



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

KUYLER CROCKER  
District One

PETE VANDER POEL  
District Two

AMY SHUKLIAN  
District Three

EDDIE VALERO  
District Four

DENNIS TOWNSEND  
District Five

**AGENDA DATE:** January 29, 2019 REVISED

Public Hearing Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Published Notice Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Advertised Published Notice	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Meet & Confer Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>

CONTACT PERSON: Staci Chastain      PHONE: 559-624-8480

**SUBJECT:** Approve an agreement with Essential Access Health

**REQUEST(S):**

That the Board of Supervisors:

1. Authorize the submission of a Grant Application with Essential Access Health in the amount of \$100,000. Essential Access Health released a notice of funding opportunity on August 24, 2018 with a required application submission of September 17, 2018, it was impracticable to get the grant application to the board prior to submission deadline;
2. Find that the county had the authority to submit the application on September 17, 2018, and that it was in the county's best interest;
3. Approve an agreement with Essential Access Health to accept funding in the amount of \$100,000 to provide Title X family planning services through the Essential Access Health program, retroactive from October 1, 2018 through March 31, 2019. This agreement is retroactive due to the delay in receiving a written agreement from Essential Access Health. It was impractical for the Board to take action prior to October 1, 2018 due to the time needed to process, prepare, and submit the agenda item;
4. Find that the Board had authority to enter the proposed agreement as of October 1, 2018 and that it is in the County's best interest to enter the agreement on that date;
5. Approve the necessary budget adjustment per the attached AUD 308 (4/5ths vote required); and

**SUBJECT:** Approve an agreement with Essential Access Health  
**DATE:** January 29, 2019

6. Authorize the Chairman of the Board to sign two (2) copies of the agreement.

**SUMMARY:**

The Tulare County Health and Human Services Agency - Public Health Branch recognizes the value of comprehensive family planning and related preventive services. The program also recognizes that the unmet need for these services tends to be higher in rural, less educated and poorer households. These characteristics are present in a significant portion of Tulare County's population and are well documented in the Tulare County 2017 Community Health Assessment. Organizationally, Tulare County programs provide family planning services/education to schools and the community which includes comprehensive reproductive health education; information on Family Pact and its eligibility criteria; birth control alternatives and the risks of Sexually Transmitted Infections/Sexually Transmitted Diseases. The need for, and the benefits of, providing family planning services are clear. Per-Healthy People 2020, 20 percent of all unintended pregnancies occur among teenage mothers who are less likely to graduate high school and earn on average of \$3,500 less annually. An analysis conducted by the National Survey of Family Growth shows that family planning services are effective in the decline of unintended pregnancies

The Essential Access Health program will provide support for high-quality, voluntary family planning and related health services for both men and women, with priority given to low-income residents of Tulare County. The Essential Access Health program aims to improve the quality of family planning services and increasing the number of users accessing family planning services through quality care delivery and outreach to the community. This will be accomplished by providing information and services that are tailored to meet the unique needs of the individual and prioritizes the overall health and well-being of clients seeking family planning services. This program is anticipated to provide services to 1,962 residents of Tulare County.

This agreement has been approved as to form by County Counsel. The following terms deviate substantively from the standard County boilerplate: 1) County must sign first; 2) Either party may terminate the agreement without cause upon 30 days written notice; and 3) This agreement calls for mutual indemnification, to include attorneys' fees and court costs.

**FISCAL IMPACT/FINANCING:**

The Essential Access Health Grant funding totals \$100,000 for the period of October 1, 2018 to March 31, 2019. At the end of this grant term, there will be an opportunity to amend the contract to extend the period and receive additional funding. Essential Access Health is a California based non-profit organization, and funding for this grant is received from federal funds from the United States Department of Health and Human Services, Office of Population Affairs through the Title X grant.

The purpose of the attached AUD 308 is to increase the Health and Human Services Agency Fiscal Year 2018/2019 budget by \$100,000 which incorporates the

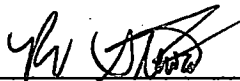
**SUBJECT:** Approve an agreement with Essential Access Health  
**DATE:** January 29, 2019

programs revenues and expenses. There is no additional net cost to the County General Fund.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The County's five-year strategic plan includes the Quality of Life- Promotes public health and welfare, educational opportunities, natural resources management and continued improvement of environmental quality. This project will enhance family planning services by increasing the quality of health education through staff trainings, system changes, and service delivery. In addition, this project will allow the Public Health Branch to provide access to a broader range of effective family planning methods related to preventive health services to community members of Tulare County.

**ADMINISTRATIVE SIGN-OFF:**

 DOB KAREN ELLIOTT  
Karen M. Elliott  
Public Health Director

cc: County Administrative Office

Attachment(s) Agreement  
AUD308  
Grant Application

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN ) Resolution No. \_\_\_\_\_  
AGREEMENT WITH ESSENTIAL ACCESS ) Agreement No. \_\_\_\_\_  
HEALTH )

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: JASON T. BRITT  
COUNTY ADMINISTRATIVE OFFICER/  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

1. Approved the submission of a Grant Application with Essential Access Health in the amount of \$100,000. Essential Access Health released a notice of funding opportunity on August 24, 2018 with a required application submission of September 17, 2018, it was impracticable to get the grant application to the board prior to submission deadline;
2. Found that the county had the authority to submit the application on September 17, 2018, and that it was in the county's best interest;
3. Approved an agreement with Essential Access Health to accept funding in the amount of \$100,000 to provide Title X family planning services through the Essential Access Health program, retroactive from October 1, 2018 through March 31, 2019. This agreement is retroactive due to the delay in receiving a written agreement from Essential Access Health. It was impractical for the Board to take action prior to October 1, 2018 due to the time needed to process, prepare, and submit the agenda item;

4. Found that the Board had authority to enter the proposed agreement as of October 1, 2018 and that it is in the County's best interest to enter the agreement on that date;
5. Approved the necessary budget adjustment per the attached AUD 308 (4/5ths vote required); and
6. Authorized the Chairman of the Board to sign two (2) copies of the agreement.

