

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

September 6, 2022 @ 3:00 pm

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. County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under AB 361 and Government Code section 54953(e)(3).
4. August 2, 2022, Meeting Minutes – Action Required
5. HIPAA Risk Assessment – James Dyer, Privacy Officer
6. Quality Management Update
7. Social Justice
8. Financial Update - Action Required
9. CEO/COVID-19 Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
was asked by one of the commissioners if there was a form that acknowledge an employee's great service.	Raquel		
Continuity of Care/Hospital Admitting Policy- How are we going to know that this is being acted upon when someone is admitted?	Raquel		

Next meeting: October 4, 2022, 3:00pm - 5:00pm

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The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held September 6, 2022.

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

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Caitlin Brune	Member
Kim "Coach" Campbell	Member
Michelle Morton	Member
Gidget Martinez	Member
Tammi Rose	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Sr. Health Services Mgr.
Mary Olivares	County of Santa Cruz, Admin Aide
James Dyer	County of Santa Cruz, HIPAA Privacy Officer
Meeting Commenced at 3:06 pm and concluded at 4:46 pm	
Excused/Absent:	
Excused: Ardella Davies	
1. Welcome/Introductions	
2. Oral Communications:	
Commission member Marco stated his sister is a medical translator and she was hired by the Mental Health Clinic in Watsonville to do some translations. Marco stated this is a very expensive and why don't we train our own employees to do translations. Unfortunately, due to this not being on the agenda we cannot discuss it today. Staff will come back with a report.	
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).	
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. Rahn made a motion that these findings be adopted, Dinah second and the rest of members present all in favor.	
4. August 2, 2022, Meeting Minutes - Action item	
Review of August 2, 2022, 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. Caitlin abstained as she was not present at this meeting.	
5. HIPAA Risk Assessment	
James Dyer presented on security risk assessment. He stated HIPAA was signed into law in 1996 and it involves all the laws that relate to privacy on health information and security. James stated we use the risk assessment tool to assess ourselves annually. This is an internal document to assess risks and areas of possible breach. James reviewed the HIPAA training content, which includes identifying Protected Health Information (PHI), minimum necessary rule, rules of when/how PHI may be disclosed, importance of confidentiality, and the need to keep an accounting of disclosures.	
6. Quality Management Committee Update	
Raquel reported on Peer Review and Risk Management Committee meeting. She stated they met with the Risk Manager in Personnel to identify trainings for staff. She also stated they finalized the chart audit tool. Raquel stated OCHIN (our Electronic Health Record vendor) received a grant through HRSA to work on quality improvement. She stated Dr.	

Sarkarati is participating in a provider builder program to help create that clinical champion for Epic, in building up capacity with our staff to improve and enhance how we operate in the health record. Participating in this project we will have access to different tool kits, trainings, and ongoing live events.

Raquel also reported that HRSA wants our employees to participate in their well-being survey. She stated this is a long survey and it will take about 25 minutes to fill out. Raquel stated she is trying to drum up interest with the leadership team to participate and stated it's hard to carve out 25 minutes of employee's schedules. One of the commissioners stated it would be useful that someone who's asking people to do the survey to do it themselves and what does HRSA plan to do with the findings. Raquel stated she will ask if they have the tool to share and she will follow up on these questions. It was also stated that it might be an advantage if union reps have this information as well.

Raquel reported on the patient satisfaction survey she went through the slides and survey questions. Raquel went over the questions and responses by individual clinics. Raquel stated there were 6 questions sent out by text message and e-mail. Lastly, one of the commissioners stated he had called the clinic and had quite a long wait time on the phone line. Raquel stated this is a project they will be looking to work on in the next few months.

7. Social Justice

Caitlin opened up the conversation to commission members and asked what are you learning and practicing in order to stretch yourself in confronting structural racism. Some of the Commission members spoke and gave their view and what they have learned and how this awareness now plays a role in their daily lives.

8. Financial Update

Julian reported on the following:

- Revenue and Expenditures - About four months out of the last fiscal year we had more revenue than expenditures. He stated the clinic summary report showed last fiscal year the total revenue was 42.5 million that is 3.9 million dollars more than we had in the last fiscal year, and expenditure for the last fiscal year was 45 million dollars.
- Salaries and Benefits – this was broken down by each division under clinics. Julian stated they did notice more extra help cost than the previous fiscal year.
- Unduplicated visits – This gives a view from FY 13/14 to current fiscal year. This gives an idea where we are headed in terms of visits. This gives information such as if we are increasing in terms of our populations, age and ethnicity, and it is increasing each year.
- Unduplicated Patients by Fiscal Year – this report counts people we have been seen at least once during the fiscal year. We are looking at the trend line, which is increasing.

