



## 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, Celia Lee, Filipo Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara <u>Community Members:</u> Judy Taggart, Sylvia Barnard, Skip Szymanski, Jason Prystowsky, MD, Arianna Castellanos, Emily Casarez <u>Non-Voting Staff Member:</u> Dr. Douglas Metz	
Item #	Time	Item	Owner
I.	12:00-12:03	Welcome and Call to Order	Szymanski
II.	12:05-12:08	Review and Approve Minutes from September 25, 2019	Szymanski
III.	12:09-12:10	Roll Call and Sign In Sheet	Johnston
IV.	12:10-12:13	Public Comment Period	
V.		<b>Old Business: None</b>	
VI.	12:13-12:41	<b>New Business:</b>	
	15 min	1. Services in the Approved Scope of Project (HRSA) Annual Review and Continuation of discussion from September 25 <sup>th</sup> Meeting. Staff recommend that the Board review and vote to approve the services identified on form 5A	Gamble
	5 min	2. Service Area Identification Annual Review: Staff recommend that the Board review and vote to approve the service area identified on form 5B	Gamble
	3 min	3. HC Board Meeting Calendar: Staff recommend that the Board approve the calendar of meeting dates through December 2020	Metz
	5 min	4. Board Member Self Evaluation	Gamble
VII.	12:41-1:13	<b>Standing Reports:</b>	
	8 min	1. Monthly Financial Report: Staff recommends that the Board accept and approve the Financial Report for the month of September and quarter ended 9/30/19.	Jacobson
	3 min	2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the policies referenced in VII.3	Taggart
	5 min	3. Provider Appointments: Staff recommends that the Board vote to approve the Provider Appointments referenced in VII.4	Baldwin
	8 min	4. Quality Measures Report: For Board Review, No action necessary	Gomez
8 min	5. Executive Director's Report: For Board Review, No action necessary <i>(Report not in packet, to be distributed at time of meeting)</i>	Metz	
VII.	1:13-1:15	<b>Member Announcements</b>	
IX.	1:15	<b>Adjournment</b>	

Next HC Board Meeting: Wednesday, November 20th  
Lompoc Health Care Center 301 N. R Street, Lompoc, CA 93436  
Conference Room



# HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT  
SANTA BARBARA COUNTY

## Health Center (HC) Board Minutes September 25<sup>th</sup>, 2019

The Health Center Board met at the PHD Administration building at 300 N. San Antonio Road in Santa Barbara.

**Present: Consumer Members:** Christopher Hutton, Filipo Chapelle, Lee Harrington, Celia Lee, Stephen Ferrara, Richard Osbourne, Wm Darrel Gardner

**Community Members:** Skip Szymanski (Chair) Emily Casarez, Jason Prystowsky, Arianna Castellanos, Sylvia Barnard

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

**Staff:** Kendall Johnston, Gus Mejia, Elvia Lopez, Paola Hurtado, Elvira Briones-Arellano, Ralph Barbosa, Dana Gamble, Polly Baldwin, Jeanie Sleigh, Michael Camacho-Craft, Amber Bermond, Melissa Gomez

**Guests/Speaker:** Larry Fay

### Agenda Items

#### I. Call to Order

Meeting was called to order by Chair Szymanski at 12:02pm and quorum established.

#### II. Review and Approve Minutes from the August 28 Meeting

There were no requested revisions to the August meeting minutes.

Mr. Chapelle motioned that the minutes from the August 28 meeting be accepted by the Board; Mr. Gardner seconded.

**Motion Carried Unanimously.**

[Dr. Prystowsky joined the meeting at 12:04; Mr. Fay joined the meeting at 12:06]

#### III. New Business:

##### 1. 2019 Community Health Assessment-Mr. Gamble (out of agenda order)

Mr. Gamble briefly spoke about the Community Health needs assessment for 2019. This year, the Public Health Department is partnering with Cottage Health to provide a joint needs assessment of the community, which is inclusive of all areas within Santa Barbara County. Once the report is completed, it will be published on the Cottage Health website and Mr. Gamble will present the final product to the Board at that time.

##### 2. Environmental Health Services Presentation-Mr. Fay (out of agenda order)

Mr. Larry Fay, director for Environmental Health Services introduced himself to the Board and described throughout his Powerpoint presentation what services EHS provides. Mr. Fay explained that there is growing understanding of the relationship between people and their environment in regards to chronic conditions being reported throughout the County. There are 4 main divisions in EHS: Community Health, Tech Services, HazMat, and the Pharmaceutical Take Back program. The Community Health division includes what many consider the main purpose of EHS: monitoring the safety of retail food, public swimming pools, body art facilities, sewage discharges, rodent complaints, detention facilities and emergency evacuation shelters. Technical Services include solid waste facilities, water-well permitting, domestic water systems up to 200 connections, waste water and related review for land use. The Hazmat division deals with leaking underground systems and site

remediation, which ensures that property is safe for residents to develop. The pharmaceutical take back program is relatively new (about 18 months) and requires pharmaceutical manufacturers to provide free medication disposal kiosks throughout the County.

The EHS program has a budget of \$6.8M and is supported primarily by permit and service fees. Some grants include CalRecycle, Ocean Water Sampling through the State Water Board, and LUFT.

## **VIII. Standing Reports:**

### **1. August 2019 Financial Report-Mr. Mejia**

Mr. Mejia presented the financial statement narrative for August 2019 in Ms. Jacobson's absence. Mr. Mejia explained that while still being early on in the fiscal year, for the month of August there is a deficit of \$245,940. August is a month with 31 days and no holidays, which skews the monthly budget slightly so salaries and benefits appear higher than what is budgeted as the annual budget is divided evenly by 12. The opposite effect takes place during months with less than 30 days such as in February. Additionally, quarterly internal charges from the IT department were paid in full for August, resulting in higher expenditures month-to-date but will balance out at the end of the fiscal year.

Mr. Hutton motioned that the HC Board approve and accept the August 2019 financial report; Mr. Gardner seconded.

#### **Motion Carried Unanimously.**

[Dr. Baldwin joined the meeting at 12:29pm]

### **2. Policy Review Committee-Ms. Taggart**

In Ms. Taggart's absence, Chair Szymanski discussed the 13 policies presented to the policy review committee during the month of September.

Mr. Herrington motioned that the Board approve and accept the policies as written, Mr. Hutton seconded.

#### **Motion Carried Unanimously.**

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

Dr. Baldwin introduced 2 new practitioners to the Board; Dr. Alex Weinstein and Andre Papajohn, LCSW. Dr. Weinstein will be volunteering in the Urology clinic at the Santa Barbara Health Center and Andre Papajohn will be providing mental health services in Carpinteria through a contract with Pathpoint. A lively conversation about the needs for specialists in PHD ensued, resulting in Chair Szymanski requesting to continue the conversation at the October Board meeting.

Mr. Herrington made the motion to approve the aforementioned provider for initial appointment; Dr. Prystowsky seconded.

#### **Motion Carried Unanimously.**

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

Ms. Gomez began her presentation with a brief review to the quality measures for 2019. Diabetes blood sugar control has remained fairly stagnant but meets the benchmark and PHD will continue to work towards increased compliance. The goal for the Asthma measure was increased to 87% based on the success from improved action plans and training on diagnosis codes. The hypertension measure was adjusted from 70% to 65%, which is a more realistic goal but still above the benchmark for the SAC application.

While several of the health centers have been working specifically on improving the depression screening and intervention and seeing improvements locally, as a whole this measure has remained stagnant. To address this, the OCHIN EPIC team has worked with PHD to develop new workflows which are being rolled out to staff at the health centers. Breast Cancer screenings have seen over a

7% increase this year so far and patient satisfaction for Quarter 2 stands at 83.90%, a slight increase from Quarter 1.

