

VENTURA COUNTY COMMUNITY HEALTH CENTER (CHC)



STRATEGIC PLAN

Calendar Years 2021-2023




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

MESSAGE FROM THE CEO

At the Ventura County Health Care Agency's Ambulatory Care department, we have an opportunity to map out a course, in partnership with our entire health care system, towards a shared vision of a healthy, safe and vibrant Ventura County. Communities are not just residents who live together in the same neighborhood. Communities are groups of people who work together for a common good. We recognize that the Ambulatory Care system of FQHC clinics are a part of numerous, cross sector efforts working towards a better Ventura County.

The 2021-2023 Strategic Plan is our roadmap to proactively participate in our community's journey towards improved community health. Through the strategic planning process, we have embraced our role in the broader context of a healthy Ventura County. We have developed long term goals and objectives for the next three years, and identified specific actions and processes that will help us achieve them beginning with Year One. The Strategic Plan will guide our decision-making, from developing programs to allocating resources, in a manner that keeps us on course to continuously pursue our Vision and Mission in every area of our work.

I look forward to working with the entire staff of VCHCA-Ambulatory Care to implement the CHC Strategic Plan, ensuring the community is served well through efforts that are thoughtfully addressed in a comprehensive and coordinated manner.



Theresa Cho, MD, CEO

VENTURA COUNTY DEMOGRAPHICS

Ventura County is a coastal area located in southern California. Neighboring counties include Santa Barbara 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 public beaches and 411 acres of State beach parks. In California, Ventura County ranks 26th out of 58 counties in land size -1,843 square miles. 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 lie in the southern portion of the county.

Ventura County's largest bodies of water, aside from the Pacific Ocean, are two human-made lakes that provide recreation and serve as reservoirs. They are Lake Casitas and Lake Piru. The Santa Clara River is the principal waterway and the Ventura River is a secondary waterway. With many miles of coastline, Ventura County has two recreational and fishing harbors: Ventura Harbor and Channel Islands Harbor; it also 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.

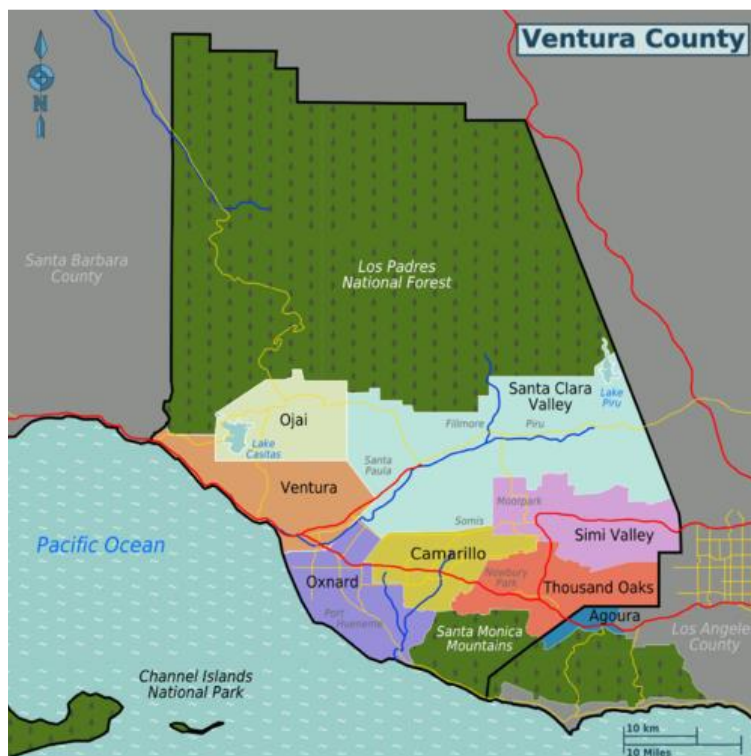
There are ten (10) incorporated cities; all of which are located within the southern half of the county. The Conejo Grade serves as a natural divider between western and eastern Ventura County. Major avenues of transportation follow: Highways 1 and 101, the major routes that run along the coast, north to Santa Barbara and south to Los Angeles; Highways 118 and 126, the major routes that run east to west to the Los Angeles County line. County railway service includes passenger service by Amtrak; Metrolink provides commuter service to Los Angeles. There are both public and private transit companies operating in Ventura County.

