

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

September 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, 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. August 6, 2025, Meeting Minutes – Action Required
4. Policy 300.24 - Coverage for Medical Emergencies During and After-Hours Operating Procedure – Action Required
5. Policy 300.31 - Continuity of Care and Hospital Admitting Policy – Action Required
6. Sliding Fee Scale Survey Results
7. Quality Management Update
8. Financial Update
9. CEO Update

<u>Action Items from Previous Meetings:</u>	Person(s)	Date	Comments
Action Item	Responsible	Completed	
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, October 1, 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 September 3, 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
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Michelle Morton	Member
Nicole Pfeil	Member
Amy Peeler	County of Santa Cruz, Chief of Clinics
Connie Moreno-Peraza	County of Santa Cruz, Health Services Agency Director
Jennifer Herrera	County of Santa Cruz, Health Services Assistant Director
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 2:10 pm	
Excused/Absent:	
Excused: Rahn Garcia	
Absent: Maximus Grisso	
1. Welcome/Introductions	
2. Oral Communications:	
Marco was inquiring on a follow up item that was originally on the minutes of 7/2/25. Marco mentioned he had visited the Watsonville clinic and usually he takes the plastic bands for blood draws home. At this last visit he was told that he could not take the band home, and he wanted to know if there was a rule to prevent this from happening. Amy to find out if there is a regulation on medical waste and will update Marco.	
3. August 6, 2025, Meeting Minutes – Action Required	
Review of August 6, 2025, Meeting Minutes – Recommended for approval. Len motioned to accept minutes as presented. Marco second, and the rest of the members present were all in favor. Christina abstained as she was not present on Aug. 6, 2025, meeting.	
4. Policy 300.24 - Coverage for Medical Emergencies During and After-Hours Operating Procedures – Action Required	
Raquel presented Policy 300.24 - Coverage for Medical Emergencies During and After-Hours Operating Procedures. This policy was brought back from last month's meeting for approval. Raquel reported on the section that was added. Len motioned to accept policy as presented, Marco second, and the rest of the members present were all in favor.	
5. Policy 300.31 - Continuity of Care and Hospital Admitting – Action Required	
Raquel reported it had been three years since this policy was reviewed and there were no significant changes. Raquel updated policy with language suggested. Dinah motioned to accept policy as presented, Len second, and the rest of the members present were all in favor.	
6. Sliding Fee Scale Survey Results	
Julian reported they collected feedback through four separate survey efforts. All focused-on core questions about awareness, usage, and satisfaction with the Ability to Pay (ATP) program. Julian reported there were 4 core questions, it was bilingual (English & Spanish) and it was delivered via text. After reviewing survey results with commissioners Julian reported some of the key insights were 20% of patients unaware of ATP program, 25% report not being told about ATP, membership lower than awareness, majority find fees affordable, 6%+ report affordability issues, and 10% neutral/negative on accessibility. Lastly, he reported They plan to focus on actionable outreach strategies. Small process improvements, especially at the front desk and in intake materials, could help reach those patients who need ATP but aren't currently connected.	
7. Quality Management Plan - Action Required	
Raquel reported that the Emeline Health Center reported on this month's quality improvement project, colorectal cancer screening. Raquel reported that the Community Health workers did a large outreach on getting colorectal screenings kits out to patients. They created bilingual, easy to read instructions and as of June every physician numbers had climbed. Raquel also reported	

They had debriefed on the mammogram mobile screening. They discussed lessons learned and for future mobile screenings on how they could streamline the process. Raquel also reported in June 2025 that OCHIN performed a risk assessment for Santa Cruz County Health Services to determine compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, the Omnibus Rule, the Health Information for Technology for Economic and Clinical Health (HITECH) Act, and the Breach Notification Rule requirements. The risk assessment was conducted using risk assessment tools developed by OCHIN, My SRA®, which is based on HIPAA regulations, Omnibus Rule, HITECH Act, and the Breach Notification Rule. Compliance requirements for these regulations are broken into Administrative Safeguards, Physical Safeguards, Technical Safeguards, Organizational Requirements, Policies and Procedures and Documentation Requirements. Lasley Raquel reported on areas of strength she stated Santa Cruz County Health Services makes it a priority of protecting their information network with security related processes. The areas of strengths are solid annual HIPAA and security training processes in place, strong on-boarding and off-boarding process in place, and fully developed security incident response plan.

