

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

September 6, 2023 @ 4:00pm - 5:00pm

MEETING LOCATION: In-Person - 1430 Freedom Blvd., Suite F, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060 will connect through Microsoft Teams Meeting or call in (audio only) +1 916-318-9542, 500021499# United States, Sacramento Phone Conference ID: **500 021 499#**

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. August 2, 2023, Meeting Minutes – Action Required
4. HIPAA Security Risk Assessment Update – James Dyer
5. Quality Management Update
6. Financial Update
7. CEO/COVID-19 Update

<u>Action Items from Previous Meetings:</u>	Person(s)	Date	Comments
Action Item	Responsible	Completed	

Next meeting: Wednesday, October 4, 2023, 4:00pm - 5:00pm **Meeting Location: In-Person** - 1430 Freedom Blvd., Suite F, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060. Commission will connect through Microsoft Teams Meeting or call in (audio only) +1 916-318-9542, 500021499# United States, Sacramento Phone Conference ID: **500 021 499#**

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held September 6, 2023.

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

Attendance	
Christina Berberich	Chair Officer
Len Finocchio	Co-Chair Officer
Rahn Garcia	Member
Marco Martinez-Galarce	Member
Michelle Morton	Member
Miku Sodhi	County of Santa Cruz, Asst. Director of HSA
Raquel Ramirez Ruiz	County of Santa Cruz, Sr. Health Services Manager
Julian Wren	County of Santa Cruz, Admin Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 4:20 pm and concluded at 5:01 pm	
Excused/Absent:	
Excused: Dinah Phillips Absent: Tammi Rose Absent: Maximus Grisso Excused: Gidget Martinez	
1. Welcome/Introductions	
Commission members all introduced themselves.	
2. Oral Communications:	
Raquel reported that Amy sent a card to Caitlin and Coach, thanking them for their service on the commission. Per Brown Act rules if participating remotely address must be posted on the agenda. Len made a motion that Rahn and Marco will be participating remotely for today's commission meeting due to unforeseen circumstances and there was not enough time to post their address on the agenda. Christina second the motion the rest of members present were all in favor.	
3. August 2, 2023, Meeting Minutes – Action Required	
Review of August 2, 2023, Meeting Minutes – Recommended for Approval. Len moved to accept minutes as presented. Marco second, Christina abstained, and the rest of the members present were all in favor.	
4. HIPAA Security Risk Assessment Update – James Dyer	
This item tabled for next month meeting.	
5. Quality Management Update	
Raquel reported at their last meeting they reviewed Health Resources and Services Administration (HRSA) Uniform Data System (UDS) and looked at the data and identified the Sexual Orientation Gender Identity (SOGI) section of the data it was determined that the Health Centers are not consistently capturing this data. As a result, the Health Center registration staff are updating the patient registration form to reflect the way it is asked in the Electronic Health Record. Raquel stated they are working with all three clinics on this update. Raquel also stated they are working with the Central California Alliance for Health (CCAH) on the Care Based Incentive (CBI) Quality Improvement Project. Raquel stated they are really drilling down on the Cervical Cancer Screening. She reported they had received an incentive grant to work on this measure. They had their first meeting last month and they are in the process of hiring a Nurse Practitioner just to do the cervical screenings. Raquel will report back on progress.	
6. Financial Update	
Julian reported the 21/22 total revenue was \$42.5 million dollars and the 22/23 total revenue was \$47.8 million, he was happy to see this increase in revenue. Julian then gave a break down on each individual clinic's revenue. Julian then reported on total patients for each clinic comparing 21/22 to 22/23. Julian then reported they received a grant from the Alliance for recruiting Medical Assistance. Julian also stated they are working with three recruiting firms to retain providers and they are looking at ways of expediting their Personnel process. Lastly, Julian stated they received funding in the amount of \$49,000.00 to help support covid vaccine administration.	
7. CEO/COVID 19 update	

Raquel reported on behalf of Amy Peeler that the Health Centers Division budget shortfall FY 22/23 is \$1.8 million. In FY 22/23 six revenue generating clinicians left, three to retirement and three for other positions. There are 19.45 FTE revenue generating clinician vacancies that represents a potential loss of \$10.4 million in revenue. Raquel reported that despite the vacancies, revenue continues to rise, indicating higher productivity. Our revenue for services has increased overall for the last two fiscal years. Hiring of three clinicians would easily increase our revenue to meet budget projections. Raquel also reported there is a new Health Officer order requiring use of face mask indoors by all persons in skilled nursing facilities. This order was made considering the seven recent COVID-19 related deaths in skilled nursing facilities as well as significant increase in COVID-19 in Santa Cruz County. It will be in effect from 9/2/2023-10/31/2023. Lastly, the question was asked what kind of loss Santa Cruz County has for Medi-Cal members now deemed ineligible because redetermination started in April and everyone on Medi-Cal needs to submit annual reporting documentation. Raquel will check in with the Alliance and report back.

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

Year End of
Fiscal Year
22-23

Commission
Meeting

9-6-23

Dr. Julian N. Wren

Emeline

Division	CLINIC	Y
Sub Program	EMELINE CLINIC	Y
GLKey	(All)	▼
FiscalMonth	(All)	▼

Row Labels	2021-22 Last Year Annual Actuals	2021-22 Last Year YTD Actuals	2022-23 YTD Actuals	Last Year to Current Year Difference
REVENUE	(9,632,677)	(9,632,677)	(10,831,315)	(1,198,639)
+ 15-INTERGOVERNMENTAL REVENUES	(663,963)	(663,963)	(640,153)	23,810
+ 19-CHARGES FOR SERVICES	(8,724,311)	(8,724,311)	(10,153,447)	(1,429,136)
+ 23-MISC. REVENUES	(244,403)	(244,403)	39,946	284,350
+ 25-OTHER FINANCING SOURCES	0	0	(77,662)	(77,662)
EXPENDITURE	11,806,660	11,806,660	11,676,745	(129,915)
+ 50-SALARIES AND EMPLOYEE BENEF	10,388,451	10,388,451	10,322,815	(65,636)
+ 60-SERVICES AND SUPPLIES	1,349,424	1,349,424	1,299,791	(49,632)
+ 80-FIXED ASSETS	68,786	68,786	54,139	(14,647)
Grand Total	2,173,983	2,173,983	845,430	(1,328,554)

