

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

April 3, 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) +1 831-454-2222,191727602# 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. March 6, 2024, Meeting Minutes – Action Required
4. Policy 700.01 – Medical Emergencies – Action Required
5. Sliding Fee Scale change – Action Required
6. My Chart Presentation – Jessica McElveny
7. Mental Health Protocols (for Maximus to present as requested)
8. Quality Management Update
9. Financial Update
10. 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		
Send out policy/protocol After ER Admissions and ER Visits.	Raquel		

Next meeting: Wednesday, 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. 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 March 6, 2024

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
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Maximus Grisso	Member
Tammi Rose	Member
Gidget Martinez	Member
Monica Morales	County of Santa Cruz, Director HSA
Miku Sodhi	County of Santa Cruz, Asst. Director of HSA
Amy Peeler	County of Santa Cruz, Chief of Clinics
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 4:55 pm	
Excused/Absent:	
Excused: Michael Angulo	
Absent: Michelle Morton, Amy Peeler	
1. Welcome/Introductions	
Introductions were done.	
2. Oral Communications:	
Raquel stated that Amy Peeler was out on a leave of absence and will return sometime in March. Marco stated that he recently visited the Watsonville Clinic and liked the new video screens and mentioned he was treated well by the reception staff. Lastly, Maximus would like to discuss mental health protocols at next month's commission meeting.	
3. February 7, 2024, Meeting Minutes – Action Required	
Review of February 7, 2024, Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as presented. Tami second, and the rest of the members present were all in favor. Dinah abstained as she was not in attendance at the last meeting.	
4. Policy 100.03 - Update to Business Office - Action Required	
Julian presented policy 100.03 Update to Billing Department and Front Office Operations Policies and Procedures; he stated only minor updates made to policy. Tammi moved to accept policy with minor updates. Rahn second, and the rest of the members present were all in favor.	
5. Policy 200.03 - Credentialing and Privileging – Action Required	
Raquel presented Policy 200.03 - Credentialing and Privileging. She stated only a few small updates were made. Dinah moved to accept policy as presented. Tami second, and the rest of the members present were all in favor.	
6. Policy 300.24 – Outside of Normal Business Hours Advice by Telephone – Action Required	
Raquel presented Policy 300.24 – Outside of Normal Business Hours Advice by Telephone. She stated minor edits were made and reviewed edits with commissioners. Rahn motion to accept policy as presented. Tami second, and the rest of the members present were all in favor.	
7. Policy 300.05 – Patient F/U Upon Discharge – Action Required	
Raquel presented policy 300.05 – Patient Follow-up Upon Discharge from Clinic. She reviewed edits with commissioners. The question came up if there was a sort of prioritization is applied to follow-up visits such as after an Emergency Room visit. Raquel will report back on this item at the next month's meeting. Raquel will send out policies/protocol: After ER Admissions and ER Visits to commissioners. Maximus motion to accept policy as presented. Tami second, and the rest of the members present were all in favor.	

8. Policy 520.05 – After-Hours Availability of Medical Records – Action Required
Raquel presented Policy 520.05 – After-Hours Availability of Medical Records. She stated minor edits were made and went over edits with commissioners. Rahn motion to accept policy as presented. Maximus second, and the rest of the members present were all in favor.
9. Policy 700.01 – Medical Emergencies – Action Required
Raquel presented Policy 700.01 – Medical Emergencies. Raquel reviewed policy with commissioners in which various questions were asked. Question was asked as to why there was no mention of codes, and overdoses such as the presentation that was given by the Homeless Persons Health Project a few months ago. There was a lot of questions on this policy from commissioners to defined and to put in language and references in policy. Raquel will do some edits and bring back to next months meeting.
10. My Chart Presentation – Jessica McElveny
This item was tabled for next month’s meeting.
11. Quality Management Update
Raquel reported on the Emeline Quality Improvement Presentation. She stated the Emeline Health Clinic presented on Child and Adolescents Well Child-Care Visits and they are going to shadow the Watsonville Clinic on how they do advanced rooming. Raquel also reported they are doing a revenue cycle and increase access to care workplan. She stated they are looking at all the clinician’s schedules to make sure they are being utilized to their maximum potential, and making sure admin time is equitable. Raquel also reported on Peer Review & Risk Management Committee. She reported on the committee discussed In Basket Management and will explore assigning this to a team to assist. Lastly, Raquel reported on mortality review she stated there were thirteen chart audits completed all received appropriate care, three were overdoses or complications with a substance use disorders.
12. Financial Update
Julian stated they are building a system where they can easily access accountability, baselines, and outcomes. Once the development of the system is done Medical Directors, Admin, and staff will have access to data for clinical and fiscal decisions. Julian reported that clinics is \$4,118,710.00 in the deficit, but clinics is also making changes. Julian stated they are looking at expenditures and meeting with vendors to negotiate supply costs. Julian reported on the following: Days in Account Receivable, are at 61 days: Percentage in Claims aged 90 days, are at 29%; and Charge Review Days, are currently at 11 days. Julian also reported that overall accounts receivable has increased by 26% between January and February.
13. CEO/COVID 19 update
Raquel reported on Amy’s behalf. She stated the operational site visit from HRSA will be May 14, 15, and 16, 2024. She stated commissioners are welcome to attend the entire visit but if they need to prioritize it would be good for Commissioners to attend the opening of the visit, the meeting specifically for Commissioners and the closing meeting. Raquel will send out information to commissioners. One of the Commissioners asked about the Shigella outbreak, Raquel stated the Homeless Persons Health Project (HPPH) manager and staff are currently deployed, and there were 31 confirmed cases as of yesterday. It was stated by commissioner When there is an outbreak of infectious disease that impact our clinics, the Commission should be alerted.

