



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

Board Members		<u>Consumer Members:</u> Lee Herrington, Celia Lee, Filipo Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara, Cynthia Guerrero <u>Community Members:</u> 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.	12:03-12:08	Review and Approve Minutes from April 22 & May 27, 2020	Szymanski
III.	12:08-12:10	Roll Call and Sign In Sheet	Johnston
IV.	12:10-12:13	Public Comment Period	
V.		Old Business: None	
VI.	12:13-12:14	New Business: None	
VII.	12:14-12:52	Standing Reports:	
	10 min	1. Monthly Financial Report: Staff recommends that the Board accept and approve the Financial Report for the month of May 2020.	Jacobson
	3 min	2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the policies reviewed in June 2020.	Policy Review Committee
	5 min	3. Provider Appointments: Staff recommends that the Board vote to approve the Provider Appointments referenced in VII.3	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
VIII.	12:52-12:59	Member Announcements	Szymanski
X.	1:00	Meeting Adjourned	Szymanski

Public Comment By phone - If you would like to make a comment by phone, please call (805) 681-5461 and state your name, your phone number and which item you would like to speak on and the clerk will call you at the appropriate time. Please make every effort to be available and mute all streaming devices once it is your turn to speak.

Late Distribution of Materials

Any disclosable public records related to an open session item on a regular meeting agenda and distributed to all or a majority of the members of the HC Board less than 72 hours prior to that meeting are available for inspection in the Primary Care & Family Health Administration office located at 300 N. San Antonio Road, Room A107, Santa Barbara, CA. 93110 and on the Internet at: <http://www.countyofsb.org/phd/primary-care/health-center-board.sbc>

Any written ex-parte communication subject to disclosure by members of the HC Board may be published online as an attachment to the corresponding item.

Next HC Board Meeting: Wednesday, July 22, 2020
Santa Barbara County Admin 300 N. San Antonio Road
C101/102



HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Health Center (HC) Board Minutes April 22, 2020

The Health Center Board met via Go To Meeting.

Present: Consumer Members: Lee Herrington (Co-Chair), Stephen Ferrara, Filippo Chappelle, Wm. Darrel Gardner, Cynthia Guerrero

Community Members: Skip Szymanski (Chair) Emily Casarez, Sylvia Barnard

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

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

Guests/Speaker: None

Agenda Items

I. Call to Order

Meeting was called to order by Chair Szymanski at 12:10pm.

II. Review and Approve Minutes from the March 31, 2020 Meeting

There were no requested revisions to the March meeting minutes. There were no public comments.

Mr. Chappelle motioned that the minutes from the March 31 meeting be accepted by the Board; Mr. Gardner seconded.

Motion Carried Unanimously.

III. Roll Call, Sign In and Quorum Established.

Chair Szymanski verified that a quorum was established and requested that the agenda item numbers be corrected for Item VII.2 and VII.3 as the coversheets do not match the agenda.

IV. Public Comment: None

V. Old Business: None

VI. New Business: None

VIII. Standing Reports:

1. March 2020 and 3rd Quarter End Financial Report-Ms. Jacobson

Ms. Jacobson began her PowerPoint presentation with reviewing the breakdown of revenue and expenditures by program for March 2020, resulting in an overall deficit for the county at over \$1.3 million dollars. Medi-Cal revenues for the health centers have shown improvement, especially for March, but the COVID19 pandemic will impact future reports. Other revenue highlights include being overbudget in Medicare, self-pay/HAP, and ADAP while Medi-Cal, State/local funds and the Federal 330 Grant show as being underbudget. Physician fees, salaries & benefits and other office expenses are showing as being overbudget for expenditures while pharmaceuticals and indirect costs are underbudget by a combined \$1.5 million.

The 3rd quarter for FY 19-20 ended with revenue being below budget at 94.4% and expenditures being on track at 97.5%. Ms. Jacobson ended her presentation with a photo of Salud Carbajal in the Public Health DOC and she expressed appreciation to our elected officials for their support with PHD's COVID response.

Mr. Herrington motioned that the HC Board approve the March 2020 and quarterly financial reports; Mr. Gardner seconded.

Motion Carried Unanimously.

2. Policy Review Committee

There were 17 policies for review during the month of April.

Mr. Herrington motioned that the policies presented in April be approved by the Board; Mr. Gardner seconded.

Motion Carried Unanimously

3. Provider Appointments-Dr. Baldwin

Dr. Baldwin briefly reviewed the list of providers that she and Mr. Herrington had reviewed this month. Danette Brown's paperwork was not received in time for Mr. Herrington to review, so her appointment will be tabled until next month.

Mr. Herrington motioned that the Board approve the providers listed for re-appointment with the exception of Danette Brown; Mr. Ferrara seconded.

Motion Carried Unanimously.

4. Quality Measures Report-Tabled

Ms. Gomez shared her PowerPoint presentation for the performance measures during the month of March 2020:

Diabetes A1c Control: extremely close to the goal of 71%, sitting at 69.22%

Asthma with controller medication: This measure has consistently seen progress each month and is no longer part of the grant, although the clinics will still be looking at these numbers internally.

Hypertension: This measure is difficult to obtain and Ms. Gomez is working with specific teams at each clinic to help identify obstacles to reporting the data.

Depression Screening and Intervention: This measure has made huge strides over the last few years, starting at just 39% and currently standing at almost 55%

Breast Cancer Screening: This measure saw a drastic dip due to COVID19.

Patient Satisfaction (Wait time): This measure is reported quarterly and new data will be presented at the May HC Board meeting.

Ms. Gomez shared that the Medical Quality Committee will review the updated measures that HRSA will be looking at for the 2020 grant, identify new measures and make any needed changes to the annual performance improvement plan.

5. Executive Director's Report-Dr. Metz

Dr. Metz referred the attendees to his monthly executive report. Public Health has received some monetary assistance from HRSA for the health centers to manage COVID. Up until March 10, all signs pointed to improved patient volume statistics and then COVID hit. The healthcare centers are currently at 75% of their normal volume, and 66% of visits are either by phone or telehealth visit. Dr. Metz shared a graph (not included in Board packet) showing the visit types by week from March 9 through April 20 and expressed his appreciation for the clinic staff for their response. Dr. Metz reminded the Board that the Health Centers are open for business and those who are sick and need an appointment can still be seen.

6. COVID19 Update-Mr. Gamble

Mr. Gamble, who is actively working in the COVID Departmental Operations Center (DOC) reviewed the latest statistics for Santa Barbara County and gave a brief update about how the DOC operates. There are currently 429 COVID19 cases, with 183 fully recovered and 5 deaths. Hotel rooms are available for vulnerable individuals experiencing homelessness and referrals are available from homeless service providers.

VII. Member Announcements: None

VIII. Adjournment

Meeting was adjourned at 1:04pm

DRAFT



HEALTH CARE CENTERS

PUBLIC HEALTH DEPARTMENT
SANTA BARBARA COUNTY

Health Center (HC) Board Minutes May 27, 2020

The Health Center Board met via Go To Meeting.

Present: Consumer Members: Lee Herrington (Co-Chair), Stephen Ferrara, Filipo Chappelle, Wm. Cynthia Guerrero, Celia Lee

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

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

Staff: Kendall Johnston, Paola Hurtado, Dana Gamble, Elvia Lopez, Jeanette Gumber, Suzanne Jacobson, Polly Baldwin, Melissa Gomez

Guests/Speaker: None

Agenda Items

I. Call to Order

Meeting was called to order by Chair Szymanski at 12:03pm.

II. Review and Approve Minutes from the April 22 Meeting

The April minutes were omitted from the May Board packet of materials and thus tabled for the June 24 Board Meeting.

III. Roll Call, Sign In and Quorum Established.

Chair Szymanski requested the virtual attendees do a roll call and verified that a quorum was established.

IV. Public Comment: None

V. Old Business: None

VI. New Business:

1. Quarterly Patient Satisfaction Report-Mr. Gamble

Mr. Gamble provided a brief overview of the Quarter 1 (January – March 2020) Patient Satisfaction results from Crossroads. The categories with the highest score are: Provider Listening, Provider Addressed Concerns and Reception Staff Courtesy and helpfulness. There was a 12.4% increase from the previous quarter for patients who required specialty appointments. The categories where there is room for improvement are: Provider Wait Time, Appointment Wait time and Pharmacy Satisfaction. There was a 0.6% decrease of patients who are “Very Likely” to return, and a decrease of 3.5% of those who are “very likely” to refer the health centers to others. Health Center Administrators will be reviewing the data specific to their locations so as to identify areas for improvement.

