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

May 7, 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, 800 N Plymouth St, Santa Cruz, CA 95060 we 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. April 2, 2025, Meeting Minutes Action Required
- 4. 2025/2026 Budget Review Action Required
- 5. Letter of Support Action Required
- 6. Central California Alliance for Healthcare Technology Grant Application- Action Required
- 7. Quality Management Update
- 8. CEO Update

Action Items from Previous Meetings: 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, June 4, 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 May 7, 2025

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

Len Finocchio	Executive Board – Co-Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Maximus Grisso	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
Mary Olivares	County of Santa Cruz, Admin Aide
50 02 00	

### Meeting Commenced at 1:00 pm and concluded at 2:00 pm

Excused/Absent:

Excused: Christina Berberich

- 1. Welcome/Introductions
- 2. Oral Communications:
- 3. April 2, 2025, Meeting Minutes Action Required

Review of April 2, 2025, Meeting Minutes – Recommended for approval. Dinah motioned to accept minutes as presented. Rahn second, and the rest of the members present were all in favor.

4. 2025/2026 Budget Review - Action Required

Julian presented the proposed budget on FY 25-26. He reported there is a decrease intergovernmental revenue by \$192.9k, decreased misc. revenues by \$150.6k, reduced salaries and employee benefits by over \$1M an increased services and supplies by \$197.2k and increased intrafund transfers by \$273.9k. Julian also reported they will unfund approximately 11 FTE vacant positions. the 11.0 deleted positions are (vacant) positions, 8.0 deleted positions are (not vacant) positions, and are keeping 14 out of 35 extra help. Julian reported some of the reasons what is causing this deficit are revenue generating positions working less than 1.0 FTE, increasing human capital costs, declining federal funding, prospective payment system increases lagging inflation and costs significantly, inflationary squeeze and completed appointments improvements not matching the pace of increasing costs. Lastly Julian reported some of the success have been they were awarded sor 4 bridge funding, awarded SOR 4 funding for all three clinics (\$750k each), clinics has increased completed billable appointments by 21%, HPHP has increased completed Billable Appointments by 18% from CY 2023-2024, Emeline has increased completed Billable Appointments by 18% from CY 2023-2024, and IBH has increased completed Billable Appointments by 19% from CY 2023-2024. There was discussion after the presentation and there was a motion to accept budget with a message to the Board of Supervisors to consider leaving the revenue generated positions unfunded not to be deleted. Amy will write up memo and send to commission to read and sign. Rahn motioned to accept budget as presented, Michelle second, and the rest of the members present were all in favor.

5. Letter of Support - Action Required

Amy to compose a letter of support for our budget and have Christine sign it. Rahn motioned a recommendation for letter of support. Michelle second, and the rest of the members present were all in favor.

6. Central California Alliance for Healthcare Technology Grant Application- Action Required

Raquel presented on the Central California Alliance for Healthcare Technology Grant Application. Raquel reported the program goals are to improve access, convenience, and care coordination for Medi-Cal members. The grant term is from 7/18/25 to 7/17/26, the awarded amount is \$50,000 total for all our Health Centers in which will be used for providing clinical equipment related to improving quality measures, and healthcare technology program grants to support the purchase and implementation of specific types of technology and infrastructure that expand capacity for organizations that serve the Medi-Cal population. Rahn made recommendation to move forward with grant as presented. Dinah second, and the rest of the members present were all in favor.

7. Quality Management Update		
Raquel reported that the Quality Management Committs staff on the consumer assessment of healthcare provider this survey is completed by phone and mail, they survey send out survey results to commissioners. Raquel also improvement project, colorectal cancer screening outres Raquel reported they are currently at 62% percentile the the workflow of the project, follow up information, and Alliance for Health quarter 4 care-based incentives data their survey and the response was low (11.6%) and they Lastly Raquel reported that the Peer Review and Risk may were discussed, and the Watsonville Health Center had addressed.	rs and systems (CAHPS) this is a clinician and grown adult and child populations and Spanish and Engented that the Watsonville Health Center process. She stated this is a new project and they self goal is to be above 70% percentile in the next and barriers to the committee. Raquel also present to the committee, and reported the Ryan Whey are working to do another push to get more companagement Committee had met, and they had two	oup survey. Raquel reported nglish populations. Mary will esented this month's quality started outreach last month. 6 months. Raquel presented ented the Central California ite Committee had sent out consumer engagement. vo patient chart reviews that
8. CEO Update	active 1	
Amy reported last date of budget hearings is 6/3/25.		
Next meeting: June 4, 2025, 1:00pm - 2:00pm		
<b>Meeting Location: In- Person-</b> 150 Westridge Drive, S CA 95060. Commission will connect through Microsoft Te States, Salinas Phone Conference ID: <b>191 727 602#</b>		
☐ Minutes approved		
(Signature of Board Chair or C	Co-Chair) (Date)	





