

| | |
|---------------------------|--------------|
| Period | 10 |
| Current Month | April |
| Percentage of Year | 83% |

CAB Financial Report

| Line Item | Budget | Current Month | Year to date | Target amount (Budget x %) | YTD Percentage | Notes |
|--|---------------------|--------------------|---------------------|-------------------------------|----------------|---|
| Revenue | | | | | | |
| Inter/Intrafund Reimbursements | \$9,669,568 | \$780,225 | \$6,979,928 | \$8,057,973 | 72% | |
| Intergovernmental Revenue | \$11,928,600 | \$685,215 | \$10,117,119 | \$9,940,500 | 85% | |
| Charges for Services | \$76,800 | \$11,744 | \$117,678 | \$64,000 | 153% | CMISP old pre-2014 service charges |
| Miscellaneous Revenue | \$17,368 | \$26,044 | \$1,205,235 | \$14,473 | 6939% | FY 2018-19 Cost settlement and accrual vs actual claims mismatch causes huge discrepancy vs. budget |
| Total Revenue | \$21,692,336 | \$1,503,228 | \$18,419,960 | \$18,076,947 | 85% | |
| Expenses | | | | | | |
| Personnel | \$10,394,126 | \$1,028,203 | \$7,900,391 | \$8,661,772 | 76% | |
| Services & Supplies | \$11,479,039 | \$1,096,477 | \$7,522,195 | \$9,565,866 | 66% | |
| Other Charges | \$894,833 | \$125,202 | \$759,555 | \$745,694 | 85% | |
| Equipment | \$250,000 | \$0 | \$94,510 | \$208,333 | 38% | |
| Intrafund Charges (Allocation costs) | \$2,679,271 | \$176,805 | \$1,416,744 | \$2,232,726 | 53% | |
| | | | | \$0 | | |
| Total Expenses | \$25,697,269 | \$2,426,687 | \$17,693,395 | \$21,414,391 | 69% | |
| GRAND TOTAL (Net County Cost) | -\$4,004,933 | -\$923,459 | \$726,565 | -\$3,337,444 | -18% | |

| Grants | Start | End | Amount | |
|------------|-----------|-----------|-------------|--|
| HRSA (HCH) | 3/1/2020 | 2/28/2021 | \$1,386,602 | } All are included in line 10 Intergovernmental Revenue. Part of H8E needs to be rebudgeted since van construction will continue into next FY. |
| HRSA H8C | 3/15/2020 | 3/14/2021 | \$62,151 | |
| HRSA H8D | 4/1/2020 | 3/31/2021 | \$723,200 | |
| HRSA H8E | 5/1/2020 | 4/30/2021 | \$261,424 | |

H8F grant not included in FY 2020-21 Budget.

CIRCLE Clinic

Comprehensive Integration of Resilience into Child Life Experiences (CIRCLE) Clinic is

being established in partnership with Sacramento County Primary Care Clinic and UC Davis to provide an integrated care model for children and families involved in the child welfare system. Collaboration with Sacramento Department of Child and Family Services will allow care to be wrapped around the child and family in order to best meet their needs with communication as a critical component of this care.

Services within the CIRCLE clinic will include

- Pediatric medical care and immunizations in a medical home with UC Davis Pediatricians
- Trauma screening evaluations and Behavioral Health assessments and management with services provided by CAARE center psychologists and child psychiatry
- Developmental assessments and appropriate referrals for services as indicated to the MIND institute,
- Links to community resources to support issues around Social Determinants of Health.

Health Insurance Plans accepted are as follows:

1. Anthem Blue Cross (River City or NIVANO) ,
2. Health Net (River City or UCD),
3. Molina (River City),
4. Aetna (River City or NIVANO).

For each of these insurances the patient would need to be assigned to the Primary Care Clinic at Sacramento County

Comprehensive Integration
of Resilience into Child Life
Experiences
(CIRCLE)
Clinic

Presentation for Clinical Children's Outpatient Providers Meeting
May 11, 2021

CIRCLE Clinic

- **Comprehensive Integration of Resilience into Child Life Experiences (CIRCLE) Clinic**
- An integrated model of care clinic for children and families involved in the child welfare system. Not only **foster care placements** but those at risk families enrolled in reunification services, or **informal supervision**.
- Collaboration with Sacramento Department of Child and Family and Adult Services will allow care to be wrapped around the child and family in order to best meet their needs with **communication** as a critical component of this care.
- Provide assessments and linkages to **mental health and developmental services** as well as a **pediatric medical home** for children and youth in an at risk situation and resident of Sacramento County.

CIRCLE Clinic

- **Services within the CIRCLE clinic will include:**
 - **Pediatric medical care and immunizations** in a medical home with UC Davis Pediatricians
 - **Trauma screening evaluations and Behavioral Health assessments and referral for PC CARE program** provided by CAARE center mental health therapists.
 - **Linking mental health services in the community** to provide care coordination for this population.
 - **Developmental assessments and appropriate referrals** for services as indicated to the MIND institute, or Alta Regional Center.
 - **Linking with school based foster care liaisons in the community** to help provide information transfer as smoothly as possible with change in placements.
 - **Links to community resources to support issues around Social Determinants of Health** with a Family Navigator and Resource Desk system in place