The principal employment clusters in Ventura County are biotechnology (Amgen being the largest private employer in the County), information technology, agriculture, health care services, financial services, and the U.S. Navy. The U.S. Navy and Ventura County government are the largest public employers. With one of the largest alluvial plains in the nation, the greater Oxnard area is designated as "prime farmland"; the farm sector currently employs 11.5% of civilian workers.

Ventura County has a population of 859,967. It experienced a 1.1% rate of growth in the past four years; this is less than the California and U.S. growth rate of 2.2%. Ventura County's population has a median age of 37.5; notably, Ventura County has a lower percentage of its population between 25 and 44 years of age when compared to California. 23.2% of the

population is under the age of 18 and 15.0% are over the age of 65. Among county residents, 42,012 have a veteran status and 22.5% are foreign born. Approximately 42.9% of the population identifies as Hispanic (any race) residing predominantly in the cities of Oxnard, Port Hueneme, Fillmore, and Santa Paula. The percentage of individuals identifying as Black/African American is 2.0% and the percentage identifying as Asian is 7.6%, as compared to the significantly higher state averages of 5.8 and 15.0% respectively.

The average household income is \$81,792 and average household size is 3.05 persons. At 10.3%, poverty rates in Ventura County are slightly less than the state average of 15.1%. With respect to education, 30.8% of adults in Ventura County have achieved a four-year degree or higher; 15.4% of the population aged 25 and over has not attained a high school diploma.



DISPARITIES

All communities can be described by various social and economic factors that are well known to be strong determinants of health outcomes. The 2019 Ventura County Community Health Needs Assessment identified six determinants of health: income, poverty, unemployment, occupation, educational attainment, and linguistic barriers. Within Ventura County, the areas (by zip code) shown to have the highest socioeconomic needs are Oxnard (93030, 93033 and 93036), Santa Paula (93060), Fillmore (93015), and Port Hueneme (93041) which have an average life expectancy of 82 years. Conversely, those areas with lower socioeconomic needs such as Oak Park (93777) and Thousand Oaks/Westlake (93161 and 91362) have a life expectancy exceeding 85 years.

A health disparity refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. The 2019 Community Health Needs Assessments identified 19 secondary health indicators with race/ethnic disparities. Black and African American populations suffer the greatest impact; this group is predominantly experiencing disparities related to asthma, diabetes, dental care, mental health and substance abuse. Additionally, the Hispanic or Latino population is primarily experiencing disparities in poverty, diabetes, and substance abuse (alcohol).

The following table explores some of the health disparity indicators by comparing Ventura County with the overall California statistics; there are areas in which Ventura County scores more favorably than the state, as well as areas in which it performs less favorably, with no significant variations between them. The Health Care Agency strives to bridge these gaps in its daily work.

Category	Ventura County	State of California
Adults aged 18-64 with health insurance	89.5%	88.0%
Children aged 0-17 with health coverage	96.5%	97.1%
Persons with public insurance only	24.9%	29.0%
Breast Cancer incidence rate- females	130.0 per 100K	121.0 per 100K
Cervical Cancer rate- females	7.3 per 100K	7.3 per 100K
Colorectal Cancer Incidence	33.8 per 100K	35.5 per 100K
Adults with Diabetes	9.9%	10.4%
Adult Fast Food Consumption	67.7%	65.6%
Adults who are obese	21.1%	27.1%

CHC was the catalyst for a county-wide collaborative effort and partially funded the 2019 Ventura County Community Health Needs Assessment. Headed by County Public Health, other participants include Clinicas del Camino Real, Inc., Dignity Health, Community Memorial Health System, Adventist Health –Simi Valley, Camarillo Health Care District, and the Ventura County Health Care Agency. The Ventura County health community, a local collaborative headed by County Public Health and includes most major health systems in Ventura County:

The needs assessment has identified the following top health needs:

Access to Health Services	Diabetes
Alcoholism	Drug Abuse (including prescription drugs)
Asthma	Food Insecurity and Poor Nutrition
Cancer	Mental Health
Lack of Pre-Natal & Breastfeeding Support	Housing and Homelessness

To thrive, everyone in the community needs to be given the opportunity to live a long, healthy life, regardless of his or her background or socioeconomic status. The conditions of the physical environment where people live, learn, work and play present a wide range of health risks and outcomes.

