

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

September 20, 2022
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 SEPTEMBER 20, 2023 AGENDA

3) PUBLIC COMMENT

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Due to COVID-19, the public can join as audio only. 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 August 16, 2023, Draft Meeting Minutes

5) CLINIC OPERATIONS REPORTS

- a) Staffing Update
- b) Credentialing Update – Desiree Bodiford
- c) HRSA Grants Update(s)
- d) Grievances/Compliments
- e) Compliance
- f) Finance – Nina Delmendo
- g) Referrals
- h) Major Project Updates
- i) QI Update – Dr. Michele Leary
 - i) Primary Care Provider Quality Improvement Program (PCP QIP) Report
- j) Revenue Cycle Management – Nina Delmendo
- k) FHS Clinic Q-Matic Stats

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

6) HRSA PROJECT OFFICER REPORT

- a) Health Center HRSA Project Officer Update – Dona Weissenfels
- b) Responsibilities Matrix for Co-Applicants
- c) HRSA Virtual Operations Site Visit (VOSV) report update

7) BUSINESS GOVERNANCE

- a) Review and consider approval of revisions to the Co-Applicant Agreement – Dona Weissenfels

i) **ACTION ITEM:** The Board will consider approval of the revisions to the Co-Applicant Agreement

8) DISCUSSION

- a) National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Exp Conference – report update
- b) Dental Clinic Presentation
- c) Request of a future presentation to the Board on a Behavioral Health Plan regarding integrated behavioral health for Family Health Services (FHS) patients – Board Member Tracee Stacy
- d) Request to discuss how CHB budget dollars are allocated

9) BOARD MEMBER COMMENTS

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

DATE: October 18, 2023
TIME: 12:00 pm – 2:00 pm
LOCATION: Multi-Purpose Room
2201 Courage Drive
Fairfield, CA 94533

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, August 16, 2023

In Person Meeting

Members Present: At Roll Call: Michael Brown, Gerald Hase, Ruth Forney, Deborah Hillman, Sandra Whaley, Brandon Wirth. Arrival late: Charla Griffith and Tracee Stacy.

Members Absent: Anthony Lofton, Don O’Conner, Robert Wieda

Staff Present: Cynthia Coutee, Dona Weissenfels, Dr. Michele Leary, Dr. Reza Rajabian, Gerald Huber, Kelly Welsh, Krista McBride, Nina Delmendo, Raechel Leas, Roger Robinson, Valerie Flores, Danielle Seguerre-Seymour, Patricia Zuñiga, Jasmine Chisley

1) Call to Order- 12:05 pm

- a. Welcome
- b. Roll Call

2) Approval of the August 16, 2023 Agenda

Motion: To approve the August 16, 2023 Agenda

Motion by: Ruth Forney and seconded by Sandra Whaley

Discussion: None

Ayes: Michael Brown, Ruth Forney, Gerald Hase, Deborah Hillman, Sandra Whaley, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

3) Public Comment

There was no Public Comment.

Regular Calendar

4) Approval of Minutes

Approval of the July 7, 2023 Draft Minutes

Motion: To approve the July 7, 2023 Draft Minutes

Motion by: Sandra Whaley and seconded by Deborah Hillman

Discussion: None.

Ayes: Michael Brown, Ruth Forney, Gerald Hase, Deborah Hillman, Sandra Whaley, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

5) Clinic Operations Reports

a. Staffing Update — Dona Weissenfels

-Dona shared that Family Health Services has been more successful in the last couple of weeks with recruiting physicians. A Supervising Physician will be interviewed and start the life scan process potentially this Friday. Two more physicians are set to onboard soon.

-In terms of staff positions, Dona mentioned that Family Health Services is set to receive a list of candidates for a Senior HSM position and an HSM position in Fairfield. She also reported that FHS requisitions have been submitted for two new positions: 1) a Planning Analyst for Quality and 2) a Call Center Supervisor.

b. Credentialing Update — Raechel Leas spoke in place for Desiree Bodiford

-Rachel shared that there are 14 staff in process and 2 staff in the queue working on systems updates in credentialing.

c. HRSA Grants update — There were no updates pertaining to HRSA Grants to report on.

d. Grievances/Compliments — There were no updates on grievances and complaints to report on.

e. Compliance — Krista McBride

Training Records:

-The compliance team discussed their responsibilities regarding the content and oversight of the Health Information Privacy and Security Training that goes over best practices for those who handle PPI or PHI.

-The compliance team discussed the stats pulled from their August 8, 2023 report that states that Family Health Services has an overall compliance rate of 27%. The report also states that out of 117 active FHS employees, 17 are up to date on the annual compliance training and only 1 employee completed the annual Civil Rights Training to date. The compliance team made a request to have all employees complete the trainings by 9/8/2023 and to have supervisors report this back to meet the goal of being at least 90% in compliance.

-Obstacles in completing the trainings were discussed. The idea to have an in-person training for groups was raised. Dona also mentioned that FHS is addressing trainings surrounding compliance and other items this September during the Skills Fair.

Medical Records Committee:

-Tracee shared that efforts are in place to collaborate with Medical Records to consolidate existing policies and procedures so that both Family Health Services and Behavioral Health policies mirror each other even when the workflows are different.

-It was emphasized that a focus on HRSA compliance issues impacting the clinic need to be reflected in a work plan.

f. Finance — Nina Delmendo

-This item is covered in the governance section.

g. Referrals — Cynthia Coutee

-Cynthia discussed that the referral reports are shifting to emphasize referral utilization of services, what services we currently have in-house, and recommendations for improvements in the referrals process.

-There was a brief discussion about future efforts to possibly develop an approach that can retrieve referral information in NextGen to track how FHS is doing on closing the loop on referrals in combination with their existing outreach attempts.

h. Major Project Updates — Dona stated there were no major project updates at this time and that she would report out more details during her HRSA Project Officer Report.

i. QI update — Dr. Michele Leary

-Dr. Leary reported that the current Pediatric Child Physicals Project that was initiated in June 2022 has been going well.

-Dr. Leary also shared a finding from the report that detailed how the project started with 238 newborns, but that almost half of the patients ended up capped somewhere else. She also mentioned that a Planning Analyst position was approved, which could potentially help with tracking and analyzing these trends.

-She also mentioned that she will share a report that goes over QIP initiatives in September.

j. Revenue Cycle Management — Nina Delmendo — There was no report.

k. FHS Clinic Q-Matic Stats — Dona Weissenfels — (handout on this)

-Dona clarified that the data shown in the handout is the number of people who walked into our clinic regardless of payment.

6) HRSA Project Officer Report- Dona Weissenfels; Health Center HRSA Project Office Update

a. Health Center Activities, Internal & External Update

-Dona reported that an OCHIN EPIC Stakeholder Meeting occurred today (8/16/2023) and that contracts have been officially signed with OCHIN EPIC. She stated that Family Health Services is in the process of hiring project managers to help with FHS workflows and IT support. She also clarified that the internal Project Manager for FHS is Sole Source.

-Dona shared that she had a meeting with Touro University about the possibility of having a scribe program to allow for more provider engagement with patients and to improve our rates of timely closing encounters. Dona further stated that talks are currently in the works about opening a pilot program at FHS that will, in turn, improve our QA/QI efforts as well. She also stated that there will be future updates regarding this topic.

b. HRSA Virtual Operations Site Visit (VOSV) and Facktor Health Organizational Assessment

-Dona mentioned that the report of VOSV Findings is still pending. She also stated that FHS is already in motion in correcting certain items brought up during the site visit and has a goal for FHS to adopt reviewing policies and procedures annually.

-She noted that a response from NorthBay to modify the existing contracts to connect Radiology services is still pending.

-Other anticipated concerns from the VOSV audit include not having a well-defined co-applicant agreement to operationalize and concerns surrounding Dona's job description. The possibility of calling a special meeting to address this as an agenda item was mentioned.

7) Business Governance

- a. Review and consider approval of the Family Health Services After Hours Coverage Policy Number: 300.01** — Dr. Michele Leary

-Action item: The Board will consider approval of the Family Health Services After Hours Coverage Policy Number: 300.01

Motion: To approve the Family Health Services After Hours Coverage Policy Number: 300.01

Motion by: Tracy Stacee and seconded by Sandra Whaley

Discussion: None.

Ayes: Michael Brown, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

- b. Review and consider approval of the Family Health Services Financial Documents listed below — Nina Delmendo

-Action item: The Board will consider approval of the Family Health Services Financial Documents listed below:

- i. FHS FY 2022/23 Year End Financial Report
- ii. FY 2021/22, 2022 Solano County Single Audit Report

Motion: To approve the Family Health Services i) FHS FY 2022/23 Year End Financial Report and ii) FY 2021/22, 2022 Solano County Single Audit Report

Motion by: Deborah Hillman and seconded by Ruth Forney

Discussion: None.

Ayes: Michael Brown, Charla Griffith, Ruth Forney, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

- c. Discuss the change of the FHS Call Center located at 355 Tuolumne Street in Vallejo. Request Board approval to close the location — Dona Weissenfels

-Action item: The Board will consider approval to close the Call Center at 355 Tuolumne Street in Vallejo. Call Center Services are provided in each of the FHS Clinics in Vallejo, Fairfield, and Vacaville.

