



AGENDA

Staff Attendees: Polly Baldwin, MD, Ralph Barbosa, Michael Camacho-Craft, Dana Gamble, Elvia Lopez, Melissa Gomez, Gus Mejia, Jeanie Sleigh, Paola Hurtado, Kendall Johnston, Larry Fay

Board Members		<p>Consumer Members: Lee Herrington, Celia Lee, Filipino Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara</p> <p>Community Members: Judy Taggart, Sylvia Barnard, Skip Szymanski, Jason Prystowsky, MD, Arianna Castellanos, Emily Casarez</p> <p>Non-Voting Staff Member: Dr. Douglas Metz</p>	
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 August 28 2019	Szymanski
III.	12:09-12:10	Roll Call, Sign-In Sheet & Quorum established	Johnston
IV.	12:10-12:13	Public Comment Period	
V.	12:13-12:13	Old Business: None	
VI.	12:14-12:34	New Business:	
	15 min	1. Environmental Health Services Presentation: For Board review, no action necessary	Fay
	5 min	2. 2019 Community Health Needs Assessment Collaborative: For Board review, no action necessary	Gamble
VII.	12:34-1:10	Standing Reports	
	10 min	1. August 2019 Financial Report: Staff recommends that the Board accept and approve the Financial Report for August 2019.	Jacobson/Mejia
	3 min	2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the policies referenced in VII.3, which were reviewed during the month of September 2019.	Taggart
	3 min	3. Provider Appointments: Staff recommends that the Board vote to approve the Provider Appointments referenced in VII.4	Baldwin
	10 min	4. Quality Measures Report: For Board review; no action necessary.	Gomez
	10 min	5. Executive Director's Report: For Board Review. No action necessary	Metz
VII.	1:10-1:14	Member Announcements	All
IX.	1:15	Adjournment	Szymanski

Next HC Board Meeting: Wednesday, October 23rd 2019
Santa Barbara County Public Health Department 300 N. San Antonio Road, Santa Barbara CA



HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Health Center (HC) Board Minutes August 28, 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) Judy Taggart (Co-Chair; by phone), Emily Casarez, Jason Prystowsky, Arianna Castellanos

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

Staff: Kendall Johnston, Suzanne Jacobson, Elvia Lopez, Paola Hurtado, Elizabeth Simpson-Wong, Ralph Barbosa, Dana Gamble, Polly Baldwin, Van Do-Reynoso

Guests/Speaker: Bridget West, Miguel West

Agenda Items

I. Call to Order

Meeting was called to order by Chair Szymanski at 12:02pm. Guests in attendance were invited to introduce themselves to the Board.

II. Review and Approve Minutes from the July 24 2019 Meeting

Chair Szymanski requested that the July minutes be updated to reflect that the correct announcement regarding the Santa Barbara Housing Authority: "Chair Szymanski announced that the Santa Barbara Housing Authority recently purchased the former office buildings at 200 La Cumbre to be turned into affordable housing in the next 3-5 years"

Mr. Chapelle motioned that the minutes from the July 24th meeting with the noted correction be accepted by the Board; Ms. Lee seconded.

Motion Carried Unanimously.

III. New Business:

1. HRSA FY 2020 Service Area Competition Submission Process/Approval

Mr. Barbosa briefly presented to the Board the current Service Area Competition (SAC) application for HRSA. This grant is a competitive grant among current HRSA award recipients and is a vital component to continuing the services provided at the Health care centers. Phase one of the application was previously submitted online, but Mr. Barbosa will bring this subject back to the Board after complete submission (phase 2) later on in the year.

Mr. Barbosa referred the Board to the abstract document handout provided at the start of the meeting for more information about the SAC.

Dr. Prystowsky motioned that the HC Board approve the submission process and components of the HRSA SAC grant; Ms. Lee seconded.

Motion Carried Unanimously.

2. Compliance Plan-Ms. Jacobson

Ms. Jacobson, acting compliance officer for Public Health, presented the bi-annual compliance program results from FY 18-19. The purpose of the compliance program is to ensure the integrity of

PHD's billing, invoicing, systems and data. The PHD compliance program is a requirement from HRSA and Medicare and reports to the HC Board. Ms. Jacobson reviewed the list of compliance officers for Security, Privacy and Billing. There is also an interdisciplinary compliance team made up of individuals across PHD programs who meet quarterly. All PHD employees and contractors are required to complete annual HIPAA privacy, security and cybersecurity trainings and investigations of reported incidents are received in a variety of ways.

Ms. Jacobson also shared the prepared Risk reduction plan document explaining the 5 different specific risks, action items, responsible parties and controls. Risks include safety and policy adherence; HIPAA Security; HIPAA privacy; Fraud, waste and abuse; and IT technology security.

Lastly, Ms. Jacobson referred the Board to the incident report page that was provided in the Board packet. This document showed that while there were 28 incidents in the last fiscal year, there were 79 total investigations. She explained that an incident may trigger up to 4 investigations, depending on the severity of the incident. Ms. Jacobson extended commendation to the Public Health IT team for their prompt handling of a major computer virus earlier in the year and stated that having such a robust team of people dedicated to ensuring compliance shows the federal and state programs that PHD is serious and competent in the work they do.

Mr. Hutton motioned that the HC Board approve the August 2019 compliance plan, annual risk reduction plan and CHC compliance incident reports; Mr. Gardner seconded.

Motion Carried Unanimously.

VIII. Standing Reports:

1. July 2019 Financial Report-Ms. Jacobson

Ms. Jacobson presented the financial statement narrative for July 2019. It comes as no surprise that there is a deficit of \$214,585 as July is the first month in the new fiscal year budget cycle but it is important to recognize that in July 2018, the deficit was well over \$2 million. Additionally, July is a month with 31 days, which skews the monthly budget slightly so salaries and benefits appear higher than what is budgeted. Other reasons for a slow start to the fiscal year is that state Medicaid tends to be slow paying patient claims after their fiscal year end in June as well as July invoices from contracted physicians and pharmaceuticals have not yet been processed.

Ms. Taggart motioned that the HC Board approve and accept the July 2019 financial report; Mr. Chapelle seconded.

Motion Carried Unanimously.

2. Policy Review Committee-Ms. Taggart

Ms. Taggart confirmed that the 9 policies submitted for August 2019 were reviewed by the policy review committee and no corrections are requested.

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

Motion Carried Unanimously.

3. Quality Measures Report-Ms. Gomez

Ms. Gomez shared the 2019 measures for improvement which include diabetes control, asthma with appropriate medication, hypertension, depression screening and intervention, mammography and patient satisfaction in regards to appointment wait time in the health care centers. The Franklin and Carpinteria Health Centers in particular are working on identifying diabetic patients who may benefit from increased care management, education and clinic visits as part of a special project.

The data for the asthma measure shows a significant improvement since the start of the year and ongoing improvement is expected. The hypertension measure saw a small increase in the reporting period but is still below the benchmark of 62.71%. The depression screening and intervention measure remains stagnant but several reasons and areas for improved reporting have been identified and are being reviewed with the medical practices committee, providers and health center staff. Another area showing improvement is the mammography measure, success partly due to better reporting tools. Ongoing improvement is anticipated as this continues to be a priority for the Santa Barbara and Franklin Health Centers.

4. Provider Appointments-Dr. Baldwin

Dr. Baldwin introduced the Board to a new contract provider, Dr. Keith Dillon. Dr. Dillon is an OBGYN and will be coming on board to help out with women's health at the Santa Maria Health Care center while Dr. Griffith goes on vacation in September/October.

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

Motion Carried Unanimously.

5. Executive Director's Report-Dr. Metz

Dr. Metz referred the Board members to the director's report in the August Board packet. Because of the administrator vacancy at the Carpinteria Health Center, Elvia Lopez, Dr. Metz, Dana Gamble and Paola Hurtado have been taking turns having a physical presence at the clinic to help staff their feel supported during this transition.

Dr. Metz shared that Jeanie Sleigh hosted the new CEO and Chief of Medical Staff of Lompoc Valley Medical Center for Partnership Meeting and provided a tour of the Lompoc Health Care Center.

The patient volume report for July showed a 3% increase from the previous month, but is still disappointingly below the monthly target by 14%. Additionally, Dr. Metz reminded the Board that it is important to look at the daily patient numbers because not all months have the same amount of clinical days depending on holidays or other events.

