

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

January 3, 2019 @ 11:00 am

Meeting Location: 1080 Emeline Ave., Bldg. D (DOC Conference Room, 2nd Floor), Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda, and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented, but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. December 6, 2018 Meeting Minutes – Recommend for Approval
4. Quality Management Committee Update
5. Financial Update
6. Medi-Cal Issues
7. CEO Update
 - Public Charge
 - Dignity Merger & Homeless Funding

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Lens report -Kaiser arrival in 3-4 months	Len	3/19	
Visit metric -Comparison to 1 year ago	Julian		

Next meeting: February 7, 2019 11:00 am- 1:00 pm
1080 Emeline Ave, Building D, DOC Conference Room, Second Floor, Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held December 6, 2018

Attendance	
Rama Khalsa	Chair
Rahn Garcia	Member
Marco Martinez-Galarce	Member
Dinah Phillips	Member
Len Finocchio	Member
Pamefa Hammond	Member
Amy Peeler	Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Administrative Services Manager
Meeting Commenced at 11:07 am and Concluded at 12:44 pm	
1. Excused/Absent:	
Excused: Christina Berberich Excused: Gustavo Mendoza	
2. Oral Communications:	
Amy introduced Clinics new Administrative Services Manager, Dr. Julian Wren to the committee. Pam wanted to discuss Medi-Cal services at a future meeting and possibly bring someone from the Alliance in.	
3. Election of Officers -Action Needed	
The Commission elected the chair, vice chair, and executive committee member. After some discussion Pam nominated Christina as chair. Dinah and Pam nominated Rahn for vice chair, and Rahn and Pam nominated Marco as executive committee member. All members present were in favor.	
4. November 1, 2018 Meeting Minutes - Action item	
Review of November 1, 2018 minutes - Recommended for Approval. Rama motioned for the acceptance of the minutes and the rest of the members present were in favor.	
5. Operational Site Visit Update	
Raquel stated from our May 2018 HRSA operational! site visit we had a few things to fix. She proudly announced that we have fixed all the items and that we are completely in compliance.	
6. Future Agenda Topics	
Amy asked the commission what future agenda topics they would like to see in the coming year? Commissioners mentioned Care Based Incentive measures, promoting the services that Health Services Agency provides, County strategic plan, unmet health care needs; full disclosure of impact of Kaiser arriving.	
7. Quality Management Committee Update	
Raquel shared that the Central Ca Alliance has two Quality Improvement nurses stationed at the Watsonville Health Clinic. The Quality Improvement nurses give the department support to move project along. Raquel also gave an update on the patient satisfaction survey that was done in July. There were challenges with receiving them back from the Emeline Health Clinic patients. Raquel projected the patient survey on the screen to the commission. Rama will send Raquel some samples of research done on surveys. Rahn asked to e-mail the survey that Raquel is working on to the commission. Commission will receive 4 surveys and come back to next meeting with outline analysis for discussion. Mary to e-mail 4 surveys.	
8. Financial Update	
Amy reported that our reports show that we are estimating 450,000.00 under budget, and it will likely increase by the end of the year. Julian went over many reports such as outstanding visits and charges, financial summary visit metrics, total AR days, Pre AR, self-pay breakdown, total aging % of total, and denials. He explained that some areas need improvement. When reporting on visit numbers and average of patients that come in weekly commission members expressed interest in seeing how this compares to a year ago.	
9. CEO update	
Amy announced that Nicole Pfiel will no longer serve on our commission. She is searching for other possible candidates. It was suggested that we look at possibly contacting a retired physician. She also mentioned that IBH is having discussion on moving under clinics umbrella and stated his would change our budget. Amy also gave an update on the photo project that will be displayed at our Emeline Health Clinic. She hopes to have them up by January or February. Pam also asked where is the best place to make donations to help people who are homeless in our community? Amy	

thanked the commission for all their hard work this past year.

Action items:

1. E-mail Commission patient survey
2. Len's report -Kaiser arrival in 3-4 months
3. Visit metrics -Comparison from one year ago.

