



## AGENDA

**Staff Attendees:** Polly Baldwin, MD, Ralph Barbosa, Michael Camacho-Craft, Dana Gamble, Elvia Lopez, Melissa Gomez, Suzanne Jacobson, Jeanie Sleigh, Paola Hurtado, Kendall Johnston, Van Do-Reynoso, Elvira Briones-Arellano

<b>Board Members</b>		<u>Consumer Members:</u> Lee Herrington (co-Chair), Celia Lee, Filipo Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara, Cynthia Guerrero <u>Community Members:</u> Sylvia Barnard, Skip Szymanski (Chair), Jason Prystowsky, MD, Arianna Castellanos, Emily Casarez <u>Non-Voting Staff Member:</u> Dr. Douglas Metz	
<b>Item #</b>	<b>Time</b>	<b>Item</b>	<b>Owner</b>
<b>I.</b>	12:00-12:03	Welcome and Call to Order	Szymanski
<b>II.</b>	12:03-12:08	Review and Approve Minutes from July 22, 2020	Szymanski
<b>III.</b>	12:08-12:10	Roll Call and Sign In Sheet	Johnston
<b>IV.</b>	12:10-12:13	Public Comment Period	
<b>V.</b>		<b>Old Business: None</b>	
<b>VI.</b>	12:13-12:41  15 min	<b>New Business:</b>  1. Introduction of new PHD Compliance Officer, Janine Neal and Semi-Annual Compliance Report. For Board Review, No action necessary	Neal
<b>VII.</b>	12:41-1:07  8 min  3 min  2 min  8 min  5 min  5 min	<b>Standing Reports:</b>  1. Monthly Financial Report: Staff recommends that the Board accept and approve the Financial Report for the month of July 2020.  2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the policies referenced in VII.2  3. Provider Appointments: None this month  4. Quality Measures Report: For Board Review, No action necessary  5. Executive Director's Report: For Board Review, No action necessary  6. COVID19 Update	Jacobson  Herrington  Baldwin  Gomez  Metz  Gamble
<b>VIII.</b>	1:07-1:08	<b>Member Announcements</b>	Szymanski
<b>X.</b>	1:20	<b>Meeting Adjourned</b>	Szymanski

**Next HC Board Meeting: Wednesday, September 23, 2020**  
**Santa Barbara County Admin 300 N. San Antonio Road**  
**C101/102**



# HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT  
SANTA BARBARA COUNTY

## Health Center (HC) Board Minutes July 22, 2020

The Health Center Board met via Go To Meeting.

**Present: Consumer Members:** Lee Herrington (Co-Chair), Filipo Chappelle, Wm. Darrel Gardner, Celia Lee, Cynthia Guerrero

**Community Members:** Emily Casarez, Sylvia Barnard, Arianna Castellanos, Jason Prystowsky

**Non-Voting Member:** Douglas Metz, Health Center Executive Director

**Staff:** Kendall Johnston, Paola Hurtado, Dana Gamble, Jeanette Gumber, Suzanne Jacobson, Polly Baldwin, Melissa Gomez, Elvira Briones-Arellano, Michael Camacho-Craft, Elvia Lopez.

**Guests/Speaker:** None

### Agenda Items

#### I. Call to Order

Meeting was called to order by Co-Chair Herrington at 12:00pm.

#### II. Review and Approve Minutes from the June 24, 2020 Meeting

Mr. Chapelle motioned that the minutes from both the April and May Board meetings be approved by the HC Board; Mr. Gardner seconded. No public comments were made.

**Motion Carried Unanimously.**

#### III. Roll Call, Sign In and Quorum Established.

Ms. Johnston requested the virtual attendees do a roll call and verified that a quorum was established.

[Dr. Prystowsky joined the meeting at 12:06pm]

#### IV. Public Comment: None

#### V. Old Business: None

#### VI. New Business: None

#### VIII. Standing Reports:

##### 1. June 2020 Monthly, 4th Quarter, and Fiscal Year End Financial Reports-Ms. Jacobson

Ms. Jacobson began her presentation with the June month-to-date and year-to-date totals for revenue and expenditures, which are both below budget at an overall 96.8 percent. As June 30<sup>th</sup> marks the end of the 19/20 fiscal year, Ms. Jacobson was happy to report that the fiscal year has been closed with a balanced budget. While Medi-Cal and State/local funds were \$3.7M under budget in revenue, Public Health was overbudget in Medicare, ADAP and the Federal 330 Grant by \$1.7M. Expenditures that were under budget for the year include pharmaceuticals, indirect costs and salaries and benefits, while physician fees and other office expenses continue to be overbudget., While Public Health received HRSA and stimulus funds, Ms. Jacobson credited the health center and pharmacy staff for their increased efforts to provide much-needed services for County patients during the pandemic.

Mr. Chapelle motioned that the Board approve the June monthly ,Year-to-Date and Fiscal Year-end financial reports; Mr. Gardner seconded. No public comments were made.

**Motion Carried Unanimously.**

## **2. Policy Review Committee**

Mr. Chapelle motioned that the policies presented in April be approved by the Board; Ms. Casarez seconded. No public comments were made.

**Motion Carried Unanimously**

[Ms. Barnard joined the meeting at 12:17pm]

## **3. Provider Appointments-Dr. Baldwin**

Dr. Baldwin shared with the Board that the new pediatric provider, Dr. Kara Garcia will be replacing Dr. Dodds at the Carpinteria Health Center on August 3<sup>rd</sup>. Dr. Garcia is relocating from private practice in Pennsylvania and is a great addition to the team.

Dr. Prystowsky motioned that the Board approve Dr. Kara Garcia for initial appointment; Ms. Castellanos seconded. No public comments were made.

**Motion Carried Unanimously.**

## **4. Quality Measures Report-Ms. Gomez**

Ms. Gomez began her monthly report with an overview of the improvement measures, including the new measure: Pediatric Depression screening and intervention. This measure was identified by the Medical Quality Improvement Committee for patients aged 12-17. Depression screening for this age group should be completed annually and the baseline for this measure begins at 58.53% with a goal of 60%.

**Diabetes Control/A1C:** Continues to hover just under the goal, with a slight uptick as in-person visits have increased.

**Hypertension:** Very small improvement from the previous month, but an overall decrease as many visits were taking place remotely and blood pressures were unable to be monitored.

**Depression Screening:** Another slight dip in compliance for the month but an overall increase for the year. As in-person visits resume and workflows for telehealth are put in place to address this, we should continue to see improvement.

