

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

May 1, 2024 @ 4:00pm - 5:00pm

MEETING LOCATION: In-Person – 150 Westridge, Suite 101, 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) [+1 831-454-2222](tel:+18314542222), [191727602](tel:+191727602)# United States, Salinas Phone Conference ID: 191 727 602#

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 3, 2024, Meeting Minutes – Action Required
4. FY 24/25 Proposed Budget – Action Required
5. Policy 130.01 - Patient Complaints/Grievance Process – Action Required
6. Policy 300.08 - Referral Tracking - Action Required
7. HRSA Operational Site Visit
8. Appoint at-Large Officer
9. Mental Health Protocols (for Maximus to present as requested)
10. Quality Management Update
11. Financial Update
12. CEO Update

<u>Action Items from Previous Meetings:</u> Action Item	Person(s) Responsible	Date Completed	Comments
Policy 300.05 – Patient F/U Upon Discharge - Is there some sort of prioritization. Would there be a set of patients who would be prioritized, what is the triaging mechanism?	Raquel	4/3/24	
Send out policy/protocol After ER Admissions and ER Visits.	Raquel	4/3/24	

Next meeting: Wednesday, June 5, 2024, 4:00pm - 5:00pm **Meeting Location: In-Person** - 150 Westridge, Suite 101, 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) +1 831-454-2222,191727602# United States, Salinas Phone Conference ID: **191 727 602#**

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held April 3, 2024

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

Attendance	
Rahn Garcia	Member
Marco Martinez-Galarce	Member
Maximus Grisso	Member
Tammi Rose	Member
Michael Angulo	Member
Michelle Morton	Member
Monica Morales	County of Santa Cruz, Director HSA
Julian Wren	County of Santa Cruz, Admin Services Manager
Jennifer Phan	County of Santa Cruz, Health Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 4:22 pm and concluded at 5:00 pm	
Excused/Absent:	
Excused: Christina Berberich	
Excused: Len Finocchio	
Excused: Dinah Phillips	
Excused: Gidget Martinez	
Excused: Amy Peeler	
1. Welcome/Introductions	
2. Oral Communications:	
None	
3. March 6, 2024, Meeting Minutes – Action Required	
Review of March 6, 2024, Meeting Minutes – Recommended for Approval. Marco moved to accept the minutes as presented. Tami second, and the rest of the members present were all in favor.	
4. Policy 700.01 – Medical Emergencies – Action Required	
Jennifer presented Policy 700.01 – Medical Emergencies on behalf of Raquel. This item was originally presented at last month’s meeting. Jennifer presented updates with track changes; Mary sent out to commissioners ahead of meeting the code blue protocols for each clinic. Jennifer reported that the references will be added to this policy. Tami made a motion to accept policy as updated and presented. Marco second, and the rest of the members present were all in favor.	
5. Sliding Fee Scale Change – Action Required	
Julian presented the proposed changes to the sliding fee schedule. Julian reported there was a small change that will reduce what patients are charged, he then presented the changes. Marco made a motion to accept changes as updated and presented. Tami second, and the rest of the members present were all in favor.	
6. My Chart Presentation – Jessica McElveny	
This item was tabled for next month’s meeting.	
7. Mental Health Protocols (for Maximus to present as requested)	
This item was tabled for next month’s meeting.	
8. Quality Management Update	
Jennifer reported on behalf of Raquel. She reported on HPHP Mobile Clinic, Street Medicine Outcomes. Jennifer reported that there were over 500 visits in 2023, 160 in Q4 alone (mostly low barrier Medication Assisted Treatment. There were 80 patients cured for Hep C since January 2023, 120 patients engaged in Hep C treatment, and they also treated opioid use disorders as a result of the street medicine outreach. Jennifer reported on HPHP’s outbreak response for the 2024 Syphilis and Shigella outbreaks. She stated as of 4/3/24 Syphilis had 14 probable cases and 6 suspect cases and shigella had 49 confirmed cases. Jennifer reported HPHP is working with Public Health to deploy resources & supplies, coordinate follow up care, incentivize testing, labs, treatment, and	

cross train staff in street medicine. She lastly reported the challenge has been balancing the clinic capacity with demand of new patients seen during street medicine. Jennifer reported other projects that HPHP is working on is collaborating with syringe service program (SSP) and Medication Assisted Treatment (MAT) access points. This occurs on Wednesdays 10am-2pm, focused on Coral Street, Santa Cruz Levee, and Harvey West. Since 8/30/23, 700 encounters, including 303 new encounters. It was reported that 385 units of Narcan have been distributed in this collaboration and this has contributed to a UCLA study for low barrier to MAT services at SSP. System data shows 22,792 unique individuals received harm reduction services from 27 grantees, and 7,963 new patients had started Medication for Opioid Disorder (MOUD).

9. Financial Update

Julian reported at next month's commission meeting he will be bringing the 24/25 budget for approval. Julian also reported that there have been multiple payment delays, but everything had been rectified and they have started receiving payments. Julian also reported they are working on increasing access to care. They are looking at all providers' schedules to decrease no shows by scheduling video calls or tele-health visits. Julian also reported his staff is working on increasing reimbursement ratio by having staff working on denials, working on specific work queues, and reorganizing staff. Julian reported their goal is to get to an average of 53 Days in Accounts Receivable by Feb 29, 2025, they are currently at 57.5 days. Julian lastly reported on visit numbers for each individual clinic, in which at all clinics the number of visits is increasing.

