.2 percent in the service area compared to 21.5 percent in California as a whole.
- **Diabetes Mellitus.** The Centers for Disease Control and Prevention estimates that one in three U.S. adults could have diabetes by 2050 if recent trends continue at the same rate.³ Twelve percent of adults (18 years or older) in the service area have ever been diagnosed with diabetes, compared with 10.6 percent in California. There has been a 0.4 percent increase in cases of diabetes in the service area between 2014 and 2018.
- **Hypertension.** Hypertension is a major risk factor for cardiovascular diseases and stroke, and it requires lifelong medication. Due to its chronic nature and multi-system involvement, hypertension can affect the quality of life of those with the condition. In FHS's service area, 18.7 percent of adults have been told they have high blood pressure by a clinician as compared to 14.1 percent of adults in California.
- **Asthma.** Asthma is a serious health condition influenced by environmental exposure. Poverty can play a major role in developing asthma and the ability to manage it. Within the FHS service area, 13.8 percent of children (ages 17 and younger) have ever been diagnosed with asthma compared to 14.5 percent for the state, while 20.7 percent of service area adults have ever been diagnosed with asthma as compared to 15.9 percent of Californian adults.
- **Behavioral Health.** In Solano County, many low-income individuals with mental health concerns do not have access to the treatment they need. In the county, 17.9 percent of adults had mental illness in the previous year, with only 13.2 percent receiving mental health services. According to the U.S. Surgeon General's report on mental health and its supplement, racial and ethnic minorities typically have less access to mental health services than whites have, are less likely to receive needed care and are more likely to receive poor care when treated.⁴



² The data in this section were extracted from the Solano County FHS Community Needs Assessment, 2021.

³ Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

⁴ DHHS, Mental Health: A Report of the Surgeon General. Rockville, Md.:DHHS, 1999.

Social Determinants of Health

Some of the determining factors of the health of people in FHS' community include poverty, insurance, education, access to providers, and transportation, to name a few. As these factors improve, the health of the community improves.

- **Race and Ethnicity.** FHS' service area is highly diverse, with 63.3 percent of that population identifying as a racial or ethnic minority. The data show that minority groups throughout the United States experience higher rates of illness and death across a wide range of health condition, including diabetes, hypertension, obesity, asthma, infant mortality, and heart disease, when compared to their white counterparts.
- **Poverty.** Income is one of the strongest predictors of health outcomes. Health care access, outcomes, and life expectancy improve as income increases and vice-versa.^{5,6} As previously noted, 21.8 percent of the residents in FHS's service area are low income (living below 200 percent of the FPL).⁷ This accounts for 101,014 individuals who make up FHS' target population because of low or no insurance coverage or access to other health services.
- **Insurance.** According to the 2020 American Community Survey, 27.9 percent of FHS' service area residents received public insurance benefits (Medicaid, Medicare, or other public insurance) and 5.1 percent of the population is uninsured.
- **Education.** Low levels of literacy and education are often linked to poverty and poor health. Of the service area residents, 11.5 percent are without a high school diploma.⁸
- **Language and Immigration.** Difficulties with English can hamper a person's ability to seek medical services or understand the healthcare they are given. Persons with Limited English Proficiency (LEP) are also less likely to have a regular source of medical care or follow a provider's instructions.⁹ Across the service area, 30.1 percent of households speak a language other than English, and among these, 38.0 percent report LEP.
- **Environmental Health.** Environmental health such as outdoor air pollution, household air pollution, drinking water contamination and occupational exposure to hazardous materials, pesticides, lead exposure and chemicals - influence risk and experience of chronic disease. Within the FHS service area, 13.8 percent of children have been diagnosed with asthma compared to 14.5 percent for the state, and 20.7 percent of adults have been diagnosed, compared to 15.9 percent for the state.
- **Housing Security and Homelessness.** High housing costs, coupled with gentrification and displacement of communities, are forcing many individuals and families to share accommodations with others due to financial constraints. When shared housing is not an option, or if other factors arise such as job loss, foreclosure, or domestic violence, the result can be homelessness. Living in an unstable environment or living unsheltered can have severe impacts on health. In Solano County, 51.3 percent of service area residents reported their housing costs to be greater than 30 percent of their income, meaning that they are rent burdened.