Referral to CIRCLE

Referral Sources

CPS SW

PHN

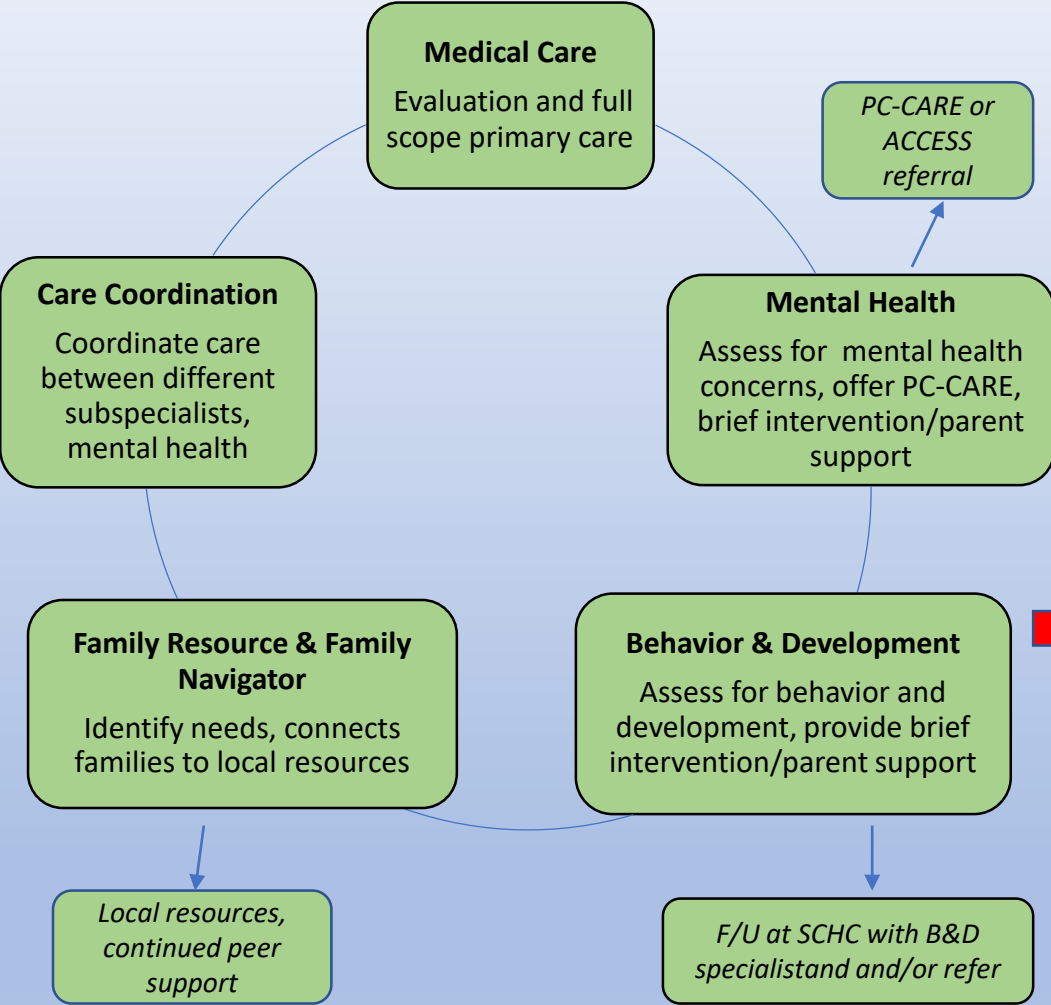
Health providers

Self & community

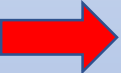
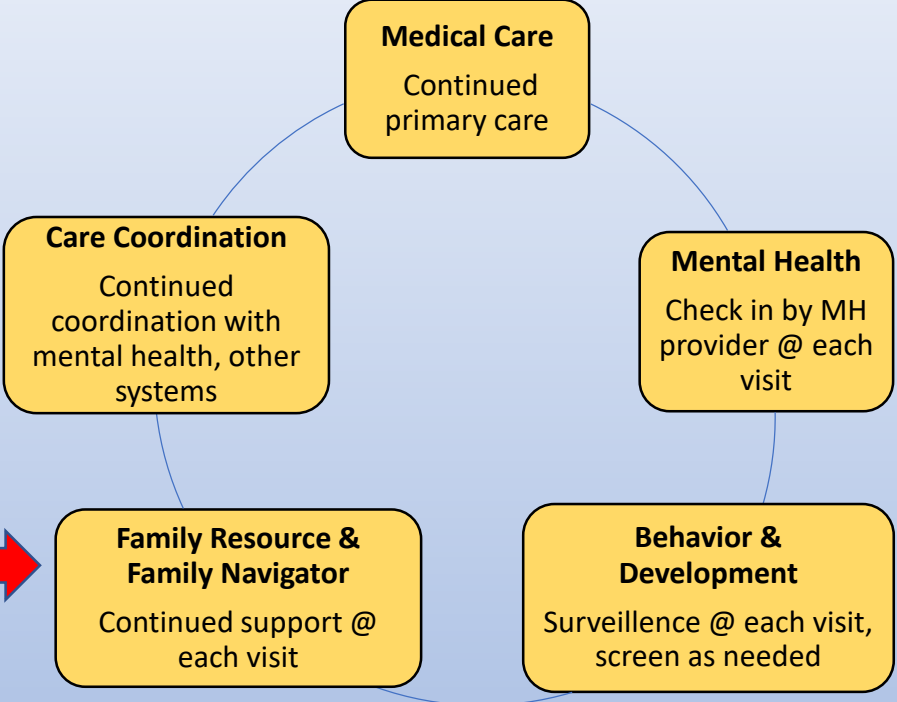
CIRCLE coordinates with referral source to gather existing medical records, health education passport



Initial Intake



Follow-Up



CIRCLE Clinic

| Month | November | December | January | February | March | April | May |
|-----------------------------------|----------|----------|---------|----------|-------|-------|-----|
| Number of CIRCLE clinic referrals | 3 | 7 | 6 | 14 | 16 | 19 | 4 |
| Total patients served | 3 | 10 | 19 | 31 | 47 | 66 | 70 |

| | |
|--|--------------------|
| Total PC CARE referrals from CIRCLE | 49 patients |
| Patients agreed to participate | 28 patients |
| Patients started PC CARE of those agreed | 13 patients |
| Current in PC CARE | 8 Patients |

CIRCLE Clinic

- Things this clinic **does not have** in place at this time are
 - **System of psychiatric medication management with Child Psychiatry:**
 - We are attempting to consult and develop an ongoing system of communication with child psychiatry at UC Davis but at this time this is not in place.
 - Our pediatricians are not well trained in this area at this time but hope to gain more knowledge as we progress in this work.
 - **System of knowing whether our clients have successfully been referred through the Sacramento County ACCESS team referral to an appropriate provider to close the loop.**
 - How best to communicate with the community providers regarding referrals and follow up needed.
 - How best to receive/transmit information we need for or gather in our visit to the mental health providers such as yourselves in a Secure and HIPAA compliant manner.

CIRCLE Clinic

- UCD Pediatric Medical Faculty providers:
 - Jihey Yuk, MD Director of CIRCLE clinic
 - Dr Lisa Rasmussen, MD
 - Dr Serena Yang, MD MPH
- Child and Adolescent Abuse Resource and Evaluation (CAARE) center providers for mental health assessment
 - Caroline Timmer, LCSW
 - Chelsea Lee, PsyD
 - Brandi Hawk, PhD
- MIND Institute providers for Behavior and Development 2x per month
 - R. Scott Akins, MD Developmental Pediatrician
 - MIND institute Fellows

CIRCLE Clinic

- **Health Insurance Plans** accepted are as follows:
 - Anthem Blue Cross (River City or NIVANO) ,
 - Health Net (River City or UCD),
 - Molina (River City),
 - Aetna (River City or NIVANO).
- For each of these insurances the patient would need to be assigned to the Primary Care Clinic at Sacramento County as their Primary Care Provider (PCP)



CIRCLE Clinic

Questions?

Contact:

Katy Carlsen, MD

Volunteer Clinical Faculty

CIRCLE clinic/Sacramento
County Health Center

Associate Clinical Professor
Pediatrics, UC Davis Health
System

CarlsenK@sacounty.net



Comprehensive Integration of Resilience Into Child Life Experiences

Please fax information below to CIRCLE clinic at Sacramento County Health Center: Fax: 916-854-9392. Family or DCFAS staff to book appointment call 916-876-5437. Please include any and all past medical, mental health and foster care placement history with referral.

Patient Information:

Name:

DOB:

Gender:

Physical Address:

Phone Number of Legal Guardian:

Medi-Cal ID # (Bring Medi-Cal card if available):

Language Spoken:

Medical provider if known:

Mental Health Provider (if applicable):

Legal Guardian or Caregiver Information: (Need to bring Guardianship paperwork and ID)

Name:

Phone Number: (if different than above):

Child Welfare Social Worker or PHN contact Information

Name/Email:

For Clinic Use Only: Date patient seen at CIRCLE Clinic:

Alternatives to Law Enforcement

National Health Care for the Homeless Conference Workshop

by Paula Lomazzi

This year's National Health Care for the Homeless Conference was held virtually in May. I attended zoom workshops on racism, advocacy, social media, special health needs of LGBTQ+ consumers, drug policy and addiction treatment, trauma informed care, and consumer leadership. There has been increased interest this year in alternatives to Law Enforcement for first responses to behavioral health crisis, alternatives that could both lessen law enforcement interactions, divert some funding to alternative programs, and ultimately save community funds and save lives.

Camillus Health Concern. First presenter was David Perry, co-chair of the National Consumer Advisor Board and chair of his local health center in Miami, FL. In Miami, as is the case in other cities, criminalization of homelessness is a policy they use that does not work. Homelessness is a product of racist policies shown by the fact that 48% of the nations homeless population are black, while only 13% of the whole population are black. In Miami, the percentages are higher, while in the Overtown neighborhood the percentage is 75% black. At the Camillus Health Concern, their consumer advisory board participate in peer support effective outreach and engagement with Community Health workers.

CAHOOTS. has become widely known as a model for police alternatives. Tim Black of the White Bird Clinic talked about their CAHOOTS Behavioral Health First Response that operates in Eugene and Springfield, OR. They are mobile crisis response teams that are connected to the 911 system. They operate with two vans 24 hours/day and a 3rd van operating during peak hours. Each team has two well trained members, a crisis intervention worker and at least one EMT. The team members dress in regular street cloths without utility belts so they do not resemble police or fire department personnel. This usually helps keep people in that are in crisis calmer. They have been in operation for 30 years and have never had a serious injury. Most calls are handled with their expert de-escalation, trauma informed practices, but since they do not practice physically restraining people, sometimes they will call for police support when the situation could become volatile.