10. CEO/COVID 19 update

Julian reported on behalf of Amy he reported there was an audit completed for Dientes, there were 21 compliance areas and there was one marker that was not met at that time of the audit but now has been rectified. Jennifer also reported on behalf of Amy and stated that Dr McEntee new Medical Director will be starting on April 9, and we want to thank Dr. Hansen for all her help as the Interim Medical Director. Jennifer also reported that Dr. Mathew has stepped in as the Interim Medical Director at the Emeline Clinic..

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

Questions?

Thank You

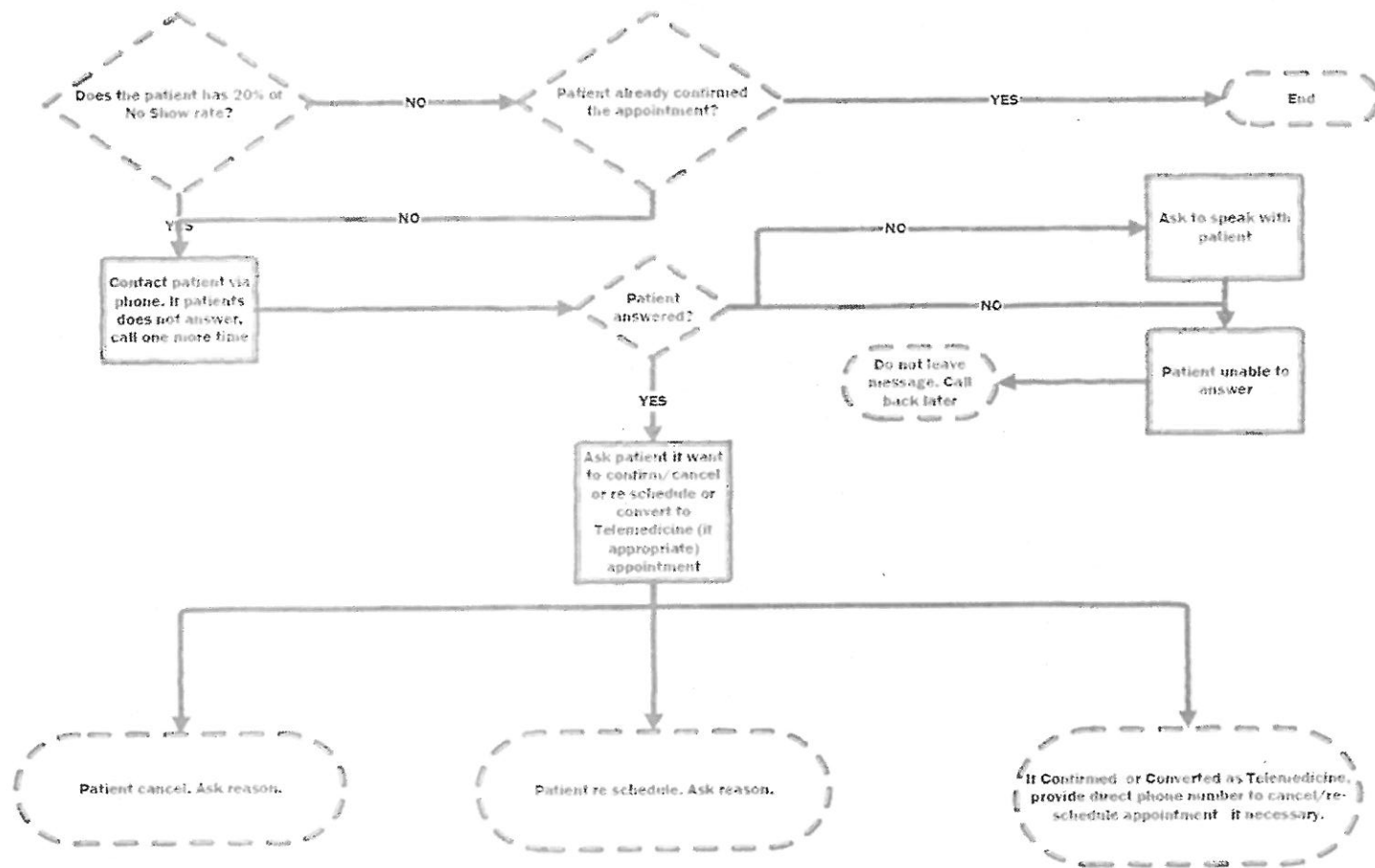




Peer Review and Risk Management Committee

- Mortality Data: 13 reviewed; 5 had a Substance Use Disorder; 4 were fentanyl overdoses
- Supervision of NP/PA tiered system.
- Quarterly Quality Improvement Reports for clinician.
- In basket management

