

**County of Sacramento DHHS / PHS
Health Care for the Homeless Co-Applicant Board (HCHCAB)**

Meeting Minutes

October 17, 2014, 9:30 AM -11:30 AM

Loaves and Fishes, Delany Center

401 North 12th Street

Sacramento, CA 95811

Board Room (first floor)

X = Present

CO-APPLICANT BOARD MEMBERS			
X	Paula Lomazzi, Chair - Formerly Homeless (SHOC)		COUNTY DHHS STAFF
X	Mike Blain, Co-Chair - Formerly Homeless (Union Gospel Mission)	X	Marcia Jo - Health Program Manager
X	Latisha Daniels - Community Member (Next Move Sacramento)		Victoria Deloney - Sr. Health Program Coordinator
	Rebecca Hahn - Community Member (St John's Program for Real Change)	X	Karen Giordano - Human Services Program Planner
	Robert Kesselring - Community Member – <i>excused</i> (El Hogar Guest House)		GUESTS
X	Maria Respall - Community Member (TLCS)	X	Niki Jones- Wind Youth Services
X	Shavinder Sanga, RN, PHN - Community Member (WIND Youth Services)	X	Sally Ooms - Freelance Journalist
	Vacant – Community Member	X	AAaron Washington - Mather / Advocate
	Vacant - Homeless/Formerly Homeless		
	Vacant - Homeless/Formerly Homeless		

**County of Sacramento DHHS / PHS
Health Care for the Homeless Co-Applicant Board (HCHCAB)**

Topic	Minutes
Introductions	Paula Lomazzi called the meeting to order, welcomed the committee, members of the public and County staff, and facilitated introductions.
Old Business - Review / Approve Meeting Minutes	Marcia Jo provided meeting minutes from meetings held September 19, 2014. Minutes for August 14, 2014 and September 19, 2014 were approved by HCHCAB.
New Business - HCHCAB Program Design Discussion See HCHCAB Program Design Discussion, MD Visits MCLF, Forms 5a, 5b, and 5C, Health Care for the Homeless Needs Assessment, and Frequently Asked Questions about Health Care for the Homeless - available on website under Meeting Minutes	<p>Marcia Jo gave a brief summary of HRSA grant requirements for comprehensive care, last meeting discussion key points, and of current program design, including Health Care Nurse Navigators and their roles and functions.</p> <p>Marcia Jo provided and reviewed the following handouts:</p> <ul style="list-style-type: none"> • HCHCAB Program Design Discussion which is a summary of the grant staffing pattern • MD Visits MCLF which is a summary of visits to Mercy Clinic Loaves and Fishes (MCLF) from June 2014 – October 15, 2014; • Forms 5a, 5b, and 5c which are Health Care for the Homeless Grant forms; • Health Care for the Homeless Needs Assessment; and • Frequently Asked Questions about Health Care for the Homeless. <p>John Blain discussed nurse current functions at the Mission.</p> <p>Maria Respall spoke about the n functions at TLCS Palmer Brief Interim Housing.</p> <p>Marcia Jo discussed the changes to health care since Affordable Care Act and need for nurses to assist individuals with navigating the systems so that individuals link successfully with their medical home/primary care provider. The nurses will begin doing Health Care Navigation instead of focusing treatment of current health condition. She reported that current data of visits to MCLF indicated that 60% of patients seen were enrolled with other providers.</p> <p>Niki Jones expressed concern that homeless individuals need care at MCLF regardless of insurance.</p>

