



**VENTURA COUNTY COMMUNITY HEALTH CENTER (CHC) BOARD
FY 2019-2020 ANNUAL ACTIVITY REPORT**



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

CHC BOARD BACKGROUND

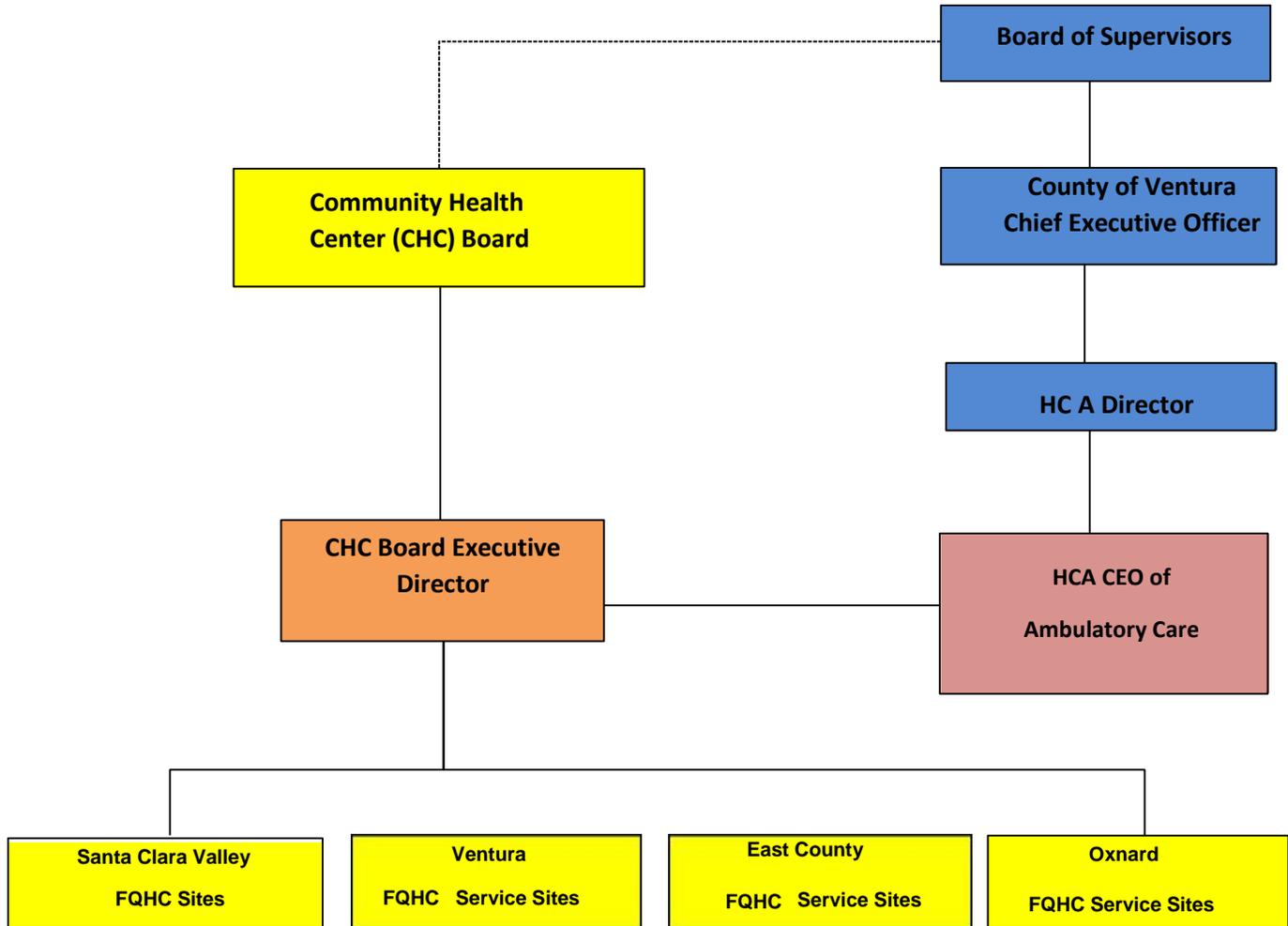
The Ventura County Community Health Center Board was established in May of 2015 by the County of Ventura Board of Supervisors in collaboration with leadership from the Ventura County Health Care Agency (HCA) and County Counsel. The County of Ventura’s designation as CHC grantee under the Health Resources Services and Administration (HRSA) is critical to being well positioned to take full advantage of the benefits that come from this very special status. Currently, eighteen (18) clinics in the County health care system are operated through the HRSA grant program. These clinics are known as Federally Qualified Health Centers (FQHCs). Collectively, the FQHCs are called the “Community Health Center” or “CHC.” In the calendar year of 2019, the FQHC primary care clinics cared for more than 106,000 patients and manage over 513,838 visits per year. Among the patients being served, there are 12,000 whom are part of the Health Care for the Homeless (HCH) (section 330(h)) program.

