



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 (co-Chair), Celia Lee, Filipo Chapelle, Richard Osbourne, Christopher Hutton, Wm Darrel Gardner, Stephen Ferrara, Cynthia Guerrero Community Members: Sylvia Barnard, Skip Szymanski (Chair), Jason Prystowsky, MD, Arianna Castellanos, Emily Casarez Non-Voting Staff Member: 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 August 26, 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.	12:13-12:23 10 min	New Business: 1. Clinical Laboratory Request for Proposals (RFP): For Board Informational Purposes; No Action Necessary	Metz
VII.	12:23-12:54 8 min 3 min 2 min 8 min 5 min 5 min	Standing Reports: 1. Monthly Financial Report: Staff recommends that the Board accept and approve the Financial Report for the month of August 2020. 2. Policy Review Committee Report: The Policy Review Committee recommends that the Board vote to approve the policies referenced in VII.2 3. Provider Appointments: None this month 4. Quality Measures Report: For Board Review, No action necessary 5. Executive Director's Report: For Board Review, No action necessary 6. COVID19 Update	Jacobson Herrington Baldwin Gomez Metz Gamble
VIII.	12:54-12:58	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.



**Health Center (HC) Board Minutes
August 26, 2020**

The Health Center Board met via Go To Meeting.

Present: Consumer Members: Lee Herrington (Co-Chair), Filipo Chappelle, Celia Lee, Richard Osbourne

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

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

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

Guests/Speaker: None

Agenda Items

I. Call to Order

Meeting was called to order by Chair Szymanski at 12:04pm.

II. Review and Approve Minutes from the July 22, 2020 Meeting

Mr. Chappelle motioned that the minutes from the July Board meeting be approved by the HC Board; Mr. Herrington seconded. No public comments were made.

Motion Carried Unanimously.

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: Introduction of new PHD Compliance Officer, Janine Neal and Semi-Annual Compliance Report-Ms. Jacobson & Ms. Neal.

Due to conflicting meeting schedules, Ms. Jacobson presented her standing monthly financial report before introducing Janine Neal as the new PHD Compliance Officer, and reviewing the history of the compliance reports to the attendees. Ms. Neal introduced herself to the Board along with her history with Public health and her credentials. Ms. Neal is scheduled to present her compliance findings to the Health Center Board each August and February and reviewed the compliance program work plan elements as recommended by the Office of the Inspector General. During the next six months, Ms. Neal will be reviewing the compliance program structure, establish baselines for risk assessments using or creating committees or focus groups, and prioritize areas of concern that need to be reviewed. Ms. Castellanos volunteered to be the Board representative for the 340b pharmacy committee that is being created. Policies and Procedures will be reviewed and presented to the Board for comments and approval and reporting metrics and trending graphs will be improved.

Ms. Neal reported that there were 31 compliance incidents reported and investigated between July 2019 and August 2020. Of those incidents, 58% were due to human error in sending faxes or emails. The County had installed new monitoring software after the January 2019 emotet virus infection so Malware and virus incidents have decreased from last year. Additionally, some incidents involved the wrong guarantor being entered in a patient's electronic health record, but these incidents have decreased due to improved workflows being implemented in the clinics.

VIII. Standing Reports:

1. July 2020 Monthly Financial Report-Ms. Jacobson

Ms. Jacobson presented her financial report ahead of the new agenda item. As July is the first month of the new fiscal year, the year-to-date and month-to-date deficit is the same. Ms. Jacobson explained that the reason for this includes July being a month with 31 days and no holidays, the State being slow to pay patient claims in June, as well as that many July invoices have not yet been received. As patient visits continue to ramp up in person and via telehealth, it is expected that Medicaid and Medicare revenue will increase. Physician fees are showing as under budget due to the timing of invoices from the physicians which are generally delayed by about a month. Salaries and Benefits are reported as over budget due to the fact that the annual budget is divided equally by 12 months so there are lower budgeted dollars than expenses for months with 31 days and everything should all even out at the end of the fiscal year.

Mr. Herrington motioned that the Board approve the July monthly financial report; Mr. Chapelle seconded. No public comments were made.

Motion Carried Unanimously.

2. Policy Review Committee

Mr. Herrington motioned that the policies presented in August be approved by the Board, also including policy 19-C-645 which was sent to the review committee after the Board materials were distributed; Ms. Lee seconded. No public comments were made.

Motion Carried Unanimously

3. Provider Appointments-None this Month.

4. Quality Measures Report-Ms. Gomez

Ms. Gomez began her monthly report with an overview of the improvement measures:

Diabetes Control/A1C: Continues to improve slowly due to more in person visits at the health centers where patients can be checked.

Hypertension: This measure has been struggling since the pandemic began as in-person visits were cancelled. PHD is working with CenCal to help clients be able to monitor their blood pressure at home.

Depression Screening: This measure has been fairly stagnant, but PHD is improving the workflows for virtual visits and is hopeful to see increases in the next few months.

Pediatric Depression Screening and Intervention: Ms. Gomez stated that there was a 4% decrease from the previous month and that she would need to revisit the data.

Breast Cancer Screenings: Continue to decrease due to lack of in-person visits at screening centers, but this measure is still included in the metrics for grant funding.

Patient Satisfaction (Wait time): The survey question regarding patient wait time from check-in to seeing the provider was modified for virtual visits and resulted in a huge increase with patient satisfaction.

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

5. Executive Director's Report-Dr. Metz

Dr. Metz began his monthly highlights by discussing the possibility of more CARES money coming into the health centers once congress can approve the bill. Dr. Peggy Dodds at the Carpinteria Health Center retired in July but has since rejoined as a deputy health officer for the PHD's COVID response. Dr. Baldwin joined the conversation and explained that care packs have been created for health center patients who tested positive for COVID, which include pulse oximeters and thermometers so that patients can monitor their vitals at home. CenCal and Direct Relief have been helpful in this effort and Dr. Prystowsky is working in getting the hospitals connected with Direct Relief. The pediatrics program at the Santa Maria Health Center continues to ramp up, in conjunction with CenCal and the clinical laboratory is investigating the potential use of Point of Care COVID tests to be available at each of the health centers.

There was an overall 3% increase of patient visits in July vs. June and a significant increase in homeless care. Mr. Barbosa reported that many of the homeless individuals utilizing the State's Project Room Key have been able to transition into permanent housing.

6. COVID 19 Update-Mr. Gamble

Mr. Gamble provided the current status of COVID19 in Santa Barbara County and reviewed the metrics listed on the PublicHealthSBC.org website. SBC continues to be on the State's monitoring list, however elementary schools (Grades TK-6) now have the option to apply for a waiver through PHD to re-open in person classroom instruction. Additionally, PHD will be participating in the State's Housing for the Harvest program which is similar to Project Room Key, but targeted toward food and agricultural workers. As the number of new cases appears to be slowing down, Mr. Gamble encouraged the attendees to remain vigilant in taking the necessary precautions to avoid contracting the virus.

VII. Member Announcements: Ms. Johnston pointed out the error on the Agenda showing the September meeting to be held in person and reiterated that all Health Center Board meetings are virtual until further notice.

VIII. Adjournment

Meeting was adjourned at 1:17pm.

DRAFT

MEETING DATE: September 23, 2020

AGENDA ITEM NO.: VI.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: September 17, 2020

To: HC BOARD

From: Dr. Metz

Subject: Clinical Laboratory Request For Proposals (RFP)

RECOMMENDATION:

Informational Review of PHD release of public Clinical Lab RFP.

DISCUSSION:

MEETING DATE: 09/23/2020

AGENDA ITEM NO.: VII.1

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: 09/16/2020

To: Health Center Board

From: Suzanne Jacobson

Subject: Financial Report for August 2020

RECOMMENDATION:

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

DISCUSSION/BRIEF SUMMARY OF ITEM:

Financial Report and Narrative for period ended 08/31/2020.

