



VENTURA COUNTY COMMUNITY HEALTH CENTER BOARD FY 2021-22 ANNUAL ACTIVITY REPORT

December 2022

*"The CHC Board shall assist and advise the Ventura County Health Care Agency
in promoting its vision of healthy people in healthy communities."*



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EXECUTIVE SUMMARY

The following Annual Activity Report provides a summary of the Ventura Community Health Center (CHC) and the Community Health Center Board projects, programs, and activities for FY 2021-22; and projects, programs, and activities currently planned for FY 2022-23.

Highlights from this report include:

- CY 2021 Community Snapshot.
- Post clinic integration activities (staffing, workflow design, access)
- COVID-19 response and community support.
- HRSA National Hypertension Control Initiative (NHCI-HC) Supplemental Funding
- FY 2022-23 planned projects and activities.
- CHC Strategic Initiatives.

The Ventura County Community Health Center and the Community Health Center Board continue to promote the vision of healthy people in healthy communities and to uphold its mission to provide high-quality, comprehensive, compassionate, and cost-effective care for Ventura County residents regardless of ability to pay; and to demonstrate organizational resilience and responsiveness in meeting the challenge of caring for and supporting the Ventura County community during the ongoing COVID-19 public health emergency.

INTRODUCTION

Ventura County Community Health Center



Figure 1. HRSA Health Center patients served.

The Health Resources and Services Administration (HRSA) Health Center Program, authorized by Section 330 of the Public Health Service Act (42 USC 254b), provides federal grant funding to community-based healthcare organizations designated as community health centers (CHCs) to improve the health of underserved and vulnerable populations. CHCs are able to leverage a variety of federal

programs otherwise unavailable, including access to higher Medicare and Medicaid reimbursement rates, 340B Drug Pricing Program pharmaceutical discounts, free vaccines through the Vaccines for Children Program, and primary care provider recruitment and retention assistance through the National Health Service Corps.

The County of Ventura's designation as a section 330(e) CHC is thus critical to its continued ability to provide high-quality, patient-centered healthcare. Eighteen (18) Ventura County Health Care Agency (VCHCA) primary care clinics operate under the CHC as Federally Qualified Health Centers (FQHCs). In CY 2021, the VCHCA FQHCs provided care for approximately 96,000 patients over 350,000 clinic in-person and telehealth visits, including more than 6,100 patients experiencing homelessness¹.

CHC FQHCs play vital role as the healthcare "safety net" for underserved communities in Ventura County by providing high-quality, culturally competent, comprehensive primary and preventative healthcare services, promoting community health and well-being, and facilitating equitable access to care. HRSA supplemental funding, again available only to Section 330-designated CHCs, makes possible a variety of other projects

In 2021, a majority of patients served by health centers represented medically underserved populations.

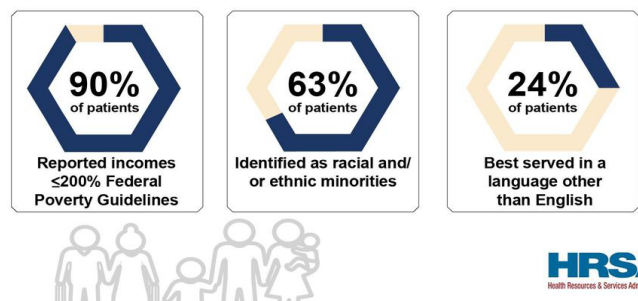


Figure 2. HRSA Health Center medically underserved populations.

¹ [HRSA Unified Data System \(UDS\) 2020](#).

including dental care for children and adults experiencing homelessness, mental health services, substance use disorder screening and treatment, and HIV programs.

Ventura County Community Health Center Board

The Ventura County Community Health Center (CHC) Board was established in May 2015 by Ventura County Board of Supervisors in collaboration with leadership from the Ventura County Health Care Agency (HCA) and Ventura County Counsel. The CHC Board is the governing body that provides oversight of the CHC as required for compliance with the HRSA Health Center grant. It promotes the VCHA mission to provide high-quality, affordable healthcare to the Ventura County community, advances its vision of healthy people in health communities, and ensures Ventura County residents access to comprehensive, compassionate, and cost-effective healthcare regardless of ability to pay. The CHC Board guides the CHC in the development and furtherance of patient-centered, integrated care that is responsive to the unique and dynamic needs of diverse medically underserved areas and populations.

Organizational Structure

As a public entity, the Ventura County CHC ensures compliance with HRSA Health Center grant requirements and all federal, state, and local regulations through a “co-applicant” organizational structure that combines independent oversight with public accountability. Under the co-applicant structure, the County of Ventura receives and manages the awarded federal funds while the CHC Board provides the governing oversight of CHC activities, projects, programs, and services carried out by the FQHCs.

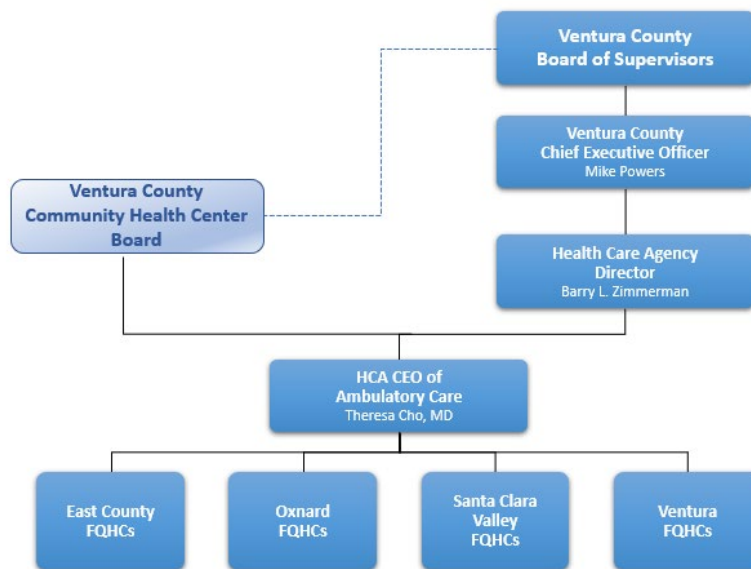


Figure 3. Ventura County Community Health Center Structure.

VENTURA COUNTY COMMUNITY HEALTH CENTER

CY 2021 Community Snapshot

The CHC FQHCs provided services to 96,295 individuals through 235,197 clinic in-person visits and 121,473 telehealth visits in CY 2021². Approximately 6,200 of those served were persons experiencing homelessness. The following sections describe selected patient demographics, diagnoses, and health indicators for CY 2021.