They are able to give rides to shelters, services, and non-emergency clinic visits. They have concern about any displacements the resolutions may cause so sometimes they just help the person find a place nearby to sleep.

In 2019, CAHOOTS responded solely to 13,000 dispatches out of a total 105,000 call for service requests through 911. That is a 5-8% rate of diversion from police, fire/ems responses, which was a \$1.5m cost savings to those systems just in Eugene, alone. Community cost savings from

reduced health spending, reduced hospitalization and better health outcomes was estimated at \$14.8m. The annual budget for CAHOOTS is \$2.2m annually.

Montebello Community Assistance Program. The last presenter was Angélica Palmeros of the Montebello Community Assistance Program. It is a homeless mobile outreach service under their Fire Department, funded separately by Los Angeles County. It began last November and was meant to be a specialized team to serve those experiencing crisis and distress that do not require emergency services. They go out in a red vehicle, distribute water, refer services to people, have links to housing and health services, and help with recovery. They are part of the 911 system and can transport people to urgent mental health facilities due to an agreement. When patient is released, they get a call so they can follow up with that person.

These programs aren't concerned with reforming law enforcement, but just to build alternative systems. With these alternatives, though, there are less interactions with police who are often not trained in or prone to community styles of interventions, verbal de-escalation, medical and mental health assessments or are not trusted by some community members in crisis. With less interactions there are less opportunity for bad acting and inappropriate responses. "Defunding Police" merely becomes costs saving, life-saving, more appropriate responses to help people experiencing personal crisis.

**Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)**

Meeting Minutes

May 21, 2021 / 9:30 AM – 11:00 AM

Meeting Location

Due to Public Health Emergency Via Skype: To see/share documents on the screen, go to

[Join Skype Meeting](https://meet.saccounty.net/safim/DJY4BYDD)

Go to: <https://meet.saccounty.net/safim/DJY4BYDD>

[Try Skype Web App](https://meet.saccounty.net/safim/DJY4BYDD?sl=1)

Go to: <https://meet.saccounty.net/safim/DJY4BYDD?sl=1>

Join by phone

[+1 \(916\) 875-8000](tel:+19168758000) OR [+1 \(916\) 874-8000](tel:+19168748000) OR [+1 \(916\) 876-4100](tel:+19168764100)

Conference ID: 1655150

Attendees

Members: Elise Bluemel, Vince Gallo, Cindy Hooker, Paula Lomazzi, Namitullah Sultani, Jan Winbigler

Staff: John Dizon, Sharon Hutchins, Sumi Mishra, Mehrabuddin Safi

| Topic |
|---|
| Opening Remarks – <i>Jan Winbigler, Chair</i> <ul style="list-style-type: none">• <i>Chair Winbigler welcomed all to the meeting.</i>• <i>The group reviewed and approved the minutes from 4/16 meeting without changes.</i> |
| Brief Announcements – <i>All</i> <ul style="list-style-type: none">• <i>Vice-Chair Lomazzi announced that she had prepared a report on the sessions she attended at the NACHC Healthcare for the Homeless Conference, included diversity, quality and inclusion, topics that are important for SCHC as we are learning to improve service to LGTBQIA+ individuals.</i>• <i>Chair Winbigler reminded the group that Vice-Chair Lomazzi will lead the CAB meeting in June, as Ms. Winbigler will be out of the state.</i>• <i>Dr. Hutchins informed the group that Ms. Washington let her know that she is having medical treatment and will be out for approximately 6-8 weeks. She will miss the June meeting but may be back for the July meeting.</i> |
| Follow up Items – <i>Dr. Hutchins</i> <ul style="list-style-type: none">• Attendance review<ul style="list-style-type: none">○ <i>Dr. Hutchins showed that the only member absent is Ms. Washington, who has an excused absence. Otherwise, attendance is good.</i>• OSV Update<ul style="list-style-type: none">○ <i>Dr. Hutchins informed CAB members that SCHC submitted materials for each of the chapters and elements found non-compliant at the December Operational Site Visit ahead of the deadline. We continue to hear from HRSA that specific conditions are being removed as the team(s) from HRSA have the opportunity to review the documentation that we submitted. Chapter 11 is now fully compliant.</i>○ <i>Dr. Hutchins also shared that she thinks that there is a good possibility that we will receive a 6-day Corrective Action Plan (CAP) to continue working on elements from</i> |

**Sacramento County Department of Health Services
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Chapter 9: Sliding Fee program, as we do not yet have contacts and MOUs that have been revised and executed. We submitted documents showing our progress, but we do not yet have final agreements to share with HRSA.

- *The report evaluating the Sliding Fee Scale that CAB reviewed and approved in April was accepted by HRSA; they have removed this condition now. The Quality Improvement (Chapter 10), Chapter 11 (Key Management staff) were also approved, as was Billing and Collections (Chapter 16). HRSA has also approved changes made to bylaws for Chapters 19 and 20. They have approved elements 'a' and 'c,' and we are waiting for the onboard selection and removal process. Dr. Hutchins anticipates that HRSA will accept these revisions, as the conflict of interest language was added to the bylaws as requested by the OSV Team.*
- **County HIPAA Audits**
 - *The County's HIPAA office will be conducting its annual review of SCHC's Radiology Program on June 17.*
 - *We have not yet received the final report from the HIPAA audit of the Adult, Family Medicine, and Pediatrics programs, as the chart review has not yet been completed.*

***CAB Governance**

- **Sub-Committee Updates to CAB**
 - ***Finance – Jan Winbigler**
 - **April Financial Status Report**
 - *Ms. Winbigler let the group know that the Finance Sub-Committee reviewed the April report. The group is still working on a good template with Mr. Dizon to review so that all members understand it and have sufficient information to evaluate how SCHC is doing financially.*
 - **Current budget status**
 - *The budget situation is good for now; there are no major problems or red flags.*
 - ***Review and approval of Federal Single Audit**
 - *The Finance Sub-Committee reviewed the detailed County audit. HRSA requires each health center to conduct an audit. The county chose to do this as part of an audit of all federal grants so that the HRSA grant is a tiny portion of the whole funds reviewed. There were no negative findings for the HRSA grant. If CAB agrees, the Finance Sub-Committee recommends approving this and sending it to HRSA as required.*
 - *Ms. Lomazzi moved to approve the Sacramento County Single Federal Audit and submit it to HRSA.*
 - *Ms. Bluemel seconded this motion.*
 - *All members attending voted to approve this report and sending it to HRSA.*
 - ***Approval to apply for ARP Capital grant**
 - *Ms. Winbigler explained that this grant would support construction or renovation activity for a total of \$619,603, which is a welcome opportunity.*
 - *Ms. Lomazzi moved that SCHC apply for this grant.*

**Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)**

- *Mr. Gallo seconded the motion.*
- *All six members in attendance voted to approve SCHC applying for the HRSA APR grant to support needed renovations.*
- **Review and approval of the proposed budget for HRSA ARPA grant*
 - *Dr. Hutchins provided a preliminary budget for the proposed uses of this approximately \$2.5 million grant. It covers 4/1/2021 through 3/31/23, which covers three separate County Fiscal years, which is why there are three different time periods presented in the budget. We do not intend to spend anything during the first time period (4/1/21-6/30/21 as the County budget will not yet be approved, nor will the budget submitted for the HRSA ARPA grant). We are proposing to spend the large majority of the money on staffing, as CAB and leadership identified that as a critical need and strategic priority.*
 - *Ms. Winbigler asked if there was a discussion or a motion.*
 - *Ms. Lomazzi moved to approve SCHC submitting a budget for the HRSA APRA grant that is mostly dedicated to staffing.*
 - *Ms. Bluemel seconded approval of SCHC submitting the HRSA APRA budget.*
 - *All six members in attendance voted to approve submitting the HRSA ARPA budget.*
- **Strategic Planning – Jan Winbigler*
 - *Ms. Winbigler let the group know that the sub-committee wants to ensure that CAB can oversee progress on the Strategic Plan at a higher level. The Governance Sub-Committee has accepted responsibility for monitoring progress and reviewing reports submitted by management to show implementation. The goals of the Strategic Plan are (in short) Space, Staffing, and Homelessness. These should guide strategic decisions about the health center and its operations for the next three years.*
 - *Jan asked if any members had any comments or questions about the plan that they had received ahead of time for review. No one had questions or comments.*
 - *Jan asked if there was a motion.*
 - *Ms. Lomazzi moved to approve the SCHC Strategic Plan, 2021-2023, as presented by leadership.*
 - *Mr. Sultani seconded the motion.*
 - *All attending members voted to approve the 2021-2023 SCHC Strategic Plan as presented.*
 - *Dr. Hutchins thanked the members of the Strategic Planning Sub-Committee and its staff for the many hours of review of detailed documents and thoughtful discussion to produce this Strategic Plan.*
 - *CAB members thanked the members and the staff for their support of the process.*
- **Clinical Operations – Sharon Hutchins*
 - **Review and approval of PP 03-05: After-Hours Services*
 - *In the absence of Ms. Washington, Dr. Hutchins highlighted the few changes made to the After-Hours Services policy, reviewed by CAB members before the meeting.*
 - *Ms. Winbigler asked if there were comments, questions, or a motion.*
 - *Ms. Lomazzi moved to approve the revisions as presented.*
 - *Mr. Gallo seconded the motion.*
 - *All attending members voted to approve the PP 03-05 as presented.*
 - **Review and approval of PP 04-12: Patient Feedback Survey*
 - *Dr. Hutchins reviewed the proposed changes made to the policy since last year, which are to improve the provision of adequate assistance to patients*

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with vision, literacy, or language issues to complete the survey. As a reminder, due to the vendor, the survey is conducted in person and comes in English and Spanish, but translation can be provided for nearly any language.

- *Mr. Gallo moved to approve the revisions to PP 04-12 as presented.*
- *Ms. Lomazzi seconded the motion.*
- *All attending members voted to approve PP 04-12 as presented.*
- **Governance – Jan Winbigler**
 - *Ms. Winbigler let the group know that the Governance Sub-Committee has restarted the meeting with a new task of tracking progress on the Strategic Plan implementation on a monthly and ongoing basis and reporting to the CAB.*
 - *This subcommittee's other large task is to prepare a CAB member recruitment plan to make sure the CAB is reflective of the populations the health center serves.*
 - *Dr. Hutchins indicated that the Sub-Committee was considering several ways to recruit new members, including creating a video to play on the lobby TVs. Any CAB members interested in participating in the video would be welcome.*

Preview: Service Area Competition & Needs Assessment – Sharon Hutchins

- *Dr. Hutchins explained that HRSA provides health center grants in three-year increments. The grant supporting SCHC is in the third and final year. Therefore, we will be applying for another three-year period this summer so that the health center can continue serving patients in our community. The process is called “SAC,” which stands for Service Area Competition.*
- *Part of the application process is the completion of a Needs Assessment. Ideally, one would conduct the Needs Assessment before starting Strategic Planning. You may remember that we reviewed some needs assessment data in the fall, and we provided that to the Strategic Planning Sub-Committee to review as part of their process. We did not get to a few pieces of the Needs Assessment for our homeless population. We are actually conducting that now at Loaves and Fishes under the direction of Dr. John Landefeld. That data should be available to us to include in our SAC application.*
- *Once CAB closes the chapter of developing the Strategic Plan, we will open the chapter of developing the SAC application.*

Review of 2021 Activity Calendar – Sharon Hutchins

- *Dr. Hutchins opened the proposed activity calendar and reviewed highlights of the topics that need to be covered at each CAB meeting. Dr. Hutchins asked if any attendees had questions upon reviewing the handout. No questions or concerns were expressed.*

Medical Director Update

- *Dr. Mishra began her update with COVID-19. While it seems as if the pandemic is winding down, it is still very much with us at SCHC. We have not had a positive case at SCHC in a few weeks. We continue to hold COVID vaccine clinics.*

**Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)**

However, holding these during the week is difficult, as the staff is already stretched thin. Therefore, we are doing our first mass vaccination clinic in the parking garage tomorrow (Saturday, May 22). We will see how the new format and workflow go. We are trying a true drive-through format and have close to 200 patients scheduled.

- With the approval of the use of the Pfizer vaccine for adolescents aged 12 and above, we are piloting vaccinating adolescents at Saturday mass vaccination clinic. We are hoping to get 29 kids vaccinated; 15 are scheduled, and we continue to call families.*
- Now that the supply of vaccines can meet (and exceed) demand, there has been some relaxation of the tight rules about vaccine use. It is not so problematic to waste a dose as it was. Due to this fact, SCHC is starting to integrate giving COVID vaccine into its normal clinic operations so that you can get the vaccine when you see your provider. We are starting to test the process with the Pediatrics program.*
- On Monday, we will have a workgroup meeting to discuss the workflow for vaccinating patients who are here for other reasons.*
- SCHC needs to update its phone messages and other communication around COVID vaccination to make sure people are aware that SCHC has all three types of approved vaccine and can now vaccinate anyone over the age of 11.*
- We returned the Mobile Medical Shelter (MMS) to the EMS program, as its use involved extra security at a high cost. Now we have two pop-up tents in the parking lot to do an evaluation for COVID. We should no longer need to use the tents by the end of June when we will integrate COVID evaluation and testing within the building.*
- Many health facilities have stopped doing screening at the entrance to buildings. We are planning alternatives to this practice and will be ending the greeter/screener at SCHC soon, evaluating symptoms at registration instead.*
- In non-COVID news, we are continuing to work to expand services at Loaves & Fishes step-by-step. We continue to meet with partners. For example, Dr. Mishra and Mr. Vince Gallo met earlier this morning, and Dr. Mishra is meeting with Sacramento Covered today. We are hoping that SacCovered will have a navigator in place at Loaves & Fishes within about two weeks to help patients with health insurance coverage, transportation, setting up appointments, and other needs. Dr. Mishra is also working to have Dr. Rachel Robitz, a psychiatrist in the family medicine program, see patients at Loaves and Fishes on Wednesday mornings; the schedule is not yet finalized.*
- We hope to have the mobile medical center van by December. However, we have encountered a setback regarding medications. The main goal was to carry medication on the van to administer as needed when doing outreach. However, the Board of Pharmacy does not allow carrying or administering medication in a mobile medical center van in this manner. County Pharmacist Sara Lee has been working with the state organization and with other entities that have vans to see if we can develop a workaround.*

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- *In the Family Medicine program, we need to increase the number of child patients and ensure that they are getting well-child exams and immunizations. The Pediatrics program is quite busy, but Family Medicine has more openings, so we are seeing if we can schedule pediatric patients with Family Medicine. These children need many screenings and immunizations that are part of health plan quality requirements.*
- *The new hypertension clinic at SCHC has been very successful. Of the patients referred to this clinic, 75% have had their blood pressure controlled within 1-2 months. Dr. Landefeld, who is running this clinic, has now opened up referrals to our Family Medicine program as well.*
- *Dr. Malhotra clinically manages our Care Coordination program. We are trying to expand this to go beyond giving clinical care to address social determinants of health – such as connecting patients to food, helping them keep their appointments, understanding their medications, and inform them about helpful resources.*
- *Dr. Mishra has now met with the new Director of Health Services, Chevon Kothari, who is a very nice person, to see how we can channel some of the funds that will be coming from the federal government and the state (especially COVID funds) to address SCHC needs. Dr. Mishra has briefed Mrs. Kothari on what we have spent HRSA COVID money on and what we are planning to use the new funds for, as well as detailing the needs that remain.*
- *To improve the infrastructure of the school-based mental health program that SCHC runs in collaboration with SCOE and multiple school districts, we need funding to improve services and provide Electronic Medical Record (EMR) access at each school site to avoid all of the back-and-forth communication it now takes between the school site and the main site, which is not efficient.*

Next Meeting Items – All

- April Financial Status Report
- Sub-Committee updates
- 2021 CAB Member Recruitment Plan
- Service Area Competition Update
- Health Needs Assessment Update

Public Comment – Paula Lomazzi, Vice-Chair

Closing Remarks and Adjourn – Paula Lomazzi, Chair

- *Ms. Lomazzi adjourned the meeting at 11:08 AM.*

Next Meeting: June 18, 2021/ 9:30-11:00 AM

*Items that require a quorum.

