

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

Meeting Agenda

July 21, 2023 / 9:30 AM to 11:00 AM

Meeting Location

Either *by Zoom*: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1618897122?pwd=MWdoR2JURFVUQUtHbU4yUW5oRklnUT09>

Meeting ID: 161 889 7122

Passcode: 153371

One tap mobile

+16692545252,,1607428658# US (San Jose)

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Dial by your location

+1 669 254 5252 US (San Jose)

+1 669 216 1590 US (San Jose)

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Or *in Person*: Community Room 2020 at 4600 Broadway / Sacramento, CA

- The Community Room 2020 is easily accessible without staff/security needing to let you in. It is at the top of the back stairs (near the Broadway entrance, not the garage entrance).
- CAB members: *please RSVP at least 24 hours in advance to Dr. Hutchins* at HutchinsS@saccounty.gov for staff to prepare you a packet if you wish to attend in person.

Topic
Opening Remarks and Introductions – <i>Jan Winbigler, Chair</i> <ul style="list-style-type: none">• Roll Call and welcoming of members and guests• *Review and approval of 06/16/23 CAB meeting minutes
Brief Announcements – <i>All</i> <ul style="list-style-type: none">• CAB Committee Membership
Combined Health Resources and Services Agency (HRSA) Project Director Update and Health Resources and Services Agency (HRSA) Medical Director Reports – <i>Dr. Mishra</i>
Quality Improvement and Compliance – <i>Dr. Hutchins</i> <ul style="list-style-type: none">• 2023-Q2 QI Plan Monitoring Report
CAB Governance <ul style="list-style-type: none">• Committees Updates to CAB – Committee Chairs<ul style="list-style-type: none">○ Clinical Operations Committee – <i>Ms. Stacholy</i><ul style="list-style-type: none">▪ *Review of<ul style="list-style-type: none">➢ PP 03-01: Telephone Protocol➢ PP 03-13: Chaperone Use for Sensitive Exams▪ Overview of programs and services: Pharmacy Refills○ Finance Committee – <i>Ms. Bohamera</i><ul style="list-style-type: none">▪ Grant updates

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

<ul style="list-style-type: none">▪ * Review of <i>PP-CS-11-02 Billing and Collections</i>○ *Governance Committee – <i>Ms. Winbigler</i><ul style="list-style-type: none">▪ <i>2021-2023 Strategic Plan Monitoring Report</i>▪ *<i>2023 CAB Member Recruitment Plan</i>▪ *Recruitment<ul style="list-style-type: none">➤ Meet candidate CAB member Natalie Robinett
August Monthly Meeting Items – <i>All</i> <ul style="list-style-type: none">● HRSA Project Director Report● HRSA Medical Director Report● Committee Updates<ul style="list-style-type: none">○ *Policy and Procedure Review: TBD○ Program Review: TBD○ Patient Feedback Survey Findings – <i>if ready</i>○ Recruitment and Training Updates
*Vote on CAB membership application
Public Comment Period – <i>Ms. Fryer, Vice-Chair</i>
Closing Remarks and Adjourn – <i>Jan Winbigler, Chair</i>

Next Meeting: Friday, July 21, 2023 / 9:30-11:00 AM

*Items that require a quorum and vote.

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

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

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.



**County of Sacramento
Department of Health Services
Division of Primary Health
Policy and Procedure**

Policy Issuer (Unit/Program)	Clinic Services
Policy Number	03-01
Effective Date	09-30-10
Revision Date	05-16-2023

Title: Telephone Protocol	Functional Area: Clinic Operations
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Approved By: Vanessa Stacholy, Health Program Manager

Policy:

Sacramento County Health Center is committed to excellence in customer service by assisting individuals by phone in a prompt, respectful, and sensitive manner.

Procedures:

A. General guidelines for staff assigned to phones:

1. Answer the phone in a professional and courteous manner. Greet the patient with the following script: "Thank you for calling Sacramento County Health Center, this is "State your name"
2. Ask caller "How may I help you today?" See transfer instructions in Section B; Table A below.
3. Update patient contact information (address, phone numbers and emergency contact) in Electronic Health Record (EHR) for continuing patients. Check eligibility to assist the patient. For patients with Sliding Fee, check when their year will expire and if need to bring paperwork for annual renewal at next visit.
4. Respond in a calm and professional manner to upset callers. Request assistance from a colleague or supervisor if needed.
5. If it is necessary to place client on hold, first ask the person for a call back number in case you are disconnected, then ask the caller "May I place you on a brief hold?" and wait for affirmative response.
6. Offer interpreter services to all non-English speaking patients and those with hearing impairments. See PP 02-02 Interpreter for Patient Care.

