

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

January 7, 2021 @ 11:00 am

**MEETING LOCATION:** Microsoft Teams Meeting or Teleconference Call Information - 831-454-2222: Code: 850702 / 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. December 3, 2020 Meeting Minutes – Recommend for Approval
4. Credentialing and Privileging 200.03 - For approval
5. Compliance Items – Action Required
6. Strategic Plan Update
7. Social Justice
8. Quality Management Committee Update
9. Financial Update
10. CEO/COVID-19 Update/ CZU Lightning Complex Fire Update

**Action Items from Previous Meetings:**

Action Item	Person(s) Responsible	Date Completed	Comments
QI Measure for Mental Health and Behavioral Health concerns. On 10/1/20 minutes. Follow up next 2-3 months.	Raquel		

Next meeting: February 4, 2021 11:00 am- 1:00 pm

Meeting Location: Microsoft Teams Meeting or Teleconference Call Information - 831-454-2222: Code: 850702 / 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 January 7, 2021

**TELECOMMUNICATION MEETING:** Microsoft Teams Meeting - or call-in number 831-454-2222; Meeting Code: 850702.

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	Administrative Services Manager
Mary Olivares	Admin Aide
<b>Meeting Commenced at 11:08 am and Concluded at 12:26 pm</b>	
Excused/Absent:	
Absent: Gustavo Mendoza	
1. Welcome/Introductions	
2. Oral Communications:	
3. December 3, 2020 Meeting Minutes - Action item	
Review of December 3, 2020 Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as submitted. Caitlin second, and the rest of the members present were all in favour.	
4. Credentialing and Privileging 200.03 – For Approval Items	
Nothing to approve currently on this item.	
5. Compliance Items - Action Required	
<p>Amy stated there is no action required at this time. Amy stated she went through the operational site visit check off list. She stated it looks like we are up to date on our policy reviews of Sliding Fee Policy, and Quality Management Policy. She stated it is possible we might have some small actions next month. Amy stated we will need to be sure everyone is up to date in signing the Conflict-of-Interest form. Mary and Amy will work on getting this form out to the commission members in a DocuSign format.</p> <p>Amy stated that the HRSA site visit is scheduled for the end of February and she is going to see if we could postpone for a later date. Dinah asked if it would be helpful if the commission wrote a letter requesting to postpone. Amy thought that would be a good idea. Rahn moved to make a motion to have two executive committee members to take action in case there is something that absolutely needs to be done before HRSA's scheduled site visit. Marco second, and the rest of the members present all in favour.</p>	
6. Strategic Plan Update	
<p>Raquel reported they are finalizing the strategic plan it will be effective from 7-2021 to 6-2023. The Quality Management Committee will review and make any edits then it will be brought to the Commission for final review/approval in April or May 2021. She stated there are three focus areas with goals they worked on. They are:</p> <p><b>Focus Area 1: Organizational Culture</b></p> <ul style="list-style-type: none"> <li>➤ GOAL 1.1 WORKFORCE DEVELOPMENT: Create a premiere workplace that fosters an equitable, stable and highly competent workforce.</li> <li>➤ GOAL 1.2 EMPLOYEE WELLBEING: Strengthen organizational resiliency by optimizing employee well-being, safety and quality of life.</li> <li>➤ GOAL 1.3 REFLECTIVE WORKFORCE: Create a workforce that reflects the diversity of the community at all levels.</li> </ul> <p><b>Focus Area 2: Operational Excellence</b></p> <ul style="list-style-type: none"> <li>➤ GOAL 2.1 CONTINUOUS PROCESS IMPROVEMENT: Strengthen systems through continuous process improvements.</li> <li>➤ GOAL 2.2 FINANCIAL RESILIENCE: Create fiscally sustainable systems that support operational services and growth.</li> <li>➤ GOAL 2.3 EQUITY IN PROGRAM RESOURCES: Maximize equity in division and program resources, support and technology.</li> </ul>	

**Focus Area 3: Community Collaboration-Patient Outreach, Education and Quality Care**

- GOAL 3.1 PUBLIC AWARENESS: Increase public awareness to empower our community to address key health and environmental issues.
- GOAL 3.2 ACCESS TO HEALTH AND WELLBEING: Maximize access to services to improve health and wellbeing.
- GOAL 3.3 PROMOTE EQUITY: Normalize health equity, resiliency and environmental stewardship for current and future residents.

**7. Social Justice**

Caitlin thanked the commission members for filling out the brief survey she e-mailed out to everyone. Caitlin also shared a handout from the ALLYSHIP workshop she attended. Caitlin stated the assessment she did provides a good frame around the actions that can be taken to move more actively into an antiracism practice. She shared this as a resource and framework of how we can move forward together with the idea that we will also be adopting a health equity.

Raquel will share with the commission the draft strategic plan that was recently finished. There was much discussion with the commission members regarding this topic. Raquel will put this on the next Quality Managements agenda to possibly add a question or two on our patient satisfaction survey regarding antiracism. There was some discussion on how some patients might not know what next steps are when leaving our clinics. Amy stated this can be a topic on our agenda for our next customer service training on how to ask patients if they understand what to do next and find ways to give them information.

