



Ventura County Community Health Center (CHC) Board Meeting Minutes

Theresa Cho, MD
Ventura County HCA, Director
CHC Executive Director

Vikram Kumar, MD
Ventura County Ambulatory Care
Chief Executive Officer

Marth Ann Knutson
County of Ventura
Assistant County Counsel

Chaya Turrow
Ventura County Ambulatory Care
CHC Co-Applclicant Board Clerk

Meeting Minutes
May 22, 2025
12:30 - 2:00 PM

2240 E Gonzalez Rd,
Suite 200
Oxnard, CA 93036

CHC BOARD MEMBERS:

RALPH REYES, District 3
Chair

RENA SEPULVEDA, District 1
Vice Chair

ESPY GONZALEZ, District 2
Secretary

JAMES MASON, District 5
Treasurer

MANUEL MINJARES, District 3

RENEE HIGGINS, MD, District 3

MELISSA LIVINGSTON, District 1

DAVID TOVAR, District 3

LORETTA DENERING, DrPH, MPH,
District 2

Call to Order:

Ralph Reyes called the meeting to order at 12:33 PM.

1. **Roll Call**

| | |
|------------------------|---------|
| Ralph Reyes | Present |
| Rena Sepulveda | Absent |
| Espy Gonzalez | Present |
| James Mason | Present |
| Manuel Minjares | Absent |
| Renee Higgins, MD | Present |
| Melissa Livingston | Absent |
| David Tovar | Absent |
| Loretta Denering, DrPH | Present |

Roll call confirmed that a quorum was present.

2. Ventura County Staff Present

Vikram Kumar, MD, HCA – Ambulatory Care
Theresa Cho, MD, HCA
Martha Knutson – County Counsel
Rachel Stern, MD, HCA – Ambulatory Care
Lizeth Barretto, HCA – Ambulatory Care
Octavius Gonzaga, HCA – Ambulatory Care
Jason Cavender, HCA – Ambulatory Care
Dee Pupa, HCA – Health Plan
Martin Hahn, HCA – Ambulatory Care
Kyle Garcia, HCA – Ambulatory Care
Andrew Keshmiri, HCA – Ambulatory Care
Allison Blaze, MD, HCA – Ambulatory Care

Public Present - None

3. Public Comments - None

Action Items:

4. Approval of CHC Board Meeting Agenda for May 22, 2025

Board Treasurer Mason motioned to approve the meeting agenda. Board Member Gonzalez seconded. Motion passed.

5. Approval of CHC Minutes for April 24, 2025

Board Member Mason motioned to approve. Board Member Denering seconded. Motion passed.

6. Approval of Hours of Operation

Ms. Turrow shared the updated Hours of Operation for the clinic. There have been changes since the last time these were shared, therefore needing approval. The internal medicine provider at John Flynn since resigned, so we are taking the opportunity of changing back to pediatric. Board Member Higgins asked about UC issues with later hours?

Board Member Higgins motioned to approve. Board Member Denering seconded. Motion passed.

7. Nomination for CHC Board Officers (Chair, Vice Chair, Secretary, Treasurer)

The Nomination Committee announced their slate as:

Chair | Ralph Reyes

Vice Chair | Rena Sepulveda

Secretary | Espy Gonzalez

Treasurer | James Mason

Board Members Reyes, Gonzalez, and Mason all accepted the nomination. Due to Board Member Sepulveda's current leave of absence, she declined. Therefore, the Nomination Committee, instead, nominated Loretta Denering, who accepted the nomination.

Board Member Higgins accepted the nominations of the slate of officers. Board Member Denering seconded. The motion passed.

8. Review and Approval of Q2 FYTD December 2024 (July 2024 – December 2024)

Octavius Gonzaga shared the updated report for Q2 FYTD December 2024, which reports from July to December 2024. Mr. Gonzaga said that every statement is annualized, and this compares the 2023-2024 numbers to 2024-2025.

The first graph showed an increase of \$14M in net patient revenue versus the prior year. Provider visits, which include physicians, physician assistants, and nurse practitioners increased by 3%. There was also a net operating loss decrease of \$12M versus the prior year.