## AUD-308 - Budget Adjustment Form

12:27 PM

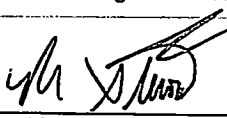
01/14/19				07/2019		2019	
Date		Document ID Number		Accounting Period		Budget Fiscal Year	
		Health and Human Services Agency		Gabriel Diaz-Carrera		624-7490	
		Agency Name		Contact Person		Phone	
				Extension			

Action** A,C,D	Fund	Dept	Appr #	LEVEL 1 Finish Here			Current Amount	Revised Amount	Inc / Dec Amt
C	001	142	142SBEN	Page 1 of 4			150,385,964	150,385,964	(0)
C	001	142	142SSUP				140,568,669	140,597,509	28,840
C	001	142	142IT				11,129,050	11,131,919	2,869
C	001	142	142GS				8,016,901	8,024,901	8,000
C	001	142	142INTRA				57,056,168	57,057,371	1,203
									-
Appropriations Total				Need Not Equal Zero			367,156,752	367,197,664	40,912

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here			Current Amt	Revised Amount	Inc / Dec Amt
A	001	142		6042		9227					11,115	(11,115)
A	001	142		6042		5223					100,000	(100,000)
A	001	142	142SBEN	6042	6001						34,399	34,399
A	001	142	142SBEN	6042	6003						362	362
A	001	142	142SBEN	6042	6004						5,084	5,084
A	001	142	142SBEN	6042	6011						3,938	3,938
A	001	142	142SBEN	6042	6012						2,687	2,687
A	001	142	142SBEN	6042	6014						2,188	2,188
C	001	142	142SBEN	3001	6001					917,600	911,416	(6,184)
C	001	142	142SBEN	3001	6004					125,216	124,361	(856)
C	001	142	142SBEN	3001	6011					101,011	100,287	(724)
C	001	142	142SBEN	3001	6012					69,061	68,560	(501)
C	001	142	142SBEN	3001	6014					58,873	58,548	(325)
C	001	142	142SBEN	3014	6001					6,512,442	6,488,982	(23,460)
C	001	142	142SBEN	3014	6003					170,021	169,659	(362)
C	001	142	142SBEN	3014	6004					872,177	868,430	(3,747)
C	001	142	142SBEN	3014	6011					708,934	706,282	(2,652)
C	001	142	142SBEN	3014	6012					461,392	459,570	(1,822)
Line Total				Must Equal Zero						\$ 9,996,727	\$ 10,115,867	\$ (103,090)

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To incorporate the funding of the Essential Access program (a new grant from funded by Title X federal funds ) to the Health and Human Services Agency Budget.

  
Affected Dept Head Signature

  
Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
( ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Distribution: 1: BOS/CAO/Auditor

By: \_\_\_\_\_  
Board of Supervisors Action: No. \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Action Codes: A=Add, C=Change, D=Deactivate

\* Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs

\* Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa

\* Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa



AUD-308 - Budget Adjustment Form										12:27 PM			
01/14/19						07/2019				2019			
Date				Document ID Number		Accounting Period				Budget Fiscal Year			
				Health and Human Services Agency		Gabriel Diaz-Carrera		624-7490					
				Agency Name		Contact Person		Phone		Extension			
Action** A,C,D	Fund	Dept	Appr #				<b>LEVEL 1 Finish Here</b>	Current Amount	Revised Amount	Inc / Dec Amt			
				Page 2 of 4						-			
<b>Appropriations Total</b>							Need Not Equal Zero	-	-	-			
Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	<b>LEVEL 2 Start Here</b>	Current Amt	Revised Amount	Inc / Dec Amt			
C	001	142	142SBEN	3014	6014			419,197	417,644	(1,553)			
C	001	142	142SBEN	6064	6001			465,609	460,854	(4,755)			
C	001	142	142SBEN	6064	6004			41,417	40,936	(481)			
C	001	142	142SBEN	6064	6011			50,509	49,947	(562)			
C	001	142	142SBEN	6064	6012			35,970	35,606	(364)			
C	001	142	142SBEN	6064	6014			30,658	30,348	(310)			
A	001	142	142SSUP	6042	7025				3,000	3,000			
A	001	142	142SSUP	6042	7036				4,900	4,900			
A	001	142	142SSUP	6042	7066				28,389	28,389			
A	001	142	142SSUP	6042	7073				766	766			
A	001	142	142SSUP	6042	7074				2,900	2,900			
A	001	142	142INTRA	6042	9300				1,203	1,203			
A	001	142	142IT	6042	9307				2,735	2,735			
<b>Line Total</b>							Must Equal Zero	\$ 1,043,360	\$ 1,079,228	\$ 35,868			
Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)													
To incorporate the funding of the Essential Access program (a new grant from funded by Title-X federal funds ) to the Health and Human Services Agency Budget.													
Affected Dept Head Signature						Other Affected Dept Head Signature							
Checked By: _____ County Executive Office Action: No. _____ Date: _____ ( ) Approved ( ) Disapproved						Entered By: _____ Date: _____ Distribution: 1: BOS/CAO/Auditor							
By: _____													
Board of Supervisors Action: No. _____ Date: _____													
<b>** Action Codes: A=Add, C=Change, D=Deactivate</b> * Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs * Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa * Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa													

## AUD-308 - Budget Adjustment Form

12:27 PM

01/14/19

Date

Document ID Number

07/2019

Accounting Period

2019

Budget Fiscal Year

Health and Human Services Agency

Gabriel Diaz-Carrera

624-7490

Agency Name

Contact Person

Phone

Extension

Action** A,C,D	Fund	Dept	Appr #	LEVEL 1 Finish Here			Current Amount	Revised Amount	Inc / Dec Amt
				Page 3 of 4					-
									-
									-
									-
									-
									-
									-
									-
Appropriations Total				Need Not Equal Zero			-	-	-

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here	Current Amt	Revised Amount	Inc / Dec Amt
A	001	142	142IT	6042	9310				134	134
A	001	142	142GS	6042	9311				2,000	2,000
A	001	142	142GS	6042	9312				2,000	2,000
A	001	142	142GS	6042	9313				100	100
A	001	142	142GS	6042	9314				50	50
A	001	142	142GS	6042	9321				2,500	2,500
A	001	142	142GS	6042	9501				1,350	1,350
A	001	142	142INTRA	6042	9700			0	2,300	2,300
A	001	142	142INTRA	6042	9701			0	8,130	8,130
C	001	142	142INTRA	3014	9700			374,004	371,704	(2,300)
C	001	142	142INTRA	3014	9701			937,103	928,973	(8,130)
C	001	142		3001		5504		10,680,000	10,627,384	52,616
C	001	142		6028		9227		175,000	163,885	11,115
Line Total				Must Equal Zero				\$ 12,166,107	\$ 12,110,510	\$ 71,865

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To incorporate the funding of the Essential Access program (a new grant from funded by Title X federal funds ) to the Health and Human Services Agency Budget.

Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: \_\_\_\_\_  
 County Executive Office Action: No. \_\_\_\_\_ Date: \_\_\_\_\_  
 ( ) Approved ( ) Disapproved

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Distribution: 1: BOS/CAO/Auditor

By: \_\_\_\_\_  
 Board of Supervisors Action: No. \_\_\_\_\_ Date: \_\_\_\_\_



## AUD-308 - Budget Adjustment Form

12:27 PM

01/14/19

Date

Document ID Number

07/2019

Accounting Period

2019

Budget Fiscal Year

Health and Human Services Agency

Gabriel Diaz-Carrera

624-7490

Agency Name

Contact Person

Phone

Extension

Action** A,C,D	Fund	Dept	Appr #	LEVEL 1 Finish Here
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Current Amount

Revised Amount

Inc / Dec Amt

Page 4 of 4

## Appropriations Total

Need Not Equal Zero

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here
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Current Amt

Revised Amount

Inc / Dec Amt

C	001	142	142SSUP	6028	7066		
C	001	142		6064		9227	

242,336

231,221

(11,115)

494,718

488,246

6,472

Line Total

Must Equal Zero

\$ 737,054

\$ 719,467

\$ (4,643)

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To incorporate the funding of the Essential Access program (a new grant from funded by Title X federal funds ) to the Health and Human Services Agency Budget.

Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By:

County Executive Office Action: No. Date:

( ) Approved ( ) Disapproved

Entered By:

Date:

Distribution: 1: BOS/CAO/Auditor

By:

Board of Supervisors Action: No. Date:



**Title X Family Planning Services Program  
Request for Proposal (RFP) for Select Counties in California**

**Cover Page**

<b>Organization Name:</b> County of Tulare					
<b>Address:</b>	5957 S. Mooney Blvd.				
<b>City:</b>	Visalia	<b>State:</b>	CA	<b>Zip Code + 4 Digits:</b>	93277
<b>DUNS #:</b>	192631146				
<b>Tax ID #:</b>	94-6000545				

<b>Contact Name:</b>	Staci Chastain
<b>Telephone:</b>	559-624-8488
<b>Email address:</b>	SChastain@tularehhsa.org

# **Title X Family Planning Services Program Request for Proposal (RFP) for Select Counties in California**

## **Checklist**

The items listed below are all required for the application to be considered complete. Please place a check in each box after you have reviewed and included in the application. Submit all materials to Frances Bernabe, Director of Family Planning Programs, via email at [FBernabe@essentialaccess.org](mailto:FBernabe@essentialaccess.org), by 5:00 pm, September 17, 2018.

### **Request for Proposal**

Cover Page	<input checked="" type="checkbox"/>
Applicant Organization Name and Address	<input checked="" type="checkbox"/>
Applicant Contact Name, Telephone, Email	<input checked="" type="checkbox"/>
DUNS #:	<input checked="" type="checkbox"/>
Tax ID #:	<input checked="" type="checkbox"/>
Request for Proposal Application	<input type="checkbox"/>

### **Attachments**

Attachment Name	Attached
Organizational Chart listing family planning program staff	<input checked="" type="checkbox"/>
Proof of Non-profit status	<input checked="" type="checkbox"/>
List of Board of Directors, Governing and/or Advisory Board members	<input checked="" type="checkbox"/>
Onsite Pharmacy License or Dispensary Permit	<input type="checkbox"/>
2018 OSHPD Report	<input type="checkbox"/>
Most Recent Financial Audit Report	<input type="checkbox"/>
Most Recent A-133 Audit Report (if applicable)	<input checked="" type="checkbox"/>
Management Letter of Recommendations	<input type="checkbox"/>
2018 or Most Recent Sliding Fee Scale	<input checked="" type="checkbox"/>
Proposed Budget and Budget Narrative	<input type="checkbox"/>
List of Proposed Clinics and Projected Number of Users	<input type="checkbox"/>

## Application

### I. Agency Information

#### A. Agency Contact Information

[Redacted contact information]

#### B. Organizational Structure

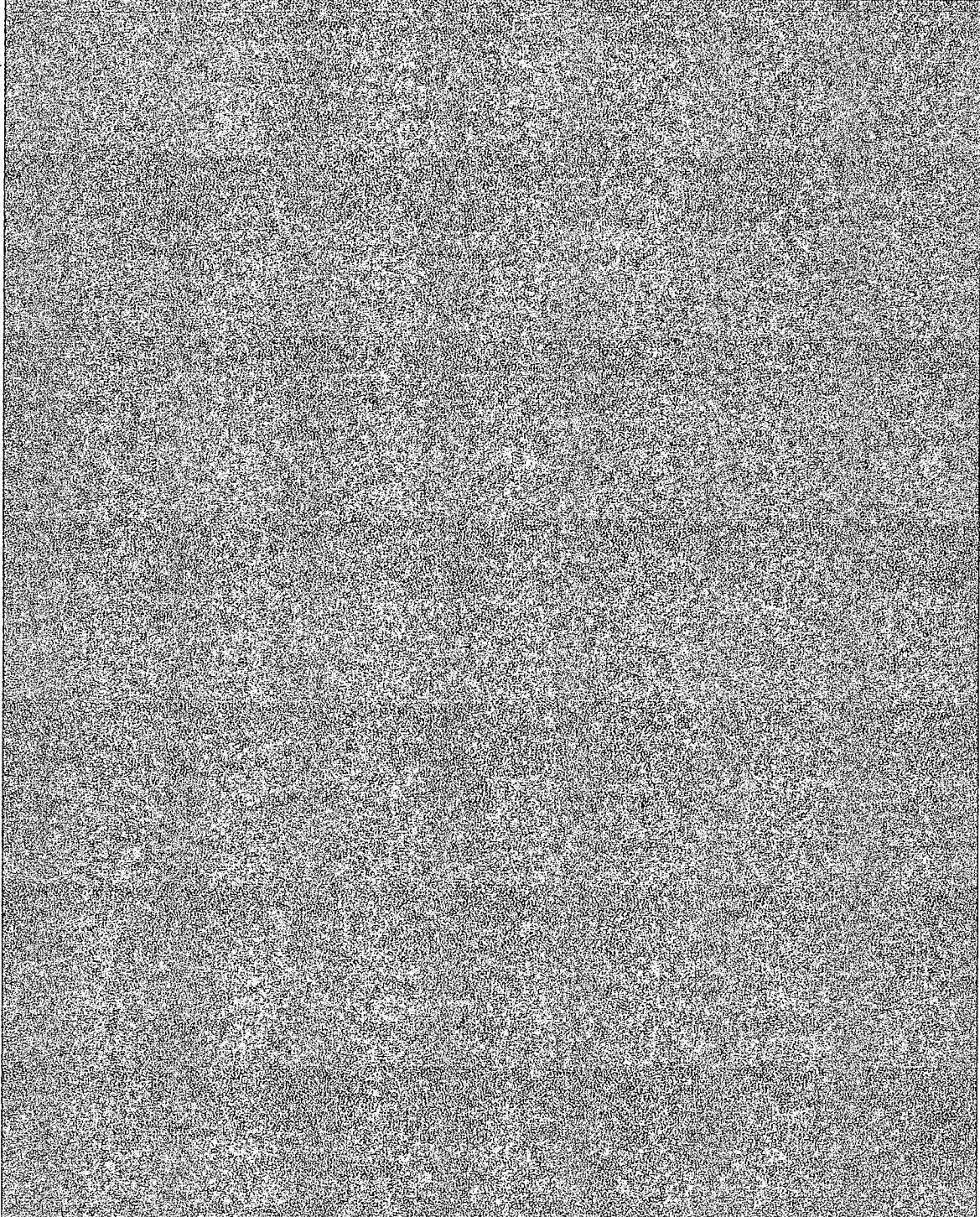
1. Briefly describe the overall organization and Family Planning Program.