The following four topics were identified as priorities for health care partners in the community:

- Improve Access to Health Services
- Reduce the impact of Behavioral Health issues
- Improve Health and Wellness for Older Adults
- Address Social Needs

Working together with the other health care providers in our community and identifying targeted funding sources, County leadership and its employees continue their efforts to address these priorities. In collaboration with community stakeholders such as other government agencies, community groups, vendors, local business owners and residents, Ventura County is working hard to realize its vision of becoming the healthiest county in the state of California.

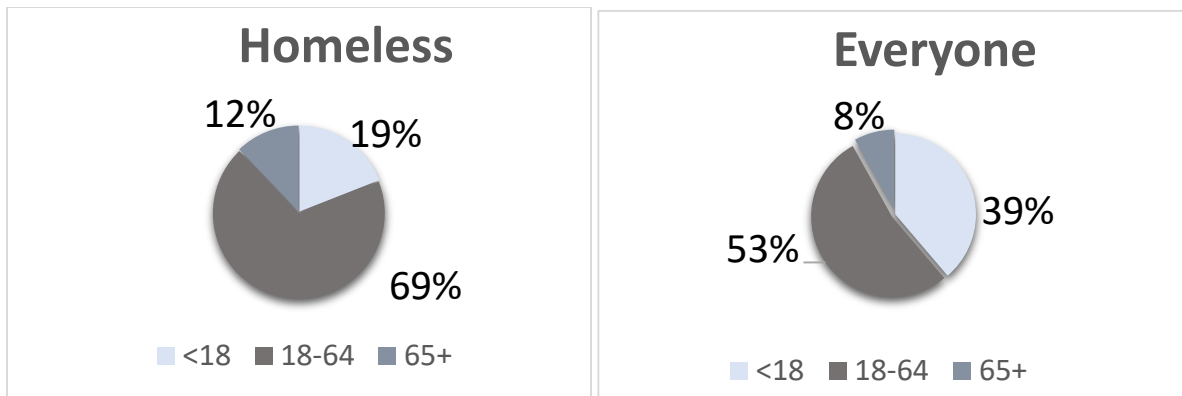
Source: 2019 Needs Assessment

VENTURA COUNTY COMMUNITY HEALTH CENTER

The County of Ventura Health Care Agency (HCA) is a department within the County government system that includes two (2) hospitals, eighteen (18) Federally Qualified Health Centers (FQHCs), a Residency program, numerous specialty care clinics, Behavioral Health, Dental and Public Health. 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. Eighteen (18) 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 106,000 patients and over 500,000 visits per year in addition to the more than 12,000 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.

Of the patients served at Ventura County’s FQHC clinics during 2019, the majority were adult females. Approximately 60% of the patients seen at the CHC in 2019 received coverage under some form of Medi-Cal (Title XIX) funding. Seventy-one percent of patients reported their income and family size as falling at or below 100% of the Federal Poverty Guidelines, the official poverty measure determined by the US Census Bureau annually. There were more children seen in the general population than among the homeless.



Source: 2019 UDS Report

Ventura County Health Care for the Homeless (HCH) Clinic is an FQHC that provides primary health and support services to homeless patients 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 as well as a dedicated outreach team. Services provided include primary and preventive health care, and referrals for behavioral health, substance abuse, social services, entitlement eligibility, TB/STD clinics, and HIV testing. The Backpack Street Medicine team provides “boots on the ground” medical attention to homeless individuals residing at riverbeds, street corners, parks, alleys and parking lots. The HCH weekly One-Stop events provide a place for homeless individuals to receive a bevy of services all in one place, including access to showers, mail, identification cards, entry into the County’s Homeless Management Information System (HMIS), assistance with pets, TB testing and emergency shelter, access to food and substance abuse services. The One-Stops allow for “no wrong door” access to care.

To the extent homeless people have accessed needed health services in Ventura County, they often rely on emergency room care and the Health Care for the Homeless Clinic for all their health care needs. Indigent individuals (with or without a home) experience many obstacles to obtaining health care and for people experiencing homelessness, there are additional barriers. Regardless of differences among homeless people or regional variations in services, people experiencing homelessness are more susceptible to certain diseases, have greater difficulty getting health care, and are harder to treat due to a higher rate of mental health and substance use disorders. Similarly, attempts to provide health and behavioral health care services arise in response to a crisis rather than developing as part of a well

thought out care or treatment plan. The Health Care 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 co-applicant 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. As a public entity, Ventura County utilizes a “co-applicant” structure to meet the requirements of the law under HRSA. 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 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.

