

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

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 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. September 6, 2023, Meeting Minutes – Action Required
4. HIPAA and Security Risk Assessment – James Dyer, HIPAA Privacy Officer
5. Sliding Fee Scale annual review per HRSA regulations – Action Required
6. Quality Management Update
7. Social Justice – Medication Shortages
8. Financial Update
9. CEO/COVID-19 Update

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

Next meeting: Wednesday, November 1, 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) 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 October 4, 2023.

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

Attendance	
Christina Berberich	Chair Officer
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Maximus Grisso	Member
James Dyer	County of Santa Cruz, HIPAA Privacy Officer
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 4:03 pm and concluded at 5:03 pm	
Excused/Absent:	
Absent: Tammi Rose Absent: Len Finocchio Absent: Michelle Morton Excused: Gidget Martinez	
1. Welcome/Introductions	
Commission members all introduced themselves.	
2. Oral Communications:	
3. September 6, 2023, Meeting Minutes – Action Required	
Review of September 6, 2023, Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as presented. Marco second, Dinah and Maximus abstained, and the rest of the members present were all in favor.	
4. HIPAA Security Risk Assessment Update – James Dyer	
James Dyer presented on HIPAA security risk and assessments. He reported on training content, such as identifying PHI, minimum rules, rules when/how PHI may be disclosed and on the importance of confidentiality and avoiding snooping. James reported there are three training components that employees must take which are the policy review and confidentiality agreement, online privacy rule course, and the online security rule course. Lastly, James reported looking forward they plan on updating the HIPAA hybrid declaration to include HSD, this will make it easier to share data inter-departmentally, and data exchange framework 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.	
5. Sliding Fee Scale annual review per HRSA regulations – Action Required	
Julian reported that HRSA has a set of rules around financials which includes the sliding fee discount schedule. This is based on the family size and the federal poverty level in terms of where you fall based on your household income. Julian stated he needs to bring this to the commission each year for approval. Julian is asking for commission to approve sliding fee discount scale and one small change to delete statement at bottom of page “no charge for people experiencing homelessness”. Rahn moved to approve fee schedule with change. Dinah second, and the rest of the members present were all in favor.	
6. Quality Management Update	
Raquel reported on peer review committee. She reported on the mortality chart review there were 22 deaths and 7 of those were overdoses. Raquel reported these patients were referred to IBH, and MAT and there were multiple outreach attempts. Raquel stated this is something they will be tracking.	
She also reported on quality management. She stated there was a training for staff on Sexual Orientation Gender Identity (SOGI) on 9/20 to address documenting it correctly in the Electronic Health Record. She also reported on the CBI projects they are working on cervical cancer screening, child and adolescent well-care visits and immunizations. She stated this is the first time we are working across all clinics and are meeting weekly on these projects.	

Action Item Report Back – Alliance Response - Will report back next month.
7. Social Justice – Medication Shortages
Commission member brought this topic to the commission about Niagara and Ozempic and about the concerning affects these medications have. These medications are used for weight loss, and diabetes treatment. Commission member voiced concern, Amy thanked them for bringing this topic to the meeting and she will bring this up at her next clinical meeting.
8. Financial Update
Julian reported there is a monthly conference call with a National Community Health Advocacy Organization where they provide an overview of the legislative hot topics. At this time the new COVID vaccine was manufactured but not shipped yet. Our supplier now has stock and we have started to order as of mid-last week. Julian also reported the proposed funding for Community Health Center was to increase 45% over the current levels of funding. It also includes to increase funding for loan repayments, job placement services and scholarships for health care education. Julian also reported on all clinic visit's, last August it was at 8246 and this August it was 8752, he then reported on each individual clinic. He also reported major metrics for the revenue cycle for Days in AR, he stated we are at 46 days as of July.
9. CEO/COVID 19 update
Amy reported we are still looking for Medical Director and she had sent out cards to Caitlin and Coach.

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



Health Centers Division

Quality Management Report

October 2023



Peer Review Committee

Mortality Chart Review (April-July)

- 22 Deaths
- 7 overdoses (32%) (Fentanyl, Methamphetamine, codeine, hydroxyzine, methadone, 4-ANPP, heroin, morphine, or ethanol intoxication)



Quality Management Committee

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

Sexual Orientation Gender Identity (SOGI)-
updating registration form=Resulted in a training for
Medical Assistants, Nurses and Registration Staff on 9/20

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

Reviewed Data

Ryan White Committee Update

Quality Management Plan



Quality Management Committee

- Cervical cancer screenings decreased from 55.86%% in quarter four of 2023 to 55.07% as of quarter two of 2023
- Child and Adolescent Well-Care Visits has improved from 44.46% in quarter four of 2022 to 44.88% as of quarter two of 2023.
- Immunizations: Children (Combo 10) has improved from 30.77% in quarter four of 2022 to 51.56% as of quarter two of 2023.



Quality Management Committee

Successes:

- Created a Quality Improvement Multidisciplinary Team with all clinic locations represented. Breaking down silos building off successful workflows.
- Increased Immunization Combo 10 from ≤ 24 th percentile to ≥ 90 th percentile
- Hiring additional staff to just focus on Cervical Cancer Screenings.

Quality Management Committee

Reflections:

- Data in Provider Portal does not match our Electronic Health Record data
 - Work arounds for pulling data
- Retrieving records from outside sources
- Trauma Informed approach-some patients might not be willing to participate
 - Smart phase to document declination reason
- Time limitations for adding Cervical Cancer Screening in an existing appointment

Action Items:

Continuous Coverage Unwinding

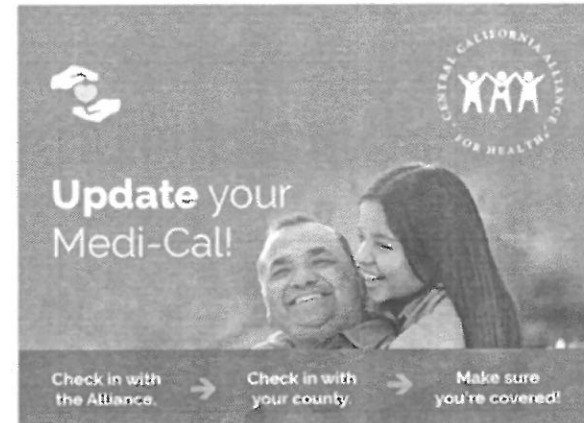
- Starting in April, members with a June renewal date began receiving redetermination paperwork in the mail.
- Counties have 14 months to complete their backlog of redeterminations.
- Members have ~90 days to submit paperwork.



