

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

May 20, 2020  
12:00 pm-2:00 pm  
275 Beck Avenue Fairfield, CA 94533  
Room Location: Conference Call GoToMeeting  
Call in #: 1-571-317-3112 Access Code: 293-069-869

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**AGENDA**

**1) CALL TO ORDER – 12:00 PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE AGENDA**

**3) APPROVAL OF THE APRIL 2020 MEETING MINUTES**

**4) 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. Please submit a Speaker Card before the first speaker is called and limit the comments to three (3) minutes.

**5) PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER REPORT**

- a) COVID-19 Health Center Impact Update
- b) HRSA Update
- c) Dentistry Update
- d) Project Roomkey Initiative

**6) CO-APPLICANT AGREEMENT UPDATE BY DEPUTY COUNTY COUNSEL**

**7) OPERATIONS COMMITTEE UPDATES & REPORTS**

- a) FHS Finance Update
- b) Case Management Update
- c) Board Self-Assessment Results

**8) UNFINISHED BUSINESS**

- a) None

**9) ACTION ITEMS**

- a) Approval of the FHS Budget

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

**10) BOARD MEMBER COMMENTS**

**11) PARKING LOT**

- a) Health Center Marketing Campaign & Website Design
- b) The IHI Quadruple Aim Initiative \* Health Center Practices\*

**12) NEXT COMMUNITY HEALTH BOARD MEETING**

Location: June 17, 2020  
275 Beck Ave  
Fairfield, CA 94533,  
Start Time – 12:00 PM  
Room: Conference Room 1

**13) ADJOURN**

The County of Solano Community Healthcare Board does not discriminate against persons with disabilities and is an accessible facility. If you wish to attend this meeting and you will require assistance to participate, please call Solano County Family Health Services at 707-784-2170 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to this meeting.

If you wish to address any item listed on the Agenda, or Closed Session, please submit a Speaker Card to the Board Clerk before the Board considers the specific item. Cards are available at the entrance to the Board chambers. Please limit your comments to three (3) minutes.

# County Of Solano

## Community Healthcare Board

### REGULAR GOVERNING BOARD MEETING MINUTES

April 15, 2020

Telephone Conference Call

#### Members Present:

Ruth Forney, Miriam Johnson, Tracee Stacy, Brandon Wirth, Gwen Piercy, Sandra Whaley, Gerald Hase, Theresa Wright-Mcdowell, Michael Brown, Jim Jones, Anthony Lofton, Robert Wieda, Katrina Morrow

#### Members Absent:

None

#### Staff Present:

Santos Vera, Dr. Bela Matyas, Gerry Huber, Alicia Jones, Sneha Innes, Jack Nasser, Noelle Soto, Dr. Michele Leary, Janine Harris, Amanda Meadows, Anna Mae Gonzales-Smith, Joann Parker, Yvonne Ezenwa, Lavona Hamilton

#### 1) CALL TO ORDER- 12:00 PM

- a. Welcome
- b. Roll Call

#### 2) Approval Of The Agenda

Move motion to approve April 15, 2020 Agenda  
Motion by Sandra Whaley seconded by Gerald Hase  
Discussion: None

Aye: Ruth Forney, Miriam Johnson, Tracee Stacy, Brandon Wirth, Gwen Piercy, Sandra Whaley, Gerald Hase, Theresa Wright-Mcdowell, Michael Brown, Jim Jones, Anthony Lofton, Robert Wieda, Katrina Morrow  
Nay: None  
Motion Carries

#### 3) Approval Of The March 18, 2020, Meeting Minutes

Move motion to approve the March 18, 2020, Meeting Minutes  
Motion by Brandon Wirth, seconded Jim Jones  
Discussion: None

Aye: Ruth Forney, Miriam Johnson, Tracee Stacy, Brandon Wirth, Gwen Piercy, Sandra Whaley, Gerald Hase, Theresa Wright-Mcdowell, Michael Brown, Jim Jones, Anthony Lofton, Robert Wieda, Katrina Morrow  
Nay: None  
Motion Carries

