



County of Solano Community Healthcare Board

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, April 21, 2021
Video and Telephone Conference Call

Members Present:

Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Gerald Hase, Jim Jones, Miriam Johnson, and Brandon Wirth

Members Absent:

Robert Wieda, Sandra Whaley, and Tracee Stacy

Staff Present:

Dr. Bela Matyas, Debbie Vaughn, Dr. Rebekah Kim, Dr. Sneha Innes, Jack Nasser, Tess Lapira, Toya Adams, Anna Mae Gonzales-Smith, Noelle Soto, Cheryl Esters, Clarisa Sudarma, Thomas West, and Nina Delmendo, Janine Harris, Jannett Alberg

1) Call to Order – 12:05 p.m.

- a) Welcome
- b) Roll Call

2) Approval of April 21, 2021, Agenda

Motion: To approve the April 21, 2021, Agenda

Motion by: Jim Jones and seconded by Brandon Wirth

Discussion: None

Ayes: Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Gerald Hase, Jim Jones, Miriam Johnson, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

3) Approval of March 17, 2021, Meeting Minutes

Motion: To approve the March 17, 2021, Meeting Minutes

Motion by: Miriam Johnson and seconded by Jim Jones

Discussion: None

Ayes: Ruth Forney, Michael Brown, Anthony Lofton, Katrina Morrow, Gerald Hase, Jim Jones, Miriam Johnson, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried



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4) Public Comment:

None.

5) Project Director/Chief Executive Officer Report

a) COVID-19 Health Center Impact Update

- i. It was mentioned that in Solano County, the number of cases has ranged from 20 to 70 per day with an average of 40 per day, so we remain in the Red Tier. In order to move up to the Orange Tier, we have to cut those numbers in half. The reason we are still in the Red Tier, is because most of the Bay area is in the Orange Tier, but the Sacramento region is in the Red Tier, so our numbers reflect a blend of those numbers, since we are in the middle of those counties.
- ii. It was stated that the reason there are so many cases, is because people continue to go to family gatherings and parties, get exposed and become sick. The cases are mostly younger people, and it is suspected that they are tired of COVID-19 or may be convinced that it is behind us but, people are just being careless. This is unfortunate, because it's keeping us in the Red Tier, which hurts our businesses. We will probably remain in the red tier for another couple weeks.
- iii. It was mentioned that vaccination rates are improving, but there has been a vaccine shortage, for a while and it was made worse with the Johnson & Johnson hold, so that vaccine was unavailable. The CDC has not decided to release or recall the Johnson & Johnson vaccine. In the meantime our allotment is limited, so we do the best with what we get.
- iv. It was noted that as of yesterday, over 50% of the adults in the community have been vaccinated with one dose and over 32% are fully vaccinated, so we are making progress in Solano County. About 76% of people, age 65 and older have been vaccinated with one dose, which is about three quarters of the that population. This is doing a good job of protecting our most vulnerable. About 60% of those ages 50-64 are vaccinated, and about 35% of the people under the age of 50 are vaccinated. The percentage is low for those under the age of 50, because vaccinations were open to these age groups just last week.
- v. It was mentioned that there is no real impact on the health centers, and we continue to operate under the OSHA guidelines, for a health facility. We continue to see people ill with COVID-19 and test those people. Jack Nasser has applied to receive additional vaccine from Health Resources & Services Administration (HRSA).

b) Health Center Operations Update

- i. It was mentioned that the primary care for adults, pediatrics and dental clinics are fully operational.

c) Staffing Update

- i. It was mentioned that FHS is looking at some key, vacant positions to fill. As of yesterday, there were 6 positions that were approved by Fiscal, our Administration and Human Resources Department. We are waiting for certified lists to begin recruitment for those positions. The six positions include a Public Health Nurse, two Nurse Practitioners/Physician Assistants, a Bilingual Office Assistant, two Medical Assistants, one Registered Dental Assistant and a Health Assistant for our Ryan White Program.



