

VENTURA COUNTY COMMUNITY HEALTH CENTER (CHC)
2017-2020 STRATEGIC PLAN



“The CHC Board shall assist and advise the Ventura County Health Care Agency (HCA) in promoting its vision of healthy people in healthy communities.”

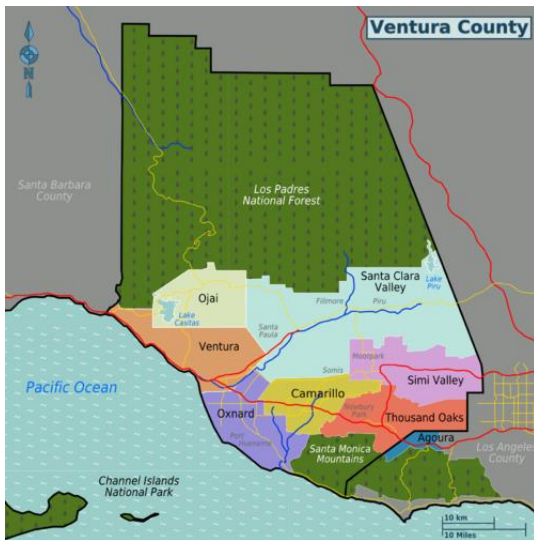
VENTURA COUNTY

Ventura County is located in west-central California along the Pacific Ocean. Neighboring counties include Santa Barbara County to the northwest, Kern County to the northeast and Los Angeles County to the south and east. The county's western and southwestern borders are on the Pacific Ocean with 43 miles of coastline that includes 7.5 miles of coastline for public beaches and 411 acres of State beach parks. In California, Ventura County ranks 26th out of 58 counties in land size. Mountain ranges, forests, agricultural plains, valleys and beaches dominate the topography with the Los Padres National Forest comprising most of the northern half of the county. The population centers are located in the southern portion of the county.

Ventura County's largest bodies of water are two large human-made lakes that provide recreation and serve as reservoirs. They are Lake Casitas (about ten miles inland, north of Ventura and west of Ojai) and Lake Piru (about 40 miles inland, west of Fillmore and the unincorporated area of Piru and bordering Los Angeles County). The Santa Clara River is the principal waterway and the Ventura River is a secondary waterway. With 43 miles of coastline, Ventura County has two recreational and fishing harbors: Ventura Harbor and Channel Islands Harbor; and hosts the Port of Hueneme, the only deep water harbor between Los Angeles and the San Francisco Bay. The port services international businesses and ocean carriers and has a high cargo throughput of automobiles, fresh fruit and produce, and is the primary support facility for the offshore oil industry. Along the coast there are two United States Navy bases: The Naval Air Station at Point Mugu and the Naval Construction Battalion Center in Port Hueneme. Two of the eight Channel Islands are part of Ventura County - Anacapa and San Nicholas Islands.

The northern portion of the county consists primarily of coniferous forests, chaparral and rugged inaccessible mountain areas. The Los Padres National Forest occupies 860 square miles or 46.6% of the land area. The county's elevation runs from sea level to its highest peak, Mount Pinos, at 8,831 feet followed by Frasier Mountain at 8,017 feet. The Topa Topa Mountains around Ojai, the Santa Susanna Mountains in the Simi Valley area, the Santa Monica Mountains in the southeastern section, and South Mountain of Santa Paula have created many fertile valleys and plains, making Ventura County one of the top agricultural producers in California. With one of the largest alluvial plains in the nation, the greater Oxnard area is designated as "prime farmland." Crops grown in Ventura County include strawberries, lemons, avocados, lemons, tomatoes, peppers, kale and flowers.

There are ten incorporated cities and all are located in the southern half of the county. The Conejo Grade serves as a natural divider between western and eastern Ventura County. Major



avenues of transportation include Highways 1, 23, 33, 34, 101 (the major route that runs along the coast, north to Santa Barbara and south to Los Angeles), 118, 126 (the major route that runs east from the coast in Ventura to the Los Angeles County line and intersects with Interstate 5), 150, and 232. County railway service includes passenger service on Amtrak and frequent rail service by Southern Pacific and Ventura County Railway Company. There are both public and private transit companies operating in Ventura County. Metrolink provides commuter service from the eastern portion of the county to Los Angeles.

Ventura County enjoys primarily a Mediterranean climate with an average annual temperature of 74 degrees F. There are six micro-climates, each has its own weather pattern. Average annual rainfall varies from 14 to 22 inches depending upon the area. Ventura County is known as the “Gold Coast” because of its scenic beauty, fertile lands, and Mediterranean-type climate.

