

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

August 30, 2024
12:00 pm – 2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1) CALL TO ORDER – 12:00 PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE AUGUST 30, 2024, AGENDA

3) PUBLIC COMMENT

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

REGULAR CALENDAR

4) APPROVAL OF MINUTES

Approval of the July 17, 2024, draft meeting minutes.

5) CLINIC OPERATIONS REPORTS

Written Report submitted?

- | | |
|---|--------|
| a) Staffing Update – Natasha Hamilton | Yes |
| b) Credentialing Update – Desiree Bodiford | Yes |
| c) HRSA Grant Update(s) – Noelle Soto | Yes |
| d) Grievances/Compliments – Rebecca Cronk | Yes |
| e) H&SS Compliance – Krista McBride | Yes |
| f) Finance & Revenue Cycle Management – Nina Delmendo | Yes |
| 1) FY 25/26 Budget Development | Verbal |
| g) Referrals Report & Improvement Project Update – Cynthia Coutee | Yes |
| h) OCHIN EPIC Update(s) – Dona Weissenfels | Yes |
| i) QI Update – Han Yoon | Yes |
| 1) QA/QI Committee Meeting Minutes of 6/7/24 & 8/2/24 | Yes |
| j) FHS Clinic Q-Matic Stats – Noelle Soto | Yes |

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- 6) **CHB FOLLOW-UP TO CLINIC QUALITY AND OPERATIONAL REPORTS:**
Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.
- a) Ryan White/HIV-AIDS Program: Informational presentation specific to resources for the 50+ age group – Noelle Soto
 - b) FHS Homeless Resources: Informational presentation – Noelle Soto
 - c) FHS Acronym List – *September 2024*
- 7) **HRSA PROJECT DIRECTOR REPORT**
- a) Health Center HRSA Project Director Update – Dona Weissenfels
 - i) Health Center Activities – Internal and External Update
 - ii) Strategic Plan Report Update.
 - iii) Governance Chapter 19 Board Authority - Requirements.
- 8) **BUSINESS GOVERNANCE**
- a) Review and consider approval of the Quarterly Financial Report – Nina Delmendo
 - i) **ACTION ITEM:** The Board will consider approval of the Quarterly Financial Report.
 - b) Review and consider approval of the HRSA Grant, FY 2023 Community Project Funding / Congressionally Directed Spending – Non-Construction (“Congressional Funding”) Extension Without Funds (EWF) – Noelle Soto
 - i) **ACTION ITEM:** The Board will consider approval of the HRSA Grant, FY 2023 Community Project Funding / Congressionally Directed Spending – Non-Construction EWF.
 - c) Review and consider approval of the HRSA Grant, FY 2024 Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) budget revision – Noelle Soto
 - i) **ACTION ITEM:** The Board will consider approval of the HRSA Grant, FY 2024 Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) budget revision.
 - d) Consider selection and approval of Board Member(s) to attend the online Federally Qualified Health Center (FQHC) Board Governance Training Series, “Health Center Boards: Navigating Legal Considerations”, offered by Feldesman Training Solutions.
 - i) **ACTION ITEM:** The Board will consider approval of named Board Member(s) to attend the online Federally Qualified Health Center (FQHC) Board Governance Training Series, “Health Center Boards: Navigating Legal Considerations”, offered by Feldesman Training Solutions.

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9) DISCUSSION

- a) Board Member Self-Assessment – Report – Brandon Wirth
- b) National Health Center Week, August 4-10, 2024 – Dona Weissenfels
- c) Solano Mobile Crisis information.
- d) Request a guest speaker to provide a Narcan presentation, that would include educational information and protocol thereof to the Board Members.

10) BOARD MEMBER COMMENTS

11) PARKING LOT

- a) Create a Rebranding Sub-Committee

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

DATE: September 18, 2024
TIME: 12:00 pm – 2:00 pm
LOCATION: Multi-Purpose Room
2201 Courage Drive
Fairfield, CA 94533



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REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, July 17, 2024

In Person Meeting

Members Present:

At Roll Call: Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy, and Sandra Whaley.

Members Absent: Michael Brown, Charla Griffith, , Rovina Jones, Seema Mirza, Don O’Conner, and Brandon Wirth.

Staff Present:

Dona Weissenfels, Dr. Reza Rajabian, Natasha Hamilton, Han Yoon, Noelle Soto, Rebecca Cronk, Cynthia Coutee, Pearce Leavell, Nina Delmendo, Desiree Bodiford, Kelly Welsh, Krista McBride, Kathryn Power-PHC, Kristine Gual-PHC, Danielle Seguerre-Seymour and Patricia Zuñiga.

1) Call to Order- 12:11 p.m.

- Board Member Ruth Forney, and past Chair of the Board, notified the Board that Chair Brandon Wirth and Vice Chair Michael Brown were unable to attend the meeting, so she stepped in and stood in as the Provisional Chair for this the meeting in their absence.
 - a) Welcome
 - b) Roll Call

2) Approval of the July 17, 2024 Agenda

Discussion: Board Member Tracee Stacy asked to strike Agenda Item 10a), “Network of Care”, as it was reviewed at the June meeting and there was no additional information to share.

Motion: To approve the July 17, 2024, Agenda with Agenda Item 10a), “Network of Care” removed from the agenda.

Motion by: Tracee Stacy and seconded by Deborah Hillman.

Ayes: Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy, and Sandra Whaley.

Nays: None.

Abstain: None.

Motion Carried.

3) Public Comment

- There was no public comment.



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Regular Calendar

4) Approval of Minutes

Approval of the June 19, 2024, draft Minutes

Discussion: There was no discussion.

Motion: To approve the June 19, 2024, draft meeting minutes.

Motion by: Deborah Hillman and seconded by Etta Cooper.

Ayes: Etta Cooper, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy.

Nays: None.

Abstain: Marbeya Ellis and Sandra Whaley.

Motion Carried.

5) Clinic Operations Reports

- Dona asked the Board if guest introductions could be made before the Clinic Operations Reports and the Board agreed.
 - Dona introduced a new Solano County employee hired full time, with her time split between FHS and H&SS Administration in Fiscal. Her name is Whitney Hunter, Policy & Financial Analyst, and FHS Revenue Cycle Manager, and she came with a lot of financial experience. Dona was glad to have her on board. It was confirmed that she took Janine Harris' position. Dona welcomed Whitney to FHS, and Whitney stated she was happy to be at FHS and that it was nice to meet everyone.
 - Provisional Chair Ruth Forney recognized guest Annabelle Sanchez, who is a member of the community and she is interested in becoming a board member. She submitted her Board Member application and attended the meeting for observation.
- a) **Staffing Update** — Natasha Hamilton
 - Natasha reviewed the Staffing Update report. *(Please reference the "FHS Staffing Update – July 17, 2024")*
 - Natasha mentioned FHS is expecting certified lists for various positions such as Medical Assistant (MA) and Mid-Level Provider positions. She also mentioned a candidate was selected for the Medical Records Technician, Senior, Extra Help position, and that Health Education Specialist Interviews were scheduled the following week.
 - Natasha also mentioned that unfortunately one (1) Registered Dental Assistant (RDA) and one (1) MA submitted their resignations.
 - There were no questions from the Board.
- b) **Credentialing Update** — Desiree Bodiford *(Please reference the "FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – July 2024" and "Credentialing Program Amended June 20, 2024")*
 - Desiree noted of the 137 sanction screenings there were zero exclusions.
 - There were no questions from the Board.



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- i) **Update on Credentialing and Privileging Policy and Procedures**
- Desiree reminded the Board, as she mentioned last year, the Credentialing Team’s goal was to take the time and effort to update the Credentialing and Privileging Policy and Procedures accurately.
 - Desiree said the Credentialing Policy has been updated, and the Credentialing Policy, was almost finalized, with the exception of a few paragraphs that needed clarification about a Credentialing Committee. There has never been a Credentialing Committee in the past, so discussions would be required between Health and Social Services Administration, Human Resources and Legal Counsel since there has never been a Credentialing Committee.
 - Desiree also mentioned that the date the policy would be ready to present to the Board would be pushed out or postponed beyond August 2024.
 - Tracee Stacy asked about the Credentialing Committee in the past and Desiree told Tracee because she had only been in her position for about two (2) years, she could not provide an answer. She also noted they have been reaching out to other health clinics and other agencies non County as resources.
 - Board Member Tracee Stacy asked without these, in place was there an issue of breaking the law or being out of compliance. Dona responded and said, “No” and that the policy needs to be in place and was required as best practices. She gave an example for the purpose of a mal-practice case. Dona thanked Desiree and the Credentialing Team for their progress because there was no policy in place, and it has been worked on for a few years and is close to completion.
 - Desiree also mentioned that they made a lot of changes and were doing more tracking now, as they have updated this policy. Her hope was to get two (2) credentialing staff certified in Credentialing, this year, which was a first.
 - There were no other questions from the Board.
- c) **HRSA Grant Update(s)** — Noelle Soto *(Please reference the “Health Resources and Services Administration (HRSA) Grant Updates as of July 17, 2024”)*
- Noelle Soto read the HRSA Updates report to the Board and there were no changes.
 - Board Member Ruth Forney asked about the Extended After Hours Grant, and if it meant that the clinics would be open on Saturdays. Dona said the plan was to open them on Saturdays in January, primarily for the patients that need to be seen in relation to the PHC QA/QI Measures, which would increase funding to FHS.
 - There were no other questions from the Board.
- d) **Grievances/Compliments** — Rebecca Cronk *(Please reference the “Grievance Reports, April-December 2023 & January– June 2024” and “Grievances, Mid-Year Review”.)*
- Rebecca asked if there were any questions about the monthly Grievance Report.
 - There were no questions from the Board.
 - Rebecca was asked to include a mid-year grievance report for the last six (6) months, including January through June 2024 to allow as a comparison with historical data. She compared the data over the last six (6) months is consistent with the data from July through December 2023. For both, there were 53 grievances received and on average nine (9) grievances were received per month. In addition, the majority of the grievances for both sets of data were related to scheduling, which has been consistently, due to provider and staff shortage over the past few years.
 - Rebecca mentioned that the number one (1) grievance was scheduling appointments in a timely fashion, which is primarily due to ongoing short staffing. She mentioned the primary clinics were



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offering “walk-in” clinic appointments to all patients as an option, so they can be seen sooner, if needed. However, the patients are informed, the “walk-in” clinics are on a first come, first serve basis, and encouraged to arrive early in the morning and early in the afternoon.

- There were no questions from the Board.
- e) **H&SS Compliance** — Krista McBride (*“FHS Compliance Incident Report Tracking, and Privacy & Security Incident Reports Submitted – June 1-June 30, 2024”.*)
 - Krista noted the changes she made to the report. She separated FHS Incident Report Tracking and Privacy & Security Incidents.
 - She read the paragraph notation for the Privacy & Security Report Tracking and clarified that Compliance could only report on incidents that were reported to them. Thus, any of these types of incidents reported to Compliance, Compliance would claim ownership and resolution and any incidents reported only to FHS, FHS Leadership would claim ownership and resolution.
 - She said honestly, there should be some, just in the regular workflow whether it is reportable to the State or whether it is a breach that needs follow up. She gave examples of breach of information such as unintentional release of information or medical information, which can happen. She asked that these types of breaches of information should be reported to Compliance.
 - There were no questions from the Board.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo (*Please reference “Revenue Cycle Reports – July 17, 2024 – Total Encounters through June 30, 2024, Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24, Total Unbilled Encounters as of July 12, 2024”*)
 - Nina acknowledged that she was unable to provide the reports in time to be included in the agenda packet and they were provided at the meeting.

FY 23/24 Financial Report

- Nina stated that she was unable to provide the FY 2023/24 Finance Report, because the Fiscal Teams are in the middle of year end close and not all transactions had not been posted. She said she would present the report at the August meeting.
- There were no questions from the Board.

Revenue Cycle Reports

- Nina noted that the Revenue Cycle Reports they had were similar to the ones she presented at the last meeting. There was nothing she wanted to point out and she encouraged the Board Members to review it and ask any questions at the August Meeting, because the Revenue Cycle Reports overlap the fiscal year.
- Nina also wanted to recognize Whitney, the new Revenue Cycle Manager. She would be working with Whitney to have a more robust cycle reports to present to the Board. Hopefully, Whitney would start presenting the Revenue Cycle Reports starting with the September Board Meeting.
- Provisional Chair Ruth Forney asked about the number of encounters that they seemed low overall and asked if it was due to the vacancies of staffing. Nina replied, yes, and noted that on page 1 of the report, she noted the shortage of the positions that are causing the shortfall. It shows the percentages of positions that have been filled. Nina noted that 57% of vacancies contribute to the shortfall of staffing.
- A question was asked about the RAFs towards the end of the packet and asked how the annual and monthly encounters are charted and asked how the annual is charted determined. Nina noted it was charted as 14 encounters per provider per 8-hour day. It was also asked if it was based on current and projected staffing and Nina replied, “Yes”.



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- Board Member Deborah Hillman confirmed there were 14 encounters per provider, per 8-hour day and that the Nurse Practitioners were included as well.
 - Provisional Chair Ruth Forney asked if a telephone appointment was counted as an encounter and Nina told her it was not.
 - Board Member Tracee Stacy asked if providers are seeing 14 patients per day, how are they able to do their charting in an 8-hour day. Dona mentioned that at most clinics, providers are seeing 25-30 patients per day, but because our patients have a high acuteness of illness for our population and why medial coding is so important.
 - There were no other questions from the Board.
- g) **Referrals Report & Improvement Project Update** — Cynthia Coutee (*Please reference the “Family Health Services Referrals – Time Period June 2024”.*)
- Cynthia referred to the report stating for the month of June 15, 2024 there were 1036 referrals, which included 896 for adults and 140 for pediatrics and the top five (5) specialty referrals were noted in the report.
 - Cynthia also noted from the report, that the total number of referrals in the box as of July 9, 2024 was 338 and at that time referrals were processed 14 days out, with the goal of meeting PHC’s compliance of 10 days out. FHS continues to work with staff on solutions and on June 15th, 22nd and 29th, staff was given the opportunity to work overtime and with their effort, 298 referrals were completed over the three weekends.
 - Cynthia said with the focus of meeting the PHC requirement of 10 days to process referrals, they are getting the number of referrals in the que down as much as possible as they near the launching of OCHIN EPIC.
 - Cynthia also noted that the MA that was resigning was a referral coordinator, so the team was impacted with one less referral coordinator.
 - Board Member Tracee Stacey acknowledged they have been doing an outstanding work so far and asked if at the beginning of the upcoming fiscal year, if FHS could offer more Saturdays to staff. Tracee also asked once FHS is processing the referrals in a 10-day window, whether the referrals could be somehow tracked in EPIC to stay on track. Dona stated she was very impressed with the number of staff that participated and the focus on Quality Improvement Process, Plan-Do-Study-Act (PDSA) and MAs, Sr. RNs and Supervisors participated. Dona did not know if more Saturdays would be offered in the FY 24/25. She also mentioned that with EPIC there could be an opportunity to track the time frame of referrals being processed.
 - Board Member Deborah Hillman mentioned that as a patient, she has been through the referral process and she wanted to be sure and state she was very happy and very pleased with the progress of Cynthia’s Team and that coming out of the Pandemic, she is happy with her referral appointments over the last year or so. She is very thankful and please with the progress Cynthia and her team have made.
 - Board Member Deborah Hillman said that NorthBay is opening a clinic in Rio Vista, which is sorely needed in that area.
 - There were no other questions from the Board.
- h). **OCHIN EPIC Update(s)** —Dona Weissenfels (*Please reference the “OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – July 2024 and Project Milestones / Highlights”.*)
- Dona mentioned FHS stands at 27 percent within the goal and the progress is going well. They have been working hard on the Communications Plan between staff, vendors and stakeholders in this project.



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- Dona mentioned that during the week there were Faktor Health staff onsite working with the Registration Staff in huddles to ensure things are moving along.
- With the walk-in clinics, FHS is still seeing a large number of patients and at the same time, EPIC Training is occurring for clinic staff. She did not see any issues and was happy with the progress.
- Natasha noted that the EPIC Super User Training is going well for the Leadership staff and that staff training was scheduled in August.
- Nina acknowledged that now the Medical Billing Team, led by Barbra Barbeau, the Medical Billing Supervisor, performed live testing, training on billing in EPIC in June. The Billing Team is on target for training and the metrics involved, so training has been going well. They are a fantastic Team!
- Board Member Tracee Stacy asked if EPIC had space for Short Doyle Billing. Dona noted that Behavioral Health cannot switch to OCHIN EPIC because they are not set up for Short Doyle Billing in the system. The Short-Doyle Act passed in California in 1957 and gave counties the responsibility for providing community-based mental health care and treatment for the mentally ill. The act also provided financial assistance to local governments to establish and develop these programs, with the state paying for 50% of the cost. The act's goals included; encouraging patients with psychiatric disorders to be treated in their home communities with the help of local medical resources and encouraging closer collaboration between psychiatrists and other medical professionals, applying public health principles to mental illnesses and mental retardation through educational and consultative services.
 - There were no other questions from the Board

i) **QI Update – Han Yoon**

- Han mentioned that the Quarterly Quality Report was included in the packet and is on the agenda later for Board approval.
- Han reported on the Mobile Mammogram Event, sponsored by PHC. He said they reached out to about 60 patients and of those they scheduled about 38 patients total. At the Vallejo Clinic, eleven (11) patients were seen and at the Fairfield Adult Clinic, eighteen (18) patients were seen.
- Board Member Tracee Stacey asked when the FHS Mobile Clinic Vans could be utilized. Dona noted that they are parked due to staff shortage and they could not go out again until the clinic was fully staffed.
- There were no other questions from the Board.
 - 1) QA/QI May 10, 2024 Meeting Minutes
 - Han mentioned that the minutes from the May 10th QA/QI Meeting were in the packet.
 - There were no questions from the Board.

j) **FHS Clinic Q-Matic Stats — Noelle Soto** *(Please reference the “FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-May 2024” report.)*

- Noelle reviewed the Q-Matic stats briefly with the Board.
- There were no questions from the Board.

6) **CHB Follow-up to Clinic Quality and Operational Reports:**

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

a) **Referral Improvement Project Status – Cynthia Coutee**

- Cynthia acknowledged that she gave the update when she reported on the Referrals Clinic Operations Report.
- There were no questions from the Board.