[Ms. Barnard joined the meeting at 12:44]

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

Dr. Metz referred the Board members to the director's report in the September Board packet. The HRSA SAC grant continuation application reviewed at the August Board meeting was submitted 9/25 prior to today's meeting. Dr. Metz announced that supplemental funding for Behavioral Health support at the health centers was obtained in the amount of \$167,000.

Dr. Metz shared with the Board that the National Health Center Week events in August were well attended with Lompoc bringing in over 325 people in attendance along with 30 participating partners.

Public Health is assessing potential impacts related to Governor Newsom's executive order pertaining to the pharmacy 340b program and will be joining other FQHC's in the state to advocate against implementation. If executed, approximately 3-4 Million would be cut from the County's budget, which would result in the cessation of certain services locally.

**IV. Member Announcements**

None.

**IX. Adjournment**

Meeting was adjourned at 1:15pm

DRAFT

MEETING DATE: 10/23/19

AGENDA ITEM NO.: V1.1

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: October 1, 2019

To: Health Center Board

From: Dana Gamble

Subject: Services in the Approved Scope of Project

**RECOMMENDATION:**

That the Board: reviews and approves the Health Center's services identified on Form 5A and entertain discussion regarding potential services identified through the needs assessment.

**DISCUSSION/BRIEF SUMMARY OF ITEM:** This item is on the agenda to review the Services currently in the Health Center Scope of Project.

You are here: Home » Grants » Browse » Grant Folder [ ]

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### Self Updates: Services details

▼ H80CS00046: SANTA BARBARA COUNTY PUBLIC HEALTH DEPT, Santa Barbara, CA

Grant Number: H80CS00046      BHCNIS ID: 090830      Project Period: 11/01/2001 - 02/29/2020  
 Budget Period: 03/01/2019 - 02/29/2020

▼ Resources

**View**

[Form 5A](#) | 
 [Form 5B](#) | 
 [Form 5C](#)

#### Pending Approved Changes

Required Services	Additional Services	Specialty Services
Pending Approved Changes (0)	Pending Approved Changes (0)	Pending Approved Changes (0)

#### Approved Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	
Diagnostic Radiology		X	
Screenings	X		
Coverage for Emergencies During and After Hours	X		
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		
<b>Obstetrical Care</b>			
Prenatal Care	X	X	
Intrapartum Care (Labor & Delivery)		X	
Postpartum Care	X	X	
Preventive Dental		X	X
Pharmaceutical Services	X		
HCH Required Substance Use Disorder Services	X	X	X
Case Management	X		
Eligibility Assistance	X		X
Health Education	X		
Outreach	X	X	
Transportation	X	X	
Translation	X	X	

Approved Additional Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
<b>Behavioral Health Services</b>			
Mental Health Services	X	X	X
Nutrition	X		

Approved Specialty Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Endocrinology		X	
Ophthalmology		X	
Dermatology		X	
Gastroenterology		X	
Other - Urology		X	
Other - Surgery		X	
Other - Rheumatology		X	
Other - Nephrology		X	
Other - Neurology		X	
Other - Orthopedics		X	

MEETING DATE: 10/23/19

AGENDA ITEM NO.: VI.2

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: October 1, 2019

To: Health Center Board

From: Dana Gamble

Subject: Service Area Identification and Annual Review

**RECOMMENDATION:**

That the Board: reviews and approves the Health Center's service area based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center's Form 5B: Service Sites. These service area ZIP codes are consistent with patient origin data reported by ZIP code in the annual Uniform Data System (UDS) report and at least 75 percent of current health center patients reside within these zip codes, as identified in the most recent UDS report. Our service area is appropriate as per HRSA's expectations.

**DISCUSSION/BRIEF SUMMARY OF ITEM:** The Zip Codes reported on the health center's form 5B are: 93110, 93458, 93103, 93436, 93454, 93101, and 93013. The PHD sites serve 22,644 people who reside in one of these zip codes. This represents 81.7% of patients served in 2018.

 Self Updates: Site details

▼ H80CS00046: SANTA BARBARA COUNTY PUBLIC HEALTH DEPT, Santa Barbara, CA

Grant Number: H80CS00046

BHCMIS ID: 090830

Project Period: 11/01/2001 - 02/29/2020

Budget Period: 03/01/2019 - 02/29/2020

Site Id: BPS-H80-007245		Site Status: Active	
<b>Site Information</b>			
Site Name	BRIDGEHOUSE- LOMPOC	Physical Site Address	2025 SWEENEY RD, LOMPOC, CA 93436-9639
Site Type	Service Delivery Site	Site Phone Number	(805) 737-9443
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/2003	Site Operational Date	01/01/2003
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	2.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization	Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	93436		

Site Id: BPS-H80-006730		Site Status: Active	
<b>Site Information</b>			
Site Name	SALVATION ARMY OF SANTA MARIA	Physical Site Address	402 S. MILLER, SANTA MARIA, CA 93454-5755
Site Type	Service Delivery Site	Site Phone Number	(805) 349-2421
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1998	Site Operational Date	01/01/1998
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	

FQHC Site National Provider Identification (NPI) Number (Optional field)		Medicare Billing Number Status' field.)	Total Hours of Operation (when Patients will be Served per Week)	1.50
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)			
Site Operated by	Health Center/Applicant			

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>
No Subrecipient or Contractor information to be displayed		

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93454

Site Id: BPS-H80-004425

Site Status: Active

**Site Information**

Site Name	SALVATION ARMY HOSPITALITY HOUSE	Physical Site Address	423 CHAPALA ST, SANTA BARBARA, CA 93101-3409
Site Type	Service Delivery Site	Site Phone Number	(805) 962-6281
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1995	Site Operational Date	01/01/1995

FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number Status' field.) (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)
FQHC Site National Provider Identification (NPI) Number (Optional field)	Total Hours of Operation (when Patients will be Served per Week)	4.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December	
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant	

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>
No Subrecipient or Contractor information to be displayed		

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93101

Site Id: BPS-H80-007107

Site Status: Active

Site Information			
Site Name	SANTA BARBARA RESCUE MISSION	Physical Site Address	535 E. YANONALI ST, SANTA BARBARA, CA 93103-3254
Site Type	Service Delivery Site	Site Phone Number	(805) 966-1316
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1990	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	551161
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	8.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization	Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	93103		

Site Id: BPS-H80-022356

Site Status: Active

Site Information			
Site Name	Franklin Elementary School Health Care Center	Physical Site Address	1111 E Mason St, Santa Barbara, CA 93103-2735
Site Type	Service Delivery Site	Site Phone Number	(805) 568-2099
Web URL			
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	07/02/2018	Site Operational Date	09/12/2018
FQHC Site Medicare Billing Number Status		Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	2.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	

(Required only for 'Migrant Voucher Screening'  
Site Type)

(Required only for 'Intermittent'  
Site Type)

Site Operated by Health Center/Applicant

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

**Subrecipient/Contractor Organization Name**                      **Subrecipient/Contractor Organization Physical Site Address**                      **Subrecipient/Contractor EIN**  
No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93103, 93101

**Site Id: BPS-H80-000108**

**Site Status: Active**

**Site Information**

Site Name	GOOD SAMARITAN SHELTER	Physical Site Address	401 W. MORRISON, SANTA MARIA, CA 93458-6124
Site Type	Service Delivery Site	Site Phone Number	(805) 346-8185
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1995	Site Operational Date	01/01/1995
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	551164
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	20.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