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Topic	Minutes
HCHCAB Program Design Discussion	<p>Latisha Daniels mentioned that the community as a whole does not understand the changes to health care and Medi-Cal Managed Care. And the system depends on mail and homeless population does not have access to receiving mail or are not accustomed to checking mail at the post office box. She suggested that Health Care Navigators work with individuals on having mailboxes established, and wondered if clinics could assist with this.</p> <p>Mike Blain reported that any homeless individual, regardless of gender, can have mail sent to Union Gospel Mission. However, no packages are accepted at this address. He indicated that it would be helpful if Nurse Navigators could set up a table in front of the Union Gospel Mission early mornings and be present on the second Saturday homeless individuals congregate.</p> <p>Marcia Jo distinguished between two types of health care navigators: nurses and expert assisters.</p> <p>AAaron Washington recommended that health care navigators work with individual who have applications pending and have contact resource sheet to assist with navigation process. Also, she reported that it would be helpful if nurse navigators assisted with individuals as they enroll in Medi-Cal and inform individuals ahead of time that it is a time consuming process. AAaron requested packets for Mather Clinic.</p> <p>Marcia Jo will work with AAaron to get Medi-Cal application packets at Mather.</p> <p>Marcia Jo facilitated the next phase of the discussion on implementing health care navigators.</p> <p><u>Current Navigation Resources:</u></p> <ul style="list-style-type: none"> • <u>Health Care Navigators – Nurses:</u> 5 FTE (1 vacant) 2 ADRC; 2 HCH deployed; 1 vacant (new from the Board of Supervisors) • <u>Expert Assisters/ Health Care Navigators:</u> need new resources (not yet available) AAaron Washington suggested recruiting volunteers to work in teams with nurses. • <u>Community providers' staff:</u> community organization services and shelter staff who may be able to offer limited assistance and encouragement to link with medical home/primary care provider rather than receiving care at the Emergency Departments (EDs). <p><u>Training Needs:</u></p> <ul style="list-style-type: none"> • Niki Jones and Shavinder Sanga suggested Wind could benefit from training for new grant funded

**County of Sacramento DHHS / PHS
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Topic	Minutes
HCHCAB Program Design Discussion	<p>navigators and current staff.</p> <ul style="list-style-type: none"> • AAaron Washington requested training for Board Members on new system and navigation. • Maria Respall requested training for TLCS Palmer Brief Interim Housing staff members. • Sally Ooms suggested providing a brief training to other homeless outreach workers, such as Downtown Navigators and Wind, so that effective partnerships may take place. <p>Marcia Jo facilitated next discussion on health care navigators' deployment location/hours. The group offered the following deployment locations/times:</p> <p><u>Health care navigator deployment locations:</u></p> <ul style="list-style-type: none"> • Mission (nurse preferred) • Second Saturday at Friendship Park • Loaves and Fishes 1 ½ hours before chapel, before breakfast which occurs at 7:00 am and after breakfast • Mather Campus • Winter Sanctuary <p>Marcia Jo discussed the pros and cons for offering individuals/clinics incentives for completing the application or linkage to a medical home. The group did not think incentives were respectful of individuals or helpful to accomplish these activities. To provide food during an orientation or training is a good idea.</p>
Other issues	<p>Latisha Daniels discussed the Homeless Connect event, scheduled October 28, 2014 at Sacramento City College. HCHCAB is having a table from 9:00 AM – 2:00 PM, set up at 8:00 AM. Maria Respall is the point of contact.</p> <p>Niki Jones suggested the following changes to the Needs Assessment/Survey: transgender change from transgender: trans-male and trans-female.</p> <p>Latisha Daniels indicated that this survey is not the survey HCHCAB agreed to use at the Homeless Connect event.</p> <p>Marcia Jo reported that she would get the survey to HCHCAB from Victoria Deloney.</p>

**County of Sacramento DHHS / PHS
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Topic	Minutes
Other issues	<p>Aaron Washington asked the Chair read a letter from an individual requesting to use HCHCAB dental funds.</p> <p>Paula Lomazzi read the letter and the letter of support for the individual. There were two applicants already nominated to receive the funds. If funds are available, the individual may be nominated next meet. Meanwhile, Aaron will continue to seek other funding resources to assist individual.</p> <p>Marcia suggested that our HCH nurses help advocate for prompt Medi-Cal evaluation and treatment while awaiting this Board's process</p> <p>Niki Jones asked about the process for requesting/approving dental work.</p> <p>Paula Lomazzi will bring the process for requesting dental services to the next meeting.</p>
Adjourned	Meeting adjourned at 11:25 AM.
Next Meeting	November 21, 2014, 9:30 AM – 10:30 AM.