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- b) Ryan White/HIV-AIDS Program: Informational presentation specific to resources for the 50+ age group – *August 2024*
- Dona stated she would present this at the August 21, 2024 CHB Meeting.
 - There were no questions from the Board.
- c) FHS Homeless Resources: Informational presentation – *August 2024*
- Dona said this item would be presented at the August 21, 2024 meeting.
 - Board Member Tracee Stacy mentioned she attended a Suicide Coalition Meeting earlier in the morning and said that the data on suicide death information and there were 14 unhoused individuals that died from suicide and overdose through June 30, 2024, which was more than has been seen in a long time. She gets questions from the Fairfield or Vacaville Police Departments that do not fully understand the FHS clinics and maybe there should be outreach, to inform them about the clinics or form partnerships. She thought the Board should be informed. Kathryn noted a possible resource, that the City of Fairfield through their Police Department hosts a quarterly service provider meeting, which could provide a space for networking to inform attendees of the services that are provided within the County.
 - Provisional Chair Ruth Forney said the Board used to have organizations within the County give presentations at the meetings and maybe that would be something to bring back.
 - There were no questions from the Board.
- d) FHS Acronym List – *September 2024*
- Dona noted this was a request of the Board at the last meeting and the list would be provided at the September 18, 2024, meeting.
 - There were no questions from the Board.
- 7) Presentation by Partnership HealthPlan of California (PHC) (Please reference the “Primary Care Quality Improvement Program (PCP QIP) Report, Solano County, Health & Social Services, Family Health Services of June 2024”) – Kathryn Power and Kristine Gual**
- a) Solano County Family Health Services – Managed Care Plan Quality Program – Kathryn Power, Regional Director and Kristine Gual, Manager of Performance Improvement.
- Kathryn introduced herself, and Kristine Gual.
 - Kathryn covered the portion related to tell about PHC and the patients they represent, and Kristine covered the portion related to Quality Improvement.
 - The presentation was about 45 minutes and was very detailed.
 - Kristine noted that PHC is well engaged with FHS and has had investments with the QI Program Measures and to provide the Mammogram Van.
 - Kristine mentioned that she provided QI oversight of 16 Counties and that in Solano County FHS is the largest primary care provider.
 - Board Member Tracee Stacy requested to add an agenda item to the next meeting and start a conversation of the possibility to advocate for FHS and work with the Solano County Board of Supervisors (BOS), to approve additional clinic staffing, which would increase the opportunity to increase funding from PHC Measures Incentive.
- 8) HRSA Project Director Report**
- a) Health Center HRSA Project Director Update – Dona Weissenfels
- i) Health Center Activities – Internal and External Update
Internal News:



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- Dona acknowledged Dr. Rajabian and the Dental Clinic. She briefly described an incident that occurred in the Fairfield Dental Clinic. A homeless person walked into the clinic but was not a patient. The staff recognized the person was in medical distress and the staff treated him as a human being with compassion and called 911 to assist the person and resolve the situation. The dental staff was commended for helping the person in a considerate and respectful manner.

External News:

- There was none to report.
- ii) Strategic Plan Report Update (*Please reference the "Strategic Plan Report – Strategic Plan July 1, 2022 – June 30, 2025, Date of Report: July 17, 2024".*)
 - Due to time constraints, this was not reviewed.
- iii) Governance related topic
 - Due to time constraints, this was not mentioned.

9) Business Governance

- a) Review and consider approval of the Quarterly Quality Improvement Report – Han Yoon (*Please reference "Primary Care Provider Quality Improvement Program (PCP QIP) Report June 2024*).
 - Han stated the report was included in the packet and that the data covered April through June 2024.
- i) **Action Item:** The Board will consider approval of the Quarterly Quality Improvement Report.

Discussion: None.

Motion: To approve the Quarterly Quality Improvement Report

Motion by: Tracee Stacy and seconded by Sandra Whaley.

Ayes: Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy, and Sandra Whaley.

Nays: None.

Abstain: Ruth Forney.

Motion carried.

- b) Board Member Robert Wieda submitted his resignation to the Executive Committee, via email. It is recommended the Board accepts his resignation from the Community Healthcare Board.
 - i) **Action Item:** The Board will consider and accept the resignation of Board Member, Robert Wieda, from the Community Healthcare Board.

Discussion: None.



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Motion: To accept the resignation of Board Member, Robert Wieda, from the Community Healthcare Board.

Motion by: Deborah Hillman and seconded by Sandra Whaley.

Ayes: Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy, and Sandra Whaley.

Nays: None.

Abstain: None.

Motion carried.

c) Board Member Yalda Mohammad Shafi notified the CHB Chair, Brandon Wirth, in person, that she was resigning as a Board Member. Her resignation was shared with the Executive Committee. It is recommended the Board accepts her resignation from the Community Healthcare Board.

i) **Action Item:** The Board will consider and accept the resignation of Board Member, Yalda Mohammad Shafi, from the Community Healthcare Board.

Discussion: None.

Motion: To accept the resignation of Board Member, Yalda Mohammad Shafi, from the Community Healthcare Board.

Motion by: Sandra Whaley and seconded by Gerald Hase.

Ayes: Etta Cooper, Marbeya Ellis, Ruth Forney, Gerald Hase, Deborah Hillman, Anthony Lofton, Tracee Stacy, and Sandra Whaley.

Nays: None.

Abstain: None.

Motion carried.

10) Discussion

a) ~~“Network of Care” – Tracee Stacy~~

- This agenda item was agreed by the Board to remove it from the agenda, since it was presented at the July 17, 2024, CHB Meeting and there was no additional information to present.
- Board Member Tracee Stacy mentioned that Public Health Division advertises their SolanoCares program on signage in different places throughout the County and thought it would be a good idea if FHS could also advertise FHS Dental and Medical Clinic services out in public places.

b) Board Member Self-Assessment – Report – Brandon Wirth – August 2024.

- It was noted that this item would be presented at the August 21, 2024, CHB Meeting.

c) National Health Center Week, August 4 – 10, 2024 – Dona Weissenfels.



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- Dona stated that due to the many projects in FHS and the transition to the EPIC electronic health records program, this year the primary focus is on staff and patients. Staff would receive T-shirts and there would be giveaways for the patients.
 - Provisional Chair Ruth Forney said that she had hoped it would take place in Vacaville.
 - Board Member Tracee Stacey suggested that the board members should provide coffee and doughnuts to the clinics as a “Thank you” to the staff or maybe this is an idea for the future.
- d) Federally Qualified Health Center (FQHC) Board Training: *(Please reference “Governance Training Series for Health Center Boards: Navigating Legal Considerations, sponsored by Feldesman Training Solutions”)*
- i) Link: <https://training.feldesman.com/community-health-centers/content/health-center-program-governance-training-series-navigating-legal-considerations>.
- Dona asked the board members to review the information about the proposed online, FQHC Board Training series and if interested.
 - It was noted to add this board training as an agenda item for the August 21, 2024, CHB Meeting, as a discussion item whether to purchase it or not and if there is interest, then get the names of the board members interested in attending the webinar training series.

11) Board Member Comments

- Board Member Tracee Stacy said that she attended a Narcan presentation would like this to be agendized and have the same organization at the CHB Meeting. She shared information that if someone is experiencing a fentanyl overdose, because a person can build up a tolerance that sometimes several doses of Narcan needed to be administered to help the person. She thought a Narcan presentation to the Board would be helpful, especially in relation to the homeless population.

12) Parking Lot

- a) Create a Rebranding Sub-Committee

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

DATE: August 21, 2024
TIME: 12:00 p.m. — 2:00 p.m.
Location: Multi-Purpose Room
2101 Courage Drive
Fairfield, CA 94533

The Meeting was adjourned at 2:08 p.m.

Handouts in the Agenda Packet

- CHB June 19, 2024, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – July 17, 2024
- Clinic Operations Report – FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – July 2024 and Credentialing Program Update – Classifications Requiring Credentialing – Amended June 20, 2024
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates as of July 17, 2024



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- Clinic Operations Report – Grievance Reports - April – December 2023 and January – June 2024 and Grievances, Mid-Year Review
- Clinic Operations Report – FHS Compliance Incident Report Tracking, and Privacy & Security Incident Reports Submitted – June 1-June 30, 2024
- Clinic Operations Report – Revenue Cycle Reports (Distributed at the meeting.) – Revenue Cycle Reports – July 17, 2024 – Total Encounters through June 30, 2024, Total Qualified Encounters (Medical, Dental, Mental Health) FY 2023/24, and Total Unbilled Encounters as of July 12, 2024
- Clinic Operations Report – Referrals – Time Period June 2024
- Clinic Operations Report – OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – July 2024 and Project Milestones / Highlights
- Clinic Operations Report – FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-May 2024
- Partnership HealthPlan of California – Solano County Family Health Services Board Meeting Discussion on Managed Care Plan Quality Program, July 2024
- Strategic Plan Report – Strategic Plan July 1, 2022 –June 30, 2025, Date of Report: July 17, 2024
- Primary Care Quality Improvement Program (PCP QIP) Report, Solano County, Health & Social Services, Family Health Services, June 2024
- SolanoCares.org Presentation
- Governance Training Series for Health Center Boards: Navigating Legal Considerations, sponsored by Feldesman Training Solutions

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: August 21, 2024

Number of Active Candidates - County
*Medical Assistant - 6 *Nurse Practitioner - 2

Number of Active Candidates - Touro
*D.O. - 1 *Physician Assistant - 1

Number of Active Candidates - Locum Tenens

Number of Active Candidates - Volunteer

Open County Vacancies
Clinic Physician (Board Cert) - 1 Clinic Physician (Board Cert) Extra Help - 1 Clinic Registered Nurse (Part-time) - 1 Clinic Registered Nurse, Senior - 1 Dental Assistant (Registered) - 1 Health Education Specialist Extra Help - 2 Medical Assistant - 8 Medical Assistant Lead - 1 Medical Records Technician, Sr Extra Help - 2 Mental Health Clinician (Licensed) - 2 Nurse Practitioner/Physician Assistant - 4 Nurse Practitioner/Physician Assistant Extra Help - 1

Interviews in Progress
*Clinic Registered Nurse - TBD *Clinic Registered Nurse, Senior - TBD *Medical Assistant, Lead - TBD *Mental Health Clinician - TBD

Expected New Hires + Recently Hired Staff
*Clinic Registered Nurse - FF Adult - 08/19/2024 *Dental Assistant (Registered) - FF Dental - 08/19/2024 *Nurse Practitioner - Locum Tenens - FF Peds - 08/07/2024

Vacancies/Departures

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

Excluded Parties/Sanction Screening: 135

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
July 2024 TOURO/LOCUMS	Touro/Locum Providers: 17	Exclusions Found: 0
July 2024 County – H&SS Employees/Candidates	H&SS Employees: 118	Exclusions Found: 0
Totals	TOTAL SCREENED: 135	Exclusions Found: 0

Credentialing: 5 Re-Credentialing: 6

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
July 2024 TOURO	<u>Active/Open: 2</u> Physician Assistant: 1 Clinic Physician: 1	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 1
July 2024 LOCUM	<u>Active/Open: 1</u> Nurse Practitioner - 1	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 1
July 2024 County H&SS Employees/ Candidates	<u>Active/Open: 8</u> Medical Assistant – 4 Clinic Registered Nurse – 1 Nurse Practitioner – 1 Clinic Physician - 1 Registered Dental Assistant - 1	Submitted to Partnership: --1 Approved by Partnership: -1- Pending Submission to Partnership: 1

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

Partnership – NEW Provider Enrollments

New Provider Enrollments: ACTIVE - Pending Submission: 3 (1 Touro PA, 2 NP)
Submitted: 0 Pending Approval: 0
Approved: 1

Partnership – Provider Re-Credentialing

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

Denti-Cal – Provider Revalidations

None During this Reporting Period

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

None During this Reporting Period

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

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

- Family Health Services (FHS) utilized 87.0% (\$219,963) of the awarded \$252,819 *Fiscal Year (FY) 2023 Expanding COVID-19 Vaccination (ECV)* (H8G47592) funds over the grant's initial and Extension Without Funds (EWF) performance period of December 1, 2022 to May 31, 2024. The funding was successfully utilized toward the following approved budget cost categories: Personnel, Benefits and Contracts for the purpose of completing activities to increase access to confidence in and demand for COVID-19 vaccines in Solano County.
- *FY 2023 Community Project Funding / Congressionally Directed Spending – Non-Construction (“Congressional Funding”)* grant (GE1HS49534) EWF. – See CHB agenda “Business Governance”
- FHS was awarded an additional \$7,136 for the *FY 2024 RWHAP Part C EIS* grant (H76HA00823), bringing the total award to \$329,465. This was the result of *FY 2023* relinquishments, award reductions and closeouts occurred among other program recipients and unawarded new service areas. The initial budget was reviewed and approved at the November 2023 CHB Meeting. – See CHB agenda “Business Governance”
- Phase 2 of the *FY 2025 Expanded Hours (EH)* supplemental grant was submitted by the July 23, 2024 deadline. If awarded, applicable documents will be presented to the CHB for review and approval on a later date.

GRIEVANCE REPORT 2024

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



GRIEVANCE REPORT 2023

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



Grievance Category Definitions

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

Grievance Severity Rating

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

**Family Health Services (FHS) Incident Report Tracking
July 1 to July 31, 2024**

FHS Department (if applicable)	Compliance Breach	Description (Basic Information/Activity)	Total Received
	Breach Report / Information Security		0
			Total Privacy & Security incidents July 2024 = 0

FHS Department (if applicable)	Category/(ies)	Description (Basic Information/Activity)	Total Received
FHS Adult Clinic	Client Initiated Threat/Workplace Violence	Patient exhibited hostile and threatening behavior towards medical staff.	1
			Total Incidents Reported July 2024 = 1

REVENUE CYCLE REPORTS

August 30, 2024

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

	Annual Target	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	YTD Target Jul 2024 1 mth	Over (Shorfall)
MEDICAL																
County Providers	47,293	1,915												1,915	3,070	(1,155)
Touro	4,364	383												383	364	19
Locum	1,991	446												446	434	12
TOTAL MEDICAL	53,648	2,744	-	-	-	-	-	-	-	-	-	-	-	2,744	3,868	(1,124)
TOTAL MENTAL HEALTH	3,640	84												84	242	(158)
TOTAL DENTAL	19,900	1,321												1,321	1,432	(111)
	77,188	4,149	-	-	-	-	-	-	-	-	-	-	-	4,149	5,542	(1,393)

DEFINITIONS

ENCOUNTER

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

BILLABLE ENCOUNTER

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

Solano County Health and Social Services
 Family Health Services
 Total Qualified Encounters
 (Medical, Dental, Mental Health)
 FY2024/25



REVENUE CYCLE REPORT
TOTAL UNBILLED ENCOUNTERS
As of August 15, 2024

DATE OF SERVICE Encounters	7-May	10-May	6-Jun	24-Jun	22-Jul	31-Jul	5-Aug	6-Aug	7-Aug	8-Aug	9-Aug	Grand Total
	1	1	1	3	1	1	5	2	3	8	7	33

NOTES

- > Data compiled 08/15/2024 for services through 08/10/2024
- > Encounters are billed the next business day after charges are submitted
- > Billing and Collections team sends emails directly to providers regarding any unbilled encounters > 3 days
- > Encounter may or may not be a qualified encounter - pending documentation

DEFINITIONS

UNBILLED ENCOUNTER Encounter not documented or missing charges

OPERATIONS REPORT - FINANCE
FY2023/24 YEAR END REPORT

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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EXPENDITURES **Notations**

Salaries & Benefits			
Salaries - Regular	11,733,860	11,559,007	98.51%
Salaries - Extra Help	46,097	43,119	93.54%
Salaries - OT/Callback/Standby	114,561	111,656	97.46%
Staffing costs from other divisions	63,511	28,263	44.50%
Benefits	6,696,261	6,656,019	99.40%
Accrued Leave CTO Payoff	15,577	59,543	382.25%
Salary Savings	-	-	0.00%
Salaries & Benefits Total	18,669,867	18,457,607	98.86%

Services & Supplies

Office Expense and Supplies	151,334	157,039	103.77%	Drinking water, household expenses, and trash services.
Communications	141,412	137,077	96.93%	Telephones and cell phones.
Insurance	859,428	890,424	103.61%	>Budget includes cost of Liability Insurance and Malpractice Insurance. >Actuals represent Liability Insurance for 2023-24. >These charges will originate from another County Department. >Medical Malpractice will post at year end and are expected to be budgeted amount.
Equipment - Purchases, Leases & Maintenance	57,189	56,962	99.60%	Q-Matic. Handpiece Express. Patterson Dental. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	53,034	55,478	104.61%	Monthly charges for vehicles assigned to County Departments; personal mileage. Charges are high due to repair charges made to County vehicles.

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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EXPENDITURES	Notations
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Services & Supplies (continued)

Buildings - Maintenance, Improvements, Rent & Utilities	219,672	200,245	91.16% PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	626,584	682,818	108.97% Henry Schein. McKesson. Patterson Dental. TheraCom.
Controlled Assets & Computer Related Items	210,727	179,133	85.01% Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	128,803	119,552	92.82% JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	847,621	882,342	104.10% Actuals include the following contracts: >Forvis (Medicare Cost Report) >Stericycle (medical waste disposal) >Waystar (electronic claims management) >Simi >Allied Security >Facktor - placeholder >EHR consultants (project and IT) - placeholder >Expanding COVID Vaccine TBD contract-grant funded >Kaye Bassman >UHC Solutions

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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EXPENDITURES	Notations
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Services & Supplies (continued)

DoIT	1,646,801	1,687,598	102.48%	
Software & Maintenance or Support	1,327,968	1,333,789	100.44%	Actuals include the following: >Next Gen >OCHIN contract >Intelligent Medical Objects (electronic medical records) >Medical Minds (triage protocols) >Nuance Communications (Dragon dictation services) >Up To Date
Professional Licenses & Memberships	17,224	7,320	42.50%	
Education, Training, In-State Travel, Out of State Travel	6,257	4,317	68.99%	Registration fees for NACHC Community Health Institute & Expo Conference
Other	231,756	226,823	97.87%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
Services & Supplies Total	6,525,810	6,620,915	101.46%	

Other Charges

Interfund Services - Professional	582,258	514,116	88.30%	County related charges for Sheriff services, building and grounds maintenance and custodial services.
Interfund Services - Accounting & Interfund Services - Other	68,167	103,757	152.21%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	13,991	13,991	100.00%	Registration fees for NACHC Community Health Institute & Expo Conference (two board members).
Other Charges Total	664,416	631,864	95.10%	

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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EXPENDITURES **Notations**

Contracts/Client Support			
Contracted Direct Services	2,367,886	2,301,265	97.19%
			Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers) Client support transportation costs.
Client Support	23,830	28,468	119.46%
Contracts/Client Support Total	2,391,716	2,329,733	97.41%

Equipment			
Equipment	93,626	60,384	64.49%
Equipment Total	93,626	60,384	64.49%

Administration Costs			
H&SS Administration	2,338,194	2,248,309	96.16%
Countywide Administration	935,417	935,417	100.00%
Administration Costs Total	3,273,611	3,183,726	97.25%

TOTAL EXPENDITURES	31,619,046	31,284,228	98.94%
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**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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REVENUES **Notations**

Payer Revenues			
Payer Revenues	15,346,422	15,244,851	99.34% Revenues from Medi-Cal, Partnership Capitation, Medicare and Private Pay
Payer Revenues Total	15,346,422	15,244,851	99.34%

Federal/State Revenues			
1991 Realignment (Underinsured/Uninsured/PH Services)	1,167,612	1,264,659	108.31%
Federal Direct - COVID (one time funding)	602,948	483,466	80.18% Rollover for HRSA Capital Grant funds and Expanding COVID Vaccinations grant
Federal Grants	2,075,915	2,159,617	104.03% Budget includes: >CHC Base grant >RWC >RWC Capacity grant
Federal Other	943,392	959,528	101.71% \$1M Congressional earmark funding, portion budgeted to spend in current FY with balance to be spend in FY24/25
American Rescue Plan Act (ARPA)	200,958	189,459	94.28% ARPA funding for OCHIN EHR conversion
Other Revenue	1,673,431	1,770,745	105.82% Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
Program Revenues Total	6,664,256	6,827,475	102.45%

TOTAL PAYER AND PROGRAM REVENUES	22,010,678	22,072,325	100.3%
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**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET	Notations
TOTAL EXPENDITURES	31,619,046	31,284,228	98.94%	
TOTAL REVENUES	22,010,678	22,072,325	100.28%	
DEFICIT (SURPLUS)	9,608,368	9,211,903	95.87%	
County General Fund	4,486,028	4,486,028		
DEFICIT (SURPLUS) after CGF**	5,122,340	4,725,875		

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



Time Period July 2024

Referrals 1033

Adult-884 Pediatrics-149

Adult Specialty Referrals	Ordered	Peds Specialty Referrals	Ordered
Gastroenterology	92	Dermatology	20
Ophthalmology	100	Nutrition	12
Orthopedic Surgery	57	Physical Therapy	9
Physical Therapy	63	Otolaryngology	9
Podiatry	47	Speech Therapy	9
	359		59
Total to Specialties:418			

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

The total number of referrals in the box as of **Thursday August 8th** was **175** at that time we were processing **6 days** out, with our continued goal of meeting Partnership's compliance of 10 business days.

