County of Solano
Community Healthcare Board
Regular Meeting

September 18, 2024
12:00 pm – 2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Room Location: Multi-Purpose Room

AGENDA

1)   CALL TO ORDER – 12:00 PM

   a) Welcome
   b) Roll Call

2)   APPROVAL OF THE September 18, 2024 AGENDA

3)   PUBLIC COMMENT

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

<u>REGULAR CALENDAR</u>

4)   APPROVAL OF MINUTES

Approval of the August 30, 2024, draft meeting minutes.

5)   CLINIC OPERATIONS REPORTS   **Written Report submitted?**

a) Staffing Update – Natasha Hamilton	Yes
b) Credentialing Update – Desiree Bodiford	Yes
c) HRSA Grants Update(s) – Noelle Soto	No
d) Grievances/Compliments – Rebecca Cronk	Yes
e) H&SS Compliance – Krista McBride	Yes
f) Finance & Revenue Cycle Management – Nina Delmendo	Yes
g) Referrals – Cynthia Coutee	Yes
h) OCHIN EPIC Update(s) – Dona Weissenfels	Yes
i) QI Update – Han Yoon	No
j) FHS Clinic Q-Matic Stats – Noelle Soto	No

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6)   CHB FOLLOW-UP TO CLINIC QUALITY AND OPERATIONAL REPORTS:
Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.

7)   HRSA PROJECT OFFICER REPORT

a) Health Center HRSA Project Officer Update – Dona Weissenfels
   i)   Health Center Activities – Internal and External Update
   ii) Strategic Plan Report Update

8)   BUSINESS GOVERNANCE

a) Consider selection, approval, and purchase of the online Federally Qualified Health Center Health Center (FQHC) Board Governance Training Series, "Health Center Boards: Navigating Legal Considerations", offered by Feldesman Training Solutions

  i)   **ACTION ITEM:** The Board will consider approval of purchasing this online Federally Qualified Health Center (HQHC) Board Governance Training Series, "Health Center Boards: Navigating Legal Considerations", offered by Feldesman Training Solutions. Training sessions are open to Board Members and Supporting Staff.

b) Consider approval of Board Member Application received from Annabelle Sanchez and appoint applicant as an FHS Community Healthcare Board Member.

  ii)   **ACTION ITEM:** The Board will consider approval of Board Member Application received from Annabelle Sanchez and appoint applicant as an FHS Community Healthcare Board Member.

9)   DISCUSSION

a) Board Member Self-Assessment Report Status Update – Brandon Wirth.
b) Finance Committee Workshop Status Update– Nina Delmendo.

9)   BOARD MEMBER COMMENTS

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

DATE: October 16, 2024
TIME: 12:00 pm – 2:00 pm
LOCATION: Multi-Purpose Room
              2201 Courage Drive
              Fairfield, CA 94533

County of Solano
Community Healthcare Board
DRAFT

REGULAR GOVERNING BOARD MEETING MINUTES

Wednesday, August 30, 2024
In Person Meeting

Members Present:

At Roll Call: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy, and Sandra Whaley.

Members Absent: Rovina Jones, Seema Mirza, and Brandon Wirth.

Staff Present:

Dona Weissenfels (by phone), Natasha Hamilton, Noelle Soto, Rebecca Cronk, Krista McBride, Nina Delmendo, Han Yoon, Katreena Dotson, Danielle Seguerre-Seymour and Patricia Zuñiga, Bela Matyas, Whitney Hunter, Valerie Flores, Gerald Huber, Pierce Leavell and Reza Rajabian.

1) **Call to Order- 12:01 PM**
    a) Welcome
    b) Roll Call

2) **Approval of the August 30, 2024 Agenda**

   Discussion: None.

   Motion: To approve the August 30, 2024 Agenda.

   Motion by: Tracee Stacy and seconded by Don O'Conner.

   Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy, and Sandra Whaley.

   Nays: None.

   Abstain: None.

   Motion Carried.

3) **Public Comment**
    - Patricia Zuñiga's last day with FHS will be on September 6 2024, per Katreena, Office Assistant II of FHS
    - Multiple staff thanked Patricia for her years of service with the County.

Regular Calendar

4) **Approval of Minutes**

   Approval of the July 17, 2024, draft Minutes.

Discussion: There was no discussion.

Motion: To approve the July 17, 2024, draft meeting minutes.

Motion by: Tracee Stacy and seconded by Sandra Whaley.

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

Nays: None.

Abstain: Michael Brown, Charla Griffith, Anthony Lofton, and Don O'Conner.

Motion Carried.

5) **Clinic Operations Reports**
   a) **Staffing Update** — Natasha Hamilton *(Please reference the "FHS Staffing Update – August 21, 2024")*
   - They will soon have seven (7) Medical Assistants (MA), one (1) of them is a lead MA. Interviews completed, currently in background; Two (2) Nurse Practitioners (NP) are currently in background.
   - Continuous multiple positions attempted to fill. Working in partnership with Human Resources.
   - There were no questions from the Board.
   - **Credentialing Update** — Desiree Bodiford – Not Present *(Please reference the "FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – August 2024")*
   - There were no questions from the Board.
   b) **HRSA Grant Update(s)** — Noelle Soto *(Please reference the "Health Resources and Services Administration (HRSA) Grant Updates as of August 21, 2024")*
   - There will be a budget for review and consideration for the "Garamendi Funding".
   - Received an additional $7,000 for FY 24/25 via the Ryan White HIV/AIDS Early Intervention Services Grant.
   - Phase two of Extended Hours Grant was submitted and is still awaiting notification.
   - There were no questions from the Board.
   c) **Grievances/Compliments** — Rebecca Cronk *(Please reference the "Grievance Reports, April-December 2023 & January– July 2024" and "Grievance Category Definitions")*
   - Total of seven (7) grievances; Severity rating remains low at level two. No level threes.
   - Rebecca asked if there were any questions about the monthly Grievance Report.
   - There were no questions from the Board.
   d) **H&SS Compliance** — Krista McBride *("FHS Compliance Incident Report Tracking, July 1-July 31, 2024".)*
   - No breach or information security incidents reported.
   - One (1) report from the adult clinic regarding a hostile patient.
   - There were no questions from the Board.
   f) **Finance & Revenue Cycle Management** — Nina Delmendo *(Please reference "Operations Report – Finance FY2023/24 Year End Report: "Solano County Expenditure and Revenue Report FHS – August 2024" and "Revenue Cycle Reports – August 30, 2024: Total Encounters through July 31, 2024, Total*

Qualified Encounters (Medical, Dental, Mental Health) FY 2024/25, Total Unbilled Encounters as of August 15, 2024")

- Nina mentioned to the board that she will be holding a FY 25-26 budget development workshop for the next board meeting in September. It will need to be determined if the September meeting will be from 11:00 AM to 2:00 PM or 12:00 PM to 3:00 PM.

FY 2023/24 Finance Report

- Nina reported that on the third quarter projections, there was not a large variance as expected.
- This report will be a part the actions items to be accepted.
- Board Member Tracee Stacy asked if any of these funds are siloed/fluid. Can the funds be moved around? Nina stated that they are and can be fixed in the end. Some need to be fixed with a very specific appropriation of transfers request while the others are flexible.
- There were no additional questions from the Board.