**Subrecipient/Contractor Organization Name**                      **Subrecipient/Contractor Organization Physical Site Address**                      **Subrecipient/Contractor EIN**  
No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93458

**Site Id: BPS-H80-006654**

**Site Status: Active**

**Site Information**

Site Name	PATH (People Assisting The Homeless)	Physical Site Address	816 CACIQUE ST, SANTA BARBARA, CA 93103-3622
Site Type	Service Delivery Site	Site Phone Number	(805) 884-8481
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types

Date Site was Added to Scope	01/01/2000	Site Operational Date	01/01/2000
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	551163
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	14.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization	Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	93103		

Site Id: BPS-H80-005547 Site Status: Active

<b>Site Information</b>			
Site Name	Domestic Violence Solutions	Physical Site Address	Anonymous, Santa Maria, CA 93454-0000
Site Type	Service Delivery Site	Site Phone Number	(805) 925-2160
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/2000	Site Operational Date	01/01/2000
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	1.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization	Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed			

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93454

**Site Id: BPS-H80-007178**

**Site Status: Active**

**Site Information**

Site Name	MARK'S HOUSE	Physical Site Address	203 N N St, Lompoc, CA 93436-5830
Site Type	Service Delivery Site	Site Phone Number	(805) 735-9980
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/2000	Site Operational Date	01/01/2000
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	2.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93436

**Site Id: BPS-H80-006072**

**Site Status: Active**

**Site Information**

Site Name	TC HOUSE	Physical Site Address	412 E. TUNNELL, SANTA MARIA, CA 96454-4146
Site Type	Service Delivery Site	Site Phone Number	(805) 925-2160
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1998	Site Operational Date	01/01/1998
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	1.00

Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December

Number of Contract Service Delivery Locations  
(Required only for 'Migrant Voucher Screening' Site Type)

Number of Intermittent Sites  
(Required only for 'Intermittent' Site Type)

Site Operated by Health Center/Applicant

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93454

Site Id: BPS-H80-002612

Site Status: Active

**Site Information**

Site Name Victory Outreach Physical Site Address 1641 W Central Ave, Lompoc, CA 93436-2723

Site Type Service Delivery Site Site Phone Number (805) 737-9968

Web URL

Location Type Permanent Site Setting All Other Clinic Types

Date Site was Added to Scope 01/01/2004 Site Operational Date 01/01/2004

FQHC Site Medicare Billing Number Status Health center does not/will not bill under the FQHC Medicare system at this site  
Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)

FQHC Site National Provider Identification (NPI) Number (Optional field) Total Hours of Operation (when Patients will be Served per Week) 2.00

Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December

Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) Number of Intermittent Sites (Required only for 'Intermittent' Site Type)

Site Operated by Health Center/Applicant

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93436

Site Id: BPS-H80-000471

Site Status: Active

**Site Information**

Site Name SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT Physical Site Address 345 CAMINO DEL REMEDIO, SANTA BARBARA, CA 93110-1332

Site Type Service Delivery Site Site Phone Number (805) 681-5363

Web URL	WWW.SBCPHD.ORG		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1990	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	93110		

Site Id: BPS-H80-001770 Site Status: Active

<b>Site Information</b>			
Site Name	COUNTY HLTH CLINIC-SANTA BARBARA	Physical Site Address	345 CAMINO DEL RE, SANTA BARBARA, CA 93110-1332
Site Type	Service Delivery Site	Site Phone Number	(805) 681-5423
Web URL	WWW.SBCPHD.ORG		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1990	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	051882
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	

**No Subrecipient or Contractor information to be displayed**

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93110

**Site Id: BPS-H80-000456**

**Site Status: Active**

<b>Site Information</b>			
Site Name	COUNTY HLTH CLINIC - CARPINTERIA	Physical Site Address	931 WALNUT AVE, CARPINTERIA, CA 93013-2028
Site Type	Service Delivery Site	Site Phone Number	(805) 560-1050
Web URL	WWW.SBCPHD.ORG		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1990	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	051881
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name      Subrecipient/Contractor Organization Physical Site Address      Subrecipient/Contractor EIN

**No Subrecipient or Contractor information to be displayed**

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93013

**Site Id: BPS-H80-000209**

**Site Status: Active**

<b>Site Information</b>			
Site Name	COUNTY HEALTH CLINIC - LOMPOC	Physical Site Address	301 N R St, Lompoc, CA 93436-5226
Site Type	Service Delivery Site	Site Phone Number	(805) 737-6400
Web URL	WWW.SBCPHD.ORG		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1990	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	051880

FQHC Site National Provider Identification (NPI) Number (Optional field)

Total Hours of Operation 40.00 (when Patients will be Served per Week)

Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December

Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)

Number of Intermittent Sites (Required only for 'Intermittent' Site Type)

Site Operated by Health Center/Applicant

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 93436

Site Id: BPS-H80-000819

Site Status: Active

Site Information

Site Name RECOVERY POINT Physical Site Address 401 W Morrison Ave BLDG C, Santa Maria, CA 93458-6124 Site Type Service Delivery Site Site Phone Number (805) 346-8185 Web URL Location Type Permanent Site Setting All Other Clinic Types Date Site was Added to Scope 01/01/2000 Site Operational Date 01/01/2000

FQHC Site Medicare Billing Number Status Health center does not/will not bill under the FQHC Medicare system at this site Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)

FQHC Site National Provider Identification (NPI) Number (Optional field) Total Hours of Operation (when Patients will be Served per Week) 2.00

Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December

Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)

Number of Intermittent Sites (Required only for 'Intermittent' Site Type)

Site Operated by Health Center/Applicant

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 93458

Site Id: BPS-H80-001169

Site Status: Active

Site Information

Site Name Physical Site Address

COUNTY HEALTH CLINIC FRANKLIN		1136 E Montecito St, Santa Barbara, CA 93103-2635	
Site Type	Service Delivery Site	Site Phone Number	(805) 568-2099
Web URL	WWW.SBCPHD.ORG		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1990	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	051883
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
Saved Service Area Zip Code(s)	93103		

Site Id: BPS-H80-002236

Site Status: Active

<b>Site Information</b>			
Site Name	TRANSITION HOUSE	Physical Site Address	425 E. COTA ST, SANTA BARBARA, CA 93101-1662
Site Type	Service Delivery Site	Site Phone Number	(805) 866-9668
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1995	Site Operational Date	01/01/1995
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	4.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	

Site Operated by Health Center/Applicant

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN  
No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93101

Site Id: BPS-H80-004431

Site Status: Active

**Site Information**

Site Name	COUNTY HEALTH CLINIC-SANTA MARIA	Physical Site Address	2115 Centerpointe Pkwy, Santa Maria, CA 93455-1334
Site Type	Service Delivery Site	Site Phone Number	(805) 346-8410
Web URL	WWW.SBCPHD.ORG		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/01/1990	Site Operational Date	01/01/1990
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	051879
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		

Number of Contract Service Delivery Locations  
(Required only for 'Migrant Voucher Screening' Site Type)

Number of Intermittent Sites  
(Required only for 'Intermittent' Site Type)

Site Operated by Health Center/Applicant

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN  
No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

Saved Service Area Zip Code(s) 93454

Close Window

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: October 16, 2019  
 To: Health Center Board  
 From: Kendall Johnston, Departmental Assistant  
 Subject: Calendar of upcoming HC Board meetings

**RECOMMENDATION:**

That the HC Board members check and mark their calendars, and plan to attend these meeting dates. Meetings are regularly scheduled for the 4<sup>th</sup> Wednesday of each month – the only exceptions are the \*November/December holiday months, and in rare special circumstances such as in this month’s meeting.

