

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

**May 3, 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. April 5, 2022 Meeting Minutes – Recommend for Approval
4. SAMHSA Grant Application – Recommend Approval
5. HRSA Grant Application – Recommend Approval
6. Quality Management Committee Update
7. Social Justice
8. Financial Update
9. 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		
Commission would like a report back on recruitment practices as it relates on seeking diverse candidates.	Amy		

Next meeting: June 7, 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 May 3, 2022.

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

Attendance	
Christina Berberich	Chair
Rahn Garcia	Member
Dinah Phillips	Member
Gidget Martinez	Member
Kim "Coach" Campbell	Member
Michelle Morton	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Diana Mokaya	County of Santa Cruz, Medical Director
Julian Wren	County of Santa Cruz, Admin. Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
<b>Meeting Commenced at 3:05 pm and concluded at 3:44 pm</b>	
Excused/Absent:	
Excused: Caitlin Brune Excused: Marco Martinez-Galarce Excused: Len Finocchio Excused: David Willis Absent: Ardella Davies	
1. Welcome/Introductions	
2. Oral Communications:	
3. May 3, 2022, Meeting Minutes - Action item	
Review of May 3, 2022, Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as presented. Kim second, and the rest of the members present were all in favor.	
4. SAMHSA Grant Application – Recommend Approval	
Raquel presented the Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Application for approval. The start date of this grant is 9/30/2022. Raquel stated the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2022 for the Medication-Assisted Treatment – Prescription Drug and Opioid Addiction. The purpose of this program is to provide resources to help expand/enhance access to medications for opioid use disorder (MOUD). It is expected that this program will help to 1) increase the number of individuals with Opioid Use Disorder (OUD) receiving MOUD; and 2) decrease illicit opioid use and prescription opioid misuse. This grant will provide medication assisted treatment services to 560 unduplicated patients during the grant's five-year period. The services will be delivered at Clinic Services at the four clinic sites that currently provide MAT services to the population of focus including HPHP, WHC, and Emeline, and through Street Medicine that provides medical services throughout the county to those experiencing homelessness. This is a 5-year grant providing us \$750,000 per year with a grand total of \$3,750,000. Rahn moved to ratify grant as submitted. Kim second, and the rest of the members present were all in favor.	
5. HRSA Grant Application – Recommend Approval	
Raquel presented the American Rescue Plan Act Uniform System Supplemental Funding for Health Centers (ARP-UDS+). She stated this is a noncompetitive award for Health Centers in the amount of \$60,000 which will help us build and fund modifications to our electronic health record vendor. The grant project period time is 8/1/2022 through 3/31/2023. Dinah moved for approval. Kim second, and the rest of the members present were all in favor.	
6. Quality Management Committee Update	
Raquel reported that OCHIN is applying for funding through HRSA to help enhance the services they provide to their clients, which we are part of. Raquel requested that they work on the electronic patient satisfaction survey linked within epic. Currently, we are sending out patient satisfaction survey via text message. Raquel also reported on the hypertension Grant (Bluetooth enabled blood pressure cuffs). She stated as of April, we have distributed 100 monitors to 100 enrolled	

patients and feedback has been great. The Watsonville Clinic launched the program in November. Our Emeline Clinic just launched last month and HPHP will soon follow. Lastly, Raquel reported that all clinics will be gathering together on June 15<sup>th</sup> for skills check day for a morning of education. They will set up various stations where staff will rotate through, details still being worked out.

7. Social Justice

This item tabled for next meeting.

8. Financial Update

Julian Reported on the following:

- **Clinic Financials** – As of March 31, 2022 our budget is at 53,722,378.00 and our actuals are at 28,057,400.
- **Grant Summary** – This report lists the various grants that were approved and received.
- **Days in AR** – At the end of March we were at 46.7 days our goal is to be at 30 days. Julian stated when he checked it today, we were at 32 days, almost at our goal.
- **Percentage of Charges Over 90 days Old** – We want this number as low as possible, we are at 30.7%
- **Charge Review Day** – This report shows that we are making sure claims are reviewed before they go out. We are currently at 27 days.
- **All Clinics Visits** – This report includes IBH, acupuncture patients. Trend is going up.
- **HPHP Visits** - Currently at 357 for March.
- **HPHP Mobile Outreach Visits** – Currently at 44 for March. This report shows individuals that have been seen by provider in mobile clinic.
- **North and South Comparison** – This report shows for March that Emeline Clinic had 1400 visits and Watsonville Clinic had 2396 visits. Even though the Watsonville Clinic has been under construction they have been able to increase their visits. The Watsonville Clinic is open longer and they are open two Saturdays a month, we hope to increase the Emeline Clinic hours of operation very soon.