8. Financial Update

Julian reported they had attended a retreat on Health Centers Sustainability, and the purpose of this retreat was to review and evaluate financial, utilization & productivity data by service category, and develop non-core services priority list. Julian reported on core & non-core services, decision making principles, and financial status & potential impacts. Lastly Julian reported on next steps that were identified they are identify additional expenditure reduction strategies, review HRSA core services and determine whether they should be delivered by HC or contracted, review revenue generation opportunities, efficiency opportunities develop implementation process for non-core service prioritization recommendations, document financial sustainability, and develop communication and staff engagement plan.

9. CEO Update

Jennifer reported lab and Xray redesign is going to be included on the board agenda on Tuesday. She stated the board asked them to come back to the board before September 30th with alternatives. Jennifer reported HSA had about 11.6 positions being impacted by layoffs. Jennifer stated A majority of the positions that were given layoff notices have received placements in other jobs, there were a couple of staff that declined jobs, and some staff is retiring. Jennifer asked Mary to send response from SEIU to commissioners.

Marco was asking why does the county wastes so much paper. He always lets the front desk know at the Watsonville clinic that he does not want his information printed after his office visit. Marco brought to today's meeting is there an option to going paperless for the after-care summary that is given after each visit.

Next meeting: October 1, 2025, 1:00pm - 2:00pm

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☐ Minutes approved _____

(Signature of Board Chair or Co-Chair)

_____/_____/_____
(Date)

<p>SUBJECT: Coverage for Medical Emergencies During and After Hours Operating Procedures</p> <p>SERIES: 300 Patient Care and Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.24</p> <p>EFFECTIVE DATE: March 2000</p> <p>REVISED: November 2003 August 2017 March 2020 April 2024 August 2025</p>	<div data-bbox="1049 170 1235 354" data-label="Image"></div> <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <p>Health Centers Division</p>
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GENERAL STATEMENT:

Primary care health centers are not equipped to provide sophisticated emergency medical care. The following during office hours procedures are to be used by staff in the instance when specific physician's orders are not immediately available, and while awaiting the 911 emergency medical response. The following after hours procedures are to be used in the instance that patients are seeking clinical advice over the phone outside of normal business hours.


POLICY STATEMENT: It is the policy of the County of Santa Cruz Health Services Agency (HSA) Health Centers Division to respond to an emergency need while awaiting a 911 emergency medical response.

It is the policy of HSA Health Centers Division that patients have timely access to interactive clinical advice to communicate over the telephone with a clinician outside of normal business hours in a manner that is culturally and linguistically appropriate. Clinical advice by telephone outside of normal business hours is communicated only to patients who are established with the HSA's Health Centers. Communication outside of normal business hours (and during business hours) by telephone is performed and documented in the patient's medical record in a manner that is consistent with medical and legal prudence.

REFERENCE: Health Centers Code Blue Protocol
HSA Health Center Protocol – After Hours Call Documentation

DURING OFFICE HOURS PROCEDURE:

1. The Health Centers Division maintains an emergency cart and ensures that all equipment used is accessible and in good working order. The equipment is inventoried monthly and tested according to recommendation of the vendor(s).
2. The first staff member on the scene, currently trained in emergency response, initiates cardiopulmonary resuscitation (CPR) or basic airway management as required.

SUBJECT: Coverage for Medical Emergencies During and After Hours Operating Procedures	POLICY NO.: 300.24	
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3. Any staff member who discovers a patient, visitor, or employee needing emergent care is responsible for activating the emergency medical system. This includes:
 - a. Calling a "Code Blue"
 - b. Getting appropriate assistance, including notifying an employee who is currently trained in CPR.
 - c. Calling 911 or requesting another staff person call 911 and bring the AED.
 - d. Notifying a clinician in the immediate vicinity of the location and type of emergency.
4. The first licensed clinician on the scene is responsible for managing the emergency situation until paramedics arrive. They should then assist as necessary. Until that time, the licensed clinician can delegate roles as they see fit for the effective performance of resuscitation.
5. A staff member is assigned to the entrance door to direct paramedics to the emergency location.
6. Thorough documentation of any patient involved in an emergency is required.
7. If the emergency involves a non-patient, a thorough incident report should be completed by the Health Center Manager or clinician on scene with input from staff present.
8. For any actual event requiring resuscitation, the Health Center Manager will be required to schedule a debrief within two working days with all involved staff members to debrief the event, provide support as needed, and review any suggestions for improvement.


AFTER HOURS PROCEDURE:

Patients can seek and receive clinical advice from an on-call clinician employed by HSA by telephone when the office is closed in addition to when the office is open.

HSA establishes a monthly schedule for on-call clinicians which can be found on the intranet site.