Action Items:

Alliance Response

- 📁 Member Outreach Materials
 - DHCS Toolkit
- 📄 Alliance Website Updates
- 📞 Call Center Phone Tree
 - Waiting message
- 🤝 County Partnership
 - Member contact information exchange
- 📱 Member Texting Campaign
 - Contract with a text messaging vendor
- 🗣️ Live Outreach
 - Live outreach calls to members at risk of losing Medi-Cal coverage for not completing their redetermination paperwork.
- 📊 Monitoring
 - Measurement of impact of Member Engagement/Member Touchpoints
 - Monitoring number of members being disenrolled from Medi-Cal



Have you moved? Did you get Medi-Cal coverage during the pandemic?
You will need to update your county office with any changes to your information.

For more information, visit www.thealliance.healthisnew or use your smartphone's camera to scan the QR code.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.
www.thealliance.health



Action Items:

Impact Monitoring:

June

Category	Santa Cruz	Monterey	Merced	Total
Redetermination	3,264	8,728	8,830	20,822
Disenrolled	1,056	1,368	2,202	4,626

July

Category	Santa Cruz	Monterey	Merced	Total
Redetermination	2,180	8,672	6,596	17,448
Disenrolled	886	2,061	1,951	4,898

August

Category	Santa Cruz	Monterey	Merced	Total
Redetermination	1,631	7,939	6,356	15,926
Disenrolled	678	441	692	1,197

Due to county system issues, not all members disenrolled accurately for August. These numbers will increase over the next 30 days as this issue is fixed.



Integrated community Health Center Commission Meeting

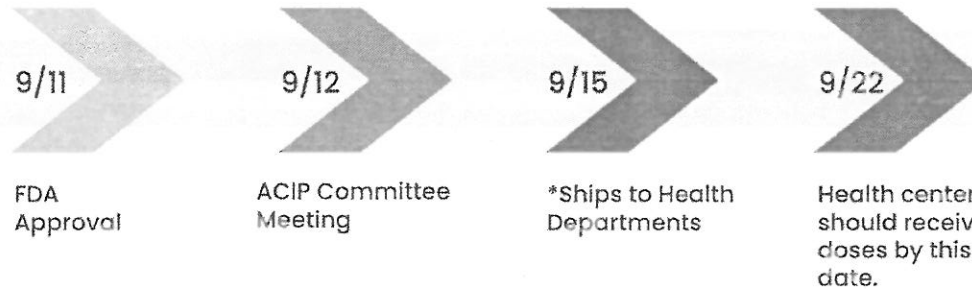
Dr. Julian Wren

10-04-23

NCAHC Combined Policy Call Highlights

CDC Bridge Program Timeline

The CDC bridge program will use two channels to distribute vaccines: public health infrastructure and retail pharmacies. There are 3 million vaccines available for the public health component of the CDC bridge program, which is available to health centers.



FDA approved the updated mRNA vaccines on Monday, Tuesday the Advisory Committee on Immunization Practices (ACIP) met to discuss further implementation of the vaccine
25% of the 3M are available to health centers, so 750,000

Bipartisan Primary Care and Health Workforce Act

Funding:

- Community Health Center funding at **\$5.8 billion per year** for FY2024–FY2026; a **45% increase** over the current level.
- THCGME funding at **\$300 million per year** for FY2024–FY2028
- NHSC funding at **\$950 million per year** for FY2024–FY2026; an **over three-fold increase**
- Scheduled to be marked up in the Senate HELP committee on **Thursday, September 21st at 10:00am ET**. Click [here](#) to watch it live.

HELP Chairman Bernie Sanders (I-VT)



Want to read the bill yourself?
See the summary [here](#)

New Programs:

- Authorizes \$300 million for a **new workforce innovation grant** for community health centers and rural health clinics.
 - Can be used to train a wide range of allied health professionals
 - Partnerships with high schools and community colleges encouraged
 - Investment in equipment, supplies, retrofitting of space needed for training is allowed.
- Other workforce programs included as well.
- Offsets may be opposed by hospitals, specialists



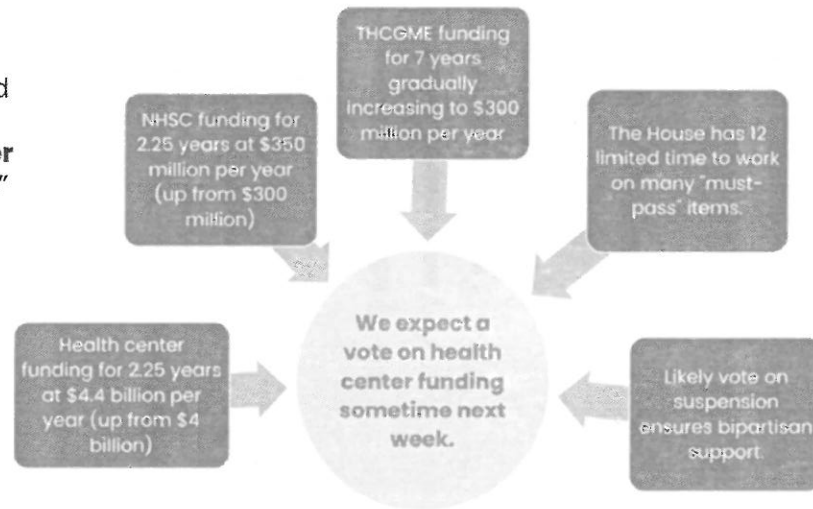
Sen. Roger Marshall (R-KS)