**8. Quality Management Committee Update**

Raquel reported on the continuing Quality Improvement Projects (diabetes, BMI, cervical and colorectal cancer screenings). She stated that the UDS Data is due February 15<sup>th</sup> this data is reported on an annual basis. Raquel reported on Peer Review she stated there were 8 deaths reported this month, all patients received proper care there were no corrective actions.

**9. Financial Update**

Julian stated they are reflecting on last year's budget and where we ended up at and focusing on strategies for building next years budget. He stated they now have data to work with to make a more educated estimate and where our budget is going to be. Last year we ended up with a deficit of approximately 5.7 million. We had a lot of loss in revenue that was directly caused by COVID-19. Julian stated they just received the budget instructions for developing 21/22 budget. He stated last year they were instructed to do a two-year budget cycle but because of things changing so quickly they now have moved to a one-year cycle and the proposed budget needs to be done by the middle of February 2021. Julian stated we have a lot of unique revenue streams. Over the last several years our budget has continued to grow. This last fiscal year we received 12.2 million dollars to help us with net county cost. One of the positive highlights for us is the county-based MAA. This allows for federal reimbursement for the cost of performing administrative activities that directly support efforts to identify and enrol protentional eligible s into Medi-Cal. This year we have been asked to create 3 budgets scenarios for clinics. First Scenario – acting like how it is now with furlough at 7.5%, Second Scenario - with half a furlough at 3.75% reduction, and the third scenario - no furlough. This needs to be submitted by mid-February to CAO office. Lastly, next steps:

- Searching for more grant opportunities.
- Completed proposal for HSA and Clinics use for future CARES funding to help support operations and services expenditures.
- Maximizing MAA funding.
- Completed proposal for funding to support Outside Professional Billing services to assist the Business office maximize revenue collection.
- Create 3 revenue scenarios factoring in COVID effects and: 1) No Furlough, 2) Half Furlough, and 3) Full Furlough scenario for next FY planning.
- Actively planning on how to open clinics more for more in-person visits safely in a COVID environment.
- Maximizing the use of expenditures to COVID-19 related JL keys for reimbursement.

**10. CEO/COVID-19 Update**

Amy reported on vaccinations. She stated that Public Health is receiving them weekly. Public Health distributes these depending on the tiers from CDC and CA Dept. of Public Health. Amy stated that a lot of our staff has been vaccinated by the hospital and that we still do not have enough vaccines for everyone in phase one. Amy stated FQHC clinics are being asked to step up in ways like we've never been asked to before. We are being asked to be a vaccine pod so people could come to our Watsonville and Emeline Clinics to be vaccinated by our staff. Another thing being asked is to be able to do monoclonal infusions for our patients that are recovering from COVID-19. Amy stated the week of X-Mas we did a little over 100 test and that 50% in Watsonville came back positive. Lastly, Amy stated we received approval to go back to the furlough days that the rest of the county is on. This will mean furlough Fridays for North County and furlough Mondays for South County.

*Action items:*

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**Next Meeting:** February 4, 2021 11:00 am - 1:00 pm  
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

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

\_\_\_\_\_  
(Date)