B. Management and direction of calls:

1. If the caller wishes to make, change, or get information about an appointment, proceed with the call per PP 03-08 Appointment Scheduling.
2. If the patient is dissatisfied, Refer to PP 02-05 Variance Reporting to determine the process to follow depending on the nature of the complaint/call.
3. For anything else, see transfer options below. Advise the person that you are going to transfer their call and if transferring to Family Medicine, Pediatrics, Pharmacy, Radiology, Refugee, or Referrals Team. Provide the patient with the number in case of a disconnection.
4. To transfer a call, stay on the line until staff answer, then complete the transfer.

Table A:

Transfer Options:	
Patient requesting refill prescriptions (<i>Do not transfer.</i>)	<ul style="list-style-type: none"> - Ask the patient if they have contacted their pharmacy. If not, have them call their pharmacy. If they are out of refills, the pharmacy will contact the clinic for more. - If the patient has already contacted their pharmacy and there has not been resolution, send Refill Medication Encounter to SA174 Pharmacy Resource Pool using the “.SA174REFILLREQUEST” Template. Be specific with which pharmacy and which medications are being requested. Delete the rest. If the patient is unable to name the medications, but can give other identifying information, such as what the medication is for, then add that information to the encounter instead of the medication name. <ul style="list-style-type: none"> o If a request is open for the same medication(s), then add an addendum to that request instead of starting a new one. - Inform patient that the request will be reviewed within 72 hours by the medical team. - Include the days’ supply remaining in the request. If request needs response within 48 hours or if this is the 3rd request for the same medication, mark as “High” priority - Refer to PP 05-01 Pharmacy Refill Procedure and Refill Request Workflow for full procedures
Patient requesting prescriptions to be sent to another pharmacy (<i>Do not transfer.</i>)	<ul style="list-style-type: none"> - Inform the patient to contact the preferred pharmacy and have them request a transfer from the original pharmacy. - Inform the patient that if it is a controlled medication that not all controlled medications can be transferred. - Send a Telephone Encounter to the Primary Care Provider using the “.SA174 TransferRx” Template.

<p>Calls from Outside Pharmacy <i>(Do not transfer.)</i></p>	<ul style="list-style-type: none"> - Initiate a Telephone Encounter using the “.SA174 PharmCall” Template. <ul style="list-style-type: none"> o Gather the information in the template: name of pharmacy, name of pharmacist, call back number, and fax number. o Determine what the pharmacy is requesting and list the specific medication(s) next to the category of the request. o If there are faxing instructions for the category, relay the information to the caller. o Delete the other categories, so that only the applicable one is showing. o Route the encounter to SA174 Pharmacy Resource Pool for all categories, except route to provider’s MA for ICD-10 calls.
<p>Referrals Team (916) 874-9334</p>	<ul style="list-style-type: none"> - Referral questions - Sacramento Physicians Initiative to Reach out, Innovate and Teach (SPIRIT) referrals - Calls about Durable Medical Equipment (DME), such as nebulizers, oxygen, crutches, braces, blood pressure cuffs, diapers - Calls about Nutritional Supplements, such as Ensure - Any calls with referral & Specialist questions
<p>Family Medicine 916-876-3342</p>	<ul style="list-style-type: none"> - Medical problem Make, change, and reschedule appointment. - Request for same-day/urgent appointment. - Leave a message for a provider. - Speak to a nurse: 916-876-3342
<p>Adult Medicine 916-874-9670</p>	<ul style="list-style-type: none"> - Medical Problem - Make, change, and reschedule appointment. - Request for same-day/urgent appointment. - Leave a message for a provider. - Speak with Triage Nurse(s):916-639-4433
<p>Behavioral Health Clinician of the Day (916) 630-6929 (Pager)</p>	<ul style="list-style-type: none"> - Suicide and Homicide Ideation - Keep the patient on the line and have a colleague page for assistance from ERT Team
<p>Pediatric and Adolescent Primary Care (916) 876-5437</p>	<ul style="list-style-type: none"> - Medical Problem - Make, change, and reschedule appointment. - Request for same-day/urgent appointment. - Leave a message for a provider. - Speak to a nurse-916-874-4404.