#### 4) Public Comment

None

#### 5) PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER REPORT

- a. COVID-19 Health Center Impact Update
  - i. Presented by Dr. Bela Matyas: COVID-19
    - 1. As of April 15, 2020, there are 140 cases with 2 fatalities within Solano County. Majority 19-64 years old about a quarter over 65 years old. Populated cities have more cases. Hospitals are doing well and prepared to receive patients- plenty of ventilators and ICU availability. Epidemic curve last couple weeks case rate is flat in the Bay Area and West Coast. The impact on clinics is significant. It will take a while to go back to "normal" at least Mid-May based on government officials.
  - ii. Presented by Santos Vera: Clinic Impact
    - 1. Negative impacts on revenue and positive outcomes for assistance. Decrease revenue due to less in-person and walk-in appointments and prioritize appointments. Encounters have gone down. The telehealth program has been developed. Provider and patient care through a phone call, video call limited due to access.
- b. HRSA Update
  - i. No discussion
- c. HRSA Disaster Funding
  - i. Presented by Santos Vera
    - 1. Unsolicited grant money received, in total over one million dollars in emergency funds that the administration has approved.
- d. Telehealth
  - i. Presented by Santos Vera & Janine Harris
    - 1. Patients access- the preferred method for primary care. Possible support from the government to support Telehealth when clinics fully reopen after COVID-19. The reimbursement rate would need to increase. During the time of the State of Emergency face to face requirements for encounters have been more relaxed, allowing PPS rates. Very specific document and language needed to bill. Once the State of Emergency ends telehealth billings will change. For telehealth to continue billings contracts will need to be adjusted.
- e. Saturday Clinic
  - i. Presented by Dr. Leary
    - 1. Two providers work Saturday Clinics. One of the providers has put in their notice to leave, the other provider is high risk and is unable to see patients face to face. At this time Saturday clinic is closed until the pandemic is over or if two providers want to go on the 9/80 schedules to accommodate the Saturday schedule. Telehealth coverage is still available.

**6. CO-APPLICANT AGREEMENT UPDATE BY DEPUTY COUNTY COUNSEL**

- a. Presented by JoAnn Parker
  - i. Requested a meeting with Santos and Executive Board Committee to discuss agreement and bylaws. Followed by a meeting with the Bylaw Committee to discuss changes needed to align with the agreement. Hopes to have this as an action item for voting in the May Board Meeting.

**ACTION:**

**Schedule meeting with JoAnn, Santos, and Executive Board within two weeks- Amanda Meadows**

**7. OPERATIONS COMMITTEE UPDATES & REPORTS**

- a. FHS Budget Update
  - i. Presented by Santos Vera
    1. Refer to handout: *County Of Solano Requested: Div 7580 - Family Health Services for the Fiscal Year 20/21*
    2. 20/21 Fiscal Year Budget – not complete
    3. CHB Board members should approve/ give recommendations before the Board Of Supervisors
    4. Recommendations
      - a. JoAnn Parker- keep the budget as a standing action item for any updated changes
      - b. Tracee Stacy- more detailed information in the notes section regarding realignments, the true dollar amounts, and titles for overhead and transfers expenditures to understand more how the budget is allocated

**ACTION:**

**Add approval of the budget as an action item for May Board Meeting- Yvonne Ezenwa**

- b. QI/QA Plan Update
  - i. Presented by Dr. Leary
    1. Refer to handout: *Solano County Family Health Services/Quality Assurance / Quality Improvement Plan 2020-2021*
      - a. Appendix 1: Changed grouping to disease state
    2. The goals for the QI/QA have been changed. An email from Partnership came out stating measurements have been changed due to COVID-19
    3. Signatures needed by Board Committee Authority and for any amendments. No voting is needed for approval of the QI/QA plan. The discussion will be provided as amendments occur.

**ACTION:**

**Chair and Vice-Chair sign the current QI/QA plan- Ruth Forney, Tracee Stacy, Dr. Leary, Yvonne Ezenwa**

**8. UNFINISHED BUSINESS**

- a. None

**9. ACTION ITEMS**

- a. Board Self-Assessment
  - i. An electronic version will be sent to the Board Members with instructions on how to submit the form. This is not a requirement, optional only.