**Breast Cancer Screenings:** Another slight decrease from the previous month due to limited visits and cancellations of screening tests. Health Center staff will continue to work with patients on improved compliance.

**Patient Satisfaction (Wait time):** Slightly above the national average but a small decrease from the previous quarter.

As preventative services start re-opening at local facilities and the County health centers, we anticipate continued progress. No public comment.

## **5. Executive Director's Report-Dr. Metz**

Dr. Metz referred the Board members to his report and highlighted that during June both the Carpinteria and Franklin Health Centers increased their patient volume by 14% and 30%, respectively. Overall, the health centers have been successful at quickly adapting to virtual and telehealth visits leaving the visit totals just above what they were in fiscal year 17/18, which is remarkable considering how much the pandemic has affected the community. Of the goal of 500 patient visits per day across all health centers, PHD is at about 81%, and 50% of all visits are virtual. Prior to the pandemic, the health centers were at about 91% of the target visits. No public comments were made.

## **6. COVID 19 Update-Mr. Gamble**

Mr. Gamble provided a real-time update on the COVID19 situation in Santa Barbara County. Currently there are 5,124 total cases, 295 of which are active and 32 deaths have been reported. As the state and county began to open, surges of cases appeared which required additional closures of certain business sectors. Hospitalizations for COVID have increased dramatically and are being monitored by both the county and state. Public Health is working with city and community organizations to help mitigate the spread of this disease, but everyone needs to do their part in staying safe and keeping others safe. The state-run testing sites through Optum Serve have proved

to be challenging, with major delays in not only lab results, but obtaining appointments as well. To supplement this, PHD is working to expand prioritized testing targeted for those who are contacts of confirmed cases, healthcare workers and those who live or work in congregate living facilities. As North County has been one of the hotspots for COVID, targeted outreach and planning efforts with various agencies are underway. There were no public comments.

Dr. Baldwin also informed the Board that many of the employee physicians in the health centers donated their remaining annual budget for continuing medical education units in favor of purchasing pulse oximeters for their patients diagnosed with COVID. This was an inventive and generous idea that will help patients monitor their oxygen levels at home.

**VII. Member Announcements: None**

**VIII. Adjournment**

Meeting was adjourned at 12:59pm.

DRAFT

MEETING DATE: August 26, 2020

AGENDA ITEM NO.: VI.1

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: 8/20/2020  
To: Health Care Center Board  
From: Janine Neal, Compliance Officer  
Subject: Semi-Annual Compliance Program Report

**RECOMMENDATION:**

That the Board:

1. Receive the Public Health Department's semi-annual Compliance Program Report to the Health Center Board.

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

1. Introduction to PHD new Compliance Officer
2. The semi-annual report of the Compliance Program activities and status update for the FY 20/21.

# Compliance Program Semi-Annual Report to the Health Center Board

JANINE NEAL, CHPS  
AUGUST 26, 2020

## Introduction to Janine Neal, PHD Compliance and Information Security Officer

- Started at Santa Barbara County Public Health in 2007 as part of the technical team –Previously worked in Education and Banking as technical support
- Duties at PHD include Information Security Officer
- Masters Certificate in Information Assurance
- Certified in Healthcare Privacy and Security
- Lives in Orcutt with husband Bob and two dogs adopted from animal shelter
  - Mack the Maltese
  - Eddie the Shih Tzu



## Compliance Work Plan for FY 20/21

- Two areas of focus
  - Assessing and strengthening the Compliance Program
  - Assessing and responding to compliance risk areas

## Reporting Timelines

Committee Meetings currently first Friday quarterly starting in August

- Quarter One – August 7<sup>th</sup>
- Quarter Two - November 6<sup>th</sup>
- Quarter Three – February 5<sup>th</sup>
- Quarter Four - May 7<sup>th</sup>

Reports to Health Center Board

- August 26<sup>th</sup>
- February 24<sup>th</sup>

Reports to Cabinet

- TBD
- Feb 25<sup>th</sup>

## Proposed Compliance Program Work Plan Seven Elements as recommended by OIG

- 1. Program Structure
- 2. Written Standards
- 3. Training and Education
- 4. Open Communication
- 5. Monitoring and Auditing
- 6. Incident Response
- 7. Disciplinary Standards

## August - February Review Program Structure

- Establish reporting frequency to Health Center Board and Cabinet
  - Current plan states biannually.
    - Proposed dates August and February after Compliance Quarterly Meeting
  - Review and revise organizational chart and membership
  - Draft Compliance Committee charter
  - Review and update Compliance Plan Document

## August - February Monitoring and Auditing

- Establish baselines – Enterprise wide risk assessment – utilize existing committees or create committee or focus groups
  - Big Project – Prioritize areas of concern –areas to review
    - 340B – new 340B Oversight
    - Information Security
    - Billing and Coding
    - Incident Response and Reporting
    - Training
    - Credentialing and Privileging
    - Vendor Management – including Business Associate Agreements

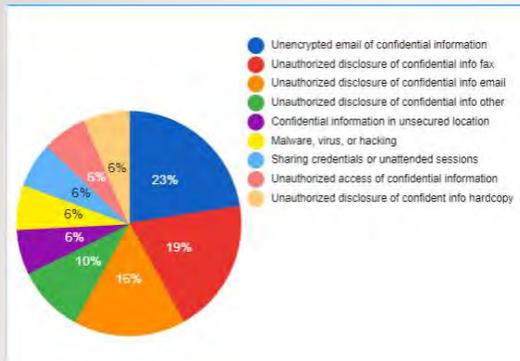
## August – February Review and Revise Polices and Procedures

- Complete Policy Review and Gap analysis
- Present Revised and New Policies to Health Center Board in February for comments and approval
- Present Revised Compliance Plan to Health Center Board in February for comments and approval

## August – February Improve Reporting Metrics and Trending Graphs

- Improve Incident Reporting tool
- Analyze trends in incidents and corrective action plans

## Privacy and Security Incident Reports



31 Incidents Reported and Investigated from July 2019 to August 2020

- 58% of reported incidents due to human error in sending faxes or email.

Malware, Virus Incidents down from last year due to County installation of new software and 24/7 monitoring by vendor and increased workstation security after emotet infection January 2019

Decrease in adding wrong guarantor due to workflow improvements in the clinics. Adding a wrong guarantor resulted in bills going to the wrong individual.



Questions?

MEETING DATE: 08/26/2020

AGENDA ITEM NO.: VII.1

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: 08/19/2020

To: Health Center Board

From: Suzanne Jacobson

Subject: Financial Report for July 2020

**RECOMMENDATION:**

That the Board: Accept and approve the Financial Report for July 2020

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

Financial Report and Narrative for period ended 07/31/2020.

