

The County of Santa Cruz
Integrated Community Health Center Commission
MEETING AGENDA

November 1, 2022 @ 3:00 pm

MEETING LOCATION: Microsoft Teams Meeting or call in (audio only) +1 916-318-9542, 500021499# United States, Sacramento Phone Conference ID: **500 021 499# / 1080** Emeline Ave., Bldg. D, Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. The County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under Government Code section 54953(e)(3). The Commission makes the following findings in support of this authorization:
 - (A) The Commission has reconsidered the circumstances of the state of emergency; and
 - (B) The following circumstances exist:
 - (i) The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - (ii) State or local officials continue to impose or recommend measures to promote social distancing.
4. October 4, 2022, Meeting Minutes – Action Required
5. Nomination of Officers - Action Required
6. Bylaws Review – Action Required
7. New Outpatient Fee Schedule Review and Approval – Action Required
8. Quality Management Update
9. Social Justice
10. Financial Update
11. CEO/COVID-19 Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
was asked by one of the commissioners if there was a form that acknowledge an employee's great service.	Raquel	10/4/22	

Continuity of Care/Hospital Admitting Policy- How are we going to know that this is being acted upon when someone is admitted?	Raquel	10/4/22	
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Next meeting: December 6, 2022, 3:00pm - 5:00pm

Meeting Location: Microsoft Teams Meeting Or call in (audio only) +1 916-318-9542, 500021499# United States, Sacramento Phone Conference ID: **500 021 499#** / 1080 Emeline Ave., Bldg. D, Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held November 1, 2022.

TELECOMMUNICATION MEETING: Microsoft Teams Meeting - or call-in number +1 916-318-9542 – PIN# 500021499#

Attendance	
Len Finocchio	Vice Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Caitlin Brune	Member
Kim "Coach" Campbell	Member
Gidget Martinez	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Sr. Health Services Mgr.
Julian Wren	County of Santa Cruz, Admin Services Officer
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 3:06 pm and concluded at 4:05 pm	
Excused/Absent:	
Excused: Christina Berberich	
Absent: Ardella Davies	
Absent: Michelle Morton	
Excused: Tammi Rose	
1. Welcome/Introductions	
2. Oral Communications:	
3. County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under AB 361 and Government Code section 54953(e)(3).	
The County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under Government Code section 54953(e)(3). The Commission makes the following findings in support of this authorization: (A) The Commission has reconsidered the circumstances of the state of emergency; and (B) The following circumstances exist:	
(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.	
(ii) State or local officials continue to impose or recommend measures to promote social distancing. Rahn made a motion that these findings be adopted, Dinah second and the rest of members present all in favor.	
4. October 4, 2022, Meeting Minutes – Action Required	
Review of October 4, 2022, Meeting Minutes – Recommended for Approval. Caitlin moved to accept minutes as presented. Coach second, and the rest of the members present were all in favor. Len abstained as he was not present for this meeting.	
5. Nomination of Officers - Action Required	
Len and Caitlin stated they are happy to continue but would like to open it up to other commission members. Caitlin stated she would like to nominate Coach as a member. Rahn suggest we later amend our executive committee rules to make it four members and have Coach and current officers continue, Coach accepts nomination. Rahn made motion to elect the existing three officers who are Christina, Len, and Caitlin and add Coach. Dinah second and the rest of the members present all in favor.	
6. Bylaws Review – Action Required	
Amy stated we are required to review Bylaws and make any updates per HRSA requirements. Amy stated most of the changes are minor. Amy reviewed the Bylaws with committee. Rahn moved to adopt Bylaws as amended. Coach second and the rest of the members present all in favor.	
7. New Outpatient Fee Schedule Review and Approval – Action Required	
Julian stated they have two opportunities each year in November and May to update the unified fee schedule. Julian stated that any fees that the county department charges to the public must be posted publicly and approved by the Board of Supervisors. In accordance with that HRSA also has a requirement that once every three years they review our fee schedule. Julian stated the fee schedule should be on par with our peers. We need to get as close as possible to charging a fee for that is in line with what it cost to provide those services. He stated the cost for us to provide services is \$449.00 per visit. Our fee schedule is currently at	

\$210.00 per visit, and it is time to update the fee schedule. The recommendation is that we reprice our fees based on 185% of the Medicare physician schedule. He stated it is currently at 150% of the Medicare physician schedule, and this increase will get us closer to what the average cost for a billable visit. Coach motioned to approve the new fee schedule. Cailin second, and the rest of commission members present all in favor.