2. FY 20-21 Budget-Ms. Jacobson

Due to time limitations, Ms. Jacobson presented the FY 20-21 Budget prior to item VI.2 on the agenda. The FY 20/21 recommended budget reflects an increase of 1.5% or \$931,789 from the FY 19/20 adopted budget. This increase is in anticipation of revenue changes from a variety of sources: Medicaid/Medicare (+\$784,000 for increased visits by covered patients), Local Funds (+\$907,000 due to higher overhead costs), ADAP (+\$274,000 for increased amount of AIDS drugs at HCC pharmacies), Pharmaceuticals (-\$1,800,000 due to lower volume of use) Salaries & Benefits (+\$1,900,000 for increases in salary, retirement and health insurance rates), and Malpractice Insurance (-\$227,000 for lower premiums)

Dr. Prystowsky motioned that the Board approve the FY 20-21 Budget as presented; Mr. Chapelle seconded.

Motion Carried Unanimously.

3. HRSA COVID Grants-Dr. Metz

Dr. Metz discussed this new item after Ms. Jacobson finished her new item out of order from the agenda. HRSA awarded the Santa Barbara County Health Care Centers one-time supplemental funding support under the CARES act total of \$1,608,271 (\$78,502 on March 19; \$1,053,665 on April 3; and \$476,104 on May 5)

Dr. Prystowsky motioned that the Board approve the HRSA COVID grants as presented; Mr. Chapelle seconded.

Motion Carried Unanimously.

VIII. Standing Reports:

1. April 2020 Financial Report-Ms. Jacobson

Ms. Jacobson provided the April 2020 financial report directly after her budget presentation prior to item VI.2 on the agenda. The month of April saw a deficit of \$367,750 with revenue coming in underbudget in the Medicaid/Medicare and Local/State Funds sections. Expenditures for the month were all underbudget with the exception of Personnel/Benefits which was overbudget by \$60,220. The Health Centers have done a good job at their efforts to see more patients with social distancing to keep staff and patients safe, but we are seeing the impacts of the COVID-19 response activities as the year-to-date deficit grows.

Mr. Herrington motioned that the Board approve the April monthly financial report; Ms. Lee seconded.

Motion Carried Unanimously.

2. Policy Review Committee

There were 19 policies for review during the month of May and Mr. Herrington reported that they all were deemed appropriate by the policy review committee.

Mr. Herrington motioned that the policies presented in April be approved by the Board; Ms. Casarez seconded.

Motion Carried Unanimously

3. Provider Appointments-Dr. Baldwin

Dr. Baldwin briefly reviewed the list of providers that she and Mr. Herrington had reviewed this month, as they are all existing providers and have never had any issues during their time with Public Health.

Dr. Prystowsky motioned that the Board approve the providers listed for re-appointment; Mr. Herrington seconded.

Motion Carried Unanimously.

4. Quality Measures Report-Ms. Gomez

Ms. Gomez reported briefly on the performance measures as of April 30 2020 which also reflect anticipated decreases due to COVID-19:

Diabetes Control/A1C: hovering just under the goal at 68.47%

Asthma with Controller Medication: Exceeded goal and this measure will be retired from the grant reporting requirements for the next cycle.

Hypertension: remains fairly stagnant at 55.45%

Depression Screening: Aside from a slight decrease in the past month, there has been a huge improvement, most likely the result of updated policies, training and workflows.

Breast Cancer Screenings: This measure has been struggling over the years and even though there has been a 6% improvement in the last year, this measure has dipped due to limited visits/cancellations due to COVID.

Patient Satisfaction (Wait time): In line with the national average at 82.3%

5. Executive Director's Report-Dr. Metz

Dr. Metz referred the Board to his monthly report and extended his gratitude for Jeanie Sleigh for serving as the Operations section chief during the PHD's COVID Response. Highlights from the month include the continuation of virtual office visits/telemedicine and clinic staff supporting the COVID response efforts in the various sections of the operations center.

6. COVID19 Update-Dr. Metz

Dr. Metz referred the attendees to the PublicHealthSBC.org website for daily updates on COVID in the county.

VII. Member Announcements:

Dr. Prystowsky provided the following comment during the virtual meeting: *"Speaking as a clinician who is very familiar with the global impact of this pandemic. I would like to go on the record praising the excellent leadership of our SBCPHD Clinics. FQHCs around the country are struggling. The leadership, clinicians, and ancillary staff deserve all of our praise in keeping our community healthy. A true measure of the character of the people in our clinics."*

Dr. Prystowsky motioned that the Board vote to complement the Public Health Department and its employees for their work during the COVID19 pandemic; Ms. Guerrero seconded.

Motion Carried Unanimously.

VIII. Adjournment

Meeting was adjourned at 1:14pm

MEETING DATE: 6/24/2020

AGENDA ITEM NO.: VII.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 6/17/2020

To: Health Center Board

From: Suzanne Jacobson

Subject: Financial Report for May 2020

RECOMMENDATION:

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

DISCUSSION/BRIEF SUMMARY OF ITEM:

Financial Report and Narrative for period ended 5/31/2020.

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

*Financial Statement Narrative for **May, 2020***

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

<u>Financial Results:</u>	<u>Year to Date</u>	<u>May</u>
Revenues:	\$50,356,578	\$4,398,908
Expenditures:	\$52,019,594	\$4,315,633
Net Surplus/(Deficit):	<u>(\$1,663,016)</u>	<u>\$83,275</u>

Revenue Highlights: **Year to Date Variance (93.5%)** **May Variance (89.8%)**

Over (Under) Budget

Medicaid/Medicare:	(\$2,800,702)	(\$322,895)
Self-Pay (HAP):	\$77,453	(\$57,137)
Local/State Funds:	(\$988,546)	(\$138,327)
ADAP:	\$278,023	\$19,408

Expenditure Highlights: **Year to Date Variance (96.6%)** **May Variance (88.1%)**

Over (Under) Budget

Personnel/Benefits:	(\$143,044)	(\$319,836)
Pharmaceuticals:	(\$1,715,860)	(\$201,209)
Physician Fees:	\$261,677	(\$29,485)
Data Processing:	\$84,666	\$153,383
Other Office Expenses:	\$134,608	\$3,589
Indirect Costs:	(\$222,445)	(\$69,748)

Financial Results Discussion

Our Community Health Center financial results for May 2020 reflect a positive *month to date* net financial impact of \$83,275 and a negative *year to date* net financial impact of (\$1,663,016).

Year to date, our revenues are at 93.5% of budget and our expenditures are at 96.6% of budget. Medi-Cal revenues for the month are below our fixed monthly budget for this fiscal year. The Health Centers have done a good job at their efforts to see more patients with social distancing to keep staff and patients safe, and, while we are seeing the impacts of the COVID-19 response activities and “stay at home” orders, our *year to date* deficit has shown a little improvement.

Revenue Highlights:

We have negative variances for the following:

- Medicaid and Medicare Revenue – Medi-Cal and Medicare (when combined) came in below budget due to the impacts of COVID-19.
- Local/State Funds – Below budget for this point in the fiscal year. We hope to greatly improve our Medi-Cal revenues to use less of these local funds.

We have positive variances for the following:

- Self-Pay/HAP – Above budget due to an earlier increased volume of services in our Health Access Program for Family Planning – mostly in north county - but also declining due to COVID-19 impacts.
- ADAP – Above budget due to an increased volume of HIV/AIDS drugs distributed from our pharmacies.

Expenditure Highlights:

We have positive variances for the following:

- Salaries and Benefits – Trending right on budget for the year to date.
- Pharmaceuticals – Purchases still lag behind budget because of a lower volume of pharmacy prescriptions. Anticipated increases haven't occurred because of COVID-19 impacts.
- Indirect Costs - These costs are based on a percentage of total direct costs. So, since total direct costs are under budget, these costs are too.