Next Meeting: January 3rd, 2019 11:00 am -1:00 pm
1080 Emeline, Santa Cruz, CA

Minutes approved

_____ / /
(Signature of Board Chair or Co-Chair)

(Date)



PUBLIC CHARGE COMMUNITY EDUCATION SHEET

WHAT DOES PUBLIC CHARGE MEAN?

Public charge is the term used by immigration officials to refer to people who rely on government assistance to primarily support their cost of day-to-day living. Today, officials look at a variety of factors in deciding whether a person is likely to become a public charge, but the only public benefits that they consider are cash assistance programs, such as Temporary Assistance for Needy Families, and long-term nursing home care paid for by the government.



HOW MIGHT THIS CHANGE?

The rules governing public charge in the U.S. have not yet changed. However, the Department of Homeland Security (DHS) wants to make the public charge test stricter and weigh certain factors more heavily such as age, income, health conditions, and English language proficiency. It also seeks to add some health, nutrition and housing programs to the list of benefits it considers. These include:

- Non-emergency Medicaid
- Medicare Part D Low-Income Subsidy (which helps low-income seniors afford prescription drug coverage)
- Supplemental Nutrition Assistance Program (SNAP) or food stamps
- Section 8 housing vouchers and subsidized public housing



WHO IS IMPACTED BY PUBLIC CHARGE?

The proposed changes will affect:

- People who are applying to be lawful permanent residents (LPR or Green Card holders) inside the U.S.
- People who are LPRs but have been out of the country for more than 6 months and are seeking to come back to the U.S.
- Nonimmigrant visa holders (i.e. students, tourists, temporary workers) who would like to stay longer or change to a different visa
- Foreign nationals seeking entry or reentry into the U.S.

The proposed changes will NOT affect:

- People who are applying for citizenship
- People who have become citizens



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WHO IS IMPACTED BY PUBLIC CHARGE?

It also **DOES NOT** affect certain groups of immigrants, including:

- Refugees
- Asylees
- Survivors of trafficking, domestic violence, and victims or witnesses of serious crimes (T or U visa applicants/holders)
- Violence Against Women Act (VAWA) self-petitioners
- Special immigrant juveniles
- Certain other immigrants who have a special relationship with the U.S. or came here under certain humanitarian programs



WHEN MIGHT THIS CHANGE HAPPEN?

The proposed changes were published in the Federal Register on October 10, 2018 and the public will have an opportunity to provide feedback in writing for 60 days during a process called the public comment period. The government is required to review any unique comments and respond to them before deciding on the final rule. In total this process can take several months or more. You should continue to stay enrolled and use health, nutrition and housing programs that are important for your health and well-being. Right now, nothing has changed in the U.S. and only cash assistance and long-term nursing home care can be considered as one of many factors when reviewing whether a person is likely to become a public charge.

HOW WILL THE NEW RULE AFFECT ME?

Many factors are reviewed by immigration officials when considering if a person might become a public charge, including age, health, assets, income, family status, education and skills. The decision must be made based on a person's individual situation, considering many different factors rather than only one factor, such as whether you have used any public benefits.



WHAT CAN I DO TO STOP THIS FROM HAPPENING?

Share your story. You can write a letter which you can send during the public comment period at: bit.ly/AAAJ-public-charge. Since it is more likely that DHS will have to respond to your comments if it is different from others, add your own story and reasons why the proposed changes will affect you or your family, to the sample letter on the website. The Federal Register website only accepts letters in English and if you are more comfortable writing your letter in another language, it will need to be translated into English before you submit it.

You can also contact your Congressional representative at (202) 224-3121 to share why many of these health, housing and nutrition programs are important to you and your family, how these changes may affect you, and your opposition to these changes. Encourage your neighbors, family and friends to make their voices heard too. We will work together to fight back and oppose these rules that will harm our families and our communities.

IF YOU ARE CONCERNED AND HAVE QUESTIONS, OR WOULD LIKE A SAMPLE LETTER, PLEASE CONTACT US AT:

English/Other:
888.349.9695

Chinese:
800.520.2356

Hindi:
855.971.2552

Khmer:
800.867.3126

Korean:
800.867.3640

Tagalog:
855.300.2552

Thai:
800.914.9583

Vietnamese:
800.267.7395



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Proposed Changes to Public Charge

What are the Changes Proposed under the Public Charge Rule Released by DHS?