Map of Ventura County CHC FQHCs

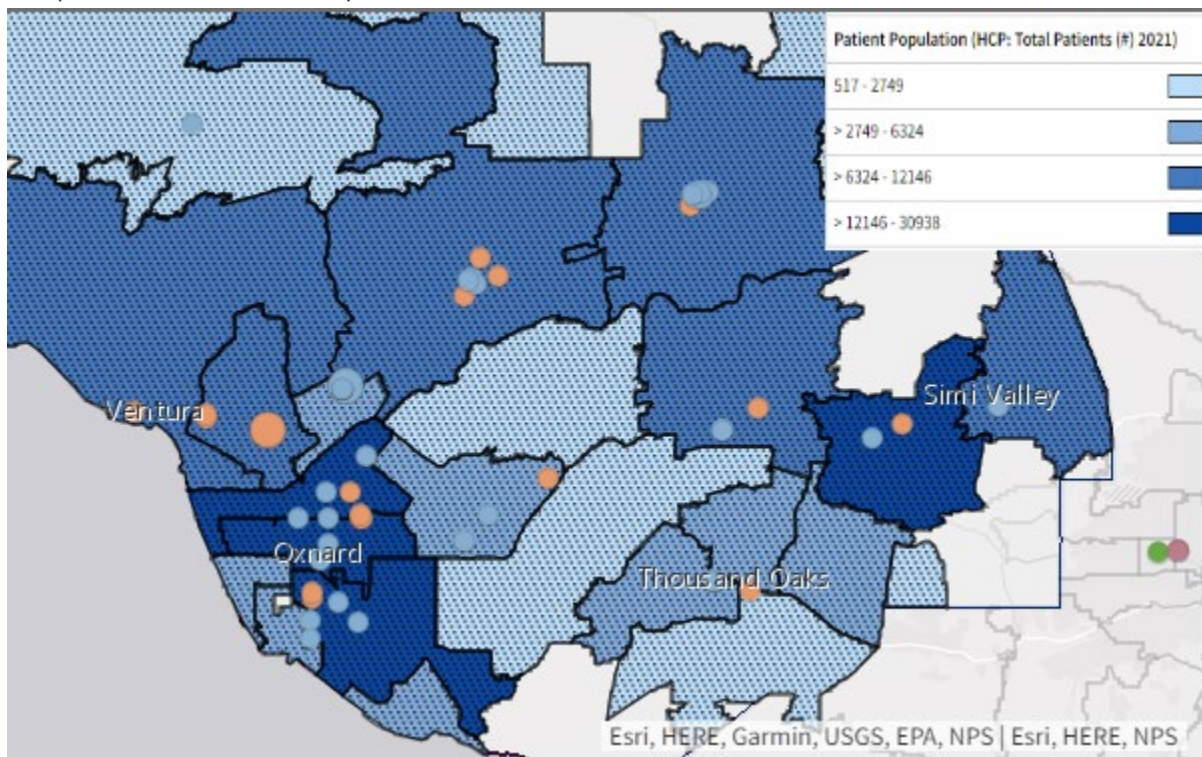
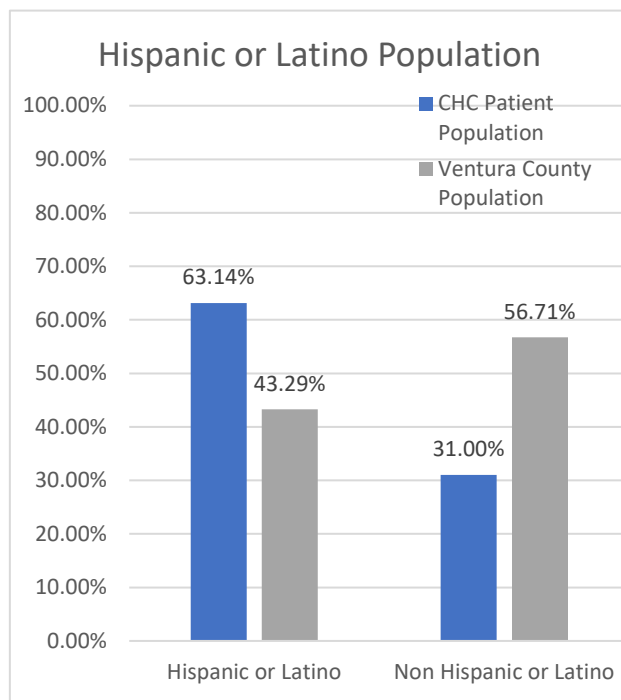
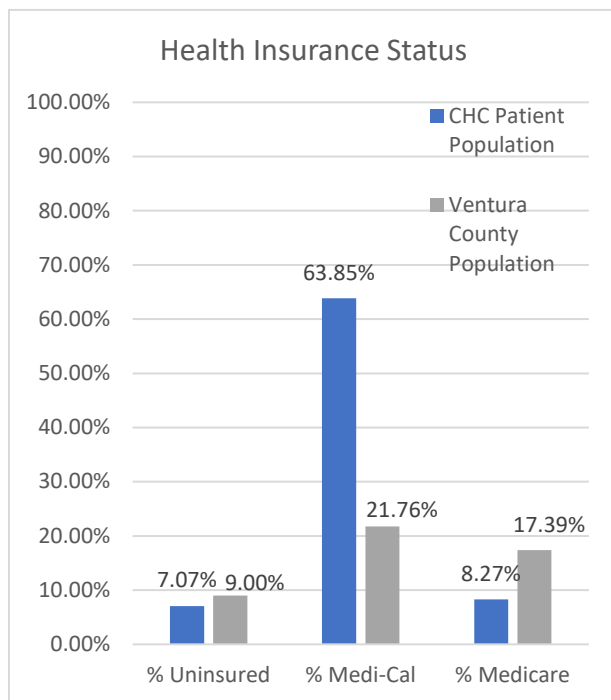
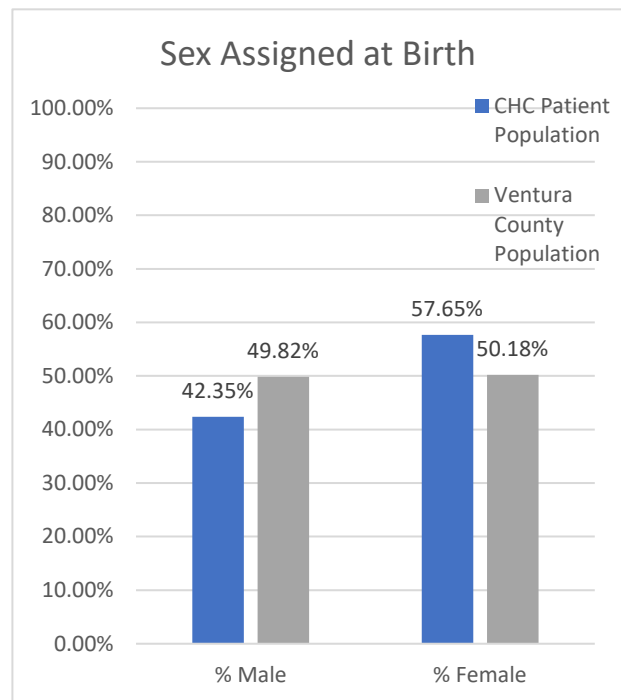
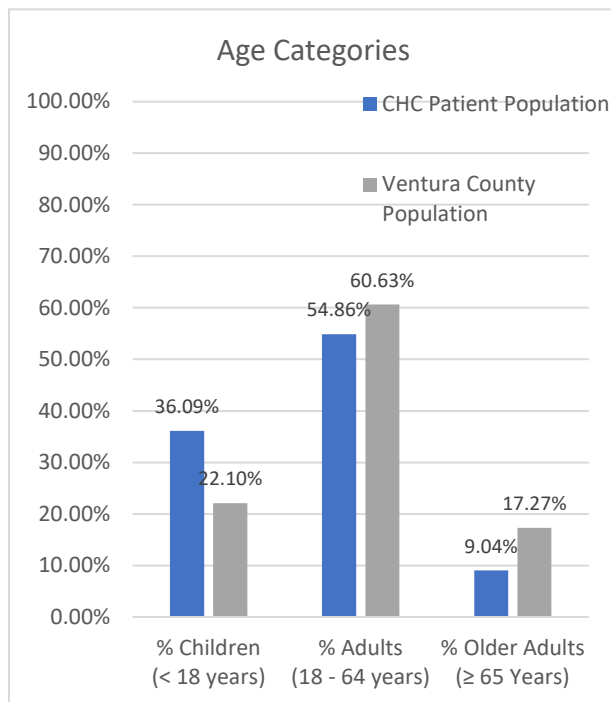