As of today’s date, below are the scheduled dates/locations of the upcoming HC Board meetings through the end of 2020:

<b>DATE/DAY</b>	<b>TIME</b>	<b>LOCATION</b>
*Wed. November <b>20</b> 2019:	12:00-1:15 p.m.	Lompoc HCC, 301 N. R Street
*Wed. December <b>18</b> 2019:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. January <b>22</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. February <b>26</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. March <b>25</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. April <b>22</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. May <b>27</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. June <b>24</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. July <b>22</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. August <b>26</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. September <b>23</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
Wed. October <b>28</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102
*Wed. November <b>18</b> 2020:	12:00-1:15 p.m.	Lompoc HCC, 301 N. R Street, Lompoc, CA
*Wed. December <b>16</b> 2020:	12:00-1:15 p.m.	300 N. San Antonio Rd., Santa Barbara, C101-102

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

Please keep us updated with any phone number, mailing address, or email changes, as well as scheduling conflicts.

MEETING DATE: 10/23/2019

AGENDA ITEM NO.: VI. 4

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: 10/01/2019

To: HC Board

From: Dana Gamble

Subject: Board Member Evaluation Process

**RECOMMENDATION:**

That the Board: Initiate the Board Member Evaluation Process and submit the Self-Evaluation Forms by the November 20 Health Center Board Meeting.

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

Staff will distribute the Self-Evaluation Forms and answer any Board Members questions seeking clarification on the process.



## Board Self Evaluation Questions 2019

Rate each of the following Board Responsibilities on a Scale from 1-5 with 5 being the Highest and 1 being the Lowest

### Composition and Preparedness

- The Board reflects the demographics of the community \_\_\_\_\_
- The Board is in compliance with federal requirements \_\_\_\_\_
- The Board has adequate legal, financial and clinical expertise \_\_\_\_\_
- The Board fully understands the history and mission of the organization \_\_\_\_\_
- The Board solicits ongoing input from the target populations \_\_\_\_\_
- The Board effectively communicates decisions to those affected by them \_\_\_\_\_
- The Board has credibility in the community \_\_\_\_\_

### Board Performance

- The Board meets monthly in accordance with federal regulations \_\_\_\_\_
- There is a quorum at each meeting \_\_\_\_\_
- Appropriate committee and Deputy Director reports are provided regularly \_\_\_\_\_
- The Board has a positive interaction with the Deputy Director \_\_\_\_\_

### Meeting Effectiveness

- Everyone participates at Board meetings \_\_\_\_\_
- Members understand and follow basic parliamentary procedures \_\_\_\_\_
- Members feel safe expressing concerns \_\_\_\_\_
- Conflicts or tensions are resolved satisfactorily \_\_\_\_\_
- The chair effectively keeps discussions on track \_\_\_\_\_
- Board members receive relevant materials in a timely fashion \_\_\_\_\_

### Discussion Questions

- What are the Board's strengths and weaknesses? \_\_\_\_\_
- How well does the Board meet its responsibilities? \_\_\_\_\_
- How could the Board perform more efficiently and effectively? \_\_\_\_\_

**Board Member Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

MEETING DATE: 10/23/2019

AGENDA ITEM NO.: VII. 1

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: 10/15/2019

To: Health Center Board

From: Suzanne Jacobson

Subject: Financial Report for September 2019

**RECOMMENDATION:**

That the Board: Accept and approve the Financial Report for the month and quarter ended September 30, 2019

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

Financial Report and presentation for the month and quarter ended 9/30/2019.

# Health Care Centers Public Health Department

## September 2019 Monthly Report and FY 2019-20 1st QTR Financial Report

October 23, 2019

# Sept YTD and MTD Financial

Santa Barbara County Public Health Department Health Care Centers  
Financial Monthly Report for CHC/HCH Grant H80CS00046  
For the Month of September 2019 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 9-30-19 BUDGET	FY 19-20 As of 9-30-19 YTD ACTUALS	FY 19-20 September YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 September ACTUALS	FY 19-20 September Variance	FY 19-20 Sept % of Budget
<b>REVENUES</b>									
<b>PROGRAM INCOME</b>									
Medicaid	\$ (39,270,200)	\$ (9,817,550)	\$ (8,337,660)	\$ 1,479,890	85%	\$ (3,272,517)	\$ (2,975,088)	\$ 297,429	91%
Medicare	(5,478,400)	(1,369,600)	(1,491,691)	(122,091)	109%	(456,533)	(488,488)	(31,954)	107%
Self-pay (includes HAP)	(1,772,100)	(443,025)	(534,239)	(91,214)	121%	(147,675)	(158,443)	(10,768)	107%
<b>LOCAL AND STATE FUNDS</b>									
State/Local Funds-TSAC/GF	(9,387,616)	(2,346,904)	(2,113,176)	233,728	90%	(782,301)	(699,807)	82,494	89%
FEDERAL 330 GRANT	(2,100,000)	(525,000)	(295,989)	229,011	56%	(175,000)	4,011	179,011	-2%
<b>OTHER FEDERAL FUNDING</b>									
ADAP	(766,000)	(191,500)	(257,554)	(66,054)	134%	(63,833)	(75,805)	(11,972)	119%
<b>TOTAL REVENUE</b>	<b>\$ (58,774,316)</b>	<b>\$ (14,693,579)</b>	<b>\$ (13,030,309)</b>	<b>\$ 1,663,270</b>	<b>88.7%</b>	<b>\$ (4,897,860)</b>	<b>\$ (4,393,619)</b>	<b>\$ 504,241</b>	<b>89.7%</b>
<b>EXPENDITURES</b>									
<b>PERSONNEL</b>	<b>\$ 22,208,800</b>	<b>\$ 5,552,200</b>	<b>\$ 5,887,969</b>	<b>\$ 335,769</b>	<b>106%</b>	<b>\$ 1,850,733</b>	<b>\$ 1,923,672</b>	<b>\$ 72,940</b>	<b>104%</b>
<b>FRINGE BENEFITS</b>	<b>14,195,500</b>	<b>3,548,875</b>	<b>3,296,826</b>	<b>(252,049)</b>	<b>93%</b>	<b>1,182,958</b>	<b>1,020,995</b>	<b>(161,963)</b>	<b>86%</b>
<b>TOTAL PERSONNEL</b>	<b>36,404,300</b>	<b>9,101,075</b>	<b>9,184,795</b>	<b>83,720</b>	<b>101%</b>	<b>3,033,692</b>	<b>2,944,667</b>	<b>(89,023)</b>	<b>97%</b>
<b>TRAVEL</b>									
PHD Carpool	62,200	15,550	14,618	(932)	94%	5,183	4,188	(995)	81%
Transportation - Local Mileage	26,100	6,525	4,182	(2,343)	64%	2,175	535	(1,640)	25%
Training and Travel	88,500	22,125	5,998	(16,127)	27%	7,375	1,250	(6,125)	17%
<b>TOTAL TRAVEL</b>	<b>176,800</b>	<b>44,200</b>	<b>24,798</b>	<b>(19,402)</b>	<b>56%</b>	<b>14,733</b>	<b>5,973</b>	<b>(8,761)</b>	<b>41%</b>
<b>SUPPLIES</b>									
Medical Supplies	630,400	157,600	167,995	10,395	107%	52,533	55,809	3,276	106%
Office Supplies	168,000	42,000	42,481	481	101%	14,000	14,216	216	102%
Pharmaceuticals	6,724,000	1,681,000	1,103,652	(577,348)	66%	560,333	365,048	(195,285)	65%
Bus Tokens	20,000	5,000	-	(5,000)	0%	1,667	-	(1,667)	0%
<b>TOTAL SUPPLIES</b>	<b>7,542,400</b>	<b>1,885,600</b>	<b>1,314,128</b>	<b>(571,472)</b>	<b>70%</b>	<b>628,533</b>	<b>435,073</b>	<b>(193,460)</b>	<b>69%</b>