9. CEO/COVID 19 update

Amy reported that Dientes a local non-profit dental partner of ours has asked if their new site in Live Oak could be added to our scope for a limited time so they can function as a in-scope site. We decided in good partnership to do so, there is no risk for us. Amy also reported that HIP grant was awarded 1 million dollars to work on ACEs we were a strong partner in that and we will receive close to 100 thousand dollars to do some more advance work on ACEs. Lastly, Amy stated the construction at the Watsonville campus continues to be very slow.

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



Clinic Services Division

Quality Management Report

September 2022



Quality Management Committee

- Patient Satisfaction Survey Results
(Power Point Presentation)
- Quality Improvement Work Sheets
- Staff Satisfaction Survey (slides 5-7)



Peer Review and Risk Management Committee



- Risk Management Trainings Needs **Photo Example**
- Chart Audit Form Finalized
- OCHIN HCCN (slide 4)
- HRSA Workforce and Well-being Survey (slide 5-7)

Santa Cruz County Health Services (SA11)

OCHIN HCCN Workplan

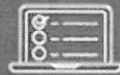
My Current Activities	
Activity	Activity Description
Clinical Content Builder or Provider Builder Program	OCHIN's Builder programs serve over 100 providers and other clinicians who use their clinical expertise to optimize the OCHIN Model Epic system for their organization and the Collaborative. A recent evaluation of the Builder Program revealed that overall satisfaction with the program was high, participation decreased provider burnout for builders, and their participation improves patient experience and clinic efficiency.

For more information about HCCN Phase IV activities, please [click here](#) to view Menu of Services.

HCCN Portal for Trainings, Resources and Toolkits		
<p>OCHIN's HCCN offers an extensive range of no-cost resources. Our on-demand offerings include toolkits, informational videos, events, training materials, and more. Receive expert guidance on tailoring a sustainable program that focuses on improvements in:</p> <p>•Clinical quality •Patient-Centered Care •Provider and staff well-being</p>		
		
<p>Innovation to Impact Toolkits</p> <p>Folios that are focused on active learning and consistent quality improvement.</p>	<p>On-demand Training Videos</p> <p>These timely training videos and webinars help you stay several steps ahead in today's ever-changing health care landscape.</p>	<p>Events & Ongoing Connection Opportunities</p> <p>Get invaluable firsthand insights and inspiration from other enterprising health centers.</p>
<p>For More Toolkits: Click Here</p>	<p>For More Videos: Click Here</p>	<p>For More Events: Click Here</p>

HRSA HEALTH CENTER WORKFORCE WELL-BEING SURVEY

PURPOSE



Survey goals

are to improve provider and staff well-being and reduce burnout, promote workforce resilience after a public health emergency, strengthen the healthcare workforce, and promote staff recruitment and retention.



Survey analysis

provides baseline levels of job satisfaction and burnout, allows for comparisons at the national, state, and health center levels, and identifies meaningful, comprehensive, and actionable steps, across all health center staff and occupations.



Survey results

inform HRSA, BPHC, and health center efforts to build training and technical strategies that support organizational resiliency, promote provider and staff well-being, and, ultimately, improve the quality of patient care.

PLAN



All health center staff from the nearly 1,400 HRSA-funded health centers are invited to participate in the online survey.



The survey process is managed by John Snow, Inc. (JSI), and health center staff will receive survey emails directly from JSI.



The survey takes about 25 minutes to complete.