Motion: To approve the change of the FHS Call Center located at 355 Tuolumne Street in Vallejo and to approve to close the location

Motion by: Ruth Forney and seconded by Deborah Hillman

Discussion: None.

Ayes: Michael Brown, Charla Griffith, Ruth Forney, Gerald Hase, Deborah Hillman, Tracee Stacy, Sandra Whaley, and Brandon Wirth

Nays: None

Abstain: None

Motion Carried

8) Discussion

- a. National Health Centers Week, Family Health Services Open House, August 10, 2023 outcome — Board Member Ruth Forney
 - Board Member Ruth Forney shared that she received positive feedback from those in attendance our Family Health Services Open House. Ruth also shared positive news about increasing awareness of Community Health Center Week at a separate event of approximately 150 people that she attended. There, she presented a short video about Community Health Center Week to inform the audience and shared with the Board that it was positively received.
- b. National Association of Community Health Centers (NACHC) Community Health Institute (CHI) & Expo Conference, scheduled August 27-29, 2023 in San Diego, California.
 - Board Members attendees in person are Ruth Forney and Tracee Stacy and virtually are Brandon Wirth and Michael Brown
- c. FY 25/25 Budget Development — Nina Delmendo
 - Nina mentioned that last year she held a budget workshop and then requested feedback from the Board to see if there was interest to plan for another one this year. Board Members expressed interest and agreed to have a meeting to discuss further details on September 20, 2023. Nina noted that there are approaching deadlines, one of which is in regard to personnel.
 - Patricia Zuniga will check to see if the Multipurpose Room is available on September 20th. It was raised to have this on the Board Member calendar annually.
- d. Request of a future presentation to the Board on a Behavioral Health Plan regarding integrated behavioral health for FHS patients — Board Member Tracee Stacy
 - There was not an update due to Recent HRSA VOSV. This discussion item will be moved to the September meeting.

9) Board Member Comments

-Board Member Tracee Stacy highlighted Board Member Ruth Forney's advocacy efforts and encouraged similar efforts to continue with the Board. She also emphasized putting additional efforts in place to support our work force.

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

DATE: September 20, 2023

TIME: 12:00 p.m. — 2:00 p.m.

Location: Multi-Purpose Room
2101 Courage Drive

Fairfield, CA 94533

The Meeting was adjourned at 1:58 p.m.

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: September 20, 2023

Number of Active Candidates - County
Clinic Physician Supervisor - 2 Health Education Specialist Extra Help - 1 Health Services Clinic Manager - 1 Health Services Clinic Manager, Senior - 1 Office Supervisor (Call Center) - 1

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

Number of Active Candidates - Locum Tenens
Nurse Practitioner - 2

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

Open County Vacancies
Clinic Physician (Board Cert) - 1 Clinic Physician (Board Cert) Extra Help - 1 Clinic Physician Supervisor - 1 Clinic Physician Supervisor - 1 <i>pending</i> Clinic Registered Nurse - 1 Clinic Registered Nurse, Senior - 1 Dental Assistant (Registered) - 1 H&SS Planning Analyst - 1 Health Education Specialist Extra Help - 2 Health Services Clinic Manager - 1 Health Services Clinic Manager, Sr. - 1 Medical Records Technician, Sr Extra Help - 1 Mental Health Clinician (Licensed) - 1 Nurse Practitioner/Physician Assistant - 4 Office Supervisor (Call Center) - 1

Interviews in Progress
H&SS Planning Analyst - 1

Recently Hired Staff
Clinic RN: 09/05/2023 Start Date Medical Assistant: 09/05/2023 Start Date Medical Assistant: 9/17/2023 Start Date Nutritionst: 09/05/2023 Start Date

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

Excluded Parties/Sanction Screening: 131

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
August 2023 TOURO/LOCUMS	Touro/Locum Providers: 16	Exclusions Found: 0
August 2023 County – H&SS Employees/Candidates	H&SS Employees: 115	Exclusions Found: 0
Totals	TOTAL SCREENED: 131	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 -
August 2023 TOURO	<u>Active/Open: 4</u> Physician Assistant: 2 Clinic Physician: 2	Submitted to Partnership: -1- Approved by Partnership: -0- Pending Submission to Partnership: 3
August 2023 LOCUM	<u>Active/Open: 0</u>	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 0
August 2023 County H&SS Employees/ Candidates	<u>Active/Open: 10</u> Dentist Manager: 1 Physician Assistant –1 Clinic Physician – 3 Supervising Physician – 1 Medical Assistant – 1 Registered Nurse – 1 Nurse Practitioner - 1 CMO - 1	Submitted to Partnership: -0- 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: 4 (2 Touro PA, 1 Supervising Physician, 1 Touro Clinic Physician)
Submitted: 1 Pending Approval: 1
Approved: 0

Partnership – Provider Re-Credentialing

Provider Re-Credentialing: Submitted: 1 Pending Approval: 1 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

**Primary Care Provider Quality Improvement Program (PCP QIP) Report
Solano County, Health & Social Services, Family Health Services
July 2023**

TABLE OF CONTENTS

The below information reflects critical components related to Risk Management & Quality Improvement activities for Family Health Services:

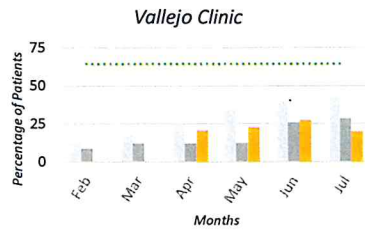
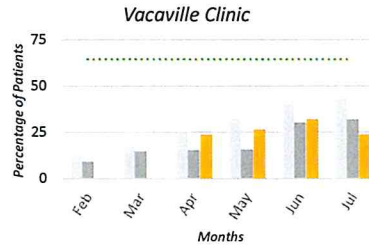
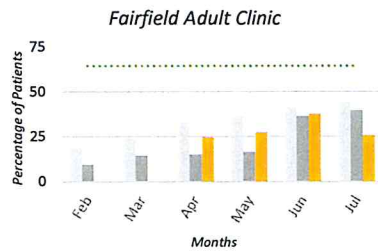
- I. Clinical Quality

I. CLINICAL QUALITY

Terms Defined

Primary Care Provider Quality Improvement Program (PCP QIP)- financial incentive program from Partnership HealthPlan of California to primary care providers for meeting specific performance thresholds. PCP QIP clinical measures look only at data for patients with Partnership HealthPlan of California insurance plans during calendar year 2023.