HPHP

Division	CLINIC				
Sub Program	CORAL STREET CLINIC (HPHP)				
GLKey	(All)				
FiscalMonth	(All)				

Row Labels	2021-22 Last Year Annual Actuals	2021-22 Last Year YTD Actuals	2022-23 YTD Actuals	Last Year to Current Year Difference
REVENUE	(5,460,595)	(5,460,595)	(5,393,334)	67,261
07-FINES, FORFEITURES & ASSMNTS	0	0	0	0
15-INTERGOVERNMENTAL REVENUES	(3,705,268)	(3,705,268)	(2,406,619)	1,298,648
19-CHARGES FOR SERVICES	(1,640,776)	(1,640,776)	(2,441,598)	(800,822)
23-MISC. REVENUES	(114,551)	(114,551)	(511,560)	(397,009)
25-OTHER FINANCING SOURCES	0	0	(33,557)	(33,557)
EXPENDITURE	5,002,246	5,002,246	6,281,289	1,279,043
50-SALARIES AND EMPLOYEE BENEF	3,741,754	3,741,754	4,729,810	988,055
60-SERVICES AND SUPPLIES	1,105,292	1,105,292	1,449,731	344,440
70-OTHER CHARGES	222,731	222,731	48,229	(174,502)
80-FIXED ASSETS	23,670	23,670	19,665	(4,005)
90-OTHER FINANCING USES	0	0	33,855	33,855
95-INTRAFUND TRANSFERS	(91,201)	(91,201)	0	91,201
Grand Total	(458,349)	(458,349)	887,955	1,346,304

Watsonville

Division	CLINIC	▼
Sub Program	WATSONVILLE CLINIC	▼
GLKey	(All)	▼
FiscalMonth	(All)	▼

Row Labels	2021-22 Last Year Annual Actuals	2021-22 Last Year YTD Actuals	2022-23 YTD Actuals	Last Year to Current Year Difference
☐ REVENUE	(11,378,433)	(11,378,433)	(14,012,199)	(2,633,766)
⊕ 05-LICENSES, PERMITS AND FRANCHIS	0	0	0	0
⊕ 15-INTERGOVERNMENTAL REVENUES	(282,085)	(282,085)	(167,707)	114,378
⊕ 19-CHARGES FOR SERVICES	(10,823,574)	(10,823,574)	(13,820,326)	(2,996,751)
⊕ 23-MISC. REVENUES	(272,774)	(272,774)	48,220	320,993
⊕ 25-OTHER FINANCING SOURCES	0	0	(72,386)	(72,386)
☐ EXPENDITURE	10,684,497	10,684,497	12,346,991	1,662,494
⊕ 50-SALARIES AND EMPLOYEE BENEF	9,157,565	9,157,565	10,114,236	956,671
⊕ 60-SERVICES AND SUPPLIES	1,515,624	1,515,624	2,066,480	550,855
⊕ 70-OTHER CHARGES	46	46	0	(46)
⊕ 80-FIXED ASSETS	11,261	11,261	91,287	80,025
⊕ 90-OTHER FINANCING USES	0	0	74,989	74,989
⊕ 95-INTRAFUND TRANSFERS	0	0	0	0
Grand Total	(693,936)	(693,936)	(1,665,208)	(971,272)

Watsonville Dental

Division	CLINIC	▼
Sub Program	WATSONVILLE DENTAL	▼
GLKey	(All)	▼
FiscalMonth	(All)	▼

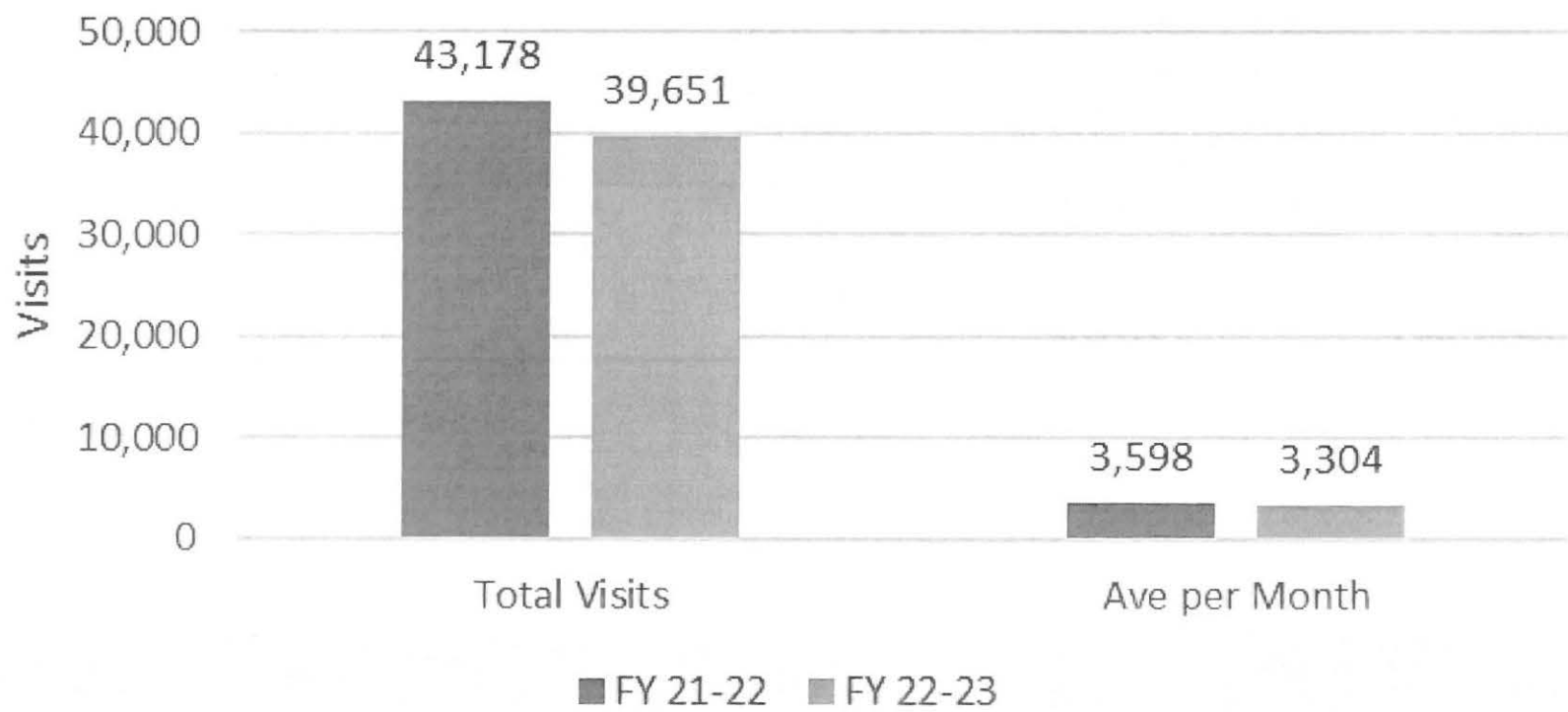
Row Labels	2021-22 Last Year Annual Actuals	2021-22 Last Year YTD Actuals	2022-23 YTD Actuals	Last Year to Current Year Difference
[-] REVENUE	(2,919,833)	(2,919,833)	(3,522,633)	(602,800)
⊕ 19-CHARGES FOR SERVICES	(2,919,833)	(2,919,833)	(3,522,633)	(602,800)
[-] EXPENDITURE	2,246,042	2,246,042	1,843,195	(402,846)
⊕ 60-SERVICES AND SUPPLIES	2,246,042	2,246,042	1,843,195	(402,846)
Grand Total	(673,791)	(673,791)	(1,679,437)	(1,005,647)

