

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

February 1, 2023 @ 4:00pm - 5:00pm

MEETING LOCATION: Microsoft Teams Meeting or call in (audio only) [+1 916-318-9542](tel:+19163189542), [500021499#](tel:+19163189542) United States, Sacramento Phone Conference ID: **500 021 499# / 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. The County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under Government Code section 54953(e)(3). The Commission makes the following findings in support of this authorization:
 - (A) The Commission has reconsidered the circumstances of the state of emergency; and
 - (B) The following circumstances exist:
 - (i) The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - (ii) State or local officials continue to impose or recommend measures to promote social distancing.
4. January 3, 2023, Meeting Minutes – Action Required
5. CalAIM Update
6. Quality Management Update
7. Social Justice
8. Financial Update
9. CEO/COVID-19 Update

<u>Action Items from Previous Meetings:</u> Action Item	Person(s) Responsible	Date Completed	Comments
Provide information on Cal Aim and how the county is participating in Cal Aim initiatives that are coming out through the Alliance. On minutes dated 12/6/22.	Amy/Raquel		

Next meeting: Wednesday, March 1, 4:00pm - 5:00pm Meeting Location: Microsoft Teams Meeting Or call in (audio only) [+1 916-318-9542](tel:+19163189542), [500021499#](tel:+19163189542) United States, Sacramento Phone Conference ID: **500 021 499# / 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 February 1, 2023.

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

Attendance	
Christina Berberich	Chair Officer
Len Finocchio	Co-Chair Officer
Caitlin Brune	At Large Officer
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Kim "Coach" Campbell	At Large Ex officio
Tammi Rose	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Sr. Health Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Jennifer Herrera	County of Santa Cruz, Health Services Agency Assistant Director
Lynn Lauridsen	County of Santa Cruz, Health Services Manager
Meeting Commenced at 4:02 pm and concluded at 5:01 pm	
Excused/Absent:	
Excused: Gidget Martinez	
Absent: Michelle Morton	
1. Welcome/Introductions	
2. Oral Communications:	
3. County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under AB 361 and Government Code section 54953(e)(3).	
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(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.	
(ii) State or local officials continue to impose or recommend measures to promote social distancing.	
Rahn made a motion that these findings be adopted, Coach second and the rest of members present all in favor. Rahn stated we will need advice from County Counsel to see if virtual meetings will continue once COVID ordinance ends.	
4. January 3, 2023, Meeting Minutes – Action Required	
Review of January 3, 2023, Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as presented. Len second, and the rest of the members present were all in favor. Christina abstained as she was not present at this meeting.	
5. CalAIM Update	
Jennifer Herrera and Lynn Lauridsen presented a broad overview of the California Advancing and Innovating Medi-Cal (CalAIM) program. They stated CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person centered to help people maximize their health and life trajectory. They presented information over the Public Health framework for reducing health inequities. Jennifer stated California is the first state who is going to be providing Medi-Cal services for people who are currently incarcerated, in the past this has been a carved out so when people are incarcerated they are no longer eligible for Medi-Cal, which results in disjointed care. A very informative presentation about CalAIM was presented to the commission.	
6. Quality Management Update	
Raquel reported on Quality Improvement Projects she stated Dr. Sarkarati had created a power point template for the health centers to document their quality improvement projects and this will be done on a quarterly basis. Raquel stated they had received new funding from Health Resources and Services Administration (HRSA) for COVID-19 vaccinations. The amount of the funding is \$174,595.00 through the months of 12/1/2022-5/31/2023. Raquel stated the funding	

will be used for supplies; training; staffing; outreach and education via media campaign. She stated they will be working closely with Public Health who already has a strong social media campaign. This funding is all strictly to promote Covid vaccines.

Raquel reported on the next award they had received was from the California Department of Health Care Services State Opioid Response (SOR) III Funding. The total of the funding was \$1,196,580, broken down by clinics Watsonville Health Center: \$200,200; Santa Cruz Health Center: \$324,940; and Homeless Persons Health Project: \$671,440 through 1/1/2023-6/30/2024. Raquel stated this was much more reduced than past years but was happy to receive it.

Raquel also reported that the Central California Alliance for Health (CCAH) had reached out to them to partner with our Homeless Persons Health Project to provide street outreach and provide mobile outreach. The incentive amount is \$806,836 from January 2023 - February 2024.

Raquel lastly reported she had submitted a Provider grant to the Central California Alliance for health. The grant award will be announced on April 26, 2023 and the amount requested is \$91,857.

7. Social Justice

Cailin stated today is the first day of Black History Month. She will forward a newsletter to commission for resource.

8. Financial Update

Amy reported that compared from last year we are 2.7 million dollars in the positive. She also reported that Clinics has 37 vacancies and that some of those vacancies are money generating positions. Amy also reported on the visits at all three Clinic sites which appear to be increasing.

9. CEO/COVID 19 update

Amy reported that January's storm was rough on our County and that she was deployed for most of the month. Amy also reported that the new commissioner will be appointed 2/14/23. Amy also stated we have a bit of improvement on parking at the Homeless Persons Health Project (HHP) and that the city has agreed to give us two nonmetered, two-hour parking spaces. Amy also reported that the State - Clinic Workforce Stabilization Retention Payments is giving money to health workers and that 240 of Clinics employees may be eligible to receive up to \$1000.00. Lastly Amy showed a new design for the HHP mobile van, commission members gave some feedback but were pleased with the new design.

Next meeting: March 1, 2023, 4:00pm - 5:00pm

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Minutes approved _____

(Signature of Board Chair or Co-Chair)

_____/_____/_____
(Date)



Clinic Services Division

Quality Management Report

February 2023



Quality Management Committee

- Quarterly Quality Improvement Project Presentation
- Quality Improvement Projects
- Patient Outreach Campaigns
- Ryan White Committee Update



New Funding Awarded

- Health Resources and Services Administration (HRSA) Expanded funding for COVID-19 Vaccination
 - \$174,595 12/1/2022-5/31/2023
 - Supplies; training; staffing; outreach and education via media campaign



New Funding Awarded

- California Department of Health Care Services
State Opioid Response (SOR) III Funding
 - 1/ 1/2023-6/30/2024
 - Watsonville Health Center: \$200,200
 - Santa Cruz Health Center: \$324,940
 - Homeless Persons Health Project: \$671,440
 - Grand Total \$1,196,580



New Funding Awarded

Central California Alliance for Health (CCAH)
Housing and Homeless Incentive Payment Program

- January 2023– February 2024
- Homeless Persons Health Project: \$806,836

Pending Application–Provider Recruitment (Therapist)

- Grant awards announced on April 26, 2023
- Requested \$91,857

Questions?