And negative variances for:

- Physician Fees – Over budget as we have been using far more contracted physician labor than budgeted. This appears to be balancing out month to date and on budget for May, but previous month's expenses have us over budget year to date.
- Data Processing - May 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.)
- Other Office Expenses– Over budget as we have been incurred more software maintenance charges than budgeted. This appears to be balancing out month to date and on budget, but previous month's expenses have us over budget year to date.

Santa Barbara County Public Health Department Health Care Centers
 Financial Monthly Report for CHC/HCH Grant H80CS00046
 For the Month of May 2020 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 5-31-20 BUDGET	FY 19-20 As of 5-31-20 YTD ACTUALS	FY 19-20 May YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 May ACTUALS	FY 19-20 May Variance	FY 19-20 May % of Budget
REVENUES									
PROGRAM INCOME									
Medicaid	\$ (39,270,200)	\$ (35,997,683)	\$ (32,567,854)	\$ 3,429,829	90%	\$ (3,272,517)	(3,013,272)	\$ 259,245	92%
Medicare	(5,478,400)	(5,021,867)	(5,650,993)	(629,127)	113%	(456,533)	(392,883)	63,650	86%
Self-pay (includes HAP)	(1,772,100)	(1,624,425)	(1,701,878)	(77,453)	105%	(147,675)	(90,538)	57,137	61%
LOCAL AND STATE FUNDS									
State/Local Funds-TSAC/GF	(9,387,616)	(8,605,315)	(7,616,768)	988,546	89%	(782,301)	(643,974)	138,327	82%
FEDERAL 330 GRANT	(2,100,000)	(1,925,000)	(1,838,894)	86,106	96%	(175,000)	(175,000)	-	100%
OTHER FEDERAL FUNDING									
ADAP	(766,000)	(702,167)	(980,190)	(278,023)	140%	(63,833)	(83,241)	(19,408)	130%
TOTAL REVENUE	\$ (58,774,316)	\$ (53,876,456)	\$ (50,356,578)	\$ 3,519,879	93.5%	\$ (4,897,860)	\$ (4,398,908)	\$ 498,952	89.8%
EXPENDITURES									
PERSONNEL	\$ 22,208,800	\$ 20,358,067	\$ 21,491,165	\$ 1,133,098	106%	\$ 1,850,733	\$ 1,766,820	\$ (83,912)	95%
FRINGE BENEFITS	14,195,500	13,012,542	11,736,400	(1,276,142)	90%	1,182,958	947,034	(235,925)	80%
TOTAL PERSONNEL	36,404,300	33,370,608	33,227,565	(143,044)	100%	3,033,692	2,713,854	(319,836)	89%
TRAVEL									
PHD Carpool	62,200	57,017	45,474	(11,543)	80%	5,183	1,965	(3,218)	38%
Transportation - Local Mileage	26,100	23,925	21,769	(2,156)	91%	2,175	5,201	3,026	239%
Training and Travel	88,500	81,125	32,101	(49,024)	40%	7,375	1,453	(5,922)	20%
TOTAL TRAVEL	176,800	162,067	99,343	(62,723)	61%	14,733	8,619	(6,115)	58%
SUPPLIES									
Medical Supplies	630,400	577,867	593,308	15,441	103%	52,533	32,827	(19,707)	62%
Office Supplies	168,000	154,000	141,994	(12,006)	92%	14,000	14,920	920	107%
Pharmaceuticals	6,724,000	6,163,667	4,447,807	(1,715,860)	72%	560,333	359,124	(201,209)	64%
Bus Tokens	20,000	18,333	450	(17,883)	2%	1,667	-	(1,667)	0%
TOTAL SUPPLIES	7,542,400	6,913,867	5,183,559	(1,730,308)	75%	628,533	406,871	(221,663)	65%
CONTRACTUAL									
Janitorial Services	303,500	278,208	250,182	(28,027)	90%	25,292	8,879	(16,413)	35%
Physician Fees	2,080,900	1,907,492	2,169,169	261,677	114%	173,408	143,923	(29,485)	83%
Professional Services	816,000	748,000	690,125	(57,875)	92%	68,000	59,026	(8,974)	87%
TOTAL CONTRACTUAL	3,200,400	2,933,700	3,109,476	175,776	106%	266,700	211,828	(54,872)	79%
OTHER									
Building Maintenance	35,200	32,267	27,404	(4,862)	85%	2,933	8,274	5,340	282%
Communications	287,600	263,633	254,401	(9,233)	96%	23,967	23,035	(932)	96%
Data Processing	912,100	836,092	920,757	84,666	110%	76,008	229,391	153,383	302%
Liability Insurance	361,800	331,650	331,286	(364)	100%	30,150	30,117	(33)	0%
Malpractice Insurance	452,600	414,883	459,436	44,553	111%	37,717	41,767	4,050	0%

Santa Barbara County Public Health Department Health Care Centers
 Financial Monthly Report for CHC/HCH Grant H80CS00046
 For the Month of May 2020 - Fiscal Year 2019-20

	FY 19-20 ADOPTED BUDGET	FY 19-20 As of 5-31-20 BUDGET	FY 19-20 As of 5-31-20 YTD ACTUALS	FY 19-20 May YTD Variance	FY 19-20 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 19-20 May ACTUALS	FY 19-20 May Variance	FY 19-20 May % of Budget
Other Clinical Expenditures	268,500	246,125	218,282	(27,843)	89%	22,375	13,126	(9,249)	59%
Other Office Expenditures	1,309,700	1,200,558	1,335,167	134,608	111%	109,142	112,731	3,589	103%
Public Health Lab Services	90,000	82,500	51,475	(31,025)	62%	7,500	-	(7,500)	0%
Rents & Leases	141,600	129,800	106,922	(22,878)	82%	11,800	9,420	(2,380)	80%
Services County Provided	146,200	134,017	89,594	(44,423)	67%	12,183	-	(12,183)	0%
Utilities	404,200	370,517	373,198	2,683	101%	33,683	(10,392)	(44,076)	-31%
TOTAL OTHER	4,409,500	4,042,042	4,167,923	125,882	103%	367,458	457,467	90,009	124%
TOTAL DIRECT COSTS	\$ 51,733,400	\$ 47,422,283	\$ 45,787,865	\$ (1,634,417)	96.6%	\$ 4,311,117	\$ 3,798,639	\$ (512,477)	88.1%
INDIRECT COST (13.61% OF TADC)	7,040,916	6,454,173	6,231,728	(222,445)	96.6%	586,743	516,995	(69,748)	88.1%
TOTAL BUDGET	\$ 58,774,316	\$ 53,876,456	\$ 52,019,594	\$ (1,856,862)	96.6%	\$ 4,897,860	\$ 4,315,633	\$ (582,225)	88.1%
Net Surplus/ Deficit	\$ (0)	\$ (0)	\$ 1,663,016	\$ 1,663,016		\$ (0)	\$ (83,275)	\$ (83,275)	

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: June 20, 2020

To: Health Center Board

From: Policy Review Committee

Subject: Policy Recommendations

RECOMMENDATION:

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

DISCUSSION:

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

POLICY NO. **TITLE**

- | | | |
|-----|----------|---|
| 1. | 13-C-584 | Care Team Responsibilities |
| 2. | 94-C-044 | Drug and Alcohol Agencies Tuberculosis (TB) Testing |
| 3. | 17-C-627 | Tracking and Follow Up of Test Orders: Standard Procedure |
| 4. | 15-C-605 | Ongoing Provider Practice Evaluation and Medical Reappointment |
| 5. | 17-C-628 | Primary Care Family Health (PCFH) Continuous Quality Improvement |
| 6. | 16-C-618 | Clinic Administered Pharmaceuticals |
| 7. | 09-C-337 | Storage and Security of Pharmaceuticals in Transit |
| 8. | 09-C-334 | Dispensing Medications from PHD Pharmacy Directly to Patient by Clinic Staff |
| 9. | 07-C-301 | Ryan White Pharmaceuticals |
| 10. | 04-C-210 | Transfer of Patients Between Providers in PHD Clinics |
| 11. | 07-C-296 | Medical Device Malfunction Reporting |
| 12. | 18-C-635 | Limitations and Expectations for Use of Federal Funding |
| 13. | 97-C-107 | Referral Authorizations-Cencal, California Children's Services (CCS), Genetically Handicap Persons Program (GHPP) |
| 14. | 17-C-625 | Cultural Competency and Sensitivity Training Required to Work with People Served by the Health Care Centers. |

	Number: 13-C-584
Prepared By: Polly Baldwin, M.D. Medical Director and Karla Quintana Program Coordinator	Effective Date: 6/6/2020 Original Date: 5/25/2013
Authorized By: Douglas Metz, PCFH Deputy Director Polly Baldwin, M.D., PHD Medical Director	Next Review Date: 6/6/2021
TITLE: Care Team Responsibilities	

POLICY:

Medical care at the Santa Barbara County Public Health Care Centers is provided by Care Teams. The roles of all team members in coordinating and delivering enhanced, team-based patient care is defined in this policy.