Next meeting: April 3, 2024, 4:00pm - 5:00pm

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

<p>SUBJECT: Medical Emergency Procedures</p> <p>SERIES: 700 Standing Orders</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 700.01</p> <p>EFFECTIVE DATE: March 2000</p> <p>REVISED: November 2003 August 2017 March 2020 April 2024</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

Primary care clinics are not equipped to provide sophisticated emergency medical care. The following Standard Procedures are to be used by staff in the instance when specific physician's orders are not immediately available, and while awaiting the 911 emergency medical response.

POLICY STATEMENT:


It is the policy of the County of Santa Cruz Health Services Agency Health Centers Division to respond to an emergency need while awaiting a 911 emergency medical response.

REFERENCE: Health Centers Code Blue Protocol

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PROCEDURE:

1. The Health Centers Division maintains an emergency cart and ensures that all equipment used is accessible and in good working order. The equipment is inventoried monthly and tested according to recommendation of the vendor(s).
2. The first staff member on the scene currently trained in emergency response initiates cardiopulmonary resuscitation (CPR) or basic airway management as required.
3. Any staff member who discovers a patient, visitor, or employee needing emergent care is responsible for activating the emergency medical system. This includes:
 - a. Getting appropriate assistance, including notifying an employee who is currently trained in CPR.
 - b. Calling 911 or requesting another staff person call 911 and bring the AED.
 - c. Notifying a provider in the immediate vicinity of the location and type of emergency.

SUBJECT: Medical Emergency Procedures	POLICY NO.: 700.01	
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4. The first ~~licensed clinical~~ provider on the scene is responsible for managing the emergency situation until paramedics arrive. ~~He or she~~They should then assist as necessary. Until that time, the ~~licensed clinical~~ provider can delegate roles as ~~they~~ he or she sees fit for the effective performance of resuscitation.
5. A staff member is assigned to the entrance door to direct paramedics to the emergency location.
6. Thorough documentation of any patient involved in an emergency is required.
7. If the emergency involves a non-patient, a thorough incident report should be completed by the Health Center Manager or provider on scene with input from staff present.
8. For any actual event requiring resuscitation, the ~~Hhealth Ceenter Mmanager~~ will be required to schedule a debrief within two working days with all involved staff members to debrief the event, provide support as needed, and review any suggestions for improvement.

Emergency Services

Nonresponsive Person

- 1) Call out for help, ask a co-worker or patient to ask for a manager or supervisor in the clinic.
 - First responding staff should stay with patient until help arrives.

- 2) Responding Nursing Supervisor to evaluate patient.
 - a. Clinician and Floor Nurses can also evaluate.
 - b. Have Manager and Nursing Supervisor coordinate key staff in retrieving items needed and traffic control.
 - c. Release any staff that are not needed.

Emergency Call Down	Name	Cell / Text	Email
1st Call	Frank Perez	831.345.8836 X4569 Cell 831-566-3539	Frank.perez@santacruzcountyca.gov
2nd Call	Cindy Ortega	831.331.6230 X4883	Cindy.ortega@santacruzcountyca.gov
3rd Call	Blanca Alvarado	831.454.4039 X4039	Blanca.Alvarado@santacruzcounty.us
4th Call	Dr. R Mathew	X7345	Rashmi.mathew@santacruzcountyca.gov

- 3) Depending on Nursing Supervisor Evaluation.
Call 911**

- 4) Print out Clinical Summary – look patients chart
up and in chart review click on tab (Misc Rpts)
– Clinical Summary**

Patient Request Emergency Services while in Waiting Room /Outside Clinic

- 1) Stay with patient until Nursing Supervisor or Floor Nurse arrives.
 - If near Radio – Radio for Nursing Supervisor or HC Manager.
 - Notify Supervisor or Nurse to evaluate patient.
 - Notify Health Center Manager to assist or escalate (x4569)

Emergency Call Down	Name	Cell / Text	Email
1st Call	Cindy Ortega, RN	831-818-8094 X4883	Cindy.ortega@santacruzcountyca.gov
2 nd call	NURSE line	X5100	

- 2) Depending on evaluation of Supervising Nurse call-
 - a. If we need to get patient to ER room ~Non-emergency # 831-429-1580
 - b. If we need to get patient into Exam room for further evaluation, coordinate with Nursing Supervisor on room and communicate with Clinician of the Day to step in.

- 3) **Print out Clinical Summary – look patients chart up and in chart review click on tab (Misc Rpts) – Clinical Summary**

Emergency while patient is in Clinic /Exam Room

- 1) Provider request assistance from Medical Assistant to call 911 or Ambulance.