The Co-Applicant Board welcomes and encourages participation in the meetings.


Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the following public completion of regular business.

The agenda is posted online for your convenience at <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

Sacramento County Department of Health Services
Health Center Co-Applicant Board (CAB)

Due to the public health emergency created by the COVID-19 pandemic, in-person meetings are not permitted at this time. Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices, or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

| | | |
|---|------------------------------|--------------------------------------|
|  <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p> | Policy Issued (Unit/Program) | Clinic Services |
| | Policy Number | 01-01 |
| | Effective Date | 09-29-10 |
| | Revision Date | 07/09/20 |
| Title: Quality Improvement | | Functional Area: Organization |
| Approved By: Sharon Hutchins, HRSA Project Director | | |

Policy:

Sacramento County Health Services (SCHC) leadership is committed to improving services for enrollees. In order to evaluate performance, under guidance from the Co-Applicant Board, the Quality Improvement Committee selects or creates indicators to monitor and analyze. Operations are adjusted in order to enhance service provision in areas revealed to need improvement.

Procedures:

A. Quality Improvement (QI) Plan

1. A QI Plan will be approved annually by the Health Center Management Team, the Quality Improvement Committee (QIC), and the Co-Applicant Board.
2. See attached QI Plan.

B. QIC

1. Health Center QIC will be comprised of the following:
 - a. HRSA Project Director
 - b. Medical Director
 - c. Pharmacy Director
 - d. Physician Representative(s)
 - e. Nursing Supervisor Representative
 - f. Nursing Program Representative
 - g. Program Planner
 - h. Administrative Services Officer (Data Reports)
 - i. Others as indicated.
2. The scope and responsibilities include developing performance indicators, analyzing data and making recommendations for change. The QIC will review trended quality performance data, identify opportunities to improve client care and service, provide policy decisions, review, and make recommendations regarding the annual Quality Improvement Plan. These policy decisions and directions will be relayed to the Operations Team to develop workflows and manage the logistics of executing the policy decisions.
3. The QIC will meet monthly or not less than ten (10) times per year.

4. A Quality Improvement Report will be provided to the Co-Applicant Board at least quarterly by the designated Project Director or designee.
5. See QI Plan for additional details.

C. Operations Team

1. Once QIC and/or CAB make policy decisions concerning quality improvement, they will be sent to the Operations Team. The Operations Team will develop workflows to execute those decisions.

References:

[HRSA Health Center Program Compliance Manual](#), Chapter 10: Quality Improvement/Assurance

Attachments:


[Quality Improvement Plan](#)

Contact:

Sharon Hutchins, HRSA Project Director

Co-Applicant Board Approval Date:

07/17/2020

| | | | |
|---|--|--------------------------------------|------------------------|
|  | County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure | Policy Issued (Unit/Program) | Clinic Services |
| | | Policy Number | 01-01 |
| | | Effective Date | 09-29-10 |
| | | Revision Date | 06-09-20 |
| Title: Quality Improvement | | Functional Area: Organization | |
| Approved By: Sharon Hutchins, HRSA Project Director | | | |

Policy:

Sacramento County Health Services (SCHC) leadership is committed to improving services for enrollees. In order to evaluate performance, under guidance from the Co-Applicant Board, the Quality Improvement Committee selects or creates indicators to monitor and analyze. Operations are adjusted in order to enhance service provision in areas revealed to need improvement.

Procedures:

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1. A QI Plan will be approved annually by the Health Center Management Team, the Quality Improvement Committee (QIC), and the Co-Applicant Board.
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Attachments:

[Quality Improvement Plan](#)

Contact:

Sharon Hutchins, HRSA Project Director

Co-Applicant Board Approval Date: 06/18/21

| | | |
|--|---------------------------------|--------------------------------------|
|  <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p> | Policy Issuer (Unit/Program) | Clinic Services |
| | Policy Number | 01-02 |
| | Effective Date | 01-31-13 |
| | Revision Date | |
| Title: Sacramento County Health Center Co-Applicant Board - Authority | | Functional Area: Organization |
| Approved By: Sharon Hutchins, HRSA Project Director | | |

Policy:

Sacramento County Clinic Services adheres to the Health Services and Resource Administration (HRSA) requirement to establish and maintain a governing board composed of consumers and community members with specific responsibility for guidance and oversight of the program. As a public entity grantee, specific responsibilities are delineated for the Co-Applicant Board and the County Board of Supervisors.

Procedures:

A. Authorities

1. Board authorities are codified in the Co-Applicant Board Bylaws and Co-Applicant Board Agreement.
2. The Health Resources & Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the federal oversight entity of federally qualified health centers (FQHC). The County Health Center is a 330 public entity grantee. The "HRSA Health Center Program Compliance Manual" is a resource that assists Health Center in understanding and demonstrating program requirements.
3. As outlined in the Bylaws, the Co-Applicant Board can create and disband committees and subcommittees as needed.

B. Meetings and Notices

1. The County Health Center HRSA Project Director convenes the Co-Applicant Board monthly according to the referenced Bylaws. The HRSA Project Director arranges for advance notice of any special Co-Applicant Board meetings. Agendas for the special board meetings are posted in the same manner as regularly scheduled meetings.
2. A designated HRSA Project Director provides staff support including agendas, materials, and minutes.
3. The HRSA Project Director follows the Brown Act rules for posting agendas. Agendas will be posted at the Sacramento County Health Center and the Health Center webpage. The HRSA Project Director also sends meeting reminders and materials (when needed in advance) to Board members.
4. The HRSA Project Director completes minutes which are reviewed and approved by the Project Director. Minutes shall be completed within 25 days of the meeting (at least 5 days before the next meeting) for review and approval at the next meeting.

5. Meeting materials (including the agendas and minutes) are posted to the website on <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>. Once approved by the CAB, the minutes will be posted to the website within 10 business days.

C. HRSA Project Director Responsibilities (for Board Member Support)

1. Will offer an orientation meeting with each new member. Information reviewed will include the following:
 - a. Sacramento County Health Center Overview, Mission & Values
 - b. Health Center services & teaching program
 - c. HRSA Compliance & Requirements
 - d. Co-Applicant Board Bylaws, Agreement
 - e. Strategic Plan
 - f. Budget and organizational chart
 - g. Board member roster including representation
2. Will inform each member about materials available on the website:
 - a. Meeting calendar
 - b. Roster of members
 - c. Bylaws
 - d. Meeting agendas, minutes, and meeting materials
3. Will review and recommend retention strategies if unable to obtain a quorum for more than two meetings.

D. Co-Applicant Board Members

1. HRSA requires that 51% of the Co-Applicant Board members are patients of the Health Center and have received services within the approved scope within the prior 24 month period.
2. Member recruitment will be discussed at Board and Management meetings. The HRSA Project Director will work with the CAB Governance Sub-Committee on strategies to attract and retain consumer members that meet HRSA qualifications.
3. Former members are also welcome within the restrictions noted in the bylaws.

E. Responsibilities & Activities

1. The Co-Applicant Board Bylaws outline the Board's responsibilities.
2. The HRSA Project Director will create a planning calendar of required activities and target dates to ensure the Board can meet their responsibilities. The calendar will be a working document reviewed periodically by the Board and is subject to modification based on need and input.
3. The HRSA Project Director will ensure the Board reviews data, progress reports, applications, needs assessments, or other data to assess Health Center functioning and/or needs.

