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 | Consumer Members: Lee Herrington, Celia Lee, Filipo Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara, Cynthia Guerrero |  |
| Community Members: Sylvia Barnard, Skip Szymanski, Jason Prystowsky, MD, Arianna Castellanos, Emily Casarez. Non-Voting Staff Member: Dr. Douglas Metz |

<table>
<thead>
<tr>
<th>Item #</th>
<th>Time</th>
<th>Item</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>12:00-12:03</td>
<td>Welcome and Call to Order</td>
<td>Szymanski</td>
</tr>
<tr>
<td>II.</td>
<td>12:03-12:08</td>
<td>Review and Approve Minutes from April 22, 2020</td>
<td>Szymanski</td>
</tr>
<tr>
<td>III.</td>
<td>12:08-12:10</td>
<td>Roll Call and Sign In Sheet</td>
<td>Johnston</td>
</tr>
<tr>
<td>IV.</td>
<td>12:10-12:13</td>
<td>Public Comment Period</td>
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<tr>
<td>V.</td>
<td>12:13-12:31</td>
<td>Old Business: None</td>
<td></td>
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<tr>
<td>VI.</td>
<td>12:13-12:31</td>
<td>New Business:</td>
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<tr>
<td></td>
<td>5 min</td>
<td>1. Quarterly Patient Satisfaction Report. For Board Review, no action necessary</td>
<td>Gamble</td>
</tr>
<tr>
<td></td>
<td>8 min</td>
<td>2. HRSA COVID Grants. Staff recommend the Board approve the acceptance of the 3 HRSA COVID Response Grants Received in March, April and May 2020</td>
<td>Metz</td>
</tr>
<tr>
<td></td>
<td>5 min</td>
<td>3. FY 20-21 Budget. Staff recommend the Board accept and approve the recommended fiscal year 20-21 Public Health Department Health Care Centers Budget</td>
<td>Jacobson</td>
</tr>
<tr>
<td>VII.</td>
<td>12:31-1:02</td>
<td>Standing Reports:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 min</td>
<td>2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the policies referenced in VII.3</td>
<td>Policy Review Committee</td>
</tr>
<tr>
<td></td>
<td>2 min</td>
<td>3. Provider Appointments: Staff recommends that the Board vote to approve the Provider Appointments referenced in VII.4</td>
<td>Baldwin</td>
</tr>
<tr>
<td></td>
<td>8 min</td>
<td>4. Quality Measures Report: For Board Review, No action necessary</td>
<td>Gomez</td>
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<tr>
<td></td>
<td>5 min</td>
<td>5. Executive Director’s Report: For Board Review, No action necessary</td>
<td>Metz</td>
</tr>
<tr>
<td></td>
<td>5 min</td>
<td>6. COVID19 Update</td>
<td>Gamble/Johnston</td>
</tr>
</tbody>
</table>

**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.countyofsbc.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, June 24, 2020
VIRTUAL
MEETING DATE: May 27, 2020
AGENDA ITEM NO: VI.1

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: May 21, 2020
To: Health Care Center Board
From: Dana Gamble
Subject: Patient Satisfaction Survey Results and Patient Comments

RECOMMENDATION:
That the Board:
Review presentation of patient satisfaction survey results and Patient Comments.

DISCUSSION/BRIEF SUMMARY OF ITEM:
This is an informational item only. No Board action is required.
Patient Satisfaction & Experience Survey
Q1 2020 Executive Summary

Key Observations: (current quarter encounter interviews)

- Q1 2020 Encounter Sample Size: n=272 (English and Spanish)
- Overall Satisfaction Mean Score: in Q1 2020 is 91.5 (+0.9)
- Overall Satisfaction % Excellent: in Q1 2020 is 70.1% (+0.7%)
  - Top Satisfiers (Highest % Excellent Scores):
    - Provider Listening (78.5%)
    - Provider Addressed Concerns (77.1%)
    - Reception Staff Courtesy & Helpfulness (73.4%)
- Overall Satisfaction % Poor/Fair: in Q1 2020 is 3.7% (-2.5%)
  - Top Dissatisfiers (Highest % Poor/Fair Scores):
    - Provider Wait (16.2%)
    - Appointment Wait (11.4%)
    - Pharmacy Satisfaction (7.8%)

- Loyalty Intentions: in Q1 2020, 85.9% (-0.6%) of patients are “Very Likely” to return again.
- Referral Intentions: in Q1 2020, 82.8% (-3.5%) of patients are “Very Likely” to recommend the center to others, either in person or on the internet.

Key Strategic Indicators and Trends: In Q1 2020, 8 out of 10 mean satisfaction scores either decreased or stayed the same relative to Q4 2019, with Appointment Wait (-2.4) decreasing the most.

Patient Satisfaction Scores
Net Mean Score Change
Current vs. Previous Quarter

![Chart showing patient satisfaction score changes](image)

Key Strategic Indicators and Trends: In Q1 2020, 3 out of 4 % Yes experience scores increased relative to Q4 2019, with Specialist Appt. as Quickly as Needed? (+12.4%) increasing the most.
Patient Experience Scores
Net Percentage "Yes" Score Change
Current vs. Previous Quarter

By-
Current Qtr vs Previous Qtr
Provider Involved You in Healthcare Decisions?
Specific Health Goals Discussed? (12m)
Specialist Appt. as Quickly as Needed?
[Self-Pay/Sliding Fee] Amount Charged Less Than Elsewhere?

Location Comparison: In Q1 2020, mean Overall Satisfaction scores ranged from 89.9 for Santa Barbara County to 96.9 for Carpinteria County.