9. CEO/COVID-19 Update

Amy reported we will be receiving a little more funding through Cal Aim they have a state-wide initiative and some of our HPHP case managers are going to be signed up for expanded case management. This is for those patients who are with the Alliance and are homeless or have substance abuse disorder and mental illness. Amy also reported that we had received a grant to purchase a HVAC for our HPHP Clinic at the original bid of \$435,000.00 but now has gone up to one million dollars. We will likely be withdrawing out of this bid and are looking to expand HPHP to a larger site on Pioneer Street. We are currently negotiating a lease. Lastly, Amy reported that we will support to start hosting residents that are in family practice through a partnership with Dominican Hospital with Moorhouse Medical School from Atlanta. This will start in 2024.

**Next Meeting:** June 7, 2022, 3:00 pm - 5:00 pm  
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

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



# SAMHSA Grant Application (Approval Requested)

Due on April 29<sup>th</sup> submitted on April 27<sup>th</sup>

Award Date: 9/1/2022

Start Date: 9/30/2022

- The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2022 for the Medication-Assisted Treatment – Prescription Drug and Opioid Addiction.
- The purpose of this program is to provide resources to help expand/enhance access to Medications for Opioid Use Disorder (MOUD). It is expected that this program will help to
  - 1) increase the number of individuals with Opioid Use Disorder (OUD) receiving MOUD; and
  - 2) decrease illicit opioid use and prescription opioid misuse.



# SAMHSA Grant Application (Approval Requested)

- Provide Medication Assisted Treatment services to 560 unduplicated patients during the grant's five-year period. The services will be delivered at Clinic Services four clinic sites that currently provide MAT services to the population of focus including HPHP, WHC, and Emeline, and through Street Medicine that provides medical services throughout the county to those experiencing homelessness.
  - Medical Assistant
  - 2 Mental Health Client Specialist (Case Managers)
  - 3 Community Mental Health Aides
  - 5-year grant
    - requesting \$750,000 per year
    - Grand total \$3,750,000



## Health Resources & Services Administration (HRSA)

- ▶ American Rescue Plan Act Uniform System Supplemental Funding For Health Centers (ARP-UDS+)
- ▶ \$60,000
- ▶ Project Period 8/1/2022 through 3/31/2023
- ▶ Noncompetitive award for Health Centers

# HRSA Grant Application (Approval Requested)

## UDS Patient Level Submission (UDS+)

### UDS+ is...

- Beginning with the 2023 UDS, BPHC will accept patient-level report data.
  - UDS Tables PBZC, 3A, 3B, 4, 6A, 6B, and 7

### UDS+ does not...

- Collect full copies of data directly from patients' electronic medical records
- Collect patient identifiers

### BPHC plans to accept UDS+ data in two ways:

- Manual file upload system & Fast Healthcare Interoperability Resources (FHIR)

For more information, visit: [Uniform Data System \(UDS\) Modernization Initiative](#)

Hashed ID	Zip Code	Age	Race	Ethnicity	Diagnoses and Services	Electronic Clinical Quality Measures (eQMs)
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De-identification takes place at health center

Granular data that tells us about the patient without compromising their identity

Clinical outcomes are measured with eQMs that have detailed specifications and guidance.



# HRSA Grant Application (Approval Requested)

## List of UDS tables to be reported in UDS+:

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- **Table 3a**
  - Age
- **Table 3b**
  - Race
  - Ethnicity
  - Language best served in
  - Sexual Orientation/Gender Identity
- **Table 4**
  - Income
  - Principal third-party medical insurance
  - Managed Care Utilization
  - Special populations inclusion
- **Table 6a** (mostly can be defined using standardized code sets or clinical concepts)
  - Selected Diagnoses
  - Selected Services
- **Table 6b** (mostly eCQM)
  - Care quality measures
- **Table 7** (mostly eCQM)
  - Health outcomes and disparities