**Health Centers Division** 

### Action Item: Ratify Grant Application Submission

# Central California Alliance for Health (CCAH)

Healthcare Technology Program
And
Workforce Support for Care Gap
Closures Grant

### **Healthcare Technology Program**

### Program Goals:

1. Improve access, convenience, and care coordination for Medi-Cal members.

- \$50,000 Total for all our Health Centers
- Grant Term: 7/18/25-7/17/26
- Clinical equipment related to improving quality measures
- Healthcare Technology Program grants support the purchase and implementation of specific types of technology and infrastructure that expand capacity for organizations that serve the Medi-Cal population.
- Due on May 6<sup>th</sup>

### **Healthcare Technology Program**

Equipment and Technology request:

- Exam Tables (cervical cancer screening
- Immunization refrigerators/freezersCovid/Flu Testing system
- Autoclave
- Audiometer
- ECG/EKG analyzer
- Pulse Oximeters
- Vital signs monitor

### **Program Overview**

### Workforce Support for Care Gap Closure Grant

**Objective**: The Alliance provides financial support to select primary care providers in Mariposa, Merced, and San Benito counties to achieve the mutual goals of **closing specific Managed Care Accountability Sets (MCAS) care gaps**, increasing quality scores and improving members' overall health.

### Activities:

- Hire of locum tenens providers and/or provide additional/overtime pay for existing personnel.
- Purchase and implement equipment that directly relates to targeted quality measures.
- <u>Schedule members for appointments and deliver services</u> that would result in closing the remaining MCAS care gaps through the end of 2025.
- Ensure additional workforce are scheduled at strategic locations to <u>maximize the number of member visits</u> and build the schedule to <u>account for no-shows</u>.

**Expected outcomes**: Closing targeted care gaps will improve performance and allow providers to reach the 50<sup>th</sup> percentile and potentially reach the 90<sup>th</sup> percentile based on additional members seen.

Intervention activities will occur June 1, 2025 through December 31, 2025.



### **Workforce Support for Care Gap Closure Grant**

- \$220,000 Total for all our Health Centers
- Grant Term: 6/1/25-12/31/2025
- Clinical equipment related to improving quality measures
- Focus on Controlling High Blood
   Pressure, Diabetic Poor Control,
   Topical Fluoride Varnish for Children

- Potential Projects:
  - Pay for Care Based Incentive Outreach team.
- Due on May 9<sup>th</sup>

## Questions?

Thank You









**Health Centers Division** 

# Health Centers 25-26 Proposed Budget

# FY 25-26 Proposed Budget

# Summary of Health Centers 25-26 Proposed Budget

- Decrease Intergovernmental Revenues by \$192.9k
- Decreased Misc. Revenues by \$150.6k
- Decreased Reimbursement Revenue estimates by \$6.2M
- Reduced Salaries and Employee Benefits by over \$1M
- Increased Services and Supplies by \$197.2k
- Increased Intrafund Transfers by \$273.9k

### **Salary Changes**

	FTE# 24-25	FTE# 25-26	Change From FY 24-25
TOTAL POSITIONS	218.05	204.35	-13.70
*ADDED MID-YEAR	0.00	0.00	0
*Proposed Position Add	0.00	0.00	0
Difference From FY 24-25 Cost Estimate	\$36.952,899	\$34,126,894	-\$2,826,005