IV. Member Announcements

- Kendall Johnston announced that Elizabeth Simpson-Wong has accepted a position with another County department and her last day with Primary Care and Family Health is Thursday, September 5th 2019.

IX. Adjournment

Meeting was adjourned at 1:05pm

MEETING DATE: September 25, 2019

AGENDA ITEM NO.: VI.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 9/17/19

To: HC BOARD

From: Larry Fay

Subject: Environmental Health Services

RECOMMENDATION:

This is an overview of the Environmental Services program in Public Health; no Board action necessary.

DISCUSSION:



Santa Barbara County Environmental Health Services

July 10, 2019

What is Environmental Public Health?

NEHA

Environmental health is the science and practice of preventing human injury and illness and promoting well-being by:

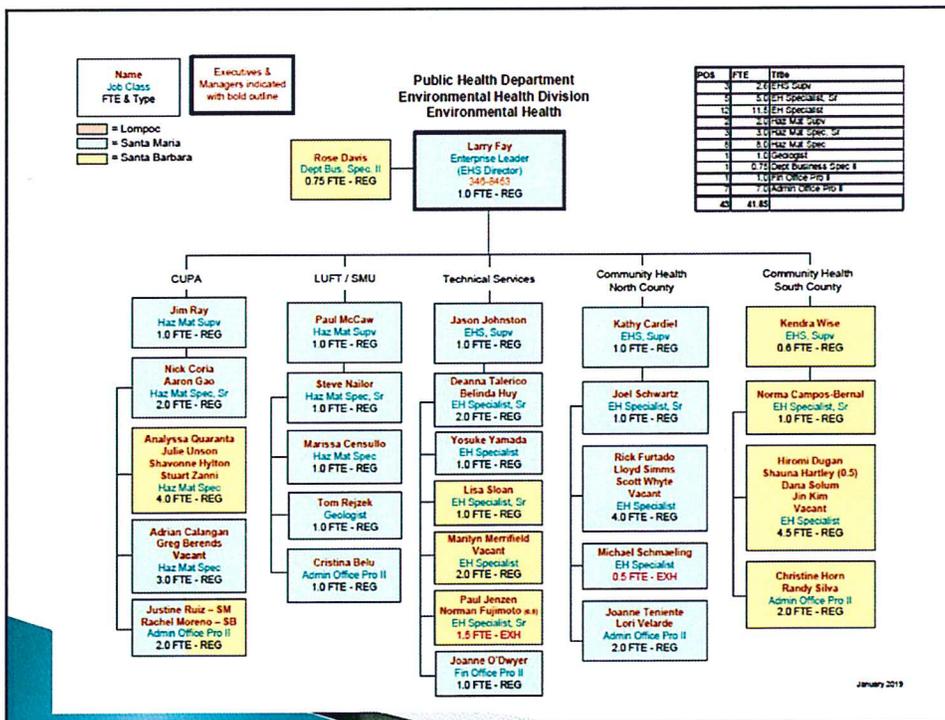
- identifying and evaluating environmental sources and hazardous agents and,
- limiting exposures to hazardous physical, chemical, and biological agents in air, water, soil, food, and other environmental media or settings that may adversely affect human health.

APHA

Environmental health is the branch of public health that focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities.

Overview-Three Program Areas

- ▶ Community Health
- ▶ Tech Services
- ▶ HazMat
- ▶ Pharmaceutical Take Back/Producer Responsibility



Community Health

- ▶ Divisions:
 - Retail Food
 - Public / semi-public swimming pools
 - Body Art facilities
 - Cannabis processing
 - Organized camps
 - Detention facilities
 - Rodent / rodent complaints
 - Sewage discharges
 - Emergency Evacuation Shelters

Food Services

- ▶ Retail food
- ▶ Mobile food and commissaries
- ▶ Caterers / shared kitchens / host facilities
- ▶ Home kitchen operations (Cottage food)
- ▶ Temporary food / festivals
- ▶ Charitable feeding

Community Health – Cannabis

- ▶ Processing
- ▶ Manufacturing
- ▶ Retail Distribution facilities in unincorporated areas

Community Health – Sewage

- ▶ Discharges onto the ground from businesses / private residences
- ▶ General exception
 - If residence has septic system
 - Handled by EHS Tech Services Onsite Sewage Disposal Systems Team

Technical Services

- Solid waste facilities (LEA)
 - Landfills
 - Transfer stations
- Water-well permitting (unincorporated)
- Domestic water systems (up to 200 connections)
 - Public: 15–200 connections
 - State Small: 5–14 connections
 - Single and Multi-parcel: 1–4 connections
- Onsite wastewater (unincorporated)
- Related review for land use

HazMat

- ▶ Three Main Divisions
 - CUPA – Certified Unified Program Agency
 - LUFT – Leaking Underground Fuel Tank Program
 - SMU – Site Mitigation Unit

CUPA – What we do

- ▶ Inspect facilities that:
 - Handle / store hazmat on site (Business Plan)
 - Generate hazardous waste (HWG)
 - Treat hazardous waste (Tiered Permitting)
 - Store fuel in aboveground tanks (APSA)
 - Store fuel in underground tanks (UST)
 - Store above-threshold amounts of extremely hazardous substances (CalARP)
- ▶ Planning (installing / modifying / removing USTs)
- ▶ On-Call program
- ▶ Investigation
 - Sampling, Interviewing, etc.
- ▶ Enforcement
 - DA Referrals and AEOs

CUPA Enforcement Focus Areas

- ▶ Unauthorized release of hazmat
- ▶ Failure to report hazmat releases
- ▶ Illegal storage, treatment, transportation, and disposal of hazwaste
- ▶ Improper handling of hazmat
- ▶ Not establishing / recertifying HMBP
- ▶ Not preparing / maintaining SPCC plan
- ▶ Tampering with UST monitoring systems
- ▶ Not maintaining UST secondary containment
- ▶ Not preparing a Risk Management Plan

LUFT / SMU

- ▶ LUFT – Leaking Underground Fuel Tanks
- ▶ SMU – Site Mitigation Unit

- ▶ Oversee environmental remediation projects
- ▶ LUFT – overseen by Water Board
- ▶ SMU – Voluntary cleanup program
 - Lessens environmental liability
 - Often for selling property
- ▶ Notifies DTSC / Water Board if they want to be the lead on clean-up; usually “No”

LUFT / SMU – Agency Overlap

- ▶ DTSC and CUPA – Hazwaste management at clean-up sites
- ▶ Water Board – USTs
- ▶ APCD – generally remedial actions require permits
- ▶ Other permits required from city, Fish & Wildlife, Army Corps of Engineers, etc.

Budget—\$6,800,000

- ▶ Mostly permit and service fees
- ▶ Grants
 - Solid Waster Grant—CalRecycle
 - Ocean Water Sampling—State Water Board
 - LUFT—State Water Board
- ▶ Minimal General Fund—5%



Santa Barbara County Environmental Health Services

July 10, 2019

MEETING DATE: 09/25/2019

AGENDA ITEM NO.: VI.2

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 09/17/2019
To: Health Center Board
From: Dana Gamble
Subject: Community Health Assessment/Health Center Needs Assessment Update

RECOMMENDATION:

That the Board:

Receive an update from Dana Gamble regarding the 2019 Santa Barbara County Community Health Assessment.

DISCUSSION/BRIEF SUMMARY OF ITEM:

HRSA expects the Health Center to complete or update a needs assessment of the current or proposed population at least once every three years, for the purposes of informing and improving the delivery of health center services.

Every three years, Santa Barbara County Public Health Department collaborates with Santa Barbara Cottage Health and other community partners to assess the well-being of Santa Barbara County residents. The PHD relies on the findings in the Community Health Needs Assessment and other data sources to inform, develop, and implement programs leading to health improvements in the county.

The assessment includes 2,500 a mixture of telephone and web-based surveys, with calls to randomly selected cell and landlines. In addition, the collaborative gathers feedback during a listening tour to hear from individuals and organizations regarding health-related needs in the community. The listening tour will include online surveys, group discussions, phone interviews, and visits to various community-based organizations.