Santa Barbara County Public Health Department

Community Health Center Board

*Financial Statement Narrative for **August, 2020***

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

<u>Financial Results:</u>	<u>Year to Date</u>	<u>August</u>
Revenues:	\$7,767,428	\$3,806,334
Expenditures:	\$8,950,949	\$4,512,542
Net Surplus/(Deficit):	<u>(\$1,183,521)</u>	<u>(\$706,208)</u>

Revenue Highlights: **Year to Date Variance (78.1%)** **August Variance (76.5%)**

Over (Under) Budget

Medicaid/Medicare:	(\$1,473,176)	(\$794,453)
Self-Pay (HAP):	(\$149,267)	(\$71,611)
Local/State Funds:	(\$266,512)	(\$275,857)
Federal 330 grant:	(\$289,556)	(\$2,945)

Expenditure Highlights: **Year to Date Variance (90.0%)** **August Variance (90.7%)**

Over (Under) Budget

Personnel/Benefits:	(\$66,872)	(\$188,185)
Pharmaceuticals:	(\$132,726)	(\$52,561)
Physician Fees:	(\$215,007)	(\$16,619)
Data Processing:	(\$159,650)	(\$79,825)
Indirect Costs:	(\$130,217)	(\$60,282)

Financial Results Discussion

Our Community Health Center financial results for August 2020 reflect a negative *month to date* net financial impact of **(\$706,208)** and *year to date* net financial impact of **(\$1,183,521)**.

Year to date, our revenues are at 78.1% of budget and our expenditures are at 90.0% of budget. There are a few reasons for this:

- We are still early in the fiscal year and many of our invoices for services and supplies (contract physician fees, pharmaceuticals, software maintenance) have not been received timely and tend to lag behind.

- August is the mid-month of the quarter and our data processing costs from our centralized County Information Technology department should be charged for the entire quarter. (That is, three months' worth of costs are charged in the one middle month of the quarter.) The charges weren't done posted on time resulting in a large positive variance.

Revenue Highlights:

We have negative variances for the following:

- Medicaid and Medicare Revenue – Below budget and, hopefully, will be improving in the coming months with efforts to increase patient volume in the Health Centers with telephone and virtual visits.
- Self-pay (HAP) – Trending below budget.
- Local/State Funds – Below budget so far, but still very early in the year. We hope to improve our Medi-Cal revenues to use less of our local funds.
- Federal 330 Grant Funds – We are trying to perform the drawdowns more often to stay more current.

Expenditure Highlights:

We have positive variances for the following:

- Pharmaceuticals – Under budget, although we anticipate expenditures to increase and there is a lag in receiving invoices.
- Physician Fees/Other Office Expenditures – Under budget due to the timing of invoices from physicians and from other professional services. These invoices generally are delayed and track approximately one month behind the services performed.
- Data Processing – Expenses normally charged for 3 months in mid-month of quarter, however not posted timely by the County Information Technology Department.
- 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.

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

	FY 20-21 ADOPTED BUDGET	FY 20-21 As of 8-31-20 BUDGET	FY 20-21 As of 8-31-20 YTD ACTUALS	FY 20-21 August YTD Variance	FY 20-21 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 20-21 August ACTUALS	FY 20-21 August Variance	FY 20-21 Aug % of Budget
REVENUES									
PROGRAM INCOME									
Medicaid	\$ (37,807,200)	\$ (6,301,200)	\$ (4,962,811)	\$ 1,338,389	79%	\$ (3,150,600)	\$ (2,234,295)	\$ 916,305	71%
Medicare	(6,262,200)	(1,043,700)	(908,913)	134,787	87%	(521,850)	(643,702)	(121,852)	123%
Self-pay (includes HAP)	(2,170,100)	(361,683)	(212,416)	149,267	59%	(180,842)	(109,231)	71,611	60%
LOCAL AND STATE FUNDS									
State/Local Funds-TSAC/GF	(10,294,805)	(1,715,801)	(1,449,289)	266,512	84%	(857,900)	(582,044)	275,857	68%
FEDERAL 330 GRANT	(2,131,800)	(355,300)	(65,744)	289,556	19%	(177,650)	(174,705)	2,945	98%
OTHER FEDERAL FUNDING									
ADAP	(1,040,000)	(173,333)	(168,255)	5,078	97%	(86,667)	(62,358)	24,309	72%
TOTAL REVENUE	\$ (59,706,105)	\$ (9,951,018)	\$ (7,767,428)	\$ 2,183,589	78.1%	\$ (4,975,509)	\$ (3,806,334)	\$ 1,169,175	76.5%
EXPENDITURES									
PERSONNEL	\$ 24,181,789	\$ 4,030,298	\$ 4,100,814	\$ 70,516	102%	\$ 2,015,149	\$ 1,958,186	\$ (56,962)	97%
FRINGE BENEFITS	14,161,611	2,360,268	2,222,881	(137,388)	94%	1,180,134	1,048,912	(131,222)	89%
TOTAL PERSONNEL	38,343,400	6,390,567	6,323,695	(66,872)	99%	3,195,283	3,007,098	(188,185)	94%
TRAVEL									
PHD Carpool	65,100	10,850	6,096	(4,754)	56%	5,425	(1,484)	(6,909)	-27%
Transportation - Local Mileage	24,900	4,150	1,775	(2,375)	43%	2,075	844	(1,231)	41%
Training and Travel	82,600	13,767	2,349	(11,418)	17%	6,883	1,185	(5,698)	17%
TOTAL TRAVEL	172,600	28,767	10,220	(18,547)	36%	14,383	545	(13,839)	4%
SUPPLIES									
Medical Supplies	673,600	112,267	82,379	(29,887)	73%	56,133	37,610	(18,523)	67%
Office Supplies	172,100	28,683	22,903	(5,780)	80%	14,342	15,920	1,579	111%
Pharmaceuticals	4,918,000	819,667	686,941	(132,726)	84%	409,833	357,272	(52,561)	87%
Bus Tokens	20,000	3,333	-	(3,333)	0%	1,667	-	(1,667)	0%
TOTAL SUPPLIES	5,783,700	963,950	792,224	(171,726)	82%	481,975	410,803	(71,172)	85%
CONTRACTUAL									
Janitorial Services	305,300	50,883	12,807	(38,076)	25%	25,442	30,527	5,086	120%
Physician Fees	2,292,400	382,067	167,059	(215,007)	44%	191,033	174,414	(16,619)	91%
Professional Services	953,400	158,900	31,566	(127,334)	20%	79,450	49,202	(30,248)	62%
TOTAL CONTRACTUAL	3,551,100	591,850	211,432	(380,418)	36%	295,925	254,143	(41,782)	86%
OTHER									
Building Maintenance	20,200	3,367	21,442	18,075	637%	1,683	3,642	1,958	216%
Communications	289,400	48,233	45,106	(3,127)	94%	24,117	22,393	(1,724)	93%
Data Processing	957,900	159,650	-	(159,650)	0%	79,825	-	(79,825)	0%
Liability Insurance	370,200	61,700	61,700	-	100%	30,850	30,850	-	0%
Malpractice Insurance	225,700	37,617	37,617	(0)	100%	18,808	18,808	(0)	0%
Other Clinical Expenditures	277,200	46,200	31,921	(14,279)	69%	23,100	30,087	6,987	130%