Electronic Health Record (EHR) Message to Medical Assistant (Only)	Send message for following reasons: <ul style="list-style-type: none"> - Checking on forms - Letters - Question regarding visits - Labs (are my labs in chart?) - Checking on Will-Call - Patient requesting sooner (not urgent) appointment - Non-medical question or concern
Medical Records request	Transfer call to: 874-9298
Member Services Team/Healthy Partners	Transfer call to: 874-1805
Refugee Health Assessment Program	Transfer call to: 874-9227
Radiology appointment or questions	Transfer call to: 874-9522
Sacramento County PCC Pharmacy-specific questions, like requesting an available refill	Transfer call to: 874-4342
Employment verification	Department of Health Services (DHS) Human Resources: 875-1300

C. Message composition and response:

1. Messages must be professionally written, accurate, complete, and prompt. No slang is acceptable.
2. If a request is open for the same medication(s), then add an addendum to that request instead of starting a new one.
3. Do not send an EHR message to Medical Assistant (MA) or provider if the patient is having urgent medical problems. Transfer call to the Registered Nurse (RN) as noted above.
4. The MA will respond or forward any message within 2 working days, consulting with provider as needed.
5. No staff should reply to Call Center staff after receiving a message from the Call Center. MA or other staff receiving the message may forward it, consult with their supervisor or Lead for message management.
6. Call Center Office Assistant will report any "staff reply" to their Lead.

References:

- [PP 02-02 Interpreter for Patient Care](#)
- [PP 02-05 Variance Reporting](#)
- [PP 03-08 Appointment Scheduling](#)
- [PP 04-01 Urgent Services](#)
- [PP 05-01 Pharmacy Refill Procedure](#)


Attachments:

- [Call Center Call Routing – Primary Care Workflow](#)
- [Call Center Dot Phrase Chart](#)
- [EHR Telephone Encounter Workflow](#)

Contact:

Sandra Johnson, Senior Health Program
Coordinator

CAB Approval: 08/20/2021

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Care Sacramento County Health Center Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	03-13
	Effective Date	5-30-23
	Revision Date	
Title: Chaperone Use for Sensitive Exams		Functional Area: Clinical Operations
Approved By: Dr. Susmita Mishra, M.D., Medical Director		

Purpose:

To provide guidance for the use and standards of chaperones for all Sensitive Exams.

Policy:

- A. The County of Sacramento supports patients' and providers' right to have a Trained and Independent Chaperone (hereinafter called chaperone) be present during examinations and treatments conducted at Sacramento County Health Center (SCHC). The presence of a chaperone in the examination room confers a benefit to both patient and provider. Chaperones may provide reassurance to the patient about the professional context and content of the examination and offer witness to the actual events taking place should there be a misunderstanding.
- B. A chaperone must be present during any Sensitive Exam of a patient aged eight years or older. For patients under age eight, any physical examination must be performed in the presence of a parent or guardian, unless their presence may interfere with the exam, in which case an authorized member of the health care team must be present in addition to the examining Health Care Provider.

PROCEDURE/RESPONSIBILITIES

- A. The SCHC Provider will notify clinical staff when a chaperone is requested or required. The provider will await the presence of the chaperone. The name and presence of a chaperone must be documented in the patient's medical record, and such documentation shall be regularly audited.
- B. A trained and independent chaperone shall also be made available for any other exam upon the patient's (or parent/guardian/caregiver) request.
- C. A patient (or in the case of a minor under the age of 13, the patient's parent) may opt out of this requirement by informing the provider of their preference after receiving information concerning the purpose of a chaperone. However, a physician or other health care provider may be permitted to decline to proceed with an exam or procedure if the patient declines a chaperone. If the physician or health care provider declines to proceed with the exam, the patient will be asked to postpone or reschedule their visit for another time. The provider must document the patient's informed decision in the patient's medical record, and the documentation shall be regularly audited.
- D. If sexual misconduct occurs or if the chaperone believes it may have occurred, they must immediately intervene, if practicable, and in any event, immediately report the event. Chaperones must report to supervisors other than the SCHC

Providers who they are assigned to chaperone.