- The proposed public charge rule expands the types of benefits that could be considered in a “public charge” determination to include key programs that provide no income support but merely help participants address their basic needs. These programs include:
 - Medicaid (with limited exceptions for Medicaid coverage of an “emergency medical condition,” and certain disability services related to education);
 - Supplemental Nutrition Assistance Program (SNAP), which in California is also referred to as CalFresh;
 - Medicare Part D Low Income Subsidy (assistance in purchasing medicine);
 - Federal Public Housing, Section 8 housing vouchers and Section 8 Project Based rental assistance.
 - Under the proposed rule, DHS asks for input on inclusion of the Children’s Health Insurance Program (CHIP), but this program is not currently included in the proposed regulatory text.

What does the proposed rule NOT do?

- Consider benefits received by an applicant’s family members, or any programs not specifically listed in the rule.
- Consider programs funded entirely by states, localities or tribes, with exceptions for cash assistance and long-term care programs.
 - Only federally-funded public benefit programs could be included in the public charge determination.
- Consider the health center sliding fee scale in the public charge determination.
- The rule would not be retroactive. This means that benefits -- other than cash or long-term care at government expense -- that are used before the rule is final and effective will not be considered in the public charge determination.
- Specifically exclude prenatal care, Family PACT, or VFC from being seen as a public charge. Thus, we are unsure if the administration intends to include these programs.
 - Certain benefits are excluded, such as education, child development, disaster assistance, employment and job training programs, and legal assistance.

Who can be considered a public charge?

- All those applying to enter or re-enter the country, as well as those applying for LPR status in the U.S. are subject to the public charge test described above. Many individuals residing in the U.S., including DACA recipients and people with TPS, who are not eligible to apply for LPR status would not be impacted by changes made to the public charge rule. However, these individuals may experience a change in circumstances, such as marrying a citizen, that would make them eligible for a green card, and therefore subject to the public charge rule.
- Public charge **does not apply** to: Refugees, asylees, survivors of domestic violence, and victims of trafficking or other serious crimes, special immigrant juveniles, temporary protected status (TPS) and certain other groups.

Patient Talking Points - Public Charge Rule

These materials are limited in scope to the proposed changes to the public charge determination. Health center patients have varied immigration statuses and concerns. Please refer patients to immigration law experts to make the best decisions for their families.

Message for Patients

- Nothing has changed yet for current residents of the United States with regard to the public charge determination.
 - Under current law and regulations, the only public assistance that can be considered when determining if a person will become a public charge is cash assistance and assisted long-term care, such as Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI).
- A **proposed** rule was published on October 10, but it cannot be enforced until it is finalized, which could take many months.
- Once the rule is finalized, there will be time to act before it is implemented.
- The proposed rule would require immigration officials to weigh a number of factors, both positive and negative, to make the public charge determination.
 - These factors include the applicants' age, health, income, assets, resources, education/skills, family you must support, and family who will support you. They may also consider whether a sponsor has signed an affidavit of support (or contract) promising to support you. Positive factors can be weighed against any negative factors.
- **Health centers are required by law to provide care to everyone who seeks it, regardless of income level or immigration status. You are safe seeking care here, now and after the rule is finalized.**
- Now is the time to make your voice heard about how this rule would impact your community if it is finalized.
 - You could submit a comment describing how public benefit programs have allowed you, your family and/or friends to receive health care and other basic needs.
 - Comments can be submitted anonymously, either through the regulations.gov portal with no name attached or via a friend or family member. You can access template letters or pre-populated comments by visiting CPCA's Immigration Resource Page.
- There is an opportunity for public comments until December 10, and the Trump Administration is required by law to read and respond to all comments.
- Once the rule is finalized, we encourage you to consult an attorney or someone else knowledgeable about immigration law to make the best decisions for your family – find help at <https://www.immigrationlawhelp.org>.