By-Location Overall Satisfaction Scores
Mean Scores and Counts
Current Quarter

Overall Satisfaction
Mean

<table>
<thead>
<tr>
<th>Location</th>
<th>Mean</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>CHCC</td>
<td>92.3</td>
<td>84</td>
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<tr>
<td>LHCC</td>
<td>91.0</td>
<td>50</td>
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<tr>
<td>FHCC</td>
<td>90.2</td>
<td>56</td>
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<tr>
<td>SBHCC</td>
<td>90.9</td>
<td>57</td>
</tr>
<tr>
<td>SMHCC</td>
<td>96.9</td>
<td>24</td>
</tr>
</tbody>
</table>
Patient Narratives:

- Key words in positive comments:
  - Provider
  - Staff
  - Appointment

- Key words in opportunities comments:
  - Appointment Wait
  - Provider Wait
  - Time
MEETING DATE: May 27, 2020
AGENDA ITEM NO.: VI.2

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: 5/21/20
To: HC BOARD
From: Dr. Metz
Subject: HRSA Supplemental Grants

RECOMMENDATION:
Health Center Board approval of acceptance of the 3 HRSA COVID Response Grants received in March, April & May 2020.

DISCUSSION:
The purpose of the Fiscal year (FY) 2020 Coronavirus Aid, Relief, and Economic Security (CARES) supplemental funding is to provide one-time support to health centers for the detection of coronavirus and/or the prevention, diagnosis, and treatment of COVID-19, including maintaining or increasing health center capacity and staffing levels during a coronavirus-related public health emergency and support for increased testing and containment.

A. HRSA Grant Award H8CCS34088 – March 19: $78,502
B. HRSA Grant Award H8DCS35548 – April 3: $1,053,665
C. HRSA Grant Award H8ECS38981 – May 5: $476,104
MEETING DATE: 5/27/2020
AGENDA ITEM NO.: VI.3

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: 5/27/2020
To: Health Center Board
From: Suzanne Jacobson
Subject: Budget review and approval for FY 2020-21

RECOMMENDATION:
That the Board: Accept and approve the Recommended FY 2020-21 Public Health Department Health Care Centers Budget

DISCUSSION/BRIEF SUMMARY OF ITEM:
This item will give a brief overview and discussion of the proposed budget specific to the Health Care Centers for approval. This is part of the Public Health Department’s submission of its department budget to the Board of Supervisors for public hearings in June 2020.
Health Care Centers
Santa Barbara County
Public Health Department

Adoption of FY 2020-21
Program/Corporate Budget
May 27, 2020

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Budgets

- FY 2019-20 Adopted Budget
- FY 2020-21 Recommended Budget

*Discussion will focus on the difference between the FY 2019-20 Adopted Budget and the FY 2020-21 Recommended Budget*
FY 2020-21 Budget

FY 2019-20 Adopted Budget
FY 2020-21 Recommended Budget

- Revenues: $58,774,316
- Expenses: $58,774,316
- Revenues: $59,706,105
- Expenses: $59,706,105

- +$931,789 (1.5%)

Healthy people, healthy community, healthy environment

FY20-21 Revenue Highlights

- Total Revenue Budget: $59,706,105
  - $931,789 (1.5%) over FY19-20 Adopted Budget

  The Budget anticipates revenue changes from:
  ✓ Medicaid/Medicare: +$784 thousand mostly due to anticipated revenue and volume increases in Medicare.
  ✓ State/Local Funds: +$907 Thousand increase due to increased overhead costs (hope to offset with higher than budgeted Medi-Cal revenue).
  ✓ ADAP Revenues: +$274 thousand due to increased volume of HIV/AIDS drugs dispensed at PHD pharmacies.

Healthy people, healthy community, healthy environment
FY 20-21 Expenditure Highlights

- Total Expenditure Budget: $59,706,105
  * $931,789 (1.5%) over FY 19-20 Adopted Budget

  Budget anticipates expense changes from:
  - Pharmaceuticals: -$1.8 million decrease due to lower volumes of the 340B Pharmacy program.
  - Salaries & Benefits: +$1.9 million increase due to increases in salary, retirement, and health insurance rates.
  - Malpractice Insurance: -$227 thousand decrease due to lower insurance premiums from new policies.

Healthy people, healthy community, healthy environment

FY 20-21 Expenditure Highlights

- Total Expenditure Budget: $59,706,105
  * $931,789 (1.5%) over FY 19-20 Adopted Budget

  Budget anticipates additional expense changes from:
  - Other Office Expenditures: -$196 thousand decrease due to lower software maintenance costs for the new EHR (based on a prior period 1-time payment).
  - Indirect Costs: +$733 thousand increase due to increases in costs allocated to the health centers for County administration.

Healthy people, healthy community, healthy environment
Questions?

- Does anyone have any questions?

A LOOK at the BUDGET

Healthy people, healthy community, healthy environment

Recommendation

- Approve the Recommended Corporate/Program Budget for FY 20-21
- Return to the HC Board with any changes, due to COVID-19.
## REVENUES
### PROGRAM INCOME
- Medicaid: $(39,270,200)$ to $(37,807,200)$, $1,463,000$
- Medicare: $(5,478,400)$ to $(6,262,200)$, $(783,800)$
- Self-pay (includes HAP): $(1,772,100)$ to $(2,170,100)$, $(398,000)$

### LOCAL AND STATE FUNDS
- State/Local Funds-TSAC, GF, VLF: $(9,387,616)$ to $(10,294,805)$, $(907,189)$

### FEDERAL 330 GRANT
- $(2,100,000)$ to $(2,131,800)$, $(31,800)$

### OTHER FEDERAL FUNDING
- ADAP: $(766,000)$ to $(1,040,000)$, $(274,000)$

**TOTAL REVENUE**
- $58,774,316$ to $59,706,105$, $(931,789)$

## EXPENDITURES
### PERSONNEL
- $22,208,800$ to $24,181,789$, $1,972,989$

### FRINGE BENEFITS
- $14,195,500$ to $14,161,611$, $(33,889)$

**TOTAL PERSONNEL**
- $36,404,300$ to $38,343,400$, $1,939,100$

### TRAVEL
- PHD Carpool: $62,200$ to $65,100$, $2,900$
- Transportation - Local Mileage: $26,100$ to $24,900$, $(1,200)$
- Training and Travel: $88,500$ to $82,600$, $(5,900)$

**TOTAL TRAVEL**
- $176,800$ to $172,600$, $(4,200)$

### SUPPLIES
- Medical Supplies: $630,400$ to $673,600$, $43,200$
- Office Supplies: $168,000$ to $172,100$, $4,100$
- Pharmaceuticals: $6,724,000$ to $4,918,000$, $(1,806,000)$
- Bus Tokens: $20,000$ to $20,000$, $0$