References:

[Clinic Services P&P 01-04 Co-Applicant Board Member Recruitment & Retention](#)

[2021 Co-Applicant Board Bylaws](#)

[Co-Applicant Board Agreement](#)

[HRSA Compliance Manual](#)


Attachments:

N/A

Contact:

Sharon Hutchins, Ph.D., MPH, Health Program Manager / HRSA Project Director

Co-Applicant Board Approval Date: 06-18-2021

| | | |
|--|---------------------------------|--------------------------------------|
|  <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p> | Policy Issuer (Unit/Program) | Clinic Services |
| | Policy Number | 01-02 |
| | Effective Date | 01-31-13 |
| | Revision Date | 07/17/20 |
| Title: Sacramento County Health Center Co-Applicant Board - Authority | | Functional Area: Organization |
| Approved By: Sharon Hutchins, HRSA Project Director | | |

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3. The HRSA Project Director follows the Brown Act rules for posting agendas. Agendas will be posted at the Sacramento County Health Center and the Health Center webpage. The HRSA Project Director also sends meeting reminders and materials (when needed in advance) to Board members.
4. The HRSA Project Director completes minutes which are reviewed and approved by the Project Director. Minutes shall be completed ~~and posted~~ within ~~40-25~~ days of the meeting (at least 5 days before the next meeting) for review and approval at the next meeting. ~~Once approved by the CAB, the minutes will be posted to the website within 10 business days.~~

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5. ~~A binder of Meeting materials (including the agendas and minutes) for the current calendar year will be available at each meeting for members or guests to use as reference are posted to the website on <https://dhs.saccounty.net/PR1/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>. Once approved by the CAB, the minutes will be posted to the website within 10 business days.~~

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 - e. Strategic Plan
 - f. Budget and organizational chart
 - g. Board member roster including representation
2. Will inform each member about materials available on the website:
 - a. Meeting calendar
 - b. Roster of members
 - c. Bylaws
 - d. Meeting agendas, minutes, and meeting materials

~~3. Will contact members who miss a meeting and provide updates according to current Board practice and preference.~~

~~4.3. Will review and recommend retention strategies if unable to obtain a quorum for more than two meetings.~~

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D. Co-Applicant Board Members

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References:

[Clinic Services P&P 01-04 Co-Applicant Board Member Recruitment & Retention](#)
[2021 Co-Applicant Board Bylaws](#)
[Co-Applicant Board Agreement](#)
[HRSA Compliance Manual](#)

Commented [A2]: Reviewing in July 2021

Commented [A3]: Update to new version

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Attachments:

N/A

Contact:

Sharon Hutchins, Ph.D., MPH, Health Program Manager / HRSA Project Director

Co-Applicant Board Approval Date: [07/17/20](#)

| | | |
|---|------------------------------|---|
|  <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p> | Policy Issuer (Unit/Program) | Clinic Services |
| | Policy Number | 03-04 |
| | Effective Date | 03-07-12 |
| | Revision Date | 06/09/21/2021 |
| Title: Emergency Medical Response Team | | Functional Area: Clinic Operations |
| Approved By: Susmita Mishra, MD, Medical Director | | |

Policy

Sacramento County Health Center has a team response to medical emergencies within the Primary Care Center building. The Emergency Response Team (ERT) consists of employees trained to respond to medical emergencies. Assigned ERT responds to all clinic area emergencies and stays with the patient until paramedics arrive.

Procedures

A. Requesting Medical Emergency Response

1. An individual requiring immediate medical attention may be identified by any person including the Sacramento County Health Center (SCHC), Public Health (PH), and/or Security personnel.
2. SCHC and /or PH Staff will use the identified phones to do the overhead paging system to call the response team. To access paging system, please use one of the phones identified with the colored dots or refer to Attachment A: Paging System Phones to locate the nearest Paging phone, dial 76, enter #10, state announcement, and press end call.
3. Staff must state "Adult Emergency Response Team to [location]" if adult patient emergency. If pediatric emergency, state "Pediatric Emergency Response Team to [location]."

B. Emergency Response Team Restrictions

The ERT shall not:

1. Provide medical treatment other than basic lifesaving procedures.
2. Move patient unless directed by a provider.
3. Put the safety of themselves or others at risk.

C. Required Training for ERT

1. Basic Life Support (BLS) – all Clinical staff
2. Overhead paging system – all staff
3. Competency in use of oxygen, ambu bag and Automated External Defibrillator (AED) – Clinical staff only

D. ERT Schedule

1. Team assignments are rotated and are the responsibility of the designated manager and reviewed by the Medical Director.

2. ERT schedule and corresponding activities are posted on the white board located across from the MA work area on both floors.

E. ERT Composition and Roles

| TEAM MEMBER | RESPONSIBILITY |
|---|---|
| Staff person who is witness to or informed of event | <ol style="list-style-type: none"> 1. Use overhead paging system to call ERT to location of emergency. 2. Press 76 to access paging system. 3. At steady tone, enter # 10, announce "Adult Emergency Response Team to [location]" if adult patient; if it is a child, announce "Pediatric Emergency Response Team to [location]." 4. If an interpreter is needed, request required language (if possible) in the announcement "Spanish interpreter or Spanish speaking staff needed." |
| Senior Office Assistant/Clerical Supervisor | <ol style="list-style-type: none"> 1. Notify Security (874-2575) of location of emergency and ask officer to respond to clear scene of bystanders. 2. Print insurance information, last progress note, recent labs, medication list, known allergies, health conditions, current or history of acute or reoccurring symptoms, label(s) and emergency contact information. 3. Provide individual's information to First Responders if indicated. |
| Provider (MD, NP) | <ol style="list-style-type: none"> 1. Responsible for coordination of emergency response – assume lead role at the scene. 2. Determine 911 intervention, if necessary. 3. Remain with the patient until secure handoff to first responders or patient status is no longer emergent. |
| Primary Registered Nurse (RN) | <ol style="list-style-type: none"> 1. Provide emergency assessment. 2. Obtain emergency response bag (PINK bag for pediatrics). See Section F, Number 4 for emergency response bag supplies. 3. Complete Clinic Services Incident Report and submit to the Senior Health Program Coordinator for review and follow-up. 4. Replace emergency supplies after the emergency. |
| Secondary RN | Record details of event and pertinent medical information during Primary RN assessment. |
| Medical Assistant (MA) | <ol style="list-style-type: none"> 1. Bring AED and Oxygen to the scene. 2. Dial 911, at Provider direction. 3. Assist RN and Provider as directed. |
| Security Officer on Scene | <ol style="list-style-type: none"> 1. Inform Security desk of impending ambulance arrival. |

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| | 2. Control crowd, allow the ERT access and room to work. Direct other personnel back to their workstations. |
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F. Emergency Response Bag Contents and Maintenance

1. First Floor emergency response bags are located in the Medication Room.
2. Second Floor emergency response bags are located in 2244-supply room in Peds suite (Pediatrics –Pink pediatric bag) and 2140-Medication room (Suite 2100-Blue-adult bag).
3. The emergency response bag contains the following emergency medications:

| Emergency Response Bag Medication Contents | |
|--|------------------------------------|
| ADULTS | PEDIATRICS |
| Epi Pen 0.3mg (1:1000) | Epinephrine 0.3mg |
| Glucagon 1mg/1ui IM | Epi Jr. 0.15mg |
| Nitrostat 0.4mg SL (25 tablets/bottle) | Diphenhydramine HCl 50mg/ml |
| Tube Fast Acting Glucose Gel (24g carbohydrate) | Diphenhydramine HCl 25mg/cap |
| Ammonia Inhalants Amp(0.33mL= alcohol 35% - Ammonia 15%/1) | Benadryl (chew) 12.5mg/tab 20tabs |
| Diphenhydramine 50mg/mL IM (1 ml pre-filled syringe) | Children’s Acetaminophen 160mg/5ml |
| Diphenhydramine 25mg Capsules | Proventil, spacer |
| Aspirin 325mg Tablets | Ammonia Inhalant |
| Naloxone 0.4mg/ml (vial) | Glucagon ER response bag |
| Ondansetron 4mg/2ml (vial) | |