Patients are informed of the availability of outside of normal business hours coverage service when they establish care with an HSA Health Center, on the front door of the health centers, on the after visit summary, as well as on every appointment reminder card. The number is also stated on the outside of normal business hours message.

When patients call an HSA Health Center during usual operating hours, they hear a recording that informs them:

SUBJECT: Coverage for Medical Emergencies During and After Hours Operating Procedures	POLICY NO.: 300.24	
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1. Of the Health Center's usual business hours.
2. To call 911 for a medical emergency.
3. Of the telephone number for the on-call clinician.

Once the patient is connected to the answering service, the operator on duty at the answering service:

1. Obtains the caller's name, the patient's full name, the patient's date of birth, the primary clinician's name, and the reason for the call.
2. Identifies the correct clinician and contacts them.

The clinician contacts the patient within 30 minutes of receiving the call. The clinician provides the patient with advice related to his or her needs. If the on-call clinician determines that the patient is having a medical emergency, they will instruct the patient to call 911 or go to the nearest Emergency Department. If the on-call clinician determines that the patient is unable to call 911 for themselves then the on-call clinician will call 911 for the patient. All communications are documented in the patient's medical record in a manner that is consistent with medical and legal prudence.

If there is no response to the operator's call within 30 minutes from the on-call clinician, the operator on duty at the answering service performs one or more of the following steps, listed in sequential order:

1. Calls the on-call clinician.
2. Attempts to contact the on-call clinician at their secondary contact number.
3. Calls the back up on-call clinician
4. Contacts the Medical Director on their secondary contact number.
5. If the back up on-call clinician, on-call clinician, and Medical Director cannot not reached the operator directs the patient to go to the Emergency Room.

If applicable, the operator reports unsuccessful attempts to contact the on-call clinician to the HSA Clinic Administration email or telephone call the next morning.

All communication is documented in the patient's record, including the content of the communication, the clinician, and date and time.

The HSA Health Centers strive to employ and make available clinicians who are able to speak in the language of its patients. In the event that a patient cannot be accommodated with a clinician fluent in the patient's language, the clinician is responsible for initiating a three-way conference call with the HSA's interpreter service. All calls will be handled in a manner that is culturally appropriate.

As with any form of patient communication and documentation, unprofessional remarks or comments in telephone communications are prohibited. Confidentiality of patient information is maintained at all times to protect the integrity of protected health information (PHI).

<p>SUBJECT: Continuity of Care and Hospital Admitting</p> <p>SERIES: 300 Patient Care and Treatment</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 300.31</p> <p>PAGE: 1 OF 1</p> <p>EFFECTIVE DATE: August 2022</p> <p>REVISED: August 2025</p>	<div data-bbox="1063 178 1258 367" data-label="Image"> </div> <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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GENERAL STATEMENT:

This policy outlines the process of tracking hospital and emergency department (ED) visits for established primary care patients seen in the health center within the past 24 months. The Health Services Agency Health Centers Division will provide continuity of care visits post hospital and ED admissions. Hospital admissions visits are staffed by a hospitalist group through a written agreement.

POLICY STATEMENT:

Tracking hospital and emergency visits as close as possible to when they happen can enhance follow-up, prevent readmission, and improve monitoring, which may prevent the condition from worsening. To accomplish this effectively, there is two-way communication with the health centers and hospital systems via the Serving Communities Health Information Organization (SCHIO). The clinician is notified through the SCHIO of an admission or ED visit. Health center staff will utilize the managed care plan reporting portal to reach out to patients within 24-72 hours after a hospital admission or ED visit and will continue to follow up until contact is made, patient is seen or at least three attempts are completed. The goal of outreach will be to offer an appointment with the patient's primary clinician for continuity of care and follow up of any outstanding medical issues.

Clinical staff should also ask patients at the beginning of appropriate visits whether they have had a hospital admission or ED visit since their last health center appointment.

REFERENCE:

Health Resources & Services Administration (HRSA) Health Center Program Compliance Manual
Chapter 8: Continuity of Care and Hospital Admitting



Health Centers Division

Health Centers Sustainability Retreat: Commission Executive Summary

September 3, 2025



Retreat Purpose

- Review and evaluate financial, utilization & productivity data by service category
- Develop non-core services priority list

Background & Foundation

Health Centers'

MISSION

Our mission is to promote and protect the health and well-being of our community by providing access to quality, comprehensive and affordable primary and integrated behavioral healthcare services for people of all ages.

VISION

Delivering patient-centered care for people of all ages by removing boundaries that inhibit access to healthcare and ensuring the viability of our community by supporting long-term equitable access to healthcare services.