# HRSA Funding Activities

## Uniform Data System Patient-Level Submission (UDS+) Activities List

Improve Health Information Technology (Health IT)	
<b>Reporting:</b> Improve data quality, aggregation, and analytic capacity to better facilitate UDS+ reporting.	<input type="checkbox"/> YES
<b>Data Integration:</b> Develop data warehousing capabilities to integrate clinical, financial, and/or operational data.	<input type="checkbox"/> YES
<b>Workflow Design:</b> Develop or modify operational workflows to systematically collect data on social risk factors and other barriers that influence patients' health outcomes and receipt of health care.	<input type="checkbox"/> YES
<b>Data Collection:</b> Enhance data collection on structural, process, and outcome measures most meaningful to patients.	<input type="checkbox"/> YES
<b>FHIR:</b> Develop or modify clinical and operational workflows to implement new health IT, Fast Healthcare Interoperability Resources (FHIR), and UDS+ reporting.	<input type="checkbox"/> YES
<b>Interoperability Standards:</b> Enhance EHR interoperability and health information exchange with FHIR in order to support enhanced data collection, improve UDS+ reporting, and align with national interoperability standards.	<input type="checkbox"/> YES
<b>Data Storage:</b> Improve data storage and accessibility through new or expanded server capacity.	<input type="checkbox"/> YES
<b>Internet Efficiency:</b> Update Internet systems to enhance efficiency (e.g., fiber optics lines, increased Internet bandwidth, new routers).	<input type="checkbox"/> YES



# Quality Management Report

May 2022

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# Quality Management Committee

- ▶ Patient Satisfaction Survey
  - ▶ Working with EHR vendor to automate the Patient Satisfaction Survey
- ▶ Hypertension Grant (Bluetooth enabled blood pressure cuffs)
  - ▶ As of April, we have distributed 100 monitors to 100 enrolled patients.
  - ▶ Watsonville launched program November
  - ▶ Emeline just launched last month
  - ▶ HPHP next
- ▶ New Staff Training (including a skills check day on June 15<sup>th</sup>)
  - ▶ Annual wellness visit documentation

# Fiscal Report

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

5/3/22 INTEGRATED COMMUNITY HEALTH CARE COMMISSION MEETING



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Division	CLINIC		
Sub Program	(All)		
GLKey	(All)		
<b>Row Labels</b>	<b>Budget</b>	<b>Actual</b>	<b>Bud to Act Var</b>
- REVENUE	(53,722,378)	(28,057,400)	(25,664,978)
+ 05-LICENSES, PERMITS AND FRANCHIS	0	0	0
+ 07-FINES, FORFEITURES & ASSMNTS	0	0	0
+ 15-INTERGOVERNMENTAL REVENUES	(12,941,624)	(6,340,045)	(6,601,579)
+ 19-CHARGES FOR SERVICES	(39,969,745)	(21,694,501)	(18,275,244)
+ 23-MISC. REVENUES	(811,009)	(22,853)	(788,156)
- EXPENDITURE	52,479,193	30,640,282	21,838,911
+ 50-SALARIES AND EMPLOYEE BENEF	30,383,866	19,973,424	10,410,442
+ 60-SERVICES AND SUPPLIES	8,021,848	4,440,253	3,581,595
+ 70-OTHER CHARGES	3,367,280	1,745,843	1,621,437
+ 80-FIXED ASSETS	1,210,146	92,405	1,117,741
+ 95-INTRAFUND TRANSFERS	9,496,053	4,388,357	5,107,696
<b>Grand Total</b>	<b>(1,243,185)</b>	<b>2,582,882</b>	<b>(3,826,067)</b>