**Santa Barbara County Public Health Department**

**Community Health Center Board**

*Financial Statement Narrative for **July, 2020***

*Includes variances over \$100K, either YTD or MTD*

<b><u>Financial Results:</u></b>	<b><u>Year to Date</u></b>	<b><u>July</u></b>
Revenues:	\$3,972,520	\$3,972,520
Expenditures:	\$4,449,834	\$4,449,834
Net Surplus/(Deficit):	<b><u>(\$477,314)</u></b>	<b><u>(\$477,314)</u></b>
<b><u>Revenue Highlights:</u></b>	<b><u>Year to Date Variance (79.8%)</u></b>	<b><u>July Variance (79.8%)</u></b>
<b><i>Over (Under) Budget</i></b>		
Medicaid/Medicare:	<b>(\$721,612)</b>	<b>(\$721,612)</b>
Local/State Funds:	<b>(\$165,655)</b>	<b>(\$165,655)</b>
<b><u>Expenditure Highlights:</u></b>	<b><u>Year to Date Variance (89.4%)</u></b>	<b><u>July Variance (89.4%)</u></b>
<b><i>Over (Under) Budget</i></b>		
Personnel/Benefits:	<b>\$118,000</b>	<b>\$118,000</b>
Physician Fees:	<b>(\$198,388)</b>	<b>(\$198,388)</b>

**Financial Results Discussion**

Our Community Health Center financial results for July 2020 reflect a negative *month to date* and *year to date* net financial impact of **(\$477,314)**.

Overall, our revenues are at 79.8% of budget and our expenditures are at 89.4% of budget. There are a few reasons for this:

- July is a month with 31 days and our monthly budget is 1/12 of the total year (about 30 days), so Salaries and Benefits appear high against the budgeted amount.
- This is the first month of the new fiscal year and the State tends to be a little slow paying patient claims after the end of their fiscal year, which is also June.
- This is the first month of the new fiscal year and most of our July invoices (contract physician fees, pharmaceuticals) have not been received.

### **Revenue Highlights:**

*We have negative variances for the following:*

- Medicaid and Medicare Revenue – Below budget and should be improving in the coming months as we continue to ramp up our visits using telehealth.
- Local/State Funds – Below budget so far, but still very early in the year, we hope to improve our Medi-Cal revenues to use less of our local funds.

### **Expenditure Highlights:**

*We have a positive variance for the following:*

- Physician Fees – Under budget due to the timing of invoices from physicians. These generally are delayed and track approximately one month behind the services performed.

*And a negative variance for:*

- Salaries and Benefits – Over budget due to the fact that July had 31 days and no holidays. The annual budget is divided equally by 12, so there are lower budgeted dollars (about 30 days worth) than actual expenses for months with 31 days and more budgeted dollars with months with fewer working days, like February. It should all even out by the end of the fiscal year.

Santa Barbara County Public Health Department Health Care Centers  
 Financial Monthly Report for CHC/HCH Grant H80CS00046  
 For the Month of July 2020 - Fiscal Year 2020-21

	FY 20-21 ADOPTED BUDGET	FY 20-21 As of 7-31-20 BUDGET	FY 20-21 As of 7-31-20 YTD ACTUALS	FY 20-21 July YTD Variance	FY 20-21 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 20-21 July ACTUALS	FY 20-21 July Variance	FY 20-21 July % of Budget
<b>REVENUES</b>									
<b>PROGRAM INCOME</b>									
Medicaid	\$ (37,807,200)	\$ (3,150,600)	\$ (2,685,627)	\$ 464,973	85%	\$ (3,150,600)	\$ (2,685,627)	\$ 464,973	85%
Medicare	(6,262,200)	(521,850)	(265,211)	256,639	51%	(521,850)	(265,211)	256,639	51%
Self-pay (includes HAP)	(2,170,100)	(180,842)	(103,185)	77,656	57%	(180,842)	(103,185)	77,656	57%
<b>LOCAL AND STATE FUNDS</b>									
State/Local Funds-TSAC/GF	(10,294,805)	(857,900)	(692,245)	165,655	81%	(857,900)	(692,245)	165,655	81%
<b>FEDERAL 330 GRANT</b>	(2,131,800)	(177,650)	(120,354)	57,296	68%	(177,650)	(120,354)	57,296	68%
<b>OTHER FEDERAL FUNDING</b>									
ADAP	(1,040,000)	(86,667)	(105,897)	(19,230)	122%	(86,667)	(105,897)	(19,230)	122%
<b>TOTAL REVENUE</b>	<b>\$ (59,706,105)</b>	<b>\$ (4,975,509)</b>	<b>\$ (3,972,520)</b>	<b>\$ 1,002,988</b>	<b>79.8%</b>	<b>\$ (4,975,509)</b>	<b>\$ (3,972,520)</b>	<b>\$ 1,002,988</b>	<b>79.8%</b>
<b>EXPENDITURES</b>									
<b>PERSONNEL</b>	\$ 24,181,789	\$ 2,015,149	\$ 2,139,287	\$ 124,138	106%	\$ 2,015,149	\$ 2,139,287	\$ 124,139	106%
<b>FRINGE BENEFITS</b>	14,161,611	1,180,134	1,173,997	(6,137)	99%	1,180,134	1,173,997	(6,137)	99%
<b>TOTAL PERSONNEL</b>	<b>38,343,400</b>	<b>3,195,283</b>	<b>3,313,284</b>	<b>118,000</b>	<b>104%</b>	<b>3,195,283</b>	<b>3,313,284</b>	<b>118,000</b>	<b>104%</b>
<b>TRAVEL</b>									
PHD Carpool	65,100	5,425	7,580	2,155	140%	5,425	7,580	2,155	140%
Transportation - Local Mileage	24,900	2,075	931	(1,144)	45%	2,075	931	(1,144)	45%
Training and Travel	82,600	6,883	1,164	(5,719)	17%	6,883	1,164	(5,719)	17%
<b>TOTAL TRAVEL</b>	<b>172,600</b>	<b>14,383</b>	<b>9,675</b>	<b>(4,708)</b>	<b>67%</b>	<b>14,383</b>	<b>9,675</b>	<b>(4,708)</b>	<b>67%</b>
<b>SUPPLIES</b>									
Medical Supplies	673,600	56,133	44,769	(11,364)	80%	56,133	44,769	(11,364)	80%
Office Supplies	172,100	14,342	6,983	(7,359)	49%	14,342	6,983	(7,359)	49%
Pharmaceuticals	4,918,000	409,833	329,669	(80,164)	80%	409,833	329,669	(80,164)	80%
Bus Tokens	20,000	1,667	-	(1,667)	0%	1,667	-	(1,667)	0%
<b>TOTAL SUPPLIES</b>	<b>5,783,700</b>	<b>481,975</b>	<b>381,421</b>	<b>(100,554)</b>	<b>79%</b>	<b>481,975</b>	<b>381,421</b>	<b>(100,554)</b>	<b>79%</b>
<b>CONTRACTUAL</b>									
Janitorial Services	305,300	25,442	(16,580)	(42,022)	-65%	25,442	(16,580)	(42,022)	-65%
Physician Fees	2,292,400	191,033	(7,355)	(198,388)	-4%	191,033	(7,355)	(198,388)	-4%
Professional Services	953,400	79,450	(5,325)	(84,775)	-7%	79,450	(5,325)	(84,775)	-7%
<b>TOTAL CONTRACTUAL</b>	<b>3,551,100</b>	<b>295,925</b>	<b>(29,260)</b>	<b>(325,185)</b>	<b>-10%</b>	<b>295,925</b>	<b>(29,260)</b>	<b>(325,185)</b>	<b>-10%</b>
<b>OTHER</b>									
Building Maintenance	20,200	1,683	17,800	16,117	1057%	1,683	17,800	16,117	1057%
Communications	289,400	24,117	22,714	(1,403)	94%	24,117	22,714	(1,403)	94%
Data Processing	957,900	79,825	-	(79,825)	0%	79,825	-	(79,825)	0%
Liability Insurance	370,200	30,850	30,850	-	100%	30,850	30,850	-	0%
Malpractice Insurance	225,700	18,808	18,808	(0)	100%	18,808	18,808	(0)	0%
Other Clinical Expenditures	277,200	23,100	1,834	(21,266)	8%	23,100	1,834	(21,266)	8%