MEASURES OF STAFF WELL-BEING

JOB SATISFACTION

Sense of fulfillment working
at the health center

ENGAGEMENT

Interests and connectivity to work,
colleagues, and workplace








BURNOUT

Feelings of emptiness, work overload,
loneliness, and exhaustion

INTENTION TO STAY

Plans to stay at the health center

THEMES	TOPIC	DETAILS
 JOB CHARACTERISTICS	Job Descriptions	Tenure, hours worked, and years of experience
 LEADERSHIP	Mission Orientation	Alignment of goals of the organization and individual
	Supervision and Management	Guidance, engagement, and motivation from immediate supervisors and senior health center leaders
	Workplace Culture and Values	A health center that supports staff well-being, diversity and inclusion, nondiscrimination, patient and staff engagement
	Health Center Processes, Quality of Care, Administrative Burden	Administrative responsibilities, quality of care, workflows, and policies
 EXPERIENCES & ATTITUDES	Moral Distress	Work situations that conflict with one's beliefs and values
	Meaningfulness	Sense of fulfillment, purpose, and personal engagement
	Work Life Balance	Work demands and personal time
	Compensation and Benefits	Satisfaction with pay and fringe benefits (eg: health insurance, continuing education, etc.)
	Social Support and Recognition	Formal and informal workplace help and appreciation
	Decision Latitude	Work demands and control or flexibility over work
	Work Team Dynamics and Psychological Safety	Communication, collaboration, and cohesion amongst team members
 RESOURCES	Professional Growth	Opportunity for professional development and promotion
	Training	Job training and preparation supported by the health center
	Resources	Staffing, supplies, infrastructure, procedures, and ability to respond to changes and crises
 DEMOGRAPHICS	Staff Characteristics	Age, race, gender, ethnicity, disability, education, marital status, sexual orientation, and english-proficiency

Questions?

Thank You



Fiscal Report

BY DR. JULIAN N WREN, MSW, ED.D.

9/6/22 INTEGRATED COMMUNITY HEALTH CARE COMMISSION MEETING



County of Santa Cruz (HSA)
FY 21/22 CLINIC (All)(Multiple Items)
As of 6/30/2022

Division **CLINIC** Choose Division
 Sub Program **(All)**
 Gl.Key **(Multiple Items)**

Actual	Column Labels												Grand Total
Row Labels	1-July	2-August	3-September	4-October	5-November	6-December	7-January	8-February	9-March	10-April	11-May	12-June	Grand Total
REVENUE	41,100	(2,659,227)	(3,889,351)	(2,562,082)	(2,576,105)	(4,098,933)	(5,055,464)	(3,316,629)	(3,940,708)	(2,674,384)	(2,975,206)	(8,875,778)	(42,582,768)
05-LICENSES, PERMITS AND FRANCHIS			46	1,067	(1,113)								0
07-FINES, FORFEITURES & ASSMNTS				98		(98)							0
15-INTERGOVERNMENTAL REVENUES	1,340,076	(420,729)	(979,218)	(74,519)	(633,708)	(1,574,890)	(2,598,187)	(232,285)	(1,166,584)	(243,156)	13,231	(4,550,502)	(11,120,472)
19-CHARGES FOR SERVICES	(1,327,728)	(2,238,248)	(2,880,842)	(2,486,228)	(1,941,284)	(2,523,945)	(2,442,108)	(3,084,344)	(2,769,774)	(2,415,003)	(2,988,437)	(3,730,127)	(30,828,068)
23-MISC. REVENUES	28,752	(250)	(29,336)	(2,500)		0	(15,169)	0	(4,350)	(16,226)		(595,149)	(634,227)
EXPENDITURE	1,577,231	2,927,304	2,884,119	3,427,725	3,528,892	5,951,661	3,543,365	3,545,794	3,254,190	3,361,839	3,716,753	7,588,413	45,307,287
50-SALARIES AND EMPLOYEE BENEF	1,581,551	2,086,486	1,957,148	2,122,975	2,052,702	4,705,987	1,196,456	1,987,576	2,282,545	2,253,084	2,217,510	3,498,254	27,942,273
60-SERVICES AND SUPPLIES	(522,604)	442,107	534,669	700,440	802,007	427,846	383,636	1,069,258	602,894	790,802	666,914	1,414,105	7,312,075
70-OTHER CHARGES	0			46		0	1,745,797	0				1,935,337	3,681,180
80-FIXED ASSETS	0	(2,475)	2,475	29,750	(10,621)	25,279	12,583	30,264	5,150	11,312	(0)	0	103,717
95-INTRAFUND TRANSFERS	518,284	401,187	389,828	574,514	684,805	792,549	204,893	458,696	363,601	306,640	832,329	740,717	6,268,043
Grand Total	1,618,331	268,077	(1,005,232)	865,643	952,787	1,852,727	(1,512,099)	229,165	(686,518)	687,455	741,547	(1,287,365)	2,724,519

Clinic End of Year Financials as of 8/4/22

County of Santa Cruz (HSA)

FY 21/22 (All) CLINIC(All)