⁵ Marmot, M. (2002, March/April). The Influence of Income on Health: Views of an Epidemiologist. *Health Affairs*, 21(2), pp. 31-46. Retrieved from https://sph.uth.edu/course/occupational_envHealth/bamick/RICE%20-%20Weis%20398/Marmot_income.pdf.

⁶ Haan M., Kaplan G.A., and Camacho T. (1987). Poverty and health: Prospective evidence from the Alameda County Study. *American Journal of Epidemiology*: 125(6), pp. 989-98.

⁷ UDS Mapper, 2018.

⁸ UDS Mapper, 2015-2019.

⁹ U.S. Census Bureau, 2020 ACS 5-Year Estimates.

V. Response to Needs

■ Services Sites

FHS serves Solano County at the following sites:

- Family Health Services - Vallejo Integrated Care Clinic: 355 Tuolumne St., Vallejo, CA 94590
- Family Health Services - Vallejo: 365 Tuolumne St., Vallejo, CA 94590
- Family Health Services - Fairfield: 2201 Courage Dr., Fairfield, CA 94533
- Family Health Services - Fairfield Pediatric Clinic: 2101 Courage Dr., Fairfield, CA 94533
- Family Health Services - Fairfield Dental: 2101 Courage Dr., Fairfield, CA 94533
- Family Health Services - Vacaville: 1119 E Monte Vista Ave., Vacaville, CA 95688
- FHS Mobile Medical and Dental Clinic: 3255 N Texas St., Fairfield, CA 94533
- Global Center for Success: 1055 Azuar Dr., Vallejo, CA 94592

■ Services

FHS provides a wide range of services to address the needs of its community across the lifespan either directly or through referral agreements. These services include:

- General Primary Medical Care
- Diagnostic Laboratory Services
- Diagnostic Radiology
- Screenings
- Emergency Care During and After Hours
- Voluntary Family Planning
- Immunizations
- Well Child Services
- Gynecologic and Obstetrical Care (Obstetrical Care by referral)
- Pharmaceutical Services
- Case Management
- Eligibility Assistance
- Health Education
- Outreach
- Transportation
- Translation
- Dental Services
- Mental Health
- Substance Use Disorder Services
- Nutrition
- Complementary and Alternative Medicine
- Psychiatry

▶ VI. Strengths, Weaknesses, Opportunities & Threats

Every organization has Strengths, Weaknesses, Opportunities and Threats (SWOT). An effective organization recognizes each of these organizational characteristics by developing a response plan where appropriate. FHS' Strategic Plan is based upon an assessment of the SWOT they face. As part of this strategic planning process, Facktor spoke via conference call with seven key stakeholders, surveyed ten clinic leaders by written evaluation, and interviewed the Solano County Health Department Director, Dr. Bela Matyas, and the Health Center Director, Dona Weissenfels. The Board of Directors would like to thank the following individuals for their participation in the interviews:

- **Elaine Clark**, Executive Director, Napa/Solano Area Agency on Aging, Solano County Health & Social Services
- **Ruth Forney**, Board Member & Past Chair, Family Health Services Community Board
- **Kristine Gual**, Manager of Performance Improvement, Partnership Health Plan
- **Tami Hendriksz, DO**, Dean & Chief Academic Officer, Professor of Pediatrics, Touro University California College of Osteopathic Medicine
- **Jerry Huber**, Director, Solano County Health, and Human Services
- **Florita Maiki**, Senior Improvement Advisor Health Services - Quality and Performance Improvement, Partnership Health Plan of California
- **Jay H. Shubrook, DO**, Professor Diabetologist, Primary Care Department, College of Osteopathic Medicine, Touro University California
- **Brandon Wirth**, Chair, Family Health Services Community Board

The SWOT Assessment presented below is a consolidated summary of the responses received in these interviews and surveys. The responses presented were stated by three or more individuals. Interviewees were informed that all answers are confidential.

