

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

November 20, 2024  
12:00 pm – 2:00 pm  
2101 Courage Drive, Fairfield, CA 94533  
Room Location: Multi-Purpose Room

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**AGENDA**

**1) CALL TO ORDER – 12:00 PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE November 20, 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 October 16, 2024, draft meeting minutes.

**5) CLINIC OPERATIONS REPORTS**

**Written Report submitted?**

- |   |     |
|---|-----|
| a) Staffing Update – Natasha Hamilton                 | YES |
| b) Credentialing Update – Desiree Bodiford            | YES |
| c) HRSA Grants Update(s) – Noelle Soto                | YES |
| d) Grievances/Compliments – Rebecca Cronk             | YES |
| e) H&SS Compliance – Krista McBride                   | YES |
| f) Finance & Revenue Cycle Management – Nina Delmendo | YES |
| g) Referrals – Cynthia Coutee                         | YES |
| h) OCHIN EPIC Update(s) – Dona Weissenfels            | NO  |
| i) QI Update – Han Yoon                               | 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.
- 7) HRSA PROJECT OFFICER REPORT**
- a) Health Center HRSA Project Officer Update – Dona Weissenfels
    - i) Health Center Activities – Internal and External Update
    - ii) Rate Setting, Next Steps and Board Responsibilities
- 8) DISCUSSION**
- a) Board Nominations – Chair, Vice Chair and Member at Large. Voting for these offices will be at the December 18, 2024 Meeting.
  - b) Review Annual Board Calendar for any additions or changes. Voting on the 2024 Community Healthcare Board Calendar will be at the December 18, 2024 Meeting.
- 9) BOARD MEMBER COMMENTS**
- 10) ADJOURN: TO THE COMMUNITY HEALTHCARE BOARD MEETING OF:**
- DATE: December 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, October 16, 2024  
In Person Meeting

**Members Present:**

At Roll Call: Michael Brown, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Anthony Lofton, Seema Mirza, Don O' Conner, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, Brandon Wirth.

**Members Absent:** Etta Cooper, Deborah Hillman, Rovina Jones.

**Staff Present:**

Cynthia Coutee, Dona Weissenfels, Dr. Bela Matyas, Dr. Reza Rajabian, Gerald Huber, Han Yoon, Kelly Welsh, Krista McBride, Natasha Hamilton, Nina Delmendo, Noelle Soto, Pierce Leavell, Rebecca Cronk, Roger Robinson, Valerie Flores, Whitney Hunter, Danielle Seguerre-Seymour, Katreena Dotson, Kathryn Power.

**1) Call to Order – 12:01 PM**

- a) Welcome
- b) Roll Call

**2) Approval of the October 16, 2024 Agenda**

Discussion: None.

Motion: To approve the October 16, 2024 Agenda.

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

Ayes: Michael Brown, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Anthony Lofton, Seema Mirza, Don O' Conner, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, Brandon Wirth.

Nays: None.

Abstain: None.

Motion Carried.

**3) Public Comment**

Brandon Wirth announced that Gerald "Jerry" Huber, Director of Health & Social Services, would be retiring and that Jerry was attending his last Community Healthcare Board Meeting. Brandon and Tracee Stacy extended their gratitude and thanks to Jerry for his leadership and wished him well on his retirement. Jerry explained that the clinic functions have come a long way from when he started 10 years prior. He acknowledged his appreciation for the County staff and Board Members, thanking them for making it over many hurdles during his tenure.



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**Regular Calendar**

**4) Approval of Minutes**

Approval of the September 18, 2024, draft Minutes.

Discussion: Tracee Stacy initially made a motion to approve the Meeting Minutes but withdrew her motion because she was not present at the September 18, 2024, CHB Meeting. County Counsel, Kelly Welsh, agreed.

Motion: To approve the September 18, 2024, draft Minutes.

Motion by: Don O' Conner and seconded by Anthony Lofton.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Gerald Hase, Anthony Lofton, Seema Mirza, Don O' Conner, Annabelle Sanchez, Brandon Wirth.

Nays: None.

Abstain: Marbeya Ellis, Sandra Whaley, Tracee Stacy.

Motion Carried.

**5) Clinic Operations Reports**

a) **Staffing Update** — Natasha Hamilton *(Please reference the "FHS Staffing Update – October 16, 2024")*

- Natasha Hamilton reported that five (5) Medical Assistant candidates were in the Credentialing phase and anticipated a start date of October 28, 2024. She also mentioned that one (1) Physician Assistant was hired October 15, 2024, and another Physician Assistant was expected to start on October 28th.
- 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 – October 2024")*

- Dona Weissenfels stated that Desiree was not present, but reviewed the report submitted and explained that there were no exclusions or sanctions found.
- Tracee Stacy mentioned that she collaborated with Touro on the Mobile Diabetes Education Center (MOBEC) program. She asked if there was an opportunity for screening providers that are providing services in areas such as senior centers and homeless shelters. Dona Weissenfels explained that Family Health Services (FHS) currently works with Touro University on various programs, like Diabetology led by Dr. Jay Shubrook and his Team. Dona explained that she would have to research the other outreach programs to get more information. Dr. Bela Matyas stated that MOBEC does not have a National Provider Identifier (NPI) number, so it poses an ownership dilemma. He did suggest that Dr. Shubrook could upload data into Epic.

c) **HRSA Grant Update(s)** — Noelle Soto – *(Please reference the "Health Resources and Services Administration (HRSA) Grant Updates – October 16, 2024")*

- Noelle Soto reported that FHS is prepping the Competing Continuation application ("base" grant) that provides health care for the homeless and community health care. She explained



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that Phase 1 was submitted on October 15, 2024; Phase 2 due November 14, 2024. She explained that FHS is meeting with Fiscal and Programs on grant planning and resubmissions. Noncompeting Continuation (HIV/AIDS) grant submission deadline estimated as November 15, 2024. Documents for both grants will be presented later, for Board review and approval.