0

GLKey	(All)	▼
Division	CLINIC	▼
Object	(All)	▼

Row Labels	Budget	Actual	Bud to Act Var	Percent Remaining
CLINIC ADMINISTRATION	3,047,121	2,373,548	673,573	22.11%
⊕ REVENUE	(7,889,737)	(6,471,658)	(1,418,079)	17.97%
⊕ EXPENDITURE	10,936,858	8,845,206	2,091,652	19.12%
CORAL STREET CLINIC (HHP)	(1,109,339)	(458,349)	(650,990)	58.68%
⊕ REVENUE	(7,571,674)	(5,460,595)	(2,111,079)	27.88%
⊕ EXPENDITURE	6,462,335	5,002,246	1,460,089	22.59%
EMELINE CLINIC	(324,430)	2,173,983	(2,498,413)	770.09%
⊕ REVENUE	(12,416,988)	(9,632,677)	(2,784,311)	22.42%
⊕ EXPENDITURE	12,092,558	11,806,660	285,898	2.36%
MENTAL HEALTH FQHC	0	0	(0)	0.00%
⊕ REVENUE	(9,839,406)	(6,719,574)	(3,119,832)	31.71%
⊕ EXPENDITURE	9,839,406	6,719,574	3,119,832	31.71%
WATSONVILLE CLINIC	(2,509,012)	(693,936)	(1,815,076)	72.34%
⊕ REVENUE	(13,604,573)	(11,378,433)	(2,226,140)	16.36%
⊕ EXPENDITURE	11,095,561	10,684,497	411,064	3.70%
WATSONVILLE DENTAL	(376,858)	(673,791)	296,933	-78.79%
⊕ REVENUE	(2,400,000)	(2,919,833)	519,833	-21.66%
⊕ EXPENDITURE	2,023,142	2,246,042	(222,900)	-11.02%
JUVENILE HALL NURSING	29,333	3,063	26,270	89.56%
⊕ EXPENDITURE	29,333	3,063	26,270	89.56%
Grand Total	(1,243,185)	2,724,519	(3,967,704)	319.16%

Federally Qualified Health Center Summary

Division	CLINIC	↓Y	
Sub Program	(All)	▼	
JLKey/Title	(All)	▼	
GLKey	(All)	▼	
Row Labels	Budget	Actual	Bud to Act Var
▣ REVENUE	(53,722,378)	(42,582,768)	(11,139,610)
⊕ 05-LICENSES, PERMITS AND FRANCHIS	0	0	0
⊕ 07-FINES, FORFEITURES & ASSMNTS	0	0	0
⊕ 15-INTERGOVERNMENTAL REVENUES	(12,941,624)	(11,120,472)	(1,821,152)
⊕ 19-CHARGES FOR SERVICES	(39,969,745)	(30,828,068)	(9,141,677)
⊕ 23-MISC. REVENUES	(811,009)	(634,227)	(176,782)
▣ EXPENDITURE	52,479,193	45,307,287	7,171,906
⊕ 50-SALARIES AND EMPLOYEE BENEF	30,383,866	27,942,273	2,441,593
⊕ 60-SERVICES AND SUPPLIES	8,021,848	7,312,075	709,773
⊕ 70-OTHER CHARGES	3,367,280	3,681,180	(313,900)
⊕ 80-FIXED ASSETS	1,210,146	103,717	1,106,429
⊕ 95-INTRAFUND TRANSFERS	9,496,053	6,268,043	3,228,010
Grand Total	(1,243,185)	2,724,519	(3,967,704)

