

Community Health Center Board of Ventura County Meeting
Minutes for September 23, 2021

THERESA CHO, MD
Ventura County Ambulatory Care
Chief Executive Officer
Medical Director
CHC Executive Director

JOHN POLICH
County of Ventura
Assistant County Counsel

KELSEY HOLLENBACK
Ventura County Ambulatory Care
CHC Co-Applicant Board Clerk

Meeting Minutes
September 23, 2021
12:30 to 2:00 PM

Ventura County Public Health
Administration Building
2240 E. Gonzales Road Suite 200
Oxnard, California 93036
Admin. Office, (805) 981-5101

CHC BOARD MEMBERS:

MANUEL MINJARES, District 3
Chair

RENEE HIGGINS, MD, District 3
Vice Chair

RENA SEPULVEDA, District 1
Treasurer

DAVID TOVAR, District 1
Secretary

SUSAN WHITE WOOD, District 5

MELISSA LIVINGSTON, District 4

ESPY GONZALEZ, District 2

RALPH REYES, District 3

AMY TOWNER, District 1

ROBERT RUST, District 3

JAMES MASON, District 5

MONIQUE NOWLIN, District 1

Call to Order

CHC Board Chair Minjares called the meeting to order at 12:31 PM.

1. Roll Call

Manuel Minjares – **Present via teleconference**

Renee Higgins – **Absent**

Rena Sepulveda – **Present via teleconference**

David Tovar – **Present via teleconference**

Susan White Wood – **Present via teleconference**

Melissa Livingston – **Present via teleconference**

Espy Gonzalez – **Present via teleconference**

Ralph Reyes – **Present via teleconference**

Amy Towner – **Present via teleconference**

Robert Rust – **Present via teleconference**

James Mason – **Present via teleconference**

Monique Nowlin – **Present via teleconference**

Roll call confirmed that a quorum was present.

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2. **Ventura County Staff Present**

Lizeth Barretto, HCA Ambulatory Care
Martin Hahn, HCA Ambulatory Care
Kelsey Hollenback, HCA Ambulatory Care
Fernando Medina, HCA Ambulatory Care
Michelle Meissner, HCA Ambulatory Care
Dee Pupa, Ventura County Health Care Plan
Rachel Stern, HCA Ambulatory Care
Christina Wood, Ventura County Health Care Plan

Public Present – None

3. **Public Comments** – No public comment.

Action Items

4. **Approval of CHC Board Meeting Agenda for September 23, 2021** – Board Member Rust motioned to approve the agenda for the September 23, 2021 CHC Board meeting, seconded by Board Member Nowlin and motion carried.
5. **Approval of CHC Board Meeting Minutes for August 26, 2021** – Board Member Rust motioned to approve the minutes for the August 26, 2021 CHC Board meeting, seconded by Board Member White Wood and motion carried.
6. **Approval of:**

- a. **2020 CHC Quality Assessment and Performance Improvement Review** – Michelle Meissner, Ambulatory Care Quality Manager, presented the 2020 CHC Quality Assessment and Performance Improvement Review. There are three major quality categories: access to care, patient satisfaction, and clinical quality. Each category includes metrics, targets, system performance, and whether target was met. Duplicate metrics occur when the DHCS Quality Improvement Program (QIP) and the Gold Coast Quality Incentive Agreement (QIA) use different populations, resulting in differences in calculated system performance.

For 2020, the CHC system did not meet targets in some metrics, particularly in the category of access to care. Board Member Rust inquired how targets are established. Ms. Meissner clarified that the targets are established using national benchmarks with the intent of closing gaps between CHC system performance and those benchmarks. Dr. Stern further clarified that national benchmarks are established using the 90th percentile for Medicaid metric performance.

Board Member Tovar inquired whether there is a lag among different data systems and whether Ambulatory Care Quality has a means of validating metrics calculated by outside entities. Per Ms. Meisser, QIP uses data through April, and QIA uses Gold Coast final

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year-end HEDIS data, which is through July. About 98% of the data required for calculating metrics is available in-house from the Cerner EHR. The Cerner data is supplemented by Gold Coast claims data, which generally has about a three-month lag. At present, Gold Coast claims data has not been available since March 2021 due to a billing system conversion. Ambulatory Care Quality validates metrics using data reporting available in-house.

Board Member White Wood motioned to approve, Board Treasurer Sepulveda seconded, motion carried.