@NACHC    

House Mandatory Funding Bill

Energy and Commerce, Ways and Means, and Education and the Workforce Committees introduce the bipartisan **"Lower Costs More Transparency Act"**

Shutdown risk looms as US Congress faces spending, impeachment brawl

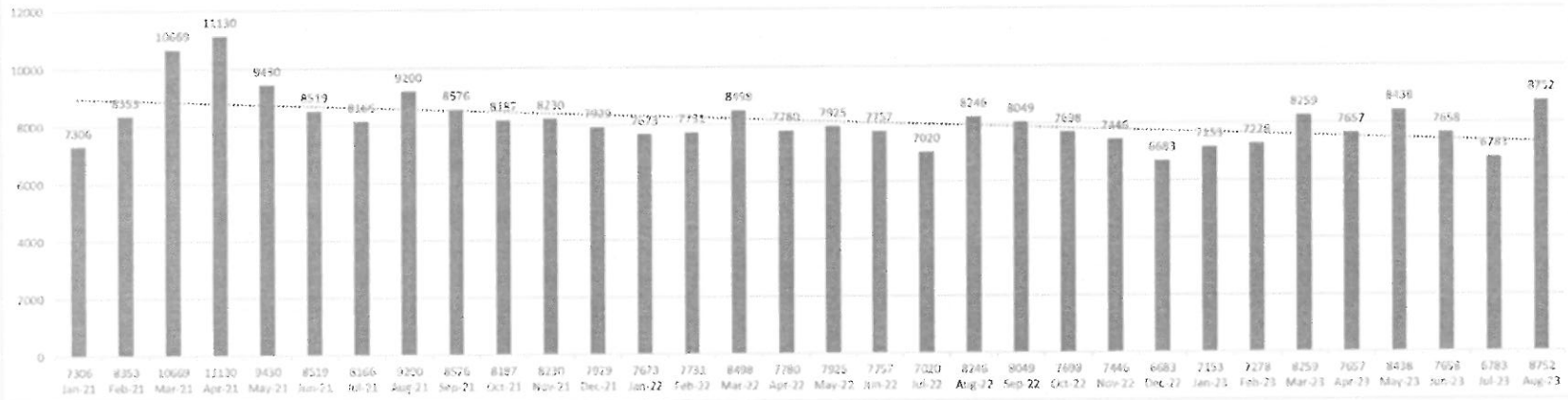


Want to read through the bill yourself?
See the summary [here](#).