350 word limit

Tulare County recognizes the value of comprehensive family planning and related preventive services. It also recognizes that the unmet need for these services tends to be higher in rural, less educated and poorer households. These characteristics are present in a significant portion of Tulare County's population and are well documented in the Tulare County 2017 County Health Assessment (CHA). Organizationally, Tulare County programs provide family planning services/education to schools and the community which includes comprehensive sex education, information on Family Pact and its eligibility criteria, birth control alternatives and the risks of STI/STD. These efforts are complemented by Tulare County clinics who serve as a "last resort" for healthcare in our community. The need for, and the benefits of providing family planning services are clear. Per [www.healthypeople.gov](http://www.healthypeople.gov), 20% of all unintended pregnancies occur among teenage mothers who are less likely to graduate high school and earn on average \$3500 less annually. A steady decline in unintended pregnancies at the national level and an analysis of the National Survey of Family Growth (NSFG), shows that family planning services and in particular contraceptive programs are directly responsible for the decline. Increasing availability of, and access to these services would result in a similar decline in unintended pregnancies in Tulare County, there would be less infant mortality and fewer abortions. Additionally, giving women the ability to control the number and timing of their children will allow them to better take advantage of educational and economic opportunities to improve their and their children's future. While access to these services is critical, education to further raise awareness and promote positive behavioral change is a must as attitudes, cultural beliefs and preconceived notions must be addressed. This can be accomplished through funding for increased educational efforts using mass media and social media and increased face to face interaction with community members.

2. Briefly describe the service area and include information (by zip code if available). Describe in detail your target population(s): include pregnancy rates, teen birth rates, STI/HIV rates, poverty status, domestic violence, cultural/linguistic characteristics, and indicate where there are unmet or high needs among the populations served, and any barriers patients have in accessing care.

500 word limit



3. Describe existing services (primary care, sexual and reproductive, preventive, etc.) offered at the agency.

300 word limit

Besides primary care, specific services provided by the county health clinic are reproductive education, birth control education, STD/STI education and treatment, prescriptions for contraceptives, placement of both five and ten year IUDs, treatment for emergency contraception, administration of injectable contraceptives (Depo-Provera), as well as surveillance visits for continued contraception. The Maternal/Child Adolescent Care (MCAH) program offers nurse home visits for the purpose of case management for women of childbearing age who are pregnant with Syphilis. Nursing staff provides education regarding preconception/interconception care which includes family planning, various birth control methods, and promote condom use to decrease risk of STIs. The nurses refer clients to providers offering Family Planning, Access, Care and Treatment (PACT) Program. Nursing staff prioritize educating Obstetrics providers on how to leverage postpartum visits by offering interconception education and address any issues associated with the patient's most recent pregnancy which may affect future pregnancies. The Communicable Disease (CD) office offers various services to prevent, intervene, and control the spread of disease. This program directly educates members of the community on sexual health, disease transmission, risk of infection, reduction, and various prevention methods. For infected patients, staff provides care coordination and collaborates with primary care providers (PCP) to ensure patients are treated adequately for their infection in a timely matter. For patients that do not have a PCP or insurance, or for whatever reason cannot be treated by their PCP, we arrange for testing and treatment at our County Clinic. In addition, transportation is provided for patients in order to diminish barriers to treatment.



4. Please provide a description of your strategy to broaden access to family planning services. Strategies may include but are not limited to adding satellite sites, mobile units, increasing clinic hours, placing providers in health centers at community colleges or Universities, opening new clinics, and adding existing clinic sites to the Title X network.

500 word limit

Our department will increase sites implementing broad and diverse strategies to expand access to family planning services for county residents. We will bolster our reach by partnering with local community colleges (3 sites within our county) as well as vocational training programs. We will expand our Condom Access Project through increased participation of residents to access free condoms in diverse venues across the county. Venues are diverse and will include community resource centers, LGBTQ resource center, bars, tattoo parlors, and barbershops. We will continue to collaborate with other departments within our agency, such as Mental Health, Child Welfare Services, Foster Youth Services, and Kings/Tulare Homeless Alliance, to provide condoms and lubricants, along with education and resources for these organizations to share with their clientele. We will continue to provide and enhance free HIV testing once a month in two separate locations in the northern and southern part of the county as well as service local college students with HIV testing twice per academic year.