# Clinic Financials 3/31/22

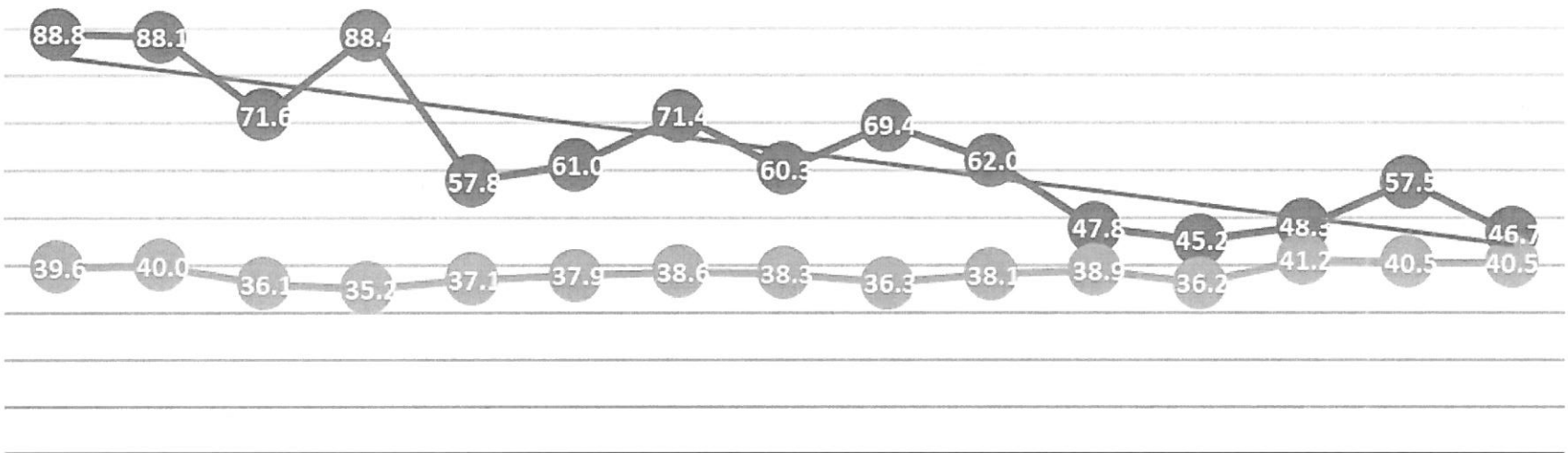
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# Percentage of Forecasted Budget

Row Labels	Forecasted as of 3-31-22	Actual	Difference	% of Forecasted	Notes
<b>REVENUE</b>	(40,291,784)	(28,057,400)	(12,234,384)	70%	
05-LICENSES, PERMITS AND FRANCHIS	0	0	0		
07-FINES, FORFEITURES & ASSMNTS	0	0	0		
15-INTERGOVERNMENTAL REVENUES	(9,706,218)	(6,340,045)	(3,366,173)	65%	
19-CHARGES FOR SERVICES	(29,977,309)	(21,694,501)	(8,282,808)	72%	
23-MISC. REVENUES	(608,257)	(22,853)	(585,404)	4%	
<b>EXPENDITURE</b>	39,359,395	30,640,282	8,719,113	78%	Expenditures should be in line with Revenue Around 70%
50-SALARIES AND EMPLOYEE BENEF	22,787,900	19,973,424	2,814,475	88%	
60-SERVICES AND SUPPLIES	6,016,386	4,440,253	1,576,133	74%	
70-OTHER CHARGES	2,525,460	1,745,843	779,617	69%	
80-FIXED ASSETS	907,610	92,405	815,205	10%	
95-INTRAFUND TRANSFERS	7,122,040	4,388,357	2,733,683	62%	
<b>Grand Total</b>	(932,389)	2,582,882	(3,515,271)		

<b>Grant Summary</b>						
<b>Revenue or Grant</b>	<b>Budget</b>	<b>YTD Expenses</b>	<b>Remaining Budget</b>	<b>Revenue Received</b>	<b>Ends</b>	<b>Drawdowns in Progress</b>
CCI-TIDES - Wave 3	10,000.00	5,384.10	4,615.90	10,000.00	8/31/2022	
Dignity-Dientes	3,000.00	1,531.54	1,468.46	-	6/30/2022	
Harm Reduction Coalition	41,138.40	24,373.15	16,765.25	20,204.15	8/30/2022	
HRSA-Base	2,852,721.00	910,541.89	1,942,179.11	-	1/31/2023	\$ 910,000.00
HRSA-Capital Improvements	672,865.00	23,670.24	649,194.76	19,129.00	9/14/2024	\$ 4,000.00
HRSA-H8E	3,413,375.00	160,445.17	3,252,929.83	25,278.54	3/31/2023	\$ 95,000.00
HHS Provider Relief Phase 4	2,076,994.13	445,609.14	1,631,384.99	2,076,994.13	6/30/2023	\$ 100,000.00
HRSA-NHCI	66,654.00	9,928.78	56,725.22	-	1/31/2023	
HRSA-Ryan White	409,150.00	104,093.90	305,056.10	104,093.90	12/31/2022	
HUD-Match	990,484.00	693,738.43	296,745.57	693,738.43	2/28/2022	
HUD-Bonus Housing	150,308.00	45,985.05	104,322.95	45,985.05	5/31/2022	\$10,000
HUD-Housing Authority	7,817.00	7,817.00	-	7,817.00	6/30/2022	
Sierra Health Foundation	65,000.00	56,719.12	8,280.88	30,000.00	8/31/2022	
SOR2	847,500.00	442,250.00	405,250.00	202,875.00	9/29/2022	
<b>Total</b>	<b>11,607,006.53</b>	<b>2,932,087.51</b>	<b>8,674,919.02</b>	<b>3,236,115.20</b>		Total \$ 1,119,000.00