We continue to work with staff on solutions to get referral numbers down. We were successful in our overtime referral project. Moving forward we now have an MA being trained to respond to all communications in the referral box so that we can maximize the efforts of other referral staff in processing referrals. We are headed in a good direction.

Respectfully Submitted,

Cynthia Coutee, Clinic Manager-Vacaville



Solano County Family Health Services
OCHIN Epic EHR Implementation 2024



OCHIN Epic EHR Implementation Dashboard
 August 2024

Current Status and Project Health

Project Information

48%

Percent Complete

12/20/23

Start Date

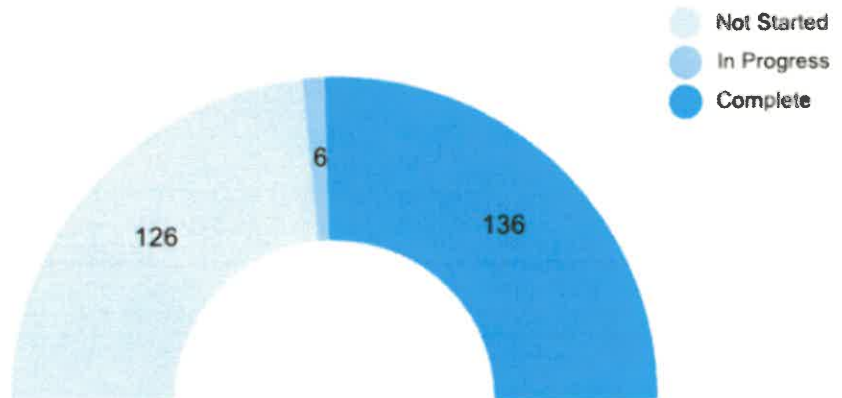
09/24/24

Epic Go Live Date

04/28/25

Project Closure Date

Tasks by Status



Health & Trend



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



Solano County Family Health Services
OCHIN Epic EHR Implementation 2024



Project Milestones / Highlights

1. The project timeline and budget is currently on target.
2. Staff were provided access to ELLA, OCHIN Epic's online learning center, and are continuing to watch tutorials on different modules. Lindsey, the OCHIN Epic PM, is working closely with Jasmine and Shae to develop training materials in preparation for the staff training, go-live and onboarding of new employees post-implementation.
3. OCHIN Build Deliverables are on-track, and integrated testing for core functionalities and end-to-end clinical workflows for medical, dental, and BH is complete. Epic user accounts have been created for staff to begin testing in the Solano County Epic system.
4. All workflows for Epic have been created and approved for training and testing.
5. All Super User Trainings for staff have been completed.
6. All end user trainings are scheduled, and staff have been made aware of training dates.
7. Facktor Health will be working with operations staff and supporting referrals and front office teams to ensure staff are comfortable with the new OCHIN Epic workflows and technical interface

Community Health Board (CHB) Meeting Date: August 21, 2024

Clinic Operations Report:

Quality Improvement (QI)/Quality Assurance (QA) Updates:

- Overall, the QI/QA team has made notable progress in QIP measure scores but continues to face challenges in staffing across clinics. We achieved approximately 5,119 patients who met the measures as of July, an increase of 699 from June.
- QIP data from Partnership does not include all the patients for Diabetes-HbA1C and Controlling High Blood Pressure measure. There will be a manual system upload in October, and we expect the numbers to rise in quarter 4.
- Capitated patient numbers in Vallejo continue to rise rapidly at 14,700 as of July, compared to an average of 12,560 in 2023. The plan is to focus on implementing QI in highly populated areas to maximize the use of resources.
- Submitted June and August QI/QA Committee Meeting Minutes.



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

**Date: Friday, June 7, 2024, Time: 1:00 p.m. – 2:00 p.m.
Meeting Location: MS Teams, Call in number: +1 323-457-340800
Conference ID: 331 002 23#, Meeting ID: 280 819 783 500#,
Password: 6QjGjB**

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

Agenda Topics	Discussion	Action Items & Due Date	Speaker(s)
<p>Welcome</p> <p>Greetings</p> <p>1. 2024 QIP Reporting</p>	<p>2024 Measurement Year – current status</p> <ul style="list-style-type: none"> Katreena started with current 2024 PHC QIP measurement data going over all clinics: Fairfield, Vallejo, and Vacaville. She shared our current QIP Score (percentage), denominator (those capped to FHS), numerator (pts meeting the measure), and how many patients we have left to meet each measure, including the remaining percentage needed to reach the 90th percentile for Breast Cancer Screening, Cervical Cancer Screening, Controlling High Blood Pressure, Diabetes-HbA1c Good Control, and Diabetes-Retinal Eye Exam. When referring to HbA1c and Blood Pressure, Katreena explained that we do not have a good estimate of our current numbers because data needs to be uploaded October 1st and until then we will not have an accurate estimation of 		<p>Han</p> <p>Athena Espinoza Katreena</p>

	<p>our current status. Before moving forward, Athena defined some of the terminology used by PHC QIP and explained what the percentages and numbers mean. The QIP Score represents our current score in a percentage. For each measure FHS typically aims for the 90th percentile, which equates to full points. The 50th percentile is referred to as partial points. Denominator refers to the number of patients capitated to our clinics. Numerator means patients who are in our denominator, who have met the measure. Athena proceeded to go over Well Child First 15 Months of Life, Blood Lead Screening, and Colorectal Cancer Screening. She defined the measures, including the “14 Day Rule” for physicals. Athena also explained that full points is considered the 50th percentile for Colorectal Cancer Screening. Esperanza continued with presenting our current 2024 PHC QIP measurement data for Child and Adolescent Well Care, Childhood Immunizations, and Immunizations for Adolescents for all clinics. She defined the measures, including going over the list of immunizations in each measure. When comparing the scores at each clinic, Vallejo and Vacaville numbers are low, but keep in mind that the capitated patients for Vallejo is a lot larger in comparison to the other clinics. There is room for improvement because we are close to hitting some of these measures. We are looking into starting projects in Vallejo to help with attaining our desired goal.</p>	
<p>2. 2024 QA/QI Adult Projects</p>	<p>Mobile mammography project w/Alinea & PHC (FF: 6/26/24 & VJO: 6/27/24)</p> <ul style="list-style-type: none"> Espi and Athena have been scrubbing our breast cancer screening list of patients who are due for a mammogram. Katreena has been scheduling these appts. We will be having a Mobile Mamo van clinic on 6/26/24 in Fairfield and 6/27/24 in Vallejo. Alinea will be conducting the mobile mamos. The schedule that they have given us is in 10-minute increments, with some double-booking. We are allowed a maximum of 42 patients and a minimum of 25 patients who can be scheduled in a day. Currently, Vallejo has 26 pts scheduled, and Fairfield has 32 pts scheduled. Since EPIC training is on these days, Athena and Espi will be managing the flow for the mobile mamos. <p>Pap Days (1st Pap Day w/Zosi: 5/17/24 & 2nd Pap Day w/Riley: June 10th)</p> <ul style="list-style-type: none"> Some of you have been in the Provider Meetings when Dr. Leary has asked if any providers would be interested in working “Pap Days”. The idea is that a “pap day” would be on a Providers’ Mod Day Off. Our first “pap day” was with Zosi on 5/17/24. We started out with 28 pts scheduled, but by the time the day came, 21 pts had been scheduled (some had cancelled). A total of 16 pts kept their appts. Riley’s “pap day” is coming up shortly on June 10th. There is a total of 29 pts scheduled for that day. With these “pap days” we tend to 	<p>Katreena</p>

double-book because of our no-show rate. On these days only a pap is being performed, not a breast exam or anything else, in hopes that the appt is quick. Trying to utilize the time as best as we can to get in as many pts as we can.

HbA1c & BP Days – sometime in July, TBD

- We have Dr. Faucett back, so we will be starting to have “BP and HbA1c Days” that Dr. Leary use to do. We are hoping to schedule quite a lot of these days. Remember because we have to do an upload in October, our current score for BP and A1c will not be accurate until October, until we do the upload. Even though we do have pts who have met the measure we need to monitor them, so that we make sure we do not have that big of an upload in October and for the end of the year.
- Shab had an update – the patient with hypertension that they submitted the CPT II codes for a claim has met the measure for Controlling High Blood Pressure.
- This is good news which means we will be able to enter CPT II codes daily for patients diagnosed with Hypertension, who are now within range to now reflect being in the Numerator. This will help get a more accurate number of our status with this measure (Controlling High Blood Pressure) and leave us with having to upload less in October. We were finding that blood pressures were not being captured by PHC, so we worked with Shab and Barbara B. over at Beck to create a “dummy code” that we can enter daily to test if PHC accepts this “dummy code” and it worked. This will help to alleviate such as big “end of the year push” for BPs.
- Question from Kate Riley – *How do we meet the Blood Pressure measure? Are we just checking their Blood Pressure until it's normal?*
- Answer per Katreena - When a pt comes in for an appt and their blood pressure is at or over 140/90, their BP is not controlled, we therefore need to take a 2nd BP reading. For this measure, they allow us to use a systolic and a diastolic from either 1 of the 2 sets of BP's we have taken at that particular appt (BP readings need to be done on the same day in order to mix and match). For example, 2 BP's have been taken at an appt, the 1st BP is 139/90 (BP not controlled or within range), the 2nd BP reading is 140/89 (BP also not controlled or within range). We can take the systolic of 139 from the 1st BP reading and use the diastolic of 89 from the 2nd BP reading, essentially using results from 2 separate BP readings, combining them to make a controlled BP reading. So, PHC will take 139/89 as their bp being controlled, which will reflect pt meeting the measure.
- Question from Athena – *Do we have dates set for “BP and HbA1c days” yet?*
- Answer per Katreena – After she comes back from vacation, she will be getting dates from

	<p>Dr. Faucett. Dr. Leary to see which days QA/QI can utilize his time. But it will probably be the 1st week if not the second week of July.</p> <ul style="list-style-type: none"> • Comment in the chat per Dr. Leary – FF Peds is opened to new patients. The only clinic not accepting new patients is FF Adult. Hopefully the 2 new providers will be fully up to speed to open up their panels this fall. 	
<p>3. 2024 QA/QI Peds Projects</p>	<p>Well Child First 15 months of life (WCC 0-15)</p> <p>-Frontloading project – FF (Sharon), VJO (?), & VV (Angelica)</p> <ul style="list-style-type: none"> • One project that has been on-going is the Frontloading project. In FF Peds we have Sharon V., in Vacaville we have Angelica, and in Vallejo, we are currently looking for someone to maintain this project. This project has proven to work which is a big part as to why FF Peds met the measure last year. This is an important project that still needs to be maintained and we want to follow it throughout the year. We will be circling back to Vallejo to get help for this project, while also checking in with both Vacaville and FF Peds. <p>-Centering Parenting project – Focusing on WCC 0-15 months & Health Equity</p> <ul style="list-style-type: none"> • The Centering project focuses on the WCC 0-15 measure, as well as, Health Equity. We are specifically targeting African American babies. The Centering project are group visits, creating a community, of similar aged babies to help encourage families to get their babies physicals. It is a very small project out of FF Peds. Our target was 5-6 families/babies. We had an info session in April where we had two families attend. Our first physical session was May 28th, we had 5 families scheduled and 3 families showed. Each session is from 1-5pm using the MPR over at FF Peds. For our first session in May, we had Tara Lopez from Vacaville come to help in case we needed additional MA help. Veronica Shearin-Sims was also present to give assistance. Their help was tremendous in assisting us with workflow and helping with Dr. Stevens facilitate the session and provide support. Going over the workflow quickly, the pts checked in with the front office and got all their paperwork completed. They were then guided to the MPR room, where Espi took the babies vitals, such as head measurements, weight, etc. Once Espi was done, Dr. Stevens conducted the mini physicals. Vitals and physicals were conducted in a private area of the MPR, separate from the other families. Meanwhile, the other parents mingled amongst themselves. Once all vitals and physicals were completed, the group session began. Every session will have group topics, according to the babies age and topics will be interactive. Topics discussed were soothing & comfort, milestones for mom, physical and emotional changes after birth, and feeding my baby. The first session went well, we had anticipated families wouldn't talk much, but every family contributed to the topic/group session. The Centering project will consist of group 	<p>Athena</p>

	<p>sessions every other month and will go into 2025, since it's a 2-year measure. Our next session is July 12th. In the future we will be conducting more projects geared towards Peds, such as immunizations for both Childhood and Adolescents. Currently our focus has been shifted to Adult measures. We are currently working on the mobile mammo project and pap days, once we get done with these projects, we will transition back over to Peds projects.</p> <p>Open for comments, questions, or concerns</p> <ul style="list-style-type: none"> ● Question from Kate Riley – <i>What's Mobile Mamo?</i> ● Answer per Katreena – We are working with a van with Alinea and PHC for conducting mobile mammos. ● Question from Kate Riley – <i>Do they actually get it done on the van or they have to go to SDI?</i> ● Answer per Katreena – They get their mammo completed on the van. ● Question from Daniel Klein – <i>Question about Centering in Vacaville?</i> ● Answer per Athena – The Centering project is a very small project and started in FF Peds because it's focus is on African American babies, Vallejo has the most AA babies, FF has less than Vallejo, and Vacaville has even less than FF. So, we had a bit of a hard time identifying AA babies. Originally, we were going to start a Centering project in FF and then another in Vallejo, but we just don't have to staff for that. So, we started this very small project in FF to see how it goes, hopefully it goes well, so that we can extend the project at all locations. ● Comment per Katreena – To Rebecca for Vallejo and mobile mammos, just in case patients don't go the Athena at the Mamo Van and somehow end up in the clinic, maybe we can send a note to the front office to let them know to send them outside. ● Comment per Rebecca – Yes that would be fine. ● Comment per Athena – For the Mobile Mamo Days, we should also explain that patients are not being scheduled in NextGen, the patients will not be registering with the Vallejo clinic. Alinea will be processing these patients. ● Comment per Dona – It will end up in NextGen as part of the patients record, but we are skipping the registration with front office because we are short staffed, and it will move the process along quicker. ● Comment per Athena – We have been utilizing Uber Health for these projects if patients don't have transportation to their appts. Keida Driskell has access to Uber Health, so QA/QI has been coordinating with her to get transportation covered for the patients. She's been scheduling Uber transportation for mobile mammo days, pap days, and we will also be utilizing her for Peds patients. So, that has been really helpful. I think with Keida's help, is 	
<p>4. Discussion</p>		<p>Han</p>

	<p>also probably been helping with Katreena being able to schedule appts for our patients.</p>	
<ul style="list-style-type: none"> • Comment per Katreena – Yes, I have booked 6 or 7 Uber’s for patients. We’ve actually been utilizing Uber Health a lot. 		