PURPOSE

Care Teams are essential for improving clinical outcomes and communication with all team members. This ensures that each team member and the patient are fully engaged in their Health Care. The Care team is responsible for documenting patient care issues such as barriers preventing achievement of health care goals, reminders of patient appointments, the collection of important information from patients prior to appointments, the daily team huddles, and the clinical staff educating patients/families about managing chronic conditions.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 94-C-044</p>
<p>Prepared By: Yvette Calhoun, RN, Performance Improvement Coordinator</p>	<p>Effective Date: 06/27/2020</p>
<p>Authorized By: Douglas Metz, MPH, DPM, Deputy Director and Polly Baldwin, MD, Medical Director</p>	<p>Original Date: 01/23/2003</p>
<p>TITLE: Drug and Alcohol Agencies Tuberculosis (TB) Testing</p>	

POLICY

The PHD will provide tuberculosis screening for individuals participating in Department of Behavioral Wellness (DBW) programs as outlined in the following procedure. The below link has the sub-contracted outpatient, day treatment and residential substance abuse agencies that will refer clients for Tuberculosis (TB) skin testing to the PHD immunization clinics.

PURPOSE

To provide access to tuberculosis screening for high-risk persons in high-risk settings

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 17-C-627</p>
<p>Prepared By: Melissa Gomez, RN, Performance Improvement Coordinator and Karla Quintana, MA, PCMH Coordinator</p>	<p>Effective Date: 06/04/2020 Original Date: 2/10/2014</p>
<p>Authorized By: Polly Baldwin, M.D. Medical Director</p>	<p>Next Review Date: 06/04/2021</p>
<p>TITLE: Tracking and Follow Up of Test Orders: Standard Procedure</p>	

POLICY

Each Health Care Centers will follow a process to track and follow up all Electronic Health Record Test orders.

PURPOSE

- Track orders for laboratory and imaging tests and follow case management process when results are overdue.
- To monitor that abnormal test results receive prompt review and action as needed.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 15-C-605</p>
<p>Prepared By: Polly Baldwin, MD Medical Director.</p>	<p>Effective Date: 06/01/2020 Original Date: 2/25/2015</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</p>	<p>Next Review Date: 06/01/2021</p>
<p>TITLE: Ongoing Provider Practice Evaluation and Medical Reappointment</p>	

POLICY

Provider performance will be reviewed on an ongoing basis by the Credentials Committee, or a representative of the Credentials Committee, for each clinician who provides patient care at the Santa Barbara County Public Health Department Health Care Centers. The Credentials Committee will make recommendations on each provider, at least every two years, to the Health Center Board for Medical Reappointment and Privileging.

PURPOSE

1. To define the expectations and process by which providers will be evaluated and reappointed
2. To standardize the monitoring of professional practice trends that impact care and safety
3. To define the periodicity and the steps of the review process
4. To define the appeal process, including information needed, format, and time limits for appeal

<p>Santa Barbara County</p>  <p>PUBLIC Health DEPARTMENT</p>	<p>Number: 17-C-628</p>
<p>Prepared By: Melissa Gomez RN, Quality Improvement Coordinator</p>	<p>Effective Date: 6/15/2020</p> <p>Original Date: 2/10/2004</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 06/15/2021</p>
<p>TITLE: Primary Care Family Health (PCFH) Continuous Quality Improvement</p>	

POLICY

It is the policy of the Public Health (PCFH) Department to maintain a robust Medical Quality Improvement Program (MQI).

PURPOSE

The purpose of the Medical Quality Improvement Program is to promote accountability for the quality of health care delivery and service.

	Number 16-C-618
Prepared By: Carol Millage, PharmD Pharmacy Director	Effective Date: 12-28-19
	Original Date: 7-1-16
Authorized By: Assistant Deputy Director	Next Review Date: December 2020
TITLE: Clinic Administered Pharmaceuticals	

POLICY

It is the policy of the Public Health Department to be in compliance with the 340B Drug Pricing Program as covered entities by maintaining program integrity through maintenance of accurate and complete accountability of pharmaceutical inventory in accordance with HRSA program requirements. This policy specifically addresses pharmaceuticals administered in the clinic setting.

PURPOSE

The purpose of this policy is to ensure that pharmacy and clinic staff understand how to differentiate 340B eligible from non-340B eligible patients to ensure accurate selections from the two different inventories; 340B and non-340B.

In order to be compliant with the 340B regulation definition of a "patient", patients must receive health care services other than medications from a PHD Provider. The health care services must be within the scope of the HRSA grant. A patient must not be registered into the PHD clinical system for the sole purpose of gaining access to 340B pharmaceuticals/discounts. The only exception is patients of State-operated or State-funded AIDS drug purchasing assistance programs such as ADAP because of a legislative exemption.

It is the responsibility of the clinic staff to properly identify patients who are eligible for 340B or non-340B medications and to communicate this status to the appropriate coders and other key personnel as described in the following procedure. The patient must be under the care of a PHD provider (PCP) and seen by a PHD provider at least annually to be eligible to receive 340B administered medications. Clinic personnel are not permitted to dispense 340B pharmaceuticals to patients for home use. Patients must utilize a pharmacy for medications taken for home use.

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number 09-C-337</p>
<p>Prepared By: Carol Millage, PharmD Pharmacy Director</p>	<p>Effective Date: 01-13-2020</p>
<p>Authorized By: Assistant Deputy Director</p>	<p>Original Date: 06-01-09</p>
<p>TITLE: Storage and Security of Pharmaceuticals in Transit</p>	

POLICY

It is the policy of the Public Health Department to provide guidance to staff on the importance of keeping the pharmaceutical supply safe for the PHD patients and to prevent diversion. Pharmaceuticals must be kept secure and stored properly throughout the time the pharmaceuticals are under control of the PHD.

PURPOSE

The purpose of this policy is to provide guidance to pharmacy and clinic staff to prevent diversion and maintain the integrity of the medications during transit between clinics and pharmacies.

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 09-C-334</p>
<p>Prepared By: Carol Millage, PharmD Pharmacy Director</p>	<p>Effective Date: 12-28-18</p>
<p>Authorized By: Assistant Deputy Director</p>	<p>Original Date: 7-15-08</p>
<p>TITLE: Dispensing Medications from PHD Pharmacy Directly to a Patient by Clinic Staff</p>	<p>Next Review Date: December 2020</p>

POLICY

It is the policy of the Public Health Department to protect the safety of patients during the process of dispensing prescriptions by adhering to a carefully scripted detailed procedure. This Policy only applies to the Franklin and Carpinteria clinics that accept deliveries of prescriptions prepared by PHD Pharmacies for pick up by patients.

PURPOSE

The purpose of this policy is to educate the clinic staff in the complexities of providing pharmaceuticals directly to a patient in a safe and legal manner.

The act of dispensing a medication to a patient is a critical event. It is the last opportunity to ensure staff completes the final quality assurance step when providing the medications to a patient. The outcomes of receiving the wrong medication can be devastating to the patient, the patient’s family, the County, and to the staff member(s) who may have been involved. If a patient is dispensed someone else’s medication, injury, illness or potentially death may occur if ingested. At a minimum, a HIPAA violation may occur and the offending employee could face fines up to \$250,000 dollars per instance. Below are the steps that must be followed to ensure that a patient receives the correct medication.

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p> 	<p>Number: 07-C-301</p>
<p>Prepared By: Carol Millage, PharmD Pharmacy Director</p>	<p>Effective Date: 01-09-19</p>
<p>Authorized By: Assistant Deputy Director</p>	<p>Original Date: 8-1-07</p>
<p>TITLE: Ryan White Pharmaceuticals</p>	<p>Next Review Date: December 2020</p>

Policy: It is the policy of the PHD to provide services for Public Health registered patients living with HIV disease.