- There were no questions from the Board.
- d) **Grievances/Compliments** — Rebecca Cronk (*Please reference the “Grievance Reports, April-December 2023 & January–September 2024” and “Grievance Category Definitions”*)
- Rebecca Cronk reported that for the month of September, there were seven (7) grievances filed in the “Access to Care” category. She explained that the increase is likely due to the Epic transition, such as delays with adjusting to the new system.
  - Seema Mirza stated that the wait time in the clinic is more than ½ an hour. She asked how Epic will help. Natasha Hamilton assured the Board that the FHS Staff is progressing with learning and navigating the new system. She anticipated that by January 2025, the clinics should be more efficient with Epic.
- e) **H&SS Compliance** — Krista McBride (*“FHS Compliance Incident Report Tracking, September 1-September 30, 2024”*)
- Krista McBride was not present. Dr. Bela Matyas reported that during the Epic transition, one (1) printer was set up incorrectly, which resulted in eight (8) records being sent an unintended recipient. The error was identified, and the receiver shredded the documents immediately. The incident was filed with Compliance.
  - There were no questions from the Board.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo (*Please reference the “Operations Report – Finance September 2024: “Solano County Expenditure and Revenue Report FHS – September 2024” and “Revenue Cycle Reports – September 2024”*)
- Finance Report
- Nina Delmendo stated that the Operations Report for the end of September, will also be presented as an Action Item for the Board’s review and approval.
  - Nina reported that in the report, the only item that alerted her was the “Software & Maintenance or Support” category. The budget of \$690k would cover OCHIN and NextGen because there will be expected overlap until the conversion is complete from NextGen to Epic. Nina explained that the amount will be adjusted.
  - Tracee Stacy mentioned that there wasn’t a percentage in the “Contracts/Client Support” category. Nina explained that the total of 8% is from dental services and equipment from 2023.
- Revenue Cycle Reports
- Nina reported that due to the Epic transition, encounter data was not available. She will be working with Billing and the Revenue Cycle Team to extract the data and should have an update at the November 20, 2024, CHB Meeting.
  - Brandon Wirth asked if the delay would cause logistical issues (revenue reporting, etc.). Nina explained that there is a period to bill without being penalized, so she expressed no concerns for the delay.
  - Tracee Stacy inquired about the provider efficiency with notetaking. Dona Weissenfels clarified that FHS is in the process of getting equipment for electronic scribing.
- g) **Referrals Report** — Cynthia Coutee (*Please reference the “Family Health Services Referrals – Time Period September 2024”*)
- Cynthia Coutee reported that for September, there were 557 referrals in NextGen and 156 referrals in Epic. 272 were Specialty referrals for Adult and Peds. As of October 16th, there were



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407 active referrals, including several orders with no actual referral attached. FHS is working with Netravine Project Manager, Lindsey Fritsch, to assist with removing the duplicate referrals. The Referral Team was processing referrals, 14 days out. As of September 24th, 362 referrals were completed. Cynthia stated that she continues to meet weekly with the Referral Team to address and resolve any issues. She will also start meeting with the Clinic Registered Nurse Seniors, to update the Standard Operating Procedure (SOP) for referral processing in Epic.

- Tracee Stacy complimented the Referral Team for their milestone. She also asked if the process would cause displacement. Dr. Bela Matyas clarified that documentation will be different, but it won't affect staffing. Cynthia explained that there are three (3) Medical Assistants that are assigned to referrals and three (3) that assist but have other job assignments. Dona Weissenfels noted that the future goal is to bring in a Referrals Supervisor and to create a team that's dedicated solely to referrals. She explained that it's inefficient to have an MA work multiple assignments.

h) **OCHIN EPIC Update(s)** —Dona Weissenfels

- Dona Weissenfels reported that FHS was in week 4 of OCHIN Epic implementation. The clinics were settling down, but staff were transitioning well. She praised Dr. Michele Leary, Natasha Hamilton, and Dr. Reza Rajabian, for their leadership, as well as making many workflow decisions and clinical efficacy of the new system. Dona stated that there were few problems to report. There were 40 open service tickets and will take several months to resolve, but the conversion has been successful overall. Dona explained that the new focus would be sustainability, monitoring, and streamlining. The current goal is to maximize schedules using scheduling templates with the new technology for Family Medicine, Peds and HIV. Appointments are still at a 50% capacity, to keep staff from being overwhelmed, but would be increasing the percentage gradually.
- There were no questions from the Board, but applause was given.

i) **QI Update** – Han Yoon – *(Please reference the “Primary Care Provider Improvement Program (PCP QIP), Solano County, H&SS, FHS – As of October 1, 2024” and “FHS Quality Assurance/Quality Improvement (QA/QI) Committee Meeting Minutes – September 13, 2024”)*

- Han Yoon stated that the Primary Care Provider Improvement Program (PCP QIP) will also be presented as an Action Item for the Board's review and approval.
- Han discussed the “Controlling High Blood Pressure” measure. He explained that he compared years 2022, 2023, and 2024 for the Fairfield, Vallejo, and Vacaville clinics. Han reported that the Full Point Target for BP was 72.22%. During the reporting period, Fairfield's score was 35.33%, with a target of 117 patients; Vallejo was at 14.88%, with a target of 343 patients; and Vacaville at 33.63%, with a target of 88 patients. That data did not include the upload from October, so the numbers would increase on the next quarter report.
- Han also stated that the Quality Team would be partnering with the Locum providers, in the last quarter (2024 calendar year), to work on the “Cervical Cancer Screening”, “Controlling High Blood Pressure” and “Diabetes HbA1c Good Control” measures.
- Tracee Stacy asked if any of the measures will be met before years end. Han confirmed that the “Blood Lead Screening” measure was met and that FHS is close to meeting other measures. Dona Weissenfels reminded the Board that the clinics' appointment capacity is only at 50%. Dr. Bela Matyas also mentioned that the timing of Electronic Health Records (EHR) implementation will make it difficult to meet all the measures but confirmed that a Locum provider will be working with FHS for several months, to perform the cervical cancer screening pap smears. Jerry Huber added that he meets with Partnership Healthplan of California (PHC) monthly. At the last



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meeting, a PHC Rep acknowledged that FHS provides good quality of care and understood that the clinics were engrossed in the Epic transition. Jerry stated 10 years ago, Solano was the lowest County in California with well child check-ups and immunizations. And although progress had been made, there is a long way to go.

- Brandon Wirth expressed concern with the large drop from 2022 to present. Dona and Dr. Matyas explained that it's due to staffing and the change of EHR systems, clarifying that the number of patients seen decreased over a span of seven (7) months. Dr. Matyas mentioned that the number of FHS patients had since then grown, causing the measure target to increase. The change to Epic will help with tracking patients that need to be screened. He also stated that there will soon be two (2) more positions to add to the Quality Team and if FHS receives a grant, the clinic will operate on Saturday to increase the screening appointments.
- Katreena Dotson further explained the manual upload process with NextGen, as well as the plan for meeting the measures. With Epic, the upload will be automated and more streamlined.
- Kathryn Power, PHC representative, assured the Board that the well child measure is down across the board, explaining that all health centers are affected by staffing shortages.
- Tracee Stacy inquired about community outreach to meet the well child measure. Dr. Matyas explained that some measures that can't be done in-clinic and require another vendor (such as colon cancer screening, mammogram, etc.), making it more difficult to meet. Solano County rolled out the Kindergarten Roundup program, but staffing shortages limited services to only one (1) location. He also stated that not as many kids participate in the event.
- Michael Brown asked how the target numbers were determined. Kathryn Power confirmed that PHC establishes the goal based on the County population size, as well as guidance from National Committee for Quality Assurance (NCQA) and California Department of Health Care Services (DHCS).

j) **FHS Clinic Q-Matic Stats** — Noelle Soto – (*Please reference the “Clinic Metrics – Queue Management (Q-Matic) Stats – October 16, 2024”*)

- Noelle Soto reported that September data was not available, but will be updated for the November 20, 2024, CHB Meeting.
- 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) Finance Committee Budget Workshop – Status Update – Nina Delmendo
  - Nina Delmendo explained that she was waiting for direction from the Board on when to schedule the workshop. Brandon Wirth confirmed that it will be discussed with the Executive Board.
  - There were no questions from the Board.

### 7) HRSA Project Officer Report

a) Health Center HRSA Project Officer Update – Dona Weissenfels

i) Health Center Activities – Internal and External Update

#### Internal News:

- Dona Weissenfels extended her appreciation and thanks to Jerry Huber for his support and leadership on the EHR project. Jerry confirmed that it was a lot of work and planning that went into the implementation. Dr. Bela Matyas reminded the Board that Congressman John Garamendi contributing \$1M to the project, and thanked Ruth Forney for her assistance.