■ Strengths

- Dedicated, caring staff aware of patient needs, and excellent providers
- Accessible through multiple locations in the County
- Provision of quality dental & diabetic care services
- Provide services to patients not seen in other health centers, ex. homeless
- 51 percent patient-based Board of Directors in partnership with Solano County Health Department
- Public health integrated into FHS creating seamless system of care
- Employee benefits
- Leadership transitioning FHS into quality-focused service
- Funding with plans to transition to a new electronic health record (EHR)

■ Weaknesses

- Public unaware of FHS or its services
- Staff turnover resulting in high level of vacancies in all positions
- Hiring processes for all staff are long, resulting in high number of vacancies; many times, job positions do not match traditional county job classification structure
- Inability to hire providers quickly due to County hiring practices; fierce competition due to workforce shortage for providers (doctors, nurse practitioners, physician assistants, dentists, dental hygienists, social workers, marriage family therapists, psychiatrists).

- Lack of availability to secure an appointment on a timely basis
- Historically, FHS was not well organized or administered
- Staff involved with the health center do not understand FQHC regulations; regulations and laws are complicated and complex
- Partnership with a community based non-profit board, FHS Board of Directors, with Solano County Health Department results in higher level of bureaucracy
- Leadership communication with staff not clear, resulting in confusion
- Salaries are not competitive
- Lack of an outreach campaign
- Lack of staff retention strategies for all positions

■ Opportunities

- Develop marketing program to educate the public on services available to Solano County residents in primary and dental care
- Implement new EHR to improve clinical outcomes and improve provider satisfaction
- Continue to improve clinical outcomes thereby receiving Pay for Performance (P4P) payments from Partnership Health Plan and improving patient and community health
- Develop infrastructure to contract in the future Medi-Cal Alternate Payment Methodology System (transition to occur by 2030)
- Develop an outreach campaign to reach hard-to-reach patients
- Re-start mobile services with current van
- Streamline staff, especially, provider hiring systems
- Develop career ladder programs
- Develop staff retention programs
- Evaluate salary structure to recruit and retain qualified staff
- Educate, phase-in, and fully integrate quality improvement programs in all aspects of clinical care
- Increase access to care by re-designing clinic operations supported by well-written policies and procedures including integration of compliance regulations

■ Threats

- Loss or reduction of federal funding by Congress
- Loss or reduction of Board of Supervisors support
- Inability to hire providers (MD, DO, PA, NPs, DDS, LCSW, MFT, Psy. D, Psychiatrist)
- Inability to retain staff (all staff); inability to hire all staff positions due to market competition
- Lack of compliance to FQHC regulations results in administrative actions by DHHS
- Change in current FHS leadership
- FHS will not be prepared to completely implement the new EHR system
- Inability to create referral relationship with specialists that accept FHS patients
- FHS patients transfer to other FQHCs or Kaiser Permanente because of lack of appointment availability
- Call center remains understaffed and undertrained resulting in lack of access to providers
- County systems will result in delay of FHS responsiveness to changing healthcare environment

› VII. Financial Management & Capital Expenditure Needs

■ Financial Management

The FHS Board of Directors and leadership have assessed the current state of financial management at the organization including review of current finance leadership, consultants, and financial systems. Under the co-applicant agreement, the Board of Directors approves the budget, all budget revisions, and provides financial oversight. The Solano County Health Department is responsible for daily financial operations and financial management with the FHS Clinic Director. Financial reporting is presented to the FHS administration and the Board of Directors. FHS administration has determined third party billing is currently being maximized.