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

ALL

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th (Target/Achieved)	50th Threshold %	50th (Target/Achieved)	90th Threshold %	90th (Target/Achieved)	% Needed to reach 90th	No. of Patients needed to reach 90th	% Needed to reach 50th	No. of Patients needed to reach 50th
Child and Adolescent Well Care 2024	11.35 %	843	7427	NA	NA	48.07%	3571/843	61.15%	4542/843	49.80%	3699	NA	NA
Breast Cancer Screening 2024	32.96 %	502	1523	NA	NA	52.20%	796/502	63.37%	966/502	30.41%	464	NA	NA
Cervical Cancer Screening 2024	25.58 %	1845	7212	NA	NA	57.11%	4119/1845	66.48%	4795/1845	40.90%	2950	NA	NA
Childhood Immunization Status CIS 10 2024	8.09 %	30	371	NA	NA	30.90%	115/30	45.26%	168/30	37.17%	138	NA	NA
Colorectal Cancer Screening 2024	19.71 %	1151	5840	31.68%	1851/1151	39.81%	2325/1151	NA	NA	NA	NA	20.10%	1174
Controlling High Blood Pressure 2024	14.76 %	151	1023	NA	NA	61.31%	628/151	72.22%	739/151	57.46%	588	NA	NA
Diabetes - HbA1C Good Control 2024	17.82 %	232	1302	NA	NA	52.31%	682/232	60.34%	786/232	42.52%	554	NA	NA
Diabetes - Retinal Eye exam 2024	45.70 %	595	1302	NA	NA	52.31%	682/595	63.33%	825/595	17.63%	230	NA	NA
Immunization for Adolescents 2024	7.28 %	33	453	NA	NA	34.31%	156/33	48.80%	222/33	41.52%	189	NA	NA
Well Child First 15 Months 2024	18.00 %	36	200	NA	NA	58.38%	117/36	68.09%	137/36	50.09%	101	NA	NA
Lead Screening Children 2024	64.02 %	153	239	NA	NA	62.79%	151/153	79.26%	190/153	NA	NA	-1.23%	-2

Note 1: eReports data as of 6/5/2024

6/5/2024

FF

Measure	GIP Score	Numerator	Denominator	25th Threshold %	25th Threshold %	50th Threshold %	50th Threshold %	90th Threshold %	90th Threshold %	90th(Target/Achieved)	90th(Target/Achieved)	90th(Target/Achieved)	90th(Target/Achieved)	No. of Patients needed to reach		No. of Patients needed to reach	
														% Needed to reach 90th	% Needed to reach 50th	% Needed to reach 90th	% Needed to reach 50th
Child and Adolescent Well Care 2024	12.44 %	339	2726	NA	NA	48.07%	1311/339	61.15%	1667/339	48.71%	1328	NA	NA	NA	NA	NA	NA
Breast Cancer Screening 2024	36.42 %	189	519	NA	NA	52.20%	271/189	63.37%	329/189	26.95%	140	NA	NA	NA	NA	NA	NA
Cervical Cancer Screening 2024	35.34 %	558	1579	NA	NA	57.11%	902/558	66.48%	1050/558	31.14%	492	NA	NA	NA	NA	NA	NA
Childhood Immunization Status CIS 10 2024	9.72 %	7	72	NA	NA	30.90%	23/7	45.26%	33/7	35.54%	26	NA	NA	NA	NA	NA	NA
Colorectal Cancer Screening 2024	30.16 %	434	1439	31.68%	456/434	39.81%	573/434	NA	NA	NA	NA	NA	NA	9.65%	139	NA	NA
Controlling High Blood Pressure 2024	17.49 %	53	303	NA	NA	61.31%	186/53	72.22%	219/53	54.73%	166	NA	NA	NA	NA	NA	NA
Diabetes - HbA1C Good Control 2024	20.96 %	83	396	NA	NA	52.31%	208/83	60.34%	239/83	39.38%	156	NA	NA	NA	NA	NA	NA
Diabetes - Retinal Eye exam 2024	54.29 %	215	396	NA	NA	52.31%	208/215	63.33%	251/215	9.04%	36	NA	NA	NA	NA	NA	NA
Immunization for Adolescents 2024	5.75 %	10	174	NA	NA	34.31%	60/10	48.80%	85/10	43.05%	75	NA	NA	NA	NA	NA	NA
Well Child First 15 Months 2024	44.44 %	8	18	NA	NA	58.38%	11/8	68.09%	13/8	23.65%	5	NA	NA	NA	NA	NA	NA
Lead Screening Children 2024	87.69 %	57	65	NA	NA	62.79%	41/57	79.26%	52/57	NA	NA	NA	NA	0.00%	0	NA	0

Esperanza Katreena Athena

Note 1: eReports data as of 6/5/2024

VV

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th (Target/Achieved)	50th Threshold %	50th (Target/Achieved)	90th Threshold %	90th (Target/Achieved)	No. of Patients		No. of Patients needed to reach 50th	
										% Needed to reach 90th	% Needed to reach 50th		
Child and Adolescent Well Care 2024	9.51 %	98	1030	NA	NA	48.07%	496/98	61.15%	630/98	51.64%	532	NA	
Breast Cancer Screening 2024	29.15 %	93	319	NA	NA	52.20%	167/93	63.37%	203/93	34.22%	110	NA	
Cervical Cancer Screening 2024	23.45 %	359	1531	NA	NA	57.11%	875/359	66.48%	1018/359	43.03%	659	NA	
Childhood Immunization Status CIS 10 2024	11.11 %	6	54	NA	NA	30.90%	17/6	45.26%	25/6	34.15%	19	NA	
Colorectal Cancer Screening 2024	22.21 %	279	1256	31.68%	398/279	39.81%	501/279	NA	NA	NA	NA	222	
Controlling High Blood Pressure 2024	23.41 %	48	205	NA	NA	61.31%	126/48	72.22%	149/48	48.81%	101	NA	
Diabetes - HbA1C Good Control 2024	17.61 %	53	301	NA	NA	52.31%	158/53	60.34%	182/53	42.73%	129	NA	
Diabetes - Retinal Eye exam 2024	41.86 %	126	301	NA	NA	52.31%	158/126	63.33%	191/126	21.47%	65	NA	
Immunization for Adolescents 2024	5.71 %	4	70	NA	NA	34.31%	25/4	48.80%	35/4	43.09%	31	NA	
Well Child First 15 Months 2024	10.00 %	1	10	NA	NA	58.38%	6/1	68.09%	7/1	58.09%	6	NA	
Lead Screening Children 2024	42.11 %	16	38	NA	NA	62.79%	24/16	79.26%	31/16	NA	NA	20.68%	
													8

Esperanza Katreena Athena

VJO

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th (Target/Achieved)	50th Threshold %	50th (Target/Achieved)	90th Threshold %	90th (Target/Achieved)	% Needed to reach		No. of Patients	
										to reach	to reach	90th	50th
Child and Adolescent Well Care 2024	11.06 %	406	3671	NA	NA	48.07%	1765/406	61.15%	2245/406	50.09%	1839	NA	NA
Breast Cancer Screening 2024	32.12 %	220	685	NA	NA	52.20%	358/220	63.37%	435/220	31.25%	215	NA	NA
Cervical Cancer Screening 2024	22.62 %	928	4102	NA	NA	57.11%	2343/928	66.48%	2729/928	43.86%	1800	NA	NA
Childhood Immunization Status CIS 10 2024	6.94 %	17	245	NA	NA	30.90%	76/17	45.26%	111/17	38.32%	94	NA	NA
Colorectal Cancer Screening 2024	13.93 %	438	3145	31.68%	997/438	39.81%	1253/438	NA	NA	NA	NA	25.88%	815
Controlling High Blood Pressure 2024	9.71 %	50	515	NA	NA	61.31%	316/50	72.22%	372/50	62.51%	322	NA	NA
Diabetes - HbA1C Good Control 2024	15.87 %	96	605	NA	NA	52.31%	317/96	60.34%	366/96	44.47%	270	NA	NA
Diabetes - Retinal Eye exam 2024	41.98 %	254	605	NA	NA	52.31%	317/254	63.33%	384/254	21.35%	130	NA	NA
Immunization for Adolescents 2024	9.09 %	19	209	NA	NA	34.31%	72/19	48.80%	102/19	39.71%	83	NA	NA
Well Child First 15 Months 2024	15.70 %	27	172	NA	NA	58.38%	101/27	68.09%	118/27	52.39%	91	NA	NA
Lead Screening Children 2024	58.82 %	80	136	NA	NA	62.79%	86/80	79.26%	108/80	NA	NA	3.97%	6

Esperanza Katrenea Athena

Note 1: eReports data as of 6/5/2024



Family Health Services
Quality Assurance/Quality Improvement
Committee Meeting Minutes

Date: Friday, August 2, 2024, Time: 1:00 p.m. – 2:00 p.m.
Meeting Location: MS Teams, Call in number: +1 323-457-3408
Conference ID: 669 251 113#, Meeting ID: 272 454 676 657#,
Password: DL28Lk

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

Agenda Topics	Discussion	Action Items & Due Date	Speaker(s)
Welcome Greetings			Han
1. 2024 QIP Reporting	2024 Measurement Year – current status <ul style="list-style-type: none"> Han explained the excel table being presented of the 2024 PHC QIP Measurement Year, there were 4 tabs broken down by location. 1st tab being FF Peds, 2nd tab FF Adult, 3rd tab Vacaville, and 4th tab Vallejo. Pediatric measures were presented first, followed by Adult measures. Athena went over Pediatric measures, presenting current QIP Score (percentage) target goal of 90th percentile (percentage), and the number of patients needed to reach the 90th percentile (full points) for Child and Adolescent Well Care, Childhood Immunizations Status (CIS 10), Immunization for Adolescents (IMA 2), Well Child First 15 Months, and Blood Lead Screening measures per clinic. Han pointed out that we are in Quarter 3, so we are half-way through the calendar year. We are half-way to a lot of targets, but as you can see for Vallejo, we still have many patients left to reach. Katreena explained that FF Peds does show some 		Han, Athena, Katreena

	<p>Adult measures, because PHC still has patients capped to FHS who are over 18 still capitated to FF Peds. We are still trying to see these patients to hit some of these measures. Katreena went over the Adult measures, presenting current QIP Score (percentage), target goal of 90th percentile (percentage), and the number of patients needed to reach the 90th percentile (full points) for Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Controlling High Blood Pressure, Diabetes – HbA1c Good Control, and Diabetes – Retinal Eye exam measures per clinic. As a reminder the Controlling High Blood Pressure & HbA1c Good Control are low numbers because Athena needs to do the upload which isn't available to do until October 1st. We currently do have patients who have met the measure who aren't reflected on this report. Our numbers for these measures won't be available until we can upload data to PHC. Another point to make about Blood Pressure, is that we worked with Fiscal to create CPT II codes. Athena and I go in NextGen daily, behind the providers to input CPT II codes. Once the Master IM is completed, within the Procedures template, if the patient is on our PHC Measure Report (patients that have been diagnosed with hypertension), kept their appointment and their BP was taken and is within range, we will then input CPT II codes, which crosses over to PHC and then reflects as a Numerator (met measure). This helps so that we can see real-time data, denominators (capitated to FHS) become numerators (have met measure), and to ensure that we don't have such a big upload in October.</p>		
<p>2. 2024 QA/QI Peds Projects</p>	<p>Mobile mammography project w/Alinea & PHC – Results (FF - 6/26/24 & VJO - 6/27/24)</p> <ul style="list-style-type: none"> We worked with Alinea & PHC to work on “Mobile Mamo Days”. We had 2 days scheduled, FF Adult on 6/26/24 and Vallejo on 6/27/24. We had perimeters we had to follow to make sure we stayed within, to be able to utilize the mobile mamo van. We had to make sure that the patients we scheduled had no breast pain or discharge, had no prior abnormal mammos, or did not need a 3-D tomosynthesis screening. To show how much work goes into some of these projects, we want to share some of the numbers and the end results. For FF Adult, Espi and I scrubbed about 252 charts, of those 252, we outreached to 112. The significant drop in numbers when looking at how many we scrubbed vs. how many we outreached to is because patients were no longer capitated to FHS, or they needed a 3-D mamo, or have had abnormal mammos in the past, or had breast pain/discharge. Out of the 112 patients we outreached to, we schedule 32 patients, and out of those 32 pts, 18 patients kept their appts., leaving 14 no-shows. For Vallejo, we scrubbed 363 charts, outreached to 156 patients, out of the 156 pts. we scheduled 34 patients, 11 appts were kept, and 23 patients no-showed. Even though we didn't have a “Mobile Mamo Day” in Vacaville, we did outreach to Vacaville patients, offering to schedule them for either Fairfield or Vallejo. For Vacaville patients, we scrubbed 85 charts, outreached to 32 patients, and scheduled 3 pts., and all 3 pts kept their appt. So, even though 		Athena

these results may seem low, we are proud of our work and are very happy with the success of this project. In Fairfield, we were able to get a homeless patient to and from her appt. with Keida Driskell's help who ordered Uber Health rides for us. In Vallejo, a homeless woman, who was there for a General Assistance appt, came by and ask us what we were doing. We explained that if she were our patient and was due for a mammo, she could get it done on the mobile van. And although she hadn't yet established care with FHS, she proceeded to "walk-in" to get established. After establishing care, she was then able to get her mammo completed. Although we didn't hit our goal of 25 patients screened for each day, we are happy that we got a few homeless patients in to get the care they needed and excited to share with you the two highlights from our Mobile Mammo Days.

Blood Lead Screening

(Results: not including addt'l pts scheduled on regular RN/MA sched

- Another project we've been working on is for Pediatrics which is Blood Lead Screening. With Blood Lead Screening we've started working on the FF Peds care gap list. We have scrubbed over 300 charts, but were only able to outreach to 5 patients, scheduled those 5 patients and all patients kept their appts. On July 22nd, 23rd, and 24th, Espi held QA/QI RN/MA days where she saw those needing blood lead screenings and patients needing vaccines, specifically for the Adolescent Immunization (IMA 2) measure. Currently we don't have the breakdown of numbers for IMA 2, but for Blood Lead Screening we scheduled 5 patients and all 5 patients kept their appts.

Well Child First 15 months of life (WCC 0-15) (Centering – 2nd Session July 12th – results)

- We are currently working on a very small project called Centering Parenting WCC 0-15 months. Our target population are African American babies getting in the 6 physicals by the age of 15 months. We have identified and targeted 5 families. The Centering Parenting project incorporates vitals of the babies being taken and "mini physicals" that are private, proceeded by a group session. We have had 2 sessions so far. Our 2nd session was July 12th. We had 3 families show for each session. A new family attended our 2nd session, who hadn't made it to the 1st session. That family had both a mother and father attend. We are very excited because the 1st session also had a father of a different family attend. We asked a survey question, asking: *Rating from 1 to 10, 10 being the highest: How do you like these group sessions?* All 3 families scored the Centering Parenting Group as a 10, they were happy about the group and have learned a lot in each group session. There was worry about if families were going to participate in sessions, but families did participate. After each session the team debriefed,

	<p>reviewing the things that worked and those that didn't to streamline the workflow. We also have been getting help from Tara Lopez, helping with MA duties and support to help facilitate these sessions. For the 2nd session, Espi did the vitals and Tara did the vaccines for the babies. We have also gotten help from Cynthia Coutee VV's Health Services Manager, she was a great help with the flow of conversation and in helping to rock the babies to sleep. In our 1st session, Veronica Shearin-Sims attended and helped provide support for Dr. Stevens, also helping with the flow of conversations and ideas in the group sessions. Since these sessions have worked out so well, we are hoping, moving forward to have a guest speaker/facilitator to help with support for each session. Our 3rd session is Sept. 10th</p> <p>Current Immunization Status (CIS 10 & IMA 2)</p> <ul style="list-style-type: none"> We utilized the care gap list for Immunizations for Adolescents (IMA 2), trying to target those needing just their 2nd HPV. After scrubbing charts, we ended with a very small amount of patients to outreach to. So, we extended our target to those needing any of the IMA 2 vaccines: 1 Tdap, 1 MCV, and 2 HPV. After extending our target population, we did not have very many patients to outreach to, so we weren't able to utilize all the appt. slots for 7/22, 7/23, and 7/24. After scrubbing charts, with regards to IMA 2 and Blood Lead Screening, we have quickly learned that there are a large amount of kids needing physicals. And without being current with a physical, we can't outreach to them for vaccines. In order to see patients for vaccines, they need to already be current with their physical. So, for these projects our care gap lists are quickly being exhausted because of how many children are due for their physicals. With that being said, some measures, we will not be able to work on until providers schedules are opened, so that we can schedule physicals. This includes Childhood Immunizations (CIS 10), which is a more complicated measure because there are 10 vaccines needed which are all on different schedules/intervals. We haven't started a project for this measure because we need physical appts available to work on this measure, which we currently don't have. 	
<p>3. 2024 QA/QI Adult Projects</p>	<p>HbA1c & BP Days – sometime in July, TBD</p> <ul style="list-style-type: none"> Dr. Faucett just did his first “BP & A1c day” last Friday, 7/26/24. 16 patients were scheduled, of the 16 patients, 13 patients kept their appts. and all patients were within range. Dr. Faucett will be doing the “BP & A1c days” on payday Fridays, up until we meet the measure. <p>Pap Days – results</p> <ul style="list-style-type: none"> We had our first “pap day” with Zosima Inton on 5/17/24: 22 patients were scheduled, 2 re-scheduled, 4 no showed, and 16 patients kept their appts. Kate Riley had her first “pap day” on 6/10/24: 16 patients kept their appts. And Veronica Shearin-Sims helped Kate and saw 4 patients, so in total we saw 20 patients for that day. Kate Riley also had another “pap day” and 	<p>Katreena</p>

	<p>saw 8 patients for pap smears. We will be having our next “pap day” with Zosima Inton on 8/16/24. We will be double, maybe even triple booking her schedule because with her first round she saw how easy the day ended up being. We also want to note that for these “pap days”, the provider is only doing the pap smear, with no breast exam, so the appts should be a bit quicker than usual.</p>	
<p>4. Discussion</p>	<p>Open for comments, questions, or concerns</p> <ul style="list-style-type: none"> • Question from Cynthia Coutee – <i>Regarding the Mobile Mamo Van. How many of those patients were you able to do reminder calls for? I’m curious, especially when considering the no-show rate.</i> • Answer per Katreena – I did all the reminder calls and reminder text messages. • Answer per Athena – Also on the day of, when we saw that those scheduled for morning appts didn’t show, we made sure to call them and let them know that they could still come to get their mamo done and that we would be accepting patients until the end of the day (3:30pm). We definitely had patients come in the afternoon who missed their morning appt. We have learned some good lessons from this first experience regarding confirmation call, texts, and the day of calls. We would also like to include the Vacaville clinic the next time we do Mobile Mamo Days. • Answer per Katreena – Whenever we do “QA/QI Days” with confirmation calls, I do a confirmation text when I schedule the appt, a reminder text a week before, and a reminder text a night before, and the day of I send a text saying, “We look forward to seeing you at your appt today.” And they will communicate with me via text, if they need to cancel or reschedule. QA/QI do our own confirmation calls and texts. • Question from Noelle Soto – <i>Did you do research as to why patients no-showed for the Mobile Mamo Days?</i> • Answer per Katreena – I haven’t. When I would send out a reminder text, some of the patients would cancel and we actually had some patients block us. • Answer per Han – Also, we ended up leaving a lot of voicemails, some patients didn’t even pick up the call, other times the patients weren’t interested. • Answer per Athena – When Katreena was making the calls to schedule these appts, she would offer the patient transportation to the clinic if they didn’t have any. Once we got a workflow streamlined with Keida with a process of requesting her to order an Uber for patients, we incorporated that offer to all patients. We ended up setting up between 8-10 patients with Uber rides to and from the clinic. • Question from Daniel Klein – <i>When I have patients who are due for a pap smear, after talking</i> 	Han

to them about the importance of getting them, they seem receptive to coming back and getting one. I asked about adding these patients onto my schedule, but we were told not to do that because they need to be scheduled from the care gap list? Is there a way that we can help you with that?