The health clinic has increased hours of operations: open from 7:30 AM to 7:00 PM Monday through Friday and on Saturdays from 8:00 AM until noon, as well as provided 24/7 on-call access for urgent situations or to leave a message for a call back regarding an appointment. Through a recent strategic planning process, TIC HCC is evaluating and expanding patient transportation options and services as well as developing a mobile clinic to increase access to care. Telemedicine is being explored as a possible option to meet the reproductive health needs residents. As always, county clinics continue to evaluate alternative payment options to further accommodate the needs of our patients who are low-income, have decreased levels of educational attainment and often reside in rural communities.

5. List the Year the agency became a Family PACT provider. 1997
6. Is the agency a Medi-Cal Managed Care Provider? Yes ☒ No ☐  
If yes, list the date of last audit. 10/24/17
7. Are any agency health centers school-based? Yes ☐ No ☒  
If yes, please name the school and list the year it was opened.
8. Describe any community partnerships the agency has with other health care organizations.

300 word limit

An infrastructure of community partners is in place to assist the branch's efforts to meet the reproductive health needs of our county's residents. Current collaborators include Health Net, Anthem Blue Cross, the California Health Collaborative, the Alliance for Teen Health, Tulare County Office of Education, Visalia and Dinuba Unified school districts, CAL-LEARN, Planned Parenthood, Young Lives, United Way, Community Services Education and Training (CSET), and ACIT for women and girls. Not only will we work with our department's health clinic, our health department has a strong partnership with community based health clinics which includes Family Healthcare Network, Planned Parenthood, Kaweah Delta Healthcare Clinics, Alturas Centers for Health, and local hospitals. Additional partnerships with the agency's Mental Health program, school nurses, and medical laboratories will ensure connecting residents to care. While Planned Parenthood in Tulare County provides birth control, STD/HIV testing, Urinalysis testing, and Morning-After pill options they are only open three days a week and for limited hours. Working in partnership with Planned Parenthood, patients are referred to us for additional or more complex treatment options at reasonable prices. This is particularly helpful due to our extended hours, including half days on Saturdays.



### C. Community Health Education and Outreach Plan

1. Describe how the agency conducts community education and outreach activities and how the agency addresses sexual and reproductive health needs of the community.

500 word limit

Community education is a priority to our Department. Education and outreach activities are consistently conducted to address the sexual and reproductive health needs of the community. Specifically, the CA PREP program provides comprehensive sexual and reproductive health to youth throughout Tulare County reaching over 1,700 youth in 2017. In partnership with the Alliance for Teen Health, outreach is conducted at local community meetings and health fairs.

The MCAH program staff participate in Health Fairs and focus on providing information regarding perinatal wellness among other programs (Car Seat and Safe A-Sleep). Nurses provide trainings to Family Resource Center staff/case-managers, Residential Treatment Facilities for Women, Alcohol and Other Drug Programs regarding components of interconception/preconception care as it relates to our home-visiting programs as well as providing information about other programs and services available.

CD staff has established a connection with CSET to provide information about Family PACT in their office to youth who are interested in getting family planning services. CD's outreach activities include provider and staff trainings and updates on local and state sexual transmission infection rates, status of the Central Valley's syphilis epidemic, and the role the local health department plays in preventing and controlling the spread of disease. In addition, the presentation reviews expectation of providers and staff, which includes mandatory reporting of diseases under Title 17, treating infections per CDC guidelines, and following the state recommended screening guidelines.

The Condom Access Project continues to be the CD's successful and popular outreach activities, often receiving requests from other agencies to participate in the program. 7 sites provide condom access with approximately 17 thousand individual condom and/or lubricants distributed. Health fair participation allow for the distribution of condoms, lubricant, condom cases, and educational material. Our educational material includes information about sexually transmitted infections, how they affect your body, how they affect your baby, if pregnant, the rights that young people have to access reproductive health services, guidance for parents on how and when to start conversations about sexual health with their children, and information on where they can get tested and treatment. In 2017 alone, it is estimated between 850 and 1115 clients were served by Disease Intervention Specialist activities conducted at 13 separate outreach events.

TC HCC attends multiple health fairs and outreach programs to provide health screening and education. Again, education includes an introduction to the Family PACT program (including flyers and handouts) for those interested in family planning alternatives or family planning education and services. We attend approximate thirty of these functions each year.

2. Please list the date the agency conducted the last community needs assessment.

## II. Financial Information

### A. Financial Management

1. Identify the Financial Management Accounting System used and describe how the system separates receipt and disbursement of funds of each grant or funding source.

200 word limit

Tulare County currently uses AMS Advantage Financial Management (AFIN) system for all accounting applications. This system incorporates a variety of business functions, such as budgeting, general accounting, accounts payable, and accounts receivable, resulting in a single integrated system. Expenses are assigned a numerical coding mechanism that allocates revenues and expenditures to the proper program and activity. It is divided into at least four parts, though sometimes it includes more.

All supply requests and revenues are evaluated by the budget analyst to ensure that expenses and revenues associated with those expenses are correctly coded to the appropriate unit. Each month the budget analyst and accountant go over all charges and revenues for each budget unit to ensure that all charges and revenues were coded correctly and charged or credited to the correct unit.

2. Is the Financial Management Accounting System able to track revenue and expense transactions for family planning and Title X separately (ie: Family PACT)? Yes ☒ No ☐ If no, describe the time needed to establish tracking.