- 2) Notify Registration Supervisor
 - a. Registration Supervisor will contact Ambulatory Services
 - i. If no Registration Supervisor – contact Nursing Supervisor and/or Health Center Manager to assist with coordination.

 - Have room number and patient info ready (MRN and any conditions to be aware of)
 - Request staff assistance using phone or walkie talkie – but no PHI over radio

- 3) Print out Clinical Summary – look patients chart up and in chart review click on tab (Misc Rpts) – Clinical Summary

CODE BLUE

Cardiopulmonary Arrest-Unresponsive

Definitions:

- *Cardiopulmonary Arrest*: it is a sudden loss of blood flow resulting from the failure of the heart to pump effectively. Signs include loss of consciousness and abnormal or absent breathing. Some individuals may experience chest pain, shortness of breath, or nausea before cardiac arrest.
- *Unresponsive*: An unresponsive person does not show any signs of reaction to external stimulus, such as yelling or pinching.
- *Automated External Defibrillator (AED)*: A portable electronic device that automatically diagnoses the patient's life-threatening cardiac rhythm abnormalities and is able to provide treatment through application of electrical therapy. The goal is to restore a normal cardiac rhythm.
- *Cardiopulmonary resuscitation (CPR)*: An emergency procedure performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.
- *Ambu bags*: "AMBU" stands for Artificial Manual Breathing Unit, which is a hand-held device commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately.

The clinic has the following emergency equipment:

- a. One oxygen tank at least $\frac{3}{4}$ full. Tank can be less than $\frac{3}{4}$ full with full back-up tank on-site.
- b. Oxygen masks, cannulas, and tubing for adults, children and infants, stored with oxygen tank(s).
- c. AMBU bags and masks for adults, children, and infants:

Adult

- 1-Ambu SPUR disposable adult resuscitator
- 1-Adult disposable oxygen face mask
- 1-Adult nasal cannula
- 1-Connecting tubing

Pediatric

- 1-Ambu SPUR disposable pediatric resuscitator
- 1-Ambu SPUR disposable
- 1-Infant size face mask for pediatric resuscitator
- 1-Pediatric oxygen face mask
- 1-Connecting tubing

d. An emergency "Crash Box" with emergency medications and supplies, supply and medication checklists, anaphylaxis plan, and dosage chart.

e. An automated external defibrillator (AED). Additional supplies are in the attached bag:

- 1-CPR Mask
- 1-Pair each glove, medium & large
- 1-Pair of scissors
- 1- Razor
- 1- Adult Pads
- 1- Child Pads

f. An emergency birth kit.

Watsonville Health Center CODE BLUE

Training:

All WHC staff will know how to respond in a medical emergency based on their scope of practice and will respond quickly and efficiently. WHC medical providers, clinic nurses and medical assistant staff identified by management will maintain current cardiopulmonary resuscitation (CPR) certification. WHC staff will receive a annual training on Code BLUE response (during the bi-monthly meeting of October) or for new employees or transfers during their first week of work at WHC. The annual training includes the review of roles in an emergency and review of location of emergency equipment.

Here are the detailed tasks of the responders:

➤ Physician (Mid-Level if no Physician in the clinic or RN if Mid-Level is not in Clinic): Serves as the team leader. Leader will direct the Code and will determine if 911 should be called.

➤ RN: Assists the team leader as needed.

- **First Responder**

- Call code blue: “Code Blue , Room # _____.” “Code Blue, Front Lobby.”
- Ensure patient is flat on bed or floor. Remove pillows (if any) and drop the head of bed.
- Check for pulse. The best site for this is the carotid pulse.
- Start compression (if necessary).

- **Second Responder**

- Bring the AED, O2 and Crash Box to the site of code. Whoever assists the second responder to bring emergency equipment, will become the third responder.
- Manage airway by using an Ambu bag or a pocket mask with one-way valve.
- Switch role with the first responder in giving chest compressions to the patient. (If necessary)

- **Third Responder**

- Turn on the AED/defibrillator and use it for pulseless patients.

- **Fourth Responder**

- In charge of documentation.
- Print Clinical Summary from EPIC. Provide a copy to the Paramedics. The information is faxed to the appropriate emergency room.

- **Guard**

- Assists with crowd/relatives control.
- Ensures patient’s belongings are secured during the code

Watsonville Health Center
CODE BLUE

Don'ts

1. If you are one of the responders or not, don't leave the scene right away. You probably know the patient well and the team might need some information from you.
2. Switching roles without proper communication – If you feel the need to switch roles, communicate with the team to ensure someone will take over of your role.
3. Shouting – Be calm and communicate clearly. Do not shout or yell as it adds to the tension of the team during a code. Speaking calmly also maintains your presence of mind throughout the event.

If the patient refuses transfer by ambulance:

- a. The patient will sign an EMS refusal form.
- b. The provider will complete a referral form in the EMR.
- c. The provider will document the note which contains patient history, brief examination, assessment, and plan.
- d. The assigned note taker will print the note and referral for the patient to hand carry to the hospital or specialist.
- e. The provider or designee will call the hospital or specialist facility to discuss the patient's situation, if appropriate.