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	01-02
	Effective Date	01-31-13
	Revision Date	07-21-14
Title: Health Care for the Homeless Co-Applicant Board - Authority		Functional Area: Organization
Approved By: Marcia Jo, JD, MPA, Health Program Manager		

Policy

Sacramento County Primary Health conforms to the Health Services and Resource Administration (HRSA) requirement to have a consumer and community-oriented Co-Applicant Board whose role is to provide guidance and oversight of the Program funded by HRSA.

Procedures

A. Meetings and Notices

1. Healthcare for the Homeless Program Coordinator will convene the Co-Applicant Board per the attached Bylaws.
2. Senior Office Assistant will provide minutes and administrative support.
3. Brown Act rules for posting agendas will be followed. Agendas will be posted at the following locations:
 - a. Mercy Clinic Loaves and Fishes (MCLF) Clinic
 - b. Loaves and Fishes Friendship park posting boards
 - c. Union Gospel Mission
4. Minutes will be approved by Health Program Manager and posted by Administrative Secretary within 10 days of the meeting.
5. A binder of all agendas and minutes will be available at each meeting for members and guests to use as reference.

B. Member Support

1. Each new member will have an orientation meeting with the Program Coordinator and review their binder that contains:
 - a. Health Care for the Homeless program background, including history, intent, and function.
 - b. Mission and bylaws.
 - c. Current strategic plan.
 - d. HRSA board requirements.
 - e. Current narrative, budget, and organizational chart.
 - f. Board member roster including constituency.
2. Available on the website:
 - a. Annual calendar
 - b. Roster of members
 - c. Bylaws
3. Consumer members who miss a meeting will be contacted and updated by the Homeless Program Coordinator or designee.
4. If more than two meetings occur without a quorum, the Homeless Program Coordinator and Health Program Manager will meet to review retention strategies.

C. Consumer members

1. HRSA requires that 51% (4 individuals under current Bylaws) are active patients of Primary Care and have received services within the approved scope, in the prior 24 months.
2. Consumer recruitment will be a topic at every Board meeting, with new strategies attempted to attract and retain consumer members that meet HRSA qualifications.
3. Former consumers are also welcome within the restrictions noted in the bylaws.

D. Activities and Reports

1. Committees: Co-Applicant Board committees are formed as needed to research topics, complete assessments, evaluate homeless program staff, and undertake other projects as necessary.
2. Evaluations: The Co-Applicant Board evaluates the Program Coordinator every two years. They may also review the evaluations of outreach staff submitted by partner agencies.
3. Reports: Co-Applicant Board will review the following reports at least annually:
 - a. Numbers of homeless serviced by the program compared to prior years.
 - b. Results of the annual needs assessments.
 - c. HCH progress reports or grant applications.

References:


N/A

Attachments:

[Co-Applicant Board Bylaws](#)

Contact:

Victoria Deloney, MBA, BSN, Sr. Health Program Coordinator

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	01-01
	Effective Date	09-29-10
	Revision Date	10-17-14
Title: Performance Improvement		Functional Area: Organization
Approved By: Nancy Gilberti, Division Manager		

Policy

Clinic Services leadership is committed to improving services for our members. In order to evaluate improvement, performance indicators are created, monitored, analyzed, and adjusted in order to enhance service provision.

Procedures:

A. Quality Improvement (QI) Plan

1. A QI Plan will be drafted, reviewed, and approved on an annual basis by the Quality Improvement Council and the Health Care for the Homeless Co-Applicant Board.
2. See attached QI Plan.

B. Quality Improvement Council (QIC)

1. Clinic Services QIC will be comprised of the following:
 - a. Division Manager
 - b. Clinic Services Medical Director
 - c. Pharmacy Director
 - d. Designated Health Program Manager
 - e. May include a designated Registered Nurse (RN) or a LCSW/MFT.
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.
3. The Quality Council will meet at least monthly or not less than ten (10) times per year.
4. Indicators will be reviewed and revised annually or as indicated.
5. See QI Plan for additional details.

