

This document is an extract of a larger publication.

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23. Upon request, training support is available through the County Office of Education.
24. Survey responses revealed that in many cases parity between school personnel and parent/student representatives was not achieved. Parity was reported by 18 of 31 principals and 5 of 16 chairpersons.
25. Respondents stated that Hispanics and other minorities in many communities are under represented on school site councils.
26. Some of the methods used to count votes have the appearance of impropriety. While appearance does not constitute wrongdoing, it can still undermine the integrity of the voting process.

Conclusions

Communication to parents and the local community regarding the school site council, and nominations in particular, needs to be improved.

Even though it is not required by education code, nominations to fill seats on site councils should be conducted in accordance with democratic principles.

Security of the voting process is non-existent in some schools.

- A secured ballot box is not utilized at each school.
- Some parents are eliminated from the voting process by missing an election meeting.
- Votes returned by students may get lost in transit or misplaced.
- Voting process should be established in accordance with democratic procedures.

Training should be provided annually to the school site councils.

School site councils are not adequately publicized.

Too much dependence is placed on the school newsletter for communication.

Most schools indicated that they had difficulty obtaining new SSC members.

Participation greatly contributes to the success of a school site council; therefore, in order to stimulate interest, more creative efforts should be used.

While the Education Code provides for specific oversight of school plans, it is ambiguous regarding the structure and organization of school site councils.

Recommendations

1. The educational community needs to communicate to the public the importance of site councils in the improvement of schools. A greater variety of communication methods should be used including “person-to-person,” press releases, local newspapers, radio stations, cable access and local television stations.
2. School site councils should use mass media communication techniques to publicize its nomination and election process.
3. The County Office of Education should provide, at school district’s request, press releases and distribution methods for publicizing school site councils.

4. Special emphasis in the nomination process should be communicated to Hispanic and other minority parents in the school's community to ensure fair demographic representation of student population on site councils.
5. School site councils should create nominating committees charged with seeking out new members and ensuring all parents gain knowledge about the school site council functions.
6. School site councils by-laws should clearly define and implement the nomination and election process for membership on the site council including a formal vote counting process.
7. School site councils should consider expanding voting opportunity via mail, phone, fax or e-mail.
8. A centralized training and follow-up program should be provided on a regular basis.
9. School administrators should become fully acquainted with all sections of the Education Code pertaining to school site councils.
10. Parents and community residents should be made aware of the great value provided by school site councils.
11. Schools need to ensure parity among school personnel and parent/student representatives in the composition of its school site council membership.
12. Schools need to improve representation in the school site council to reflect the demographic characteristics of the school population.

Responses Required

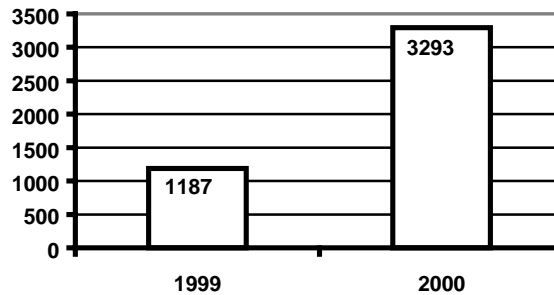
Entity	Recommendations	Respond Within
Santa Cruz County Office of Education	3	60 Days
Bonny Doon Union Elementary	1, 2, 4, 7, 8, 11, 12	60 Days
Happy Valley Elementary	1, 2, 4, 7, 8, 11, 12	60 Days
Live Oak School District	1, 2, 4, 7, 8, 11, 12	60 Days
Mountain Elementary	1, 2, 4, 7, 8, 11, 12	60 Days
Pacific Elementary	1, 2, 4, 7, 8, 11, 12	60 Days
Pajaro Valley Unified School District	1, 2, 4, 7, 8, 11, 12	60 Days
San Lorenzo Valley Unified School District	1, 2, 4, 7, 8, 11, 12	60 Days
Santa Cruz City School District	1, 2, 4, 7, 8, 11, 12	60 Days
Scotts Valley Unified School District	1, 2, 4, 7, 8, 11, 12	60 Days
Soquel Union Elementary School District	1, 2, 4, 7, 8, 11, 12	60 Days

Review of Educational Services Available to Homeless Children in Santa Cruz County Schools

Background

Problems concerning homeless individuals and families continue to have the attention of public schools, city governments, county government, health service agencies, religious groups, social agencies and others in Santa Cruz County. As the number of homeless increases so do the intensity and extensiveness of their problems.