IBH

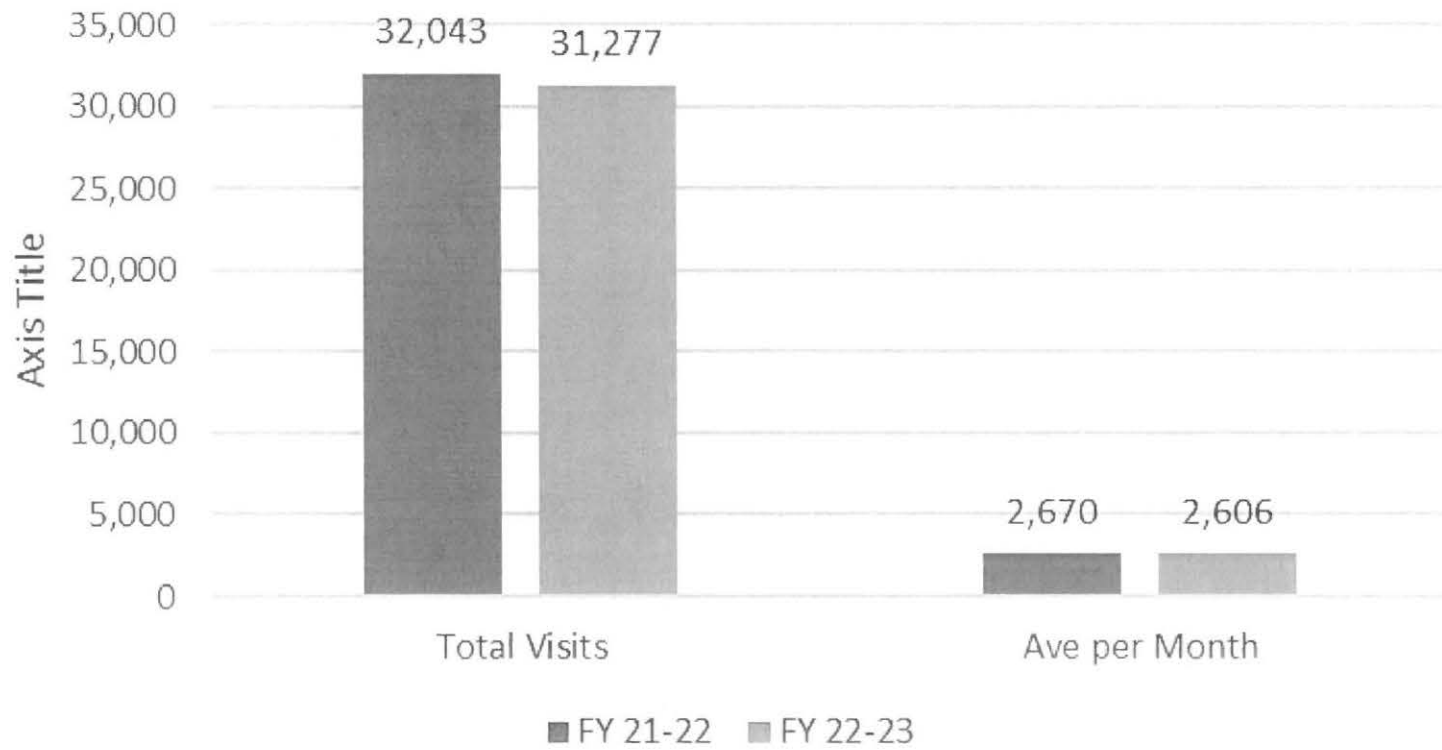
Division	CLINIC	▼
Sub Program	(All)	▼
GLKey	(Multiple Items)	▼
FiscalMonth	(All)	▼

Row Labels	2021-22 Last Year Annual Actuals	2021-22 Last Year YTD Actuals	2022-23 YTD Actuals	Last Year to Current Year Difference
[-] REVENUE	(4,982,720)	(4,982,720)	(5,410,135)	(427,415)
+ 19-CHARGES FOR SERVICES	(4,982,720)	(4,982,720)	(5,381,372)	(398,652)
+ 25-OTHER FINANCING SOURCES	0	0	(28,763)	(28,763)
[-] EXPENDITURE	3,764,126	3,764,126	3,819,477	55,351
+ 50-SALARIES AND EMPLOYEE BENEF	3,623,220	3,623,220	3,734,395	111,175
+ 60-SERVICES AND SUPPLIES	140,906	140,906	85,082	(55,823)
Grand Total	(1,218,594)	(1,218,594)	(1,590,658)	(372,064)