**10. BOARD MEMBER COMMENTS**

- a. Theresa Wright-Mcdowell
  - i. Has resigned and is no longer living in Solano County
- b. Gwen Piercy
  - i. Asked confirmation of who the members are within the Executive Board Committee. She was advised that the members included the Chair, Vice-Chair, and member who was elected by votes: Ruth, Tracee, & Brandon.
  - ii. Need to update the phone number on the contact list
  - iii. Need to update no longer a patient, and is now a community member
  - iv. Membership Committee will need a Chair. Gwen was advised on the first meeting the Chair will be appointed.
- c. Tracee Stacy
  - i. Case managers and whole care strive program report out on May's agenda
  - ii. Membership Committee should meet now that two consumers have left the board
  - iii. Is there a warm line for COVID-19 for public health to call and ask questions?
    - 1. Tracee will forward to Santos the information regarding a warm line. Santos will discuss with the management team for staff to disperse this information requested by patients.

**ACTION:**

**Update Gwen Piercy's contact number & update her role a community member- Amanda Meadows  
Add to the May Board meeting agenda, report out for case management- Yvonne Ezenwa**

**11. PARKING LOT**

None

**12. NEXT COMMUNITY HEALTH BOARD MEETING**

DATE: May 20, 2020  
START TIME: 12:00pm  
LOCATION: Telephone Conference Call  
Dial: +1 (571) 317-3112  
Access Code: 293-069-869

**13. Adjourn**

**HANDOUTS:**

- Agenda
- March Meeting Minutes
- County Of Solano Requested: Div 7580 - Family Health Services for the Fiscal Year 20/21
- Solano County Family Health Services/Quality Assurance / Quality Improvement Plan 2020-2021

# COVID-19 GRANTS & AWARDS



## HRSA Ryan White COVID-19 Response

\$59,250

**Purpose:** Prevent, Prepare, and Respond to COVID-19 within RW Population

**Grant Period:** 4/2020 to 3/2021

**Use of Funds:** Salary and Benefits

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## HRSA Disaster Response

\$67,127

**Purpose:** Prevent, Prepare, and Respond to COVID-19

**Grant Period:** 3/2020 to 3/2021

**Use of Funds:** Salary and Benefits

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## HHS Provider Relief Fund

\$432,068

**Purpose:** Healthcare Expenses, Lost Revenue, Testing, and Treatment

**Grant Period:** Direct Deposit

**Use of Funds:** Health Center Expenses

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## HRSA Expanding Testing Capacity