According to the United Way survey, *Santa Cruz County Homeless 2000*, published in July 2000 it was estimated that over 8,558 persons experience homelessness in Santa Cruz in a given year. In 1990, the average number of homeless at any given time was 1,187; in 2000, the number had increased to 3,293. This figure is an increase of almost 200% in Santa Cruz County over the last decade. More than one half of the homeless adults interviewed in the United Way survey have children. Of those who have children, nearly two-thirds (63%) have more than one child, and nearly one-third (31%) have more than two children. It is also believed that due to privacy issues and the elusiveness of homeless individuals, the number of homeless youth in the County is undercounted.¹



Average Number of Homeless in Santa Cruz County

In a survey conducted by the Santa Cruz County Office of Education it was found that 1,907 children, 4.75% of the number of students enrolled in Santa Cruz County public schools, are homeless. Homeless children are living in shelters, doubled up with other families, in motels, on the beach, in transitional housing, in cars, tents or campers or are on their own.²

By law, they are entitled to have access to the same free appropriate public education provided to other children and youths. They are to be mainstreamed in the school environment and are to have an opportunity to meet the same performance standards as other students.

Scope

It was the task of the Grand Jury to review the public schools in Santa Cruz County to see if they were following laws pertaining to educating homeless children.

The investigation included the following:

- The publication entitled *Santa Cruz County Homeless 2000, Census and Needs Assessment Comprehensive Report* provided by the United Way of Santa Cruz was reviewed with a special emphasis on the needs of homeless children.
- Also reviewed was the publication entitled *Enrolling Students Living in Homeless Situations* published by the California Department of Education in 1999. It provided an overview of what can be done to help the children of homeless achieve the academic standards all children in California are expected to meet.
- The publication entitled *Homeless Education Program* which focused on homeless children in school and what teachers can do to help alleviate the problems they experience was reviewed.
- Interviews with the Coordinator of Student Support Services for the Santa Cruz County Office of Education, and the School Community Liaison and Secondary School Social Worker for Santa Cruz City School District.
- The City of Santa Cruz Homeless Issues Task Force Final Report was reviewed.
- The Santa Cruz County Office of Education's *School Survey About Homeless Children* was reviewed.

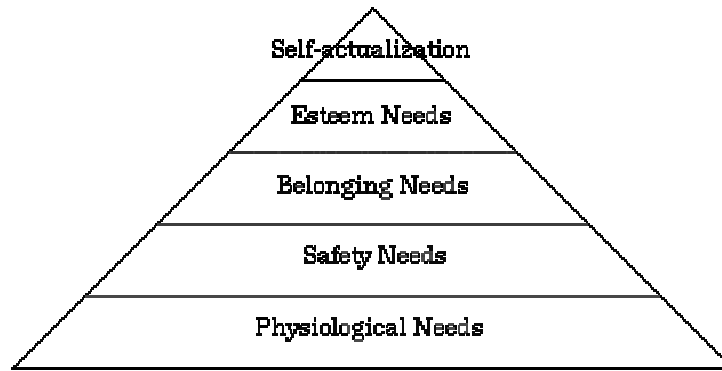
Findings

1. Federal and State laws pertain directly to educating homeless children.

The California Education Code Section 48200 requires persons six to eighteen years of age to attend school. The Stewart B. McKinney Homeless Assistance Act (Public Law 100-77, subtitle VIIB, Education for Homeless Children and Youth, Section 721) sets forth the following policy:

- Each state educational agency shall ensure that homeless children have access to the same free, appropriate public education provided to other children and youths.
 - States shall review and revise laws, practices, regulations, and policies such as compulsory residency requirements, which act as barriers to the enrollment, attendance, and success of homeless children and youths in schools.
 - Homelessness alone should not be a sufficient reason to separate students from the mainstream school environment.
 - Homeless children and youths should have access to education and other services that are needed to ensure they have an opportunity to meet the same challenging performance standards as other students.³
2. There is no distinction made in the county schools between students from residences and those who are homeless. All students are “mainstreamed” in schools in Santa Cruz County. They are not identified as “homeless” to their peer group.⁴

3. Two schools in the County serve homeless youth. One is privately funded and the other is a community school operated by the County Office of Education, serving primarily homeless youth.
4. Homeless children have access to public schools in Santa Cruz County.
5. Homeless children receive a free public education in Santa Cruz County.
6. Homeless children have the opportunity and are expected to meet the same performance standards as other students.
7. When possible, the County Office of Education makes an in-take assessment of homeless children. They get background information on the family and the children. They find out what school they are attending and make contact with the teachers. Using Maslow's *Hierarchy of Needs* they determine which needs are being met and which are unfulfilled. This assessment is shared with the family while confidentiality is protected.⁴