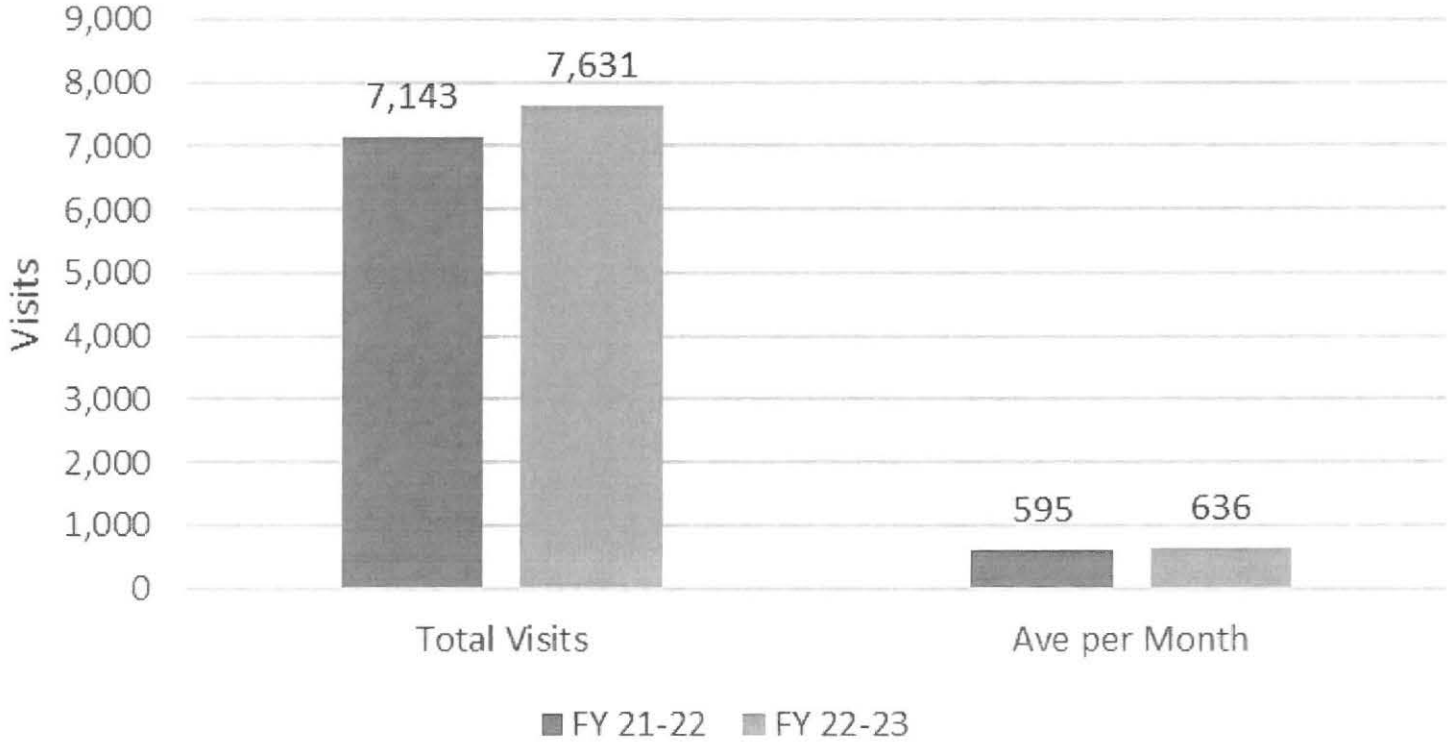
Watsonville Health Center



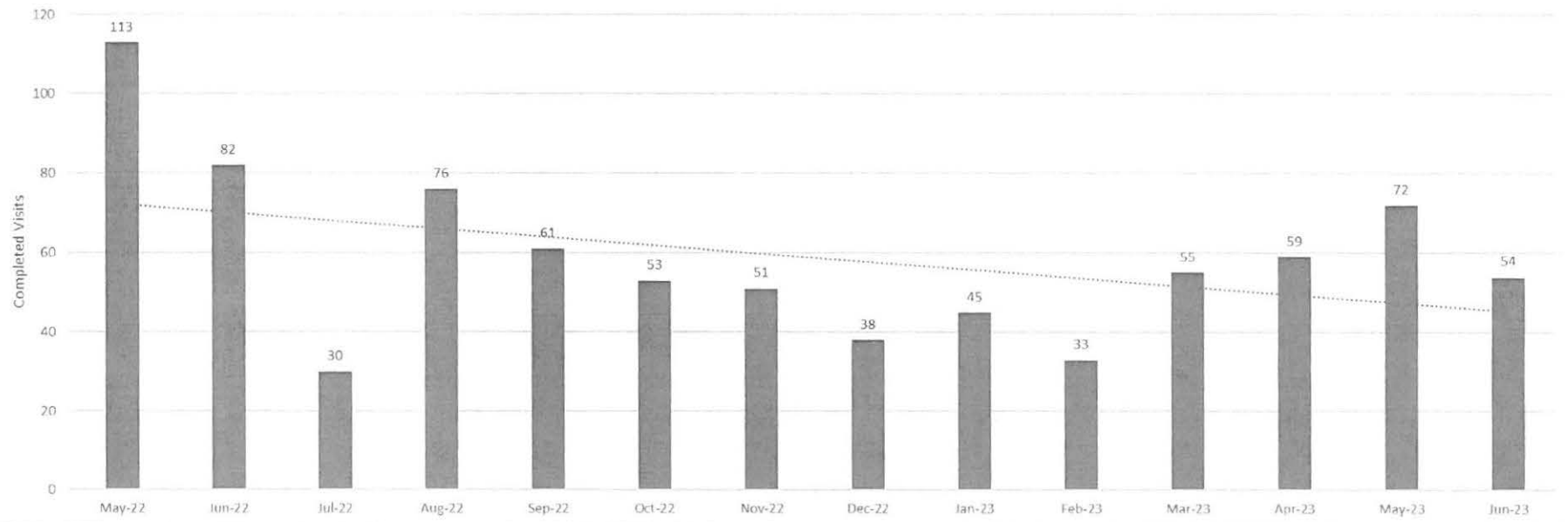
Emeline Health Center



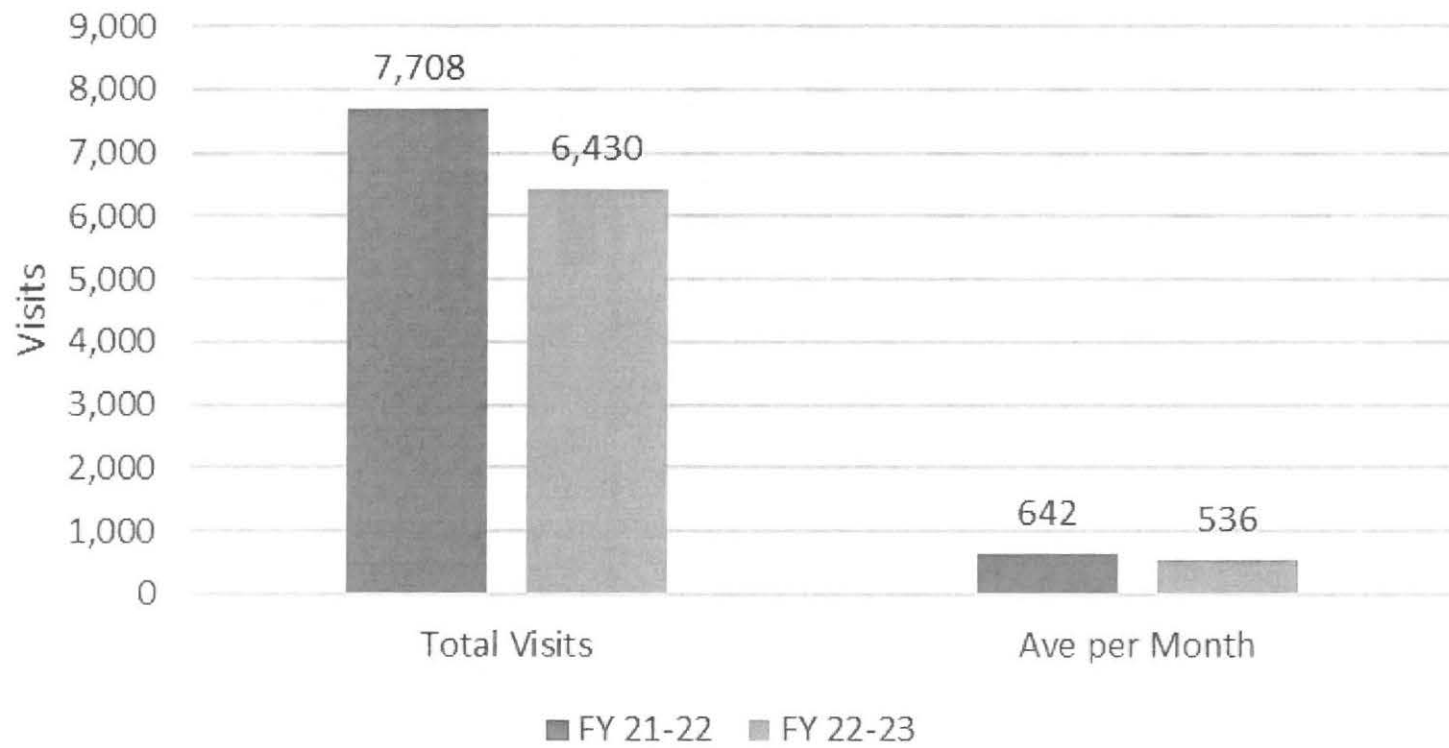
HPHP Health Center



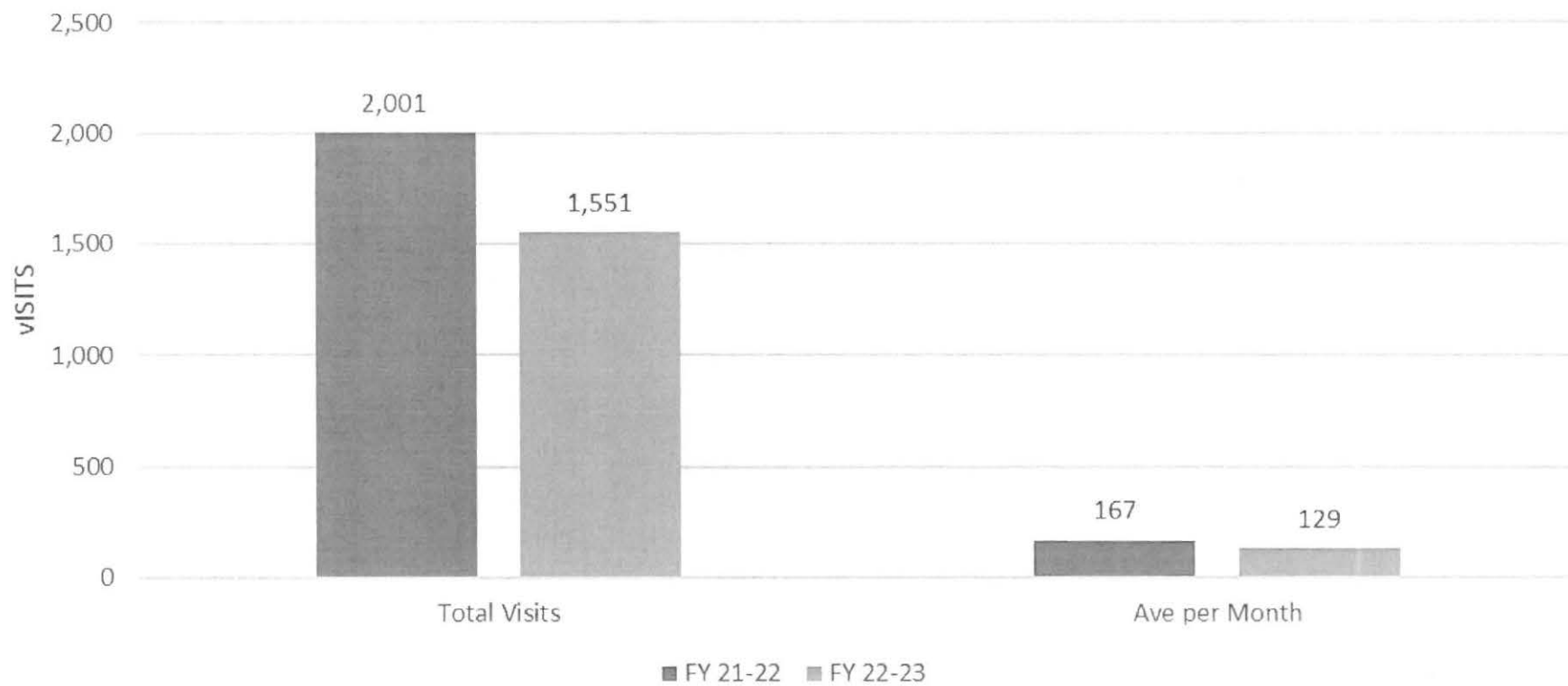
HPPH Mobile Outreach Visits