<i>Quality of Care Measures</i>	<i>Your Practice</i>	<i>Plan Benchmark</i>	<i>Plan Goal</i>	<i>Percentile Group</i>	<i>Eligible for Measure</i>	<i>Possible Points</i>	<i>Practice Points</i>
<i>BMI Assessment: Children & Adolescents</i>							
	<i>Your Practice</i>						
Members eligible	1,510						
Members screened	1,411						
Rate (%)	93.44%	79.68%	88.31%	>90th percentile	Yes	4.22	4.22
<i>Breast Cancer Screening</i>							
	<i>Your Practice</i>						
Members eligible	789						
Members screened	439						
Rate (%)	55.64%	50.95%	61.27%	Between 50th and 75th	Yes	4.22	2.11
<i>Cervical Cancer Screening</i>							
	<i>Your Practice</i>						
Members eligible	2,709						
Members screened	1,581						
Rate (%)	58.36%	57.64%	66.88%	Between 50th and 75th	Yes	4.22	2.11
<i>Child and Adolescent Well-Care Visits</i>							
	<i>Your Practice</i>						
Members eligible	2,541						
Members with a visit	1,377						
Rate (%)	54.19%	48.93%	62.7%	Between 50th and 75th	Yes	4.22	2.11
<i>Diabetic HbA1c Poor Control >9.0% }</i>							
	<i>Your Practice</i>						
Members eligible	1,019						
Members in poor control	284						
Rate (%)	27.87%	39.9%	30.9%	>90th percentile	Yes	4.22	4.22
<i>Immunizations: Adolescents</i>							
	<i>Your Practice</i>						
Members eligible	150						
Members immunized	91						
Rate (%)	60.67%	35.04%	48.42%	>90th percentile	Yes	4.22	4.22
<i>Immunizations: Children (Combo 10)</i>							
	<i>Your Practice</i>						
Members eligible	56						
Members immunized	33						
Rate (%)	58.93%	34.79%	49.76%	>90th percentile	Yes	4.22	4.22
<i>Screening for Depression and Follow-Up Plan</i>							
	<i>Your Practice</i>						
Members eligible	3,642						
Members screened	2,376						
Rate (%)	65.24%	7%	17%	>90th percentile	Yes	4.22	4.22
<i>Well-Child Visits in the First 15 Months</i>							
	<i>Your Practice</i>						
Members eligible	47						
Members with visits	33						
Rate (%)	70.21%	55.72%	67.56%	>90th percentile	Yes	4.22	4.22



NO SHOW Workflow
Draft v1 04152024 WHC



Quality Management Committee

- Quarterly Quality Improvement Presentation-
Watsonville Health Center: No shows
- Revenue Cycle and Increase Access to Care
Workplan
- CCAH CBI (\$1,882,729.11 incentive payment)
- Ryan White Committee Update



Health Centers Division

Quality Management Report

May 2024



Health Centers Division

Proposed 24-25 Budget

May 1, 2024



Vision

Santa Cruz County is a healthy, safe and thriving community for everyone.



Mission

To promote and ensure a healthy community and environment by providing education, outreach and comprehensive health services in an inclusive and accessible manner.