Maslow's Hierarchy of Needs

8. Contact between the County Office of Education, Santa Cruz City School District and homeless children is made from direct referrals from various County agencies, counselors, teachers, and other school personnel. The liaison will go to where the homeless child is staying to make the initial contact.⁴
9. "Bridge to Success" is the name of the County Office of Education Homeless Program. Its policy is not to identify, stigmatize, segregate or otherwise alienate these children. The County Office of Education wants the children to remain anonymous; therefore, confidentiality is protected. Every effort is made not to single out homeless children.⁴

10. The following services are offered to homeless children in Santa Cruz County^{4,5}:
- **One-on-one tutoring:** 16 UCSC students, recruited and trained by the County Office of Education, work as tutors.
 - **In-class academic support:** Tutors assist teachers as classroom aids up to three days a week at elementary schools. They assist the homeless children as well as other students in the class.
 - **Outreach and coordination of services:** They work with an extended network of child protective services, shelters, churches and other outreach agencies. There are over 150 agencies working with the homeless.
 - **Case management:** They keep rather extensive reports of the young people receiving direct services. They include outcomes, how they are doing in school, anecdotal notes, report cards and reports from tutors.
 - **Outreach to homeless runaway youth:** The County Office of Education coordinates a multi-disciplinary team to support youths living on the street. The team consists of a number of County agencies that provide services such as shelters, meals, substance abuse, counseling, and mental and medical care services.
 - **Counseling services:** They provide one-on-one, family, drug and alcohol and life skills counseling.
 - **Transportation:** The County Office of Education provides bus passes and linkages to other transportation services.
 - **Parent support:** The liaison person meets with parents initially and then in follow-up sessions.
 - **Staff development and heightening awareness presentations:** Seminars and workshops are presented to teachers, administrators and others outlining special needs of homeless children.
 - **Skills training:** Adolescent life skills coaching and peer support groups for homeless teens.
 - **Supplies:** The County Office of Education provides backpacks, shoes, school supplies and other materials necessary for success in school.
 - **Enrollment assistance:** Schools assist children with “Declarations of Residency” forms and permanent record retrieval.
 - **Medical and dental referral:** Children with health problems are referred by a school nurse for available medical services.
 - **Job placement:** Schools refer teenagers who are seeking work experience.
 - **Transferring schools:** Students transferring to different schools receive assistance.
11. Both the County Office of Education and the Santa Cruz City School District have solicited additional funds and materials from the community to augment the McKinney Grant.
12. The Santa Cruz County Office of Education was commended for running a “model” program by the National Coalition for Education for Homeless Children and Youth. They have also received commendation from the Federal Document of Promising Practices for Educating Homeless Youth.

13. The greatest challenge is “finding the children,” was stated by Jo Ann Allen. If the parents do not enroll the children in school or if they are not referred by local homeless agencies, the children may never attend school. Children who need counseling often find it difficult to attend sessions. Further training is required for educators, administrators and staff to identify homeless children.
14. Funding for this homeless program has come in the form of a yearly grant from the Stewart B. McKinney Homeless Assistance Act. It is a federal program that provides “seed” money for lead agencies around the country to set up homeless education programs. As with other “seed” money grants, it is designed to get successful programs started that will eventually develop other sources of funding. Although the County Office of Education has received this grant for 12 years, it was uncertain the grant would continue. To ensure the flow of funds to Santa Cruz County, the County Office of Education recommended that the Santa Cruz City School District apply for the grant as the lead agency.
15. The McKinney Grant of \$150,000 per year was awarded in late October to the Santa Cruz City School District for a period of three years.

The Santa Cruz County Office of Education will continue to be involved in the program as a contractor. The expertise they have developed will still be available to all the public school districts in the County. The grant provides funds to employ an Educational Resource Coordinator.
16. The goal is to have all school districts in the County set up their own programs. The increasing numbers of homeless children have been a factor in this decentralization of leadership.
17. The Santa Cruz City School District is now the lead agency with the County Office of Education serving as a contractor. Santa Cruz City School District has hired a new program administrator who works closely with the homeless liaison from the County Office of Education.
18. The County Office of Education is still working with all schools districts in the county in improving enrollment procedures, providing bus passes, maintaining a donation account, conducting their yearly homeless children survey and providing tutors.
19. Other School Districts are encouraged to set up their homeless education program to meet special needs of their own students.

