

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

March 4, 2026 @ 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. February 4, 2026, Meeting Minutes – Action Required
4. Referral Process – Report Back
5. Commission Meeting Schedule
6. 2025 Service Area Review – Action Required
7. Legislative Mandates Policy Updates – Action Required
 - a. 640.01 – Health Resources and Services Administration (HRSA) Legislative Mandated Limiting the Use of Funds on HRSA Grants – Action Required
 - b. 640.02 – Salary Limitations – Action Required
 - c. 640.03 – Gun Control – Action Required
 - d. 640.04 – Anti-Lobbying – Action Required
 - e. 640.05 – Acknowledgment of Federal Funding – Action Required
 - f. 640.06 – Restrictions on Abortion – Action Required
 - g. 640.07 – Exceptions to Restrictions on Abortions – Action Required
 - h. 640.08 – Ban on Funding of Human Embryo Research – Action Required
 - i. 640.09 – Limitation on Use of Funds for Promotion of Legalization of Controlled Substances - Action Required
 - j. 640.10 – Restrictions on Distribution of Sterile Needles – Action Required
 - k. 640.11 – Restriction on Pornography on Computer Networks – Action Required
 - l. 640.13 – Confidentiality Agreements – Action Required
8. Quality Management Update
9. Financial Update
10. CEO Update

Action Items from Previous Meetings: Action Item	Person(s) Responsible	Date Completed	Comments

Next meeting: Wednesday, April 1, 2026, 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 March 4, 2026

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

Attendance	
Len Finocchio	Executive Board – Co-Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Michelle Morton	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
Jennifer Phan	County of Santa Cruz, Health Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 1:00 pm and concluded at 1:45 pm	
Excused/Absent:	
Excused: Christina Berberich	
Excused: Maximus Grisso	
Absent: Nicole Pfeil	
1. Welcome/Introductions	
2. Oral Communications:	
3. February 4, 2026, Meeting Minutes – Action Required	
The minutes from February 4, 2026, meeting were reviewed and recommended for approval. Rahn motioned to accept the minutes as presented. Marco seconded the motion. All members present voted in favor. Dinah abstained, as she was not present at the previous meeting.	
4. Referral Process – Report Back	
This item was tabled and will be revisited at the next meeting.	
5. Commission Meeting Schedule	
There was discussion about changing the Commission meeting date from the first Wednesday of the month to the second Wednesday of the month. All commissioners present were in consensus regarding the change. However, Amy will need to confirm with Christina Berberich and Nicole Pfeil. If they are also in agreement, the April meeting will be held on April 8, 2026, from 1:00–2:00 PM.	
6. 2025 Service Area Review – Action Required	
Jennifer presented the service area review, identifying underserved areas. She reviewed the service area with the commissioners, including the zip codes affected by the proposed changes that will be brought forward for a vote. Jennifer explained the reporting process to the commissioners, including Form 5B, the UDS report, and how zip codes are incorporated. She also presented a breakdown of the zip codes reported in the UDS report. The total number of patients served in 2024 was 16,091, representing an increase of 858 patients. Jennifer recommended removing zip code 95065 to ensure accurate reporting to HRSA. Rahn motioned to accept the recommendation as presented. Dinah seconded the motion. All members present voted in favor.	
7. Legislative Mandates Policy Updates – Action Required	
a. 640.01 – Health Resources and Services Administration (HRSA) Legislative Mandated Limiting the Use of Funds on HRSA Grants – Action Required	
b. 640.02 – Salary Limitations – Action Required	
c. 640.03 – Gun Control – Action Required	
d. 640.04 – Anti-Lobbying – Action Required	
e. 640.05 – Acknowledgment of Federal Funding – Action Required	
f. 640.06 – Restrictions on Abortion – Action Required	
g. 640.07 – Exceptions to Restrictions on Abortions – Action Required	
h. 640.08 – Ban on Funding of Human Embryo Research – Action Required	

- i. 640.09 – Limitation on Use of Funds for Promotion of Legalization of Controlled Substances - Action Required
- j. 640.10 – Restrictions on Distribution of Sterile Needles – Action Required
- k. 640.11 – Restriction on Pornography on Computer Networks – Action Required
- l. 640.13 – Confidentiality Agreements – Action Required

It was discussed that Raquel would review policy changes with the commissioners, followed by a single motion for approval. Raquel reviewed the updates and changes to the policies with the commissioners. Rahn motioned to approve all policies as recommended by staff. Marco seconded the motion. All members present voted in favor.

8. Quality Management Update

Raquel provided a Quality Management update. She reported on the Breast Cancer Screening Project at Santa Cruz Health Center (Emeline site). The aim statement is to increase screening rates from 46.29% in Q4 2024 to 53% by December 2025, aligned with the Alliance benchmark of 52.68%. As of Quarter 3, the rate reached 51.51%, reflecting an 11% improvement. Raquel also noted that March is Colorectal Cancer Awareness Month. Clinic teams are promoting screening through additional messaging and visual displays throughout the clinics. In addition, Raquel reported on peer review activities. The committee reviewed five individual charts, and no action was required. Raquel further reported on Risk Management activities, including a review of grievances and compliance. She shared this information with the commissioners. Lastly, she reported that completed episodic chart reviews resulted in no findings.