The Board of Directors and FHS clinic administration have identified the need for a full-time FHS Financial Director. The multiple complexities of FQHC regulations and the Prospective Pay System, the ever increasing and changing regulations, and the new Medi-Cal Program implementation in January 2024 elevate the need for a Financial Director dedicated to FHS. The position will be key to compliance with the complex federal health center and Ryan White CARE regulations, Medicaid, and Medicare rules, regulations, and policies. A full-time FHS Financial Director will work to develop clinic administration skills in financial and data integration, dashboard development, revenue maximization and cost containment. The Finance Director will regularly train Board Members in financial oversight and work to develop and support an effective Board Finance Committee.

In 2024, the State of California will implement a new Medi-Cal Program that has the potential to have a major impact on FHS Medi-Cal revenue. The Finance Director will ensure compliance with the new system and develop financial systems and reporting to ensure compliance. The State of California has begun its transition to an Alternate Payment Methodology (APM) for FQHC and the State's Medi-Cal Program by 2030. A full-time FHS Finance Director will ensure a smooth transition to the new service and payment system, moving from a fee-for-service structure to a monthly capitated payment. The planned changes will require full-time attention to pre- and post-transition, implementation, and operations of FHS' financial and data integrity integration. The Finance Director will regularly update FHS finance accounting policies and procedures for compliance with federal, state, local and private regulations.

Foundation Support

FHS secures to maximize all sources of funding available to support patient care. Private fundraising through working with foundations, corporations and individuals are common strategies for many nonprofits. FHS responds to foundation and corporate requests for proposals (RFPs). FHS evaluates each RFP to ensure it supports its current or planned work.

■ Capital Expenditure Needs

FHS has identified two dental capital needs related to future renovation and upgrade.

- The FHS Fairfield Clinic has identified a priority need for capital improvement of its dental operatories. The work will include the removal of current equipment with state-of-the-art operatories. Cost estimates have not been obtained.
- The FHS Vallejo Health Center currently houses six dental operatories. An identified capital needs to be considered in early 2025 is to expand the number of operatories by four to a total of six to address unmet need in the community. There is sufficient space in the health center for the expansion. Estimated costs will be developed in mid-2024.

› VIII. Strategic Goals & Objectives

The strategic goals and objectives were developed by FHS Clinic Leadership based on the progress on the existing Strategic Plan, the SWOT analysis, a review of community needs, community stakeholder interviews, and an assessment on ten key organizational elements. The FHS Clinical Leadership team held a retreat to develop the initial goals and objectives. These draft goals and objectives were reviewed and revised by Solano County Health Department Director, Dr. Bela Matyas, and the Health Center Director, Dona Weissenfels. On April 19, 2023, the FHS Board of Directors convened for a retreat to review, revise and approve the goals and objectives. This final version of the Strategic Plan was reviewed and approved at a Board Meeting in May 2023.

■ Goals

- Goal 1: Enhance the experience of patients and FHS staff.
- 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.
- Goal 3: FHS will implement a compliance program specific to the health center.
- Goal 4: Prepare and implement transition to new EHR system.
- Goal 5: Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations, and prepare for transition to APM.
- Goal 6: FHS will expand dental services through investment of capital in new dental operatories (chairs).

■ Objectives

Goals and objectives provide a road map for FHS' Board of Directors and staff. Within a dynamic health care environment, these goals and objectives are designed to be adaptable to environmental and organizational changes. The Board will review the Strategic Plan on an annual basis to address any changes or revisions that may be required. Every six months, the Board will review the progress of the Strategic Plan to provide guidance for achievement and success. Each objective has been assigned a priority ranking based on the projected timeline

for completion. This will provide the Board and staff with guidelines for allocating resources to achieve the objectives.

PRIORITY LEVELS DEFINED

- 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.

