

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

February 19, 2025  
12:00 pm – 2:00 pm  
2101 Courage Drive, Fairfield, CA 94533  
Room Location: Multi-Purpose Room

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**AGENDA**

**1) CALL TO ORDER – 12:00 PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE FEBRUARY 19, 2025 AGENDA**

**3) PUBLIC COMMENT**

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

**REGULAR CALENDAR**

**4) APPROVAL OF MINUTES**

Approval of the January 15, 2025, draft meeting minutes.

**5) CLINIC OPERATIONS REPORTS**

**Written Report submitted?**

- |   |     |
|---|-----|
| a) Staffing Update – Cynthia Coutee                   | YES |
| b) Credentialing Update – Cherry Violanda             | YES |
| c) HRSA Grants Update(s) – Noelle Soto                | YES |
| d) Grievances/Compliments – Pierce Leavell            | 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                        | NO  |
| i) QI Update – Han Yoon                               | YES |
| j) FHS Clinic Q-Matic Stats – Noelle Soto             | YES |

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- 6) **CHB FOLLOW-UP TO CLINIC QUALITY AND OPERATIONAL REPORTS**  
Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.
  
- 7) **HRSA PROJECT OFFICER REPORT**
  - a) Health Center HRSA Project Officer Update – Dona Weissenfels
    - i) Health Center Activities – Internal and External Update
    - ii) Strategic Plan Report Update
  
- 8) **BUSINESS GOVERNANCE**
  - a) Review and consider approval of the Quarterly Financial Report – Nina Delmendo
    - i) **ACTION ITEM:** The Board will consider approval of the Quarterly Financial Report
  
  - b) Review and consider approval of the Sliding Fee Scale Discount Program- Policy 100.03 – Whitney Hunter
    - i) **ACTION ITEM:** The Board will consider approval of the Sliding Fee Scale Discount Program
  
  - c) Review and consider approval of the revised 2025 Community Healthcare Board Calendar
    - i) **ACTION ITEM:** The Board will consider approval of the revised 2025 Community Healthcare Calendar
  
  - d) Review and consider approval of the Quarterly Quality Improvement Report – Han Yoon
    - i) **ACTION ITEM:** The Board will consider approval of the Quarterly Quality Improvement Report
  
- 9) **DISCUSSION**
  - a) Board Members will review and sign the Annual Bylaws, Appendix A, “Conflict of Interest” and “Oath of Confidentiality” forms.
  - b) Brown Act Rules regarding Board Member attendance at monthly meetings.
  
- 10) **BOARD MEMBER COMMENTS**
  
- 11) **CLOSED SESSION**
  - a) Project Officer/CEO Evaluation Overview/Training

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**12) ADJOURN: TO THE COMMUNITY HEALTHCARE BOARD MEETING OF:**

DATE: March 19, 2025  
TIME: 12:00 pm – 2:00 pm  
LOCATION: Multi-Purpose Room  
2201 Courage Drive  
Fairfield, CA 94533



**County of Solano**  
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**REGULAR GOVERNING BOARD MEETING MINUTES**

Wednesday, January 15, 2025  
In Person Meeting

**Members Present:**

At Roll Call: Michael “Mike” Brown, Etta Cooper, Marbeya Ellis, Gerald Hase, Deborah Hillman, Seema Mirza, Tracee Stacy, and Brandon Wirth.

**Members Absent:** Ruth Forney, Charla Griffith, Rovina Jones, Anthony Lofton, Don O’ Conner, Annabelle Sanchez, and Sandra Whaley.

**Staff Present:** Cynthia Coutee, Dr. Bela Matyas, Dr. Michele Leary, Dr. Reza Rajabian, Emery Cowan, Han Yoon, Kelly Welsh, Nina Delmendo, Noelle Soto, Pierce Leavell, Rebecca Cronk, Whitney Hunter, Danielle Seguerre-Seymour, and Katreena Dotson.

- Tracee Stacy asked about the Board Member status for Anthony Lofton and what is stated in the Bylaws about resigning. Mike Brown mentioned that Anthony had moved and would attempt to make contact.

**1) Call to Order – 12:05 PM**

- a) Welcome
- b) Roll Call

**2) Approval of the January 15, 2025, Agenda**

Discussion: None.

Motion: To approve the January 15, 2025, Agenda.

Motion by: Deborah Hillman and seconded by Etta Cooper.

Ayes: Michael “Mike” Brown, Etta Cooper, Marbeya Ellis, Gerald Hase, Deborah Hillman, Seema Mirza, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: None.

Motion Carried.

**3) Public Comment**

- None.



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**Regular Calendar**

**4) Approval of Minutes**

Approval of the December 18, 2024, draft Minutes.

Discussion: None.

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

Motion by: Brandon Wirth and seconded by Deborah Hillman.

Ayes: Michael "Mike" Brown, Etta Cooper, Gerald Hase, Deborah Hillman, Seema Mirza, Tracee Stacy, and Brandon Wirth.

Nays: None.

Abstain: Marbeya Ellis.

Motion Carried.

**5) Clinic Operations Reports**

a) **Staffing Update** — Cynthia Coutee (*Please reference the "FHS Staffing Update – January 15, 2025, 2024"*)

- Cynthia reported that Family Health Services (FHS) had two Dental Assistant (Registered) and two Physician Assistant candidates in background.
- She stated that interviews would be scheduled for Clinic Registered Nurse (RN) and Medical Assistant (MA). Cynthia added that the Licensed Clinical Social Worker (LCSW) classification was changed to Licensed Marriage and Family Therapist (LMFT) and interviews would be held soon.
- Cynthia mentioned that a current FHS Clinic RN transitioned from a full-time position to a part-time position, effective January 19, 2025; an "Extra-Help" Medical Records Technician, Senior, starting on January 20, 2025; as well as an MA who would start on January 22, 2025.
- She also reported that an MA left FHS and an Office Supervisor retired, both effective on December 28, 2024.
- Tracee Stacy referred to the report and asked what OMM was. Dr. Michele Leary stated that is was Osteopathic Manipulative Medicine specialty provider.

b) **Credentialing Update** — Dr. Bela Matyas – (*Please reference the "FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – January 2025"*)

- Dr. Matyas reported that in December 139 providers were screened, with no exclusions found.
- There were no questions from the Board.

c) **HRSA Grant Update(s)** — Noelle Soto – (*Please reference the "Health Resources and Services Administration (HRSA) Grant Updates – January 15, 2025"*)

- Noelle announced that Family Health Services (FHS) was continuing to prep for the end of year Uniform Data System (UDS) Report and the Ryan White Services Report (RSR), both due in February.
- Tracee Stacy mentioned that she communicated with another County program and asked if FHS would collaborate to provide AIDS education and resources to Ryan White patients. Noelle



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confirmed that FHS does participate with said program during specific events and outreach, but explained that the purpose of the grant is to provide HIV clinic care.

- d) **Grievances/Compliments** — Rebecca Cronk (*Please reference the “Grievance Reports, April-December 2023 & January– December” and “Grievance Category Definitions”*)
- Rebecca informed the Board that seven grievances were filed in December. She referred to the “Grievance Category Definitions” handout and stated that the complaints fell in the “Quality of Care” category. Examples included that a patient felt that the provider was rude and a patient reported that they were not given the proper treatment. Rebecca stated that Quality of Care grievances are given to Dr. Michele Leary to research and ensure provider(s) gave proper care and followed protocol. Dr. Matyas mentioned that complaints about “not given proper medication” is because a provider would not continue to provide narcotics to a patient with an addiction.
- e) **H&SS Compliance** — Dr. Bela Matyas (*“FHS Compliance Incident Report Tracking, December 1-December 31, 2024”*)
- Dr. Matyas stated that there was a complaint filed by a current FHS employee, for an alleged privacy breach by a former FHS employee. The complaint was investigated and determined to be false.
  - He also reported that a current FHS employee lost their County-issued cell phone. Dr. Matyas added that the phone was locked, so no information can be accessed from the device.
  - There were no questions from the Board.
- f) **Finance & Revenue Cycle Management** — Nina Delmendo and Whitney Hunter (*Please reference the Operations Report – Finance December 2024: “Solano County Expenditure and Revenue Report FHS – December 2024” and Operations Report – Revenue Cycle Report – December 2024: “Solano County FHS Revenue Cycle Report – Total Encounters – Through December 31, 2024”*)
- Finance Report
- Nina Delmendo reported that as of December, half of the (fiscal) year had passed, as the Fiscal Team continues to work on the Mid-Year Budget that will provide a better idea of where FHS expects to finish. She mentioned that the “Contracted and Other Professional Services” (page 2 of the “Solano County Expenditure and Revenue Report”) was a category that is affected due to the FHS clinics having provider vacancies and utilizing Barton & Associates to bring in Locum Tenens.
  - Tracee Stacy mentioned that the “Salaries – Regular” actuals were low, while the “Salaries – Extra Help” and “Salaries – OT/Callback/Standby” actuals were high. Nina and Dr. Matyas explained that factors of a staffing shortage, numerous vacancies, hiring Barton contractors, and with the hiring of the Medical Records Technician, Senior (Extra-Help), the deficits reflected in the report should balance and there was no concern about the hiring budget.
  - Tracee also asked about the “Countywide Administration Costs”. Nina stated that the item was a once-a-year payment. She informed the Board that she can provide a breakdown of how the funds are allocated to various departments.
- Revenue Cycle Report
- Whitney Hunter reported that scheduling in October was at 50%, November increased to 75%, and FHS was back to 100% at the end of December. Encounters were gradually returning to pre-Epic levels. Dr. Matyas added that the \$4M deficit was due to the Epic transition, equating to 14,000+ missed encounter opportunities.
  - Mike Brown asked if the encounters will be affected when Donald Trump takes office. Dr. Matyas stating that the new administration would not affect clinic operations unless Centers for



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Medicare & Medicaid Services (CMS) changes federal funding for Federally Qualified Health Centers (FQHC) like FHS. He mentioned that the clinics experienced a drop in the Hispanic and Latin population during Trump's first term and may experience that again during his current term. Dr. Matyas added that it would be important to do outreach to those patients, ensuring that care will be provided without consequence.

- Brandon Wirth asked if the encounters would increase due to appointment times or having additional provider(s). Dr. Matyas stated that both are factors. He explained that encounters would increase by recruiting more County providers, assist incoming providers with navigating the Epic system, improving scheduling, reducing no-show rates by providing appointment reminders, and implementing Dax Co-Pilot for more efficient patient records. He anticipates that be next fiscal year all initiatives will be in place to increase encounters. Currently there are 10 visits per provider, per day, but target is 14 visits. Brandon asked who is overseeing and evaluating the initiatives. Dr. Matyas stated that Han Yoon and the QA/QI Team, Dr. Michele Leary and Dona Weissenfels are monitoring and evaluating the progress.
  - Deborah Hillman inquired about those patients that are not tech-savvy and have trouble navigating the Patient Portal and asked who can assist. Dr. Matyas assured the Board that the FHS Call Center representatives can walk patients through the online process. He also mentioned that calls are taking four times longer because they are assisting patients. In the next six months, Dr. Matyas is hoping to provide tablets in the clinics to further assist with the technology aspect. Tracee added that they were County agencies that received funds that were invested into technology and devices to assist the community with trainings and information. She stated that she can provide contacts.
- g) **Referrals Report** — Cynthia Coutee (*Please reference the "Family Health Services Referrals – Time Period December 2024"; "Five Day History Dashboard – Starting Number of Referrals/Authorization Records/Records Removed, December 30 – January-3-2025" and "Solano County Family Health Services – Referrals Productivity Level Between 12/1/24 to 12/31/24"*)
- Cynthia reported that in December there were 899 referrals, including 754 for Adult, 145 for Pediatric, and 394 specialty referrals. She explained that when the report was created (December 9th), there were 547 active referrals and 1847 were deferred, pending Specialist Consultation Notes. As of January 15, 2025, there were 902 referrals in que, 725 active and 2073 referrals deferred.
  - Tracee Stacy asked how to close the loop on referrals between other agencies that also utilize Epic. Dr. Michele Leary explained that there is a process that the QA Team is working on currently to ensure that referrals are formally closed before tracking and report pulling features can be used in Epic.
- h) **OCHIN EPIC Update(s)** — Dr. Bela Matyas (*Please reference the "OCHIN Epic Status"*)
- Dr. Matyas reported that the Epic implementation is complete, but there is fine tuning that will be ongoing. Scheduling, referral tracking, etc. are priority focused. He stated that all sites are at 100% open schedules and FHS requested with Partnership Healthplan of California (PHC) to allow the Fairfield Adult clinic to new accept new patients.
  - Dr. Matyas also mentioned that Epic visited the FHS Dental Clinics in December and will be visiting with medical clinics at the end of January, to offer additional support. NetraVine's Senior IT Project Manager, Lindsey Fritsch will continue to assist with IT issues through March 2025.
  - Dr. Matyas provided an update on the Dax Co-Pilot project, stating that the software would assist providers with more accurate patient transcribing. It was being passed through the County for



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various approvals, but he expected to have protocol ready for Board approval at the February 19th CHB meeting.

- Dr. Matyas mentioned that Welcome Tablets for the clinic waiting rooms are to improve connectivity to the patients and the FHS system is still in progress but expects to be running in Spring 2025. He finished his report by stating that the focus is improving scheduling and provider utilization, increasing encounters and number of patients seen, as well as quality of care, which is being monitored by the QA/QI Team.
- Tracee Stacy asked about marketing and incentivizing to bring in new clients. Dr. Matyas clarified that PHC assigns patients to FHS. He stated that patients went from 22,000 to currently 30,000 and FHS does not have the staffing to take in more patients.
- Brandon Wirth asked about the Dax Co-Pilot protocol needing to be approved by the Board. Dr. Matyas explained that those types of Policies and Procedures (P&P) require Board approval. He added that Dax has an Artificial Intelligence (AI) component.
- i) **QI Update** – Han Yoon and Dr. Michele Stevens – *(Please reference the “Prescription for Play”)*
  - Han reported that Prescription for Play is a collaboration between the Lego Foundation and Moses Weitzman Health System. The goal is for providers and caregivers to encourage child development through play. Dr. Stevens presented the Prescription for Play PowerPoint.
  - Brandon Wirth, Mike Brown and Marbeya Ellis commented positively on the implementation and the benefits of play.
- j) **FHS Clinic Q-Matic Stats** – Noelle Soto – *(Please reference the “Clinic Metrics – Queue Management (Q-Matic) Stats – January 15, 2025”)*
  - Noelle Soto reported that the trend is as expected with the Epic transition, employee scheduled time off, holidays and illnesses, foot traffic has been light in all three clinics.
  - There were no questions from the Board.

### 6) CHB Follow-up to Clinic Quality and Operational Reports

Review, Follow-up & Action: CHB will provide feedback on reports, request additional information on quality and clinic operations reports & follow up on these requests.

- Seema Mirza agreed with Deborah Hillman about her previous comments about the new technology with Epic, and that the Patient Portal was difficult to navigate. She also expressed gratitude to the Call Center for assisting as needed. Dr. Matyas and Mike Brown assured the Board that the online portal is not a mandatory tool and that it is ok to call to schedule appointments.
- Marbeya Ellis commented on the “Quality of Care” grievances and appreciated the information and context given, clarifying how it related to the complaints.

### 7) HRSA Project Officer Report

a) Health Center HRSA Project Officer Update – Dr. Bela Matyas

i) Health Center Activities – Internal and External Update

#### Internal and External News:

- Dr. Matyas informed the Board that FHS goes through various audits. PHC is a managed care plan, with Medi-Cal patients, so clinic site audits are performed. PHC reviews medical records and system billing to ensure accuracy, as well as on-site review. He stated that Vacaville and Fairfield Pediatrics were in the audit process. Cynthia Coutee added that due to holidays and time off, PHC granted an extension for FHS to submit documentation by the end of January.
- Dr. Matyas reiterated that the Epic Team was visiting clinics to provide support, as needed.





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- Dr. Matyas reminded the Board that FHS submitted a grant request through HRSA that would allow the Vallejo clinic to be operational on Saturdays. He reported that the request was denied due to funding not being available, adding that other health centers apply for the same grant. FHS will apply again, in the future.
- Dr. Matyas reported that FHS was negotiating a contract with an outside vendor to bring in two Chiropractors for three days in Vacaville, four days in Fairfield, and three days in Vallejo. The expectation is that the contract will be presented to the Board of Supervisors in February, to begin services in March. He elaborated that with that partnership, FHS would bring in a pain management service that would be highly utilized, as well as it being considered a “triggering event” so that FHS can request a rate change with the California Department of Health Care Services (DHCS). Dr. Matyas added that chiropractic services would not be provided in the Pediatric clinic because there is a stronger need for mental health services. FHS is in the process of hiring a Licensed Marriage and Family Therapist (LMFT), which would also be a “triggering event”. He explained that the rate change should provide at least \$4M annually.

**8) Business Governance**

At 1:14 pm, Chair Mike Brown announced that Board Member Deborah Hillman left the meeting, resulting in the Board not meeting quorum. Per Kelly Welsh, all remaining Agenda Items will be moved to the February 19, 2025, CHB Meeting. The meeting was adjourned at 1:25 pm.

- a) Review and consider approval of the Quarterly Financial Report – Nina Delmendo
- i) **ACTION ITEM:** The Board will consider approval of the Quarterly Financial Report.

Discussion: None.

Motion: None.

Motion by: None.

Ayes: None.

Nays: None.

Abstain: None.

- b) Review and consider approval of the Sliding Fee Scale Discount Program – Policy 100.03 – Whitney Hunter
- i) **ACTION ITEM:** The Board will consider approval the Sliding Fee Scale Discount Program.

Discussion: None.

Motion: None.

Motion by: None.



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Ayes: None.

Nays: None.

Abstain: None.

c) Review and consider approval of the 2025 Community Healthcare Board Calendar

i) **ACTION ITEM:** The Board will consider approval of the 2025 CHB Calendar.

Discussion: None.

Motion: None.

Motion by: None.

Ayes: None.

Nays: None.

Abstain: None.

**9) Discussion**

- a) Board Members will review and sign the Annual Bylaws, Appendix A, “Conflict of Interest” and “Oath of Confidentiality”
  - No Board Member comments due to early adjournment.

**10) Board Member Comments**

- No Board Member comments due to early adjournment.

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

**DATE:** February 19, 2025  
**TIME:** 12:00 PM — 2:00 PM  
**Location:** Multi-Purpose Room  
2101 Courage Drive  
Fairfield, CA 94533

**12) Closed Session**

- a) Project Officer/CEO Evaluation Review
  - No Board Member comments due to early adjournment.



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Handouts in the Agenda Packet:

- CHB January 15, 2025 Meeting Agenda
- CHB December 18, 2024, draft Meeting Minutes
- Clinic Operations Report – FHS Staffing Update – January 15, 2025
- Clinic Operations Report – FHS Credentialing, Provider Enrollment and Sanctioning Screening Activities – Status Report – January 2024
- Clinic Operations Report – Health Resources and Services Administration (HRSA) Grant Updates – January 15, 2025
- Clinic Operations Report – Grievance Reports, April-December 2023 & January–December 2024” and Grievance Category Definitions
- Clinic Operations Report – FHS Compliance Incident Report Tracking, December 1- December 31, 2024
- Clinic Operations Report – Finance December 2024 – Solano County Expenditure and Revenue Report FHS – December 2024
- Clinic Operations Report – Revenue Cycle Report – December 2024 – Solano County Family Health Services Revenue Cycle Report – Total Encounters Through December 31, 2024
- Clinic Operations Report – Family Health Services Referrals – Time Period December 2024
- Clinic Operations Report – Five Day History Dashboard – Starting Number of Referrals/Authorization Records/Records Removed, December 30 – January-3-2025
- Clinic Operations Report – Solano County Family Health Services – Referrals Productivity Level Between 12/1/24 to 12/31/24
- Clinic Operations Report – OCHIN Epic Status
- Clinic Operations Report – Prescription for Play
- Clinic Operations Report – Clinic Measures – Queue Management (Q-Matic) Status, January 15, 2025
- Strategic Plan – Goal 6: Dental Expansion
- Quarterly Financial Report – December 2024
- Sliding Fee Scale Discount Program – Policy 100.03
- Family Health Services – Community Healthcare Board 2025 Annual Calendar - Revised Draft

# **Community Healthcare Board**

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

### **a) Staffing Update**

# Community Health Care Board

## Family Health Services Staffing Update

CHB Meeting Date: February 19, 2025

Number of Active Candidates - County
*Dental Assistant (Registered) - 1 *Physician Assistant - 1

Number of Active Candidates - Touro
*Clinic Physician (OMM) - 1 *Physician Assistant - 1

Number of Active Candidates - Locum Tenens
*Chiropractor - 1

Number of Active Candidates - Volunteer
*None*

Open County Vacancies
Clinic Physician (Board Cert) - 1 Clinic Physician (Board Cert) <b>Extra Help</b> - 1 Clinic Physician Supervisor - 1 ( <b>Requisition PENDING</b> ) Clinic Registered Nurse - 3 Dental Assistant (Registered) - 1 Dentist - 1 Health Education Specialist <b>Extra Help</b> - 2 Health Services Manager, Senior - 1 Licensed Marriage & Family Therapist - 2 Medical Assistant - 6 Nurse Practitioner/Physician Assistant - 3 Nurse Practitioner/Physician Assistant <b>Extra Help</b> - 1 Office Supervisor - 1

Interviews in Progress
*Clinic Health Services Mgr, Senior - TBD *Clinic Registered Nurse - 02/26/2025 & 02/27/2025 *Dentist - 02/28/2025 *LMFT - 02/13/2025 *Medical Assistant - 02/21/2025 *Office Supervisor - TBD

Expected New Hires + Recently Hired Staff
*Clinic Physician - Touro OMM - Start Date: 02/25/2025 *Dental Assistant (Registered) Start Date: 02/17/2025