Figure 4. Map of Ventura County CHC FQHCs and patient population by ZIP Code.

² [HRSA UDS 2021](#).

CY 2021 Population Served by Age, Sex, Health Insurance Status and Ethnicity³⁴⁵⁶



³ [HRSA UDS 2021.](#)

⁴ [US Census. Age and sex. 2021 American Community Survey 1-Year Estimates Subject Tables](#)

⁵ [US Census. Selected characteristics of health insurance coverage in the United States. 2021 American Community Survey 1-Year Estimates Subject Tables](#)

⁶ [US Census. 2020 DEC Redistricting Data](#)

CY 2021 Top 5 Diagnoses

Table 1. CY 2021 Top 5 Diagnoses.

TOTAL PATIENT POPULATION			PATIENTS EXPERIENCING HOMELESSNESS		
Diagnosis	# Pts	% Pts	Diagnosis	# Pts	% Pts
1. Overweight/Obesity	19,641	20.40%	1. Hypertension	1,422	23.11%
2. Hypertension	13,713	14.24%	2. Overweight/Obesity	1,344	21.84%
3. Diabetes	9,394	9.76%	3. Diabetes	855	13.89%
4. Anxiety Disorders (incl. PTSD)	7,335	7.62%	4. Anxiety Disorders (incl. PTSD)	761	12.37%
5. Other mental health disorders, excluding drug or alcohol dependence	5,573	5.79%	5. Depression & Other Mood Disorders	633	10.29%

VENTURA COUNTY COMMUNITY HEALTH CENTER BOARD

Purpose and Authority

The CHC Board purpose and authority are described in the CHC Board Bylaws and the Co-Applicant Agreement. Revision to the Bylaws require approval by at least two-thirds of the CHC Board; the revised Bylaws must then be approved by the Ventura County Board of Supervisors.

As required for compliance with HRSA Health Center grant requirements, CHC Board responsibilities include but are not limited to:

- Holds monthly meetings and maintains public records to document all CHC Board activities in compliance with the Brown Act.
- Reviews applications and any requests involving changes in scope or services related to the HRSA Health Center grant and makes its recommendation re: approval to the Board of Supervisors.
- Reviews the annual CHC budget and independent audit.
- Engages in community health assessments and long-term strategic planning as appropriate.
- Evaluates the CHC's performance in meeting the healthcare needs of the community and its progress toward long-term and strategic goals.
- Recommends services beyond those required by law to be provided by the CHC, as well as the location and mode of delivery of those services.
- Reviews hours during which services are provided at the CHC FQHCs for appropriateness and responsiveness to community needs and makes its recommendation to the Board of Supervisors re: approval.
- Ensures that the scope of the CHC is consistent with the needs of the community.
- Approves FQHC provider licensing and credentialing applications.
- Facilitates and coordinates collaboration with other service provider organizations.
- Reviews general CHC policies and procedures for consistency and ensures compliance with the requirements of the HRSA Health Center grant and all applicable local, state, and federal laws.

Compliance Oversight

One of the most significant CHC Board responsibilities is to provide oversight of CHC compliance. The CHC FQHCs are required to maintain compliance with all regulations applicable to healthcare organizations, including new regulations and any changes to existing regulations; these regulations include, but are not limited to, those related to patient safety, occupational safety, protected health information, billing and financial, and transparency and accountability. In addition, the CHC FQHCs must demonstrate compliance with HRSA Health Center grant requirements to remain eligible for this important designation.

HRSA

In 2018, HRSA released an update to the [Health Center Program Compliance Manual](#), which all HRSA-designated CHCs are required to follow. Failure to demonstrate compliance may result in HRSA placing a condition on the grant award; if areas of non-compliance are not addressed and failure to demonstrate compliance continues, then HRSA may take further action, up to and including terminating the award.

The Compliance Manual contains 21 chapters that describe Health Center Program requirements and guidance on how to demonstrate compliance as well as the relevant statutory and regulatory citations. Per the Compliance Manual, Chapter 19, the CHC Board is to provide oversight and ensure compliance in each of the areas described in the Compliance Manual chapters. Compliance Manual chapter content follows; Chapter 21 does not apply to the VCHCA CHC.