# Clinic Services Fiscal Report

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

1-7-21

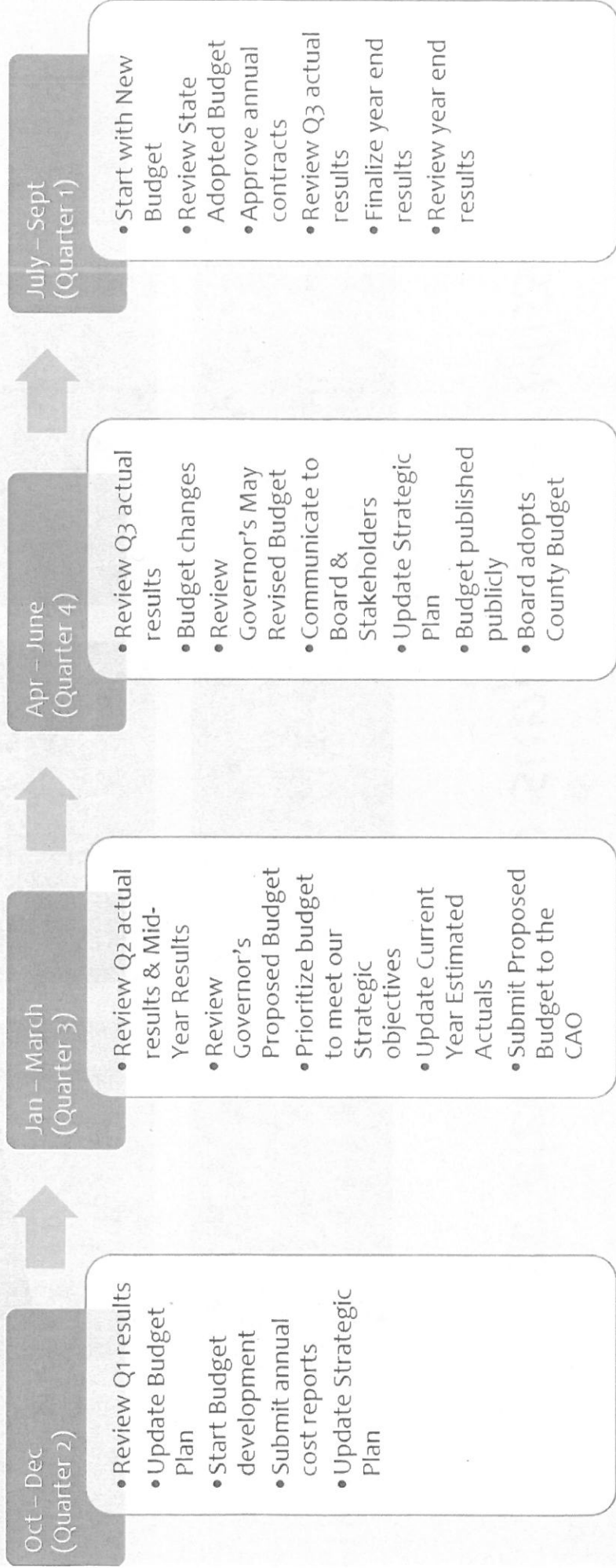


# No money, No mission Our financial road to resiliency

- The elements of our HSA Budget
- COVID-19's impact on our finances
- Last year: \$5.7 Million unplanned losses
- Current year: How to avoid another \$5.0 Million loss risk
- Building financial resilience together



# HSA's Fiscal Life Cycle



# Budget elements to support our Mission

Our Strategic  
Plan

Federal &  
State Policy

Our County  
organization

Revenue

Expenditures  
& Staff

Reserves



# Federal & State mandates

## Serve our community's most vulnerable

- ✓ Serve "... poor, indigent persons, and those incapacitated by age, disease, or accident..."
- ✓ "... take measures as may be necessary to preserve and protect public health... of the county..."

[Welfare & Institutions Code Section 17000]

[Health and Safety Code 101025]

Our Strategic Plan

Federal & State Policy

Our County organization

Revenue

Expenditures & Staff

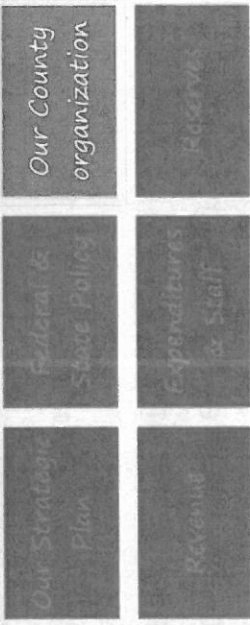
Reserves

## California's required Services

- ✓ Data collection and analysis
- ✓ Communicable disease control
- ✓ Environmental Health
- ✓ Laboratory services
- ✓ Maternal Child Health Services
- ✓ Nutrition services
- ✓ Chronic disease prevention services
- ✓ Public health nursing services

[CA Code of Regulations Title 17, Chapter 3]

# We are one County serving one community

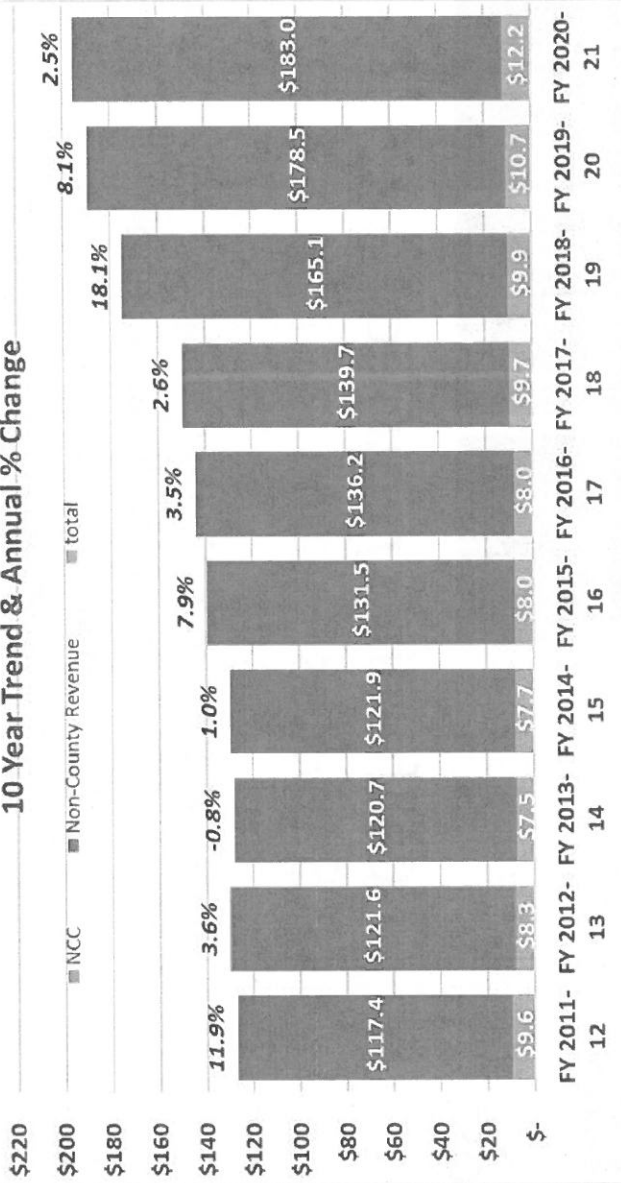


County general fund contributes \$12.2 million to HSA

Supported by the County organization in their advocacy and support of our requests