Reviewers of Code Blue:

Dr. Violich (Physician and Medical Director)
Dr. Hansen (Physician)
Marcy Mota, RN. (Nurse and Medical Assistant Supervisor)
Dr. Lipson (Physician)
Walter Espinoza, MBA (Health Center Manager)

Date:	Corrective Action:	Initials:
Date:	Corrective Action Completed:	Initials:

Homeless Persons Health Project

Code Blue: Cardiopulmonary Arrest and others.

Here are the detailed tasks of the responders:

- RN - Serves as the team leader.
 - Physician/Medical Provider - Assists the RN as needed
- Front Desk – Inform staff and patients of a medical emergency. If needed, post sign “Medical Emergency: We will re-open at ___” on front door to clinic.

First Responder

- Call for help and request 911 phone call. “Code Blue , Room #_____.” “Code Blue, Front Lobby.”
- Delegate team lead if one has not been identified.
- Ensure patient is flat on bed or floor. Remove pillows (if any) and drop the head of bed.
- Check for pulse. The best site for this is the carotid pulse.
- Start compression (if necessary).
- Administer Narcan (if necessary).

Second Responder

- Bring the crash box (located in nurse OD room) and other emergency equipment on the site of code (AED, O2, narcan). Crash box and AED are in the OD room. AED is on wall outside OD room. Whoever attends the second responder to bring emergency equipment, will become the third responder.
- Manage airway by using an ambu bag or a pocket mask with one-way valve.
- Switch role with the first responder in giving chest compressions. Give chest compressions to the patient every two minutes.

Third Responder

- Turn on the AED/defibrillator and use it for pulseless patients.

Forth Responder

- Assists with crowd/relatives control. Clears area of chairs and makes room for EMT responders.
- Grab charged walkie-talkie from front desk to communicate additional needs back to front desk. For example, can somebody print a face sheet for pt. John Doe.

- Ensures patient's belongings are secured during the code

Medical Assistant

- In charge of documentation.
- Print Clinical Summary from EPIC. Provide a copy to the Paramedics.

Clinic Manager or Nurse Supervisor

- If possible, use walkie-talkie to notify Housing Matters Kiosk that 911 was called and to expect a response on campus. Housing Matters Security can direct traffic, flag down EMT.
- Restock crash cart afterwards.
- Complete incident report and debrief with staff

Aftercare

- Close site for 15 minutes to debrief.
- If during outreach or street medicine, decide to either end outreach early and head back to clinic for debrief or end early and debrief on-site.
- Front desk post "Medical Emergency. We will re-open at ___" sign.
- Text supervisor/program manager to inform them there was a code blue on-site.
- If code blue is a result of an accidental overdose, MAT team attempts to engage patient into MAT services and offers support to prevent re-sedation of patient.
- RN responding to code blue sends an in-basket message to patient's PCP and/or care team informing them about the code blue incident.

Debrief

- Team (all staff and volunteers involved) debrief after the code blue is over. Debrief takes place at the conference table.
- Health Center Manager, Clerical Supervisor, or another supervisor work to sub out staff involved in the code blue with other available staff in order to allow them to participate in the debrief.
- Use "Debriefing 4/25/23" template to facilitate a debrief.

Goals of the debrief include the following:

- ✓ Make space for the team to attend to themselves and come into the moment. Drink water, drink tea, deep breathe, shake.
- ✓ Give the team an opportunity to openly discuss their feelings and reactions in a non-judgmental environment of their peers.

- ✓ Give the team time to share about what they saw, did, and felt during the overdose response and story tell.
- ✓ Make room for all the unique and individual ways responding to an overdose can impact people. It is important to let people speak if they want to and be quiet if they want to.
- ✓ To learn from each other, listen to each other, get to know each other and support each other.
- ✓ To problem solve and evolve the overdose protocol after emergency is over. Talk about things that went well, things that could be adjusted or improved, challenges, how the team followed or did not follow the protocol and to gather feedback on the protocol after experiencing it in action.
- ✓ Make a plan for self-care for the rest of the shift, the rest of the day, the rest of the week and set up agreements for having team members check in with each other or their supervisor.

DO NOT

1. If you are one of the responders or not, don't leave the scene right away. You probably know the patient well and the team might need some information from you.
2. Switching roles without proper communication – If you feel the need to switch roles, communicate with the team to ensure someone will take over of your role.
3. Shouting – Be calm and communicate clearly. Do not shout or yell as it adds up to the tension of the team during a code. Speaking calmly also maintains your presence of mind throughout the event.

Reviewers of this Draft:

Joseph Crottogini
Sharon Gehringer
Andi Wass
Adrienne Keane
Victor Yanez
Jennifer Varela

SANTA CRUZ COUNTY HSA ATP
 2023 Sliding Fee Discount Schedule

Instructions

1. Using the table below, find your household size down the left column.
2. Next, find your annual income range on that same line.
3. Last, follow the income range column downward to the point that will tell you whether you might pay a nominal fee or a designated percentage of the charges.