Health Services Agency

MISSION

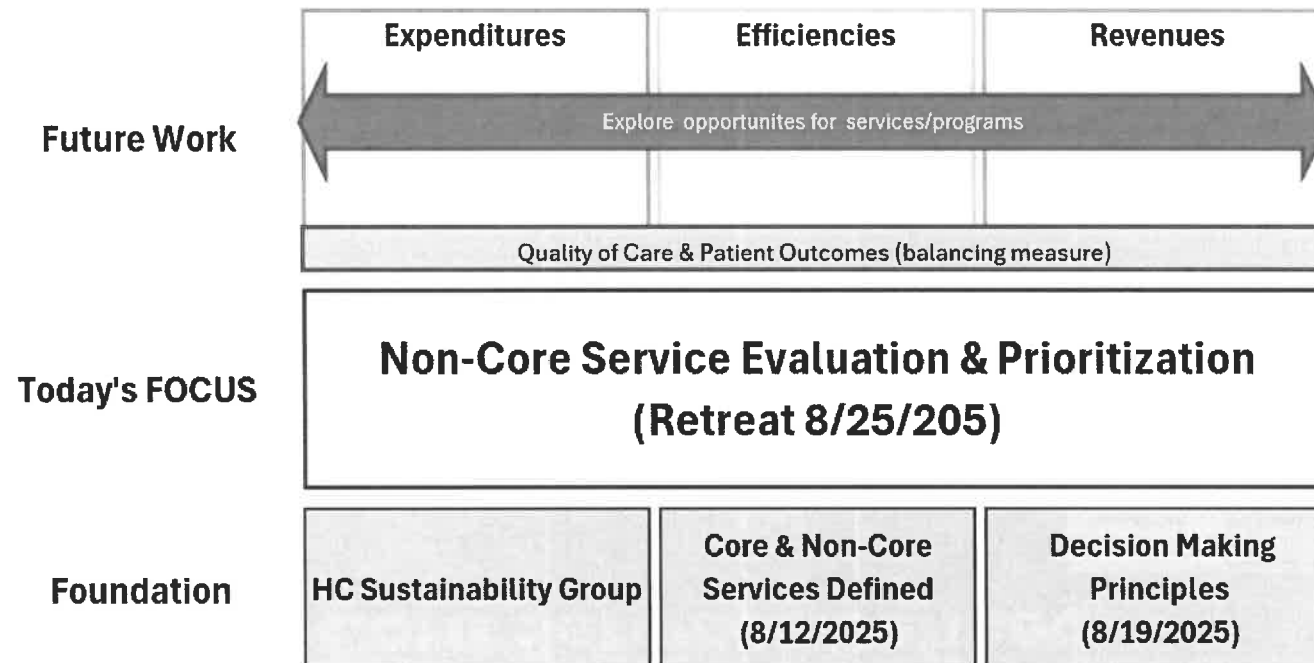
To promote and ensure a healthy community and environment by providing education, outreach and comprehensive health services in an inclusive and accessible manner.

VISION

Santa Cruz County is a healthy, safe and thriving community for all.

Foundation, Focus, and Future Work

Today's Focus



Core & Non-Core Services Defined

Foundation

HC Sustainability Group

Core & Non-Core
Services Defined
(8/12/2025)

Decision Making
Principles
(8/19/2025)

Core Services

We are using HRSA required care services for FQHCs as the definition for core services. Some of these core services may still be outsourced to meet HRSA's requirements.

Other services performed by the health centers may be required by other regulatory agencies but are not required to be housed in the health centers.

Non-core services:

Non-core services are those services provided by the health centers that are not HRSA required services for FQHCs.

Some of the non-core services may be core to the HSA/HC's mission.

