



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-Applicant Board Clerk

Meeting Minutes
August 28, 2025
12:30 - 2:00 PM

2240 E Gonzalez Rd,
Suite 200
Oxnard, CA 93036

CHC BOARD MEMBERS:

RALPH REYES, District 3
Chair

LORETTA DENERING DrPH, MS,
District 2
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

RENA SEPULVEDA, District 1

Call to Order:

Ralph Reyes called the meeting to order at 12:34 PM.

1. Roll Call

Ralph Reyes	Present
Loretta Denering, DrPH, MS	Present
Espy Gonzalez	Present
James Mason	Present
Manuel Minjares	Absent
Renee Higgins, MD	Present
Melissa Livingston	Absent
David Tovar	Absent
Rena Sepulveda	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
Lizeth Barretto, HCA – Ambulatory Care
Rachel Stern, MD, HCA – Ambulatory Care
Octavius Gonzaga, HCA – Ambulatory Care
Jason Cavender, HCA – Ambulatory Care
Martin Hahn, HCA – Ambulatory Care
Allison Blaze, MD, HCA – Ambulatory Care
Roger Robinson – HSA
Dee Pupa, HCA – Health Plan

Public Present

Hannah Bartels – Fillmore Lawyers

3. **Public Comments - None**

Action Items:

4. **Approval of CHC Board Meeting Agenda for August 28, 2025**

Board Secretary Gonzalez motioned to approve the meeting agenda. Board Vice Chair Denering seconded. Motion passed.

5. **Approval of CHC Minutes for June 26, 2025**

Board Member Higgins motioned to approve the June 26th meeting minutes. Board Secretary Gonzalez seconded. Motion passed. Board Member Sepulveda abstained.

6. **Approval of CHC Minutes for July 24, 2025**

Board Vice Chair Denering motioned to approve the July 24th meeting minutes. Board Secretary Gonzalez seconded. Motion passed. Board Member Sepulveda abstained.

7. **Approval of Q3 Fiscal Report**

The Q3 Fiscal Report was presented at the July 24th meeting. Due to not having a quorum, the vote for approval was moved to this meeting. Board Chair Reyes asked if there were any changes. Mr. Cavender said no. Board Secretary Gonzalez motioned to approve the Q3 Fiscal Report. Board Treasurer Mason seconded. Motion passed.

8. **Review and Approval of Q2 Quality Report**

Dr. Rachel Stern shared the updates for the Q2 Quality Report.

Ambulatory Care received the HRSA 2025 Bronze Quality Badge, based on the 2024 UDS report. 2019 was the last time we received this high-ranking of a badge. The Bronze badge is awarded

to health centers with an aggregate quality score in the top 21-30%, compared to other health centers around the country.

The quality team reported receiving 100% achievement with QIP and QIPP incentive programs. Few public health systems achieve this high performance with both programs. The state started implementing sanctions last year. GCHP is one of four Medi-Cal MCPs that have reached 100%, and Ambulatory Care is more than half of GCHP's population.

For QIP, we met the 2nd most quality metrics in the state. We were very close to first.

Our Senior RN Jennifer Chavez shared Asthma best practices at GCHP quality meeting.

CY 2025 Q2 Performance:

There is a normal amount of red for this time of the year. The clinics have met Screening for Depression, Immunization for Adolescents, Well Baby 15, Well Baby 30, Diabetes Eye Exam, Breast Cancer Screening, and Cervical Cancer Screening.

The team has created a projection table for each clinic that shares the target, care gap, screens needed per month/week, and how many have been screened. Colorectal Cancer Screening and Well Care Visits have decreased their screening rates.

Board Treasurer Mason asked about Cologuard for Colorectal Cancer Screening? Dr. Stern said yes, but there are issues. It costs about 100x the other and we can't order or get results back through our EHR. Board Treasurer Mason also asked if FIT kits can be done at home? Yes. They're about \$12-\$15 each. Dr. Stern did say that we are now improving. We went from one to three gastroenterologists, so we are screening a lot more. There is a huge demand, and we text any patient who has a FIT order to get their test back.

Q2 Quality Initiatives

Child and Adolescent Well Care Visits, Screening for Chlamydia, Screening for Depression and Follow Up, and High Blood Pressure Management

In quarter 2, the team hosted 6 health fairs at 5 different clinics in collaboration with GCHP. GCHP provides food and incentives. They will sometimes bring a mobile mammography and other services. Throughout the 6 health fairs, our team provided over 500 unique services that included mammograms, cervical cancer screenings, well care visits, immunizations, lead screening, fluoride varnish, and nurse visits for BP and A1c. There are three more planned, so far for the remainder of the year.

Well child visit rates have declined over the past three months. Staff believe this to be due to immigration activity. There are 35k in the denominator, which is a tough metric to meet. This is a metric that cannot be done via telehealth. The team has been educating clinic managers on the correct processes of bringing in a child, and the guardian or parent providing the correct paperwork for someone else to bring in the child.

Dr. Joni Bhutra is the pediatrics chair and has created a well child task force, with representation from operations, quality, data team, and the call center. A quarter of the kids that miss the metric have been seen somewhere else within our system, sometimes specialists.