Revenue Cycle Reports

- Nina directed to the graph on the third page and explained that the graph is more defined. This year the fiscal team took account to when staff are onboarding per quarter.
- Board Member Gerald Hase asked what a Locum is. They are temporary providers who come in for 3-6 months, like a temp service but for providers.
- There were no other questions from the Board.

g) **Referrals Report & Improvement Project Update** — Cynthia Coutee *(Please reference the "Family Health Services Referrals – Time Period July 2024")*

- Cynthia Coutee is out. Rebecca Cronk reported on her behalf.
- Over 1,000 referrals ordered; Highest specialty categories: Ophthalmology and Gastroenterology.
- As of August 28, 2024, we are at 156 referrals in the inbox; processing 8 days out, below the 10-day turn-around time.
- There were no questions from the Board.

h). **OCHIN EPIC Update(s)** —Dona Weissenfels *(Please reference the "OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – August 2024 and Project Milestones / Highlights")*

- Dona reported that the EPIC Live date is September 24, 2024. Everything going well; staff have been fully engaged and positive about the experience.
- Dona would like to thank the staff and congratulate Natasha Hamilton and Dr. Michele Leary.
- On September 23, 2024, from 9:00 AM to 12:00 PM, the clinics will close to hold a dress rehearsal to practice workflows. Requesting volunteers from the Board to come to the various clinic locations including dental; need "fake patients" to walk through the whole process. If interested, give your information to Natasha.
- Natasha publicly acknowledged and thanked the managers for going to all the offsite trainings to help the providers and line staff. It is a big reason why they have been so successful, on target and on task.
- Board Members Ruth Forney and Michael Brown volunteered to help on September 23, 2024.
- There were no questions from the Board.

i) **QI Update** – Han Yoon *(Please reference the "Quality Improvement (QI)/Quality Assurance (QA) Updates – August 21, 2024", "FHS Quality Assurance/Quality Improvement Committee Meeting Minutes – June 7, 2024" and "FHS Quality Assurance/Quality Improvement Committee Meeting Minutes – August 2, 2024")*

- Han mentioned that the Quarterly Quality Report was included in the packet and asked if there were any questions.
- Per Bela, among the MA's in queue to be hired, a few will be placed in QI since Han has been struggling with limited staffing up to this point. We should have a decent sized team to do QI and we will see the numbers improve dramatically by the fourth quarter.
- Board Member Tracee Stacy noticed there was a 2,000 patient increase in one month. How is that going to affect capacity? Per Bela, we are increasing the number of providers. As previously mentioned, there are two (2) NP's on queue to be hired and are continuing to recruit aggressively. They are also using Locum. Essentially, there are not enough providers in the county for the number of patients who need care, including Kaiser. We are all doing the best we can.
- Tracee asked if there is a ceiling to receive patients. Per Bela, there is none.
- The number of Medi-Cal clients is growing rapidly. A consideration mentioned previously is for the Vallejo clinic to open on the weekends temporarily and/or operate later hours if more providers are available. With the OCHIN EPIC rollout, we are also hoping to schedule more efficiently.
- Jerry Huber, as a member of the Partnership HealthPlan Board, noticed that the number of Medi-Cal patients coming in for new complications has grown significantly. However, Partnership members have decreased significantly. Reason being these members are going to Kaiser.
- Board Member Marbeya Ellis works at Fairfield-Suisun Unified School District, Family Resource Center. She noticed new families not enrolled in healthcare. They are sending families to Ole Health who then send them to the County who ultimately say they are not accepting new patients. It's concerning because they have children who can't enroll in school due to not being up to date with vaccines or well-child checks. They have a lot of students who are not enrolled or are on independent study due to those reasons. Per Bela, this year there were 3-4 catch-up vaccination clinics but will plan earlier next year to have more in the Summer for new families for this very reason. Only limitation is we cannot provide is the well-child physical at these catch-up vaccine clinics as they take up a large amount of time. However, during the next school-year's Kindergarten round-up events, we will be able to provide these well-child services.
- Tracee asked how nimble are we/what are the rules when using Locum for special projects? For example, hosting a one-day clinic. Bela stated we've done that with vaccine clinics, but the issue is with physicals. In addition, pediatric locum doesn't exist. Marbeya stated ideally if vaccine clinics started after school started, that would be the time to catch students who are flying under the radar.
- Natasha Hamilton wanted to remind the Board that the Board gave permission to apply for the grant with HRSA to extend the hours.
- Board Member Etta Cooper questioned if the school board is aware that since appointments for families are so far out to not "ding" parents for not having their student at school on time. Bela stated yes, they know, however families are told to schedule their appointments three (3) months out but the problem is families are constantly moving.
- Board Member Charla Griffith mentioned she is going through a similar situation with her Kindergartener. She was unable to get an appointment for a well-child physical. However, she found out that her child's physical is good for a year. Charla recommends that the school should have communicated this information with the parents via the paperwork that was provided

during registration. Bela suggests working with the Solano County Office of Education and the schools to remedy this issue.

- There were no other questions from the Board.

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

- Noelle Soto reviewed the Q-Matic stats briefly with the Board.
- Board Member Sandra Whaley asked if there is a reason Pediatrics is not available for Fairfield? Noelle said they don't utilize the Q-Matic system there. Bela added that there are not enough clients to warrant the system due to how expensive it is to operate it.
- There were no other questions from the Board.

6) **CHB Follow-up to Clinic Quality and Operational Reports** – Noelle Soto *(Please reference the "CHB Follow-up to Clinic Quality and Operational Reports" document)*
Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.

7) a) Ryan White/HIV-AIDS Program *(Please reference the "HIV and Aging" flyer)*

- Part B – non-medical case management: connecting people with living HIV-AIDS with non-medical resources (transportation, housing, community, outside resources, etc.).
- Part C – early intervention services: HIV care for people living with HIV-AIDS. Getting them started on antiviral therapy to maintain optimum health and to prevent further infection within the community.
- Many people with HIV-AIDS are now aging. They have reached a new benchmark to where they are able to live with the diagnosis.
- Board Member Tracee Stacy asked if we could begin to incorporate best practices and trainings with In-Home Support Services (IHSS) Caregivers and other partners to reduce stigma and to prevent those diagnosed from being turned away from nursing homes, assisted living communities, or boarding care? Bela expressed that within the span of 10-20 years, HIV was a life-shortening/acute disease that has turned into a chronic disease. There has been a measurable reduction in anti-HIV stigma in our country and he anticipates in the next 10-15 years, as this population ages into nursing home age, that there will be more reduction in stigma and HIV will be treated as another chronic disease along diabetes, hypertension, etc. in the long-term care environment. Ultimately Bela agreed that training is required to divert fear and to raise awareness in the field that this is becoming a chronic disease in order to destigmatize it.
- Board Member Michael Brown questioned if the individuals who are not traceable considered as no longer having HIV and not required to take medication? Bela specified that the level is so low that they cannot spread it to other people however they need to stay on the medication for that to stay true. It is rare for people to completely clear their HIV. There is no cure, just ongoing management. Nonetheless a vaccine approaching soon.
- There were no other questions from the Board.

b) FHS Homeless Resources: Informational presentation *(Please reference the "Housing & Homelessness" flyer, "Our Solano Continuum of Care" flyer and "Partnership Healthplan of California - Solano County Housing Resources" handout)*

- In the packet provided, Noelle pointed out resource snippets from the County website and Partnership.
- Board Member Tracee Stacy brought this to our attention due to Prop 1. As of July 31, 2024, 18 unhoused individuals died from overdose in Solano County; 70% of those deaths included

fentanyl and/or meth, 50% had both. It's become clear that there is a void not having the mobile vans available. Bela shared that a month ago, Public Health Nurses were added to Behavioral Health's Street Medicine program. The nurse goes out 3-4 days a week to provide medical care in order to diminish the lack of care to these individuals. If they encounter an individual with serious issues, they are sent to the emergency room. In addition, the unhoused are sent to the clinics to become clients in order to have a medical home. After the implementation of EPIC, circa October/November, there are hopes to execute a Case Management capacity for the homeless as well. In addition, they anticipate to implement medical telehealth for the homeless using a Touro provider.

- Board Member Ruth Forney asked if we are looking to get the vans going out again. Bela clarified that the Public Health van goes out to the sites for sampling/testing, only difference is it is not a medical van. It is not physically appropriate for the medical tasks required.
- There were no other questions from the Board.

7) HRSA Project Director Report
a) Health Center HRSA Project Director Update – Dona Weissenfels
  i) Health Center Activities – Internal and External Update
  Internal News:
  - Regarding the Equity and Practice Transformation Funding: Board approved to pursue this funding several months back however, since that time the state has cut this funding stream; still viable, a little over a million dollars for a three (3) year project; Option to opt out if decided program no longer valuable. After deliberation, the program offers considerable technical assistance such as scheduling in the clinics, empanelment for patients, and operational topics. The extra support would be highly valuable hence they decided to continue with the project.
  - Extended Hours (Saturday Clinic) not yet approved but checking status often.
  External News:
  - There was none to report.
  ii) Strategic Plan Report Update *(Please reference the "Strategic Plan Report – Strategic Plan July 1, 2022 – June 30, 2025, Date of Report: August 21, 2024")*
  - Currently performing analysis; will present PowerPoint at the September meeting.
  iii) Governance related topic
  - Did not meet quorum this month for the meeting thus the meeting was cancelled.
  - Due to the strict requirement in FQHC's that the Community Health Board meets monthly, Dona is working on a Policy and Procedure to strengthen how to handle such situations. She recommends you look at chapter 19 of your compliance manual for the monthly meeting specifications.