8. Quality Management Committee Update

Raquel reported that herself, Julian, and Jessica are working with OCHIN our electronic health record vendor on data and how the data is being pulled for the Electronic Health Record. Raquel stated that the Quality Management committee met and discussed the inaccurate data. Raquel presented data and it shows they are not doing well; this is due to the way data is being pulled. She stated they are working on this and will report back. The question was asked where the problem was, Raquel stated it was properly training staff on pulling data.

9. Social Justice

This item tabled for next meeting.

10. Financial Update

Julian reported for the month of July the expenditures were more than what the revenue was, he stated this was normal. For the month of August, the revenue was at 6.3 million the expenditures were at 3.2 million he stated this trend looked better this year than last year. Caitlin asked Julian for December's meeting she'd like to see more in depth the revenue to get a little more understanding.

11. CEO/COVID 19 update

Amy shared the latest draft of artwork for the Homeless Persons Health Project (HPHP) van. Some commission members gave feedback on the pictures of the drawings. Amy had nothing else to report.

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Minutes approved _____ / / _____
(Signature of Board Chair or Co-Chair) (Date)

Fiscal Report

BY DR. JULIAN N WREN, MSW, ED.D.

11/1/22 INTEGRATED COMMUNITY HEALTH CARE COMMISSION MEETING



REVENUE AND EXPENDITURES BY MONTH

County of Santa Cruz (HSA)				
FY 21/22 CLINIC (All)(Multiple Items)				
As of 9/30/2022				
Division	CLINIC	▼	Choose Division	
Sub Program	(All)	▼		
GLKey	(Multiple Items)	▼		
Actual	Column Labels	▼	▼	▼
Row Labels	1-July	2-August	3-September	Grand Total
REVENUE	2,788,575	(6,331,264)	(4,470,812)	(8,013,501)
15-INTERGOVERNMENTAL REVENUES	3,288,405	(3,403,473)	(1,376,553)	(1,491,621)
19-CHARGES FOR SERVICES	(697,226)	(2,927,786)	(3,087,589)	(6,712,601)
23-MISC. REVENUES	197,397	(5)	(6,670)	190,722
EXPENDITURE	1,527,079	3,285,126	3,337,489	8,149,694
50-SALARIES AND EMPLOYEE BENEF	1,573,981	2,157,668	2,261,158	5,992,808
60-SERVICES AND SUPPLIES	(313,288)	595,387	617,988	900,087
70-OTHER CHARGES	0			0
80-FIXED ASSETS	0	10,156	0	10,156
90-OTHER FINANCING USES			0	0
95-INTRAFUND TRANSFERS	266,385	521,914	458,343	1,246,643
Grand Total	4,315,654	(3,046,138)	(1,133,323)	136,194

BUDGET FORECAST

Row Labels	Forecasted as of 09-30-22	Actual	Difference	% of Forecasted	Notes
REVENUE	(14,786,268)	(8,013,500)	(6,772,768)	54%	
05-LICENSES, PERMITS AND FRANCHIS	0	0	0	#DIV/0!	
07-FINES, FORFEITURES & ASSMNTS	0	0	0	#DIV/0!	
15-INTERGOVERNMENTAL REVENUES	(2,134,665)	(1,491,621)	(643,044)	70%	
19-CHARGES FOR SERVICES	(12,480,889)	(6,712,601)	(5,768,288)	54%	
23-MISC. REVENUES	(170,715)	190,722	(361,437)	-112%	
EXPENDITURE	14,738,826	8,357,495	6,381,331	57%	
50-SALARIES AND EMPLOYEE BENEF	8,887,284	6,199,476	2,687,808	70%	
60-SERVICES AND SUPPLIES	1,949,764	901,220	1,048,544	46%	
70-OTHER CHARGES	1,165,812	0	1,165,812	0%	Overhead Costs
80-FIXED ASSETS	253,146	10,156	242,990	4%	
95-INTRAFUND TRANSFERS	2,450,996	1,246,643	1,204,353	51%	
Grand Total	(47,442)	343,995	(391,437)	-725%	