Vacancies/Departures
*Medical Assistant - Eff 02/03/2025

# Community Healthcare Board

## 5) Clinic Operations Reports:

### b) Credentialing Update

**FHS Credentialing, Provider Enrollment, & Sanction Screening Status Report**  
 FHS Community Healthcare Board  
 February 2025

**Sanction Screening**

	Sanction Screening Number Screened	Sanction Screening Exclusions Found
TOURO/FHS LOCUMS	18	0
H&SS FHS County Employees	122	0
<b>TOTALS:</b>	140	<b>0</b>

**Credentialing: 6 Re-Credentialing: 5**

	Number of Active Credentialing & Re-Credentialing (classification: #)	Partnership Provider Enrollment Numbers
TOURO	Physician Assistant: 2	Submitted to Partnership: Approved by Partnership: Pending Submission to Partnership: 2
FHS LOCUM	Nurse Practitioner: 1	Submitted to Partnership: 1 Approved by Partnership: Pending Submission to Partnership:
H&SS FHS County Employees & Candidates	Nurse Practitioner: 1 Registered Dental Assistant: 1 Physician Assistant: 2 Clinic Physician: 1 Medical Assistant: 3	Submitted to Partnership: 2 Approved by Partnership: 0 Pending Submission to Partnership: 2

**Enrollments, Re-Credentialing, & Re-Validations**

**Partnership – NEW Provider Enrollments Totals**

Pending Submission: 4 (2 Touro PA, 1 County NP, 1 County PA)

Submitted: 1

Pending Approval: 1

Approved:

**Partnership – Provider Re-Credentialing Totals**

Pending Submission: 0

Submitted: 2

Pending Approval: 2

Approved:

**Denti-Cal – Provider Revalidations**

None During this Reporting Period

**NPI Program/Site Revalidations**

None During this Reporting Period

**PAVE (Medi-Cal) and PECOS (Medicare)**

Upon Request

# Community Healthcare Board

## 5) Clinic Operations Reports:

c) HRSA Grants Update(s)



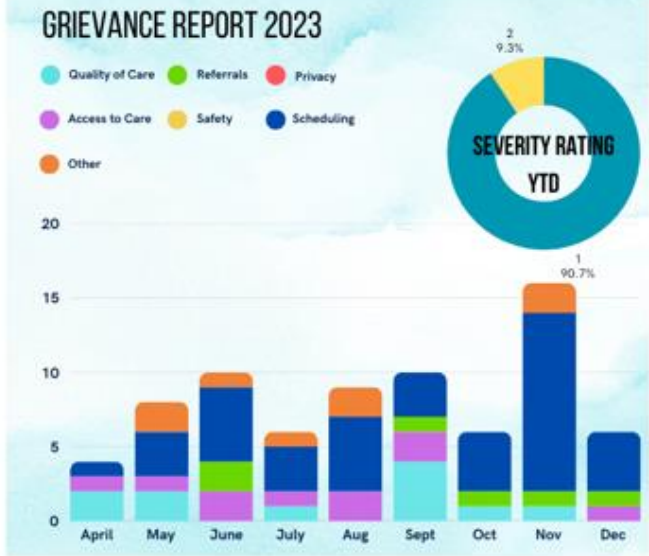
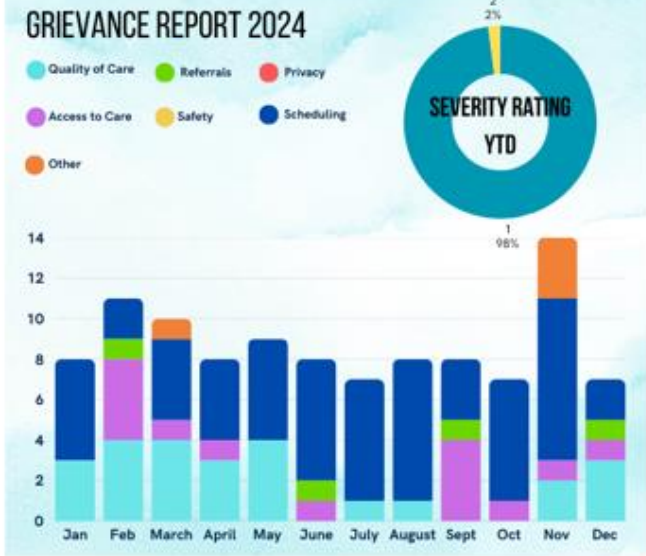
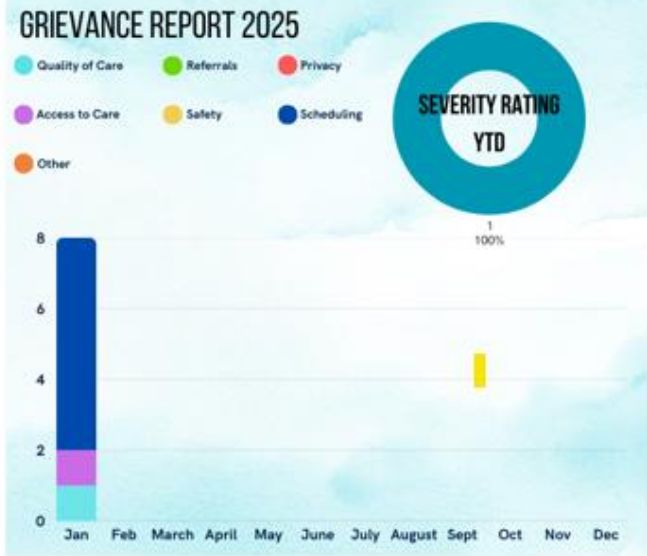
**Clinic Operations Report:** Health Resources and Services Administration (HRSA) Grant Updates

- Family Health Services (FHS) continues to prepare for and/or develop:
  - the 2024 Ryan White Services Report (RSR) for the deadlines of: Phase 1 on February 3<sup>rd</sup> (COMPLETE) and Phase 2 on March 31<sup>st</sup>.
  - the 2024 Uniform Data System (UDS) Report for its February 15<sup>th</sup> deadline through federal and state trainings.

# **Community Healthcare Board**

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

**d) Grievances/Compliments**



# **Community Healthcare Board**

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

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

**Family Health Services (FHS) Incident Report Tracking  
January 1 to January 31, 2025**

FHS Department (if applicable)	Compliance / Breach	Description (Basic Information/Activity)	Total Received
	Breach/Information Security Report	After Visit Summary containing PHI given to incorrect patient	1
			Total Privacy & Security Incidents January 2025 = 1

FHS Department (if applicable)	Category/(ies)	Description (Basic Information/Activity)	Total Received
	Lost/Damaged Property	Employee lost County issued cellphone	1
	Safety, Client	Medication error/ incorrect vaccine	1
			Total Other Incidents Reported January 2025 = 2

# **Community Healthcare Board**

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

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

**OPERATIONS REPORT - FINANCE**  
**JANUARY 2025**

**SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
JANUARY 2025**

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH JAN 2025		
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EXPENDITURES	Notations
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**Salaries & Benefits**

Salaries - Regular	16,306,079	6,583,071	40%	
Salaries - Extra Help	17,000	17,524	103%	
Salaries - OT/Callback/Standby	69,874	74,112	106%	
Staffing costs from other divisions (net amount)	133,070	54,965	41%	
Benefits	10,561,338	3,852,190	36%	
Accrued Leave CTO Payoff	20,000	115,448	577%	
Salary Savings	(2,789,326)	-	0%	
<b>Salaries &amp; Benefits Total</b>	<b>24,318,035</b>	<b>10,697,310</b>	<b>43.99%</b>	

**Services & Supplies**

Office Expense and Supplies	172,363	59,335	34%	Drinking water, household expenses, and trash services.
Communications	138,331	79,643	58%	
Insurance	1,000,703	415,809	42%	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	19,771	27%	Q-Matic. BioRad. Caltronics. Steris.Life Technologies. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	45,503	106,180	233%	Monthly charges for vehicles assigned to County Departments; personal mileage.



**SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
JANUARY 2025**

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH JAN 2025		
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EXPENDITURES	Notations
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**Services & Supplies (continued)**

Buildings - Maintenance, Improvements, Rent & Utilities	258,458	113,444	44%	PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	623,605	288,534	46%	Henry Schein. McKesson. TheraCom.
Controlled Assets & Computer Related Items	151,940	90,721	60%	Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	207,600	1,219,608	587%	JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	1,019,565	46,659	5%	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 >UHC Solutions (Recruitment services)
DoIT	2,152,500	702,842	33%	
Software & Maintenance or Support	690,031	215,499	31%	Budget includes the following: >Next Gen >OCHIN >Orchard Software
Professional Licenses & Memberships	27,871	5,056	18%	
Education, Training, In-State Travel, Out of State Travel	25,290	7,528	30%	
Other	69,758	519,671	745%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
<b>Services &amp; Supplies Total</b>	<b>6,657,298</b>	<b>3,890,299</b>	<b>58%</b>	

**SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
JANUARY 2025**

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH JAN 2025		
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EXPENDITURES	Notations
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**Other Charges**

Interfund Services - Professional	712,944	33,711	5%	County related charges for Sheriff services, building and grounds maintenance and custodial services.
Interfund Services - Accounting & Audit	-	202	0%	
Interfund Services - Other	64,285	1,494,967	2326%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	15,000	29	0%	Training for community health board members (originally NACHC CHI Expo conference attendance)
<b>Other Charges Total</b>	<b>792,229</b>	<b>1,528,909</b>	<b>193%</b>	

**Contracts/Client Support**

Contracted Direct Services	1,492,000	-	0%	Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers)
Client Support	22,700	16,142	71%	Client support transportation costs.
<b>Contracts/Client Support Total</b>	<b>1,514,700</b>	<b>16,142</b>	<b>1%</b>	

**Equipment**

Equipment	49,604	522,940	1054%	
<b>Equipment Total</b>	<b>49,604</b>	<b>522,940</b>	<b>1054%</b>	

**Administration Costs**

H&SS Administration	2,957,878	(0)	0%	
Countywide Administration	1,312,262	44,604	3%	
<b>Administration Costs Total</b>	<b>4,270,140</b>	<b>44,604</b>	<b>1%</b>	

<b>TOTAL EXPENDITURES</b>	<b>37,602,006</b>	<b>16,700,205</b>	<b>44%</b>	
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**SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
JANUARY 2025**

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH JAN 2025		
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<b>REVENUES</b>	<b>Notations</b>
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**Payer Revenues**

Payer Revenues	23,355,466	9,044,782	39%	Revenues from Medi-Cal, Partnership Capitation, Medicare and Private Pay (estimated payback not reflected)
<b>Payer Revenues Total</b>	<b>23,355,466</b>	<b>9,044,782</b>	<b>39%</b>	

**Federal/State Revenues**

1991 Realignment (Underinsured/Uninsured/PH Services)	1,386,906	693,453	50%	
Federal Direct - COVID (one time funding)	100,405	54,481	54%	Rollover for HRSA Capital Grant funds
Federal Grants	2,047,990	435,316	21.26%	Budget includes: >CHC Base grant >RWC
Federal Other	56,608	40,472	71%	\$1M Congressional earmark
American Rescue Plan Act (ARPA)	1,276,497	-	0%	ARPA funding for OCHIN EHR conversion
Other Revenue	1,617,600	141,235	8.73%	Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
<b>Program Revenues Total</b>	<b>6,486,006</b>	<b>1,364,956</b>	<b>21%</b>	

<b>TOTAL PAYER AND PROGRAM REVENUES</b>	<b>29,841,472</b>	<b>10,409,739</b>	<b>34.9%</b>	
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TOTAL EXPENDITURES vs TOTAL REVENUES				Notations
<b>TOTAL EXPENDITURES</b>	37,602,006	16,700,205	44%	
<b>TOTAL REVENUES</b>	29,841,472	10,409,739	35%	
<b>DEFICIT (SURPLUS)</b>	<b>7,760,534</b>	<b>6,290,466</b>	<b>81%</b>	
County General Fund	4,708,209	2,354,105		
<b>DEFICIT (SURPLUS) after CGF**</b>	<b>3,052,325</b>	<b>3,936,361</b>		

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

REVENUE CYCLE REPORT  
JANUARY 2025

**SOLANO COUNTY  
FAMILY HEALTH SERVICES  
REVENUE CYCLE REPORT  
TOTAL ENCOUNTERS\*  
Through January 31, 2025**

	Annual Target	Monthly Target	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	YTD Target Jan 2025 7 mths	Over (Shorfall)
<b>MEDICAL</b>																	
County Providers	46,688	3,774	1,915	1,736	1,085	1,239	1,328	1,628	2,131						11,062	25,453	(14,391)
Touro	4,364	364	383	319	208	213	230	226	225						1,804	2,548	(744)
Locum	1,453	230	446	433	378	430	461	387	500						3,035	1,991	1,044
<b>TOTAL MEDICAL</b>	<b>52,505</b>	<b>4,368</b>	<b>2,744</b>	<b>2,488</b>	<b>1,671</b>	<b>1,882</b>	<b>2,019</b>	<b>2,241</b>	<b>2,856</b>	-	-	-	-	-	15,901	29,992	(14,091)
<b>TOTAL MENTAL HEALTH</b>	<b>3,640</b>	<b>121</b>	<b>84</b>	<b>80</b>	<b>57</b>	<b>38</b>	<b>27</b>	<b>30</b>	<b>54</b>						370	847	(477)
<b>TOTAL DENTAL</b>	<b>19,900</b>	<b>1,547</b>	<b>1,321</b>	<b>1,223</b>	<b>1,035</b>	<b>910</b>	<b>916</b>	<b>1,140</b>	<b>1,297</b>						7,842	10,717	(2,875)
	<b>76,045</b>	<b>6,036</b>	<b>4,149</b>	<b>3,791</b>	<b>2,763</b>	<b>2,830</b>	<b>2,962</b>	<b>3,411</b>	<b>4,207</b>	-	-	-	-	-	24,113	41,556	(17,443)

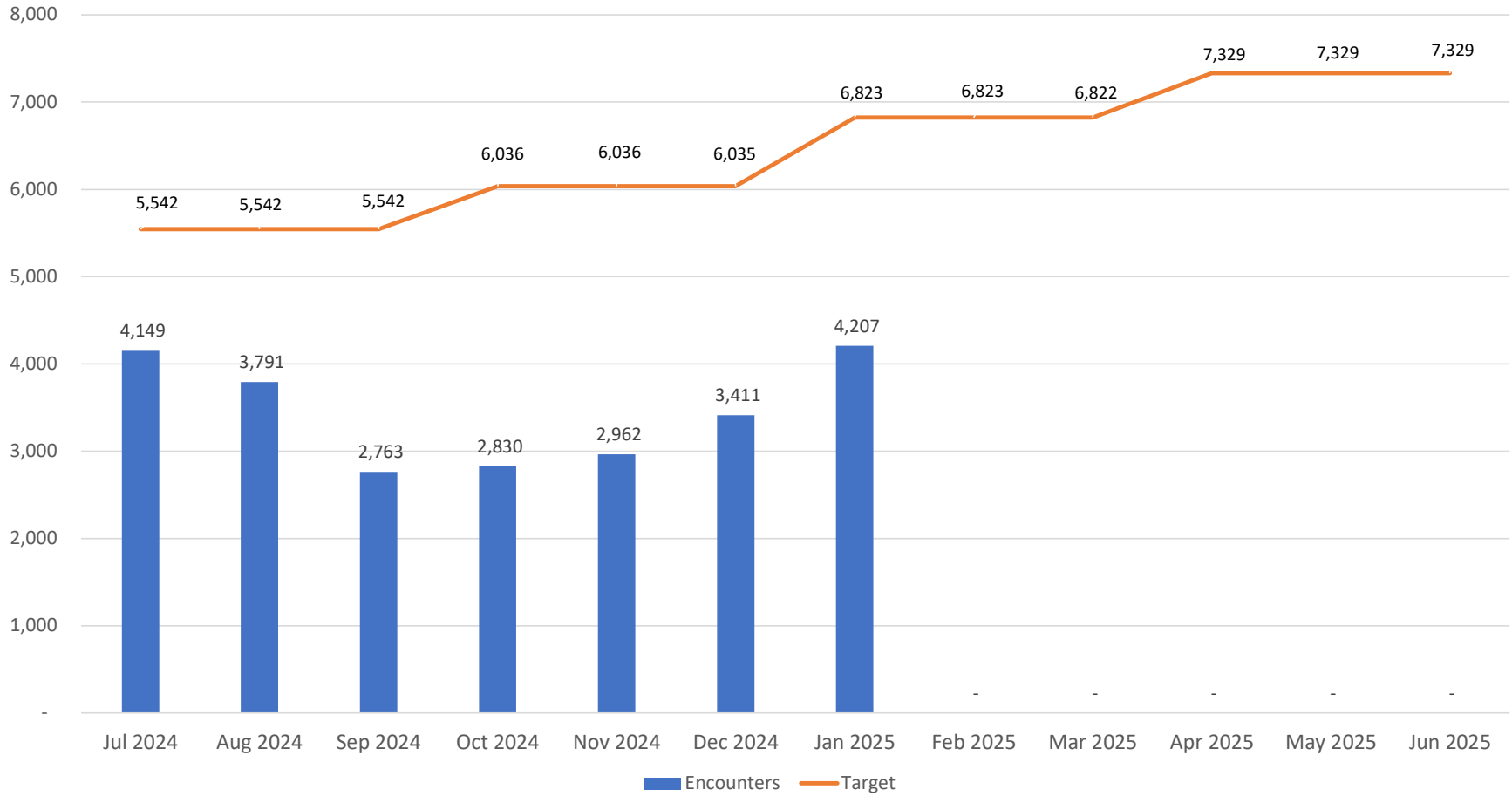
\* Open encounters not included. Targets based on Adopted Budget.

**DEFINITIONS**

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



# Community Healthcare Board

## 5) Clinic Operations Reports:

### g) Referrals



### Time Period January 2025

**Referrals 1264**

**Adult-1060    Pediatrics-204**

<b>Adult Specialty Referrals</b>	<b>Ordered</b>	<b>Peds Specialty Referrals</b>	<b>Ordered</b>
Cardiology	67	Audiology	14
Dermatology	81	Dermatology	23
Gastroenterology	112	Nutrition	14
Ophthalmology	161	Speech Therapy	12
Physical Therapy	76	Podiatry	10
<b>Total to Specialties: 570</b>			

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

The total number of referrals in the Workque as of February 13th was **991 referrals** with **2849** referrals deferred pending specialist consultation notes. Currently we are processing **30** days out.

We continue to work with the team to smooth out the referral process. January was challenging for referrals as staff fluctuated back and forth due to shortages. This month on February 22<sup>nd</sup> we will have a referral workday. It's our hope the team will have uninterrupted time to process referrals. We are also working on a project where Gastro and Ophthalmology referrals have been set to auto close. The team will be checking to see if the referrals are closing appropriately, and documents are attached. If this is working, then we can consider adding more referrals to auto close which will close the loop on many referrals reducing the manual labor for the referral team. The team has also been tasked with processing internal referrals. We are still working on the workflow to incorporate these referrals into the outgoing referral process, and we continue towards processing referrals within 10 days to meet our Partnership metric and to close the loop on referrals.

Respectfully Submitted,

*Cynthia Coutee*

Cynthia Coutee, Clinic Manager-Vacaville



# Community Healthcare Board

## 5) Clinic Operations Reports:

h) OCHIN EPIC Update(s)

**\*NO REPORT\***

# Community Healthcare Board

## 5) Clinic Operations Reports:

i) Quality Improvement Update

**Primary Care Provider Quality Improvement Program (PCP QIP) Report  
Solano County, Health & Social Services, Family Health Services  
As of December 31, 2024**

**TABLE OF CONTENTS**

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

- I. Clinical Quality

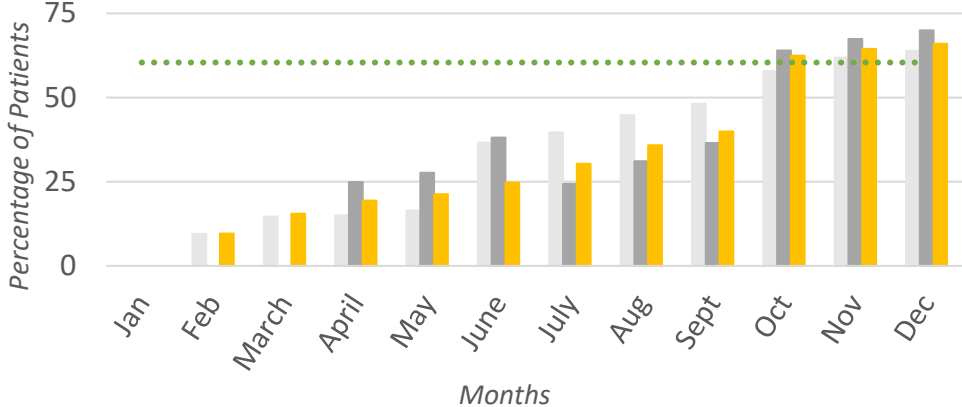
**I. CLINICAL QUALITY**

Terms Defined

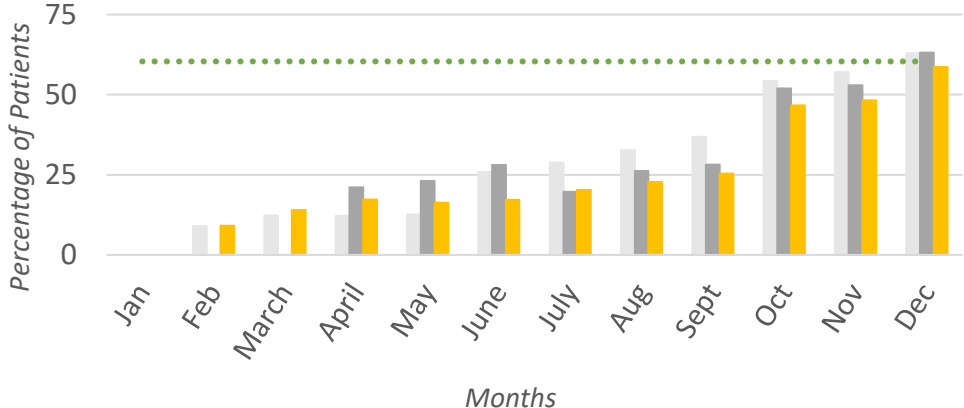
**Primary Care Provider Quality Improvement Program (PCP QIP)**- financial incentive program from Partnership HealthPlan of California to primary care providers for meeting specific performance thresholds. PCP QIP clinical measures look only at data for patients with Partnership HealthPlan of California insurance plans during calendar year 2024.