8) Business Governance
a) Review and consider approval of the Quarterly Financial Report – Nina Delmendo *(Please reference "Operations Report – Finance FY2023/24 Year-End Report" document)*
  - Nina stated the report was included in the packet and that the data covered April through June 2024.
  i) **Action Item**:   The Board will consider approval of the Quarterly Financial Report.

Discussion: None.

County of Solano
Community Healthcare Board
DRAFT

Motion: To approve the Quarterly Financial Report.

Motion by: Tracee Stacy and seconded by Ruth Forney.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, and Sandra Whaley.

Nays: None.

Abstain: None.

Motion carried.

b) Review and consider approval of the HRSA Grant FY 2023 Community Project Funding/Congressionally Directed Spending Non-Construction.
   - Noelle stated this is the budget revision for the extension without funds that was mentioned during the HRSA Grant updates.
   i) **Action Item**:   The Board will consider approval of the HRSA Grant FY 2023 Community Project Funding/Congressionally Directed Spending Non-Construction.

Discussion: None.

Motion: To approve the HRSA Grant FY 2023 Community Project Funding/Congressionally Directed Spending Non-Construction.

Motion by: Ruth Forney and seconded by Marbeya Ellis.

Ayes: Michael Brown, Etta Cooper, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, Don O'Conner, Tracee Stacy, and Sandra Whaley.

Nays: None.

Abstain: None.

Motion carried.

c) Review and consider approval of the HRSA Grant FY 2024 Ryan White HIV-AIDS Program Part C: Early Intervention Services, Budget Revision.
   i) **Action Item**:   The Board will consider approval of the HRSA Grant FY 2024 Ryan White HIV-AIDS Program Part C: Early Intervention Services, Budget Revision.

Discussion: None.

Motion: To approve the HRSA Grant FY 2024 Ryan White HIV-AIDS Program Part C: Early Intervention Services, Budget Revision.

Motion by: Tracee Stacy and seconded by Sandra Whaley.

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, and Don O'Conner.

Nays: None.

Abstain: None.

Motion carried.

d) Consider selection and approval of Board Members to attend online Federally Qualified Health Center (FQHC) Board Training: "Governance Training Series for Health Center Boards: Navigating Legal Considerations, sponsored by Feldesman Training Solutions".
   i. **Action Item:** The Board will consider approval of the named Board Members to attend online Federally Qualified Health Center (FQHC) Board Governance Training Series.

Discussion: Board Member Tracee Stacy asked if training is open to all members. Dona explained it is indeed open to all Board Members as well as other staff members that support the Community Health Board such as Legal, Compliance, and Credentialing. Tracee is concerned that it is not clearly stated that way on the action item. Tracee also questioned if this action item was for approval to pay for the training and if there is a deadline. Dona answered yes, approval for funding and no, there is no deadline. Board requested that Dona change the language for this action item on September's agenda.

Motion: To move action item to September Community Healthcare Board meeting.

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

Ayes: Michael Brown, Etta Cooper, Marbeya Ellis, Ruth Forney, Charla Griffith, Gerald Hase, Deborah Hillman, Anthony Lofton, and Tracee Stacy.

Nays: None.

Abstain: None.

Motion carried.

9) Discussion

a) Board Member Self-Assessment – Report – Brandon Wirth – September 2024 *(Please reference "Community Heatlhcare Board Self-Assessment – April 2024" report and "Community Healthcare Board Self-Assessment" form)*
   - It was noted that this item would be presented next week when Brandon is present.
b) National Health Center Week, August 4 – 10, 2024 – Dona Weissenfels.
   - Successful luncheon in Vacaville; staff took initiative; pleased with outcome.
   - Thank you to Board Member Ruth Forney for providing the lunch to staff.
b) Solano Mobile Crisis Information – Tracee Stacy *(Please reference the "Solano County Behavioral health - Solano Mobile Crisis" flyer)*
   - Individuals in urgent mental health crisis can call this number in lieu of calling the emergency room; available 24 hours a day, 7 days a week; Direct number to mobile crisis is 707-806-0866.
   - Board Member Tracee Stacy will provide Danielle Seguerre-Seymour with the contact information of the person at Drug Safe Solano who performs Narcan presentations.

10) Board Member Comments
   - Board Member Tracee Stacy stated she attended the Mental Health Board meeting on August 27, 2024, and discussed Prop 1. She suggested with that Board to connect the chairs with the chairs of the Community Health Board to collaborate to share goals and to strengthen the efforts in supporting staff and advocacy.
   - Various Board Members mentioned how much they will miss Patricia Zuñiga as she prepares for retirement.

11) Parking Lot
a) Create a Rebranding Sub-Committee.

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

DATE: September 18, 2024
TIME: 11:00 PM — 2:00 PM
Location: Multi-Purpose Room
            2101 Courage Drive
            Fairfield, CA 94533

The Meeting was adjourned at 2:57 PM.

Handouts in the Agenda Packet:
- CHB August 30, 2024, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – August 21, 2024
- Clinic Operations Report – "FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – August 2024
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates as of August 21, 2024
- Clinic Operations Report – Grievance Reports, April-December 2023 & January– July 2024" and "Grievance Category Definitions
- Clinic Operations Report – FHS Compliance Incident Report Tracking, July 1-July 31, 2024

Handouts in the Agenda Packet (Continued):

- Clinic Operations Report – Finance FY2023/24 Year End Report: "Solano Expenditure and Revenue Report FHS – August 2024
- Clinic Operations Report – Revenue Cycle Reports – August 30, 2024: Total Encounters through July 31, 2024, Total Qualified Encounters (Medical, Dental, Mental Health) FY 2024/25, Total Unbilled Encounters as of August 15, 2024
- Clinic Operations Report – Family Health Services Referrals – Time Period July 2024
- Clinic Operations Report – OCHIN EPIC EHR Implementation 2024: Implementation Dashboard – August 2024 and Project Milestones / Highlights
- Clinic Operations Report – Quality Improvement (QI)/Quality Assurance (QA) Updates – August 21, 2024
- Clinic Operations Report – FHS Quality Assurance/Quality Improvement Committee Meeting Minutes – June 7, 2024
- Clinic Operations Report – FHS Quality Assurance/Quality Improvement Committee Meeting Minutes – August 2, 2024
- Clinic Operations Report – FHS Clinic Q-Matic Stats Reports – March 2023-December 2023 and January-July 2024
- CHB Follow-up to Clinic Quality and Operational Reports – CHB Follow-up to Clinic Quality and Operational Report
- CHB Follow-up to Clinic Quality and Operational Reports – HIV and Aging
- CHB Follow-up to Clinic Quality and Operational Reports – Housing & Homelessness
- CHB Follow-up to Clinic Quality and Operational Reports – Our Solano Continuum of Care
- CHB Follow-up to Clinic Quality and Operational Reports – Partnership Healthplan of California – Solano County Housing Resources
- Strategic Plan Report – Strategic Plan July 1, 2022 – June 30, 2025, Date of Report: August 21, 2024
- Governance Training Series for Health Center Boards: Navigating Legal Considerations, sponsored by Feldesman Training Solutions
- "Community Heatlhcare Board Self-Assessment – April 2024" report and "Community Healthcare Board Self-Assessment" form
- Solano County Behavioral health - Solano Mobile Crisis

DEPARTMENT OF HEALTH & SOCIAL SERVICES

SOLANO COUNTY

Family Health Services Community Healthcare Board
2024 Annual Calendar

Month	Required Annual Review	Comments/Training
January 17, 2024	• Project Officer/CEO Evaluation Review • Board Members Sign Annual Bylaws Appendix A "Conflict of Interest" and "Confidentiality" forms • Quarterly Financial Report • Quarterly Quality Improvement Report	**Additional Items that can be added to Agenda for Board Approval at any given time:**
February 21, 2024	• Review UDS Initial Submission Progress • Review and Approve: Sliding Fee Scale Policy	• Review and Update Health Center Policies, Procedures and Services
March 20, 2024	• Review UDS Final Submission Progress • Evaluation of QI/QA Program	• Contracts Review • Compliance Training
April 17, 2024	• Quarterly Financial Report • Quarterly Quality Improvement Report • Board Self-Assessment • FHS Requested Budget Proposal for FY 24/25	• Robert's Rules Review • Brown Act Review
May 15, 2024	• Review Final UDS Submission • Update Community Needs Assessment	
June 19, 2024	• Review Strategic Plan (3-year Cycle)	
July 17, 2024	• Review and Approve Credentialing and Privileging Policy and Procedures • Quarterly Quality Improvement Report	
August 21, 2024	• FY 25/26 Budget Development • Quarterly Financial Report	
September 18, 2024	• FY 24/25 Budget Development (continued) • Evaluation of QI/QA Program (from June) • Review and Approve the QI/QA Plan (from June)	
October 16, 2024	• Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports • Quarterly Financial Report • Quarterly Quality Improvement Report	
November 20, 2024	• Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports • Board Nominations – Executive Positions • Review Annual Board Calendar	
December 18, 2024	• Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports • Board Elections – Executive Positions • Patient Satisfaction Report	