The principal employment clusters in Ventura County are biotechnology, information technology, agriculture, healthcare services, financial services, and the U.S. Navy. Amgen, the largest private employer in the county has downsized by over 2,100 workers since 2007. The U.S. Navy (Point Mugu and Port Hueneme naval bases) and Ventura County government are the largest public employers. The farm sector currently employs over 24,000 workers, 8% of total employment.

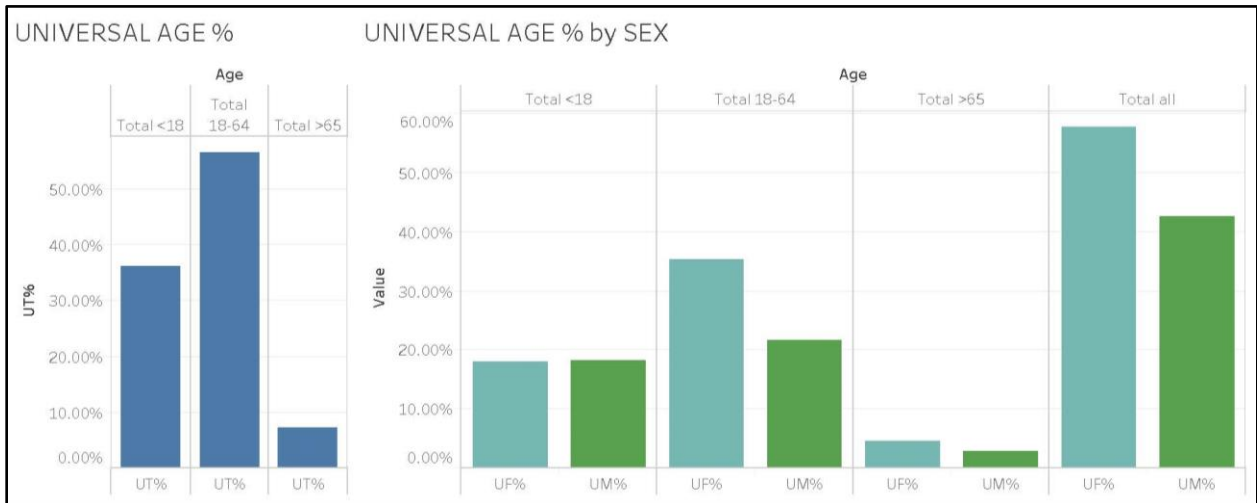
Ventura County is the 12th most populous county in the state with a population of 856,508 people and more than 296,800 wage and salary jobs. 24% of the population is under the age of 18 and 15% are over the age of 65. Approximately 41% of the population identifies as Hispanic (any race) residing predominantly in the cities of Oxnard, Port Hueneme, Fillmore and Santa Paula. The average household income is \$77,335. At 11.1%, poverty rates in Ventura County are slightly less than the state average with about 31% of adults having achieved a four-year college degree or higher.

City	% 2013 Poverty
Camarillo	5.8%
Fillmore	20.7%
Moorpark	7.2%
Ojai	11.5%
Oxnard	16.7%
Port Hueneme	17.5%
Santa Paula	19.4%
Simi Valley	6.6%
Thousand Oaks	6.8%
Ventura	10.7%
Ventura County	11.1%