References:

Clinic Services Policy & Procedure Manual

<http://inside.dhhs.saccounty.net/PRI/Pages/GI-PRI-Policy-and-Procedure-Manual.aspx>

<http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx>

County Office of Compliance (HIPAA resources)

<http://inside.compliance.saccounty.net/default.htm>

Attachments:

[PDSA Worksheet](#)

[Quality Improvement Plan](#)

Contact:

Susmita Mishra, MD, Medical Director

**Sacramento County
DHHS Primary Health Services Division
Clinic Services**

**Quality Improvement Plan
FY 2014-2015**

FINAL DRAFT 10/10/14

Reviewed and Approved		
Signature	Title	Date
	Program Manager	
	Medical Director	
	Co-Applicant Board Chair	

OVERVIEW

Clinic Services shall demonstrate through its Quality Improvement Program a systematic, organization-wide approach to provide high quality, culturally sensitive patient centered care and services to clients. Through this systematic approach, the Quality Improvement / Assurance Plan provides a process and methods to survey performance, implement changes in practice and measure performance levels.

Guiding Principles for Service Provision

- Customer service focused
- Patient-centered, recovery oriented
- Culturally competent and sensitive
- Treats individuals with dignity and respect
- Safe and attractive environment for clients, visitors and staff
- Team work required to optimize service provision and coordination of care
- Effective communication and information sharing
- Data informed practices
- Continuous improvement

PROGRAM STRUCTURE

Quality Improvement Committee (QIC)

The QIC is multidisciplinary with participants representing different disciplines and service areas within Clinic Services. The key to the success of the QI process is leadership commitment and accountability.

The QIC provides ongoing operational leadership of continuous quality improvement activities. It meets at least monthly or not less than ten (10) times per year and consists of the following committee members:

Medical Director – Chair of the QIC, clinical lead

Pharmacy Director – Functions as a Committee participant and leads efforts related to review of medications, protocols or formulary changes.

Program Manager, Integrated Behavioral Health (IBH) Medical Home / Health for the Homeless – Leads efforts related to managed care, HRSA, fiscal and key liaison to the Co-Applicant Board.

Division Manager – oversight functions of clinical operations including EMR

Other committee members may include but are not limited to a designated Registered Nurse (RN) and LCSW/MFT in order to ensure full multi-disciplinary involvement.

QIC responsibilities include:

- Developing and approving the QI Plan.
- As part of the Plan, establishing measureable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of clinic services.
- Developing indicators of quality on a priority basis.
- Periodically assessing and supporting quality improvement indicators.
- Reporting to the Co-Applicant Board on quality improvement activities on a regular basis.
- Formally adopting a specific approach to Continuous Quality Improvement (CQI).

Health Care for the Homeless (HCH) Co-Applicant Board (“Co-Applicant Board)

The HCH Co-Applicant Board Authorities are outlined in Clinic Services P&P 01-02.

The Co-Applicant Board delegates authority and responsibility for all matters relative to the Quality Improvement Program to the QIC.

This Board reviews, evaluates and approves the Quality Improvement Plan annually.

QUALITY IMPROVEMENT METHODOLOGY

Goals and Objectives

QIC identifies and defines goals and specific objectives to be accomplished each year. These goals include training of clinical and support staff regarding Continuous Quality Improvement (CQI) principles and specific QI initiatives.

The following are the long-term goals and specific objectives for accomplishing these goals for the year of FY 14-15.

- To fully implement and maximize use of the QI Process: The QIC will ensure the QI process is understood and utilized by development of the plan, tools, methods and use of appropriate communication vehicles such as staff trainings.
- To implement quality improvement activities designed to improve HRSA clinical measures or HEDIS measures: QIC will select 1 – 2 measures for analysis and focused intervention utilizing the QI process.
- To regularly monitor key areas of clinic utilization: QIC to select metrics for service access and patient satisfaction, review data and methodically intervene and re-measure.
- To implement quantitative measurement to assess key processes or outcomes: The average number of “no shows” will be reduced overall by x% from its current average within the next (6) months.