We are also a partner in County organizational challenges, such as Furlough and Housing for Health

HSA Operating Budget Increases & Net County Cost  
10 Year Trend & Annual % Change



# MAA

## Medi-Cal Administrative Activities

- Supports expanding access to care for potential Medi-Cal individuals

- 4 of 5 HSA divisions participate (175 or 30% of HSA staff)
- Probation is trending up & HSD will be expanding
- 24 Non-profit claiming units

### FY 2018-19

- **\$2.2 Million for HSA**
  - 43% increase over the prior year
  - BH – 59% increase or additional \$311k
  - Admin- 78% increase or additional \$149k

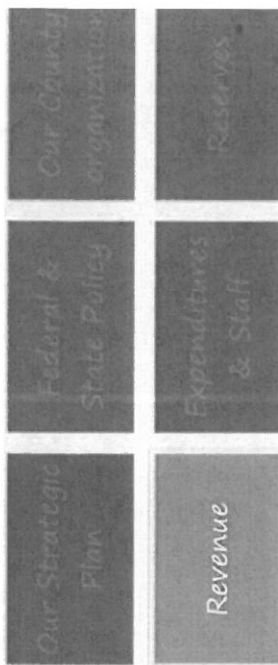
- **\$1.2 Million for other County and non-profits**

Stay **MAA**awesome  
Santa Cruz!

### County-based MAA

Allows for federal reimbursement for the cost of performing administrative activities that directly support efforts to identify and enroll potential eligible individuals into Medi-Cal.

Welfare and Institutions Code Section 14132.47



# HSA Budget Pressures

Our Strategic Plan	Federal & State Policy	Our County Organization	Our Strategic Plan	Federal & State Policy	Our County Organization	Our Strategic Plan	Federal & State Policy	Our County Organization
Revenue	Expenditures & Staff	Reserves	Revenue	Expenditures & Staff	Reserves	Revenue	Expenditures & Staff	Reserves

Challenges to meeting our budget goals for client visits

- Nearly 1/4 of HSA Revenue will be impacted by Economic downturn
- 1991 & 2001 Realignment (Sales tax and Vehicle License Fee)
- MHSA- 1% tax on high earners

Federal Gov provides match for local BH services

Fed & State budgets are thin

COVID-19 Response has required unprecedented scale up of staffing

FEMA and California cover large but not all of emergency response

We are required to comply with Federal and State Managed Care Requirements for Network Adequacy

As part of one-county, our operations are impacted by reduced staff time from furlough

Mental Health trust balances (SB900 and Prop 63)

- Protection against State audit findings
- Part of our County's minimum reserves

Intergovernmental transfers (IGT) were a reliable resource for facility expansion and development (scheduled to end Dec 2020)

# Our Mission jeopardized by FY2019/20 results

HSA Operations	Budget 2019/20 (in millions)
Revenue	\$ 183.0
County support	\$10.7
Total Revenue	\$ 193.7
Total Expenditure	193.7
Balanced	\$ -0-