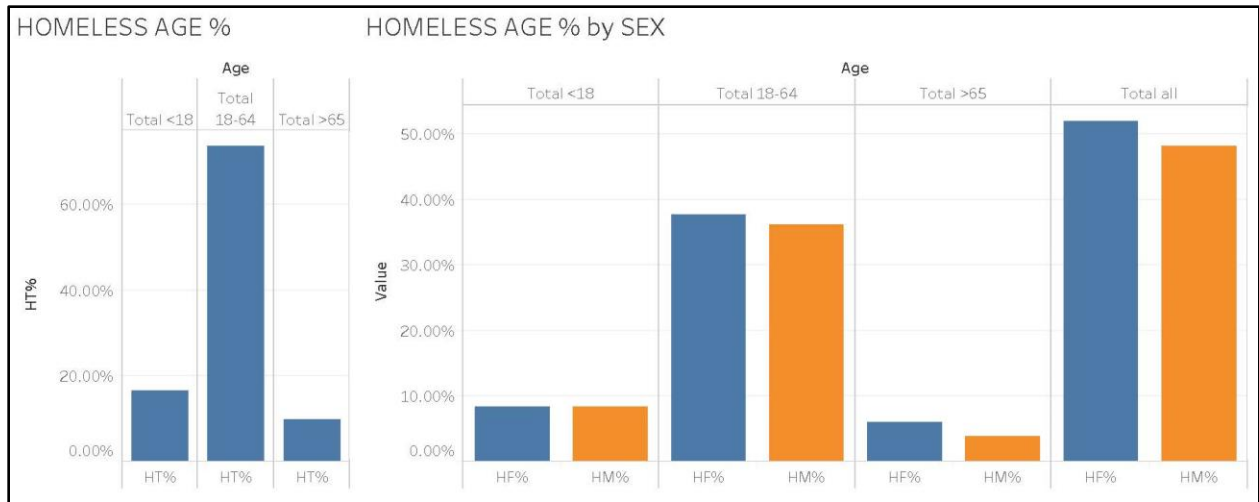
VENTURA COUNTY CHC

The County of Ventura Health Care Agency (HCA) is a department within the County government system that includes two hospitals, more than 60 primary and specialty care clinics, Behavior Health Department, Public Health, Animal Services and the Medical Examiner’s Office. The County of Ventura’s designation as a Community Health Center grantee under the Health Resources Services and Administration (HRSA) is critical to being well positioned to take full advantage of the benefits that come from this very special status. Nineteen (19) clinics in the County’s health care system are operated through the HRSA grant program. These clinics are known as Federally Qualified Health Centers (FQHCs). The FQHC primary care clinics currently manage care for more than 107,000 patients and over 325,000 visits per year in addition to the more than 14,000 patients that are part of the Health Care for the Homeless program. FQHCs are considered “safety net” providers and their main purpose is to enhance the provision of primary care services in underserved urban and rural communities. The CHC Board provides oversight of the FQHC clinic system that delivers comprehensive primary care to residents throughout Ventura County by collaborating with the County of Ventura and HCA.

In 2016 the majority of the patients served at Ventura County’s FQHC clinics were adult females and approximately 67% of the patients seen at the CHC in 2016 received coverage under the Affordable Care Act (ACA). There were more children seen in the general population than among the homeless.



2016 CHC General Patient Population Demographics



2016 CHC Homeless Patient Population Demographics

Ventura County Healthcare for the Homeless (HCH) Program provides primary health and support services to homeless and those at risk of homelessness in Ventura County. The HCH team includes a medical director, contract physicians, clinical assistants, and a network of providers. Services provided include primary and preventive health care, dental care, ophthalmology and referrals for mental health, substance abuse, social services, entitlement eligibility, TB/STD clinics, and HIV testing.

To the extent that homeless people have been able to obtain needed health care services in Ventura County, they often rely on emergency room care and the Health Care for the Homeless Clinic. Indigent people (with or without a home) experience many obstacles in obtaining health care. For homeless people there are additional barriers. Regardless of differences among homeless people or regional variations in services, homeless people are more susceptible to certain diseases, have greater difficulty getting health care, and are harder to treat than other people, all because they lack a home. Similarly, attempts to provide health and mental health care services arise in response to a crisis rather than developing as part of a well thought out care or treatment plan. The Healthcare for the Homeless program relies entirely on public funding and charity and is a cornerstone of the CHC.

VENTURA COUNTY CHC BOARD AUTHORITY

The CHC Board is established by law. It is the governing board mandated by HRSA under the authority of the Bureau of Primary Health Care (BPHC) to provide guidance to the County of Ventura’s network of FQHCs. The CHC Board of Directors are appointed by the County Board of Supervisors in accordance with HRSA regulations. HRSA requires that the CHC Board be comprised of both consumers and community members that must possess the training, skills, and expertise in the provision of services to the underserved. Specific areas of expertise may include: business, health administration, finance, community affairs, education, housing and shelter, insurance, marketing, public relations, and other health and social services. CHC Board Members receive no compensation for their work and are supported by staff from the County of Ventura Health Care Agency (VCHCA) Ambulatory Care Department.

2017 CHC Board Members

Mike Sedell	CHC Board Chair
Martin Hernandez	CHC Board Vice Chair
Lisa Safaeinili	CHC Board Secretary
Bob Davis	CHC Board Director
Rigoberto Vargas	CHC Board Director
Joe Paul, Esq.	CHC Board Director
Bob Rust	CHC Board Director
Jennifer Santos	CHC Board Director
Catherine Rodriguez	CHC Board Director
Charles Dixon	CHC Board Director
Celia Woods, MD	CHC Board Director
Anna Chavez	CHC Board Alternate Director
Selfa Saucedo	CHC Board Alternate Director
Terri Yanez	CHC Board Alternate Director

There are 19 HRSA requirements that dictate the activities of the CHC Board. Those 19 requirements are grouped into four (4) categories: 1. Identifying Community Need; 2. Service Provision; 3. Management and Finance; and 4. Governance. Following are the 19 requirements of the CHC Board:

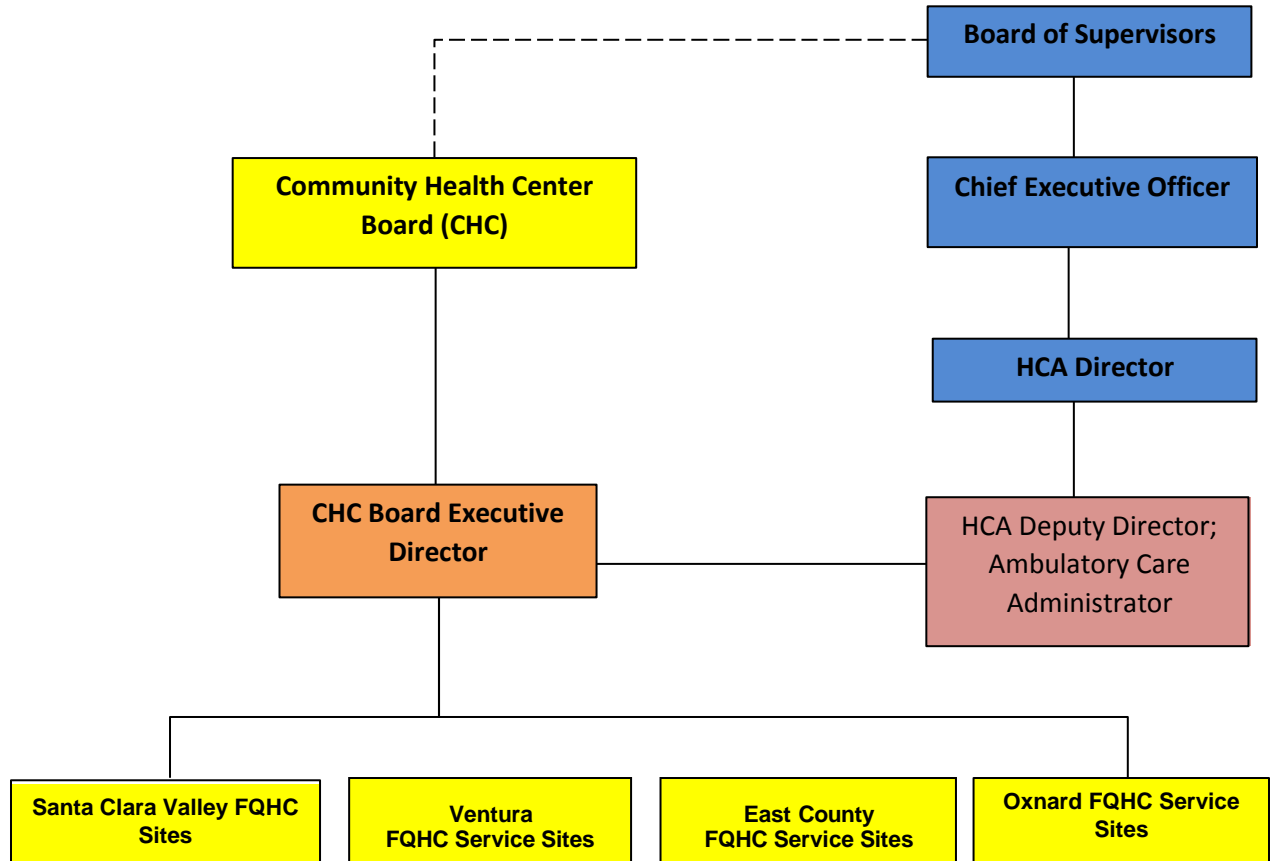
1. Conducts an annual community needs assessment;
2. Supports the provision of all primary care services;

3. Supports the provision of ample core staff;
4. Reviews and approves CHC hours of operation;
5. Reviews and approves CHC after hours clinical access;
6. Reviews hospital admitting privileges for CHC physicians;
7. Reviews and approves sliding fee and self-pay discount payment programs for uninsured patients;
8. Ensures a quality data collection plan for evidence based decision making;
9. Supports a fully staffed CHC management and fiscal team;
10. Supports contracts to ensure the provision of appropriate services;
11. Establishes and supports collaborative relationships between the CHC and community partners within the service area;
12. Supports that the CHC's fiscal management systems;
13. Supports the CHC's efforts to bill for and collect for the provision of health services;
14. Reviews the CHC's annual budget;
15. Supports the CHC's annual grant reporting process;
16. Reviews and approves grant applications and changes in scope;
17. Conducts the business of the CHC Board such as monthly meetings and ethical membership development;
18. Ensures adherence to CHC Board by-laws and all laws;
19. Abides by the County of Ventura's Conflict of Interest Code.

CHC Board Staff

Johnson K. Gill	CHC Board Executive Director
Michelle Laba, MD	VCHCA Medical Director, Primary Care
John Polich, Esq.	VCHCA County Counsel
Susan White Wood	CHC Board Clerk

CHC BOARD ORGANIZATIONAL CHART



The Ventura County CHC works directly with the Board of Supervisors and the Health Care Agency to provide quality health care to designated medically underserved areas and/or populations such as the homeless. As a public entity, Ventura County utilizes a “co-applicant” structure to meet the requirements of the law under HRSA. With this organizational structure, the County receives and manages the federal funding and the CHC Board provides the governing oversight of the FQHC system of clinics.