\$438,799

**Purpose:** Purchase, Administer, and Expand Testing

**Grant Period:** 5/2020 to 4/2021

**Use of Funds:** Training, PPE, Supplies, Salary and Benefits

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## HRSA CARES Award

\$908,375

**Purpose:** Safety, Response, and Maintain Capacity

**Grant Period:** 4/2020 to 3/2021

**Use of Funds:** Technology, Equipment, Education, Transportation, Salary and Benefits

**TOTAL FUNDING: \$1,905,619**

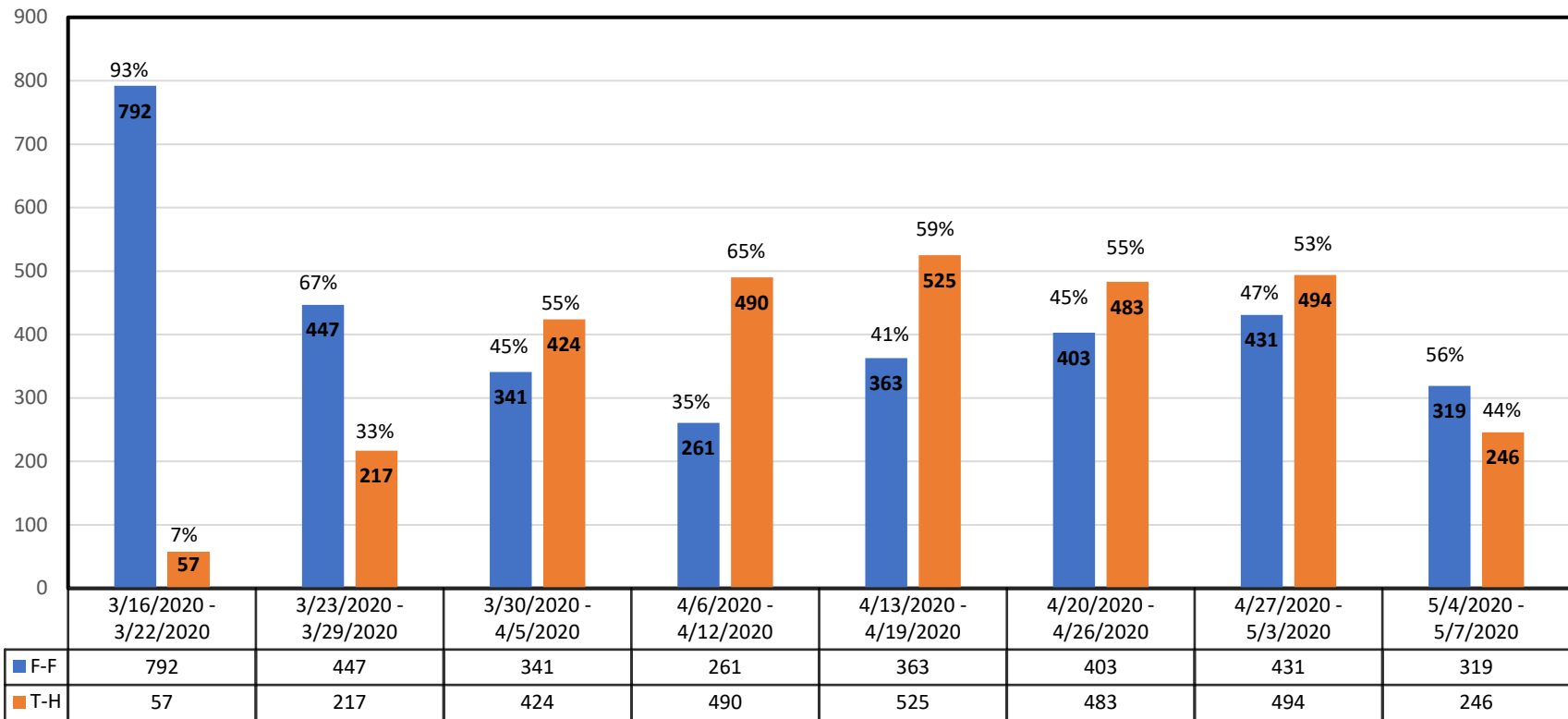
# SOLANO COUNTY HEALTH AND SOCIAL SERVICES

## FAMILY HEALTH SERVICES

### Total Billable Encounters

March 16th - May 7th 2020

**Total Billable Encounters  
(Face to Face & Telehealth)**



Partial Week Only



# Telehealth Patient Satisfaction Survey

**496**  
Responses

**26:15**  
Average time to complete

**Active**  
Status

## 1. The length of time to get an appointment with telehealth

<span style="color: blue;">●</span> Poor	2
<span style="color: orange;">●</span> Fair	69
<span style="color: green;">●</span> Good	224
<span style="color: red;">●</span> Excellent	201



## 2. The length of time you were able to speak with a provider?

<span style="color: blue;">●</span> Poor	4
<span style="color: orange;">●</span> Fair	43
<span style="color: green;">●</span> Good	199
<span style="color: red;">●</span> Excellent	250



## 3. The explanation of your condition by the provider?

<span style="color: blue;">●</span> Poor	9
<span style="color: orange;">●</span> Fair	43
<span style="color: green;">●</span> Good	204
<span style="color: red;">●</span> Excellent	240



#### 4. The explanation of your treatment by the provider?

● Poor	8
● Fair	40
● Good	208
● Excellent	240



#### 5. The courtesy, respect, sensitivity, and friendliness of the staff you spoke with?

● Poor	6
● Fair	15
● Good	157
● Excellent	318



#### 6. Your overall treatment experience with Telehealth?

● Poor	6
● Fair	33
● Good	207
● Excellent	250



#### 7. Would you use Telehealth again?

● Very Unlikely	6
● Unlikely	19
● Likely	252
● Very Likely	219



### 8. Would you recommend telehealth to another person?

Very Unlikely	4
Unlikely	28
Likely	252
Very Likely	212



### 9. What do you feel that our health center does well?

496  
Responses

Latest Responses  
*"Everything is well"*  
*"Overall we give good care."*  
*"hours of operation"*

### 10. What do you feel that our health center needs to improve on?

496  
Responses

Latest Responses  
*"none to suggest"*  
*"Sonner face to face appts available in the future."*  
*"NA"*

## **FAMILY HEALTH SERVICES – CASE MANAGEMENT**

A Public Health Nurse (PHN) Case Manager (CM) provides medical case management with the primary goals of:

1. Enhancing the patient's self-management skills and knowledge to optimize compliance to the medical care plan and
2. Providing support to assure the patient receives the medical care they need.