Conclusions

The Santa Cruz County Office of Education has demonstrated leadership for developing a model Homeless K-12 Education Program in California. They have done an outstanding job of assisting homeless children in Santa Cruz County.

The Grand Jury applauds Jo Anne Allen for her work in developing this model program. After 12 years in the program, Ms. Allen has become the leading authority and local and national spokesperson on educating homeless children. Her enthusiasm, knowledge, and leadership have played a paramount role in the success of this program.

Community agencies helping homeless families in Santa Cruz County deserve credit for their financial and human services support for the County Office of Education and homeless children these last 12 years.

Recommendations

1. It is recommended that each school district within the county maintain the same level and quality of support for homeless children as has been provided by the County Office of Education. It is further recommended that the spirit by which that office helped homeless children be carried over in the decentralization process.
2. Each school district should develop programs that will meet the challenges of identifying homeless children within their designated boundaries.
3. Each school district should develop a plan to meet the special counseling needs of homeless children.
4. Each school district should develop a training program that trains its component groups to identify homeless children and understand the special needs of these children.
5. Each school district should continue to protect the confidentiality of homeless children.
6. The County Office of Education should support the school districts within the county by training staff members and administrators in establishing their district homeless programs and making them successful.

Response Required

Entity	Recommendations	Respond Within
Bonny Doon Union Elementary	2 - 5	60 Days
Happy Valley Elementary	2 - 5	60 Days
Live Oak School District	2 - 5	60 Days
Mountain Elementary	2 - 5	60 Days
Pacific Elementary	2 - 5	60 Days
Pajaro Valley Unified School District	2 - 5	60 Days
San Lorenzo Valley Unified School District	2 - 5	60 Days
Santa Cruz City School District	2 - 5	60 Days
Scotts Valley Unified School District	2 - 5	60 Days
Soquel Union Elementary School District	2 - 5	60 Days
County Office of Education	6	60 Days

Sources:

- ¹ *Santa Cruz County Homeless 2000*, Census and Needs Assessment Comprehensive Report, United Way sponsor, Survey conducted by Applied Survey Research, July 2000.
- ² *School Survey about Homeless Children* prepared by the Santa Cruz County Office of Education and distributed to schools within Santa Cruz County, March 2000.
- ³ *Enrolling Students Living in Homeless Situations*, California Department of Education, Sacramento, CA, 1999.
- ⁴ Interview with Jo Ann Allen, Coordinator of Student Support Services, Santa Cruz County Office of Education, October 18, 2000.
- ⁵ Interview with Vicki Downing, School Community Liaison for the Santa Cruz City School District and Patricia Schroeder, Secondary School Social Worker, April 3, 2001.

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County of Santa Cruz

Health and Human Services

Review of Health Care Services for Low-Income Families in Santa Cruz County

Background

Under state law, county government is responsible for providing medical care for indigent residents. The extent of this responsibility has never been set forth in precise terms by the state legislature.

In recent years, the cost of medical care has soared far above the Consumer Price Index. In response, federal and state governments have enacted a profusion of categorical health programs that have an impact on county governments. Categorical health programs target defined classes of vulnerable people, specific health conditions and diseases. Among the groups affected are poor individuals and families, the disabled and the aged. These programs have had the effect of providing significant financial assistance to county governments, which lack a tax base of sufficient size to meet the rising cost of health care for indigent persons.

County matching funds for categorical programs range from fifteen to twenty percent of total costs. County government is mandated to operate these programs in conformity with state and federal regulations.

Medicaid accompanied the passage of Medicare in the mid-sixties. At state option, these programs provide significant federal assistance for the care of indigent families and individuals. The larger, more populous states, like California, jumped at the opportunity permitted in the law to provide extremely comprehensive benefits to eligible welfare families. This state also availed itself of the option to extend benefits to poor families not receiving public assistance, but still too poor to afford to pay for medical care or insurance coverage.

Over the ensuing years Medicaid has grown far beyond early projections to become a multi-billion dollar national subsidy to the states and counties for the provision of medical services to indigent persons. It is, by far, the largest of categorical health programs.

Experience with Medi-Cal, however, has made clear that the potential benefits of health insurance coverage evaporate without access to a reliable source of high quality health care. Places where poor people reside are usually devoid of the health care resources necessary for quality care. Most private providers are not willing to accord equal access in their practices to Medi-Cal patients nor make adaptations to the cultural and language diversity of ethnic minorities that are so crucial to beneficial treatment outcomes.