200 word limit

3. What is the agency accounting base? Check box for

Cash ☒ Accrual ☒

4. Are timesheets or another method used to track personnel time spent on projects?

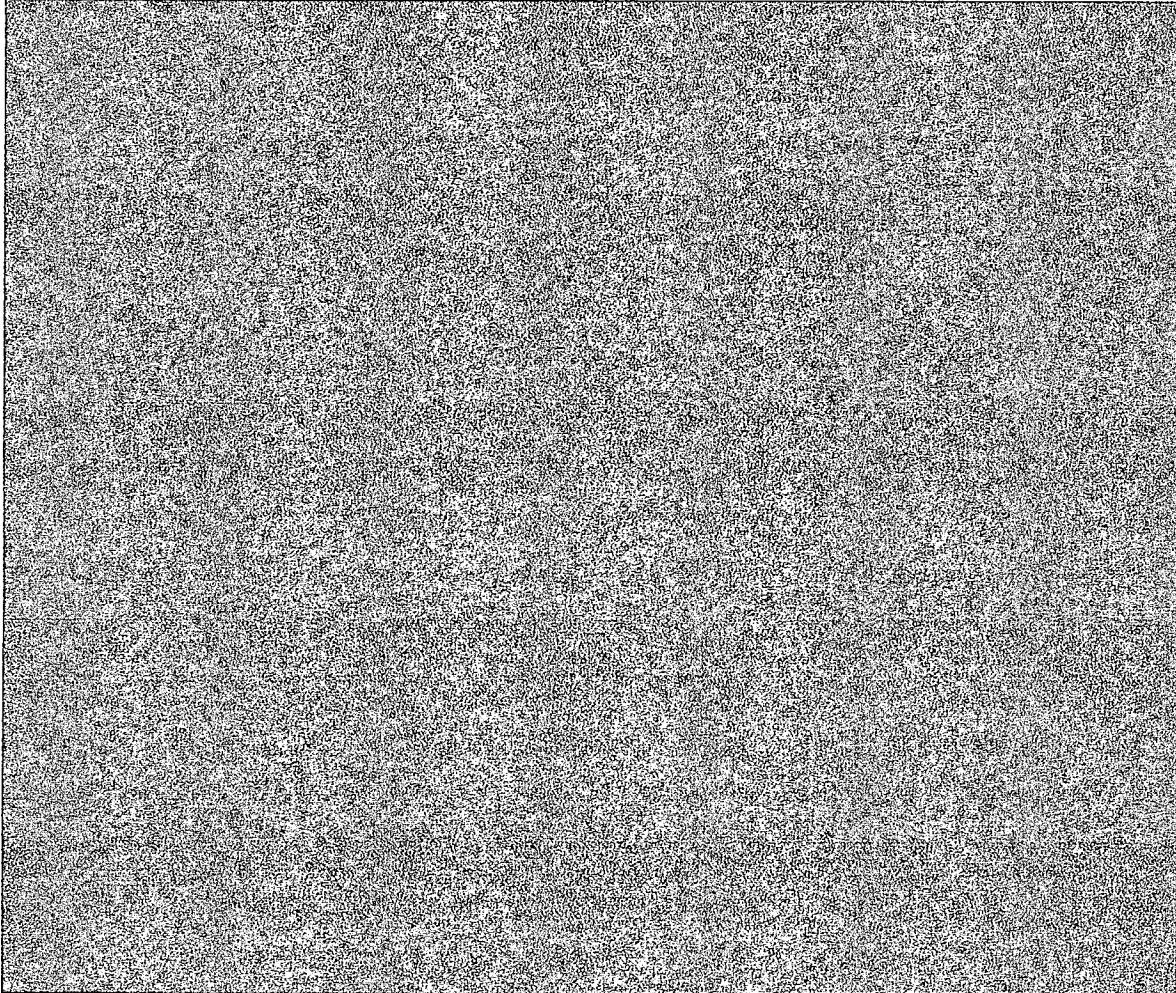
Yes ☐ No ☐

**B. Financial Billing and Collections**

1. Does the agency utilize in-house billers? Yes ☒ No ☒

If no, please identify any third-party biller(s).

350 word limit



2. Are claims submitted electronically? Yes ☒ No ☒



3. Describe process to handle claim denials.

350 word limit

Denial Management is an important part of the Billing Department's role to maximize revenue in order to continue providing quality care to our community. When a claim is denied by an insurance company, the first step is to identify the reason for the denial by looking at the Explanation of Benefits (EOB). In most cases, this information is enough to determine the course of action but sometimes we need to look on the insurance company's website or call them for further information.

After we've identified the reason for the denial, we have a few different options. First, if the denial is due to an internal error such as an incorrect ID#, we can fix the error and re-bill it as a "corrected claim". Second, we can appeal the claim with the appropriate documentation attached for reconsideration by the insurance company. Third, we may need to move the claim on to the next payer for payment. This would typically happen when the primary insurance doesn't cover the service but the secondary payer does. Finally, as a last resort, the biller can send the claim to the supervisor for write off approval.

Prevention of denials is a crucial piece of denial management. Some of our most common denials fall into categories such as registration, coding, authorizations, and medical necessity. Once trends are identified, we develop a cross-functional approach to preventing these issues from occurring in the future. For example, we offer training and various materials to all staff that impact the denial and provide weekly feedback to update staff on the progress.

Through our denial management process, we strive to minimize denials and maximize revenue. Our team is dedicated to achieving this goal and we are continuously evolving our tactics to stay on top of the ever-changing insurance company processes.

4. Are you currently or planning to bill private insurance companies for services?

- a. Yes currently bill ☒
- b. Planning to bill ☐
- c. Considering whether to bill ☐
- d. No current plans ☐
- e. If no, please explain