Thank You





Clinic Services Commission Fiscal Report

2/1/23

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

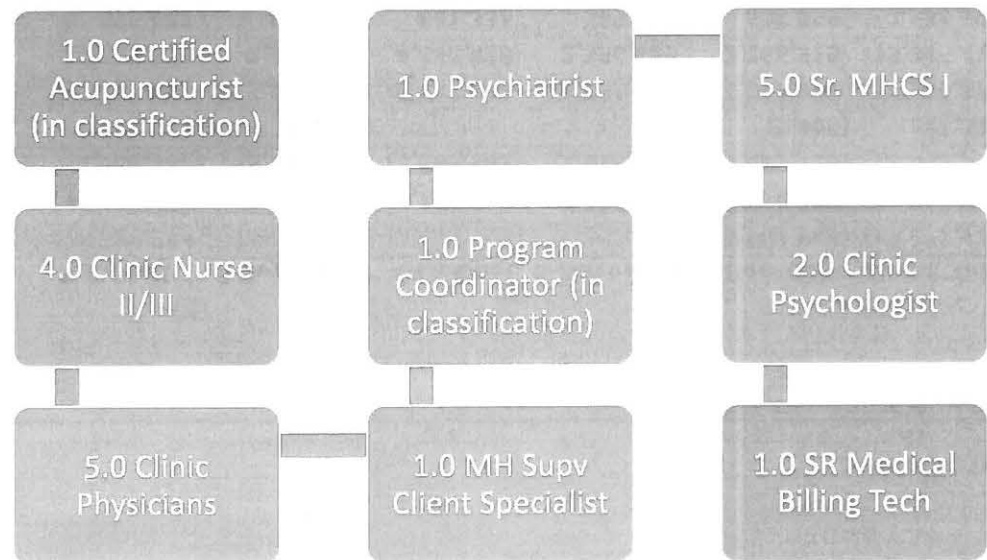
Row Labels	2021-22 Last Year Annual Actuals	2021-22 Last Year YTD Actuals	2022-23 YTD Actuals	Last Year to Current Year Difference
- REVENUE	(42,582,768)	(15,744,599)	(19,273,915)	(3,529,316)
+ 05-LICENSES, PERMITS AND FRANCHIS	0	0	0	0
+ 07-FINES, FORFEITURES & ASSMNTS	0	0	0	0
+ 15-INTERGOVERNMENTAL REVENUES	(11,120,472)	(2,342,989)	(4,211,847)	(1,868,858)
+ 19-CHARGES FOR SERVICES	(30,828,068)	(13,398,276)	(15,243,377)	(1,845,101)
+ 23-MISC. REVENUES	(634,227)	(3,334)	181,308	184,643
- EXPENDITURE	45,307,287	20,296,933	21,070,559	773,626
+ 50-SALARIES AND EMPLOYEE BENEF	27,942,273	14,506,848	15,265,419	758,571
+ 60-SERVICES AND SUPPLIES	7,312,075	2,384,465	2,950,575	566,110
+ 70-OTHER CHARGES	3,681,180	46	0	(46)
+ 80-FIXED ASSETS	103,717	44,408	12,938	(31,470)
+ 95-INTRAFUND TRANSFERS	6,268,043	3,361,166	2,841,627	(519,539)
Grand Total	2,724,519	4,552,334	1,796,644	(2,755,690)

County of Santa Cruz (HSA)
FY 22/23 CLINIC (All)(All)
As of 12/31/2022

Division CLINIC ▼ Choose Division
 Sub Program (All) ▼
 GLKey (All) ▼

Actual	Column Labels							
Row Labels		1-July	2-August	3-September	4-October	5-November	6-December	Grand Total
☐ REVENUE		2,788,575	(6,331,264)	(4,470,812)	(3,663,996)	(1,492,776)	(6,103,643)	(19,273,915)
⊕ 15-INTERGOVERNMENTAL REVENUES		3,288,405	(3,403,473)	(1,376,553)	(1,158,093)	1,122,395	(2,684,527)	(4,211,847)
⊕ 19-CHARGES FOR SERVICES		(697,226)	(2,927,786)	(3,087,589)	(2,505,903)	(2,615,163)	(3,409,710)	(15,243,377)
⊕ 23-MISC. REVENUES		197,397	(5)	(6,670)		(8)	(9,405)	181,308
☐ EXPENDITURE		1,550,649	3,377,065	3,429,781	5,692,849	3,755,173	3,265,041	21,070,559
⊕ 50-SALARIES AND EMPLOYEE BENEF		1,597,552	2,249,373	2,352,552	4,442,819	2,356,609	2,266,515	15,265,419
⊕ 60-SERVICES AND SUPPLIES		(313,288)	595,622	618,886	821,336	589,959	638,059	2,950,575
⊕ 70-OTHER CHARGES		0						0
⊕ 80-FIXED ASSETS		0	10,156	0		2,781	(0)	12,938
⊕ 90-OTHER FINANCING USES				0				0
⊕ 95-INTRAFUND TRANSFERS		266,385	521,914	458,343	428,694	805,823	360,467	2,841,627
Grand Total		4,339,225	(2,954,199)	(1,041,031)	2,028,853	2,262,397	(2,838,602)	1,796,644

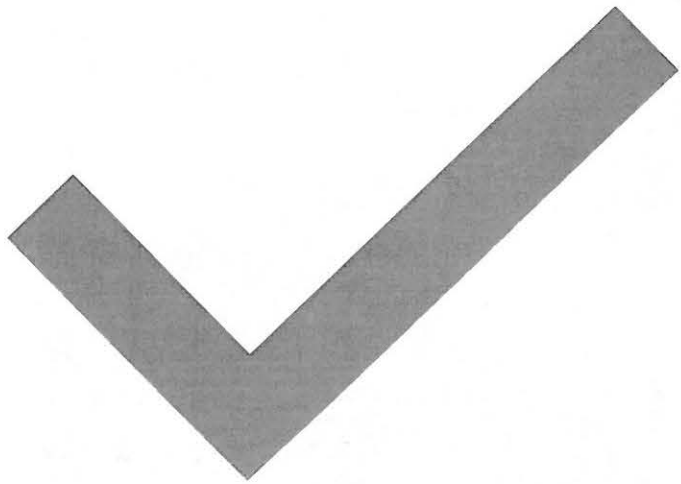
Vacancies



Vacancies

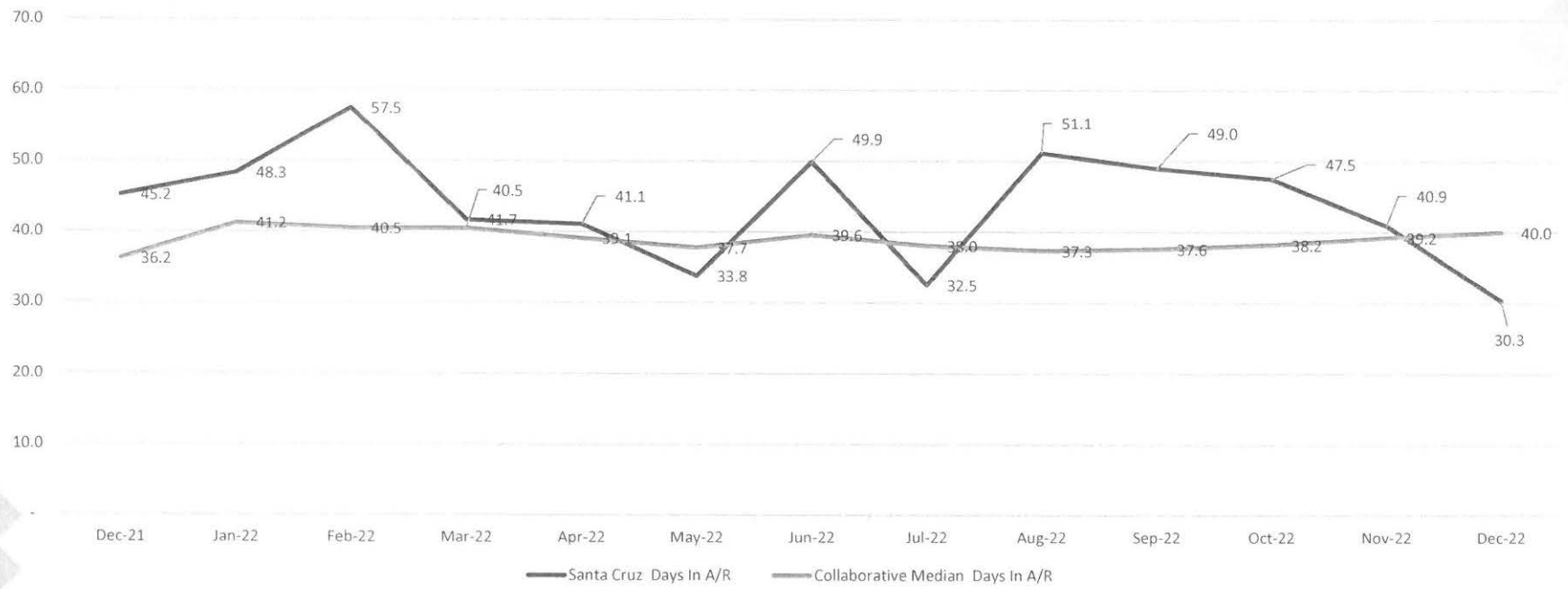
- 7.0 Medical Assistants
- 1.0 Community Health Worker II (new emp starts 2/6)
- 1.0 Detention Nurse Specialist I/II
- 1.0 Office Assistant III
- 1.0 Health Center Manager
- 1.0 Clerical Supervisor I (Reclassifying to a Program Coordinator)
- 2.0 PHN I/II (reclassifying to Acupuncturist)
- 1.0 PHN I/II (reclassifying to CN II/III)
- 1.0 Director of Lab Services