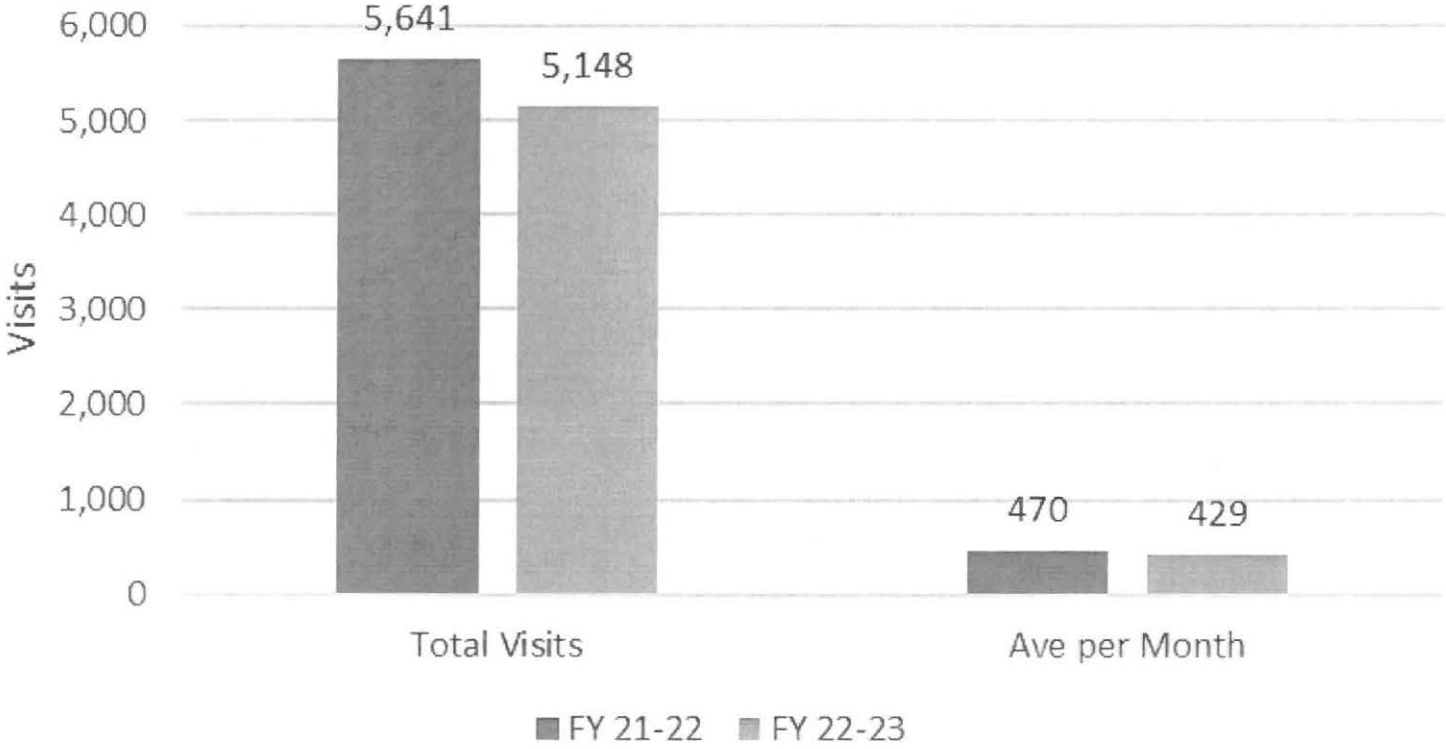
Emeline IBH



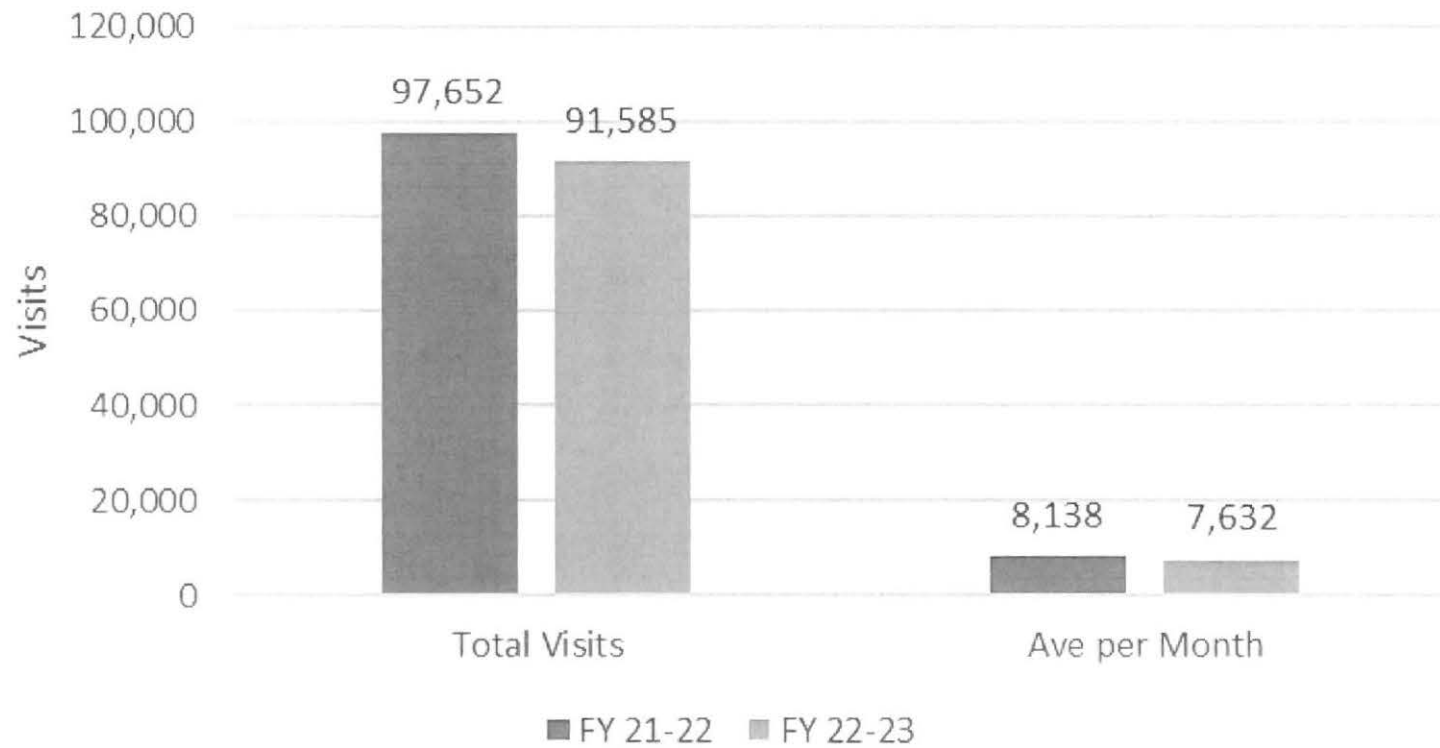
HPPH IBH



Watsonville IBH



All Clinics





Health Centers Division

Quality Management Report

September 2023



Quality Management Committee

Health Resources and Services Administration (HRSA)
Uniform Data System (UDS)

Sexual Orientation Gender Identity (SOGI)-
updating registration form

Central California Alliance for Health (CCAH) Care
Based Incentive (CBI)

Cervical Cancer Screening-Kick off Meeting on 8/28
Weekly for the next few months

Questions?