2019 CHC Board Members

Executive Board Members

- *Susan White Wood
Board Chair
- *Renee D. Higgins
Board Vice Chair
- *Manuel Minjares
Board Secretary

Board Members

- David Tovar
- *Rena Sepulveda
- *Melissa Livingston
- Espy Gonzalez
- Ralph Reyes
- Amy Towner

CHC Board Staff

- *Theresa Cho, MD CHC Board Executive Director and CHC Medical Director
- Elizabeth Galway Fiscal Manager, Ambulatory Care
- John Polich, Esq. VCHCA County Counsel
- *Lizeth Barretto CHC Board Clerk and HRSA Grant Manager
- Lucy Marrero Quality Assurance/Improvement

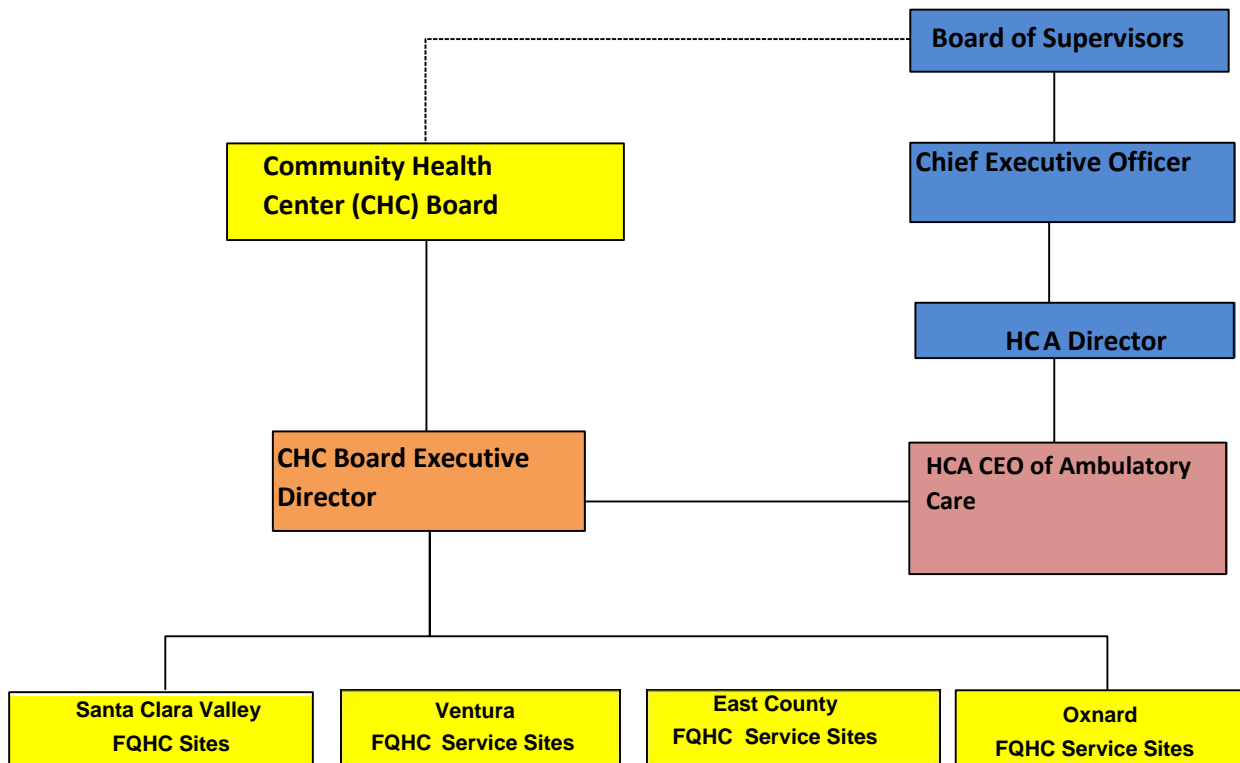
Other Participants in Strategic Planning Process

- * Selfa Saucedo HCA Public Health
- * Emma Mayer Consultant

**Indicates participation in Strategic Planning Session Dated August 6, 2020*

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 people living with homelessness. The County receives and manages the federal funding; the CHC Board provides the governing oversight of the FQHC system of clinics.