Values



INTEGRITY



QUALITY



COMPASSION
& RESPECT



EQUITY &
JUSTICE



COLLECTIVE
IMPACT



CAPACITY
BUILDING



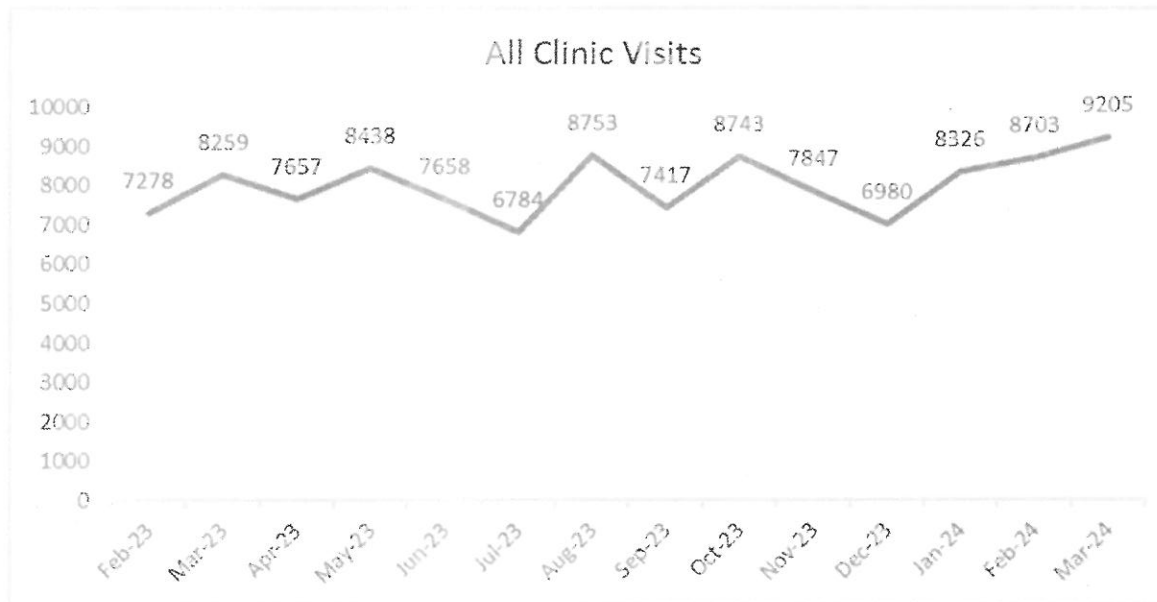
POSITIVITY



Approve Proposed
Budget for FY 2024-2025

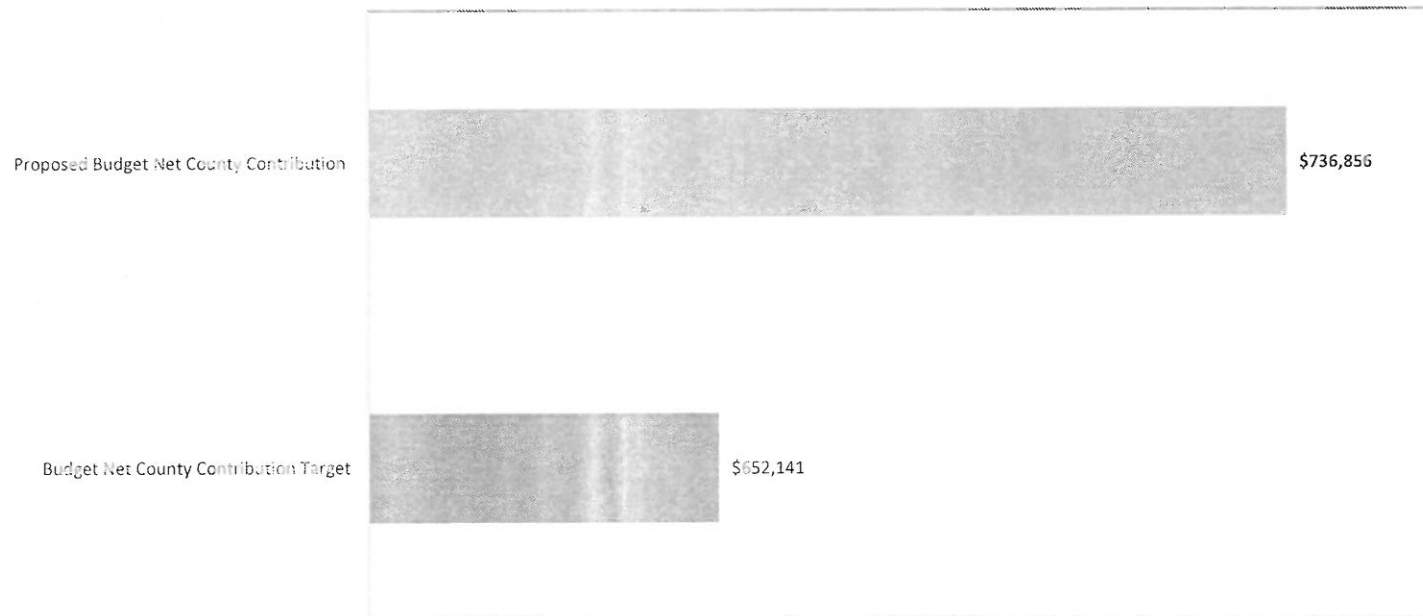
We still have a budget deficit, but things are looking up.

Division	HEALTH CENTERS		
GLKey	(Multiple Items)		
Row Labels	Adopted Budget	Division EA's 4.8.24 Updated	Division EA Difference 2.12.24 to 4.8.24
+ REVENUE	(59,069,998)	(49,477,307)	3,775,132
- EXPENDITURE	57,102,155	54,331,462	(10,597,130)
+ 50-SALARIES AND EMPLOYEE BENEF	35,325,814	31,209,114	148,732
+ 60-SERVICES AND SUPPLIES	7,677,936	9,217,441	(464,259)
+ 70-OTHER CHARGES	48,404	4,508,292	0
+ 80-FIXED ASSETS	734,388	630,393	0
+ 90-OTHER FINANCING USES	97,875	0	0
+ 95-INTRAFUND TRANSFERS	13,217,738	8,766,222	(10,281,603)
Grand Total	(1,967,843)	4,854,155	(6,821,998)



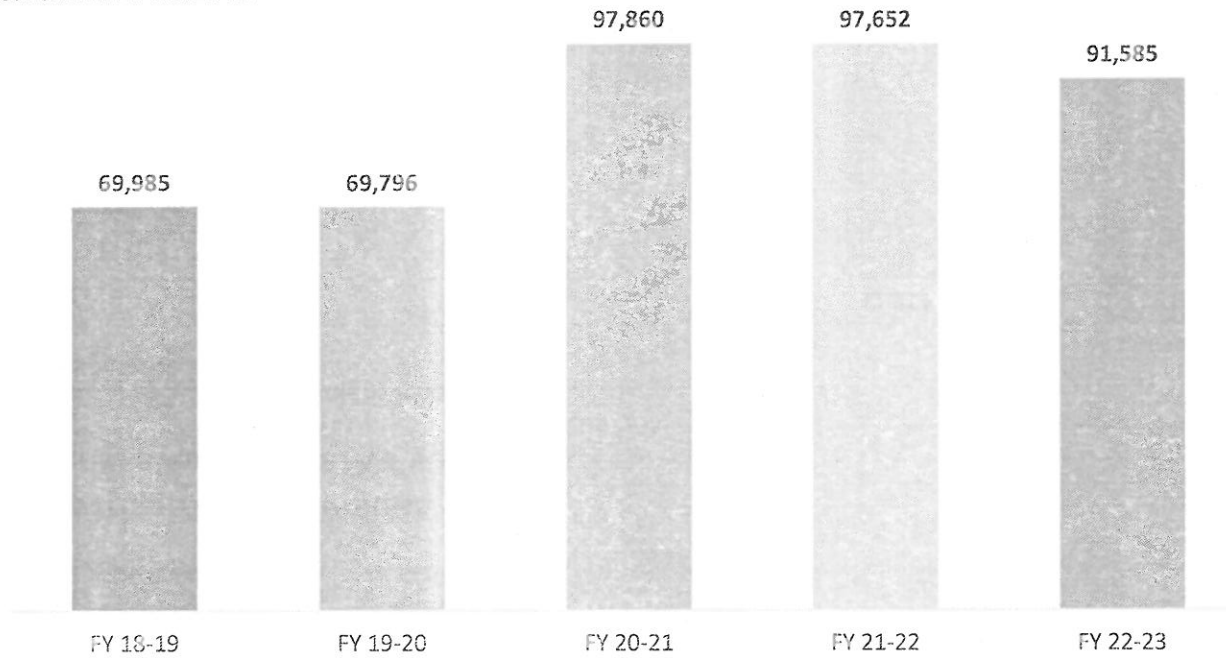
Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
7278	8259	7657	8438	7658	6784	8753	7417	8743	7847	6980	8326	8703	9205