# Days in AR

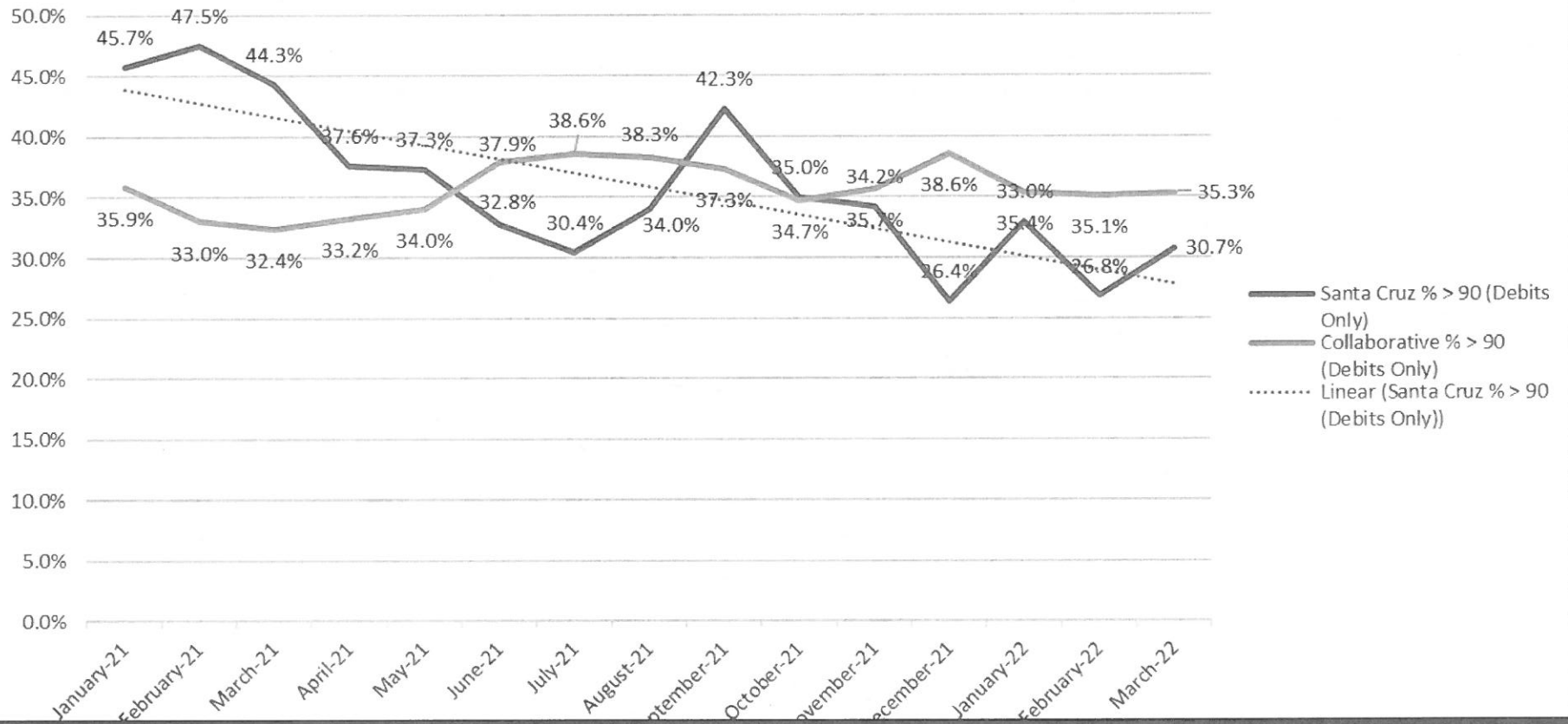


JAN-21 FEB-21 MAR-21 APR-21 MAY-21 JUN-21 JUL-21 AUG-21 SEP-21 OCT-21 NOV-21 DEC-21 JAN-22 FEB-22 MAR-22