The Community Health Needs Assessment collaborative includes the following partners:

Cottage Health; Lompoc Valley Medical Center; Planned Parenthood California Central Coast; Santa Barbara County Public Health Department; Santa Barbara Foundation; Santa Barbara Neighborhood Clinics; University of California, Santa Barbara

Cottage Health is expected to publish the results at the end of 2019 at cottagehealth.org.

MEETING DATE: 09/25/2019

AGENDA ITEM NO.: VII.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 09/17/2019

To: Health Center Board

From: Suzanne Jacobson

Subject: Financial Report for August 2019

RECOMMENDATION:

That the Board: Accept and approve the Financial Report for August 2019

DISCUSSION/BRIEF SUMMARY OF ITEM:

Financial Report and Narrative for period ended 08/31/2019.

**Santa Barbara County Public Health Department
Community Health Center Board**

*Financial Statement Narrative for **August, 2019***

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

<u>Financial Results:</u>	<u>Year to Date</u>	<u>August</u>
Revenues:	\$8,636,689	\$4,575,723
Expenditures:	<u>\$9,097,214</u>	<u>\$4,821,663</u>
Net Surplus/(Deficit):	<u>(\$460,525)</u>	<u>(\$245,940)</u>
<u>Revenue Highlights:</u>	<u>Year to Date Variance (88.2%)</u>	<u>August Variance (93.4%)</u>
<i>Over (Under) Budget</i>		
Medicaid/Medicare:	(\$1,092,324)	(\$645,664)
Local/State Funds:	(\$151,234)	\$124,831
Federal 330 grant:	(\$50,000)	\$125,000
<u>Expenditure Highlights:</u>	<u>Year to Date Variance (92.9%)</u>	<u>August Variance (98.4%)</u>
<i>Over (Under) Budget</i>		
Personnel/Benefits:	\$172,744	\$59,999
Pharmaceuticals:	(\$382,011)	(\$203,542)
Physician Fees:	(\$151,829)	\$26,706
Data Processing:	\$75,436	\$151,445
Other Office Expenses:	(\$153,495)	(\$69,187)

Financial Results Discussion

Our Community Health Center financial results for August 2019 reflect a negative *month to date* net financial impact of (\$245,940) and *year to date* net financial impact of (\$460,525).

Year to date, our revenues are at 88.2% of budget and our expenditures are at 92.9% of budget. There are a few reasons for this:

- August 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.

- We are still early in the fiscal year and many of our invoices for services and supplies (contract physician fees, pharmaceuticals, software maintenance) have not been received timely and tend to lag behind.
- August is the mid-month of the quarter and our data processing costs from our centralized County Information Technology department are charged for the entire quarter. (That is, three months' worth of costs are charged in the one middle month of the quarter.)

Revenue Highlights:

We have negative variances for the following:

- Medicaid and Medicare Revenue – Below budget and, hopefully, will be improving in the coming months with efforts to increase patient volume in the Health Centers.
- 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.
- Federal 330 Grant Funds – We are trying to perform the drawdowns more often to stay more current.

Expenditure Highlights:

We have positive variances for the following:

- Pharmaceuticals – Under budget, although we anticipate expenditures to increase and there is a lag in receiving invoices.
- Physician Fees/Other Office Expenditures – Under budget due to the timing of invoices from physicians and from OCHIN Epic for the Electronic Health Record Software. These generally are delayed and track approximately one month behind the services performed.

And negative variances for:

- Salaries and Benefits – Over budget due to the fact that August 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.
- Data Processing – Expenses charged for 3 months in mid-month of quarter, as explained above.

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

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 8-30-19 BUDGET	FY 19-20 As of 8-30-19 YTD ACTUALS	FY 19-20 August YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 August ACTUALS	FY 19-20 August Variance	FY 19-20 August % of Budget
REVENUES									
PROGRAM INCOME									
Medicaid	\$ (39,270,200)	\$ (6,545,033)	\$ (5,362,572)	\$ 1,182,461	82%	\$ (3,272,517)	\$ (2,596,701)	\$ 675,816	79%
Medicare	(5,478,400)	(913,067)	(1,003,204)	(90,137)	110%	(456,533)	(486,686)	(30,152)	107%
Self-pay (includes HAP)	(1,772,100)	(295,350)	(375,796)	(80,446)	127%	(147,675)	(177,801)	(30,126)	120%
LOCAL AND STATE FUNDS									
State/Local Funds-TSAC/GF	(9,387,616)	(1,564,603)	(1,413,369)	151,234	90%	(782,301)	(907,132)	(124,831)	116%
FEDERAL 330 GRANT	(2,100,000)	(350,000)	(300,000)	50,000	86%	(175,000)	(300,000)	(125,000)	171%
OTHER FEDERAL FUNDING									
ADAP	(766,000)	(127,667)	(181,748)	(54,081)	142%	(63,833)	(107,403)	(43,570)	168%
TOTAL REVENUE	\$ (58,774,316)	\$ (9,795,719)	\$ (8,636,689)	\$ 1,159,030	88.2%	\$ (4,897,860)	\$ (4,575,723)	\$ 322,137	93.4%
EXPENDITURES									
PERSONNEL	\$ 22,208,800	\$ 3,701,467	\$ 3,936,867	\$ 235,401	106%	\$ 1,850,733	\$ 2,029,873	\$ 179,140	110%
FRINGE BENEFITS	14,195,500	2,365,917	2,303,260	(62,657)	97%	1,182,958	1,063,817	(119,142)	90%
TOTAL PERSONNEL	36,404,300	6,067,383	6,240,127	172,744	103%	3,033,692	3,093,689	59,999	102%
TRAVEL									
PHD Carpool	62,200	10,367	10,430	63	101%	5,183	5,095	(88)	98%
Transportation - Local Mileage	26,100	4,350	3,648	(702)	84%	2,175	1,487	(688)	68%
Training and Travel	88,500	14,750	4,748	(10,002)	32%	7,375	4,043	(3,332)	55%
TOTAL TRAVEL	176,800	29,467	18,825	(10,641)	64%	14,733	10,625	(4,109)	72%
SUPPLIES									
Medical Supplies	630,400	105,067	112,186	7,119	107%	52,533	59,522	6,989	113%
Office Supplies	168,000	28,000	28,265	265	101%	14,000	14,112	112	101%
Pharmaceuticals	6,724,000	1,120,667	738,655	(382,011)	66%	560,333	356,792	(203,542)	64%
Bus Tokens	20,000	3,333	-	(3,333)	0%	1,667	-	(1,667)	0%
TOTAL SUPPLIES	7,542,400	1,257,067	879,106	(377,961)	70%	628,533	430,425	(198,108)	68%
CONTRACTUAL									
Janitorial Services	303,500	50,583	34,547	(16,036)	68%	25,292	25,952	660	103%
Physician Fees	2,080,900	346,817	194,987	(151,829)	56%	173,408	200,115	26,706	115%
Professional Services	816,000	136,000	36,431	(99,569)	27%	68,000	47,465	(20,535)	70%
TOTAL CONTRACTUAL	3,200,400	533,400	265,966	(267,434)	50%	266,700	273,532	6,832	103%
OTHER									
Building Maintenance	35,200	5,867	314	(5,553)	5%	2,933	314	(2,619)	11%
Communications	287,600	47,933	43,204	(4,729)	90%	23,967	20,984	(2,983)	88%
Data Processing	912,100	152,017	227,453	75,436	150%	76,008	227,453	151,445	299%
Liability Insurance	361,800	60,300	60,234	(66)	100%	30,150	30,117	(33)	0%
Malpractice Insurance	452,600	75,433	83,534	8,100	111%	37,717	41,767	4,050	0%
Other Clinical Expenditures	268,500	44,750	40,609	(4,141)	91%	22,375	19,348	(3,027)	86%

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

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 8-30-19 BUDGET	FY 19-20 As of 8-30-19 YTD ACTUALS	FY 19-20 August YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 August ACTUALS	FY 19-20 August Variance	FY 19-20 August % of Budget
Other Office Expenditures	1,309,700	218,283	64,788	(153,495)	30%	109,142	39,954	(69,187)	37%
Public Health Lab Services	90,000	15,000	236	(14,764)	2%	7,500	336	(7,164)	4%
Rents & Leases	141,600	23,600	18,583	(5,017)	79%	11,800	9,292	(2,508)	79%
Services County Provided	146,200	24,367		(24,367)	0%	12,183	-	(12,183)	0%
Utilities	404,200	67,367	64,426	(2,941)	96%	33,683	46,212	12,528	137%
TOTAL OTHER	4,409,500	734,917	603,381	(131,535)	82%	367,458	435,777	68,319	119%
TOTAL DIRECT COSTS	\$ 51,733,400	\$ 8,622,233	\$ 8,007,406	\$ (614,828)	92.9%	\$ 4,311,117	\$ 4,244,048	\$ (67,068)	98.4%
INDIRECT COST (13.61% OF TADC)	7,040,916	1,173,486	1,089,808	(83,678)	92.9%	586,742.98	577,615	(9,128)	98.4%
TOTAL BUDGET	\$ 58,774,316	\$ 9,795,719	\$ 9,097,214	\$ (698,506)	92.9%	\$ 4,897,860	\$ 4,821,663	\$ (76,196)	98.4%
Net Surplus/ Deficit	\$ (0)	\$ (0)	\$ 460,525	\$ 460,525		\$ (0)	\$ 245,940	\$ 245,940	

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: September 18, 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.