<sup>\*</sup>Unfunded Approximately 11 FTE vacant positions

<sup>\*\*11.0</sup> deleted positions are (vacant) positions

<sup>\*\*\*8.0</sup> deleted positions are (not vacant) positions

<sup>\*\*\*</sup>Keeping 14 out of 35 extra help

### Proposed DEEP Cuts FY 25-26 Budget

Row Labels	FY 23-24 Adopted Budget	FY 24-25 Adopted Budget	FY 25-26 Proposed Budget 4.21.25
<b>∃REVENUE</b>			
<b>905-LICENSES, PERMITS AND FRANCHIS</b>	0	0	0
<b>#15-INTERGOVERNMENTAL REVENUES</b>	(7,253,515)	(6,893,054)	(6,700,158)
<b>⊞ 19-CHARGES FOR SERVICES</b>	(51,418,875)	(53,727,619)	(47,523,860)
<b>⊕23-MISC. REVENUES</b>	(706,872)	(610,586)	(459,998)
REVENUE Total	(59,379,262)	(61,231,259)	(54,684,016)
<b>∃EXPENDITURE</b>			
<b>⊕50-SALARIES AND EMPLOYEE BENEF</b>	34,579,386	36,952,899	35,264,625
<b>⊕60-SERVICES AND SUPPLIES</b>	9,387,364	8,402,697	8,007,255
<b>⊕70-OTHER CHARGES</b>	48,404	48,404	48,404
<b>⊕80-FIXED ASSETS</b>	1,191,752	1,271,132	0
<b>⊕90-OTHER FINANCING USES</b>	97,875	. 0	0
<b>⊕95-INTRAFUND TRANSFERS</b>	12,106,638	13,472,385	10,792,628
EXPENDITURE Total	57,411,419	60,147,517	54,112,912
Grand Total	(1,967,843)	(1,083,742)	(571,104)

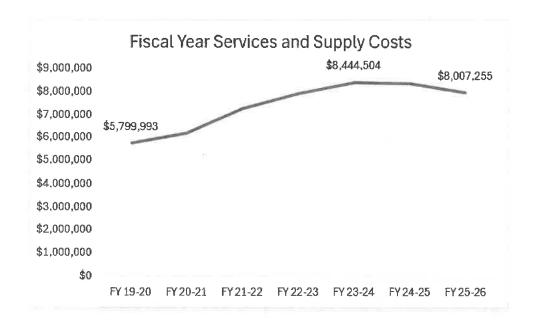
# What is Causing Deficits

### **What is Causing Deficits**

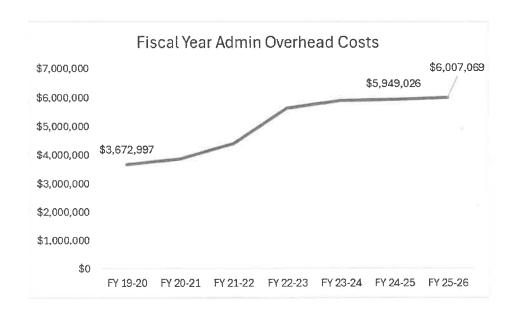
- Revenue Generating Positions working less than 1.0 FTE
- · Increasing human capital costs
- · Declining Federal funding
- Prospective Payment System increases lagging inflation and costs significantly
- High Demand and Short supply of clinical provider staff

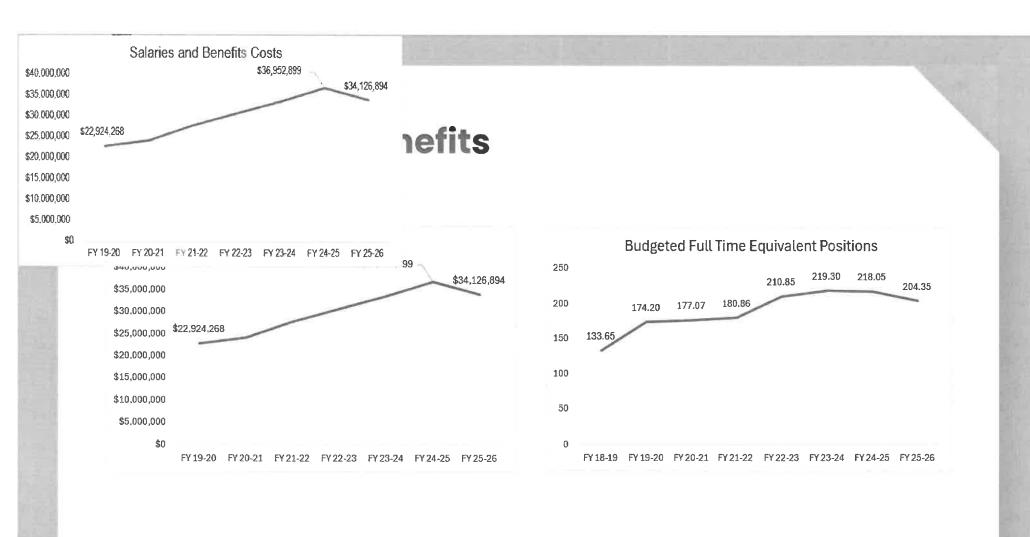
- High demand and short supply of clinical support staff
- · Inflationary Squeeze
- Completed Appointments improvements not matching the pace of increasing costs