**HEALTH CARE CENTERS**

PUBLIC HEALTH DEPARTMENT  
SANTA BARBARA COUNTY

## Sept YTD and MTD Financial

Santa Barbara County Public Health Department Health Care Centers  
Financial Monthly Report for CHC/HCH Grant H80CS00046  
For the Month of September 2019 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 9-30-19 BUDGET	FY 19-20 As of 9-30-19 YTD ACTUALS	FY 19-20 September YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 September ACTUALS	FY 19-20 September Variance	FY 19-20 Sept % of Budget
<b>CONTRACTUAL</b>									
Janitorial Services	303,500	75,875	59,687	(16,188)	79%	25,292	25,140	(152)	99%
Physician Fees	2,080,900	520,225	413,845	(106,380)	80%	173,408	218,858	45,450	126%
Professional Services	816,000	204,000	141,710	(62,290)	69%	68,000	105,279	37,279	155%
<b>TOTAL CONTRACTUAL</b>	<b>3,200,400</b>	<b>800,100</b>	<b>615,242</b>	<b>(184,858)</b>	<b>77%</b>	<b>266,700</b>	<b>349,276</b>	<b>82,576</b>	<b>131%</b>
<b>OTHER</b>									
Building Maintenance	35,200	8,800	3,448	(5,352)	39%	2,933	3,135	201	107%
Communications	287,600	71,900	65,972	(5,928)	92%	23,967	22,716	(1,251)	95%
Data Processing	912,100	228,025	228,894	869	100%	76,008	1,441	(74,568)	2%
Liability Insurance	361,800	90,450	90,351	(99)	100%	30,150	30,117	(33)	0%
Malpractice Insurance	452,600	113,150	125,301	12,151	111%	37,717	41,767	4,050	0%
Other Clinical Expenditures	268,500	67,125	62,455	(4,670)	93%	22,375	21,846	(529)	98%
Other Office Expenditures	1,309,700	327,425	148,822	(178,603)	45%	109,142	81,035	(28,107)	74%
Public Health Lab Services	90,000	22,500	503	(21,997)	2%	7,500	266	(7,234)	4%
Rents & Leases	141,600	35,400	19,535	(15,865)	55%	11,800	952	(10,848)	8%
Services County Provided	146,200	36,550	-	(36,550)	0%	12,183	-	(12,183)	0%
Utilities	404,200	101,050	103,387	2,337	102%	33,683	41,961	8,277	125%
<b>TOTAL OTHER</b>	<b>4,409,500</b>	<b>1,102,375</b>	<b>848,668</b>	<b>(253,707)</b>	<b>77%</b>	<b>367,458</b>	<b>245,235</b>	<b>(122,223)</b>	<b>67%</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$ 51,733,400</b>	<b>\$ 12,933,350</b>	<b>\$ 11,987,630</b>	<b>\$ (945,720)</b>	<b>92.7%</b>	<b>\$ 4,311,117</b>	<b>\$ 3,980,224</b>	<b>\$ (330,891)</b>	<b>92.3%</b>
<b>INDIRECT COST (13.61% OF TADG)</b>	<b>7,040,916</b>	<b>1,760,229</b>	<b>1,631,516</b>	<b>(128,712)</b>	<b>92.7%</b>	<b>586,742.98</b>	<b>541,709</b>	<b>(45,034)</b>	<b>92.3%</b>
<b>TOTAL BUDGET</b>	<b>\$ 58,774,316</b>	<b>\$ 14,693,579</b>	<b>\$ 13,619,147</b>	<b>\$ (1,074,432)</b>	<b>92.7%</b>	<b>\$ 4,897,860</b>	<b>\$ 4,521,933</b>	<b>\$ (375,926)</b>	<b>92.3%</b>
<b>Net Surplus/ Deficit</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>\$ 588,838</b>	<b>\$ 588,838</b>		<b>\$ (0)</b>	<b>\$ 128,314</b>	<b>\$ 128,314</b>	

Healthy people, healthy community, healthy environment

3



**HEALTH CARE CENTERS**

PUBLIC HEALTH DEPARTMENT  
SANTA BARBARA COUNTY

## HC Budget Summary

### FY 2019-20 YTD HC Financials

	Budget	Actuals
Revenues	\$ 58,774,316	\$ 13,030,309
Expenditures	\$ 58,774,316	\$ 13,619,147
Net Margin	\$ 0	\$ 588,838

- Year to date Medi-Cal revenues are below budget for both our health center and pharmacy operations. We are working toward revenue enhancements in both of these areas.

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## Revenue Highlights

### UNDER BUDGET

- ✓ Medi-Cal (\$ 1.5M)
- ✓ State/local Funds (\$ 234K)
- ✓ Federal 330 Grant (\$ 229K)

### OVER BUDGET

- ✓ Medicare \$ 122K



## Expenditure Highlights

### UNDER BUDGET

- ✓ Physician Fees (\$ 106K)
- ✓ Other Office Expenditures (\$ 178K)
- ✓ Pharmaceuticals (\$ 577K)
- ✓ Indirect Cost (\$ 129K)

### OVER BUDGET

- ✓ Nothing over \$100K



## Summary & Big Picture

For the 1st Quarter of FY 2019-20:

- Revenues ended the quarter below budget (88.7% of budget)
- Expenses on track and on budget (92.7% of budget)

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7



## Recommendation

- Approve the financial report for 09/30/2019.