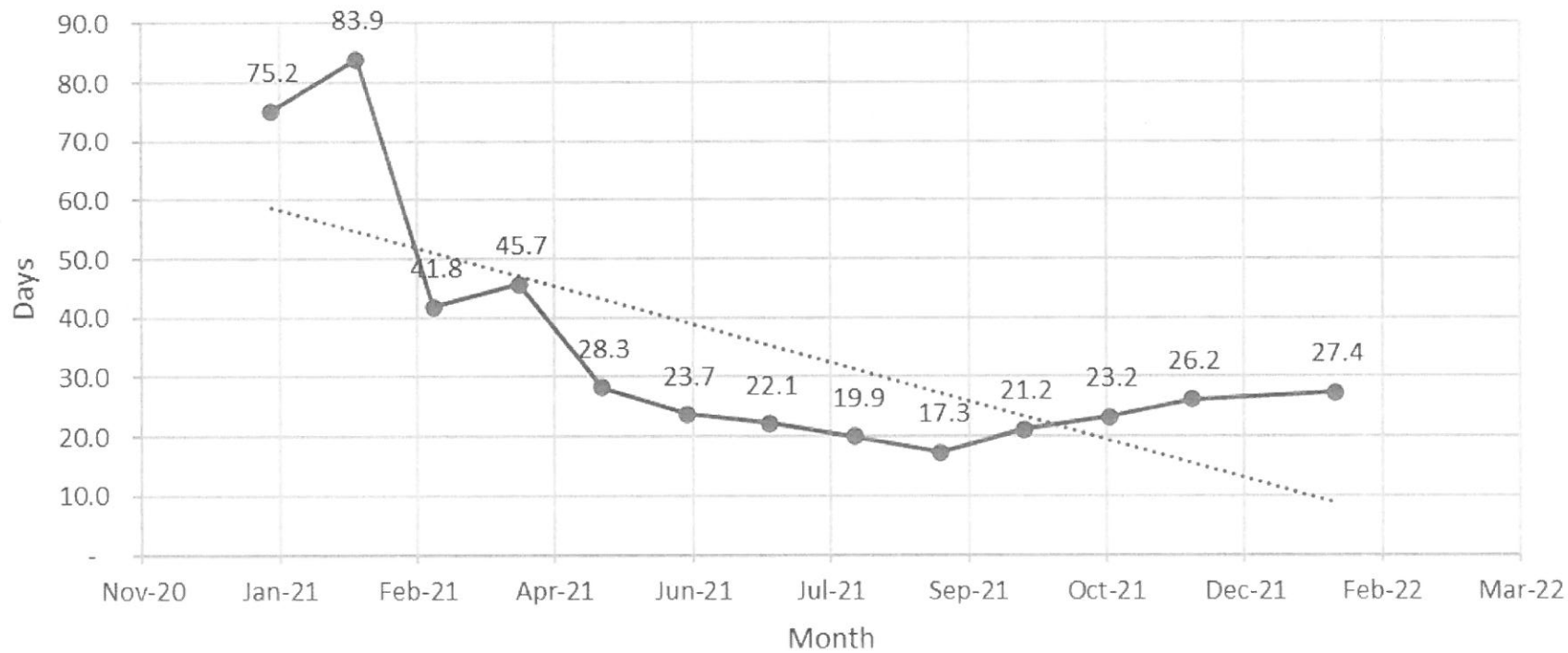
● Santa Cruz Days In A/R    ● Collaborative Days In A/R    — Linear (Santa Cruz Days In A/R)