### C. Sliding Fee Scale

1. Does the agency sliding fee scale go up to 250% of federal poverty level?

Yes ☐ No ☒

2. Is the sliding fee scale entered into the practice management system?

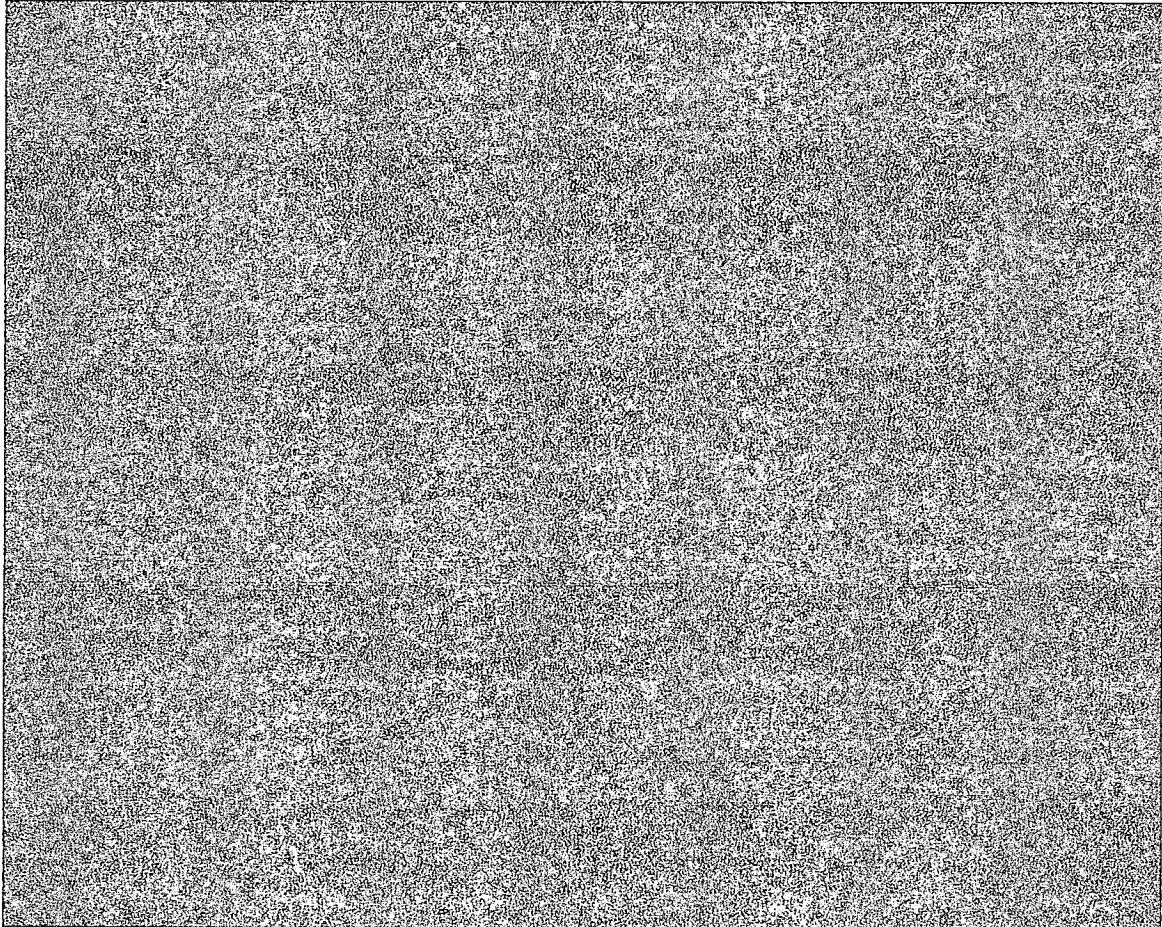
Yes ☒ No ☐

3. Can the practice management system incorporate multiple sliding fee scales?

Yes ☒ No ☐

4. Please describe any recent analysis of costs where the agency has assessed family planning services.

250 word limit



**D. Financial Audit**

1. Agency Fiscal Year From 07/01/16 To 06/30/17
2. Were there significant and/or material findings for the most recent A-133 Audit?

Yes ☐ No ☒ N/A ☐

If yes, describe the Corrective Action Plan.

300 word limit

As part of the County government the single audit covers many programs across agencies, departments, and programs. Although there are findings in the audit they do not pertain to the Public Health programs seeking to be funded by the grant.

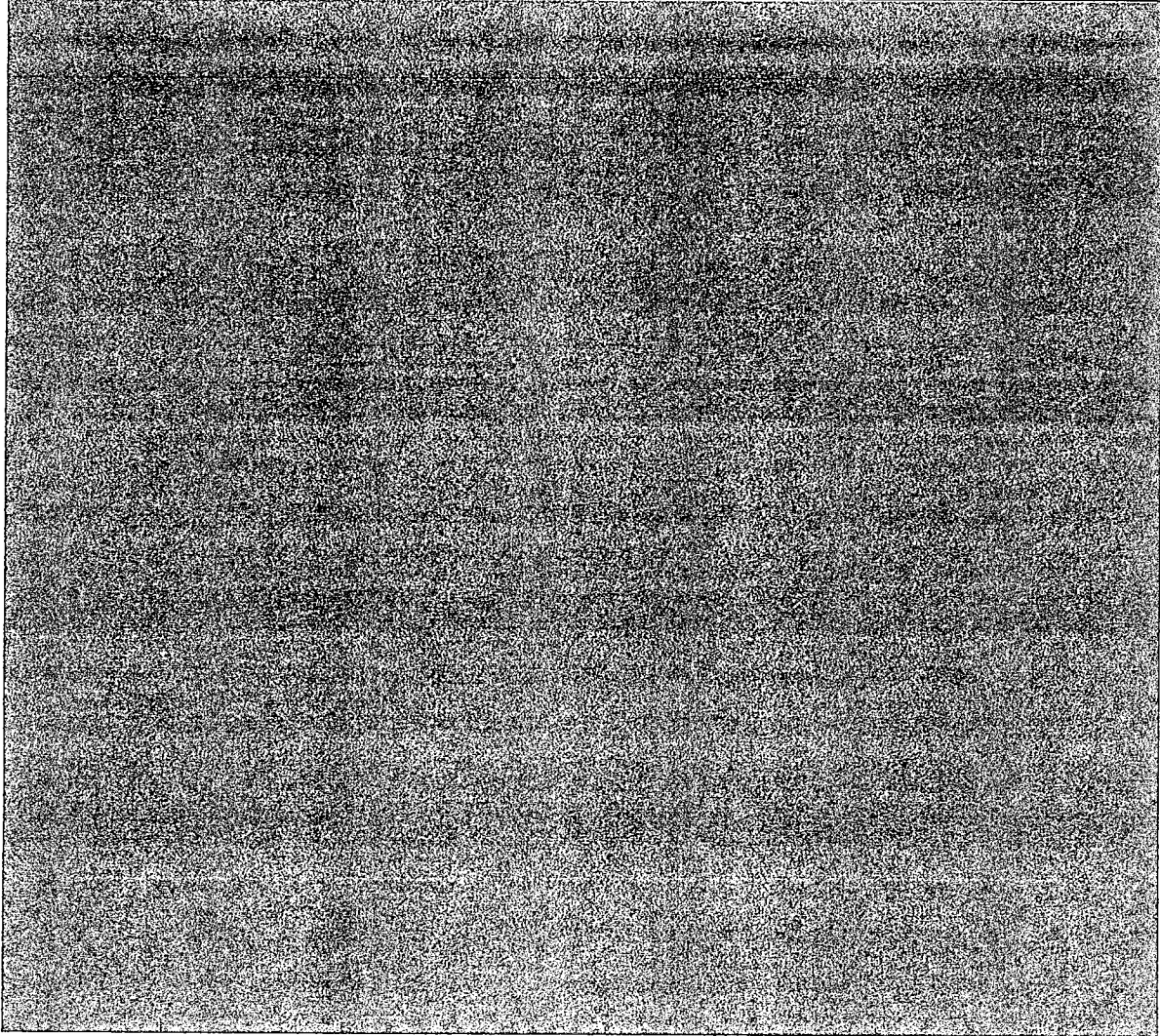


3. Did the agency receive any Management Letter Recommendations?

Yes ☐ No ☒

If yes, describe the Corrective Action Plan.