Mr. Gonzaga shared the increase in PPS rate of 3.9%. There is a temporary rate as of May 2024 that has increased 2% YoY. The seven clinics with increased PPS rates are Conejo, Las Islas North, Las Islas South, Mandalay Bay, Magnolia West, Moorpark, and West Ventura.

Mr. Gonzaga also shared the chart used to create prior slides. This shows a decrease of about \$12M.

| FQHC Statement of Revenue and Expenses Comparative Annualized FYTD 24-25: Jul-Dec and FY 23-24 | | | | |
|---|--------------------------|------------------------|----------------------|------------|
| | Annualized FYTD 24-25 | FY 23-24 | Variance | % Variance |
| Provider Visits | 369,162 | 358,333 | 10,829 | 3% |
| Net Patient Revenue | \$ 90,658,751 | \$ 76,646,802 | \$ 14,011,949 | 18% |
| Operating Expenses: | | | | |
| Salaries & Wages | 61,730,120 | 60,357,756 | 1,372,364 | 2% |
| Employee Benefits | 24,297,973 | 24,339,219 | (41,246) | 0% |
| Depreciation/Amortation | 4,384,431 | 4,249,369 | 135,062 | 3% |
| Interest Expense | 28,144 | 27,387 | 757 | 3% |
| Medical Supplies | 9,364,568 | 8,732,173 | 632,395 | 7% |
| Office Expense | 534,226 | 556,869 | (22,643) | -4% |
| Professional Fees - Physician | 6,802,148 | 5,522,128 | 1,280,020 | 23% |
| Purchased Services | 6,799,844 | 7,439,486 | (639,642) | -9% |
| Rents & Leases | 1,532,141 | 1,524,692 | 7,450 | 0% |
| Supplies | 563,251 | 851,275 | (288,024) | -34% |
| Utilities | 784,054 | 747,300 | 36,754 | 5% |
| Total Operating Expenses | \$ 116,820,899 | \$ 114,347,653 | \$ 2,473,245 | 2% |
| Net Operating Income/(Loss) | \$ (26,162,148) | \$ (37,700,851) | \$ 11,538,703 | 31% |

Finally, Mr. Gonzaga shared the whole Ventura County Medical System Summary. Board Treasurer Mason asked if there is an opportunity for other clinics to get a higher PPS rate. The team is currently working on Magnolia East and Santa Paula Medical Clinic.

Board Treasurer Mason motioned to approve the fiscal report. Board Chair Reyes seconded. Motion passed.

Presentation Items:

9. 2024 UDS Data Review

Kyle Garcia of the Ambulatory Care data team shared the UDS presentation. UDS, Universal Data System, is an annual report to HRSA with clinical data. It covers population, demographics, and clinical and quality metrics.

The Community We Serve

The team reported 99,485 total individuals served with at least one visit in the 2024 calendar year. This was a 4.38% increase from 2023. Of the total population, 5,750 were reported as homeless individuals, which was a 7% increase from 2023. The patients by payor stayed somewhat the same from previous years, but the team did report that uninsured and private payors are going down, while Medicaid and Medicare are going up. The patients by age remained very similar to 2023, with the largest percentage being within the ages of 18-64. Additionally, the patients by sex at birth also remained consistent with 2023, with the majority of universal patients being female and the majority of the homeless population being male.

The patients by race and ethnicity remained consistent with 2023. Although, while preparing the presentation to the Board, the team identified an error with the ethnicity. The team reported 94k or 95% were Hispanic. The team has created a preliminary correction, and the ethnicity is closer to 67% Hispanic, and 32% non-Hispanic.

The patients by preferred language is consistent with 2023. In the universal report, English is used by 62.33% of patients, Spanish by 34.47%, and Mixteco by 1.59%. In the homeless report, English is used by 79.29%, Spanish by 18.99%, and Mixteco by 0.42%.

Patients by sexual orientation is a continues area of struggle to collect, but the numbers remain consistent with previous years. Straight (not lesbian or gay) is reported as 43.98% and unknown is reported the highest as 44.64%. We have better collection data with the homeless population as straight is 63.04% and unknown is 24.17%. Patients by gender identity is also difficult to collect. This is done by the tablet intake. In the universal report, patients identified as females 34.56%, male 19.94%, and the identity is unknown for 44.51% of the patient population. In the homeless report, patients identified as female 35.08%, male 38.70%, and the identity is unknown for 24.47% of the homeless patient population.