2023 DHHS Poverty Guidelines

A	B	C	D	E	F
Household Size	Less than or equal to 100%	Less than or equal to 133%	Less than or equal to 166%	Less than or equal to 200%	Over 200% Unqualified
1	\$15,060	\$20,300	\$25,000	\$30,120	\$30,120 and over
2	\$20,440	\$27,185	\$33,930	\$40,880	\$40,880 and over
3	\$25,820	\$34,341	\$42,861	\$51,640	\$51,640 and over
4	\$31,200	\$41,496	\$51,792	\$62,400	\$62,400 and over
5	\$36,580	\$48,651	\$60,723	\$73,160	\$73,160 and over
6	\$41,960	\$55,807	\$69,654	\$83,920	\$83,920 and over
7	\$47,340	\$62,962	\$78,584	\$94,680	\$94,680 and over
8	\$52,720	\$70,118	\$87,515	\$105,440	\$105,440 and over
For households over 8, add \$5,140 for each additional member.					
Dental	\$30	\$50	\$90	\$135	No Discount Full Fee
Office Visit Nominal Fee	\$21	\$34	\$44	\$54	100% of charges

SOURCE: US Department of Health and Human Services, Effective January 12, 2024, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

**SANTA CRUZ COUNTY HSA ATP
2024 Sliding Fee Discount Schedule**

Instructions

1. Using the table below, find your household size down the left column.
2. Next, find your annual income range on that same line.
3. Last, follow the income range column downward to the point that will tell you whether you might pay a nominal fee or a designated percentage of the charges.

2024 DHHS Poverty Guidelines

A	B	C	D	E	F
Household Size	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to	Over 200%
	100%	133%	166%	200%	Unqualified
1	\$15,060	\$20,300	\$25,000	\$30,120	\$30,120 and over
2	\$20,440	\$27,185	\$33,930	\$40,880	\$40,880 and over
3	\$25,820	\$34,341	\$42,861	\$51,640	\$51,640 and over
4	\$31,200	\$41,496	\$51,792	\$62,400	\$62,400 and over
5	\$36,580	\$48,651	\$60,723	\$73,160	\$73,160 and over
6	\$41,960	\$55,807	\$69,654	\$83,920	\$83,920 and over
7	\$47,340	\$62,962	\$78,584	\$94,680	\$94,680 and over
8	\$52,720	\$70,118	\$87,515	\$105,440	\$105,440 and over
For households over 8, add \$5,140 for each additional member.					
Dental	\$30	\$50	\$90	\$135	No Discount Full Fee
Office Visit Nominal Fee	\$20	\$35	\$45	\$55	100% of charges

SOURCE: US Department of Health and Human Services, Effective January 12, 2024, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>



Health Centers Division

Quality Management Report

March 2024



Quality Management Committee

- Quarterly Quality Improvement Presentation- Homeless Persons Health Project. (Syphilis and Shigella)