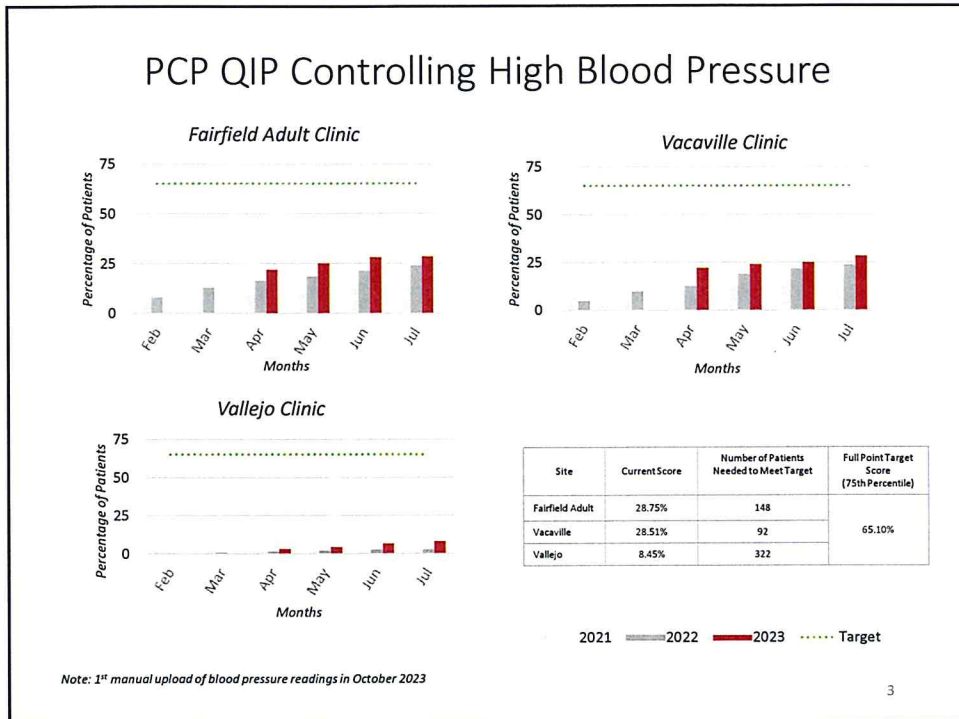
PCP QIP Diabetes HbA1c Good Control



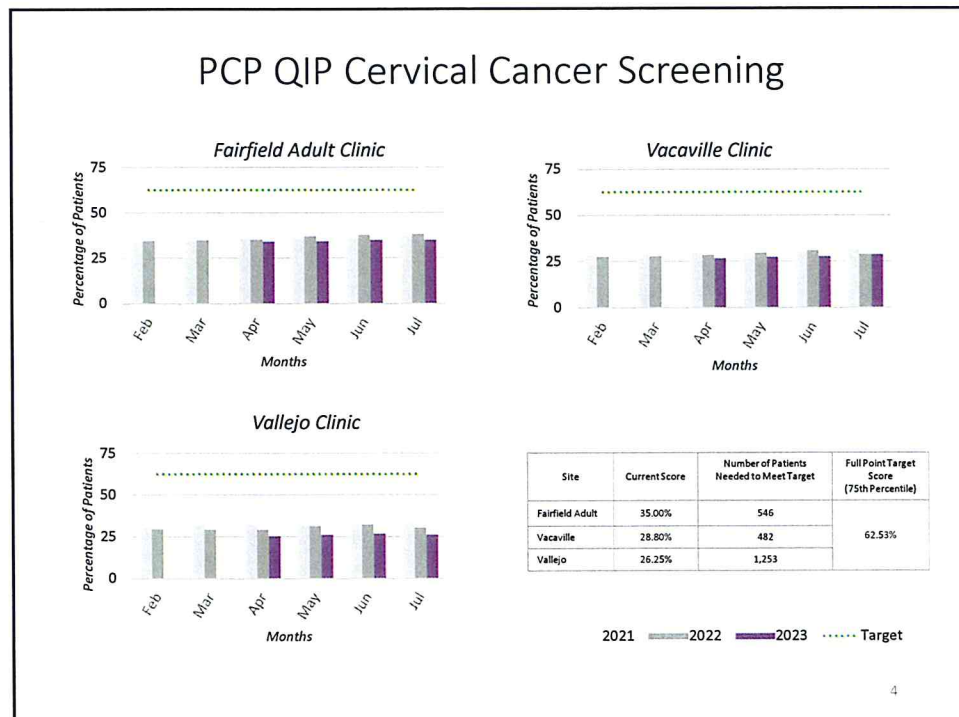
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (75 th Percentile)
Fairfield Adult	26.16%	182	64.48%
Vacaville	23.99%	130	
Vallejo	20.52%	236	

2021 2022 2023 Target

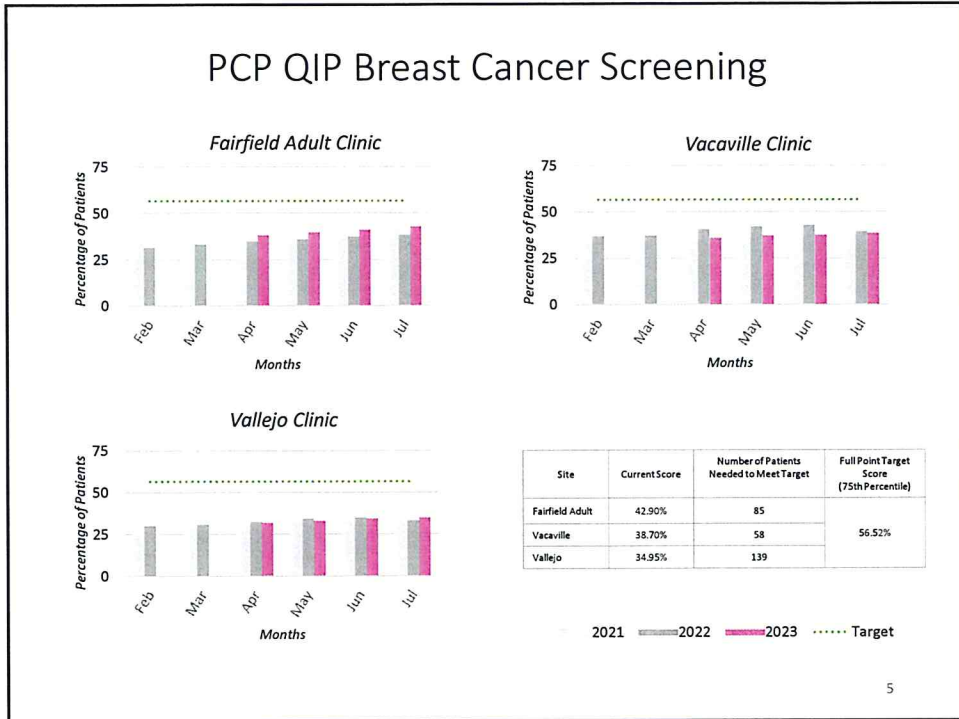
Note: 1st manual upload of HbA1c readings in October 2023