Santa Barbara County Public Health Department Health Care Centers  
 Financial Monthly Report for CHC/HCH Grant H80CS00046  
 For the Month of July 2020 - Fiscal Year 2020-21

	FY 20-21 ADOPTED BUDGET	FY 20-21 As of 7-31-20 BUDGET	FY 20-21 As of 7-31-20 YTD ACTUALS	FY 20-21 July YTD Variance	FY 20-21 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 20-21 July ACTUALS	FY 20-21 July Variance	FY 20-21 July % of Budget
Other Office Expenditures	1,113,700	92,808	54,568	(38,240)	59%	92,808	54,568	(38,240)	59%
Public Health Lab Services	92,200	7,683	-	(7,683)	0%	7,683	-	(7,683)	0%
Rents & Leases	119,800	9,983	9,962	(21)	100%	9,983	9,962	(21)	100%
Services County Provided	116,400	9,700	-	(9,700)	0%	9,700	-	(9,700)	0%
Utilities	498,400	41,533	38,774	(2,760)	93%	41,533	38,774	(2,760)	93%
<b>TOTAL OTHER</b>	<b>4,081,100</b>	<b>340,092</b>	<b>195,310</b>	<b>(144,782)</b>	<b>57%</b>	<b>340,092</b>	<b>195,310</b>	<b>(144,782)</b>	<b>57%</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$ 51,931,900</b>	<b>\$ 4,327,658</b>	<b>\$ 3,870,430</b>	<b>\$ (457,228)</b>	<b>89.4%</b>	<b>\$ 4,327,658</b>	<b>\$ 3,870,430</b>	<b>\$ (457,228)</b>	<b>89.4%</b>
<b>INDIRECT COST (14.97% OF TADC)</b>	<b>7,774,205</b>	<b>647,850</b>	<b>579,403</b>	<b>(68,447)</b>	<b>89.4%</b>	<b>647,850.45</b>	<b>579,403</b>	<b>(68,447)</b>	<b>89.4%</b>
<b>TOTAL BUDGET</b>	<b>\$ 59,706,105</b>	<b>\$ 4,975,509</b>	<b>\$ 4,449,834</b>	<b>\$ (525,675)</b>	<b>89.4%</b>	<b>\$ 4,975,509</b>	<b>\$ 4,449,834</b>	<b>\$ (525,675)</b>	<b>89.4%</b>
<b>Net Surplus/ Deficit</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 477,314</b>	<b>\$ 477,314</b>		<b>\$ 0</b>	<b>\$ 477,314</b>	<b>\$ 477,314</b>	

Negative NFI

Negative NFI

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: August 20, 2020

To: Health Center Board

From: Policy Review Committee

Subject: Policy Recommendations

**RECOMMENDATION:**

That the Board approve the policies referenced below as reviewed and approved by the Policy Review Committee.

**DISCUSSION:**

The Policy Review Committee recommends the Board vote to approve the following policies reviewed during the month of August 2020.

**POLICY NO.**                      **TITLE**

- |             |  |
|-------------|--|
| 1. 15-C-603 | Conflict of Interest   |
| 2. 05-C-245 | Abbreviations, Acronyms and Symbols  |
| 3. 97-C-105 | Referral Order Management  |
| 4. 13-C-589 | Managing Patient Populations with Preventative Care, Chronic Conditions and Special Medication Needs |

	<b>Number: 15-C-603</b>
<b>Prepared By: Douglas Metz, DPM, MPH, Deputy Director PCFH</b>	<b>Effective Date: 8/15/2020</b>
<b>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</b>	<b>Original Date: 7/15/2017</b>
<b>TITLE: Conflict of Interest</b>	<b>Next Review Date: 8/15/2021</b>

**POLICY**

Health Center Board ("Board") members will perform their duties conscientiously and in accordance with the best interests of the health center. In order to assure impartial decision making, it is the policy of the Board that any conflicts of interest, or apparent or potential conflicts of interest, be fully disclosed before a discussion is initiated on the matter involved, and that no board member participate in any decision in which he or she has a conflict of interest. Additionally, Board members are expected to comply with the directives outlined in the following documents, all of which address conflict of interest:

- 1) Santa Barbara County Health Center Board Bylaws, Article X
- 2) Santa Barbara County Chief Executive Officer (CEO) Rules Regarding Incompatible Activities and Conflict of Interest, Item Number 121-103, County of Santa Barbara Administrative Manual
- 3) Santa Barbara County Public Health Department Compliance Plan, Section II, Code of Conduct

Each Board member will sign a Conflict of Interest Statement delineating their agreement to abide by these conflict of interest requirements.