Performance Indicators

Performance indicators are identified and measured part of the quality improvement initiatives. Appropriate indicators are those that:

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

Outcomes / Process Measurement

Performance monitoring is system-wide and focused at a particular service or population focused. Measures need:

- Identification of measurable indicators to monitor the process or outcome
- Collection of data for specified time period, or ongoing
- Evaluation against a threshold or target
- Evaluation of the effectiveness of defined action(s)

Data Analysis

Data must be reviewed and assessed in order to establish:

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

CQI

Clinic Services utilizes a Plan–Do–Study–Act (PDSA) for focused intervention. *See PDSA Work Sheet.*

PLAN	<ul style="list-style-type: none">- Problem identification and desired outcomes- Identify most likely cause(s) through data review- Identify potential solution(s) and data needed for evaluation
DO	<ul style="list-style-type: none">- Implement solution(s) and collect data needed to evaluate the solution(s)
STUDY	<ul style="list-style-type: none">- Analyze the data and develop conclusions
ACT	<ul style="list-style-type: none">- Recommendations for further study / action. This depends upon results of the analysis. If the proposed solution was effective, decisions should be made regarding broader implementation including the development of a communication plan, etc. If the solution was not effective, will return to return to planning section.

COMMUNICATION AND COORDINATION

Communication

Leaders support QI activities through the planned coordination and communication of problem identification, interventions and results of measurement activities related to QI activities with the overall efforts to improve the quality of care provided. The sharing of QI data and information is an important and ongoing leadership function. Leaders, through a planned and shared communication approach, ensure the staff and the Co-Applicant Board have knowledge of and input into ongoing QI initiatives as the core function of CQI.

Planned communication may take place through the following methods:


- QI Committee members reporting back to respective staff
- Discussion in regular or ad hoc staff team meetings
- Handouts, information alerts or policy and procedure guidance
- Story boards or posters displayed in common areas
- Co-Applicant Board presentation

Key priorities should be imbedded in the architecture of Clinic Services policies, training and other core materials including data collection.

CONFIDENTIALITY AND PRIVACY OF PERSONAL HEALTH INFORMATION

- All data and recommendations associated with quality management activities are solely for the improvement of client care. As such, all material 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 quality management process which involves peer review shall be held in strictest confidence and considered peer review protected.
- Clinic Services 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 pass code for only those who need access.
- Clinic Services Policies and the County Office of Compliance have extensive policies and procedures related for health information management and protected health information.

Clinic Services Model For Improvement PDSA Planning Worksheet	Team: Date: Person:
<p>PLAN Objective for this cycle:</p> <p>Questions:</p> <p>Predictions:</p> <p>Plan for change or test (<i>who, what, when, where?</i>):</p> <p>Plan for collection of data (<i>who, what, when, where?</i>):</p>	
<p>DO <i>Carry out the change or test. Collect data and begin analysis. Describe observations, problems encountered, and special circumstances.</i></p>	
<p>STUDY <i>Complete analysis of data. Summarize what was learned.</i></p>	
<p>ACT <i>Are we ready to make a change? Plan for the next cycle.</i></p>	

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	07-05
	Effective Date	01-31-12
	Revision Date	07-18-14
Title: Credentialing and Privileges		Functional Area: Personnel
Approved By: Nancy Gilberti, Division Manager		

Policy

Credentialing policies and procedures shall address the process for appointments and reappointments of Medical Staff and licensed contracted staff for Primary Health Clinical Services.

Credentialing standards and criteria are established commensurate with those of the National Council for Quality. Credentialing and privileging shall be conducted without regard to race, ethnicity, national origin, color, gender, age, sexual orientation, or religious preference.

Purpose

Credentialing and privileging are processes of verification of education training and experience as well as formal recognition and attestation that independent licensed practitioners or other licensed or certified staff are both qualified and competent.

Credentialing verifies that the staff meets standards as determined by a credentialing committee or other appropriate reviewing source by reviewing such items as the individual’s license, experience, certification, education, training, malpractice and adverse clinical occurrences, clinical judgment and character by investigation and observation, as applicable.

Privileging provides permission for an independent licensed practitioner’s scope of practice and the clinical services he or she may provide.

Definitions:

Licensed Independent Practitioner (LIP): An individual permitted by law to provide care and services without direction or supervision, within the scope of the individual’s license and consistent with individually granted clinical privileges.

Other Licensed or Certified Practitioners: An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision.