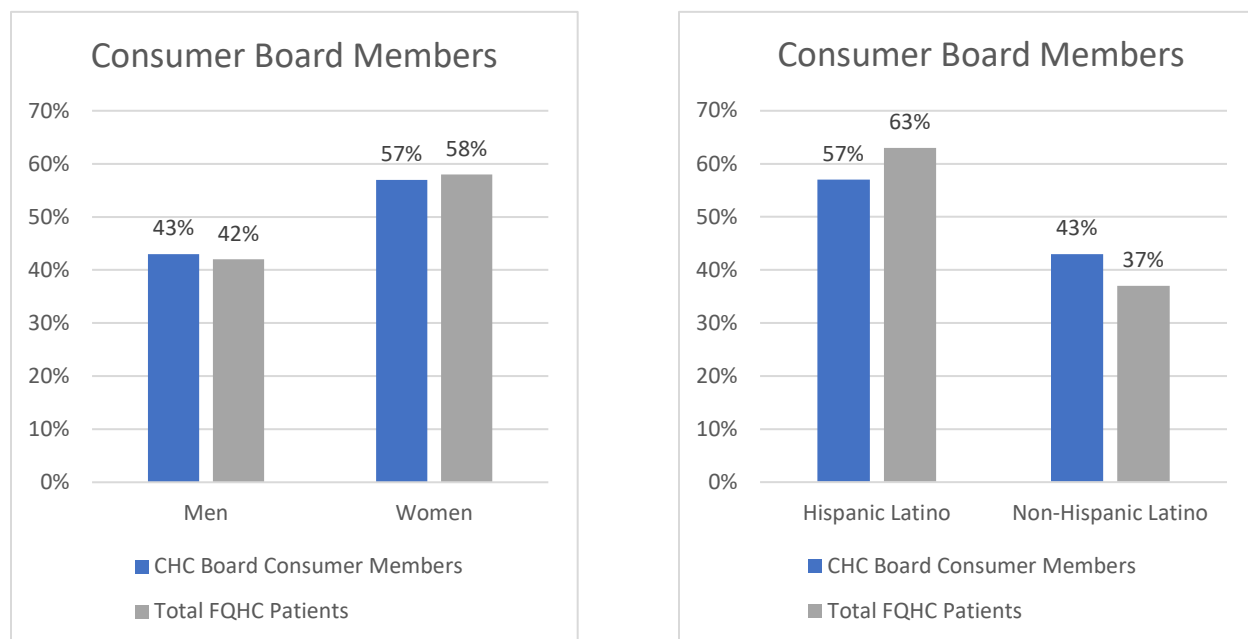
1. HRSA Health Center Program eligibility.
2. Health Center oversight.
3. Community health needs assessment.
4. Required and additional health services.
5. Clinical staffing acuties and provider credentialing.
6. Accessible locations and hours of operations.
7. Required coverage for after-hours medical emergencies.
8. Continuity of care and hospital access.
9. Sliding Fee Discount Program.
10. Quality Improvement/Assurance Program.
11. Key health center management staff.
12. Provision of appropriate services via contract.
13. Conflict of Interest (consistent with Ventura County Conflict of Interest code).
14. Collaborative relationships between the CHC and community partners.
15. Fiscal management systems.
16. Billing and collection for CHC provided services.
17. CHC annual budget.
18. CHC program monitoring and data reporting.
19. CHC Board.
20. CHC Board composition.
21. Federal Torts Claims Act.

Membership

HRSA Health Center grant requirements specify that at least 51% of the CHC Board must be patients of the CHC FQHCs (consumer members); the remaining CHC Board must be from the community that the CHC serves (community members). CHC Board members shall have expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and

other commercial and industrial concerns, or social service agencies within the community. No more than two (2) community members may derive more than 10% of their annual income from the healthcare industry.

The FY 2021-22 CHC Board is comprised of 63.6% consumer members. CHC Board members are recruited and carefully vetted for their unique and diverse skillsets and evaluated for their ability to contribute to the oversight activities and responsibilities of the CHC Board. The consumer Board members closely reflect the composition of the community served.



CHC Board members receive no compensation for their participation. They serve two- to three-year terms as specified in the Bylaws. CHC Board members receive mandatory two-hour ethics training and must maintain regular attendance at the CHC Board meetings, held monthly. The CHC Board includes an Executive Committee of four CHC Board members, who are elected by the other members each June to a one-year term.

Beginning in FY 2020-21 and continuing in FY 2021-22, due to the COVID-19 public health emergency, CHC Board meetings were held virtually in accordance with state and local guidance on social distancing and per temporary suspension by Executive Order of the Brown Act requirements. In FY 2022-23, per Government Code Section 54953, subdivision (e)(3), and guidance from Ventura County Counsel, the CHC Board will determine at its meetings whether the conditions for meeting virtually still exist and will document this determination in the meeting minutes.

FY 2021-22 CHC Board Members



David Tovar
District 1
Chair



James Mason
District 5
Vice Chair



Ralph Reyes
District 3
Secretary



Rena Sepulveda
District 1
Treasurer



Manuel Minjares
District 3



Renee Higgins, MD
District 3



Susan White Wood
District 5



Melissa Livingston
District 4



Espy Gonzalez
District 2



Robert Rust
District 3



Monique Nowlin
District 1

FY 2021-22 ACTIVITY HIGHLIGHTS

Operational Improvement Initiatives

In FY 2020-21, ECG Management Consultants, LLC (ECG) contracted with VCHCA to design an integrated, efficient, and accountable clinic business model to improve financial performance and patient access. Integration was completed in 2021.

The integration has provided an opportunity to make improvements on operational efficiencies with the focus on increasing access to care, by enhancing clinic workflows and implementing a centralized call and referral center. Integration is expected to form a stable infrastructure for future services and locations. By allowing for standardization and breaking down silos, integration opens communication channels and allows for the creation of consistent job descriptions, performance benchmarks, and monitoring. In addition to focusing on filling the vacant positions due to the challenging labor market, the ambulatory care team has developed work groups to improve these efficiencies and implement standard procedures. The workgroups include:

- Patient scheduling – The team has been developing a schedule template design to prepare for the text messaging and call center implementation. This will help to streamline scheduling across all clinics.
- Registration – Patient registration workflows have been developed to identify demographic and payor information at appointment scheduling and during the check in process. It is important for this information to be accurate to understand and better address patient and community needs, including barriers due to social determinants of health.
- Referral – The referral workgroup will be reviewing current processes and updating workflows to ensure that referrals are timely and accurately tracked and processed.
- Missed appointment opportunities – The missed appointment workgroup is developing consistent definitions for no-shows and cancellations. This will allow for more accurate reporting to aide in schedule management.
- Back-office - The ambulatory care Director of Nursing has been working with staff to establish back-office processes. The back-office employees are those that are rooming patients, supporting the providers with refills, and taking calls from patients. The goal of the back-office workgroup is to minimize the burden on the physician.