Purpose: The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is Federal legislation that addresses the unmet health needs of persons living with HIV disease (PLWH) by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996 and again in 2000.

CARE Act-funded programs are the "payer of last resort." They fill gaps in care not covered by other resources. Most likely users of CARE Act services include people with no other source of healthcare and those with Medicaid or private insurance whose care needs are not being met.

Most coverage for HIV medications is provided by ADAP or Medi-Cal. In rare occurrences where there is a lapse in coverage or no coverage the Ryan White Fund may be able to provide some monetary assistance with prior authorization. The Ryan White Fund is the payer of last resort, which means that all other resources should be exhausted before billing the Ryan White fund for any medications for HIV patients.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 04-C-210</p>
<p>Prepared By: Jeanie Sleight, Health Center Administrator</p>	<p>Effective Date: 7/1/2020</p> <p>Original Date: 12/15/04</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</p>	<p>Next Review Date: 7/1/2021</p>
<p>TITLE: Transfer of Patients Between Providers in PHD Clinics</p>	

POLICY

Patients and Providers requesting transfer of care within the Public Health Department will be able to do so, with minimal disruption to clinic flow and continuity of care.

PURPOSE

- To clarify how a patient transfers their care to another Provider within the Public Health Department.
- To standardize the communication between Providers when referring a patient.
- To establish a standardized mechanism for processing of transfer of care requests.

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 07-C-296</p>
<p>Prepared By: Jeanie Sleight, Health Center Administrator</p>	<p>Effective Date: 6/1/2020</p> <p>Original Date: 1/22/2007</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director - PCFH</p>	<p>Next Review Date: 6/1/2021</p>
<p>TITLE: Medical Device Malfunction Reporting</p>	

POLICY

It is the policy of the PHD that failure or malfunction of a medical device used in conjunction with patient care will be documented and reported.

PURPOSE

To establish a consistent process for reporting adverse events involving malfunctioning medical devices.

BACKGROUND

The Safe Medical Device Act of 1990 and other laws give the Food and Drug Administration (FDA) authority to regulate medical devices. In general, incidents in which a device may have caused or contributed to serious illness, injury or death must be reported to the FDA under the Medical Device Reporting program. In addition, certain malfunctions must also be reported. The MDR regulation is a mechanism for the FDA and manufacturers to identify and monitor significant adverse events involving medical devices. The goals of the regulation are to detect and correct problems in a timely manner.

	Number: 18-C-635
Prepared By: Dr. Douglas Metz, Health Centers Executive Director	Effective Date: 06/24/2020 Original Date: 05/01/2018
Authorized By: Dr. Douglas Metz, Health Centers Executive Director	Next Review Date: 06/24/2021
TITLE: Limitations and Expectations for Use of Federal Funding	

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)
- Confidentiality Agreements

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 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;

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 97-C-107</p>
<p>Prepared By: Jeanie Sleigh, Health Center Administrator</p>	<p>Effective Date: 7/1/2020</p>
<p>Authorized By: Douglas Metz, DPM, MPH, Deputy Director PCFH</p>	<p>Original Date: 7/11/2008</p>
<p>TITLE: Referral Authorizations – CenCal, California Children Services (CCS), Genetically Handicap Persons Program (GHPP)</p>	<p>Next Review Date: 7/1/2021</p>

POLICY

It is the policy of the Public Health Department to follow referral guidelines for all nonemergency services provided to CenCal Regional Health Authority (CenCal), California Children Services (CCS), and Genetically Handicap Persons Program (GHPP) patients.

PURPOSE

To have an established policy for review of referral requests to ensure accurate and timely processing in accordance with CenCal and CCS/GHPP guidelines.

	Number: 17-C-625
Prepared By: Dana Gamble, PCFH Assistant Deputy Director	Effective Date: 6/27/2020 Original Date: 5/1/17
Authorized By: Douglas Metz, PCFH Deputy Director.	Next Review Date: 6/28/2021
TITLE: Cultural Competency and Sensitivity Training Required to Work with People Served by the Health Care Centers	

POLICY

It is the policy of the Public Health Department to demonstrate a commitment to anti-racism. This commitment is an acknowledgement that the history of the United States, of California, and the County of Santa Barbara have institutionalized racist policies that have directly created conditions that sustain inequality rather than alleviate it.

The PHD Health Care Centers create inclusive services by increasing the cultural sensitivity and competency of staff working throughout the continuum of care offered at the Health Care Centers. The PHD will provide on an annual basis cultural competency and sensitivity training related to working with *people of color, Latinos, LGBTQ, people dealing with mental health issues and/or substance use and those Living With HIV (PLWHIV)* with an anti-stigma and an anti-racist framework.

PURPOSE

Health Center patients are not a homogenous group. It is important to understand and respect cultural differences, whether they are based on sexual identity or orientation, gender identity or expression, age, race, ethnicity, spoken language, gender, religion, or socioeconomic status. Ensuring that care and treatment services are infused with cultural competency and cultural sensitivity to diverse communities will likely improve health outcomes and create welcoming healthcare spaces. Creating a more culturally competent and client-centered medical home begins with a well-trained and aware staff. It is important that all health care center personnel, including those providing intake services, case management, and medical oversight participate in these trainings.

MEETING DATE: June 24, 2020

AGENDA ITEM NO.: VII.3

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: June 17, 2020
To: Health Center Board
From: Dr. Polly Baldwin
Subject: Approval of Provider Appointments

RECOMMENDATION:

That the Board: Vote to approve the initial appointment of the following provider:

- Kristine Santos-Olarte Reyes, DO SMHCC Pediatrics



And the reappointment of:

- Martha Martinez, MD LHCC Family Practice
- Christianne Heck, MD SBHCC Neurology



DISCUSSION/BRIEF SUMMARY OF ITEM:

All providers approved by Board Delegate

MEETING DATE: June, 2020

AGENDA ITEM NO.: VII.4

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 6/2020

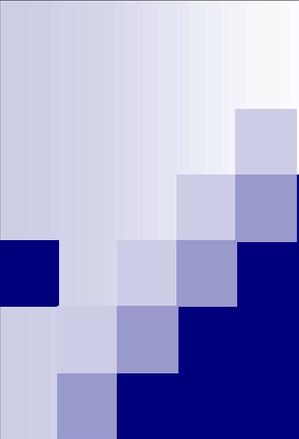
To: HC BOARD

From: Melissa Gomez

Subject: Monthly Medical Quality Report

RECOMMENDATION: Review

DISCUSSION:



Medical Quality performance improvement plan measures update

May 2020 Data

Melissa Gomez RN CCM 06/2020



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



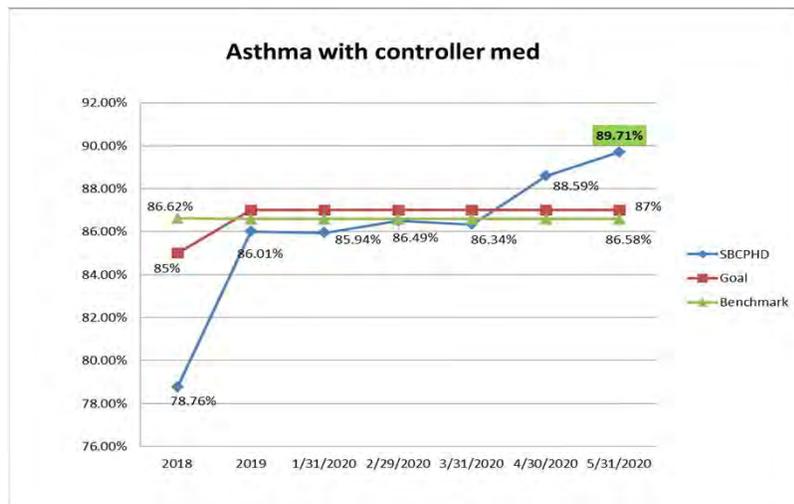
SBCPHD
Quality Improvement

Performance Measure 2019 EPIC (5/31/19 to 6/1/20)	Patients	Percentage	Homeless	Percentage Homeless	Goal	HRSA 2018 National
	Total		Total			
HbA1c 9 or less	2015	67.73%	82	52.22%	71.00%	67.17%
	2975		157			
Asthma- persistent asthma and on controller medication	366	89.71%	20	90.91%	87.00%	86.58%
	407		22			
Hypertension- Blood Pressure controlled with last BP less than 140/90	2784	54.70%	129	40.43%	65.00%	63.26%
	5090		319			
Depression Screening with intervention if screening is positive	7923	53.39%	494	53.64%	60.00%	70.57%
	14840		921			
Mammography -women 50-74 q2 years	1508	50.40%	16	12.40%	59%	58.4%
	2992		129			