Ventura County’s FQHCs are considered “safety net” providers and their main purpose is to enhance the provision of primary care services in underserved communities. There are many benefits to being a CHC. FQHCs are compensated at higher reimbursement from Medi-Cal and Medicare because of their “safety net” status. These higher reimbursement rates have allowed the clinics to operate with a lower county general fund contribution than non-FQHC clinics in other counties of comparable size. In addition to ensuring greater reimbursement rates for patient visits, the HRSA grant also funds a variety of other projects in the county such as dental care for children and adults experiencing homelessness, mental health services, substance use screening and treatment and HIV programs. The Ventura County CHC is dedicated to delivering high quality, culturally competent, comprehensive primary care, as well as supportive services such as health education, translation, and transportation that promote access to health care. Lastly, the HRSA grant ensures significant discounts on pharmaceuticals for many patients.



STRUCTURE OF THE CHC

The Ventura County CHC works with the Board of Supervisors and the Health Care Agency to provide quality health care to designated medically underserved areas with individuals experiencing homelessness. 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 BOARD PURPOSE AND AUTHORITY

The CHC Board is the governing body 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 assists the Ventura County Health Care Agency (HCA) in promoting its vision of healthy people in healthy communities. It supports and guides HCA in its mission to provide quality, affordable health care to the people of Ventura County. The CHC Board ensures comprehensive, cost-effective and compassionate health care for residents throughout Ventura County regardless of patients' ability to pay. The Ventura County CHC as a system has developed patient-centered and integrated care that respond to the unique needs of diverse medically underserved areas and populations.

Based on the mandates of the HRSA grant, the following are some of the CHC Board responsibilities:

- Holds monthly meetings, and maintains records/minutes that verify and document the CHC Board's activities;
- Reviews and recommends to the Board of Supervisors for approval of applications related to the HRSA Grant and any requests regarding changes of scope of services;
- Reviews the annual CHC budget and independent audit;
- Engages in community health assessment and long-term strategic planning, including regular updates of the CHC's mission, goals, and plans, as appropriate;
- Evaluates the CHC's progress in meeting its annual and long-term 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 and recommends to the Board of Supervisors for approval of the hours during which services are provided at CHC clinics that are appropriate and responsive to community needs;
- Ensures that the scope of the CHC is consistent with the needs of the community;
- Approves all providers licensing and credentialing applications for FQHCs;
- Ensures collaboration with other service provider organizations;
- Reviews general policies and procedures for the CHC that are consistent with the requirements of the HRSA Grant and ensures compliance with all local, state and federal laws.

CHC BOARD MEMBERSHIP

There are currently nine CHC Board members of which 67% are patients of the FQHC clinics. HRSA requires that at least 51% of the Board is comprised of consumer members. Additionally, 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 health care industry. During FY 19/20, the CHC Board has reviewed and recommended updates to the CHC Board By-laws that would eliminate the use of alternate members, who are not recognized by HRSA. Additional changes include an addition of a Treasurer to the executive committee and changing the minimum number of members to nine (9) to align with HRSA's Health Center Compliance Manual requirements. CHC Board members are recruited and carefully vetted for their unique and diverse skillsets. CHC Board members are appointed by the Board of Supervisors and receive no compensation for their participation. They serve two to three year terms and no individual member will serve more than two (2) consecutive terms. Each CHC Board member participates in a mandatory two-hour ethics training and is required to attend monthly Board meetings. In June of every year CHC Board members elect three of their peers for the Executive Committee.