CHC ORGANIZATIONAL CHART



HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)

HRSA uses the Health Center Program Compliance Manual as the basis for determining whether health centers have demonstrated compliance with the statutory and regulatory requirements of the Health Center Program. The term “health center” refers to entities that receive a federal award under section 330 of the Public Health Service (PHS) Act; the Ventura County CHC is such an entity. The HRSA Compliance Manual is divided into eighteen (18) requirements that dictate the activities of the CHC Board. The manual further outlines detailed elements of compliance; these elements are grouped into three (3) categories: 1. Governance; 2. Clinical; and 3. Fiscal. HRSA conducts a site visit at least once during a project period to assess and verify compliance with the Health Center Program. Following are the 18 requirements of the CHC Board in a summary format:

1. Conducts a community needs assessment at least once every three (3) years;
2. Supports the provision of all primary care services;
3. Supports the provision of ample core staff;
4. Reviews and approves CHC locations and hours of operation;
5. Reviews and approves coverage for emergencies during and after hours;
6. Ensures continuity of care and reviews provider credentialing and hospital admitting privileges;
7. Reviews and approves Sliding Fee Discount Program (SFDP) and annual Federal Poverty Guidelines (FPG);
8. Ensures a Quality Improvement/Assurance Program for evidence based decision making;
9. Hires and supervises the Executive Director and ensures there is a fully staffed management and fiscal team;
10. Supports contracts to ensure the provision of appropriate services;
11. Ensures that standards of conduct and any potential conflicts of interest are documented for staff, contractors, Board, and vendors;
12. Establishes and supports collaborative relationships between CHC and community partners within the service area;
13. Ensures the fiscal reporting systems adequately meet the needs of CHC;
14. Supports CHC's efforts to bill for and collect for the provision of health services;
15. Reviews and approves the annual budget;
16. Ensures data monitoring and data reporting systems exist that adequately support decision making;
17. Ensures adherence to CHC Board By-laws;
18. Conducts the business of the CHC Board such as monthly meetings and membership development.



CHC STRATEGIC PLANNING METHODOLOGY

The CHC Board established an Ad Hoc Committee comprised of Board members, support staff and community members to develop a new strategic plan for the three-year calendar period beginning January 2021 through December 2023. The Strategic Plan is based on the Community Health Needs Assessment completed in 2019. The CHC can make annual updates to the Plan as necessary.

The following documents were reviewed as part of this process:

- ❖ ***What is Strategic Planning?***
- ❖ **The Ventura County Health Care Agency Mission, Vision and Pillars of Excellence documents**
- ❖ **The 2019 Uniform Data System (UDS) Report along with a related Summary document**
- ❖ **2017- 2020 Strategic Plan**
- ❖ **Ventura County Health Care Agency Strategic Planning Efforts dated July 2020**
- ❖ **Ambulatory Care Initiatives**

2019 Ventura County Community Health Needs Assessment

The role of CHC is to collaborate with the County of Ventura and the Health Care Agency to provide quality health care for Ventura County residents. 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 support the CHC toward even greater success and to align its efforts with those of its partners in the provision of compassionate patient care. To achieve its purpose, the CHC has analyzed relevant documents in combination with population health data to derive a meaningful plan.

The strategic plan is in keeping with the following six initiatives:

- Financial Stability and Performance
- Quality and Safety
- Service Excellence
- Growth and Innovation
- Staff Engagement & Leadership Development
- Patient and Community Engagement

SUMMARY OF SWOT ANALYSIS

To help define its initiatives, the Strategic Planning Ad Hoc Committee facilitated a 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>Bureaucratic paralysis/Difficulty rolling out projects in a timely manner</p> <p>Lack of coordination 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 met</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 selected 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>

STRATEGIC INITIATIVES

The Ventura County CHC aims to work through the following 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.

Ambulatory Care management requested that the strategic planning process delineate specific tasks which can be measured and tracked each year. Staff will report to the Board at least annually as to its progress.

Initiative #1 – Financial Stability & Performance	
Priority Year One Goals	Other Strategic Goals
<p>Closely monitor the percentage of uninsured patients for any upward trends from 2019 baseline of 7%</p> <p>Obtain projected Medi-Cal Prospective Payment System (PPS) windfall for 2014-20 due from appeals (approximately \$3 million per year beginning with 2014)</p> <p>Explore potential cost savings associated with a change in clinic management structure</p> <p>Revenue Cycle improvements leading to elimination of Health Resources Services Administration (HRSA) Findings and Single Audit Findings</p> <p>Update fiscal policies and procedures</p>	<p>Stay alert for any Federal announcements of upcoming New Access Point (NAP) opportunities/Obtain NAP funding</p> <p>Develop a strategy for increasing Medi-Cal PPS rates by 10% overall</p> <p>Monitor impact of decreased “wrap-around” payments (state reimbursement for Medi-Cal managed care enrollees) in reducing annual PPS reconciliation liabilities</p> <p>Eliminate HRSA budget carryovers, except for rare exceptions</p> <p>More timely and more frequent reporting of financial performance to CHC Board of Directors/Create Financial Statements specific to CHC’s individual clinics</p> <p>Operate FQHCS at breakeven or better</p> <p>Achieve Patient Centered Medical Home (PCMH) incentive goals</p> <p>Renegotiate more favorable managed care contract terms</p>