- Answer per Katreena – So if you have a patient like that, you can task me their name in NextGen and I can then cross-reference our list to see if they are on it and then we can schedule them. I know that you are interested in doing “pap days” but the barrier we are running into is that some women are requesting a woman provider for a pap smear. The call center has been tasking Espi and I for pap appts, so we just cross-reference then to see if they are on our measure list and get them scheduled. But if someone wants a pap and are not on our measure list, we’ll still get them in, they just wont count towards meeting the measure.
- Answer per Dr. Leary – I just want to say that the “Gold standard” whenever a patient is in the room with you telling you that they want a pap, convert the visit and do the pap. You can step out and have your MA prep, go see another patient, and come back and do the pap. That’s how many other entities have said that they have been able to meet the measure, by converting the visit. I know it ‘s a lot of work, but the best thing is to not wait, while they undress and while your MA preps, is to go see another patient and go back in.
- Answer per Katreena – Because sometimes they say they are going to come back but sometimes they don’t.
- Per Daniel – Ok, thank you. Some of them have been during the Telehealth appts, which we have been doing more of lately. And then it became about, how do we get them back and on the schedule, so that we help them stay on track and meet these measures.
- Answer per Dr. Leary –The truth is, if this patient is only going to see you, put them back on your schedule. And then just send an email to Katreena, letting her know that you put this patient into your schedule for next week as an FYI. But don’t wait to schedule the patient because we have a high no-show rate. It’s a pap smear, no body want to get a pap smear done, but it’s a test that has to get done so that we stay healthy. So, whenever you can get someone to say yes to a pap smear, try and do that ASAP.
- Per Katreena – Especially with our “pap days” we were giving out gift cards, if they came in an completed the pap, but we don’t have enough gift cards to continue it through the year. We may only have enough for this next “pap day”. So when it comes to not having gift cards, we are going to see a lot of no-shows because we don’t have anything to give them monetarily.
- Per Daniel – Ok, I’ll just reach out to you when those types of situations come up. Thank you.

Next Meeting	Future Meetings
Friday, September 13 2024	We meet every other month
Time	Location
1:00 p.m. – 2:00 p.m.	MS Teams (meeting details above)

ALL

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th (Target/Achieved)	50th Threshold %	50th (Target/Achieved)	90th Threshold %	90th (Target/Achieved)
Child and Adolescent Well Care 2024	15.59 %	1151	7381	NA	NA	48.07%	3549/1151	61.15%	4514/1151
Breast Cancer Screening 2024	33.42 %	492	1472	NA	NA	52.20%	769/492	63.37%	933/492
Cervical Cancer Screening 2024	27.42 %	1929	7035	NA	NA	57.11%	4018/1929	66.48%	4677/1929
Childhood Immunization Status CIS 10 2024	20.84 %	79	379	NA	NA	30.90%	118/79	45.26%	172/79
Colorectal Cancer Screening 2024	21.92 %	1257	5735	31.68%	1817/1257	39.81%	2284/1257	NA	NA
Controlling High Blood Pressure 2024	22.14 %	238	1075	NA	NA	61.31%	660/238	72.22%	777/238
Diabetes - HbA1C Good Control 2024	24.79 %	330	1331	NA	NA	52.31%	697/330	60.34%	804/330
Diabetes - Retinal Eye exam 2024	46.88 %	624	1331	NA	NA	52.31%	697/624	63.33%	843/624
Immunization for Adolescents 2024	18.88 %	84	445	NA	NA	34.31%	153/84	48.80%	218/84
Well Child First 15 Months 2024	20.10 %	42	209	NA	NA	58.38%	123/42	68.09%	143/42
Lead Screening Children 2024	63.56 %	150	236	NA	NA	62.79%	149/150	79.26%	188/150

7/31/2024

FF Peds

Measure	QIP Score	Numerator	Denominator	25th Thresh	25th (Target/)	50th Thresh	50th (Target/Achieved)	90th Thresh	90th Target	Achieved	No. of Patients needed - 90th Target
Child and Adolescent Well Care 2024	17.38 %	472	2715	NA	NA	48.07%	1306/472	61.15%	1661	472	1189
Cervical Cancer Screening 2024	44.44 %	8	18	NA	NA	57.11%	11/8	66.48%	12	8	4
Childhood Immunization Status CIS 10 2024	34.57 %	28	81	NA	NA	30.90%	26/28	45.26%	37	28	9
Controlling High Blood Pressure 2024	0.00 %	0	1	NA	NA	61.31%	1/0	72.22%	1	0	1
Diabetes - HbA1C Good Control 2024	22.22 %	2	9	NA	NA	52.31%	5/2	60.34%	6	2	4
Diabetes - Retinal Eye exam 2024	33.33 %	3	9	NA	NA	52.31%	5/3	63.33%	6	3	3
Immunization for Adolescents 2024	19.54 %	34	174	NA	NA	34.31%	60/34	48.80%	85	34	51
Well Child First 15 Months 2024	40.00 %	8	20	NA	NA	58.38%	12/8	68.09%	14	8	6
Lead Screening Children 2024	87.88 %	58	66	NA	NA	62.79%	42/58	79.26%	53	58	-5

7/31/2024

FF Adult

Measure	QIP Score	Numerator	Denominator	25th Thre	25th Thre 25th(Target/A	50th Threshold %	50th(Target/Achieved)	90th Threshold %	90th Target	No. of Patients needed - 50th Target	
										Achieved	Target
Child and Adolescent Well Care 2024	50.00 %	1	2	NA	NA	48.07%	1/1	61.15%	1	1	1
Breast Cancer Screening 2024	36.58 %	184	503	NA	NA	52.20%	263/184	63.37%	319	184	135
Cervical Cancer Screening 2024	38.62 %	587	1520	NA	NA	57.11%	869/587	66.48%	1011	587	424
Colorectal Cancer Screening 2024	32.49 %	451	1388	31.68%	440/451	39.81%	553/451	NA	NA	451	102
Controlling High Blood Pressure 2024	30.41 %	97	319	NA	NA	61.31%	196/97	72.22%	231	97	134
Diabetes - HbA1C Good Control 2024	30.36 %	119	392	NA	NA	52.31%	206/119	60.34%	237	119	118
Diabetes - Retinal Eye exam 2024	55.10 %	216	392	NA	NA	52.31%	206/216	63.33%	249	216	33

7/31/2024

VV

Measure	QIP Score	Numerator	Denominator	25th Threst	25th(A	50th Threshold %	50th(Target/Achieved)	90th Threshold %	90th Target	No. of Patients needed - 50th	
										Target	Target
Child and Adolescent Well Care 2024	12.27 %	125	1019	NA	NA	48.07%	490/125	61.15%	624	125	499
Breast Cancer Screening 2024	28.66 %	90	314	NA	NA	52.20%	164/90	63.37%	199	90	109
Cervical Cancer Screening 2024	24.03 %	366	1523	NA	NA	57.11%	870/366	66.48%	1013	366	647
Childhood Immunization Status CIS 10 2024	20.00 %	11	55	NA	NA	30.90%	17/11	45.26%	25	11	14
Colorectal Cancer Screening 2024	25.66 %	323	1259	31.68%	399/323	39.81%	502/323	NA	NA	NA	179
Controlling High Blood Pressure 2024	32.23 %	68	211	NA	NA	61.31%	130/68	72.22%	153	68	85
Diabetes - HbA1C Good Control 2024	26.89 %	82	305	NA	NA	52.31%	160/82	60.34%	185	82	103
Diabetes - Retinal Eye exam 2024	42.95 %	131	305	NA	NA	52.31%	160/131	63.33%	194	131	63
Immunization for Adolescents 2024	11.59 %	8	69	NA	NA	34.31%	24/8	48.80%	34	8	26
Well Child First 15 Months 2024	8.33 %	1	12	NA	NA	58.38%	8/1	68.09%	9	1	8
Lead Screening Children 2024	37.84 %	14	37	NA	NA	62.79%	24/14	79.26%	30	14	10

7/31/2024

VJO

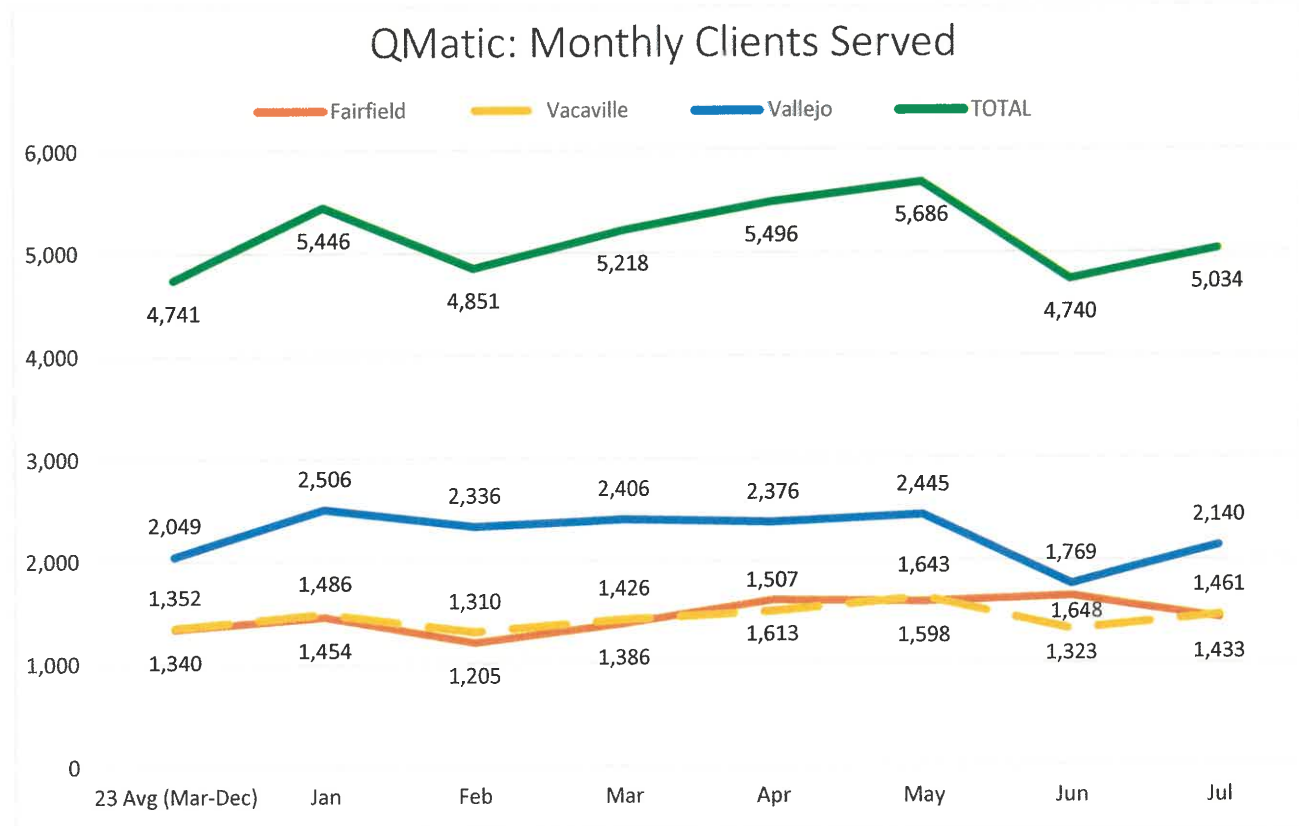
Measure	QIP Score	Numerator	Denominator	25th Thresh	50th(A	50th(Achieved)	90th Threshold %	90th Threshold %	90th Target	Achieved	No. of Patients needed - 90th Target	No. of Patients needed - 50th Target
Child and Adolescent Well Care 2024	15.17 %	553	3645	NA	NA	1753/553	61.15%	61.15%	2229	553	1676	1676
Breast Cancer Screening 2024	33.28 %	218	655	NA	NA	342/218	63.37%	63.37%	416	218	198	198
Cervical Cancer Screening 2024	24.36 %	968	3974	NA	NA	2270/968	66.48%	66.48%	2642	968	1674	1674
Childhood Immunization Status CIS 10 2024	16.46 %	40	243	NA	NA	76/40	45.26%	45.26%	110	40	70	70
Colorectal Cancer Screening 2024	15.64 %	483	3088	31.68%	979/483	1230/483	NA	NA	NA	NA	747	747
Controlling High Blood Pressure 2024	13.42 %	73	544	NA	NA	334/73	72.22%	72.22%	393	73	320	320
Diabetes - HbA1C Good Control 2024	20.32 %	127	625	NA	NA	327/127	60.34%	60.34%	378	127	251	251
Diabetes - Retinal Eye exam 2024	43.84 %	274	625	NA	NA	327/274	63.33%	63.33%	396	274	122	122
Immunization for Adolescents 2024	20.79 %	42	202	NA	NA	70/42	48.80%	48.80%	99	42	57	57
Well Child First 15 Months 2024	18.64 %	33	177	NA	NA	104/33	68.09%	68.09%	121	33	88	88
Lead Screening Children 2024	58.65 %	78	133	NA	NA	84/78	79.26%	79.26%	106	78	28	28

7/31/2024

Clinic Operations Report: Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Clients Served							
	2023 (Mar to Dec) Average	Jan	Feb	Mar	Apr	May	Jun	Jul
Fairfield								
Lab	93	95	76	94	125	127	116	93
Medical (Adult)	1,247	1,359	1,129	1,292	1,488	1,471	1,532	1,340
Subtotal	1,340	1,454	1,205	1,386	1,613	1,598	1,648	1,433
Vacaville								
Dental	588	598	535	552	571	620	596	673
Medical (Adult & Peds)	764	888	775	874	936	1,023	727	788
Subtotal	1,352	1,486	1,310	1,426	1,507	1,643	1,323	1,461
Vallejo								
Dental & Medical (Adult & Peds)	1,970	2,413	2,245	2,313	2,269	2,342	1,671	2,009
Lab	79	93	91	93	107	103	98	131
Subtotal	2,049	2,506	2,336	2,406	2,376	2,445	1,769	2,140
TOTAL	4,741	5,446	4,851	5,218	5,496	5,686	4,740	5,034



CHB Follow-Up to Clinic Quality and Operational Reports:

Ryan White HIV/AIDS Program (RWHAP)

Family Health Services (FHS) is a funding recipient of the RWHAP ([RyanWhite.HRSA.Gov](https://www.RyanWhite.HRSA.Gov)):

- *Part B HIV Care*
 - Improve the quality of and access to HIV health care and support in the U.S.
 - Provide medications to low-income people with HIV through AIDS Drug Assistance Program (ADAP)
- *Part C Early Intervention Services (EIS)*
 - Provide outpatient ambulatory health services and support for people with HIV
 - Help for community-based groups to strengthen their capacity to deliver high-quality HIV care

➤ **People Living with HIV/AIDS (PLWHA) – 50+ age group**

Solano County Programs – Napa/Solano County Area Agency on Aging, etc.

Access, Care and Engagement (ACE) Technical Assistance (TA) Center ([TargetHIV.org/ACE](https://www.TargetHIV.org/ACE))

- Medicare Coverage for People with HIV
 - The Basics of Medicare for RWHAP Clients
 - Medicare Prescription Drug Coverage for RWHAP Clients
 - How Medicare Enrollment Works
 - Transitioning from Marketplace to Medicare Health Coverage
 - Financial Help for Medicare
 - Resources for Consumers

AIDS Education & Training Center Program (AETC) Pacific ([AIDSETC.org](https://www.AIDSETC.org))

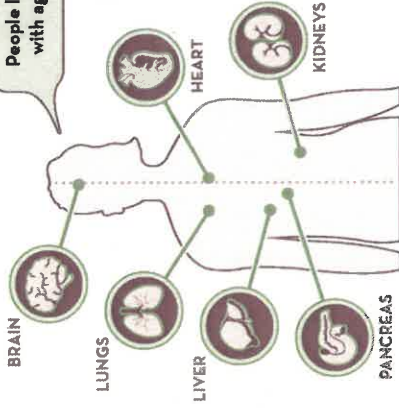
- National HIV Curriculum Module: HIV in Older Adults
 - Offers free online continuing education for healthcare professionals
 - Module devoted to HIV in older adults

Infectious Disease – HIV and Aging Program, UCSF Health

FHS Homeless Resources

- Participates in the bimonthly *Housing-Homelessness-Health (H3) Community of Practice Meeting* – an opportunity to increase partnership, share resources, facilitate rapid linkage to health and housing services for the purpose of improving care for those served.
 - Attendees include representatives from Homebase, Resource Connect, Health & Social Services: Administration, Behavioral Health, Child Welfare Services, Employment and Eligibility, Older and Disabled Adult Services, Probation, Public Health and Sheriff's Office
- Conducts referrals (and warm hand-offs, if possible) to applicable County programs and Partnership of California Solano County Housing Resources. (*see Handouts*)

People living with HIV begin experiencing health issues associated with aging 10 to 15 years earlier than people not living with HIV.¹



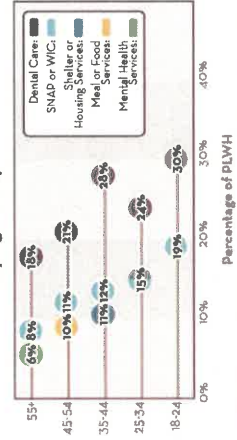
In Comparison to the General U.S. Population:

- PLWH are 2x as likely to have depression due to the stress associated with living with HIV.²
- PLWH have a higher rate of chronic obstructive pulmonary disease (COPD), with as many as 25% estimated to have COPD.³
- PLWH are at a slightly higher risk for developing diabetes due to mitochondrial damage caused by older HIV treatments.⁴
- PLWH are estimated to have a 1.5 to 2-fold increased risk of developing atherosclerotic cardiovascular disease (ASCVD). ASCVD is among the leading causes of hospitalizations, disability, and death among PLWH.⁵
- PLWH receiving an AIDS diagnosis are associated with a 4-fold increased risk for developing liver cancer.⁶
- PLWH have a higher risk of acute and chronic kidney disease, with kidney disease in PLWH being associated with increased mortality.⁷

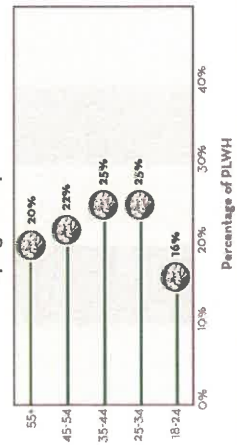
While co-morbidities are common in the general population and are typically associated with the aging process, the burden, diagnosis, clinical course, and therapy of co-morbidities are more complex due to living with HIV.

Core Support Services Needs of PLWH in the U.S.