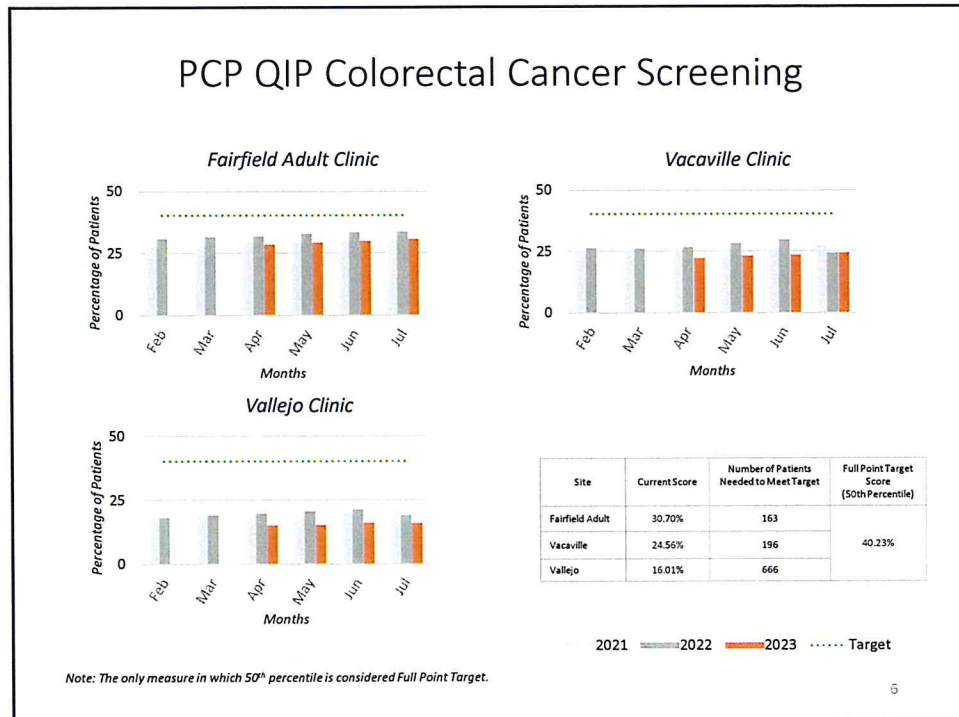
3



4

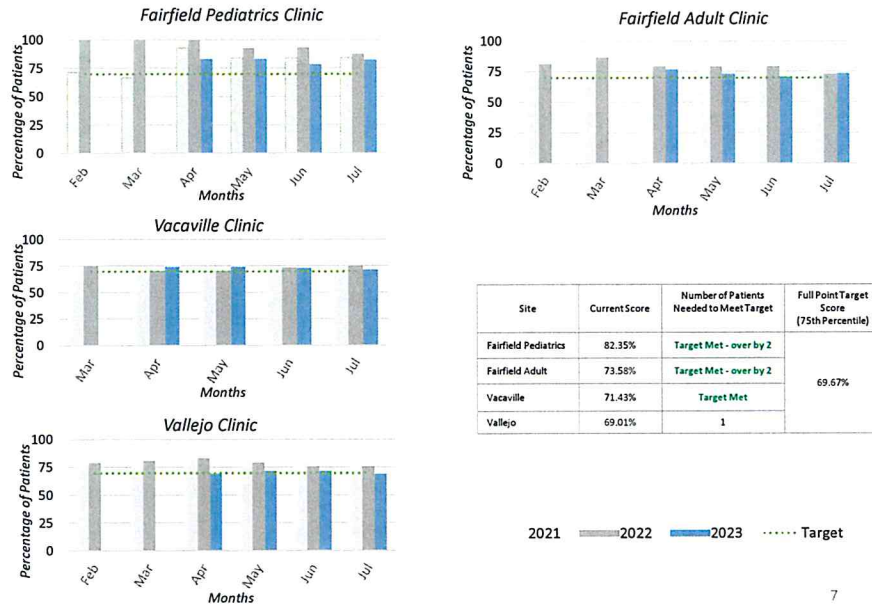


5



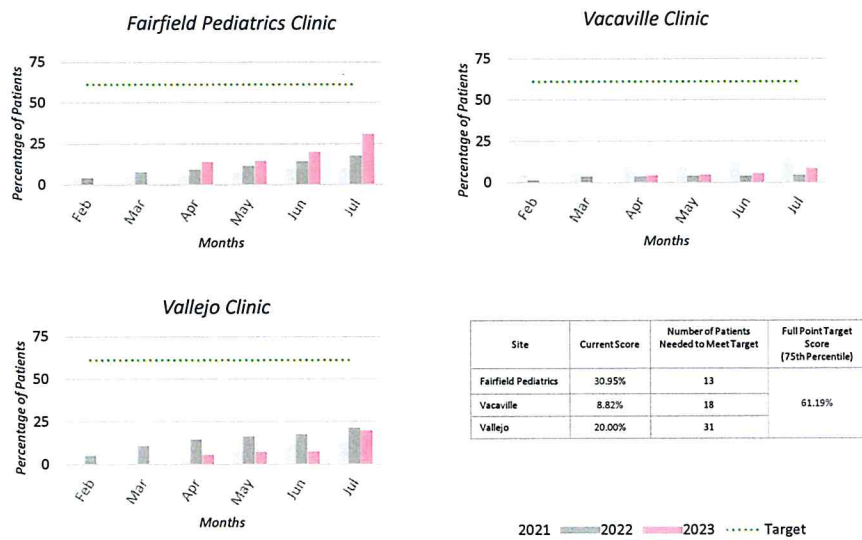
6

PCP QIP Asthma Medication Ratio



7

PCP QIP Well Child First 15 Months

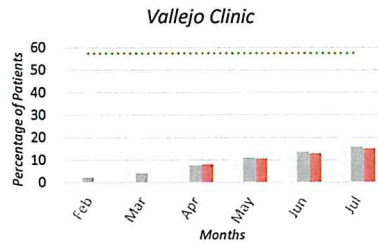
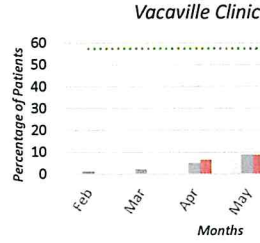
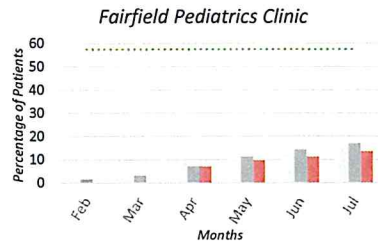


Note: 1st manual upload of Well Child Visits 0-15 mo. in October 2023

8

8

PCP QIP Child and Adolescent Well Care Visits



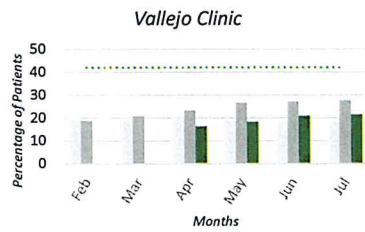
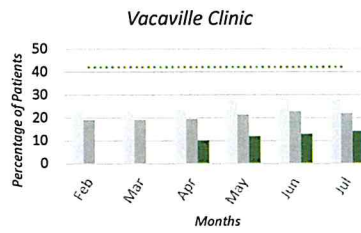
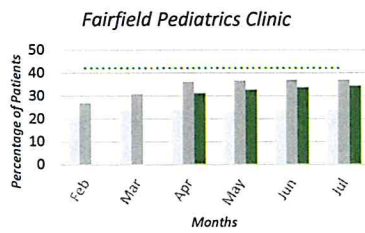
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (75th Percentile)
Fairfield Pediatrics	13.60%	1,335	57.44%
Vacaville	11.93%	561	
Vallejo	15.13%	1,458	

2021 2022 2023 Target

9

9

PCP QIP Childhood Immunizations



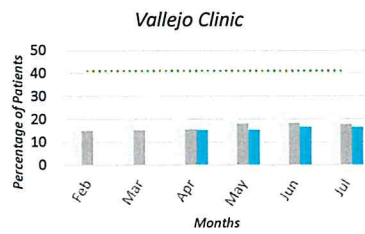
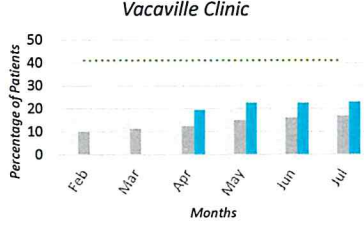
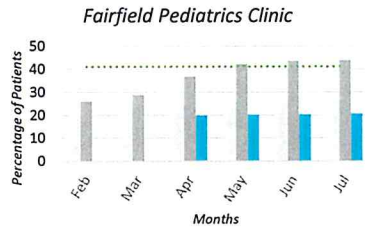
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (75th Percentile)
Fairfield Pediatrics	34.35%	11	42.09%
Vacaville	14.06%	18	
Vallejo	21.52%	46	

2021 2022 2023 Target

10

10

PCP QIP Adolescent Immunizations



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (75th Percentile)
Fairfield Pediatrics	20.71%	41	41.12%
Vacaville	23.08%	12	
Vallejo	16.67%	56	

2021 — 2022 — 2023 — Target

**COUNTY OF SOLANO
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2023**

EXPENDITURES

	FY2023/24 WORKING BUDGET	ACTUALS as of 8/31/23	YTD ACTUALS AS A % OF WORKING BUDGET
<u>Salaries & Benefits</u>			
Salaries - Regular	15,678,423	1,448,157	9.24%
Salaries - Extra Help	135,755	6,928	5.10%
Salaries - OT/Callback/Standby	41,392	15,195	36.71%
Benefits	9,524,941	801,766	8.42%
Accrued Leave CTO Payoff	20,000	9,744	48.72%
Salary Savings	(4,177,375)	-	0.00%
Salaries & Benefits Total	21,223,136	2,281,791	10.75%
<u>Services & Supplies</u>			
Office Expense and Supplies	158,825	7,341	4.62%
Communications	138,336	10,838	7.83%
Insurance	859,428	-	0.00%
Equipment - Purchases, Leases & Maintenance	62,937	6,043	9.60%
Mileage, Fuel and Fleet	39,086	3,325	8.51%
Buildings - Maintenance, Improvements, Rent & Utilities	203,400	27,456	13.50%
Drugs, Pharmaceuticals, Medical and Dental Supplies	569,398	47,569	8.35%
Controlled Assets & Computer Related Items	154,029	283	0.18%
Medical/Dental Services	218,903	12,384	5.66%
Contracted and Other Professional Services	1,249,640	1,583	0.13%
DoIT	2,689,004	100,442	3.74%
Software & Maintenance or Support	1,300,014	6,442	0.50%
Professional Licenses & Memberships	18,455	1,160	6.29%
Education, Training and In-State Travel	12,000	8,455	70.46%
Other	39,986	2,957	7.40%
Services & Supplies Total	7,713,441	236,278	3.06%
<u>Other Charges</u>			
Interfund Services - Professional	582,258	8,000	1.37%
Interfund Services - Accounting & Audit	22,800	-	0.00%
Interfund Services - Other	44,875	1,604	3.57%
Contributions - Non County Agencies	18,000	5,700	31.67%
Intrafund Services - Personnel	161,874	-	0.00%
Intrafund Services - Professional	-	-	#DIV/0!
Other Charges Total	829,807	15,304	1.84%
<u>Contracts/Client Support</u>			
Contracted Direct Services	1,334,000	-	0.00%
Client Support	21,740	1,860	8.55%
Contracts/Client Support Total	1,355,740	1,860	0.14%
<u>Equipment</u>			
Equipment	184,100	-	0.00%
Equipment Total	184,100	-	0.00%
<u>Administration Costs</u>			
H&SS Administration	2,632,919	-	0.00%
Countywide Administration	935,417	-	0.00%
Administration Costs Total	3,568,336	-	0.00%
TOTAL EXPENDITURES	34,874,560	2,535,232	7.27%

**COUNTY OF SOLANO
EXPENDITURE AND REVENUE REPORT
FAMILY HEALTH SERVICES
AUGUST 2023**

REVENUES			
	FY2023/24 WORKING BUDGET	ACTUALS as of 8/31/23	YTD ACTUALS AS A % OF WORKING BUDGET
Payer Revenues			
Payer Revenues	23,914,092	2,255,813	9.43%
Payer Revenues Total	23,914,092	2,255,813	9.43%
Federal/State Revenues			
1991 Realignment (Underinsured, Uninsured, PH Services)	1,237,344	-	0.00%
Federal Direct - COVID (one time funding)	602,948	-	0.00%
Federal Grants	2,057,990	-	0.00%
Federal Other	943,392	-	0.00%
Other Revenue	1,339,636	7,649	0.57%
Program Revenues Total	6,181,310	7,649	0.12%
TOTAL REVENUES	30,095,402	2,263,462	7.52%

TOTAL EXPENDITURES VS TOTAL REVENUES

	FY2023/24 WORKING BUDGET	ACTUALS as of 8/31/23
TOTAL EXPENDITURES	34,874,560	2,535,232
TOTAL REVENUES	30,095,402	2,263,462
DEFICIT (SURPLUS)*	4,779,158	271,770

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

Task or Function	Co-Applicant Board	Health Center CEO	Public Agency
HRSA GRANT APPLICATION AND BUDGET			

Annual Budget and HRSA Application	Approves plans and priorities, Approves grant application and budget prior to submission, approves any changes to the budget made by public agency	Works with public agency and staff to prepare budget and application. Presents to co-applicant board and public agency	Approves agency budget including health center budget, approves application, refers any recommended changes back to co-applicant board
---	--	--	--