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- Dona informed the Board of two (2) funding projects. Equity and Practice Transformation (EPT) payments program and a Saturday clinic grant.
- The EPT grant would have its first set of deliverables November 1st and would be working with Han Yoon. Dona explained that since providers have recently been hired, FHS wants to fairly assign new members and create a patient center medical home for the patients.
- The 2-year grant for Saturday clinic is still pending, but if approved, it would provide FHS \$500K a year, allowing the Vallejo Clinic to operate one (1) Saturday a month to focus on quality metrics. Dona mentioned that it will also fund the staffing needed to operate on Saturdays.
- There were no questions from the Board.

### External News:

- Dona reported that consulting company, Wipfli, recently toured the FHS clinics and reviewed financial data, with the goal of offering rate setting advice and guidance. She explained that adding specialties to the clinics would trigger the rate setting activities. Once the consulting report is received, it will provide recommendations on which kinds of specialties that FHS can pursue. Specialties such as Dermatology and Ophthalmology would be presented to the Board for review and approval.
  - Jerry Huber added that Wipfli was referred to FHS by PHC. He expected that the recommendations would be provided to the CHB Executive Committee Board and H&SS at the end of October.
  - Dr. Bela Matyas explained how the insurance pays FHS for the services provided. He stated that the current rate paid to the clinics is outdated and may not pay as much as it costs to provide care to the patient(s). Rate setting would look at the entire cost of the service, so that the provider can be paid adequately. Bringing in specialties to the clinic would be a “triggering event” that would justify the restructure of the rate. Dr. Matyas stated that if FHS qualifies for the rate setting by next fiscal year, it will bring more revenue to the clinics.
  - Ruth Forney asked who determines the rate and Tracee Stacy asked if the rates would be the same for all clinics. Dr. Matyas clarified that the DHCS sets the rate, and the four (4) clinics expend different amounts, so it would not be the same rate. The goal is to decide the least expensive option that creates the most revenue. Dona added that FHS’ percentage of homeless population may result in additional compensation.
  - Dr. Matyas also acknowledged the Board for previously approving Uber Health transportation for FHS patients, stating that it’s been a heavily utilized service.
- ii) Strategic Plan Report Update – Dona Weissenfels
- Dona presented “CHB Strategic Plan Review 2024” Power Point presentation (not included in the Agenda Packet).
  - Dona explained that the Strategic Plan was created a year and a half prior. She stated that an assessment was made collectively, and six (6) goals were established by the Board Members. After providing several monthly updates at the CHB Meetings, Dona confirmed that she would focus on one goal for discussion, at each CHB Meeting. And after all goals were covered, the Board will identify a date to make any changes to those goals.
  - Dona presented the Power Point for Goal 1: Enhance the Experience of FHS Patients and Staff. The 1st objective was to create and implement three (3) satisfaction surveys regarding Call Center services by May 31, 2024, improving satisfaction 10% by June 30, 2026. She reported that 25% of surveys have been completed, due to the Epic transition, change in Leadership and resources. Dona expects completion and rollout in 2025.





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- The 2nd objective was Equity and included the following sub-categories: develop strategies using QI techniques, training, resources, and modules by July 2023 (25% completion); implement three (3) strategies on health equity development using PDSA cycles (25% completion); improve Wi-Fi access to enhance patient and staff experience at all sites, including FHS rural areas by June 30, 2024 (not started); increase new provider retention by creating mentorship program by June 30, 2024 (10%).
- Tracee Stacy and Ruth Forney inquired about Wi-Fi availability and funding. Dr. Matyas provided clarification that funds were for rural County residents to provide broadband access, as well as provide devices and service to seniors, however, there is a plan to improve Wi-Fi access in all County buildings.

**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.

Discussion:

- None.

Motion: To approve the Quarterly Financial Report.

Motion by: Tracee Stacy and seconded by Seema Mirza.

Ayes: Michael Brown, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Anthony Lofton, Seema Mirza, Don O' Conner, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, Brandon Wirth.

Nays: None.

Abstain: None.

Motion carried.

- b) Review and consider approval of the Quarterly Quality Improvement Report – Han Yoon.
- i) **Action Item:** The Board will consider approval of the Quarterly Quality Improvement Report.

Discussion:

- None.

Motion: To approve the Quarterly Quality Improvement Report.

Motion by: Sandra Whaley and seconded by Anthony Lofton.

Ayes: Michael Brown, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Anthony Lofton, Seema Mirza, Don O' Conner, Annabelle Sanchez, Tracee Stacy, Sandra Whaley, Brandon Wirth.



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Nays: None.

Abstain: None.

Motion carried.

### 9) Discussion

a) Board development, assessment, on-boarding training – Dona Weissenfels

- Dona Weissenfels reported that the Board-Approved “Health Center Boards: Navigating Legal Considerations” online training series, offered by Feldesman Training Solutions, had not yet been purchased because the company must be added to the County as a verified vendor. Nina did confirm that Feldesman Training Solutions needs to be registered as a Vendor before a Purchase Authorization can be created to purchase the modules.
- Dona acknowledged that new Board Member training has not been sufficient and was looking for ideas or volunteers from the Board. Tracee Stacy volunteered Ruth Forney because of her years of experience and knowledge. Brandon Wirth mentioned the Board Member Assessment surveys included onboarding as a category. Although it had scored fairly, it was not accurate. He acknowledged that board development is important, along with having a better onboarding process. Brandon explained that the Board would have to decide if there should be a formal or informal process, have an assigned committee, as well as dedicating time to review the binder and Bylaws with new Members. Tracee asked how ideas can be discussed in further detail, suggesting via email. Kelly Welsh clarified that individual Board Members can email ideas to the Chair or Dona, but cannot be sent to the entire Board, as a group.
- Ruth stated that when she was Chair, she would be responsible for providing an introduction training to new Board Members. Dona mentioned that many Federally Qualified Health Centers (FQHC) have committees for varied purposes, so it can be defined to fit this Boards’ needs.
- Dr. Bela Matyas asked the newer Board Members how they would like their orientation to look. Annabelle Sanchez, Marbeya Ellis, Seema Mirza, and Charla Griffith commented that a mentorship program would be helpful, as well as a history of the Board would help understand the overall goals, objectives, expectations so that they can understand their role, like a New Hire Orientation and separate from the monthly CHB meeting.

### 10) Board Member Comments

- Ruth Forney acknowledged Jerry Huber’s retirement and she stated how much he accomplished. Jerry mentioned that the County has a great team in FHS and the Board but will face budget challenges for the next few years.
- Tracee Stacy reported that as of September 20th, 20 people died of overdose and/or suicide. She inquired about the process to assess patients in the clinics and expressed the urgency to act and track. Dona Weissenfels assured the Board that FHS has a high-level of sensitivity to the patient population. She provided an example of a substance abuse patient in the clinic and explained how it was handled with care. Jerry acknowledged that the integrated health care is an issue in all health care, not just in FHS. He stated that it starts with each patient and the continuum of care is process that needs to improve. Dr. Bela Matyas mentioned that all health centers are lacking physicians, not just mental health clinicians. He added that although the State is solving homelessness by providing housing, it doesn’t solve the access to care for the homeless population.
- Brandon Wirth extended congratulations to Jerry Huber and reminded the Board about Board Nominations for next months CHB meeting.