Patients by socioeconomic status went in the wrong direction from 2023. In the EHR, income by month was \$2501/month. Calculating this by year is \$30k and the team cannot accurately collect this field. Therefore, our reports show over 54k patients' socioeconomic status as unknown.

The team also showed an increase of 20k visits during 2024. There are more in person visits,

and this has been trending up since 2021.

The top diagnoses showed obesity (moved from 3rd), hypertension, and diabetes as the top three diagnoses in the universal report. Hypertension, obesity, and anxiety disorders were the top three diagnoses in the homeless report. 10,389 additional patients had obesity diagnosis compared to 2023. The top three services on the universal report were, seasonal flu vaccine, well-child visits, and selected immunizations. The top three services on the homeless report were seasonal flu vaccine, smoking cessation, and selected immunizations.

Clinical Quality Measures

The team reported above the national average for prenatal care (1st trimester). 466 additional patients received prenatal care in the first trimester versus 2023.

Childhood immunizations were up from 28% in 2023 to 32% in 2024. There were 113 additional babies that received all recommended immunizations. The team also reported an increase above the national average, and well as an increase from 2023 in cervical cancer screenings. There were 1,810 additional patients that received cervical cancer screenings from 2023 to 2024. Similarly, there were 594 additional patients receiving mammograms compared to 2023, which was also an increase in the national average.

The team reported a decrease from 2023 in weight assessment and counseling follow ups and are still reporting below the national average.

The highest achieving quality metric was the screening and cessation counseling for tobacco use, which is well above the national average. Statin therapy for the prevention and treatment of cardiovascular disease had an increase of 1,490 patients versus the year prior. This metric is still below the national average, but trending in the right direction. There were an additional 1,060 patients that received colorectal cancer screenings compared the 2023, which is also an increase from the national average. There were an additional 12,362 patients that were screened for depression and received appropriate follow up, which is still below the national average, but trending in the right direction. HIV screening showed an increase from 2023, and it is above the national average.

Depression remission at 12 months reported exceeding the national average for the first time. The HIV Linkage to Care measure is very small with 11 patients. Nine of the patients were linked to care timely. But in 2023, the team reported seven out of seven patients. So, while the percentage is lower, more patients were linked to care in 2024 versus 2023. This measure also remained above the national average.

The aspirin therapy for ischemic vascular disease is consistently about the national average, but there was a decrease in rate in 2024. This is due to additional patients and a growing population needing therapy. Dental sealants for children is still below the national average, but there was a significant increase in rate. This is related to the opening of the Magnolia Dental clinic in August 2024.

Health Outcomes and Disparities

The low-birth-weight metric improved. Having a lower performance is better and the clinics saw nine fewer babies less than 2,500 grams compared to 2023. There were 2,752 more patients

with controlled blood pressure compared to 2023, which improved our rate to above the national average. The team also reported seeing fewer patients with uncontrolled diabetes, below the national average – which is good!

Summary

Sustained above-average performance:

- Prenatal Care in the 1st Trimester
 - 82% vs. National Average of 71%
- Cervical Cancer Screening
 - 60% vs. National Average of 53%
- Tobacco Use: Screening & Cessation Counseling
 - 99% vs. National Average of 85%
- IVD (aspirin for stroke)
 - 84% vs National Average of 76%

Key Improvements:

- Depression Screening **+2.86**
- Childhood Immunizations **+4.22%**
- Controlling High BP **+3.7%**
- Diabetes Care HbA1c **-4.84%***
- Depression Remission At 12 Months **+1.38%**
- Cervical Cancer Screening **+4.09%**
- Low Birth Weight **-1.03%***

*Lower Rate indicates better performance

Improvement Opportunities:

- Calculation of race/ethnicity
- Weight Assessment & Follow Up (Adolescent -4.54% and Adults -6.54%)
- Aspirin for IVD -6.73%
- **Demographic collection**
 - Income level
 - Housing Status
 - Farmworker Status
 - SOGI data

Discussion Items:

10. Continued Business

Ms. Turrow shared that we are still working on board recruitment.