A categorical approach to people with a variety of health care needs has produced tangible health benefits but also an accumulation of regulations with two notable drawbacks

- Eligibility standards and processes are confusing both to experienced health professionals and the people these programs are intended to reach. Lengthy and intrusive application procedures act as a disincentive to seek help, especially for some Hispanic families who have learned to be wary of any official inquiry which might adversely affect their immigration status.
- Fragmentation of services at the local level has disrupted the building of a cohesive service delivery system responsive to the needs of the entire family. Individuals in the same family may each be eligible for several types of health service delivered at different times and locations. Families who rely on these programs have real difficulty understanding and coping with this fragmented and disorderly way of delivering health services.

When a need for medical attention arises in an uninsured family, they tend to rely on the emergency room of local hospitals or on public clinics for their care. The pattern of this care is episodic and lacking in both continuity and ongoing family health supervision. Poor living conditions make them much more vulnerable to sickness and injury. Delay in seeking medical attention due to lack of health insurance leads to increase in the number of high cost admissions to hospitals, longer hospital stays and more severe disability. These unpaid medical costs place a significant financial burden on both providers and taxpayers who underwrite the care of uninsured families ineligible for public programs.

Scope

This review concentrates on major obstacles built into the system that impede access to essential health care for low-income working families in Santa Cruz County. The review covers the full range of health care services, the providers involved in the delivery of these services, the program elements of those provider organizations and categorical programs which are relevant to their health needs. Providers covered in this review are well aware of deficiencies in services that prevail for uninsured families but are powerless to resolve them without outside assistance. The focus on low-income families omitted many other functions of providers; the report should not be considered an in-depth evaluation of any of the organizations reviewed.

Several questions recurred in the course of the review:

- Is there any way to help vulnerable low-income working families obtain and keep health insurance coverage at a cost within their limited means?
- Can eligibility be simplified and extended for longer periods of time, for example, a full year?
- Can categorical programs be consolidated and placed under local administrative control in order to divert administrative expense to expand medical services?
- Can the service delivery system be redesigned to make the entire family the basic target in organizing services?

Elements of the Review

- A. Range of services included health education and organized programs of prevention, primary ambulatory care, referrals to specialists, hospitalization, mental health and substance abuse services, dental care, and services to homeless families. Environmental Health, the Emergency Medical Services System, substance abuse programs for youth, and the Regional Center for Developmental Disabilities were not included in this review.
- B. Program reviews include the following:
- Interviews and printed materials provided
 - Eligibility requirements
 - Outreach
 - Range and description of services
 - Case loads and types
 - Utilization data
 - Annual budget, funding sources and financial analysis
 - Staffing patterns
 - Cultural adaptations
 - Case management and referrals
 - Quality assurance reports and statistics
- C. Health service providers to families include the following:
- Santa Cruz County Health Services Agency
 - Division of Public Health, County Clinics, Medi-Cruz,
 - Division of Mental Health and Alcohol and Drug Abuse
 - Central Coast Alliance for Health
 - Santa Cruz Coalition for Health Care Outreach,
 - Local hospitals
 - Clinics

D. Categorical Programs for Families include programs that deal exclusively with a defined class of beneficiaries (e.g. women and children), a specific health condition (e.g. pregnancy) or disease (e.g. diabetes)

- Medi-Cal
 - for pregnant women
 - for minor consent
 - transition program
 - for *seventy* other eligibility categories
- AIM – Access for Mothers and Infants
- CHIP – Children’s Health Insurance Program
- Healthy Families (Ineligible for Medi-Cal)
- MRMIB Major Risk Medical Insurance Board–Administration of Healthy Families CHIP
- California Kids – Ages 2-18, undocumented-ineligible for Medi-Cal or Healthy Families
- PACT – Family Planning Access to Care Treatment
- CCS – California Children’s Service – Potentially Crippling Diseases
- CHPD – Childhood Health and Prevention of Disability
- PAC Advantage – Health Plan for Small Employers
- Anti-Smoking Initiative (Proposition 10)
- Proposition 36 – Diversion of drug abuse offenders from incarceration to community treatment programs
- CARE/HIPP – Health Insurance Premium Payment Individual and Family Insurance HIV Positive Persons (Human Immunodeficiency Virus)
- CHIP – California Health Care for Indigent Persons
 - Medi-Cruz – County residents without health insurance coverage
- WIC – Women’s and Infant Care, Prenatal Care, Infant Care Food Program
- MCAH – Maternal Child & Adolescent Health
- AFLP – Adolescent Family Life Program
- CPSP – Comprehensive Peri-natal Services Program
- POE – Peri-natal Outreach and Education Program
- MVIP – Medical Vulnerable Infant Program
- HRIP – High Risk Infant Program
- EPSDT – Early Periodic Screening Diagnosis and Treatment (Medi-Cal)
- MFCI – Mother Friendly Childbirth Initiative
- HEAD START – Health Care Requirements
- Health Services for Migrant Farm Workers and Families
- BCEDP – Breast Cancer Early Detection Program
- HIV Screen and Health Service Programs

Findings

The following organizations are responsible for health care services in the county.