- b. **2021 CHC Quality Assessment and Performance Improvement Program and Plan** – Ms. Meissner presented the 2021 CHC Quality Assessment and Performance Improvement Program and Plan. Program and plan goal is to return to pre-COVID-19 pandemic standards of care, focusing on preventative visits, immunizations, routine screenings, and chronic disease management. Access to care improvement activities will target well-child and well-adolescent visits. Patient satisfaction will continue to be measured by overall provider rating, and the target has been updated to incorporate the prior year performance.

QIP and QIA clinical quality measures will be brought into alignment with HRSA UDS measures.

Dental services will be expanded through the Pediatric Diagnostic Center's existing capacity and, if awarded, through the HRSA Health Center Infrastructure grant, which will fund construction of a new dental site at Magnolia. For Behavioral Health, Tonic electronic screeners will be used for depression screening and to identify depression remission.

Upon review of requirements and purpose, the AC PICC meeting has shifted from a formal meeting to a more collaborative discussion format.

Board Member White Wood motioned to approve, Board Treasurer Sepulveda seconded, motion carried.

(Chapter 10 – Quality Improvement/Assurance/Chapter 19 – Board Authority)

Presentation:

7. **Cal-Aim Update** – Dr. Rachel Stern, Ambulatory Care Chief Medical Quality Officer, presented on Cal-Aim, a new State of California program that will continue to fund services that are currently under the Whole Person Care (WPC) waiver, which ends in December 2021. Cal-Aim will go live on January 1, 2022. Cal-Aim includes two programs: Enhanced Care Management (ECM), which expands case management to Medi-Cal members experiencing homelessness, those with serious mental illness, and those with substance use disorders; and Community Supports (formerly In Lieu of Services/ILOS), which provides funding for services such as housing navigation and food delivery.

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The CHC's WPC model includes care coordination, frequent check-ins for patient support, and field-based services. Community Health Workers are recruited from WPC patient communities, and there is a career ladder for them to advance; they are supported by RNs, Behavioral Health clinicians, and Alcohol and Drug Treatment specialists. YTD enrollment is 591 patients, and WPC has also funded 162 One Stop events and 69 COVID-19 vaccine events. WPC patients have seen a 50% reduction in ED visits, 50% reduction in hospitalizations, and 65% reduction in readmissions, with better-than-national-average HEDIS metrics.

Cal-Aim is designed as a broad-based delivery and payment reform program promoting a "no wrong door" approach to accessing needed services. While WPC was administered directly by the CHC, Cal-Aim will be administered through Gold Coast. Currently, Gold Coast is planning to exclusively contract with the HCA, including funding expansion to Behavioral Health, with some services through the HSA.

CHC WPC plans to expand its case management model before the end of year and then transition to Cal-Aim. In addition to the existing street-based teams, there will be WPC teams in the clinics that have the largest numbers patients with hospitalizations, serious mental illness, substance use disorders, and homelessness (AFMC, Conejo, Las Islas, Magnolia, and Sierra Vista). Staff recruitment remains challenging, but WPC team placement is moving forward. The WPC model may need to be adjusted as ECM is expected to include patients experiencing less medical complexity than the current adult high utilizers, but more homelessness or substance use disorders.

Board Member Tovar and Board Member White Wood inquired about program savings to Medicaid and whether available funding will be sufficient to cover costs.

Dee Pupa, Ventura County Health Care Plan Director, asked about enrollment and maintaining continuity for patients while WPC transfers to Cal-Aim. Dr. Stern acknowledged that Cal-Aim differs considerably in administration from the WPC waiver, and CHC WPC is working to ensure seamless transition for patients. Under Cal-Aim, reassessment occurs after 6 months, but Gold Coast has indicated that it is open to continuing services for ongoing needs. The CHC's eligible patient population for Cal-Aim is at least three times greater than the current WPC patient enrollment.

Board Member Gonzalez asked about outreach and enrollment of unseen families.

Board Member Livingstone confirmed that HSA is working with Erik Cho, VCMC/SPH Chief Hospital Operations Officer, and Deanna Handel, Ambulatory Care WPC Manager, on accessing Cal-Aim funding through the CS (ILOS) program, but Cal-Aim funding will not cover costs. Board Member Nowlin confirmed that the Area Agency on Aging is working on applying for Cal-Aim funding as well.

Concerns were raised regarding data sharing and how homelessness is defined.