Ultimately, the workgroups will help with patient access through the implementation of bi-directional text messaging, the development of the call center, and referral management. The WELL Health text messaging platform is live and performing to expectations. The call and referral center is planned to be completed by the end of November 2022, and the implementation of Cerner Practice Management should be live in 2023.

In addition to the workgroups, other workflow improvement initiatives include:

Call and Referral Center – The call and referral center is a centralized location for VC CHC to answer phone calls, improve customer service, schedule appointments across the clinics, and ultimately increase patient access and program efficiency. Throughout FY 2021 – 22, the team has hired more agents to assist with calls and text messages, as well as nurses to assist with triage and respond quickly with emergencies. The first cohort of call and referral center employees have moved to the centralized location.

WELL Health Bi-Directional Texting Platform - Ventura County CHC FQHCs implemented texting/appointment portal through WELL Health, where the team can send reminders to patients two weeks prior to their scheduled appointment. Since the pilot launched, within two months, there was a combined 20% decrease in missed opportunities, reduced no-show rates, and the team increased the filling of canceled appointments. This program has improved clinic productivity by 26%. The program will also be used to create campaigns, messaging 30K patients at once, to reduce gaps in patient care. Additionally, because the program is bi-directional, the service also allows for the patient to text at any time, whether that be to schedule an appointment, ask any questions, or perhaps request a refill on their prescription.

Centralized Procedure Scheduling - The Ventura County CHC created a full workflow to update the GI procedure scheduling at the clinic level. The program piloted at Magnolia. VCHCA clinics are now able to schedule patients for follow-ups within the year, as opposed to waiting almost two years for follow-up visits. This program has also shown an increase in communication with the hospitals. In addition to the GI procedure scheduling, the team has created a separate workflow for scheduling primary care and expanded the hours of operation at several sites to provide more opportunities for patients to be seen.

Behavioral Health Integration

The Ventura County CHC continues to implement behavioral health integration to increase access to mental health and substance use disorders services and improve quality of care. Electronic clinical questionnaires through Tonic allow completion of depression screening and other tools remotely and in-clinic, supporting improved identification of patients experiencing depression and addressing depression remission. Recruitment is underway for behavioral health clinicians to be placed at the FQHCs, and processes and tools to connect patients to required services and facilitate communication and “warm hand-offs” between primary care and behavioral health are being developed. In-house mental health therapists provide short-term psychotherapy to help reduce depression symptoms and a registered nurse provides medication management. Physicians can seek out consultation from contracted psychiatrists. The multidisciplinary team approach helps promote overall patient wellness and improve depression measure outcomes.

HRSA Health Center Construction & Capital Improvements (ARP-Capital)

Under the American Rescue Plan, in FY 2021, HRSA provided the Health Center Construction and Capital Improvements one-time funding (ARP-Capital) to HRSA-designated CHCs to strengthen primary healthcare infrastructure in support of health equity and health outcomes. The Ventura County CHC was awarded \$1.6 million to expand Magnolia Medical Clinic West to add dental services; and to add and upgrade imaging equipment at six FQHCs.

The dental expansion at Magnolia West will add five dental operatories, a sterilization and dental lab, a patient lobby, and a front desk registration area in an existing adjacent suite. There is increasing awareness of the role that dental health plays in overall health and corresponding interest in access to dental health services. Community partners that previously offered dental services have discontinued these. This expansion will allow the Ventura County CHC to provide this access and thereby meet a key community health need. Anticipated completion date is Q4 2023.

The imaging equipment upgrade includes replacement x-ray and ultrasound equipment and the addition of new equipment. Three x-ray units will replace older units that have required frequent repairs and have disrupted services at high-volume FQHCs. The addition of new x-ray equipment will mean that these services will be available in each region of Ventura County. The addition of new ultrasound equipment will ensure that all sites offering women's health services can maintain reliable, equitable access to in-house ultrasound services. Anticipated completion date is Q1 2023.

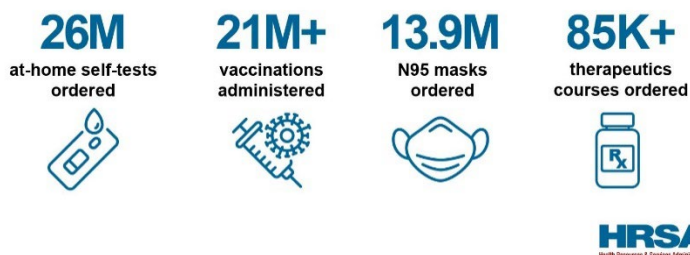
COVID-19 Response and Community Support

In FY 2021-22, the COVID-19 public health emergency (COVID-19 PHE) remained a priority for the CHC Board and the CHC FQHCs, which continued efforts to maintain community access to primary care and preventative health services and to provide COVID-19 response and community support. During FY 2019-20, HRSA made one-time supplemental funding available to HRSA-designated CHCs through the American Rescue Plan (ARP-COVID-19) to support COVID-19 response, healthcare workforce, and healthcare services. The Ventura County CHC received \$15.6 million to be disbursed over two years, budget period ending in March 2023.

This supplemental funding allowed all CHC FQHCs to remain operational in FY 2020-21 and FY 2021-22 during the COVID-19 PHE and to provide drive-through COVID-19 testing at six locations throughout Ventura County. As focus shifts from response and support to recovery, the supplemental funding has been used to offer vaccines and treatment against COVID-19 at all sites.