- E. If feasible, chaperones should be rotated so that they do not consistently chaperone the same clinician.
- F. SCHC Providers should establish clear expectations about respecting patient privacy and confidentiality to which chaperones must adhere. Chaperones should be positioned in the examination room in such a location as to preserve patient dignity.
- G. The patient may request a gender-specific chaperone. If, after an attempt is made to find a staff member of the patient's preferred gender, the patient's request cannot be accommodated, the patient may be asked to postpone or reschedule the visit to another time. The patient may refuse to receive further treatment. If care is not provided, the SCHC Provider must discuss with the patient the risks of not receiving further care and offer alternatives.
- H. Training of chaperones will include specific instruction about the circumstances that require a chaperone, the role of the chaperone in the exam room and documentation requirements, professional boundaries, techniques to be used in the exam room to preserve patient dignity, the SCHC Sexual Violence and Sexual Harassment Policy, and other SCHC policies, The training curriculum will be standardized for all clinic locations.
- I. Patient education materials describing the purpose of a chaperone, the fact that a chaperone's presence is mandated for Sensitive Exams and the process for opting out or for requesting a chaperone for a non-mandated exam must be available in clinics where Sensitive Exams are performed.
- J. SCHC has additional policies requiring the use of chaperones for examinations, procedures, or treatments that do not meet the definition of a Sensitive Exam.

References: Use of Chaperones in UCD Health Systems

Contact Information:

Vanessa Stacholy, Health Program Manager

How do I get my medication refills?

Learning to refill a prescription is a three-step process no matter what pharmacy you use. Let us look at the steps.



1. Check Your Prescription Label: Look at the label on your prescription bottle or box. It should say “refills” with a number next to it and the date by which you need to refill your medication. To refill your prescription simply call your pharmacy or order it through the internet or phone app if your pharmacy allows.

2. Contact Your Pharmacy: Contact your pharmacy 7 days before you run out of medication. If you have zero refills, call your pharmacy, and they will coordinate with your doctor to get more refills. You do not need to call your doctor’s office to request refills.



3. At your next doctor’s appointment: Make sure the correct pharmacy is listed in your medical chart. Review the number of refills you have left before your appointment is over.

**Sacramento County Department of Health Services
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**Governance Committee Report to CAB
July 21, 2023**

1. 2023 CAB Member Recruitment Plan

The Governance Committee discussed and made minor changes to the draft Member Recruitment Plan and recommend approval of the Plan as written.

Governance recommends that CAB continue to focus on recruiting and maintaining consumer members to ensure the 51% consumer majority.

2. Laptops for CAB Members

The laptops purchased by SCHC were distributed to CAB members who requested them to allow members to easily review and make suggested edits to CAB documents but Governance members report the laptops are not working as intended. The Microsoft Suite of programs is pre-installed on the laptop and will run for free with the Windows Product Key (that is assigned with each laptop upon sale or renewal of Windows) but the Product Key has not been issued to CAB members who received a laptop. Dr. Hutchins will follow-up with Admin.

Governance suggests that CAB develop a plan to provide oversight and ensure accountability of the devices while in the possession of CAB members.

Combined HRSA Project Director/Medical Director Report to CAB July 21, 2023

1) Health Resources and Services Administration (HRSA) / Sacramento County Office of Education (SCOE) School Based Mental Health Updates.

- a) The Health Center continues to have communication with HRSA regarding our School Based Mental Health satellite sites on Sacramento Office of Education (SCOE) school sites.

1. Expanded Access Weekend (9am to 1pm) / Evening Clinics (5pm to 7pm).

- a) Completed July 15th weekend clinic: Cervical Cancer screening (pap smears), Well Child visits, Immunizations, Depression QI pilot, iPad for translation services, and Alinea van for Breast Cancer screening.
- b) Upcoming clinics: July 27th (evening), and August 26th (weekend).

2) Health Center Growth Requests.

- a) Positions have been entered into the COMPASS database and are ready for hiring. Management will begin the process to fill the positions.