<u>POLICY NO.</u>	<u>TITLE</u>
1. 18-C-638	Guidelines for Suboxone/Buprenorphine Prescribing
2. 10-C-551	Ryan White Program: Specialty Care Referrals
3. 18-C-635	Limitations and Expectations for Use of Federal Funding
4. 11-C-563	Practice Management System-Patient Tracking for Non-Specialty Clinics
5. 15-C-600	HIV Testing: Disclosure of Results
6. 17-C-631	Management of HIV-infected Adults
7. 08-C-320	Clearance Exams-Adults over 21 and Non-Medi-Cal Young Adults 18-21
8. 18-C-637	Limitations and Exceptions for Use of Federal Funding- Salary Limitation
9. 18-C-636	Limitations and Exceptions for Use of Federal Funding-Lobbying
10. 96-C-087	Tuberculosis (TB) Waivers
11. 03-C-189	Standardized Procedures Policy (RN Staff Only)
12. 17-C-626	Continuing Medical Education for Physician Assistants and Behavioral Health Specialists
13. 94-C-009	Criteria for Targeted Testing of Latent Tuberculosis (TB) Infection

	Number: 18-C-638
Prepared By: Polly Baldwin, MD MPH FAAFP, Medical Director	Effective Date: 9/25/2019 Original Date: March 2018
Authorized By: Polly Baldwin, MD MPH FAAFP, Medical Director / Dr. Douglas Metz, Deputy Director PCFH	Next Review Date: 09/25/2020
TITLE: Guidelines for Suboxone/Buprenorphine prescribing <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 9/26/18 (See Board Meeting minutes) </div>	

POLICY

The providers at the Santa Barbara County Public Health Department who have obtained the federal waiver to prescribe Suboxone / Buprenorphine will follow the following guidelines in prescribing and monitoring their patients while on the medication.

PURPOSE

- To standardize the steps PHD clinicians should follow to meet the PHD standards for care of patients who require the chronic use of Suboxone or Buprenorphine or similar medications for opioid addiction treatment regulated with a federal waiver.
- To decrease misuse, abuse and diversion of these medications.
- To assist clinicians, health center staff and other members of the clinical care team in managing patients with waiver medications and their needs.

	Number: 10-C-551, HIV 706
Prepared By: Adriana Almaguer, HIV Program Coordinator, Norma Venegas, BRC Program Coordinator	Effective Date: 9/25/2019 Original Date: 10/01/2010
Authorized By: Dr. Douglas Metz, Deputy Director PCFH Dr. Polly Baldwin, Medical Director PCFH	Next Review Date: 9/25/2020
TITLE: Ryan White Program: Specialty Care Referrals <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 9/26/18 (See Board Meeting minutes) </div>	

POLICY

To provide medically necessary specialty care referrals for Ryan White Patients. Specialty care referrals may include:

- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical health conditions
- Preventive care and screening
- Referral to and provision of specialty care related to HIV diagnosis

PURPOSE

To provide guidance to the Clinical staff, Benefits and Referral Center (BRC) staff and HIV Program staff for appropriate out of network specialty care referrals for HIV/AIDS patients.

	Number: 18-C-635
Prepared By: Dr. Douglas Metz, Health Centers Executive Director	Effective Date: 09/25/2019 Original Date: 05/01/2018
Authorized By: Dr. Douglas Metz, Health Centers Executive Director	Next Review Date: 09/25/2020
TITLE: Limitations and Expectations for Use of Federal Funding <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 9/26/18 (See Board Meeting minutes) </div>	

POLICY

This policy encompasses the regulations and restrictions regarding:

- Gun Control
- Acknowledgement of Federal Funding
- Restriction on Abortions
- Ban on Funding of Human Embryo Research
- Limitation on Use of Funds for Promotion of Legalization of Controlled Substances
- Restriction on Distribution of Sterile Needles
- Restriction of Pornography on Computer Networks
- Restrictions on Funding Association of Community Organizations for Reform Now (ACORN)

Recipient responsibilities for the legislative mandates are incorporated by reference in the Terms and Conditions of HRSA awards. Pursuant to 45 CFR part 75.364, HRSA has the right of access to any documents, papers, or other records of the non-federal entity which are pertinent to the federal award, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the health centers' personnel for the purpose of interview and discussion related to such documents.

This policy specifically states and reinforces that SBICPHD clinics do not partake in the following activities:

Division H Title II

1. Gun Control (Section 210): "None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

Division H Title V

1. Acknowledgement of Federal Funding (Section 505): When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:
 - a. the percentage of the total costs of the program or project which will be financed with Federal money;
 - b. the dollar amount of Federal funds for the project or program;

- c. percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
2. Restriction on Abortions (Section 506): SBCPHD does not perform abortions of any kind.
 - a. None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion
 - b. None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion
 - c. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement
3. Ban on Funding of Human Embryo Research (Section 508): SBCPHD does not perform Human Embryo Research of any kind.
4. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509):
 - a. None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.
 - b. The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
5. Restriction on Distribution of Sterile Needles (Section 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug
6. Restriction of Pornography on Computer Networks (Section 521):
 - a. None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.
 - b. Nothing in subsection (a.) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
7. Restrictions on Funding ACORN: None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

PURPOSE

The County of Santa Barbara Public Health Department’s Health Care Centers’ (SBCPHD) policies must adequately incorporate HHS legislative mandates in HRSA Grants Policy Bulletin 2018-04. The intent of this policy is to provide clarification and information on the statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for Federal FY 2018.

REFERENCES

HRSA Grants Policy Bulletin: “Legislative Mandates in Grants Management for FY 2018”
<https://www.hrsa.gov/sites/default/files/hrsa/grants/pdfs/external-grants-policy-bulletin-2018-04.pdf>

	Number: 11-C-563
Prepared By: Health Care Centers Administrative Office Professional Seniors	Effective Date: 9/25/2019 Original Date: 9/6/2011
Authorized By: Dr. Douglas Metz, PCFH Deputy Director	Next Review Date: 9/25/2020
TITLE: Practice Management System – Patient Tracking for Non Specialty Clinics <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/> Approved by Santa Barbara Health Center Board on 9/26/18 (See Board Meeting minutes) </div>	

POLICY

It is the policy of the Public Health Department (PHD) to use the Patient Check-In system in EPIC in order to track a patient when they check in for their non-Specialty clinic appointment at Santa Barbara County’s Public Health Department’s Health Care Centers.

PURPOSE

Using the Patient Check-In system in EPIC helps the front office determine where the patient is in the check in process for their appointment. It also helps the back office know when the patient is ready to be taken back for their appointment. Both the back office and front office determine the location of the patient from check in to the completion of their appointment and checking out. This system also assists in determining the amount of time the patient spends at the front office checking in for their appointment.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 15-C-600</p>
<p>Prepared By: Lynn Fitzgibbons, MD, Ryan White Medical Director</p>	<p>Effective Date: 09/25/2019 Original Date: 11/15/2014</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 09/25/2020</p>
<p>TITLE: HIV Testing: Disclosure of Results</p>	

POLICY

Santa Barbara County Public Health shall disclose HIV test results to patients in a manner which is consistent with state law.