- **Objective 1.1:** Create and implement three satisfaction surveys for patients, providers, and staff regarding call center services by December 31, 2023. Use the baseline data gathered from each survey to improve satisfaction among these three groups by 10 percent by June 30, 2026.
Priority level: High
- **Objective 1.2:** 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.
Priority level: Medium
- **Objective 1.3:** 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.
Priority level: Medium
- **Objective 1.4:** Improve wi-fi access to enhance patient and staff experience at all sites with special attention to FHS rural sites by June 30, 2024.
Priority level: Medium
- **Objective 1.5:** FHS will increase new provider retention by creating and implementing a new provider mentorship program by June 30, 2024.
Priority level: High

■ **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.

- **Objective 2.1:** Hire a nurse with a background in quality and a Data Analyst during the first quarter of 2024-2025.
Priority level: High
- **Objective 2.2:** 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.
Priority level: High
- **Objective 2.3:** FHS will prioritize reviewing, revising, publishing, and training staff on policies, procedures and standing orders by March 31, 2024.
Priority level: High

- **Objective 2.4:** 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.

Priority level: High

■ Goal 3

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

- **Objective 3.1:** 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.

Priority level: Medium

- **Objective 3.2:** FHS is committed to remaining compliant with HRSA grant funding regulations on Section 330 and Ryan White CARE Act. Additionally, FHS is committed to educating the Board of Directors on board governance in financial oversight, HRSA federal law and regulations, and the California Nonprofit Integrity Act. FHS recognizes that a shift to APM will require a Financial Director that has a comprehensive understanding of Medi-Cal, Medicare, FQHC Prospective Payment Services, data management, billing, and coding.

Priority level: High

■ Goal 4

Prepare and implement transition to new EHR system.

- **Objective 4.1:** 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.

Priority level: High

- **Objective 4.2:** Implement EHR transition plan developed in Objective 4.1 by September 30, 2024.

Priority level: Medium

■ Goal 5

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

- **Objective 5.1:** Hire an FHS-dedicated Financial Director that will ensure compliance with HRSA FQHC/Prospective Payment Regulations, Medi-Cal and Medicare billing and collections regulations and work with Partnership Health Plan to maximize income including Pay for Performance Payments by December 2025.

Priority level: Medium

- **Objective 5.2:** 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.

Priority level: Medium

- **Objective 5.3:** 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.

Priority Level: Medium

■ Goal 6

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

- **Objective 6.1:** FHS Fairfield dental site will replace its outdated dental operatories (chairs) by June 2025.

Priority level: Medium

- **Objective 6.2:** FHS Vallejo Health Center will expand the number of dental operatories by four to six new dental operatories (chairs) by June 2026.

Priority level: Low

› IX. Conclusion

Family Health Services Has a Bright Future

FHS, our patients, our staff, our community, and our country have experienced one of the greatest challenges in our lifetime, namely the COVID-19 pandemic. We have survived together, in partnership and by caring for each other. The Board of Directors thanks the FHS Staff for their endurance and commitment through the challenge. The Board looks forward with enthusiasm and hope as we create new models of care based on our recent transition and expand access to care.

FHS is a strong health center, committed to our patients and community. We are excited about the future building on our strong past with a creative vision for the future!

Brandon Wirth
President, Board of Directors
April 19, 2023



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2023 Community Health Institute (CHI) & EXPO

Conference: August 27-29
Committee Meetings: August 25-26
Manchester Grand Hyatt, San Diego, CA
Hybrid

The NACHC Community Health Institute (CHI) and EXPO is the largest annual gathering of health center clinicians, executives, consumer board members, along with State/Regional Primary Care Associations and Health Center Controlled Networks. The conference (August 27-29) is scheduled to kick off in San Diego, CA, at a time when health centers are charting a new course in a rapidly changing health environment and being called upon to assume a larger role in the nation's health care system. Health centers now confront a time when change must be viewed within the context of opportunity. They must find new ways to deliver care more effectively and efficiently. The pathway to sustainability and competition calls for training in new disciplines, collaboration, workforce development, technology and pursuing innovative models of care that target both the social determinants of health and address the emerging public health issues and challenges of our day.