Thank You



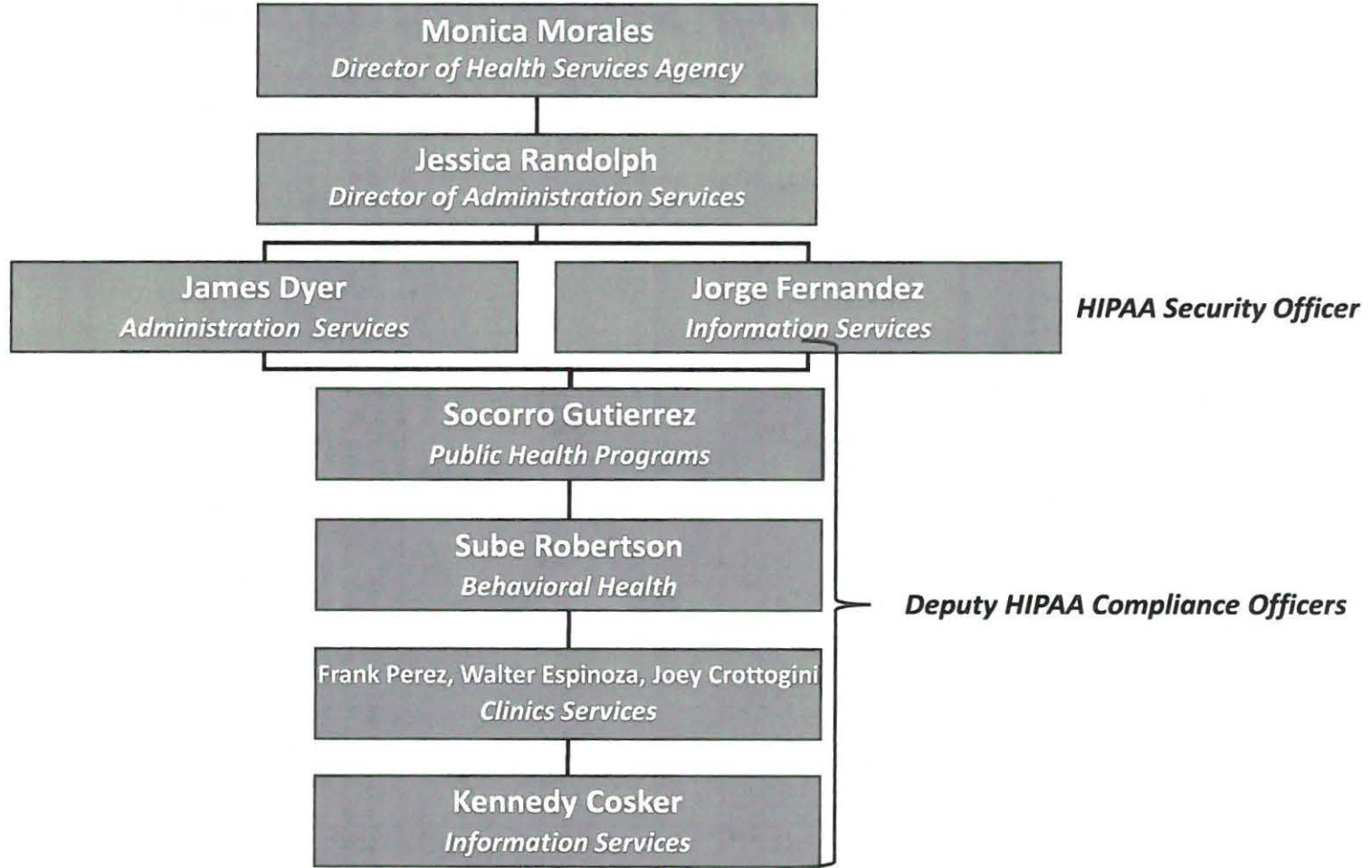


***County of Santa Cruz
Health Services Agency***

JAMES DYER



HIPAA COMPLIANCE COMMITTEE



TRAINING REQUIREMENTS

- **Federal & Local Policy**
- **Training Content**
 - Identifying PHI,
 - minimum necessary rule,
 - the rules when/how PHI may be disclosed,
 - the importance of confidentiality, and
 - avoiding snooping *(even when one has access to PHI)*
- **HSA – Three Training Components**
 - Policy Review & Confidentiality Agreement
 - Online Privacy Rule Course
 - Online Security Rule Course



PRIVACY LAWS

- **Federal**
 - HIPAA (96) – HITECH (09) – OMNIBUS Rule (13) – CARES ACT (20) ...
 - Behavioral Health Laws (*stricter than HIPAA*)
 - Substance Use Disorder (*even more strict than Behavioral Health*)
- **State**
 - California Consumer Privacy Act (18) – California Online Privacy (05) ...



RISK ASSESSMENTS

- **Requirement**
 - Perform both quantitative and qualitative analysis
 - At least annually
 - Recommended - Significant Changes
- **Internal Assessment**
 - Meant for internal use only to identify vulnerabilities and gaps



RISK ASSESSMENTS

SRA Platform & Results

The screenshot displays the SRA platform interface. At the top, it says "Security Risk Assessment" and "Section 1: Complete!". A congratulatory message reads: "Congratulations you've completed Section 1, on SRA Basics. Below is a summary highlighting where your practice is meeting the standard and potential areas of improvement." A progress bar shows 100% completion. The interface is divided into two columns: "Areas of Success" and "Areas for Review".

Areas of Success:

- Q1. Has your practice completed a security risk assessment (SRA) before?
- Q2. Do you review and update your SRA?
- Q3. How often do you review and update your SRA?
- Q4. Do you include all information systems containing processing and/or transmitting ePHI in your SRA?
- Q6. What do you include in your SRA documentation?
- Q7. Do you respond to the threats and vulnerabilities identified in your SRA?
- Q8. Do you identify specific personnel to respond to and mitigate the threats and vulnerabilities found in your SRA?
- Q9. Do you communicate SRA results to personnel involved in responding to threats or vulnerabilities?
- Q10. How do you communicate SRA results to personnel involved in responding to identified threats or vulnerabilities?

Additional Information:

- CAP - Develop procedure to assure assessments are reviewed whenever there are operational changes or security incidents.

RISK ASSESSMENTS

- 1: SRA Basics
- 2: Policies
- 3: Workforce
- 4: Data
- 5: The Agency
- 6: Business Associates
- 7: Contingency Planning

The screenshot displays a web-based Security Risk Assessment (SRA) application. The interface is divided into three overlapping panels, each representing a different stage of completion:

- Panel 1 (Left):** Shows the SRA logo and a progress indicator for "Section 2: Complete!". The navigation menu on the left lists: Home, Practice Info, Assessment, Section 1 ✓, Section 2 ✓, Section 3 ✓, Section 4 ✓, Section 5 ✓, Section 6 ✓, Section 7 ✓, Summary, Save, Save As, and Logout.
- Panel 2 (Middle):** Shows the SRA logo and a progress indicator for "Section 3: Complete!". The navigation menu on the left lists: Home, Practice Info, Assessment, Section 1 ✓, Section 2 ✓, Section 3 ✓, Section 4 ✓, Section 5 ✓, Section 6 ✓, Section 7 ✓, Summary, Save, Save As, and Logout.
- Panel 3 (Right):** Shows the SRA logo and a progress indicator for "Section 4: Complete!". The main content area displays a congratulatory message: "Congratulations you've completed Section 4, on Security & Data. Below is a summary highlighting where your practice is meeting the standard and potential areas of improvement." Below this message is a "Jump to section start" button and a progress bar showing 100%. The interface is split into two columns: "Areas of Success" and "Areas for Review".

Areas of Success:

- Q1. Do you manage and control personnel access to ePHI, systems, and facilities?
- Q2. How do you manage and control personnel access to ePHI, systems, and facilities?
- Q3. What is your process for authorizing, establishing, and modifying access to ePHI?
- Q4. How much access to ePHI is granted to users or other entities?
- Q5. How are individual users identified when accessing ePHI?
- Q6. Do you ensure all of your workforce

Areas for Review:

2023 RISK ASSESSMENT

SRA Results

Inadequate asset tracking

- Hard keys and Badge return

Inconsistent/unclear risk management documentation

- Two IT worlds ISD/IT
- Policies and practices are sometimes not in full alignment
- Unknown projects & efforts
- Departmental flexibility

Failure to hold workforce members accountable

- This is the “hard part” of being a supervisor



2023 RISK ASSESSMENT

SRA Results

Inadequate written procedures for evaluating user activity logs

- Multiple systems/logs – AVATAR, EPIC, VPN,

Failure to update or review contingency plan procedures

- Catching up, many procedures were adjusted during the pandemic
 - Working remotely
 - Capacity restriction

Improper health record management – (paper records)

- Security vs. compliance
- Two areas of focus – 1400 & 1080 Emeline
- GSD moved BH records to 1080 due to construction and/or flooding
- Primary care health records in 1080 due to retention requirements
- Researching outside records management service



Looking Forward

Updating the HIPAA Hybrid declaration to include the HSD

- This will make it easier to share data inter-departmentally

Data Exchange Framework (DxF)

- HSA participated in a pilot to track consent forms through a consent management system
- This is the beginning stages of creating a universal consent
- The universal consent is aiming to share data more easily between Health & Human Services as housing and CalFresh (Food Stamps) are now viewed as Health Care Coordination under HIPAA





THANK YOU