Were given a budget surplus target and we beat that target



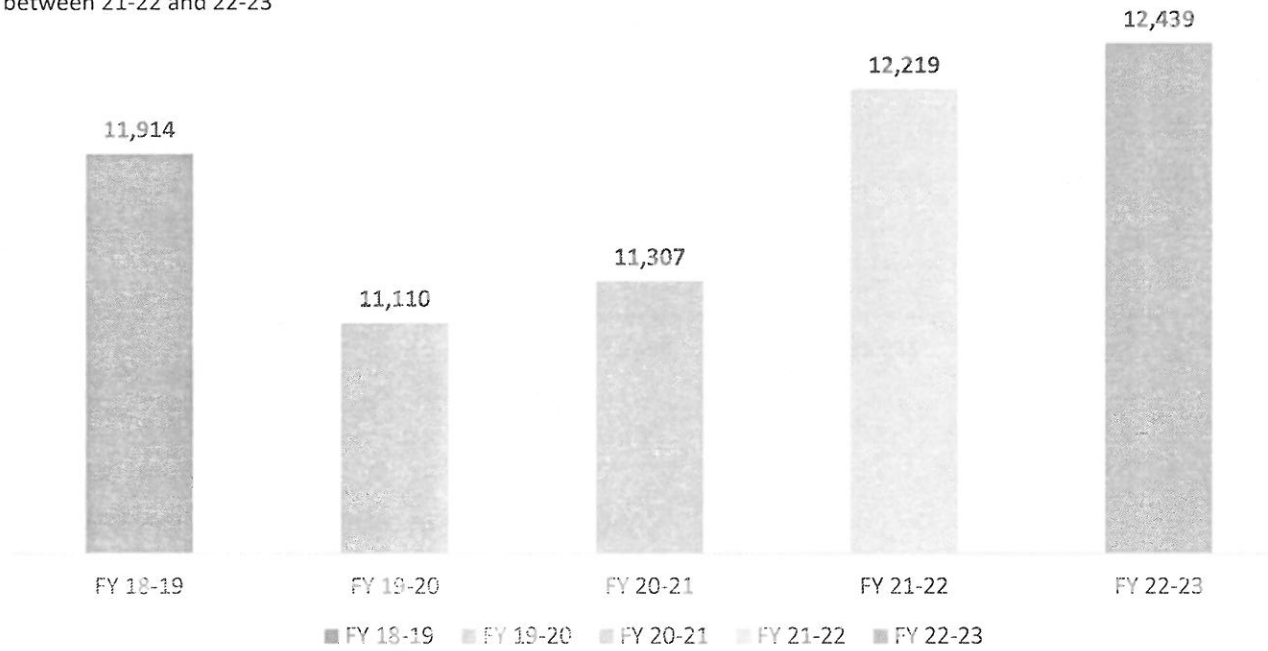
Comparison of total clinic visits over the last five fiscal years

There was **6% decrease** in total visits between 21-22 and 22-23



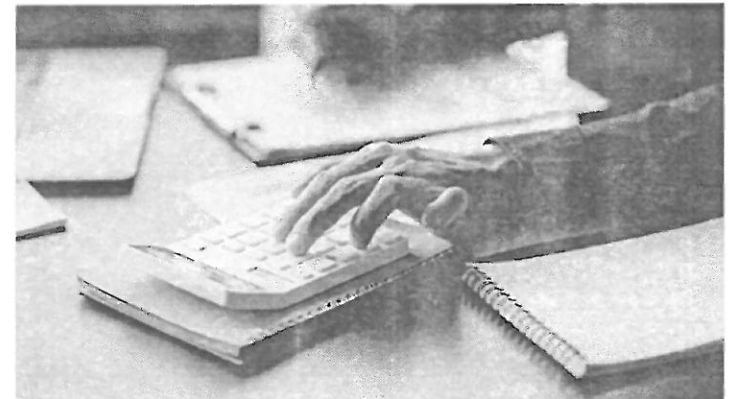
Comparison of total unique patients over the last five years

There was **1.8% increase** in unique patients between 21-22 and 22-23



Revenue Assumptions

- **232** workdays
- **13.5** encounters per day
- **\$365** Average FQHC reimbursement rate
- Revenue from **1 FTE** Acupuncture Manager and **2 FTE** for additional acupuncturists
- Discount revenue by **15%** for each individual Health Center for vacancies
- Discount revenue by **13%** for each IBH unit for vacancies
- Included Ortho contractor hours

