

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

March 7, 2019 @ 11:00 am

Meeting Location: 1080 Emeline Ave., Bldg. D (DOC Conference Room, 2nd Floor), Santa Cruz, CA 95060
 1939 Harrison Street, Suite 211, Oakland, CA 94612

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. February 7, 2019 Meeting Minutes – Recommend for Approval
4. CEO Evaluation Process
5. Quality Management Committee Update
6. Policy Update – Action Item
7. Financial Update
8. Medi-Cal Issues
9. CEO Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Lens report -Kaiser arrival in 3-4 months	Len	3/19	
Review and Visit metrics annually, include IBH in future reviews.	Julian		
Amy to keep updating committee on what we will be receiving for homeless funding	Amy		
Raquel to research Dientes survey company and see how expensive it is and report back to the commission.	Raquel		
Julian to add expenditure in the "Impacts" section of the fiscal report.	Julian		

Next meeting: April 4, 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 February 7, 2019

Attendance	
Christina Berberich	Chair
Rahn Garcia	Vice-Chair
Marco Martinez-Galarce	Member
Dinah Phillips	Member
Len Finocchlo	Member
Pamela Hammond	Member
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Administrative Services Manager
Mary Olivares	County of Santa Cruz, Administrative Aide
Meeting Commenced at 11:07 am and Concluded at 12:33 pm	
1. Excused/Absent:	
Excused: Amy Peeler Absent: Gustavo Mendoza	
2. Oral Communications:	
None	
3. January 3, 2019 Meeting Minutes - Action item	
Review of January 3, 2019 Meeting Minutes - Recommended for Approval. Rahn motioned for the acceptance of the minutes Dinah Second the rest of the members present were in favour. Two of the commission members abstained.	
4. Quality Management Committee Update	
Raquel stated we are implementing a team-based care in our Santa Cruz Clinic, she stated this already has been implemented in our Watsonville Clinic. Raquel stated we are working with our QI Nurses and are looking at a methodical way of assigning patients and creating a team that would consist of the Physician, Nurse, and Medical Assistant. Raquel gave an update on the Patient Satisfaction Survey. She stated Dientes uses a survey company out of Watsonville. She will do some research and see how expensive it is to use this evaluation organization and report back to the commission. We are also working on standardizing and listing out what a Medical Assistant can and can't do. Cabrillo College does a 1-day skill assessment test to make sure everyone is working up to their licensure standards. We are currently exploring this option.	
5. Financial Update	
Julian presented information on 18/19 budget, he stated that if we keep on track we will meet our budget. He also presented other data such as: visit volume, defined visits and patients report, accounts receivable and a few other fiscal reports. In reviewing the section of "Impacts" it was noted by one of the Commissioners it would be nice to see the expenditure, Julian will add this to report. Julian also stated that this coming budget year Integrated Behavioral Health will now be under Clinics budget. We anticipate this will generate \$5,000,000 in revenue and when fully staffed about \$7,000,000.	
6. Medi-Cal Issues	
Raquel stated Amy spoke to Human Services Department and they are aware of the situation of long phone waits, and other issues. Starting February 1, 2019, the phone customer service will be open from 7:30 am to 5:00 pm, Monday through Friday.	
7. CEO update	
Raquel stated new patient packets will be distributed to our patients. It includes information such as an overview of our clinic, afterhours call line, information on MyChart (patient portal) all the information you need to navigate our Clinic. Raquel also reported on the following the MAT program is expanding; Emeline Clinic construction is scheduled to be finished by April of 2019, announced the retirement of Dr. Leff in June of 2019, there is a current recruitment in process, some discussion on the measles outbreak in Washington and Oregon. Raquel also mentioned that we are participating in Federal loan forgiveness program for employees. Christina will forward link to Raquel for additional loan repayment program for Public Service Employees.	
Action items:	
<ol style="list-style-type: none"> 1. Len's report -Kaiser arrival in 3-4 months 2. Review and visit metrics annually, Include IBH in future reviews. 3. Amy to keep updating committee on what we will be receiving for homeless funding 	

- 4. Raquel to research Dientes survey company and see how expensive it is and report back to the commission.
- 5. Julian to add expenditure in the "Impacts" section of the fiscal report.