**TOTAL SUPPLIES**
- $7,542,400$ to $5,783,700$, $(1,758,700)$

### CONTRACTUAL
- Janitorial Services: $303,500$ to $305,300$, $1,800$
- Physician Fees: $2,080,900$ to $2,292,400$, $211,500$
- Professional Services: $816,000$ to $953,400$, $137,400$

**TOTAL CONTRACTUAL**
- $3,200,400$ to $3,551,100$, $350,700$

### OTHER
- Building Maintenance: $35,200$ to $20,200$, $(15,000)$
- Communications: $287,600$ to $289,400$, $1,800$
- Data Processing: $912,100$ to $957,900$, $45,800$
- Liability Insurance: $361,800$ to $370,200$, $8,400$
- Malpractice Insurance: $452,600$ to $225,700$, $(226,900)$
- Other Clinical Expenditures: $268,500$ to $277,200$, $8,700$
- Other Office Expenditures: $1,309,700$ to $1,113,700$, $(196,000)$
- Public Health Lab Services: $90,000$ to $92,200$, $2,200$
- Rents & Leases: $141,600$ to $119,800$, $(21,800)$
- Services County Provided: $146,200$ to $116,400$, $(29,800)$
- Utilities: $404,200$ to $498,400$, $94,200$

**TOTAL OTHER**
- $4,409,500$ to $4,081,100$, $(328,400)$

**TOTAL DIRECT COSTS**
- $51,733,400$ to $51,931,900$, $(198,500)$

**INDIRECT COST (14.97% OF TADC)**
- $7,040,916$ to $7,774,205$, $733,290$

**TOTAL BUDGET**
- $58,774,316$ to $59,706,105$, $931,790$

| Net Surplus/ Deficit | $(0)$ | $(0)$ | $(0)$ |
HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: 5/20/2020
To: Health Center Board
From: Suzanne Jacobson
Subject: Financial Report for April 2020

RECOMMENDATION:
That the Board: Accept and approve the Financial Report for April 2020

DISCUSSION/BRIEF SUMMARY OF ITEM:
## REVENUES

### PROGRAM INCOME

<table>
<thead>
<tr>
<th></th>
<th>FY 19-20 ADOPTED BUDGET</th>
<th>FY 19-20 As of 4-30-20 BUDGET</th>
<th>FY 19-20 FY 19-20 YTD ACTUALS</th>
<th>FY 19-20 FY 19-20 April YTD Variance</th>
<th>FY 19-20 FY 19-20 YTD % of Budget</th>
<th>FY 19-20 ONE MONTH ADJUSTED BUDGET</th>
<th>FY 19-20 FY 19-20 April ACTUALS</th>
<th>FY 19-20 FY 19-20 Apr % of Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$(39,270,200)</td>
<td>$(32,725,167)</td>
<td>$(29,554,582)</td>
<td>$3,170,584</td>
<td>90%</td>
<td>$(3,272,517)</td>
<td>(2,598,961)</td>
<td>$673,556</td>
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<tr>
<td>Medicare</td>
<td>(5,478,400)</td>
<td>(4,565,333)</td>
<td>(5,258,110)</td>
<td>(692,777)</td>
<td>115%</td>
<td>(456,533)</td>
<td>(665,739)</td>
<td>(209,206)</td>
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<tr>
<td>Self-pay (includes HAP)</td>
<td>(1,772,100)</td>
<td>(1,476,750)</td>
<td>(1,611,340)</td>
<td>(134,590)</td>
<td>109%</td>
<td>(147,675)</td>
<td>(91,836)</td>
<td>55,839</td>
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<td><strong>LOCAL AND STATE FUNDS</strong></td>
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<tr>
<td>State/Local Funds-TSAC/GF</td>
<td>(9,387,616)</td>
<td>(7,823,013)</td>
<td>(6,972,794)</td>
<td>850,219</td>
<td>89%</td>
<td>(782,301)</td>
<td>(694,844)</td>
<td>87,458</td>
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<td><strong>FEDERAL 330 GRANT</strong></td>
<td>(2,100,000)</td>
<td>(1,750,000)</td>
<td>(1,663,894)</td>
<td>86,106</td>
<td>95%</td>
<td>(175,000)</td>
<td>(205,442)</td>
<td>(30,442)</td>
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<td><strong>OTHER FEDERAL FUNDING</strong></td>
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<tr>
<td>ADAP</td>
<td>(766,000)</td>
<td>(638,333)</td>
<td>(896,949)</td>
<td>(258,616)</td>
<td>141%</td>
<td>(63,833)</td>
<td>(103,797)</td>
<td>(39,964)</td>
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<td><strong>TOTAL REVENUE</strong></td>
<td>$(58,774,316)</td>
<td>$(48,978,597)</td>
<td>$(45,957,670)</td>
<td>$3,020,927</td>
<td>93.8%</td>
<td>$(4,897,860)</td>
<td>$(4,360,619)</td>
<td>$(537,241)</td>
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## EXPENDITURES

### PERSONNEL

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<tbody>
<tr>
<td>PhD Carpool</td>
<td>$22,208,800</td>
<td>$18,507,333</td>
<td>$19,737,022</td>
<td>$1,229,689</td>
<td>107%</td>
<td>$1,850,733</td>
<td>$2,066,116</td>
<td>$215,383</td>
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<tr>
<td>Transportation - Local Mileage</td>
<td>14,195,500</td>
<td>11,829,583</td>
<td>10,776,688</td>
<td>(1,052,895)</td>
<td>91%</td>
<td>1,182,958</td>
<td>1,027,795</td>
<td>(155,163)</td>
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<td>Training and Travel</td>
<td>36,404,300</td>
<td>30,336,917</td>
<td>30,513,710</td>
<td>176,794</td>
<td>101%</td>
<td>3,033,692</td>
<td>3,093,911</td>
<td>60,220</td>
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<td><strong>TOTAL PERSONNEL</strong></td>
<td>$76,000</td>
<td>$50,707,333</td>
<td>$30,776,688</td>
<td>$1,229,689</td>
<td>107%</td>
<td>$1,850,733</td>
<td>$2,066,116</td>
<td>$215,383</td>
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### TRAVEL