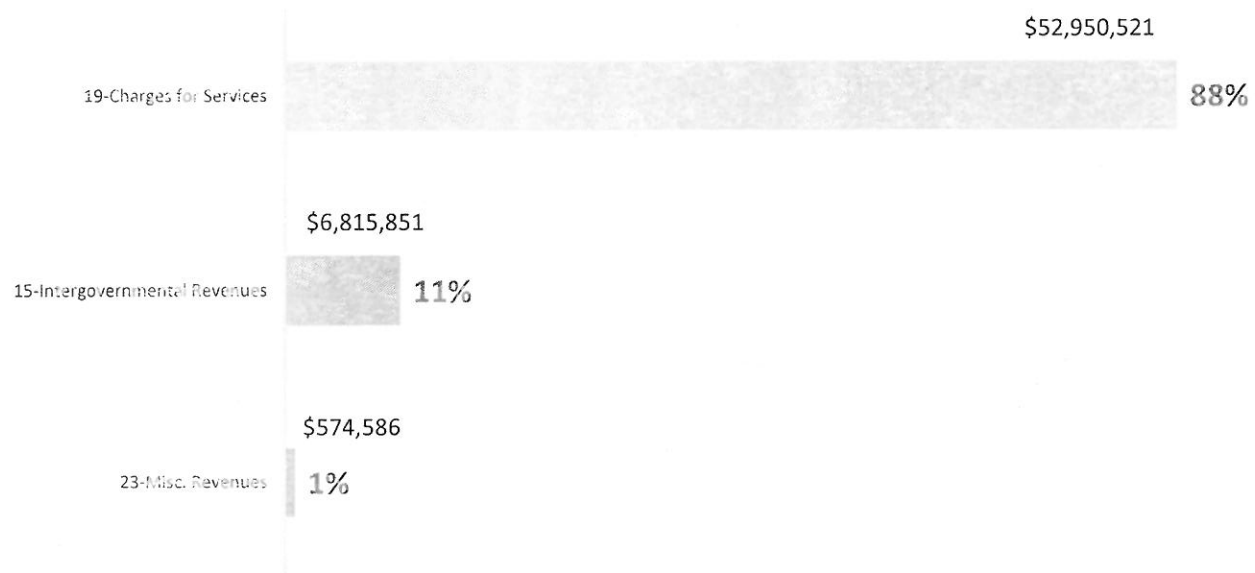




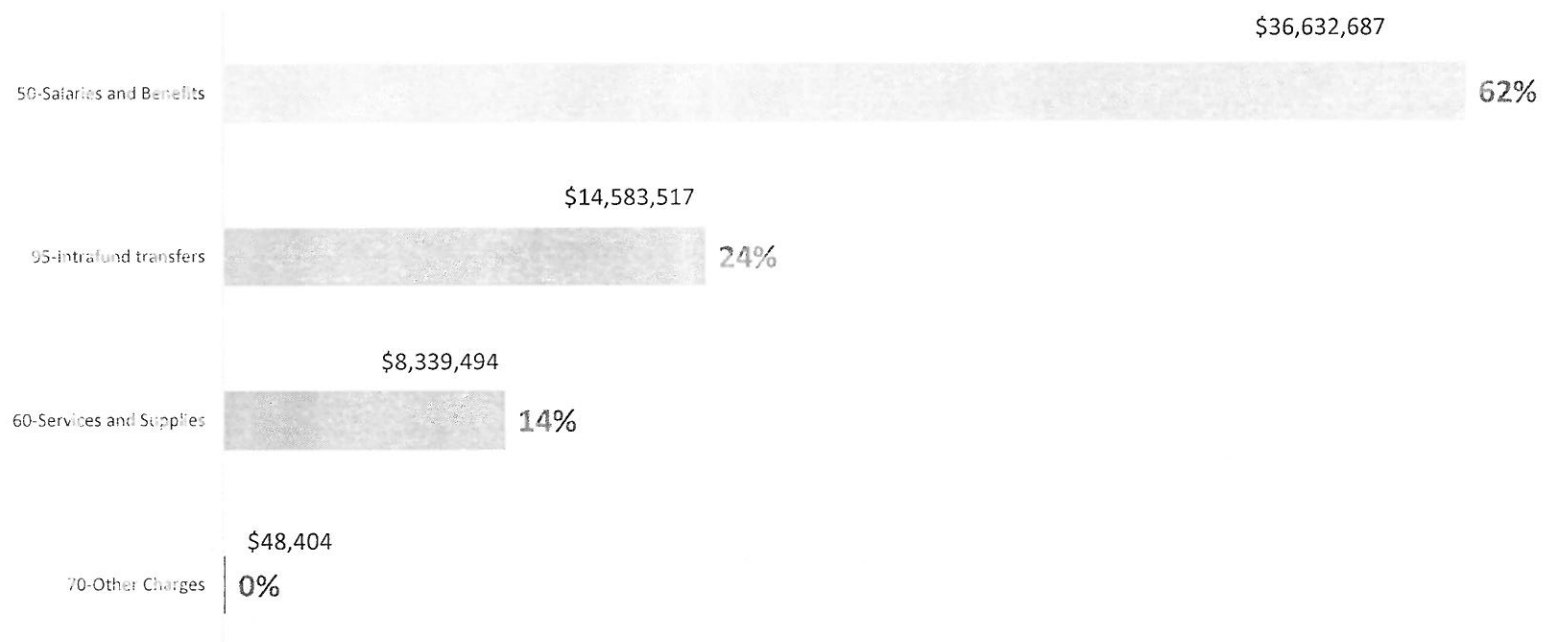
Revenue Assumptions

- Factored in an average **51 visits** per month for Street Medicine
- Recently filled **2 Full Time** Clinician Positions
- Recently filled **1 Full Time** Psychologist
- Recently filled a **Medical Director** vacancy