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	FY 20-21 ADOPTED BUDGET	FY 20-21 As of 8-31-20 BUDGET	FY 20-21 As of 8-31-20 YTD ACTUALS	FY 20-21 August YTD Variance	FY 20-21 YTD % of Budget	ONE MONTH ADJUSTED BUDGET	FY 20-21 August ACTUALS	FY 20-21 August Variance	FY 20-21 Aug % of Budget
Other Office Expenditures	1,113,700	185,617	174,208	(11,408)	94%	92,808	119,441	26,632	129%
Public Health Lab Services	92,200	15,367	266	(15,100)	2%	7,683	266	(7,417)	3%
Rents & Leases	119,800	19,967	19,653	(313)	98%	9,983	9,691	(292)	97%
Services County Provided	116,400	19,400	-	(19,400)	0%	9,700	-	(9,700)	0%
Utilities	498,400	83,067	55,980	(27,086)	67%	41,533	17,206	(24,327)	41%
TOTAL OTHER	4,081,100	680,183	447,894	(232,289)	66%	340,092	252,384	(87,707)	74%
TOTAL DIRECT COSTS	\$ 51,931,900	\$ 8,655,317	\$ 7,785,465	\$ (869,852)	90.0%	\$ 4,327,658	\$ 3,924,973	\$ (402,685)	90.7%
INDIRECT COST (14.97% OF TADC)	7,774,205	1,295,701	1,165,484	(130,217)	90.0%	647,850.45	587,568	(60,282)	90.7%
TOTAL BUDGET	\$ 59,706,105	\$ 9,951,018	\$ 8,950,949	\$ (1,000,068)	90.0%	\$ 4,975,509	\$ 4,512,542	\$ (462,967)	90.7%
Net Surplus/ Deficit	\$ 0	\$ 0	\$ 1,183,521	\$ 1,183,521		\$ 0	\$ 706,208	\$ 706,208	

Negative NFI

Negative NFI

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: September 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 September 2020.

<u>POLICY NO.</u>	<u>TITLE</u>
1. 16-C-611	Depression Screening
2. 10-CM-04	Controlled Medications: Supplemental CM Prescription Guidelines for Resident Physicians
3. 94-C-009	Criteria for Targeted Testing of Latent Tuberculosis Infection
4. 11-C-563	Practice Management System-Patient Tracking for Non-Specialty Clinics
5. 15-C-600	HIV Testing: Disclosure of Results
6. 17-C-626	Continuing Medical Education for Physician Assistants and Behavioral Health Specialists
7. 17-C-631	Management of HIV-Infected Adults
8. 13-C-582	Evidence Based Guidelines
9. 13-C-585	24/7 Access to Clinical Advice
10. 14-C-596	HIV Universal Testing and HIV Pregnancy Screening
11. 10-C-551	Ryan White Program-Specialty Care Referrals
12. 18-C-638	Guidelines for Suboxone Buprenorphine Prescribing

	Number: 16-C-611
Prepared By: Melissa Gomez, RN Performance Improvement Coordinator	Effective Date: 10/23/2020 Original Date: 04/15/2015
Authorized By: Polly Baldwin, MD Medical Director	Next Review Date: 10/23/2021
TITLE: Depression Screening	

POLICY

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

PURPOSE

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

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 10-CM-04</p>
<p>Prepared By: Maya Antony, MD; Polly Baldwin, MD; Melissa Gomez, RN.</p>	<p>Effective Date: 10/23/2020</p> <p>Original Date: 04/02/2015.</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 10/23/2021</p>
<p>TITLE: Controlled Medications: Supplemental CM Prescription Guidelines for Resident Physicians</p>	

POLICY

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

PURPOSE

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

<p>Santa Barbara County</p>  <p>PUBLIC Health DEPARTMENT</p>	<p>Number: 94-C-009</p>
<p>Prepared By: Disease Control and Yvette Calhoun, RN</p>	<p>Effective Date: 9/25/2020</p> <p>Original Date: 04/25/2008</p>
<p>Authorized By: Polly Baldwin, M.D., Medical Director</p>	<p>Next Review Date: 09/25/2021</p>
<p>TITLE: Criteria for Targeted Testing of Latent Tuberculosis (TB) Infection</p>	

POLICY

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

PURPOSE

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

 <p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 11-C-563</p>
<p>Prepared By: Health Care Centers Administrative Office Professional IIs</p>	<p>Effective Date: 9/25/2019</p> <p>Original Date: 9/6/2011</p>
<p>Authorized By: Dr. Douglas Metz, PCFH Deputy Director</p>	<p>Next Review Date: 9/25/2020</p>
<p>TITLE: Practice Management System – Patient Tracking for Non Specialty Clinics</p>	

POLICY

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

PURPOSE

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

<p>Santa Barbara County PUBLIC Health  DEPARTMENT</p>	<p>Number: 15-C-600</p>
<p>Prepared By: Lynn Fitzgibbons, MD, Ryan White Medical Director</p>	<p>Effective Date: 09/25/2020</p> <p>Original Date: 11/15/2014</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 09/25/2021</p>
<p>TITLE: HIV Testing: Disclosure of Results</p>	

POLICY

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

PURPOSE

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

<p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 17-C-626</p>
<p>Prepared By: Polly Baldwin, Medical Director</p>	<p>Effective Date: 09/25/2020</p> <p>Original Date: 1/31/2016</p>
<p>Authorized By: Polly Baldwin, Medical Director</p>	<p>Review Date: 09/25/2021</p>
<p>TITLE: Continuing Medical Education for Physician Assistants and Behavioral Health Specialists</p>	

POLICY

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

PURPOSE

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

<p>Santa Barbara County</p>  <p>PUBLIC Health DEPARTMENT</p>	<p>Number: 17-C-631</p>
<p>Prepared By: Lynn Fitzgibbons, MD, Medical Director of Ryan White Program</p>	<p>Effective Date: 9/25/2020</p> <p>Original Date: 6/1/2017</p>
<p>Authorized By: Polly Baldwin, MD MPH, Medical Director</p>	<p>Next Review Date: 9/25/2021</p>
<p>TITLE: Management of HIV- Infected Adults</p>	

POLICY:

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

PURPOSE:

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

 <p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 13-C-582</p>
<p>Prepared By: Karla Quintana, Health Care Program Coordinator</p>	<p>Effective Date: 09/16/2020</p> <p>Original Date: 02/12/2012</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 09/16/2021</p>
<p>TITLE: Evidence Based Guidelines</p>	

POLICY

It is the policy of the Santa Barbara County Public Health Department (SBCPHD) to follow evidence-based guidelines for the medical management of their patients.

PURPOSE

To document the source of the evidence based guidelines used by the providers in the SBCPHD. Clinical protocols and guidelines are developed to guide clinician decision making about appropriate health care for specific clinical circumstances. The use of these clinical practice guidelines helps reduce practitioner variation in diagnosis and treatment.

Certain medical conditions, such as diabetes, have a high prevalence in our patient population. For these very prevalent disorders we provide guidelines to our clinicians to support appropriate treatment. The selection of clinical protocols and/or practice guidelines is based on relevance to the SBCPHD patient population

 <p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 13-C-585</p>
<p>Prepared By: Janette Avina, R.N., and Melissa Gomez, R.N., Performance Improvement Coordinators.</p>	<p>Effective Date: 9/9/2020</p>
	<p>Original Date: 4/1/2013</p>
<p>Authorized By: Polly Baldwin MD, Medical Director</p>	<p>Next Review Date: 9/9/2021</p>
<p>TITLE: 24/7 Access to Clinical Advice</p>	

POLICY

The Santa Barbara County Public Health Department (PHD) will provide a timely response to patients calling in or messaging for clinical advice both during and after office hours.

PURPOSE

- To establish guidelines for the Center response during and after business hours
- To establish processes for recording and communicating responses to the care team
- To provide access to patients for acute issues that cannot wait until regular business hours

 <p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 14-C-596</p>
<p>Prepared By: Lynn Fitzgibbons, MD</p>	<p>Effective Date: 09/9/2020</p> <p>Original Date: 09/17/2014</p>
<p>Authorized By: Polly Baldwin, MD, Medical Director</p>	<p>Next Review Date: 9/9/2021</p>
<p>TITLE: HIV Universal Testing and HIV Pregnancy Screening</p>	

POLICY

Screening and testing for human immunodeficiency virus (HIV) infection is an important aspect of comprehensive clinical and public health services.