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1080 Emeline, Santa Cruz, CA

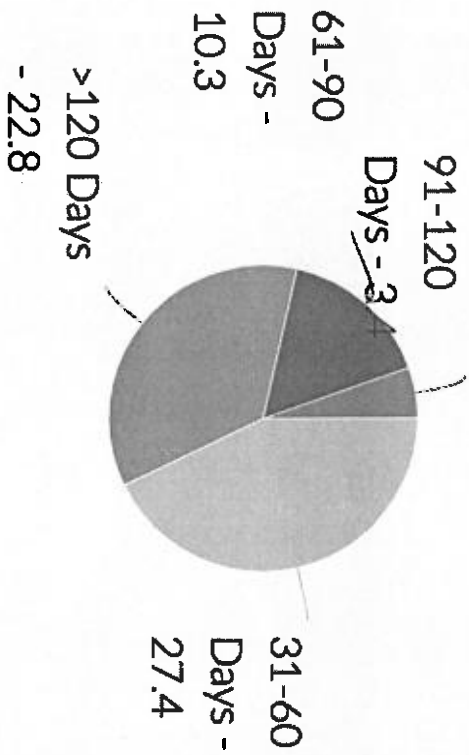
Minutes approved _____ / /
(Signature of Board Chair or Co-Chair) (Date)



Santa Cruz County HSA
Clinic Services Division Fiscal Report 3/7/19

Prepared by Dr. Julian N. Wren

Total \$ Aging Percentage of Total (1/26/18)



Total \$ Aging Percentage of Total (1/19/18)



Santa Cruz Health Center FQHC Visit Average & Range Month to Month

Statistic	Patient Visits
Average	1090
Standard Deviation	98

HPHP FQHC Visit Average & Range Month to Month

Statistic	Patient Visits
Average	394
Standard Deviation	131

Watsonville FQHC Visit Average & Range Month to Month

Statistic	Patient Visits
Average	2116
Standard Deviation	194

IBH North FQHC Visit Average & Range

Month to Month

Statistic	Patient Visits
Average	499
Standard Deviation	41

IBH South FQHC Visit Average & Range

Month to Month

Statistic		Patient Visits
Average		286
Standard Deviation		26



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Month = January)

Santa Cruz			
Current Year	Last Year	Change	
798	1133	-30%	

FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Month = January)

IBH North		
Current Year	Last Year	Change
527	603	-13%



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Month = January)

SC HPHP		
Current Year	Last Year	Change
414	516	-20%



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Month = January)

Watsonville		
Current Year	Last Year	Change
1995	2274	-12%



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Month = January)

IBH South			
Current Year	Last Year	Change	
338	346	-2%	



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Month = January)

All Clinics		
Current Year	Last Year	Change
4072	4872	-16%

FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Fiscal YTD ending 1/31/2019)

Santa Cruz		
Current Year	Last Year	Change
6817	8230	-17%



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Fiscal YTD ending 1/31/2019)

IBH North		
Current Year	Last Year	Change
3311	3669	-10%



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Fiscal YTD ending 1/31/2019)

SC HPHP		
Current Year	Last Year	Change
3165	3096	2%



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Fiscal YTD ending 1/31/2019)

Watsonville		
Current Year	Last Year	Change
13742	14172	-3%



FQHC Defined Visits

Compare Current Year Period to Same Period Last Year
(Fiscal YTD ending 1/31/2019)