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<tbody>
<tr>
<td>Medical Supplies</td>
<td>(630,400)</td>
<td>(525,333)</td>
<td>(559,225)</td>
<td>33,892</td>
<td>106%</td>
<td>(52,533)</td>
<td>48,174</td>
<td>(4,359)</td>
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<tr>
<td>Office Supplies</td>
<td>(168,000)</td>
<td>(140,000)</td>
<td>(127,074)</td>
<td>(12,926)</td>
<td>91%</td>
<td>14,000</td>
<td>16,909</td>
<td>2,909</td>
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<tr>
<td>Pharmaceuticals</td>
<td>(6,724,000)</td>
<td>(5,603,333)</td>
<td>(4,088,683)</td>
<td>(1,514,650)</td>
<td>73%</td>
<td>560,333</td>
<td>426,740</td>
<td>(133,593)</td>
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<td>Bus Tokens</td>
<td>(20,000)</td>
<td>(16,667)</td>
<td>(450)</td>
<td>(16,217)</td>
<td>3%</td>
<td>1,667</td>
<td>-</td>
<td>(1,667)</td>
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<td><strong>TOTAL SUPPLIES</strong></td>
<td>$7,542,400</td>
<td>$6,285,333</td>
<td>$4,775,432</td>
<td>(1,509,901)</td>
<td>76%</td>
<td>628,533</td>
<td>491,823</td>
<td>(136,710)</td>
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### CONTRACTUAL

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<thead>
<tr>
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<tbody>
<tr>
<td>Janitorial Services</td>
<td>(303,500)</td>
<td>(252,917)</td>
<td>(241,303)</td>
<td>(11,614)</td>
<td>95%</td>
<td>25,292</td>
<td>9,595</td>
<td>(15,697)</td>
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<tr>
<td>Physician Fees</td>
<td>(2,080,900)</td>
<td>(1,734,083)</td>
<td>(2,025,246)</td>
<td>291,163</td>
<td>117%</td>
<td>173,408</td>
<td>169,188</td>
<td>(4,221)</td>
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<tr>
<td>Professional Services</td>
<td>(816,000)</td>
<td>(680,000)</td>
<td>(631,099)</td>
<td>(48,901)</td>
<td>93%</td>
<td>68,000</td>
<td>94,674</td>
<td>26,674</td>
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<tr>
<td><strong>TOTAL CONTRACTUAL</strong></td>
<td>$3,200,400</td>
<td>$2,667,000</td>
<td>$2,897,648</td>
<td>$230,648</td>
<td>109%</td>
<td>$266,700</td>
<td>$273,456</td>
<td>$6,756</td>
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### OTHER

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</tr>
</thead>
<tbody>
<tr>
<td>Building Maintenance</td>
<td>(35,200)</td>
<td>(29,333)</td>
<td>(19,131)</td>
<td>(10,203)</td>
<td>65%</td>
<td>2,933</td>
<td>-</td>
<td>(2,933)</td>
</tr>
<tr>
<td>Communications</td>
<td>(287,600)</td>
<td>(239,667)</td>
<td>(231,366)</td>
<td>(8,301)</td>
<td>97%</td>
<td>23,967</td>
<td>25,118</td>
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<td>Data Processing</td>
<td>(912,100)</td>
<td>(760,083)</td>
<td>(691,366)</td>
<td>(68,717)</td>
<td>91%</td>
<td>76,080</td>
<td>-</td>
<td>(76,008)</td>
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<tr>
<td>Liability Insurance</td>
<td>(361,800)</td>
<td>(301,500)</td>
<td>(301,170)</td>
<td>(330)</td>
<td>100%</td>
<td>30,150</td>
<td>30,117</td>
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<td>Malpractice Insurance</td>
<td>(452,600)</td>
<td>(377,167)</td>
<td>(417,670)</td>
<td>(40,503)</td>
<td>111%</td>
<td>37,717</td>
<td>41,767</td>
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<tr>
<td>Net Surplus</td>
<td>$367,750</td>
<td>(1,169,448)</td>
<td>$4,728,369</td>
<td>$4,687,860</td>
<td>$4,716,348</td>
<td>$5,569,486</td>
<td>$7,445,379</td>
<td>$6,141,970</td>
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<td>Budget</td>
<td>$367,750</td>
<td>$1,169,448</td>
<td>$4,728,369</td>
<td>$4,687,860</td>
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</table>

For the month of April 2020 - Fiscal Year 2020-21
Financial Monthly Report for CHC/CHG Grant H805C00046
Santa Barbara County Public Health Department Health Care Centers
Santa Barbara County Public Health Department
Community Health Center Board

Financial Statement Narrative for April, 2020
Includes variances over $100K, either YTD or MTD

<table>
<thead>
<tr>
<th>Financial Results:</th>
<th>Year to Date</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues:</td>
<td>$45,957,670</td>
<td>$4,360,619</td>
</tr>
<tr>
<td>Expenditures:</td>
<td>$47,702,248</td>
<td>$4,728,369</td>
</tr>
<tr>
<td>Net Surplus/(Deficit):</td>
<td>($1,744,579)</td>
<td>$367,750</td>
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</table>

Revenue Highlights:

Over (Under) Budget

<table>
<thead>
<tr>
<th>Year to Date Variance (93.8%)</th>
<th>April Variance (89.0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/Medicare:</td>
<td>($2,477,807)</td>
</tr>
<tr>
<td>Self-Pay (HAP):</td>
<td>$134,590</td>
</tr>
<tr>
<td>Local/State Funds:</td>
<td>($850,219)</td>
</tr>
<tr>
<td>ADAP:</td>
<td>$258,616</td>
</tr>
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</table>

Expenditure Highlights:

Over (Under) Budget

<table>
<thead>
<tr>
<th>Year to Date Variance (97.4%)</th>
<th>February Variance (96.5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel/Benefits:</td>
<td>$176,794</td>
</tr>
<tr>
<td>Pharmaceuticals:</td>
<td>($1,514,650)</td>
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<tr>
<td>Physician Fees:</td>
<td>$291,163</td>
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<tr>
<td>Other Office Expenses:</td>
<td>$130,991</td>
</tr>
<tr>
<td>Indirect Costs:</td>
<td>($152,902)</td>
</tr>
</tbody>
</table>

Financial Results Discussion

Our Community Health Center financial results for February 2020 reflect a negative month to date net financial impact of ($367,750) and a negative year to date net financial impact of ($1,744,579).