PURPOSE

The Santa Barbara County Public Health Department recommends HIV testing according to the Center for Disease Control and Prevention (CDC) guidelines,

For patients in all health-care settings:

- HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

For pregnant women:

- HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.
- HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women.

 <p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 10-C-551, HIV 706</p>
<p>Prepared By: Adriana Almaguer, HIV Program Coordinator, Norma Venegas, BRC Program Coordinator</p>	<p>Effective Date: 9/25/2020</p> <p>Original Date: 10/01/2010</p>
<p>Authorized By: Dr. Douglas Metz, Deputy Director PCFH Dr. Polly Baldwin, Medical Director PCFH</p>	<p>Next Review Date: 9/25/2021</p>
<p>TITLE: Ryan White Program: Specialty Care Referrals</p>	

POLICY

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

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

PURPOSE

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

 <p>Santa Barbara County PUBLIC Health DEPARTMENT</p>	<p>Number: 18-C-638</p>
<p>Prepared By: Polly Baldwin, MD MPH FAAFP, Medical Director</p>	<p>Effective Date: 9/25/2020</p> <p>Original Date: 3/1/2018</p>
<p>Authorized By: Polly Baldwin, MD MPH FAAFP, Medical Director / Dr. Douglas Metz, Deputy Director PCFH</p>	<p>Next Review Date: 09/25/2021</p>
<p>TITLE: Guidelines for Suboxone/Buprenorphine Prescribing</p>	

POLICY

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

PURPOSE

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

MEETING DATE: September 23, 2020

AGENDA ITEM NO.: VII.4

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: September 17, 2020

To: HC BOARD

From: Melissa Gomez

Subject: Monthly Medical Quality Report

RECOMMENDATION: Review

DISCUSSION:

Medical Quality performance improvement plan measures update

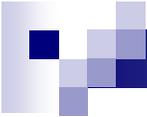
Aug 2020 Data

Melissa Gomez RN CCM 09/2020

SBCPHD

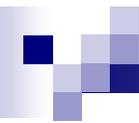


Quality Improvement



Measures for Improvement 2020

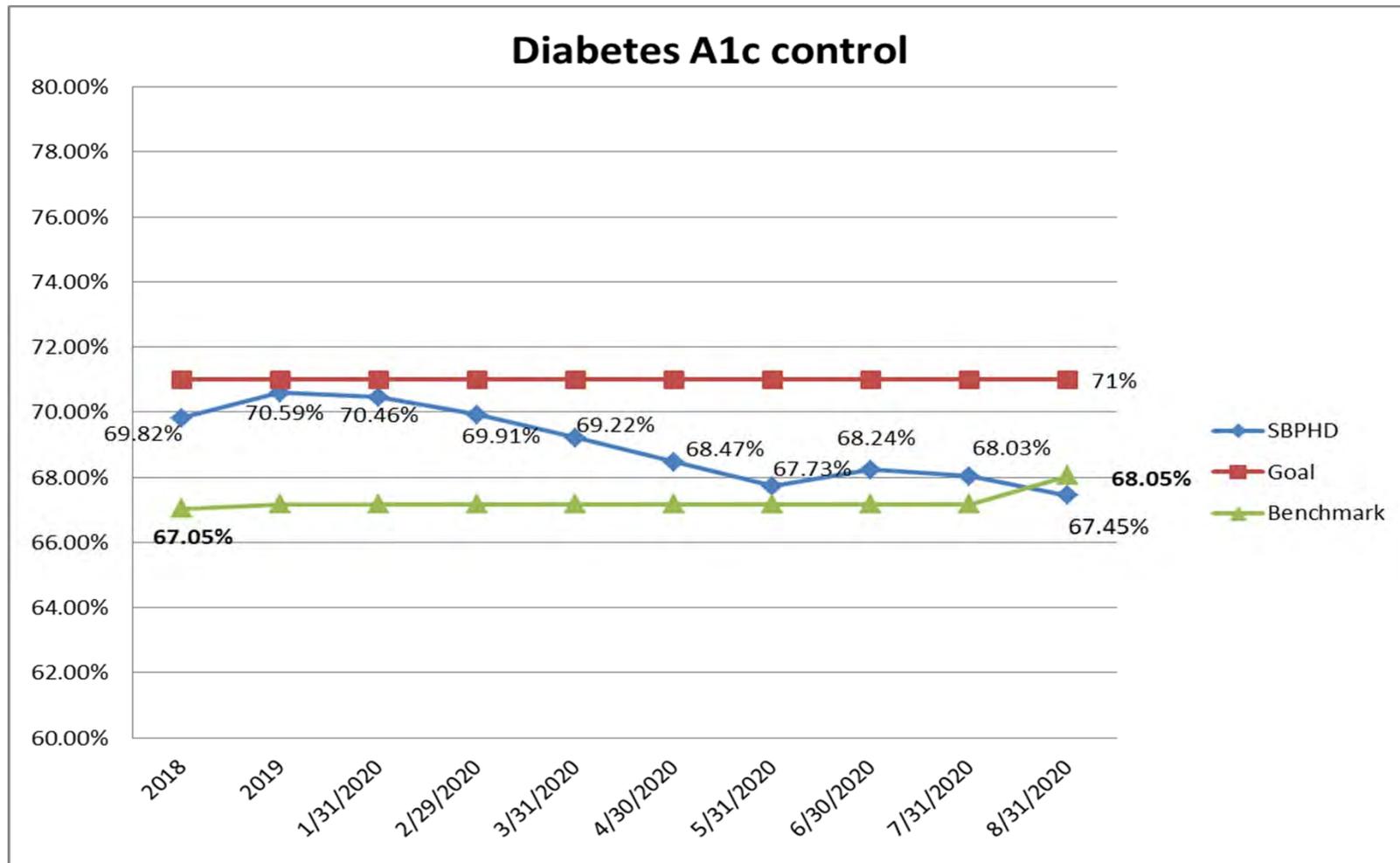
- Diabetes Control
- Hypertension
- Depression screening and intervention
- Depression screening and intervention for 12-18 year olds
- Breast cancer screening
- Patient satisfaction- were you connected with or seen by the care team within 15 minutes of appointment time.



Performance Measure 2019 EPIC (8/31/19 to 8/31/20)	Patients	Percentage	Homeless	Percentage Homeless	Goal	HRSA 2019 National
	Total		Total			
HgA1c 9 or less	1977	67.45%	83	53.90%	71.00%	68.05%
	2927		154			
Hypertension- Blood Pressure controlled with last BP less than 140/90	2154	51.83%	130	38.46%	65.00%	64.62%
	4156		338			
Depression Screening with intervention if screening is positive (age 12-18)	620	54.96%	2	40.00%	60.00%	71.61%
	1128		5			
Depression Screening with intervention if screening is positive (age 12 and up)	7762	53.67%	496	55.92%	60.00%	71.61%
	14462		887			
Mammography -women 50-74 q2 years	1422	48.92%	17	13.30%	59%	58.4%
	2907		125			



During the last few months there has been a decrease in compliance as many visits were taking place remotely