CLINIC FINANCIALS BOTTOM LINE

Division	CLINIC			
Sub Program	(All)			
GLKey	(All)			
Row Labels	Budget	Actual	Bud to Act	Var
- REVENUE	(55,112,454)	(8,013,501)	(47,098,953)	
+ 15-INTERGOVERNMENTAL REVENUES	(7,956,478)	(1,491,621)	(6,464,857)	
+ 19-CHARGES FOR SERVICES	(46,519,676)	(6,712,601)	(39,807,075)	
+ 23-MISC. REVENUES	(636,300)	190,722	(827,022)	
- EXPENDITURE	54,935,624	8,357,496	46,578,128	
+ 50-SALARIES AND EMPLOYEE BENEF	33,125,330	6,199,476	26,925,854	
+ 60-SERVICES AND SUPPLIES	7,267,304	901,220	6,366,084	
+ 70-OTHER CHARGES	4,345,299	0	4,345,299	
+ 80-FIXED ASSETS	943,544	10,156	933,388	
+ 90-OTHER FINANCING USES	118,615	0	118,615	
+ 95-INTRAFUND TRANSFERS	9,135,532	1,246,643	7,888,889	
Grand Total	(176,830)	343,995	(520,825)	

References

9/30/22 Financials





Clinic Services Division

Quality Management Report

November 2022



Quality Management Committee

- Alliance Care Based Incentives Data
 - Clinical Quality Performance Measures

Clinical Performance Measures (UDS and HRSA Community Health Quality Recognition)	2021 (baseline)	Benchmarks/ Targets
Behavioral Health		
Depression Remission at 12 months (UDS & NQL Badge)	5%	18%
Screening for Clinical Depression and Follow-Up Plan (UDS,NQL Badge & CBI)	62%	81%
Heart Health		
Tobacco Use Screening and Cessation Intervention (UDS & NQL Badge)	84%	80%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (UDS & NQL Badge)	73%	80%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (UDS & NQL Badge)	73%	80%
Hypertension Control (UDS, NQL Badge & CBI Exploratory)	58%	80%
Diabetes		
Adult Body Mass Index (BMI) Screening and Follow-Up Plan (UDS & NQL Badge)	27%	83.1%
Weight Assessment and Counseling for Nutrition and Physical Activity Children and Adolescents (UDS, NQL Badge & CBI)	25%	77.4%
Uncontrolled Diabetes: Hemoglobin A1c (UDS, NQL Badge & CBI-Inverse Measure)	27%	11.6%

Clinical Performance Measures (UDS and HRSA Community Health Quality Recognition)	2021 (baseline)	Benchmarks/ Targets
HIV Prevention and Care		
HIV Linkage to Care within 30 days of diagnosis (UDS & NQL Badge)	65%	95%
HIV testing (At least a 10% relative increase in the number of HIV diagnostic test performed between consecutive years as reporting in the UDS Table A) (UDS & NQL Badge)	65%	At least 10%
Other Clinical Quality Measures on UDS		
Cervical Cancer Screening (UDS & CBI)	61%	80.5%
Breast Cancer Screening (UDS & CBI)	52%	80.5%
Colorectal Cancer Screening (UDS & CBI Exploratory)	50%	74.4%
Dental Sealants for Children between 6-9 Years (Dientes) (UDS)	30%	42.5%
CBI Quality of Care Measures (only)		
Child and Adolescents Well-Care Visits	43.8%	62.0%
Immunization Adolescents	39.3%	50.6%
Well-child visits in the First 15 months	41.5%	68.3%

Questions?

Thank You