Year to date, our revenues are at 93.8% of budget and our expenditures are at 97.4% 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, but we are seeing the impacts of the COVID-19 response activities and “stay at home” orders as our year to date deficit grows.
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:
- 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:
- Salaries and Benefits – Trending a little above budget for the month to date and year to date.
- 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 April, but previous month’s expenses have us over budget year to date.
- 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.
Date: May 23, 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 January 2020.

POLICY NO. TITLE

1. 05-C-275 Superbill Submission
2. 15-C-606 Provider Privileging
3. 12-C-574 EHR-Review of Outdated Orders in the Electronic Health Record
4. 17-C-624 Screening for Alcohol and Drug Use
5. 17-C-629 Management of Patient Complaints about Provider Staff
6. 19-C-643 Chaperones for Medical Visits
7. 95-C-068 PHD Health and Safety Incident Reporting: For Clinical Services Only
8. 10-CM-07 Controlled Medications: Use of Patient Activity Report and Toxicology Screening
9. 10-CM-02 Controlled Medications: Standards of Care
10. 10-I-191 Infection Control: Enhanced Infection Control Strategies During Disease Outbreaks
11. 02-I-171 Infection Control: Hand Hygiene
12. 05-C-258 Comprehensive Perinatal Services Program (CPSP)
13. 05-C-267 Employee/Contractor Family and Friend Visitors to the Public Health Care Centers
14. 09-C-440 Renewal of Medical Licenses and DEA Certificates for County Medical Providers
15. 10-C-449 Immunizations-Child and Adult IZ Administration and Billing
16. 11-C-556 Counterfeit Money: Identifying and Reporting in the Health Care Centers
17. 13-C-580 Health Care Center Policy and Procedure on Network Outage of EHR
18. 97-C-112 Cenical Primary Care Provider Reselection
19. 20-C-651 Haiku and Canto EHR Application Access
POLICY
It is the policy of the Public Health Department to issue a "Superbill" which includes patient's demographics, Current Procedural Terminology (CPT) and Diagnostic (ICD-10-CM) codes for all services performed to ensure appropriate reimbursement and for reporting statistical data.

PURPOSE
The timely submission of an accurate and a fully completed superbill is critical to the management of an efficient billing process. Therefore, to speed up claim processing and decrease the numbers of delayed claims, completed superbills are to be sent to the Administrative Office Professional II in Data Entry daily to ensure timely reimbursement.
POLICY
All employed, contracted and volunteer clinicians providing direct patient care at the Health Care Centers in the Public Health Department (PHD) are expected to perform the duties commonly recognized within the scope of their specialty. Clinicians are privileged for procedures prior to beginning their appointment. Privileges are reviewed at regular intervals, and at least every two years, while the clinician is providing patient care at the PHD.

PURPOSE
1. To define the procedures for which providers demonstrate current competency
2. To standardize the monitoring of procedure proficiency
3. To define the periodicity of the review of privileges
4. To describe the methods for disciplining a clinician to assure compliance with credentialing and privileging policies
5. To describe a clinician’s rights to appeal if a decision is made to discontinue or deny privileges
6. To define the appeal process, including information needed, format, and time limits for appeal.
POLICY

The status of orders entered into the Electronic Health Record (EHR) will be reviewed on a regular schedule and those that are beyond time limits for completion will be cancelled, extended, or completed. If the order was performed, the enter/edit result workflow will be completed to display the results and if appropriate, the Health Maintenance modifier in EPIC will be updated. If the order was not performed within the valid dates, then it will automatically expire within EPIC.

PURPOSE

To manage orders successfully in EPIC so that completed results are entered, not completed orders are cancelled, and Health Maintenance is successfully updated.
POLICY
It is the Policy of the Santa Barbara County Health Care Centers to conduct screening for alcohol and drug abuse in patients aged 12 years and older at least annually using a standardized instrument and if screened positive, have a follow-up plan documented in the patient’s record.

PURPOSE
Alcohol and drug abuse screening and follow up are HRSA Uniform Data System (UDS) measures we audit and report annually. Standardized screening is an important step in providing the necessary treatment for drug and alcohol abuse in our Health Care Centers.
POLICY
Concerns or complaints from patients of the Santa Barbara County Public Health Department about a provider's behavior or medical treatment will be recorded by health center staff and shared with the provider, supervising physician and the medical director in a timely manner. If there is need for investigation into the complaint, the investigation will happen in a timely and appropriate manner.

PURPOSE
To ensure that patient concerns are responded to in a timely and appropriate manner. To ensure that the providers and their supervisors are aware when there are patient concerns or complaints raised about their behavior or the medical care they are providing.
POLICY
The Santa Barbara County Public Health Department (PHD) will offer chaperones when requested by the patient or deemed appropriate by the medical provider. The chaperone will be present for the history and/or exam portion of the office visit as needed.

PURPOSE
To create the safest and most comfortable environment for staff and patients, the PHD will offer and provide chaperones for all our patients who request them and to medical providers who request them and deem them to be appropriate.
POLICY
It is the policy of the Public Health Department to document all occurrences that affect the health and safety of any PHD patient or visitor that occur in any location of clinical service. This includes the clinical and laboratory services in the Primary Care & Family Health and Community Health Divisions, but excludes Animal Services, Environmental Health, the Fiscal Division and Administrative Division. It also excludes patient or visitor complaints regarding service. The PHD Pharmacy Program follows its own reporting process.

PURPOSE
The purposes of reporting are to identify and respond to incidents in order to improve clinical care of and prevent harm to PHD patients and visitors.
POLICY
The Patient Activity Report (PAR) and toxicology screening are tools in the management of PHD patients who are prescribed controlled medications. These reports will be used to confirm compliance and avoid misuse, abuse and diversion of controlled medications.