Decision Making Principles

Foundation

HC Sustainability Group

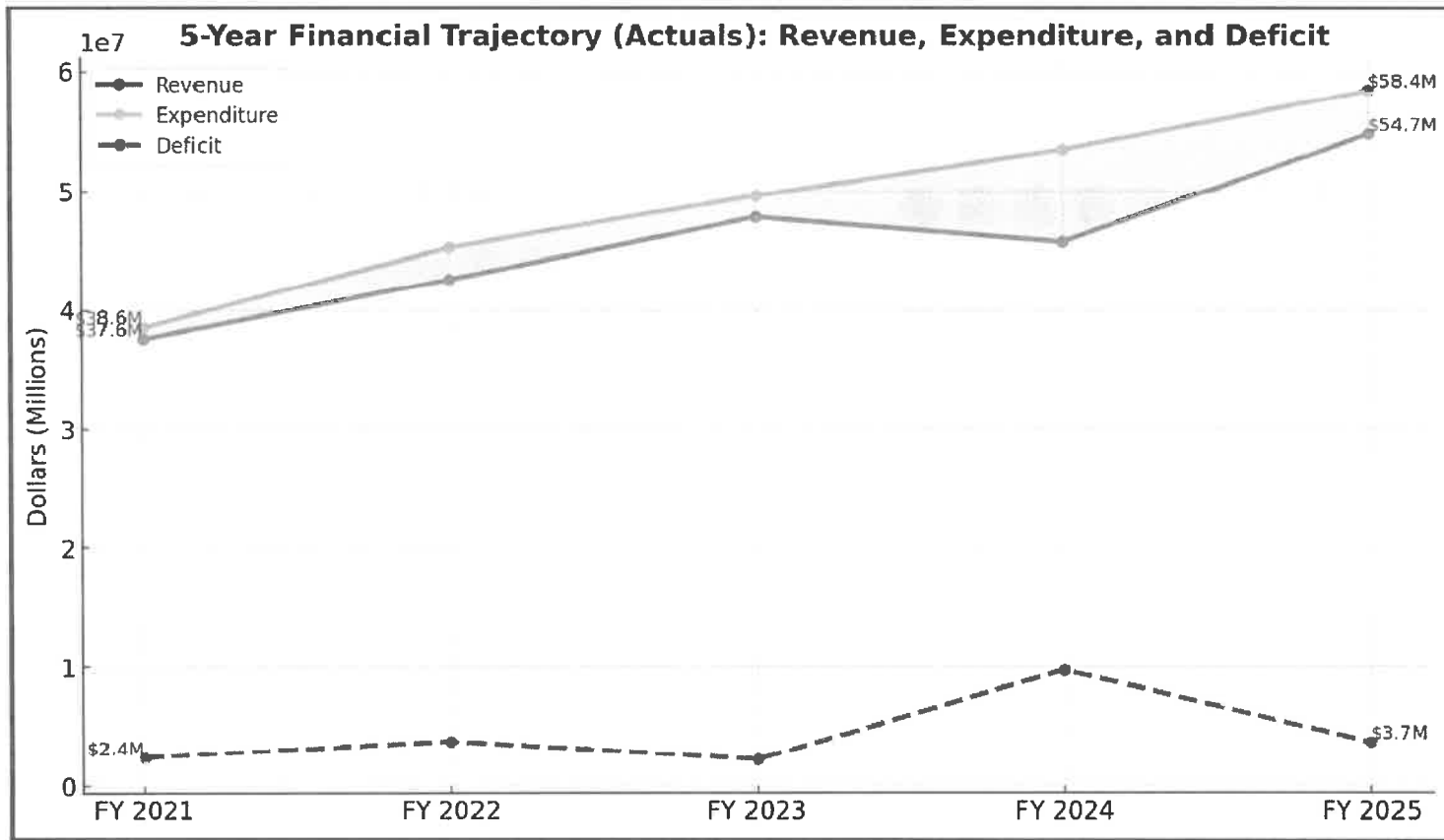
Core & Non-Core
Services Defined
(8/12/2025)

Decision Making
Principles
(8/19/2025)

- **Mission:** Is the program or service considered core to HSA's and Health Center's missions?
- **Impact:** Which programs serve the most people or result in the greatest health outcomes? If reduced or eliminated, would it create a critical gap for patients and/or in the community?
- **Equity:** Which programs serve the most vulnerable populations or address health disparities?
- **Sustainability:** Which programs are financially unsustainable without cuts, and which offer the greatest savings if scaled back? Which programs have the highest unreimbursed costs? Which programs generate the least revenue? Which programs generate the most revenue?
- **Alternatives:** Are there external funding sources, partnerships, or modified versions of a program we could explore? Is the service better provided by a community partner?
- **Utilization:** Which programs are highly or underutilized?