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- ii. It was mentioned that we now have a Sr. Registered Nurse vacancy at our Fairfield Adult Clinic, and we received notice from a mid-level provider in Vacaville, that he will be leaving. There is a plan to backfill those two positions in the future.
 - iii. It was noted that tomorrow, interviews will be held as a joint recruitment for a Public Health Nurse position, for Public Health, one of our Family Health Services staff will be on the interview panel.
- 6) Co-Applicant Agreement Update by Deputy County Counsel**
- There were no updates from Deputy County Counsel, JoAnn Parker.
- 7) Operations Committee Updates Reports**
- None.
- 8) Unfinished Business**
- None.
- 9) Discussion**
- a) Review Patient Grievance/Complaint Process Policy
 - i. Chair stated this form was discussed, because it sounded like, some patients have some concerns. Maybe they can't be addressed in the policy, but it is on the agenda so questions can be asked about this policy.
 - ii. It was asked, when a patient files a grievance, how long does the whole process take and how soon do they get back to the person, to let them know they got the grievance? Jack Nasser responded and stated that it is a priority to respond back to the patient, in a quick and reasonable amount of time. They may not have a resolution to the grievance, but will notify them that the grievance was received, that it is being reviewed, and will give them the time frame, in regards, to how long it will take to process the grievance. The staff is asked to update the patient on the progress of the grievance, and once there is a resolution, it will be shared with the patient.
 - iii. It was noted that there are several consumer members on the board, and that Family Health Services would like to set up a focus group, to discuss their experiences at Family Health Services, and based on their personal experiences, see how the clinic can improve processes and communication. It was mentioned that because the consumer board members are the voice of our other patients, it would be a great idea to create a focus group, with them, aside from this meeting, and present those findings, at this meeting, in the future. This idea was presented to the Board, and it was offered by Jack's team, to have those members partake in that process to help improve patient satisfaction and patient outcomes. Board member, Miriam Johnson, liked the idea and requested to discuss this topic, further with Jack. The Chair agreed that the focus group would be a good idea to meet separate from the Board meeting.
 - iv. Board member Brandon stated he read the policy and he was looking for a statement in the policy that committed a timeline of and articulated the actions, once the grievance was received, and the participant's understanding of what would happen with that formal grievance. If there is no formal policy on this topic, he encouraged to move towards it. It was noted that there is no timeline in the policy, due to the various types of grievances. Some grievances are resolved sooner than others. As stated earlier, when the patient is informed that their grievance was received, at that time, the patient is notified of a timeline when it could be resolved. It was also mentioned that the policy was updated in



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2019 and approved by the Health Resources & Services Administration (HRSA), but it can be revisited in the future. It was clarified that the grievance form is not included in the policy and that the form, is a yellow card, that is available in each of the health centers. It can be handed to the patient to complete or mailed to them. It was stated that maybe when a focus group is in place, input could be considered in updating the policies.

b) Board Self-Assessment

- i. The Chair mentioned that it is time for the Board Members to complete the Board Self-Assessment and that all Board Members should have received the form in the mail, along with a stamped envelope to return the form. The Board Members were advised the forms are due by May 3, 2021. They will be tallied, and a report will be made at the next board meeting.

10) Action Items

None.

11) Board Member Comments

- a) Brandon – He expressed interest in starting conversations, to consider in-person board meetings or a hybrid of in-person and/or Zoom meetings. Chair noted that this same discussion was also discussed at the last Executive Committee Meeting.
- b) Miriam – She suggested to find a secluded place outdoors, instead of indoors.
- c) Ruth – She mentioned that some members may not feel comfortable coming back, in person, so it will be discussed further.
- d) Ruth – She thought things were moving forward, even though everything is not safe and out of the woods yet. She stated that a lot of people still don't want to get vaccinated and the Board Members and participants need to do everything they can to protect themselves. She thanked the Board Members, for their patience to meet, using computers and phones, even though it's not easy. Everyone has been getting through it and pretty soon maybe we can do something different. She also thanked the staff for their time, who participated in these meetings, during their lunch hour and it was appreciated.

12) Parking Lot (These Items are postponed, until further notice.)

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design
- c) The IHI Quadruple Aim Initiative, "Health Center Practices"

13) Next Community Healthcare Board Meeting

DATE: May 19, 2021

TIME: 12:00 p.m.

TO JOIN: Telephone Conference Call

Dial: 1-323-457-3408, Conference ID: 299 423 65#

15) Adjourn

Meeting was adjourned at 12:45 p.m.



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Handouts:

- Family Health Services Patient Grievance/Complaint Process, Policy Number: 500.05 (7/5/2018)
- 2021 Community Healthcare Board Calendar (3/17/2021)