2024 CHB Calendar Updated 2-29-2024 – Approved 3-20-2024

Community Healthcare Board

5) Clinic Operations Reports:

a) Staffing Update

Community Health Care Board

Family Health Services Staffing Update

CHB Meeting Date: September 18, 2024

Number of Active Candidates - County	**Number of Active Candidates - Touro**
*Clinic Registered Nurse, Senior *Medical Assistant - 6 *Medical Assistant Lead *Nurse Practitioner - 2	*D.O. - 1 *Physician Assistant - 1

Number of Active Candidates - Locum Tenens	**Number of Active Candidates - Volunteer**

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

Expected New Hires + Recently Hired Staff

Vacancies/Departures

Community Healthcare Board

5) Clinic Operations Reports:

b) Credentialing Update

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

Excluded Parties/Sanction Screening: 138

Month	Sanction Screening Number Screened/Verified	Sanction Screening Number Ineligible
August 2024 TOURO/LOCUMS	Touro/Locum Providers: 17	Exclusions Found: 0
August 2024 County – H&SS Employees/Candidates	H&SS Employees: 121	Exclusions Found: Report pending
Totals	TOTAL SCREENED: 138	Exclusions Found: Report pending

Credentialing: 6   Re-Credentialing: 7

Month	Number of Candidates' Credentials Verifications - (Re-)Started -	Number of Candidates' Partnership Provider Enrollments - Submitted for Partnership Approval -
August 2024 TOURO	**Active/Open: 1** Physician Assistant: 1	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 1
August 2024 LOCUM	**Active/Open: 1** Nurse Practitioner - 1	Submitted to Partnership: -1- Approved by Partnership: -0- Pending Submission to Partnership: 0
August 2024 County H&SS Employees/ Candidates	**Active/Open: 11** Medical Assistant – 2 Clinic Registered Nurse – 2 Nurse Practitioner – 1 Clinic Physician - 1 Physician Assistant - 2 Dentist - 3	Submitted to Partnership: -0- Approved by Partnership: -0- Pending Submission to Partnership: 3

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

Partnership – NEW Provider Enrollments
New Provider Enrollments: ACTIVE - Pending Submission: 4 (1 Touro PA, 1 NP, 2 County PA)
Submitted: 1   Pending Approval: 1
Approved: 0

Partnership – Provider Re-Credentialing
Provider Re-Credentialing: Submitted: 0 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

Community Healthcare Board

5) Clinic Operations Reports:

c) HRSA Grants Update(s)

NO REPORT

Community Healthcare Board

5) <u>Clinic Operations Reports:</u>

d) Grievances/Compliments

GRIEVANCE REPORT 2024

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

SEVERITY RATING YTD

- 2 — 1.4%
- 1 — 98.6%

Jan, Feb, March, April, May, June, July, August, Sept, Oct, Nov, Dec
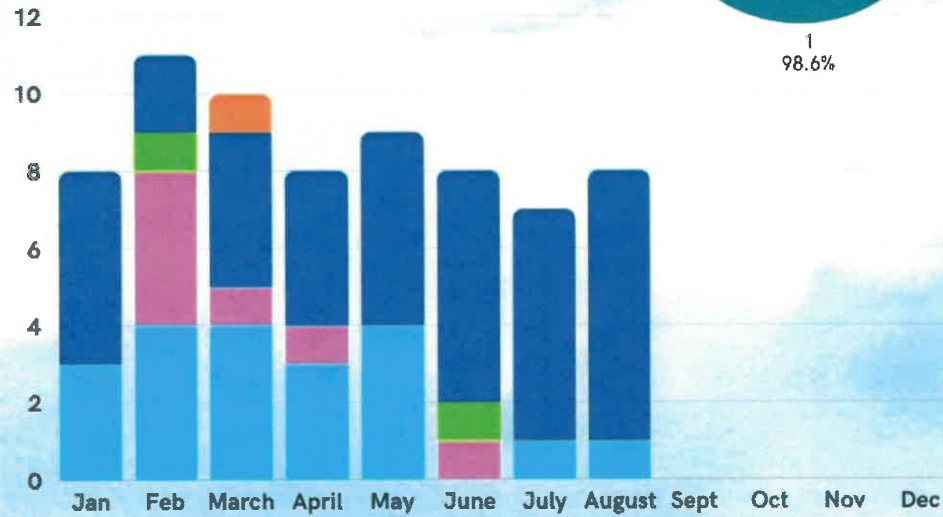
GRIEVANCE REPORT 2023

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

SEVERITY RATING YTD

- 2 — 9.3%
- 1 — 90.7%

April, May, June, July, Aug, Sept, Oct, Nov, Dec
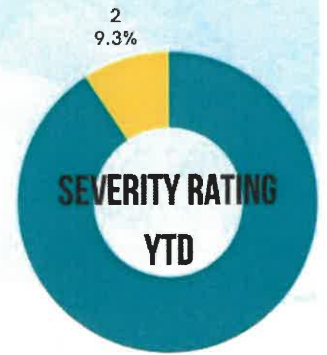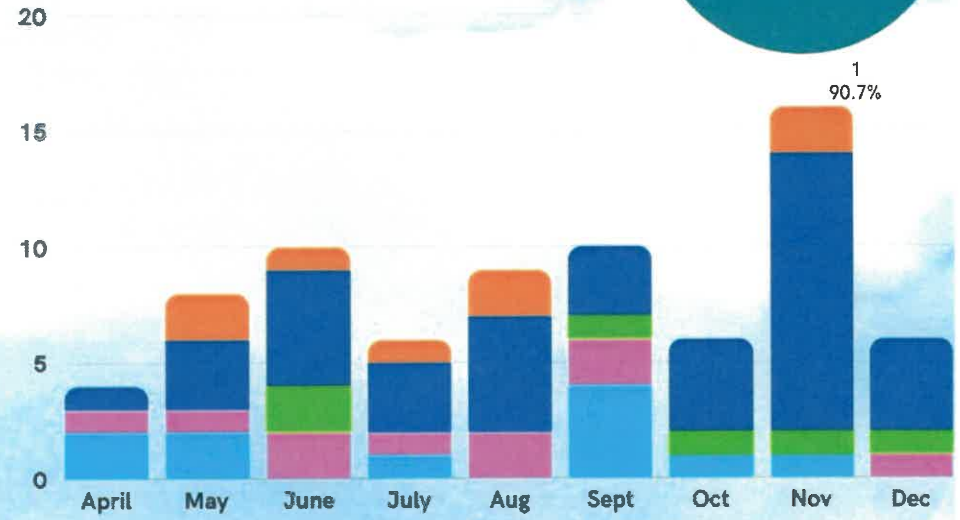
Grievance Category Definitions

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

Grievance Severity Rating

Level	Description	Definition	Example
1	- No harm - Inconvenience	- The event effected the patient but did not cause physical harm. - Processes appropriate, patient disagreed.	- A pain management contract process with which the patient disagrees. - An employee displayed rudeness to a patient. - Patient experienced long hold time on the phone.
2	Temporary harm (mild or moderate)	- Caused temporary harm to the patient, resulting in the need for additional treatment. - Caused a delay in time-sensitive care.	- A delay to a patient in getting prescription medications. - A lack of follow-up requested following a procedure.
3	Significant harm	Significant harm to the patient occurred, up to and including death.	- A patient received a misdiagnosis. - A patient experienced an unanticipated complication or infection. - A patient's oncology referral was not processed.