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

**DATE:** November 20, 2024  
**TIME:** 12:00 PM — 2:00 PM  
**Location:** Multi-Purpose Room  
2101 Courage Drive  
Fairfield, CA 94533

The Meeting was adjourned at 1:52 PM.

Handouts in the Agenda Packet:

- CHB September 18, 2024, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – October 16, 2024
- Clinic Operations Report – FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – October 2024
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates – October 16, 2024
- Clinic Operations Report – Grievance Reports, April-December 2023 & January– September 2024” and Grievance Category Definitions
- Clinic Operations Report – FHS Compliance Incident Report Tracking, September 1- September 30, 2024
- Clinic Operations Report – Finance September 2024 – Solano County Expenditure and Revenue Report FHS – September 2024
- Clinic Operations Report – Revenue Cycle Reports – September 2024
- Clinic Operations Report – Family Health Services Referrals – Time Period September 2024
- Clinic Operations Report – Primary Care Provider Improvement Program (PCP QIP), Solano County, H&SS, FHS – As of October 1, 2024
- Clinic Operations Report – FHS Quality Assurance/Quality Improvement (QA/QI) Committee Meeting Minutes – September 13, 2024
- CHB Strategic Plan Review 2024 Power Point (presented at the meeting)

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

### **a) Staffing Update**

# Community Health Care Board

## Family Health Services Staffing Update

CHB Meeting Date: November 20, 2024

### Number of Active Candidates - County

\*Medical Assistant - 2  
\*Medical Records Technician, Sr (Extra Help) - 2

### Number of Active Candidates - Touro

\*Clinic Physician (OMM) - 3  
\*Physician Assistant - 1

### Number of Active Candidates - Locum Tenens

\*None\*

### Number of Active Candidates - Volunteer

\*None\*

### Open County Vacancies

Clinic Physician (Board Cert) - 1  
Clinic Physician (Board Cert) **Extra Help** - 1  
Clinic Registered Nurse (Part-time) - 1  
Dental Assistant (Registered) - 1  
Dentist - 2  
Health Education Specialist **Extra Help** - 1  
Medical Assistant - 4  
Medical Records Technician, Sr **Extra Help** - 2  
Mental Health Clinician (Licensed) - 2  
Nurse Practitioner/Physician Assistant - 1  
Nurse Practitioner/Physician Assistant **Extra Help** - 1

### Interviews in Progress

\*Clinic Registered Nurse - TBD  
\*Dental Assistant Registered (RDA) - TBD  
\*Dentist - TBD

### Expected New Hires + Recently Hired Staff

\*Medical Assistants - Start Date: 11/11/2024  
\*Physician Assistant - Start Date: 10/28/2024

### Vacancies/Departures

\*Nurse Practitioner - 10/18/2024  
\*Clinic Registered Nurse - 11/13/2024

# Community Healthcare Board

## 5) Clinic Operations Reports:

### b) Credentialing Update

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

**Excluded Parties/Sanction Screening: 136**

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
October 2024 TOURO/LOCUMS	Touro/Locum Providers: 17	Exclusions Found: 0
October 2024 County – H&SS Employees/Candidates	H&SS Employees: 119	Exclusions Found: 0
Totals	<b>TOTAL SCREENED:</b> 136	Exclusions Found: 0

**Credentialing: 10 Re-Credentialing: 4**

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
October 2024 TOURO	<u>Active/Open: 1</u> Clinic Physician: 1	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 1
October 2024 LOCUM	<u>Active/Open: 1</u> Nurse Practitioner - 1	Submitted to Partnership: -0- Approved by Partnership: -1- Pending Submission to Partnership: 0
October 2024 County H&SS Employees/ Candidates	<u>Active/Open: 12</u> Medical Assistant – 5 Nurse Practitioner – 1 Physician Assistant – 2 Clinic Registered Nurse - 1 Dentist - 3	Submitted to Partnership: -2- Approved by Partnership: -0- Pending Submission to Partnership: 1

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

**Partnership – NEW Provider Enrollments**

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

**Partnership – Provider Re-Credentialing**

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

**Denti-Cal – Provider Revalidations**

None During this Reporting Period

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

None During this Reporting Period

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

# Community Healthcare Board

## 5) Clinic Operations Reports:

c) HRSA Grants Update(s)



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

- Family Health Services (FHS) is finalizing, and by the November Community Healthcare Board (CHB) meeting will have submitted, the *Fiscal Year (FY) 2025 Health Center Program (HCP) Service Area Competition (SAC) Competing Continuation* application (H80CS04218) by its Phase 2 November 14<sup>th</sup> deadline. Applicable documents will be presented to the CHB for review and approval at December's CHB meeting.
- FHS continues to prepare for and/or develop:
  - the 2024 Ryan White Services Report (RSR) for the deadlines of: Phase 1 on February 3<sup>rd</sup> and Phase 2 on March 31<sup>st</sup>.
  - the 2024 Uniform Data System (UDS) Report for its February 15<sup>th</sup> deadline through federal and state trainings.

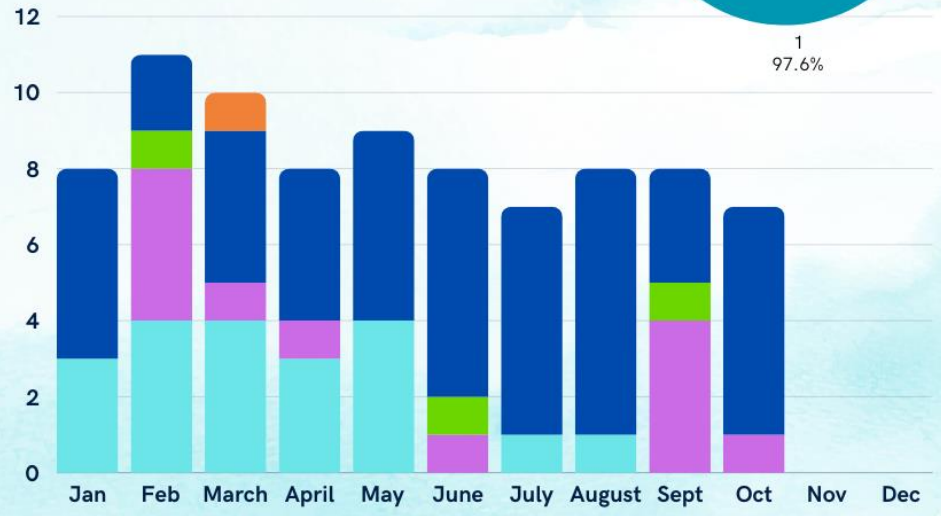
# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