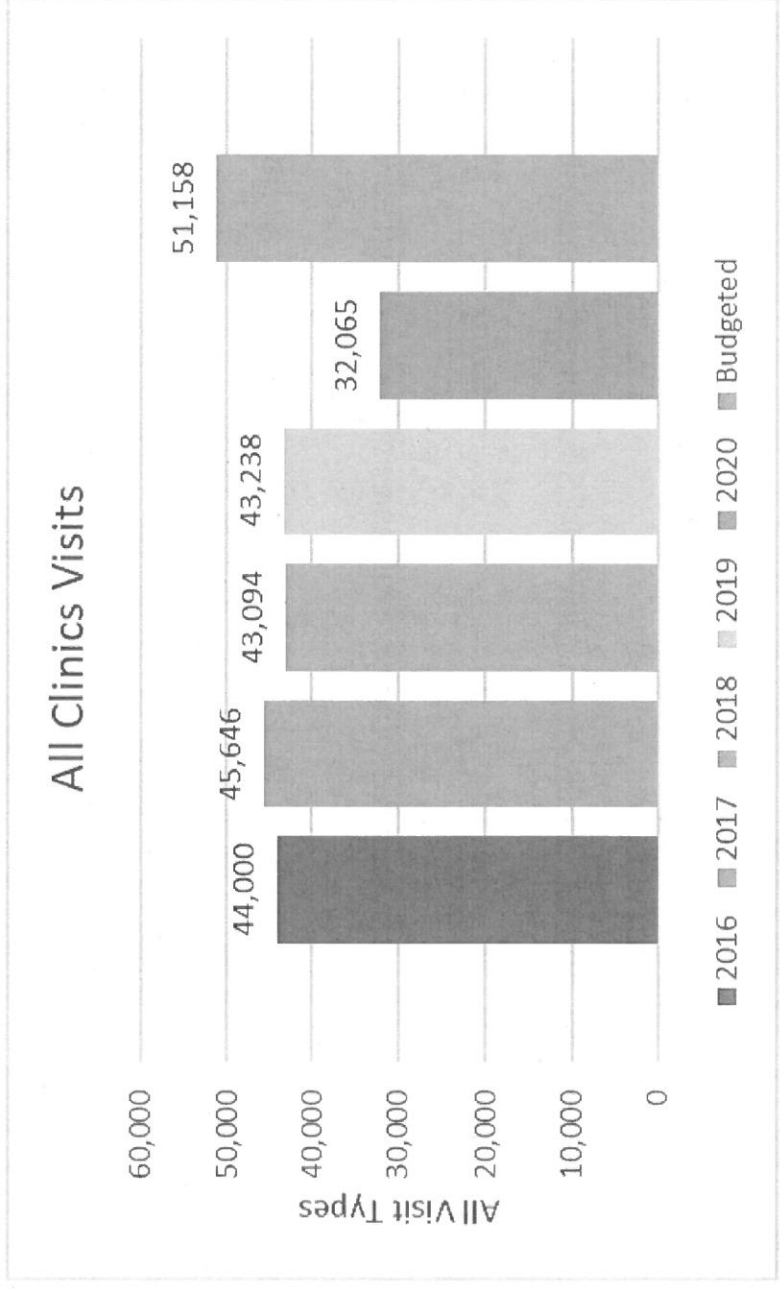
HSA Operations	Actual 2019/20 (in millions)
Revenue	\$ 159.3
County support	\$10.7
Total Revenue	\$ 170.0
Total Expenditure	175.7
LOSS Used one-time funds (IGT) to offset	\$ 5.7

## MOVING FORWARD

- Preparing HSA's budget including scenarios for funding a reduced or eliminated furlough\*
- Meet core mandates
- Prioritize equity
- Invest in the Social Determinants of Health
- Sustain Public Health COVID-19 response
- Anticipate safety net needs
- Build on our HSD partnership
  - Housing for Health

I BEND BUT DO NOT BREAK

JEAN DE LA FONTAINE



Date Comparison Range July 1 – Dec 23 All visits report extracted 12-23-20



# So What now...

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- Searching for more grant opportunities.
- Completed proposal for HSA and Clinics use for future CARES funding to help support operations and services expenditures.
- Maximizing MAA funding.
- Completed proposal for funding to support Outside Professional Billing services to assist the Business office maximize revenue collection.
- Create 3 revenue scenarios factoring in COVID effects and: 1) No Furlough, 2) Half Furlough, and 3) Full Furlough scenario for next FY planning.
- Actively planning on how to open clinics more for more in-person visits safely in a COVID environment.
- Maximizing the use of expenditures to COVID-19 related JL keys for reimbursement.



# So What now...

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- Director of Nursing
- HPHP Mobile Medical Unit looks to be on track for completion by end of January and running in February.
- HPHP has signed a lease for new office space and looking to secure Polar Auto Building.
- Business office has made significant progress on technical Electronic Medical Record configuration and Automation which will make us more efficient.



# References

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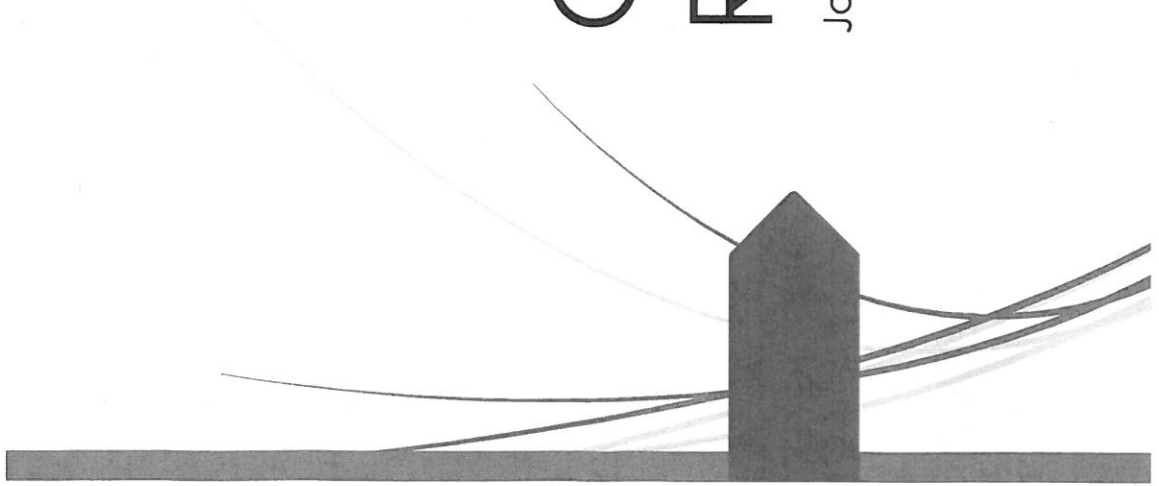
All Visits Report retrieved from Report Portal on 12/23/20.