PURPOSE
- To ensure patient safety by reviewing a patient's pattern of filling prescriptions for controlled medications.
- To confirm a patient's use of the prescribed medications and absence or presence of non-prescribed medications or illicit drugs.
POLICY
When the prescription of controlled medications is a component of the treatment plan for patients of the Public Health Department (PHD), in order to provide relief of patient suffering, pain, and mental health symptoms that result in functional impairment and disability, PHD clinicians must apply the policies set forth in the "Manual for the Management of PHD Patients Prescribed Controlled Medications" including those contained within this policy.

PURPOSE
- To standardize the steps PHD clinicians should follow to meet the PHD standards for care of patients who require the chronic use of controlled medications
- To decrease misuse, abuse and diversion of controlled medications
- To assist clinicians, health center staff and other members of the clinical care team in managing patients with controlled medications and their needs.
POLICY
It is the policy of the Santa Barbara County Public Health Department to provide guidelines and procedures to prevent the transmission of infectious disease in the Health Care Centers and in the community when caring for patients during epidemics and pandemics. The Department will follow the most current directions and guidelines from the Centers for Disease Control (CDC) http://www.cdc.gov/, California Department of Public Health (CDPH) http://www.cdph.ca.gov and Cal OSHA http://www.dir.ca.gov/dosh/.

PURPOSE
To limit transmission of infectious disease through enhanced infection control precautions and strategies, and build upon the Standard and Transmission Based Precautions Policy (02-l-172) including early detection and implementation of treatment with vaccines, antivirals, antibiotics, and other recommended medications for staff.
**Santa Barbara County**

**Public Health Department**

<table>
<thead>
<tr>
<th>Number: 02-I-171</th>
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<tbody>
<tr>
<td>Prepared By: Marc Goldsmith, Yuvette Calhoun, Kelly Lazarus</td>
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<tr>
<td>Effective Date: 5/1/2020</td>
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<tr>
<td>Original Date: 10/01/2010</td>
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<tr>
<td>Authorized By: Dr. Polly Baldwin, Medical Director</td>
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<td>Next Review Date: 5/1/2021</td>
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**TITLE:** Infection Control: Hand Hygiene

**POLICY**

The Santa Barbara County Public Health Department follows the Centers for Disease Control and Prevention recommended policies and procedures for infection control including hand hygiene.

**PURPOSE**

The purpose of this policy is to prevent the transmission of pathogens by performing hand hygiene procedures. Hand hygiene is the single most effective method of preventing cross contamination between patients and/or healthcare workers and will be performed in all clinical settings.
POLICY
It is the policy of Santa Barbara County Public Health Department clinics to provide health care including perinatal services to our pregnant patients.

PURPOSE
The CPSP program was created in 1987 to reduce morbidity and mortality among low-income pregnant and postpartum women and their infants in California.

Applicable staff: CPSP trained
- RN
- LVN
- MA
- HSA
- PHN
- RD
POLICY: The Public Health Department (PHD) does not permit visits to employees or contractors while working in the clinic.

PURPOSE: The PHD clinics are in operation to serve the community and focus their attention on the organization’s mission. There are several documents that contain private and confidential health information located in many parts of the clinic workspace. Additionally, there is frequent dialogue among the staff and Providers that should not take place in the presence of visitors.
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<th><strong>Santa Barbara County</strong></th>
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<tr>
<td><strong>Public Health</strong></td>
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<td><strong>DEPARTMENT</strong></td>
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<tr>
<td><strong>Number:</strong> 09-C-440</td>
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<tr>
<td><strong>Prepared By:</strong> Kendall Johnston AOP Sr., PCFH</td>
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<td><strong>Effective Date:</strong> 05/14/2020</td>
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<td><strong>Original Date:</strong> 11/16/2009</td>
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<td><strong>Authorized By:</strong> Dr. Douglas Metz, Deputy Director, PCFH</td>
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<td><strong>Next Review Date:</strong> 05/14/2021</td>
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<tr>
<td><strong>TITLE:</strong> Renewal of Medical Licenses and DEA Certificates for County Medical Providers</td>
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**POLICY**
The Primary Care & Family Health Division will pay for California professional medical license renewals for regular employees of the Public Health Department.

**PURPOSE**
This policy defines the process for completing and paying for medical license renewals and Drug Enforcement Agency certificates.
**TITLE:** Immunizations – Child and Adult IZ Administration and Billing

**POLICY**

It is the responsibility of the Santa Barbara County Public Health Department (PHD) to provide indicated immunizations to all eligible individuals requesting them.

**PURPOSE**

The purpose of the following is to provide a policy for all County Health Care Centers (HCC) that ensures uniformity of vaccination administration and charging for those vaccinations.
TITLE: Counterfeit Money: Identifying and Reporting in the Health Care Centers

POLICY
It is the policy of the Public Health Department to identify and report suspected counterfeit money. Adequate safeguards should be in place to address the unlawful act of passing of fraudulent currency throughout the system whether knowingly or unknowingly by the patients.

PURPOSE
To define a procedure for identifying and reporting counterfeit money collected in the Health Care Centers.
POLICY

In the event of a network or other electronic outage where the Electronic Health Record system (EHR) is unavailable for a prolonged time (more than an hour), it is the policy of the Public Health Dept to document patient encounters in a paper format that will be manually entered or scanned into the EHR system at a later point in time. The EHR system contains both clinical and practice management information.

PURPOSE

- To ensure access to needed health care, and in the event of a network outage the department will continue to provide patient visits at the Health Care Centers (HCCs) as long as the facilities and staffing are available.

- To provide for consistent documentation outside of the EHR system when the system is unavailable.

This policy is not to reflect or replace policies or procedures for operations that would occur during a disaster (environmental, biohazard, etc.), but only if the EHR is down and all other systems (including water and power) are available.
POLICY

CenCal assigns each patient to a Primary Care Provider (PCP). Only a patient can request to reselect a provider. Patients are expected to be seen by their PCP.