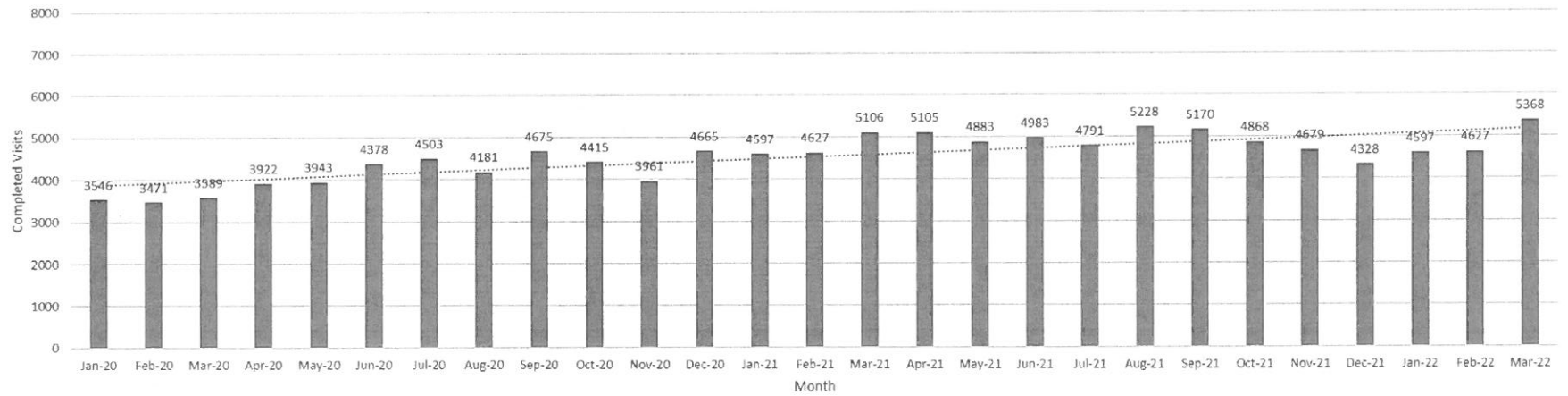
### Percentage of Charges over 90 days Old



