

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

November 12, 2025 @ 1:00pm - 2:00pm

MEETING LOCATION: In-Person – 150 Westridge, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060, 40 Eileen Street, Watsonville CA 95076, 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. October 1, 2025, Meeting Minutes – Action Required
4. Policy 300.06 No Show Policy - Action Item
5. Quality Management Update
6. Financial Update
7. CEO Update

<u>Action Items from Previous Meetings:</u> Action Item	Person(s) Responsible	Date Completed	Comments
Proposition 35 passed. Report back next couple of months what does that mean on revenues that will be coming into the clinic system.	Julian		

Next meeting: Wednesday, December 3, 2025, 1:00pm - 2:00pm **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 November 12, 2025


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

Attendance	
Christina Berberich	Executive Board - Chair
Len Finocchio	Executive Board – Co-Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Michelle Morton	Member
Maximus Grisso	Member
Amy Peeler	County of Santa Cruz, Chief of Clinics
Raquel Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Admin Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 1:00 pm and concluded at 1:45 pm	
Excused/Absent:	
Absent: Nicole Pfeil	
1. Welcome/Introductions	
2. Oral Communications:	
3. October 1, 2025, Meeting Minutes – Action Required	
Review of October 1, 2025, Meeting Minutes – Recommended for approval. Marco motioned to accept minutes as presented. Dinah second, and the rest of the members present were all in favor. Maximus abstained as he was not present at the previous meeting.	
4. Policy 300.06 No Show Policy - Action Item	
Raquel presented a draft copy of policy 300.06 no show policy to commissioners. Raquel reported the language that was added to this policy was Medication Assistance Treatment (MAT) appointments and Integrated Behavioral Health appointment. There were many questions and concerns from commissioners, such as what is the scope of no shows, and how big a problem is this. Raquel will share concerns and comments with the policy committee for feedback and will bring back this policy in the next 1-2 months.	
5. Quality Management Plan - Action Required	
Raquel reported on the quality improvement project presentation from the Watsonville Health Center colorectal cancer screening. She reported numbers were a little down because they have lost a community health worker but reported MA's and other staff will assist in calling patients. Raquel reported on Adverse Childhood Experiences Screening (ACEs). She stated they reviewed workflow and this is a newer screening in accessing childhood trauma and determining if they need to be connected to resources in the community. She also reported on the care-based incentive data preliminary quarter 3 and reviewed data with commissioners and stated that they are starting to look at quality improvement goals for 2026. Raquel lately reported on the peer review tracking form. She stated the Medical Director wants to create a form streamlining the process and automating, due to the current process is a bit difficult to track.	
6. Financial Update	
Raquel presented on behalf of Julian. She reported fiscal data as of 9/30/25 health center financials are in a deficit of \$6,846,410.00. Raquel next presented data on fiscal year Q1 completed billable comparison from the last three years. There is a sustained growth of 40% across all health centers this demonstrates improved operational performance, patient access, and capacity utilization entering FY 25-26. Raquel then presented on Health Center Financials total payments per payment post month and week and the average was \$3,938,812.00. Lastly Raquel presented on Medicaid completed encounters and they are increasing and presented on completed encounters of uninsured patients and that seems to be decreasing.	
7. CEO Update	
Raquel reported on behalf of Amy. She reported they are in communications with their safety net program to see how they can increase their ability to have their uninsured patients covered under the MediCruz program.	

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

<p>SUBJECT: Patient Late Arrival and Chronic "No Shows"</p> <p>SERIES: Patient Care and Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.06</p> <p>PAGE: 1 OF 2</p> <p>EFFECTIVE DATE: July 2001</p> <p>REVISED: November 2003 November 2016 July 2017 September 2025</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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POLICY STATEMENT:

It is the policy of the County of Santa Cruz Health Services Agency (HSA) to provide timely and consistent medical and mental health services to all patients. Patients must attend all scheduled appointments to stay in good standing with the clinic. Excessive cancellations and/or no shows will impact a patient's ability to schedule future appointments.