Excerpts from Marcus Pimentel's Financial report for Quarterly Supervisor Manager's Meeting dated 12/15/20.



# Quality Management Report

January 7, 2021





## Quality Management Committee Peer Review and Risk Management Committee

- ▶ Continuing Quality Improvement Projects (diabetes, BMI, cervical and colorectal cancer screenings)
  - ▶ UDS Data Due February 15<sup>th</sup>
- ▶ Patient Centered Medical Home Recognition for all clinic locations
- ▶ Peer Review Risk Management Committee (reviewed 8 deaths) this month
- ▶ Clinic Two Year Strategic Plan- July 2021 through June 2023
  - ▶ Target Date for Approval: April or May 2021



## Focus Area 1: Organizational Culture

- ▶ **GOAL 1.1 WORKFORCE DEVELOPMENT:** Create a premiere workplace that fosters an equitable, stable and highly competent workforce.
- ▶ **GOAL 1.2 EMPLOYEE WELLBEING:** Strengthen organizational resiliency by optimizing employee well-being, safety and quality of life.
- ▶ **GOAL 1.3 REFLECTIVE WORKFORCE:** Create a workforce that reflects the diversity of the community at all levels.



## Focus Area 2: Operational Excellence

- ▶ **GOAL 2.1 CONTINUOUS PROCESS IMPROVEMENT:** Strengthen systems through continuous process improvements.
- ▶ **GOAL 2.2 FINANCIAL RESILIENCE:** Create fiscally sustainable systems that support operational services and growth.
- ▶ **GOAL 2.3 EQUITY IN PROGRAM RESOURCES:** Maximize equity in division and program resources, support and technology.



## Focus Area 2: Community Collaboration- Patient Outreach, Education and Quality Care

- **GOAL 3.1 PUBLIC AWARENESS:** Increase public awareness to empower our community to address key health and environmental issues.
- **GOAL 3.2 ACCESS TO HEALTH AND WELLBEING:** Maximize access to services to improve health and wellbeing.
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# Vaccine Distribution Plan

COVID-19 vaccines will be distributed within Santa Cruz County through the local health care system, including Public Health. At this time, vaccine supplies are limited, and it is uncertain when vaccines will be available for all sectors. Phases and Tiers may change at any time based on recommendations by the CDC and California Department of Public Health.

We are currently here

PHASE 1A

### Limited weekly supply

- **TIER 1:** Acute and healthcare staff, assisted living, facility staff/residents, EMTs, paramedics, dialysis center staff
- **TIER 2:** Home health and in-home supportive services, public health, primary care staff, FQHCs & urgent care clinics
- **Tier 3:** Dental/oral health workers, lab workers, pharmacy staff, specialty clinics

PHASE 1B

### Limited weekly supply

- **TIER 1:** Workers in education, childcare, food & agriculture, fire, law enforcement, emergency services and those over 75+
- **TIER 2:** Workers in facilities & services, critical manufacturing, transportation & logistics. Also, people 65-74 & high risk, incarcerated people & homeless individuals

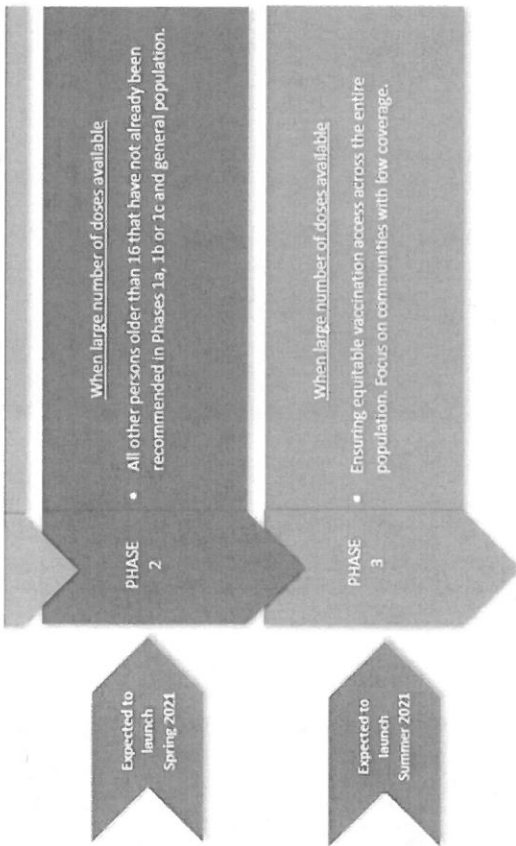
PHASE 1C

### Limited weekly supply

- Remainder of those 65-74
- Individuals 50 - 64
- Those 16-64 and high risk
- Workers in chemical, communications, IT, defense, finance, government operations, community-based organizations, water & wastewater