Top Three Services PLWH Reported Needing, But Not Receiving in 2019, By Age Group⁸



Percentage of PLWH Who Experienced Symptoms of Depression and Anxiety in 2019, By Age Group⁹



¹ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ² <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ³ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ⁴ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ⁵ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ⁶ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ⁷ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ⁸ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>; ⁹ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Immunization/Long-Term%20Survivors%20Webinar%2020230608>

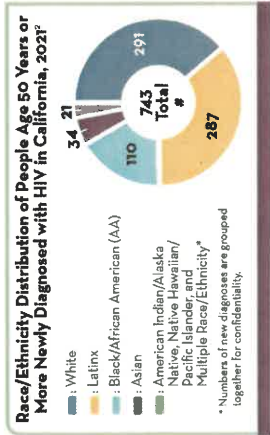
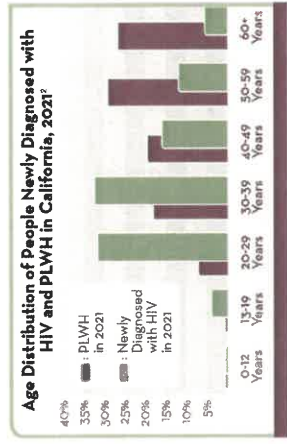
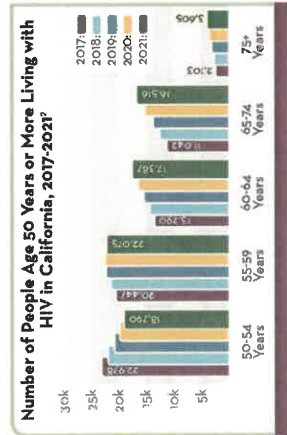


Long-Term Survivors are PLWH¹⁰ diagnosed in the early 1980s. They are more likely to have experienced loss of partners and friends. They lived through the fear, stigma, and discrimination that was widespread early in the epidemic. They are likely to have been prescribed HIV medications that had significantly more side-effects and toxicity than those used today. They may have had critical illnesses and AIDS-defining opportunistic infections, causing them to leave the workforce and rely on SSDI, leaving them with less retirement, pensions, and financial savings. June 5 recognizes their resilience and the need to continue addressing both the physical and mental challenges to their well-being due to decades of successful disease management.

For More Information: www.cdph.ca.gov/programs/cid/doi/pages/hiv-aging.aspx

HIV AGING

In 2021, 56% of People Living with HIV (PLWH) in California were Age 50 Years or More.¹



QUICK HIV FACTS:

- According to the Centers for Disease Control and Prevention, in 2018, 35% of PLWH age 50 years or more (PLWH50+) in the U.S. already had late-stage HIV infection (AIDS) when they received a diagnosis.
- From 2017-2021, the proportion of PLWH50+ in California increased from 32% to 36%.
- In 2021, 17% of newly diagnosed patients in California were age 50 years or more.
- As people with HIV age, they are often prescribed multiple meds for chronic conditions that develop with aging. This increases their risk for drug-drug interactions with their HIV meds and drug toxicity.

For Every 100 People in California Living with HIV Age 50 or More:²

74 received some HIV care in past 12 months

53 were retained in HIV care in past 12 months

67 were virally suppressed in past 12 months

World-wide, more than 2/3rds of deaths among people with HIV are now attributable to non-HIV associated causes.³



Housing & Homelessness



Our team coordinates Housing and Homeless Initiatives focused on our Behavioral Health population, in coordination with Health and Social Service Divisions, County Departments, Solano Homeless Continuum of Care and other community partners. Our purpose is to promote fully integrated independent living, self-sufficiency and resilience for the people we serve. A few of our projects include:

- The **HOPE Team** (Homeless Outreach Partnership and Engagement) goes to homeless encampments to engage and offers mental health supports, as well as a Street Medicine outreach team with a medical prescriber, clinician, specialist for psychiatric intervention and engagement.
- National, State and Local Housing First Homelessness initiatives, including appointments at the local Housing First Solano Continuum of Care committee and CAP Solano JPA.
- SAMHSA's Homeless and Housing Resource Network and Projects for Assistance in Transition from Homelessness (PATH) Grant
- Partnership with Law Enforcement's homeless intervention and community support teams
- **MHSA** Accessible Resources for the Communities' Homeless (ARCH) for adults and transition age youth, those who are victims or at-risk of Commercial Sexual Exploitation
- Benefits Support & linkage to General Assistance, Medi-Cal, and CalFresh <https://www.solanocounty.com/depts/hhs/ees/>
- Community housing and residential facility management and rental assistance oversight- this includes Homeless Shelters, Board & Care, Room & Boards vendors.
- Expansion and support for new housing developments and services for those with BH needs.

Email us for general info: Housing@SolanoCounty.com

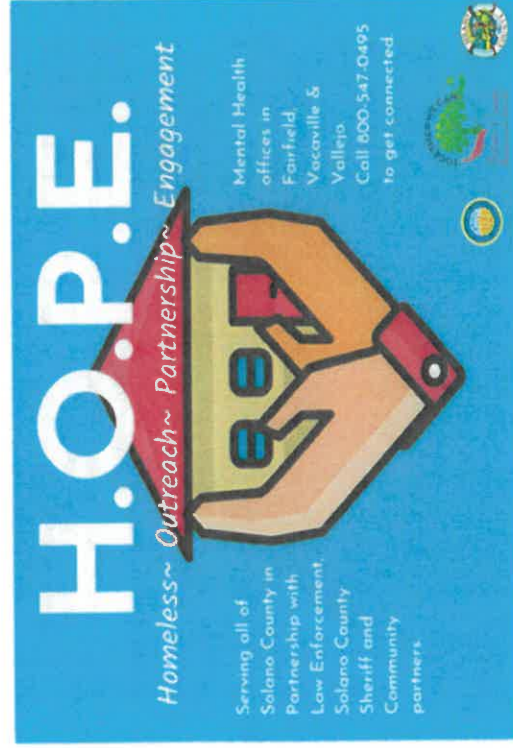
ANNOUNCEMENT

We are excited to share that on 11/7/23, the Solano County Board of Supervisors approved a multi-year contract for homeless and housing services with Abode Services – one of the Bay Area's largest providers of housing and services for those experiencing homelessness. Abode will provide street outreach, housing navigation, landlord engagement, subsidy administration, rapid rehousing, forensic respite, and permanent supportive housing services to individuals experiencing behavioral health challenges in Solano County. Abode's work in the county will run from November 2023 through June 30, 2026.

In the past few years, Solano Behavioral Health has successfully received grants and non-competitive allocations for housing and homeless services to support the needs of those with the most significant mental health and substance use challenges, who often also experience the highest rates of poverty, incarceration, trauma, homelessness, and crisis. This contract will support as many as 800 people per year through six new funding sources, in addition to Medi-Cal reimbursement. Furthermore, the funds will increase housing by providing opportunities to nearly 200 households annually through respite, permanent housing, and rapid rehousing.

[READ THE PRESS RELEASE HERE](#)

WHAT WE DO



ABOUT THE SOLANO HOMELESS CONTINUUM OF CARE

Our Solano Continuum of Care



LOCAL RESOURCES

Resource Connect Solano streamlines access to life-changing housing and supportive resources for people in Solano County who are experiencing or at-risk of homelessness. Individuals and families receive assessment and referral services to identify housing needs and create linkages to available services. Caminar, a California-based non-profit behavioral health services provider, serves as the operator for the Coordinated Entry System. Contact Resource Connect Solano at **707.652.7311** or email RCS@caminar.org

Community Shelters and Resources can be found [here](#).

Are you homeless or at-risk of becoming homeless? Resource Connect Solano can help.

Call 707.652.7311 or email RCS@caminar.org to learn how RCS can help you navigate your housing crisis.

Connect with life-changing housing and supportive services through access points across Solano County. Visit www.resourceconnectsolano.org to learn more.

CAMINAR
1234 Empire Street, Fairfield
Monday-Friday, 9am-5pm
Appointment only

CAMINAR
987 Touchstone Street, Vallejo
Monday-Friday, 9am-5pm
Appointment only



CHRISTIAN HELP CENTER
1055 Anwar Drive, Vallejo
1st & 3rd Thursdays, 12pm-2pm
Drop-in & appointment

CHURCH OF THE EPPHANY
100 West Street, Vacaville
2nd & 4th Tuesdays, 12pm-2pm
Drop-in & appointment



CAP Solano JPA provides oversight and coordination of homeless and safety net services to the residents of Solano County and serves as the conduit for safety net funding support.

Housing First Solano works to end homelessness by:

- Facilitating multi-agency cooperation and coordination
- Connecting persons experiencing homelessness with housing, job, family, and medical resources
- Securing funds from the State of California, Department of Housing and Urban Development, and private organizations to end homelessness

SOLANO COUNTY HOUSING RESOURCES

SHELTERS

Abundant Place

"Providing Case Management and Housing Assistance to individuals who have recently been released from incarceration."

Contact: (707) 474-7988

Website: <http://www.abundantplaces.org>

Last Verified On: 05/31/2024

Bay Area Community Services BACS

"BACS provides a short-term place for people in crisis to stay, from two weeks to six months, while our team works with them to meet individualized goals."

Location: 390 40th Street

Oakland, CA 94609

Contact: (510) 613-0330

Website: <https://www.bavarearescue.org/>

Last Verified On: 05/31/2024

Bay Area Rescue Mission

"Safe shelter, hot meals, life transforming programs, food pantry, transitional living, community outreach, emergency services."

Location: 2114 Macdonald Avenue

Richmond, CA 94801

Contact: (510) 215-4555

Email: info@bavarearescue.org

Website: <http://www.bavarearescue.org/what-we-do/emergency-shelter>

Last Verified On: 05/31/2024

Camarina Homeless Program

"Behavioral & health and supportive services empowers and supports individuals and families to move toward resilience, wellness, and independence."

Location: 909 Tuolumne Street

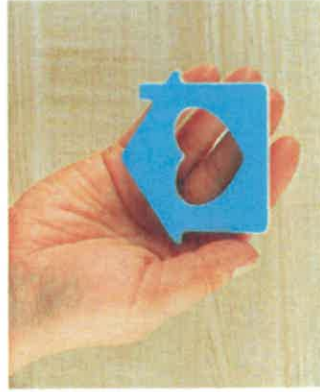
Vallejo, CA 94590

Solano Crisis Hotline: (707) 428-1131

Contact: (707) 652-7311

Website: <http://www.cammarina.org>

Last Verified On: 05/31/2024



Children in Need of Hugs (CINOH)

"Provides Shelter and Transitional housing for youth. Mission is to provide a safe, stable, and nurturing living environment for runaway and homeless youth in Solano County. Provides transitional housing for pregnant and/or parenting teenage mothers. Provides supportive services to young mothers ages 20 and under. They provide up to 18 months of shelter, life skills, and counseling. Emergency shelter is provided for youth 13-17 which provides up to 21 days of shelter and individual counseling, family counseling, and support services to assist youth in reuniting with their families or with alternative housing."

Location: 274E Sunset Avenue, Suite 201

Suisun City, CA 94585

Contact: (707) 428-3912

24 Hour Hotline: (866) 483-3866

Website:

<https://solano.networkofcare.org/aging/services>

[/agency.aspx?pid=ChildrenInNeedofHugsCINO](https://solano.networkofcare.org/aging/services/H_1_49_1)

[H_1_49_1](https://solano.networkofcare.org/aging/services/H_1_49_1)

Last Verified On: 05/31/2024

SOLANO COUNTY HOUSING RESOURCES

SHELTERS, Continued

Christian Help Center

"Provides food and shelter to those who are homeless and in need of care with compassion, dignity and respect."

Location: 2166 Sacramento Street

Vallejo, CA 94590

Contact: (707) 553-8192

Email: contactus@christianhelpcenter.org

Website:

https://solano.networkofcare.org/aging/services/agency.aspx?pid=christianhelpcenter_1_49_1

Last Verified On: 05/31/2024

City Livin' Center

"The City Livin' Center is a faith-based, but not faith required, affordable facility with a minimum of a year stay (12 month) where lives change! We provide hope and help for those struggling with substance abuse, depression, anger, control, past physical and sexual abuse, and other life-controlling issues."

Location: 743 E Tabor Ave

Fairfield, CA 94533

Contact: (707) 428-2172

Website:

<http://citychurchfairfield.com/ministries/city-livin-center/>

Last Verified On: 05/31/2024

Community Action North Bay

"Our programs are designed to assist sheltered and unsheltered homeless people by providing the housing and or services needed to help individuals move into transitional and permanent housing with the goal of long term stability."

Location: 416 Union Avenue, Fairfield, CA

94533

Contact: (707) 427-1148

Website: <https://www.cambsolano.org/>

Last Verified On: 05/31/2024

Harvest House

"Transitional Residence provides a safe and caring place for women and women with their children to live."

Contact: (800) 557-7358

Website: <http://www.harvestresidence.com>

Last Verified On: 05/31/2024

Mission Samoa

"Our programs are designed for men (18 to 60) who are returning home from incarceration and who are committed to the process of change for the betterment of themselves, their families and their communities. Our purpose is to provide an avenue for Re-entry whereby Recidivism is not an option."

Location: 1200 Western St, Suite B

Fairfield, CA 94533

Contact: (707) 399-9209

Website: <http://www.cammar.org>

Last Verified On: 05/31/2024

Nails Foundation

"Nails Foundation's mission is to provide a caring, supportive and therapeutic environment to prepare young people in transitioning to independent housing and connecting with their families and communities."

Location: 1261 Travis Boulevard

Fairfield, CA 94533

Contact: (415) 505-6427

Website: <https://www.nailsfoundation.org/>

Last Verified On: 05/31/2024

Press Incorporated

"Transitional housing placement program."

Location: 1652 Texas Street

Fairfield, CA 94533

Contact: (707) 712-2905

Website:

https://solano.networkofcare.org/veterans/services/agency.aspx?pid=PressIncorporated_1_49_1

Last Verified On: 05/31/2024

SOLANO COUNTY HOUSING RESOURCES

SHELTERS, Continued

Opportunity House

"Provides a safe environment and effective programming to help single women, single parents, and families with children break the cycle of homelessness."

Location: 267 Bennett Hill Court

Vacaville, CA 95688

Contact: (707) 447-1988

Website: <https://vsccorp.org/>

Last Verified On: 05/31/2024

Resource Connect Solano

"Resource Connect Solano streamlines access to life-changing housing and supportive resources for people in Solano County who are experiencing or at-risk of homelessness. Individuals and families receive assessment and referral services to identify housing needs and create linkages to available services."

Location: 1261 Travis Boulevard

Fairfield, CA 94533

Contact: (707) 652-7311

Website:

<https://www.resourceconnectsolano.org/>

Last Verified On: 05/31/2024

Princess Traditional House (women)

Location: 48 Terry Court

Suisun City, CA 94585

Contact: (707) 207-5148

Last Verified On: 05/31/2024

Vallejo Together Transitional Shelter

"Vallejo Together pays for homeless residents to stay in motels when funding permits. We also transport homeless residents to transitional shelter for the City. Members of the Vallejo Homeless Roundtable are in communication with companies and agencies regarding the creation of individual transitional shelters and potential outdoor sites for our residents."

Contact: (707) 205-7476

Website:

<https://www.vallejogethercommunity.org/prog>

rams

Last Verified On: 05/31/2024

CALIFORNIA HOME INSURANCE PLAN

California Fair Property Insurance Plan

"The California FAIR Plan Association was established to meet the needs of California homeowners unable to find insurance in the traditional marketplace."

Location: 3435 Wilshire Blvd. Suite 1200

Los Angeles, CA 90010

Contact: (800) 252-0089

Email:

<https://www.cfpnet.com/index.php/contact-us/>

Last Verified On: 05/31/2024

SOLANO COUNTY HOUSING RESOURCES

COORDINATED ENTRY SYSTEM

Resource Connect Solano (RCS)

"Are you homeless or at-risk of becoming homeless? Resource Connect Solano (RCS) can help. Call or email to learn how RCS can help you navigate your housing crisis."

Contact: (707) 652-7311

Email: RCS@caminar.org

Website: <https://www.resourceconnectsolano.org/>

Last Verified On: 05/31/2024

CAMINAR Fairfield

Location: 1234 Empire Street

Fairfield, CA 94533

Last Verified On: 05/31/2024

Christina Help Center

Location: 1055 Azuar Drive

Vallejo, CA 94592

Last Verified On: 05/31/2024

Church of the Epiphany

Location: 300 West Street

Vacaville, CA 95688

Last Verified On: 05/31/2024

HOME INSURANCE PLAN

California Fair Property Insurance Plan

Location: 725 S Figueroa Street, Suite 3900

Los Angeles, CA 90017

Contact: (800) 252-0089

Email:

<https://www.cfpnet.com/index.php/contact-us/>

Last Verified On: 05/31/2024

HOMELESS SUPPORT SERVICES

Accessible Resources for the Community's Homeless (ARCH)

"ARCH Team provides services in the community to those whom are homeless or at immediate risk to become homeless, access to Mental Health Services, potential housing. Substance Abuse Services, applications to Cal FRESH and Medi-CAL."

Contact: (707) 784-8320

Last Verified On: 05/31/2024

Vallejo Together

"Resource Navigation, Laundry Program, Mobile Showers, Mail Program, Meal Program, Trash Program, Transitional Shelter."

Contact: (707) 205-7476

Website:

<https://www.vallejogethercommunity.org/prog>

rams

Last Verified On: 05/31/2024

SOLANO COUNTY HOUSING RESOURCES

HOMELESS SUPPORT SERVICES, Continued

Miracle Messages

"Miracle Messages provides reunion services for individuals experiencing homelessness. A person isolated by homelessness records a short message to a loved one, often with the help of a local referral partner, using our hotline, mobile app, or online or paper form."

Hotline: 1-800-MISS-YOU

Website:

<https://www.miraclemessages.org/refer>

Last Verified On: 05/31/2024

Miracle Messages – Buddy System

"A phone-based buddy system for out of housed neighbors... Matches unhoused neighbors with committed volunteers for weekly phone calls and texts to check-in and say hello."

Hotline: 1-800-MISS-YOU

Website:

<https://www.miraclemessages.org/friends>

Last Verified On: 05/31/2024

HOUSING RESOURCES

Tenant and Landlord Resources

"Protection Guidelines, Forms, Resources"

Website: <https://landlordtenant.dre.ca.gov/>

Last Verified On: 05/31/2024

PERMANENT SUPPORTIVE HOUSING

Community Action North Bay

"Providing housing and safety net services to assist those-in-need in living healthy and productive lives. We serve veterans, the physically and mentally disabled, seniors, and other vulnerable persons living in Solano County who are socially and economically at risk."

Location: 416 Union Avenue

Fairfield, CA 94533

Contact: (707) 427-1148

Email: info@canbinc.org

Website: <http://canbinc.org/>

Last Verified On: 05/31/2024

SOLANO COUNTY HOUSING RESOURCES

RENT ASSISTANCE

Benicia Community Action Council, food

"The Benicia CAC provide rental assistance to those who qualify"

Location: 480 Military East

Benicia, CA 94510

Contact: (707) 745-0900

Website: <http://www.beniacac.com/>

Last Verified On: 05/31/2024

Catholic Social Services of Solano County

"One time assistance only for rental or move-in deposit cost. Available to families with minor children 17 years and younger, senior citizens (55 or older), or permanently disabled."