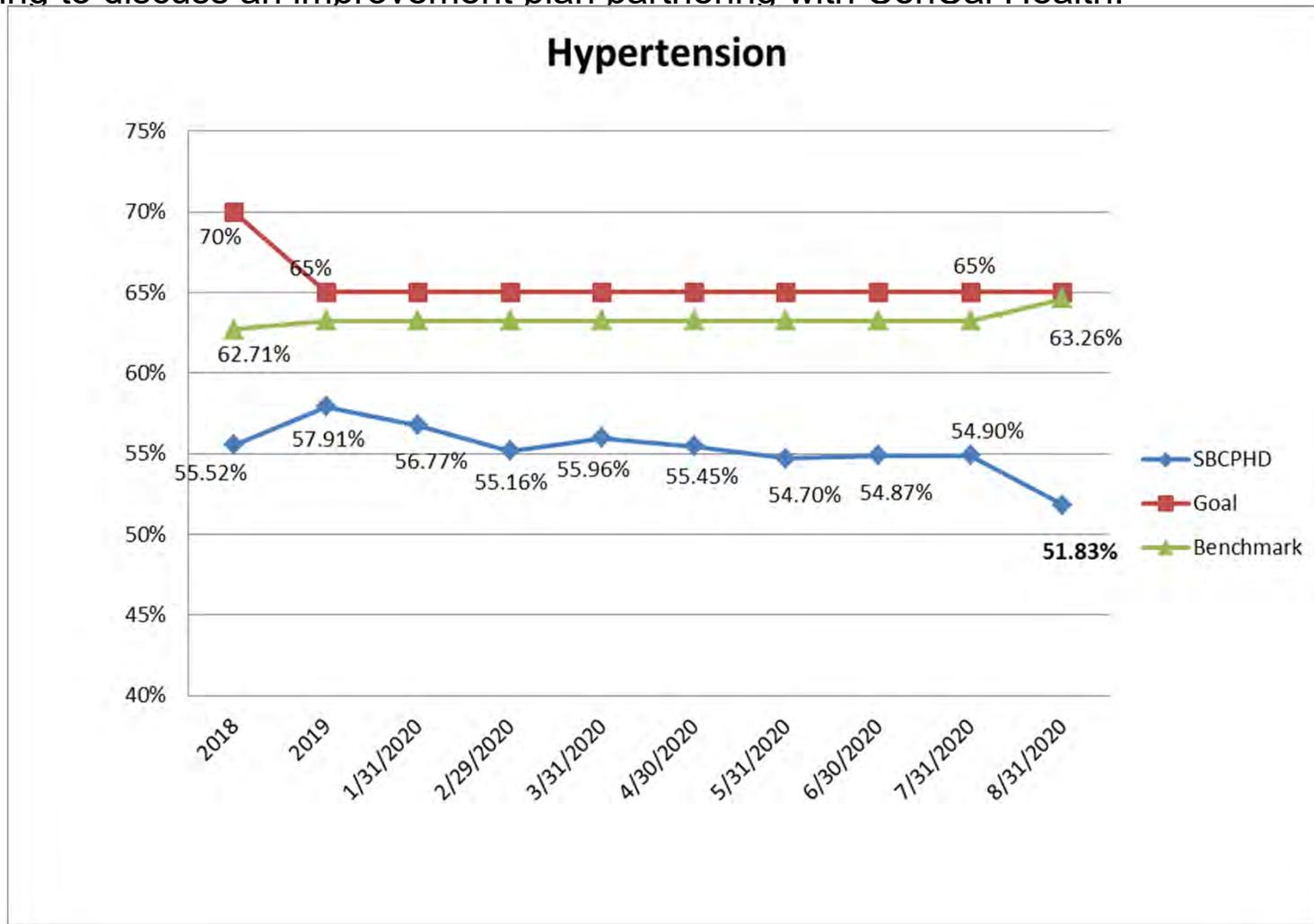


SBCPHD

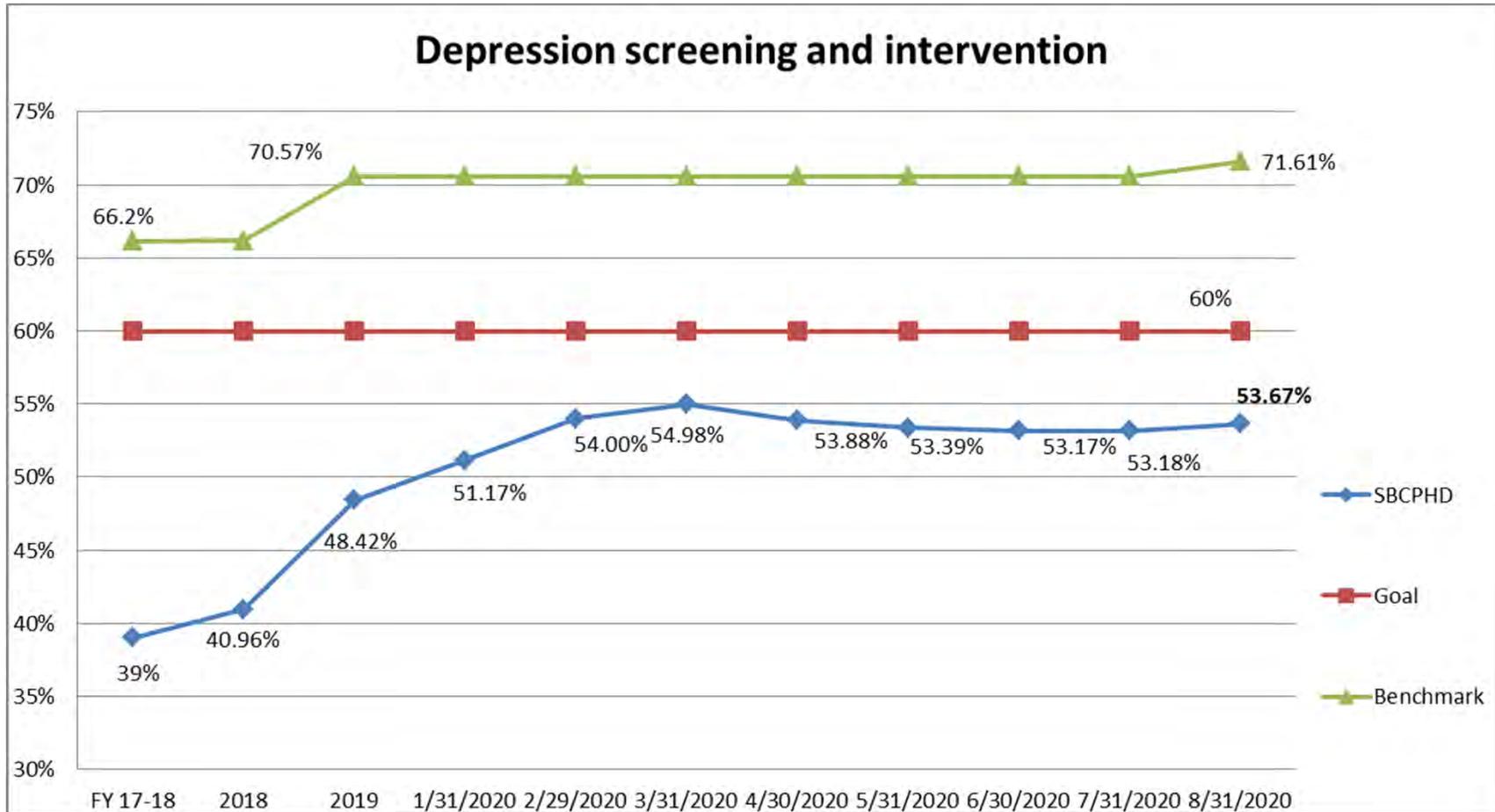


Quality Improvement

During the last few months there has been steady a decrease in compliance as many visits were taking place remotely and blood pressures were unable to be monitored. We are working with CenCal on obtaining home monitoring for CenCal patients and are meeting to discuss an improvement plan partnering with CenCal Health.