It is the continuing responsibility of all Board members to review their outside business interests, philanthropic interests, personal interests, and family and other close relationships for actual, apparent, or potential conflicts of interest with respect to the Health Center, and to promptly disclose the nature of the interest or relationship.

**PURPOSE**

The purpose of this policy is to define conflict of interest and outline the expectations of Board members in the event that they should encounter a conflict of interest situation.

<p>Santa Barbara County  <b>PUBLIC Health</b>    DEPARTMENT</p>	<p>Number: 05-C-245</p>
<p>Prepared By: Yvette Calhoun, Public Health  Field Nursing Supervisor</p>	<p>Effective Date: 08/18/2020  Original Date: 09/26/2008</p>
<p>Authorized By: Yvette Calhoun, Nursing  Supervisor, Paige Batson Deputy Director CH,  June English, MPH, Privacy Officer</p>	<p>Next Review Date: 08/18/2021</p>
<p><b>TITLE: Abbreviations, Acronyms and Symbols</b></p>	

**POLICY**

Licensed personnel are expected to be familiar with standardized medical and nursing abbreviations. Unlicensed assistive personnel should be informed, trained and competent in knowing the meanings behind the symbols or abbreviations they may be using in documentation or implementation of orders.

**PURPOSE**

To define the standardized use of medical and nursing abbreviations, PHD acronyms and symbols.

<p>Santa Barbara County</p>  <p><b>PUBLIC Health</b> DEPARTMENT</p>	<p><b>Number: 97-C-105</b></p>
<p><b>Prepared By: Melissa Gomez RN, Performance Improvement Coordinator and Karla Quintana Healthcare Program Coordinator, PCMH CCE</b></p>	<p><b>Effective Date: 8/11/2020</b></p> <p><b>Original Date: 2/10/2014</b></p>
<p><b>Authorized By: Polly Baldwin MD, Medical Director</b></p>	<p><b>Next Review Date: 8/11/2021</b></p>
<p><b>TITLE: Referral Order Management</b></p>	

**POLICY**

The Medical Practices Committee (MPC) will direct the Health Care Centers (HCC) and Care Teams on the expected management of referral orders in the Electronic Health Record (EHR) and facilitate development of necessary support resources

**PURPOSE**

- To set guidelines for referral orders- the content, tracking and communication between the Care Team and referral service provider
- To identify and assign responsibility for needed workflows, materials and training processes

<p>Santa Barbara County  <b>PUBLIC Health</b>    DEPARTMENT</p>	<p>Number: 13-C-589</p>
<p>Prepared By: Melissa Gomez RN</p>	<p>Effective Date: 8/18/2020  Original Date: 7/29/13</p>
<p>Authorized By: Polly Baldwin Medical Director.</p>	<p>Next Review Date: 8/18/2021</p>
<p><b>TITLE: Managing Patient Populations with Preventive Care, Chronic Condition and Special Medication Needs</b></p>	

**POLICY**

The Health Care Centers will use communication tools to assist in managing patient populations in need of specific services.

**PURPOSE**

To address population of patients due for:

- Preventive medical care services
- Immunizations
- Chronic medical conditions in need of services
- Patients not seen regularly in the practice

MEETING DATE: August 26, 2020

AGENDA ITEM NO.: VII.4

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: August 20, 2020

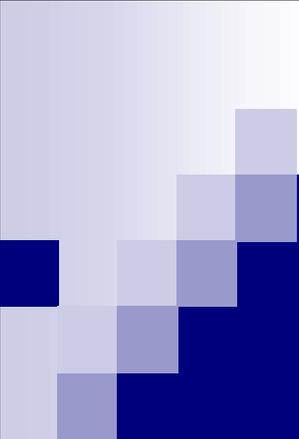
To: HC BOARD

From: Melissa Gomez

Subject: Medical Quality Report

**RECOMMENDATION:** Review

**DISCUSSION:**



## Medical Quality performance improvement plan measures update

July 2020 Data

Melissa Gomez RN CCM 08/2020



## Measures for Improvement 2020

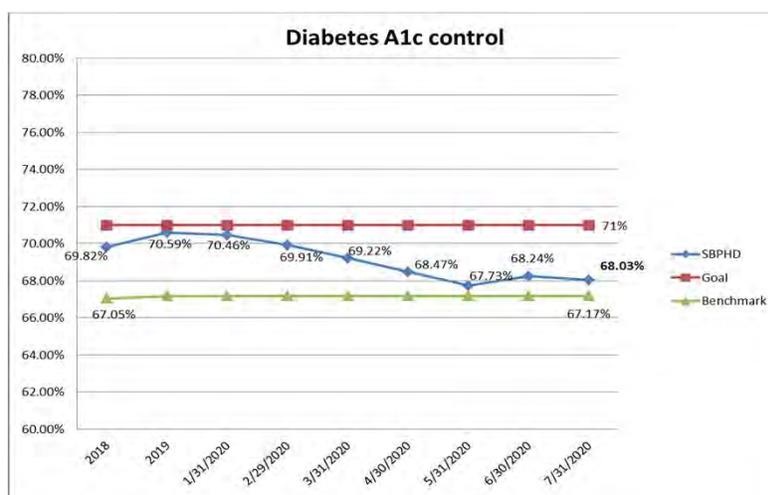
- Diabetes Control
- Hypertension
- Depression screening and intervention
- Depression screening and intervention for 12-18 year olds
- Breast cancer screening
- Patient satisfaction with wait time(in clinic)-crossroads quarterly report\*\* **Changed\*\***