Location: 125 Corporate Place, Suite A

Vallejo, CA 94590

Contact: (707) 644-8909 x404

Email: gsnna@casssolano.org or

csrdi@casssolano.org

Website:

<https://www.ccsvo.org/rentalassistance>

Last Verified On: 05/31/2024

Rent Assistance

"Find rental assistance programs"

Website: <https://www.rentassistance.us/>

Last Verified On: 05/31/2024

Government-Sponsored Financial Aid

"COVID-19 has increased the economic burden for families and individuals across California. Which is why we are urging income eligible households to get the support they deserve."

Text: "RENT" to 211-2111

Last Verified On: 05/31/2024

United Way- Covid-19

Tenant Relief Information

"Are you eligible for rental assistance? We can help you screen for eligibility and provide avenues for you to access rent relief."

TEXT: "RENTSOS" to 211-211

Website:

<https://www.unitedwayva.ca.org/blog/entry/implications-of-the-new-statewide-eviction-moratorium>

Last Verified On: 05/31/2024

INTERVENTION TEAM

Community Action North Bay (CANB)

"We serve veterans, the physically and mentally disabled, seniors, and other vulnerable persons living in Solano County who are socially and economically at risk."

Contact: 416 Union Avenue

Fairfield, CA 94533

Phone: (707) 427-1148

Email: info@canbinc.org

Website: <http://canbinc.org/>

Last Verified On: 05/31/2024

Homeless Intervention Team

"Protect health and welfare, connection to services, supportive housing, regional homeless strategy, increase affordable housing."

Contact: (707) 249-2930

Website:

https://www.fairfield.ca.gov/depts/manager/quality_of_life/homelessness.asp

Last Verified On: 05/31/2024



SOLANO COUNTY HOUSING RESOURCES

VETERANS

Veterans Resource Centers of America

"Primary focus on housing assistance, behavioral health treatment, and case management. We take a holistic approach to addressing the individual needs of each veteran."

Location: 2900 Sonoma Boulevard, Suite B

Vallejo, CA 94591

Contact: (707) 341-2461

Website:

https://solano.networkofcare.org/aging/services/agency.aspx?plid=VeteransResourceCenterVallejo_1_49_1

Last Verified On: 05/31/2024

UTILITY AND HOME WEATHERIZATION ASSISTANCE

EveryoneOn

"We help bring low-cost internet service and affordable computers to those who need it."

Website: <https://www.everyoneon.org/>

Last Verified On: 05/31/2024

North Coast Energy Services

"Energy Conservation, Consumer Education & Advocacy, Home Improvement, Utility Assistance, and Job Training."

Location: 1000 Texas St, Suite G

Fairfield, CA 94533

Contact: (707) 422-3200

Toll Free: (800) 233-4480

Website: www.northcoastenergyservices.com

Last Verified On: 05/31/2024

WHOLE PERSON CARE

Bay Area Community Services (BACS)

"Provides mental health services, housing solutions, youth services, and services for the aging community."

Location: 390 40th Street

Oakland, CA 94609

Contact: (510) 613-0330

Email: BACS@bavareacs.org

Last Verified On: 05/31/2024

Chapter 19: Board Authority

Note: This chapter contains language that was revised based on the Bipartisan Budget Act of 2018. [View the revisions](#) (PDF - 582 KB).

In this chapter:

- [Authority](#)
- [Requirements](#)
- [Demonstrating Compliance](#)
- [Related Considerations](#)

Authority

Section 330(k)(3)(H) of the PHS Act; 42 CFR 51c.303(i), 42 CFR 56.303(i), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2)

Requirements¹

- The health center must establish a governing board² that has specific responsibility for oversight of the Health Center Program project.
- The health center governing board must develop bylaws which specify the responsibilities of the board.
- The health center governing board must assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations.
- The health center governing board must hold monthly meetings^{3,4} and record in meeting minutes the board's attendance, key actions, and decisions.
- The health center governing board must approve the selection and termination/dismissal of the health center's Project Director/Chief Executive Officer (CEO).
- The health center governing board must have authority for establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies when needed. Specifically, the health center governing board must have authority for:
 - Adopting policies for financial management practices and a system to ensure accountability for center resources (unless already established by the public agency as the [Federal award](#) or designation recipient), including periodically reviewing the financial status of the health center and the results of the annual audit to ensure appropriate follow-up actions are taken;⁵
 - Adopting policy for eligibility for services including criteria for partial payment schedules;⁶

- Establishing and maintaining general personnel policies for the health center (unless already established by the public agency as the Federal award or designation recipient), including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices; and
 - Adopting health care policies including quality-of-care audit procedures.
- The health center governing board must adopt health care policies including the:
 - Scope and availability of services to be provided within the Health Center Program project, including decisions to subaward or contract for a substantial portion of the services;^{7,8}
 - Service site location(s);⁹ and
 - Hours of operation of service sites.
- The health center governing board must review and approve the annual Health Center Program project budget.¹⁰
- The health center must develop its overall plan for the Health Center Program project under the direction of the governing board.
- The health center governing board must provide direction for long-range planning, including but not limited to identifying health center priorities and adopting a three-year plan for financial management and capital expenditures.
- The health center governing board must assess the achievement of project objectives through evaluation of health center activities, including service utilization patterns, productivity [efficiency and effectiveness] of the center, and patient satisfaction.
- The health center governing board must ensure that a process is developed for hearing and resolving patient grievances.

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OPERATIONS REPORT - FINANCE
FY2023/24 YEAR END REPORT

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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EXPENDITURES	Notations
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Salaries & Benefits

Salaries - Regular	11,733,860	11,559,007	98.51%
Salaries - Extra Help	46,097	43,119	93.54%
Salaries - OT/Callback/Standby	114,561	111,656	97.46%
Staffing costs from other divisions	63,511	28,263	44.50%
Benefits	6,696,261	6,656,019	99.40%
Accrued Leave CTO Payoff	15,577	59,543	382.25%
Salary Savings	-	-	0.00%
Salaries & Benefits Total	18,669,867	18,457,607	98.86%

Services & Supplies

Office Expense and Supplies	151,334	157,039	103.77%	Drinking water, household expenses, and trash services.
Communications	141,412	137,077	96.93%	Telephones and cell phones.
Insurance	859,428	890,424	103.61%	>Budget includes cost of Liability Insurance and Malpractice Insurance. >Actuals represent Liability Insurance for 2023-24. >These charges will originate from another County Department. >Medical Malpractice will post at year end and are expected to be budgeted amount.
Equipment - Purchases, Leases & Maintenance	57,189	56,962	99.60%	Q-Matic. Handpiece Express. Patterson Dental. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	53,034	55,478	104.61%	Monthly charges for vehicles assigned to County Departments; personal mileage. Charges are high due to repair charges made to County vehicles.

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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EXPENDITURES **Notations**

Services & Supplies (continued)

Buildings - Maintenance, Improvements, Rent & Utilities	219,672	200,245	91.16% PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	626,584	682,818	108.97% Henry Schein. McKesson. Patterson Dental. TheraCom.
Controlled Assets & Computer Related Items	210,727	179,133	85.01% Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	128,803	119,552	92.82% JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	847,621	882,342	104.10% Actuals include the following contracts: >Forvis (Medicare Cost Report) >Stericycle (medical waste disposal) >Waystar (electronic claims management) >Simi >Allied Security >Facktor - placeholder >EHR consultants (project and IT) - placeholder >Expanding COVID Vaccine TBD contract-grant funded >Kaye Bassman >UHC Solutions

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
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EXPENDITURES	Notations
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Services & Supplies (continued)

DoIT	1,646,801	1,687,598	102.48%	
Software & Maintenance or Support	1,327,968	1,333,789	100.44%	Actuals include the following: >Next Gen >OCHIN contract >Intelligent Medical Objects (electronic medical records) >Medical Minds (triage protocols) >Nuance Communications (Dragon dictation services) >Up To Date
Professional Licenses & Memberships	17,224	7,320	42.50%	
Education, Training, In-State Travel, Out of State Travel	6,257	4,317	68.99%	Registration fees for NACHC Community Health Institute & Expo Conference
Other	231,756	226,823	97.87%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
Services & Supplies Total	6,525,810	6,620,915	101.46%	

Other Charges

Interfund Services - Professional	582,258	514,116	88.30%	County related charges for Sheriff services, building and grounds maintenance and custodial services.
Interfund Services - Accounting & Contributions - Non County Agencies	68,167	103,757	152.21%	Maintenance materials, small projects and labor.
	13,991	13,991	100.00%	Registration fees for NACHC Community Health Institute & Expo Conference (two board members).
Other Charges Total	664,416	631,864	95.10%	

**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

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EXPENDITURES	Notations
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Contracts/Client Support			
Contracted Direct Services	2,367,886	2,301,265	97.19%
			Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers) Client support transportation costs.
Client Support	23,830	28,468	119.46%
Contracts/Client Support Total	2,391,716	2,329,733	97.41%

Equipment			
Equipment	93,626	60,384	64.49%
Equipment Total	93,626	60,384	64.49%

Administration Costs			
H&SS Administration	2,338,194	2,248,309	96.16%
Countywide Administration	935,417	935,417	100.00%
Administration Costs Total	3,273,611	3,183,726	97.25%

TOTAL EXPENDITURES	31,619,046	31,284,228	98.94%
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**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2024**

CATEGORY DESCRIPTION	FY2023/24 THIRD QUARTER BUDGET	FY2023/24 ACTUALS	YTD ACTUALS as a % of THIRD QUARTER BUDGET
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REVENUES			Notations
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Payer Revenues

Payer Revenues	15,346,422	15,244,851	99.34% Revenues from Medi-Cal, Partnership Capitation, Medicare and Private Pay
Payer Revenues Total	15,346,422	15,244,851	99.34%

Federal/State Revenues

1991 Realignment (Underinsured/Uninsured/PH Services)	1,167,612	1,264,659	108.31%
Federal Direct - COVID (one time funding)	602,948	483,466	80.18% Rollover for HRSA Capital Grant funds and Expanding COVID Vaccinations grant
Federal Grants	2,075,915	2,159,617	104.03% Budget includes: >CHC Base grant >RWC >RWC Capacity grant
Federal Other	943,392	959,528	101.71% \$1M Congressional earmark funding, portion budgeted to spend in current FY with balance to be spend in FY24/25
American Rescue Plan Act (ARPA)	200,958	189,459	94.28% ARPA funding for OCHIN EHR conversion
Other Revenue	1,673,431	1,770,745	105.82% Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
Program Revenues Total	6,664,256	6,827,475	102.45%

TOTAL PAYER AND PROGRAM REVENUES	22,010,678	22,072,325	100.3%
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**SOLANO COUNTY
EXPENDITURE AND REVENUE REPORT
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TOTAL EXPENDITURES vs TOTAL REVENUES			Notations
TOTAL EXPENDITURES	31,619,046	31,284,228	98.94%
TOTAL REVENUES	22,010,678	22,072,325	100.28%
DEFICIT (SURPLUS)	9,608,368	9,211,903	95.87%
County General Fund	4,486,028	4,486,028	
DEFICIT (SURPLUS) after CGF**	5,122,340	4,725,875	

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

EXTENSION WITHOUT FUNDS BUDGET JUSTIFICATION - COUNTY OF SOLANO
FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS)

Project Type: Non-Construction

Grant Number: **GE1HS49534**

PERIOD OF PERFORMANCE: JULY 15, 2023 TO JULY 14, 2025

A Non-Construction Community Project Funding/Congressionally Directed Spending (CPF/CDS) grant to be used for Congressional approved projects

REVENUE		Total					
Community Project Funding/Congressionally Directed Spending (Jul 15, 2023 to Jul 14, 2025)		\$ 1,000,000					
EXPENDITURES	Adjusted Annual Salary*	Initial Approved FTE	Rev. FTE to Support Activities	Initial Fed Approved Budget	Rev. Fed Requested Funding	Drawdown as of 07/2024	Budget for Remaining GE1 Fed Funds for EWF/NCE
A. PERSONNEL							
Leary Michele	\$ 212,100	0.10	0.2104	\$ 21,210	\$ 44,628	\$ 19,291	\$ 25,337
Weissenfels Dona	N/A	0.10	0.00	\$ 19,575	\$ -	\$ -	\$ -
TOTAL PERSONNEL	\$ 412,064	0.20	0.210	\$ 40,725	\$ 44,628	\$ 19,291	\$ 25,337
B. FRINGE BENEFITS							
<i>List the components that comprise the fringe benefit rate. The fringe benefits should be directly proportional to allocated personnel costs.</i>							
The fringe benefit rate varies by position. For the grant portion the average benefit rate is 39%. These benefits include:							
Medical, FICA, Retirement, Worker's Compensation / Unemployment Insurance, and Miscellaneous.			39%	\$ 15,883	\$ 15,732	\$ 6,800	\$ 8,932
TOTAL FRINGE BENEFITS				\$ 15,883	\$ 15,732	\$ 6,800	\$ 8,932
C. TRAVEL							
<i>Include details for both local and long distance travel. Detail travel costs consistent with your organization's established travel policy and in compliance with 45</i>							
TOTAL TRAVEL							
D. EQUIPMENT							
<i>Provide the total cost of equipment purchases with a unit cost of \$5,000 or more. Include line-item cost information in the Equipment List form.</i>							
Replacement Electronic Health Record (EHR) system (OCHIN Epic) with the goal of dramatically improving & optimizing operational, compliance & clinical excellence while reducing patient safety & quality issues: complying with regulatory requirements that satisfy the compliance & regulatory landscape (e.g. 21st Century Cures Act, Information Blocking Rules, Good Faith Estimates, HRSA 330 Community Health Grant mandates), improving patient safety & care quality, better data capture & documentation, improving clinical efficiency – reduce administrative burdens for providers, improve patient & clinician satisfaction / retention, data mine efficiently information for Health Plan Quality Payments & HRSA Uniform Data System (UDS) reports, replace the County's fragmented & obsolete health record system, support outpatient care restructuring to improve efficiency & effectiveness for patient care. (Estimated Overall Implementation Cost = \$1,120,757 - \$639,392 [CPF/CDS funding] = \$481,365 to be paid for through other ARPA funding sources)							
TOTAL EQUIPMENT				\$ 693,392	\$ 730,928	\$ 730,928	\$ -
E. SUPPLIES							
<i>Include equipment items that cost less than \$5,000 each and other supplies.</i>							
TOTAL SUPPLIES							

EXTENSION WITHOUT FUNDS BUDGET JUSTIFICATION - COUNTY OF SOLANO
FY 2023 Community Project Funding/Congressionally Directed Spending (CPF/CDS)

Project Type: Non-Construction

Grant Number: **GE1HS49534**

PERIOD OF PERFORMANCE: JULY 15, 2023 TO JULY 14, 2025

A Non-Construction Community Project Funding/Congressionally Directed Spending (CPF/CDS) grant to be used for Congressional approved projects

REVENUE	Total						
Community Project Funding/Congressionally Directed Spending (Jul 15, 2023 to Jul 14, 2025)	\$ 1,000,000						
EXPENDITURES							
Object Class Category with Line Item Justification	Adjusted Annual Salary*	Initial Approved FTE	Rev. FTE to Support Activities	Initial Fed Approved Budget	Rev. Fed Requested Funding	Drawdown as of 07/2024	Budget for Remaining GE1 Fed Funds for EWF/NCE
Direct Charges							
F. CONTRACTUAL							
<i>Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.</i>							
Consultant to manage, facilitate & oversee the replacement of one EHR (NextGen) & transition process to a new EHR (OCHIN Epic) system with the goal of dramatically improving & optimizing operational, compliance & clinical excellence while reducing patient safety & quality issues: complying with regulatory requirements that satisfy the compliance & regulatory landscape, improving patient safety & care quality, better data capture & documentation, improving clinical efficiency – reduce administrative burdens for providers, improve patient & clinician satisfaction / retention, data mine efficiently information for Health Plan Quality Payments and HRSA UDS reports, support outpatient care restructuring to improve efficiency and effectiveness for patient care. (Two consulting project managers: \$133,712 (1,027 hrs) + \$75,000 (576 hrs) = \$208,712)				\$ 250,000	\$ 208,712	\$ 146,958	\$ 61,754
TOTAL CONTRACTUAL				\$ 250,000	\$ 208,712	\$ 146,958	\$ 61,754
G. CONSTRUCTION							
TOTAL CONSTRUCTION							
H. OTHER							
<i>Include justification of costs that do not fit into any other category. In some cases, rent, utilities and insurance may fall under this category if they are not included in an approved indirect cost rate.</i>							
TOTAL OTHER							
TOTAL DIRECT COSTS				\$ 1,000,000	\$ 1,000,000	\$ 903,977	\$ 96,023
I. INDIRECT COSTS							
<i>Include only if your organization has a negotiated indirect cost rate or has previously claimed a de minimus rate of 10% of modified total direct costs. Upload your approved indirect cost agreement in the Appendices section of the H8G Award Submission, if applicable.</i>							
TOTAL INDIRECT COSTS							
TOTAL REQUESTED GRANT FUNDS				\$ 1,000,000	\$ 1,000,000	\$ 903,977	\$ 96,023
					100.0%	90.4%	9.6%

Staff will not exceed 1.0 FTE across all grants

*Use this column only when the salary is over the limitation of \$212,100

REV County of Solano Program Specific Line Item Budget
 FY 2022 to 2024 Ryan White Part C Early Intervention Services Program
 Grant Number: **H76HA00823**
 SUPPORT YEAR 22 - April 1, 2024 to March 31, 2025

REVENUE	Total
Revised Total RW Part C EIS Grant (April 1, 2024 to March 31, 2025)	\$ 329,465
Supplemental Award (Issued Jul 2024)	\$ 7,136
Original Award	\$ 322,329