IBH South		
Current Year	Last Year	Change
2179	2469	-12%

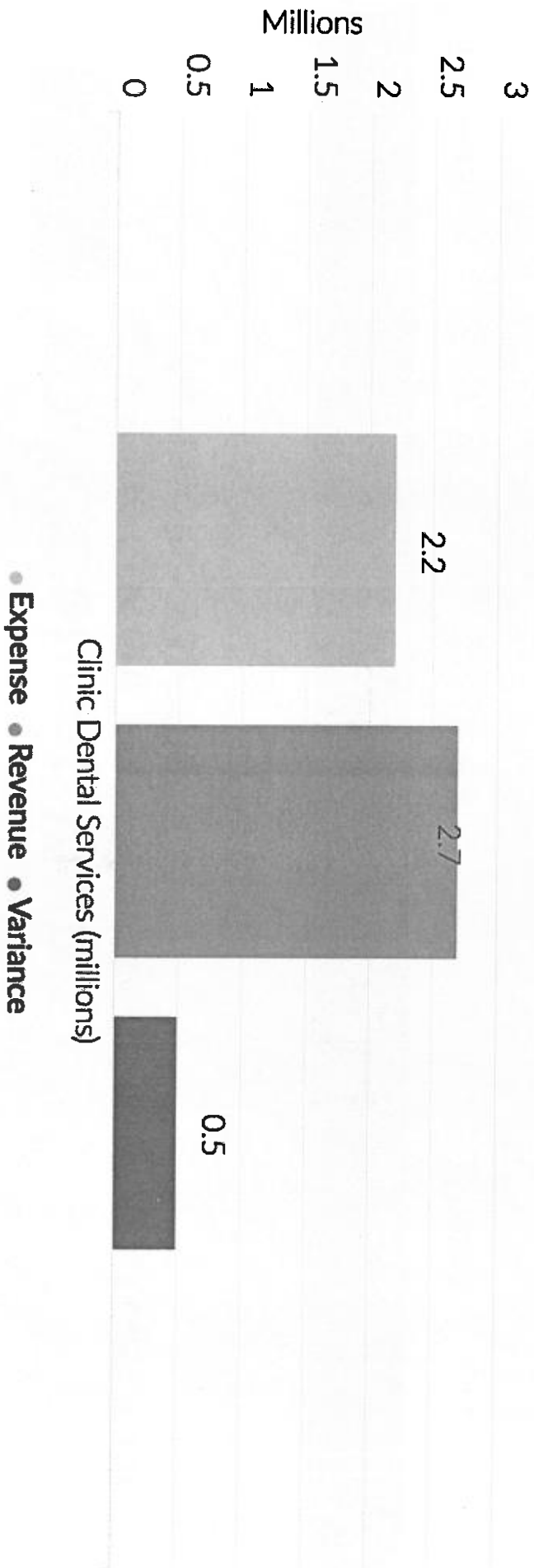


FQHC Defined Visits

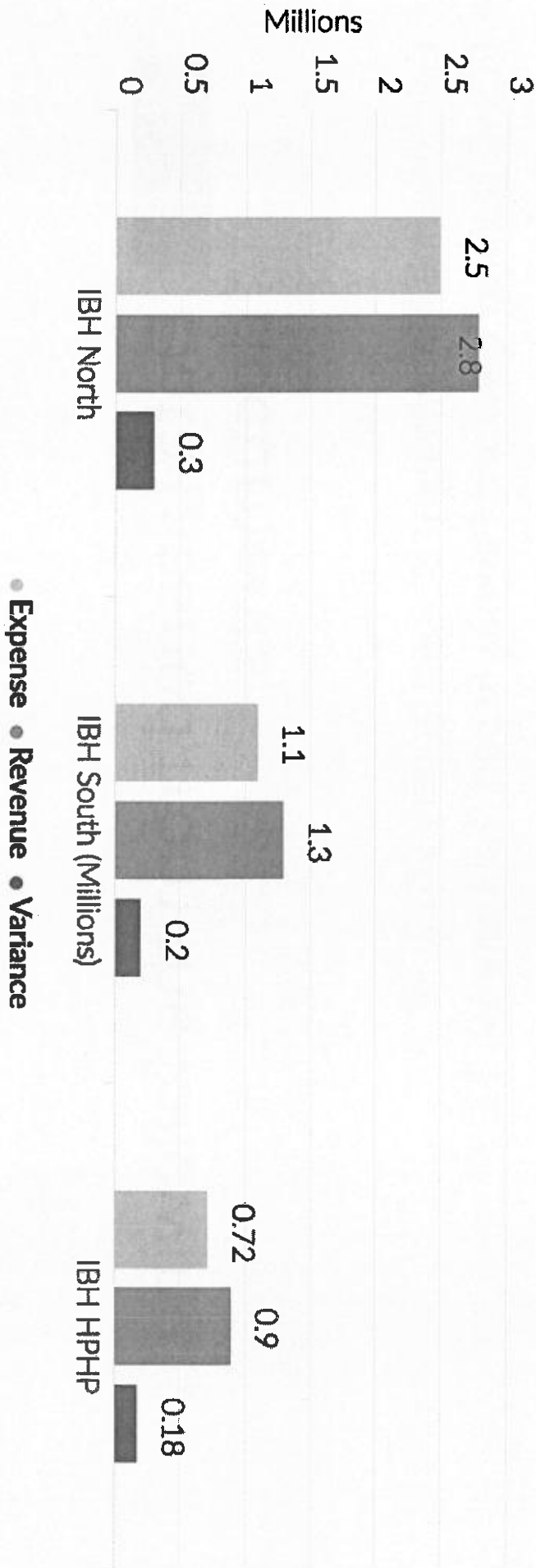
Compare Current Year Period to Same Period Last Year
(YTD ending 1/31/2019)

All Clinics		
Current Year	Last Year	Change
29214	31635	-8%

Anticipated Clinic Dental Cost and Revenue (FY 19/20)




Projected IBH Cost and Revenue (FY 19/20)





Data gleaned from the following documents

- Epic Revenue Management Report (January 2019)
- FQHC Defined Visits and Patients Report (February 19, 2019)

<p>SUBJECT: Salary Limitation</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.:</p> <p style="text-align: center;">640.02</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/1/2019</p>	<div style="text-align: center;">  </div> <hr/> <p style="text-align: center;">COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <p style="text-align: center;">Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

To guide the administration of the Health Center Program to ensure salary and fringe do not exceed allowable cap.

POLICY STATEMENT:

Health and Human Services funds may not be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$189,600 effective January 2018. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts under a Health Resources and Services Administration grant or cooperative agreement.