Clinic Summary

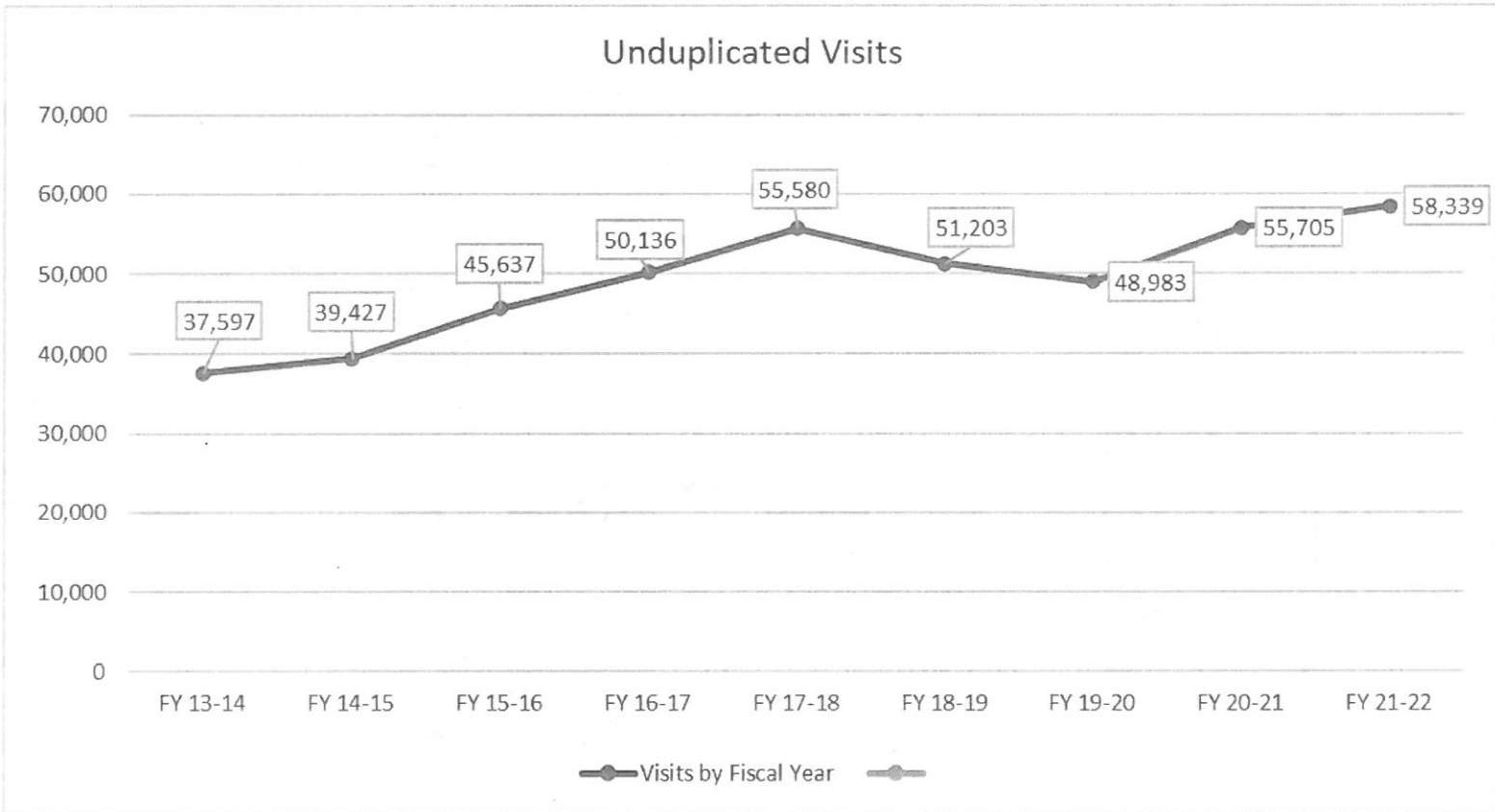
County of Santa Cruz (HSA)
FY 21/22 CLINIC (AID)50-SALARIES AND EMPLOYEE BENEF
As of 6/30/2022

Division CLINIC Choose Division
 Sub Program (All)
 Character 50-SALARIES AND EMPLOYEE BENEF