FINANCIAL POLICIES			
---------------------------	--	--	--

Purchasing	Receives, reviews and approves financial reports	Authorizes purchases per budget, policy and procedural requirements	Establishes and administers purchasing policies.
Accounts Payable	Receives, reviews and approves financial reports	Compares A/P reports to standards and forwards analysis to co-applicant Board	Establishes policies, maintains systems and pays all invoices per policies
Billing and Accounts Receivable (A/R)	Approves credit and collection policies; approves fee schedule	Develops billing and A/R reports and forwards analysis to Board	Bills for all services per agency procedures and Board policies; supports CEO in development of A/R reports for Board.
Annual Audit	Reviews and accepts audit; reviews and approves corrective action, as necessary	Implements any required	Ensures audit is completed in compliance with Single Audit requirements
Partial Payment Schedules	Approves sliding fee discount program policies and procedures; approves nominal fee.	Presents proposed changes to Board for discussion and approval.	Implements sliding fee discount policies

QUALITY IMPROVEMENT AND QUALITY IMPROVEMENT PLAN			
---	--	--	--

Client Satisfaction	Provides recommendations on content and implementation of survey; reviews results; recommends improvements	Implements survey and summarizes findings	Provides technical support to Board and CEO to develop and implement survey and analyze results
Quality Plan	Approves annual QA plan and receives regular reports on QA activities	Reviews results of quality assessments and regularly reports findings and follow-up actions to Board	Supports CEO in developing goals/measures and implementing plan.
Patient Grievances	Reviews and approves patient grievance policies	Investigates and abates grievances and reports grievance activity and follow-up actions to Board	Supports implementation of grievance process
Credentialing and Privileging	Approves credentialing and privileging policies	Supports credentialing and privileging; implements delegated aspects of policies and procedures	Approves credentialing and privileging policies; implements delegated aspects of policies and procedures

PLANNING AND OPERATIONS			
--------------------------------	--	--	--

Scope of Services	Reviews and approves	Develops and recommends to Board	Provides input Provides input; reviews and approves, refers any recommendations for change to co-applicant Board for consideration
Locations and Hours	Reviews and approves	Develops and recommends to Board	
Strategic Planning	Participates in development, approves final	Develops with input from Board	Provides input.
Human Resources			
Personnel Policies and Procedures	Provides input	Communicates HR policies and procedures and impact	Develops and implements
Salary and Benefit Scales	CEO compensation – reviews compensation surveys, etc. and approves final compensation package; all other staff - provides input	Communicate non-CEO salary and benefit policies and procedures and impact	CEO compensation – commissions compensation survey, develops compensation package and presents both to Board for approval; all other staff - develops and implements
Selection of CEO	Provides input on CEO responsibilities and qualifications; participates in interview process; selects from final candidate list	n/a	Solicits candidates, credentials candidates, recommends final candidate list, including preferred candidate if applicable, and employs candidate chosen for the position.
Evaluation of CEO	Evaluates performance related to health center functions and in accordance with public agency policies; shares evaluation with public agency	Self-evaluation	Evaluates performance related to public agency functions and standards; incorporates health center Board evaluation; shares evaluation with health center Board.
Dismissal of CEO	Approves dismissal from health center	n/a	Recommends dismissal and, as applicable, terminates employment.
Selection and Dismissal of Other Staff	Delegates all staff-related issues to the CEO	Supervises staff on all health center related functions; coordinates supervision with public agency as necessary.	Responsible for all the procedural aspects of selection and retention subject to policies
GOVERNANCE			
Monthly Board Meetings	Establishes and maintains monthly Board meeting schedule and calendar	Schedules meetings, prepares and distributes agendas, Board reports and related information; generates and distributes Board minutes	May attend Board and committee meetings as defined in bylaws.
By-Laws	Develops/amends bylaws; Insures that By-Laws are current, meet all legal and regulatory requirements and provide an effective framework for governance.	Interprets HRSA regulatory requirements for Board	N/A

Board Training	By-laws; develops Board operating policies for the procedural functioning of the Board	N/A	Supports Board training and development priorities established by Board.
Recruits and elects Board members; ensures compliance with Board composition requirements.	Maintains list of Board members and notifies Board when Board composition requires modification.	Recommends potential Board members; as applicable, appoints Board members per bylaws	Supports Board training and development priorities established by Board.
Approves and implements policies	Assists in implementing policies	Provides input into policies	Provides input into policies

SOURCE: 2019 PUBLIC CENTERS MONOGRAPH

FQHC CO-APPLICANT AGREEMENT

This Co-Applicant Agreement ("Agreement") shall delineate the relationship between County of Solano ("COUNTY") and the Solano County Community Healthcare Board ("BOARD"). COUNTY and BOARD shall be collectively referred to as "Co-Applicants" or as the "Parties," as applied to Health Resources and Services Administration ("HRSA") Regulations and Authorities pertaining to the operation of the Health Center in the County of Solano, California designated as part of the Federally Qualified Health Center ("FQHC") program, and

WHEREAS, the COUNTY, through its Health and Social Services Department, ("HSS") provides primary health care services to medically underserved communities and vulnerable populations in the County; and

WHEREAS, HRSA has established the FQHC program under which the COUNTY may draw federal funding to provide primary health care services to medically underserved communities and vulnerable populations; and

WHEREAS, the COUNTY believes it can better serve these populations through participation in the FQHC program; and

WHEREAS, the COUNTY's participation in the FQHC program requires the COUNTY to comply with the applicable law and the formal policies of HRSA,¹ including the establishment of an independent board that assumes specified authority and oversight responsibility over the Health Center designated as a FQHC; and

WHEREAS, the Parties recognize that consistent with applicable Federal laws, regulations, and policies regarding the establishment of a Health Center designated as a FQHC, the co-applicant arrangement is for the BOARD as the patient/community-based governing board to set Health Center policy. The co-applicant arrangement shall not allow the COUNTY to override the final approvals and required decision-making authorities of the BOARD, but the COUNTY may be constrained by law in the delegation of certain government functions, and thus the COUNTY is permitted to retain authority over certain fiscal, personnel, operational decisions and policies for the Health Center with an approved co-applicant board arrangement; and

WHEREAS, the Parties have agreed to enter into a co-applicant arrangement; and

WHEREAS, the Parties wish to set forth in this Agreement, the authorities to be exercised by each Party and the shared responsibilities of the Parties with respect to the Health Center designated as a FQHC;

¹ Specifically, Section 330 of the Public Health Services Act (42 U.S.C. §254(b)) and 42 C.F.R. 51c and 42 C.F.R. 56.2d -56.604.

NOW, THEREFORE, the COUNTY and the BOARD agree as follows:

1. Role of the BOARD.

- 1.1 Membership. The Board's Membership must meet the size, member selection, and composition requirements documented in the Health Center's application for FQHC designation. The details of such are also described in the duly approved Bylaws of the BOARD then in effect, "BOARD Bylaws", which are incorporated by this reference, along with the processes related to elections to officer positions, committee appointments, terms of office, removal, vacancies, and recruitment.
- 1.2 Governance Authorities and Responsibilities. The Parties agree that the BOARD shall carry out its governance responsibilities in accordance with the provisions set out by the applicable law and the formal policies of HRSA, the BOARD Bylaws, and the terms of this Agreement, subject to certain limitations.

The BOARD's governance responsibilities include:

- A. Monthly Meetings. The BOARD shall hold monthly meetings where a quorum is present to ensure the BOARD can exercise its required functions;
- B. Project Director (or appropriate HR classification). The BOARD shall approve the selection, evaluate the performance, and/or approve termination/dismissal of the Project Director². The Project Director reports directly to the BOARD and is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the purpose of the Health Center Program project;
- C. Key Management Team. The Project Director is responsible for the day-to-day direction and management of the Health Center. Together, the BOARD, Project Director, and other members of the key management team, comprise the leadership of the Health Center and shall work together to ensure a strong organization;
- D. Approval of the Annual Budgets and Audits. The BOARD shall approve the Health Center's annual operating and capital budget and audits, subject to the limitations herein;

² Removal of the Project Director by the Board pursuant to this Agreement shall not constitute a termination of COUNTY employment or impede the Project Director's employment relationship with the COUNTY. (HRSA Manual Chapter 19 p 1/5; HRSA Manual Ch 11.)