# PCP QIP Diabetes HbA1c Good Control

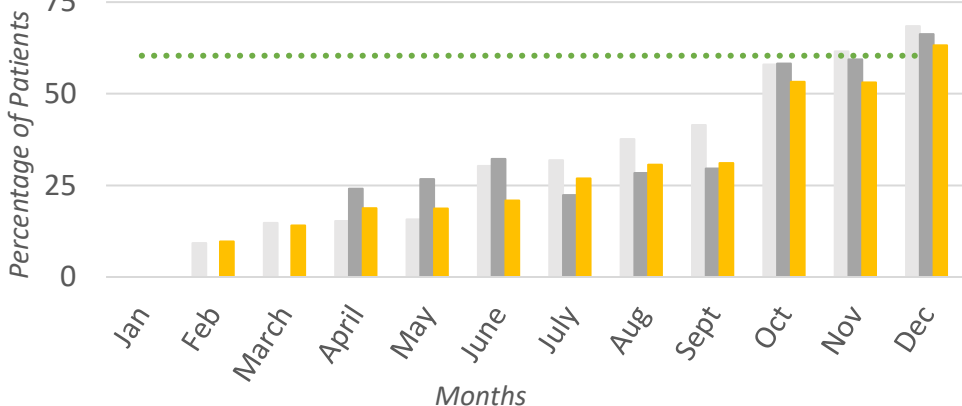
Fairfield Adult Clinic



Vallejo Clinic



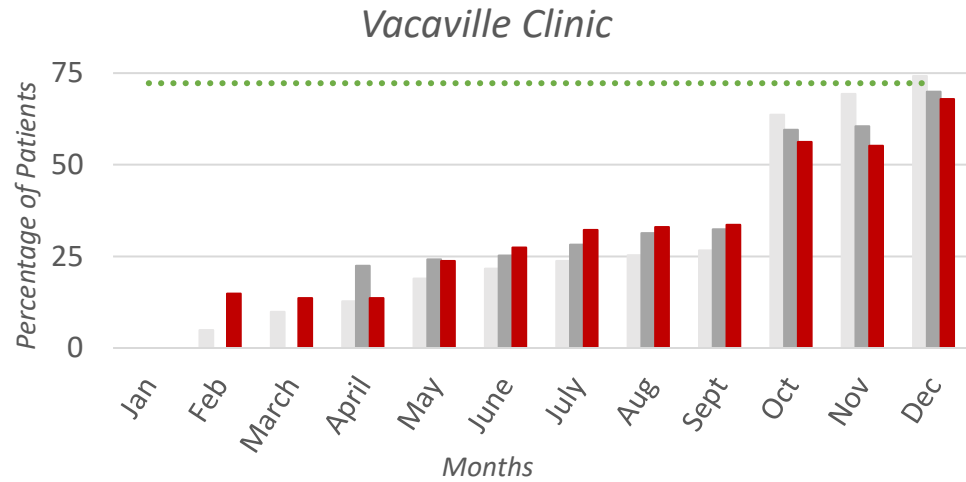
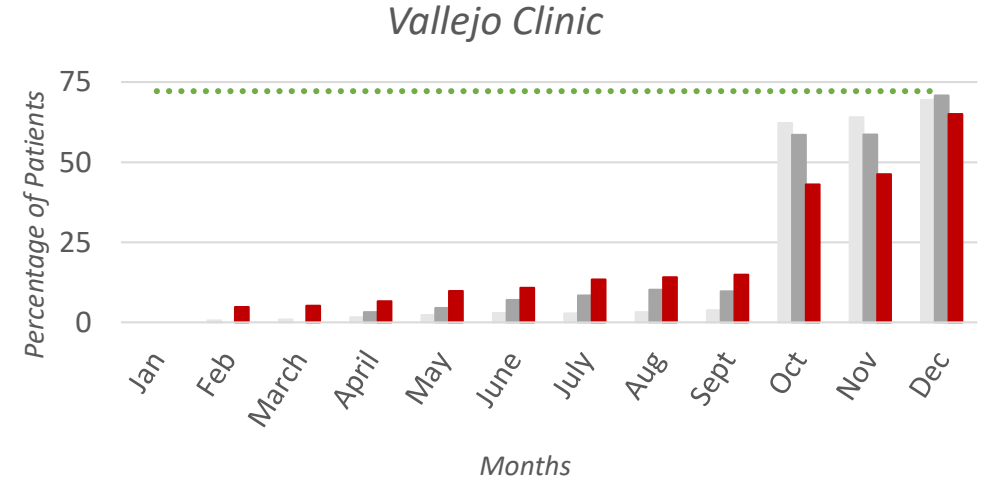
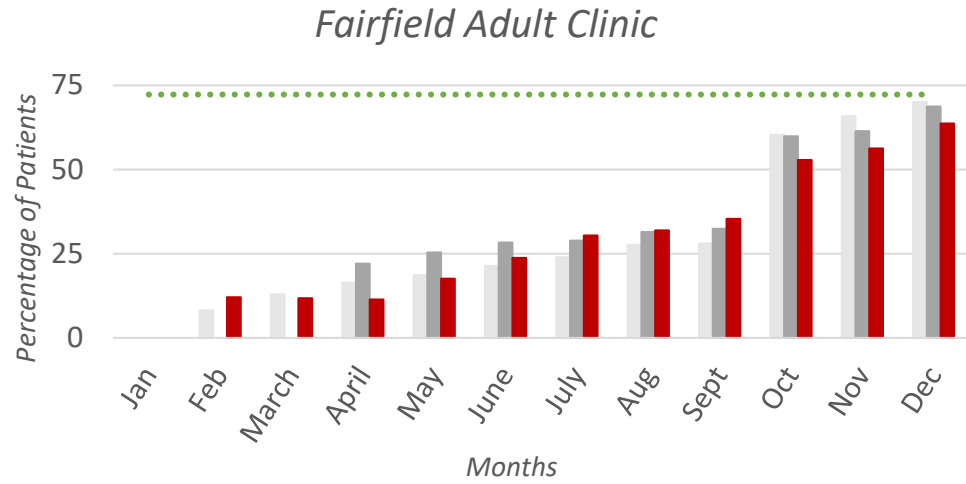
Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	65.98%	Target Met – over by 22	60.34%
Vallejo	58.58%	10	
Vacaville	63.22%	Target Met – over by 6	



# PCP QIP Controlling High Blood Pressure

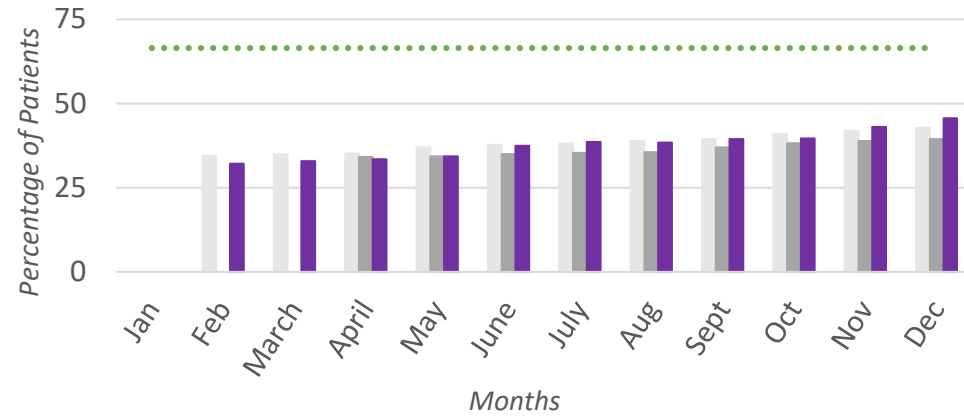


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	63.61%	26	72.22%
Vallejo	64.99%	35	
Vacaville	67.93%	8	

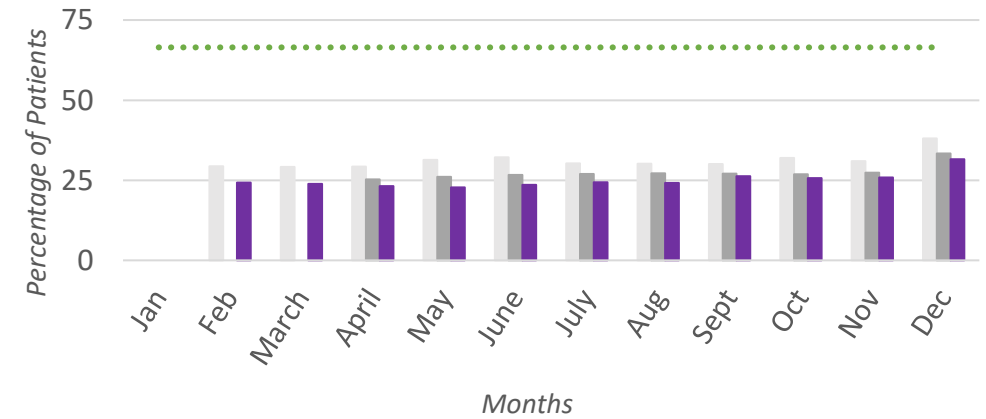


# PCP QIP Cervical Cancer Screening

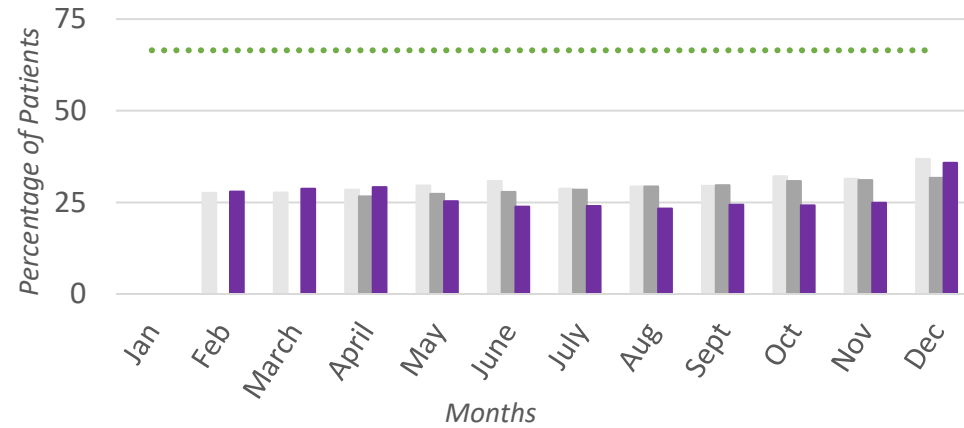
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

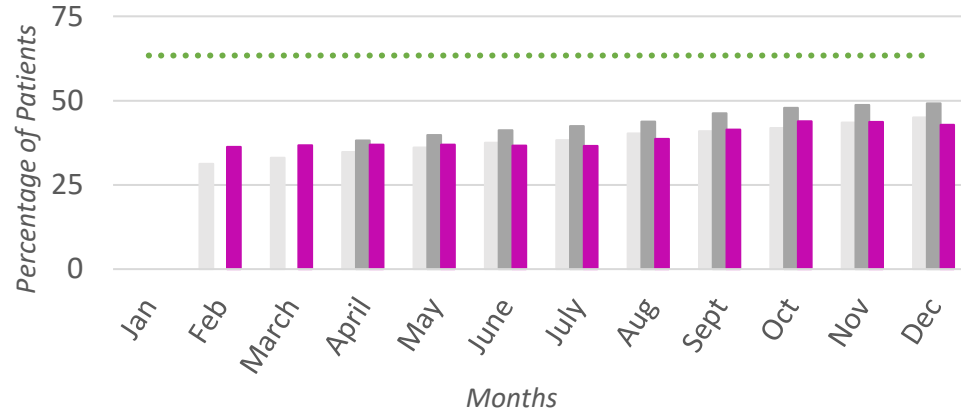


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	45.62%	279	66.48%
Vallejo	31.57%	997	
Vacaville	35.78%	280	

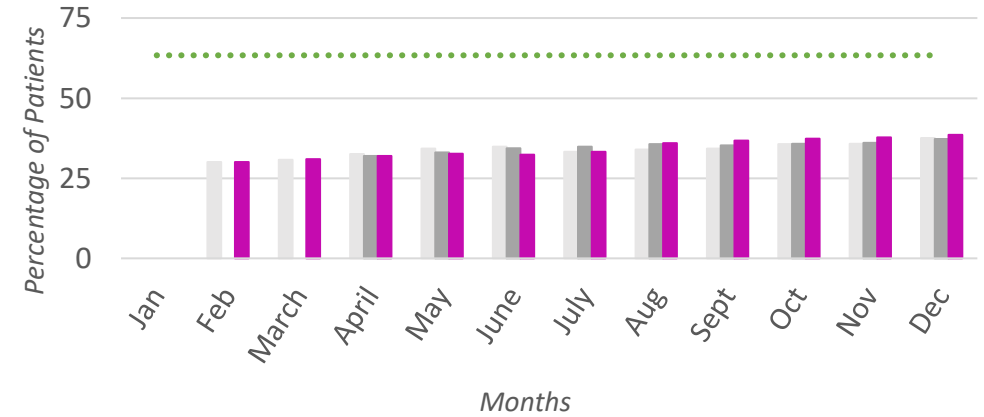


# PCP QIP Breast Cancer Screening

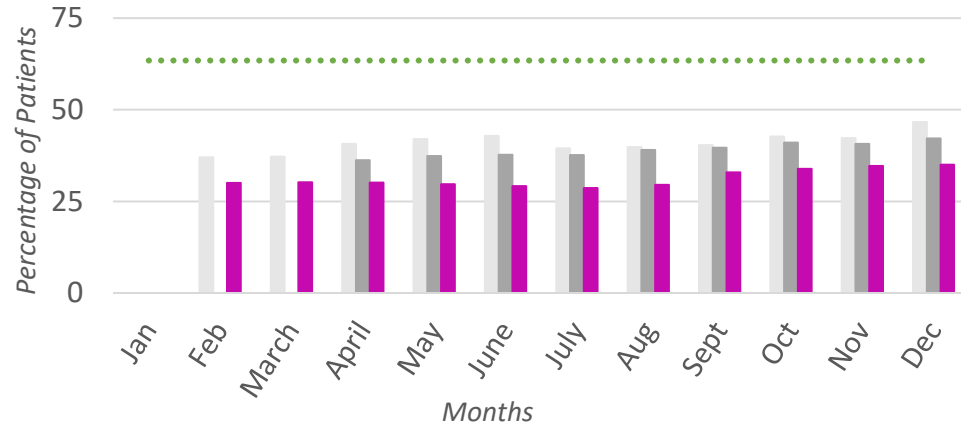
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

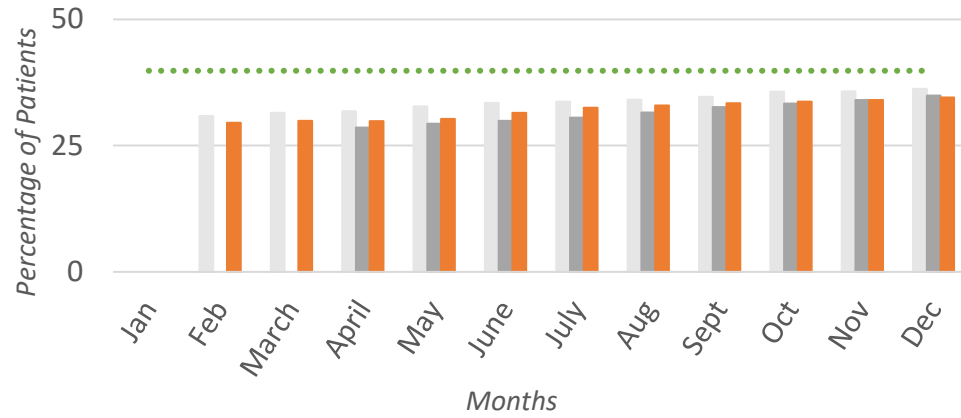


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	42.83%	92	63.37%
Vallejo	38.63%	138	
Vacaville	35.04%	78	

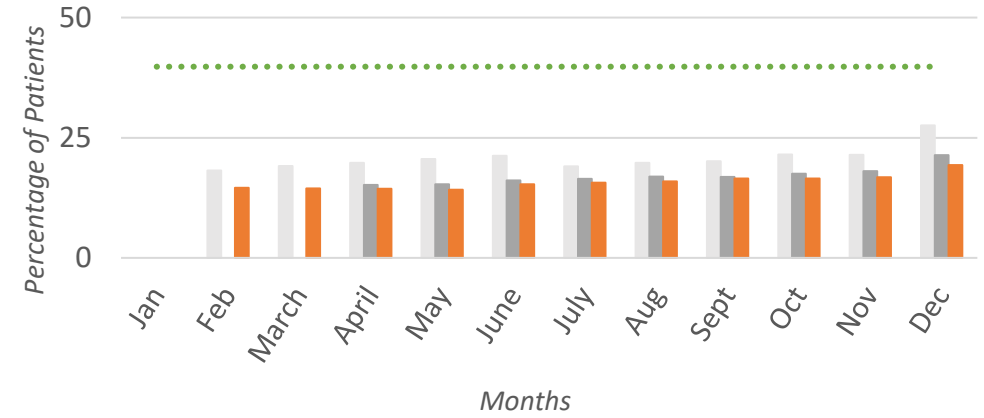
2022 2023 2024 Target

# PCP QIP Colorectal Cancer Screening

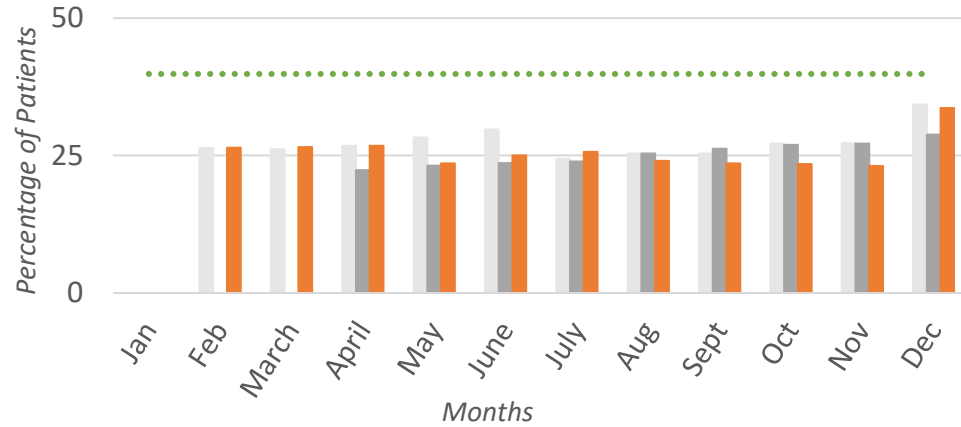
*Fairfield Adult Clinic*



*Vallejo Clinic*



*Vacaville Clinic*

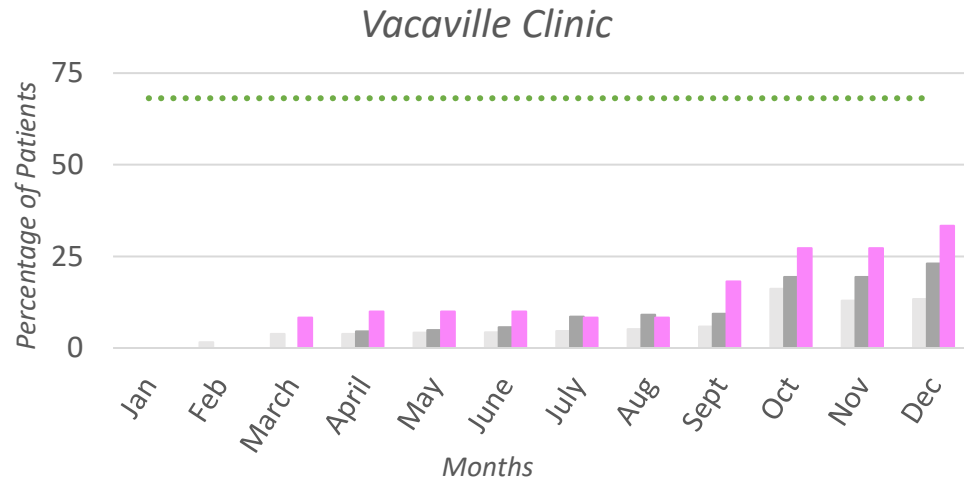
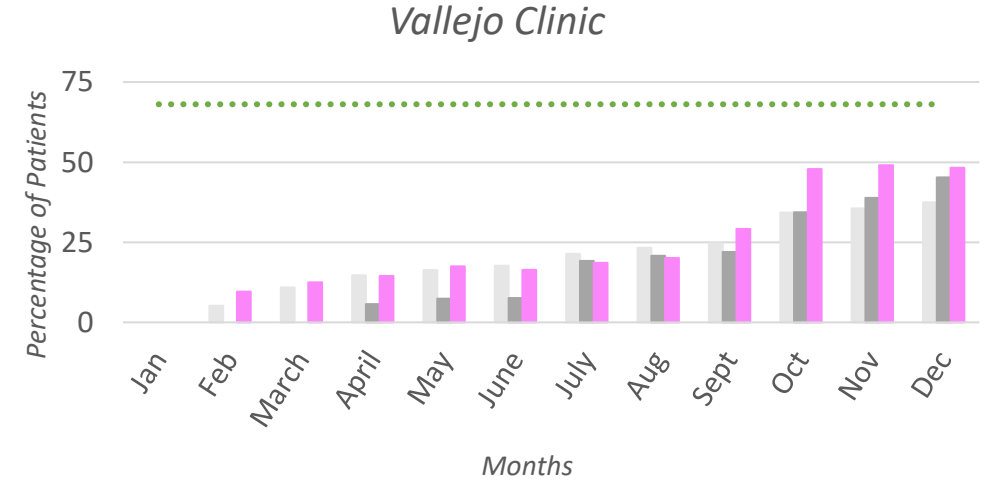
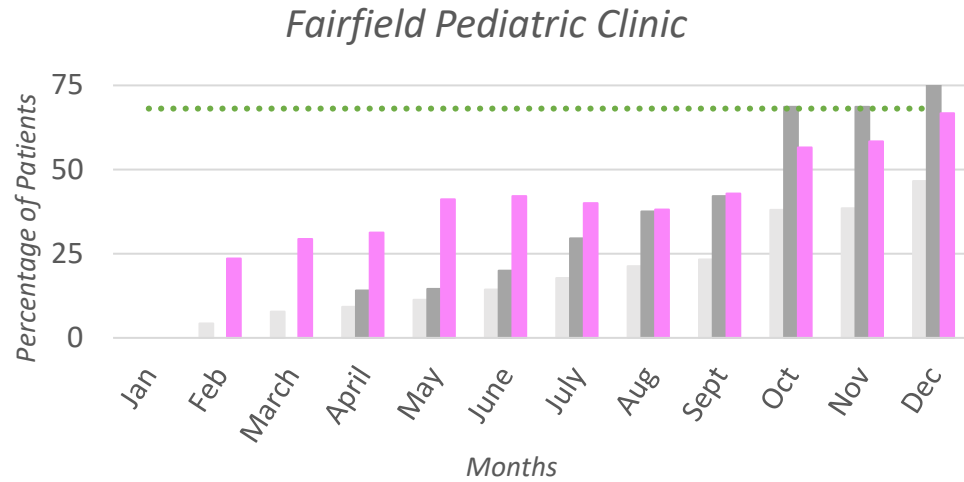