3) Space/Staffing Updates.

- a) Admin relocation to 711 G Street is still ongoing. Due to unforeseen issues with misplaced furniture (not Health Center staff doing), the move date has been delayed.
- b) Some of the space maximizing projects (e.g., double desks in the office, measurements to determine how to use space) have been completed. Other projects are still pending either due to HRSA approval or awaiting the project to be assigned to a county work team.
- c) Most staff received the state's Clinic Workforce Stabilization Retention Payment (CWSRP) this month. There were a few staff who were not on the original list and therefore did not receive their payment. They have been notified and the situation explained. An expedited Board Letter is being heard on 8/22/2023 to get payments to those staff.
- d) Remodeling of few rooms on both floors complete

4) Access Project / Panel Size Workgroup.

- a) This project is ongoing. We are awaiting data and also purging panels of patients not seen for 3 years or other criteria before moving forward to better understand the current panels and capacity.

5) Health Center Meetings with Area FQHCs.

- a) Zack Staab, Dr. Mendonsa's previous assistant, was heading this project. With his departure, Neilu has graciously stepped up and is coordinating to set up the first meeting – likely with One Community FQHC.

6) Sacramento County Interagency Homeless and Housing Collaborative

- a) As a continuing step toward putting the Local Homelessness Action Plan and City/County agreements into action, the county formed an Interagency Homeless Leadership Team. This group will form in mid to late July and is anticipated to meet monthly for up to 2 hours. The goal of the group is to develop a stronger connection amongst the social service departments within the County and identify where departments and divisions can better work together and streamline services to residents.
- b) Tim Lutz, Director of DHS, has selected a group of senior level leaders to serve on this collaborative. Dr. Mendonsa will represent our division.

7) Contracts and New Initiatives.

- a) CSU, Sacramento (CSUS) School of Social Work – Deputy Director Vargas and Dr. Mendonsa have started initial discussions with CSUS about using social work student-interns as presented at the last meeting. CSUS has agreed to two (2) students to be assigned to the Health Center starting in Fall 2023.
- b) The normal contract cycle is in full gear with renewals and contracts routing internally and then will be released to contractors.

8) MEDICAL DIRECTOR UPDATE:

- a) Provider and Pharmacy staffing-
 - i. Dr. Alejandro Jimenez- Adult Medicine
 - ii. Holly Kirkland-Walsh, NP Street Med
 - iii. Dr. Kate Richards- FM/Psych- half day a week starting 8/1
 - iv. Alejandra Cuevas- Pharmacist
 - v. County On Call staffing for HTN clinic, L&F, Same Day Access Clinic
 - vi. Departure- Melissa Fernandez LMFT
 - vii. Parental leave

- b) Psychiatry- gap in Providers
 - i. Strategizing ways to increase the capacity for Dr. Onate to see all the patients.
 - ii. Working toward bringing Psych NP in January and full time FM/Psychiatry July 2024

- c) Mobile van and L&F celebration- meeting with County Information Officer and L&F Director went well.
 - i. Tentative plan to have the celebration mid-August with invitees to include Dr. Tim Lutz and some of the County Board of Supervisors

- d) Homelessness and Housing (cont'd)
 - i. Homeless and Housing Initiative Plan (HHIP) and Street Med Contract- County Board letter submitted -to accept funding (unknown amount to the clinic) from health plans.
 - ii. We are also in the process of contracting with Health Net to pay for Street Medicine.
 - iii. We are in preliminary talks with the Department of Housing Authority (DHA) with a request for bi-directional information regarding health insurance coverage to allow clinic to bill for services.
 - iv. We are working on getting access to motel vouchers.

- e) School Based Mental Health Clinicians- working on documentation to meet clinical, billing and FQHC compliance. Dr. Mendonsa and I will be participating in the SBMH orientation 7/31-8/3 to improve the understanding of the collaboration and expectation when working in an FQHC satellite site.