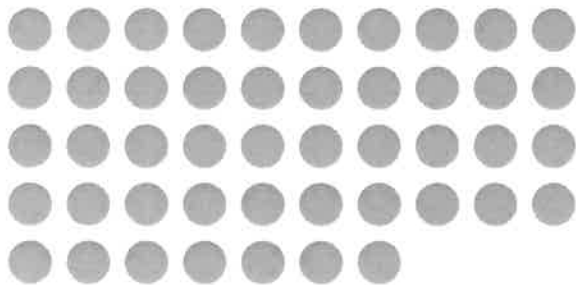
Financial Status & Potential Impacts

Financial Status



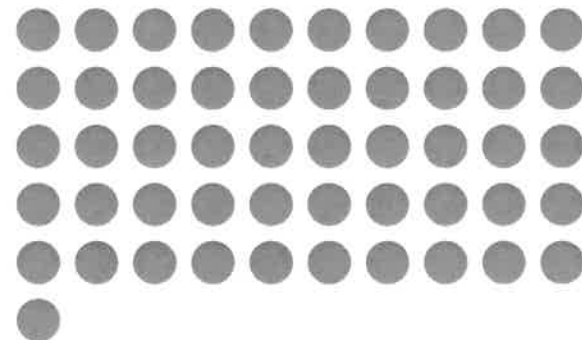
Financial Status Continued

FY 24–25 — Anchor scale



Total Actual Revenue
\$54.7M

Gap:
\$3.7M (7.8%)



Total Actual Expenditures
\$58.4M

Each dot = \$1.0M

Equation for Revenue vs. Expenses Review

$$\begin{array}{ccccc} \text{Revenue} & - & \text{Direct Expenses} & + & \text{Admin Costs} \\ & & & & \\ & = & \text{Surplus / Subsidy Needed} & & \end{array}$$

Program map

Surplus

Watsonville Health Center Dental, \$1,450,167

Medication Assisted Therapy, \$1,000,847

Watsonville Health Center, \$179,501

Orthopedic, \$87,043

Acupuncture, \$5,110

Locums Psychiatry, \$923

Services Requiring Subsidy

HPHP, \$2,606,115

HC Admin, \$1,937,248

Business Office, \$1,707,287

Santa Cruz HC, \$1,552,652

Referral Center, \$1,159,591

Special Ops, \$820,387

Housing Case Management, \$483,014

IBH, \$270,133

MediCruz, \$135,301

Ryan White Part C, \$125,602

Coral St. Lease, \$55,438

Street Medicine, \$51,928

Threats/Potential Impacts

Potential Impacts for this fiscal year and next fiscal

Impact Category	Full-Year Value	Effective Date	Months in FY 26 (July '25- June '26)	Months in FY 26 (July '26- June '27)	FY 25-26 Impact	FY 26-27 Impact
2A. Medicaid Work Requirement Losses	\$4,437,596	1/1/2026	6	12	\$2,218,798	\$4,437,596
2B. Immigration Restriction Losses	\$3,590,537	1/1/2026	6	12	\$1,626,795	\$3,253,589
CA "No Wrap" Payment Cut	\$2,026,656	1/1/2026	6	12	\$1,013,328	\$2,026,656
CA Reaction: Dental undoc adults	\$855,066	7/1/2026	0	12	\$0	\$855,066
Admin / Compliance FTE	\$38,418	0.25 FTE Jan '26: .50	6	12	\$14,406.75	\$38,418