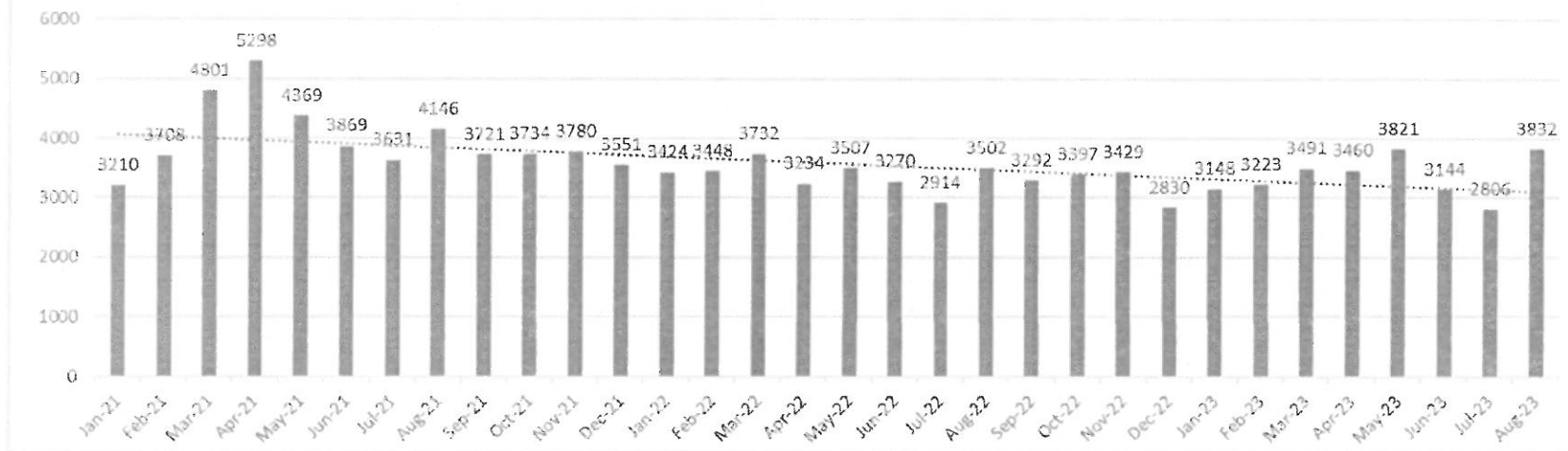


@NACHC    

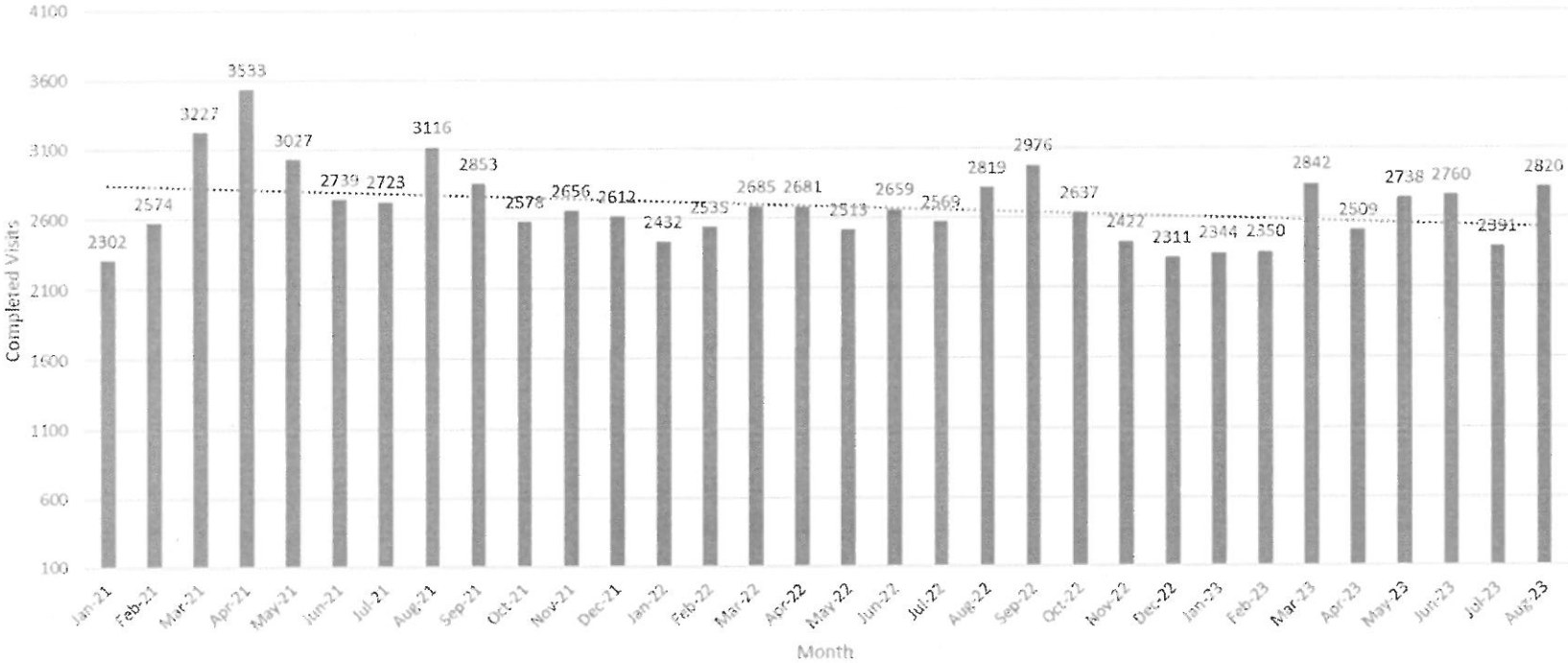
All Clinic Visits



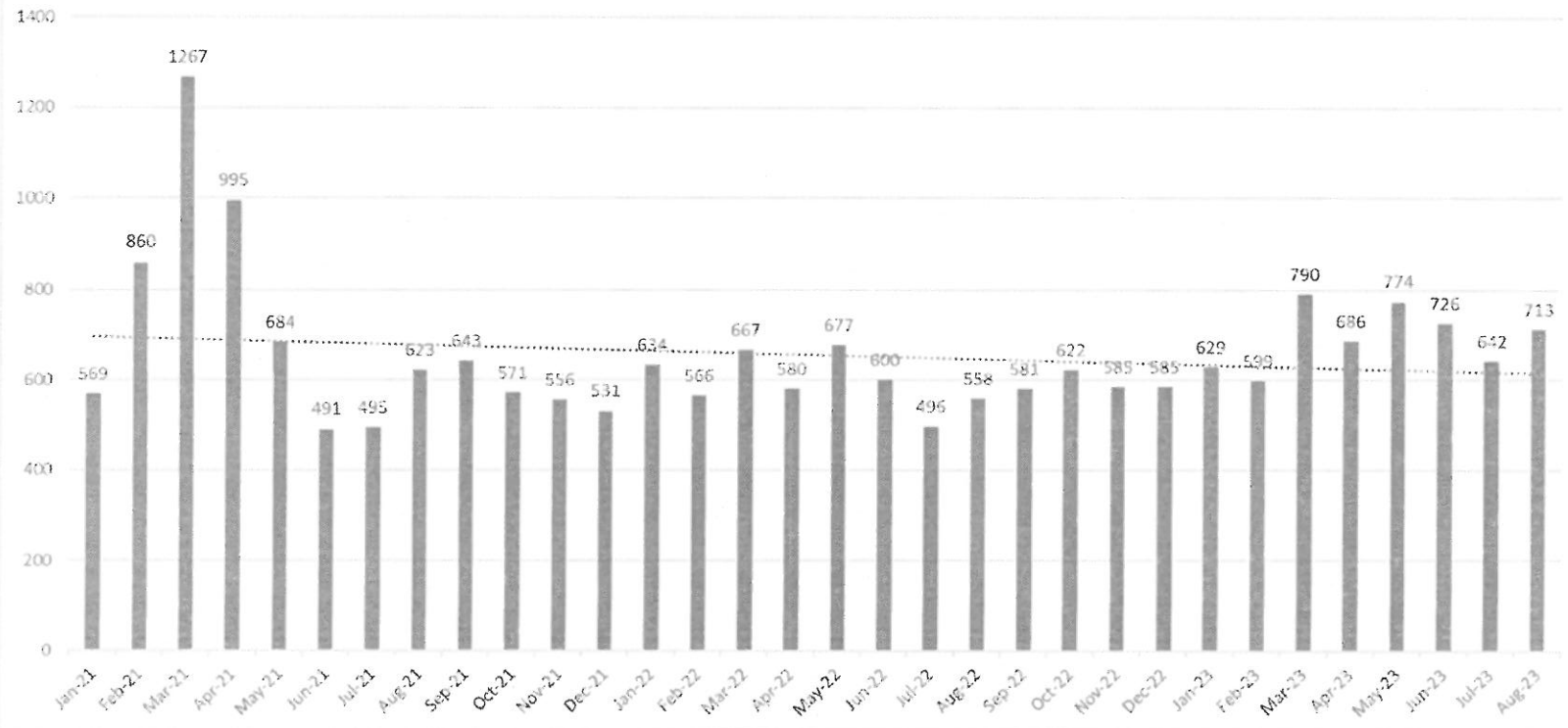
Watsonville Health Center Visits



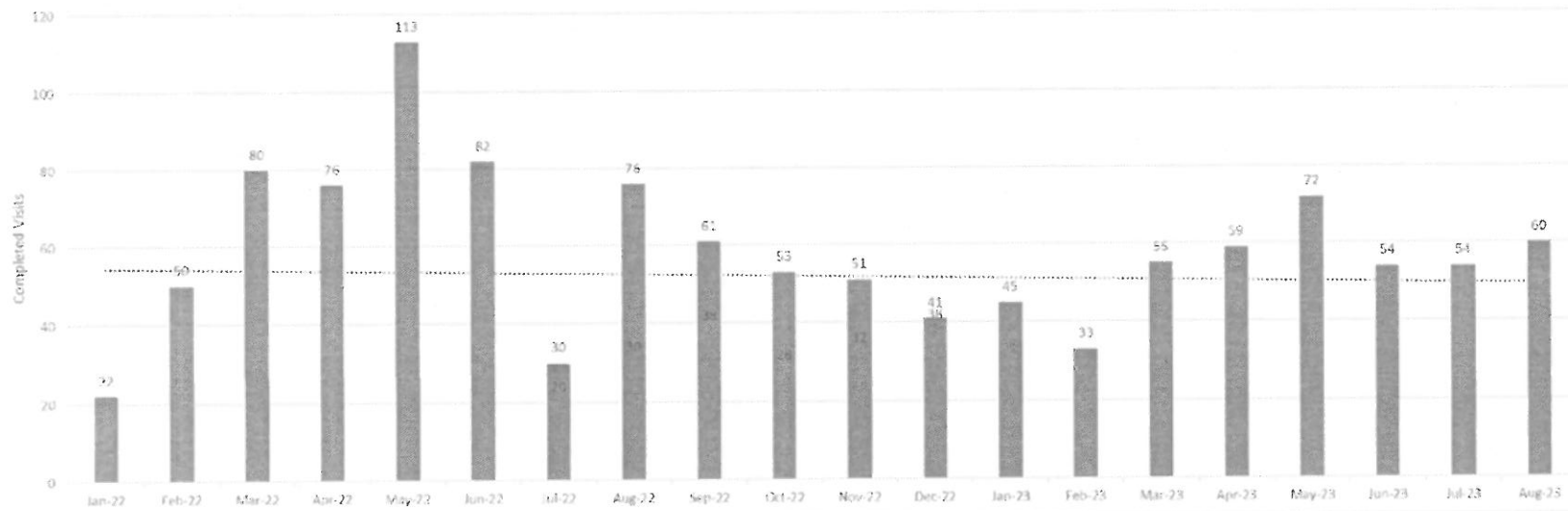
Santa Cruz Clinic

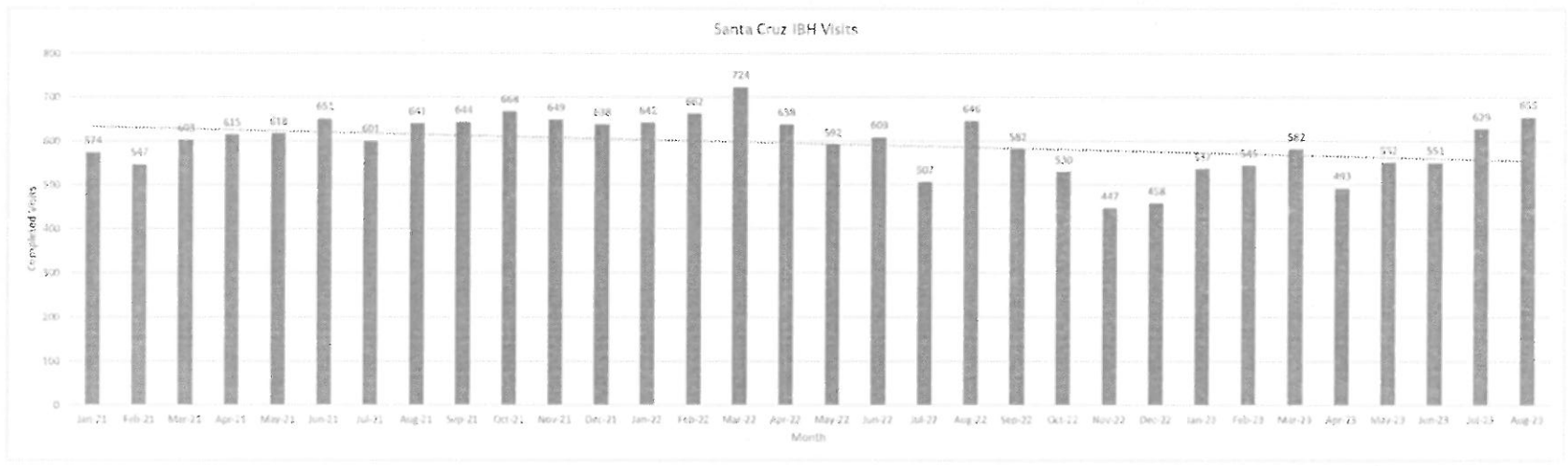


HPHP Visits

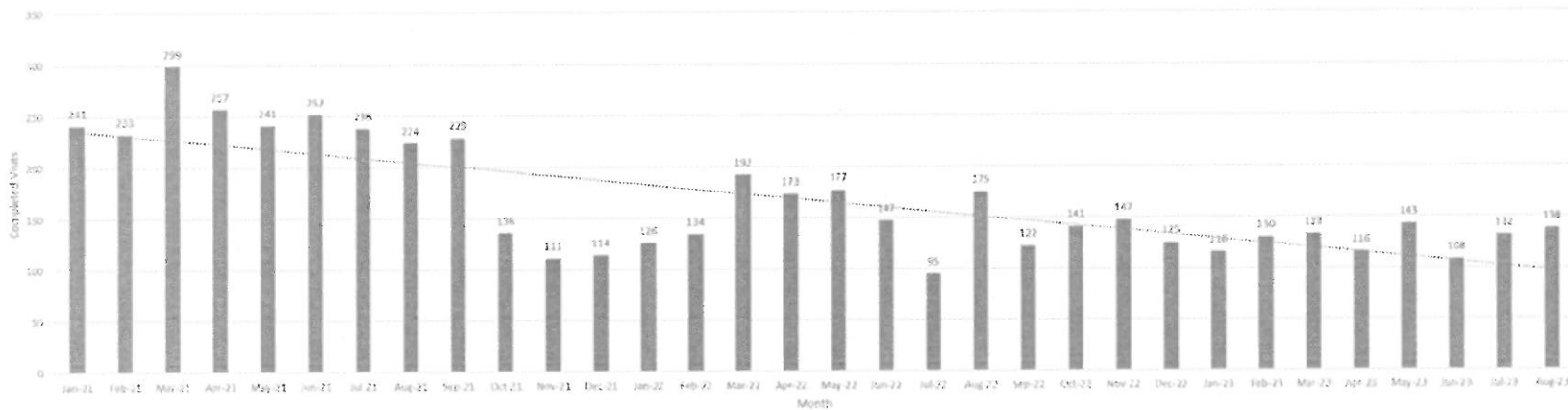


HPHP Street Medicine Visits

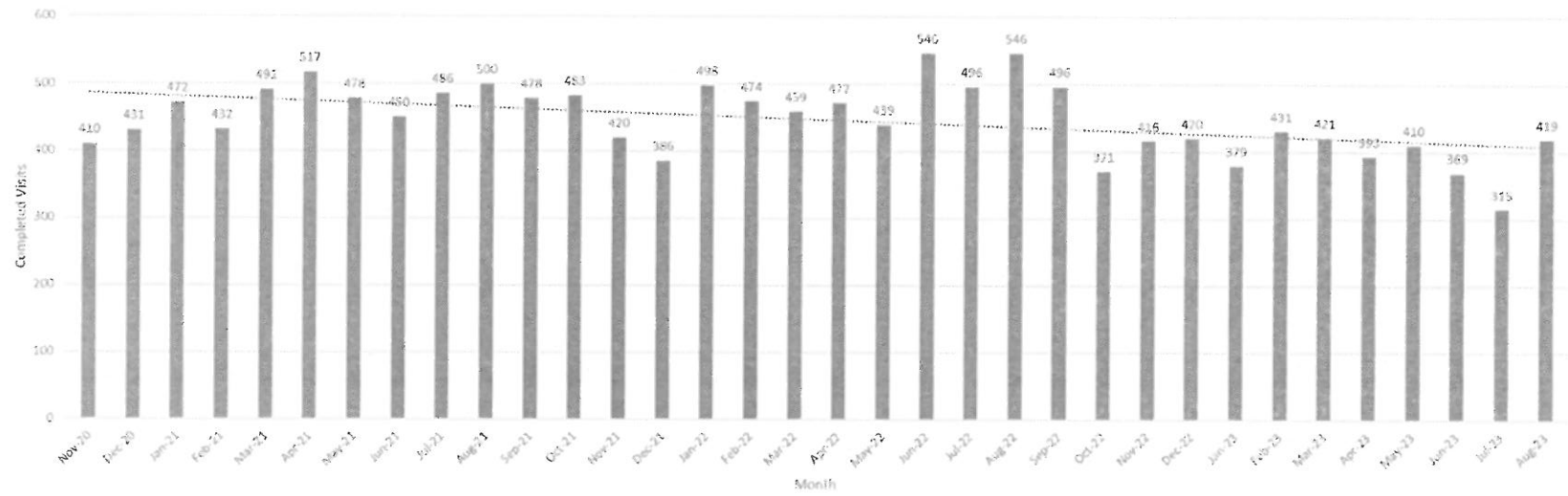




HHPH IBH Visits



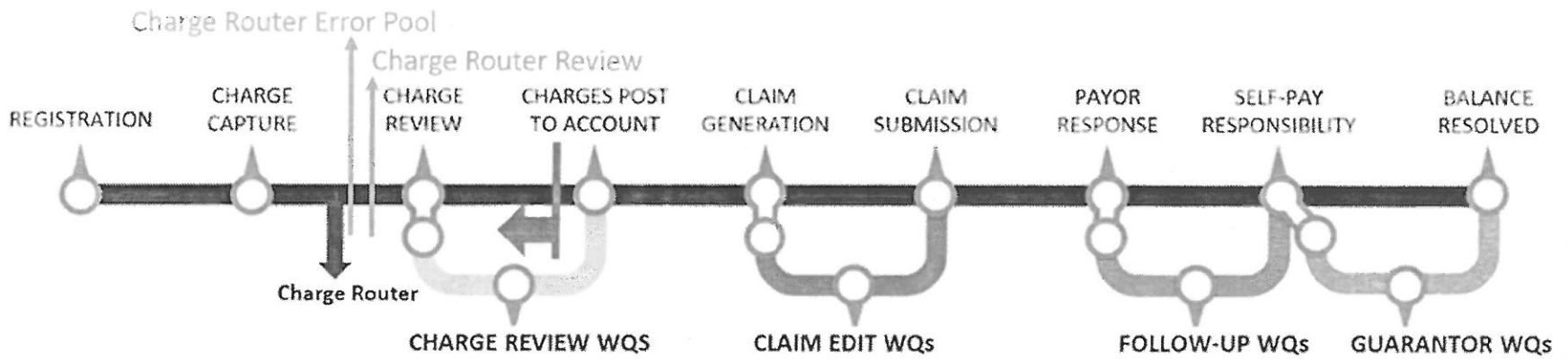
WATSONVILLE IBH Visits



Revenue Cycle Metrics

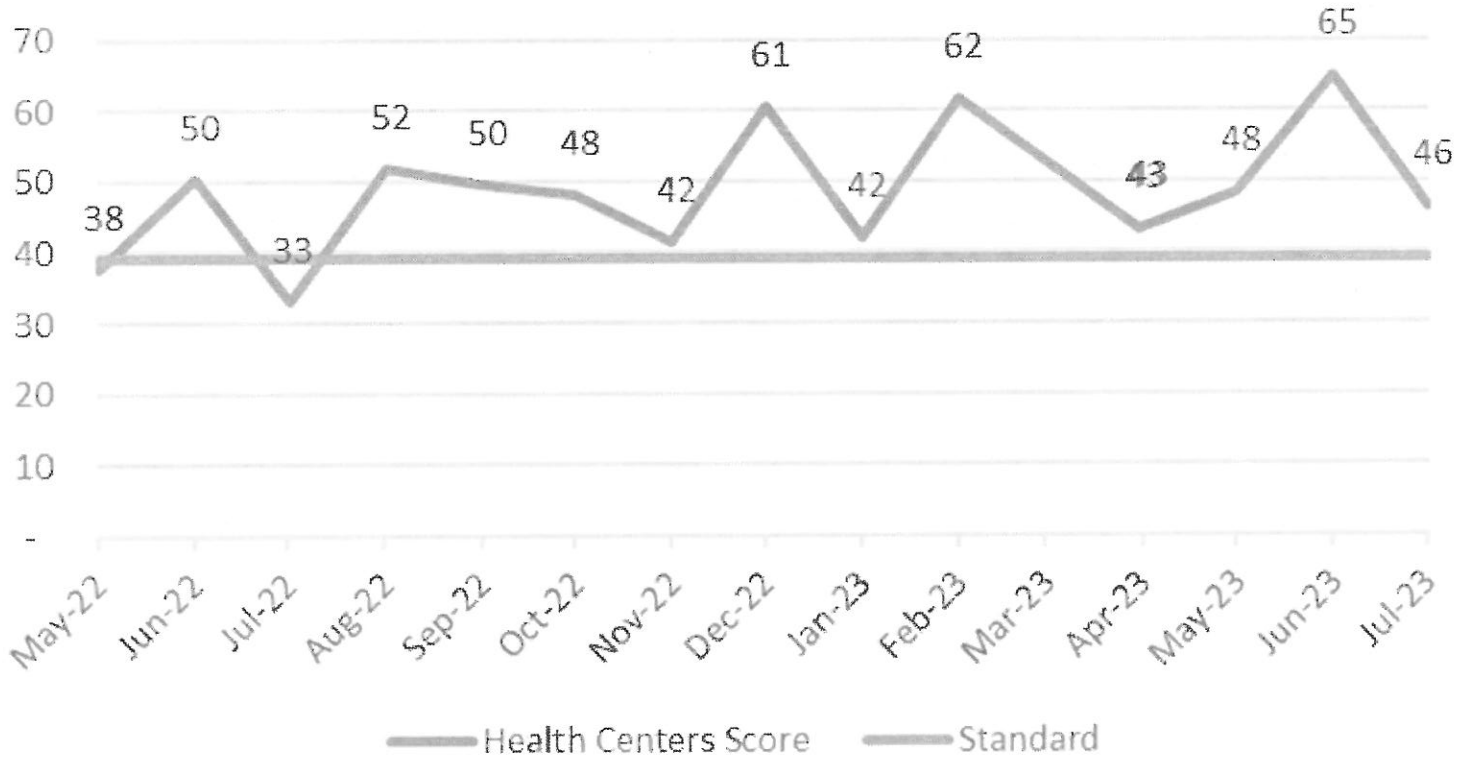
Pre-AR

Revenue Cycle

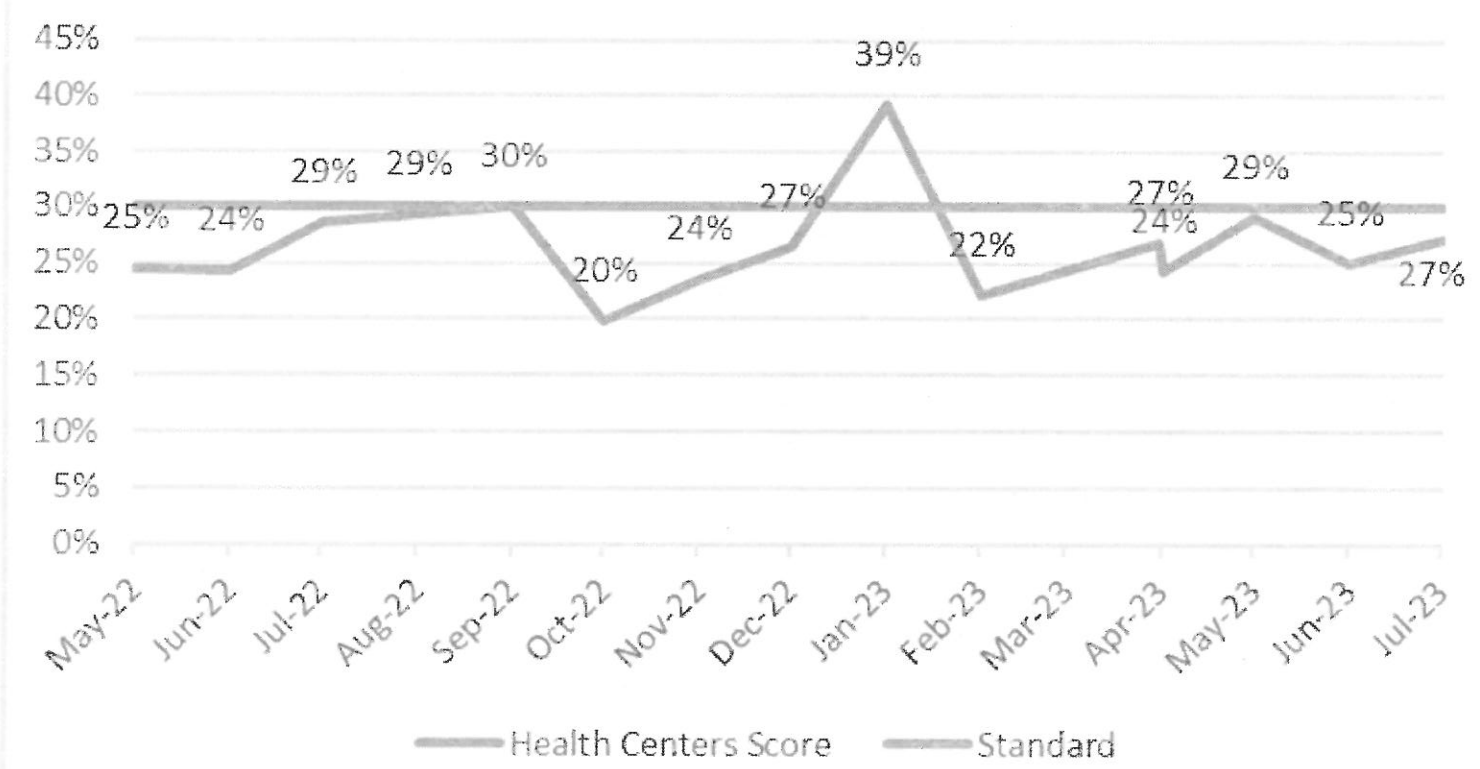


* Charges that are corrected will route back to Charge Review and can become un-posted

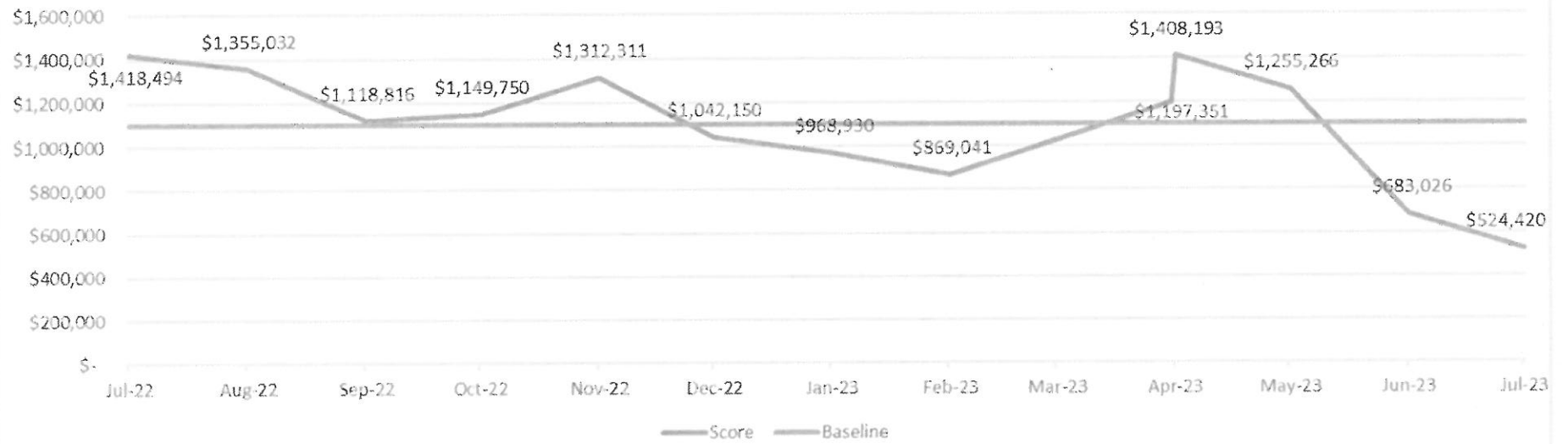