At the NACHC CHI health centers can take advantage of multiple opportunities to gain perspectives from thought and industry leaders, hear about cutting edge ideas and partnerships to improve financial sustainability, network, share ideas and best practices to stay vibrant and viable in the health care marketplace.

The 2023 CHI workshop submission site is now closed. Submission deadline was Friday, March 24, 2023. Notifications will be sent by the end of May 2023.

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The 2023 CHI poster submission site is now closed. Submission deadline was Friday, April 21, 2023. Notifications will be sent by the end of May 2023.

Housing for the 2023 CHI is now will open at 12:00 pm ET/9:00 am PT! [Click here for more information.](#)

Questions? Email conferences@nachc.com or call 301-347-0400.

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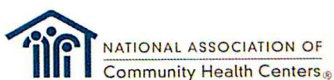
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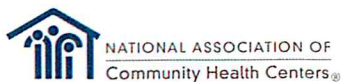
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The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

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Registration for the 2023 Community Health Health Institute (CHI) & Expo will open in June.

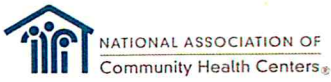
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- NO REGISTRATION WILL BE PROCESSED WITHOUT PAYMENT.
- Acceptable forms of payment include: organizational checks (paper registration form only, checks cannot be accepted for online registration), all major credit cards, travelers checks (paper registration form only, checks cannot be accepted for online registration), and government purchase orders (provided an original vendor copy is presented with an authorized signature).
- Registrations received after the early-bird registration deadline, will be invoiced for the full conference registration amount.
- Registrations received after the regular registration deadline will be handled as "on-site registrants." Please bring your completed registration form and payment (credit card/organizational check) to the NACHC On-Site Registration Desk.
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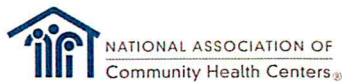
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2023 CHI Hotel Information

Housing for the 2023 CHI is OPEN!

ALL NACHC constituents should be advised that if contacted by a third-party housing company, DO NOT RESERVE HOTEL ACCOMMODATIONS WITH THEM. To make your reservation call the hotel listed below.

HEADQUARTERS HOTEL:

[Manchester Grand Hyatt](#)
 1 Market Place
 San Diego, CA 92101
 +1 (619) 232-1234 Hotel Direct

NACHC has negotiated a discounted hotel room rate of \$279 plus tax for a single or double standard room. Each reservation must have a unique name. No person may book more than one room in their name. The hotel cut-off date is August 1, 2023 OR until the conference block sells out, whichever occurs first. Please be sure to make all reservations by this date to ensure you receive our negotiated group rate. Any reservations made after this date will be at the hotel's prevailing room rate. Mention you are with the NACHC's Community Health Institute (CHI) & EXPO.

To secure your reservation at NACHC's negotiated room rate, [click here](#). ****Guest room availability is accurate on the reservation link. Rooms are sold out on nights as shown on the link.****

OVERFLOW HOTELS:

[Embassy Suites by Hilton San Diego Bay Downtown](#) ****SOLD OUT****
 601 Pacific Highway
 San Diego, CA 92101
 +1 (619) 239-2400 Hotel Direct



NACHC has negotiated a discounted hotel room rate of \$259 plus tax for a single or double standard room. Each reservation must have a unique name. No person may book more than one room in their name. The hotel cut-off date is August 5, 2023 OR until the conference block sells out, whichever occurs first. Please be sure to make all reservations by this date to ensure you receive our negotiated group rate. Any reservations made after this date will be at the hotel's prevailing room rate. Mention you are with the NACHC's Community Health Institute (CHI) & EXPO room block.

To secure your reservation at NACHC's negotiated room rate, [click here](#).