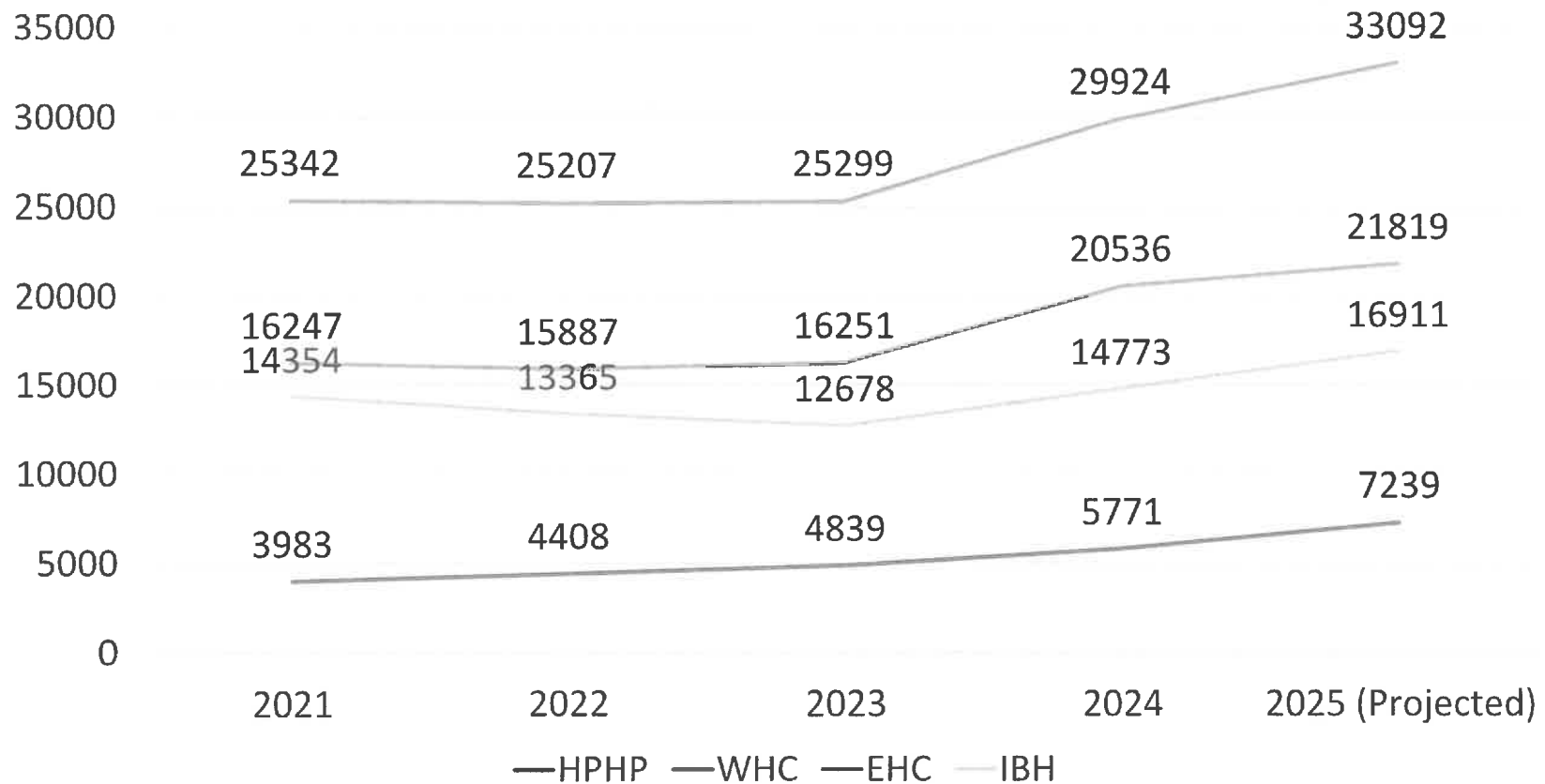
Total Estimated First & Second Year Impact