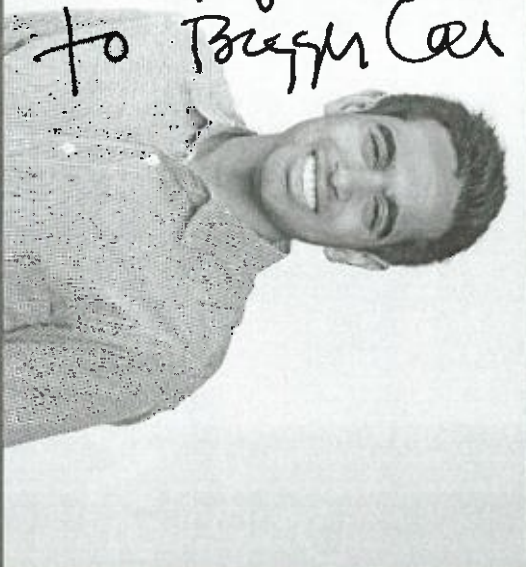
A grayscale photograph of a desk with a pair of glasses and a pen. The glasses are in the foreground, and the pen is in the background. The text is overlaid on the image.

FQHC Patient Visit Metric Study

Integrated Community Health Center Commission

County of Santa Cruz Health Services Agency Clinic Services Division
January 3, 2019 Dr. Julian N. Wren

Took 3 people
to upgrade d
to Bugm Car

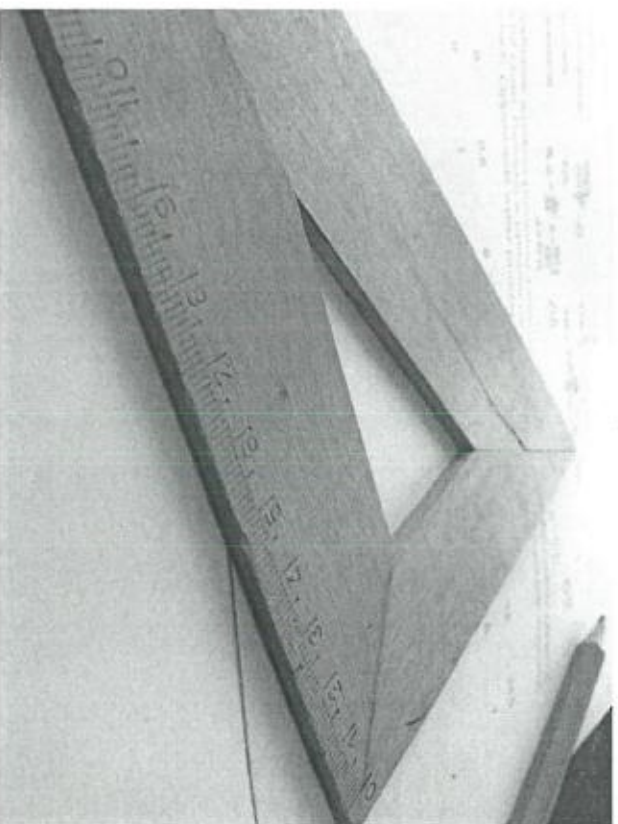


“Most of the world will make decisions by either guessing or using their gut. They will be either lucky or wrong.”

Suhail Doshi, CEO, Mixpanel

Problem Statement

We do not know what the visit patterns have been year-to-year or if there are any seasonal effects (i.e. holidays).



Scope of Study

Study is focused on HPHHP, Santa Cruz,
and Watsonville FQHC qualified patient
visits minus IBH.



Question

What have been the year-to-year or month-to-month dynamics been for FQHC patient visits at each clinic site and for Clinics as a whole?

Methodology

I utilized the "FQHC Defined Visits and Patients Report" from 2016 to 2018 to ascertain the monthly visit numbers for HPHP, Santa Cruz, and Watsonville Clinics.

I utilized the "FQHC Defined Visits and Patients Report" from 2016 to 2018 to ascertain monthly visit data to compare each year (2016-2018) for the Clinics Services Division combined.