CHC STRATEGIC PLANNING METHODOLOGY

The CHC strategic planning process is the result of complying with the first of the 19 HRSA requirements – *Conducting a Community Needs Assessment*. In April 2016, CHC staff joined the efforts of two (2) County departments to conduct its community needs assessment. In collaboration with the County of Ventura Public Health Department and the County of Ventura Resource Management Agency (aka the County’s Planning Department) a Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Core Support Team was established. This core support team included representatives from Public Health, Planning, Human Services Agency, the Community Health Center Board, and the Behavioral Health. This core support team conducted community needs assessment workshops and stakeholder surveys. The first draft of the Community Needs Assessment was presented to the CHC Board in December 2016.



Upon the completion of the VCHCA’s Community Needs Assessment in March 2017, the CHC Board established an Ad Hoc Committee comprised of Board Members and support staff to develop a strategic plan.

2017 CHC Board Strategic Planning Ad Hoc Committee

Bob Rust	CHC Board Member
Rigoberto Vargas	CHC Board Member
Lisa Safaeinili	CHC Board Secretary
Susan White Wood	CHC Board Clerk
Michele Surber	Health Care for the Homeless Clinic Director

The CHC Strategic planning process took place over the course of 2016 and 2017. In addition to participating in the Ventura County Community Needs Assessment for the General Plan Update and the Public Health Needs Assessment, the CHC Strategic Planning Ad Hoc Committee conducted a health resources inventory and consequently identified Strengths, Weaknesses, Opportunities and Challenges (SWOC). The Strategic Planning Ad Hoc Committee also performed a literature review including other strategic plans, various other assessments and surveys such as those developed by the Kaiser Foundation, Dignity Health and the City of Ventura’s Social Services Taskforce on Homelessness.

The CHC Strategic Planning Ad Hoc Committee has relied heavily on the data from the HRSA required Uniform Data System (UDS) 2016 report. The UDS report summarizes the health center's general and homeless population demographics, finances and some quality health measures.

The CHC's role is to collaborate with the County of Ventura and the Health Care Agency to provide quality health care for Ventura county residents. The County of Ventura defines its mission in the 2011-2016 Strategic Plan: ***"To provide superior public service and support so that all residents have the opportunity to improve their quality of life while enjoying the benefits of a safe, healthy, and vibrant community."*** The County further defines focus areas in its strategic plan with health care falling under the focus area of **Community Well-Being**. Under this strategic structure, the CHC has established its own focus area of *Regulatory Compliance*.

The Ventura County CHC has had tremendous success providing high quality care to tens of thousands of patients every year who might not have otherwise had access. The purpose of this strategic plan is to propel the CHC toward even greater success and to align its efforts with those of its partners in the provision of compassionate patient care. In order to achieve its purpose, the CHC has analyzed relevant policies and procedures in combination with population health data and survey results to derive a meaningful plan.

The CHC collaborates with HCA and other County departments to provide quality care to all patients. The CHC strategic plan adheres to those same excellent standards to ensure health in all policies agency wide. The CHC's strategic plan is in keeping with HCA's Pillars of Excellence as follows:

- Financial Stewardship
- Quality and Safety
- People Engagement
- Service Experience
- Growth
- Community Outreach and Engagement

The strategic planning process has resulted in this three (3) year strategic plan. The CHC can make annual updates as necessary.

HEALTH NEEDS ANALYSIS

Overall health outcomes for the Ventura County CHC are better than the national average. Ventura County ranked 8 out of 58 California counties in overall health outcomes.

The *County of Ventura Public Health Department's 2017 Community Needs Assessment* utilizes the World Health Organization's (WHO) model for a healthy community. This model supports a healthy environment, adequate levels of economic development and equity in terms of social determinants of health and access to care. A community stakeholder survey was conducted in English and Spanish from June to December 2016 resulting in 960 respondents. The average age of the respondents was 39 years old with the youngest being 9 years old and the oldest being 85. The majority of respondents were female (82.8%), married or co-habiting (58.7%) and Hispanic or Latino (63.6%). Most survey respondents rated Ventura County as "somewhat healthy" or "healthy."