Community Healthcare Board

5) <u>Clinic Operations Reports:</u>

e) H&SS Compliance

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

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

FHS Department (if applicable)	Category/(ies)	Description (Basic Information/Activity)	Total Received
	QA/QI Activities	Billing and Collections	1
	Complaint	Anonymous complaint against staff member	1
			Total Other Incidents Reported August 2024 = 2

Community Healthcare Board

5) Clinic Operations Reports:

f) Finance & Revenue Cycle Management

OPERATIONS REPORT - FINANCE

AUGUST 2024

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	

EXPENDITURES				Notations

Salaries & Benefits

Salaries - Regular	16,306,079	1,605,595	10%	
Salaries - Extra Help	17,000	3,603	21%	
Salaries - OT/Callback/Standby	69,874	15,783	23%	
Staffing costs from other divisions (net amount)	133,070	56	0%	
Benefits	10,561,338	922,341	9%	
Accrued Leave CTO Payoff	20,000	2,404	12%	
Salary Savings	(2,789,326)	-	0%	
Salaries & Benefits Total	**24,318,035**	**2,549,784**	**10.49%**	

Services & Supplies

Office Expense and Supplies	165,133	7,826	5%	Drinking water, household expenses, and trash services.
Communications	138,331	3,964	3%	
Insurance	1,000,703	-	0%	Budget includes cost of Liability Insurance and Malpractice Insurance. >These charges will originate from another County Department. >Medical Malpractice will post at year end and are expected to be budgeted amount.
Equipment - Purchases, Leases & Maintenance	73,780	15,628	21%	Q-Matic. BioRad. Caltronics. Steris.Life Technologies. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	45,503	4,365	10%	Monthly charges for vehicles assigned to County Departments; personal mileage.

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	

EXPENDITURES				Notations

Services & Supplies (continued)

CATEGORY DESCRIPTION	WORKING BUDGET	YTD ACTUALS	%	Notations
Buildings - Maintenance, Improvements, Rent & Utilities	258,458	30,824	12%	PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	623,605	19,279	3%	Henry Schein. McKesson. TheraCom.
Controlled Assets & Computer Related Items	151,940	4,118	3%	Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	207,600	10,804	5%	JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	1,019,565	8,102	1%	Budget includes the following contracts: >Allied Security >Simi Group >Waystar/Trizetto (electronic claims management) >Forvis (Medicare Cost Report) >Stericycle (medical waste disposal) >Gebbs (Medical Coding Consultant) >Factor Consultants >UCH Solutions (Recruitment services)

Services & Supplies (continued)

CATEGORY DESCRIPTION	WORKING BUDGET	YTD ACTUALS	%	Notations
DoIT	2,152,500	235,821	11%	
Software & Maintenance or Support	690,031	129,787	19%	Budget includes the following: >Next Gen >OCHIN >Orchard Software
Professional Licenses & Memberships	27,871	1,383	5%	
Education, Training, In-State Travel, Out of State Travel	25,290	-	0%	Registration fees for NACHC Community Health Institute & Expo Conference
Other	69,758	2,458	4%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
Services & Supplies Total	**6,650,068**	**474,359**	**7%**	

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	

EXPENDITURES				Notations

Other Charges

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	Notations
Interfund Services - Professional	712,944	17,725	2%	County related charges for Sheriff services, building and grounds maintenance and custodial services.
Interfund Services - Accounting & Audit	-	-	0%	
Interfund Services - Other	64,285	1,477	2%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	15,000	-	0%	Registration fees for NACHC Community Health Institute & Expo Conference (two board members).
Other Charges Total	**792,229**	**19,202**	**2%**	

Contracts/Client Support

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	Notations
Contracted Direct Services	1,492,000	-	-	Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers)
Client Support	22,700	-	-	Client support transportation costs.
Contracts/Client Support Total	**1,514,700**	**-**	**-**	

Equipment

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	Notations
Equipment	5,000	-	-	
Equipment Total	**5,000**	**-**	**-**	

Administration Costs

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	Notations
H&SS Administration	2,957,878	-	-	
Countywide Administration	1,312,262	-	-	
Administration Costs Total	**4,270,140**	**-**	**-**	

TOTAL EXPENDITURES	**37,550,172**	**3,043,345**	**8%**	

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS	YTD ACTUALS as a % of WORKING BUDGET	

REVENUES				Notations

Payer Revenues

Payer Revenues	23,355,466	2,003,823	9%	Revenues from Medi-Cal, Partnership Capitation, Medicare and Private Pay
Payer Revenues Total	**23,355,466**	**2,003,823**	**9%**	

Federal/State Revenues

1991 Realignment (Underinsured/Uninsured/PH Services)	1,386,906	-	0%	
Federal Direct - COVID (one time funding)	100,405	-	0%	Rollover for HRSA Capital Grant funds
Federal Grants	2,047,990	3,900	0%	Budget includes: >CHC Base grant >RWC
Federal Other	56,608	-	0%	$1M Congressional earmark
American Rescue Plan Act (ARPA)	1,276,497	-	0%	ARPA funding for OCHIN EHR conversion
Other Revenue	1,617,600	11,058	1%	Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
Program Revenues Total	**6,486,006**	**14,958**	**0%**	

TOTAL PAYER AND PROGRAM REVENUES	**29,841,472**	**2,018,781**	**6.8%**	

TOTAL EXPENDITURES vs TOTAL REVENUES				Notations
TOTAL EXPENDITURES	37,550,172	3,043,345	8%	
TOTAL REVENUES	29,841,472	2,018,781	7%	
DEFICIT (SURPLUS)	**7,708,700**	**1,024,563**	**13%**	
County General Fund	4,708,209	-		
DEFICIT (SURPLUS) after CGF**	**3,000,491**	**1,024,563**		

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

REVENUE CYCLE REPORTS

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

	Annual Target	Monthly Target (2/12)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	YTD Target Aug 2024 2 mth	Over (Shorfall)
MEDICAL																	
County Providers	46,688	7,781	1,915	1,719											3,634	7,781	(4,147)
Touro	4,364	727	383	307											690	727	(37)
Locum	1,453	242	446	432											878	242	636
TOTAL MEDICAL	**52,505**	**8,751**	**2,744**	**2,458**	-	-	-	-	-	-	-	-	-	-	**5,202**	**8,751**	**(3,549)**
TOTAL MENTAL HEALTH	**3,640**	**607**	**84**	**80**											164	**607**	**(443)**
TOTAL DENTAL	**19,900**	**3,317**	**1,321**	**1,223**											**2,544**	**3,317**	**(773)**
	76,045	**12,674**	**4,149**	**3,761**	-	-	-	-	-	-	-	-	-	-	**7,910**	**12,674**	**(4,764)**

DEFINITIONS

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

BILLABLE ENCOUNTER   *1. Healthcare provider*
> *Physician*
> *Physician Assistant*
> *Nurse Practitioner*
> *Dentist*
> *Licensed Clinical Social Worker*

2. Must take place in the "4 walls" of the FQHC
3. Medically necessary
4. Billing limited to one visit per day with certain exceptions