PROCEDURE:

Medical Appointments

- A. A patient who arrives 2 minutes after their scheduled appointment time is considered late.
- B. Patients who arrive late for their appointment have the following options:
 1. Patient can reschedule for the next available appointment.
 2. Patient can wait in the reception area for the next available cancelled or "no show" appointment.
 3. Depending on the health center's current operations, whether the patient can be seen same day or not is determined at the discretion of the Health Center Manager or designee.
- C. Patients are expected to keep all scheduled appointments. If an appointment cannot be kept, it is the patient's responsibility to reschedule the appointment 24 hours in advance. An appointment cancelled less than 24 hours in advance is considered as a "no show".
- D. A patient who has made an appointment but neither keeps nor cancels it is considered as a "no show".
 1. After four no shows in a 12 month period, a letter will be sent to the patient informing them that they are no longer eligible to schedule appointments in advance. To be seen the patient must wait in the reception area for the next available cancelled or "no showed" appointment.
 2. Patient will remain ineligible to schedule appointments in advance for 3 months after their letter is issued.

<p>SUBJECT: Patient Late Arrival and Chronic “No Shows”</p>	<p>POLICY NO.: 300.06</p> <p>PAGE: 2 OF 2</p>	
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- E. The Clerical Supervisor is responsible for documenting the patient’s advance appointment ineligibility status as a chart alert in the patient chart.
- F. Registration staff will follow chart alerts when scheduling patient appointments.

Medicated Assisted Treatment (MAT) Appointments:

- A. All patients who participate in the Health Services Agency MAT program are required to keep all appointments with their primary care clinicians, MAT clinicians, MAT nurses, and their MAT care team. These appointments are critical to their continuation of care.
- B. Appointments with patient’s MAT care team are considered part of the patient’s treatment plan. These include but are not limited to appointments with nursing, MAT case managers, IBH, counseling, group, and/or shared medical appointments. Should these appointments need to be rescheduled, it is the patient’s responsibility to do so.
- C. Patients are expected to arrive on time for all scheduled appointments. If a MAT patient is late for their appointment, then the registration team will consult with the MAT care team on the feasibility of the patient being seen.
- D. Patients are required to see their MAT clinician according to their designated treatment tier. A patient’s treatment tier is decided by their MAT care team.
 - 1. Additional MAT appointments for the patient may be required at the discretion of the MAT clinician and MAT care team.
 - 2. At the minimum, MAT patients are required to have an in-person visit with their MAT clinician at least once every 3 months.
 - 3. If a MAT Tier 6 patient misses a scheduled primary care appointment for their MAT medication refill, they may attend the next available shared medical appointment to receive their MAT medication refill.
- E. If patients do not show up for medical appointments with their MAT clinician and do not call to inform the MAT care team that they are unable to make the appointment, or arrange for rescheduling, the treatment plan will be revised accordingly by the MAT care team.
- F. If a MAT patient no shows for 6 weeks without any contact with the MAT clinician or care team, the patient will be discharged from the MAT program and they will need to re-enroll into the MAT program if they seek out services in the future.

SUBJECT: Patient Late Arrival and Chronic “No Shows”	POLICY NO.: 300.06 PAGE: 2 OF 2	
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Integrated Behavioral Health (IBH) and Psychiatry Appointments

- A. IBH and Psychiatry patients receiving treatment through the Santa Cruz County Health Centers’ IBH program must attend appointments consistently and as scheduled to stay in good standing with their clinician(s).
- B. If a patient cannot attend a previously scheduled IBH and/or Psychiatry appointment, they must cancel 24 hours in advance.
 - 1. A cancellation can be achieved by either calling the main health center office, or by sending the IBH clinician a MyChart message.
- C. If a patient exceeds 4 cancellations within a 6 month period, they may be put into “same day” status for IBH/Psychiatry appointments.
 - 1. “Same day” status means that a patient can only access appointments designated as “same day” appointment types in an IBH clinician’s schedule.
 - 2. The patient can request a same day appointment by either calling the main health center line or by sending their IBH clinician a MyChart message
- D. If a patient does not attend a previously scheduled appointment, and has not cancelled 24 hours in advance, this is considered a “no show.” If a patient “no shows” and then fails to reach out to the clinician within 24 hours to explain why they couldn’t attend the scheduled appointment, this is considered a “no call.”
 - 1. If a client has 2 “no shows” combined with “no calls” consecutively or 3 “no shows” combined with “no calls” total within a 6 month period, they may be put on “same day” status.
- E. IBH staff are responsible for enforcing the IBH cancellation and no show policy, which includes informing patients and documenting status changes in their electronic chart. Registration staff will look for chart alerts when scheduling IBH patients to navigate what appointment types the patient is eligible for.
- F. Clinicians will alert a patient when they have been put on same day status due to excessive no shows or cancellations.
 - 1. Clinicians will notify the patient either by calling the patient and/or by sending them a message in Mychart.