**PHN CM's Goal:** To promote health and wellness through education, care coordination, and referral(s) to appropriate community and health plan resources.

PHN CMs may work with the:

- Patient,
- Authorized Representatives,
- Caregivers,
- Primary Care Provider (PCP),
- Interdisciplinary Team (IDT),
- Payors,
- Vendors, and
- Community Liaisons

PHN CMs may provide medical case management via telephone, face-to-face clinic visits, and/or face-to-face home visits, as necessary.

### **THREE PROGRAMS**

1. Intensive Outpatient Case Management (IOPCM) – 2016 to Present
2. Whole Person Care (WPC) – 2017 to Present
3. General Case Management (CM) – On-going

#### **Program**

1. IOPCM – 2016 to Present
  - Is a Partnership HealthPlan of California (PHC) funded program for members at high risk for medical instability, high utilization or high cost.
  - The objective is to motivate, modify and improve health to reduce health risks over a 6 to 12-month period.
  - Patients receive a comprehensive evaluation, care plan and visit based on their identified health risks.
2. WPC – 2017 to Present (ending December 2020)
  - Is a federally funded pilot program to provide support to high-risk, high-utilizing Medi-Cal beneficiaries.
  - Comprehensive coordination of physical health, behavioral health, and social services resulting in better health outcomes.
3. General CM – On-Going
  - For patients who do not meet IOPCM nor WPC but require more assistance for a time period while dealing with health issues.
  - 2 additional subcategories:
    - Diabetes (DM) CM – Patients who are being followed by FHS Diabetology Team and/or Spanish Speaking DM patients.
    - Viral CM – People living with HIV/AIDS (PLWHA) and/or Hepatitis C positive patients.

#### **Partnerships with Non-FHS CM Programs**

- Strive 2B Healthy (S2BH) – Solano County PH Nursing; 50+ years old; YTD: 12 referrals
- PHC Case Management Program

## **FAMILY HEALTH SERVICES – CASE MANAGEMENT**

### **Important Client Outcomes**

- Patients feel that they have an ally and advocate to help speak with providers, family, etc.
- Building relationships with patients and their families that help bridge gaps in the healthcare continuum.
- CMs help patients understand their medical conditions, co-morbidities, and what can be done to slow them down or avoid exacerbations.
  - Increased knowledge regarding medications to ensure they are taking right medication at right dose, and at right time has led to improved HgBA1Cs.
  - Connect patients with available resources (e.g., housing – shelter, temporary/transitional, and permanent).
- Improved self-care (e.g., medication adherence, nutrition).

### **Current Census in Each Program**

1. WPC – 27 patients
2. IOPCM – 0 patients
3. General CM – 19 patients
  - Diabetes CM – TBD active patients
  - Viral CM – 180 to 260 active patients

### **Current PHN CMs**

- Anacani Trujillo, BSN, RN, PHN – Full-Time Spanish Speaking Diabetes Case Management (2015 to Present)
- Colleen Reeves, PHN, FNP – Full-Time Viral Case Management (May 2020 to Present)
- Vacant 1.5 FTE PHN WPC
- Vacant 1.0 FTE PHN IOPCM

### **On-going Challenges**

- COVID-19 has transitioned CM appointments to over the phone.
- Ability to hire and retain staff sets maximum capacity of programs (e.g., IOPCM).
- Appropriate referral resources.
- IOPCM and WPC have similar enrollment criteria but IOPCM has limited services and ancillary support vs. WPC.
- Programmatic changes (e.g., enrollment acuity criteria).