<https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/Vaccine.aspx>



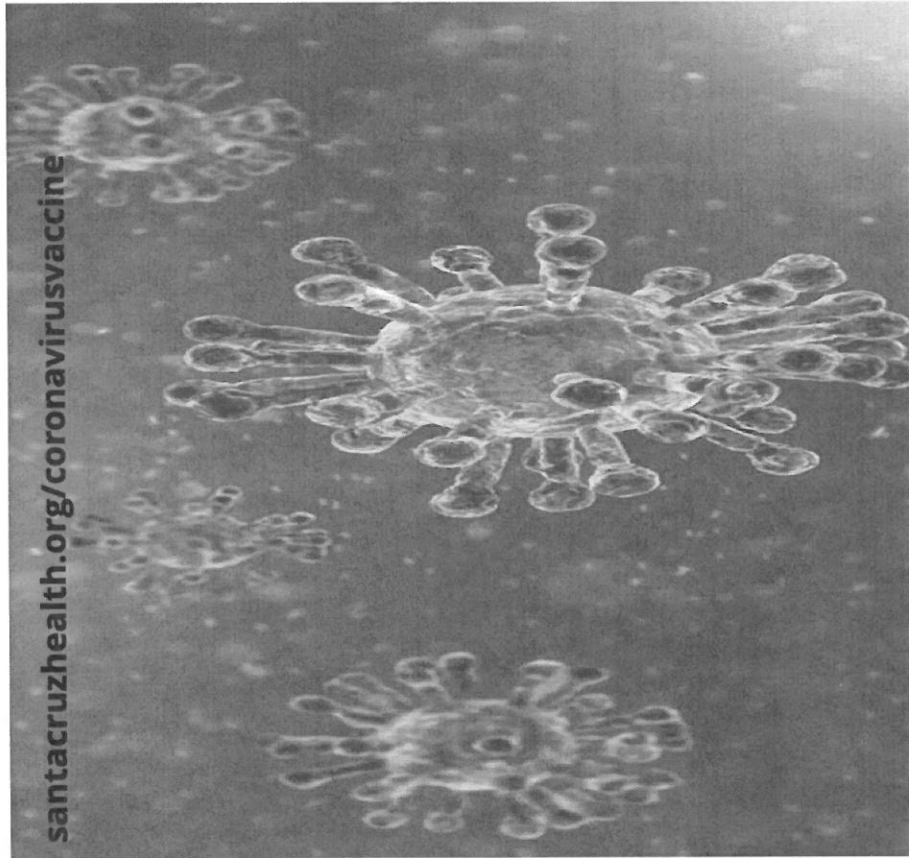
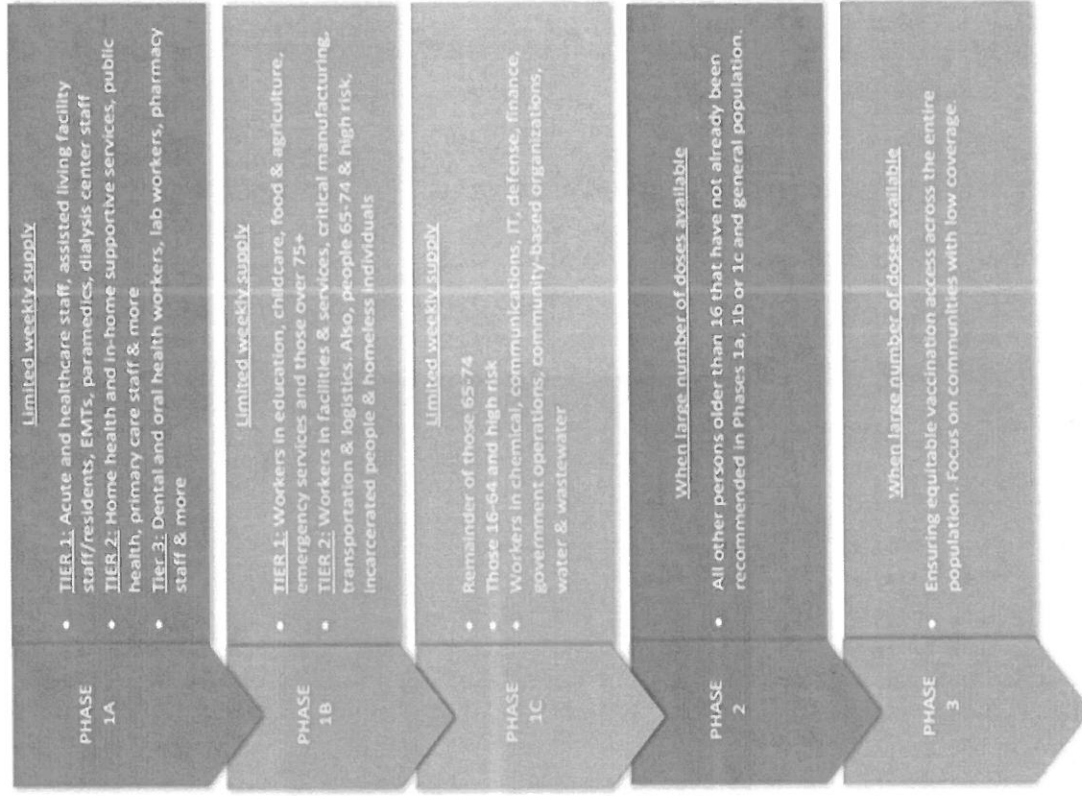