1. Health Services Agency – Page 57
2. Division of Public Health – Page 61
———County Clinics – Page 64
3. Division of Mental Health and Alcohol and Drug Abuse – Page 65
4. Central Coast Alliance for Health– Page 67
———Community Clinics – Page 71
5. Coalition for Health Care Outreach – Page 70
6. Local Hospitals – Page 72

Health Services Agency

The Santa Cruz County Health Services Agency (HSA) is the lead agency responsible for a number of services provided directly to low-income persons or by contract with private health care providers and non-profit organizations. Other providers represent collaborative efforts funded from a mixture of tax resources and philanthropic donations.

The responsibilities of the HSA include the following:

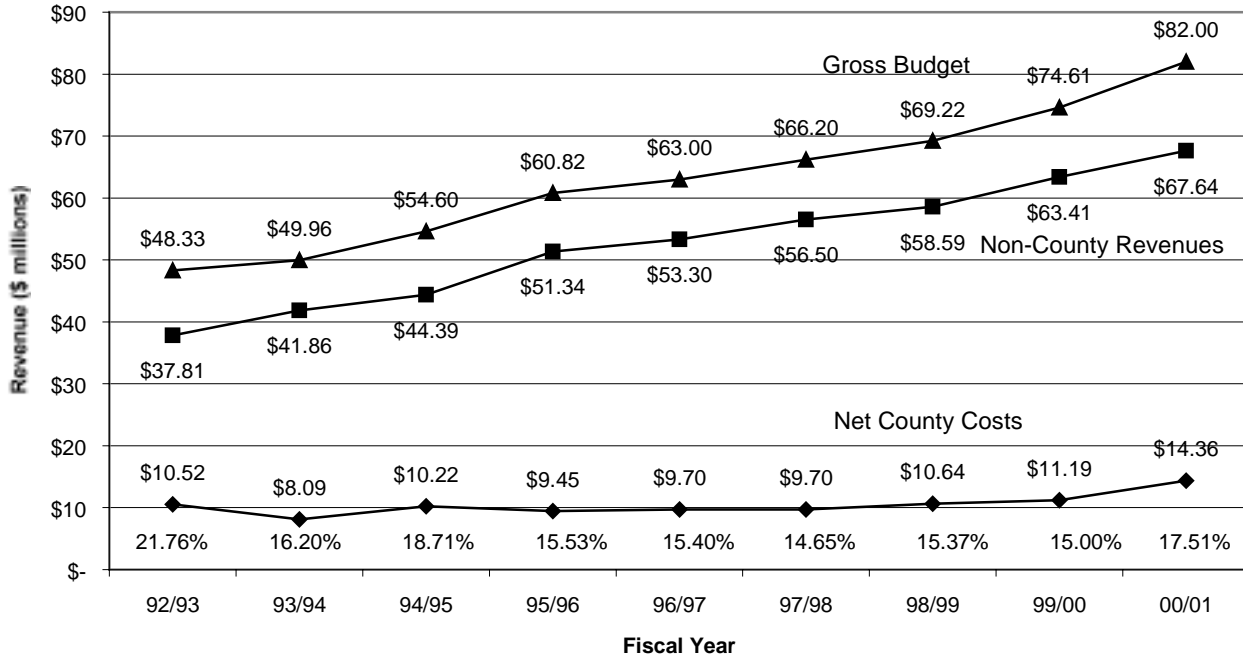
- Assessing the health status of county residents
- Managing the health planning process to meet the needs of the entire community
- Setting priorities to meet these needs and to serve as advocate for the poor, the disabled, the aged and the disenfranchised
- Assuring the active participation of health service providers, consumers of health services and advocates who display a special concern for one or another aspect of health care delivery
- Maximizing the impact of scarce public health resources, setting priorities, avoiding duplication and averting competition when it is counter-productive

Based on interviews with other providers, the HSA has the respect of community providers essential to carrying out its unique role. The HSA has been an effective advocate for fulfilling the needs of low-income families. It participates in every available categorical program targeted to the poor.