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8

Santa Barbara County Public Health Department Health Care Centers  
 Financial Monthly Report for CHC/HCH Grant H80CS00046  
 For the Month of September 2019 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 9-30-19 BUDGET	FY 19-20 As of 9-30-19 YTD ACTUALS	FY 19-20 September YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 September ACTUALS	FY 19-20 September Variance	FY 19-20 Sept % of Budget
<b>REVENUES</b>									
<b>PROGRAM INCOME</b>									
Medicaid	\$ (39,270,200)	\$ (9,817,550)	\$ (8,337,660)	\$ 1,479,890	85%	\$ (3,272,517)	\$ (2,975,088)	\$ 297,429	91%
Medicare	(5,478,400)	(1,369,600)	(1,491,691)	(122,091)	109%	(456,533)	(488,488)	(31,954)	107%
Self-pay (includes HAP)	(1,772,100)	(443,025)	(534,239)	(91,214)	121%	(147,675)	(158,443)	(10,768)	107%
<b>LOCAL AND STATE FUNDS</b>									
State/Local Funds-TSAC/GF	(9,387,616)	(2,346,904)	(2,113,176)	233,728	90%	(782,301)	(699,807)	82,494	89%
FEDERAL 330 GRANT	(2,100,000)	(525,000)	(295,989)	229,011	56%	(175,000)	4,011	179,011	-2%
<b>OTHER FEDERAL FUNDING</b>									
ADAP	(766,000)	(191,500)	(257,554)	(66,054)	134%	(63,833)	(75,805)	(11,972)	119%
<b>TOTAL REVENUE</b>	<b>\$ (58,774,316)</b>	<b>\$ (14,693,579)</b>	<b>\$ (13,030,309)</b>	<b>\$ 1,663,270</b>	<b>88.7%</b>	<b>\$ (4,897,860)</b>	<b>\$ (4,393,619)</b>	<b>\$ 504,241</b>	<b>89.7%</b>
<b>EXPENDITURES</b>									
<b>PERSONNEL</b>									
FRINGE BENEFITS	\$ 22,208,800	\$ 5,552,200	\$ 5,887,969	\$ 335,769	106%	\$ 1,850,733	\$ 1,923,672	\$ 72,940	104%
TOTAL PERSONNEL	14,195,500	3,548,875	3,296,826	(252,049)	93%	1,182,958	1,020,995	(161,963)	86%
TRAVEL	36,404,300	9,101,075	9,184,795	83,720	101%	3,033,692	2,944,667	(89,023)	97%
PHD Carpool	62,200	15,550	14,618	(932)	94%	5,183	4,188	(995)	81%
Transportation - Local Mileage	26,100	6,525	4,182	(2,343)	64%	2,175	535	(1,640)	25%
Training and Travel	88,500	22,125	5,998	(16,127)	27%	7,375	1,250	(6,125)	17%
<b>TOTAL TRAVEL</b>	<b>176,800</b>	<b>44,200</b>	<b>24,798</b>	<b>(19,402)</b>	<b>56%</b>	<b>14,733</b>	<b>5,973</b>	<b>(8,761)</b>	<b>41%</b>
<b>SUPPLIES</b>									
Medical Supplies	630,400	157,600	167,995	10,395	107%	52,533	55,809	3,276	106%
Office Supplies	168,000	42,000	42,481	481	101%	14,000	14,216	216	102%
Pharmaceuticals	6,724,000	1,681,000	1,103,652	(577,348)	66%	560,333	365,048	(195,285)	65%
Bus Tokens	20,000	5,000	-	(5,000)	0%	1,667	-	(1,667)	0%
<b>TOTAL SUPPLIES</b>	<b>7,542,400</b>	<b>1,885,600</b>	<b>1,314,128</b>	<b>(571,472)</b>	<b>70%</b>	<b>628,533</b>	<b>435,073</b>	<b>(193,460)</b>	<b>69%</b>
<b>CONTRACTUAL</b>									
Janitorial Services	303,500	75,875	59,687	(16,188)	79%	25,292	25,140	(152)	99%
Physician Fees	2,080,900	520,225	413,845	(106,380)	80%	173,408	218,858	45,450	126%
Professional Services	816,000	204,000	141,710	(62,290)	69%	68,000	105,279	37,279	155%
<b>TOTAL CONTRACTUAL</b>	<b>3,200,400</b>	<b>800,100</b>	<b>615,242</b>	<b>(184,858)</b>	<b>77%</b>	<b>266,700</b>	<b>349,276</b>	<b>82,576</b>	<b>131%</b>
<b>OTHER</b>									
Building Maintenance	35,200	8,800	3,448	(5,352)	39%	2,933	3,135	201	107%
Communications	287,600	71,900	65,972	(5,928)	92%	23,967	22,716	(1,251)	95%
Data Processing	912,100	228,025	228,894	869	100%	76,008	1,441	(74,568)	2%
Liability Insurance	361,800	90,450	90,351	(99)	100%	30,150	30,117	(33)	0%
Malpractice Insurance	452,600	113,150	125,301	12,151	111%	37,717	41,767	4,050	0%
Other Clinical Expenditures	268,500	67,125	62,455	(4,670)	93%	22,375	21,846	(529)	98%

Santa Barbara County Public Health Department Health Care Centers  
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Other Office Expenditures	1,309,700	327,425	148,822	(178,603)	45%	109,142	81,035	(28,107)	74%
Public Health Lab Services	90,000	22,500	503	(21,997)	2%	7,500	266	(7,234)	4%
Rents & Leases	141,600	35,400	19,535	(15,865)	55%	11,800	952	(10,848)	8%
Services County Provided	146,200	36,550	-	(36,550)	0%	12,183	-	(12,183)	0%
Utilities	404,200	101,050	103,387	2,337	102%	33,683	41,961	8,277	125%
<b>TOTAL OTHER</b>	<b>4,409,500</b>	<b>1,102,375</b>	<b>848,668</b>	<b>(253,707)</b>	<b>77%</b>	<b>367,458</b>	<b>245,235</b>	<b>(122,223)</b>	<b>67%</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$ 51,733,400</b>	<b>\$ 12,933,350</b>	<b>\$ 11,987,630</b>	<b>\$ (945,720)</b>	<b>92.7%</b>	<b>\$ 4,311,117</b>	<b>\$ 3,980,224</b>	<b>\$ (330,891)</b>	<b>92.3%</b>
<b>INDIRECT COST (13.61% OF TADC)</b>	<b>7,040,916</b>	<b>1,760,229</b>	<b>1,631,516</b>	<b>(128,712)</b>	<b>92.7%</b>	<b>586,742.98</b>	<b>541,709</b>	<b>(45,034)</b>	<b>92.3%</b>
<b>TOTAL BUDGET</b>	<b>\$ 58,774,316</b>	<b>\$ 14,693,579</b>	<b>\$ 13,619,147</b>	<b>\$ (1,074,432)</b>	<b>92.7%</b>	<b>\$ 4,897,860</b>	<b>\$ 4,521,933</b>	<b>\$ (375,926)</b>	<b>92.3%</b>
<b>Net Surplus/ Deficit</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>\$ 588,838</b>	<b>\$ 588,838</b>		<b>\$ (0)</b>	<b>\$ 128,314</b>	<b>\$ 128,314</b>	

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: October 16, 2019

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 September 2019.

<b><u>POLICY NO.</u></b>	<b><u>TITLE</u></b>
1. 16-C-611	Depression Screening
2. 10-CM-04	Controlled Medications: Supplemental CM Prescription Guidelines for Resident Physicians
3. 14-C-594	ICP-Indigent Care Program Screening Process for HCC OP's

<p>Santa Barbara County  <b>PUBLIC Health</b>    DEPARTMENT</p>	<b>Number: 16-C-611</b>
<b>Prepared By: Melissa Gomez, RN  Performance Improvement Coordinator</b>	<b>Effective Date: 10/23/2019</b> <b>Original Date: 04/15/2015</b>
<b>Authorized By: Polly Baldwin, MD  Medical Director</b>	<b>Next Review Date: 10/23/2020</b>
<b>TITLE: Depression Screening</b>	

**POLICY**

It is the Policy of the Santa Barbara Health Care Centers to conduct a clinical depression screening of medical patients aged 12 years and older at least annually using a standardized instrument. If screening is positive, there must be a follow-up plan documented in the patient's record.

**PURPOSE**

The clinical depression screening and follow up measure is a HRSA UDS measure and has been endorsed by the US Health & Human Services Measures Policy Council and is aligned with NQF and Meaningful Use. Standardized reporting of this measure by health centers underscores the importance of behavioral health quality measurement for the Health Center Program.

<p>Santa Barbara County  <b>PUBLIC Health</b>    DEPARTMENT</p>	<p><b>Number: 10-CM-04</b></p>
<p><b>Prepared By: Maya Antony, MD; Polly Baldwin, MD; Melissa Gomez, RN.</b></p>	<p><b>Effective Date: 10/23/2019</b></p> <p><b>Original Date: 04/02/2015.</b></p>
<p><b>Authorized By: Polly Baldwin, MD, Medical Director</b></p>	<p><b>Next Review Date: 10/23/2020</b></p>
<p><b>TITLE: Controlled Medications: Supplemental CM Prescription Guidelines for Resident Physicians</b></p>	

**POLICY**

In all areas but specifically for the prescription of controlled medications, Resident Physicians providing medical and surgical services at the Public Health Department (PHD) must comply with the laws and regulations pertinent to their status in a non-GME teaching institution under the direction of the PHD attending physicians.