PURPOSE

CenCal patients assigned to the County are expected to be seen by the County for ongoing care. If a patient wants to be seen by other than their assigned PCP a Referral Authorization Form (RAF) is required.
<table>
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<tr>
<th>Prepared By: Yesenia Hernandez, EHR Support Team</th>
<th>Effective Date: 5/27/2020</th>
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<tbody>
<tr>
<td>Authorized By: Polly Baldwin, MD Medical Director</td>
<td>Original Date: 04/27/2020</td>
</tr>
<tr>
<td>TITLE: Haiku &amp; Canto EHR Application Access</td>
<td>Next Review Date: 5/27/2021</td>
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**POLICY**
Access to the Haiku and Canto OCHIN Application will be requested, approved and granted through a standardized process. To assure compliance and correct clinical usage the procedure for the use of the Haiku and Canto Application is outlined as well.

**PURPOSE**
To efficiently and securely access EPIC from a smartphone or an iPad device for documentation of office visit notes, Rx refills and securely upload clinical photos to the EPIC system.

To ensure Haiku or Canto access is only being granted to SBCPHD providers who currently have an active EPIC Production account

To track access and termination of application usage and ensure the security of protected health information.
MEETING DATE: May 27, 2020
AGENDA ITEM NO.: VII.3

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: May 20, 2020
To: Health Center Board
From: Dr. Polly Baldwin
Subject: Approval of Provider Appointments

RECOMMENDATION:

That the Board: Vote to approve the reappointment of:

- Danette Brown, PA, Women’s Health SBHCC
- Asia De La Torre, MD, Family Medicine SMHCC
- Gabriela Diaz, MD, Family Practice SMHCC
- Philip Delio, MD, Neurology SBHCC
- Jared Perrin, MD, Internal Medicine SBHCC

DISCUSSION/BRIEF SUMMARY OF ITEM:

All providers approved by Board Delegate
MEETING DATE: May 27, 2020
AGENDA ITEM NO.: VII.4

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: 5/27/20
To: HC BOARD
From: Melissa Gomez
Subject: Monthly Medical Quality Report

RECOMMENDATION: Review

DISCUSSION:
Medical Quality performance improvement plan measures update
April 2020 Data

Melissa Gomez RN CCM 05/2020

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 (4/30/19 to 5/01/20)

<table>
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<tr>
<th>Performance Measure</th>
<th>Patients Total</th>
<th>Percentage Total</th>
<th>Homeless Total</th>
<th>Percentage Homeless</th>
<th>Goal</th>
<th>HRSA 2018 National</th>
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<tbody>
<tr>
<td>HgA1c 9 or less</td>
<td>2943</td>
<td>60.47%</td>
<td>83</td>
<td>52.07%</td>
<td>71.00%</td>
<td>67.17%</td>
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<tr>
<td>Asthma - persistent asthma and on controller medication</td>
<td>2984</td>
<td>60.59%</td>
<td>157</td>
<td>23</td>
<td>86.96%</td>
<td>87.00%</td>
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<tr>
<td>Hypertension - Blood Pressure controlled with last BP less than 140/90</td>
<td>357</td>
<td>80.59%</td>
<td>20</td>
<td>86.96%</td>
<td>87.00%</td>
<td>86.50%</td>
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<td>Depression Screening with intervention if screening is positive</td>
<td>403</td>
<td>80.59%</td>
<td>23</td>
<td>86.96%</td>
<td>87.00%</td>
<td>86.50%</td>
</tr>
<tr>
<td>Hypertension - Blood Pressure controlled with last BP less than 140/90</td>
<td>2824</td>
<td>55.45%</td>
<td>132</td>
<td>42.44%</td>
<td>65.00%</td>
<td>63.26%</td>
</tr>
<tr>
<td>Hypertension - Blood Pressure controlled with last BP less than 140/90</td>
<td>5093</td>
<td>55.45%</td>
<td>311</td>
<td>42.44%</td>
<td>65.00%</td>
<td>63.26%</td>
</tr>
<tr>
<td>Depression Screening with intervention if screening is positive</td>
<td>8150</td>
<td>53.88%</td>
<td>518</td>
<td>54.81%</td>
<td>60.00%</td>
<td>70.57%</td>
</tr>
<tr>
<td>Depression Screening with intervention if screening is positive</td>
<td>15125</td>
<td>53.88%</td>
<td>945</td>
<td>54.81%</td>
<td>60.00%</td>
<td>70.57%</td>
</tr>
<tr>
<td>Mannography - women 50-74 q2 years</td>
<td>1536</td>
<td>50.38%</td>
<td>15</td>
<td>10.74%</td>
<td>59%</td>
<td>59.4%</td>
</tr>
<tr>
<td>Mannography - women 50-74 q2 years</td>
<td>3037</td>
<td>50.38%</td>
<td>139</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**We continue to hover just under our goal. As anticipated we have had a dip in compliance.**

**Diabetes A1c control**
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 (MQC) will be reviewing other possible measures for performance improvement when we are able.

Asthma with controller med

![Asthma with controller med chart]

This measure remains fairly stagnant. This data will be reviewed by health care teams to identify additional improvement measures that can be taken.

Hypertension

![Hypertension chart]
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 this past month, 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 have made over a 6% improvement in the last year. We have seen a dip over the last month due to limited visits and cancellation of screening tests during this time.
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: May 27, 2020
AGENDA ITEM NO.: VII.5

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: May 21, 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, May 27, 2020 – VIRTUAL MEETING  
**To:** Health Center Board of Directors  
**From:** Dr. Douglas Metz, Executive Director, Health Centers  
**RE:** E.D. Report