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

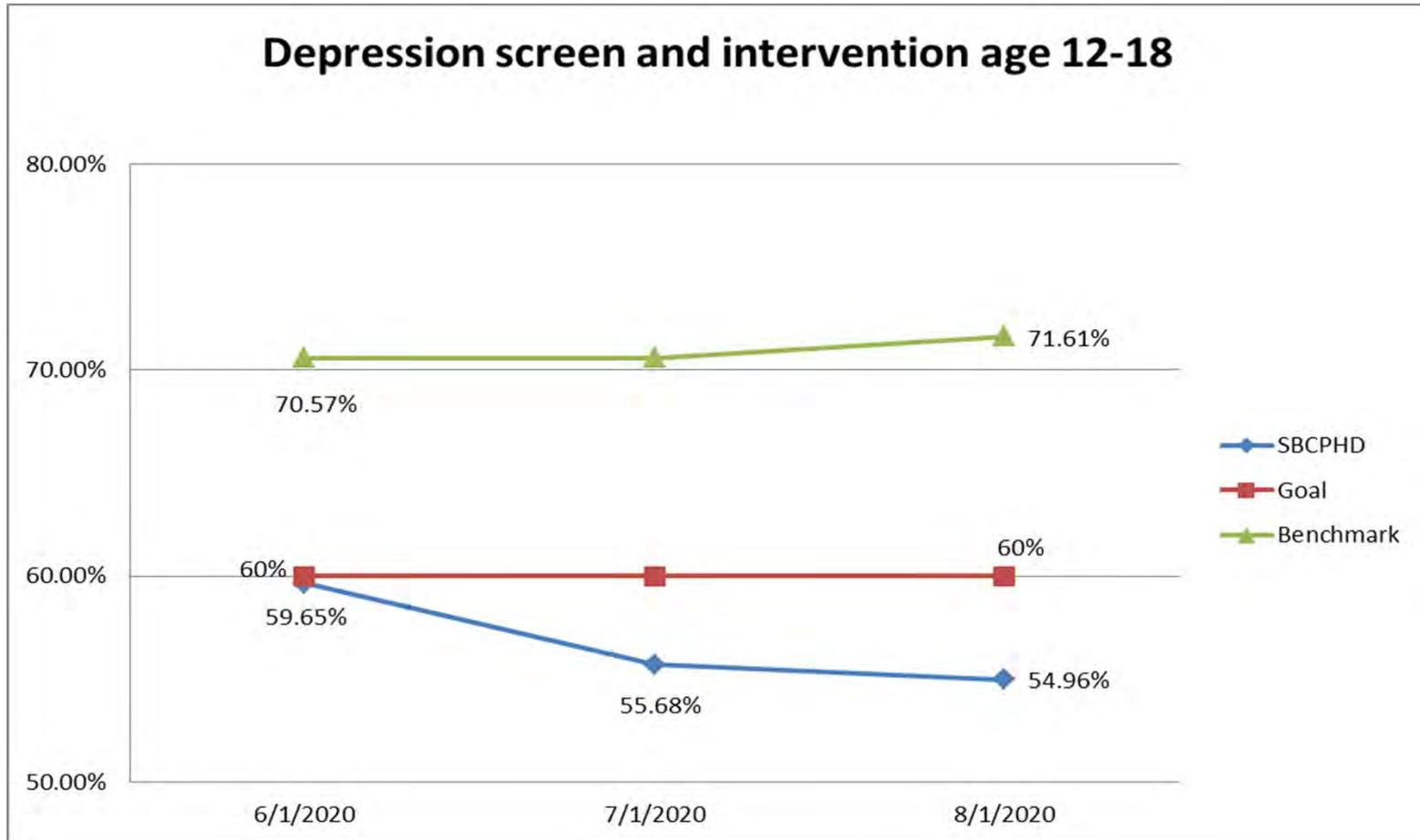


SBCPHD



Quality Improvement

Depression screening and intervention in pediatric patients aged 12-18

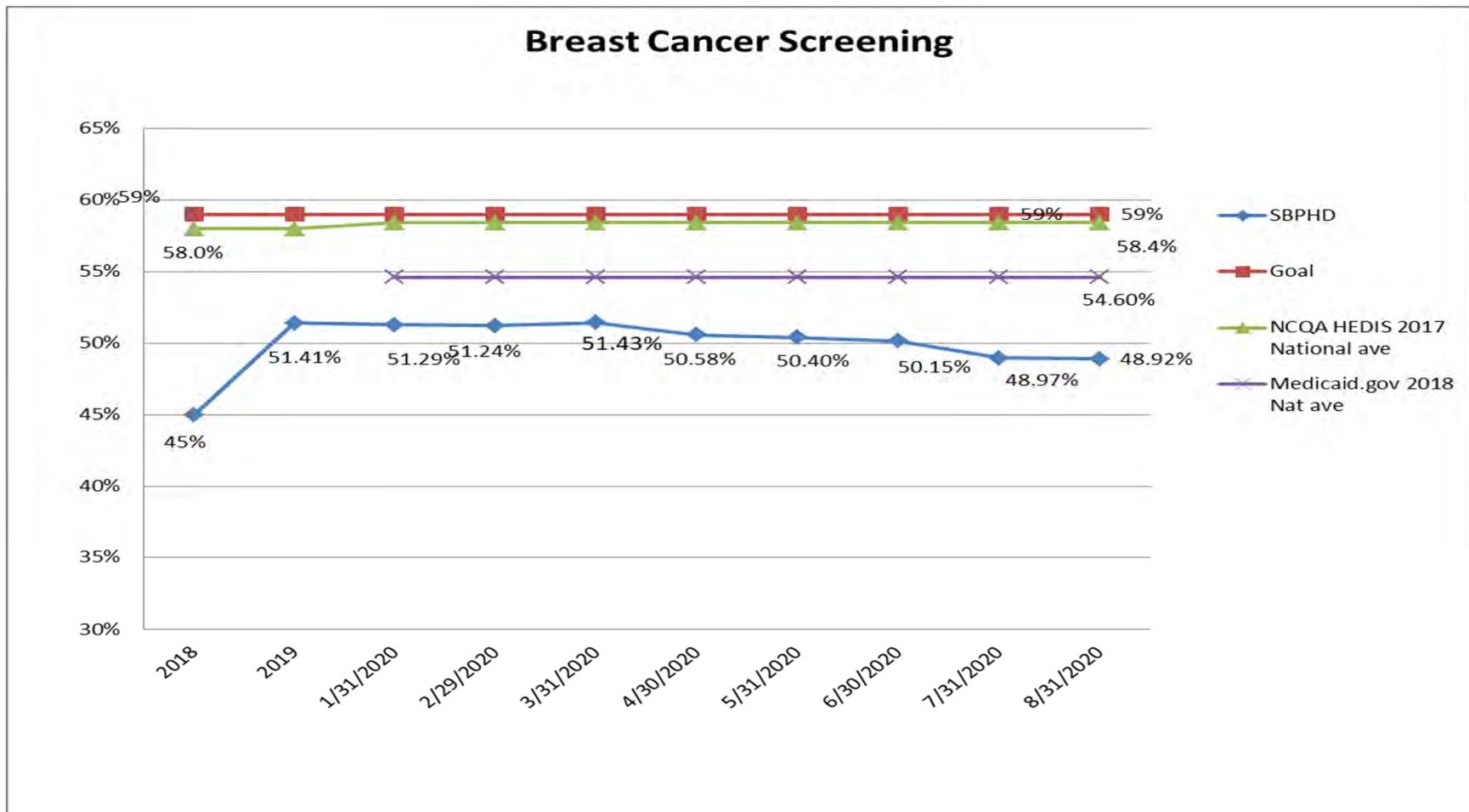


SBCPHD



Quality Improvement

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

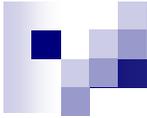




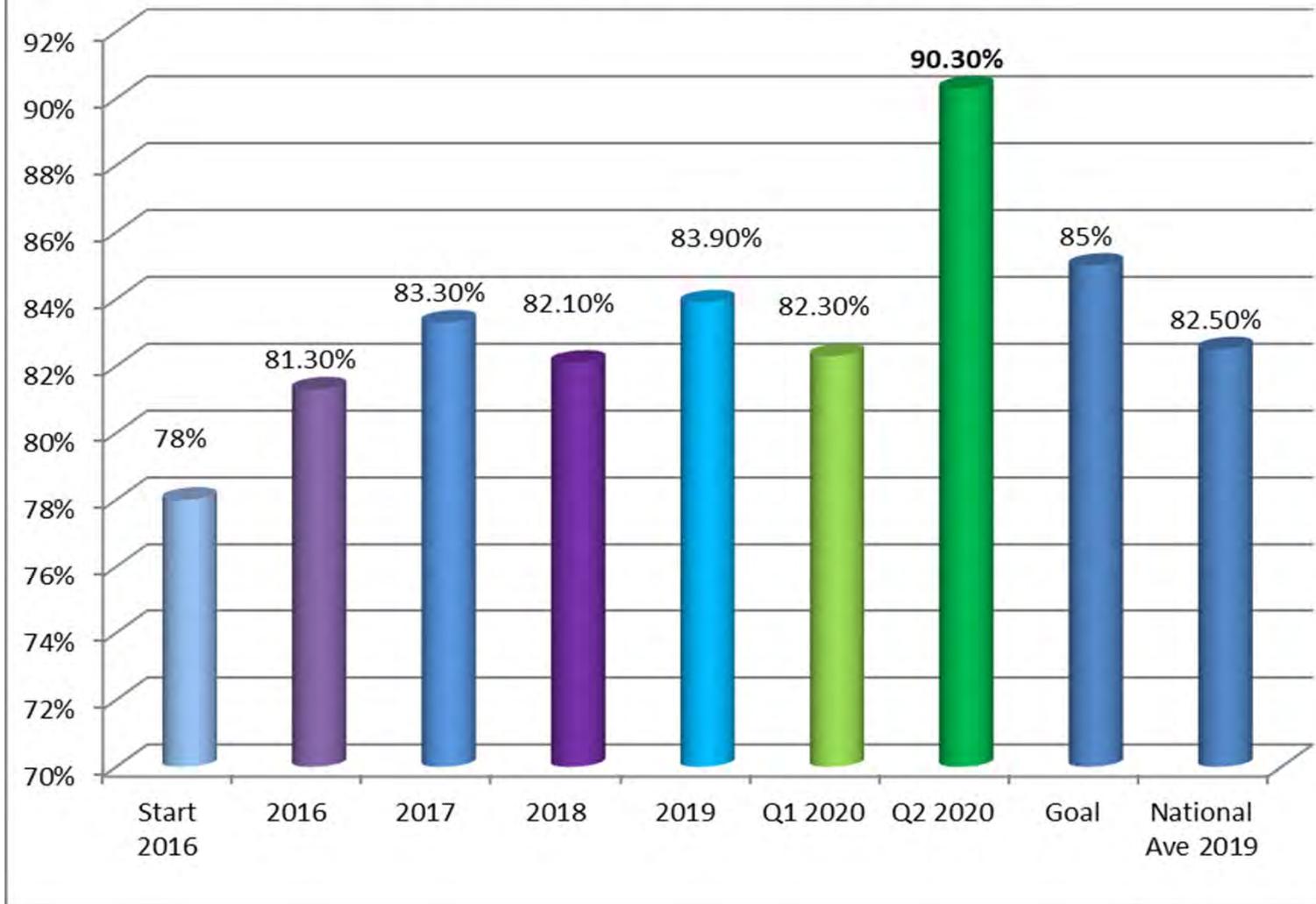
As noted last month the Crossroads report was updated to reflect the increased telephonic and virtual visits. The question asking for patients to rate their satisfaction with wait time once in the clinic was replaced with

“were you connected to or seen by the care team within 15 minutes of appointment time”





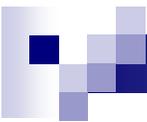
Patient satisfaction with wait time



SBCPHD



Quality Improvement



Plan

As mentioned the medical quality team is meeting with CenCal health to work together on a performance improvement plan for patients with hypertension. Health care center quality teams will continue to work to improve these measures, those teams that have targeted specific measures- depression screening, diabetes control, breast cancer screening- have continued to see improvement in spite of the overall decline as an organization. We will focus on what these teams have done that is successful.

SBCPHD



Quality Improvement

MEETING DATE: September 23, 2020

AGENDA ITEM NO.: VII.5

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: September 16, 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, September 23, 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 – August 2020
Health Center Operations	
<ul style="list-style-type: none"> ● HRSA Relations (Ralph Barbosa, Dana Gamble) 	<ul style="list-style-type: none"> ▪ Staff monitoring HRA/BPHC webinars and announcements for possible additional financial support upcoming ▪ Waiting on word on Congress appropriating more CARES dollars to FQHCs