The HSA Comparison of Revenue Sources chart below depicts the ability of HSA to use limited county funds to leverage millions of dollars of outside funding for local programs. In addition, county professional staff has successfully competed for a number of demonstration projects awarded for the purpose of testing innovative approaches to people with special and difficult health problems.

The HSA employs an experienced, high caliber staff open to innovation, collaboration and committed to public service. Efforts are made to accommodate diversity in language and culture. Bilingual capability in English and Spanish exists in all clinic locations by staff members at every level. County facilities are located and professional staff are deployed to

**Health Services Agency
Comparison of Revenue Sources (in millions \$)**



areas where low-income people reside.

HSA is engaged with other public agencies that serve individuals in need of health services support. Examples include public schools in low-income areas, probation, welfare, homeless shelters, child protective services and all county-operated detention facilities.

HSA is an active member of the Coalition for Health Care Outreach, a group of public and voluntary health and social service agencies. HSA staff assists the Coalition in the following ways:

- Identifying and enrolling families eligible for Medi-Cal and other tax-supported health programs
- Obtaining federal reimbursements for outreach activities which qualify for financial support
- Assessing unmet needs experienced by coalition members
- Participating in coordinated planning efforts to attract new health resources to fill gaps in services
- Preparing grant applications to both private and public agencies
- Providing technical assistance in case management techniques and in making and receiving referrals
- Assisting in the training non-professional outreach staff

The Director of HSA sits on the Medical Managed Care Commission that governs the county-operated prepaid plan in Santa Cruz County, the Central Coast Alliance for Health. This position helps her to design performance criteria for county contracts with private providers and to track legislative proposals affecting uninsured families.

HSA is currently upgrading its Medical Information Management System (MIMS), to comply with a recent federal initiative HIPPA (Health Insurance Privacy and Portability Act). This legislation is intended to protect information on the health status of insured persons and facilitate the portability of health insurance coverage. Compliance is required by April 2002 as a condition of qualification for federal program reimbursements to providers in all tax-supported health programs. The goals of the new MIMS are as follows:

- Improve fiscal management of county-operated programs and increase the rate of revenue recovery from third party sources
- Modify the determination of eligibility and integrate clinical services to make them more user-friendly and clinically effective
- Facilitate evaluation of professional performance and measure outcomes of treatment
- Assess specific health problems in the community by utilizing pertinent data from the recent census and special survey results to refine long term health planning

The HSA is making every effort to meet its obligations to low-income persons despite the complexities of health care financing. The HSA Director is acutely aware of unmet needs in Santa Cruz County that impact low-income families. These include the following:

- Lack of access to health care services for working families without health insurance
- Lack of dental treatment resources, especially for children, including many of those with Medi-Cal eligibility
- Lack of primary mental health care services for families and children
- Lack of sufficient resources to accommodate pregnant adolescents who need intensive peri-natal care
- Lack of evening hours at county clinics to accommodate working people

A recent report to the Board of Supervisors by the HSA, entitled *Report on the Uninsured and Access to Health Care*, is especially pertinent to those in a position to shape health care in the public arena. The report may be obtained on request from the Health Services Agency or at http://www.santacruzhealth.org/pdf/Uninsured_Access_Rpt.pdf.

Physician recruitment efforts demonstrate serious competition from Bay Area Counties and Monterey County. Monterey County has placed physicians in county service into the Public Employment Retirement System (PERS), whose strong benefits have proven attractive. Skilled nurses are in short supply. Local hospitals and long term care facilities are offering higher salaries than the county.

Division of Public Health

The Division of Public Health is organized and operated to assure the integration of public health and preventive measures into primary clinical care. The Health Officer and the Director of Public Health Nursing are responsible for all programs in this ~~division~~Division that deal with low-income families. These range over a broad spectrum and include

- Communicable disease control and immunizations
- Peri-natal care for adolescents and other high risk mothers and infants
- Health education and nutrition
- Case finding, referral and outreach, concentrated on low-income families
- Case management for difficult or chronic health problems
- Family planning
- Education and control of sexually transmitted diseases
- Care for high-risk infants and preschool children
- Health services for families who are homeless
- Intensive case finding and health care for AIDS and TB patients

The California Department of Health considers the programs in Santa Cruz dealing with AIDS to be an outstanding model for other counties.

Public health nurses are the mainstay of public health practice. Although assigned to categorical programs, these nurses engage in general practice and apply their skills wherever a need is encountered. Their motto is “take care of people instead of paper.”