Charges for services are most of our revenues



Salaries and Benefits make up most of our expenses



Health Center Salaries and Benefits Details

EXPENDITURE	FY 2023-24 Adopted	FY 2024-25 Proposed	Percent Change
50-SALARIES AND EMPLOYEE BENEFITS	35,325,814	36,632,687	3.7%
51000-REGULAR PAY-PERMANENT	21,758,837	21,875,425	-0.5%
51005-OVERTIME PAY-PERMANENT	274,500	274,500	0.0%
51010-REGULAR PAY-EXTRA HELP	661,000	661,000	0.0%
51040-DIFFERENTIAL PAY	499,496	657,550	31.6%
52010-OASDI-SOCIAL SECURITY	1,662,611	1,714,802	3.1%
52015-PERS	5,893,938	6,228,675	5.7%
53010-EMPLOYEE INSURANCE & BENEFITS	4,154,920	4,797,540	15.5%
53015-UNEMPLOYMENT INSURANCE	45,586	28,121	-38.3%
54010-WORKERS COMPENSATION INSURANCE	374,926	395,074	5.4%
55021-OTHER BENEFITS MISC	0	0	0%
SALARIES AND EMPLOYEE BENEFITS TOTAL	35,325,814	36,632,687	3.7%

Budget Changes FY 23-24 and 24-25

	FY 23-24 Adopted Budget	FY 24-25 Proposed Budget	Percent Change	
EXPENDITURES	56,833,410	59,604,102	4.9%	
50-SALARIES AND EMPLOYEE BENEF	35,325,814	36,632,687	3.7%	
60-SERVICES AND SUPPLIES	7,409,191	8,339,494	12.6%	The costs of our supplies and services have all increased
70-OTHER CHARGES	4,508,292	48,404	-98.9%	
80-FIXED ASSETS	734,388	0	-100.0%	These funds are grant funds for HVAC upgrade
95-INTRAFUND TRANSFERS	8,757,850	14,583,517	66.5%	Auditor made administrative decision to budget funds into Intrafund Transfers
90-OTHER FINANCING USES	97,875	0	-100.0%	These funds were spent on outreach vehicle replacement and adds
REVENUES	-58,801,253	-60,340,958	2.6%	
15-INTERGOVERNMENTAL REVENUES	-7,638,506	-6,815,851	-10.8%	Some grants have ended and some were rebudgeted into Misc. Revenues
19-CHARGES FOR SERVICES	-50,905,161	-52,950,521	4.0%	
23-MISC. REVENUES	-257,586	-574,586	123.1%	
NET COUNTY COST (GENERAL FUND)	-1,967,843	-736,856		

Staffing Changes

	FTE# 23-24	FTE# 24-25	Change From FY 23-24
TOTAL POSITIONS	220.3	224.05	3.75
*ADDED MID-YEAR	0.00	3.00	
*Proposed Position Add	0.00	0.75	

- 1) Bringing 2 Clinic Nurses back to Full Time Positions (+.75)
- 2) Converted 2 Clinic Nurses and 1 Medical Assistant limited term positions to Permanent Positions (+3.0) = \$0

Supplemental and Mid-year Budget Changes

- Delete 1.0 Limited Term Medical Assistant (-\$89,706)
- Fund 1.0 FTE Medical Assistant and use above to offset cost (+\$89,706)
- Unfund 1.0 FTE Medical Assistant positions and reclass (+\$0)
- Fund 1.0 FTE Public Health Nurse and offset with revenue (+\$0)
- Increasing 2 Clinic Nurses back to Full Time Positions (+.75) = (+\$0)
- Converting 2 CN and 1 MA from limited term to full time = (\$+0)


Summary Slide placeholder

- 3.75 FTEs were added
- There was a 3.5% increase in salary and benefit costs
- Slight increase in unique patient seen between FY 22 and FY 23
- Total visits decreased between FY 22 and FY 23
- We met our County Budget contribution target for proposed budget FY 24-25
- There will be a 12.6% increase in services and supply costs
- There will be a decrease in grant revenue for 24-25

Questions?

Thank You



<p>SUBJECT: Referral Tracking</p> <p>SERIES: 300 Patient Care and Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.08</p> <p>EFFECTIVE DATE: February 2017</p> <p>REVISED: March 2020 May 1st, 2024</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Health Center Services</p>
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GENERAL STATEMENT:

This policy is to promote continuity of patient care and standardize the process for initiating, arranging, following up, establishing reasonable time frames, and documenting patient referrals. The Health Services Agency Clinic Services Division strives to facilitate timely referral appointments for our patients with appropriate specialists. Those referral orders are tracked through to receiving the consult notes/results, providing that information to providers, and importing the results into the Epic electronic health record (EHR). The Health Centers Division will maintain a referral process in accordance with industry standards to assure quality of care for our patients.