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

	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025
Encounters	4,149	3,761	-	-	-	-	-	-	-	-	-	-
Target	5,542	5,542	5,542	6,036	6,036	6,035	6,823	6,823	6,822	7,329	7,329	7,329
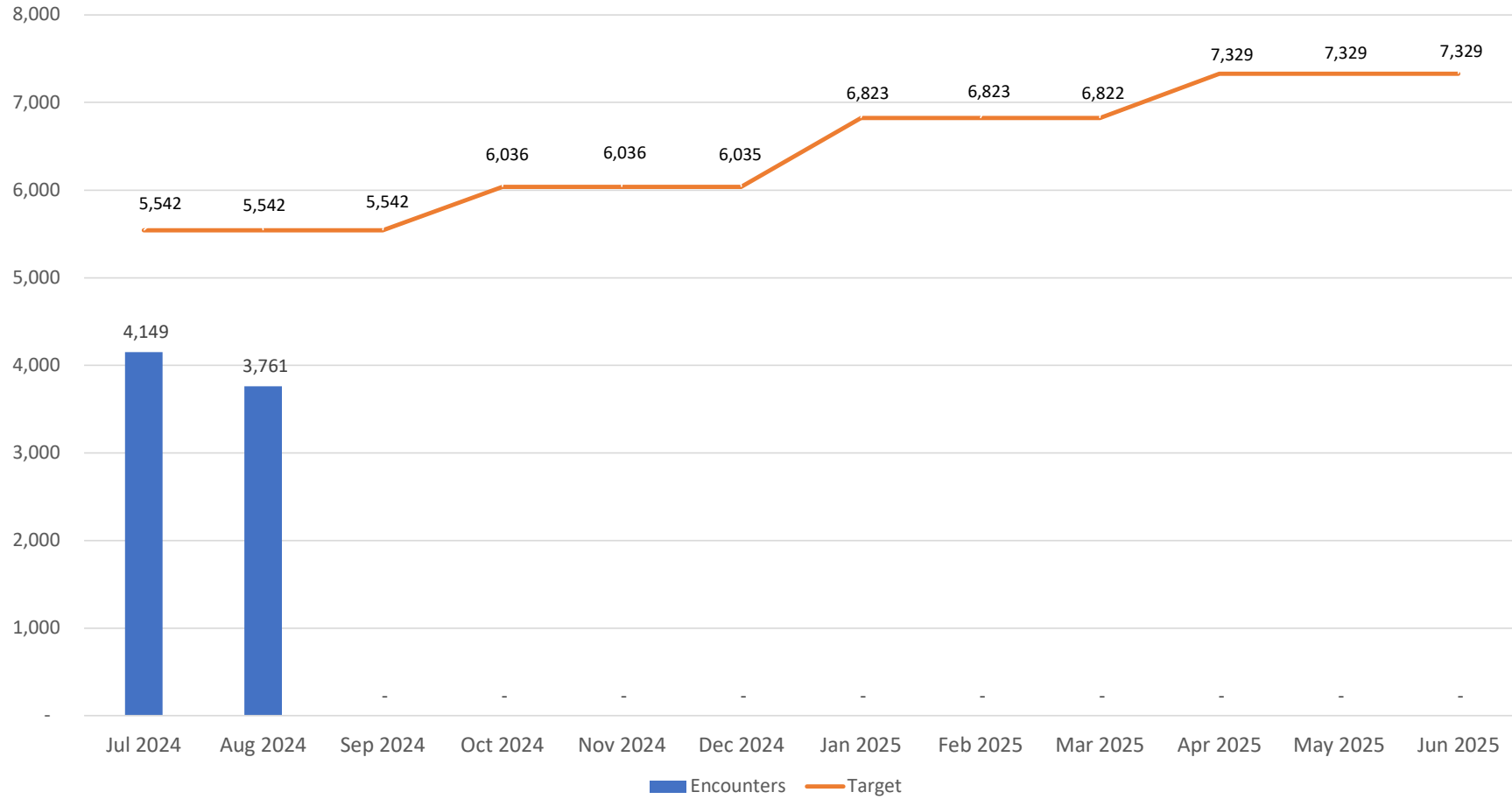
REVENUE CYCLE REPORT
TOTAL UNBILLED ENCOUNTERS
As of August 31, 2024

DATE OF SERVICE	24-May	24-Jun	24-Aug	TOTAL
Encounters	2	1	37	40

NOTES

> Data compiled 9/5/2024 for services through 8/31/2024
> Encounters are billed the next business day after charges are submitted

> Billing and Collections team sends emails directly to providers regarding any unbilled encounters > 3 days

> Encounter may or may not be a qualified encounter - pending documentation

DEFINITIONS

UNBILLED ENCOUNTER   Encounter not documented or missing charges

Community Healthcare Board

5) <u>Clinic Operations Reports:</u>

g) Referrals

SOLANO COUNTY

Time Period August 2024

Referrals 915

Adult-785   Pediatrics-130

Adult Specialty Referrals	Ordered	Peds Specialty Referrals	Ordered
Gastroenterology	101	Dermatology	15
Ophthalmology	93	Otolaryngology	14
Orthopedic Surgery	52	Physical Therapy	9
Physical Therapy	45	Nutrition	9
Cardiology	44	Orthopedic Surgery	8
	335		55
Total to Specialties: 390			

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

The total number of referrals in the box as of Friday September 6th was 115 at that time we were processing 8 days out, and we are meeting Partnership's compliance of 10 business days.

This report comes with a much gratitude to all the referral team, Ariana Harrison, Lakeytha Driskell, Sandra Trujillo Correa, Aleli Carla Gomez, Alma DeCalderon, Ashley Thomas-Robinson, and Celia Sanchez. These ladies pushed forward during the time when I was reporting out 900 plus referrals. Where we are today is attributed to many factors in which I played a small part. Our staffing Matrix, and PDSA study, helped to make this possible. The commitment of time given to this work is how we got us here. As we move forward and transition to OCHIN Epic I do believe processing will be a bit more streamlined and the workflow much more productive in helping us close the loop on referrals. We will continue working with this team to ensure patient care is at the forefront of our minds.

Respectfully Submitted,

Cynthia Coutee, Clinic Manager-Vacaville

Community Healthcare Board

5) Clinic Operations Reports:

h) OCHIN EPIC Update(s)

Solano County Family Health Services
OCHIN Epic EHR Implementation 2024

OCHIN Epic EHR Implementation Dashboard
September 2024

Current Status and Project Health

Project Information

48%

Percent Complete

12/20/23

Start Date

09/24/24

Epic Go Live Date

04/28/25

Project Closure Date

Tasks by Status

- Not Started
- In Progress
- Complete

6

126

136
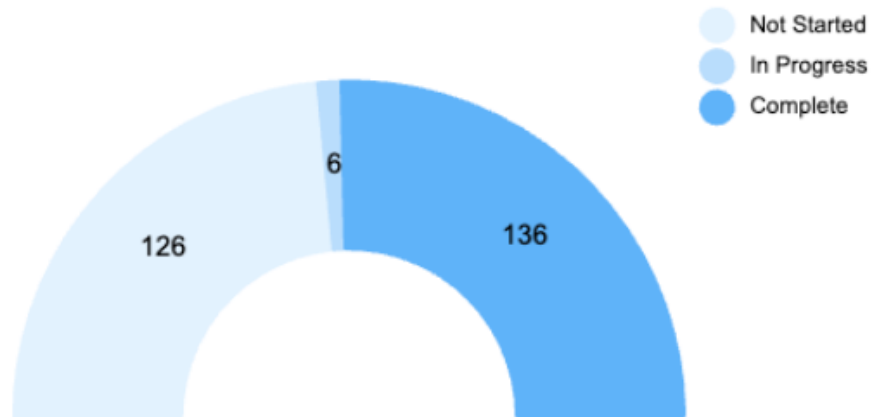
Health & Trend

Schedule	Budget	Scope

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

Project Milestones / Highlights

1. The project timeline and budget are currently on target.

2. Staff were provided access to ELLA, OCHIN Epic's online learning center, and are continuing to watch tutorials on different modules. Lindsey, the OCHIN Epic PM, is working closely with Jasmine and Shae to develop training materials in preparation for the staff training, go-live and onboarding of new employees post-implementation.

3. All workflows for Epic have been created and approved for training and testing.

4. All end users have completed trainings.

5. Patient communications remain a priority. Signs and posters are being posted in the lobbies of all sites. Front desk staff and MAs will be provided with a script for disclosure regarding the transition to patients during Go-Live. Staff will also circulate through the waiting area to address any questions.

6. Final planning for Go-Live on September 24th is being confirmed. There will be one room at each site designated as a physical command center. OCHIN Epic project team is communicating all avenues of Go-Live support available to staff.