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (50 <sup>th</sup> Percentile)
Fairfield Adult	34.54%	66	39.81%
Vallejo	19.31%	479	
Vacaville	33.61%	53	





# PCP QIP Well Child First 15 Months

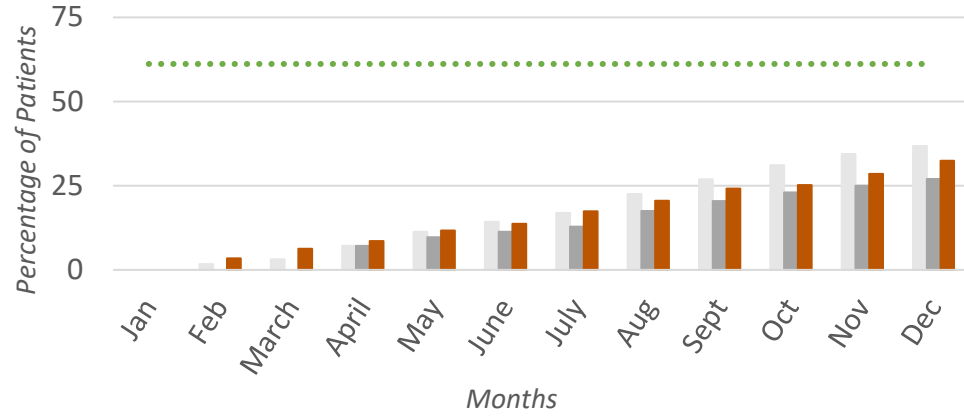


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	66.67%	1	68.09%
Vallejo	48.28%	29	
Vacaville	33.33%	4	

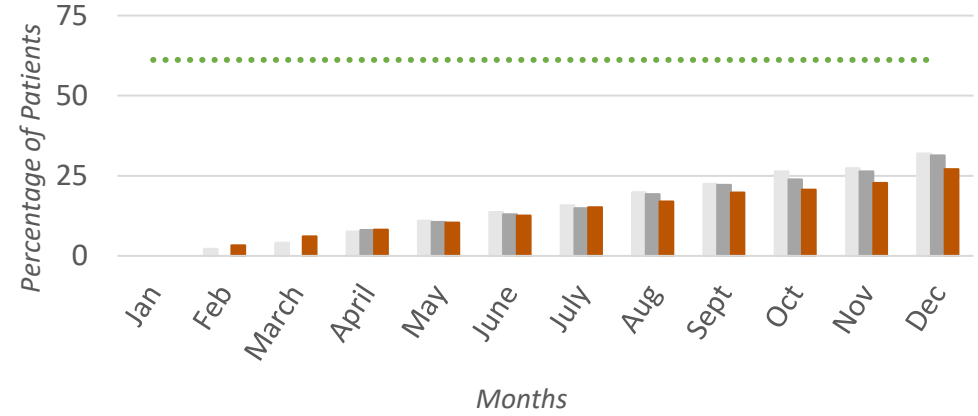


# PCP QIP Child and Adolescent Well Care Visits

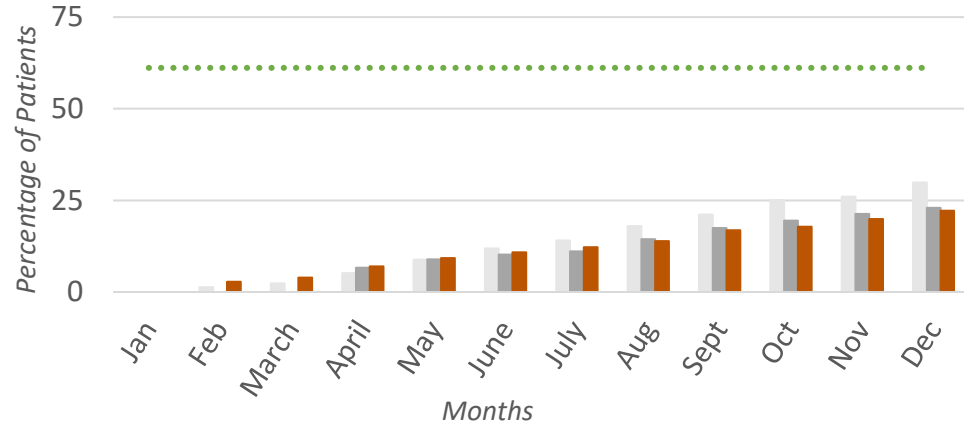
Fairfield Pediatric Clinic



Vallejo Clinic



Vacaville Clinic

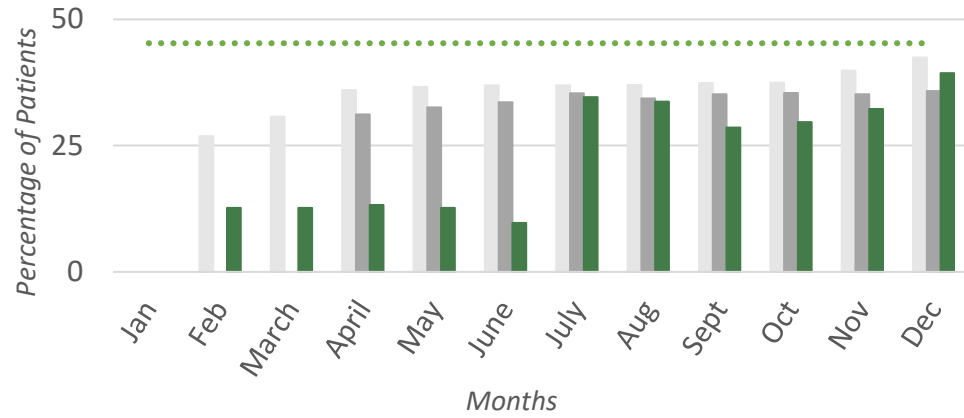


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	32.41%	663	61.15%
Vallejo	27.08%	945	
Vacaville	22.18%	308	

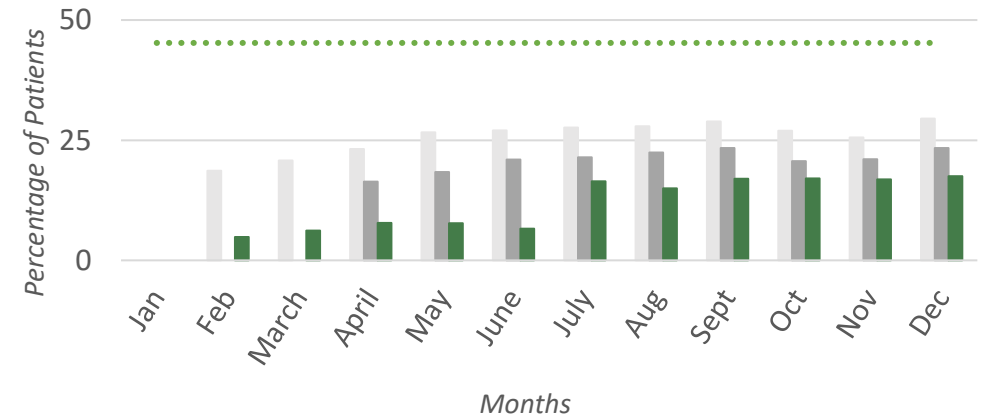


# PCP QIP Childhood Immunizations

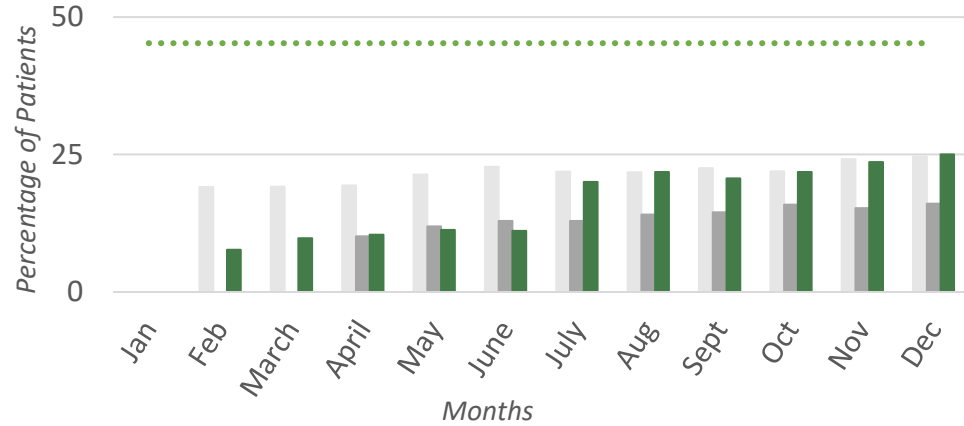
*Fairfield Pediatric Clinic*



*Vallejo Clinic*



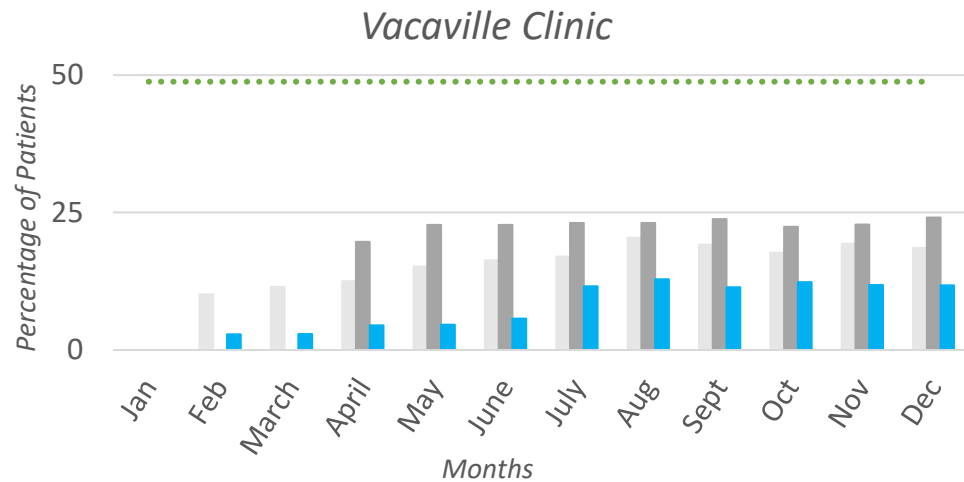
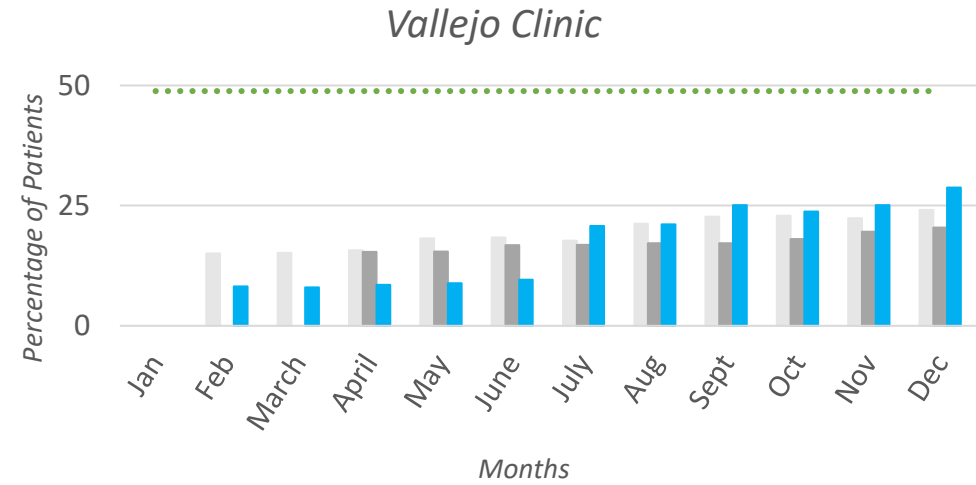
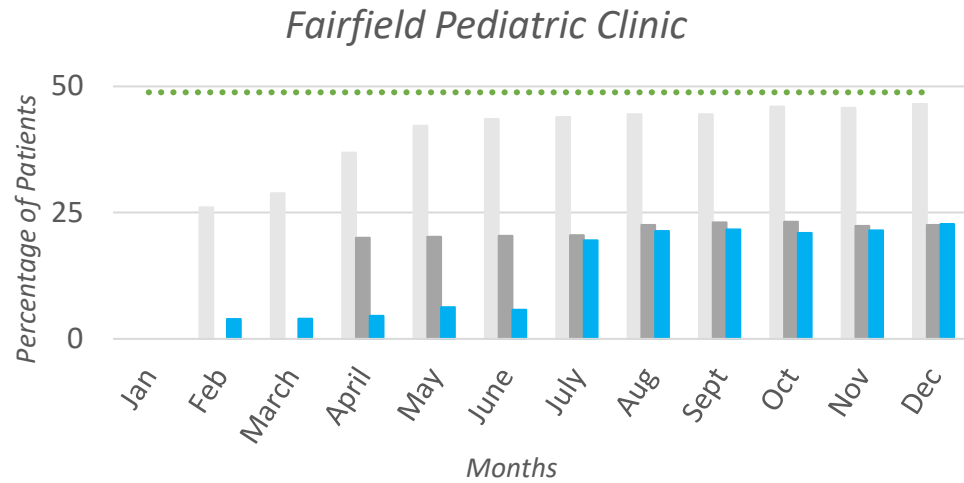
*Vacaville Clinic*



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	39.34%	4	45.26%
Vallejo	17.54%	48	
Vacaville	25.00%	9	



# PCP QIP Adolescent Immunizations

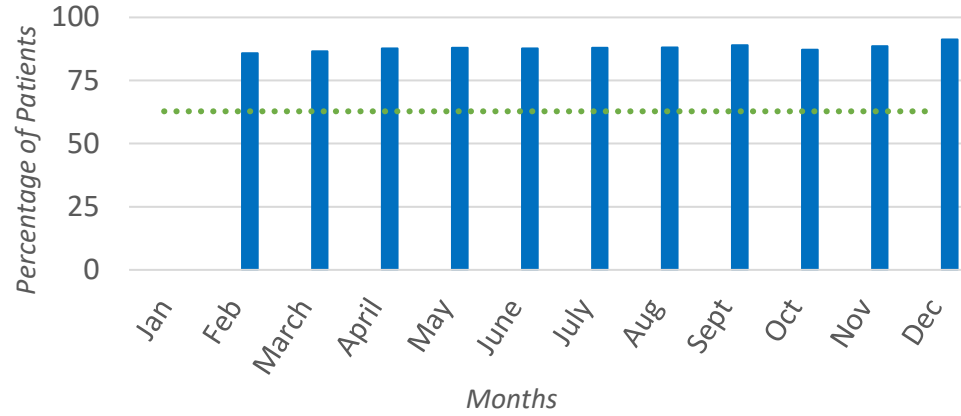


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	22.73%	41	48.80%
Vallejo	28.75%	33	
Vacaville	11.76%	19	

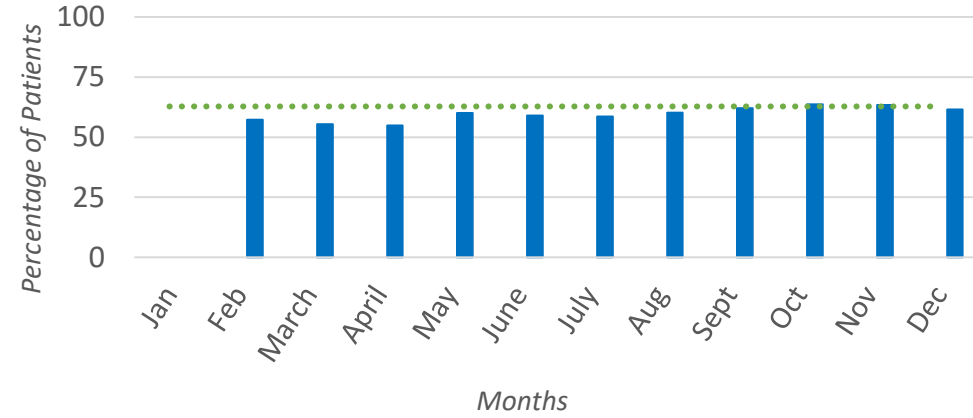
2022 2023 2024 Target

# PCP QIP Blood Lead Screening

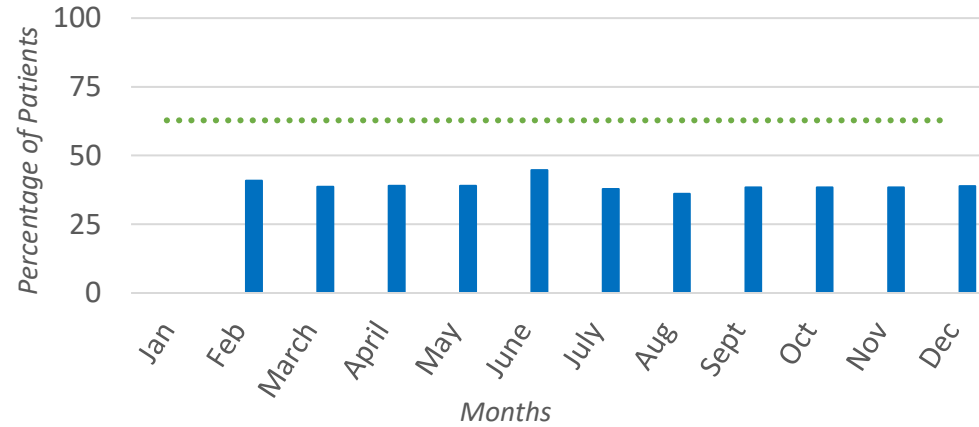
Fairfield Pediatric Clinic



Vallejo Clinic



Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (50 <sup>th</sup> Percentile)
Fairfield Pediatrics	91.23%	Target Met - over by 16	62.79%
Vallejo	61.54%	2	
Vacaville	38.89%	9	