**d) Grievances/Compliments**

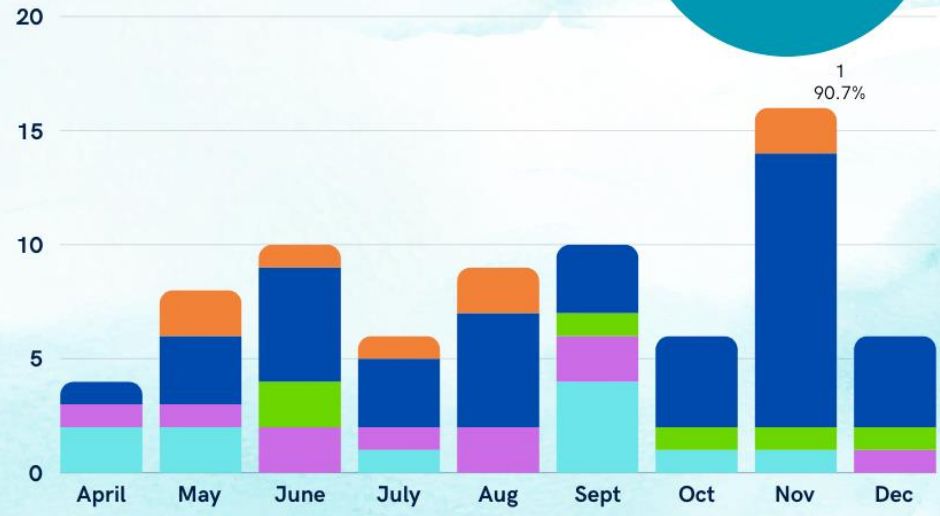
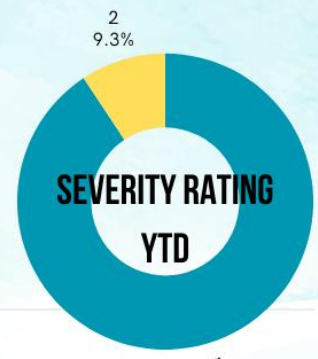
# GRIEVANCE REPORT 2024

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

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

### **e) H&SS Compliance**

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

FHS Department (if applicable)	Compliance Breach	Description (Basic Information/Activity)	Total Received
	Breach Report / Information Security	Email containing PHI sent outside the County network in error	1
			Total Privacy & Security Incidents October 2024 = 1

FHS Department (if applicable)	Category/(ies)	Description (Basic Information/Activity)	Total Received
	Lost/Damaged Property	Quest Lab specimen pick up box vandalized	1
			Total Other Incidents Reported October 2024 = 1

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

### **f) Finance & Revenue Cycle Management**

**OPERATIONS REPORT - FINANCE**  
**November 2024**



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

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH OCT	YTD ACTUALS as a % of Working Budget	
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<b>EXPENDITURES</b>	<b>Notations</b>
---------------------	------------------

**Salaries & Benefits**

Salaries - Regular	16,306,079	3,382,518	21%	
Salaries - Extra Help	17,000	8,138	48%	
Salaries - OT/Callback/Standby	69,874	40,429	58%	
Staffing costs from other divisions (net amount)	133,070	(12,638)	-9%	
Benefits	10,561,338	1,914,258	18%	
Accrued Leave CTO Payoff	20,000	3,845	19%	
Salary Savings	(2,789,326)	-	0%	
<b>Salaries &amp; Benefits Total</b>	<b>24,318,035</b>	<b>5,336,551</b>	<b>21.94%</b>	

**Services & Supplies**

Office Expense and Supplies	172,363	26,904	16%	Drinking water, household expenses, and trash services.
Communications	138,331	39,304	28%	
Insurance	1,000,703	-	0%	Budget includes cost of Liability Insurance and Malpractice Insurance. >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	73,780	22,259	30%	Q-Matic. BioRad. Caltronics. Steris.Life Technologies. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	45,503	10,451	23%	Monthly charges for vehicles assigned to County Departments; personal mileage.

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

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH OCT	YTD ACTUALS as a % of Working Budget	
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<b>EXPENDITURES</b>	<b>Notations</b>
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**Services & Supplies (continued)**

Buildings - Maintenance, Improvements, Rent & Utilities	258,458	65,521	25%	PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	623,605	162,207	26%	Henry Schein. McKesson. TheraCom.
Controlled Assets & Computer Related Items	151,940	4,118	3%	Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	207,600	16,744	8%	JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	1,019,565	94,025	9%	Budget includes the following contracts: >Allied Security >Simi Group >Waystar/Trizetto (electronic claims management) >Forvis (Medicare Cost Report) >Stericycle (medical waste disposal) >Gebbs (Medical Coding Consultant) >Factor Consultants >UCH Solutions (Recruitment services)
DoIT	2,152,500	542,239	25%	
Software & Maintenance or Support	690,031	389,524	56%	Budget includes the following: >Next Gen >OCHIN >Orchard Software
Professional Licenses & Memberships	27,871	2,737	10%	
Education, Training, In-State Travel, Out of State Travel	25,290	983	4%	Training for community health board members
Other	69,758	11,224	16%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
<b>Services &amp; Supplies Total</b>	<b>6,657,298</b>	<b>1,388,241</b>	<b>21%</b>	

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

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH OCT	YTD ACTUALS as a % of Working Budget	
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<b>EXPENDITURES</b>	<b>Notations</b>
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**Other Charges**

Interfund Services - Professional	712,944	35,450	5%	County related charges for Sheriff services, building and grounds maintenance and custodial services.
Interfund Services - Accounting & Audit	-	-	0%	
Interfund Services - Other	64,285	10,647	17%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	15,000	-	0%	Training for community health board members (originally NACHC CHI Expo conference attendance)
<b>Other Charges Total</b>	<b>792,229</b>	<b>46,097</b>	<b>6%</b>	

**Contracts/Client Support**

Contracted Direct Services	1,492,000	296,377	20%	Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers)
Client Support	22,700	7,530	33%	Client support transportation costs.
<b>Contracts/Client Support Total</b>	<b>1,514,700</b>	<b>303,907</b>	<b>20%</b>	

**Equipment**

Equipment	49,604	44,604	90%	
<b>Equipment Total</b>	<b>49,604</b>	<b>44,604</b>	<b>90%</b>	

**Administration Costs**

H&SS Administration	2,957,878	-	-	
Countywide Administration	1,312,262	-	-	
<b>Administration Costs Total</b>	<b>4,270,140</b>	<b>-</b>	<b>-</b>	

<b>TOTAL EXPENDITURES</b>	<b>37,602,006</b>	<b>7,119,400</b>	<b>19%</b>	
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**SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
OCTOBER 2024**

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH OCT	YTD ACTUALS as a % of Working Budget	
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<b>REVENUES</b>	<b>Notations</b>
-----------------	------------------

**Payer Revenues**

Payer Revenues	23,355,466	4,770,005	20%	Revenues from Medi-Cal, Partnership Capitation, Medicare and Private Pay (estimated payback not reflected)
<b>Payer Revenues Total</b>	<b>23,355,466</b>	<b>4,770,005</b>	<b>20%</b>	

**Federal/State Revenues**

1991 Realignment (Underinsured/Uninsured/PH Services)	1,386,906	-	0%	
Federal Direct - COVID (one time funding)	100,405	-	0%	Rollover for HRSA Capital Grant funds
Federal Grants	2,047,990	3,900	0.19%	Budget includes: >CHC Base grant >RWC
Federal Other	56,608	-	0%	\$1M Congressional earmark
American Rescue Plan Act (ARPA)	1,276,497	-	0%	ARPA funding for OCHIN EHR conversion
Other Revenue	1,617,600	15,784	0.98%	Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
<b>Program Revenues Total</b>	<b>6,486,006</b>	<b>19,684</b>	<b>0%</b>	