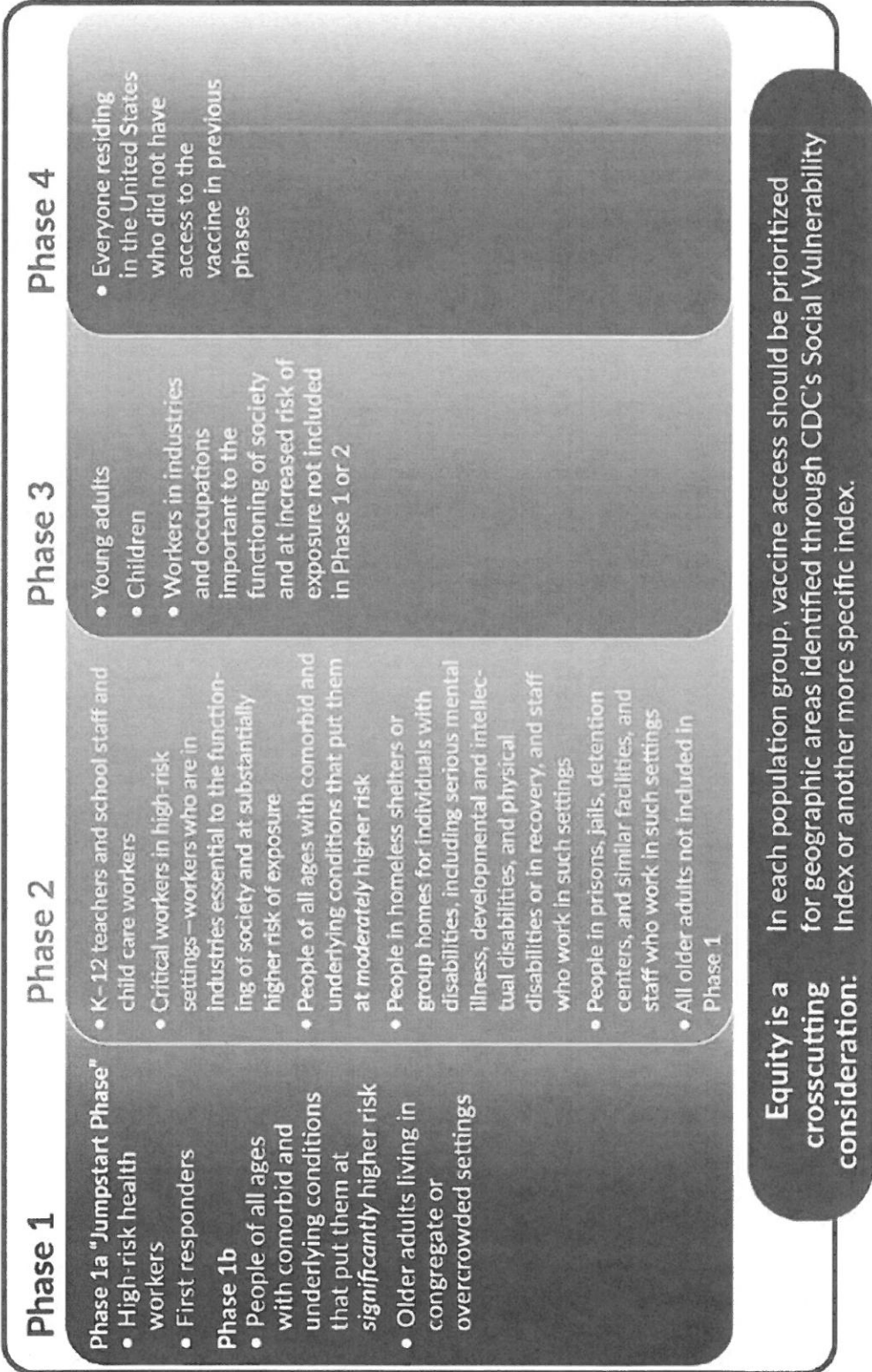
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[santacruzhealth.org/coronavirusvaccine](https://santacruzhealth.org/coronavirusvaccine)

We are currently here





### Phase 1

#### Phase 1a "Jumpstart Phase"

- High-risk health workers
- First responders

#### Phase 1b

- People of all ages with comorbid and underlying conditions that put them at significantly higher risk
- Older adults living in congregate or overcrowded settings

### Phase 2

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

### Phase 3

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

### Phase 4

- Everyone residing in the United States who did not have access to the vaccine in previous phases

**Equity is a crosscutting consideration:** In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.

**FIGURE: A Phased Approach to Vaccine Allocation for COVID-19**