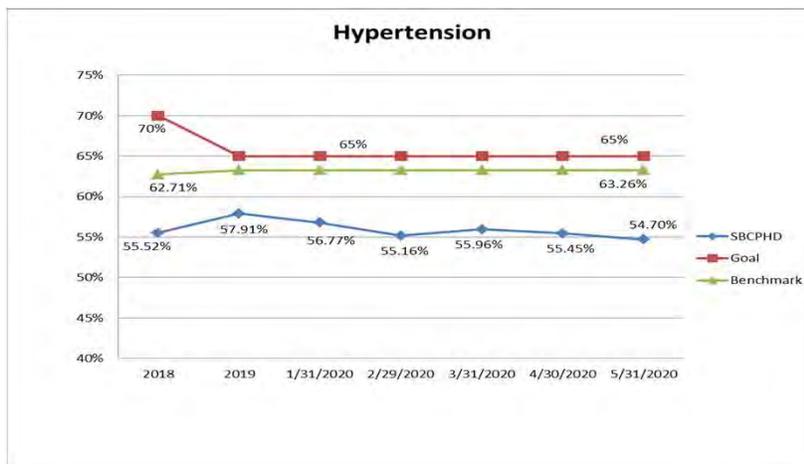




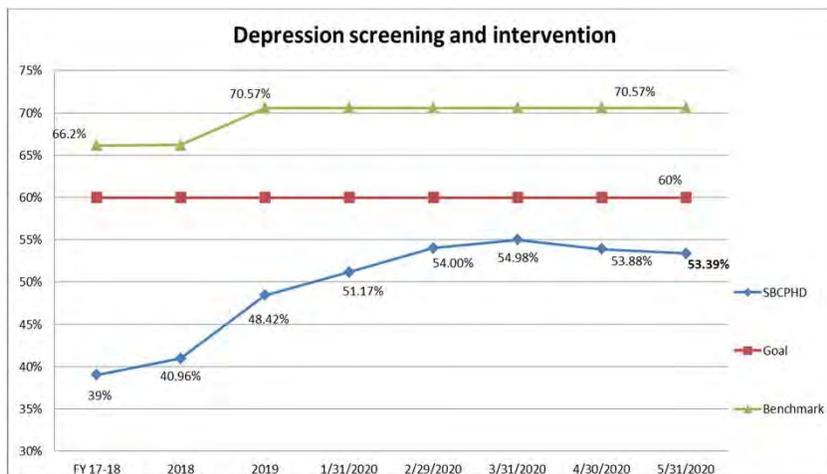
We have exceeded our goal. Our health care teams have done a wonderful job! This measure is being “retired” from our grant reporting requirements for the 2020 reporting year. The medical quality committee (MQI) will be reviewing other possible measures for performance improvement when we are able.



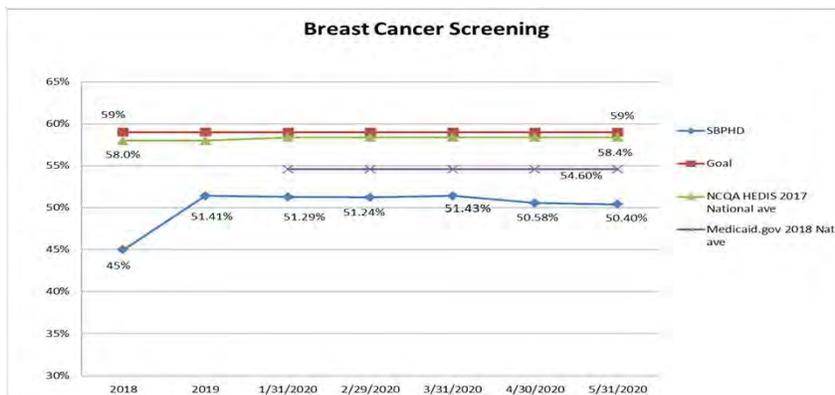
This measure has been fairly stagnant. During the last few months there has been a decrease in compliance as many visits were taking place remotely and blood pressures were unable to be monitored. The HCC will continue to work on this measure.

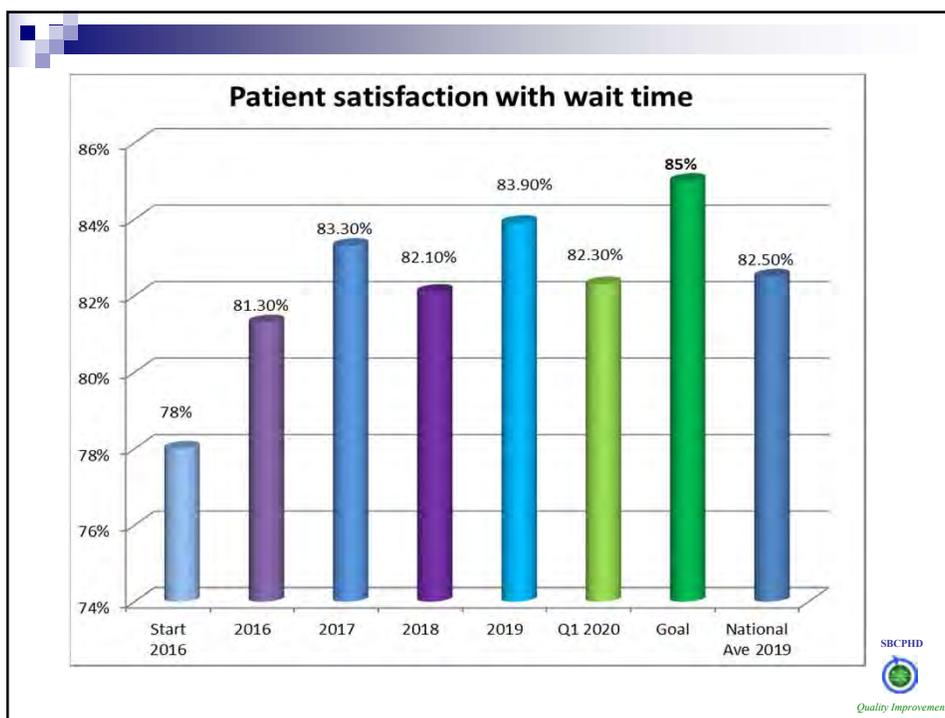


After extensive review, and training- including updated policies and workflows, we have seen a huge improvement on depression screening and intervention. There is a slight dip over the past few months, as anticipated. We will continue to focus on this measure closely as we have a long way to go but we are much closer to reaching our goals.



We have struggled with this measure over the years, but with several HCCs focusing on this measure we made over a 6% improvement in the last year. We have seen a dip over the last couple of months due to limited visits and cancellation of screening tests.





Plan

As anticipated with the reduced visits and transition to virtual visits we have seen a dip in our compliance with these measures. As preventive services start re-opening at local facilities and our health care centers adjust to virtual and phone visits, we anticipate continued progress.

The Medical Quality Improvement Committee has not yet had an opportunity to review our plans and identify new measures for the Primary Care and Family Health Performance Improvement Plan 2020.