### Services and Supply Costs



### **Administrative Costs**





# Quality Improvement Efforts and Wins

### Improvement Efforts Slide

Over the course of the year, Health Centers put a concerted effort in the following Sustainability Improvement Projects:

- Reduced the number of days in Accounts Receivables from 70 days to 54 days.
- Reduced no-show rates from 11.8%
   to 11.2%
- Increase patient access to care by standardizing clinician templates resulting in a 12.6% increase in available appointments
- Percentage increase in completed appointments (January 1 September 30)

# Successes

### Successes

- Awarded Sor 4 Bridge Funding
- Awarded SOR 4 funding for all three clinics (\$750k each)
- MAT Patients are getting sober, and one has become a SUD counselor locally
- MAT Patient has become housed, has children back, and has a job
- Overall, clinics has increased completed billable appointments by 21%

- HPHP has increased completed Billable Appointments by 18% from CY 2023-2024
- Emeline has increased completed Billable Appointments by 26% from CY 2023-2024
- Watsonville has increased completed Billable Appointments by 18% from CY 2023-2024
- IBH has increased completed
   Billable Appointments by 19% from
   CY 2023-2024

### Successes

- Opened more access to care and improved in our 3<sup>rd</sup> next available appointments by filling 3 clinician positions.
- Dedicated one clinician to seeing established walk-in patients freeing up same-day appointments for other clinicians
- Implemented group acupuncture at HPHP
- We improved diabetic Eye Pec scans, reducing the waiting list to zero days

- HPHP has increased completed Billable Appointments by 18% from CY 2023-2024
- Emeline has increased completed Billable Appointments by 26% from CY 2023-2024
- Watsonville has increased completed Billable Appointments by 18% from CY 2023-2024
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# Trends

### Average Monthly Completed Appointment Growth Percentage

January 2024-December 2024

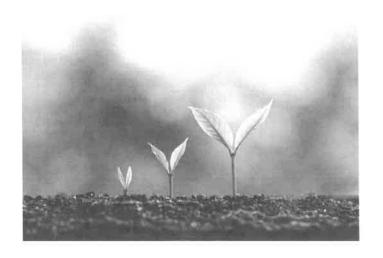
Add timeframe for this data.