Community Healthcare Board Self-Assessment Results

Questions		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Category 1: Board Composition</b>						
<b>Strengths</b>	Diverse representation of perspectives; understanding of board member expectations					
<b>Opportunities</b>	Establish clear recruitment and disciplinary processes					
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.		0.00%	42.86%	0.00%	42.86%	14.29%
		0	3	0	3	1
2. There is a thoughtful, ongoing process for recruiting new board members.		0.00%	0.00%	42.86%	42.86%	14.29%
		0	0	3	3	1
3. The board represents a wide variety of perspectives.		28.57%	42.86%	28.57%	0.00%	0.00%
		2	3	2	0	0
4. Board members fully understand what is expected of them as a board member.		0.00%	66.67%	16.67%	16.67%	0.00%
		0	4	1	1	0
5. Board members understand and demonstrate that they represent all the people served by the health centers, not just a special segment.		42.86%	14.29%	42.86%	0.00%	0.00%
		3	1	3	0	0
6. The board disciplines or removes board members for nonperformance or inappropriate performance.		0.00%	28.57%	28.57%	14.29%	28.57%
		0	2	2	1	2
<b>Category 2: Planning and Evaluation</b>						
<b>Strengths</b>	Process for evaluating Project Director; monitoring progress towards strategic and program goals					
<b>Opportunities</b>	Strengthen understanding of financial reports prior to board approval; continue incorporating strategic plans in board decision-making and monitoring quality and patient satisfaction					
7. The board reviews the mission and long-range plan annually.		0.00%	42.86%	57.14%	0.00%	0.00%
		0	3	4	0	0
8. The board actively monitors progress towards strategic and program- related goals.		0.00%	71.43%	14.29%	14.29%	0.00%
		0	5	1	1	0
9. The board considers the strategic long-range plan in every major board decision.		0.00%	50.00%	16.67%	33.33%	0.00%
		0	3	1	2	0
10. The board spends time to study and understand financial reports before they are approved by the board.		0.00%	42.86%	14.29%	42.86%	0.00%
		0	3	1	3	0
11. The board monitors quality benchmarks including clinical outcomes and patient satisfaction.		0.00%	66.67%	0.00%	16.67%	16.67%
		0	4	0	1	1
12. The board has a policy and plan for evaluating the Executive/Project Director annually.		14.29%	85.71%	0.00%	0.00%	0.00%
		1	6	0	0	0
<b>Category 3: Policy Making</b>						
<b>Strengths</b>	Well developed, regularly updated policy manual					
<b>Opportunities</b>	Conduct more research prior to the development of new policies; compose policies with guidance that assigns responsibility for implementation and enforcement					
13. The board has a board policy manual that includes all board policies.		0.00%	85.71%	14.29%	0.00%	0.00%
		0	6	1	0	0
14. Board policy manuals are updated annually.		0.00%	71.43%	28.57%	0.00%	0.00%
		0	5	2	0	0
15. New board policies grow out of study and research, not crisis situations.		14.29%	28.57%	42.86%	14.29%	0.00%
		1	2	3	1	0
16. The board policies assign responsibility for implementing or enforcing the policy.		0.00%	57.14%	28.57%	14.29%	0.00%
		0	4	2	1	0

Solano County Family Health Services

Category 4: Board/Executive Relationship					
Strengths	Inclusion of executive leadership in deliberations; giving unified direction to executive leadership				
Opportunities	Continue delegating management responsibilities to executive leadership				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. The board is familiar with the written job description of the executive.	0.00%	71.43%	0.00%	28.57%	0.00%
	0	5	0	2	0
18. The board includes the executive in all deliberation except in the final stages of evaluation of executive performance.	14.29%	57.14%	14.29%	14.29%	0.00%
	1	4	1	1	0
19. The board delegates management to the executive and does not interfere with that management except to monitor and evaluate compliance with board policy.	14.29%	42.86%	14.29%	28.57%	0.00%
	1	3	1	2	0
20. The board, and not individual board members, gives direction to the executive.	14.29%	71.43%	14.29%	0.00%	0.00%
	1	5	1	0	0
Category 5: Board Meeting Practices					
Strengths	Several beneficial meeting practices including well prepared agendas, an annual calendar, and collective acceptance of final decisions				
Opportunities	Improve timely meeting start; increase board member preparation for discussions including providing sufficient background on agenda items; increase adherence to parliamentary rules				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
21. Meetings begin and end on schedule.	14.29%	28.57%	28.57%	28.57%	0.00%
	1	2	2	2	0
22. The agenda is well prepared and includes only issues the board needs to deal with.	14.29%	57.14%	28.57%	0.00%	0.00%
	1	4	2	0	0
23. The executive committee collaborates to prepare the board agenda.	14.29%	57.14%	28.57%	0.00%	0.00%
	1	4	2	0	0
24. The board always has enough background information on each agenda item.	14.29%	14.29%	57.14%	14.29%	0.00%
	1	1	4	1	0
25. Board members come to meetings prepared to discuss issues and take action.	0.00%	57.14%	14.29%	28.57%	0.00%
	0	4	1	2	0
26. We follow a businesslike system of parliamentary rules.	0.00%	42.86%	28.57%	28.57%	0.00%
	0	3	2	2	0
27. We have an annual board meeting calendar.	28.57%	71.43%	0.00%	0.00%	0.00%
	2	5	0	0	0
28. Board members arrive on time for meetings.	14.29%	28.57%	14.29%	42.86%	0.00%
	1	2	1	3	0
29. Minutes of the meeting include only the important actions taken by the board, and not lengthy dialogue.	28.57%	28.57%	28.57%	0.00%	14.29%
	2	2	2	0	1
30. Final decisions of the board are accepted and supported by all board members.	14.29%	71.43%	14.29%	0.00%	0.00%
	1	5	1	0	0
Free Response: What areas of the board do you believe could be improved and how?					
Educating and training new board members so they can understand health center goals and objectives					
Orientation, listening, and creating a less tense atmosphere					
Training on what specifically is within and outside the responsibility or authority of the board					
More connection between board decision-making and the strategic plan					
Time management within meetings so that each agenda item gets completed					