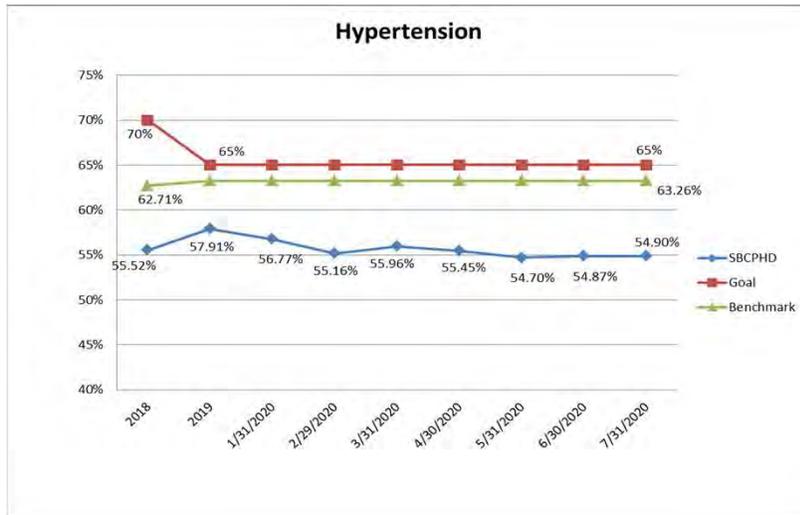
Performance Measure 2019 EPIC (7/31/19/19 to 7/31/20)	Patients	Percentage	Homeless	Percentage Homeless	Goal	HRSA 2018 National
	Total		Total			
HgA1c 9 or less	2022	68.03%	84	53.50%	71.00%	67.17%
	2972		157			
Hypertension- Blood Pressure controlled with last BP less than 140/90	2810	54.90%	137	41.52%	65.00%	63.26%
	5118		330			
Depression Screening with intervention if screening is positive (age 12-18)	632	55.68%	3	50.00%	60.00%	70.57%
	1135		6			
Depression Screening with intervention if screening is positive (age 12 and up)	7762	53.18%	496	54.21%	60.00%	70.57%
	14597		915			
Mammography -women 50-74 q2 years	1427	48.97%	14	11.02%	59%	58.4%
	2914		127			



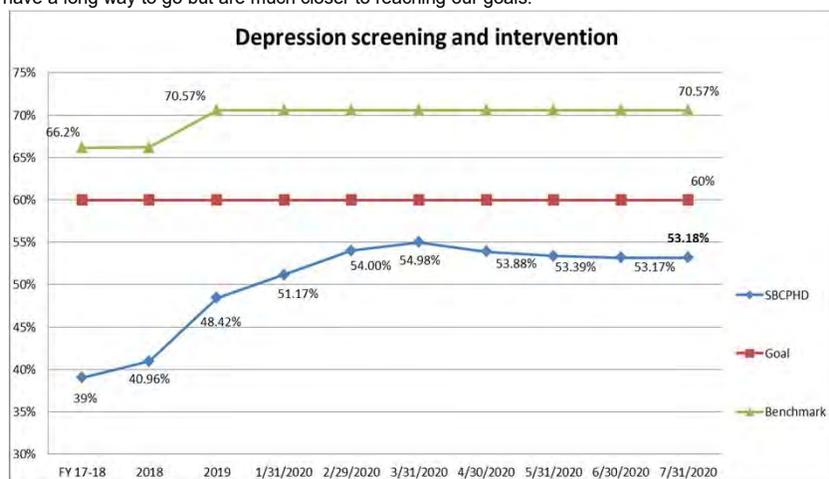
We continue to hover just under our goal



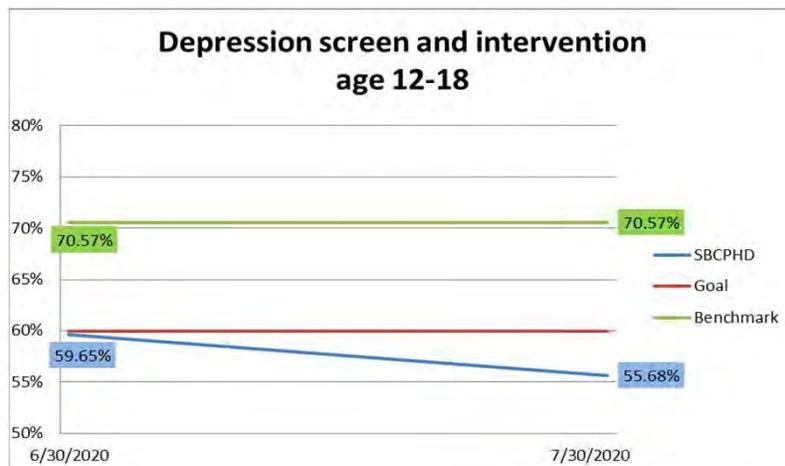
During the last few months there has been a decrease in compliance as many visits were taking place remotely and blood pressures were unable to be monitored.



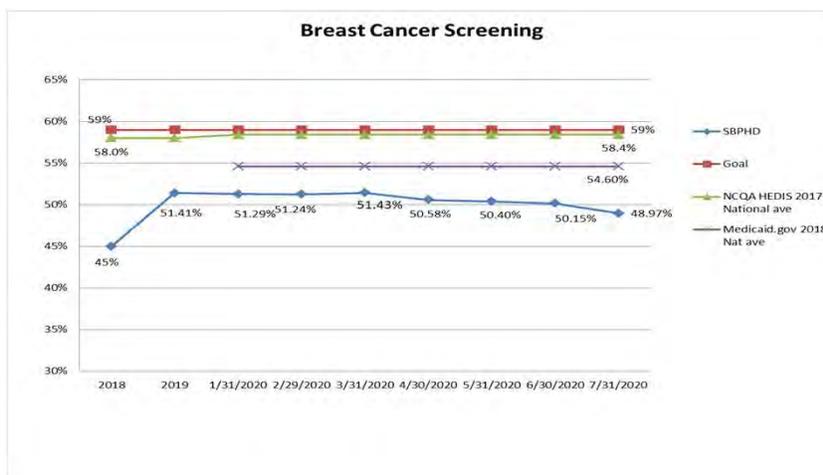
After extensive review, and training- including updated policies and workflows, we saw a huge improvement on depression screening and intervention in 2019. There was a slight dip over the past few months, but as in person visits resume, and workflows for telehealth are put in place to address this, we should continue to see improvement. We continue to focus on this measure closely as we have a long way to go but are much closer to reaching our goals.



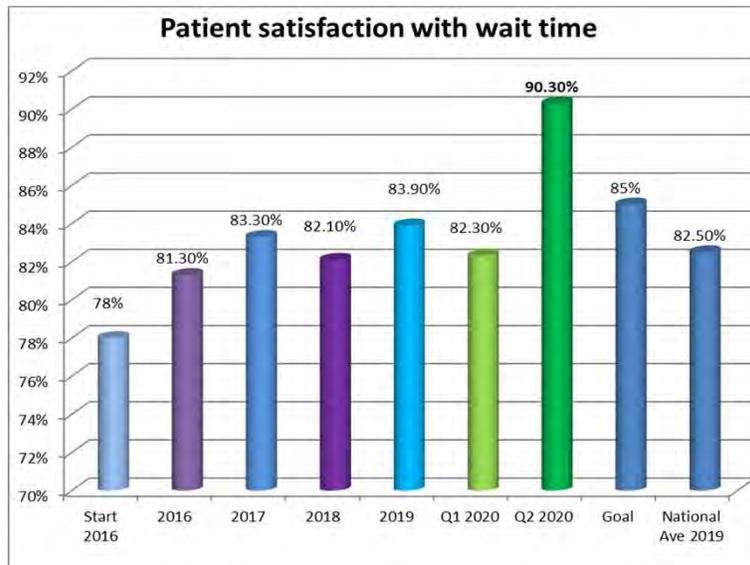
## Depression screening and intervention in pediatric patients aged 12-18



In 2019 we made significance improvement on this measure . We have seen a dip over the last couple of months due to limited visits and cancellation of screening tests, but our HCC staff continue to work with patients on improved compliance.