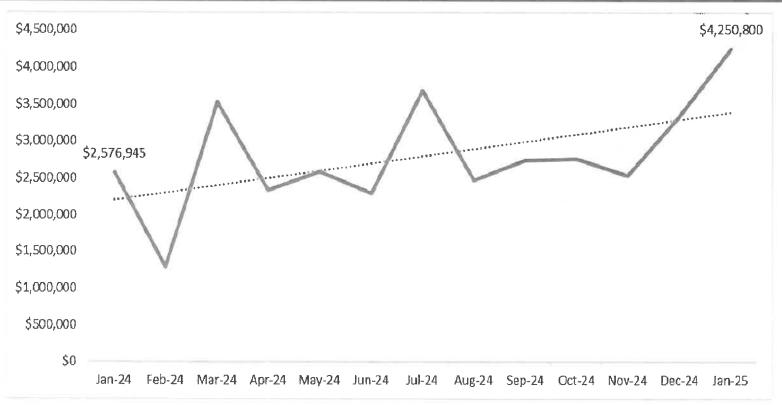
Santa Cruz Health Center 2%

Homeless Person's Health Clinic 2%

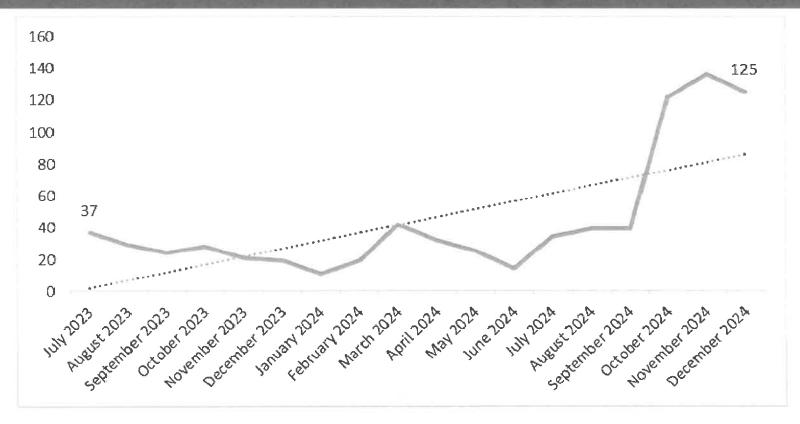
Watsonville Health Center 1%

Integrated Behavioral Health Center 2%



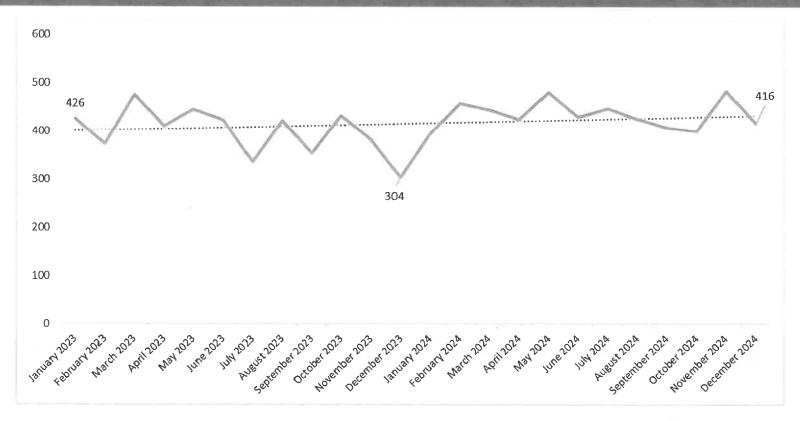


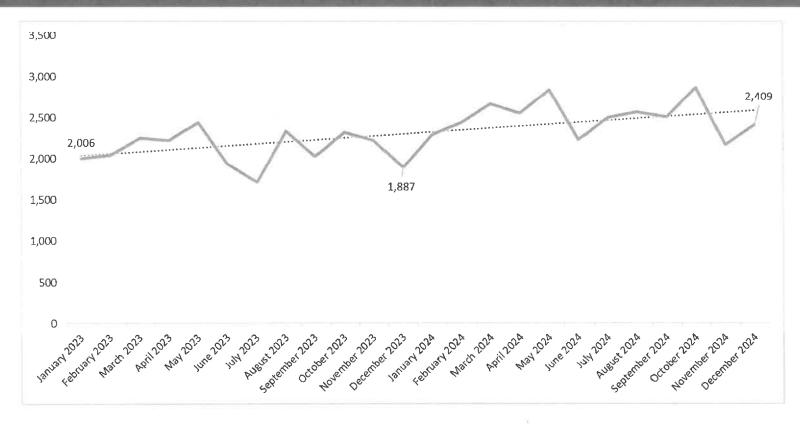
### **Street Medicine Completed Appointments**