■ 2024      ..... Target

# Community Healthcare Board

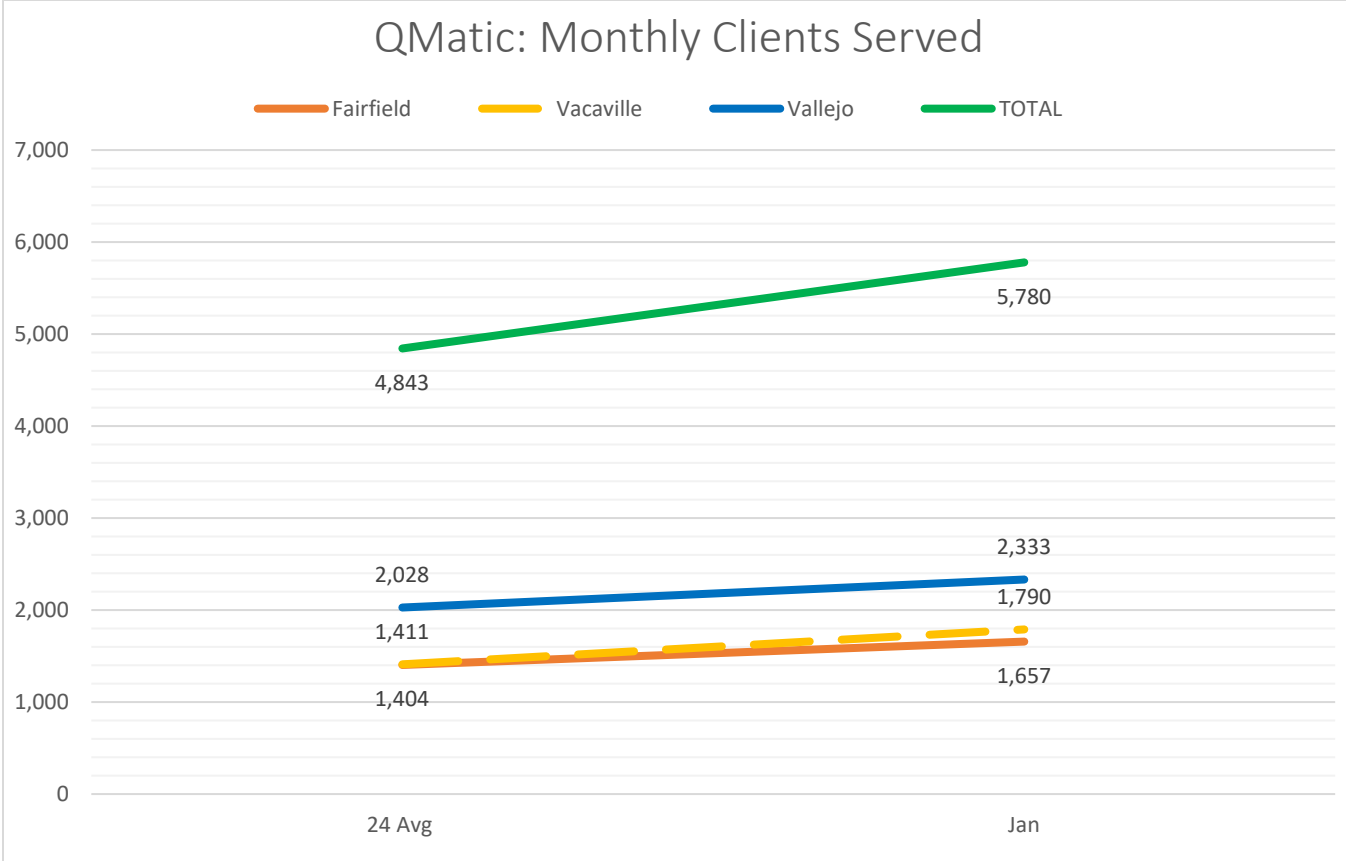
## 5) Clinic Operations Reports:

j) FHS Clinic Q-Matic Stats

**Clinic Operations Report:** Clinic Metrics

Queue Management (Q-Matic) Stats

Clinic Site	Clients Served	
	2024 Average	Jan
<b>Fairfield</b>		
Lab	93	101
Medical (Adult)	1,311	1,556
<b>Subtotal</b>	<b>1,404</b>	<b>1,657</b>
<b>Vacaville</b>		
Dental	589	723
Medical (Adult & Peds)	822	1,067
<b>Subtotal</b>	<b>1,411</b>	<b>1,790</b>
<b>Vallejo</b>		
Dental & Medical (Adult & Peds)	1,935	2,223
Lab	93	110
<b>Subtotal</b>	<b>2,028</b>	<b>2,333</b>
<b>TOTAL</b>	<b>4,843</b>	<b>5,780</b>





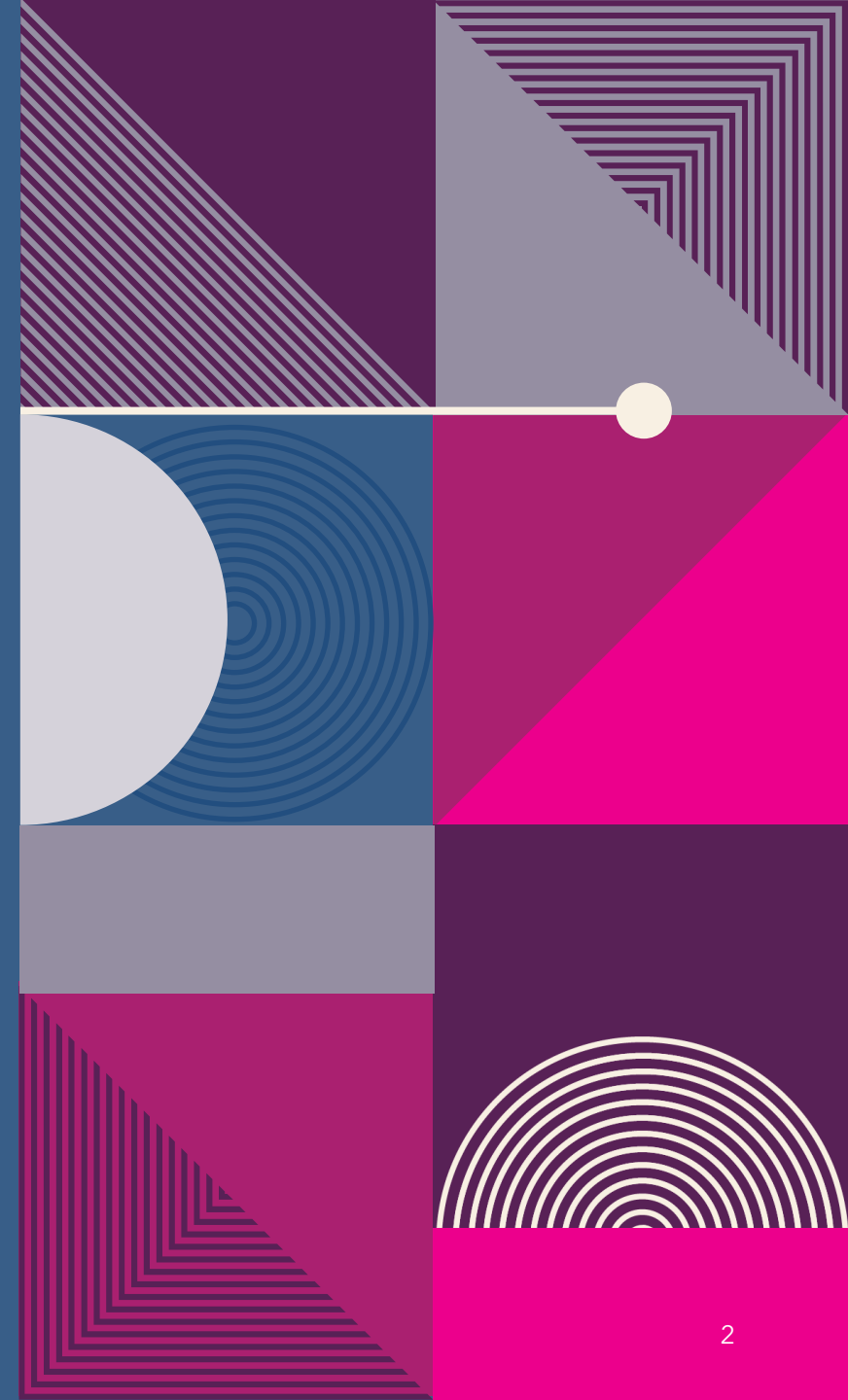
**STRATEGIC PLAN  
GOAL #6,  
DENTAL  
EXPANSION**



# FHS WILL EXPAND DENTAL SERVICES, 6.1

6.1 Objective: FHS Fairfield dental site will replace the outdated dental operatories (chairs) by June 2023

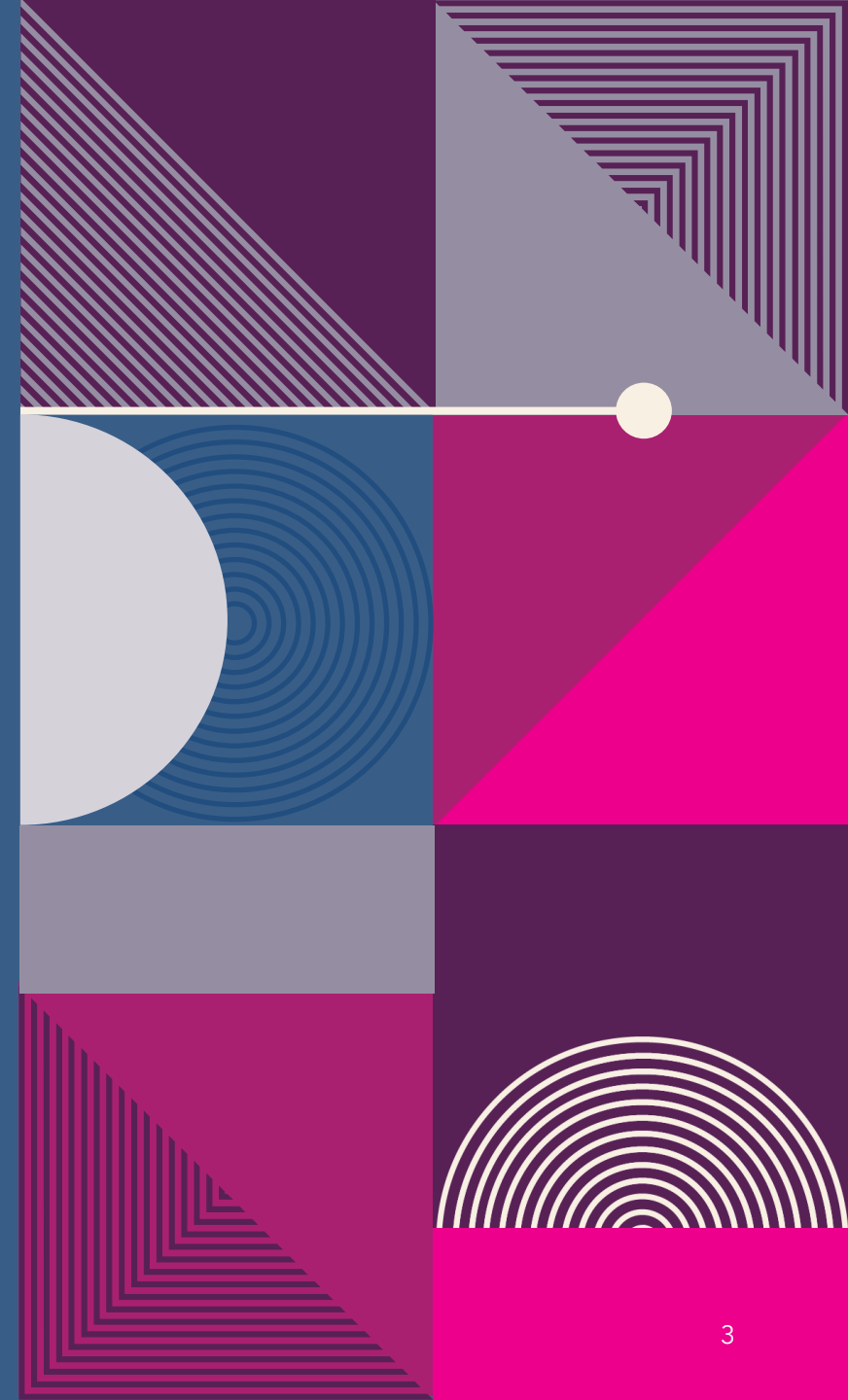
Status: Fairfield dental operator updates: completed by August 2024



# FHS WILL EXPAND DENTAL SERVICES, 6.2

6.2 - FHS Vallejo will expand the number of dental operatories by four to six new dental operatories (chairs) by June 2026

Status: Vallejo dental expansion pending, no forward progress due to funding constraints



**OPERATIONS REPORT - FINANCE**  
**DECEMBER 2024**

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

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH DEC	YTD ACTUALS as a % of Working Budget	
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<b>EXPENDITURES</b>	<b>Notations</b>
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**Salaries & Benefits**

Salaries - Regular	16,306,079	5,667,389	35%	
Salaries - Extra Help	17,000	12,160	72%	
Salaries - OT/Callback/Standby	69,874	63,772	91%	
Staffing costs from other divisions (net amount)	133,070	50,853	38%	
Benefits	10,561,338	3,353,453	32%	
Accrued Leave CTO Payoff	20,000	12,645	63%	
Salary Savings	(2,789,326)	-	0%	
<b>Salaries &amp; Benefits Total</b>	<b>24,318,035</b>	<b>9,160,272</b>	<b>37.67%</b>	

**Services & Supplies**

Office Expense and Supplies	172,363	35,798	21%	Drinking water, household expenses, and trash services.
Communications	138,331	65,668	47%	
Insurance	1,000,703	415,809	42%	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	26,849	36%	Q-Matic. BioRad. Caltronics. Steris.Life Technologies. Smile Business. Multi Function Devices Copiers/Printers.
Mileage, Fuel and Fleet	45,503	16,685	37%	Monthly charges for vehicles assigned to County Departments; personal mileage.

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

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

Buildings - Maintenance, Improvements, Rent & Utilities	258,458	95,980	37%	PG&E & water services.
Drugs, Pharmaceuticals, Medical and Dental Supplies	623,605	227,545	36%	Henry Schein. McKesson. TheraCom.
Controlled Assets & Computer Related Items	151,940	4,250	3%	Budget is primarily refresh computers and equipment funded with Capital Grant carryover funding.
Medical/Dental Services	207,600	21,976	11%	JP's Dental Lab, Quest Lab Services, Solano Diagnostics, and Solano Public Health Lab charges.
Contracted and Other Professional Services	1,019,565	148,105	15%	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 >UHC Solutions (Recruitment services)
DoIT	2,152,500	829,601	39%	
Software & Maintenance or Support	690,031	470,717	68%	Budget includes the following: >Next Gen >OCHIN >Orchard Software
Professional Licenses & Memberships	27,871	4,185	15%	
Education, Training, In-State Travel, Out of State Travel	25,290	1,873	7%	
Other	69,758	16,342	23%	>Uniform allowance >Fees & Permits (credit card processing, licensing and storage) >Livescans
<b>Services &amp; Supplies Total</b>	<b>6,657,298</b>	<b>2,381,383</b>	<b>36%</b>	

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

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

Interfund Services - Professional	712,944	159,224	22%	County related charges for Sheriff services, building and grounds maintenance and custodial services.
Interfund Services - Accounting & Audit	-	-	0%	
Interfund Services - Other	64,285	43,138	67%	Maintenance materials, small projects and labor.
Contributions - Non County Agencies	15,000	-	0%	Training for community health board members (originally NACHC CHI Expo conference attendance)
<b>Other Charges Total</b>	<b>792,229</b>	<b>202,362</b>	<b>26%</b>	

**Contracts/Client Support**

Contracted Direct Services	1,492,000	614,246	41%	Budget includes the following contracts: >Barton & Associates (locum services) >Children's Choice (dental services) >Touro University (providers)
Client Support	22,700	10,975	48%	Client support transportation costs.
<b>Contracts/Client Support Total</b>	<b>1,514,700</b>	<b>625,221</b>	<b>41%</b>	

**Equipment**

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

**Administration Costs**

H&SS Administration	2,957,878	522,940	18%	
Countywide Administration	1,312,262	1,312,262	100%	
<b>Administration Costs Total</b>	<b>4,270,140</b>	<b>1,835,202</b>	<b>43%</b>	

<b>TOTAL EXPENDITURES</b>	<b>37,602,006</b>	<b>14,249,044</b>	<b>38%</b>	
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**SOLANO COUNTY  
EXPENDITURE AND REVENUE REPORT  
FAMILY HEALTH SERVICES  
DECEMBER 2024**

CATEGORY DESCRIPTION	FY2024/25 WORKING BUDGET	FY2024/25 YTD ACTUALS THROUGH DEC	YTD ACTUALS as a % of Working Budget	
----------------------	--------------------------------	---	--	--

<b>REVENUES</b>	<b>Notations</b>
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**Payer Revenues**

Payer Revenues	23,355,466	7,872,586	34%	Revenues from Medi-Cal, Partnership Capitation, Medicare and Private Pay (estimated payback not reflected)
<b>Payer Revenues Total</b>	<b>23,355,466</b>	<b>7,872,586</b>	<b>34%</b>	

**Federal/State Revenues**

1991 Realignment (Underinsured/Uninsured/PH Services)	1,386,906	693,453	50%	
Federal Direct - COVID (one time funding)	100,405	54,481	54%	Rollover for HRSA Capital Grant funds
Federal Grants	2,047,990	435,316	21.26%	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	20,319	1.26%	Budget primarily includes QIP revenues, but also includes patient care payment recoveries.
<b>Program Revenues Total</b>	<b>6,486,006</b>	<b>1,203,568</b>	<b>19%</b>	

<b>TOTAL PAYER AND PROGRAM REVENUES</b>	<b>29,841,472</b>	<b>9,076,154</b>	<b>30.4%</b>	
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TOTAL EXPENDITURES vs TOTAL REVENUES				Notations
<b>TOTAL EXPENDITURES</b>	37,602,006	14,249,044	38%	
<b>TOTAL REVENUES</b>	29,841,472	9,076,154	30%	
<b>DEFICIT (SURPLUS)</b>	<b>7,760,534</b>	<b>5,172,890</b>	<b>67%</b>	
County General Fund	4,708,209	1,177,052		
<b>DEFICIT (SURPLUS) after CGF**</b>	<b>3,052,325</b>	<b>3,995,837</b>		

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



## Family Health Services

### Sliding Fee Scale Discount Program

Policy Number: 100.03

Effective Date	February 1, 2025
Frequency of Review	Annual
Last Reviewed	December 30 <sup>th</sup> , 2024
Last Updated	December 30 <sup>th</sup> , 2024
Author	Whitney Hunter
Responsible Department	Revenue Cycle Management

#### **PURPOSE:**

The purpose of this policy is to reduce and/or eliminate financial barriers to patients who qualify for the program to ensure access to services regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay.

#### **BACKGROUND**

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. Family Health Services (FHS) is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

#### **POLICY:**

Family Health Services shall provide medical, dental and mental health services regardless of a patient's ability to pay. The Sliding Fee Scale Discount Program (SFSDP) is available for all patients to apply for. FHS will base program eligibility only on income and family size. A full discount is provided for individuals and families with annual incomes at or below 100% of the current Federal Poverty Guidelines (FPG); partial discounts are provided for individuals and families with incomes above 100% of the current FPG and at or below 200% of the current FPG; no discounts are provided to individuals and families with annual incomes above 200% of the current FPG. The Sliding Fee Scale Discount is updated every year and provided to the Community Health Board and clinic staff once the Federal Poverty Guidelines are released. An example is provided in Attachment 1.

Exception: All Ryan White patients may be eligible for sliding fee discounts as described in the Ryan White Part C / North Bay AIDS Center Sliding Fee Scale and Billing Caps Policy.

#### **DEFINITIONS:**

**Income** – Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, alimony, child support, or any other sources that typically become available. Noncash benefits, such as food stamps and housing subsidies, do not count.





## Sliding Fee Scale Discount Program

Policy Number: 100.03

**Family** – A group of two or more people who share a common residence, are related by blood, marriage, adoption or otherwise present themselves as related, and share the costs and responsibilities of the support and livelihood of the group.

**Proof of Income** – Any of the following documentation of gross income shall be accepted as proof of income. Two current pay stubs, most recent federal tax return, award or benefit letter from affiliated agency, income verification documentation from affiliated agency, letter from employer on letterhead, another generally accepted proof of income, or the approved self-declaration form. The self-declaration form may only be used in special circumstances for patients who are otherwise unable to provide proof of income. Use of the self-declaration form must be approved by the front office accounting clerk, a supervisor or a manager. Self-declared patients will be responsible for 100% of their charges until the self-declaration form is approved.

### PROCEDURE:

1. Notification of SFSDP
  - a. FHS will notify patients of the SFSDP by:
    - i. Posting notification in the health center waiting area.
    - ii. Verbal notification upon registration
2. Assessing Income and Family Size
  - a. All patients will self-report income and family size on the Health Center Patient Welcome Packet form.
  - b. Patients applying for the SFSDP will also self-report income and family size on the SFSDP Application.
  - c. All patients are re-assessed if income or family size changes, as self-reported by the patient, or when the SFSDP eligibility period expires and a new application is received.
3. Completion of Application for the SFSDP
  - a. The patient or responsible party must complete the Sliding Fee Scale Discount Program application and provide proof of income.
  - b. Incomplete applications will not be processed, and discounts will not be applied until the application is complete.
  - c. FHS front office accounting clerks or a supervisor or manager will review applications for completeness and accuracy.
  - d. Information from the application is input into the practice management system, and the application and proof of income is scanned into the system.
  - e. In instances where the patient is applying for retro eligibility for the program, front office accounting clerks may approve up to 90 days of retro eligibility. Retro eligibility beyond the 90 days may be reviewed and approved by the Revenue Cycle Manager.
4. Eligibility for the SFSDP
  - a. Eligibility is based on income and family size only.
  - b. All patients are eligible to apply for the program.
  - c. Eligibility will be honored for 12 months.
    - i. Upon registration for each subsequent encounter, the patient will be asked if family size or income has changed. If family size or income has changed, the



## Family Health Services

### Sliding Fee Scale Discount Program

Policy Number: 100.03

patient will be reassessed for program eligibility by completing a new application and providing updated proof of income.

- ii. Rate tables are released every year, typically within the first two to three months.

#### 5. Applicability to Patients with Third Party Coverage

- a. Patients who are covered by a Qualifying Health Plan with which FHS is contracted, but with “out of pocket” costs (i.e. co-insurance, co-pays, share of cost) may apply for the SFSDP, if it is not prohibited by the Qualifying Health Plan.
- b. Staff will screen patient for eligibility for the SFSDP by asking the patient to complete the SFSDP Application and provide proof of income.
- c. Once sliding fee level for the patient is assessed, the patient may pay the lesser of the charge discounted to the patient’s sliding fee level OR the patient’s out of pocket costs.

#### 6. Services, supplies, and equipment

- a. The SFSDP shall apply to all services listed in the Form 5A: Services Provided (Required Services) on the Health Resources and Services Administration (HRSA) Service Area Compete (SAC) Application.
- b. The same methodology will apply to supplies or equipment that are related to, but not included in, the service itself as part of prevailing standards of care (for example, dentures).

#### 7. Collections

- a. FHS front office staff will review the patient’s account upon check-in. If the patient has a balance due, front office staff will request applicable payments from the patient, according to the FHS Insurance Eligibility policy, #100.01.
- b. Payment plans are available upon request, according to the FHS Cash Handling policy, #100.02 and Fee Waiver & Payment Plans, #100.08. The Payment Plan Agreement form is completed by the patient and approved by the front office accounting clerk or office supervisor or manager. The agreement is scanned into the practice management system.