8. Financial Update

Amy reported on behalf of Julian. She shared positive financial updates, noting that the organization is performing significantly better than at the same time last year, with an improvement of \$3 million. She added that increased productivity efforts have been effective, and expenses have decreased by 2%. Amy also reported on billable visits, patient comparisons, and uninsured charges, noting that these figures may change as additional data becomes available. Additionally, Amy shared that the organization is likely to trigger a state rate review to reassess the PPS rate. This process was initiated following the addition of LMFT services to the organization's scope, which are now billable. The team is aiming to complete this review within the current fiscal year and is in the process of hiring LMFT staff. She noted that significant work has been completed with consultants. The current PPS rate is \$438, and if the rate review is approved this year, it is expected to increase to \$535, resulting in an estimated annual revenue increase of \$5.6 million.

9. CEO Update

Next meeting will be the second Wednesday of the month.

Next meeting: April 8, 2026, 1:00pm - 2:00pm

Meeting Location: In- Person- 150 Westridge Drive, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. Clinic. Cruz, CA 95060. Commission will connect through Microsoft Teams Meeting or call in (audio only) [+1 831-454-2222](tel:+18314542222), [191727602#](tel:+18314542222) United States, Salinas Phone Conference ID: **191 727 602#**

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



Health Centers Division

Integrated Community Health Center Commission Fiscal Report

3/4/26

Health Centers Comparison

Revenue and Expenditures Balances as of
12/31/25

Division 3610
 Division & Title (All)
 GLKey (Multiple Items)

Row Labels	FY2025 YTD Actual	FY2026 YTD Actual	Variance
REVENUE	(11,818,124)	(14,511,935)	(2,693,810)
05-LICENSES, PERMITS AND FRANCHIS			0
15-INTERGOVERNMENTAL REVENUES	(758,402)	(1,597,216)	(838,815)
19-CHARGES FOR SERVICES	(11,071,395)	(12,708,828)	(1,637,433)
23-MISC. REVENUES	11,672	(205,890)	(217,562)
EXPENSE	25,145,443	24,656,346	(489,097)
50-SALARIES AND EMPLOYEE BENEF	18,988,151	17,594,672	(1,393,478)
60-SERVICES AND SUPPLIES	3,122,286	3,169,679	47,393
61-SERVICES AND SUPPLIES-ISF	571,302	664,669	93,367
70-OTHER CHARGES	29,138	24,088	(5,050)
80-FIXED ASSETS	388,528		(388,528)
81-FIXED ASSETS OFFSETS			0
95-INTRAFUND TRANSFERS	2,046,038	3,203,237	1,157,199
Grand Total	13,327,319	10,144,411	(3,182,907)