4. The emergency response bag contains items sized appropriately for either adults or children:
 - a. Ambu Bag w/mask
 - b. High Concentration Oxygen Mask
 - c. Thermometer
 - d. Bite Block
 - e. EKG Tab Electrode
 - f. Multifunction Defibrillator Electrode Pedi.Padz®
 - g. Instant Cold General Purpose 4 X 6 Inch

- h. Blood pressure cuff and stethoscope
 - i. Glucometer with lancets and strips
 - j. Pulse oximeter
 - k. Airways
 - l. Nasal cannula or oxygen face mask (i.e., ambu bag)
 - m. Personal Protective Equipment (PPE)
5. Assigned RN will monitor and check Emergency equipment weekly.
 6. Assigned RN provides monthly routine maintenance using the Automated External Defibrillator (AED)/ Oxygen (O2) Monthly Log and Maintenance Checklist.
 7. Oxygen is supplied in tanks with a capacity of 2,200 pounds per square inch (PSI). When oxygen levels fall below one-half as indicated on the dial, designated staff will notify "Life Save" for servicing. An additional portable oxygen tank is available in Health Center observation area for immediate use, if necessary.

G. Mutual Aid Agreement with Chest Clinic and Sexual Health Clinic (SHC) (Division of Public Health)

1. Chest Clinic and/or SHC Office Assistants (OA) or other staff will call for ERT. May use Security for overhead page.
2. Chest Clinic and/or SHC clinical personnel will initiate AED if appropriate while awaiting the ERT arrival.
3. Chest Clinic and/or SHC clinical personnel or OA may take a role with the ERT as noted above in ERT Composition and Roles.
4. Chest Clinic and/or SHC personnel will identify themselves and their role to responding provider.
5. All personnel without assigned roles will return to their workstations.

References:

N/A

Attachments:

Attachment A: [Paging Systems Phones](#)

Attachment B: [Clinic Services Incident Report](#)


Attachment C: [ERT Schedule](#)

Contact:

Laurie Haugen, BSN, RN, Supervising Registered Nurse

Ainur Sapargaliyeva, RN, Supervising Registered Nurse

Co-Applicant Board Approval: 09/18/20

| | | |
|---|---------------------------------|---|
|  <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p> | Policy Issuer (Unit/Program) | Clinic Services |
| | Policy Number | 03-04 |
| | Effective Date | 03-07-12 |
| | Revision Date | 06/09/21 |
| Title: Emergency Medical Response Team | | Functional Area: Clinic Operations |
| Approved By: Susmita Mishra, MD, Medical Director | | |

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| Provider (MD, NP) | <ol style="list-style-type: none"> 1. Responsible for coordination of emergency response – assume lead role at the scene. 2. Determine 911 intervention, if necessary. 3. Remain with the patient until secure handoff to first responders or patient status is no longer emergent. |
| Primary Registered Nurse (RN) | <ol style="list-style-type: none"> 1. Provide emergency assessment. 2. Obtain emergency response bag (PINK bag for pediatrics). See Section F, Number 4 for emergency response bag supplies. 3. Complete Clinic Services Incident Report and submit to the Senior Health Program Coordinator for review and follow-up. 4. Replace emergency supplies after the emergency. |
| Secondary RN | Record details of event and pertinent medical information during Primary RN assessment. |
| Medical Assistant (MA) | <ol style="list-style-type: none"> 1. Bring AED and Oxygen to the scene. 2. Dial 911, at Provider direction. 3. Assist RN and Provider as directed. |
| Security Officer on Scene | 1. Inform Security desk of impending ambulance arrival. |

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| Diphenhydramine 25mg Capsules | Proventil, spacer |
| Aspirin 325mg Tablets | Ammonia Inhalant |
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4. The emergency response bag contains items sized appropriately for either adults or children:
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 - c. Thermometer
 - d. Bite Block
 - e. EKG Tab Electrode
 - f. Multifunction Defibrillator Electrode Pedi.Padz®
 - g. Instant Cold General Purpose 4 X 6 Inch

- h. Blood pressure cuff and stethoscope
 - i. Glucometer with lancets and strips
 - j. Pulse oximeter
 - k. Airways
 - l. Nasal cannula or oxygen face mask (i.e., ambu bag)
 - m. Personal Protective Equipment (PPE)
5. Assigned RN will monitor and check emergency equipment weekly.
 6. Assigned RN provides monthly routine maintenance using the Automated External Defibrillator (AED)/ Oxygen (O2) Monthly Log and Maintenance Checklist.
 7. Oxygen is supplied in tanks with a capacity of 2,200 pounds per square inch (PSI). When oxygen levels fall below one-half as indicated on the dial, designated staff will notify "Life Save" for servicing. An additional portable oxygen tank is available in Health Center observation area for immediate use, if necessary.

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References:

N/A

Attachments:

Attachment A: [Paging Systems Phones](#)

Attachment B: [Clinic Services Incident Report](#)

Attachment C: [ERT Schedule](#)

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Contact:

Laurie Haugen, BSN, RN, Supervising Registered Nurse

Ainur Sapargaliyeva, RN, Supervising Registered Nurse

Co-Applicant Board Approval: 06/18/21



Sacramento County Health Center
Quality Improvement Plan
2021

Department of Health Services
Primary Health Division
April 22, 2021

OVERVIEW

Sacramento County Health Center (SCHC) has a systematic approach to quality measurement and quality improvement. The Quality Improvement (QI) Plan outlines the process which includes methods to monitor performance and implement changes in practice when necessary, with follow up measurement to determine whether new practices positively affected performance.

Review of data is essential to the QI process. Data can include but is not limited to: performance indicators, satisfaction surveys, member concerns (complaints, grievances), service utilization, medication errors, chart review, etc. Compliance and risk management are also integral to quality management. The Health Center is a public entity and has separate units or departments for Compliance (HIPAA), risk management, contracts, fiscal, safety, information management, and counsel.

Health Center Vision

- Unparalleled experience as a trusted partner in health care for our Sacramento County community.

Health Center Mission

- Provide high-quality, caring, and comprehensive healthcare services for our diverse Sacramento County community through partnering with patients, academic institutions, and community-based organizations.

Values

- Respect
- Compassion
- Learning
- Excellence
- Efficiency
- Accountability

Goals

- Reducing health inequities and assisting patients in achieving better health outcomes through best practice and/or evidenced based guidelines;
- Patients feel that the SCHC cares about and works to improve their well-being, safety and experience in a respectful way;
- Care Team members understand and believe in their role and are supported to carry it out in a positive environment; and
- Responsible management of funds to ensure economic sustainability of health center.

Guiding Principles for Service Provision

- Access to care for routine, same day, and new member appointments;
- Respect, sensitivity, and competency for populations served;
- A safe and attractive environment for clients, visitors and staff;
- A work culture that acknowledges all team members provide essential high quality services;
- Effective communication and information sharing;
- Effective and efficient use of resources to sustain the mission;
- Implementation of data-informed practices; and
- Continuous improvement.

PROGRAM STRUCTURE

Quality Improvement Committee (QIC)

1. The QIC is established to provide operational leadership and accountability for clinical continuous quality improvement activities.
2. QIC meets at least monthly or not less than ten (10) times per year.
3. The QIC participants represent different disciplines and service areas within Health Center. This includes the Medical Director, Pharmacy Director, QI Director, designated Administrative Services Officer (reports), and various representatives for clinics, physicians, and nursing.
4. QIC responsibilities include:
 - a. Develop the annual QI Plan that includes a specific approach to Continuous Quality Improvement (CQI) and is based on the Quadruple Aim, and present it to the Co-Applicant Board (CAB) for adoption.
 - b. Establish measurable objectives and indicators of quality based upon identified priorities.
 - c. Monitor data indicating progress toward clinical goals on these indicators related to *Patient Experience* and *Population Health Outcomes*.
 - d. For clinical indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
 - e. Report to the CAB on clinical quality improvement activities on a regular basis.
5. Management Team responsibilities include:
 - a. Implement strategies and provide education to staff regarding clinical quality standards and metrics.
 - b. Monitor data indicating progress toward goals related to *Reducing Costs* and *Care Team Well-Being*.
 - c. For economic and personnel indicators out of target range, develop actions and strategies for Health Center Management Team implementation.
 - d. Report to the CAB on non-clinical quality improvement activities on a regular basis.
 - e. Report back to the QIC.
6. Health Center Co-Applicant Board (CAB):
 - a. Has authorities outlined in Clinic Services *PP 01-02: Co-Applicant Board Authority*.
 - b. Delegates authority and responsibility for the QI Program to the QIC.
 - c. Reviews, evaluates, and approves the Quality Improvement Plan annually and receives quarterly reports on identified quality indicators.