- E. Approval of Applications. The BOARD shall approve applications for annual FQHC recertification, annual Section 330 grants (as applicable), and other grant funds regarding the scope of the Health Center;
 - F. Approval of Health Center Operations. Subject to County fiscal and Human Resources policies, the BOARD shall approve the Health Center's hours of operation and health services provided, including decisions to contract for a substantial portion of the Health Center's services;
 - G. Financial Management. The BOARD shall monitor the financial status of the Health Center, including ensuring appropriate follow up with HSS regarding the adoption and periodic updates of policies for the financial management of the Health Center (including a system to assure accountability for the Health Center's resources, provision of an annual audit, long-range financial planning, billing and collection policies and accounting procedures);
 - H. Strategic Planning and Thinking. The BOARD shall approve the mission, vision, values of the Health Center and use these statements to guide their decision-making. They shall ensure community needs assessment informs strategic planning and shall engage in ongoing strategic planning at least once every three years;
 - I. Quality Management. The BOARD shall evaluate the performance of the Health Center based on reports from the quality management staff, and ensure appropriate follow up is taken by HSS's quality management staff, including audits and state quality management reporting requirements. The Project Director and appropriate staff, as appropriate, shall report to the BOARD on matters concerning the quality management; and
 - J. Risk Management. The BOARD shall review and approve the Health Center's risk management program.
- 1.3 Policies. Subject to the limitations set forth in the BOARD Bylaws and/or this Agreement, the BOARD shall have authority to ratify and adopt general policies and procedures for the Health Center, including, but not limited to:
- A. Quality Management. Adopting policies for the quality-of-care audit procedures;

- B. Fee Schedules. Ratifying and adopting policies for eligibility of services including criteria for fee schedules for services and the sliding fee discount program; and
 - C. Personnel Policies. Ratifying and adopting the personnel policies and regulations developed and approved by the COUNTY (and as modified, revised or amended by the COUNTY) including, but not limited to, employee selection, performance review, evaluation, discipline and dismissal procedures, employee compensation, wage, salary and benefits, position descriptions and classifications, employee grievance procedures and processes, and equal employment opportunity practices.
- 1.4 Limitations on BOARD Authority. The Board may not adopt policy or practice, or take any action, within its scope under this Agreement which is inconsistent with or which alters the scope of any decision or policy set by the COUNTY regarding fiscal or personnel matters or which asserts control, directly or indirectly, over any non-HRSA funded project and/or program.
2. Role of the COUNTY.
- 2.1 Governance Authorities and Responsibilities. In accordance with Federal and State requirements, the Parties recognize that COUNTY, as a public agency, is constrained by law in the delegation of certain functions to other entities. In view of the foregoing, the Parties agree that COUNTY shall retain and exercise freely the following governance and operational authorities and responsibilities with respect to Health Center:
- A. Fiscal. Subject to the BOARD's review of the financial status of the Health Center, COUNTY shall maintain its authority to set policy on fiscal matters pertaining to Health Center, including, but not limited to, capital and operating borrowing, maintaining internal control policies and procedures, and providing for an annual external independent audit in compliance with the requirements of the Single Audit, to ensure sound financial management procedures and purchasing policies and standards, and appropriating and authorizing funding and staffing for programs;
 - B. Personnel. Subject to the BOARD's authority as set forth in Section 1.2.B. of this Agreement regarding the selection, evaluation, approval and removal of Health Center Project Director, the Parties agree that COUNTY shall have sole authority over employment matters and development and approval of personnel policies and procedures, including, but not limited to:

- i. Employing or contracting personnel to carry out clinical, managerial, and administrative services related to the HRSA Scope of Project and Health Center, including agreements for the provision of staff who are employees of other agencies and organizations; and
- ii. Day-to-day management and supervision, evaluation, discipline and dismissal, salary and benefit scales:
 - a. Employee grievance procedures;
 - b. Equal opportunity practices;
 - c. Collective bargaining agreements; and
 - d. Labor disputes and other labor and human resources matters.

2.2 Operational Responsibilities. Subject to the governance responsibilities exercised by the BOARD, COUNTY shall conduct the day-to-day operations of the Health Center. Such operational responsibilities shall include, but not be limited to:

- A. Applying for and maintaining all licenses, permits, certifications, accreditations, and approvals necessary for the operation of the Health Center;
- B. Receiving, managing and disbursing, as applicable, revenues of the Health Center consistent with the approved budget for the Health Center;
- C. Employing or contracting personnel to perform all clinical, managerial, and administrative services necessary to assure the provision of high-quality health care services to the HealthCare Center's patients;
- D. Credentialing and privileging of providers;
- E. Preparing and submitting cost reports, supporting data, and other materials required in connection with reimbursement under Medicare, Medicaid, and other third-party payment contracts and programs;

- F. Preparing monthly financial reports, which shall be submitted to the BOARD, and managing financial matters related to the operation of the Health Center;
- G. Developing and managing internal control systems, in consultation with the BOARD as set forth in this Agreement (as applicable), in accordance with sound management procedures and Section 330 that provide for:
 - i. Eligibility determinations;
 - ii. Development, preparation, maintenance and safekeeping of records and books of account relating to the business and financial affairs of the Health Center;
 - iii. Separate maintenance of the Health Center's business and financial records from other records related to the finances of HSS to ensure that funds of the Health Center may be properly allocated;
 - iv. Accounting procedures and financial controls in accordance with generally accepted accounting principles as applied to government agencies;
 - v. A schedule of charges and partial payment schedules (i.e., a sliding fee schedule of discounts) for services provided to certain uninsured and underinsured patients that is consistent with State and Federal law and HRSA policy;
 - vi. Billing and collection of payments for services rendered to individuals who are: (1) eligible for federal, state or local public assistance; (2) eligible for payment by private third-party payors and (3) underinsured or uninsured and whose earnings fit the low income criteria; and
 - vii. Compliance with the terms and conditions of the FQHC Look- Alike and/or Grantee designation, as applicable.
- H. Unless otherwise stated in this Agreement, establishment of the Health Center's operational, management, and patient care policies as they relate to Financial Management and Personnel Systems;
- I. ~~Establishing ongoing quality improvement programs~~Assisting with the implementation of ongoing quality improvement programs; and
- J. Ensuring the effective and efficient operation of the Health Center.

3. Mutual Obligations.

3.1 Budget Development and Approval.

- A. COUNTY shall develop the annual operating and capital budget for the Health Center. Subject to the requirements for adoption and approval of a public agency budget, the BOARD shall have authority to approve the annual operating and capital budgets of Health Center within the confines and amounts provided by COUNTY during its annual budget adoption. In the event the BOARD is unable or unwilling to approve the recommended budget, the Parties shall engage in a dispute resolution process as defined in the Dispute Resolution and Mediation section of this Agreement;
- B. The Parties shall not materially deviate from the adopted budgets that are approved through the process outlined above except that COUNTY through HSS may modify planned fiscal activities if there is a reduction in available resources (e.g. decreased levels of reimbursement, diminished revenues, or adverse labor events). The COUNTY or HSS shall immediately notify the BOARD of any budgetary change that would materially modify the scope of the FQHC project and seek the necessary approvals of such changes before they are enacted, whenever possible; and
- C. All funds received for services provided and all income otherwise generated by the Health Center, including fees, premiums, third-party reimbursements and other state and local operational funding, and Section 330 grant funds ("Program Income"), as well as all Program Income greater than the amount budgeted ("Excess Program Income"), shall be under the control of the COUNTY. All Program Income and Excess Program Income shall be used to further the goals of the Health Center consistent with the terms of this Agreement.

3.2 Compliance with Laws and Regulations. The Parties shall have a mutual commitment and responsibility to work together to ensure that the Health Center provides care in compliance with all applicable federal, state, and local laws, policies, and regulations.

3.3 Financial Responsibility. Each Party agrees not to undertake expenditures in excess of the authorized budget and the available resources and to recognize the COUNTY's responsibility with respect to the fiscal controls and related financial matters described in this Agreement.

- 3.4 Expenses of Parties. The expenses of the COUNTY and the BOARD incurred in carrying out its respective obligations for governance and operation of the Health Center pursuant to this Agreement shall be considered expenses incurred in furtherance of the Health Center and thus shall be reimbursed in accordance with applicable FQHC program requirements and the fiscal policies of the COUNTY.
- 3.5 Record-Keeping and Reporting. Each Party shall maintain records, reports, supporting documents and all other relevant books, papers, and other documents to enable the Parties to meet all FQHC-related reporting requirements. Records shall be maintained for a period of four (4) years from the date this Agreement expires or is terminated, unless state and/or federal law requires that records be maintained for a period greater than the four (4) year period specified herein ("the retention period"). If an audit, litigation, or other action involving the records is started before the end of the retention period, the Parties agree to maintain the records until the end of the retention period or until the audit, litigation, or other action is completed, whichever is later. The Parties shall make available to each other, DHHS and the Comptroller General of the United States, the California Department of Health Care Services, the Office of the Comptroller of the State of California or any of their duly authorized representatives, upon appropriate notice, such records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to each Party's personnel for purposes of interview and discussion related to such documents.
- 3.6 Confidentiality. Subject to the COUNTY's obligations, if any, to make public its records in accordance with applicable law, the Parties agree that all information, records, data, and data elements collected and maintained for the administration of this Agreement (in any form, including, but not limited to, written, oral, or contained on video tapes, audio tapes, computer diskettes or other storage devices) shall be treated as confidential and proprietary information. Accordingly, each Party shall take all reasonable precautions to protect such information from unauthorized disclosure; however, nothing contained herein shall be construed to prohibit any authorized Federal or other appropriate official from obtaining, reviewing, and auditing any information, record, data, and data element to which they are lawfully entitled. The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all protected health information ("PHI") of the patients receiving care provided by the Health Center, in accordance with all applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability

Act ("HIPAA").