Project goals



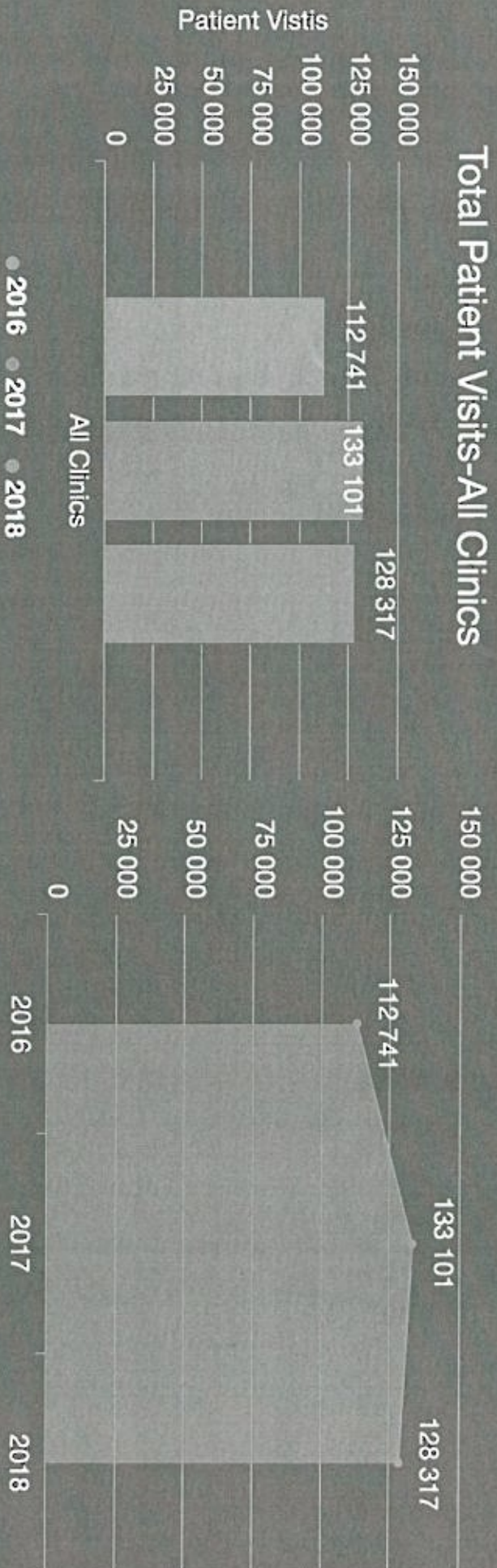
**For each clinic, ascertain the visit pattern of visits
month to month for 2016-2018.**



**Find out what the pattern of visits are overall for the
Clinics Division.**

Results for all Clinics combined

Percent Change from 2016 to 2017 = +18% and
Percent Change from 2017 to 2018 = -3.6%