Old Business

8. **Provider Credentialing** – Lizeth Barretto, Ambulatory Care Chief Operations Officer, shared the

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status of the Ambulatory Care policy and procedure update re: provider credentialing. The update requires further discussion with Tracy Chapman, Medical Staffing Office, and Dr. Theresa Cho, Ambulatory Care CEO and Medical Director, to clarify the flow of information. Ms. Barretto anticipates that the draft updated policy will be available to review at the next CHC Board meeting on October 28.

Discussion Items

9. Continued Business

- a. **Grants Update** – HRSA Service Area Competition application was submitted on September 2, ahead of the September 13 deadline. HRSA review and feedback is pending. HRSA Health Center Infrastructure grant application for dental and imaging equipment expansion is still pending award determination; awards were to be announced in mid-September. Ms. Barretto is checking the web portal every day and will update the CHC Board once the announcement is made.
- b. **Board Composition and Recruitment** – Ms. Barretto will be working with Kelsey Hollenback, Ambulatory Care Grants Administrator and CHC Board Clerk, on recruitment of a Consumer Member who reflects CHC patient population diversity. An update will be provided at the next CHC Board meeting.

10. **CEO Update** – Clinic staff recruitment continues to be a priority. Approximately 600 clinic staff and providers were moved from the existing clinic structure to direct County employment, complete as of July. There has been some attrition, which was anticipated, and an increase in provider FTE, which was not anticipated, and which requires additional staff to support. About 40 positions remain vacant, and a hiring fair that will be held on Saturday, September 25 with VCHCA's support has registered some 75 interested parties thus far.

Despite these vacancies, the clinics have administered about 3,000 COVID-19 vaccines since July 1 and have seen a 10% increase in patient volume from July to August. Telehealth utilization is at 21% across all clinics but varies significantly by location; telehealth is at 40-60% in East County clinic sites and at 12% in South Oxnard clinic sites. Differences in telehealth utilization may be attributable to technology and related digital infrastructure access. CHC clinic Las Islas in South Oxnard has to an extent offset this "digital divide" by remaining open to in-person visits and has maintained the highest patient volume of any CHC clinic.

The CHC system is working to comply with the State of California's COVID-19 vaccination requirements by the September 30 deadline, validating employee proof of vaccination or exemption for medical or religious reasons. It has been clearly communicated to employees and managers that those who have not validated the required COVID-19 information by the deadline will not be able to enter/access the physical CHC locations.

Board Member Mason suggested addressing telehealth barriers by coordinating with public libraries or US Post Offices that may already offer public Wi-Fi access to act as remote telehealth sites. Dr. Cho suggested that public libraries may be suitable for this as they may have study rooms or conference rooms that could facilitate patient confidentiality. Board Member Towner

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cited the Reach Out and Reach program, in which new books in Spanish and English are provided at well child visits, as an existing partnership between the public libraries and Ambulatory Care that has demonstrated significant effectiveness in addressing a Public Health-identified gap. The Director of First 5 has expressed interest in partnering in Reach Out and Read. Board Member Nowlin described the Area Agency on Aging library computer kits for older adults, which provide a headset and hotspot for older adults to access online/electronic books and other electronic resources. Board Member Livingston recommended reaching out to Ventura County Library Director Nancy Schram, who has expertise in barriers to technology and related infrastructure access and who is currently working with the Workforce Development Board to address strategies for bridging the digital divide.

11. **Board Comments** – Board Member Nowlin provided the link to VC Connects (www.vconnects.org), the library technology kit program for older adults, in the chat.

Board Member Rust requested a COVID-19 status update. Per Dr. Cho, COVID-19 metrics for the County are at this time relatively stable; hospital bed availability has expanded, and the case rate has stabilized. COVID-19 hospitalizations have decreased from 25 patients two weeks ago to 5 patients at present. Dr. Stern identified test case positivity as a key metric for communities. The County's test case positivity has decreased from 8% to 3.9%. The County's health equity metric, which measures test case positivity in disproportionately impacted communities, has decreased from 9.4% to 5.3%. However, pediatric cases continue at a pandemic high.

12. **Staff Comments** – Ms. Barretto and Board Members discussed whether the next CHC Board meeting is to be held in-person or to remain virtual via Zoom. Pending consultation with County Counsel and Risk Management on AB361, since the COVID-19 public health emergency is still in place, next meeting will be held virtually on October 28 as scheduled.

13. **Adjourn** – Meeting adjourned at 1:36 PM.

Audio files of the CHC Co-Applicant Board meetings are available by contacting the CHC Co-Applicant Board Clerk at chcboardclerk@ventura.org

Minutes submitted by: Kelsey Hollenback, CHC Board Clerk