Primary Source Verification (PSV): Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Please refer to the Credentialing Checklist for PSV verification sources. PSV is completed, at a minimum, for the following:

- Current licensure
- Relevant education, training, or experience
- Current competence; and
- Health fitness

Secondary Source Verification (SSV): Uses methods to verify credentials when PSV is not required. Please refer to the Credentialing Checklist for SSV verification sources. SSV is completed for the following:

- Government issued picture identification
- Drug Enforcement Administration (as applicable)
- Hospital Admitting Privileges (as applicable)
- Immunization and PPD status; and
- Life Support Training (as applicable)

Procedures

Credentialing verification will occur by obtaining Primary source or Secondary source verification in accordance with accepted national verification sites. Credentialing documents requiring verification and the verification sites for licensed staff (physicians, dentists, Nurse Practitioners, Registered Nurses, Licensed Clinical Social Worker, Marriage and Family Therapists, Registered Radiology technologists and certified Medical Assistants) are included in the attachment labeled Credentialing Verification Instructions.

All contracted staff will have credentials maintained by Contractor. Contractor must provide credentials to the Medical Director or designated Clinic Services personnel upon request. This includes contracted specialists and hospital academic programs. The Medical Director will grant privileges to contracted staff.

All County employees, acting within the scope of their licensure and employment, are insured, protected, and defended for their actions by the County.

A. Document Review

1. The following items are reviewed and verified as part of the credentialing and privileging process for County and contracted licensed independent practitioners:

<ul style="list-style-type: none"> ▪ Application ▪ License ▪ Curriculum Vitae ▪ Relevant education or training (review the highest level attained) ▪ Board Certification (CME documentation if not board certified) ▪ National Provider Data Bank (NPDB) query 	<ul style="list-style-type: none"> ▪ Current DEA ▪ Government Issued Picture ID ▪ ACLS/CPR certification ▪ Malpractice Insurance Documentation ▪ Hospital Privileges ▪ Health Fitness ▪ PPD and Immunization status ▪ Peer Review Data (competency and Quality Improvement).
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2. The items for verification review for all other disciplines are included in the Credentialing Verification Instructions Document.

B. Responsibilities

1. The Primary Health Services Medical Director is responsible for credentialing and privileging all licensed medical staff. The Medical Director designates a Senior Office Assistant (SOA) who collects and verifies credentials under the supervision of the Medical Director. The SOA implements and maintains the clinic specific database for the Credentialing and Privileging program and compiles data for Medical Director Review.
2. The Peer Review Committee (PRC), which includes the Medical Director and at least one other licensed physician, will review credentials, professional

competence, health status, and grant and/or renew privileges of all Licensed Independent Practitioners before hire and every two years thereafter.

3. The Credentialing and Privileging Committee (CPC) which includes the Medical Director, and at least one primary care physician, a psychiatrist, and a RN will review all material and recommendations made by the PRC and make further recommendations regarding continuation, termination or suspension of privileges. The CPC shall be a confidential multidisciplinary body of professional peers and shall meet no less than annually. All members shall be licensed in their respective disciplines and be in good standing with their respective licensing boards.
4. All committee decisions are reported to the Quality Improvement Council for reviewing adherence to this policy.
5. Applicants and County and contracted staff shall have the burden of producing information in a timely manner for an adequate evaluation of the qualifications and suitability of clinical privileges. The applicant's failure to sustain this burden shall be grounds for denial or termination of privileges.

C. Approval Process for Initial Hire

1. Once employed, each practitioner must submit a Privilege Approval form to request Core and Special Request Privileges.
2. Based on the employment application and Privilege Approval form, the CPC authorizes the Medical Director to issue final hire approval to practitioners who meet the standard verification within their scope of practice.
3. If applicant has a complete, clean application and has been hired by, the County either as on-call or permanent staff, the Medical Director grants initial privileges for 120 days while waiting for CPC review and recommendations.
 - a. During the 120 days, the PRC will evaluate the new practitioner's work performance and professional competence utilizing the Clinician Performance Evaluation tool.
 - b. If satisfactory review determines practitioner has meet all performance standards as they relate to credentialing and continuing education, attendance, customer service, productivity, and professional standards as applied to patient assessment, care and treatment plans, privileges will be approved and reassessed at the next CPC meeting..