If an individual is under the salary cap limitation, fringe is applied as usual. If an individual is over the salary cap limitation, fringe is calculated on the adjusted base salary.


REFERENCE:

Public Law 115-31; Title II [Department of Health & Human Services]; § 202

PROCEDURE:

The Finance/Payroll Department will observe the following procedures:

- The HRSA budget is appropriately developed to ensure that no salary percentage allocation exceeds the limit of the Executive Level II salary cap described above.
- Review of individual employee salary.
- Review of individual employee fringe benefit allocation.
- Monitor prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit.
- Monitor staff salaries to determine that the salary limit is not exceeded when the aggregate salary funding from other HHS and HRSA sources including Bureau of Primary Health Care and Ryan White funding (A and C) do not exceed the limitation.
- Review payroll reports, payroll allocation journals and employee contracts.
- Interview employees if payroll or income documentation is not available from the contractor or subcontractor provider.

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<p>SUBJECT: Anti-Lobbying and Legislative Advocacy Policy</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.04</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/1/2019</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

This Policy guides the administration of the Health Center Program to ensure that Health Services Agency complies with Public Laws 115-31, Title V, § 503 [Anti-Lobbying].

POLICY STATEMENT:

This Policy also: (1) defines lobbying, legislative advocacy and its differences with political activity; (2) identifies the individuals within HSA staff covered by this policy; and, (3) specifies procedures to be followed in conducting lobbying-legislative advocacy.

Health and Human Services funds may not be used, in whole or in part, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

HHS funds may not be used, in whole or in part, to pay for salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State or local government in policymaking and administrative processes within the executive branch of that government.

HHS funds may not be used, in whole or in part, to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

These limitations also apply to subawards/subcontracts under a Health Resources and Services Administration grant or cooperative agreement.

DEFINITIONS:

Political Activity- Defined as participating or intervening in any political campaign on behalf of, or in opposition to, any candidate for public office. Federal regulations do not allow HSA to participate or

intervene in any political campaign. Nevertheless, this restriction does not apply to an individual Commission member, staff member or a volunteer acting on his/her own behalf. Individuals must be constantly aware to clearly make a distinction between their personal conduct from conduct that they carry out on behalf of HSA.


Legislative Advocacy- Also known as "Lobbying," is defined as carrying on propaganda, or otherwise attempting to influence legislation. Lobbying includes both Direct Lobbying and Grassroots Lobbying:

- 1) Direct Lobbying: Directly contacting members or employees of a legislative body, whether federal, state, or local, for the purpose of proposing, supporting, or opposing legislation or advocating the adoption or rejection of legislation.
- 2) Grassroots Lobbying: Communicating with members of the general public, or any segment of the public (e.g. health center patients) to contact members or employees of a local, state or federal legislative body urging them to support or oppose legislation

Legislation- Any action by Congress, a state or local legislative body (e.g. Board of Supervisors) or by the public in a referendum, initiative, constitutional amendment or similar procedure. This includes the discussion and approval of state and local government budgets and legislative proposals such as ballot and bond measures.

REFERENCE:

Internal Revenue Code (IRC) § 501 (c) (3) [List of Exempt Organizations], IRC § 501(h) [Expenditures by public charities to influence legislation] and Office of Management and Budget (OMB) Circular A-22 (Cost Principles for Non-Profit Organizations, paragraph 25 parts a-d (Lobbying); Public Law 115-31; Title V [General Provision]; § 503

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<p>SUBJECT: Exceptions to Restriction on Abortions</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.07</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/1/2019</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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POLICY STATEMENT:

To guide the administration of the Health Center Program to ensure that Health Services Agency (HSA) complies with Public Laws 115-31, Title V, § 507 [Exceptions to Restriction on Abortions] and 42 C.F.R. §§ 50.301, et seq. [Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service].

This Policy establishes the following exemptions to the prohibition that Health and Human Services funds may not be used, in whole or in part, for any abortion:

- 1) In cases where the pregnancy is the result of an act of rape or incest; or,
- 2) Where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Nothing in the Policy “Restrictions on Abortions” shall be construed as prohibiting the expenditure by the State, locality, entity or private person of State, local or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).

Nothing in the Policy “Restrictions on Abortions” shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).

None of the Health and Human Services funds may be available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that health care entity does not provide, pay for, provide coverage of, or refer for abortions. The term “health care entity” includes an individual physician, or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.


These exemptions also apply to subawards/subcontracts under a Health Resources and Services Administration grant or cooperative agreement.

REFERENCE:

Public Law 115-31; Title V [General Provision]; § 507 and 42 C.F.R. §§ 50.301, et seq. [Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service]

PROCEDURE:

HSA's Chief Medical Officer will ensure that the health center and/or sub-awardees/subcontractors comply with this policy.

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