2023 SCHC Quality Improvement Plan Quantitative Monitoring Report

AIM: Population Health Outcomes

Category: Clinical Performance Measures

Goal 5 Focused on Measures That Signal a Healthy Start in Life

Achieve Minimum Performance Level

		Target	Q2	Q2	Source
WCV	Wellchild visits for children 3-21	48.93%	3.60%	12.80%	HEDIS
CIS	Childhood immunizations at two years	34.79%	13.10%	17.12%	
IMA	Adolescent immunizations at 13 years	35.04%	25.70%	30.48%	
LOS	Lead Screening	63.99%	23.70%	28.37%	
TFC	Topical fluoride application	TBD	TBD	0.50%	
PNC	Prenatal care	85.40%	52.60%	56.41%	

Goal 6a Focused on Secondary Prevention of Health Issues

Achieve Minimum Performance Level

		Target	Q1	Q2	Source
BCS	Breast cancer screening	50.95%	23.30%	34.79%	HEDIS
CCS	Cervical cancer screening	57.64%	27.50%	43.21%	
COL	Colorectal cancer screening	49.88%	10.90%	18.31%	

Goal 6b

Achieve High Performance Level

		Target	Q1	Q2	Source
CHL	Chlamydia screening in women	55.32%	33.30%	47.57%	HEDIS

Goal 7

Care Coordination and Treatment for Chronic Conditions Prevalent Among SCHC Patients

		Target	Q1	Q2	Source
HBD^	A1C control for diabetic patients	62.53%	20.70%	16.92%	HEDIS
CBP	Controlling high blood pressure for hypertensive patients	59.85%	31.60%	62.64%	

Goal 8

Diagnosis and Treatment of Mental, Behavioral Health and Substance Use Related Conditions

		Target	Q1	Q2	Source
FUA	Follow-up after ED visit or Hospitalization for Alcohol and Drug Use	21.31%	TBD	0.00%	HEDIS
FUM	Follow-up after ED visit or Hospitalization for Mental Health	53.54%	TBD	22.86%	
	Depression Screening	TBD	TBD	TBD	
	Depression Follow Up	TBD	TBD	TBD	
DEP Scr	Depression screening for adolescents/adults	TBD	TBD	TBD	UDS
DEP Plan	Depression follow up for adolescents/adults	60.00%	TBD	TBD	

Patient Numbers CY 2023							
❖ Payor Type			1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Goal ¹
TOTAL	Unduplicated Patients Established (Seen)		8,731	13,090			11,000
Medi-Cal Managed Care	River City Medical Group	Enrolled	8,416				
		Established (Seen)					
	UCD Health Net	Enrolled	3,590				
		Established (Seen)					
	Nivano	Enrolled	3,394				
		Established (Seen)					
Medicare Advantage	Nivano	Enrolled	109				
		Established (Seen)					
Not Insured	Healthy Partners	Enrolled	2,975				
		Established (Seen)					
Self-Pay	Sliding Fee Discount Program	Enrolled					
		Established (Seen)					
Patient Access			1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Goal ²
No Show Rate – Adult Primary Care			19.9 %	19.3 %			≤20%
No Show Rate – Pediatrics & Adolescent Care			24.5 %	23.0 %			≤15%
No Show Rate – Family Medicine			17.1 %	15.2 %			≤20%

¹Patient goal is set prior to the beginning of the three-year HRSA grant period and must be reached by the end.

²There is no federal or state goal to meet. These are proposed internal goals given our history and comparative performance.

Clinical Performance Measures CY 2023							
❖ HEDIS (Health Plans) – Medi-Cal			1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Goal ³
Chlamydia Screening			33.3%	47.6%			54.91%
Follow Up After Emergency Department Visit for Alcohol / Substance Abuse w/in 30 days			0.0%	0.0%			21.31%
Follow Up After Emergency Department Visit for Mental Illness w/in 30 days			0.0%	22.9%			53.54%
Immunization for Adolescents			25.7%	30.5%			36.74%
Lead Screening in Children			23.7%	17.1%			71.53%
Postpartum Care			81.6%	69.2%			76.40%
Weight Assessment and Counseling – BMI			TBD	74.9%			76.64%
Well-Child Visits for <15 months			1.8%	12.7%			70.67%
Well-Child Visits for 15-30 months			17.3%	30.9%			54.92%
Well-Child Visits for 3-21 year olds			3.6%	12.8%			45.31%