D. Adverse Determination Process

1. Based on CPC recommendations when a clinician has not met performance measures, a corrective action plan will be developed and discussed by the medical director.
2. If a clinician has not demonstrated improvement, within 60 days, after orientation, training and corrective action, Medical Director will consult with Division Manager and follow the County of Sacramento DHHS Human Resources Discipline Manual process of counseling, warning letters, reprimand and potential / actual termination.
3. Personnel actions may be appealed per applicable County Human Resources guidelines and applicable represented labor groups approved contracts.

E. Re-Credentialing and Privileging

1. Peer and CPC review of credentials and privileges of current Licensed Independent Practitioners and Other Licensed or Certified Practitioners will occur every two years. This will include the completion of the Privilege Approval form and review of performance data.

F. Confidentiality

1. All credentialing and privileging proceedings, deliberation, records and related activities and information shall be confidential, and not subject to discovery, to the fullest extent permitted by law. Disclosure of such proceedings and records shall be made only as required by law, or as needed to fulfill the credentialing activities within the scope of the policy.

Attachments:

[Credentialing Verification Instructions](#)

[Privilege Approval Form](#)

References:

N/A

Contact:

Susmita Mishra, MD, Medical Director

Sacramento County Primary Health Services
Healthcare for the Homeless Co-Applicant Board

Meeting of:

November 21, 2014

9:30-10:30

Loaves and Fishes

Delany Center (1st Floor Board Room)

401 North 12th Street

Sacramento, Ca 95811

Staff Report

Vicky Deloney RN/PHN, HCH Program Coordinator

Marcia Jo, JD/MPA, Primary Health Services Program Manager

PROGRAM

MCLF quarterly visit report attached

Vicky Deloney RN/PHN, HCH Program Coordinator has accepted another position and will be leaving this program in December

A new Healthcare Navigation PHN position is now open and recruitment is in progress

BUDGET

Budget revision attached for discussion and approval at next meeting

STAFFING

Recruitment, interview, and selection for Healthcare Navigation PHN

COMMUNITY PARTNERS

No news this month

**Sacramento County DHHS
Primary Health Services Division
Adult Day Reporting Center (ADRC)
Homeless Outreach**

**HEALTH CARE SCREENING & NAVIGATION
October 23, 2014**

Mission

Ensures individuals can access timely, appropriate primary care by establishing a medical home, decrease dependence on episodic urgent care, decrease emergency department utilization, and improve health outcomes.

Duties

Health screening (communicable disease/medical or behavioral health conditions) and assessment, referral and linkage with medical homes within assigned health plan network, education regarding primary care and preventative care, service access, documentation and reporting.

Health Care Navigation Core Skills

Navigators provide direct health care navigation assistance to targeted population in defined locations or sites. Key characteristics needed:

- Exceptional customer service
- Culturally competent
- Respectful, understanding and helpful
- Support is critical at every point of contact.
- Clear, concise communication - Must effectively communicate with and gain the cooperation of clients of various social, cultural, economic, and educational backgrounds
- Establishes cooperative relationships with physicians, providers, internal and external customers, co-workers, and other staff members from various disciplines
- Excellent working knowledge of health care systems which vary by payer. This includes access for behavioral health or alcohol and drug services.
- Assist funders who are our customers – Probation Team, Dignity Health, etc.
- No wrong door approach.
- Good follow-up.
- Systems approach within the larger clinical teams such as the IBH Medical Home, Mercy Clinic, etc.
- Computer/office equipment proficiency

Nursing Core Skills

- Must have proficient knowledge, experience and training in nursing practices and principles.
- Has current knowledge of common physical and psychiatric illnesses, medications and treatments, communicable diseases, immunizations, and family planning.
- Performs nursing process functions independently, dependently, and interdependently and knows when each type of function should be used (Standards of Competent Performance, California Code of Regulations, Title 16, Section 1443.5)
- Adheres to established program/departmental policies and procedures, quality improvement, safety, environmental and infection control standards.