- 3.7 Medical Records. The Parties agree that HSS, as the operator of the Health Center, shall retain ownership of all medical records established and maintained relating to diagnosis and treatment of patients served by the Health Center.
 - 3.8 Insurance.
 - A. The COUNTY shall maintain Professional Liability Insurance, Workers' Compensation Insurance, and General Liability and Property Damage Insurance to cover Health Center activities;
 - B. Directors' and Officers' Insurance for the BOARD shall be required; and
 - C. Survival of Section 3.8. This Section 3.8 shall survive the termination of this Agreement without regard to the cause for termination.
 - 3.9 Ownership of Property Acquired with Grant Funds. The provisions of 45 C.F.R. § 74.40, et seq., apply to tangible property acquired under this Agreement. The Parties agree that the COUNTY shall be the title holder to all property purchased with grant funds.
 - 3.10 Copyrightable Material. If any copyrightable material is developed under this Agreement, COUNTY and the U.S. Department of Health & Human Services ("HHS") shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, authorize others or otherwise use such material.
4. Governing Law.
 - 4.1 Applicable Laws, Regulations and Policies. This Agreement shall be governed and construed in accordance with applicable Federal laws, regulations, and policies. In addition, each Party covenants to comply with all applicable laws, ordinances and codes of the State of California and all local governments.
 - 4.2 New HRSA Directives. The Project Director shall submit promptly to each Party any directives or policies that are received from HRSA after execution of this Agreement and are pertinent to applicable FQHC program, and the Parties shall comply with such additional directives/policies, as they become applicable.
 - 4.3 Non-Discrimination. By signing this Agreement, the BOARD agrees to comply with the COUNTY's Equal Employment Opportunity Non-

Discrimination Policy, all related personnel policies, and all related federal requirements.

5. Term. This Agreement shall remain in effect during the project period of any Section 330 grant award that the COUNTY receives unless terminated at an earlier date in accordance with the terms of Section 6 of this Agreement.
6. Termination.
 - 6.1 Immediate Termination. This Agreement shall terminate immediately upon the non-renewal or termination of the Section 330 grant.
 - 6.2 For Cause Termination. Either party may terminate this Agreement "for cause" if the other Party fails to meet its material obligations under this Agreement. Such "for cause" termination shall require 90 days prior written notice of intent to terminate during which period the Party that has allegedly failed to meet its material obligations may cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with this Agreement.
 - 6.3 Termination by Mutual Agreement. This Agreement may be terminated upon the mutual approval of the Parties in writing.
 - 6.4 Termination Contingent Upon HRSA Approval. With the exception of a termination for cause arising from the voluntary or involuntary loss of the Health Center's FQHC designation (or its Section 330 grant), either party may terminate this agreement on 120 days written notice; however, such termination shall not become effective unless and until HRSA issues its written approval of such termination.
7. Dispute Resolution and Mediation. The Parties shall first attempt to resolve any dispute or impasse in decision-making arising under or relating to this Agreement by informal discussions between the Project Director and the Chair of the Co-Applicant Board. Any dispute or impasse not resolved within a reasonable time following such discussions (not to exceed thirty (30) days) shall be taken to the HSS Director. If the Parties are unable to resolve the dispute, either Party may pursue any remedy available at law.
8. Notices. All notices permitted or required by this Agreement shall be deemed given when made in writing and delivered personally or deposited in the United States Mail, first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the addresses set forth below , or such other addresses as the Party may designate in writing:

For Co-Applicant:
Chairperson
County of Solano Community Health Center
Co-Applicant Board
2201 Courage Dr.
Fairfield, CA 94533

For Health Center Operations:
Health Center Project Director
2201 Courage Dr.
Fairfield, CA 94533

For the County of Solano:
Director Health and Social Services
275 Beck Avenue
Solano, CA 94533

9. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective transferees, successors and assigns; provided that neither Party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other Party and HRSA.
10. Severability. The terms of this Agreement are severable, and the illegality or invalidity of any term or provision shall not affect the validity of any other term or provision, all of which shall remain in full force and effect.
11. Amendments. The Parties may agree to amend this Agreement which shall be in writing and signed by the Parties.
12. Waiver. No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer or representative of the waiving Party.
13. Agency. Except as may be required by the State as a condition of licensure, neither Party is, nor shall be deemed to be, an employee, agent, co-venture or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.
14. Third-Party Beneficiaries. None of the provisions of this Agreement shall be for the benefit of or enforceable by any third party, including, without

limitation, any creditor of either Party. No third-party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, obligation or otherwise against any Party to this Agreement.

15. Force Majeure. In the event either Party is unable to timely perform its obligations under this agreement due to causes that are beyond its control, including, without limitation, strikes, riots, earthquakes, epidemics, pandemic, war, fire, or any other general catastrophe or act of God, neither Party shall be liable to the other for any loss or damage resulting therefrom.
16. Co-Applicant Board Bylaws. Duly approved BOARD Bylaws have been enacted by the BOARD and are party to this Agreement articulating an enduring structure and scope of authority guiding the activities of the BOARD. Those BOARD Bylaws are intended for the regulation of the BOARD and shall be regarded as rules and regulations of the BOARD.
17. Incorporation by Reference of Portions of the County Code. Solano County Code Chapter 2 is hereby incorporated by this reference as though stated in full herein.
18. Entire Agreement. This Agreement constitutes the entire agreement between the Parties and no statements, promises or inducements made by a Party or by agents of either Party which are not contained in this Agreement shall be valid or binding.

Execution:

The parties have executed this agreement below by their duly authorized representatives.