FY 2020-2021 CHC Board Executive Committee



Susan White Wood
Board Chair



Renee Higgins, MD
Vice Chair



Manuel Minjares
Board Secretary

FY 2019-20 Board Members



Rena Sepulveda
Board Member



Melissa Livingston
Board Member



Amy Towner
Board Member



Ralph Reyes
Board Member



Espy Gonzalez
Board Member



David Tovar
Board Member



Rigoberto Vargas
Term Ended in June of 2020

HRSA COMPLIANCE

In 2018, HRSA released the most current version of its Compliance Manual, which all FQHCs are required to follow. Failure demonstrate compliance as described in the Compliance Manual will result in a condition of award/designation The Compliance Manual is comprised of 21 chapters and provides statutory and regulatory citations and requirements of the program as well as a description on how compliance is demonstrated. The Compliance Manual dictates the activities of the CHC Board. The following is a descriptive list of the 20 chapters within the Compliance Manual. Chapter 21 does not apply to the Ventura County CHC.

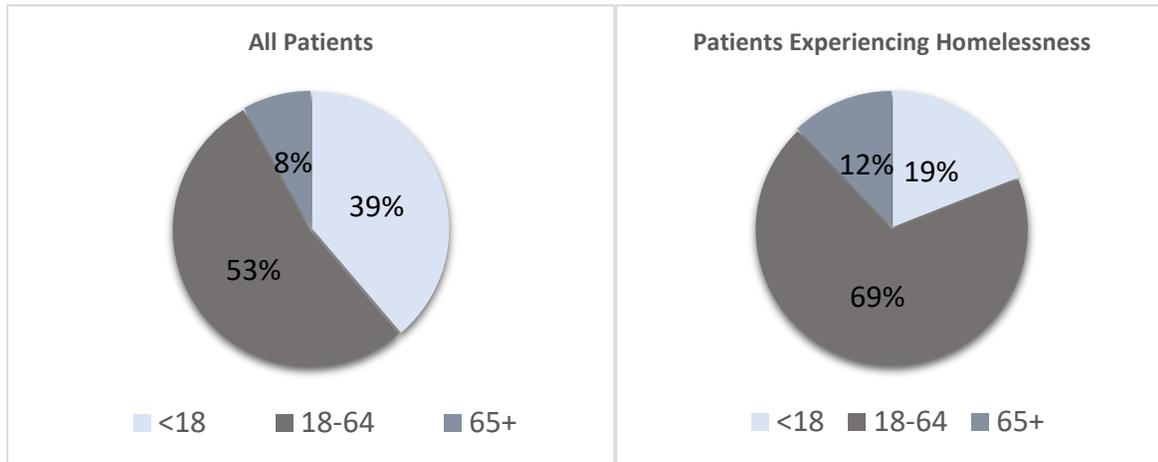
1. Determines health center program eligibility;
2. Provides health center program oversight;
3. Conducts a needs assessment ;
4. Reviews and approves required and additional health services;
5. Reviews and ensures that the health center has the appropriate number of clinical staff to support the scope of the project and reviews and approves the credentialing of Licensed Independent Practitioners;
6. Reviews and approves locations and hours of operations to ensure access to care;
7. Reviews and approves policies regarding coverage for medical emergencies during and after hours;
8. Ensures continuity of care and relationship with at least one hospital system.
9. Approves and evaluates the Sliding Fee Discount Program.
10. Ensures that a Quality Improvement/Assurance Program is established to address quality and utilization of health services, patient satisfaction and patient grievance processes, and patient safety, inducing adverse events.
11. Supports a fully staffed CHC key management staff;
12. Supports contracts to ensure the provision of appropriate services;
13. Abides by the County of Ventura’s Conflict of Interest Code.
14. Establishes and supports collaborative relationships between the CHC and community partners within the service area;
15. Supports the CHC’s fiscal management systems;
16. Supports the CHC’s efforts to bill for and collect for the provision of health services;
17. Reviews and approves the CHC’s annual budget;
18. Supports the CHC’s annual grant reporting process;
19. Conducts the business of the CHC Board such as monthly meetings and ethical membership development;
Reviews and approves grant applications and changes in scope;
20. Ensures adherence to CHC Board by-laws and all laws;