Total = 37.0

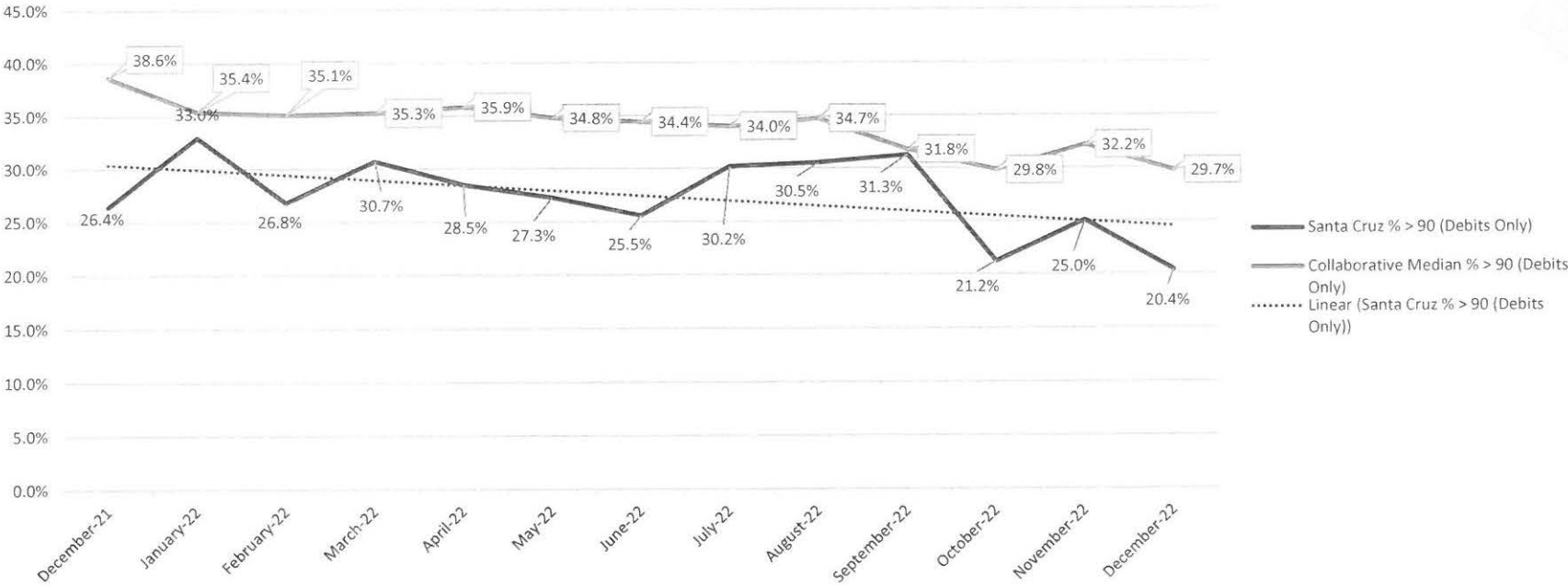


Billing and
Reimbursement

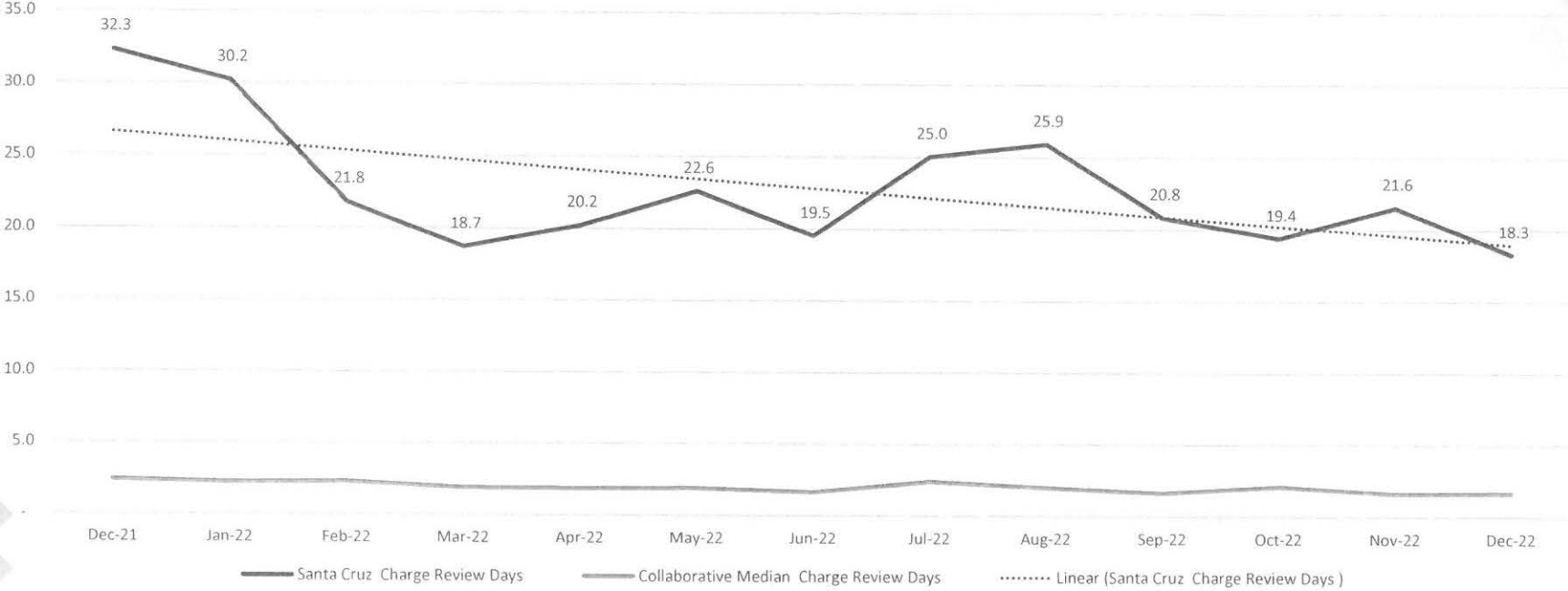
Days in A/R



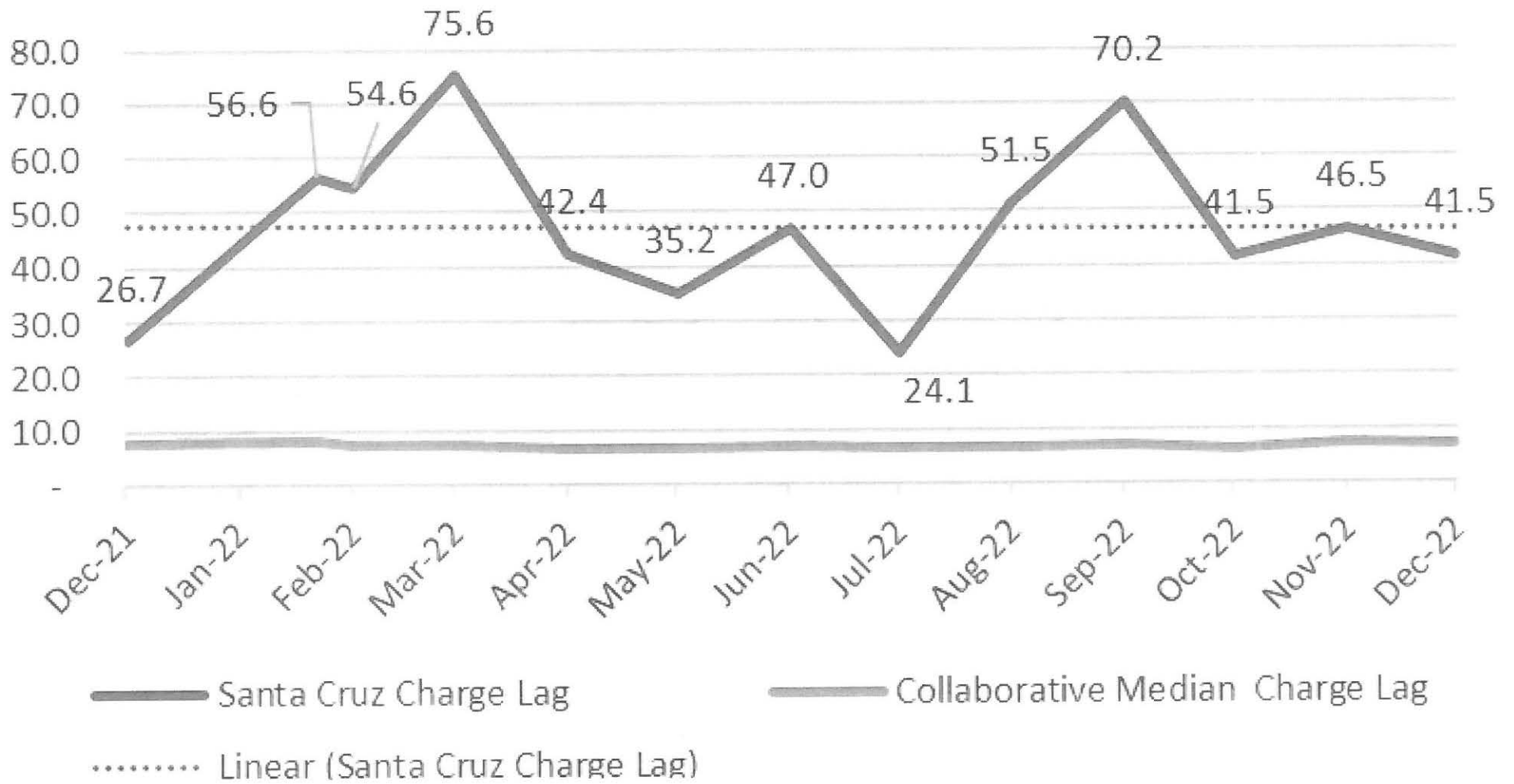
Percentage of Charges over 90 days Old

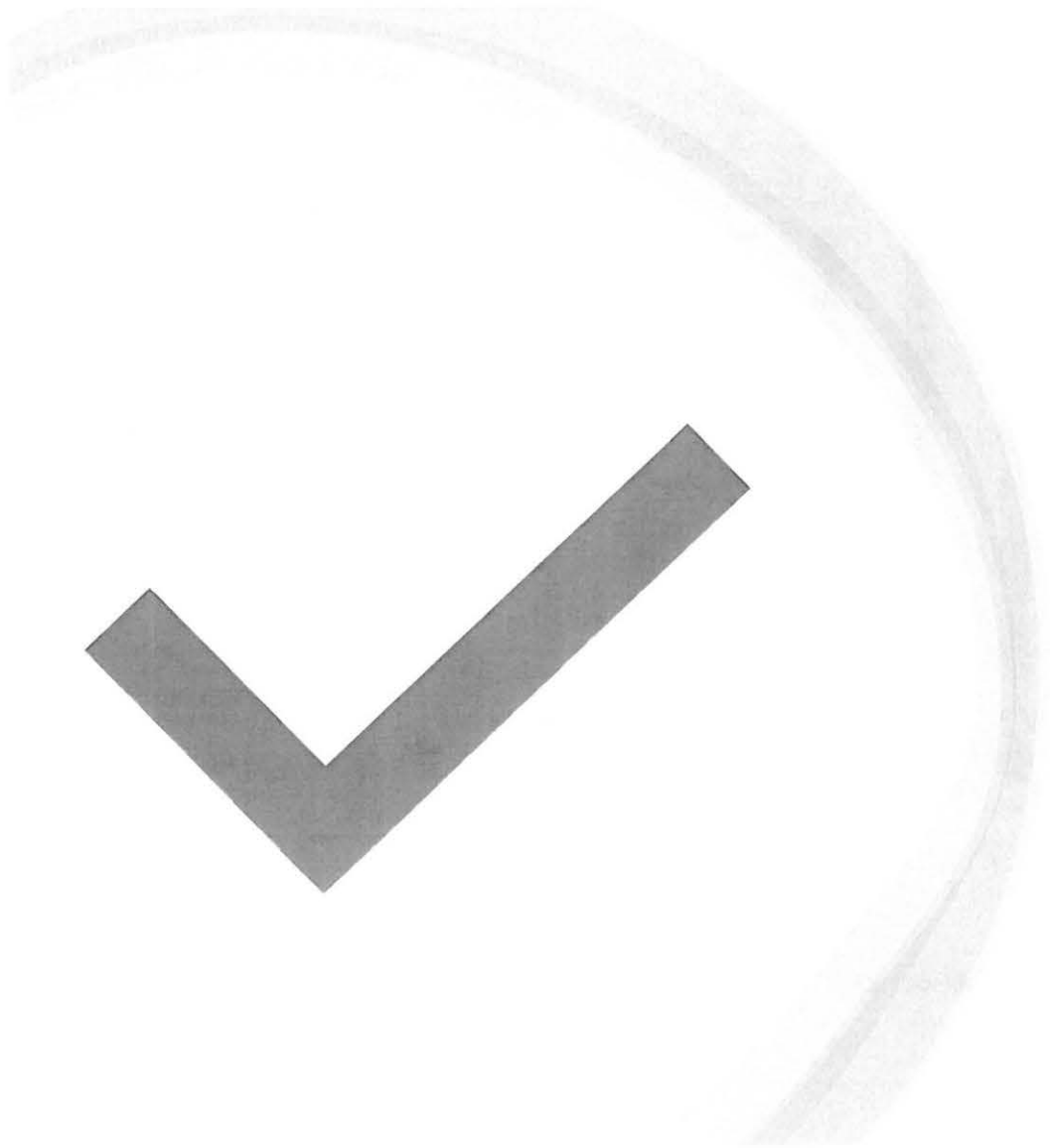


Charge Review Days



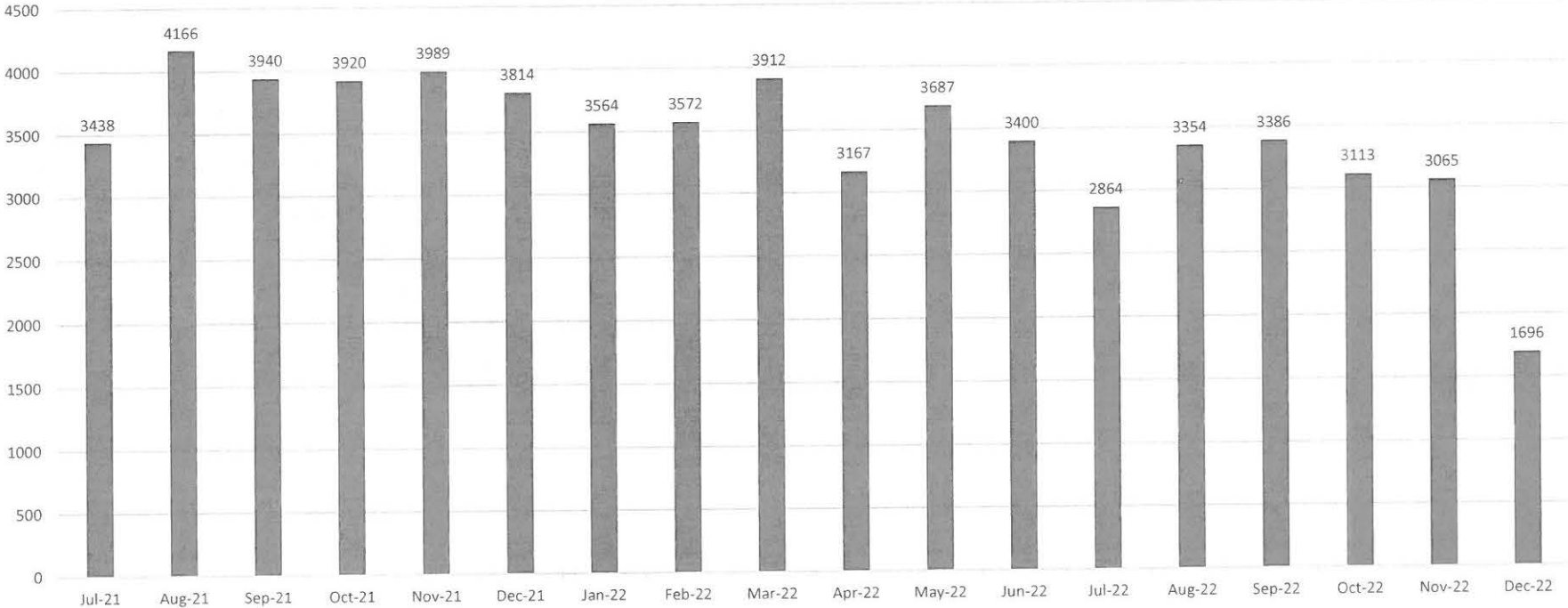
Charge Lag



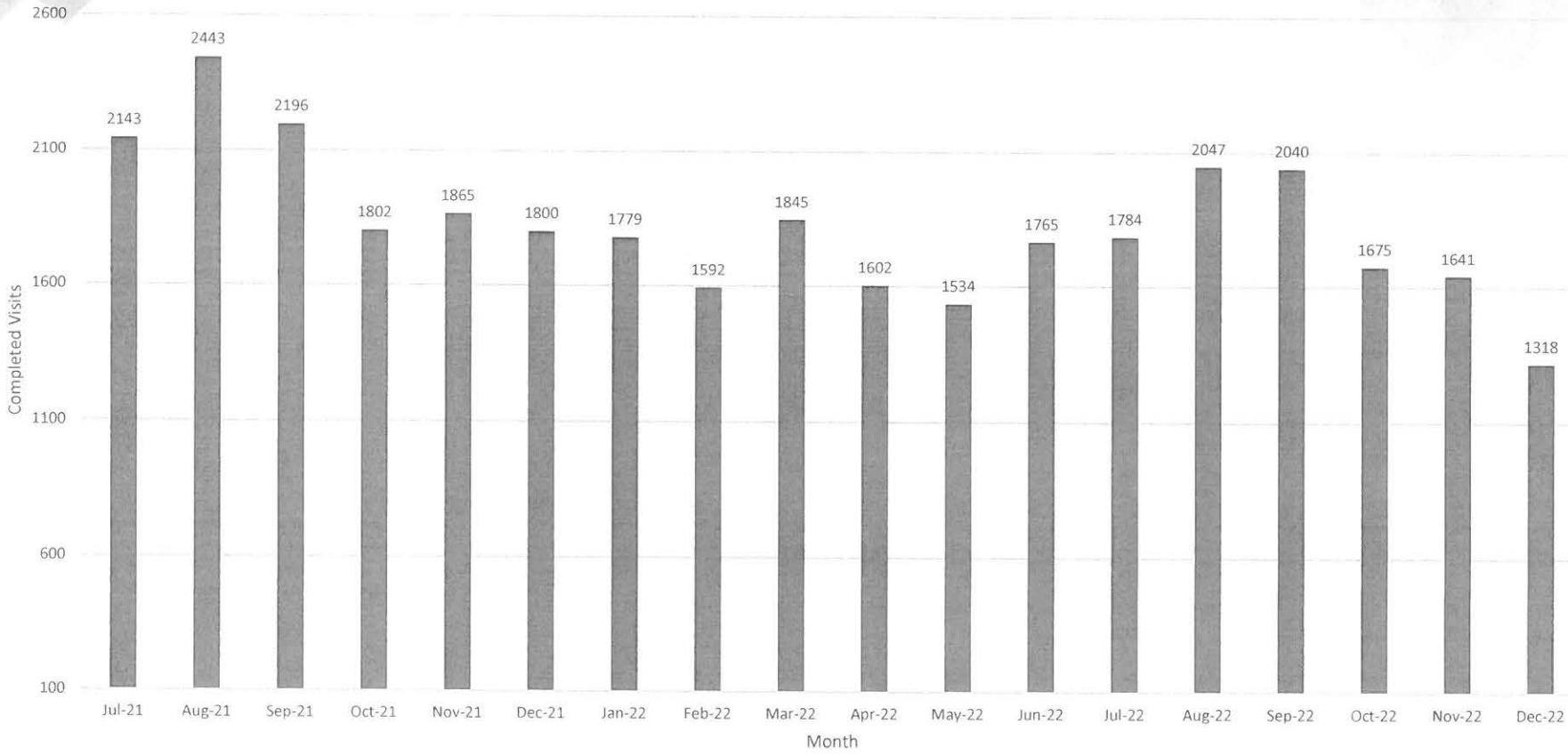


Visits

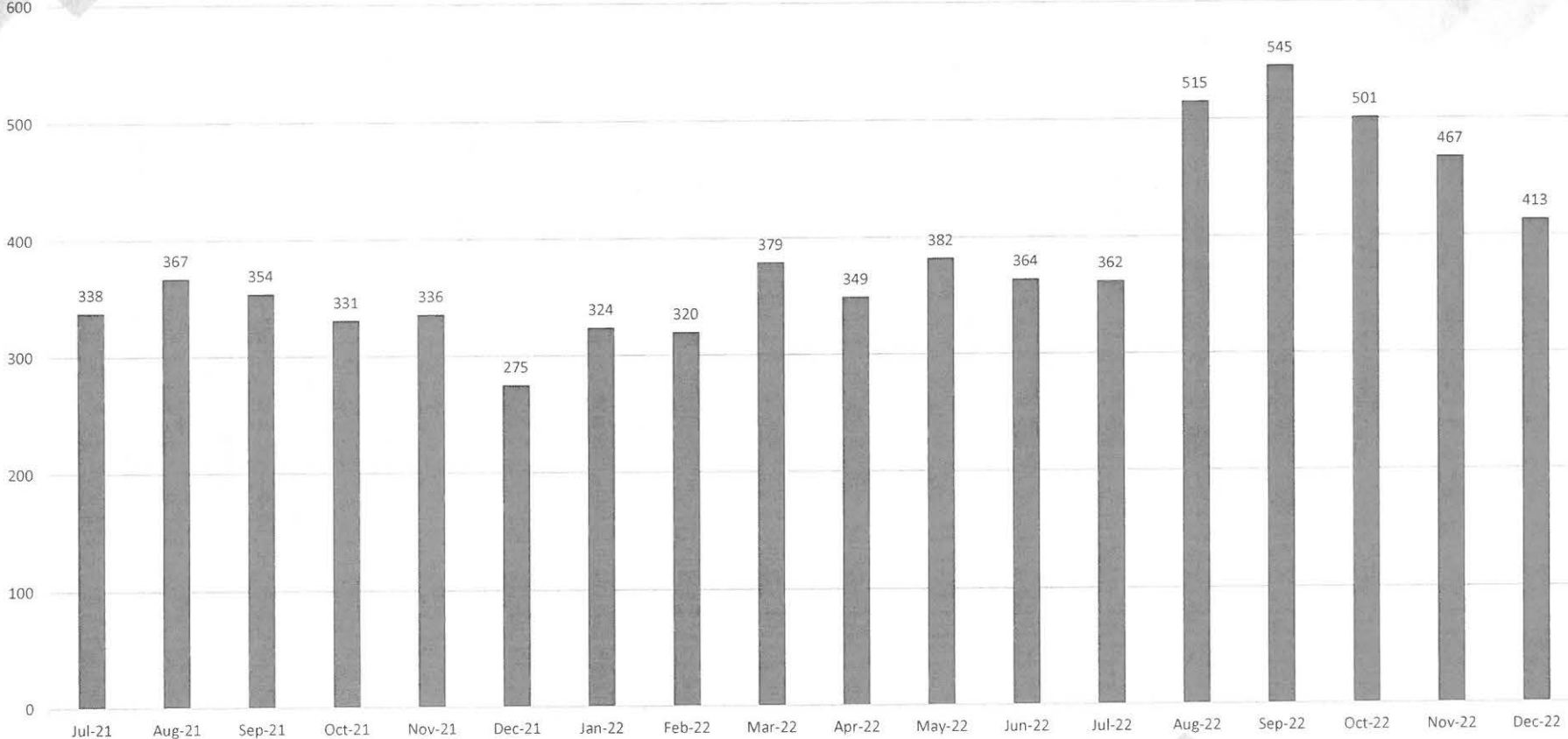
Watsonville Health Center Visits



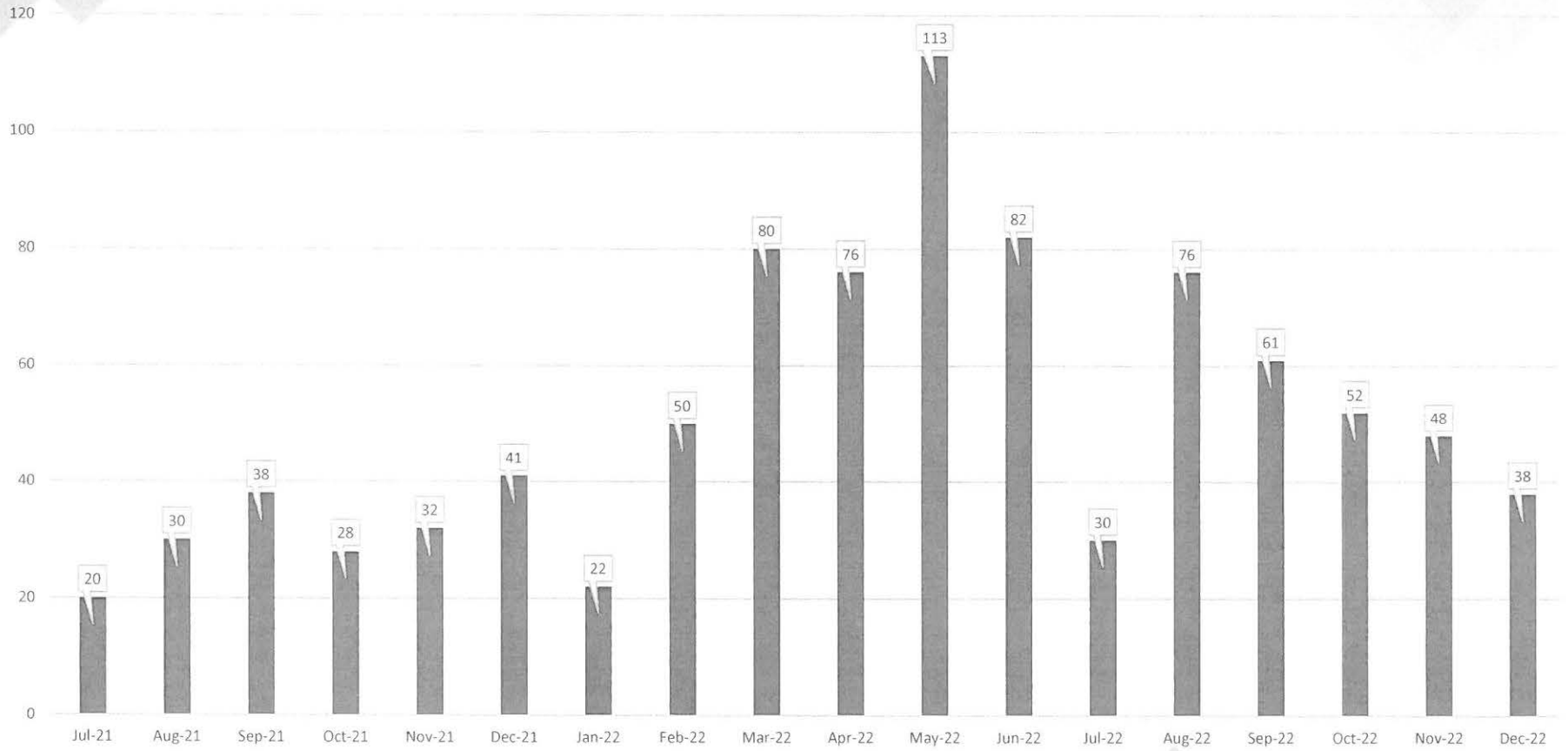
Santa Cruz Health Center Visits



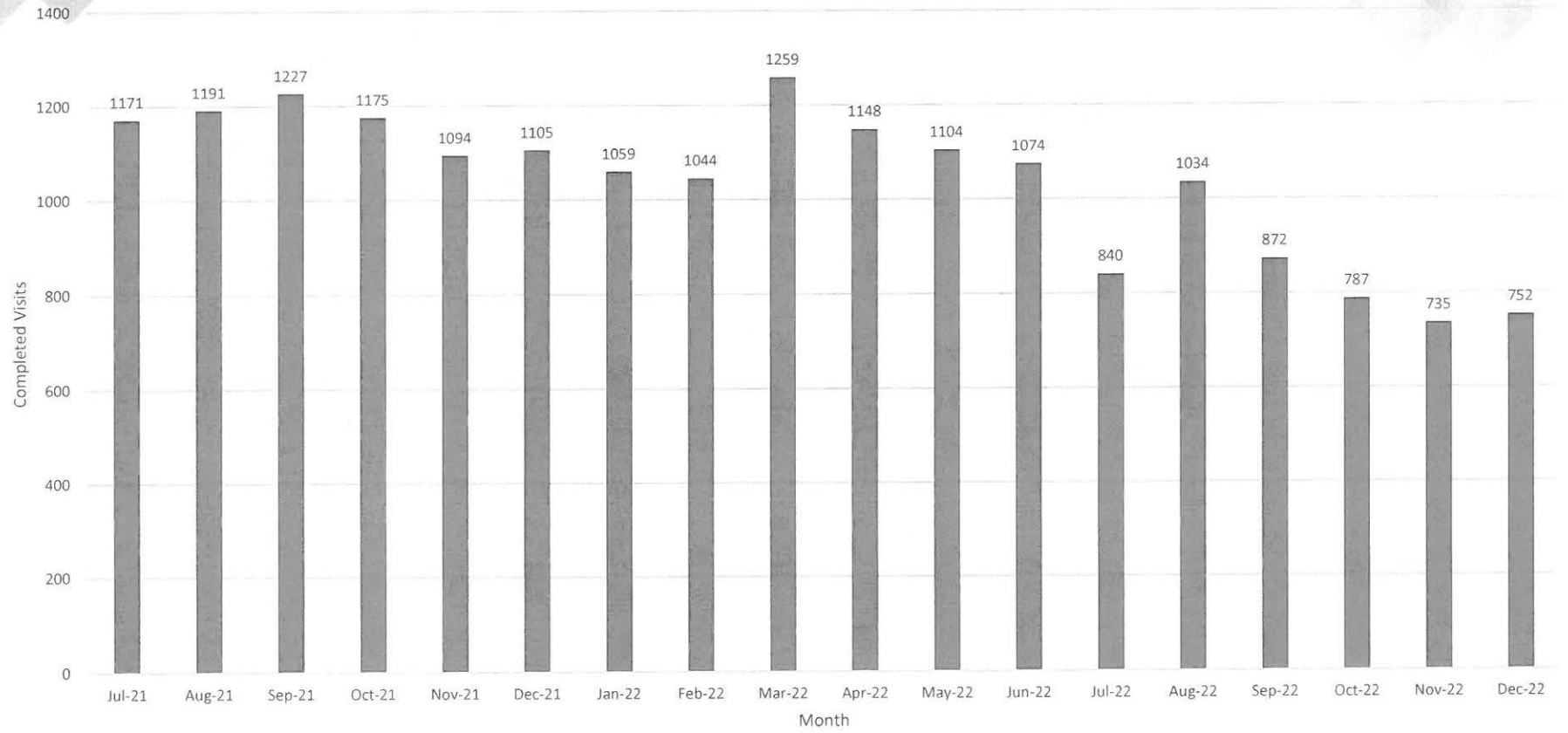
HPHP Visits



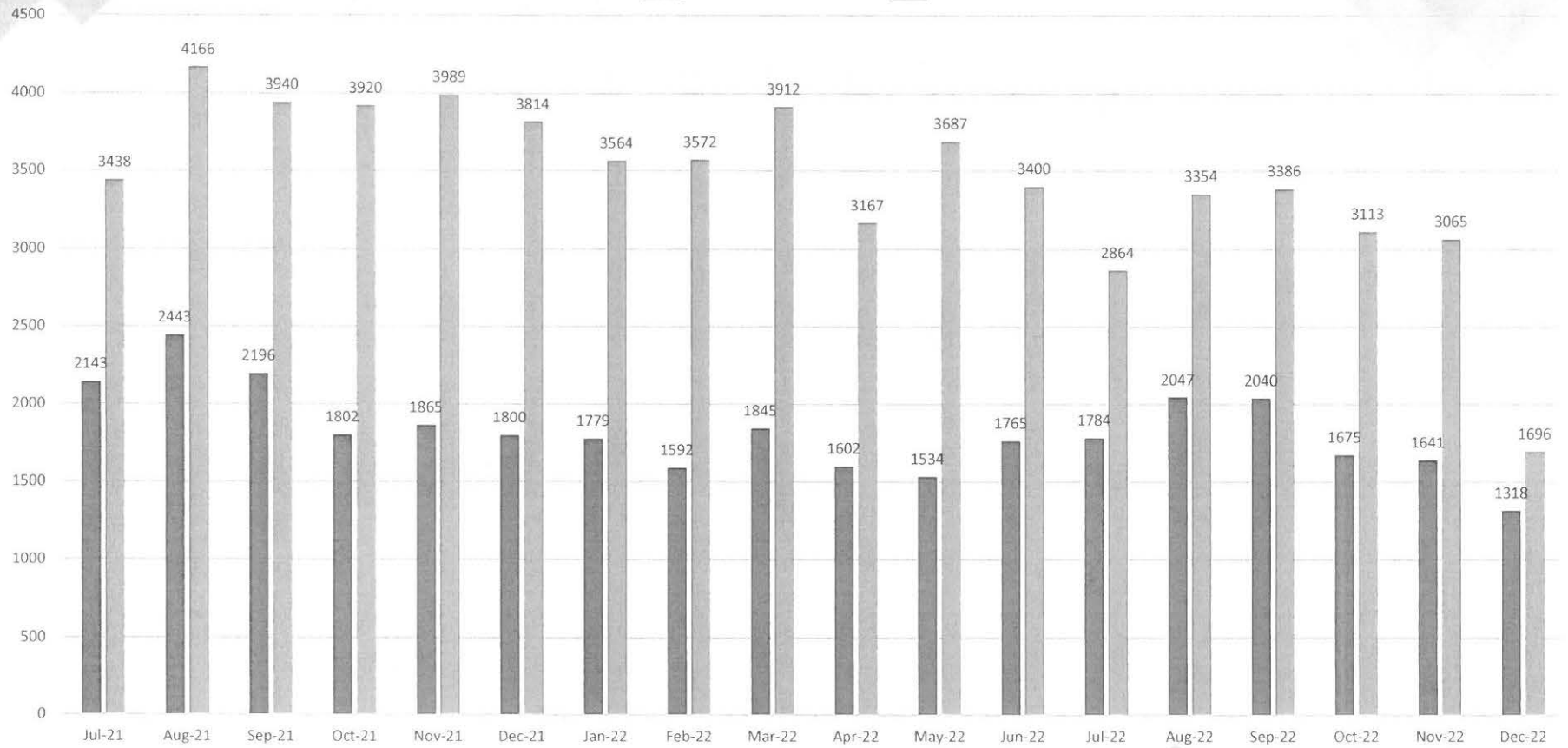
HPHP Mobile Outreach Visits



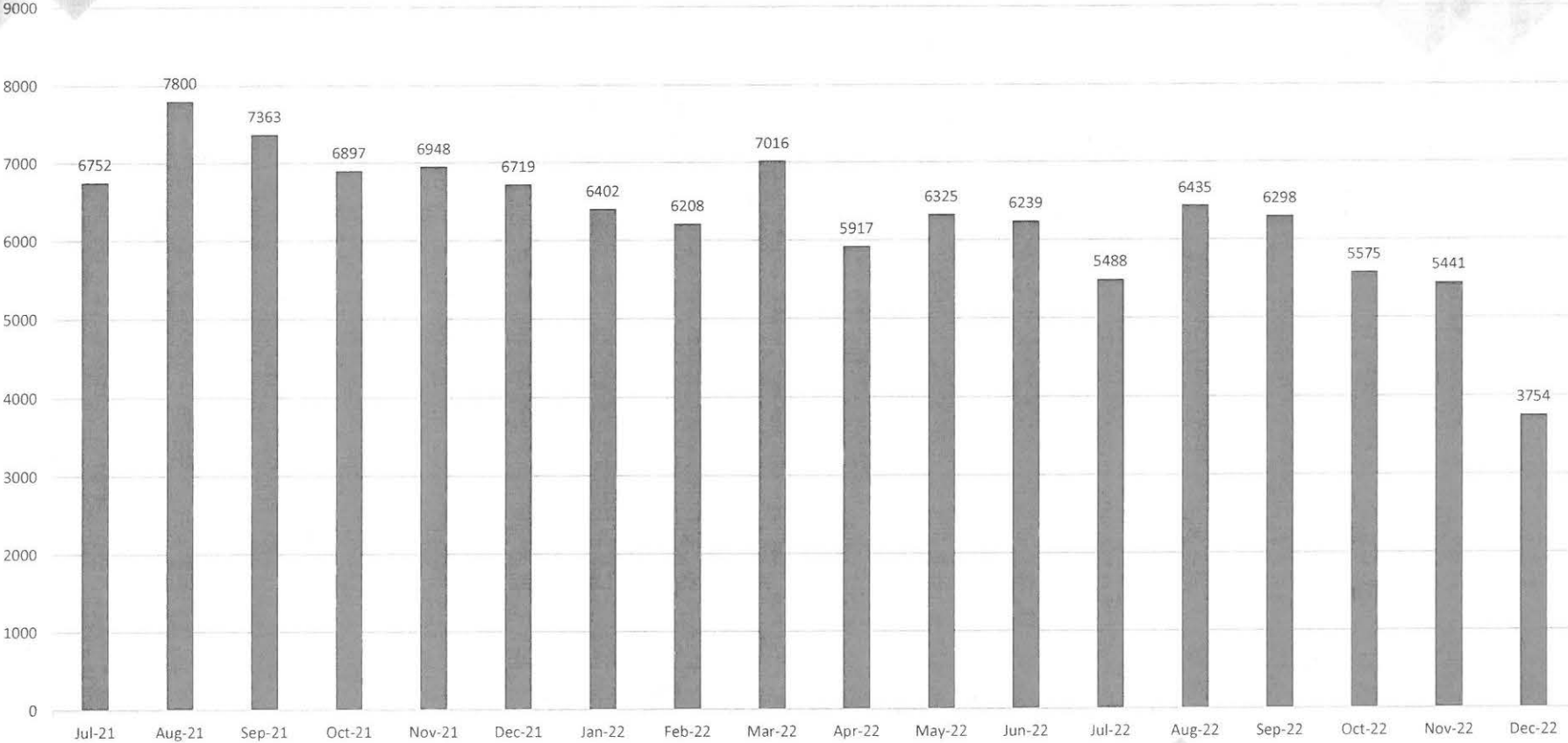
IBH Visits



Santa Cruz and Watsonville Comparison



All Clinic Visits











California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative

The Issue