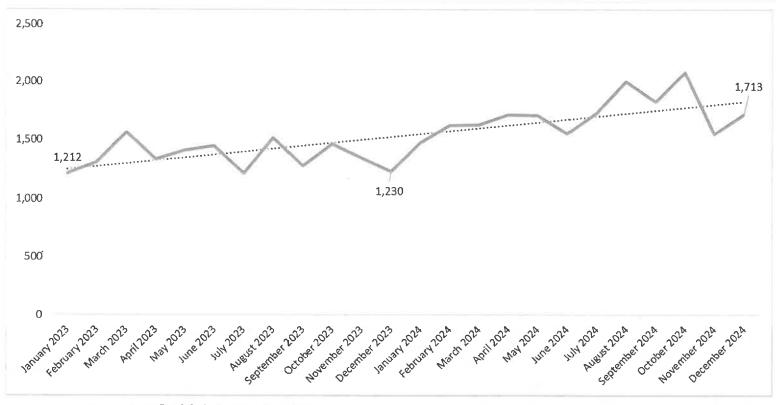
### **HPHP Completed Appointments**

Target for HPHP + Street Med is Ave of 1,296/month Current Ave = 449/month

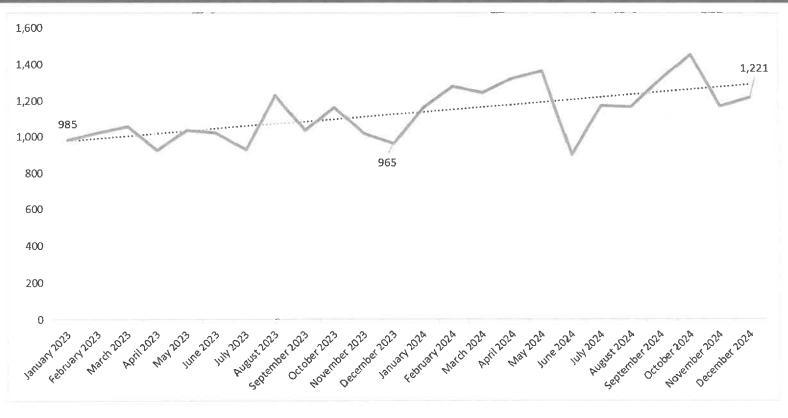




### **SCHC Completed Appointments**



### **IBH Completed Appointments**



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# Thank You







**Health Centers Division** 

### **Quality Management Report**

May 2025

### **Quality Management Committee**

- Reviewed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician & Group Survey Results
- Watsonville Quality Improvement Projectcolorectal cancer screening
- Reviewed Central California Alliance for Health
   Quarter 4 Care Based Incentive Data
- Ryan White Patient Satisfaction Survey (low response rate, strategizing increased response)



Central California Alliance for Health (Practices) / COUNTY OF SANTA CRUZ HEALTH SERVICES Results are based on 93 patients surveyed

Top-Box Scorecard 2024



Total sampled 1,000
Total completes 93
Response rate 9.3%

Org. Avg. 70.3%

(9 or 10 where 10 is best)



69.4%

Norm 81.3%

### **Composite Measures**

(Always)

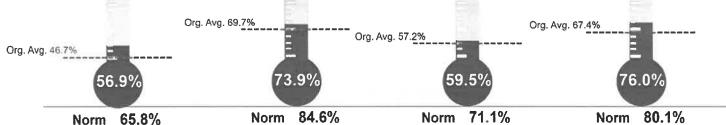








Communicate Coordinate Care Office Staff



\*"Norm" represents data from the 2024 Press Ganey CG CAHPS Client Average (based on the Press Ganey Book of Business), All calculations reflect our understanding of CG CAHPS® specifications.



## Care-Based Incentive (CBI) Program Practice Profile



Quality of Care Measures	Your Practice	Plan Benchmark	Plan Goal	Improvement Rate (%)	Percentile Group	Eligible for Measure	Possible Points	Practice Points
Breast Cancer Screening	Your Practice							
Members eligible	915							
Members screened	519							
Rate (%)	56.72%	52.6%	62.67%	1.08%	Between 50th and 74th	Yes	4.22	2.96
Cervical Cancer Screening	Your Practice							
Members eligible	2,938							
Members screened	1,686							
Rate (%)	57,39%	57.11%	66.48%	-0.97%	Between 50th and 74th	Yes	4.22	2.96
Child and Adolescent Well-Care Visits	Your Practice							
Members eligible	2,342							
Members with a visit	1,476							
Rate (%)	63.02%	48.07%	61.15%	8.83%	≥90th percentile	Yes	4.22	4.22
Depression Screening for Adolescents and Adults	Your Practice							
Members eligible	7,636							
Members screened	3,305							
Rate (%)	43.28%	7%	17%	MNS	≥75th percentile	Yes	4.22	4.22
Diabetic HbA1c Poor Control > 9.0% 1	Your Practice							
Members eligible	1,138							
Members in poor control	335							
Rate (%)	29.44%	37.96%	29.44%	1.57%	≥90th percentile	Yes	4.22	4.22
Immunizations: Adolescents	Your Practice							
Members eligible	147							
Members immunized	84							
Pate (%)	57.14%	34.31%	48.8%	-3.53%	≥90th percentile	Yes	4.22	4.22
Immunizations: Children (Combo 10)	Your Practice							
Members eligible	53							
Members immunized	24							
Pate (%)	45.28%	30.9%	45.26%	-13,65%	≥90th percentile	Yes	4.22	4.22
Lead Screening in Children	Your Practice							
Members eligible	54							
Members screened	36							
Rate (%)	66.67%	62.79%	79.26%	MNS	Between 50th and 74th	Yes	4.22	2.96
Well-Child Visits in the First 15 Months	Your Practice							
Members eligible	36							
Members with visits	24							
Rate (%)	66.67%	58.38%	68.09%	-3.54%	Between 75th and 89th	Yes	4.22	4.22

### Peer Review & Risk Management Committee

- Reviewed two charts
- Presentation on Watsonville Health Center complaints/grievances

# Questions?

Thank You