POLICY STATEMENT:

Our policy is to maintain a highly reliable, closed-loop referral tracking system to ensure appropriate care for our patients with a focus on reducing missed and delayed diagnoses. We strive to refer patients for services deemed important to ensure accurate diagnosis and treatment as well as for services indicated by practice guidelines. We aim to coordinate the care of our patients with shared care partners in ways that facilitate prompt and reliable exchange of information, assist patients with navigating the healthcare system, and track all referrals through to provider acknowledgement, cancellation, or patient no-show (and unable to reschedule).


It is the policy of the County of Santa Cruz Health Services Agency to assign Medical Care Service Workers a specific list of referrals that are generally more complex due to the urgency, limited availability, processing, and prior authorization requirements.

It is the policy of the County of Santa Cruz Health Services Agency to assign Medical Assistants a specific list of referrals that do not require prior authorization, are largely available and easy to schedule, or are services provided within our own health centers.

It is the policy of the County of Santa Cruz Health Services Agency to assign Registered Nurses a specific list of referrals that require specific medical knowledge or training to coordinate.

DEFINITIONS:

Outgoing Referrals: ~~Are defined as~~ services that are initiated and ordered by a licensed healthcare provider to be completed by the patient at a facility outside of the primary care clinic they attend. This includes diagnostic studies, pregnancy related services, dental care, consults

SUBJECT: Referral Tracking	POLICY NO.: 300.08	
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with specialists and any other services the primary care physician (PCP) considers necessary for the health and well-being of the patient. For the purpose of this policy, the referral procedures are for medical and behavioral screening, diagnostic or treatment referrals and not for other recommended services (e.g., Alcoholics Anonymous (AA), Women, Infants & Children (WIC)).

Internal Referrals: Are defined as services that are initiated and ordered by a licensed healthcare provider to be completed by the patient within the primary care clinic they attend. Included but not limited to; Orthopedics, Integrated Behavioral Health, Acupuncture, and Retinal Photography.

Staff: A general term referring to Nurses (RNs), Medical Assistants (MA) or Referral Center (RC) Staff who are processing referrals.

Referral Center: A general term referring to the Medical Care Service Workers assigned to the Referral Center (RC).

Medical Assistant: A medical assistant (MA) is a certified person who provides administrative, clerical, and technical support in health centers. The practice of MAs is under the authority of the Medical Board of California. Specific guidelines allow a registered nurse (RN) to clinically supervise the medical assistant.

Emergency Referrals: Referrals that must be processed (described below) within 24 hours, ideally before the patient has left the clinic. Emergency referrals require coordination between the MA and the Referral Center.

Urgent Referrals: Referrals that must be processed within 24 to 72 hours. Staff must call the servicing provider to confirm referral was received and advise specialist of referral status.


Routine Referrals: Referrals that must be processed (described below) within 10 business days. ~~All patients with routine referrals must be scheduled within 60 days of the referral order date. Staff must notify the provider if unable to schedule a patient within the 60-day timeframe. Routine referrals should be closed within 120 days.~~

Processed Referral: a referral that includes the following

1. Prior authorization documented, if required; and
2. Information faxed to specialist/servicing provider; and
3. Referral status updated to appropriate status

No-Show: patient does not call or reschedule appointment and does not show up for appointment with the specialist/servicing provider.

Patient Declined: having been informed of the risks, benefits and alternatives, the patient declines the referral exercising their freedom to decide.

SUBJECT: Referral Tracking	POLICY NO.: 300.08	
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Auto-Expired: Referrals that have been automatically closed by the Epic EHR because the patient did not schedule, attend or follow up. Auto-Expired referrals are considered unsuccessful.

Patient Follow Up: Completed by alerting the patient to or asking the patient on the phone or in person if they have scheduled, or completed the specialty referral and documenting outcome in the referral order in EPIC. These are to be completed by Front Desk, Medical Assistants, Medical Care Service Workers and Registered Nurses per the published protocol any time they are interacting with a patient. Referral center will provide ~~aA~~ a minimum of one phone call when the referral has been processed, a 120 day expiration automated reminder, and a 60 day expiration letter two attempts and a 90 day automated expiration notification for diagnostic and treatment referrals. ~~The Medical Assistant will provide aA~~ a minimum of one phone 1 attempt and a 60 day expiration letter 90 day automated expiration notification will be provided for screening referrals.

PROTOCOLS:

Referral Processing

QUALITY ASSURANCE

The Referral Center Program Coordinator and Health Services Manager are responsible to monitor the quality and efficacy of the referral processing protocol, including but not limited to the following tasks:

1. Monitor Outgoing Referral Workqueue for Referrals approaching the processing deadline.
2. Perform monthly audits on referral processing and closing for accuracy and timely processing.
3. Tracking and Status Reports
 - a. On a quarterly basis, the Program Coordinator will meet with the Health Services Manager to review the Quarterly Created and Closed Reports.
 - b. If indicated, a report will be provided to the staff with all any or all of the following:
 - i. Referrals not processed within ~~10 business days~~ the required deadline.
 - ii. Referrals closed with incorrect status, appt dates etc.
 - c. If necessary, ~~the Program Manager the staff~~ will report back to Health Services Manager (HSM) with explanations of why any of the categories of referrals exceeded acceptable timeframes as outlined in this policy and procedure.