PURPOSE

Routine testing for human immunodeficiency virus (HIV) is recommended in primary care practice. In addition, targeted testing is recommended in high risk patients, including those recently diagnosed with a sexually transmitted infection, and those with infections known to be associated with HIV, such as tuberculosis. Strict regulations regarding disclosure of HIV test results and need for universal post-test counselling may create barriers to expanded testing. Nevertheless, given the potential implications of a patient's HIV test result, the following guidelines have been created to assist with disclosure of HIV test results to patients in Santa Barbara County as well as expedite linkage to care if needed.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 17-C-631</p>
<p>Prepared By: Lynn Fitzgibbons, MD, Medical Director of Ryan White Program</p>	<p>Effective Date: 9/25/2019 Original Date: 6/1/2017</p>
<p>Authorized By: Polly Baldwin, MD MPH, Medical Director</p>	<p>Next Review Date: 9/25/2020</p>
<p>TITLE: Management of HIV- Infected Adults</p>	

POLICY:

It is the policy of the Santa Barbara County Public Health Department to provide care to patients infected with the HIV virus according to the DHHS Clinical Guidelines.

PURPOSE:

To provide direction to providers caring for HIV – infected adults to ensure we are continuously providing the evidence-based standard of care.

	Number: 08-C-320
Prepared By: Coding Program Coordinator	Effective Date: 09/25/2019
Authorized By: Polly Baldwin, Medical Director/Douglas Metz, PCFH Deputy Director	Original Date: 02/01/2010
TITLE: Clearance Exams – Adults over 21 and Non-Medi-Cal Young Adults 18-21.	Next Review Date: 09/25/2020

POLICY

The Public Health Department Health Care Centers will provide physical examinations to new or established patients requesting clearance exams for Non-Commercial DMV, pre-employment, RN school admissions, trade school admissions, Special Olympics and other types of clearance exams. These physicals are not covered by Medicare, Medi-Cal, private insurance, or ICP and therefore are fee for service only and are not eligible for sliding scale and must be paid at the time of service. Patients who have been screened for and designated as experiencing homelessness (patients with the “H” code) and meet the requirement for FC-DD, will have these services billed to the Health Care for the Homeless Special Account. These physicals do not include treatment, vaccines, vision test, hearing test, laboratory, radiology, or follow-up visits.

PURPOSE

The purpose is to provide people with the required physical exam and paperwork completion in order to drive, work, or attend school, or other instances of situations that require clearance exams that are not part of a regular medical visit.

	Number: 18-C-637
Prepared By: Dr. Douglas Metz, Health Centers Executive Director	Effective Date: 09/25/2019 Original Date: 05/01/2018
Authorized By: Dr. Douglas Metz, Health Centers Executive Director	Next Review Date: 09/25/2020
TITLE: Limitations and Expectations for Use of Federal Funding Salary Limitation	

POLICY

This policy encompasses the regulations and restrictions regarding:

- Salary Limitations related to use of Federal Funds

Recipient responsibilities for the legislative mandates are incorporated by reference in the Terms and Conditions of HRSA awards. Pursuant to 45 CFR part 75.364, HRSA has the right of access to any documents, papers, or other records of the non-federal entity which are pertinent to the federal award, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the health centers' personnel for the purpose of interview and discussion related to such documents.

This policy specifically states and reinforces that SBCPHD clinics will adhere to the following limitation:

1. Salary Limitation (Section 202): None of the Federal funds made available from HRSA for the 330(e)&(h) may be used, in whole or in part to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of the Federal Executive Level II. In the event a contract or salary is funded at a rate in excess of Executive Level II the excess salary costs will be allocated to non-Federal funds.

PURPOSE

The County of Santa Barbara Public Health Department's Health Care Centers' (SBCPHD) policies must adequately incorporate HHS legislative mandates in HRSA Grants Policy Bulletin 2018-04. The intent of this policy is to provide clarification and information on the statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for Federal FY 2018.

REFERENCES

HRSA Grants Policy Bulletin: "Legislative Mandates in Grants Management for FY 2018"
<https://www.hrsa.gov/sites/default/files/hrsa/grants/pdfs/external-grants-policy-bulletin-2018-04.pdf>

	Number: 18-C-636
Prepared By: Dr. Douglas Metz, Health Centers Executive Director	Effective Date: 09/25/2019 Original Date: 05/01/2018
Authorized By: Dr. Douglas Metz, Health Centers Executive Director	Next Review Date: 09/25/2020
TITLE: Limitations and Expectations for Use of Federal Funding - Lobbying	

POLICY

This policy encompasses the regulations and restrictions regarding:

- Lobbying

Recipient responsibilities for the legislative mandates are incorporated by reference in the Terms and Conditions of HRSA awards. Pursuant to 45 CFR part 75.364, HRSA has the right of access to any documents, papers, or other records of the non-federal entity which are pertinent to the federal award, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the health centers' personnel for the purpose of interview and discussion related to such documents.

This policy specifically states and reinforces that SBCPHD clinics do not partake in the following activities:

Division H Title V

1. Lobbying (Section 503)
 - a. None of the Federal funds made available from HRSA for the 330(e)&(h) may be used, in whole or in part to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
 - b. None of the Federal funds made available from HRSA for the 330(e)&(h) may be used, in whole or in part to shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
2. The lobbying activities that are included in these prohibitions are any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any

proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

PURPOSE

The County of Santa Barbara Public Health Department's Health Care Centers' (SBCPHD) policies must adequately incorporate HHS legislative mandates in HRSA Grants Policy Bulletin 2018-04. The intent of this policy is to provide clarification and information on the statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for Federal FY 2018.

REFERENCES

HRSA Grants Policy Bulletin: "Legislative Mandates in Grants Management for FY 2018"
<https://www.hrsa.gov/sites/default/files/hrsa/grants/pdfs/external-grants-policy-bulletin-2018-04.pdf>

	Number: 96-C-087
Prepared By: CD Manager; Medical Coder; Billing Supervisor; Cost Analyst	Effective Date: 09/25/2019
	Original Date: 10/01/2007
Authorized By: Polly Baldwin, Medical Director; Henning Ansorg, Health Officer; Suzanne Jacobson, CFO	Next Review Date: 09/25/2020
TITLE: Tuberculosis (TB) Waivers	

POLICY

Disease Control Public Health Nurses (PHN) in consultation with Financial Office Professionals are authorized to waive fees for chest x-rays, treatment, and Chest Clinic office visits. Only patients experiencing financial barriers to care and who meet risk factors listed in Priority Table 1 of the SBCPHD TB Treatment Guidelines (P/P # 94-C-009) are eligible to receive a PHN waiver. Patients will be automatically billed as a Financial Class 1 for three billing cycles before patient charges will be transferred into the TB Special Account as financial class 7.

PURPOSE

To ensure access to care and reducing financial barriers for qualifying patients is an integral part of TB Control in Santa Barbara County.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 03-C-189</p>
<p>Prepared By: Yvette Calhoun, Paige Batson, Ed Tran-Nursing Leadership Committee</p>	<p>Effective Date: 09/25/2019</p> <p>Original Date: 2003</p>
<p>Authorized By: Polly Baldwin, Medical Director and Henning Ansorg, Health Officer</p>	<p>Next Review Date: 09/25/2020</p>
<p>TITLE: Standardized Procedures Policy (RN Staff Only)</p>	

POLICY

In accordance with the Board of Registered Nursing (Title 16, California Code of Regulations, section 1474) and Medical Board of California, (Title 16, CCR Section 1379) Standardized Procedures will meet all requirements. These guidelines provide uniformity in development of standardized procedures which will aid in protecting consumers by providing evidence that the nurse meets all requirements to practice safely.

PURPOSE

Standardized Procedures authorize the registered nurse (RN) to perform a medical function beyond the usual scope of RN practice. The function or task may require the nurse: to administer medication or treatment without a medical order; to penetrate or sever tissue; or to execute judgment based on medical knowledge beyond the nursing scope of practice. If the function or task does not meet the definition, the standard PHD Policy and Procedure format shall be used.