7. Facktor Health continues to provide support with workflows, huddles, and referrals on-site.

Community Healthcare Board

5) <u>Clinic Operations Reports:</u>

i) Quality Improvement Update

NO REPORT

Community Healthcare Board

5) Clinic Operations Reports:

j) FHS Clinic Q-Matic Stats

NO REPORT

Solano County
Family Health Services

STRATEGIC PLAN REPORT
STRATEGIC PLAN JULY 1, 2022 - JUNE 30,2025

REPORT PERIOD: August - September 2024   **DATE OF REPORT: September 16, 2024**

COMPLETED BY: Dona Weissenfels

DASHBOARD SUMMARY OF 43 OBJECTIVES COMPLED
Status Summary of Completion of Objectives: ____ (C) Completed __x__ (IP) In Progress ____(D) Delayed   ____(NI) Not Initiated ____(RR)Consider Review/Revised
Goal 1: Enhance the experience of FHS patients and staff.
5 Objectives: ____ (C) Completed x (IP) In Progress ____(D) Delayed ____(NI) Not Initiated
(RR)Consider Review/Revise
Goal 2: FHS will achieve significant advancement in quality outcomes based upon the Uniform Data System Annual Reporting and Pay for Performance Medi-Cal payments by Partnership Health Plan through the development and implementation of a Continuous Quality Improvement (CQI) team at FHS.
4 Objectives: ____ (C) Completed ___X_ (IP) In Progress ____(D) Delayed ____(NI) Not Initiated
____(RR)Consider Review/Revise
Goal 3: FHS will implement a compliance program specific to the health center.
2 Objectives: ____ (C) Completed ___X_ (IP) In Progress ____(D) Delayed ____(NI) Not Initiated
____(RR)Consider Review/Revise

Solano County
Family Health Services

| Goal 4: Prepare and implement transition to new EHR system. |
| 2 Objectives: _____ (C) Completed ___X_ (IP) In Progress _____(D) Delayed _____(NI) Not Initiated |
| _____(RR)Consider Review/Revise |
| |
| Goal 5: Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations and prepare for transition to APM. |
| 3 Objectives: _____ (C) Completed __X__ (IP) In Progress ___(D) Delayed _____(NI) Not Initiated |
| _____(RR)Consider Review/Revise |
| |
| Goal 6: FHS will expand dental services through investment of capital in new dental operatories (chairs). |
| 2 Objectives: _____ (C) Completed __X__ (IP) In Progress _____(D) Delayed _____(NI) Not Initiated |
| _____(RR)Consider Review/Revise |
| |

Summary/Comments

Progress Report August 2024. All projects in process. Scheduling a review of the Strategic Plan goals and progress October 2024 Board Meeting.

Solano County
Family Health Services

Solano County
Family Health Services

STRATEGIC PLAN
GOALS AND OBJECTIVES DETAILED ASSESSMENT

DASHBOARD: Status of Goals & Objectives

C: Completed
IP: In progress
D: Delayed
NI: Not initiated
RR: Review and/or revise

PRIORITY LEVEL

- High – Initiate in beginning in year 1: July 2023
- Medium – Initiate in beginning months in Year 2: July 2024
- Low – Initiate in the beginning months in Year 3: July 2025

Goal 1: Enhance the experience of FHS patients and staff.				
1 / Priority	**Objective** (includes Anticipated Completion Date)	**Lead**	**Summary of work (3-5 sentences)**	**Status**
1.1 High	Create and implement three satisfaction surveys for patients, providers, and staff regarding call center services by May 31, 2024 Use the baseline data gathered from each survey to improve satisfaction among these three groups by 10 percent by June 30, 2026.	**Dona/Call Center Supervisor**	**Patient Survey in Development with Call Center Supervisor – June 2024. Reevaluating timelines with Call Center Supervisor and Sr. Health Services Manager. Extending deadline to develop plan to October 2024. Connected with Call Center, Data Planning Analyst and Sr. HSM to start meeting 8/6/2024.**	IP
1.2 Medium	Develop 1-3 strategies using CQI to address health equity at FHS based upon	**Dr. Leary/Dr. Stevens/Dona**	**Partially implemented.**	IP

		Goal 1: Enhance the experience of FHS patients and staff.		
	the National Association of Community Health Center (NACHC) Training & Technical Assistance Resource Manual, the Population Health Management Module, and the NACHC Social Determinants of Health tool by July 2024.	**& CHB Oversight**	**Staffing Quality Team is a priority to implement this project. Requesting staffing to fiscal, CAO Office Received micro-grant to improve population health for African Americans/Well Child Visits. Waiting for contract. Presentation by Dr. Stevens June 2024. Received approval for DHCS, Equity and Practice Transformation Funding (3.75 million) five year initiative. First deliverable PhmCAT Survey submitted April 30, 2024. Due to State budget cuts the funding for this grant has been significantly reduced. Update: funding cut, project is now 3 years and just under one million dollars. Due date for opt in and opt out August 9th. Opted in to new DHCS EPT program, 25 milestones and three year program.**	
1.3 Medium	Implement strategies on health equity developed in Objective 1.2 using Plan-Do-Study-Act (PDSA) cycles to address health equity at FHS by January 2025.	**Dr. Stevens/Dona**	**Staffing Quality Team is a priority to implement this project. Awarded Equity & Practice Transformation Grant and micro-grant African Americans/Well Child Visits. EPT grant funding budget cuts to this funding, less equity milestones, will need to re-evaluate.**	IP
1.4 Medium	Improve wi-fi access to enhance patient and staff experience at all sites with special attention to FHS rural sites by June 30, 2024	**Not Assigned**	**Not Started. CHB Member (Ruth Forney) expressed concern about the Wi-Fi quality at the Clinics. Need to determine next steps.**	NI
1.5 High	FHS will increase new provider retention by creating and implementing a new provider mentorship program by June 30, 2024.	**Dr. Leary**	**Maven Project - request in budget for 2024/2025 (This was removed from the budget due to finances), will revisit in next budget cycle, 2024/2025. Maven project was cut from the Clinic budget May 2024. Will re-request next budget cycle 2025/2026**	IP

Solano County
Family Health Services

Goal 2: FHS will achieve significant advancement in quality outcomes based upon the Uniform Data System Annual Reporting and Pay for Performance Medi-Cal payments by Partnership Health Plan through the development and implementation of a Continuous Quality Improvement (CQI) team at FHS.				
2 / **Priority**	**Objective**	**Lead**	**Summary of work (3-5 sentences)**	**Status**
2.1 High	Hire a nurse with a background in quality and a Data Analyst during the first quarter of 2024-2025.	**Dr. Leary**	**Submitted personnel request (year three) to hire a Nurse Manager. Request denied. Data Analyst started position 2024. Will request for this position again 2025/2026. Informed no new positions will be authorized impacting this potential hire.**	IP
2.2 High	In the first quarter of 2024-2025, establish an effective Quality Committee that includes new staff from Objective 2.1 that meets monthly and addresses HRSA and Partnership Health Plan quality goals	**Dr. Leary/Dona**	**Hiring new staff (pending) to augment team and to free up staff to focus on quality, new supervising physicians, quality team, data analyst and nurse manager. Invited CHB members to attend the QI/QA Meetings to increase knowledge and provide input**	IP
2.3 High	FHS will prioritize reviewing, revising, publishing, and training staff on policies, procedures and standing orders continual effort to review.	**All Clinic Managers**	**Work started and in progress, conducted monthly during All Staff Meetings.**	IP
2.4 High	FHS will improve its performance and staff satisfaction by establishing and providing regular training on all aspects of policies, procedures and standing orders (as required by law) to begin by January 2024. Continual effort to review an train.	**All Clinic Managers**	**Work started and in progress, conducted monthly during All Staff Meetings.**	IP

Goal 3: FHS will implement a compliance program specific to the health center.				
3 / Priority	**Objective**	**Lead**	**Summary of work (3-5 sentences)**	**Status**
3.1 Medium	To address the increasing number of laws, rules, and regulations to which FHS is subject, while minimizing risk and optimizing performance, an FHS-dedicated Compliance Officer will be hired with expertise in health care compliance including HIPAA, HRSA, Medi-Cal and Medicare billing (Prospective Payment System), APM, Ryan White CARE funding, and the California Non-Profit Integrity Act. The Compliance Officer will reduce risk exposure for the patients, licensed personnel, the nonprofit Board of Directors, and the Health Department. An FHS-centered Compliance Officer will be on staff by December 2024.	Bela/H&SS Leadership	FHS Leadership developing continual surveillance of HRSA grant requirements via Leadership meetings and workplan. H&SS Compliance Team does not cover 330 Grant Compliance Program. Will need to identify and grow internal candidate for this position 2024. Compliance developing two presentations, General Compliance and 330 Compliance presentations. General Compliance presented, 330 presentation pending in July 2024. Identified possible solution with RegLantern to ensure 330 requirements are tracked, trended and monitored. Will fill in the compliance gap. Continuing to have issues with compliance assignments. ACA changes require notifications and the discussion is that compliance will not create, but FHS is expected to complete the work at the program level. FHS does not have regulatory, compliance staff available.	IP
3.2 High	FHS is committed to remaining compliant with HRSA grant funding regulations on Section 330 and Ryan White CARE Act. Additionally, FHS is committed to educating the Board of Directors on board governance in financial oversight, HRSA federal law and regulations, and the California Nonprofit Integrity Act. FHS recognizes that a	Bela/H&SS Leadership	Finance is taking steps to understand and learn FQHC finance structure and apply learnings to Clinic. Improved reporting and analysis is noted. On track to providing what the CHB has requested. Continued improvement noted. Staff attended the CPCA Annual CFO conference May 2024.	IP

Solano County
Family Health Services

Goal 3: FHS will implement a compliance program specific to the health center.				
shift to APM will require a Financial Director that has a comprehensive understanding of Medi-Cal, Medicare, FQHC Prospective Payment Services, data management, billing, and coding.				