<b>TOTAL PAYER AND PROGRAM REVENUES</b>	<b>29,841,472</b>	<b>4,789,689</b>	<b>16.1%</b>	
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TOTAL EXPENDITURES vs TOTAL REVENUES				Notations
<b>TOTAL EXPENDITURES</b>	37,602,006	7,119,400	19%	
<b>TOTAL REVENUES</b>	29,841,472	4,789,689	16%	
<b>DEFICIT (SURPLUS)</b>	<b>7,760,534</b>	<b>2,329,711</b>	<b>30%</b>	
County General Fund	4,708,209	1,177,052		
<b>DEFICIT (SURPLUS) after CGF**</b>	<b>3,052,325</b>	<b>1,152,659</b>		

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

# REVENUE CYCLE REPORTS

November 2024

**\*NO REPORT\***

# Community Healthcare Board

## 5) Clinic Operations Reports:

g) Referrals



**Time Period October 2024**

**Referrals 780**

**Adult-671 Pediatrics-109**

<b>Adult Specialty Referrals</b>	<b>Ordered</b>	<b>Peds Specialty Referrals</b>	<b>Ordered</b>
Cardiology	48	Audiology	7
Gastroenterology	73	Child Development	12
Ophthalmology	80	Dermatology	17
Physical Therapy	44	Ophthalmology	6
Podiatry	53	Otolaryngology	8
	<b>298</b>		<b>50</b>
<b>Total to Specialties: 348</b>			

The above report reflects the total number of referrals for the month of October.

The total number of referrals in the Workque as of November 8<sup>th</sup> was **401** referrals with **671** referrals deferred pending specialist consultation notes.

All referrals once processed are deferred until consultation notes come back. Currently due to specialist backlog; the referral team is deferring 1-2 months out. Once patient is seen and consultation notes are received then referral team members can disposition the referral to close, closing the loop. We are currently processing **12** days out.

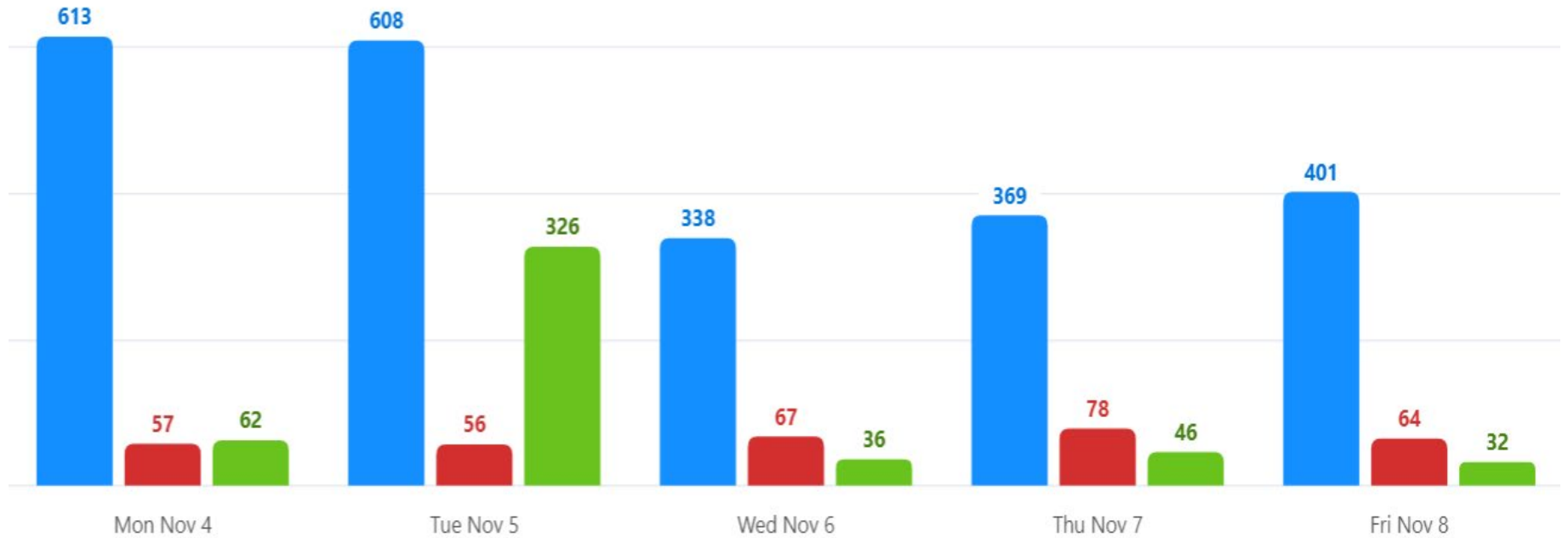
We are working with the team to smooth out the referral process, as well as training additional MAs in referrals. We were able to train 2 MAs on 11/6/24 to help with the influx of referrals.

Respectfully Submitted,

*Cynthia Coutee*

Cynthia Coutee, Clinic Manager-Vacaville

# Five Day History – Dashboard Number of Referral/Authorization Records November 4-8-2024



 Beginning Total   Referral/Authorization Records Added   Referral/Authorization Records Removed



# Community Healthcare Board

## 5) Clinic Operations Reports:

h) OCHIN EPIC Update(s)