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Monthly Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Center Operations</strong></td>
<td></td>
</tr>
</tbody>
</table>
| • **HRSA Relations**  
  (Ralph Barbosa, Dana Gamble) | - Clinics received Federal COVID assist funding x3 in April/May  
  - Internal UDS Reporting Taskforce to be re-convened to start work on new UDS measures for CY 2020                                                                                                    |
| • **Santa Barbara**  
  (Paola Hurtado) | - Secured DocuSign licenses to capture signatures for off-site providers  
  - Re-introduced 1 Internal Medicine clinic Resident, M-F, 8-5pm  
  - Ordered, received, and distributed PPE to all sites  
  - Facilitated EHR workflow re-training for specialty clinic providers to reintroduce specialty services  
  - Staff continue to support COVID response efforts  
  - Began interviews for vacant PHN and RN Supervisor positions                                                                                                                        |
| • **Franklin**  
  (Elvia Lopez) | - Behavioral Health Specialist trained in virtual visits  
  - Identified two OP staff for MyChart sign up  
  - Pediatric providers telecommuting  
  - Nursing and Medical Assistant Staff continuing to assist Disease Containment in DOC  
  - Staff continues to screen at building entrance  
  - Staff working on scheduling 4/5 y.o. for Well Child Visits  
  - Leadership team provided breakfast goodies and lunch to our OP staff for Administrative Day                                                                                          |
| • **Carpinteria**  
  (Jeanette Gumber) | - CHCC launched EPIC virtual office visits  
  - Behavioral Health Specialist and PEDS provider working remotely using phone consults and virtual office visits to allow for social distancing in the clinic  
  - Front office staff handled a substantial increase in patient calls daily and have expertly guided our patients through the new world of telemedicine  
  - CHCC staff completing its annual mandatory reporting training virtually.  
  - Melissa Dubon, AOP, Griselda Gonzalez, MA, and Maleny Huerta, MA worked on the COVID-19 disease control team the entire month of April  
  - Celebrated Administrative Assistant Appreciation Day with our front office staff. Each front office staff received a box of Robataille Chocolates, a gift card to the Lucky Llama coffee house a succulent bouquet and a hand-crafted card signed by all of the team |
| • **Santa Maria**  
  (Michael Camacho-Craft) | - Drastically ramped up phone visits  
  - Reopened limited evening appointments  
  - HCA and several staff deployed to Department Operations Center (COVID emergency response)                                                                                        |
<table>
<thead>
<tr>
<th><strong>Clinical Lab</strong></th>
<th><strong>Pharmacy</strong></th>
<th><strong>Homeless</strong></th>
<th><strong>Healthcare for the Homeless</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued attempts to order PE and COVID-19 specimen collection supplies from all contracted vendors (Guest, Fisher, McKesson, Handi, PDL) and provide supplies to decrease COVID-19 risk factors, and staff on medical leave</td>
<td>Continued reporting daily COVID-19 specimen collection inventory to PHP DOC Plans, Chief Accession Handi, PDL</td>
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<td>Continued reporting daily COVID-19 specimen collection inventory to PHP DOC Plans, Chief Accession Handi, PDL</td>
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</tbody>
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- Continued attempts to order PE and COVID-19 specimen collection supplies from all contracted vendors (Guest, Fisher, McKesson, Handi, PDL) and provide supplies to decrease COVID-19 risk factors, and staff on medical leave.

- Continued reporting daily COVID-19 specimen collection inventory to PHP DOC Plans, Chief Accession Handi, PDL.

- Continued attempts to order PE and COVID-19 specimen collection supplies from all contracted vendors (Guest, Fisher, McKesson, Handi, PDL) and provide supplies to decrease COVID-19 risk factors, and staff on medical leave.

- Continued reporting daily COVID-19 specimen collection inventory to PHP DOC Plans, Chief Accession Handi, PDL.
| **Health Information Management / HIPAA / Data Security**  
(Dana Gamble, June English, Laura Lui) | - Complete evaluation tool and then release Dual relationships and professional practice training to PCFH staff  
- Developed and released approved Telehealth form for MTU staff |
| **PCMH**  
(Karla Quintana, Melissa Gomez, Polly Baldwin, Doug Metz) | - Nothing new to report |
| **Customer Service**  
(Health Center Administrators) | - COVID-19 questions added to patient survey for near-future |
<table>
<thead>
<tr>
<th>Site</th>
<th>April Pr. Visits/day</th>
<th>% of previous 8 mo. average</th>
<th>% difference of daily pts/day</th>
<th>Month over Last 13% of daily pts decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNF, etc.; Hospital Visits; Home Visits; Outreach Sites: PHN (3 sites combined)</td>
<td>5756</td>
<td>6,845</td>
<td>7,826</td>
<td>4,698</td>
</tr>
<tr>
<td><strong>Significant decrease in outside visits due to Coronavirus pandemic</strong></td>
<td>105</td>
<td>105</td>
<td>41</td>
<td>105</td>
</tr>
<tr>
<td><strong>Significant increase in homeless care this month (51%) due to focus on Homeless Shelters</strong></td>
<td>152</td>
<td>152</td>
<td>181</td>
<td>226</td>
</tr>
<tr>
<td>Santa Maria HCC</td>
<td>1.659</td>
<td>1.034</td>
<td>1.013</td>
<td>1.029</td>
</tr>
<tr>
<td>Santa Barbara HCC</td>
<td>1.495</td>
<td>1.018</td>
<td>1.013</td>
<td>1.029</td>
</tr>
<tr>
<td>Lompoc HCC</td>
<td>2.042</td>
<td>2.634</td>
<td>1.517</td>
<td>2.634</td>
</tr>
<tr>
<td>Franklin Elementary School Clinic (L evening/Wk)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Franklin HCC</td>
<td>859</td>
<td>917</td>
<td>610</td>
<td>302</td>
</tr>
<tr>
<td>Carpenteria HCC</td>
<td>435</td>
<td>435</td>
<td>921</td>
<td>215</td>
</tr>
</tbody>
</table>

Notes: April = 22 clinic days (last month had 22)

February 2020
Patient Volume Report
CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)*

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

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

*Some metrics reports are still being written for the new system*
Patient Visit Trending Over 12 Months
FY Visits Over Years

- FY 14-15: 83,208
- FY 15-16: 93,121
- FY 16-17: 112,762
- FY 17-18: 107,714
- FY 18-19: 109,994
- FY 19-20: 99,913
MEETING DATE: May 21, 2020
AGENDA ITEM NO.: VII.6

HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT

Date: May 21, 2020
To: Health Center Board
From: Dana Gamble
Subject: COVID-19 Update

RECOMMENDATION:
No action required

DISCUSSION/BRIEF SUMMARY OF ITEM:
—Discussion of current status of COVID19 response in Santa Barbara County.