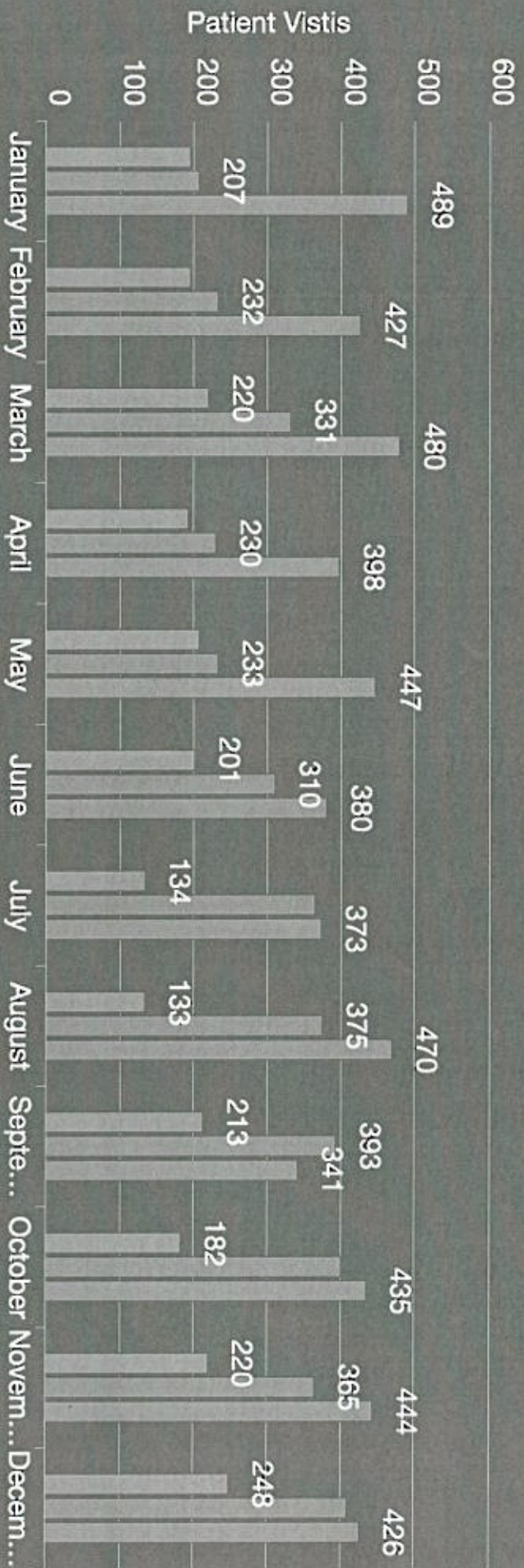


Important to Note for HPPHP

- **In 2016 there was flood in the building and it took over 15 months before HPPHP could re-occupy the building, so the temporary relocation affected the ability to manage workflow of patients.**