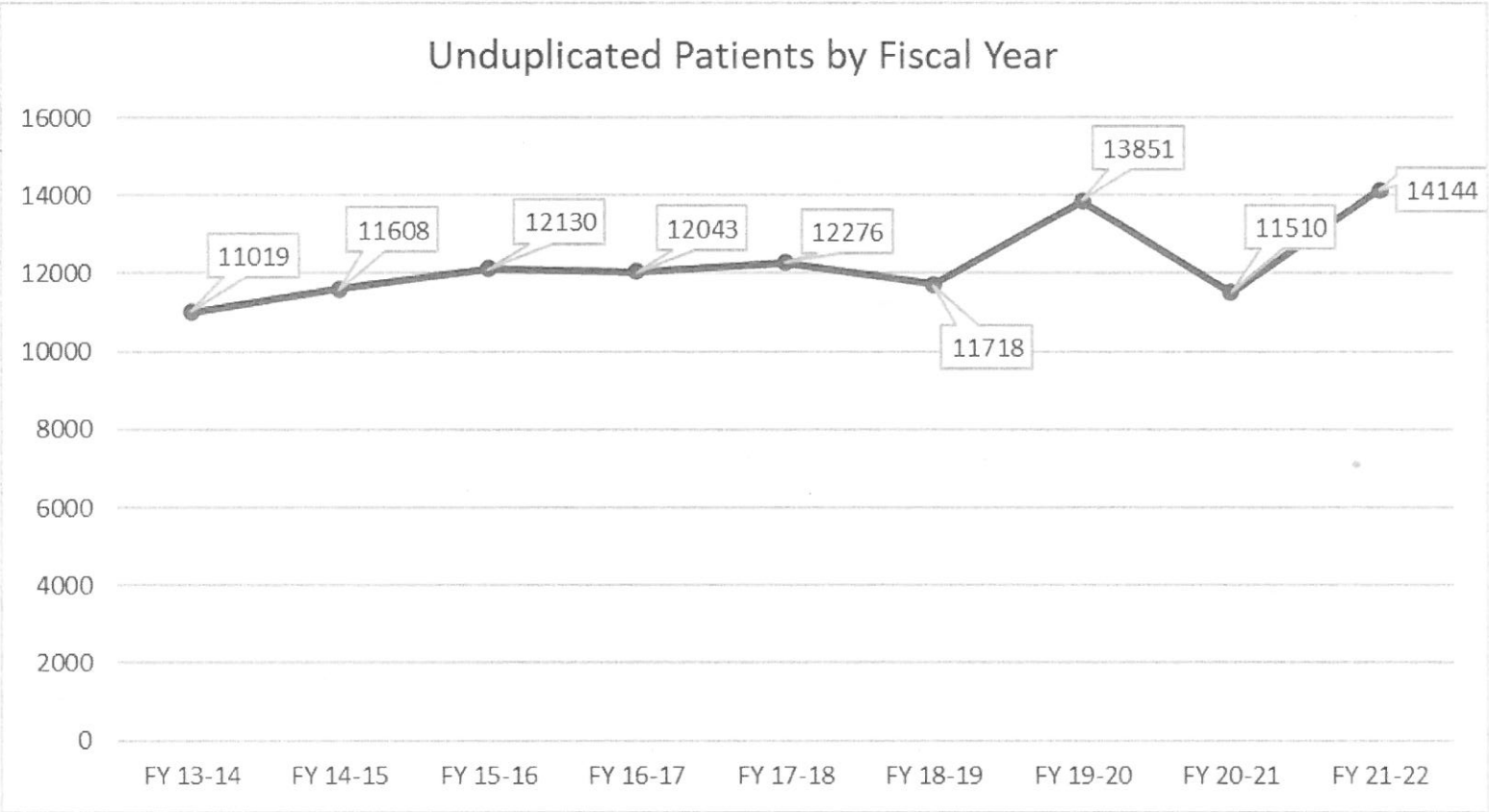
Row Labels	Budget	Actual	Bud to Act Var	Descriptions
+ 361100	5,360,656	3,171,375	2,189,281	Clinic Administration
+ 361112	1,274,620	1,130,763	143,857	Other Clinic Administration Positions
+ 361231	2,664,820	3,177,952	(513,132)	Emeline Clinical Staff
+ 361233	2,575,365	2,394,497	180,868	IBH Emeline
+ 361241	3,509,656	3,978,759	(469,103)	Emeline Clinical Support
+ 361250	723,804	631,075	92,729	Emeline Lab
+ 361260	163,654	206,167	(42,513)	Emeline Radiology
+ 361331	3,610,330	3,492,632	117,698	Watsonville Clinical Staff
+ 361333	1,253,158	802,464	450,694	IBH Watsonville
+ 361341	4,440,893	4,330,482	110,411	Watsonville Clinical Support
+ 361350	285,860	372,815	(86,955)	Watsonville Lab
+ 361360	156,530	153,959	2,571	Watsonville Radiology
+ 361920	308,737	352,364	(43,627)	Juvenile Hall Medical
+ 361933	530,449	426,260	104,189	IBH HPHP
+ 361950	2,823,139	2,813,047	10,092	HPHP Grant Operations (clinical support)
+ 361951	700,195	502,448	197,747	HPHP Clinical Operations
Grand Total	30,383,866	27,942,273	2,441,593	

Salaries and
 Benefits by
 Budget
 Code

Unduplicated Visits



Unduplicated Patients by Fiscal Year



References

HSA Financials 8/4/22