Justice-Involved individuals -- people who are now, or have spent time, in jails, youth correctional facilities, or prisons -- are at higher risk for poor health outcomes, injury, and death than the general public. They face disproportionate risk of trauma, violence, overdose, and suicide.

-  Incarcerated individuals in California jails **with an active mental health case rose by 63 percent over the last decade.**
-  **Sixty-six percent of Californians in jails or prisons have moderate or high need for substance use disorder treatment.**
-  **Overdose is the leading cause of death** for people recently released from incarceration, and people in California jails or prisons have a drug overdose death rate more than three times that of incarcerated people nationwide.
-  In California, **nearly 29 percent of incarcerated men are Black, while Black men make up only 5.6 percent of the state's total population.**

Through its Justice-Involved initiative, California is taking significant steps to improve poor health outcomes in this population as they prepare to re-enter their community. The initiative allows people to enroll in Medi-Cal and receive a targeted set of services in the 90 days before release. This will help to ensure continuity of health care coverage after incarceration, enabling access to programs and services like Enhanced Care Management (ECM) and Community Supports, warm linkages to medical and behavioral health services, and prescription medications in hand upon release.

Faces of CalAIM: Meet Cameron*

Cameron is nearing the end of his time in prison. He was diagnosed with bipolar disorder and has been on medication while in prison to manage his condition. He will need to continue to see a psychiatrist and take his medications after he is released but does not know how he can get this care. Since Cameron has a diagnosed mental health condition, he qualifies for the Medi-Cal Justice-Involved initiative and begins receiving targeted Medi-Cal services 90 days before his release date. He is assigned a care manager who conducts a needs assessment and develops a transitional care plan for him. Cameron's transitional care plan includes