Health Centers Division

Integrated Community Health Center Commission Fiscal Report

11-5-25

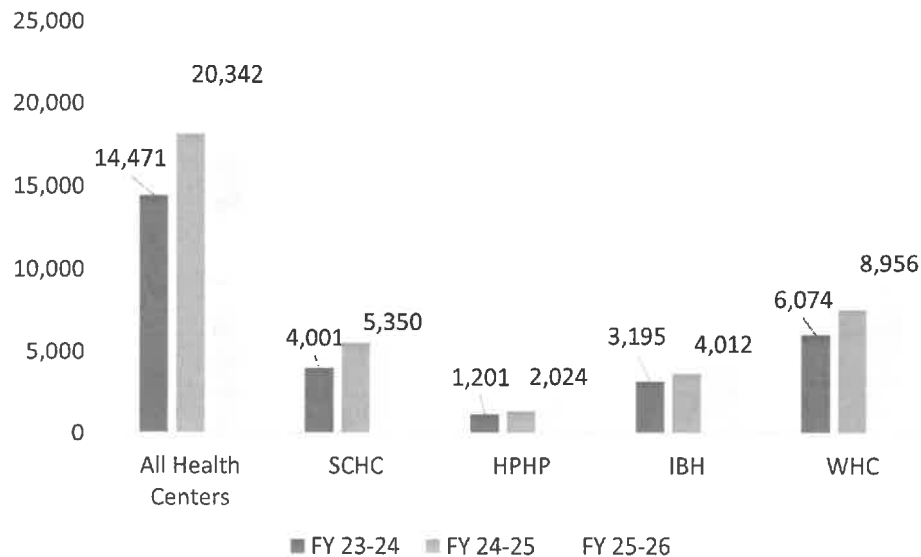
**Fiscal Data as of
9/30/25**

Health Centers Financials

GLKey (Multiple Items)
 JL Key & Title (All)
 FiscalMonth (All)
 Object (All)
 Division HEALTH CENTERS

Row Labels	Adjusted Budget	Actual	Encumbrance	Percent of Budget Used
REVENUE	(45,372,444)	(2,530,397)	0	5.58%
15-INTERGOVERNMENTAL REVENUES	(6,700,158)	969,188	0	-14.47%
19-CHARGES FOR SERVICES	(37,992,288)	(3,331,720)	0	8.77%
23-MISC. REVENUES	(679,998)	(167,865)	0	24.69%
EXPENDITURE	45,306,477	9,376,808	5,871,056	20.70%
50-SALARIES AND EMPLOYEE BENEF	36,011,862	8,105,854	0	22.51%
60-SERVICES AND SUPPLIES	7,211,706	1,160,243	5,840,798	16.09%
61-SERVICES AND SUPPLIES-ISF	1,230,030	98,898	2,728	8.04%
70-OTHER CHARGES	48,404	13,765	27,530	28.44%
80-FIXED ASSETS	0	0	0	0.00%
95-INTRAFUND TRANSFERS	804,475	(1,953)	0	-0.24%
Grand Total	(65,968)	6,846,410	5,871,056	-10378.46%