FY 2019-20 ACTIVITY HIGHLIGHTS

Snapshot of Patient Demographics

The FQHC clinics provided services to 106,109 individuals in 2019. Approximately 12,000 of those patients were individuals experiencing homelessness. Below are a few tables and graphs describing the patient demographics for calendar year 2019 (based on HRSA's 2019 Uniform Data Systems report).

Population Serve by Age



Top 5 Diagnoses

DIAGNOSIS	% OF ALL PATIENTS
1. Overweight/Obesity	47.2%
2. Hypertension	13.9%
3. Diabetes	9.4%
4. Anxiety, incl. PTSD	7.7%
5. Depression & other mood	7.0%

DIAGNOSIS	% OF PATIENTS EXPERIENCING HOMELESSNESS
1. Overweight/Obesity	56.1%
2. Hypertension	24.0%
3. Depression & other mood	18.1%
4. Diabetes	15.7%
5. Anxiety, incl. PTSD	12.2%

Payor Mix

Health Plan	% Population	Individuals
Medi-Cal	64%	68,022
Commercial	21%	22,312
Medicare	8%	8,130
Uninsured	7%	7,645

COVID-19 Funding and Response

In FY 19-20, the CHC Board and clinics focused on response to the COVID-19 pandemic as the sites continue efforts in maintaining access to primary care services. The CHC Board approved one-time COVID-19 response funding by HRSA (see table below). As a result of the supplemental funding, all the FQHC clinic sites have remained operational throughout the pandemic and provide drive-up testing at six locations.

Grant	Amount	Purpose
Coronavirus Supplemental Funding	\$119,843	Approximately 6 weeks of personnel cost for Sierra Vista and Las Islas drive up testing.
Coronavirus Aid, Relief, and Economic Security (CARES)	\$2,273,585	Fixed operating cost expenses (rent/utilities), office supplies, and medical supplies/equipment.
Expanded Capacity to Test (ECT)	\$1,689,964	Cost of testing personnel, supplies, COVID hotline, and medical equipment for expanded COVID-19 testing efforts.
Total:	\$4,083,392	

Clinic visit volumes initially decreased dramatically, but the telehealth flexibilities from the State and Federal government allowed patients to receive their needed care virtually. The clinics have limited in-clinic visits to safely keep patients and staff socially distanced and save much needed supplies. The clinics have opened up more in-clinic visits as it's been safe to do so, but telehealth remains a priority.

2020 HRSA Quality Awards

In addition to the one time supplemental funding, HRSA awarded Ventura County's FQHCs \$249,131 for achievements in the following three areas:

- **Health Center Quality Leader (HCQL)** -Achieved the best overall clinical performance among all health centers and were recognized in the following tiers: Gold (top 10%), Silver (top 11-20%), or Bronze (top 21-30%) for Clinical Quality Measures. The Ventura County CHC received the Silver recognition.
- **Advancing Health Information Technology (HIT) for Quality** -Health centers that optimized HIT services, for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health, to increase access to care and advance quality of care,
- **Clinical Quality Improver** - demonstrated at least 15% improvement for each Clinical Quality Measures from 2018 to 2019.



Strategic Plan

The CHC Board completed and approved a CHC Strategic Plan for calendar years 2021 through 2023. Below is a list of identified strengths, weaknesses, opportunities, and threats (SWOT) analysis.