Total FY 25-26:
\$4,873,327.23

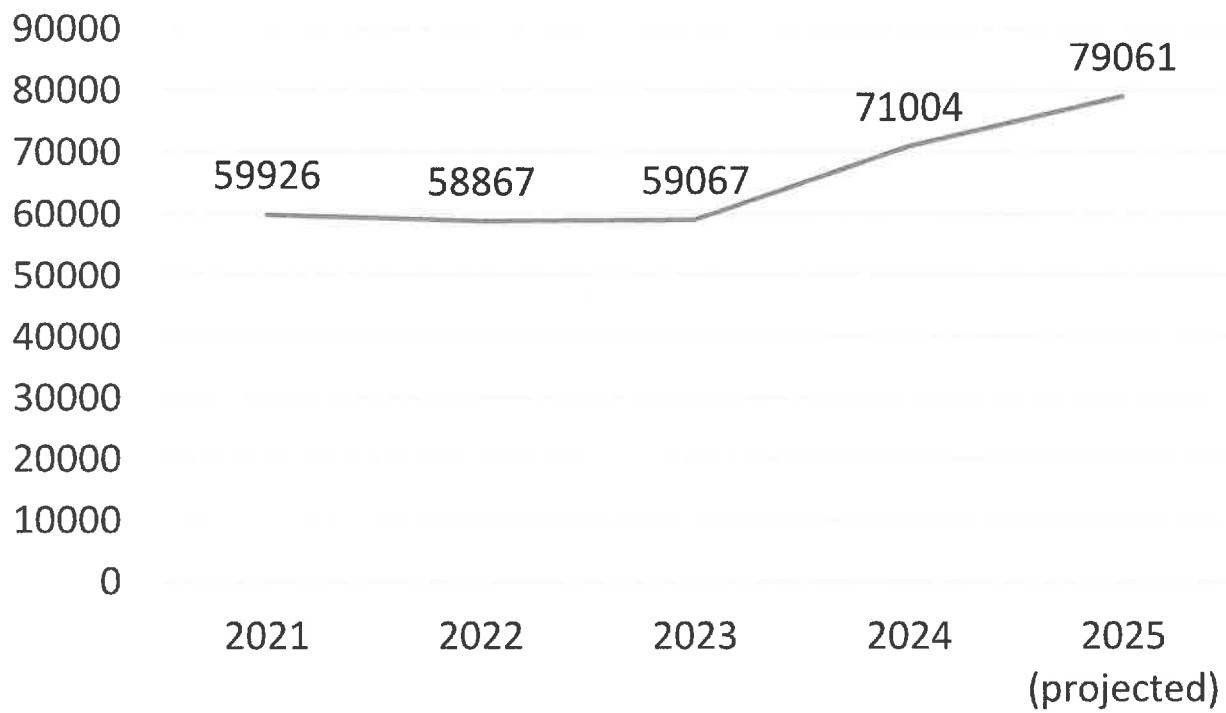
Total FY 26-27:
\$10,611,324.97

Productivity Data & Successes

Billable Visits by Calendar Year by Clinic & IBH

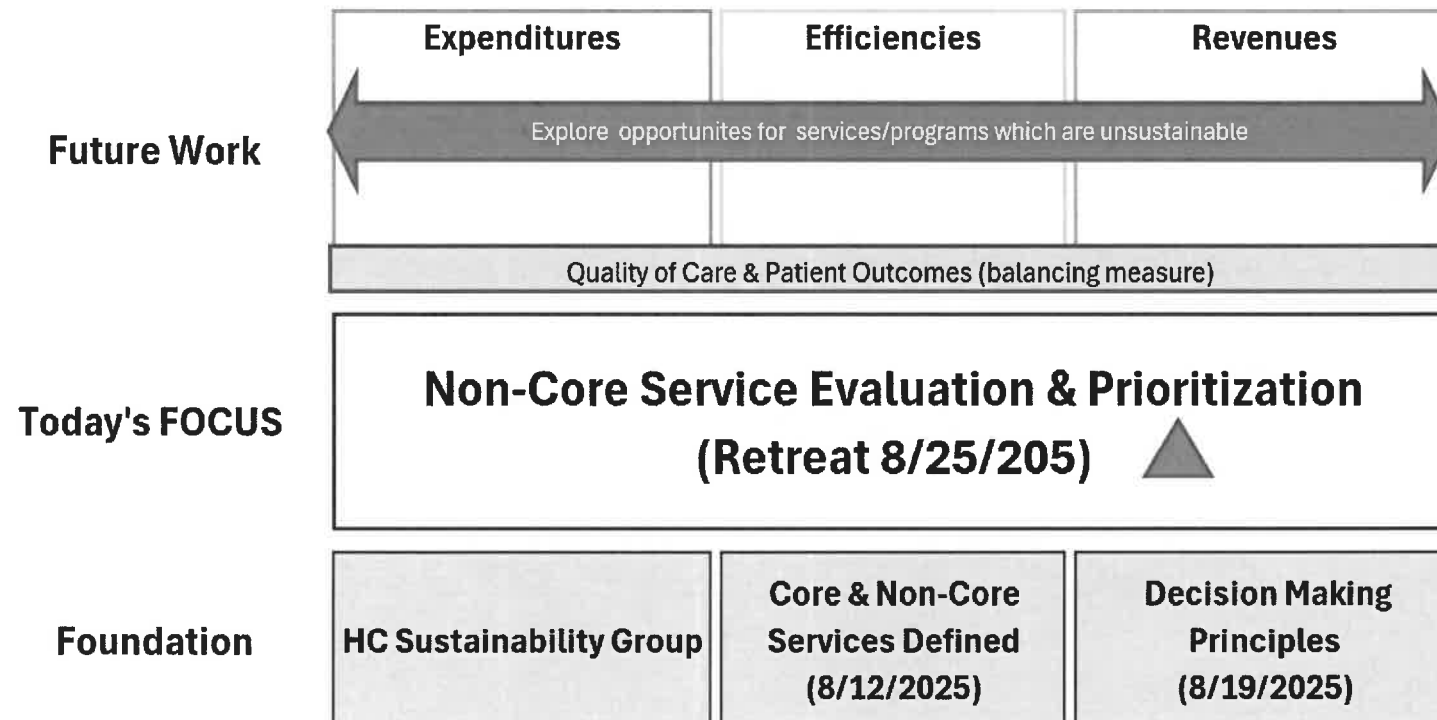


Billable Visits by Calendar Year All Programs



Next Steps

Future Work





Next Steps

During Sustainability Group Weekly Meetings:

- Identify additional expenditure reduction strategies
 - Review HRSA Core Services and determine whether they should be delivered by HC or contracted
- Review revenue generation opportunities
- Efficiency opportunities
- Develop Implementation Process for Non-core Service Prioritization Recommendations
- Document Financial Sustainability
- Develop Communication and Staff Engagement Plan

Questions? Final Thoughts

Thank You