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 17-C-626</p>
<p>Prepared By: Polly Baldwin, Medical Director</p>	<p>Effective Date: 09/25/2019</p> <p>Original Date: 1/31/2016</p>
<p>Authorized By: Polly Baldwin, Medical Director</p>	<p>Review Date: 09/25/2020</p>
<p>TITLE: Continuing Medical Education for Physician Assistants and Behavioral Health Specialists</p>	

POLICY

All employed Physician Assistants (PA), Nurse Practitioners, Certified Nurse Midwives and Behavioral Health Specialists (Clinical Psychologist and License Clinical Social Workers) at the Public Health Department (PHD) are allotted funds for Continuing Medical Education (CME). Each provider will be allotted up to \$1500.00 per fiscal year to cover training expenses for CME and up to 5 days time off to attend training related to their work at the PHD.

PURPOSE

- To give support to Physician Assistants, Nurse Practitioners, Certified Nurse Midwives and Behavioral Health Specialists who are employees of the PHD and whose license requires ongoing education to remain active.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 94-C-009</p>
<p>Prepared By: Disease Control and Yvette Calhoun, RN</p>	<p>Effective Date: 9/25/2019 Original Date: 04/25/2008</p>
<p>Authorized By: Polly Baldwin, M.D., Medical Director</p>	<p>Next Review Date: 09/25/2020</p>
<p>TITLE: Criteria for Targeted Testing of Latent Tuberculosis (TB) Infection</p>	

POLICY

It is the policy of the Public Health Department (PHD) to establish standards for tuberculosis screening, timing with viral illness/vaccination, administration of Tuberculin Skin Test (TST), interpretation, documentation, referral and treatment.

PURPOSE

It is essential that the administration, interpretation and underlying theory of targeted TB testing be understood in order to make accurate diagnosis of latent tuberculosis infection (LTBI). Based on targeted testing principles, a decision to test is a decision to treat; thus a positive skin test requires linking the client to follow-up primary care services for LTBI or TB treatment.

MEETING DATE: 9/25/2019

AGENDA ITEM NO.: VII.3

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 9/24/2019
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:

- Alex Weinstein, MD Urology Specialist, SBHCC
- Andre Papajohn, LCSW Behavioral Health, CHCC



DISCUSSION/BRIEF SUMMARY OF ITEM:

All providers will be reviewed by Medical Director and Board delegate on 9/23/19

MEETING DATE: September 25, 2019

AGENDA ITEM NO.: VII.4

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 9/17/19

To: HC BOARD

From: Melissa Gomez

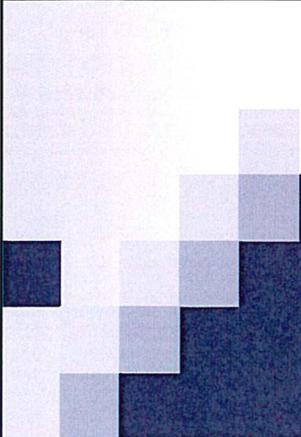
Subject: Quality Update-2019 monthly quality improvement measures update (August data)

RECOMMENDATION: for review

That the Board: Review

DISCUSSION:

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 9/2019

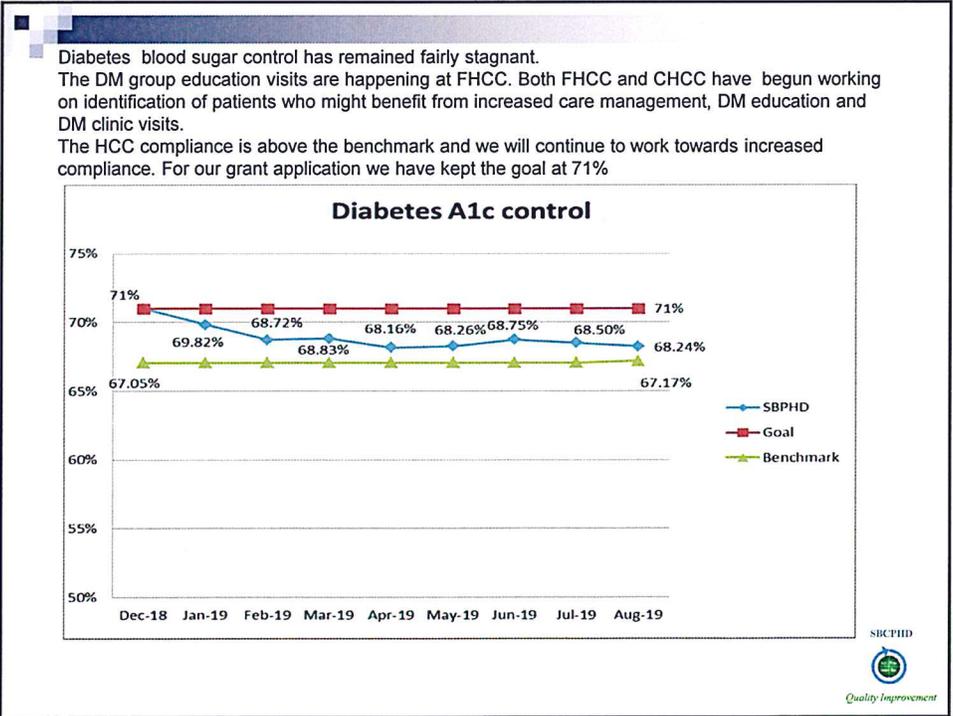


Measures for Improvement 2019

- 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

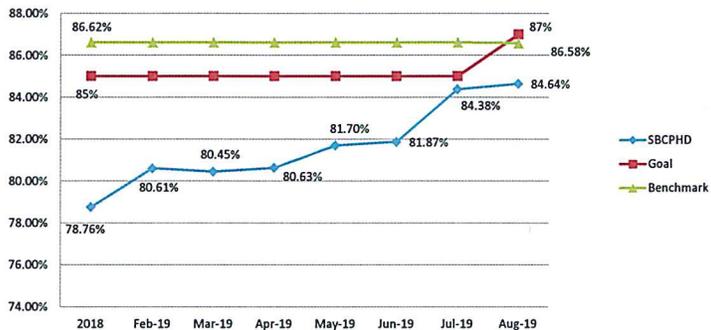


Performance Measure 2019 EPIC(08/31/18 to 08/31/19)	Patients	Percentage	Homeless	Percentage Homeless	Goal	HRSA 2018 National
	Total		Total			
HbA1c 9 or less	2037	68.24%	91	56.17%	71.00%	67.17%
	2985		162			
Asthma- persistent asthma and on controller medication	325	84.64%	15	78.95%	87.00%	86.58%
	384		19			
Hypertension- Blood Pressure controlled with last BP less than 140/90	2899	57.81%	144	43.50%	65.00%	63.26%
	5015		331			
Depression Screening with intervention if screening is positive	6012	39.36%	437	49.77%	60.00%	70.57%
	15274		878			
Mammography -women 50-74 q2 years(EPIC FY1819 Q4 7/1/18-6/30/19)	1703	55.74%	40	25.00%	59%	58.0%
	3055		160			



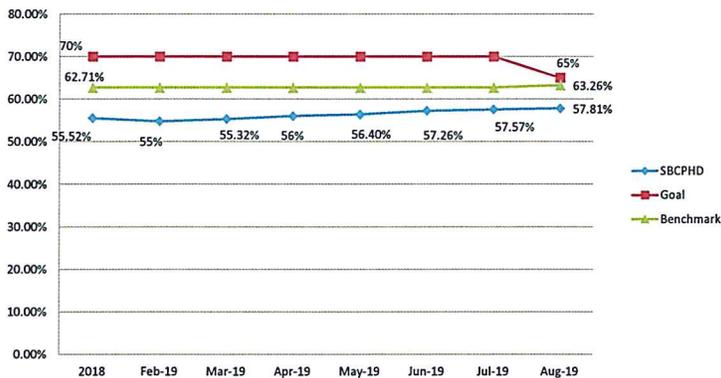
We have seen almost a 6% improvement in this measure since the start of the year-As the EHR staff and the providers continue to work on improved asthma action plans and training on diagnosis codes we should see ongoing improvement. For our competitive grant submission we have set out new goal at 87%