Strengths	Weaknesses	Opportunities	Threats
<p>“Health in All Policies” structure as passed down from the County Board of Supervisors</p> <p>Board and staff dedicated to the mission</p> <p>Geographic access to quality care throughout the county</p> <p>Comprehensive system of care linking numerous and diverse services</p> <p>\$1 million grant to support Affordable Care Act (ACA) Enrollment efforts</p> <p>Quality performance measurements exceeding national average in the following areas: access to pre-natal care, cervical cancer screening, adult nutrition & physical activity, tobacco screening, and colorectal cancer screening</p>	<p>Technology/IT obstacles eg. difficulty implementing electronic dental record system (Dentrix) , i2i Tracks, Tonic</p> <p>High Appointment No Show rates in Specialty services</p> <p>Difficulty rolling out projects in a timely manner</p> <p>Difficulty in identifying funding sources for new projects</p> <p>Revenue Cycle accounts receivable metrics</p> <p>High cost of care</p> <p>Quality performance measurements falling below national average: childhood immunizations, pediatric nutrition & physical activity, depression screening, dental sealants in patients aged 6-9, and uncontrolled diabetes</p> <p>Leadership Turnover</p> <p>Bureaucratic operational structure</p> <p>HRSA patient goal not yet accomplished</p> <p>Findings from past HRSA site visit, Mock Survey, as well as financial and Single Audit, need resolution.</p> <p>Data management issues eg. barriers to Patient Centered Medical Home certification</p> <p>Lack of standard protocol consistency from one clinic to another</p> <p>Below industry standards for fiscal performance and reporting</p>	<p>New Access Point (NAP) application once new HRSA funding is announced</p> <p>Development of a strategic plan specifically targeted to maximizing Medi-Cal PPS rates</p> <p>Continued work toward advancing local collaborations</p> <p>Align funding opportunities with strategic goals/work closely with VC Healthcare Foundation</p> <p>Utilization of standardized staff/staffing ratios</p> <p>Improvements in Cerner capabilities</p> <p>Improved data collection for decision-making</p> <p>Telehealth during and post-pandemic</p> <p>Transition of non-physician clinic support staff to county employment</p> <p>Improved revenue cycle accounts receivable metrics toward overall financial improvement</p> <p>Consistency of appointment scheduling templates and process improvements</p> <p>Improved preventive care results to increase quality of care metrics and incentives</p>	<p>Ongoing regulatory changes</p> <p>Natural disasters</p> <p>COVID-19/Pandemic(s)</p> <p>Potential for a negative change in Payer</p> <p>Mix/Increased uninsured</p> <p>Hiring pool limitations</p> <p>Political environment</p>

The Ventura County CHC aims to work through projects identified under each of six strategic initiatives during the next three years. The six strategic initiatives correspond directly with those identified in the Ventura County Health Care Agency Strategic Planning document drafted in July 2020. They address the organization’s responsibilities to: 1) operate in a financially prudent manner, 2) provide the safest and highest quality of care possible, 3) exemplify operational excellence, 4) maintain a forward-looking attitude and embrace technological advancements, 5) be an employer of choice and build the leaders of tomorrow, and 6) foster relationships with individuals, families, and the community as a whole. Goals were set under each strategic initiatives and goals for year one are as follows:

Initiative 1 - Financial Stability and Performance

- Closely monitor the percentage of uninsured patients for any upward trends from 2019 baseline of 7%
- Obtain projected Medi-Cal Prospective Payment System (PPS) windfall for 2014-20 due from appeals (approximately \$3 million per year beginning with 2014)
- Explore potential cost savings associated with a change in clinic management structure
- Revenue Cycle improvements leading to elimination of (HRSA) Findings and Single Audit Findings
- Update fiscal policies and procedures

Initiative 2 – Quality and Safety

- Develop focused plans aimed toward the top four diagnosis as reflected in annual UDS report
- Monitor and report to CHC Board trends of grievances, patient satisfaction surveys, and safety concerns
- Continue with Ambulatory Care Quality Assurance (ACQA) clinical meetings
- Implement Cerner Registry population management and provider empanelment tool
- Monitor both the environment of care and of work vis a vis Personal Protective Equipment (PPE)
- Implement patient screening software and associated iPads

Initiative 3 – Service Excellence

- Explore centralized scheduling and referral management
- Is there a COVID “new normal” for lobby areas etc.?
- Establish a patient electronic payment portal
- Resolve Fillmore primary care vs urgent care service needs
- Explore expanded hours of operation for primary care
- Add optometry and nutritional support to address the high incidence of diabetes