Fiscal Year Q1 completed billable appointment comparison



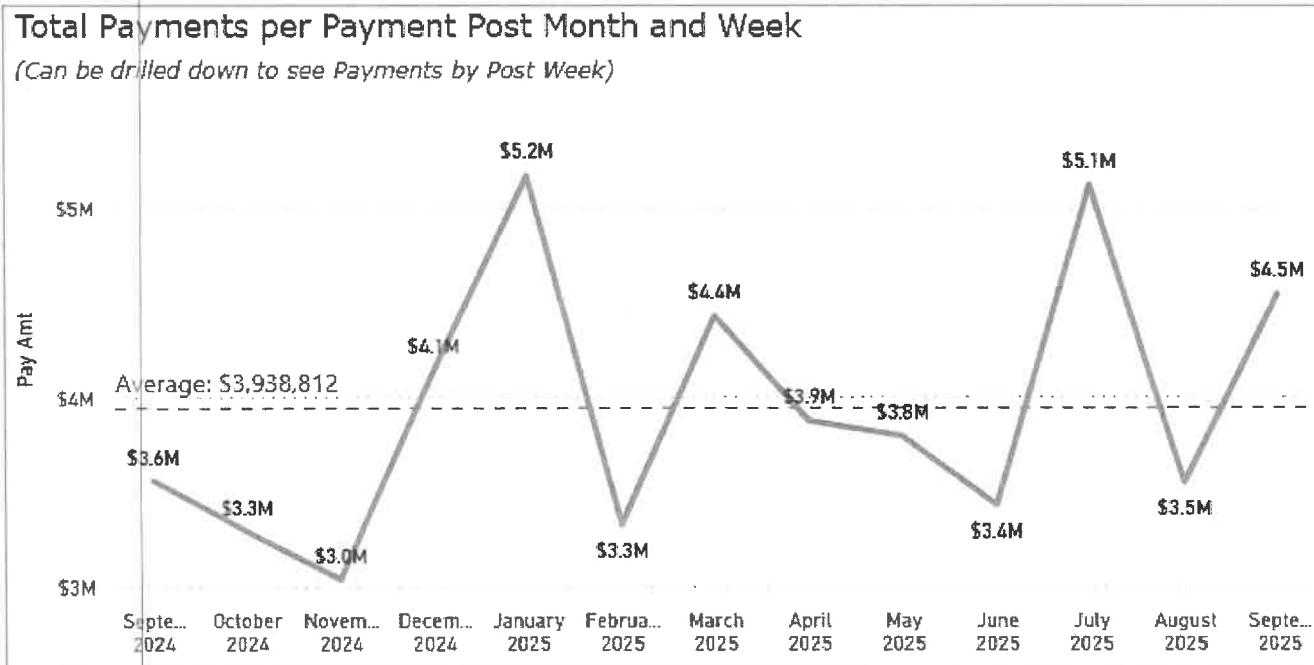
Sustained growth of 40% across all health centers demonstrates improved operational performance, patient access, and capacity utilization entering FY 25-26.

There has been a slight decrease between 24-25 and 25-26 for SCHC.

Watsonville Health Center (WHC) and Integrated Behavioral Health (IBH) show the strongest growth, driven by staffing stabilization and workflow gains.

Health Centers Financials

Previous Rolling 12 months ave. was \$3,827,078



**HEALTH CENTERS
HEALTH SERVICES AGENCY**

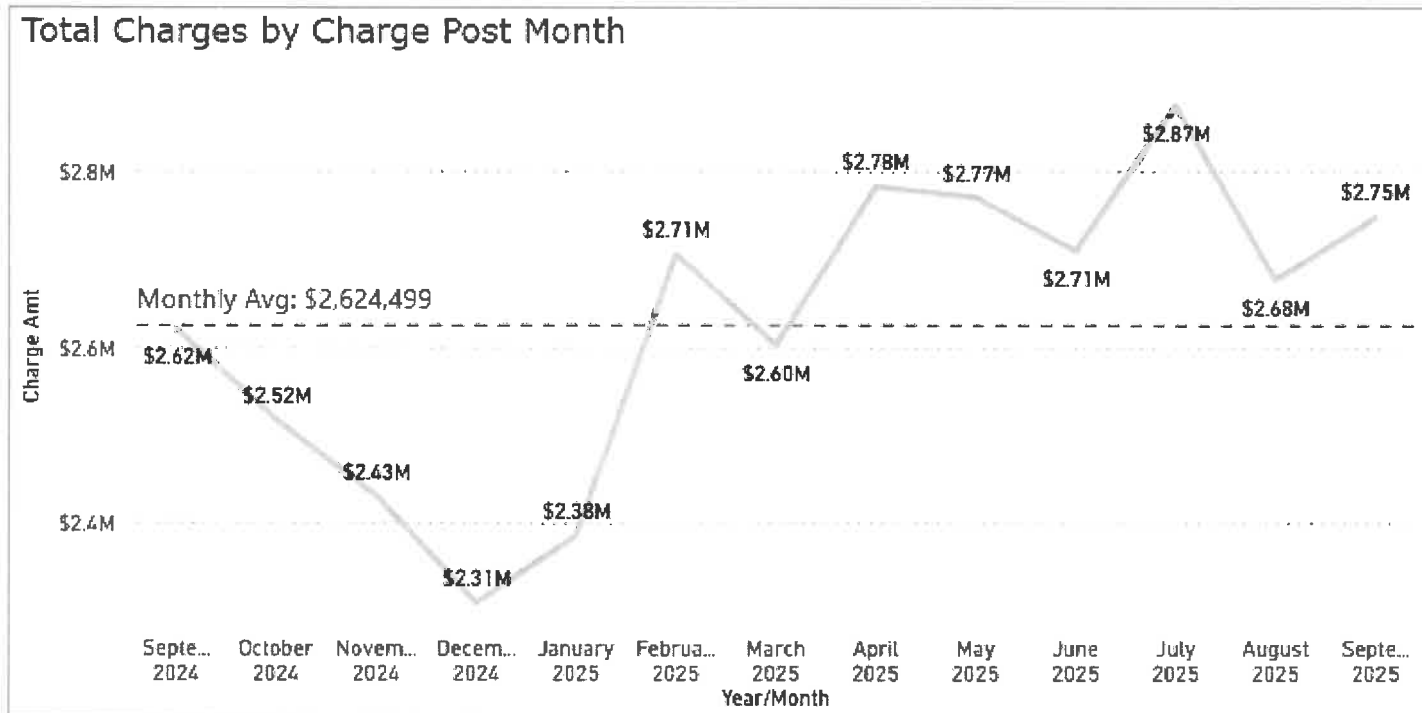
Financial Dates Available: 01/01/21 - 10/24/25