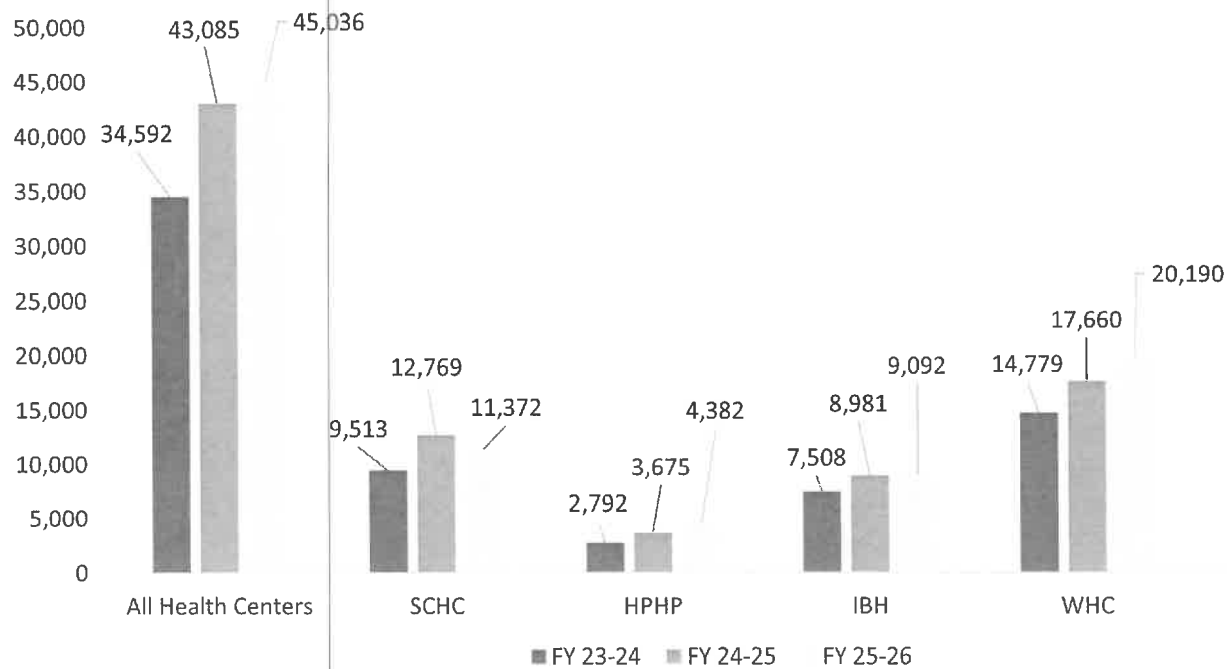
HEALTH CENTERS
HEALTH SERVICES AGENCY

Financial Dates Available: 01/01/18 - 02/17/26

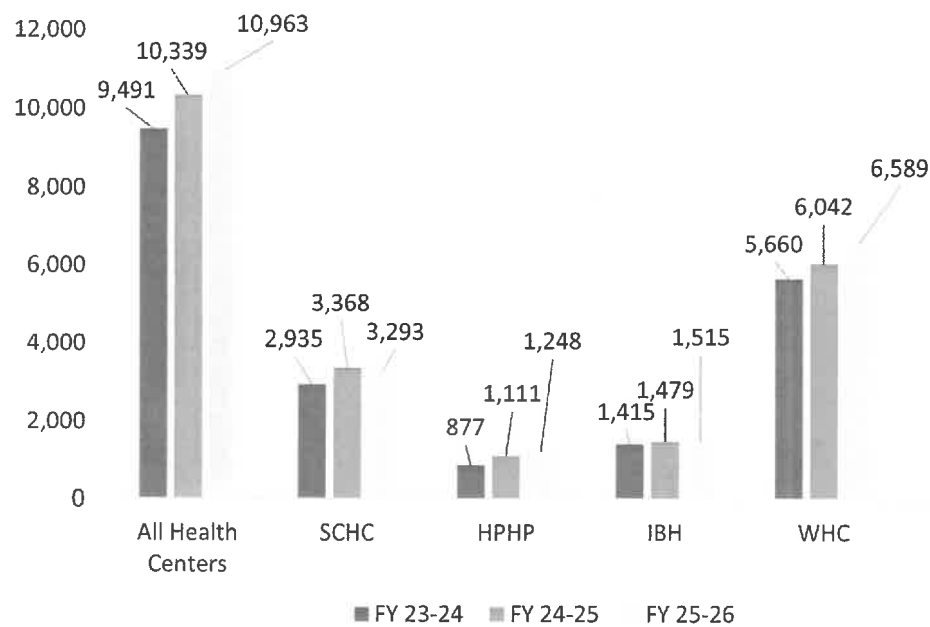
Last Refresh Date:

Tuesday, February 17, 2026

Fiscal Year July-Jan completed billable appointment comparison



Fiscal Year July–Jan Unique Patient Comparison

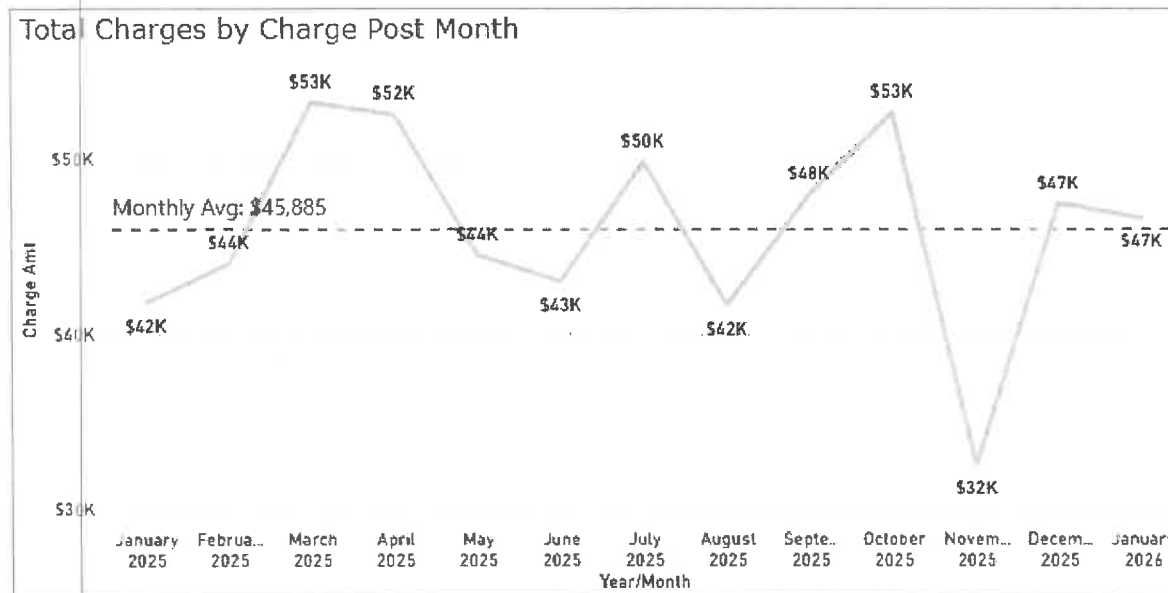


 **HEALTH CENTERS**
HEALTH SERVICES AGENCY
Financial Dates Available: 01/01/18 - 02/17/26

Last Refresh Date:
Tuesday, February 17, 2026

Total Uninsured Charges

January 2025 – January 2026



HEALTH CENTERS
HEALTH SERVICES AGENCY

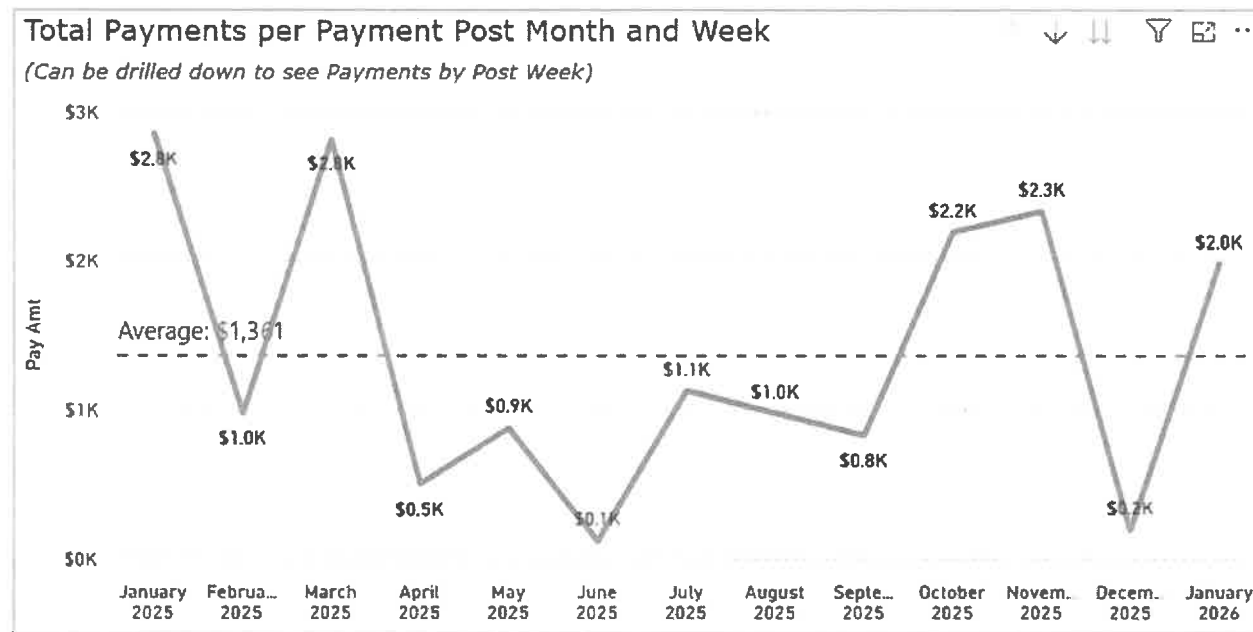
Financial Data Available: 01/01/18 - 02/17/26

Last Refresh Date:

Tuesday, February 17, 2026

Total Uninsured Payments

January 2025 – January 2026



HEALTH CENTERS
HEALTH SERVICES AGENCY

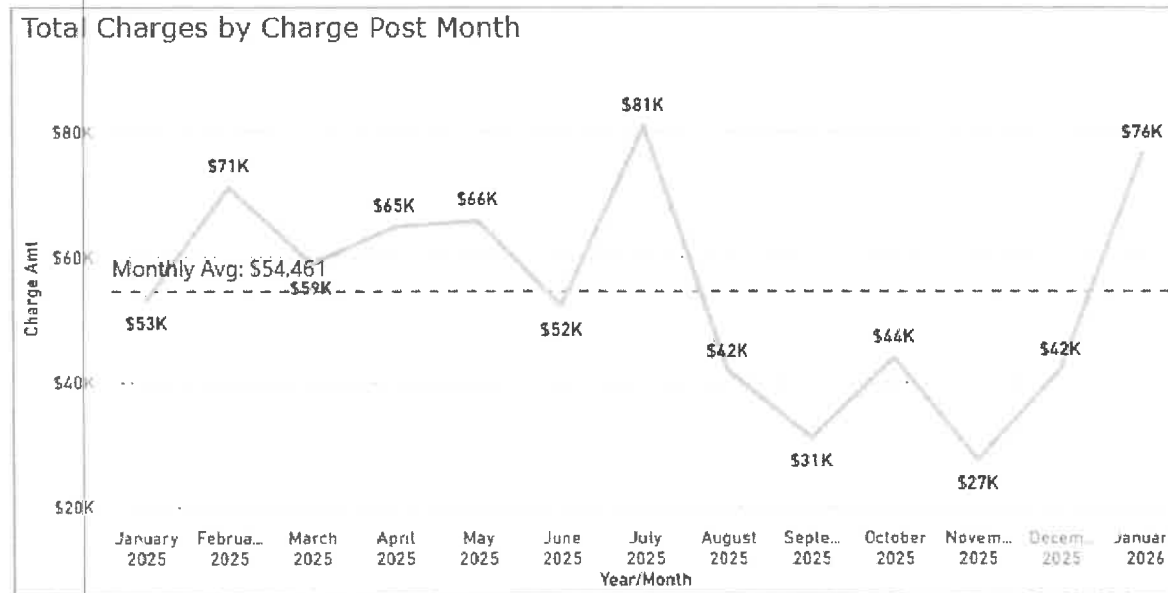
Financial Dates Available: 01/01/18 - 02/17/26

Last Refresh Date:

Tuesday, February 17, 2026

Total Limited Scope Medi-Cal Charges

January 2025 – January 2026



HEALTH CENTERS
HEALTH SERVICES AGENCY

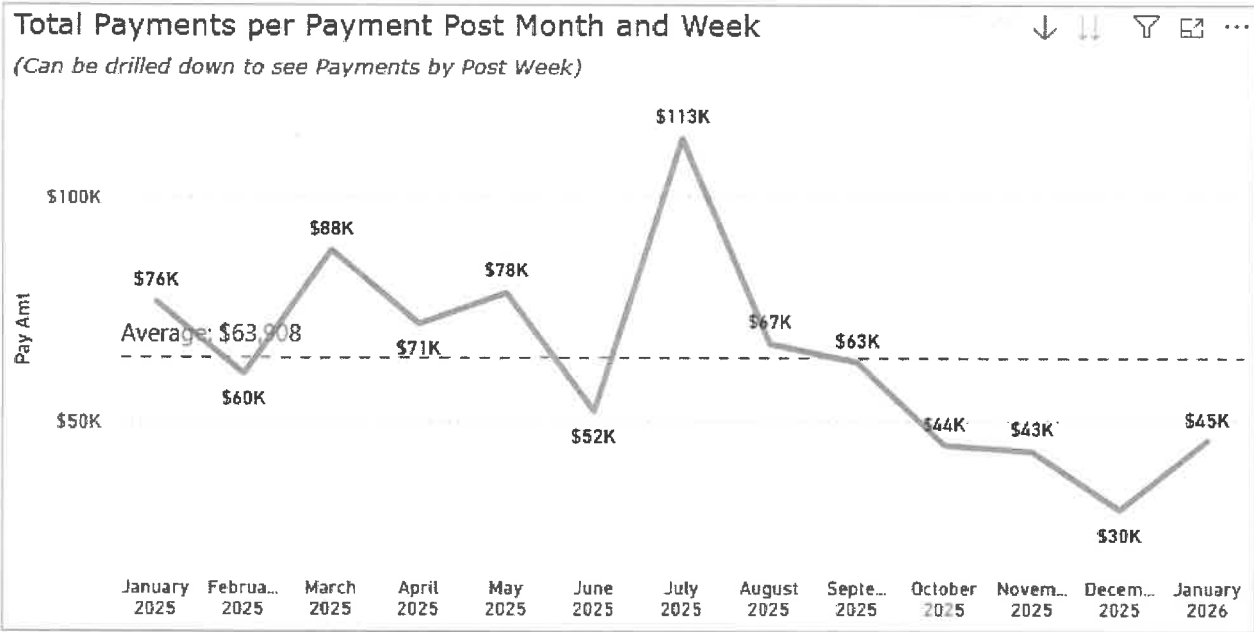
Financial Dates Available: 01/01/18 - 02/17/26

Last Refresh Date:

Tuesday, February 17, 2026

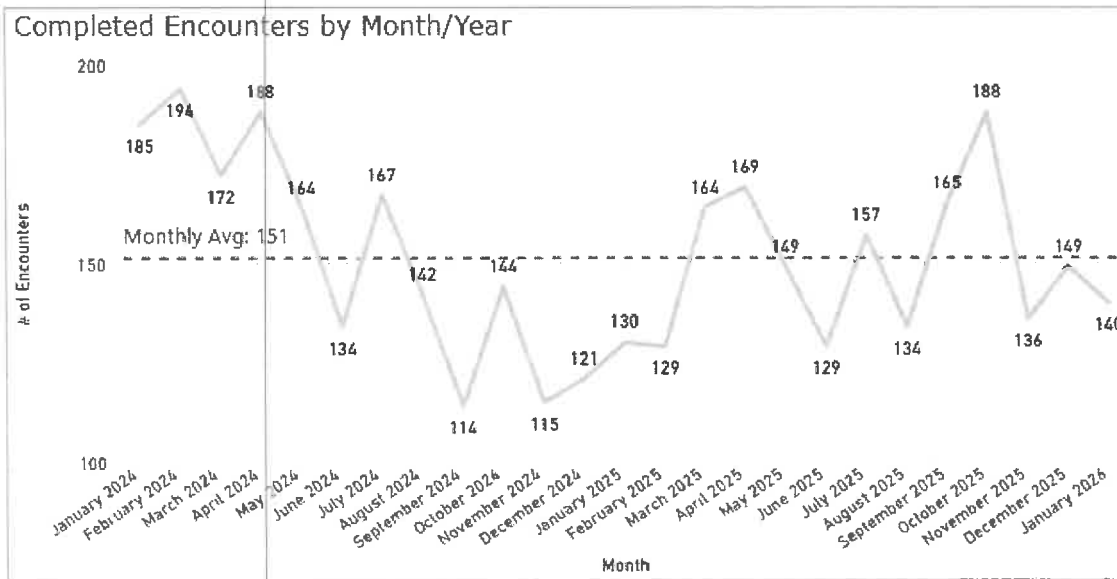
Total Limited Scope Medi-Cal Payments

January 2025 – January 2026



Total Uninsured Charges

January 2025 – January 2026

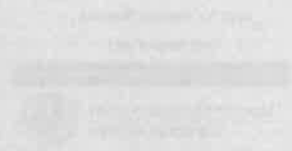


HEALTH CENTERS
HEALTH SERVICES AGENCY

Financial Data: Available: 01/01/18 - 01/17/26

Last Refresh Date:


Tuesday, February 17, 2026



Is there anything I can Clear up for you?