#### 8. Refusal to Pay

- a. Refusal to pay is defined as a patient who has the ability to pay but is unwilling to pay the amount owed, as expressed verbally by the patient or if the patient does not make an effort to pay upon receipt of monthly statements from FHS. All patients qualify to apply for the SFSDP, payment plans, and fee waivers.
- b. Patients who refuse to pay will still be eligible for services. Patients will not be turned away because of a refusal to pay.
- c. If a patient refuses to pay the amount owed, FHS abides by the Health and Social Services collection policy and Bad Debt Write Off policy, #100.14, which places the patient’s account as delinquent without payment made within the last 120 days and may refer the patient to a collection agency.

#### 9. Request for Waiver of Fees

- a. Patients may request a fee waiver, or a fee waiver may be requested on their behalf as described in the Fee Waiver & Payment Plans policy #100.08.

#### 10. Record Keeping



## Family Health Services

### Sliding Fee Scale Discount Program

Policy Number: 100.03

- a. All documentation received from the patient related to the SFSDP application and payment plan agreements are scanned and filed electronically into the practice management system.
11. When a patient needs referred care services not provided by FHS, the patient will be referred to a facility which has an agreement for services with FHS. The referred facility must have a sliding fee scale discount program if they charge patients for services rendered under the agreement. Fees for these services must be discounted such that:
  - a. Individuals and families with incomes above 100% of the current FPG and at or below 200% of the FPG receive an equal or greater discount for these services than if FHS SFSDP were applied to the referral provider's fee schedule; and
  - b. Individuals and families at or below 100% of the FPG receive a full discount or a nominal charge for these services.
12. FHS will annually assess SFSDP activity and present findings to the Community Healthcare Board that ensure the SFSDP does not create a barrier for patients access to care. At a minimum, FHS will:
  - a. Collect utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services;
  - b. Utilize this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee scale discount program in reducing financial barriers to care;
  - c. Present any sliding fee scale changes to the Community Healthcare Board for approval; and
  - d. Identify and implement changes as needed.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager and the FHS Clinic Operations Officer, or to the employee compliance hotline.



# Family Health Services

## Sliding Fee Scale Discount Program

Policy Number: 100.03

### Attachment 1: Sliding Fee Scale Discount Program Guidelines

#### Annual Gross Income

SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT FAMILY HEALTH SERVICES														
SLIDING FEE DISCOUNT PROGRAM SUMMARY														
Patients must complete a sliding fee discount application and submit supporting documents to determine eligibility for participation in the program. Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below. <a href="https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references">https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references</a>														
Each applicant household is assigned a category based on annual income and number of people.	Category	A		B		C		D		E		F		
	% Federal Poverty Guidelines (FPG)	100% and under		101-138%		139-170%		171-200%		201-250%		251-300%		
	<i>Income Range for Each Category by Family Size</i>													
	Family Size	From	To	From	To	From	To	From	To	From	To	From	To	
	1	<b>PENDING RELEASE</b>												
	2													
	3													
	4													
	5													
	6													
7														
8														
For each additional person: Add Add Add Add Add Add														
<b>Patient Discount Percentages</b>														
Category	A		B		C		D		E		F			
Medical/Dental/Mental Health	100%		80%		60%		50%		Full Fee Based on Schedule of Charges					

Exceptions: \*Ryan White services may be provided at no charge for patients at 300% or below FPG. See Ryan White Program Policies.

#### Monthly Gross Income

SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT FAMILY HEALTH SERVICES														
SLIDING FEE DISCOUNT PROGRAM SUMMARY														
Patients must complete a sliding fee discount application and submit supporting documents to determine eligibility for participation in the program. Eligibility is re-certified every year. Participating members receive discounts on services, as summarized below. <a href="https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references">https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references</a>														
Each applicant household is assigned a category based on annual income and number of people.	<b>BASED ON MONTHLY INCOME</b>													
	Category	A		B		C		D		E		F		
	% Federal Poverty Guidelines (FPG)	100% and under		101-138%		139-170%		171-200%		201-250%		251-300%		
	<i>Income Range for Each Category by Family Size</i>													
	Family Size	From	To	From	To	From	To	From	To	From	To	From	To	
	1	<b>PENDING RELEASE</b>												
	2													
	3													
	4													
	5													
6														
7														
8														
For each additional person: Add Add Add Add Add Add														
<b>Patient Discount Percentages</b>														
Category	A		B		C		D		E		F			
Medical/Dental/Mental Health	100%		80%		60%		50%		Full Fee Based on Schedule of Charges					

Exceptions: \*Ryan White services may be provided at no charge for patients at 300% or below FPG. See Ryan White Program Policies.



## Family Health Services

### Sliding Fee Scale Discount Program

Policy Number: 100.03

<b>REFERENCED POLICIES</b>	<ul style="list-style-type: none"><li>• Ryan White Part C / North Bay AIDS Center Sliding Fee Scale and Billing Caps</li><li>• Policy #100.01: Insurance Eligibility</li><li>• Policy #100.02: Cash Handling</li><li>• Policy #100.08: Fee Waiver &amp; Payment Plan</li><li>• Policy #100.14: Bad Debt Write Off</li><li>• Health &amp; Social Services Collection Policy: Board of Supervisor Agenda Item #20, Board Meeting Dated January 11, 1994, Subject: Report on Primary Care Clinic Addressing Fiscal Issues, Controls, Adding Staff and New Operating Policies</li></ul>
<b>REFERENCED FORMS</b>	<ul style="list-style-type: none"><li>• Self-Declaration Form (English)</li><li>• Self-Declaration Form (Spanish)</li><li>• Sliding Fee Scale Discount Program Application (English)</li><li>• Sliding Fee Scale Discount Program Application (Spanish)</li><li>• Payment Plan Agreement (English)</li><li>• Payment Plan Agreement (Spanish)</li><li>• Fee Waiver Form (English)</li><li>• Fee Waiver Form (Spanish)</li><li>• Health Center Patient Welcome Packet</li></ul>
<b>REFERENCES</b>	

\_\_\_\_\_  
**Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice-Chair - Community Healthcare Board**

\_\_\_\_\_  
**Date**

**DEPARTMENT OF HEALTH & SOCIAL SERVICES**



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

<b>Month</b>	<b>Required Annual Review</b>	<b>Comments/Training</b>
January 15, 2025	<ul style="list-style-type: none"> <li>Project Officer/CEO Evaluation Review</li> <li>Board Members Sign Annual Bylaws Appendix A “Conflict of Interest” and “Confidentiality” forms</li> <li>Quarterly Financial Report</li> <li>Patient Satisfaction Report</li> <li>Sliding Fee Scale Discount Program Policy 100.03</li> </ul>	<p align="center"><b>Please note: Additional Items that are added to the Meeting Agenda, for Board Approval, may be added at any given time.</b></p>
February 19, 2025	<ul style="list-style-type: none"> <li>Review UDS Initial Submission Progress</li> <li>Quarterly Quality Improvement Report</li> </ul>	
March 19, 2025	<ul style="list-style-type: none"> <li>Review UDS Final Submission Progress</li> </ul>	
April 16, 2025	<ul style="list-style-type: none"> <li>Quarterly Financial Report</li> <li>Quarterly Quality Improvement Report</li> <li>Board Self-Assessment</li> </ul>	
May 21, 2025	<ul style="list-style-type: none"> <li>Review Final UDS Submission</li> <li>FHS Requested Budget Proposal for FY 24/25</li> <li>Update Community Needs Assessment</li> </ul>	
June 18, 2025	<ul style="list-style-type: none"> <li>Review Strategic Plan (3-year Cycle)</li> </ul>	
July 16, 2025	<ul style="list-style-type: none"> <li>Review and Approve Credentialing and Privileging Policy and Procedures</li> <li>Quarterly Financial Report</li> <li>Quarterly Quality Improvement Report</li> </ul>	
August 20, 2025	<ul style="list-style-type: none"> <li>FY 25/26 Budget Development</li> </ul>	
September 17, 2025	<ul style="list-style-type: none"> <li>FY 25/26 Budget Development (continued)</li> <li>Annual evaluation of QI/QA Program</li> <li>Review and Approve the QI/QA Plan</li> </ul>	
October 15, 2025	<ul style="list-style-type: none"> <li>Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports</li> <li>Quarterly Financial Report</li> <li>Quarterly Quality Improvement Report</li> </ul>	
November 19, 2025	<ul style="list-style-type: none"> <li>Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports</li> <li>Board Nominations – Executive Positions</li> <li>Review Annual Board Calendar</li> </ul>	
December 17, 2025	<ul style="list-style-type: none"> <li>Review Current HRSA Competing and Non-Competing Continuation Applications/Progress Reports</li> <li>Board Elections – Executive Positions                             <ul style="list-style-type: none"> <li>Patient Satisfaction Report</li> </ul> </li> </ul>	

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

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

**Primary Care Provider Quality Improvement Program (PCP QIP) Report  
Solano County, Health & Social Services, Family Health Services  
As of December 31, 2024**

**TABLE OF CONTENTS**

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

- I. Clinical Quality

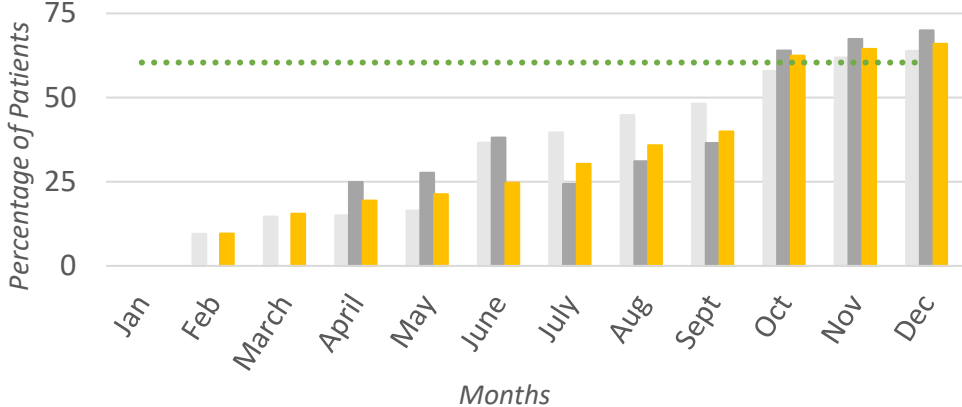
**I. CLINICAL QUALITY**

Terms Defined

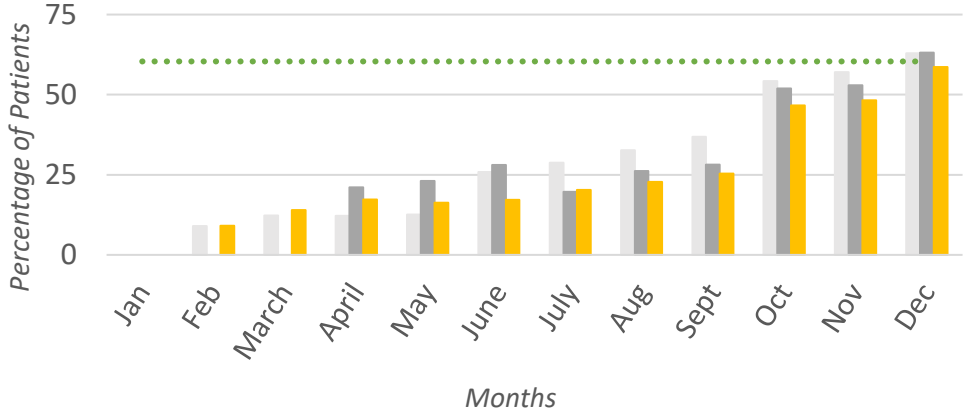
**Primary Care Provider Quality Improvement Program (PCP QIP)**- financial incentive program from Partnership HealthPlan of California to primary care providers for meeting specific performance thresholds. PCP QIP clinical measures look only at data for patients with Partnership HealthPlan of California insurance plans during calendar year 2024.

# PCP QIP Diabetes HbA1c Good Control

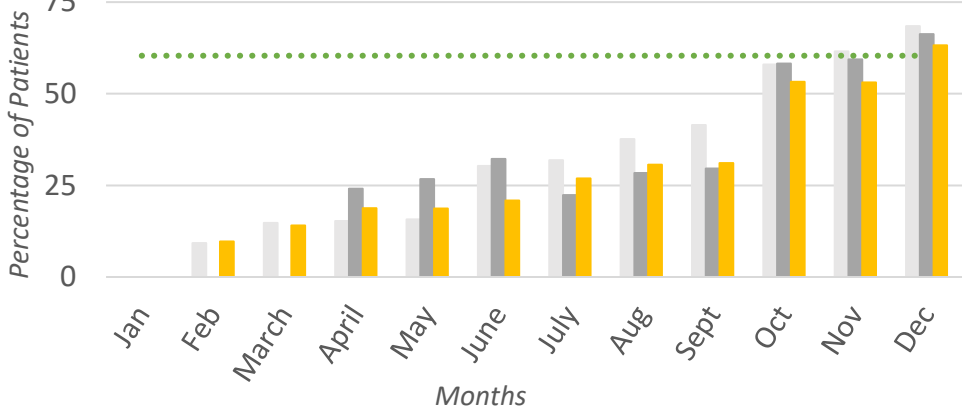
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic



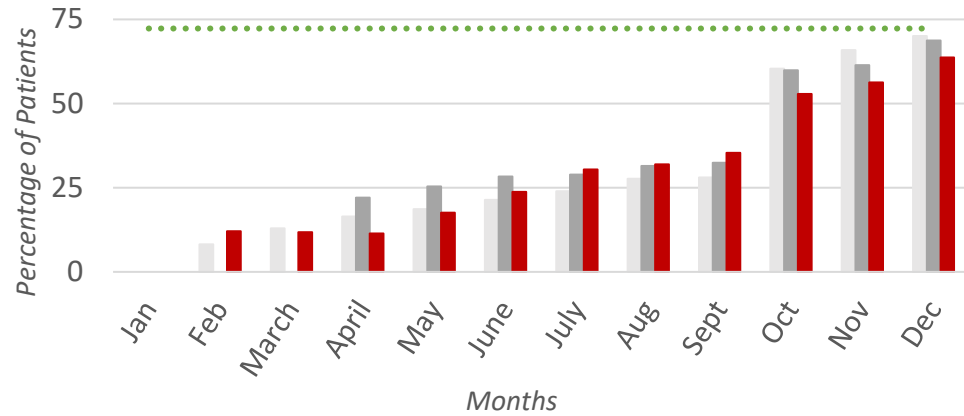
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	65.98%	Target Met – over by 22	60.34%
Vallejo	58.58%	10	
Vacaville	63.22%	Target Met – over by 6	



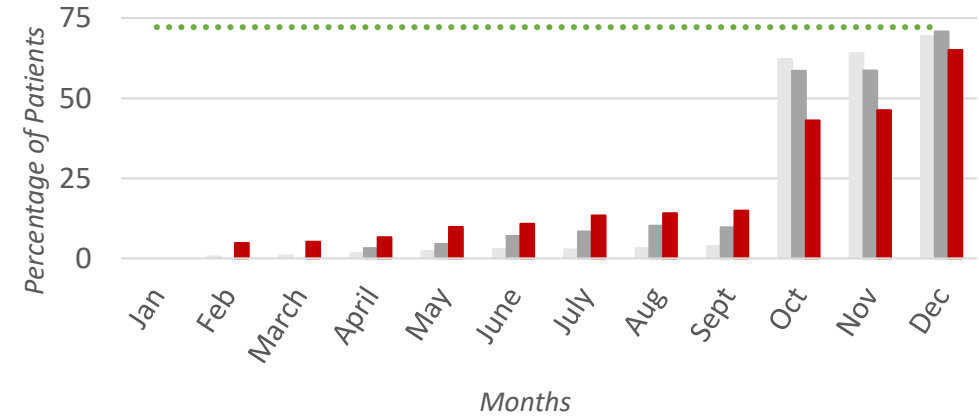


# PCP QIP Controlling High Blood Pressure

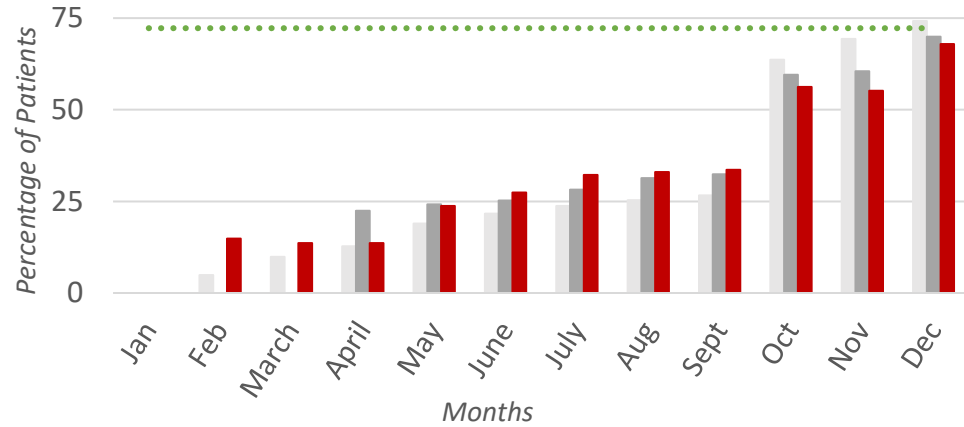
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

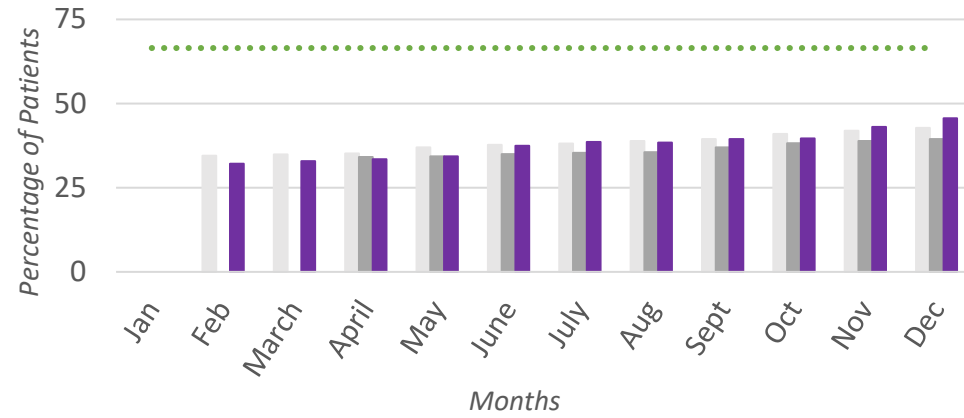


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	63.61%	26	72.22%
Vallejo	64.99%	35	
Vacaville	67.93%	8	

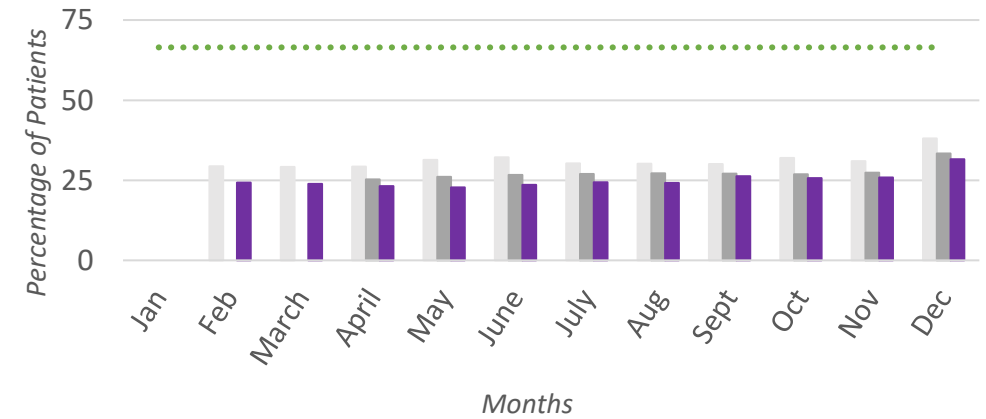
2022 2023 2024 Target

# PCP QIP Cervical Cancer Screening

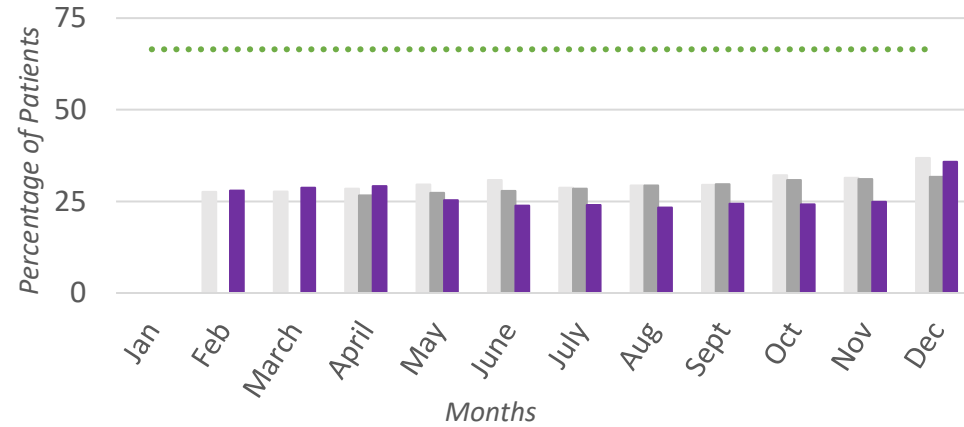
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