To ensure equity in COVID-19 vaccine distribution, HRSA and the Centers for Disease Control and Prevention (CDC) launched the Health Center COVID-19 Vaccine Program to directly allocate

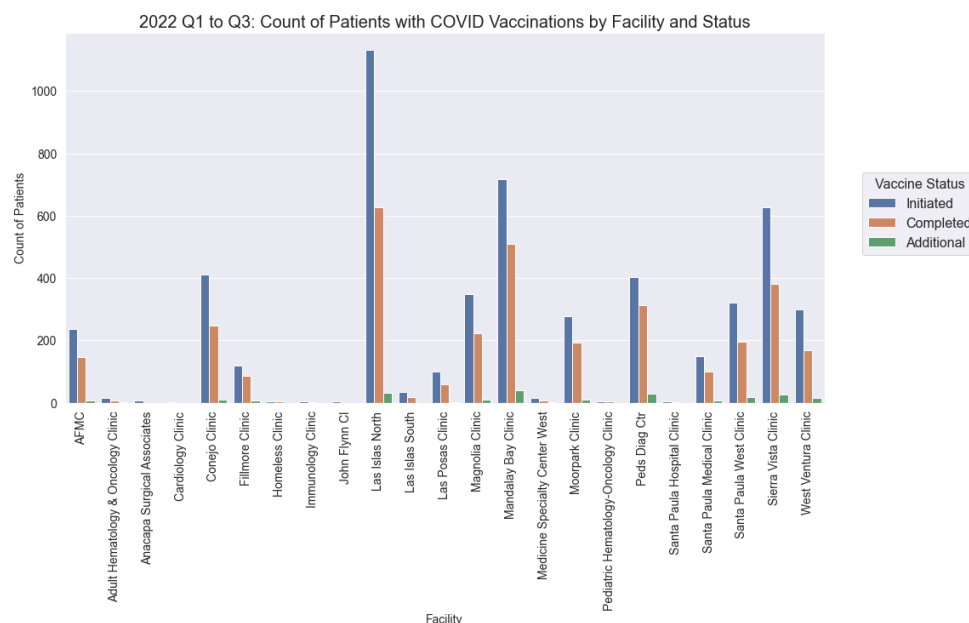
Health centers have led the Biden-Harris Administration's efforts to ensure that communities across the country have equitable access to critical COVID-19 supplies.



COVID-19 vaccine to HRSA-designated CHCs. VCHCA CHC was among the initial 250 HRSA-designated CHCs selected for participation in this program, which has since been made available to all HRSA-designated CHCs. Evaluation of CHC COVID-19 vaccination efforts are ongoing. It has been successful offering the vaccine at routine visits because it gives the PCP an opportunity to provide

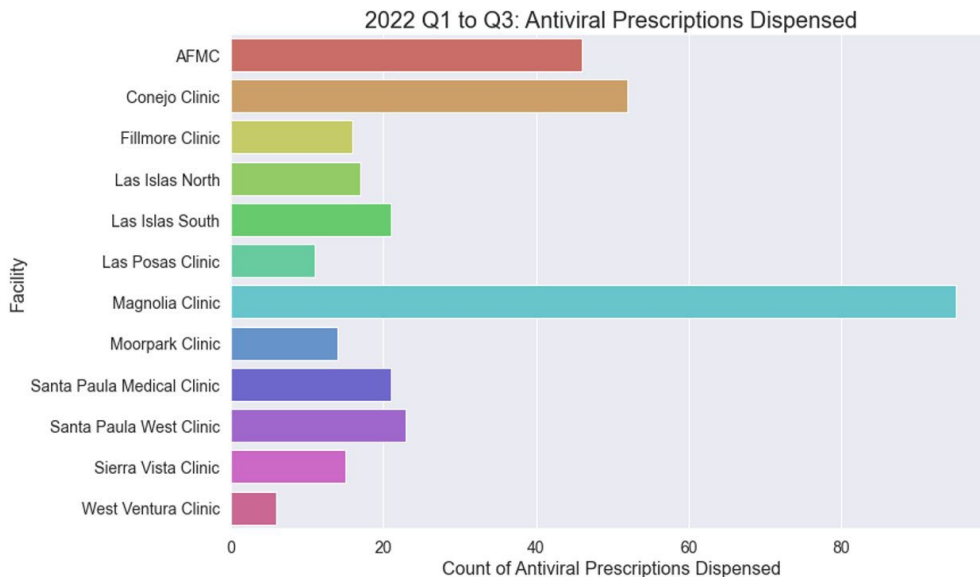
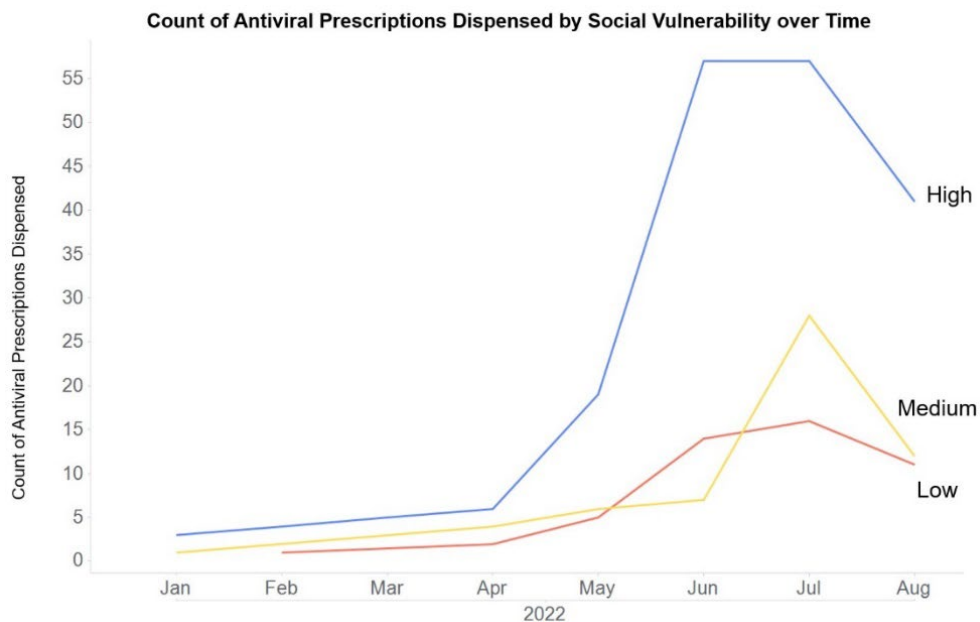
Figure 5. HRSA Health Center COVID-19 efforts.