County of Solano
Board of Supervisors

County of Solano Community
Health Centers
Co-Applicant Board

By _____

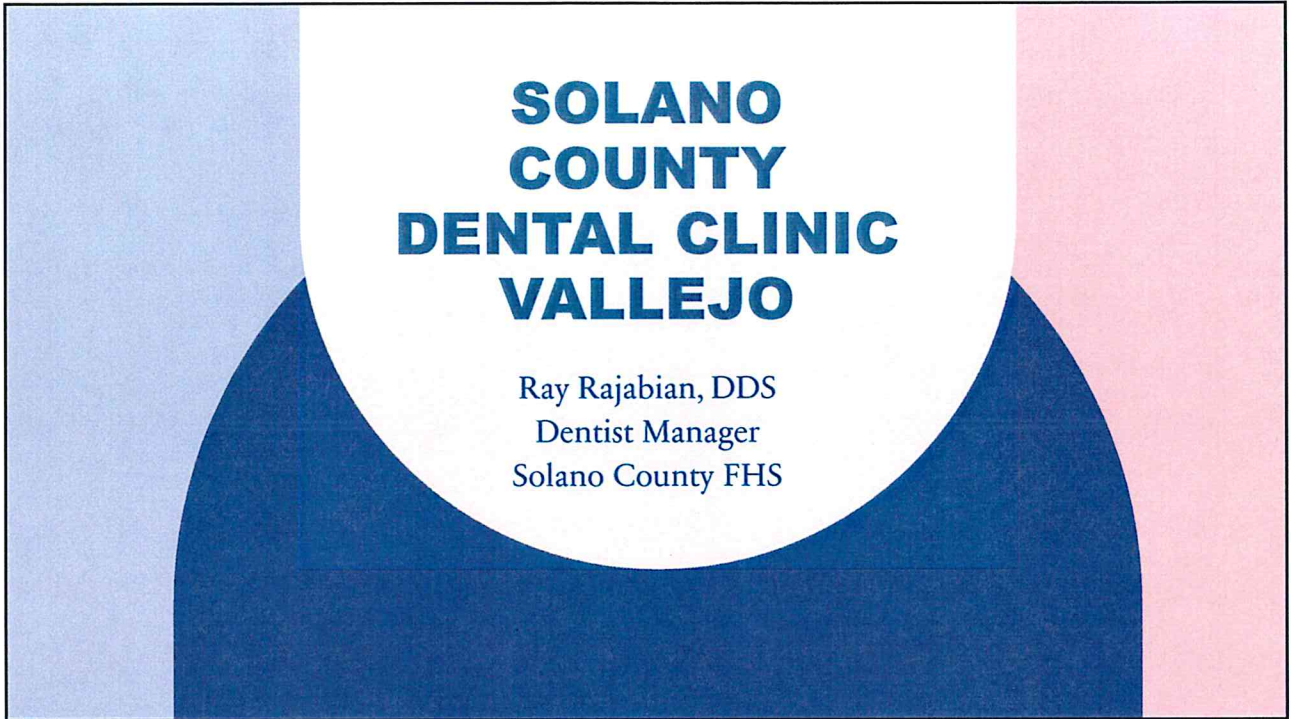
By _____

Chair Supervisor Vasquez

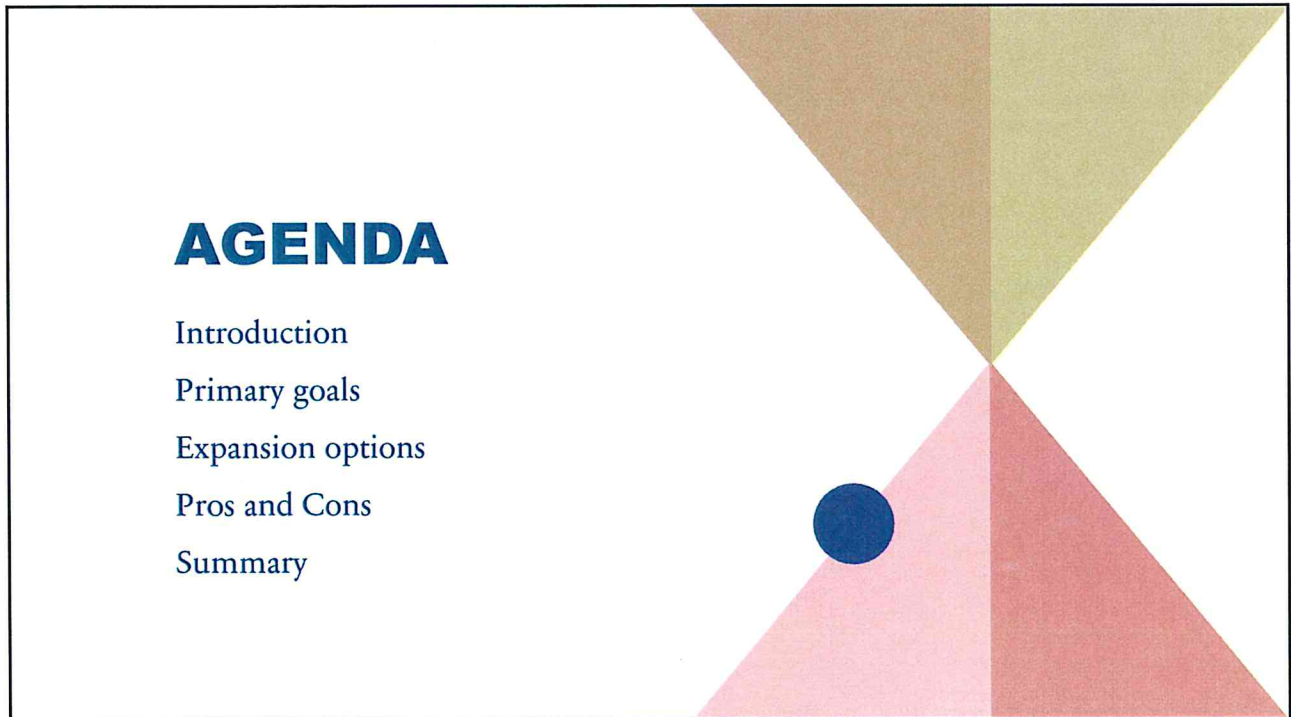
Chair ~~Ruth Forney~~Brandon Wirth

Date _____


Date _____



1



2



SOLANO COUNTY DENTAL CLINIC - VALLEJO

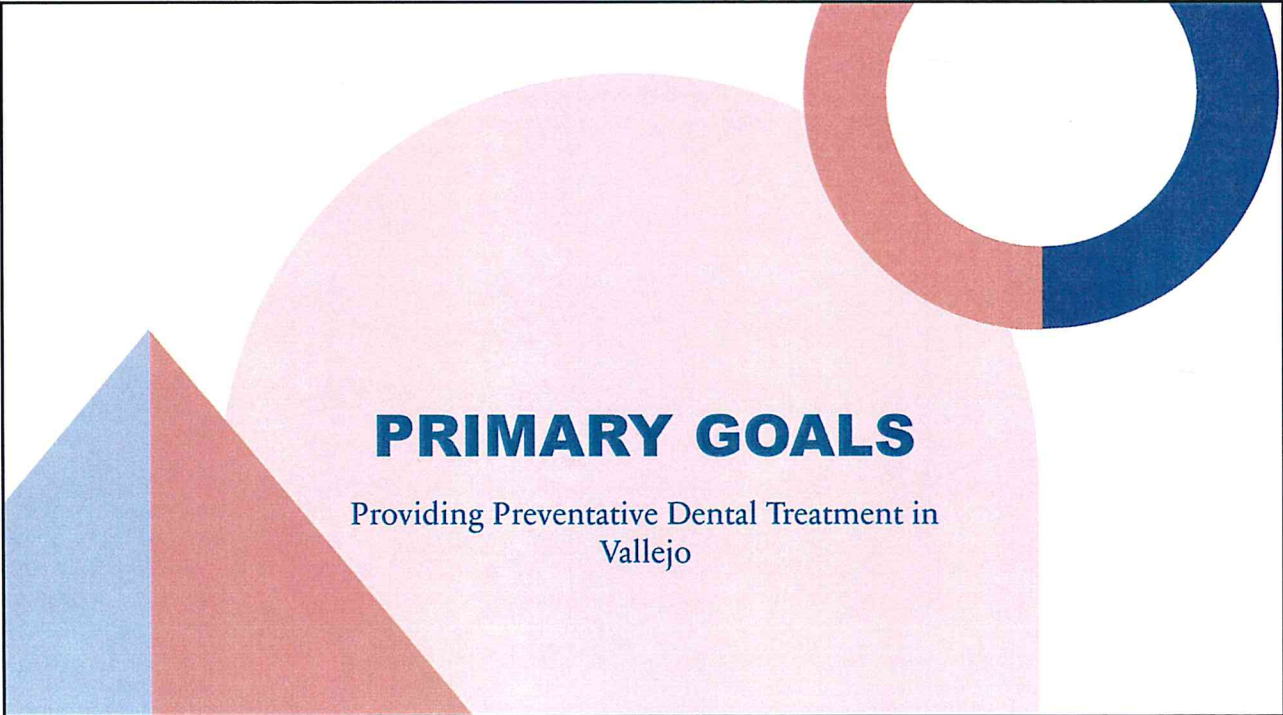
3

INTRODUCTION

Lack of Medi-Cal Dental Providers in Vallejo has created a great need for dental services in that region. Our existing dental room in Vallejo is not adequately setup to help address this scarcity. The portable dental delivery units are neither ergonomic, nor powerful enough to support practice of traditional dentistry. Therefore, only limited dental services can be rendered in the current facility. To remedy this void, a new multi-room facility with conventional dental delivery systems is necessary.

Here, we will evaluate three possible options to help alleviate this inadequacy.

3



PRIMARY GOALS

Providing Preventative Dental Treatment in Vallejo

4

5

POTENTIAL SOLUTIONS:

1. Expansion of Existing Room in 365 Tuolumne
2. Build New Operatories in 365 or 355 Tuolumne
3. Consider Use of Dental Van

5

6

ADDITION OF 1 ROOM TO THE EXISTING SETUP IN 365 TUOLUMNE AND REPLACEMENT OF PORTABLE UNITS

Pros:

- Address on File: No need to register site with HRSA
- Desirable VJO Reimbursement rate
- Less front-end cost than full clinic build
- Nearly double patient care capacity

Cons:

- Taking space away from Medical
- Current challenges with infection control remain
 - Mixing medical & dental patients
 - Aerosolization amid medical clinic
 - Noisy dental operations
 - Smell of dental materials in the halls

6

BUILD 4 NEW OPERATORIES IN 365 TUOLUMNE

Pros:

- Address on File: No need to register site with HRSA
- Proper build of dental operatories from ground up
- Favorable VJO fee rate
- Ability to serve many more patients

Cons:

- Taking space away from Medical
- Current challenges with infection control remain
 - Mixing medical & dental patients
 - Aerosolization amid medical clinic
 - Noisy dental operations
 - Smell of dental materials in the halls

7

BUILD OPERATORIES IN 355 TUOLUMNE

Pros:

- Adequate space, not encroaching on Medical
- Proper build of dental operatories from ground up
- Favorable VJO fee rate
- Ability to serve many more patients

Cons:

- Front end cost
- Satellite Designation
 - Limited to 30 hours / week

8

SOLANO COUNTY DENTAL CLINIC - VALLEJO

USE OF MOBILE VAN

Pros:

- Ability to mobilize in relatively short order

Cons:

- Not as robust as traditional clinics
- Inconsistent broadband connectivity
- Lower encounter rate
- Much lower (up to 66% less) encounters vs. traditional clinics
 - Longer set up & preparation than traditional operatories.
 - Travel time to and from venue
- Very high operation and maintenance cost
- Lacks round the clock climate control
 - Supplies cannot be kept in the van

9

SOLANO COUNTY DENTAL CLINIC - VALLEJO

10

TABLE OF DAILY ENCOUNTERS AND REVENUE FOR EACH SETTING

	Daily Encounters	Encounter Rate	Estimated \$\$ Generated	# DDS/#RDA	Estimated Staffing Cost
Dental Van	6	\$ 288.42	\$1,730.52	1 DDS/1RDA	\$ 1,658.65
Existing VJO (Current Setup)	10	\$ 344.20	\$3,442.00	1 DDS/1RDA	\$ 1,879.81
Addition of 1 Room to VJO	18	\$ 344.20	\$6,195.60	1 DDS/2 RDA	\$ 2,091.00
4 Room VJO	36	\$ 344.20	\$12,391.20	2 DDS/4 RDA	\$ 4,182.00

10

SUMMARY

Use of the Dental Van is the least favorable option due to exorbitant operational cost and reduced revenue due to minimal encounters being generated and a lower fee per encounter.

Best long-term solution would be the build-out of new facility in either 365 or 355 Tuolumne.

Best short-medium term solution would be to add a room to the existing configuration.

THANK YOU

Ray Rajabian, DDS
Dentist Manager
Solano County Dental Clinics
RRajabian@SolanoCounty.com
707-784-8256