Asthma with controller med

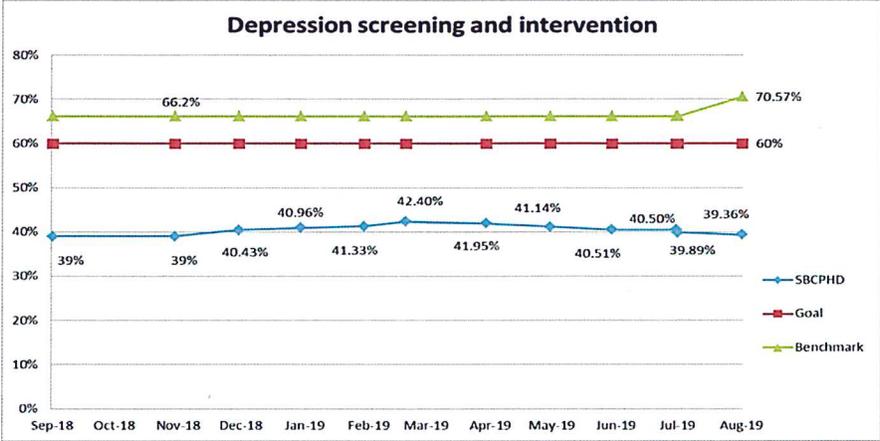


There has been a 2% improvement in blood pressure control since the start of the year. We adjusted our goal from 70% to 65%, which is a more realistic goal and is above the benchmark of 63.26% for our grant application submission

Hypertension



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.

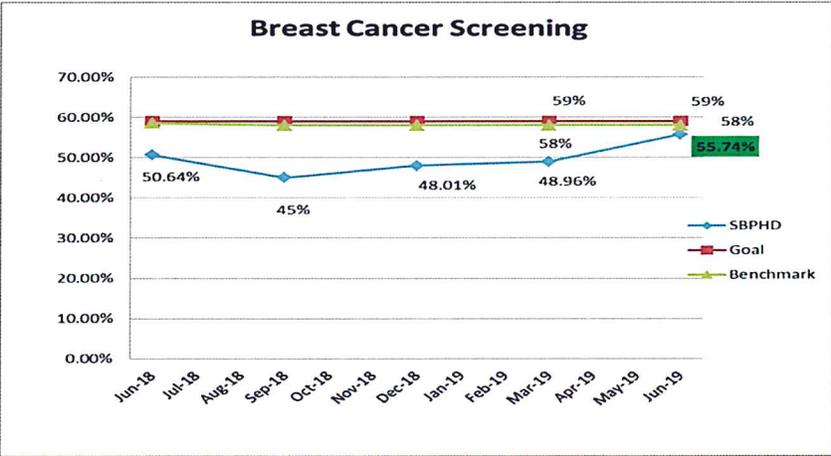


SBCPHD



Quality Improvement

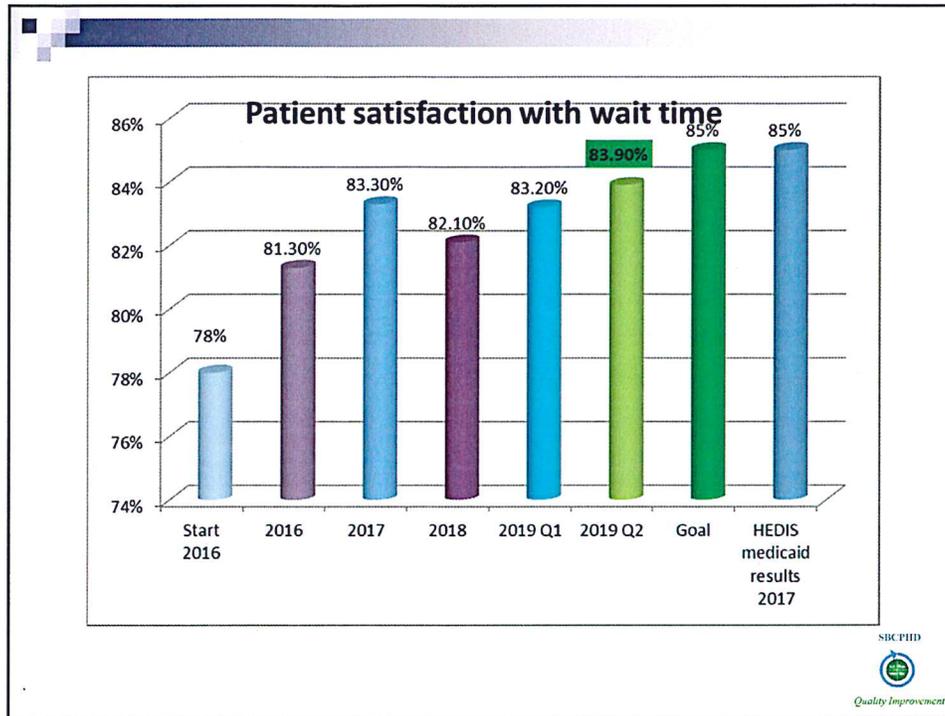
SBHCC and FHCC have been focused on this measure and we have seen an over 7% improvement so far this year! This will continue to be a focus and we anticipate ongoing improvement !



SBPHD



Quality Improvement



Plan

- Increased care management at FHCC and CHCC of patients with A1c greater than 9%
- Ongoing QI work on Mammography compliance
- 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.

MEETING DATE: 09/25/2019

AGENDA ITEM NO.: VII.5

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 09/18/2019

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

Date: Wednesday, September 25, 2019
To: Health Center Board of Directors
From: Dr. Douglas Metz, Executive Director, Health Centers
RE: E.D. Report

Focus Area	Monthly Highlights
Health Center Operations	
<ul style="list-style-type: none"> ● HRSA Relations (Ralph Barbosa, Dana Gamble) 	<ul style="list-style-type: none"> ▪ Next HRSA requirement will be the SAC grant continuation application due 9/26! ▪ IBHSS Supplemental Funding Received! \$167K ongoing additional funding for BH staff use ▪ UDS Planning Meetings underway (2018 review, 2019 preparations) – New platform for reporting UDS in Epic
<ul style="list-style-type: none"> ● Santa Barbara (Paola Hurtado) 	<ul style="list-style-type: none"> ▪ SBHCC Staff launched the United Way Campaign efforts by having a “staff bake off” and making \$300 in sales. ▪ Facilitated Injury & Illness Prevention Program training at All Staff Meeting ▪ Launched dedicated phone line for Santa Barbara Cottage Hospital Follow-up appointments ▪ Successfully completed AIDS Drug Assistance Program (ADAP) state audit – Fully Compliant ▪ Hosted a National Health Center Week event on August 7, 2019 with 12 partners participating and <u>32</u> in attendance
<ul style="list-style-type: none"> ● Franklin (Elvia Lopez) 	<ul style="list-style-type: none"> ▪ Hosted a National Health Center Week event attracting <u>37</u> participants ▪ FHCC participated in a care plan development meeting with the EHR team ▪ Jill Farrar, RN joined the Franklin HCC family
<ul style="list-style-type: none"> ● Carpinteria (Interim: Elvia Lopez) 	<ul style="list-style-type: none"> ▪ Elvia Lopez to serve as Interim HCA at Carp until new hire – Dana, Dr. Metz, Paola to help out by spending 1 day a week at Carp until permanent replacement found Hosted a National Health Center Week event attracting <u>30</u> participants ▪ CHCC Health Center Administrator Daniel Denhalter’s last day was August 8th, 2019 ▪ Primary Care Adult Team attended DM Education Training
<ul style="list-style-type: none"> ● Santa Maria (Michael Camacho-Craft) 	<ul style="list-style-type: none"> ▪ Successfully completed AIDS Drug Assistance Program (ADAP) state audit – Fully Compliant ▪ Held an expanded National Health Center Week Event, with 25 booths and <u>250</u> attendees ▪ Welcomed Sara Taylor, NP, to our Women’s Health team ▪ Conducted quarterly Dignity-CenCal-SMHCC collaborative meeting
<ul style="list-style-type: none"> ● Lompoc (Jeanie Sleigh) 	<ul style="list-style-type: none"> ▪ HCA continued work with IAPC Project Team on Inter-agency referral and follow-up process planning ▪ LHCC Management Team facilitated LHCC staff completion of all Annual Mandatory Training ▪ Hosted the North County-wide Renew ‘22 Ice Cream Social ▪ Successfully hosted Annual National Health Center Week Health Fair with 30 partners participating and over <u>325</u> in attendance ▪ Participated in Healthy Lompoc Night at the final season Old Town Market with a booth and conducting blood glucose testing
<ul style="list-style-type: none"> ● Healthcare for the Homeless (Ralph Barbosa) 	<ul style="list-style-type: none"> ▪ Homeless Death Review Team Final Data Collection Meeting ▪ Rescue Mission Medical Services Meeting
<ul style="list-style-type: none"> ● Pharmacy (Carol Millage) 	<ul style="list-style-type: none"> ▪ Continued to assess potential impacts related to DHCS implementation of the Governor’s Executive Order N-01-19 and coordinated outreach and education efforts to ensure awareness of implications to local healthcare delivery and access ▪ Worked with CenCal to ensure 340B partnership is compliant and effective ▪ Furthered discussions to potentially add four additional contract pharmacies to the 340B program