PERFORMANCE INDICATORS & ANALYSIS

Performance Indicators are identified and measured parts of the quality improvement initiatives. They:

- Have defined data elements;
- Have a numerator and denominator available for measurement; and
- Can detect changes in performance over time and allow for a comparison over time.

Outcomes / Process Measurements are those that:

- Identify measurable indicators to monitor the process or outcome;
- Collect data for specified time period, or ongoing;

- Are compared to a performance threshold or target; and
- Evaluate the effectiveness of defined action(s).

Data Analysis is used to establish:

- Priorities for improvement;
- Actions necessary for improvement;
- Whether process changes resulted in improvement; and
- Performance of existing key processes.

CQI Clinic Services utilizes the Plan–Do–Study–Act (PDSA) method for focused intervention. See PDSA Work Sheet.

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|--------------|---|
| PLAN | Identify area target not met Identify most likely cause(s) through data review Identify potential solution(s) and data needed for evaluation |
| DO | Implement solution(s) and collect data needed to evaluate the solution(s) |
| STUDY | Analyze the data and develop conclusions |
| ACT | Recommendations for further study / action. This depends upon results of the analysis. If the proposed solution was effective, decisions are made regarding broader implementation including the development of a communication plan, etc. If the solution was not effective, QIC returns to planning step. |

COMMUNICATION AND COORDINATION

Communication

Problems may be identified from data, staff or management experience, concerns, audits, or agency feedback. Managers are responsible for:

1. Sharing the plan including indicators and targets with staff at all levels;
2. Including multidisciplinary staff from all areas of operations in problem identification; developing strategies, implementing interventions, and review of data analysis;
3. Providing information alerts or policy and procedure guidance; and
4. Imbedding key priorities into the architecture of Health Center policies, training, and other core materials.

CONFIDENTIALITY AND PRIVACY OF PERSONAL HEALTH INFORMATION

All data and recommendations associated with quality management activities are solely for the improvement of patient care, economic sustainability, or the well-being of the care team. All material related to patient care is confidential and is accessible only to those parties responsible for assessing quality of care and service. All proceedings, records, data, reports, information and any other material used in the clinical quality management process which involves peer review shall be held in strictest

confidence and considered peer review protected.

The Health Center will minimize use of identifiable protected health information for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending shall not disclose a client's protected health information. Use of aggregate data or reports will be maintained in minutes.

Personal Health Information obtained as a result of a client complaint or appeal is kept in a secure area and is only made available to those who have a need to know. Computer access to personal health information about a client's complaint or appeal is limited by a passcode for only those who need access.

Clinic Services Policies & Procedures Manual and the County Office of Compliance have extensive policies and procedures for health information management and protected health information.

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| 2021 QUALITY IMPROVEMENT GOALS AND OBJECTIVES |
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Annually, the Health Center selects Quality Improvement goals and objectives for each part of the Quadruple Aim. The QIC is responsible for oversight of two of the Aims (Patient Experience and Population Health Outcomes). The Management Team is responsible for oversight of the remaining two Aims (Reducing Costs and Care Team Well-Being).

Patient Experience (*Patients feel that the SCHC cares about and works to improve their well-being, safety and experience in a respectful way*)

- **Goal 1: Improve access to care**
 - **Objective 1-1:** Ensure availability of major appointment types (urgent care, new patients, follow-up) to meet the needs of patients and adjust schedules and templates as needed.
 - Minimally achieve 75% “very good or good” score on following survey elements
 - Able to get appointments for checkups
 - Able to make same day appointment when sick or hurt
 - Length of time waiting at the clinic
 - **Objective 1-2:** Abide by managed care timely access requirements for appointment wait times:
 - 48 hours for urgent care with no prior authorization;
 - 4 days for urgent referral to specialist
 - 10 business days from request for non-urgent primary care;
 - 15 business days from request for non-urgent specialist;
 - 10 business days for first prenatal visit;
 - 10 days to new patient appointment and <120 days to full IHA
 - **Objective 1-3:** Improve access by telephone during and after hours.
 - Average waiting time in call center
 - Target 75% patients who indicate “very good or good”
 - Phone calls get through easily
 - I get called back quickly
 - Able to get medical advice when office is closed

Population Health Outcomes (Reducing health inequities and assisting patients in achieving better health outcomes through best practice and/or evidence-based guidelines)

Care Coordination

- Goal 1: Improve care coordination of members with high service utilization, or who require services across systems.
- Objective 1: Improve coordination among SCHC providers for truly team-based care (pharmacy, behavioral health, chronic disease).

Clinical Performance Measures

- Goal 1: Improve performance on select UDS and HEDIS quality measures (focused on those that signal a healthy start in life and those focused on secondary prevention of health issues prevalent among SCHC patients) and tackle racial and ethnic disparities in such measures.
- Objective 1: Improve chronic disease management and outcomes by achieving at least minimal performance level (MPL) for the following HEDIS measures
 - Hypertension: Score on *Controlling high blood pressure* is at least 61.80%
 - Diabetes: Score on *HbA1c Poor Control (>9.0%)* is below 37.47%
At least 88.55% of DM patients have had *HbA1c Test* in 12-mo
Score on *Retinal Eye Exam* is TBD
- Objective 2: Ensure that children have a healthy start in life by achieving at least minimal performance level (MPL) for the following HEDIS measures
 - Score on *Prenatal care* is at least 89.05%
 - Score on *Postpartum care* is at least 76.4%
 - Score on *Well-Child Visits 0-15 months and 15-30 months (W30)* is at least 68%
 - Score on *Well-Child Visits 3-21 (WCV)* is at least 66%
 - Score on *CIS* (Two year olds fully immunized.) is at least 37.47%.
 - Score on *IMA* (at least 36.86%)
- Objective 3: Reduce racial and ethnic health disparities in control of diabetes and hypertension in 2021 compared to baseline for 2019.

Goal 2: Address deferred care due to the COVID-19 pandemic by proactively outreach to chronic disease patients with deferred care.

Reducing Costs (Responsible management of funds to ensure economic sustainability of health center)

- Goal: Decisions concerning the development of new services and programs and retention of existing ones are made taking the financial implications and operational logistics into account.
- Objective 1: Create a checklist on which to evaluate all potential program and service additions and their economic impact.
- Objective 2: Create a project plan for each project selected for implementation.

Care Team Well-Being (Staff members understand and believe in role and are supported to carry it out in a positive environment)

- Goal: Follow through on Recharge commitments to improve communication and morale
- Objective 1: Develop and carry out a plan to seek care team staff input and feedback regularly, including a listening tour with 4 sets of questions
 - Objective: *What have you seen? What have you heard?*
 - Reflective: *What still hadn't connected? What do you find that you most appreciate now about this change? Where are you hopeful?*
 - Decisional: *What can we do right now? What advice would we give to one another, to help us with this transition?*
 - Interpretive: *What are we missing here? What are the key/important questions for you? What new insights have you had?*
- Objective 2: Scores improve at least 5% over 2019 baseline on the following staff survey questions
 - *The HC Mission gives me a sense of purpose and direction.*
 - *I have a clear understanding of what is expected of me.*
 - *Morale in organization is generally good.*
 - New question related to learning and development.