<ul style="list-style-type: none"> ● Carpinteria (Jeanette Gumber) 	<ul style="list-style-type: none"> ▪ Welcomed new Pediatrician Dr. Kara Garcia to our clinic; see recent Coastal View News Article ▪ Continue to create more opportunities to welcome our patients to return to clinic for care during the pandemic while maintaining infection control practices like cohorting sick from well appointment slots in clinic, instituting a schedule of extra high-touch surface cleaning in the clinic, and designating a staff member to perform patient/visitor screening during hours of operations ▪ Demonstrated the ability to negotiate clinical coverage and offer all staff that had childcare needs for their children’s virtual school, the opportunity to apply for PTL through the end of this calendar year ▪ Continue offering tent visits for suspected COVID patients for swabbing. ▪ Launched FLU vaccination season for children, awaiting the arrival of adult vaccines
<ul style="list-style-type: none"> ● Franklin (Elvia Lopez) 	<ul style="list-style-type: none"> ▪ Construction started for the generator installation to support vaccine refrigerators ▪ Collaborated with other HCAs to create a Health Center Week video to highlight our HCCs and staff ▪ Tent workflow and COVID Results workflows finalized ▪ Collaborated with EHR Manager, PCMH Coordinator and CHCC HCA to establish specific PCMH reports In preparation for 2021 PCMH reporting period
<ul style="list-style-type: none"> ● Lompoc (Jeanie Sleigh) 	<ul style="list-style-type: none"> ▪ HCA continued to serve as Co-Lead for PHD Expanded Testing Sites--Hired and trained all Expanded Testing Site staff ▪ Dr. Annette Ndagano, Staff Pediatrician resigned to move out of state -- Dr. Terina Vorvolakos, Staff Pediatrician was recruited and hired to replace Annette Ndagano ▪ 2 Adult Medicine PCPs reduced their schedules permanently leaving a .5 FTE vacancy to be recruited for
<ul style="list-style-type: none"> ● Santa Barbara (Paola Hurtado) 	<ul style="list-style-type: none"> ▪ HCA helped launch PHD Expanded Testing site-SB ▪ HCA participated Compliance Committee Charter meeting ▪ Resumed Appointment Text Reminder QI project ▪ Resumed All-Staff Meeting, which was held virtually
<ul style="list-style-type: none"> ● Santa Maria (Michael Camacho-Craft) 	<ul style="list-style-type: none"> ▪ Opened COVID testing of essential workers at the SMHCC site ▪ Met with Pediatric Resiliency Collaborative leaders to prepare for rollout of Adverse Childhood Events Screening (ACEs) ▪ In partnership with our other PHD HCCs, helped produce PowerPoint video on our sites