MEETING DATE: June 24, 2020

AGENDA ITEM NO.: VII.5

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: June 18, 2020

To: Health Center Board

From: Douglas Metz

Subject: Executive Director's Standing Report

RECOMMENDATION:

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

DISCUSSION/BRIEF SUMMARY OF ITEM:

N/A

Date: Wednesday, June 24, 2020 – VIRTUAL MEETING
To: Health Center Board of Directors
From: Dr. Douglas Metz, Executive Director, Health Centers
RE: E.D. Report

Focus Area	Monthly Highlights – May 2020
Health Center Operations	
<ul style="list-style-type: none"> ● HRSA Relations (Ralph Barbosa, Dana Gamble) 	<ul style="list-style-type: none"> ▪ Clinics received Federal COVID assist funding x3 in April/May ▪ Staff attended the 2020 UDS Reporting Changes Technical Assistance Webinar
<ul style="list-style-type: none"> ● Santa Barbara (Paola Hurtado) 	<ul style="list-style-type: none"> ▪ Interviewed and hired South County Health Care for the Homeless PHN and a new Staff Nurse Supervisor for the Women's Health Department ▪ Began preparation for orientation of 2020 incoming Internal Medicine and Surgery Residents ▪ Shared Mass Testing site Liaison duty with FHCC & CHCC HCAs at Earl Warren Showgrounds ▪ Celebrated Nurse's Week with personalized cards and gifts ▪ Began handing out face coverings to members of the public ▪ Worked closely with specialty clinic nurses and leadership team to re-launch all specialty services despite key staff being deployed ▪ SBHCC team continued to order, receive and distribute PPE supplies to all HCCs ▪ Reassigned staff nurse to provide daily visits at Non-Congregate Site (NCS) Room Key South ▪ Reintroduced Nutrition Services
<ul style="list-style-type: none"> ● Franklin (Elvia Lopez) 	<ul style="list-style-type: none"> ● Assisted with Mass Testing at Earl Warren Showgrounds ● Continued support to the COVID response with MAs and RNs ● Celebrated Nurse's Week with flowers and gift bags ● Added teens to CHDP ● Increased Women's Health Exams ● Added Nutrition Visits ● Initiated Virtual Visit Training for clinical staff and providers
<ul style="list-style-type: none"> ● Carpinteria (Jeanette Gumber) 	<ul style="list-style-type: none"> ▪ Shared Mass Testing site Liaison duty with SBHCC and FHCC HCAs at Earl Warren Showgrounds ▪ Continued support to the COVID response with MAs and HCA ▪ Celebrated Nurse's Week with gifts and social distancing celebration ▪ Worked from an EPIC report of WCC due and began calling and scheduling WCC visits during well clinic ▪ Worked from an EPIC report of Asthma, DM and Depression Diagnoses and began calling patients for phone consults; continuation of care in Adult Medicine ▪ Worked with PCMH coordinator to prepare final evidence for Q-Pass Submission ▪ Invited SMHCC staff into our clinic for Pediatric Services training ▪ Reduced sick clinic time to 3:00-4:30 pm in response to a reduction in sick calls and allowing the opportunity for more well visits

<ul style="list-style-type: none"> ● Santa Maria (Michael Camacho-Craft) 	<ul style="list-style-type: none"> ▪ Began preparations for opening pediatrics ▪ Initiated piloting virtual (video) visits with patients ▪ Trained staff for implementation of EyePACS diabetic retinopathy screening ▪ Facilitated PHD childcare needs survey ▪ Commenced handing out face coverings to members of the public who can't afford them
<ul style="list-style-type: none"> ● Lompoc (Jeanie Sleigh) 	<ul style="list-style-type: none"> ▪ Numerous staff continue to support COVID response effort <ul style="list-style-type: none"> ○ HCA continues to serve as Operations Section Chief in DOC ○ Continued COVID response with 9 staff deployed to various responsibilities (4 nurses, 3 AOPs, 1 AOP Senior – partial deployment, 1 HCA) ▪ Continued to support Lompoc Community testing site with 2 staff alternately doing on-site checks of the operation ▪ Concluded drive-through testing for Federal Penitentiary employees ▪ Continued ramp up of clinic visits and started bringing chronic disease management patients back in for face-to-face visits ▪ Added back CHDP visits up to 12 y/o ▪ Added back medical nutrition therapy visits
<ul style="list-style-type: none"> ● Healthcare for the Homeless (Ralph Barbosa) 	<ul style="list-style-type: none"> ▪ Participated in HCH Public Health Nurse (PHN) Orientation Planning & Onboarding ▪ Assigned to Emergency Operations Center (EOC) & DOC Operations Homeless Branch, total time commitment to EOC/DOC was approximately 80% in the beginning of May down to about 40% by the end of May. The EOC/DOC assignment dealt with all things for our population experiencing homelessness with regard to COVID-19 and how that impacts their day-to-day lives. <ul style="list-style-type: none"> ○ Homeless Task Force meetings (Comprised of Homeless Service Providers, Leaders, Advocates, City/County Government leaders, County Department representatives, etc) in collaboration with EOC Operations Command ▪ Participated in several National Health Care for the Homeless Technical Assistance “Coffee Chats”: ▪ Participated in the Continuum of Care Quarterly Meeting
<ul style="list-style-type: none"> ● Pharmacy (Carol Millage) 	<ul style="list-style-type: none"> ▪ Help receive, track, and distribute Remdesivir to the local hospitals <ul style="list-style-type: none"> ○ SB Pharmacy Staff highlighted in SBCPHD Facebook page regarding Remdesivir ▪ Identified a good EXH Pharmacist candidate, pending downtown approval ▪ Provided information to administration to assist with trying to save 340B from Medi-Cal (ongoing)
<ul style="list-style-type: none"> ● Clinical Lab (Linda Weisman) 	<ul style="list-style-type: none"> ▪ Clinical Lab continued to be a resource for testing supplies related to the pandemic ▪ Continued with orientation of new Clinical Lab Scientist ▪ Prepared for 6 week leave of the Clinical Lab Supervisor
<ul style="list-style-type: none"> ● Health Information Management / HIPAA / Data Security (Dana Gamble, June English, Laura Lui) 	<ul style="list-style-type: none"> ▪ Several breaches regarding inappropriate disclosure by staff and texting were investigated and resolved. No reporting necessary
<ul style="list-style-type: none"> ● PCMH (Karla Quintana, Melissa Gomez, Polly Baldwin, Doug Metz) 	<ul style="list-style-type: none"> ▪ Franklin and Carpinteria HCCs were re-recognized as PCNH sites!
<ul style="list-style-type: none"> ● Customer Service (Health Center Administrators) 	<ul style="list-style-type: none"> ▪ COVID-19 questions added to patient survey for near-future