300 word limit



If yes, what is the projected income or loss for the upcoming year? Please describe how the agency intends to address the deficit.

200 word limit

Tulare County's health care centers do not isolate family planning services when assessing expenses or revenue. The type of analysis outlined has not been conducted.

As for other Public Health Programs in which each program's budget is contained in its own unit those costs are evaluated on a monthly basis. This evaluation includes monitoring current expenses and staff time against expected reimbursement from the grant.

#### E. Insurance Information

##### 1. Types of services

- a. Commercial General Liability
- b. Commercial Proper
- c. Employee Theft
- d. Professional Liability
- e. Directors & Officers
- f. Workers Compensation
- g. Other Health Supportive

Company Name	Expiration Date	Dollar Limit
CSAC EIA	07/01/2019	\$1,000,000
CSAC EIA	03/31/2019	\$25,000,000
CSAC EIA	06/30/2019	\$15,000,000
CSAC EIA	07/01/2019	\$1,000,000
CSAC EIA	06/30/2019	\$15,000,000
CSAC EIA	07/01/2019	\$1,000,000

### III. Services

#### A. Clinical Information

- 1. Provide the number of family planning patient (unduplicated) visits in 2017.  
[REDACTED]
- 2. Provide number of unduplicated individuals served for all patient related services in 2017. 7,879



## B. General Protocols

1. All Title X funded agencies are required to use protocols based on identified national practice standards. **[Check all that apply]**










- a. American Cancer Society ☒
- b. Agency for Health Care Policy ☐
- c. Centers for Disease Control ☒
- d. American College of OB and GYNs ☒
- e. American Society for Colposcopy and Pathology ☒
- f. Agency for Healthcare Research and Quality ☒
- g. Other ☐ AHRQ, AQP, NCOA

2. What is the date of last clinician training on protocols, policies and procedures?  
Date: 11/21/17

### C. Protocols

























1. Adolescent Counseling for Family Planning Protocol
2. Child Abuse Reporting Protocol
3. Sexual Coercion Protocol
4. Human Trafficking Protocol
5. Pregnancy Testing Protocol
6. Family Involvement Protocol

- a. Is this protocol in place?
- b. If yes, date written
- c. Date of last review

1	2	3	4	5	6
					
	11/16/17 			07/26/17 	
	11/16/17 				

- d. Staff positions that read and sign protocol. **[Check all that apply]**

- i. **Medical Director**
- ii. **Clinicians**
- iii. **MA's**
- iv. **Program Managers**

1	2	3	4	5	6
					
					
					
					

- v. Receptionists
- vi. Financial screeners
- vii. CHW's
- viii. Other

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Supportive Staff					

#### D. Clinical Management

1. Have the clinicians been trained to place and remove devices:

IUD		Nexplanon	
Yes	No	Yes	No
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

If yes, please indicate the number trained. #2

If no, indicate where patients are referred.

2. Indicate the percentage of patients using Long Acting Reversible Contraceptives (LARCs) at the health centers. %30

### IV. Quality Assurance and Data Collection

#### A. Quality Assurance/Quality Improvement

1. Is the agency currently designated as a Patient Centered Medical

Home (PCMH)? Yes ☒ No ☐

if yes, at what level? 3

2. Provide an overview of the quality improvement activities that are performed at your health center. Describe any measures that you are collecting to assess the family planning services.

350 word limit

Our health care center has a Quality Assurance (QA) Nurse who selects and audits patient records each month to ensure quality and continuity of care for our patients. These audits ensure that the patient's chief complaint was addressed and resolved during their visit and that resolution is properly documented in the patient's record. These audits also verify that we 'close the loop' on patients being referred outside of the facility to specialty providers, for hospitalization, emergency department visits, or follow up for after-hours contact.

As a health care center industry standards must be met to achieve compliance. Some of these standards include Patient Centered Medical Homes, UDS reporting, Meaningful Use, Family PACT, Comprehensive Perinatal Services Program, and Every Woman Counts. Proactive interventions including meetings with providers and staff ensure proper documentation of patient records which assists in meeting the measures. Our QA nurse establishes a baseline for the documentation of selected measures for the providers and meets with them on a regular basis to determine at what level established baselines are being met.

In regards to family planning services, the QA nurse audits patient records for screening and follow up regarding Hep B, Chlamydia, and HIV and if related services are being offered when appropriate. They also verify that if patients are offered postpartum family planning services and, what follow up steps were taken to ensure follow through. The QA nurse is currently developing a process specifically to conduct audits of family planning services. These audits will be evaluated at two charts per month, per provider, and will be selected for patients representing at different stages in pregnancy.

### 3. Patient Satisfaction and Patient Engagement

- a. How often does the agency conduct patient satisfaction surveys or engage patients in quality assurance? annually
- b. Date of last survey? 12/01/17

- c. Describe two or three actions taken as a result of survey results.

250 word limit

Review of patient satisfaction results from 2017, indicated a decrease in the number of completed survey submissions received from patients of the health care center. A comparison of the patient satisfaction survey results for 2015-2017 to identify any common themes of the patient experience was made. A strategic planning session held in June involved individuals from many departments within our County to identify strategic priorities, which were then presented to our Community Health Care Board in June. The board then selected three strategic priorities. The priorities selected involve technology, patient satisfaction and capacity building. Some of the SMART goals developed are to improve patient wait times, identify transportation options for our patients, build our capacity as a health center to improve services, and provide additional educational materials to our patients through their portal and messaging.

At this time we are developing plans to execute the strategic plan over the next three years. During that time we will closely monitor the rate of completion and identify opportunities to improve to improve patient satisfaction survey results.

**B. Data Collection**

1. Please list the agency Practice Management System (PMS)? Centricity Practice
2. Are there plans to change or update the PMS in the next two years?

Yes ☐ No ☒

If yes, identify the proposed system.

100 word limit

3. Does the agency currently operate with Electronic Medical Records (EMR)?

Yes ☒ No ☐

If yes, please identify the current EMR vendor. If no, please describe plans to adopt EMR and timeline for completion.

100 word limit

Centricity Practice Solution 12 (GE). It is an integrated PM/EMR system.