Initiative #2 – Quality & Safety	
Priority Year One Goals	Other Strategic Goals
<p>Develop focused plans aimed toward the top four diagnosis as reflected in annual UDS report</p> <p>Monitor and report to CHC Board trends of grievances, patient satisfaction surveys, and safety concerns</p> <p>Continue with Ambulatory Care Quality Assurance (ACQA) clinical meetings</p> <p>Implement Cerner Registry population management and provider empanelment tool</p> <p>Monitor both the environment of care and of work vis a vis Personal Protective Equipment (PPE)</p> <p>Implement patient screening software and associated iPads</p>	<p>Surpass the national average for ALL Uniform Data System (UDS) measurements</p> <p>Implement Medi-Cal Healthier California for All, formerly known as CalAIM to better serve high needs populations</p>

Initiative #3 – Service Excellence	
Priority Year One Goals	Other Strategic Goals
<p>Explore centralized scheduling and referral management</p> <p>Is there a COVID “new normal” for lobby areas etc.?</p> <p>Establish a patient electronic payment portal</p> <p>Resolve Fillmore primary care vs urgent care service needs</p> <p>Explore expanded hours of operation for primary care</p> <p>Add 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>All patients at all locations gain access within 10 days for primary care and within 15 days for specialty services</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>Implement appointment texting/appointment portal</p> <p>Reduce Specialty service No Shows to below 20%</p> <p>Improve care coordination among multiple disciplines</p> <p>Develop a standard clinic design template(s)</p> <p>Rethink specialty service locations and breadth to improve clinician productivity and patient access</p> <p>Research the possibility of a standardized clinic architectural design template to achieve optimal workflows</p> <p>Add adult dental care</p>

Initiative #4 – Growth & Innovation	
Priority Year One Goals	Other Strategic Goals
<p>Achieve or modify HRSA total patient number goal to reflect current census</p> <p>Focus on obesity, diabetes and other top 4 diagnosis</p> <p>Formalize CHC Board development and orientation process</p>	<p>Increase Telehealth utilization by 10%/Explore e-Consults for specialties</p> <p>Explore expansion of dental services to new locations/Add adult dentistry</p> <p>Increase Medicare from 8% to 10% of patient payer mix/Expand Geriatric care to meet the needs of an aging population</p> <p>Expand women’s services in Oxnard where there is a higher need than elsewhere in the County</p>

Initiative #5 – Staff Engagement & Leadership Development	
Priority Year One Goals	Other Strategic Goals
<p>Monitor potential increased needs for Medi-Cal Enrollment efforts</p> <p>Explore a possible transition from private medical group clinic management to County management</p> <p>Participate in National Research Corporation (NRC) follow-up to customer service efforts</p> <p>Participate in Six Sigma/Continuous improvement processes</p> <p>Complete transition to Primary Care Integration (PCI) for FQHCs</p> <p>Dedicated fiscal leadership/Assistant CFO</p>	<p>Improve clinician productivity to meet Medi-Cal PPS standards</p> <p>Reduce staff turnover by 10%</p> <p>Increase ratios of MD’s to mid-levels to exceed the current ratio of 2:1</p> <p>Increase the number of bilingual Licensed Clinical Social Workers (LCSWs) to expand the diverse workforce</p>

Initiative #6– Patient & Community Engagement	
Priority Year One Goals	Other Strategic Goals
<p>COVID-19 management in coordination with statewide improvement efforts</p> <p>Homeless management to improve linkages to primary care</p> <p>Increased cultural sensitivity via specific training and development/Reaching out to targeted populations</p>	<p>Continue as an active participant with local agencies working to improve social determinants of health</p> <p>Increased marketing efforts in association with the Health Care Agency</p> <p>Focus on population health and preventive care</p> <p>Expand access to health care for farmworkers/Explore possibility of additional HRSA grant funding</p>