**PURPOSE**

The guidelines presented in this policy provide guidance to the Attending Physicians and the Resident Physicians regarding the prescribing of controlled medications. The PHD clinic is not a GME teaching facility within the Santa Barbara Cottage Residency Program; it is a separate medical facility subject to the laws and regulations of the Federal and State governments and Medi-Cal and Medicare. Therefore, the responsibility for all patient care rests with the Attending Physician who must meet the standards of practice legally and medically. Resident Physicians are not independent practitioners in this setting and are not exempt from oversight in the same manner as when providing services in a GME teaching institution.

<p>Santa Barbara County  <b>PUBLIC Health</b>    DEPARTMENT</p>	<p>Number: ICP100, 14-C-594</p>
<p>Prepared By: Norma Venegas, Program Coordinator, Benefits and Referrals Center and Stuart Eiseman, AOP II</p>	<p>Effective Date: 10/23/2019</p>
<p>Authorized By: Douglas Metz, DPM, MPH Deputy Director</p>	<p>Original Date: 01/01/2014</p>
	<p>Next Review Date: 10/23/2020</p>
<p><b>TITLE: ICP- Indigent Care Program Screening Process for HCC OPs</b></p>	

**POLICY**

It is the policy of Santa Barbara County Public Health to implement the Indigent Care Program (ICP) which operates under regulations for the ICP as authorized by the Board of Supervisors.

**PURPOSE**

To provide guidance in identifying self-pay patients in need of medical care who are potentially ICP-eligible as described in Section 200 of the Indigent Care Program Regulations.

MEETING DATE: 10/23/2019

AGENDA ITEM NO.: VII.3

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: 10/16/2019  
To: Health Center Board  
From: Dr. Polly Baldwin  
Subject: Approval of Provider Appointments

**RECOMMENDATION:**

That the Board: Vote to approve the appointment of the following providers:

- Tasoula Vorvolakos Pediatrics, LHCC



**DISCUSSION/BRIEF SUMMARY OF ITEM:**

All providers have been approved by the Medical Director and Board delegate.

MEETING DATE: 10/23/2019

AGENDA ITEM NO.: VII.3

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: 10/23/2019

To: HC Board

From: Melissa Gomez RN

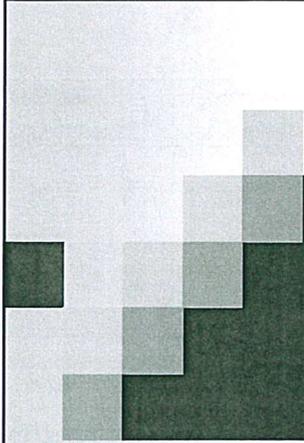
Subject: Quality Update-2019 monthly quality improvement measures update  
(September data)

**RECOMMENDATION:** for review

That the Board: Review

**DISCUSSION/BRIEF SUMMARY OF ITEM:**

This is the monthly review of the quality measures selected by the medical quality team for the annual performance improvement plan.



# Monthly Medical Quality Update performance improvement measures 2019

Melissa Gomez RN CCM 10/2019

SBCPHD  
  
Quality Improvement

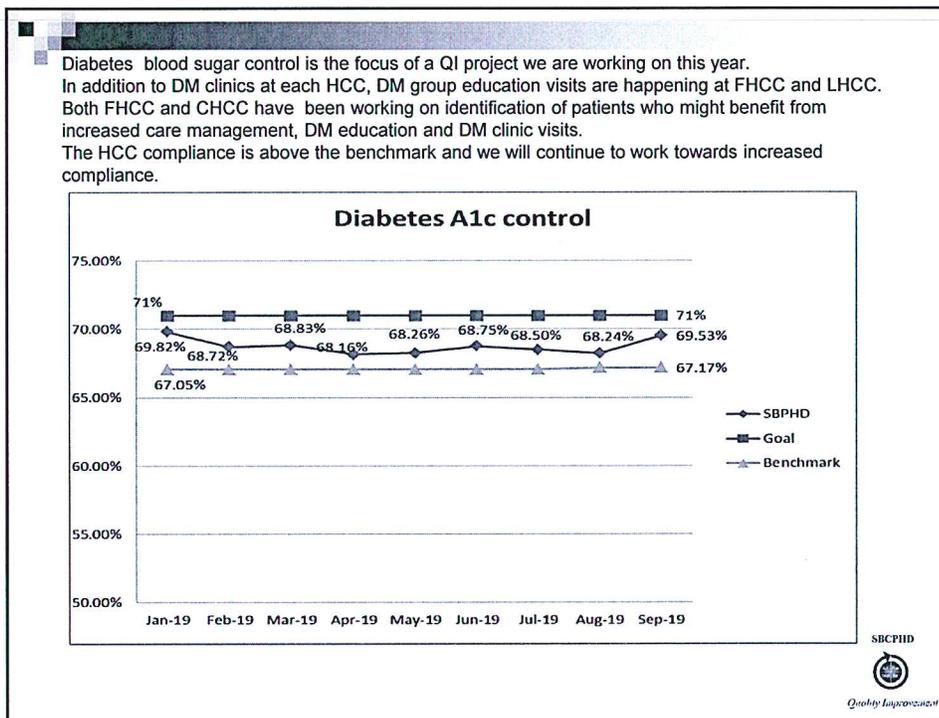
## Measures for Improvement 2019

- Diabetes Control
- Asthma with appropriate medication
- Hypertension
- Depression screening and intervention
- Breast cancer screening(Mammography)
- Patient satisfaction with wait time(in clinic)-  
crossroads quarterly report

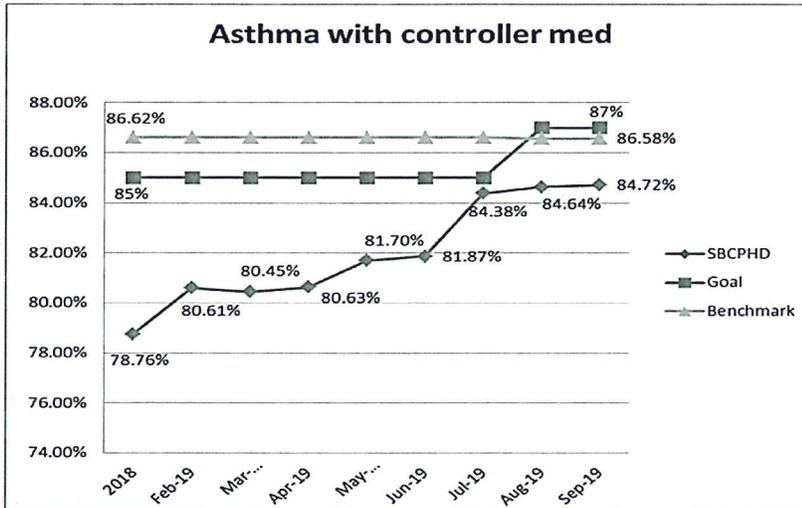
SBCPHD  
  
Quality Improvement

Performance Measure 2019 EPIC(09/30/18 to 09/30/19)	Patients	Percentage	Homeless	Percentage Homeless	Goal	HRSA 2018 National
	Total		Total			
HgA1c 9 or less	2070	69.53%	90	58.06%	71.00%	67.17%
	2977		155			
Asthma- persistent asthma and on controller medication	327	84.72%	15	78.95%	87.00%	86.58%
	386		19			
Hypertension- Blood Pressure controlled with last BP less than 140/90	2946	58.39%	142	43.29%	65.00%	63.26%
	5045		328			
Depression Screening with intervention if screening is positive	6314	41.01%	460	51.63%	60.00%	70.57%
	15395		891			
Mammography -women 50-74 q2 years(Data for 12 months, 9/30/18-9/30/19)	1571	46.83%	16	12.00%	59%	58.0%
	3214		135			