Target met

Within 3 percentage points of target

Clinical Performance Measures CY 2023										
❖ HRSA						1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Goal
Body Mass Index (BMI) Screening and Follow-Up Plan						22.7 %	22.9 %			75.0 %
Depression Remission at Twelve Months						0.9 %	1.5 %			
HIV Linkage to Care										100.0 %
HIV Screening						79.5 %	79.4 %			
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet						73.3 %	71.4 %			80.0 %
Low Birth Weight*										10.0 %*
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease						76.8 %	77.5 %			82.9 %
Tobacco Use: Screening and Cessation Intervention						67.3 %	69.3 %			88.6 %
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents						16.4 %	18.1 %			85.0 %
Clinical Performance Measures CY 2023										
❖ HEDIS & HRSA	HEDIS					HRSA				
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Goal	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Goal
Breast Cancer Screening	23.3%	34.8%			53.93%	43.7 %	41.2 %			
Cervical Cancer Screening	27.5%	43.2%			59.12%	46.6 %	46.5 %			40.0 %
Child Immunization Status	13.1%	17.1%			38.20%	16.9 %	15.7 %			55.0 %
Colorectal Cancer Screening	10.9%	18.3%			TBD	25.0 %	28.7 %			30.1 %
Controlling High Blood Pressure	31.6%	62.6%			55.35%	48.1 %	49.6 %			88.6 %
Early Entry into Prenatal Care	52.6%	56.4%			85.89%	65.0 %	59.2 %			50.0 %
Diabetes HbA1c Testing Poor Control# (includes lack of A1c testing)	91.8%	68.7%			39.9%	49.4 %	41.1 %			20.0 %
Screening for Clinical Depression and Follow-Up Plan	TBD	TBD			TBD	42.9 %	44.5 %			60.0 %


#Target Goals for these Measures are inverted.

Greyed out measures are completed by Chart reviews at the close of the Calendar Year.

No Show Rates – Q2 2023 (04/01/2023 – 06/30/2023)

Sacramento County Health Center

Department Name/Mode	Medi-Cal Patients			Healthy Partners Patients			Overall No Show Rate
	No Show Visits	Completed Visits	No Show Rate	No Show Visits	Completed Visits	No Show Rate	
ADULT MEDICINE	1,131	4,462	20.2%	196	1,095	15.2%	19.3%
In Person	1,042	3,747	21.8%	186	943	16.5%	20.8%
Telephone	86	705	10.9%	10	152	6.2%	10.1%
Video	3	10	23.1%				23.1%
FAMILY MEDICINE	122	686	15.1%	6	30	16.7%	15.2%
In Person	118	662	15.1%	5	30	14.3%	15.1%
Telephone	4	14	22.2%	1		100.0%	26.3%
Video		10	0.0%				0.0%
PEDIATRIC MEDICINE	484	1,618	23.0%				23.0%
In Person	461	1,483	23.7%				23.7%
Telephone	23	135	14.6%				14.6%
Video							
BEHAVIORAL HEALTH SERVICES	138	456	23.2%	10	37	21.3%	23.1%
In Person	100	367	21.4%	10	30	25.0%	21.7%
Telephone	35	75	31.8%		6	0.0%	30.2%
Video	3	14	17.6%		1	0.0%	16.7%
DENTAL	28	53	34.6%				34.6%
In Person	28	53	34.6%				34.6%
HOMELESS SERVICES	57	448	11.3%		4	0.0%	11.2%
In Person	57	408	12.3%				12.3%
Telephone		40	0.0%		4	0.0%	0.0%
MOBILE SERVICES	8	93	7.9%				7.9%
In Person	8	93	7.9%				7.9%
SPECIALTY SERVICES	190	1,129	14.4%	48	250	16.1%	14.7%
In Person	157	915	14.6%	45	226	16.6%	15.0%
Telephone	33	213	13.4%	3	24	11.1%	13.2%
Video		1	0.0%				0.0%
REFUGEE SERVICES	121	3,601	3.3%				3.3%
In Person	54	638	7.8%				7.8%
Telephone	67	2,939	2.2%				2.2%
Video		24	0.0%				0.0%

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Care Sacramento County Health Center Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	03-13
	Effective Date	5-30-23
	Revision Date	
Title: Chaperone Use for Sensitive Exams		Functional Area: Clinical Operations
Approved By: Dr. Susmita Mishra, M.D., Medical Director		

Purpose:

To provide guidance for the use and standards of chaperones for all Sensitive Exams.