[Omni San Diego Hotel](#)

675 L Street

San Diego, CA 92101

+1 (800) 843-6664 Hotel Direct

NACHC has negotiated a discounted hotel room rate of \$279 plus tax for a single or double standard room. Each reservation must have a unique name. No person may book more than one room in their name. The hotel cut-off date is August 4, 2023 OR until the conference block sells out, whichever occurs first. Please be sure to make all reservations by this date to ensure you receive our negotiated group rate. Any reservations made after this date will be at the hotel's prevailing room rate. Mention you are with the NACHC's 2023 Community Health Institute (CHI) & EXPO room block.

To secure your reservation at NACHC's negotiated room rate, [click here](#).

[Marriott Marquis San Diego Marina](#)

333 West Harbor Drive

San Diego, CA 92101

+1 (877) 622-3056 Hotel Direct

NACHC has negotiated a discounted hotel room rate of \$279 plus tax for a single or double standard room. Each reservation must have a unique name. No person may book more than one room in their name. The hotel cut-off date is August 4, 2023 OR until the conference block sells out, whichever occurs first. Please be sure to make all reservations by this date to ensure you receive our negotiated group rate. Any reservations made after this date will be at the hotel's prevailing room rate. Mention you are with the NACHC Community Health Institute (CHI) & EXPO room block.

To secure your reservation at NACHC's negotiated room rate, [click here](#).

[Hilton San Diego Bayfront](#)

1 Park Blvd

San Diego, CA 92101

+1 (619) 564-3333 Hotel Direct

NACHC has negotiated a discounted hotel room rate of \$279 plus tax for a single or double standard room. Each reservation must have a unique name. No person may book more than one room in their name. The hotel cut-off date is August 26, 2023 OR until the conference block sells out, whichever occurs first. Please be sure to make all reservations by this date to ensure you receive our negotiated group rate. Any reservations made after this date will be at the hotel's prevailing room rate. Mention you are with the NACHC Community Health Institute (CHI) & EXPO room block.

To secure your reservation at NACHC's negotiated room rate, [click here](#).



Housing Policies

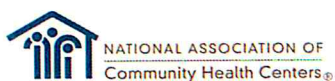
In an effort to be sure that our hotels are able to accept the maximum number of reservations, NACHC has implemented the following housing policies:

- Each reservation must have a unique name. No person may book more than one room in their name.
- A deposit of one nights room and tax will be taken at the time of booking in order to guarantee your reservation.
- Should you need to cancel, cancellations must be made 30 days in advance in order to be refunded your deposit.
- Cancellation fees will be outlined in your hotel confirmation email. NACHC cannot alter the cancellation policies of individual hotels.

Housing Scam Alert!

NACHC has been notified that an unauthorized housing company and / or travel agency is contacting exhibitors and attendees about sleeping rooms for NACHC conferences. This unauthorized organization may be part of a phishing scam designed to collect credit card information from conference registrants. Our exclusive housing partner for all NACHC conferences is Conference Direct and the individual hotels who we contract with for our housing blocks. Neither Conference Direct or the individual hotels will contact you to make your hotel reservations. Each NACHC conference attendee shall make their own reservation either by calling the hotel directly or through the online link found on the NACHC website. Any other housing agency, other than Conference Direct or the individual hotels listed on NACHC's housing page are not authorized by NACHC, have not entered into agreements with any of our hotels to reserve rooms for NACHC attendees on behalf of the hotel, and are not able to guarantee rates and accommodations during the dates of the meeting. Additional information regarding travel and housing accommodations for any of NACHC's conferences is available at www.nachc.org. Remember, NACHC, Conference Direct, and all of our partnering hotels WILL NOT contact you by phone or email requesting credit card information. If you have any questions, or if you have been contacted by any agency soliciting housing, please email meetings@nachc.com.

NACHC is a nonpartisan and noncommercial organization. Conference speaker presentations may not necessarily reflect the views of NACHC and the presence of vendors, exhibitors and sponsors does not constitute endorsement of their respective products or services.



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About Us

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, 