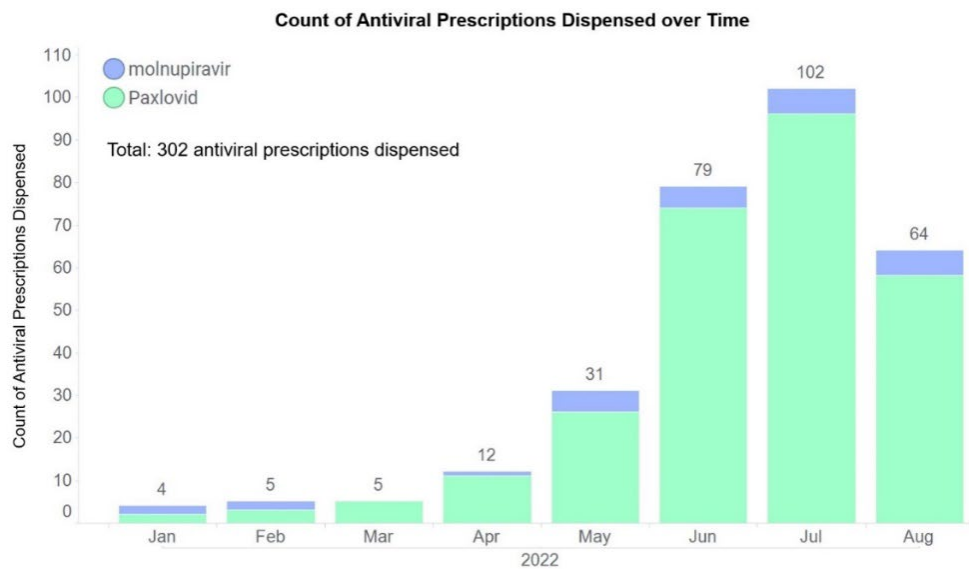
education and answer any questions regarding the vaccine. The health centers have focused on increased vaccination efforts for vulnerable populations, including individuals experiencing homelessness and agricultural workers. By participating in HRSA's Health Center Testing Supply Program, the FQHCs can distribute test kits to reach those vulnerable populations. Through the first three quarters of 2022, the FQHCs had administered a total of 5,480 COVID-19 vaccine doses; 2,011 adult patients had received at least one dose, and 850 adult patients had been fully vaccinated.



FY 2021-22 brought on a new effort, treating COVID-19 with anti-viral medication. From January to September 2022, VCHCA distributed over 330 anti-viral medication courses, Paxlovid and molnupiravir. Simultaneously, VCHCA implemented the Test-to-Treat initiative, where the FQHCs are able to test and begin COVID-19 treatment in the same visit. A CDC study showed a disparity

between the lowest rates of Paxlovid prescribing and zip codes with the highest social vulnerability, therefore the VCHCA Test-to-Treat initiative was implemented at all clinics, and most notably, those in the highest quartile of social vulnerability - Oxnard and Santa Paula.





HRSA Quality Awards

In 2022, the Ventura County CHC FQHCs received two Community Health Quality Recognition awards. The first for advancing health information technology (HIT) for quality, which required VCCHC to adopt an electronic health record system, offer telehealth services, exchange clinical information electronically, engage patients through health IT, and collect data on patient social risk factors. The second award was for addressing social risk factors, which also required VCCHC to collect data on patient social risk factors and increase the proportion of patients receiving enabling services between consecutive reporting years. The Ventura County CHC's goal is to eventually earn the Health Center Quality Leader bronze, silver, or gold award. To do so VCCHC needs to land in the top 30% of AQR (Adjusted Quartile Rankings) – which assesses and compares the health center's clinical quality performance to that of similar health centers⁷.



Figure 6. 2022 HRSA Quality and Addressing Risk Factor Awardee.

⁷ [Community Health Quality Recognition \(CHQR\) awards](#).

FY 2022-23 Planned Projects and Activities

HRSA National Hypertension Control Initiative (NHCI-HC) Supplemental Funding

HRSA and the Office of Minority Health partnered through the National Hypertension Control Initiative: Addressing Disparities Among Racial and Ethnic Minority Populations to offer supplemental funding for self-monitored blood pressure machines to increase the number of adult patients with controlled hypertension. The Ventura County CHC was awarded \$392,400 in supplemental funding to distribute self-monitored blood pressure machines to its patients with hypertension.

There is strong evidence that such machines can improve access and quality of care for patients with hypertension and thus contribute to improved hypertension control. Hypertension control is associated with decreased risk of heart disease, stroke, and pregnancy complications, and decreased risk of severe illness from COVID-19.

After piloting this program at the Sierra Vista clinic, all sites have received the program and 350 blood pressure cuffs have been deployed overall, with 15% of the patients already showing controlled blood pressure. Patients can monitor blood pressure through an app, their Bluetooth device, or any wireless device. HRSA supplemental funding budget period ends in 2023.

On-Site Visit

HRSA is expected to conduct its on-site visit in 2023.

Active HRSA One-time & Supplemental Funding: Summary

HRSA Funding	Amount	Budget Period	Description
330 Block Grants	\$1,861,900	Mar 2020 – Feb 2023	Base award with an additional supplemental award focused on Quality Improvement
ARP-Capital	\$1,660,000	Sept 2021 – Sept 2024	Health center capital improvement and infrastructure
ARP- UDS+	\$65,500	Apr 2021 – Mar 2023	Helps to improve IT to get better information reporting for the UDS.
ARP-COVID-19	\$15,600,000	Apr 2021 – Mar 2023	Provides funding for COVID-19 response and community support, maintenance of staffing levels for continuity of operations, COVID-19 staff training/technical assistance, and patient outreach
NHCI-HC	\$392,400	Jan 2021 – Dec 2023	Self-monitoring blood pressure equipment and training/technical assistance for improved blood pressure control

Total Funding **\$19,330,687**

Strategic Initiatives

In FY 2019-20, the CHC Board drafted and approved the CHC Strategic Plan for CY 2021 – 2023. The six strategic initiatives in the CHC Strategic Plan correspond directly with those in the July 2020 Ventura County Health Care Agency Strategic Planning document.

The following table shows how FY 2021-22 activities and planned FY 2022-23 activities support each of the Strategic Initiatives.

Table 2. Strategic Initiatives: Completed, In Progress, & Next Steps to begin in 2023.