Following are the top five VC Public Health survey responses of what makes a healthy community:

Rank	Healthy Community Priority
1	Access to Health Care
2	Clean Environment
3	Good Schools
4	Health Behaviors/Lifestyles
5	Low Crime & Safe Neighborhoods

The top five VC Public Health survey responses for the most significant health needs were identified as follows:

Rank	Health Need
1	Cancer
2	Diabetes
3	Child Abuse & Neglect
4	Mental Health Issues
5	Lack of Good Paying Jobs

The 2016 Kaiser Permanente Foundation Community Health Needs Assessment utilized focus groups, interviews, surveys and public forums to develop health priorities. The geographic area for this needs assessment included Ventura County and San Fernando Valley (SFV). Following is the top 10 health needs identified in the Kaiser assessment:

Health Need	SFV Ranking	Ventura County Ranking
Obesity	1	1
Diabetes	2	3
Mental Health	3	9
Substance Abuse	6	2
Economic Security	5	4
Access to Health Care	9	6
Cancers	4	5
Heart Disease	8	*
Dental Health	*	10
Affordable Housing & Homelessness	7	*

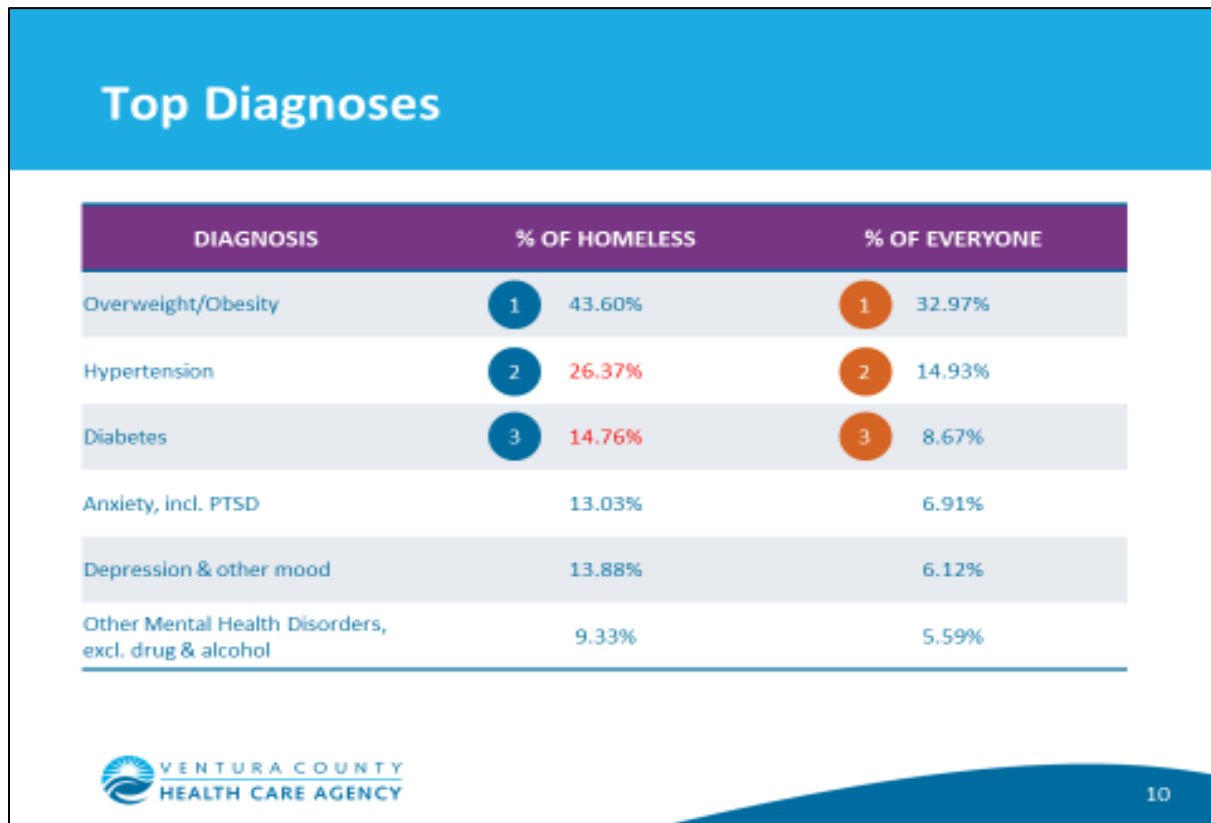
*Notably missing from the Kaiser assessment is a ranking for dental health in the SFV area, heart disease and homelessness in Ventura County. Population health statistics for dental care is just beginning to emerge. The number of homeless used by Kaiser in Ventura County is the “point in time count” that grossly under-reports the problem. The lack of data on heart disease in Ventura County is a mystery.