Goal 4: Prepare and implement transition to new EHR system.				
# / **Priority**	Objective	Lead	Summary of work (3-5 sentences)	Status
4.1 High	Develop an EHR transition plan with the clinic leadership team and OCHIN on the transition from the current EHR to EPIC by December 31, 2023.	**Dona**	**Onsite visit January 2024 and March 2024. Workflow analysis underway and equipment ordered. Monitors arrived April 10th. Training schedule published for staff, clinic closed during select times and dates.**	IP
4.B Medium	Implement EHR transition plan developed in Objective 4.1 by September 30, 2024.	**Dona**	**Plan underway with OCHIN EPIC, Vendors & DoIT, hard launch of timeline February 27, 2024 full implementation by September 24, 2024**	IP

Goal 5: Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations and prepare for transition to APM.				
5 / **Priority**	Objective	Lead	Summary of work (3-5 sentences)	Status
5.1 Medium	Hire an FHS-dedicated Financial Director that will ensure compliance with HRSA FQHC/Prospective Payment Regulations, Medi-Cal and Medicare billing and collections	**Bela/H&SS Leadership**	**Fiscal Team engaged in trainings specific to HRSA requirements for Health Centers. Improved collaboration on budget and analysis. Ongoing.**	IP

Solano County
Family Health Services

Goal 5: Optimize financial operations, including revenue and expenses, ensure full compliance with HRSA FQHC financial regulations and prepare for transition to APM.

	regulations and work with Partnership Health Plan to maximize income including Pay for Performance Payments by December 2025.			
5.2 Medium	On an annual basis, FHS will provide a minimum of four trainings for the Board of Directors on the financial oversight responsibilities of the Board pursuant to HRSA Regulations (FQHC and RWCA) and the Non-Profit Integrity Act by December 31, 2024	Nina/Finance	**In development – dates selected for training**	IP
5.3 Medium	FHS will work with California Primary Care Association (CPCA), the designated state clinic association for FQHC transition by the California State Health Department to Alternate Payment Methodology in the development of APM Transition Plan to begin January 1, 2025.	Nina/Finance	**Fiscal obtaining knowledge about APM and impact to Clinics. Attending Fiscal Boot Camp through NACHC. Meeting scheduled with Partnership CFO to discuss APM – March 2024 – meeting held and information was gathered. Staff attended the CPCA CFO Conference May 2024.**	IP

Goal 6: FHS will expand dental services through investment of capital in new dental operatories (chairs).

6 / Priority	Objective	Lead	Summary of work (3-5 sentences)	Status
6.1 Medium	**FHS Fairfield dental site will replace its outdated dental operatories (chairs) by June 2025**	**Dr. Rajabian**	**Requests made to replace chairs/pending. Pending installation May 2024.**	IP
6.2 Low	**FHS Vallejo Health Center will expand the number of dental operatories by four to six new dental operatories (chairs) by June 2026.**	**Dr. Rajabian**	**Renewed prior Dental Request for expansion. Project escalated to County for consideration/pending**	IP

Facktor/J. Gressman/5.13.23

Solano County
Family Health Services

Governance Training Series for Health Center Boards: Navigating Legal Considerations

Overview

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

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

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

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

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

Webinars Included in This Series

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

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

Cost: $1,750.00

Agenda

Fiduciary Duties

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

Challenging Situations in Governance

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

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

Governing Board Authorities

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

Corporate Compliance: The Board's Role

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

Assessing Corporate Consolidation Opportunities: Mergers and Acquisitions

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

Identifying and Managing Conflicts of Interest

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

Reviewing Your Health Center's Audit Report

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

Board Member Engagement and Participation

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

"PPS" Fundamentals: Medicare/Medicaid Reimbursement for FQHCs

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

Risk Management and FTCA Coverage

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

CEO Employment Agreements

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

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

CEO Evaluations and Compensation

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

Presenter(s)

Molly Evans

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

Adam Falcone

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

Michael Golde

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

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

Susannah Vance Gopalan

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

Dianne Pledgie

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

Carrie Riley

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

Edward "Ted" Waters

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

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

Marcie Zakheim

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

Register/Take course

Price

Cost: $1,750.00

> ⓘ Please login or register to take this course.

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

* Premium Plan Subscribers - Contact Us for the promo code to register at a discounted rate.

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

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Required Hardware/Software

Google Chrome and Mozilla Firefox are the preferred browsers.

Community Healthcare Board Self-Assesment
April 2024

		#1	#Z	#3	#4	#5	#fj	#7	#8	#9	#10	#11	#12	#13
Category 1	*Sum*													
1.1	3.0	2	5	5	2	4	4	4	2	3	4	1		3
1.2	**4.1**	4	4	5	4	5	4	4	4		3	3	4	5
1.3	**4.2**	4	4	5	3	5	4	4	4	4	4	4	5	5
1.4	3.5	3	5	5	3	5	4	4	3	3	4	3		3
1.5	**4.1**	4	5	S	4	3	4	4	4	4	4	4	4	4
1.6	**3.1**	2	4	5	3		4	4	3	4	4	3	1	3
CategoryZ	*Sum*													
2.1	**3.8**	4	4	5	4	3	4	4	4	4	5	4		4
2.2	**3.9**	4	4	S	3	3	4	4	4	4	4	4	4	4
2.3	3.5	4	4	5	3	3	4	4	3	3	4	3	3	3
2.4	**3.5**	3	4	4	2	3	4	4	4	4	4	2	5	3
2.5	3.9	4	5	4	2	4	4	4	3	4	4	4	5	4
2.6	**3.8**	2	4	5	4	3	4	4	4	3	4	4	S	4
Category 3	*Sum*													
3.1	3.1	4	3		3	3	4	4	4	3	4	4		4
3.2	3.0	2	3		3	3	4	4	2	3	4	2	5	4
3.3	**3.5**	3	3		3	4	4	4	4	4	4	4	4	4
3.4	**3.2**	2	3		3	4	4	4	4	3	4	3	4	3
Categroy4	*Sum*													
4.1	**3.1**	3	4		4	3	4	4	4	4	4	3		3
4.2	**3.0**	4	4		4	4	4	4	3	4	4		4	
4.3	**3.5**	4	3		3	5	4	4	4	4	4	4	5	5
4.4	**3.5**	4	4		3	5	4	4	4	4	4	5	5	4
Category 5	*Sum*													
5.1	3.8	3	4	5	4	3	4	4	2	5	4	3	4	4
5.2	4.2	4	4	5	4	3	4	4	4	5	4	4	5	4
5.3	4.1	4	4	S	3	3	4	4	4	4	4	4	5	4
5.4	3.8	4	5	4	2		4	4	3	5	4	3	5	4
S.S	3.5	2	4	5	2	3	4	4	3	4	4	3	4	3
5.6	4.1	4	5	5	4	3	4	4	4	4	4	4	4	4
5.7	4.2	4	4	5	4	4	4	4	4	S	4	4	5	4
5-8	3.5	4	4	5	3	4	4	4	3	5	4	3		3
5.9	4.0	3	4	5	4	3	4	4	4	4	4	4	5	4
5.10	4.2	4	5	5	4	3	5	4	4	4	4	4	5	4

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

Medical Services, Family Health Services

Community Healthcare Board Self-Assessment
April 2024

Please select the most appropriate box for each statement.   5   4   3   2   1

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

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

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

Medical Services, Family Health Services

Community Healthcare Board Self-Assessment

Category 4: Board/Executive Relationship	*5* Strongly Agree	*4* Agree	*3* Neutral	*2* Disagree	*1* Strongly Disagree
1. The board is familiar with the written job description of the executive.					
2. The board includes the executive in all deliberation except in the final stages of evaluation of executive performance.					
3. The board delegates management to the executive and does not interfere with that management except to monitor and evaluation compliance with board policy.					
4. The board, and not the individual board members, gives direction to the executive.					

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

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