HPHP MOBILE CLINIC



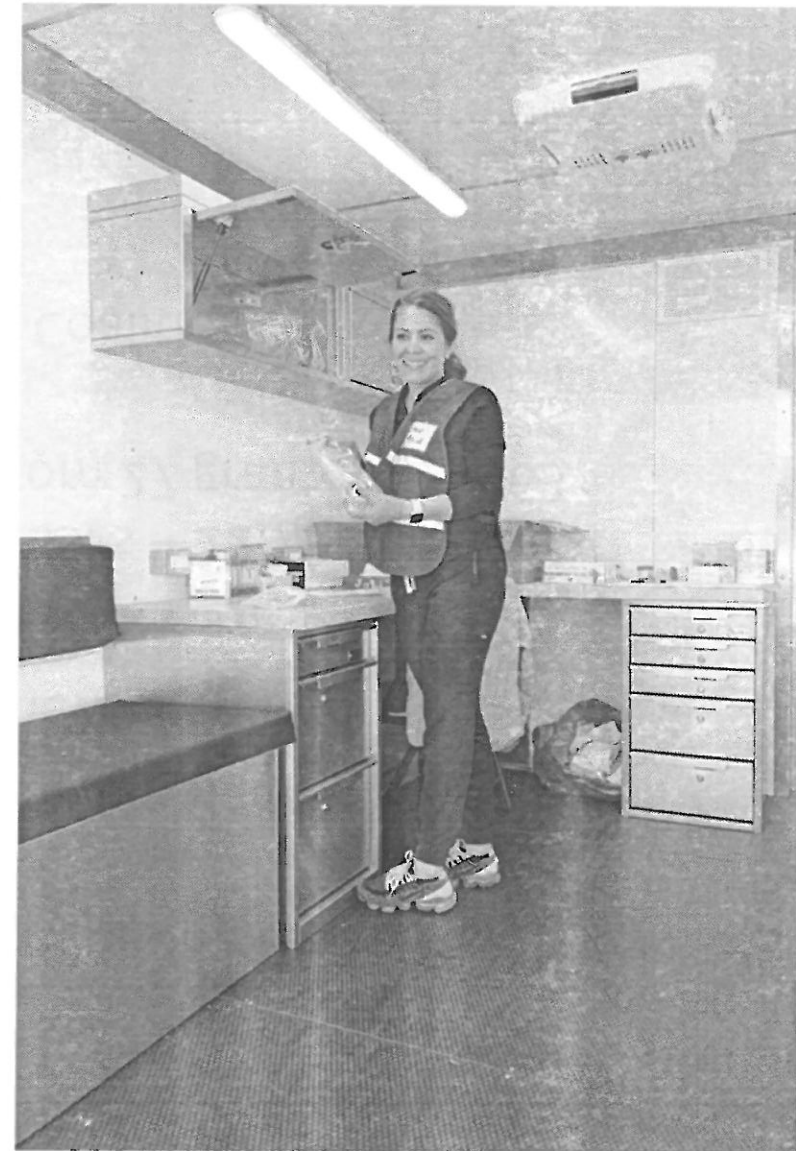
Street Medicine Outcomes

- Over 500 visits in 2023, 160 in Q4 alone (mostly low barrier MAT)
- 80 patients cured Hep C since January 2023
- 120 patients engaged in HCV treatment
- Treating opioid use disorder in the street



HPHP's Outbreak response

- COVID-19 Pandemic, Hep A (2017)
- 2024 Syphilis and Shigella outbreaks
 - As of 4/3/24
 - Syphilis = 14 probable cases and 6 suspect cases
 - Shigella = 49 confirmed cases
- Work with Public Health to deploy resources & supplies
- Coordinate follow up care
- Incentivize testing, labs, treatment
- Cross train staff in street medicine
- Challenge = balance clinic capacity with demand of new patients seen during street medicine



HPHP+SSP – MAT Access Points

- Wednesdays 10am-2pm, focused on Coral, SC Levee, Harvey West
- Since 8/30/23, 700 encounters, including 303 new encounters
- 385 units of Narcan distributed
- Contributed to UCLA study low-barrier MAT at SSPs – 22,792 unique individuals received harm reduction services from 27 grantees, 7,963 new patients started MOUD
- MAT Access Points MOU with Harm Reduction Coalition



Health Centers Division

FY 23-24 Budget Presentation

April 3, 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

Payment Delays

- Trizetto Clearinghouse rejections in error
 - TriZetto examines a claim and sends it back to the provider for editing (rejection)
- Change Health Care security Breach consequences
- Medi-Cal hold on payments

Budget Gap Goals

- Increase Access to Care
- Decrease No Shows
- Decrease time to reimbursement
 - Increase reimbursement ratio

Goal is to get to an average of 53 Days in
Accounts Receivable by Feb 29, 2025

Avg. Days in AR
57.5

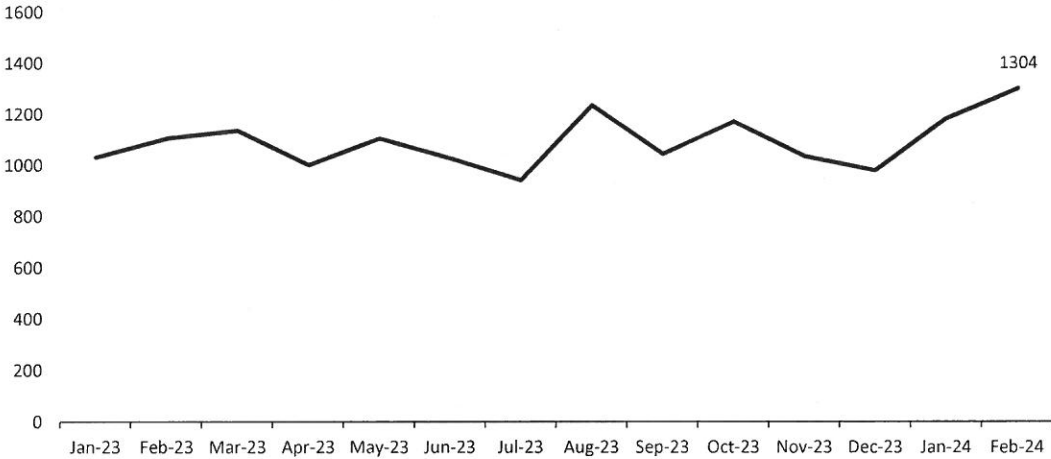
As of 3/25/24

Guide to Visit Numbers

- You will see a line graph and underneath it the raw numbers with conditional formatting in color. As you can see, we began interventions in January and consistently January and February are in the green.
- Color Scale Configuration:

Excel's conditional formatting offers pre-built color scales (like green-yellow-red) where green represents high values, red represents low values, and yellow represents the middle ground. If a cell falls within the middle range defined by our chosen color scale, it might appear white or a very light color instead of yellow.