The Crossroads report was updated to reflect the increased telephonic and virtual visits. The question asking for patients to rate their satisfaction with wait time once in the clinic was replaced with “connected or saw care team within 15 minutes of appointment time”



## Plan

As mentioned in prior reports, reduced visits and transitioning to virtual visits and telehealth over the past few months has led to a dip in our compliance with these measures. As preventive services start re-opening at local facilities and our health care centers adjust to virtual and phone visits, we anticipate continued progress.

MEETING DATE: August 26, 2020

AGENDA ITEM NO.: VII.5

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: August 20, 2020

To: Health Center Board

From: Douglas Metz

Subject: Executive Director's Standing Report

**RECOMMENDATION:**

No action required – Submitted as Executive Director's monthly report to the Board.

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

N/A

**Date:** Wednesday, August 26, 2020 – VIRTUAL MEETING  
**To:** Health Center Board of Directors  
**From:** Dr. Douglas Metz, Executive Director, Health Centers  
**RE:** E.D. Report

Focus Area	Monthly Highlights – July 2020
<b>Health Center Operations</b>	
<ul style="list-style-type: none"> <li>● <b>HRSA Relations</b> (Ralph Barbosa, Dana Gamble)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff monitoring HRA/BPHC webinars and announcements for possible additional financial support upcoming</li> <li>▪ Waiting on word on Congress appropriating more CARES dollars to FQHCs</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Carpinteria</b> (Jeanette Gumber)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to work on filing schedules</li> <li>▪ Celebrated the retirement of pediatrician Dr. Peggy Dodds</li> <li>▪ Finalized an official workflow for using a tent to see sick patients outside after a trial use during July</li> <li>▪ Continue to support the Covid-19 disease control effort with one AOP II and one Medical Assistant deployed full-time</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Franklin</b> (Elvia Lopez)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provided FHCC COVID positive patients with Pulse Ox care packages</li> <li>▪ FHCC started the hiring process for two nursing vacancies</li> <li>▪ Held first combined CHCC/FHCC provider meeting</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Lompoc</b> (Jeanie Sleigh)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interviewed, hired and trained staff for PHD test sites</li> <li>▪ Prepared sites for testing of essential workers</li> <li>▪ Continued to work on filling schedules</li> <li>▪ Refined workflows for keeping sick and well separate in clinic hours</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Santa Barbara</b> (Paola Hurtado)</li> </ul>	<ul style="list-style-type: none"> <li>▪ HCA Participated in the IGNITING the Process Improvement Culture meetings</li> <li>▪ Prepared for COVID testing of essential workers at the SBHCC site</li> <li>▪ Onboarded new Staff Nurse for Primary Care Department</li> <li>▪ Onboarded EXH Medical Assistant (MA) to cover for MA assigned to COVID response efforts</li> <li>▪ Facilitated the training of 3 staff members to perform N95 fit testing</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Santa Maria</b> (Michael Camacho-Craft)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prepared for COVID testing of essential workers at the SMHCC site</li> <li>▪ Continued ramping up Pediatrics in SM!</li> <li>▪ Adjusted COVID testing workflow for our patients to improve speed and reduce use of PPE</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Healthcare for the Homeless</b> (Ralph Barbosa)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Worked to support shelters during the pandemic</li> <li>▪ Was a strong advocate for enhanced access to COVID testing at the OptumServe sites as well as for COVID related education and procurement of PPE and cleaning supplies</li> <li>▪ In non-COVID related news, structured the process for the 2019 Homeless Death Report</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Pharmacy</b> (Carol Millage)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implementing a new 340B Committee; First draft of Charter prepared with Assistant Deputy Director/Compliance Officer</li> <li>▪ Implemented a new auditing process to review 340B Ceiling prices from HRSA website and compare with the PHD pharmacies and contract pharmacies</li> <li>▪ Implemented a New Conflict of Interest policy and attestation for Pharmacy Staff</li> <li>▪ Facilitated the annual accreditations for several Medicare Part D plans</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Clinical Lab</b> (Linda Weisman)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manager returned to work from an 8 week medical leave</li> <li>▪ COVID: Continued efforts to procure sufficient PPE and COVID specimen collection kits</li> <li>▪ Continued efforts to screen patients for COVID symptoms and elevated temperatures before they enter Building</li> <li>▪ Continued support to EHR Users for the appropriate ordering of COVID tests, as well as specimen collection, routing of specimens and locating results from non-interfaced laboratories</li> <li>▪ Assisted the PHD Health Officer in investigating the sensitivity and specificity data and ease of use of numerous Point of Care COVID Tests, for use in the HCCs</li> <li>▪ Joined the PHD Community Testing Task Force and Project Sponsors Daily Briefings to assist in planning</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Health Information Management / HIPAA / Data Security</b> (Dana Gamble, June English, Laura Lui)</li> </ul>	<p>Privacy:</p> <ul style="list-style-type: none"> <li>▪ July Privacy Incidents: (4)</li> </ul> <p>Training:</p> <ul style="list-style-type: none"> <li>▪ 2 HIPAA trainings for clinic staff this year</li> <li>▪ Compliance 2020 update being prepared by Compliance Officer</li> </ul>
<ul style="list-style-type: none"> <li>• <b>PCMH</b> (Karla Quintana, Melissa Gomez, Polly Baldwin, Doug Metz)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>FHCC &amp; CHCC re-recognized as PCMH!</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Customer Service</b> (Health Center Administrators)</li> </ul>	<ul style="list-style-type: none"> <li>▪ COVID-19 questions added to patient survey for near-future</li> </ul>