The public health nurses provide critical support to the clinicians who operate county clinics. They make visits to homes for the purpose of assuring that treatment instructions are understood and carried out and that follow-up appointments are kept. They also provide case management services for clients with difficult and recurring problems.

When an outbreak of infectious disease threatens, the nursing staff is mobilized to control its spread.

A special unit of the department, Homeless Persons Health Project, deals entirely with homeless families and individuals. It operates a clinic at a Santa Cruz shelter, but the nursing staff is frequently on the streets at other locations serving the homeless. This unit is a successful example of attracting funds for demonstration purposes. A recent assessment of this program by federal evaluators drew praise and a conclusion that it should serve as a model for other county public health jurisdictions.

Other programs in the division reach beyond routine clinical care, including

- Vital statistics
- Accident prevention especially for children (bicycle helmets-seatbelts etc)
- Lead poisoning screening and control
- Optimizing immunization rates
- Dental disease control and targeted treatment
- Tobacco education and cessation of smoking
- Hepatitis C and tuberculosis control targeted to new immigrants and HIV patients
- Other preventive programs

The Health Status Profile, below, shows from 1996 to 1998 this county performed above average in nearly all categories as compared to other California counties and National Objective benchmarks. However, according to the Public Health Officer, there is a high and persistent incidence of alcohol and drug abuse in Santa Cruz County compared to other California counties of similar population.

Santa Cruz County Health Status Profile 1996-1998 3-Year Average

Indicator	Statewide Average		National Objective 2000	
	Better Than	Worse Than	Better Than	Worse Than
Motor Vehicle Deaths	✓		✓	
Unintentional Injury Deaths	✓		✓	
Firearm Injury Deaths	✓		✓	
Homicide Deaths	✓		✓	
Suicide Deaths		✓	✓	
Deaths, All Cancers	✓		✓	
Lung Cancer Deaths, (2 nd best in state)	✓		✓	
Breast Cancer Deaths, Women		✓	✓	
Coronary Heart Deaths	✓		✓	
Cerebrovascular Dis. (Stroke) Deaths	✓			✓
Drug-Related Deaths	✓			✓
AIDS Incidence	✓		✓	
Measles Incidence		✓		✓
Tuberculosis Incidence	✓			✓
Syphilis Incidence	✓		✓	
Infant Mortality Rate, All*	✓		✓	
Hispanic Infant Mortality*	✓		none established	
% Low Birth Weight Infants	✓		equal to national	
Teen Pregnancy Rates	✓		none established	
% Onset Prenatal Care, 1 st Trimester	✓			✓#
% Adequate Prenatal Care		✓		✓
% Breastfeeding/Early Postpartum (Best in state)	✓		✓	

* 1994-1996 3-year average

National Objective for Year 2010

Data/Report released April 3, 1000, California Department of Health Services

County Clinics

The county operates two primary care clinics, one at the Emeline Health Center of the Health Services Agency and another near downtown Watsonville.

These facilities are attractive and well maintained. They provide a dignified environment for the mostly low-income individuals and families who rely on them as their principal source for medical care. At present, clinic operations are confined to daytime schedules with no lunchtime or evening hours.

Santa Cruz County Clinics Utilization Statistics

	Actual FY 97-98	Actual FY 98-99	Actual FY 99-00	Projected FY 00-01
Santa Cruz Clinic Visits				
Primary Care Clinic*	13,417	13,373	14,402	15,000
Prenatal Clinic	568	254	294	100
Family Planning Clinic	995	1,116	1,217	1,200
Tuberculosis Clinic	351	320	343	325
CHDP Clinic	497	389	577	550
Immunization Services	3,487	3,747	4,000	4,200
Laboratory Procedures	26,968	28,226	28,840	30,000
X-ray Procedures	2,237	2,240	2,329	2,400
Prescriptions Filled	75,297	67,686	63,837	68,000
Watsonville Clinic Visits				
Primary Care Clinic	11,355	11,406	12,240	12,500
Prenatal Clinic	-	-	-	-
Family Planning Clinic	3,761	3,758	4,343	4,500
Tuberculosis Clinic	898	732	801	800
CHDP Clinic	1,298	1,290	1,173	1,300
Immunization Services	5,927	6,250	6,436	6,700
Laboratory Procedures	9,644	13,062	14,229	1,400
X-ray Procedures	1,067	1,050	1,202	1,200
Prescriptions Filled	-	11,785	23,591	30,000

* Includes Orthopedic Clinic, Travel Clinic, Occupation Health