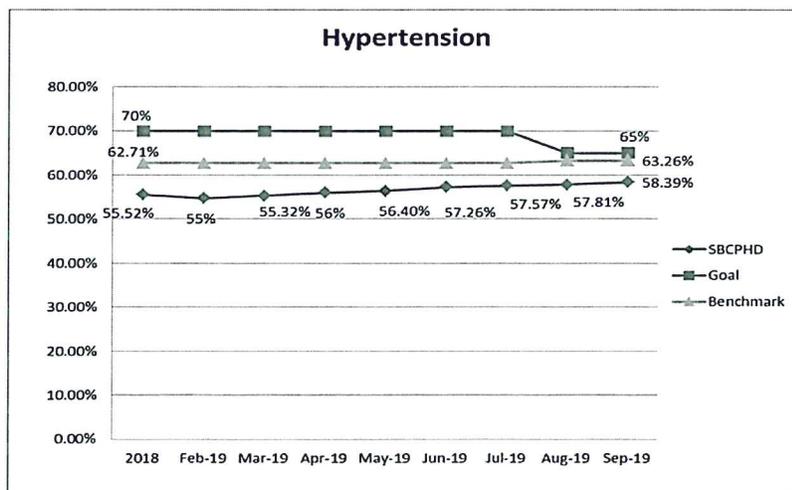




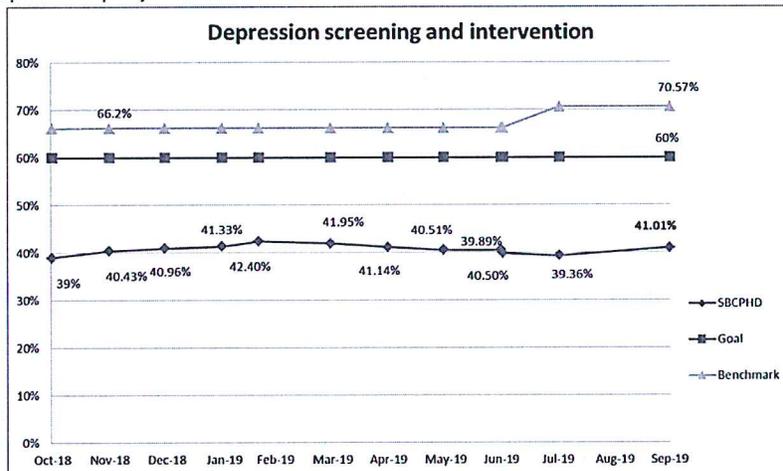
We have seen almost a 6% improvement in this measure since the start of the year-As the EHR staff and the providers continue to work on improved asthma action plans and training on diagnosis codes we should see ongoing improvement. For our competitive grant submission we have increased our goal to 87%



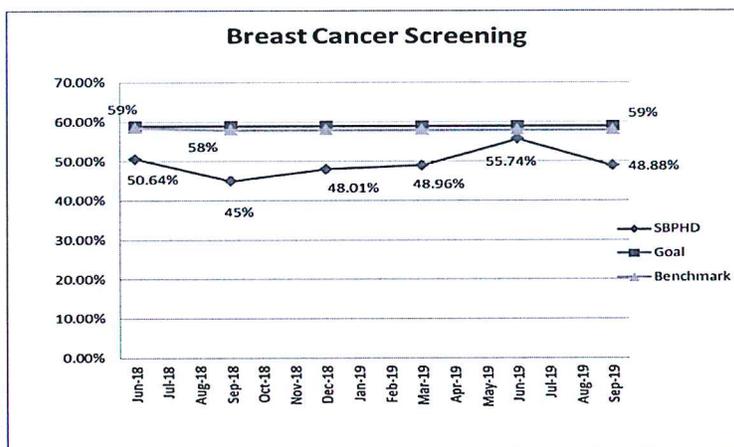
There has been almost a 3% improvement in blood pressure control since the start of the year. We adjusted our goal from 70% to 65%, which is a more realistic goal and is above the benchmark of 63.26% for our grant application submission

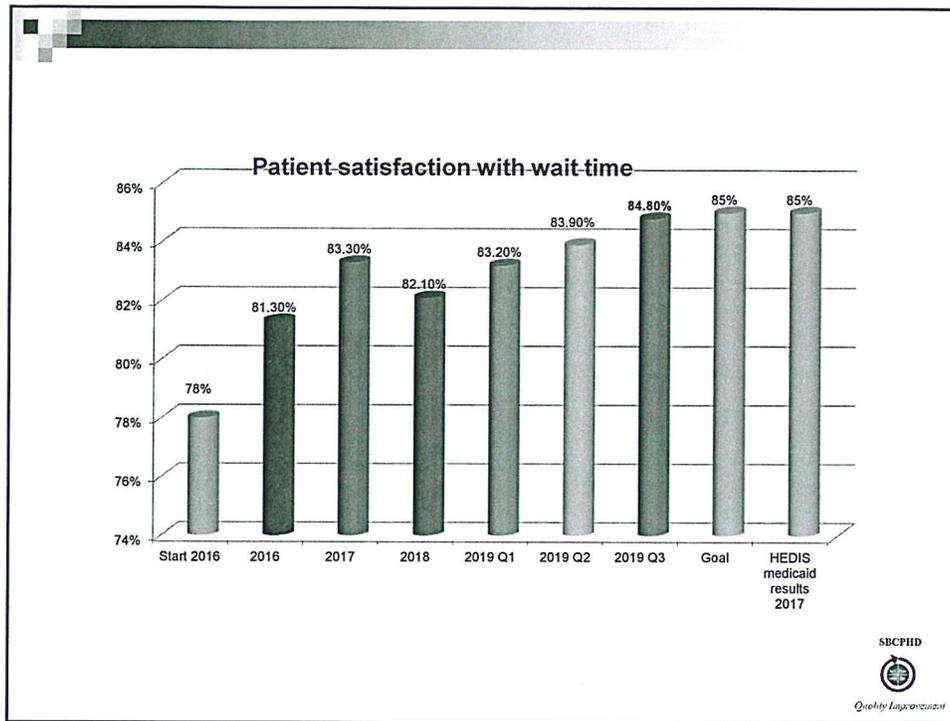


Even as several HCC's have been working specifically on this measure and have they seen HUGE improvements, as a whole, this measure has remained stagnant this year. These results have been reviewed at MPC with providers, and with HCC staff. All have been reminded that all eligible patients should have screening completed, not just those with a PCP visit. We have worked with OCIHN EPICs team and have developed a new work flow which is being rolled out to the HCC staff. We have updated our policy to include the new workflow.



SBHCC and FHCC have been focused on this measure and they have had great improvement. FHCC went from 48% to 56% in this quarter. Overall we continue to struggle with this measure and are working to improve both the compliance and the documentation to better capture this information





- ## Plan
- Increased care management at FHCC and CHCC of patients with A1c greater than 9%
  - Ongoing QI work on Mammography compliance as well as work on documentation and data
  - Implementation of workflow for depression screening and intervention with close follow-up as we work to greatly improve on this measure
  - Continued Care team work on Asthma action plans.
- SBCPHD  
Quality Improvement



MEETING DATE: 10/23/2019

AGENDA ITEM NO.: VII.5

**HEALTH CENTER BOARD  
PUBLIC HEALTH DEPARTMENT**

Date: 10/17/2019

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