a "warm handoff" to a psychiatrist who will continue his care in the community, and a supply of his bipolar medication in-hand. Cameron also qualifies for post-release enrollment in ECM and Community Supports, including housing and food supports, to help him build stability as he re-enters his community. His ECM care manager has been able to meet him via telehealth before his release in order to build a trusted relationship. (*A hypothetical individual based on a composite of cases.)

Key CalAIM Initiatives to Improve the Health of Justice-Involved Individuals

The California Justice-Involved initiative ensures continuity of coverage through Medi-Cal pre-release enrollment and provides key services to support a successful re-entry. Under the initiative, county jails, county youth correctional facilities, and state prisons:

- Ensure all eligible individuals are enrolled in Medi-Cal prior to release.
- Provide targeted Medi-Cal health care services to youth and eligible adults in the 90 days prior to release to prepare them to return to the community and reduce gaps in care. Eligible adults include those who have a mental health diagnosis or suspected diagnosis, a substance use disorder or suspected diagnosis, a chronic clinical condition, a traumatic brain injury, intellectual or development disability, or are pregnant or postpartum. All incarcerated youth in a youth correctional facility are eligible with no clinical criteria required.
- Provide “warm handoffs” to health care providers to ensure that individuals who require behavioral and other health care services, medications, and other medical supplies (e.g., a wheelchair) have what they need upon re-entry.
- Work with community-based care managers to offer intensive, community-based care coordination for individuals at re-entry, including through Enhanced Care Management.
- Work with community-based care managers to make Community Supports (e.g., housing supports or food supports) available upon re-entry if offered by their managed care plan.

To implement these aims, Medi-Cal provides funding to build capacity for workforce, technology changes, and data sharing that support justice-involved initiatives.

CalAIM's Positive Impact on Justice-Involved Individuals

The great majority of individuals leaving jail and prison are people of color, whose incarceration can often be traced back to inequitable treatment and stigmatization, and who have poorer health outcomes than other populations. The state's Justice-Involved initiative addresses these disparities by reducing gaps in care, improving health outcomes, and preventing unnecessary admissions to inpatient hospitals, psychiatric hospitals, nursing homes, and emergency departments.

California is the first state to obtain federal authority (and federal matching funds) to provide Medi-Cal services to incarcerated individuals prior to their release. This initiative is part of California's broader transformation of Medi-Cal and its commitment to a healthier, more equitable health system for all.