COUNTY OF SOLANO							
REQUESTED: DIV 7580 - FAMILY HEALTH SERVICES							
FOR THE FISCAL YEAR 20/21							
CATEGORY Subobject	Description	PRIOR YEAR ACTUALS (FY2018/19)	FY2019/20 ADOPTED BUDGET	ACTUALS as of 4/6/2020 PLUS ENCUMBRANCES	2021 REQUESTED BUDGET	CHANGE BETWEEN RQ and AD	NOTES
1000	SALARIES AND EMPLOYEE BENEFITS	18,996,896	21,236,357	13,721,871	19,138,412	(2,097,945)	Includes \$1.5M increase due to Cost Of Living Allowances (COLAs), which is offset by an increase in Salary Savings from 15% (normal turnover) to 22.5% (holding positions vacant).
2000	SERVICES AND SUPPLIES	4,088,300	5,576,461	3,802,534	5,382,260	(194,201)	Consists of expenditures needed to run the programs, including items such as phones, insurance, information technology, medical and office supplies, computer equipment, advertising, travel, etc.
3000	OTHER CHARGES	2,135,175	2,834,097	2,500,961	3,600,769	766,672	Other charges consists of expenditures from downtown, such as building maintenance, custodial, security, and general overhead for Auditor Controllers Office, County Administrators Office, and other departments that provide services to FHS. It also includes \$1,424,500 in contracts for Touro and Locums and \$23,024 in expenditures for co-applicant board members to attend NHCHC, CPCA and NACHC conferences.
4000	FIXED ASSETS	38,999	0	24,241	19,000	19,000	Includes purchase of dental equipment.
5000	OTHER FINANCING USES	188,749	224,377	123,706	241,510	17,133	Includes Pension Obligation Bonds.
7000	INTRA FUND TRANSFERS	1,945,533	2,679,420	1,021,234	2,073,130	(606,290)	Includes Health & Social Services overhead and transfer of expenditures to other budgets for work performed by Family Health Services staff in other divisions.
9500	INTERGOVERNMENTAL REVENUES	3,709,765	7,211,673	5,059,503	5,204,464	(2,007,209)	Includes Realignment of approximately \$3.2 Million and Grant funds of approximately \$2 Million
9600	CHARGES FOR SERVICES	21,603,300	22,574,152	14,593,293	22,404,626	(169,526)	Includes FQHC revenue from encounters (approximately \$20Million) and managed care revenue from Partnership (approximately \$4Million).
9700	MISC REVENUES	2,022,087	2,732,097	218,878	2,845,991	113,894	Includes Quality Improvement funds from Partnership.
<b>TOTAL EXPENSE</b>		<b>27,393,652</b>	<b>32,550,712</b>	<b>21,194,547</b>	<b>30,455,081</b>	<b>(2,095,631)</b>	
<b>TOTAL REVENUE</b>		<b>27,393,652</b>	<b>32,517,922</b>	<b>19,871,674</b>	<b>30,455,081</b>	<b>(2,062,841)</b>	
<b>GRAND TOTAL</b>		<b>0</b>	<b>32,790</b>	<b>1,322,873</b>	<b>0</b>	<b>(32,790)</b>	The \$32,790 balance in the adopted budget due to rollover encumbrances.