Policy:

- A. The County of Sacramento supports patients' and providers' right to have a Trained and Independent Chaperone (hereinafter called chaperone) be present during examinations and treatments conducted at Sacramento County Health Center (SCHC). The presence of a chaperone in the examination room confers a benefit to both patient and provider. Chaperones may provide reassurance to the patient about the professional context and content of the examination and offer witness to the actual events taking place should there be a misunderstanding.
- B. A chaperone must be present during any Sensitive Exam of a patient aged eight years or older. For patients under age eight, any physical examination must be performed in the presence of a parent or guardian, unless their presence may interfere with the exam, in which case an authorized member of the health care team must be present in addition to the examining Health Care Provider.

PROCEDURE/RESPONSIBILITIES

- A. The SCHC Provider will notify clinical staff when a chaperone is requested or required. The provider will await the presence of the chaperone. The name and presence of a chaperone must be documented in the patient's medical record, and such documentation shall be regularly audited.
- B. A trained and independent chaperone shall also be made available for any other exam upon the patient's (or parent/guardian/caregiver) request.
- C. A patient (or in the case of a minor under the age of 13, the patient's parent) may opt out of this requirement by informing the provider of their preference after receiving information concerning the purpose of a chaperone. However, a physician or other health care provider may be permitted to decline to proceed with an exam or procedure if the patient declines a chaperone. If the physician or health care provider declines to proceed with the exam, the patient will be asked to postpone or reschedule their visit for another time. The provider must document the patient's informed decision in the patient's medical record, and the documentation shall be regularly audited.
- D. If sexual misconduct occurs or if the chaperone believes it may have occurred, they must immediately intervene, if practicable, and in any event, immediately report the event. Chaperones must report to supervisors other than the SCHC

Providers who they are assigned to chaperone.

- E. If feasible, chaperones should be rotated so that they do not consistently chaperone the same clinician.
- F. SCHC Providers should establish clear expectations about respecting patient privacy and confidentiality to which chaperones must adhere. Chaperones should be positioned in the examination room in such a location as to preserve patient dignity.
- G. The patient may request a gender-specific chaperone. If, after an attempt is made to find a staff member of the patient's preferred gender, the patient's request cannot be accommodated, the patient may be asked to postpone or reschedule the visit to another time. The patient may refuse to receive further treatment. If care is not provided, the SCHC Provider must discuss with the patient the risks of not receiving further care and offer alternatives.
- H. Training of chaperones will include specific instruction about the circumstances that require a chaperone, the role of the chaperone in the exam room and documentation requirements, professional boundaries, techniques to be used in the exam room to preserve patient dignity, the SCHC Sexual Violence and Sexual Harassment Policy, and other SCHC policies, The training curriculum will be standardized for all clinic locations.
- I. Patient education materials describing the purpose of a chaperone, the fact that a chaperone's presence is mandated for Sensitive Exams and the process for opting out or for requesting a chaperone for a non-mandated exam must be available in clinics where Sensitive Exams are performed.
- J. SCHC has additional policies requiring the use of chaperones for examinations, procedures, or treatments that do not meet the definition of a Sensitive Exam.

References: Use of Chaperones in UCD Health Systems

Contact Information:

Vanessa Stacholy, Health Program Manager

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

**Governance Committee Report to CAB
July 21, 2023**

1. 2023 CAB Member Recruitment Plan

The Governance Committee discussed and made minor changes to the draft Member Recruitment Plan and recommend approval of the Plan as written.

Governance recommends that CAB continue to focus on recruiting and maintaining consumer members to ensure the 51% consumer majority.

2. Laptops for CAB Members

The laptops purchased by SCHC were distributed to CAB members who requested them to allow members to easily review and make suggested edits to CAB documents but Governance members report the laptops are not working as intended. The Microsoft Suite of programs is pre-installed on the laptop and will run for free with the Windows Product Key (that is assigned with each laptop upon sale or renewal of Windows) but the Product Key has not been issued to CAB members who received a laptop. Dr. Hutchins will follow-up with Admin.

Governance suggests that CAB develop a plan to provide oversight and ensure accountability of the devices while in the possession of CAB members.