Strategic Initiative	Completed	In Progress	Next Steps
1. Financial Stability & Performance	<p>Successfully completed clinic integration.</p> <p>Updated, presented, and approved fiscal policies and procedures.</p> <p>Developed a strategy for increasing Medi-Cal PPS rates by 10%.</p> <p>Continued to monitor the percentage of uninsured patients.</p> <p>Obtained Medi-Cal PPS windfall due from appeals. Team is investing significant resources in tracking and estimating net financial impact.</p> <p>Continued to monitor New Access Point Opportunities.</p> <p>FY 2021 reconciliation requests have been filed and show the expected reduction in PPS liability.</p>	<p>Revenue Cycle improvement plans have been published. Updates will be reported to CHC Board bi-annually.</p> <p>Program and fiscal teams will set up, at minimum, quarterly meetings to review HRSA budgets and budget carryovers.</p> <p>Template for FQHC combined reporting was developed, in quality control stage. The initial reporting of unaudited FY 2022 management report provided at the CHC Board October Meeting.</p> <p>HCA CFO/contracts/revenue cycle working group is currently negotiating several contracts. Recent onboarding of Strategy Director to assist with payer optimization.</p> <p>Ambulatory Care leadership is optimizing processes to facilitate rate resetting, including centralized call center, schedule management, contracts, staff recruiting, site optimization, cost containment, improved reporting, and process management.</p> <p>Development of back-office workflows to identify support staff roles.</p>	
2. Quality & Safety	<p>Continuing with Ambulatory Care Quality Assurance (ACQA) meetings.</p> <p>Implemented patient screening software and associated iPads.</p>	<p>Continuing to distribute home blood pressure devices at FQHC sites.</p> <p>Utilizing POC A1c testing to screen diabetic patients, to control a top four diagnosis reflected in the annual UDS report.</p>	<p>Explore alternative options for empanelment as Registries is not a viable solution.</p>

Strategic Initiative	Completed	In Progress	Next Steps
	<p>Grievances, patient satisfaction surveys, and safety concern data presented to CHC in Q1. Revamped RL Datix reports are live and were presented at AC PICC in November.</p> <p>Cerner Registries went live system wide.</p> <p>Monitor both the environment of care and of work vis a vis Personal Protective Equipment (PPE).</p> <p>Home blood pressure cuff distribution is live at all non-pediatric FQHC sites, which helps to improve the BP control rate and addresses a top four diagnosis reflected in the annual UDS report.</p>	<p>Implement Medi-Cal Healthier California for All, formerly known as CalAIM.</p> <p>Surpass the national average for ALL Uniform Data System (UDS) measurements.</p>	<p>Looking for additional funding opportunities to purchase additional POC A1c machines for new sites to address a top four diagnosis reflected in the annual UDS report.</p>
3. Service Excellence	<p>Resolved Fillmore primary care vs urgent care service needs.</p> <p>Expand Primary Care Integration (PCI) model to improve access and strengthen Behavioral Health (BH) services.</p> <p>Standardize scheduling/develop standard templates.</p> <p>Finalized business plan and location for centralized call and referral center. Began hiring and moving employees to new location.</p> <p>Applied re-designed templated to the majority of sites. Implemented bidirectional text messaging. Workflows have been developed.</p>	<p>Exploring expanded hours of operation for primary care.</p> <p>Exploring adding optometry and nutritional support to address the high incidence of diabetes.</p> <p>Continuity of care improvements / achieve Patient Centered Medical Home designation.</p> <p>Working with specialty groups to revamp schedules to increase access.</p> <p>Improve care coordination among multiple disciplines.</p> <p>Develop standard clinic design template(s).</p> <p>Rethink specialty service locations and breadth to improve clinician productivity and patient access.</p> <p>Working with a dental vendor for new Magnolia dental space. In the process of negotiating terms.</p>	<p>Establish a patient electronic payment portal.</p>

Strategic Initiative	Completed	In Progress	Next Steps
4. Growth & Innovation	Home blood pressure cuff distribution is live at all non-pediatric FQHC sites. This has helped improve blood pressure control rate, a top four diagnosis reflected in the annual UDS report.	Achieve or modify HRSA total patient number goal to reflect current census. Utilizing POC A1c testing to screen diabetic patients to address a top four diagnosis reflected in the annual UDS report. Formalize CHC Board development and orientation process. Increase Telehealth utilization by 10%. Increase Medicare from 8% to 10% of patient payer mix. Expand women's services in Oxnard.	Looking for additional funding opportunities to purchase additional POC A1c machines for new sites to address a top four diagnosis reflected in the annual UDS report.
5. Staff Engagement & Leadership Development	Explored a possible transition from private medical group clinic management to County management. Customer service effort data provided to the leadership team monthly. Additional fields for ethnicity and patient zip code have been added to reports. Dedicated fiscal leadership. Complete transition to Primary Care Integration (PCI) for FQHCs. Increase the number of bilingual Licensed Clinical Social Workers (LCSWs). Provided training to the quality team on process improvement tools.	Monitor potential increased needs for Medi-Cal enrollment efforts. Participate in National Research Corporation follow-up to customer service efforts. Revising survey questions based on the service lines and refining patient facing materials. Improve clinician productivity to meet Medi-Cal PPS standards – implemented schedule redesign. Reduce staff turnover by 10%. Continuing to develop a database to pull specific data by classification and site. Increase ratios of MDs to mid-levels. Ongoing review of QI tools and training is provided.	Planning to utilize County sponsored training when it resumes.
6. Patient & Community Engagement	COVID-19 management in coordination with statewide improvement efforts. Continuing with Test to Treat efforts. Continuing as an active participant with local agencies working to improve social determinants of health.	Increased cultural sensitivity via specific training and development. Increased marketing efforts in association with the Health Care Agency. Continue to meet regularly with clinic leadership and staff to improve performance in population health and preventative care and return patients to standard preventative care heavily impacted by COVID.	Homeless management to improve linkages to primary care. Expand access to health care for farmworkers/Explore possibility of additional HRSA grant funding.

FY 2022-23 CHC BOARD MEETING SCHEDULE

Meeting Location:

<https://us02web.zoom.us/j/84777630936?pwd=VkrkNE43dnZVSFZEMTBONDVTMGVOQT0>

Meeting ID: 847 7763 0936

Passcode: 345582

+1 669 900 6833

THE VENTURA COUNTY COMMUNITY HEALTH CENTER BOARD MEETS THE
FOURTH (* EXCEPTION) THURSDAY OF EVERY MONTH @ 12:30 PM

January

February

March

April

May

June

July

August

September

October

November*

December*

For information about CHC Board meetings, please contact the CHC Board Clerk at (805) 677-5291 or by email at CHCBoardClerk@ventura.org.

CHC Board meetings are open to the public.

The CHC Board will determine by formal vote at each meeting whether the conditions for meeting virtually still exist. Each determination will be made no later than 30 days from the previous determination. The results of this determination will be available from the CHC Board Clerk, contact information above. Notification of changes to the meeting location occur at least one month in advance of the meeting date.

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