Thank You



<p>SUBJECT: Health Resources and Services Administration Legislative Mandates Limiting the Use of Funds on HRSA Grants</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.01</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 11/4/21 3/4/26</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p> </div>
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GENERAL STATEMENT:

Health Services Agency Health Centers Division will incorporate Legislative Mandates that limit the use of funds on Health Resources and Services Administration grants and cooperative agreements H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47) into policies and procedures. These policies are the following Legislative Mandates:

POLICY STATEMENT:


1. Confidentiality Agreements (Section 742)
2. Salary Rate Limitation (Section 202)
3. Gun Control (Section 210)
4. Anti-Lobbying (Section 503)
5. Acknowledgment of Federal Funding (Section 505)
6. Restriction on Abortions (Section 506)
7. Exceptions to Restriction on Abortions (Section 507)
8. Ban on Funding Human Embryo Research (Section 508)
9. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)
10. Restriction on Purchase of Sterile Needles (Section 526)
11. Restriction of Pornography on Computer Networks (Section 520)

REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47); Division B, Title VII; Division D, Title II, Title V [Department of Health & Human Services]

PROCEDURE:

The Compliance Officer in coordination with the Chief Executive Officer will conduct an annual review of policies related to HRSA's Legislative Mandates to incorporate any updates to the policies and procedures and submit these policies to the Commission for approval.

<p>SUBJECT: Salary Rate Limitation</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.02</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/1/2019 11/4/21 3/4/26</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>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: *Provided*, That none of the funds appropriated in this title shall be used to prevent the NIH from paying up to 100 percent of the salary of an individual at this rate. The Executive Level II salary of the Federal Executive Pay scale is \$221,900 as of January 2024. 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:


H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47) Division D, Title II [Department of Health & Human Services]; Section 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 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.

<p>SUBJECT: Gun Control</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.:</p> <p>640.03</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/4/26</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 complies with Division D, Title II, Section 210 [Gun Control].


This Policy establishes that Health and Human Services funds made available in this title may be used, in whole or in part, to advocate or promote gun control. This limitation also applies to subawards/subcontracts under a Health Resources and Services Administration grant or cooperative agreement.

REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47); Division D, Title II [Department of Health & Human Services]; Section 210

PROCEDURE:

HSA's Compliance Officer will ensure that the health center and/or sub-awardees/subcontractors comply with this policy: that HHS funds may not be used, in whole or in part, to advocate or promote gun control.

<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 3/4/26</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p> </div>
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GENERAL STATEMENT:

This Policy guides the administration of the Health Center Program to ensure that Health Services Agency complies with H.R. 2882 Further Consolidated Appropriation Act, 2024 (Public Law 118-37); Division D, Title V, Section 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.

No Health and Human Services(HHS) funds, or any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, 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.

No HHS funds, or any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the 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, local, or tribal government in policymaking and administrative processes within the executive branch of that government.

The prohibitions in the use of HHS funds listed above shall include any activity 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); H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-37); Division D; Title V [General Provision]; Section 503

<p>SUBJECT: Acknowledgement of Federal Funding Policy</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.05</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 11/4/21 3/4/26</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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POLICY STATEMENT:

This Policy is established to guide the administration of the Health Center Program to ensure that Health Services Agency complies with H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-37); Division D,, Title V, Section 505 [Acknowledgement of Federal Funding]. As required by Health and Human Services appropriations acts, all HHS recipients, including Health Resources and Services Administration Bureau of Primary Health Care and Ryan White grantees must acknowledge Federal funding when issuing statements, press releases, request for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money. All grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, are required to clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

These requirements also apply to subawards/subcontracts under a HRSA grant or cooperative agreement.


REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-37); Division D, Title V [General Provision]; Section 505

PROCEDURE:

1) Acknowledgement of Federal Funding:

HSA’s Compliance Officer and Chief Financial Officer will ensure that the health center and/or sub-awardees/subcontractors comply with this policy: that acknowledgement of Federal funding are cited as described in this policy.

<p>SUBJECT: Restriction on Abortions and Women’s Reproductive Health Services</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.06</p> <p>PAGE: 1 OF 3</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 11/9/2021 3/4/2026</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

Health Services Agency (HSA) is committed to high standards and compliance with all applicable laws and regulations.

To guide the administration of the Health Center Program to ensure that HSA complies with H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-37); Division D, Title V, Section 506 [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].

The purpose of this Policy is to provide safeguards that ensure HSA’s compliance with laws and regulations relating to the provision of women’s reproductive health services affecting health centers that receive federal grant funds under Section 330 of the Public Health Service Act (“Section 330”) through the U.S. Department of Health and Human Services (“HHS”).

HHS funds may not be used, in whole or in part, for any abortion. HHS funds may not be used, in whole or in part, for health benefits coverage that include coverage for abortion. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

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

POLICY STATEMENT:

Compliance with Federal Regulations:

- **Section 330 of the Public Health Act:** Under Section 330, Health Center is required to provide, either directly or through contracts or formal written referral arrangements, voluntary family planning services. HRSA defines voluntary family services in the Service Descriptor Guide as the following:

“Voluntary family planning services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method (e.g., vasectomy, subdermal contraceptive placement, IUD placement, tubal ligation).”