Results for HPHP month to month

Patient Visits Month to Month -HPHP CY 16-18



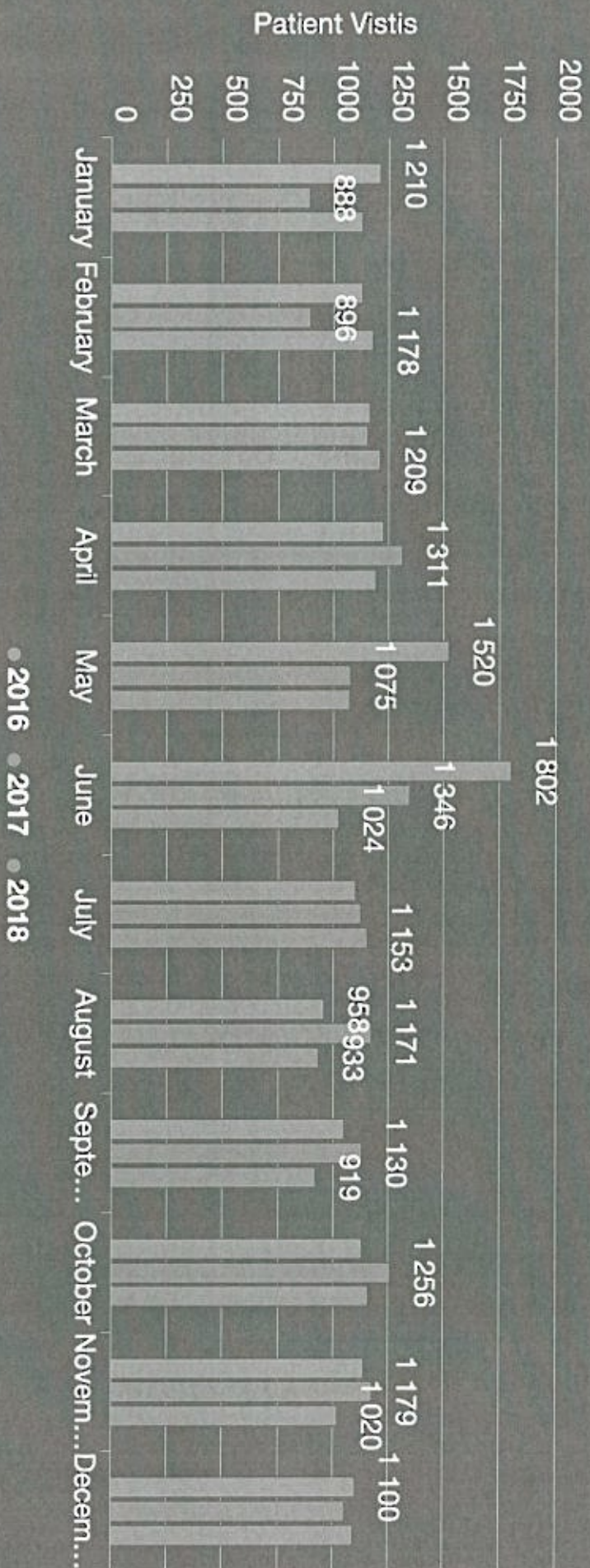
• 2016 • 2017 • 2018

Important to Note for Santa Cruz Clinic

- **There is a provider shortage in Santa Cruz Clinic.**
- **In March of 2019, Santa Cruz Clinic is expected to double in size.**
- **It is important to note that there has been construction projects disrupting the workflow.**

Results for Santa Cruz Month to Month

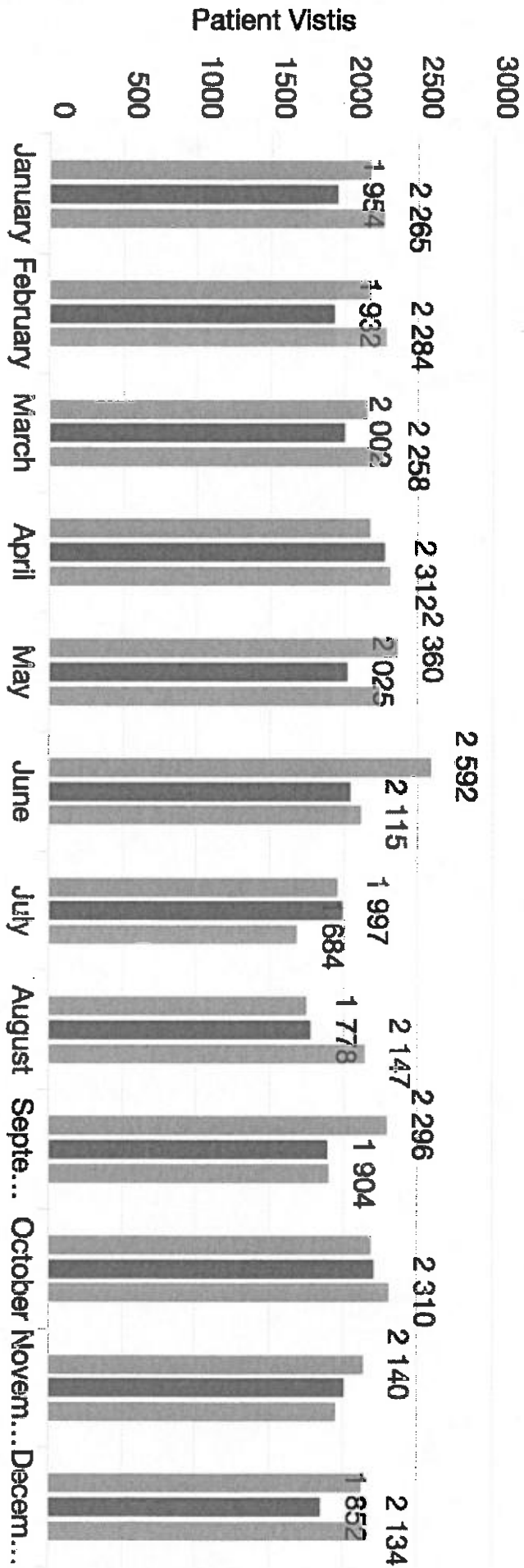
Patient Visits Month to Month -Santa Cruz CY 16-18