<ul style="list-style-type: none"> ● Healthcare for the Homeless (Ralph Barbosa) 	<ul style="list-style-type: none"> ▪ HEAP/HAVENEST Project Coordination – working with the Multi-disciplinary team (MDT) lead by Behavioral Wellness and including Public Defender <ul style="list-style-type: none"> ○ Homeless Management Information System – Training and program implementation as part of the HEAP/HAVENES Project ▪ PROJECT HOMEKEY – Working with a large team of housing experts/providers to review and assess a State program that provides funding for securing housing developments for existing hotel/motel models that would be used for homeless housing
<ul style="list-style-type: none"> ● Pharmacy (Carol Millage) 	<ul style="list-style-type: none"> ▪ DME -Started processing Blood Pressure for CenCal -according to CenCal we are the only pharmacies processing the DME for Blood Pressure machine. ▪ Completed first Desk Audit for the Clinics ▪ SM and LO added to Medication Therapy Management through Outcomes (85\$ per complete case) ▪ Putting final touches on 340B Compliance Committee
<ul style="list-style-type: none"> ● Clinical Lab (Linda Weisman) 	<ul style="list-style-type: none"> ▪ Staffing in the lab remains challenging due to vacancies and leaves of absence <ul style="list-style-type: none"> ○ Occasionally closed draw stations or otherwise modified schedules to accommodate staffing availability ▪ Continued to track and report Clinical Lab COVID Test Kit Inventory to ensure the Health Care Centers and the Public Health Department had ongoing awareness of available testing supplies in the health care centers. ▪ Served as Clinical Lab expert on task force exploring point-of-service rapid resulting COVID testing machines for the health care centers
<ul style="list-style-type: none"> ● Health Information Management / HIPAA / Data Security (Dana Gamble, June English, Laura Lui) 	<p>Privacy:</p> <ul style="list-style-type: none"> ▪ Auto theft of PHI – SBHCC Homeless nurse, investigation was closed and notification letters were sent out by certified mail. Notified DHCS Privacy Officer <p>Training:</p> <ul style="list-style-type: none"> ▪ HIPAA training – 400+ PHD workforce trained on our HIPAA 2020 training. 95.7% of these individuals may have viewed the training on You-tube ▪ Compliance training is being updated before release to staff
<ul style="list-style-type: none"> ● PCMH (Karla Quintana, Melissa Gomez, Polly Baldwin, Doug Metz) 	<ul style="list-style-type: none"> ▪ FHCC & CHCC re-recognized as PCMH!
<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

August 2020

Site	“Billable” Visits This Month	Visits Last Month	Unique Patients This Month	Unique Patients Last Month	Notes
					August = 21 clinic days (last month had 24)
Carpinteria HCC	532	608	399	467	
Franklin HCC	1,128	1,252	783	846	
<i>Franklin Elementary School Clinic (1 evening/wk)</i>	0	0	0	0	
Lompoc HCC	2,734	2,751	1,949	1,915	
Santa Barbara HCC	2,090	2,056	1,433	1,455	
Santa Maria HCC	2,281	2,395	1,516	1,529	
Homeless Shelters (3 sites combined)	304	319	150	139	
Outside Sites: PHN Home Visits, Hospital, Deliveries, SNF, etc.)	45	47	45	47	
TOTALS	9,114	9,428	6,275	6,398	<i>Note: August pt. visits/day = 434; this represents approx. 96% of pre-COVID average, and 85% of target.</i>
% difference of pts/day from previous month	<i>10% increase of daily pts over last month</i>				<i>Summary: Visit levels lower due to pandemic, but consistent recovery to approach pre-COVID levels, thanks to virtual visits at clinics, which now comprise 45% of overall visit totals</i>

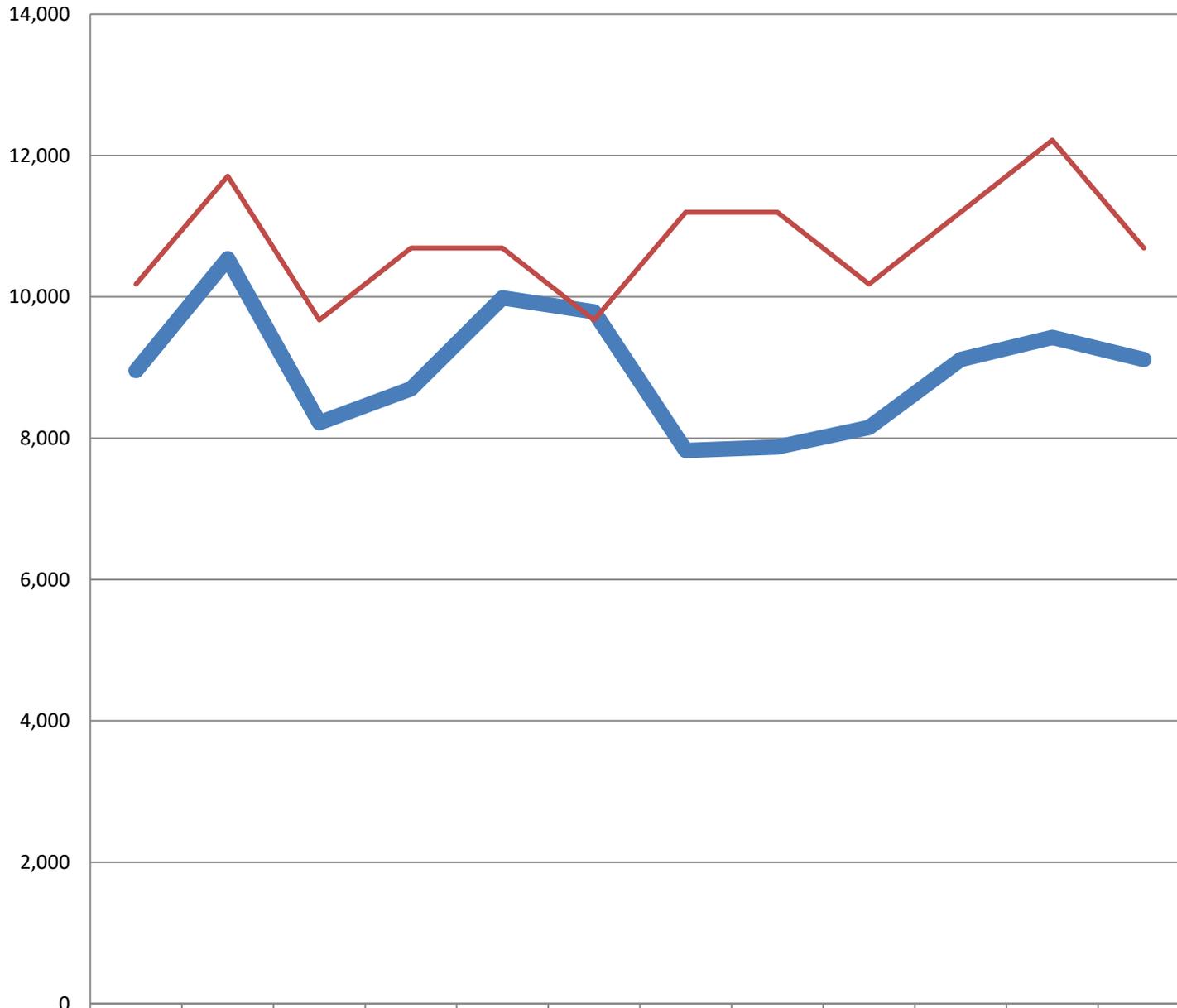
CLINIC OPERATIONAL MEASURES REPORT (ACROSS ALL SITES)*

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" (TNAA) 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



0	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
— Visits-actual	8,957	10,540	8,219	8,699	9,985	9,787	7,826	7,877	8,152	9,113	9,428	9,114
— TARGETS	10,181	11,709	9,672	10,690	10,690	9,672	11,200	11,200	10,181	11,200	12,218	10,690

MEETING DATE: September 23, 2020

AGENDA ITEM NO.: VII.6

**HEALTH CENTER BOARD
PUBLIC HEALTH DEPARTMENT**

Date: September 16, 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.