As neither “appropriate counseling” nor “available reproductive options” are defined in Section 330, the implementing regulations, or HHS Health Resources and Services Administration (“HRSA”) guidance, Health Center will use the criteria established under the Family Planning Program regulations authorized under Title X of the Public Health Service Act for guidance on how best to provide appropriate family planning options counseling to Health Center’s patients.

- ***The Hyde Amendment:*** In providing women’s reproductive health services as a component of its Section 330-supported health center program, HSA will assure compliance with the Hyde Amendment. The Hyde Amendment is a statutory provision included as part of the annual HHS Appropriations legislation, which prohibits health centers from using federal funds to provide abortions (except in cases of rape or incest, or 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). The Hyde Amendment prohibits the performance of abortion procedures, as well as the administration of drugs and devices that are used for “medication” abortions that terminate an early pregnancy (up to 70 days from the date of the woman’s last menstrual cycle) rather than prevent implantation, including, but are not limited to, administration of the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol, unless the abortion procedure or medication abortion fits within one of those explicit Hyde Amendment exceptions.
- ***Prohibition on Coercion:*** In providing women’s reproductive health services as a component of its Section 330-supported health center program, HSA will assure compliance with statutory requirements, as set forth in 42 U.S.C. §300a-8, which prohibits all HSA employed and contracted staff from coercing or endeavoring to coerce any person to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services. HSA will also assure that Health Center employed and contracted staff do not coerce or endeavor to coerce any person not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services, consistent with guidelines to provide only neutral, factual information and nondirective options counseling.
- ***Providing Access to FDA-Approved Contraceptive Methods:*** HSA will ensure that its patients have access to the full range of Food and Drug Administration (“FDA”)-approved contraceptive methods designed to prevent a pregnancy.

REFERENCE:

Section 330 and Title X of the Public Health Service Act; 65 Fed. Reg. 41270, 41274 (July 3, 2000); 65 Fed. Reg. 41281 (July 3, 2000). H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-37; Division D, Title V [General Provision]; Section 506 and 42 C.F.R. §§50.301, et seq. [Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service]; FY2016 Labor-HHS-Education Appropriations Legislation: Pub. Law 114-113, Division H, Title V, §§ 506-507; Medicaid Regulations 42 C.F.R. §§441.200-441.208. Corporation for National and Community Service: 45 C.F.R. §§2520.65(a)(10) and 2520.65(b).

PROCEDURE:

1. Complying with the Hyde Amendment

All Health Center employed and contractors who provide clinical services and non-clinical support staff agree that HSA shall not provide abortion services, either directly or by contract, within Health Center’s Section 330-supported health center program, unless the abortion fits within a Hyde Amendment exception, as described in Section II (3). These same HSA staff agree that this prohibition includes the administration of “medication” abortions that terminate an early pregnancy (up to 70 days from the date of the woman’s last menstrual cycle) rather than prevent implantation. Medication abortions include, but are not limited to, administering the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol which results in the termination of a pregnancy.

2. Options Counseling

HSA staff providing options counseling shall offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

- a. prenatal care and delivery;
- b. infant care, foster care, or adoption; and
- c. pregnancy termination.

If requested to provide such information and counseling, HSA staff will provide neutral, factual information and nondirective counseling on each of the options, and referral upon request (subject to Section 7 below), except with respect to any option(s) about which the pregnant woman indicates that she does not wish to receive such information and counseling.

3. Prohibition on Coercion.

HSA staff are strictly prohibited from coercing or endeavoring to coerce any person to undergo or not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services.

4. Contraceptive Methods.

Health Center staff, upon request, will provide patients with information regarding the management/treatment, as appropriate, for a patient's chosen family planning method. Such management/treatment information may address vasectomy, tubal ligation, and placement of long-acting reversible contraception (e.g., IUDs and implants). In addition, Health Center Staff will ensure that its patients have access to the full range of FDA-approved contraceptive methods designed to prevent a pregnancy.

5. Referrals for Abortion Services.


- a. If a patient requests an abortion either for a pregnancy resulting from rape or incest or because the patient 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 patient in danger of death unless an abortion is performed, in accordance with the Hyde Amendment exceptions, and the health center does not furnish abortions in such limited circumstances, HSA staff will provide the patient with a referral to another medical facility.
- b. In the event that a patient's pregnancy is not the result of rape or incest, or the pregnancy does not endanger the life of the woman (as defined in Section II (7)(a) above), and accordingly does not meet a Hyde Amendment exception, and the pregnant woman requests a referral to an abortion provider, HSA staff offering referral assistance may provide the name, address, telephone number, and other relevant information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider. Such HSA staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the requesting patient. Staff may provide language translation assistance for the making of an appointment if the patient is also ~~on the phone with the abortion provider.~~

6. Restriction on Abortions

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

- a. None of the funds in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.
- b. None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

- c. The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

<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 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/1/2019 11/9/2021 3/4/2026</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 Centers Division to ensure that Health Services Agency (HSA) complies with H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47); Division D Title V, section 507 [Exceptions to Restriction on Abortions].