• 2016 • 2017 • 2018

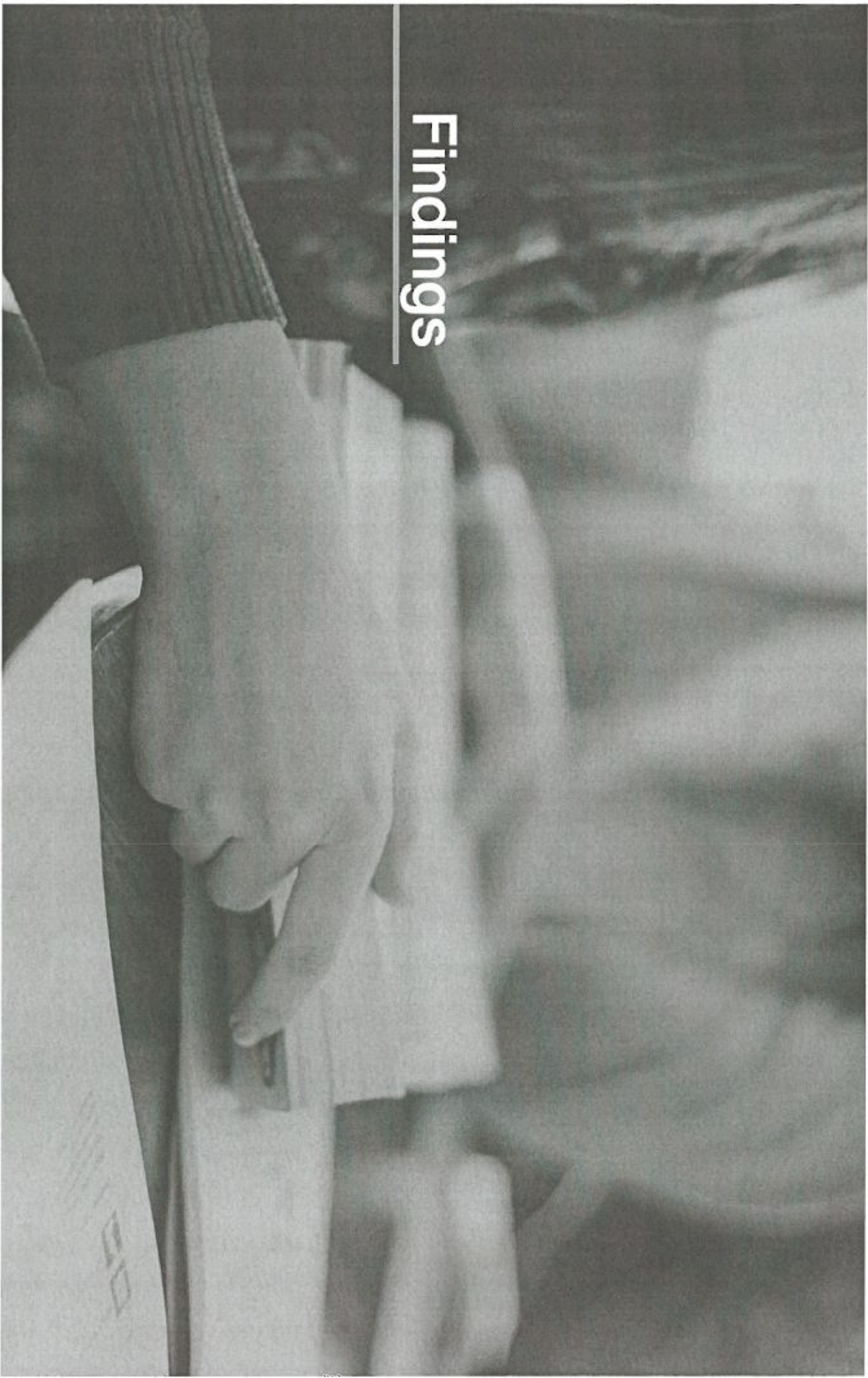
Results for Watsonville Month to Month

Patient Visits Month to Month - Watsonville CY 16-18



• 2016 • 2017 • 2018

Findings



Key Findings

Finding 1

Between 2017 and 2018, there was an overall -3.5% ^{de}crease in total clinic patient visits.

Finding 2

For HPHP, peak visit months are November, January, and March (2018).

For Watsonville peak visit months are Jan, Feb, & March (2018).
Santa Cruz Clinic peak visit months are March, April, & October (2018).

Finding 3

HPHP has seen a significant patient visit increase since 2016. (2016 to 2017 = 65%; 2017 to 2018 = 33%!).



Recommendations

Review the visit metrics annually?

Include IBH in future reviews?