EXPENDITURES Object Class Category with Line Items	Adjusted Annual Salary*	FTE to Support Activities	Changes to the Budget	Federal Requested Funding to Support Line Item**	Early Intervention Services (EIS)/ Primary Care***	Core Services	Clinical Quality Management	Support Services	Admin	Total Ryan White Funds
A. PERSONNEL										
Inton	N/A	0.200	\$ -	\$ 28,597	\$ 28,597	\$ 28,597	-	-	-	\$ 28,597
Zosima	N/A	0.100	\$ -	\$ 21,210	\$ 9,545	\$ 9,545	\$ 1,061	-	\$ 10,605	\$ 21,210
Leary	\$ 212,100	0.200	\$ -	\$ 28,597	\$ 28,597	\$ 28,597	-	-	-	\$ 28,597
Poblele	N/A	0.750	\$ -	\$ 46,309	\$ 41,678	\$ 41,678	\$ 4,631	-	-	\$ 46,309
Orellana-Sorto	N/A	0.668	\$ 5,093	\$ 71,085	\$ 63,977	\$ 63,977	\$ 7,109	-	-	\$ 71,086
Searoy	N/A	0.120	\$ -	\$ 11,964	-	-	-	\$ 4,786	\$ 7,178	\$ 11,964
Solo	N/A	0.250	\$ -	\$ 15,436	\$ 11,577	\$ 11,577	-	\$ 3,859	-	\$ 15,436
NOELLE	N/A		\$ -							
VACANT	N/A		\$ -							
TOTAL PERSONNEL	\$ 827,680	2.288	\$ 5,093	\$ 223,198	\$ 183,970	\$ 183,970	\$ 12,801	\$ 8,645	\$ 17,783	\$ 223,199
B. FRINGE BENEFITS										
List the components that comprise the fringe benefit rate. The fringe benefits should be directly proportional to allocated personnel costs.										
The fringe benefit rate varies by position. For the grant portion the average benefit rate is 39% (does not include Medical). These benefits include: FICA (7.2%), Retirement (24%), Worker's Compensation/ Unemployment Insurance (3.6%), and Miscellaneous (2.2%).										
TOTAL FRINGE BENEFITS		39%	\$ 1,986	\$ 87,047	\$ 71,748	\$ 71,747	\$ 4,992	\$ 3,372	\$ 6,935	\$ 87,046
TOTAL FRINGE BENEFITS			\$ 1,986	\$ 87,047	\$ 71,747	\$ 71,747	\$ 4,992	\$ 3,372	\$ 6,935	\$ 87,046
C. TRAVEL										
Detail travel costs consistent with your organization's established travel policy and in compliance with 45 CFR §75.474										
Regional/Data Trainings, Clinical Updates, HIVQUAL, etc.			\$ -	\$ 2,500	\$ -	\$ -	\$ 2,500	-	-	\$ 2,500
Clinical Staff Travel - Mileage between sites to provide core services and staffing cross coverage			\$ -	\$ 2,500	\$ 625	\$ 625	\$ 625	\$ 625	\$ 625	\$ 2,500
Client Transportation - Bus passes for Fairfield and Vallejo, etc.			\$ -	\$ 300	\$ 300	\$ 300	-	-	-	\$ 300
TOTAL TRAVEL			\$ -	\$ 5,300	\$ 925	\$ 925	\$ 3,125	\$ 625	\$ 625	\$ 5,300
D. EQUIPMENT										
TOTAL EQUIPMENT										
E. SUPPLIES										
Medical and Treatment Supplies - To purchase clinic medical and treatment supplies			\$ -	\$ 3,000	\$ 2,250	\$ 2,250	\$ 750	-	-	\$ 3,000
Meeting Supplies/Materials - Education (HIV focused: transmission prevention, high risk behaviors, etc)			\$ -	\$ 250	\$ -	\$ -	-	\$ 125	\$ 125	\$ 250
Office Supplies - General office supplies, photocopying services, etc.			\$ 56	\$ 420	\$ -	\$ -	-	\$ 210	\$ 210	\$ 420
Postage - Informative, outreach, etc. mailing costs			\$ -	\$ 250	\$ -	\$ -	\$ 125	\$ 125	\$ -	\$ 250
TOTAL SUPPLIES			\$ 56	\$ 3,920	\$ 2,250	\$ 2,250	\$ 875	\$ 460	\$ 335	\$ 3,920
F. CONTRACTUAL										
TOTAL CONTRACTUAL										
G. CONSTRUCTION										
TOTAL CONSTRUCTION										

REV County of Solano Program Specific Line Item Budget
 FY 2022 to 2024 Ryan White Part C Early Intervention Services Program
 Grant Number: H76HA00823
 SUPPORT YEAR 22 - April 1, 2024 to March 31, 2025

REVENUE	Total
Revised Total/RW Part C EIS Grant (April 1, 2024 to March 31, 2025)	\$ 329,465
Supplemental Award (issued Jul 2024)	\$ 7,136
Original Award	\$ 322,329

EXPENDITURES Object Class Category with Line Items	Adjusted Annual Salary*	FTE to Support Activities	Changes to the Budget	Federal Requested Funding to Support Line Item**	Early Intervention Services (EIS)/ Primary Care***	Core Services	Clinical Quality Management	Support Services	Admin	Total Ryan White Funds
H. OTHER										
Clinical and Diagnostic Services - To assist patients with out of pocket HIV/AIDS medical expenses			\$ -	\$ 10,000	\$ 10,000	\$ 10,000	-	-	-	\$ 10,000
TOTAL OTHER			\$ -	\$ 10,000	\$ 10,000	\$ 10,000	-	-	-	\$ 10,000
TOTAL DIRECT COSTS:			\$ 7,135	\$ 329,465	\$ 268,892	\$ 268,892	\$ 21,793	\$ 13,102	\$ 25,678	\$ 329,465
I. INDIRECT COSTS										
TOTAL INDIRECT COSTS			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL REQUESTED GRANT FUNDS			\$ 7,135	\$ 329,465	\$ 268,892	\$ 268,892	\$ 21,793	\$ 13,102	\$ 25,678	\$ 329,465
					81.6%	81.6%	6.6%	4.0%	7.8%	100.0%

IN-KIND Object Class Category with Line Items	Adjusted Annual Salary*	FTE to Support Activities	Changes to the Budget	Federal Requested Funding to Support Line Item**	Early Intervention Services (EIS)/ Primary Care***	Core Services	Quality Management	Support Services	Admin	Total IN-KIND
A. PERSONNEL										
VACANT	N/A	0.20	\$ 16,748	\$ 16,748	-	-	-	\$ 8,374	\$ 8,374	\$ 16,748
Health Education Specialist	N/A	0.20	\$ 16,748	\$ 16,748	-	-	-	\$ 8,374	\$ 8,374	\$ 16,748
Nurse Practitioner/PhysicianAsst	N/A	0.05	\$ 7,149	\$ 7,149	\$ 7,149	\$ 7,149	-	-	-	\$ 7,149
Zosima	N/A	0.05	\$ 7,149	\$ 7,149	\$ 7,149	\$ 7,149	-	-	-	\$ 7,149
Chief Medical Officer	\$ 212,100	0.15	\$ 31,815	\$ 31,815	\$ 14,317	\$ 14,317	\$ 1,591	-	\$ 15,908	\$ 31,815
Michele	\$ 212,100	0.15	\$ 31,815	\$ 31,815	\$ 14,317	\$ 14,317	\$ 1,591	-	\$ 15,908	\$ 31,815
Nurse Practitioner/PhysicianAsst	N/A	0.05	\$ 7,149	\$ 7,149	\$ 7,149	\$ 7,149	-	-	-	\$ 7,149
Randall	N/A	0.05	\$ 7,149	\$ 7,149	\$ 7,149	\$ 7,149	-	-	-	\$ 7,149
Medical Assistant	N/A	0.25	\$ 15,436	\$ 15,436	\$ 13,892	\$ 13,892	\$ 1,544	-	-	\$ 15,436
Pobliete	N/A	0.25	\$ 15,436	\$ 15,436	\$ 13,892	\$ 13,892	\$ 1,544	-	-	\$ 15,436
Medical Assistant	N/A	0.30	\$ 28,282	\$ 28,282	\$ 25,453	\$ 25,453	\$ 2,828	-	-	\$ 28,282
Gabriella	N/A	0.30	\$ 28,282	\$ 28,282	\$ 25,453	\$ 25,453	\$ 2,828	-	-	\$ 28,282
Public Health Nurse	N/A	0.20	\$ 19,941	\$ 19,941	-	-	-	\$ 7,976	\$ 7,976	\$ 19,941
Amber	N/A	0.20	\$ 19,941	\$ 19,941	-	-	-	\$ 7,976	\$ 7,976	\$ 19,941
Project Manager	N/A	0.20	\$ 19,941	\$ 19,941	-	-	-	\$ 7,976	\$ 7,976	\$ 19,941
Noelle	N/A	0.20	\$ 19,941	\$ 19,941	-	-	-	\$ 7,976	\$ 7,976	\$ 19,941
Medical Assistant	N/A	0.20	\$ 19,941	\$ 19,941	-	-	-	\$ 7,976	\$ 7,976	\$ 19,941
VACANT	N/A	-	\$ -	\$ -	-	-	-	-	-	\$ -
Medical Assistant	N/A	-	\$ -	\$ -	-	-	-	-	-	\$ -
TOTAL IN-KIND PERSONNEL	\$ 899,281	1.20	\$ 126,520	\$ 126,520	\$ 67,960	\$ 67,960	\$ 5,963	\$ 16,350	\$ 36,247	\$ 126,520
B. FRINGE BENEFITS										
The fringe benefit rate varies by position. For the grant portion the average benefit rate is 39% (does not include Medical). These benefits include: FICA (7.2%), Retirement (24%), Worker's Compensation / Unemployment Insurance (3.6%), and Miscellaneous (2.2%).			\$ 49,343	\$ 49,343	\$ 26,504	\$ 26,504	\$ 2,326	\$ 6,377	\$ 14,136	\$ 49,342
			\$ 49,343	\$ 49,343	\$ 26,504	\$ 26,504	\$ 2,326	\$ 6,377	\$ 14,136	\$ 49,342
TOTAL IN-KIND FRINGE BENEFITS		39%	\$ 49,343	\$ 49,343	\$ 26,504	\$ 26,504	\$ 2,326	\$ 6,377	\$ 14,136	\$ 49,342
TOTAL IN-KIND FUNDS			\$ 175,863	\$ 175,863	\$ 94,464	\$ 94,464	\$ 8,289	\$ 22,727	\$ 50,383	\$ 175,862
					54%	54%	5%	13%	29%	100%

Staff will not exceed 1.0 FTE across all grants
 *Use this column only when the salary is over the limitation of \$212,100
 **Annualized requested funding
 ***All EIS/Primary Care Services are Core Services, but NOT all Core Services are Primary Care; repeat EIS/Primary Care amount in Core Services
 The Total column includes Core Medical Services, Clinical Quality Management, Support Services and Administration only. It is a program expectation that clinical quality management be approximately 5% of the budget.

Governance Training Series for Health Center Boards: Navigating Legal Considerations

Overview

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

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

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

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

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

Webinars Included in This Series

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

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

Cost: **\$1,750.00**

Agenda

Fiduciary Duties

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

Challenging Situations in Governance

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

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

Governing Board Authorities

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

Corporate Compliance: The Board’s Role

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

Assessing Corporate Consolidation Opportunities: Mergers and Acquisitions

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

Identifying and Managing Conflicts of Interest

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

Reviewing Your Health Center's Audit Report

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

Board Member Engagement and Participation

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

"PPS" Fundamentals: Medicare/Medicaid Reimbursement for FQHCs

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

Risk Management and FTCA Coverage

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

CEO Employment Agreements

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

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

CEO Evaluations and Compensation

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

Presenter(s)

Molly Evans

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

Adam Falcone

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

Michael Golde

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

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

Susannah Vance Gopalan

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

Dianne Pledge

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

Carrie Riley

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

Edward "Ted" Waters

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

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

Marcie Zakheim

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

Register/Take course

Price

Cost: \$1,750.00

 Please [login](#) or [register](#) to take this course.

REGISTRATION FEE

	Introductory Rate (Through May 31)	Regular Rate (June 1 and Later)
Premium Plan Subscriber Rate	\$1,500	\$1,750
Regular Rate	\$1,750	\$2,000

* [Premium Plan Subscribers](#) - [Contact Us](#) for the promo code to register at a discounted rate.

ACCESS PERIOD

The Health Center Program Governance Training Series is available for 365 days from the date of purchase. Once purchased, you can view the webinars included in the series anytime on-demand during the access period identified in your purchase confirmation. For additional information on viewing and accessing webinars, view our full terms and conditions [here](#).

PAYMENT POLICY

If you pay by credit card or PayPal, you will be able to access the recorded webinar immediately (unless the live webinar has not yet occurred). If you pay by check, we will grant access to the recording when we receive your check. You will receive a confirmation email once access is granted. We reserve the right to suspend access to the webinar if payment is not received within 30 days. For more information on payments and registration, please visit our [FAQ page](#).

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No refunds will be provided for recorded webinars. Feldesman can transfer a registration to someone else within your organization or, provided you have not already viewed the webinar, transfer the registration to another on-demand program. Where the registration fee for the new webinar is higher, you must also pay the difference between the original course and the new course registration fee at the time of transfer. Administrative fees may also apply. If your organization purchased a webinar under the account of a staff member who no longer works for your organization, please [Contact Us](#). View our full policy on refunds and cancellations [here](#).

Required Hardware/Software

Google Chrome and Mozilla Firefox are the preferred browsers.

Community Healthcare Board Self-Assessment April 2024

5	Strongly Agree
4	Agree
3	Neutral
2	Disagree
1	Strongly Disagree

Category	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
Category 1	<i>Sum</i>												
1.1	2	5	5	2	4	4	4	2	3	4	1		3
1.2	4	4	5	4	5	4	4	4	4	3	3	4	5
1.3	4	4	5	3	5	4	4	4	4	4	4	5	5
1.4	3	5	5	3	5	4	4	3	3	4	3		3
1.5	4	5	5	4	3	4	4	4	4	4	4	4	4
1.6	2	4	5	3		4	4	3	4	4	3	1	3
Category 2	<i>Sum</i>												
2.1	4	4	5	4	3	4	4	4	4	5	4		4
2.2	4	4	5	3	3	4	4	4	4	4	4	4	4
2.3	4	4	5	3	3	4	4	3	3	4	3	3	3
2.4	3	4	4	2	3	4	4	4	4	4	2	5	3
2.5	4	5	4	2	4	4	4	3	4	4	4	5	4
2.6	2	4	5	4	3	4	4	4	3	4	4	5	4
Category 3	<i>Sum</i>												
3.1	4	3	3	3	3	4	4	4	3	4	4		4
3.2	2	3	3	3	3	4	4	2	3	4	2	5	4
3.3	3	3	3	3	4	4	4	4	4	4	4	4	4
3.4	2	3	3	3	4	4	4	4	3	4	3	4	3
Category 4	<i>Sum</i>												
4.1	3	4		4	3	4	4	4	4	4	3		3
4.2	4	4			4	4	4	4	3	4	4		4
4.3	4	3			3	5	4	4	4	4	4	5	5
4.4	4	4			3	5	4	4	4	4	5	5	4
Category 5	<i>Sum</i>												
5.1	3	4	5	4	3	4	4	2	5	4	3	4	4
5.2	4	4	5	4	3	4	4	4	5	4	4	5	4
5.3	4	4	5	3	3	4	4	4	5	4	4	5	4
5.4	4	5	4	2	3	4	4	3	5	4	3	5	4
5.5	2	4	5	2	3	4	4	3	4	4	3	4	3
5.6	4	5	5	4	3	4	4	4	4	4	4	4	4
5.7	4	4	5	4	4	4	4	4	4	5	4	5	4
5.8	4	4	5	3	4	4	4	3	5	4	3		3
5.9	3	4	5	4	3	4	4	4	4	4	4	5	4
5.10	4	5	5	4	3	5	4	4	4	4	4	4	4

Medical Services, Family Health Services
Community Healthcare Board Self-Assessment
April 2024

Please select the most appropriate box for each statement.

5 4 3 2 1

Category 1: Board Composition	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The board conducts a thorough orientation for all new board members, which are given copies of the mission statement, long-term plan, bylaws, board policies and other important documents of the organization.					
2. There is a thoughtful, ongoing process for recruiting new board members. (Comment: "due to pandemic")					
3. The board represents a wide variety of perspectives.					
4. Board members fully understand what is expected of them as a board member.					
5. Board members understand and demonstrate that they represent all the people served by the health centers, not just a special segment.					
6. The board disciplines or removes board members for nonperformance or inappropriate performance.					

Category 2: Planning and Evaluation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The board reviews the mission and long-range plan annually.					
2. The board actively monitors progress towards strategic and program-related goals.					
3. The board considers the strategic long-range plan in every major board decision.					
4. The board spends time to study and understand financial reports before they are approved by the board.					
5. The board monitors quality benchmarks including clinical outcomes and patient satisfaction.					
6. The board has a policy and plan for evaluating the Executive/ Project Director annually.					

Category 3: Policy Making	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The board has a board policy manual that includes all board policies. (Comment: "on site"- nothing checked.)					
2. Board policy manuals are updated annually.					
3. New board policies grow out of study and research, not crisis situations.					
4. The board policies assign responsibility for implementing or enforcing the policy.					

Medical Services, Family Health Services
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Category 4: Board/Executive Relationship	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The board is familiar with the written job description of the executive.					
2. The board includes the executive in all deliberation except in the final stages of evaluation of executive performance.					
3. The board delegates management to the executive and does not interfere with that management except to monitor and evaluation compliance with board policy.					
4. The board, and not the individual board members, gives direction to the executive.					

Category 5: Board Meeting Practices	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Meetings begin and end on schedule.					
2. The agenda is well prepared and includes only issues the board needs to deal with.					
3. The Executive Committee collaborates to prepare the board agenda.					
4. The board always has enough background information on each agenda item.					
5. Board members come to meetings prepared to discuss issues and take action.					
6. We follow a businesslike system of parliamentary rules.					
7. We have an annual board meeting calendar.					
8. Board members arrive on time for meetings.					
9. Minutes of the meeting include only the important actions taken by the board, and not lengthy dialogue.					
10. Final decisions of the board are accepted and supported by all board members.					

Comments	
Subject:	Comment(s):
1.	1.
2.	2.
3.	3.



It's official, the Solano Mobile Crisis Team community line is now live! The direct number to Mobile Crisis is: **707-806-0866**.

The Team continues to operate 24/7/365.

For Solano Behavioral Health Division, the Mobile Crisis Team is operated by our contractor, Pacific Clinics. Mobile Crisis Services are meant to support individuals in urgent mental health crisis, like suicidal thoughts or plans, or someone who may appear to be a danger to themselves or others, or experiencing grave disability which means that someone is no longer able to provide for their own food, clothing, or shelter because of a mental health disorder. The Team will call the person(s) and try to de-escalate and create a safety plan whenever possible at their home, in the community, or by phone, if able. If necessary, they will arrange transportation for the person to go to the Crisis Unit or Emergency Room. Anyone can call regardless of insurance.

Please note that if someone calls 911, they will continue to be routed to Mobile Crisis when needed and provide law enforcement support, if required.

If someone calls the 988 Suicide Lifeline and the support staff feels their need should be elevated to Mobile Crisis, they will facilitate a warm handoff call to the Mobile Crisis Team.

You may see TV ads that are live now, with other marketing materials in buses and community sites coming in the next few weeks. The commercials are also uploaded here if you would like to view them: <https://vimeo.com/showcase/10031833>

<https://www.solanocounty.com/depts/bh/crisisandinvoluntary/cs/communitymobilecrisis/default.asp>