PATIENT VOLUME REPORT

May 2020

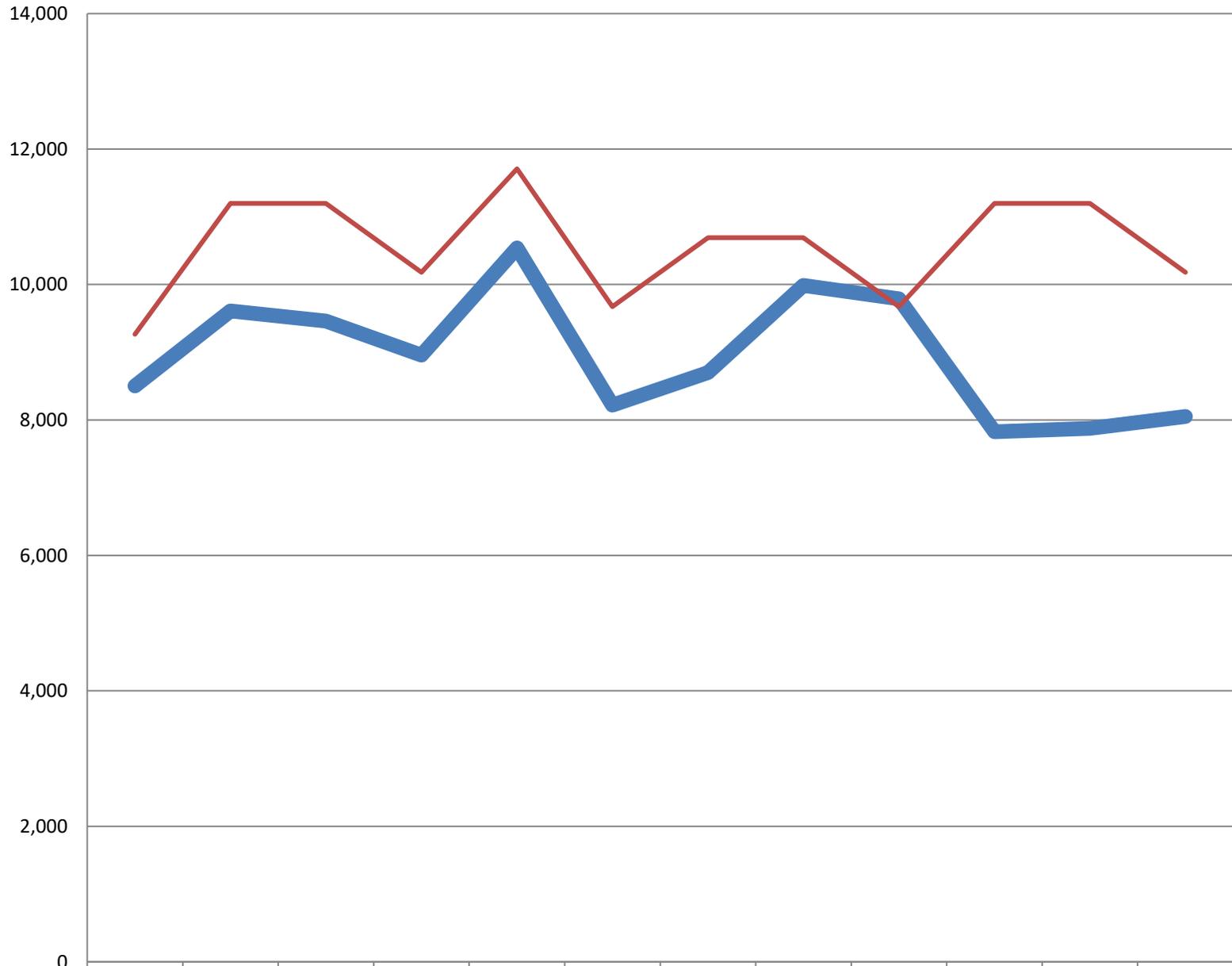
Site	“Billable” Visits This Month	Visits Last Month	Unique Patients This Month	Unique Patients Last Month	Notes
Carpinteria HCC	437	426	331	321	
Franklin HCC	848	910	638	645	
<i>Franklin Elementary School Clinic (1 evening/wk)</i>	0	0	0	0	
Lompoc HCC	2,604	2,461	1,885	1,842	
Santa Barbara HCC	1,878	1,682	1,319	1,183	
Santa Maria HCC	1,978	1,974	1,345	1,301	
Homeless Shelters (3 sites combined)	250	385	141	182	<i>Significant increase in homeless care continues this month due to focus on this population at shelters during pandemic.</i>
Outside Sites: PHN Home Visits, Hospital, Deliveries, SNF, etc.)	56	39	56	39	<i>Significant decrease in outside visits due to Coronavirus pandemic</i>
TOTALS	8,051	7,877	5,715	5,513	<i>Note: May pt. visits/day = 403 due to COVID-19; this represents approx. 90% of pre-COVID average, and 79% of target.</i>
% difference of pts/day from previous month	<i>13% increase of daily pts over last month</i>				<i>Summary: Visit levels lower due to pandemic, but nice recovery to approach pre-COVID levels, thanks to virtual visits at clinics.</i>

CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)*
No report this month due to COVID-19 schedule abnormalities

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

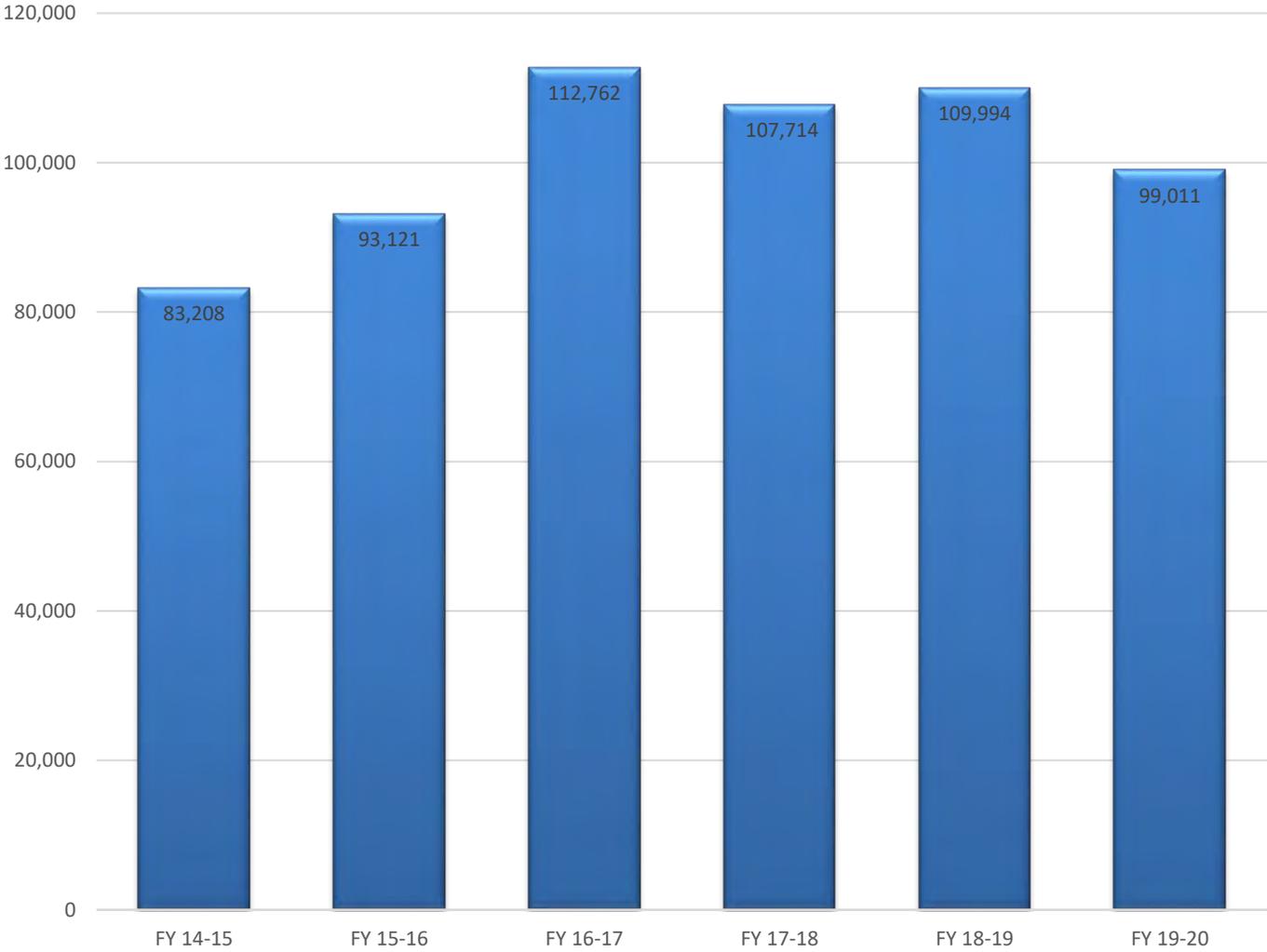
**Some metrics reports are still being written for the new system*

Patient Visit Trending Over 12 Months



Visits-actual	8,503	9,611	9,459	8,957	10,540	8,219	8,699	9,985	9,787	7,826	7,877	8,051
TARGETS	9,265	11,200	11,200	10,181	11,709	9,672	10,690	10,690	9,672	11,200	11,200	10,181

FY Visits Over Years



Week of:	Face to Face Visits	Telephone Visits	Video Telehealth	TOTAL	Notes	% Virtual
3/9/20	2223	0	0	2,223	Before COVID awareness and paring of schedules	0%
3/16/20	643	71	0	714	1 st week of paring	10%
3/23/20	475	504	6	985	1 st week of phone protocols & notice of reimbursement	52%
3/30/20	435	826	3	1,264	Ramp up of phone visits to additional sites; training commencing at all sites on Epic video visits this week	66%
4/6/20	417	962	4	1,383	@ ~65% of "normal" volume	70%
4/13/20	445	1120	7	1,572	@ ~70% of "normal" volume	72%
4/20/20	452	1129	11	1,592	@ ~71% of "normal" volume	72%
4/27/20	483	1124	25	1,632	@ 73% of "normal" volume	70%
5/4/20	542	1188	18	1,748	@ 78% of "normal" volume	70%
5/11/20	614	1138	19	1,771	@ 79% of "normal" volume	65%
5/18/20	689	1089	28	1,806	@ 80% of "normal" volume	62%
5/22/20*	597	852	20	1,469	@ 82% of "normal" volume *(holiday week – 4 days)	59%

Visit Types by Week