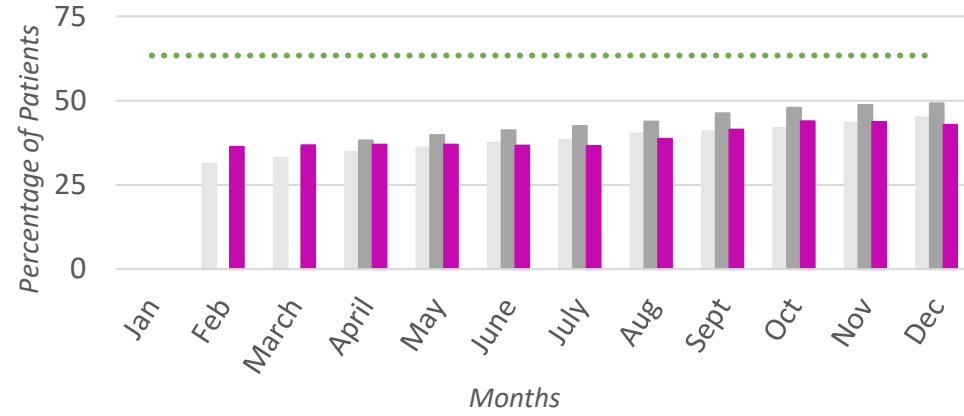


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	45.62%	279	66.48%
Vallejo	31.57%	997	
Vacaville	35.78%	280	

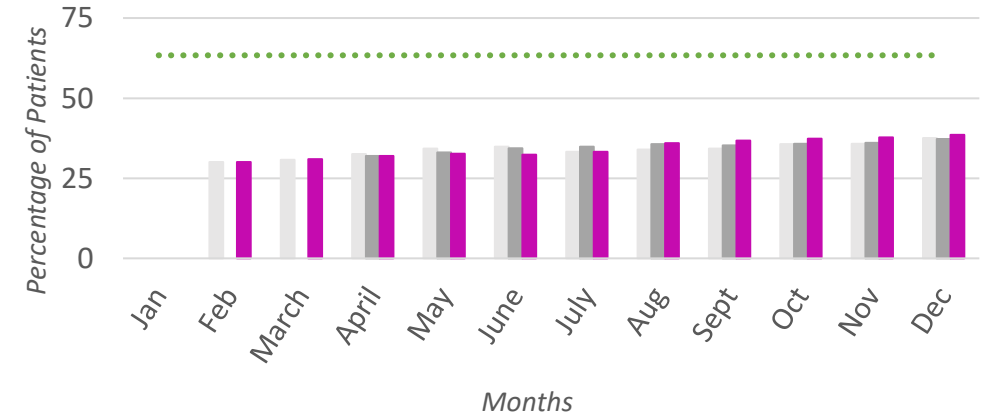
2022 2023 2024 Target

# PCP QIP Breast Cancer Screening

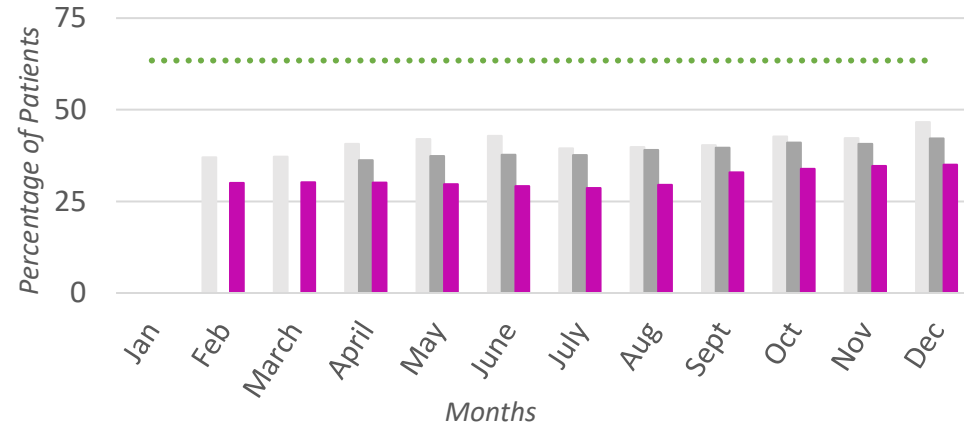
Fairfield Adult Clinic



Vallejo Clinic



Vacaville Clinic

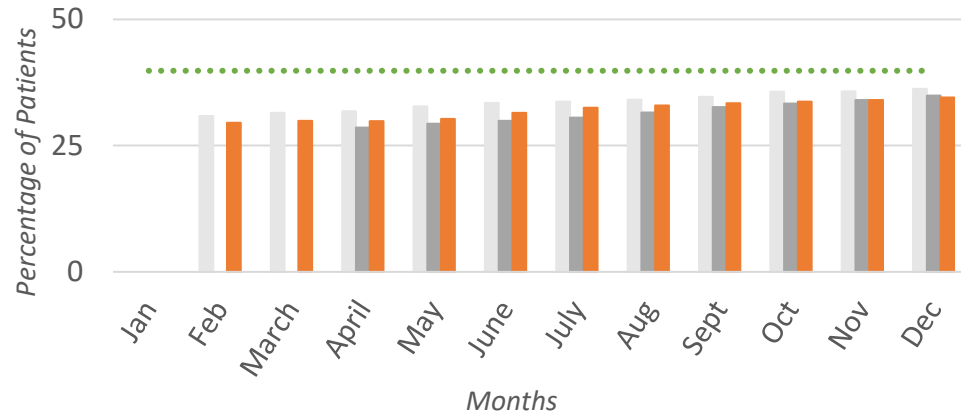


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Adult	42.83%	92	63.37%
Vallejo	38.63%	138	
Vacaville	35.04%	78	

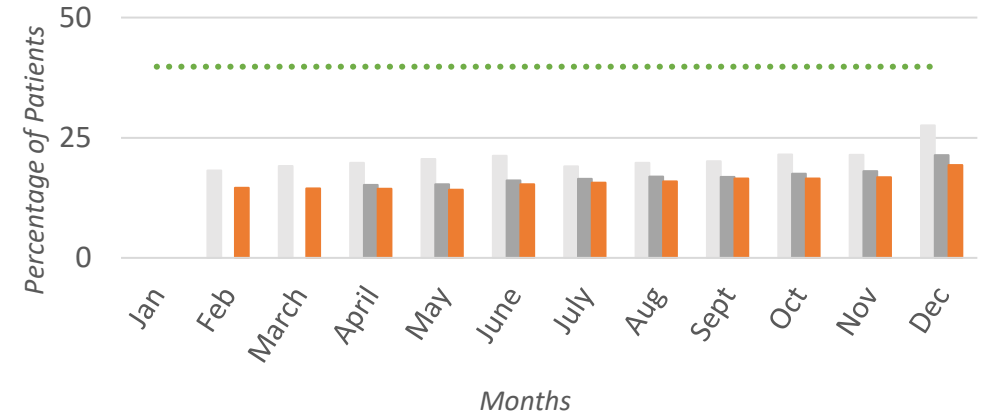
2022 2023 2024 Target

# PCP QIP Colorectal Cancer Screening

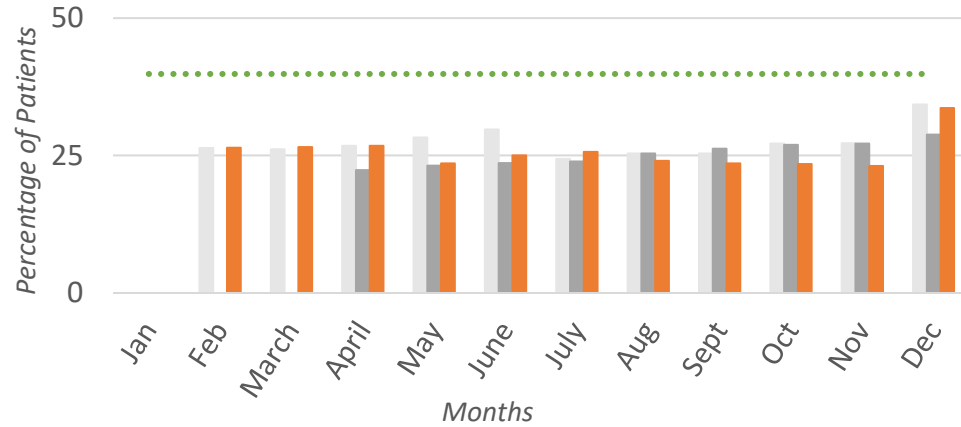
*Fairfield Adult Clinic*



*Vallejo Clinic*



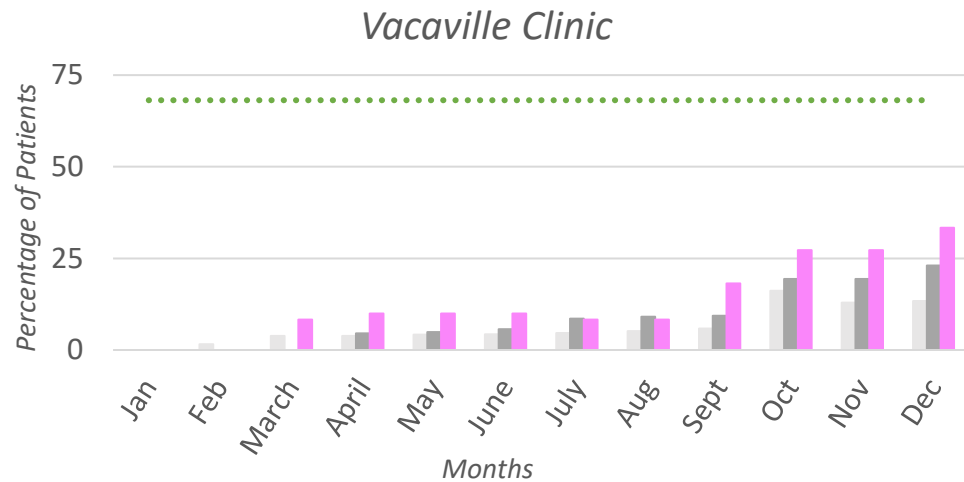
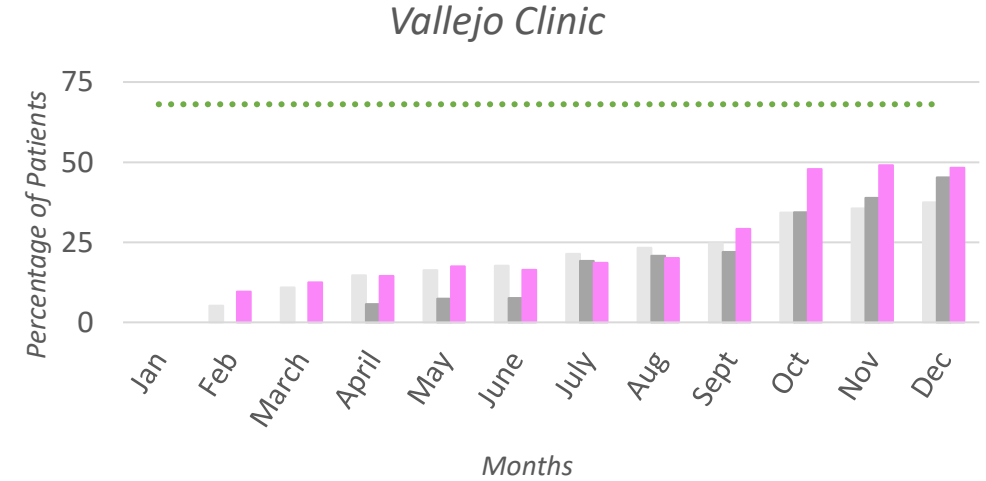
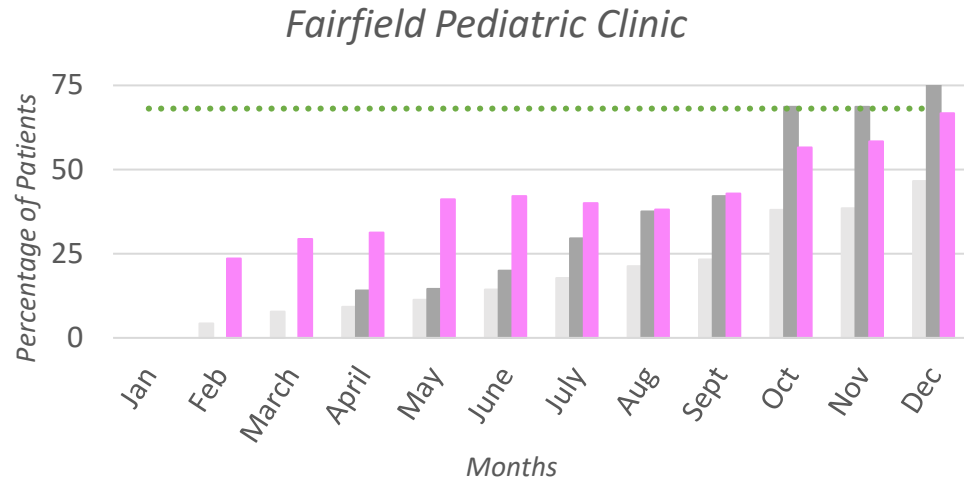
*Vacaville Clinic*



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (50 <sup>th</sup> Percentile)
Fairfield Adult	34.54%	66	39.81%
Vallejo	19.31%	479	
Vacaville	33.61%	53	



# PCP QIP Well Child First 15 Months

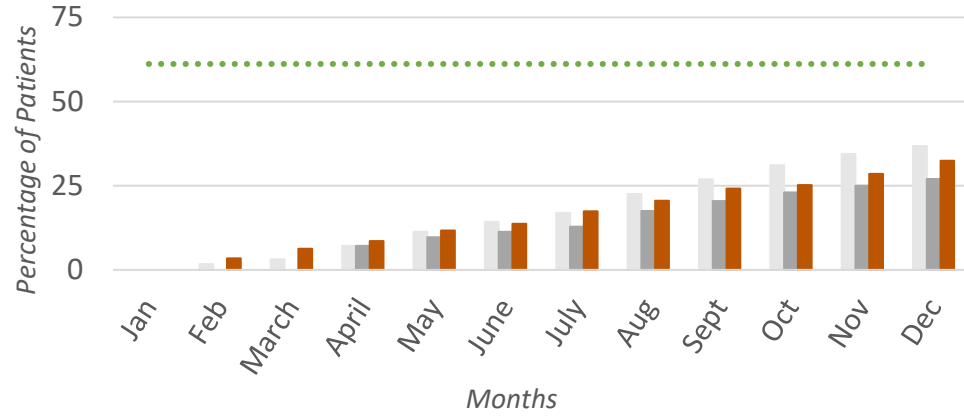


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	66.67%	1	68.09%
Vallejo	48.28%	29	
Vacaville	33.33%	4	

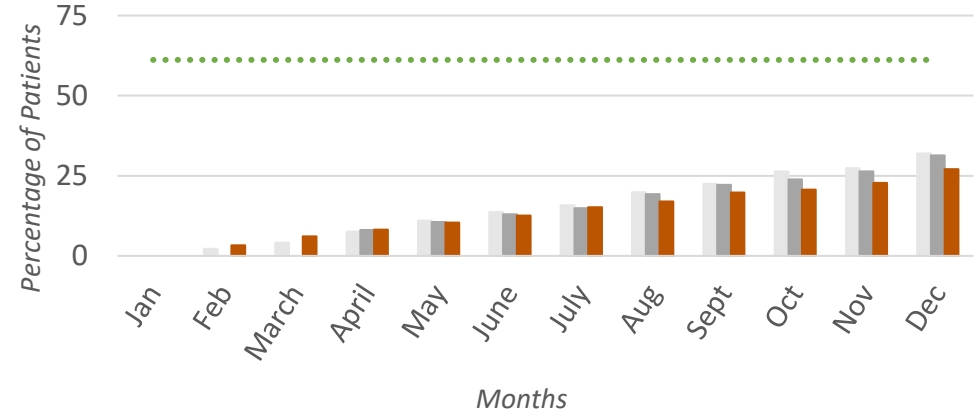


# PCP QIP Child and Adolescent Well Care Visits

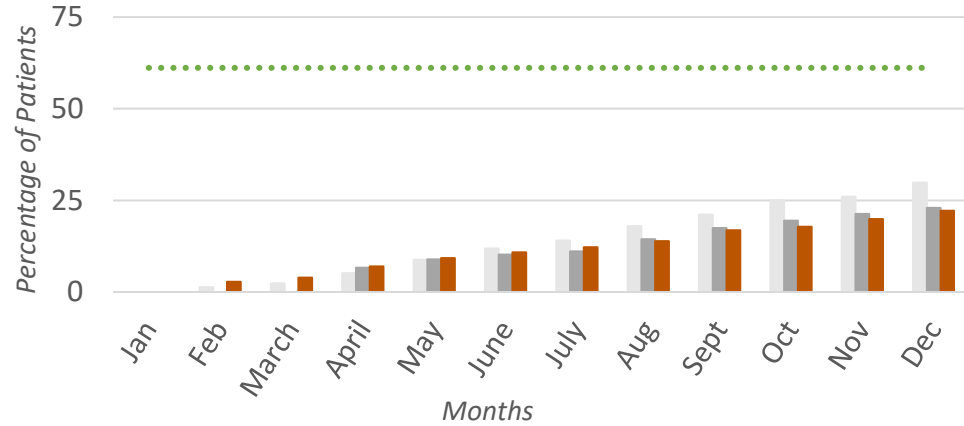
Fairfield Pediatric Clinic



Vallejo Clinic



Vacaville Clinic

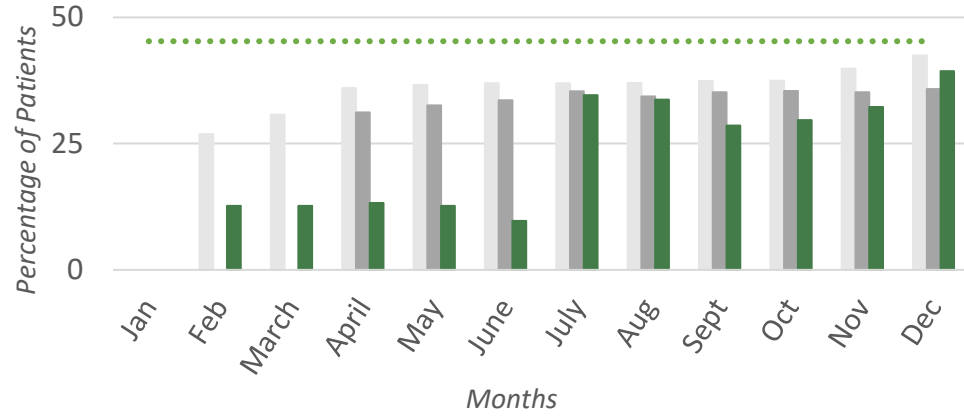


Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	32.41%	663	61.15%
Vallejo	27.08%	945	
Vacaville	22.18%	308	