<ul style="list-style-type: none"> ● Clinical Lab (Linda Weisman) 	<ul style="list-style-type: none"> ▪ Linda Weisman began medical leave 4-6 weeks; trained Dana, Joy and Helen how to keep the Lab running in her absence in August and September ▪ Began recruitment to fill Clinical Lab Assistant vacancy. Three candidates scheduled to be interviewed in September
<ul style="list-style-type: none"> ● Health Information Management / HIPAA / Data Security (Dana Gamble, June English, Laura Lui) 	<p>Training:</p> <ul style="list-style-type: none"> ▪ 2019 Training updates are provided weekly: End 9/30/19; 473 HIPAA; 466 Compliance <ul style="list-style-type: none"> ○ New Issues viewing PHEN – reported to Servicenow portal <p>Privacy</p> <ul style="list-style-type: none"> ▪ Continuation of ongoing investigations
<ul style="list-style-type: none"> ● PCMH (Karla Quintana, Melissa Gomez, Polly Baldwin, Doug Metz) 	<ul style="list-style-type: none"> ▪ Nothing new to report
<ul style="list-style-type: none"> ● Customer Service (Health Center Administrators) 	<ul style="list-style-type: none"> ▪ Nothing new to report

PATIENT VOLUME REPORT*

August 2019

Site	"Billable" Visits This Month	Visits Last Month	Unique Patients This Month	Unique Patients Last Month	Notes
Carpinteria HCC	621	582	501	455	August = 22 clinic days 28 visits / day
Franklin HCC	963	1,128	766	871	44 visits / day – significant decrease over last month
Franklin Elementary School Clinic (1 evening/wk)	0	0	0	0	(Quoting Alice Cooper, "School is out")
Santa Barbara HCC	2,189	2,202	1,550	1,514	100 visits / day
Lompoc HCC	2,959	3,047	2,277	2,261	135 visits / day
Santa Maria HCC	2,411	2,376	1,590	1,502	110 visits / day, increase over last month
Homeless Shelters (3 sites combined)	148	139	117	113	
Outside Sites: PHN Home Visits, Hospital, Deliveries, SNF, etc.)	126	137	124	130	
TOTALS	9,417	9,611	6,925	6,846	Note: August pt. visits/day = 436, a significant 18% decrease over last month and well short of the monthly target of 509 by 14%
% difference of pts/day from previous month	18% Decrease of daily pts over last month				Summary: A disappointing month of August in term of patient visits.

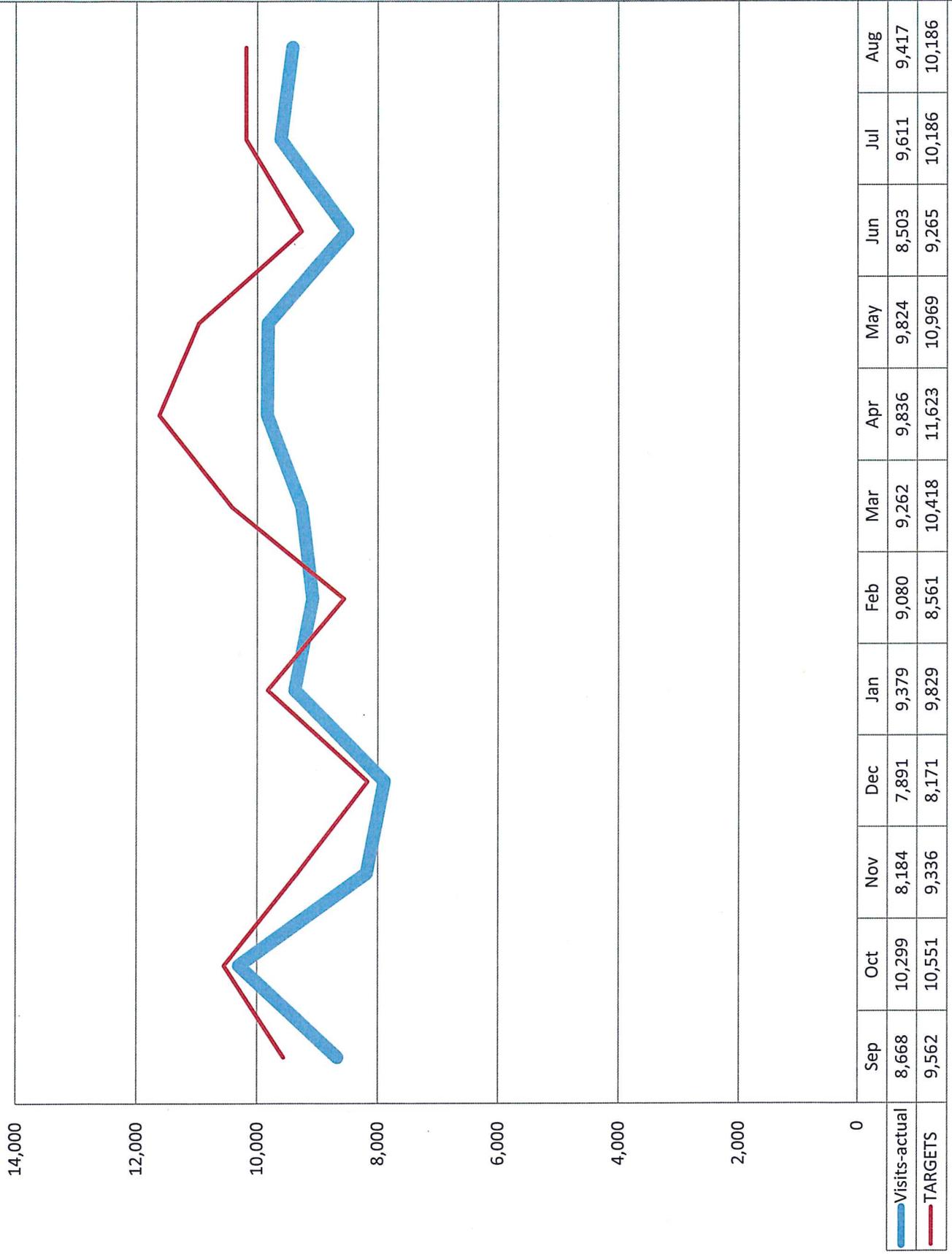
*Preliminary reporting from the new system – monthly data not fully verified and may differ from 10-15% from actual numbers

CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)*

Metric	Current Benchmark	Actual This Month	Last month	Notes
Pt visits / Clinical FTE	16 overall visits / 1.0 clinical FTE	Epic Reporting System not yet available		Epic Reporting System not yet available
% of unfilled appointment slots	<10%, not counting purposely unfilled "day-of" open access slots)			Epic Reporting System not yet available
No show rates	<15%	Avg. across all sites = 17%	Avg. across all sites = 16%	
"Third Next Available" (TNAA) Appointment	< 14 days	~17 days (average across all sites)	~17 days (average across all sites)	These reports are not yet verifiable from Epic
Clinic Waiting Time (Cycle Time: registration to provider visit)	< 45 min.	*	*	These metrics will be automated in Epic; not yet reliable enough to be reportable

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

Patient Visit Trending Over 12 Months



Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Visits-actual	8,668	10,299	8,184	7,891	9,379	9,080	9,262	9,836	9,824	8,503	9,611	9,417
TARGETS	9,562	10,551	9,336	8,171	9,829	8,561	10,418	11,623	10,969	9,265	10,186	10,186