The 2016 Dignity Health St. John’s Regional Medical Center Community Health Needs Assessment surveyed the communities of Oxnard, El Rio, Port Hueneme and Point Magu identifying and ranking eight (8) significant health needs as follows:

Rank	Health Need
1	Obesity
2	Access to Health Care
3	Youth Health Education
4	Homeless Health Care*
5	Lack of Mental Health Resources
6	Diabetes
7	Cardiovascular Health
8	Cancer

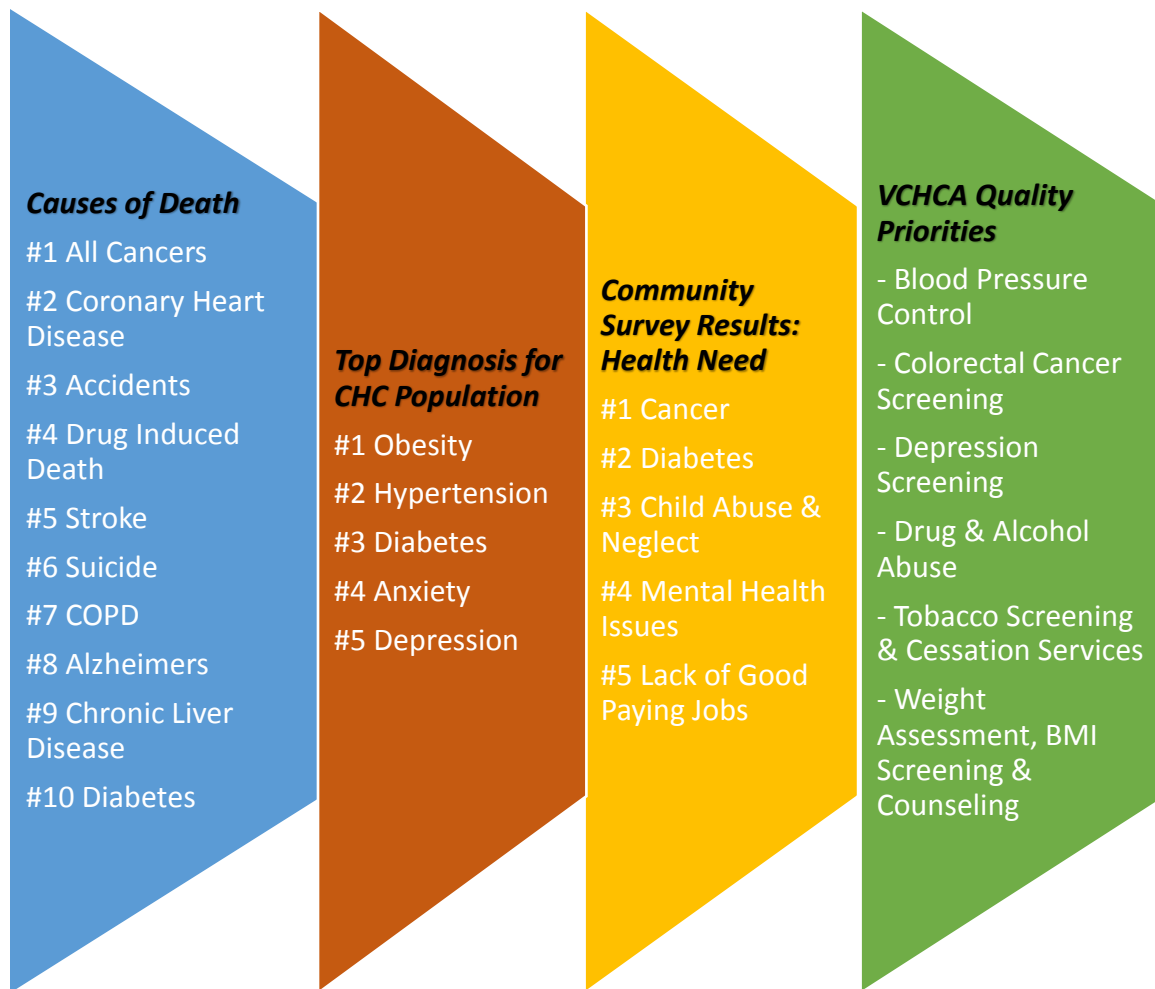
*Like the Kaiser Foundation assessment, the Dignity Health Community Needs Assessment also used the “point in time” count for homeless.

The 2016 UDS report provides us with the top diagnoses for the CHC patient population.



While these surveys, assessments and reports were all conducted independently of each other, there are patterns and commonalities among all of them such as a high incidence of obesity and diabetes and the need for adequate mental health services. The CHC supports aligning public resources with health need.

Data by itself is interesting, but the CHC supports data driven decision making to the extent that resources permit. The information presented here is intended to offer summary guidance in aligning community need with the provision of health care.