This Policy establishes exceptions to Restrictions on Abortions:


- a) The limitations established in the proceeding sections shall not apply to an abortion:
 - 1) if the pregnancy is the result of an act of rape or incest; or,
 - 2) in the case 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.
- b) 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).
- c) 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).
- d) None of the Health and Human Services funds made available in this Act 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 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:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47); Division D Title V - section 507

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

<p>SUBJECT: Ban on Funding of Human Embryo Research</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.08</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/4/2026</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 complies with H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47, Division D, Title V, section 508 [Ban on Funding of Human Embryo Research], 45 C.F.R. § 46.204(b) [Research involving Pregnant Women or Fetuses], and § 498(b) of the Public Health Service Act [Research on Transplantation of Fetal Tissue].

This Policy establishes that Health and Human Services funds may not be used for:

- 1) The creation of a human embryo or embryos for research purposes; or,
- 2) Research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 C.F.R. 46.204(b), and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

For the purposes of this Policy the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 C.F.R. - section 46 as of the date of enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

HSA does not conduct research involving pregnant women or fetuses.

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

REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47), Division D, Title V [General Provision]; section 508; 45 C.F.R. Section; 46.204(b)Section 498(b) of the Public Health Service Act

PROCEDURE:

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

<p>SUBJECT: Limitation on Use of Funds for Promotion of Legalization of Controlled Substances</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.09</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/4/2026</p>	<div data-bbox="1077 212 1268 392" 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:

To guide the administration of the Health Center Program to ensure that Health Services Agency complies with H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47), Division D, Title V, section 509 [Limitation on Use of Funds for Promotion of Legalization of Controlled Substances], and -section 202 of the Controlled Substances Act.

This Policy establishes that Health and Human Services funds may not be used for:

- 1) Any activity that promotes the legalization of any drug or other substance included in Schedule I of the Schedules of Controlled Substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications;
- 2) The limitation in Section 1 of this Policy shall not apply when there is a significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.


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

REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47), Division D; Title V [General Provision]; 509 [Limitation on Use of Funds for Promotion of Legalization of Controlled Substances] and § 202 of the Controlled Substances Act

PROCEDURE:

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

<p>SUBJECT: Restriction on Purchase of Sterile Needles</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.10</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/4/2026</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p> </div>
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POLICY STATEMENT:

To guide the administration of the Health Center Program to ensure that Health Services Agency complies with H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47), Division D, Title V, section 526 [Restriction on Purchase of Sterile Needles].

This Policy establishes that Health and Human Services funds may not be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: *Provided*, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Center for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or HIV outbreaks due to injection drug use, and such program is operating in accordance with State and local law.


This limitation and exemption also apply to subawards/subcontracts under a Health Resources and Services Administration grant or cooperative agreement.

REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47), Division D; Title V [General Provision]; section 526 [Restriction on Purchase of Sterile Needles]

PROCEDURE:

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

<p>SUBJECT: Restriction of Pornography on Computer Networks</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;">640.11</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/1/2018</p> <p>REVISED: 3/4/2026</p>	<div style="text-align: center;">  <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p> </div>
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POLICY STATEMENT:

To guide the administration of the Health Center Program to ensure that Health Services Agency complies with H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47), Division D, Title V, section 520 [Restriction of Pornography on Computer Networks].

This Policy establishes that HHS funds may not be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

Nothing in this Policy shall limit the use of funds necessary for any Federal, State, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

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

REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47). Division 5; Title V [General Provision]; section 520 [Restriction of Pornography on Computer Networks]

PROCEDURE:

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

<p>SUBJECT: Confidentiality Agreements</p> <p>SERIES: 600 Medical/Legal</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 640.13</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: 5/01/2018</p> <p>REVISED: 3/4/2026</p>	<div data-bbox="1082 226 1273 416" 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:

None of the funds appropriated or otherwise made available by the Health Resources and Services Administration (HRSA) may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

Any limitation shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

This limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

REFERENCE:

H.R. 2882 Further Consolidated Appropriations Act, 2024 (Public Law 118-47), Division B, Title VII; section 742



Health Centers Division

Quality Management Report

March 4, 2026



Quality Management Committee

- Santa Cruz Health Center –Breast Cancer Screening Project
 - **Aim:** Increase Breast Cancer Screening rates at Emeline Santa Cruz Health Center from 46.29% (2024 Q4) to 53 % by December 2025 (Alliance Benchmark 52.68%)
 - Quarter 3 = 51.51% (11% improvement)
- Colorectal Cancer Month Outreach Campaign and Materials



Peer Review and Risk Management Committee

- Reviewed five Individual Monthly Peer Review Chart Audits
- Risk Management Grievance and Compliance Review
- Completed on Episodic chart review



Peer Review and Risk Management Committee–Grievances

July 2025 to January 2026

Category	Total	Percentage
Vandalism	1	9.1%
Assault	1	9.1%
Injury (Patient / Member of Public)	4	36.3%
Injury (Employee / Volunteer)	1	9.1%
Missing / Stolen Property	1	9.1%
Other	3	27.3%
Total	11	100%

Questions?

Thank You