Initiative 4 – Growth and Innovation

- Achieve or modify HRSA total patient number goal to reflect current census
- Focus on obesity, diabetes and other top 4 diagnosis
- Formalize CHC Board development and orientation process

Initiative 5 – Staff Engagement and Leadership Development

- Monitor potential increased needs for Medi-Cal Enrollment efforts
- Explore a possible transition from private medical group clinic management to County management
- Participate in National Research Corporation (NRC) follow-up to customer service efforts
- Participate in Six Sigma/Continuous improvement processes
- Complete transition to Primary Care Integration (PCI) for FQHCs
- Dedicated fiscal leadership/Assistant CFO

Initiative 6 – Patient and Community Engagement

- COVID-19 management in coordination with statewide improvement efforts
- Management of patients experience homelessness to increased cultural sensitivity via specific training and development/Reaching out to targeted populations

Clinic Integration

The CHC Board approved a contract with ECG Management Consultants, LLC (ECG) to design an integrated, efficient, and accountable clinic business model to improve financial performance and support better patient access. Once the analysis is complete, the FQHCs will start to integrate into the new model by July, 2021.

REGULATORY COMPLIANCE

All the FQHCs are subject to numerous and complex regulations. One of the most significant responsibilities of the CHC Board is regulatory compliance. The CHC Board has established an annual activity reporting schedule to ensure compliance in all areas of the program. See Attachment 2 for the Fiscal Year 2020-2021 Activity Reporting Schedule.

Description	Frequency	Meetings
Grants Update	Monthly	All
Hours, Locations, and Services	Annually and As Needed	July and As
FQHC Budgets Review & Approval	Annually	May
HRSA Budget Review & Approval	Annually	August
Annual Activity Report	Annually	October
Nomination Committee Forms	Annually	April
Nomination Committee Nominates Officers	Annually	May
Election of Officers	Annually	June
Performance Evaluation of Executive/Project Director	Annually	October
Federal Poverty Guidelines	Annually	March
Board Composition Compliance Review	Annually	July
Annual Audit and Management Letter	Annually	TBD
Policies Related to Operations	Annually and As Needed	January and As Needed
Quality Assurance & Performance Improvement (QAPI) Plan Evaluation	Annually	June
Financial Reports	Quarterly	March, June, September, December
UDS Quality Metrics	Quarterly	April, July, October, March (Previous CY)
Community Needs Assessment	Every 3 Years w/Annual Update	December
Strategic Planning	Every 3 Years w/Annual Update	December
Review Form 5A and Compare to Fee Schedule	Every Three Years	April, 2021
Evaluation of Sliding Fee Discount Program	Every Three Years	March, 2023
Review of Bylaws	Every Three Years	February, 2023
HRSA Grant Applications	As Needed	As Needed
Provider Credentialing & Privileging	As Needed	As Needed
Board Membership Applications	As Needed	As Needed
Collaborative and Contractual Agreements with Outside Agencies	As Needed	As Needed

2021 MEETING SCHEDULE

Meeting Location:

Ventura County Health Care Agency
Public Health Administration Building
2240 East Gonzalez Road, Suite 200
Oxnard, CA 93036

THE CHC CO-APPLICANT BOARD MEETS THE 4TH THURSDAY OF EVERY MONTH @ 12:30 PM

Thursday, January 28, 2021
Thursday, February 25, 2021
Thursday, March 25, 2021
Thursday, April 22, 2021
Thursday, May 27, 2021
Thursday, June 24, 2021
Thursday, July 22, 2021
Thursday, August 26, 2021
Thursday, September 23, 2021
Thursday, October 28, 2021
Thursday, November 18, 2021*
Thursday, December 16, 2021*

For information about the CHC Board meetings, please call (805) 677-5291 or e-mail chcboardclerk@ventura.org

**Date changed to 3rd Thursday due to holidays.*

CHC Board meetings are open to the public.

Meetings are occasionally convened off-site. Notification of changes to the meeting location occur at least one month in advance of the meeting date.