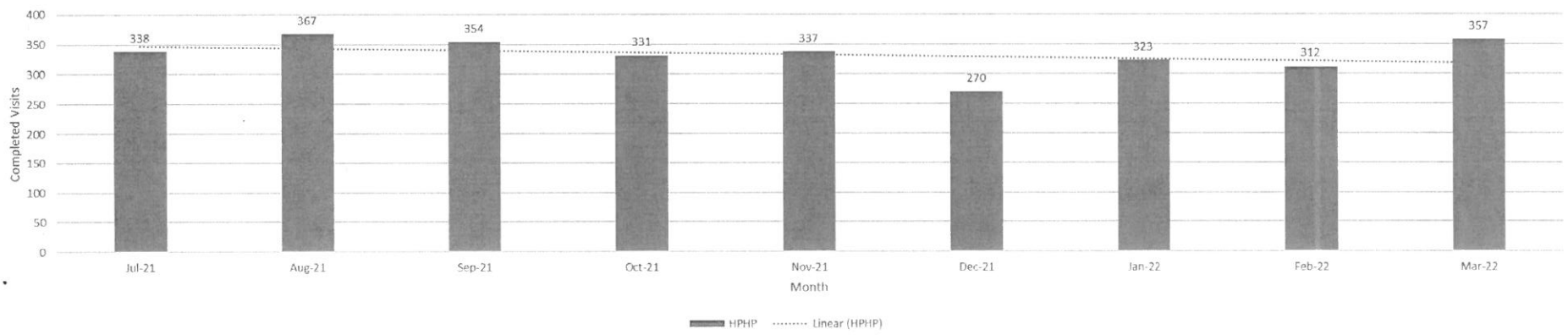
### Santa Cruz Charge Review Days



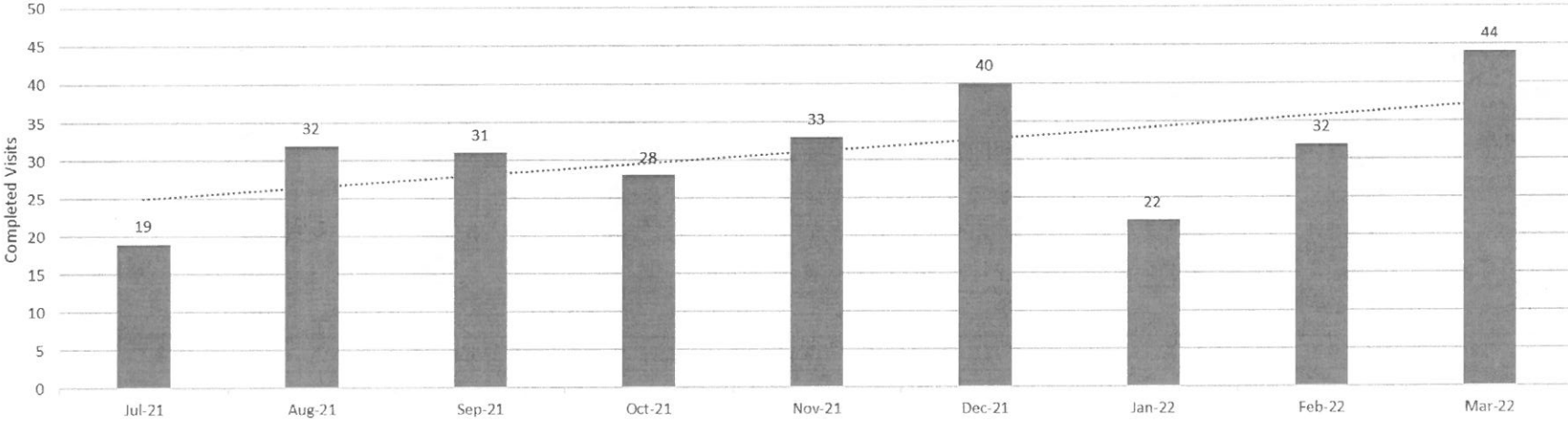
All Clinics Visits

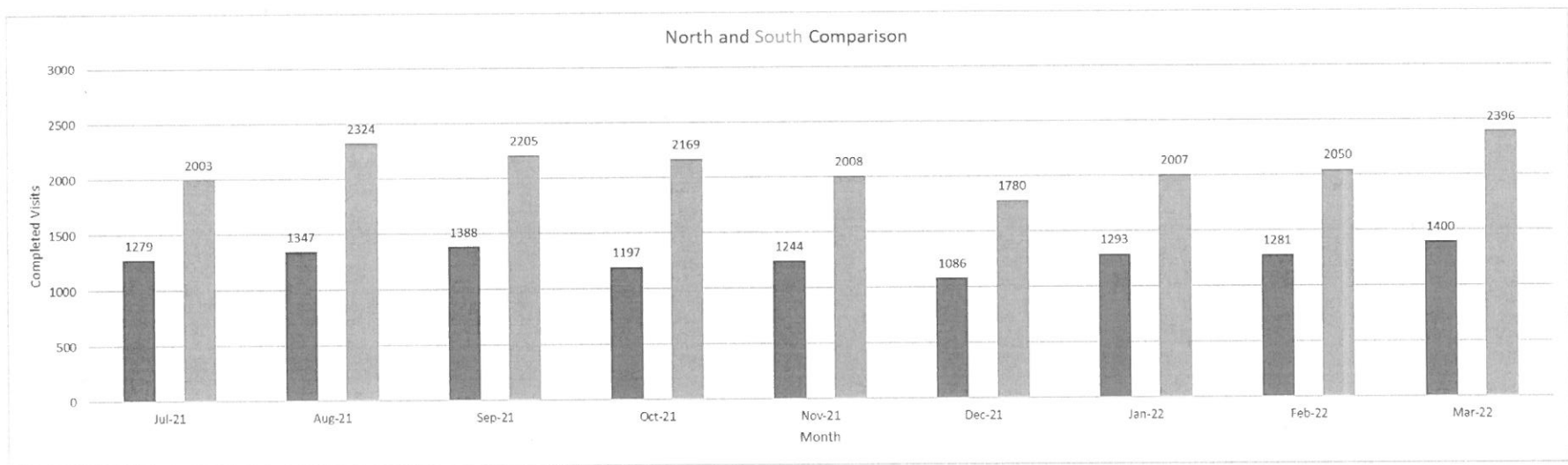


HPHP Visits



HPHP Mobile Outreach Visits





\*Clinic clinician visits only

\*\* North includes Santa Cruz Clinic only

# References

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Epic Revenue Cycle Report Card March 2022.

HSA Financials 3/31/22.

HSA Reporting Portal retrieved 4-28-22