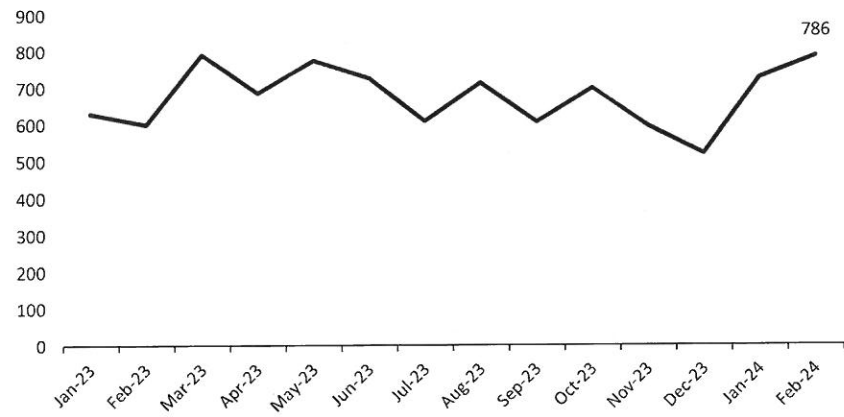
Integrated Behavioral Health



Jan-23	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
1032	1106	1136	1002	1105	1028	942	1236	1045	1172	1037	981	1186	1304

*Numbers represent completed visits.

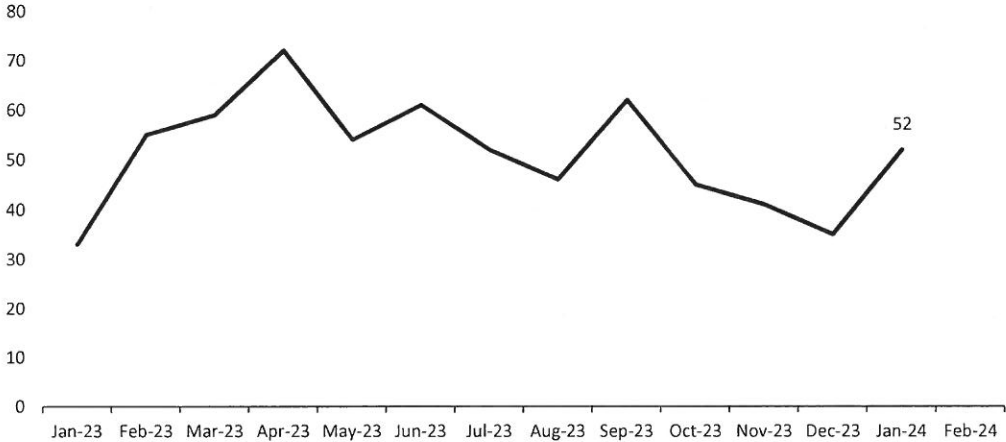
HPHP Clinic



Jan-23	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
629	599	790	686	774	726	608	713	606	699	595	520	727	786

*Numbers represent completed visits.

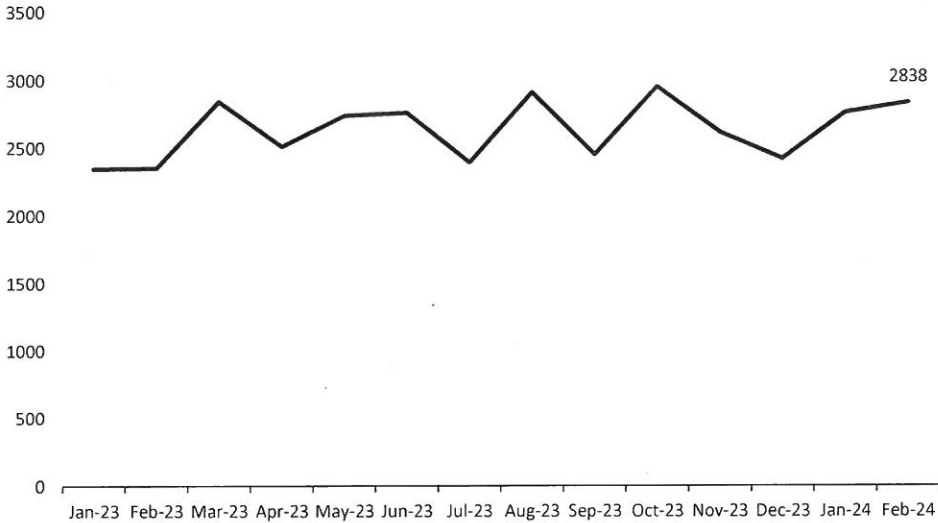
Mobile Unit



Jan-23	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
45	33	55	59	72	54	61	52	46	62	45	41	35	52

*Numbers represent completed visits.