## PATIENT VOLUME REPORT

July 2020

Site	“Billable” Visits This Month	Visits Last Month	Unique Patients This Month	Unique Patients Last Month	Notes
					July = 24 clinic days (last month had 22)
Carpinteria HCC	605	546	467	406	<i>11% increase in daily visits this month</i>
Franklin HCC	1,251	1,234	844	851	
<i>Franklin Elementary School Clinic (1 evening/wk)</i>	0	0	0	0	
Lompoc HCC	2,742	2,666	1,908	1,898	<i>3% increase in daily visits this month</i>
Santa Barbara HCC	2,052	2,049	1,453	1,399	
Santa Maria HCC	2,392	2,253	1,527	1,460	<i>6% increase in daily visits this month</i>
Homeless Shelters (3 sites combined)	319	310	139	161	<i>Significant increase in homeless care continues this month due to focus on this population at shelters during pandemic</i>
Outside Sites: PHN Home Visits, Hospital, Deliveries, SNF, etc.)	47	55	47	55	
<b>TOTALS</b>	<b>9,408</b>	<b>9,113</b>	<b>6,385</b>	<b>6,230</b>	<i>Note: July pt. visits/day = 392; this represents approx. 87% of pre-COVID average, and 77% of target.</i>
% difference of pts/day from previous month	<i>slight increase (3%) of daily pts over last month</i>				<i>Summary: Visit levels lower due to pandemic, but consistent recovery to approach pre-COVID levels, thanks to virtual visits at clinics, which remain at about 50% of visit totals</i>

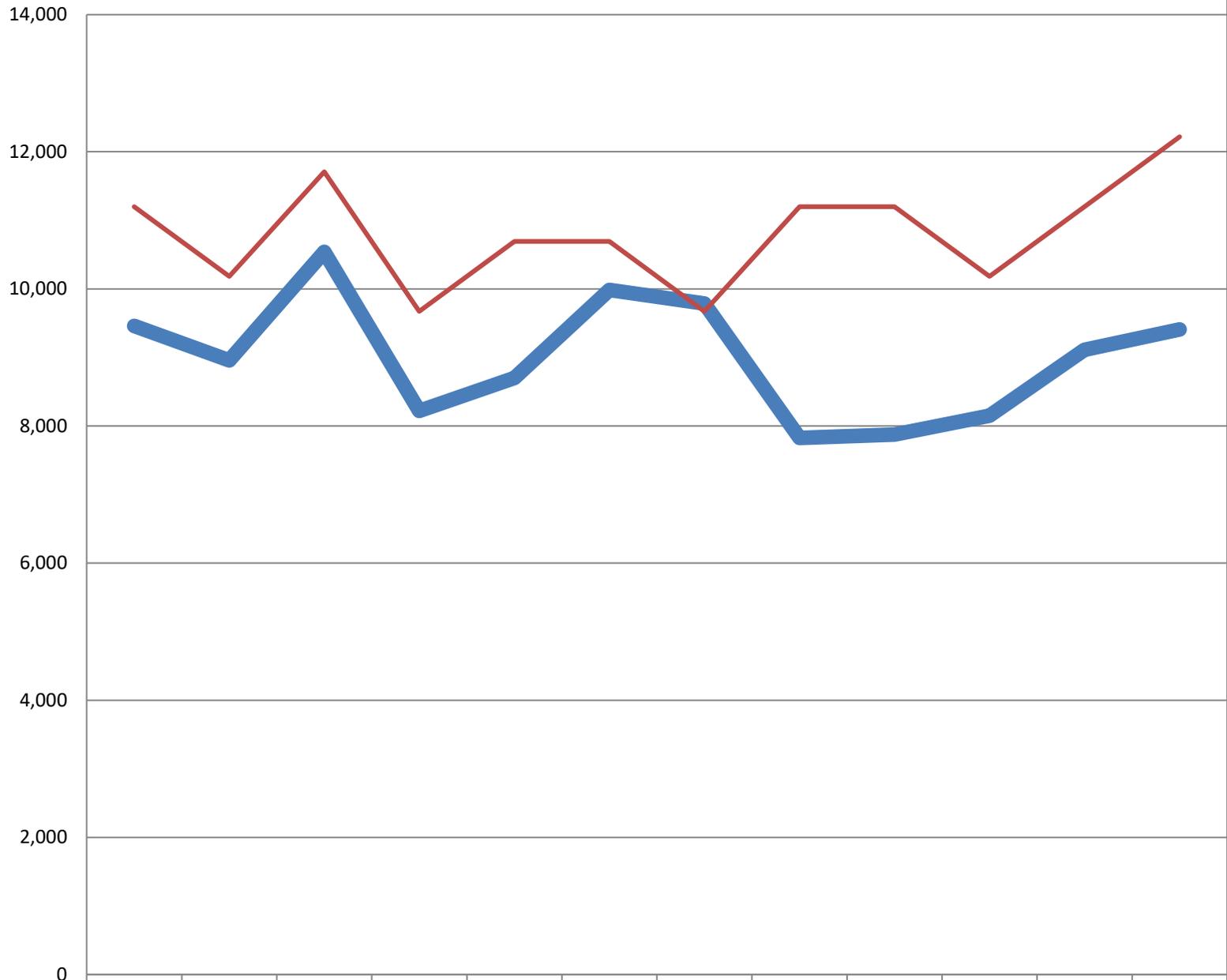
**CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)\***

***No report this month due to COVID-19 schedule abnormalities***

<b>Metric</b>	<b>Current Benchmark</b>	<b>Actual This Month</b>	<b>Last month</b>	<b>Notes</b>
<b>Pt visits / Clinical FTE</b>	16 overall visits / 1.0 clinical FTE		<b>~15 visits/FTE</b>	
<b>% of unfilled appointment slots</b>	<10%, not counting purposely unfilled “day-of” open access slots)		*	
<b>No show rates</b>	<15%		<b>Avg. across all sites = 12%</b>	
<b>“Third Next Available” (TNA) Appointment (routine primary care)</b>	< 14 days		<b>~7days (average across all sites)</b>	
<b>Clinic Waiting Time (Cycle Time: registration to provider visit)</b>	< 45 min.		*	

*\*Some metrics reports are still being written for the new system*

## Patient Visit Trending Over 12 Months



Visits-actual	9,459	8,957	10,540	8,219	8,699	9,985	9,787	7,826	7,877	8,152	9,113	9,408
TARGETS	11,200	10,181	11,709	9,672	10,690	10,690	9,672	11,200	11,200	10,181	11,200	12,218

MEETING DATE: August 26, 2020

AGENDA ITEM NO.: VII.6

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: August 20, 2020

To: Health Center Board

From: Dana Gamble

Subject: COVID-19 Update

**RECOMMENDATION:**

No action required

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

–Discussion of current status of COVID19 response in Santa Barbara County.