**\*NO REPORT\***

# **Community Healthcare Board**

## **5) Clinic Operations Reports:**

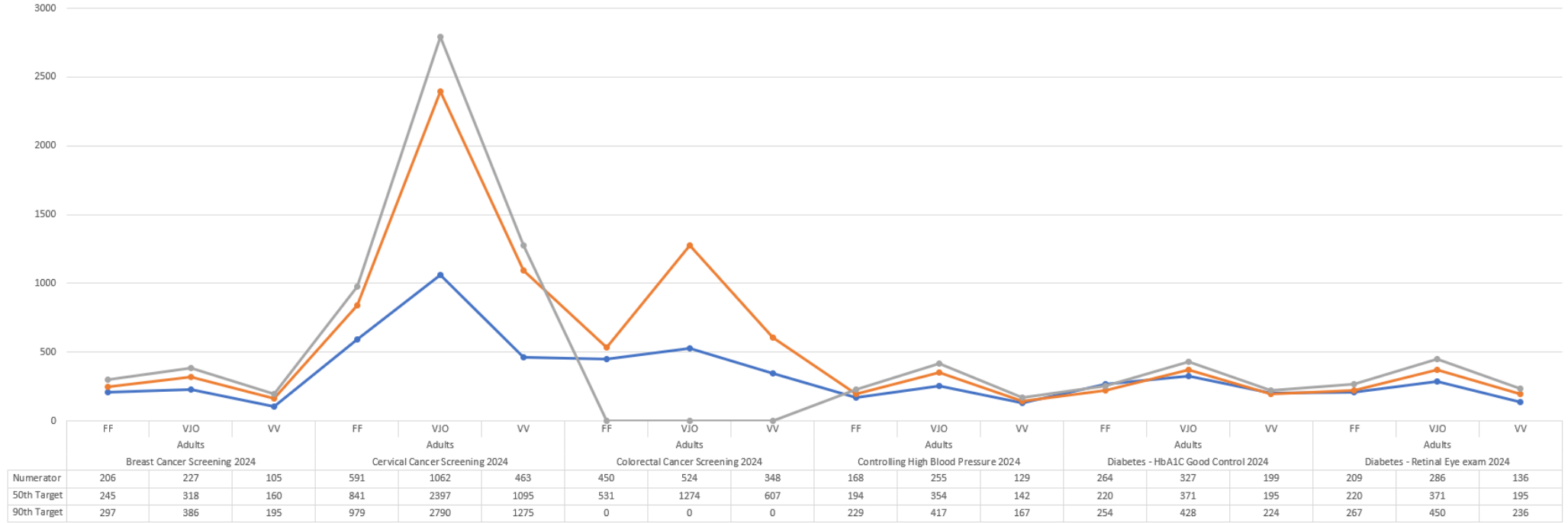
**i) Quality Improvement Update**

### QIP Adult Measures

As of 11/5/2024

Chart Area

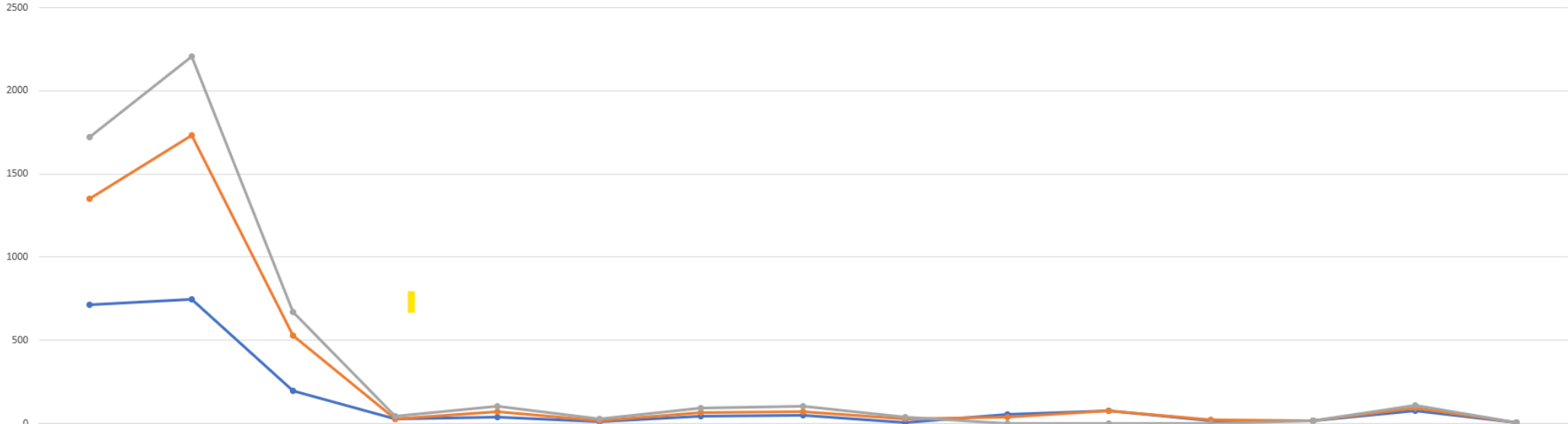
— Numerator — 50th Target — 90th Target



### QIP Pediatric Measures

As of 11/5/2024

— Numerator — 50th Target — 90th Target



	FF	VJO	VV	FF	VJO	VV	FF	VJO	VV	FF	VJO	VV	FF	VJO	VV
	Child and Adolescent Well Care 2024			Childhood Immunization Status CIS 10 2024			Immunization for Adolescents 2024			Lead Screening Children 2024			Well Child First 15 Months 2024		
Numerator	714	746	198	30	38	13	41	51	8	54	76	15	14	75	3
50th Target	1353	1732	529	29	71	17	66	71	26	38	75	24	14	92	6
90th Target	1721	2204	673	42	105	25	93	102	37	0	0	0	16	108	7

# Community Healthcare Board

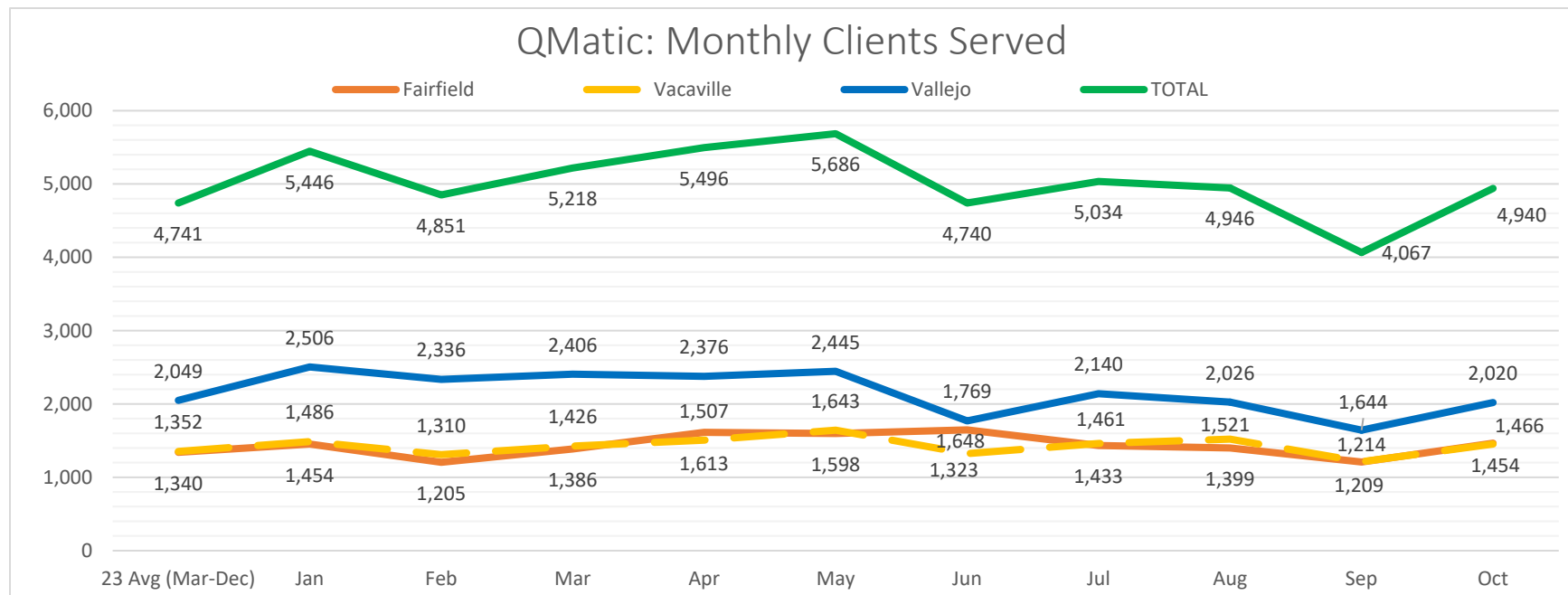
## 5) Clinic Operations Reports:

j) FHS Clinic Q-Matic Stats

**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	Aug	Sep	Oct	
<b>Fairfield</b>												
Lab	93	95	76	94	125	127	116	93	90	68	83	
Medical (Adult)	1,247	1,359	1,129	1,292	1,488	1,471	1,532	1,340	1,309	1,141	1,383	
<b>Subtotal</b>	<b>1,340</b>	<b>1,454</b>	<b>1,205</b>	<b>1,386</b>	<b>1,613</b>	<b>1,598</b>	<b>1,648</b>	<b>1,433</b>	<b>1,399</b>	<b>1,209</b>	<b>1,466</b>	
<b>Vacaville</b>												
Dental	588	598	535	552	571	620	596	673	629	563	605	
Medical (Adult & Peds)	764	888	775	874	936	1,023	727	788	892	651	849	
<b>Subtotal</b>	<b>1,352</b>	<b>1,486</b>	<b>1,310</b>	<b>1,426</b>	<b>1,507</b>	<b>1,643</b>	<b>1,323</b>	<b>1,461</b>	<b>1,521</b>	<b>1,214</b>	<b>1,454</b>	
<b>Vallejo</b>												
Dental & Medical (Adult & Peds)	1,970	2,413	2,245	2,313	2,269	2,342	1,671	2,009	1,960	1,589	1,928	
Lab	79	93	91	93	107	103	98	131	66	55	92	
<b>Subtotal</b>	<b>2,049</b>	<b>2,506</b>	<b>2,336</b>	<b>2,406</b>	<b>2,376</b>	<b>2,445</b>	<b>1,769</b>	<b>2,140</b>	<b>2,026</b>	<b>1,644</b>	<b>2,020</b>	
<b>TOTAL</b>	<b>4,741</b>	<b>5,446</b>	<b>4,851</b>	<b>5,218</b>	<b>5,496</b>	<b>5,686</b>	<b>4,740</b>	<b>5,034</b>	<b>4,946</b>	<b>4,067</b>	<b>4,940</b>	



# Change in Scope Assurances



***When submitting a Change in Scope (CIS), health centers will be asked to certify that the following statements related to the preparation of the CIS request are true, complete and accurate:***

- This CIS request is complete and responsive to all applicable criteria relating to the CIS checklist. Refer to <http://www.bphc.hrsa.gov/programrequirements/scope.html> for all applicable policies and guidance.
- The health center consulted with its Project Officer prior to submitting this CIS request.
- The proposed CIS implementation date is at least 60 days from the submission date to HRSA. Note: HRSA recognizes that there may be circumstances where submitting a CIS request at least 60 days in advance of the desired implementation date may not be possible; however, the goal is to minimize these occurrences through careful planning.
- The health center's governing board approved this CIS request prior to submission to HRSA, as documented in board minutes (must be made available upon request).
- The health center has examined the potential impact of this CIS under the requirements of other programs as applicable (e.g., 340B Program, FTCA). Refer to: <https://www.bphc.hrsa.gov/programrequirements/pdf/potentialimpactofcisactions.pdf>
- The health center understands that HRSA will consider its current compliance with Health Center Program requirements and regulations (i.e., the status and number of any progressive action conditions) when making a decision on this CIS request. See Health Center Program Compliance Manual, Chapter 2: Health Center Program Oversight for more information on progressive action. Refer to: <https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>

***I will ensure the health center complies with the following statements related to the implementation of this Change in Scope (CIS) request, if approved:***

- All Health Center Program requirements (<https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>) will apply to this CIS. Note: Compliance with Health Center Program requirements across sites and services will be assessed through all appropriate means, including site visits and application reviews.
- This CIS will be undertaken directly by or on behalf of the health center for the benefit of the current or proposed health center patient population, and the health center's governing board will retain oversight over the provision of any services and/or sites.
- This CIS will be accomplished without additional Health Center Program Federal award funding (for awardees only) and will not shift resources away from carrying out the current HRSA-approved scope of project.
- The impact of this CIS will be reflected in the total budget submitted with the health center's next annual competing or non-competing or designation application.



- This CIS will be implemented and verified within 120 days of receiving the NoA or HRSA notification approving the change.
- This CIS will not diminish the patient population's access to and quality of services currently provided by the health center.
- The health center will take all applicable steps related to the requirements of other programs impacted by this change in scope request. Refer to <https://www.bphc.hrsa.gov/programrequirements/pdf/potentialimpactofcisactions.pdf>

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**



**Family Health Services Community Healthcare Board  
2025 Annual Calendar**

Month	Required Annual Review	Comments/Training
January 15, 2025	<ul style="list-style-type: none"> <li>Project Officer/CEO Evaluation Review</li> <li>Board Members Sign Annual Bylaws Appendix A “Conflict of Interest” and “Confidentiality” forms</li> <li>Quarterly Financial Report</li> <li>Patient Satisfaction Report</li> </ul>	<p><b>Please note:</b>  <b>Additional Items that are added to the Meeting Agenda, for Board Approval, may be added at any given time.</b></p>
February 19, 2025	<ul style="list-style-type: none"> <li>Review UDS Initial Submission Progress</li> <li>Review and Approve: Sliding Fee Scale Policy</li> </ul>	
March 19, 2025	<ul style="list-style-type: none"> <li>Review UDS Final Submission Progress</li> <li>Quarterly Quality Improvement Report</li> <li>Evaluation of QI/QA Program</li> </ul>	
April 16, 2025	<ul style="list-style-type: none"> <li>Quarterly Financial Report</li> <li>Board Self-Assessment</li> </ul>	
May 21, 2025	<ul style="list-style-type: none"> <li>Review Final UDS Submission</li> <li>FHS Requested Budget Proposal for FY 24/25</li> <li>Update Community Needs Assessment</li> </ul>	
June 18, 2025	<ul style="list-style-type: none"> <li>Quarterly Quality Improvement Report</li> <li>Review Strategic Plan (3-year Cycle)</li> </ul>	
July 16, 2025	<ul style="list-style-type: none"> <li>Review and Approve Credentialing and Privileging Policy and Procedures</li> </ul>	
August 20, 2025	<ul style="list-style-type: none"> <li>FY 25/26 Budget Development</li> <li>Quarterly Financial Report</li> </ul>	
September 17, 2025	<ul style="list-style-type: none"> <li>FY 25/26 Budget Development (continued)</li> <li>Quarterly Quality Improvement Report</li> <li>Evaluation of QI/QA Program (from June)</li> <li>Review and Approve the QI/QA Plan (from June)</li> </ul>	
October 15, 2025	<ul style="list-style-type: none"> <li>Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports</li> <li>Quarterly Financial Report</li> </ul>	
November 19, 2025	<ul style="list-style-type: none"> <li>Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports</li> <li>Board Nominations – Executive Positions</li> <li>Review Annual Board Calendar</li> </ul>	
December 17, 2025	<ul style="list-style-type: none"> <li>Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports</li> <li>Quarterly Quality Improvement Report</li> <li>Board Elections – Executive Positions</li> <li>Patient Satisfaction Report</li> </ul>	

**Additional Items that can be added to Agenda for Board Approval at any given time:**

- Review and Update Health Center Policies, Procedures and Services
- Contracts Review
- Brown Act Annual Training