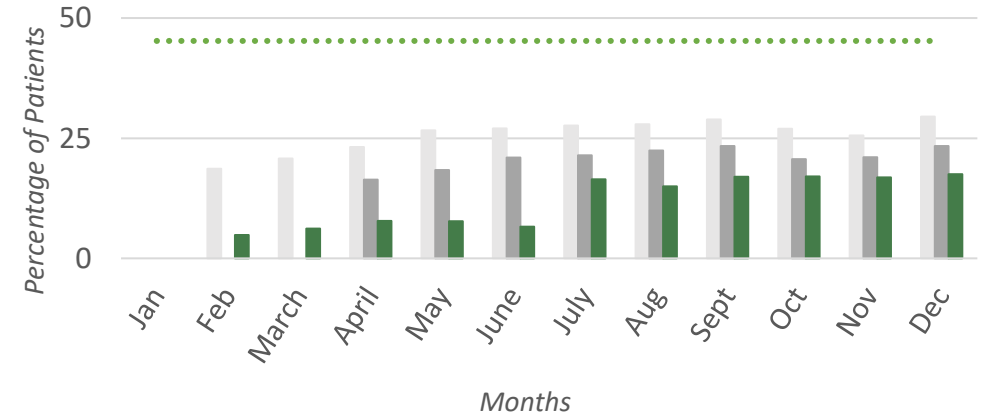


# PCP QIP Childhood Immunizations

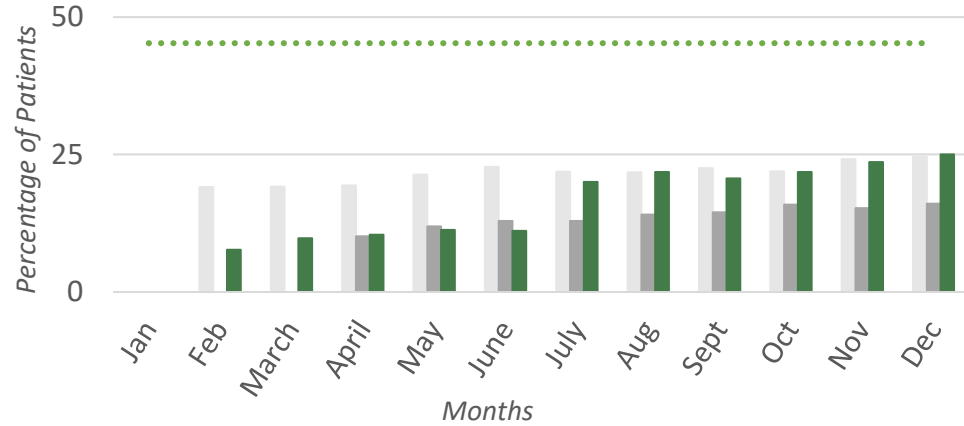
Fairfield Pediatric Clinic



Vallejo Clinic



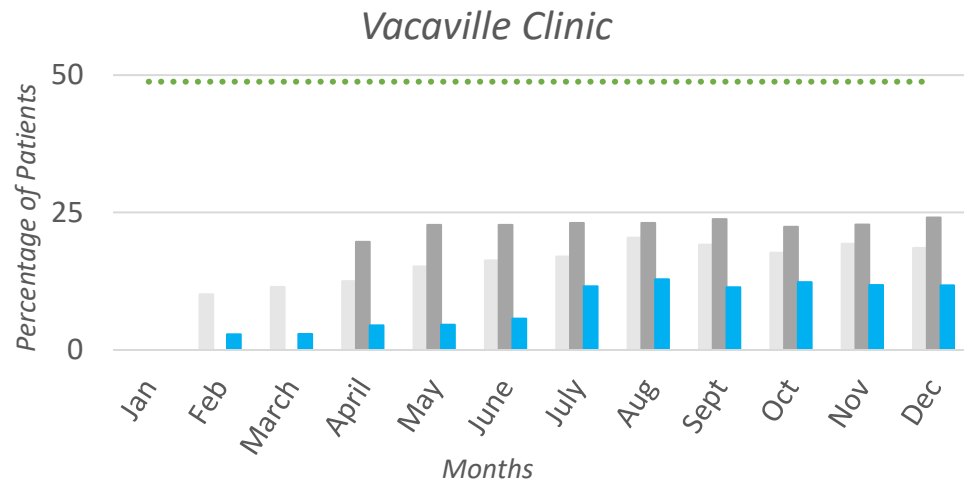
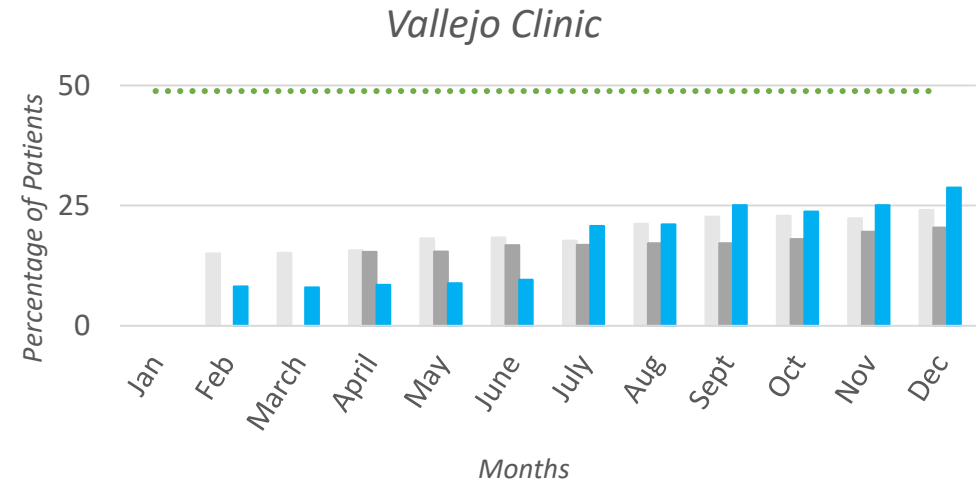
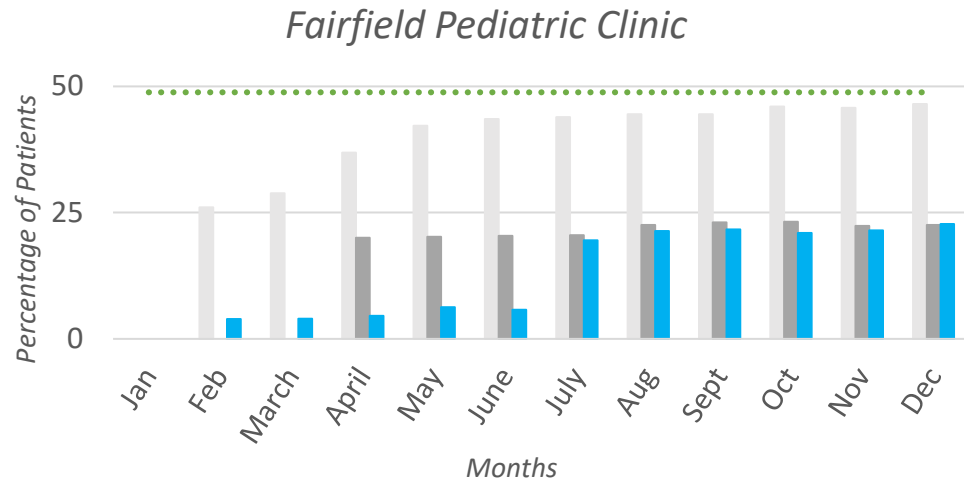
Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	39.34%	4	45.26%
Vallejo	17.54%	48	
Vacaville	25.00%	9	



# PCP QIP Adolescent Immunizations



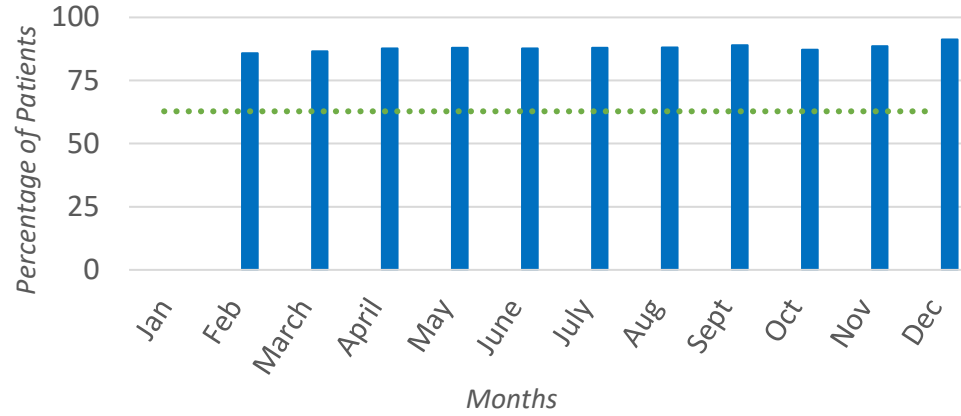
Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (90 <sup>th</sup> Percentile)
Fairfield Pediatrics	22.73%	41	48.80%
Vallejo	28.75%	33	
Vacaville	11.76%	19	

2022 2023 2024 Target

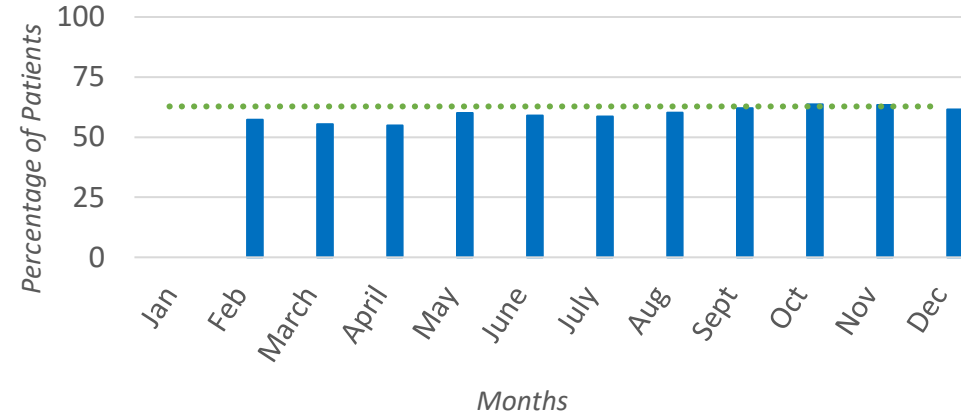


# PCP QIP Blood Lead Screening

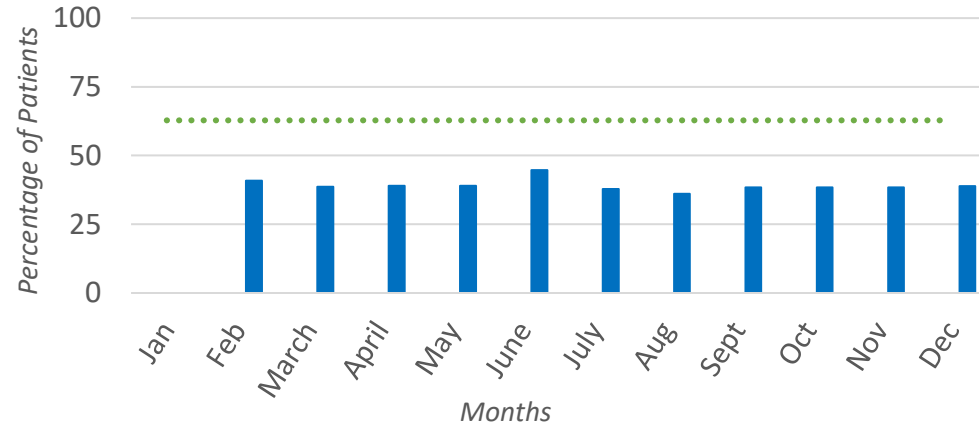
Fairfield Pediatric Clinic



Vallejo Clinic



Vacaville Clinic



Site	Current Score	Number of Patients Needed to Meet Target	Full Point Target Score (50 <sup>th</sup> Percentile)
Fairfield Pediatrics	91.23%	Target Met - over by 16	62.79%
Vallejo	61.54%	2	
Vacaville	38.89%	9	

■ 2024      ..... Target

## *APPENDIX “A” Conflict of Interest*

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*Conflict of Interest.* Defined as an actual or perceived interest by the member in an action which results or has the appearance of resulting in personal, organizational, or professional gain.

*Duty of Loyalty.* Board members be faithful to the organization and can never use information obtained in his/her position as a Board member for personal gain.

### Responsibilities of Board Members

1. A Board member must declare and explain any potential conflicts of interest related to:
  - Using her/his Board appointment in any way to obtain financial gain for the member’s household or family, or for any business with which the Board member or a Board member’s household or family is associated; and
  - Taking any action on behalf of the Board, the effect of which would be to the member’s household or family’s, private financial gain or loss.
2. No member of the Board shall vote in a situation where a personal conflict of interest exists for that member.
3. No member of the Board shall be an employee or an immediate family member of an employee of the FQHC clinics; however, a member may otherwise be an employee of the county.
4. No Board member shall be an employee of an FQHC or an immediate family member of an employee.
5. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the Board’s Bylaws, Article IX.

As a Board member, my signature below acknowledges that I have received, read and had an opportunity to ask clarifying questions regarding these conflict of interest requirements. I understand that any violation of these requirements may be grounds for removal from Board membership. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these bylaws.

Board Member’s name (please print):

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Board Member’s signature:

Date: \_\_\_\_\_

# COUNTY OF SOLANO

## Oath of Confidentiality



As an employee, volunteer, temporary or registry personnel, trainee, student, intern or consultant, you have the legal and ethical responsibility to uphold all Federal, State, County and Department statutes regulations, laws or policies pertaining to privacy and confidentiality.

Laws controlling the privacy of, access to, and maintenance of confidential information include, *but are not limited to*, the Federal Health Insurance Portability and Accountability Act (HIPAA)<sup>1</sup>, the California Confidentiality of Medical Information Act (CMIA)<sup>2</sup>, the Lanterman-Petris-Short Act (LPS),<sup>3</sup> and federal regulations regarding Alcohol and Drug Abuse records.<sup>4</sup>

It is important to note that these and other laws apply whether the information is held in electronic, written or any other form. They also cover the release of information regardless of whether the disclosure is electronic, oral or written.

Confidential information includes names, addresses, telephone numbers, social security numbers, medical information, birth date, and other data used to search for or identify individuals, or which can be used to access their files.

The Oath of Confidentiality complements, but does not replace, policies and procedures issued by the County Executive Office or County Departments. It is not intended to replace or otherwise alter the employment protections afforded by the Civil Service Rules and/or Union rights, roles and responsibilities.

### **Acknowledgement of Responsibility:**

I understand and acknowledge that:

- It is my legal and ethical responsibility to preserve and protect the privacy, confidentiality and security of all records retained by the County, including, but not limited to, Employee Records, Medical Records, Substance Abuse Records, Mental Health Records, Social Services Records and any other applicable program regulations.
- I agree to access, use or disclose confidential information only in the performance of my duties, and when required by or permitted by law. When disclosing confidential information, I will disclose only the minimum information necessary, and only to persons who have the right to receive that information.
- I will not knowingly discuss any confidential information within the presence of other persons who do not have the right or work related need to receive the information, including co-workers, family and friends.

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<sup>1</sup> C.F.R. Title 45, Part 160, §103; Part 164, §400.

<sup>2</sup> Civil Code §56 et seq.

<sup>3</sup> Welfare and Institutions Code, § 5150 et seq.

<sup>4</sup> C.F.R. Title 42, Part 2.

- I understand documentation that contains confidential identifying information will not be discarded in wastebaskets, unsecured recycling bins or other publicly accessible locations. Such information must be personally shredded or placed in designated locked shredding containers.
- I agree not to share my Login or User ID and/or password(s) with anyone and that any access to the electronic information systems made using my Login or User ID and password is my responsibility. If I believe someone else has used my Login or User ID and/or password, I will immediately report the use to the Information Technology Department and request a new password. I understand that my access to all electronic information systems is subject to audit in accordance with federal statutes and county policies.
- I agree to log off or lock any computer I am using when I am finished or leave my workstation for an extended period of time, to prevent access to confidential files and databases. I may choose to use a password-protected screen saver when I leave my workstation for short periods of time.
- I understand that any unauthorized willful or malicious release of any personal or confidential information may result in personal civil or criminal liability.
- I understand that my obligation to safeguard confidential information continues after my termination of services or employment with the County of Solano.
- I understand that a violation of any of the County's policies and procedures related to confidential information or of any state or federal laws or regulations governing privacy may subject me to legal and/or disciplinary action up to and including immediate termination of my contractor, volunteer, student, or employment status.
- I will not acknowledge to a third party that an individual has applied for, is receiving, or has in the past received public assistance, benefits or services unless required by law or with the appropriate authorizations.
- I will maintain a secured work environment to ensure that confidentiality is maintained. All charts, notes and other written materials concerning a client, patient, or employee will be filed in a secure place when I am not using the information.
- I will not use or gain access to Protected Health Information or any other confidential information of any family members, business relations, personal acquaintances, or other individuals except as required for the performance of my assigned duties.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.

**Print Name:**

**Employee ID:**

**Department:**

**Division/Program:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Check One:**    **Agency Temp**      **Student Intern**      **Volunteer**  
 **Consultant**      **Contractor**      **Employee**



# SOLANO COUNTY

OFFICE OF COUNTY COUNSEL

TO: All Local Legislative Bodies subject to the Ralph M. Brown Act

FROM: Office of the Solano County Counsel

DATE: February 1, 2023

RE: Brown Act Compliance in 2023: Limited Options for Remote Participation

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The simplified procedures that many bodies subject to the Ralph M. Brown Act (“Brown Act”) have relied on during the COVID-19 pandemic are set to expire on February 28, 2023. This memorandum provides updated guidance regarding remote meetings pursuant to the Brown Act after those procedures expire.

Since the beginning of the pandemic, many local legislative bodies<sup>1</sup> have been meeting remotely under authority granted by the Governor by executive order (since rescinded) and, more recently, pursuant to the simplified approach included in Assembly Bill 361 (“AB 361”). This will soon change. AB 361 applies only during a state of emergency proclaimed by the Governor. See Gov. Code § 54953(e). A local emergency proclamation is insufficient. Governor Newsom is expected to lift the state of emergency that has been in place since the early days of the COVID-19 pandemic on February 28, 2023.<sup>2</sup> When that occurs, the simplified procedures authorized by AB 361 will no longer be available.

**With the expiration of the Governor’s emergency proclamation, local legislative bodies will have to return to in-person meetings, with limited exceptions discussed in this memorandum, by March 1, 2023.** Members will have only two options for participating remotely, each of which has significant drawbacks compared to the more flexible teleconferencing options afforded by AB 361.

The first option is for members to participate remotely pursuant to the longstanding teleconference provisions of the Brown Act. A table included as **Attachment A** to this

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<sup>1</sup> The Brown Act applies to “legislative bodies,” which the Act defines as including (i) a governing body of a local agency or local body created by state or federal statute, (ii) a commission, committee, board, or other body of a local agency, whether permanent or temporary, decision-making or advisory, created by a legislative body. See Gov. Code § 54952.

<sup>2</sup> <https://www.gov.ca.gov/2022/10/17/governor-newsom-to-end-the-covid-19-state-of-emergency/>

memo outlines how to use this approach. This approach has long been disfavored and little-used because, among other things, it requires members participating remotely to list the address where they will participate on the agenda, and to accommodate the public at that location. Also, this option requires at least a quorum to be present within the geographic area covered by the legislative body, which further diminishes its practical value.

The second option is to follow the rules set forth in Assembly Bill 2449 (2022) (“AB 2449”), a recent law that amended the Brown Act to allow remote participation for “just cause” or in an “emergency circumstance.” The circumstances that qualify as “just cause” or an “emergency circumstance” are narrow. A table included as **Attachment B** to this memorandum summarizes the requirements of AB 2449. AB2449 also limits how frequently the “just cause” and “emergency circumstance” grounds can be used and imposes a number of other requirements that limit its practical value, including that at least a quorum must meet in the same location and accommodate public participation at that site. If a member joins the meeting remotely pursuant to AB 2449, then the public must also be afforded an opportunity to observe the meeting remotely and remotely address the body. If all members are physically present, then the opportunity for remote public participation is not required, though AB 2449 does not prevent a legislative body from providing the hybrid option to the public if the body so chooses.

Altogether, AB 2449 is most likely to be useful in facilitating participation by a legislative body member who falls temporarily ill or otherwise physically unable to attend meetings for a short period of time, but the new law does not provide the flexibility to meet remotely that many Brown Act bodies have relied on over the last two years. The February 28, 2023 expiration of the Governor’s emergency proclamation will require local legislative bodies to return to in-person meetings, and the exceptions that allow remote participation are of limited practical value.

## ATTACHMENT B

<b>AB 2449 Rules (in effect through December 31, 2025) [Gov. Code § 54953(f)]</b>	
<b>Summary</b>	Can be used only in the event of “ <b>just cause</b> ” or an “ <b>emergency circumstance.</b> ” Though defined in AB 2449, these terms overlap to a degree and it will not always be clear which is more appropriate to use (which in turn, has implications due to the annual caps mentioned below).
<b>Just Cause</b>	“ <b>Just cause</b> ” is defined as any of the following: (1) childcare or caregiving for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires remote participation; (2) a contagious illness that prevents the member from attending in person; (3) a need related to a disability not otherwise accommodated; or (4) travel while on official business of the legislative body or a state or local agency.  Can be used for no more than <b>two meetings</b> per calendar year. Unlike the “emergency circumstance” exception, approval by the legislative body is not required.
<b>Emergency Circumstance</b>	An “ <b>emergency circumstance</b> ” is defined as a physical or family medical emergency that prevents a member from attending in person.  There is no specific limit on the number of times an “emergency circumstance” can be used, but the annual cap described below limits its use generally. Reliance on the “emergency circumstance” ground for remote participation <b>must be specifically approved</b> by legislative body as an action item. A request can be added to an agenda at beginning of meeting if needed, and must be acted on at the beginning of the meeting.
<b>Annual Caps</b>	A member cannot participate remotely for more than <b>three consecutive months or 20% of the regular meetings</b> in a calendar year (i.e. “just cause” and “emergency circumstances” combined). If the body regularly meets fewer than 10x/annually, member cannot participate remotely in more than two meetings.
<b>Notice and Agenda Requirements</b>	Affected member must <b>notify the legislative body</b> (notice to the Clerk is sufficient) of their need to appear

	<p>remotely as soon as possible, and no later than the start of the meeting, together with a “<b>general description</b>” of the grounds for remote participation. The general description need not exceed 20 words or identify any medical diagnosis or disability, or any other personal medical information that is exempt from disclosure under other laws</p> <p>The request to appear remotely pursuant to the emergency exception should be placed on the posted agenda, if possible. If insufficient time to place the request on the agenda when it is posted 72 hours prior to the meeting, the body can still take action on the request pursuant to Government Code § 54954.2(b)(4).</p> <p>Agendas <b>do not</b> need to be posted at each teleconference location.</p>
<p><b>Member and Public Participation</b></p>	<ul style="list-style-type: none"> <li>• A member attending remotely must participate through both audio and visual technology.</li> <li>• When a vote is taken, the member must disclose if someone over the age of 18 is in the same room and their relationship to that person.</li> <li>• Public participation <b>must</b> allow for either a call-in option or an internet-based service option to directly address the body in real-time during public comment.</li> <li>• Local agencies <b>do not</b> need to allow public participation at each (or any) location where members are joining remotely, but instead must “clearly advertise” how members of the public can participate on the agenda. Agencies must, however, allow for public attendance and participation at the <b>primary</b> meeting location where the quorum is present.</li> <li>• In the event the meeting broadcast is disrupted, the meeting <b>must</b> pause until it is restored.</li> </ul>
<p><b>Quorum</b></p>	<p>A quorum of the legislative body members must participate in person at a <b>single physical location</b> within the body’s territory, as identified on the agenda. The location must be open to the public and ADA compliant.</p>



## ATTACHMENT A

<b>General Brown Act Teleconferencing Requirements [Gov. Code § 54953(b)]</b>	
<b>Summary</b>	<ul style="list-style-type: none"><li>• Can be used any time, but requirements (particularly for public participation) are somewhat impractical</li></ul>
<b>Agendas</b>	<ul style="list-style-type: none"><li>• Agendas <b>must</b> be posted at each teleconference location where a legislative body member is present</li><li>• All teleconference locations must be listed on the agenda</li></ul>
<b>Public Participation</b>	<ul style="list-style-type: none"><li>• Each teleconference location <b>must</b> be accessible to the public, and the public <b>must</b> be allowed to offer comments from each location</li><li>• Additional teleconference locations may also be offered for the convenience of participants</li><li>• All teleconference locations must be ADA-compliant</li></ul>
<b>Quorum</b>	<ul style="list-style-type: none"><li>• At least a quorum of the legislative body <b>must</b> be present within the agency's territory</li></ul>