11. HCA Director / CHC Executive Director Update – Dr. Theresa Cho, HCA

Dr. Cho requested Board Member Denering provide a grant funding update. Ambulatory Care is partnering with Behavioral Health. Dr. Denering said the county is expected \$93M for a 38-bed buildout and a second 16-bed mini-psych hospital. Also includes a crisis stabilization unit. The 3rd time was a charm for MHRC. This is under Proposition 1.

Clinic side – Dr. Cho said that the clinics serve many patients who are under MediCal, and we cover those patients regardless of immigration status. The Governor gave update regarding these patients. Marty Hahn has been helping to understand the implications. Dr. Cho doesn't think the federal share will change for patients except for 10% decrease for UIS (Unsatisfactory Immigration Status) population. Seem like challenges we can meet through funding in other regards. Supplemental funding is still there. How we address the needs of the UIS population is influx. This is a conversation with Gold Coast. Hopefully we don't go backwards on

preventative health care.

12. Ambulatory Care Chief Executive Officer Update – Vikram Kumar, MD - HCA

Dr. Kumar shared the below updates:

Compliance – Due for annual compliance training. Close to 99%. Still some staff waiting for last minute. Reminded the physicians and providers with a memo.

Quite a few pending performance reviews for staff. Some go back years. We do intend to set a timeline for early summer.

A few fallouts with vaccine administration. We have the opportunity to improve our error rates. Pharmacist who oversees the vaccines, as well as the Chief Nursing Executive.

Strategic Plan – About 100K+ assigned lives. About half are GCHP. Saw almost 100K unique lives within primary and specialty. Increased encounters by 4%. Goal is 2% increase for 2025. We are maxed out with space. There are 53k of Gold Coast's assigned lives that are our patients. The more assigned lives we see, the more care gaps we meet.

Fiscal Update – Dr. Kumar shared the PPS Rate growth per clinic. Board Treasurer Mason asked if the placeholder of \$245 is the average? Mr. Hahn said amongst all the payors. Medicare is lower, and what the state actually pays us is lower.

Customer Service – 84 is not a bad number, but we could be higher. National Research Corporation does our patient satisfaction, and their benchmark is 90. Holding steady in the low 80s for the past few years. We added a text survey in addition to the phone survey. We also want to talk to NRC to make the questions easier to answer. Perhaps decrease some of the questions. But the root cause is: are we listening to patients, is the environment friendly, etc. The leadership team will then come up with an action plan. There is a lot of granular data.

Equity – Met with some community members about access to care for undocumented patients. Some of the questions the community members had were, if the clinics were a safe place, is there ICE there, what happens if ICE shows up, etc. We have huddled with our staff to go over what to do. But we have not seen anything yet. Some patients initially were asking about telehealth, but not so much anymore. We did let community members know that we offer telehealth, either by phone or video. Met with CAPH committee yesterday and conversations there were medical coverage, lapse in coverage, and then how can we continue with disparity reduction without attracting scrutiny? Some of the people felt unnerved, but consensus is this is good work. There will always be folks that fall through the cracks that we need to pick up.

Managing Change – Update on Dignity HMO. Termination was effective 5/1/25. We broadly worked off two patient lists. Canceled most appointments because we were no longer their providers. But there were many, mostly specialties, that we kept. Fallouts where Dignity did not capture the patients, some in prenatal care. We have a conversation continuing with Dignity. The transition has been okay. Lost about 5-6k patients and encounters, but those slots are being picked up. Dignity has been pretty responsive.

13. Board Comments - None

14. Staff Comments

Ms. Barretto said there was a large event at Sierra Vista with GCHP where they saw 60 patients for well-woman and well-child exams. There were 29 mammograms. At Las Islas last week, in collaboration with Gold Coast there was a women's health event. 40 people and then 48 people for nurse checks. 44 patients had mammograms.

Dr. Blaze said 2 pediatricians, 2 geriatric physicians, and 1 physician assistant have been hired. Working on getting more nurse practitioners and physician assistants.

15. Adjournment - 1:54pm

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: Chaya Turrow, CHC Board Clerk

Next Meeting: Thursday, June 26, 2025
2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036