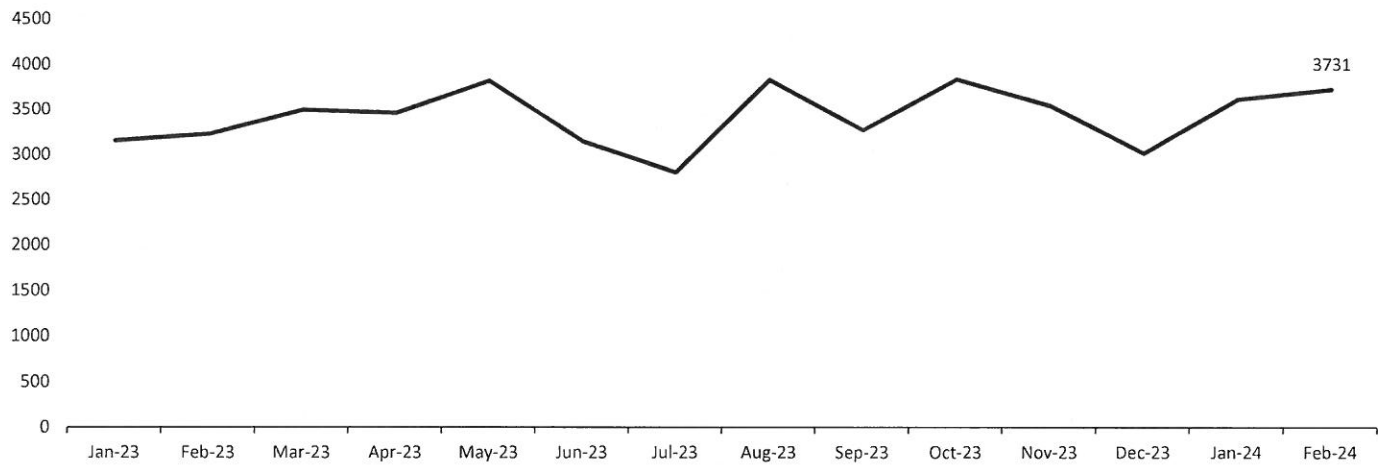
Santa Cruz & Ortho



Jan-23	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
2344	2349	2842	2509	2738	2760	2391	2911	2451	2954	2616	2419	2762	2838

*Numbers represent completed visits.

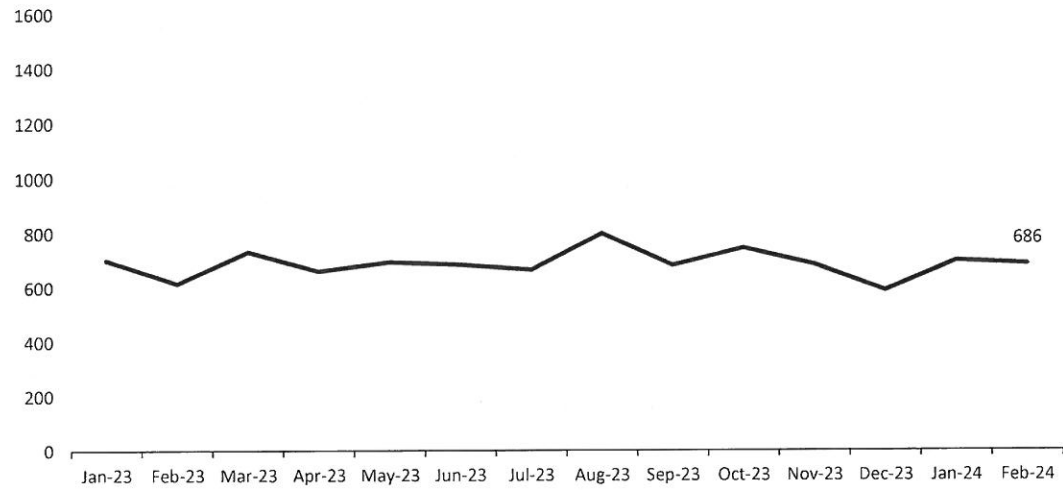
Watsonville Health Center, Suite C, & Ortho Visits



Jan-23	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
3148	3223	3491	3460	3821	3144	2806	3832	3272	3843	3549	3019	3620	3731

*Numbers represent completed visits.

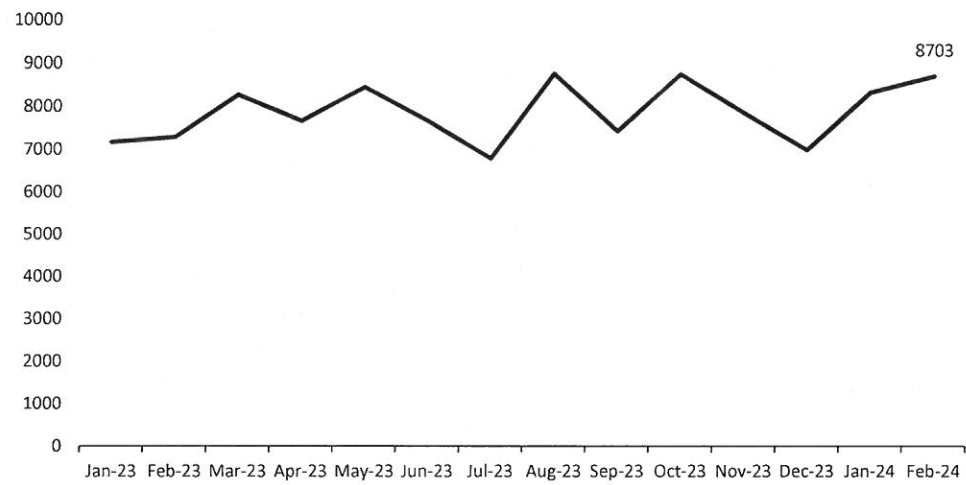
Watsonville Dental Clinic



Jan-23	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
701	616	732	661	694	684	666	799	682	744	684	589	697	686

*Numbers represent completed visits.

All Clinic Visits



Jan-23	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
7153	7278	8259	7657	8438	7658	6784	8753	7417	8743	7847	6980	8326	8703

*Numbers represent completed visits.