Financial Last Refresh: 10/27/25

Data As Of Midnight: 10/24/25

Health Centers Financials

Previous Rolling 12 months ave. was \$2,593,408





HEALTH CENTERS
HEALTH SERVICES AGENCY

Encounter Dates Available: 02/24/11 - 12/31/26

Encounter Last Refresh: 11/03/25

Data As Of Midnight: 10/31/25

Week/Month

Provider/Location

Encounter Date

10/1/2023 10/31/2025

Department

All

Encounter Type

All

Visit Type

All

Provider

All

Payor

MEDICAID

Visit Program

All

Total Completed Appointments

164,691

Avg. Completed Encs per Week

1,511

Number of Unique Patients

13,596

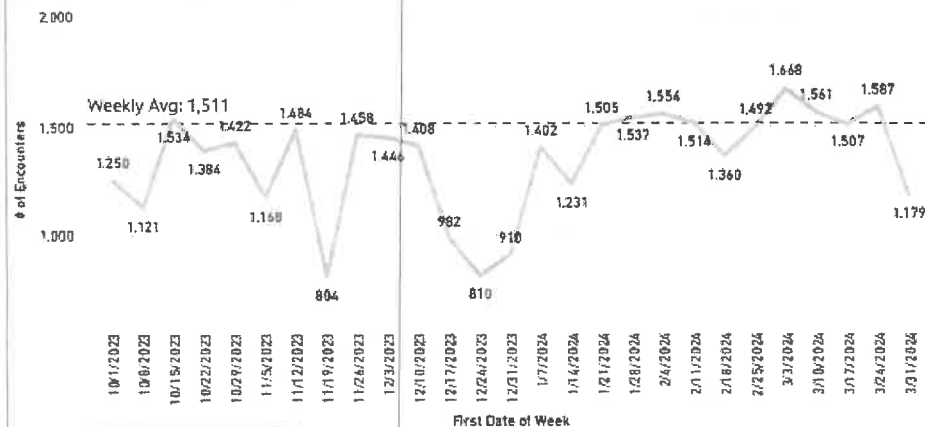
Avg. Number of Encs per Patient

12.1

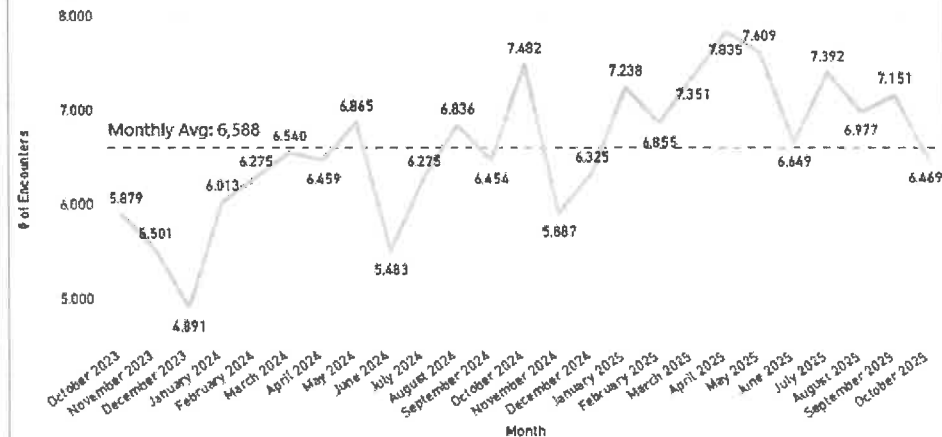
Avg. Provider Lag

1.9
Days

Completed Encounters by Week



Completed Encounters by Month/Year





HEALTH CENTERS
HEALTH SERVICES AGENCY

Encounter Dates Available: 02/24/11 - 12/31/26

Encounter Last Refresh: 11/03/25
Data As Of Midnight: 10/31/25

Week/Month

Provider/Location

Encounter Date

10/1/2023 10/31/2025

Department

All

Encounter Type

All

Visit Type