The CHC serves homeless patients as part of the HRSA grant. Capturing homeless data can be difficult due to the migratory and non-permanent nature of homelessness. The CHC believes that the number of homeless is typically under-reported. The HRSA definition of homelessness encompasses many different living situations. It is important to focus on homelessness not only for regulatory compliance reasons but also because it makes practical sense to proactively treat such a care needy, high risk population. Many homeless patients have mental health issues that prevent them from functioning well creating the need for care. With over 14,000 homeless patients, the CHC’s foundation of service to this vulnerable population is of major import.

Using the information collected through the various community health needs assessments, surveys, 2016 UDS measures and the SWOC analysis, the Strategic Planning Ad Hoc Committee has developed a clear picture of the CHC and the people and communities it serves.

CHC MISSION, VISION AND VALUES

The CHC Strategic Planning Ad Hoc Committee facilitated a Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis in order to define its mission, vision and values.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Large, comprehensive system includes 19 FQHCs, 2 hospitals, nearly 60 specialty clinics • Links to other departments (HSA, Public Health, Behavior Health) allows us to serve the whole person • Historically stable \$\$\$ from HRSA • Dedicated CHC Board members & staff • Health in all policies mandated by Board of Supervisors 	<ul style="list-style-type: none"> • Difficult regulatory requirements • Bureaucratic paralysis • Cost of care • Consistent data collection • No responsive funding source
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Maximize resources, leverage collaborations with CBO's • Enhance integrated care at every opportunity • Increased data driven decision-making • Improved staffing utilization • Exploration of more natural and preventative care • Develop relationship with HCA's 501 (c)(3) "Health Care Foundation" 	<ul style="list-style-type: none"> • Regulatory environment • Political environment • Bureaucratic paralysis • Data collection • Adequate staffing

The SWOC analysis combined with the health needs study culminated in the synthesis of a Mission, Vision and Values statement specific to the CHC.

Mission – *The mission of the CHC is to provide oversight to ensure quality and compassionate health care for all Ventura County residents.*

Vision - *The CHC envisions a healthier population.*

Values - *The CHC values access for all, financial stewardship, quality care, excellent patient experience, caring for the whole person, community engagement and always striving for innovation and improvement.*

CHC GOALS

FOCUS AREA: This Strategic Plan is intended to guide and strengthen the CHC’s ability to address the community health needs within the County organizational structure and compliance with the 19 legislative requirements from HRSA. The CHC Board will actively maintain regulatory compliance at all times through regular review of the 19 CHC Board requirements and strict adherence to the Co-Applicant Agreement, By-Laws and approved annual reporting schedule.

CHC BOARD APPROVED HRSA MONITORING AND REPORTING SCHEDULE

Description	HRSA Program Requirement #	Frequency	Benchmarks
Budget Review & Approval	14	Annually	Budget Approval in May
Annual Activity Report	All	Annually	Board of Supervisors Approval in October
Nomination Committee is Appointed	17	Annually	Committee Established in April
Nomination Committee Nominates Officers	17	Annually	Secretary, Vice-Chair and Chair Nominated in May
Election of Officers	17	Annually	Executive Committee Elected in June
Annual Performance Evaluation of Executive Director	17	Annually	Executive Committee Meets w/County CEO
Financial Summary Reports	7; 12; 13; 14; 15	Quarterly	Board Review in March, June, September & December
UDS Quality Metrics	8; 15	Quarterly	Board Review in March, June, September & December
Grants Report	2; 3; 4; 5; 6; 7; 9; 10; 11; 14; 15; 16	Monthly	Monthly as Needed
FQHC Provider Credentialing & Privileging	3; 6; 9; 10	Monthly	CHC Board Approval & Letter
Membership Applications & Conflict of Interest	17; 18; 19	As Needed	On-going
Community Needs Assessment	1	Every 2 Years w/Annual update	Coordinated with Public Health Department
Strategic Planning	All	Every 2 Years	Coincides w/ Community Needs Assessment

CHC Board members are also community members and are keenly aware that the provision of comprehensive health care lends itself to addressing overarching social and environmental issues. The credo or ethos of the CHC is expressed through its Mission, Vision and Values statement.

Under the HRSA grant, the CHC cooperates with the County of Ventura to provide quality health care to Ventura County residents. The CHC Board fully supports the County of Ventura and HCA in their purpose of creating and sustaining healthy communities. To that end, the CHC has adopted the County of Ventura’s goals for **Community Well-Being**.

Community Well-Being

Strategic Goal 1: Achieve the Triple Aim, by providing quality healthcare in a patient-centered, integrated, equitable and efficient manner, improving the health of Ventura County residents.

Strategic Goal 2: Ensure that individuals and families are provided timely and efficient assistance to meet/sustain basic needs, and transition quickly into pathways of productivity and self-sufficiency.

Strategic Goal 3: Ensure that all children at risk receive the best treatment services to achieve the greatest success.

Strategic Goal 4: Promote and provide for the preservation of healthy and safe communities so that all children may grow and thrive.