Special assistance is necessary. Some tips are below:

SPECIAL NEEDS	NAVIGATOR RESPONSE
Literacy	Sensitivity and time
Mail box	Direct to Mary's House and Union Gospel Mission (mail boxes are available)
Eligibility Packets	Can be overwhelming. Walk person through the packet and the form required for completion.
No time or trust to see a doctor until very sick	Call the clinic to discuss care and needs.
One-stop	Complete health plan selection and primary care provider selection as soon as possible.
Transportation	Taxi vouchers, bus, or health plan assistance

Steps for Linkage

- Basic demographic and contact information including current living situation
- Determine health care coverage
- Current or recent health care provider (last 12 months)
- Determine health needs – primary care, specialty, behavioral health, alcohol/drug, dental, etc. All need to establish with a primary care medical home for comprehensive primary and preventative care.
- Educate patients on health plan coverage and services – such as member services, 24 hour RN advice line, access timeframes for urgent, primary care, etc.
- Make timely follow-up appointments with providers
- Reminder call, follow-up call

HEALTH CARE SERVICES ARE ARRANGED BY PAYER (INSURER)			
SERVICE	MEDI-CAL MANAGED CARE	MEDI-CAL FEE FOR SERVICE	UNINSURED
HEALTH CARE	<p>Determine health plan</p> <p>Determine assigned provider or call Plan Member Services to obtain a provider near client's residence.</p> <p>Assist with call to Provider to obtain an appointment.</p>	<p>Check to see if patient has a provider. If so and the patient likes the provider, will need to call Health Care Options (HCO) to choose a plan that has the provider in network.</p> <p>If no provider, assist with call to Health Care Options (HCO) to choose a health plan.</p> <p>If no desire to choose a plan, one will occur by default. Patient can go to Mercy Clinic or other FQHC.</p>	<p><u>Homeless</u> - Can be seen at Mercy Clinic or other FQHC. Provide eligibility paperwork and begin to track.</p> <p><u>ADRC</u> – Fast track into Medical Home unless another FQHC preferred due to location</p>
MENTAL HEALTH	<p><i>For low to moderate need – health plan</i></p> <p>-----</p> <p><i>For high need such as inpatient, field based or rehab – County MHP</i></p>	<p>FQHCs – within scope</p> <p>County MHP – target population</p>	<p>See above</p>
DRUG & ALCOHOL	<p>County ADS System of Care</p>	<p>County ADS System of Care</p>	<p>County ADS System of Care – ability to pay/share of cost unless court or ADRC involved. See web.</p>
DENTAL	<p>Dental Managed Care – call HCO for plan</p>	<p>FQHCs with a dental clinic or Denti-Cal providers (see link)</p>	<p>Federally Required Adult Dental Services FRADs)</p>

ACCESS OVERVIEW (see resource sheets for contact information)	
For Assistance with:	Contact:
Eligibility	DHA Eligibility or Covered California
Enrollment in a Medi-Cal Managed Care Health Plan	Health Care Options (HCO)
Enrollment in a Dental Managed Care Dental Plan	Health Care Options (HCO)
Mental Health (MH) Specialty Services	MH Plan Access Team
Drug & Alcohol	County Drug & Alcohol System of Care

Webpage:

<http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx>

Sacramento County DHHS
Primary Health Services Division
Health Care for the Homeless Co-Applicant Board
Navigation Discussion
October 23, 2014

Navigator Deployment Criteria – I don't understand this

- Large numbers of people in a fairly stable environment
- Both RN and non-RN can assist (what?)

Priority locations: Who decided?

- Union Gospel Mission
- Mather

Consider: spell out all abbreviations if you are using this for committee

- Winter Shelters
- 2nd Saturday at Friendship Park
- WIND - collaborate or train their outreach team
- SEAC

Agencies who may need training:

- TLCS
- VOA



**Sacramento County
Health Care for the Homeless Co-Applicant Board**

In partnership with the Sacramento County Board of Supervisors

Helping special populations receive healthcare at the right time and the right place

Board Members

Chair: *Paula Lomazzi*

Mike Blain

Latisha Daniels

Rebecca Hahn

Robert Kesselring

Maria Respall

Shavindar Sanga