All

Provider

All

Payor

UNINSURED

Visit Program

All

Total Completed
Appointments

7,048

Avg. Completed Encs
per Week

65

Number of Unique
Patients

2,048

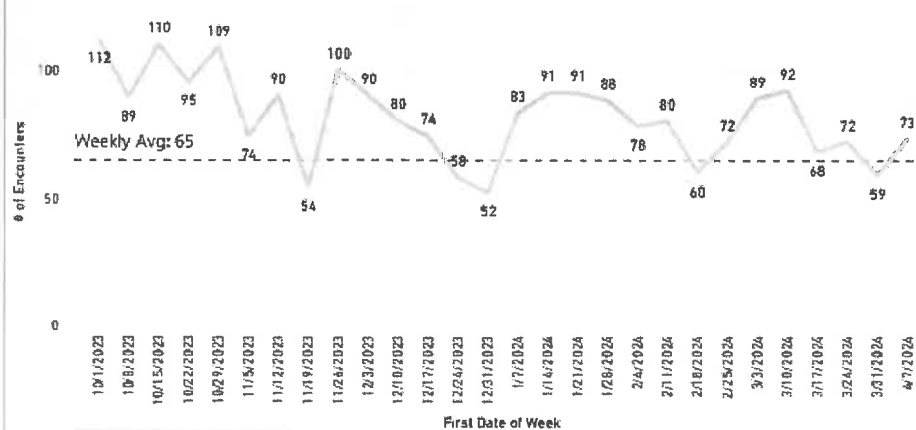
Avg. Number of Encs
per Patient

3.4

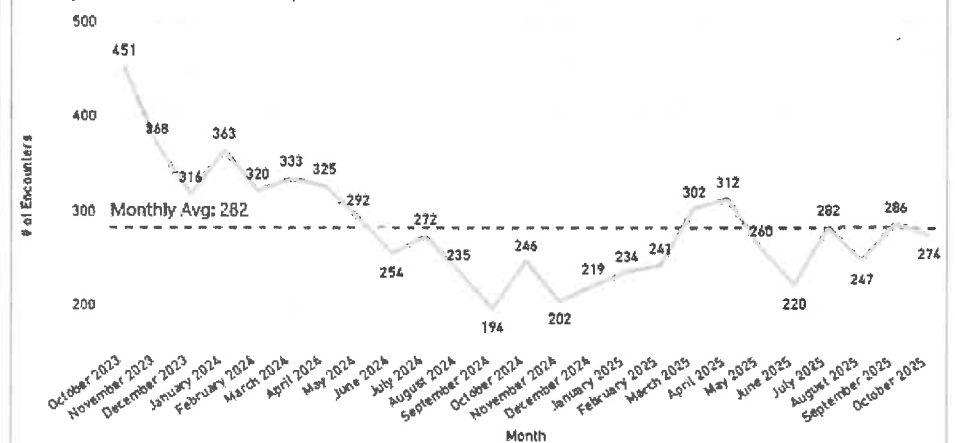
Avg. Provider Lag

2.3
Days

Completed Encounters by Week



Completed Encounters by Month/Year



**Is there anything I
can answer for you?**

Thank You





Health Centers Division

Quality Management Report

11/5/2025

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Quality Management Committee

- Quality Improvement Project Presentation-
Watsonville Health Center: Colorectal Cancer
Screening
- Adverse Childhood Experiences Screening (ACEs)-
workflow review
- Central California Alliance for Health- Care Based
Incentive Data Preliminary Quarter 3 Data
- Quality Management Clinical Quality Improvement
Goals for 2026

Peer Review and Risk Management Committee

- Peer Review Tracking Form
- Rating scale
- Streamline the process and automate where we can

Questions?

Thank You