Days in Account Receivable



Percentage of Claims aged > 90 Days



Charge Review





*County of Santa Cruz
Health Services Agency*

JAMES DYER



HIPAA COMPLIANCE COMMITTEE

Monica Morales
Director of Health Services Agency

Jessica Randolph
Director of Administration Services

James Dyer
Administration Services

Jorge Fernandez
Information Services

HIPAA Privacy Officer

HIPAA Security Officer

Socorro Gutierrez
Public Health Programs

Sube Robertson
Behavioral Health

Frank Perez, Walter Espinoza, Joey Crottogini
Clinics Services

Kennedy Cosker
Information Services

Deputy HIPAA Compliance Officers

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) ...



PRIVACY
LAW

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 'Security Risk Assessment' web application. The top navigation bar includes the SRA logo, the current section 'Section 1: Complete!', and user profile icons for 'PRINCE' and 'ADMINISTRATOR'. A 'Logout' button is also visible. A sidebar on the left contains a navigation menu with options: Home, Practice Info, Assessment, Section 1 through 7 (all marked as complete), Summary, Save, Save As, and Logout. The main content area features a congratulatory message: '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.' Below this message is a progress bar showing '100%' completion. The interface is divided into two columns: 'Areas of Success' and 'Areas for Review'. The 'Areas of Success' column lists ten questions (Q1-Q10) with right-pointing arrow icons, indicating they have been answered. The 'Areas for Review' column is currently empty. At the bottom, there is an 'Additional Information' section with a text box containing the note: 'CAP - Develop procedure to assure assessments are reviewed whenever there are institutional changes or security incidents.' A plus sign icon is located to the right of this text box.

Security Risk Assessment

Section 1: Complete!

PRINCE ADMINISTRATOR

Logout

Home

Practice Info

Assessment

Section 1 ✓

Section 2 ✓

Section 3 ✓

Section 4 ✓

Section 5 ✓

Section 6 ✓

Section 7 ✓

Summary

Save

Save As

Logout

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.

← Back to initial start

100%

Areas of Success

Areas for Review

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?

Q5. What do you include in your SRA documentation?

Q6. Do you respond to the threats and vulnerabilities identified in your SRA?

Q7. Do you identify specific personnel to respond to and mitigate the threats and vulnerabilities found in your SRA?

Q8. Do you communicate SRA results to personnel involved in responding to threats or vulnerabilities?

Q9. 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 institutional 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 application for Security Risk Assessment (SRA) with a progress indicator for seven sections. The interface includes a navigation menu on the left and a main content area on the right.

Section 2: Complete!

Section 3: Complete!

Section 4: Complete!

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.

100%

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