The quality team has also created a 'Quality Shift Best Practices', which provides a process for 8-12 weeks, all the way to 1-2 days. This includes confirming provider schedules, scheduling appropriate support staff, confirming resources, outreach and scheduling patients, scheduling and booking and reschedules or cancellations, and calling the patient to confirm.

The quality team is part of a grant called CHARMED. This grant is a PCORI-funded study to help our patients use home blood pressure cuffs to gain blood pressure control. We have enrolled 15% of the 1000 patients planned. As of 7/24, 922 patients were contacted, with 56% of those patients answering at least one call. Board Member Higgins asked how we receive the data back? Dr. Stern said it is through Bluetooth. The patient gets an automatic text if they submitted too high or too low numbers.

Q2 Patient Experience

The total grievances by source in Q2 2025 didn't change too much. Dr. Stern provided a graph that shows the ratio of complaints and grievances to clinic volume. The leader doesn't change too much month to month. Board Member Higgins asked how patients complain. Dr. Stern said through grievance line, email, or through the website. If they file through the Health Plan, it is tracked through these graphs, too.

Complaints and grievances related to availability of appointments have gone down, specifically for specialists. And the number of complaints related to referrals has gone down a bit. Reported incidents show a high number in "aggression". Dr. Stern said there is a fair number of these that are patients using unkind language or yelled at our staff. When this happens, we work to improve processes and workplans.

Final Thoughts

In Q2, our team has done group cause analyses. For example, in Cerner, if the patient's vital signs were not normal, it wouldn't notify. The team figured out a way to do this. Additionally, related to anaphylaxis, the faster you give epinephrin, the better – therefore, the team created a policy and did training to allow nurses to provide epinephrin.

Board Treasurer Mason motioned to approve the Q2 Quality Report; Board Member Sepulveda seconded. Motion passed.

9. Nomination of Roger Robinson to the CHC Board

Board Member Higgins motioned to approve Roger Robinson's nomination to the Board; Board Vice Chair Denering seconded. Motion passed.

10. Appointment of Roger Robinson to the CHC Board

Board Vice Chair Denering motioned to approve Roger Robinson's appointment to the Board; Board Secretary Gonzalez seconded. Motion passed.

11. Approval of Dr. Vikram Kumar to become the CHC Project Director

Board Vice Chair Denering motioned to approve Dr. Vikram Kumar to become the CHC Project Director; Board Secretary Gonzalez seconded. Motion passed.

Discussion Items:

12. Continued Business

a. CHC Board Recruitment

Ms. Turrow reminded the Board to please continue keeping an eye/ear out for potential members.

13. New Business

a. Review Strategic Plan

Ms. Turrow shared that the Board received the Strategic Plan last week via email. Dr. Kumar will go through it specifically in his update.

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

Dr. Cho shared that there are two new hires to the Public Information Officer team. They are both experienced in media relations and public outreach. Working on ensuring the public is aware of our presence. Supervisor Gorell said he is noticing the outreach from his team.

There is also a new compliance officer, Rhondi Shannon. She will come to the next meeting. And a new Chief of Data and Analytics. He was at Cerner when they built Millenium. He has experience in data and how it relates to EHR. He will bring the data teams together to elevate their technical expertise.

In a previous meeting, we updated the Board on the State Medi-Cal regarding budget and there being threats through HR1. The threats are more hospital centric, but it is complicated because we are one big happy family with the hospitals and when hospital share is cut, it does affect us. HR1 has been kicked down the road through bipartisan support. If passed in November, it will be a \$5M loss. The Federal share of the care we provide (FMAP) is currently 90% but will be reduced to 50% if it passes.

Looking at the budget supplementals, potentially reducing by at least \$20M/yr to \$100M/yr. We are looking at ways to maximize what we have, to continue the mission. All the quality work and work on the PPS rates are helping us and setting us up well.

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

Dr. Kumar shared the following updates:

Compliance – As Dr. Cho mentioned, the compliance officer will join at next meeting.

Telehealth Services – There were some billing regulations from before the pandemic that are not coming back into place. The way to capture this information is through scheduling workflows. Shared with our medical directors to share with providers.

Strategic Plan – Draft is provided. The last Strategic Plan was 5-6 years ago. To get to the disparities, we used the Community Health Needs Assessment, refreshed just last month. The

document talks about our community health centers, board representation, and organizational chart. Also discuss a little bit about HRSA and a bit about planning. We did a SWOT analysis, and this was before there were a lot of threats. The intent is to give you a working document.

Ventura County's population's trend is going up from 2022 – 2024. Almost a decade or so our population has been going down in VC, as opposed to the state. As for Ambulatory Care, the dark line is unique patients, and light is visits. Seeing a steeper curve with number of encounters. The number of unique patients, trendline goes back to 2014.

Ventura County demographics show Hispanic/Latino as 44.5% and white non-Hispanic as 43%. AC demographics reflects about a 64% Hispanic split. We do see a higher percentage of Hispanics compared to the total county.

Ventura County's population age shows that the 65+ population has gone up the most. AC shows a slightly younger population compared to county. This is a trade off because some patients we may want to see, have a high rate with Medicare that makes it tough to compete with other organizations that serve that population.

The County Health Needs Assessment explains how they collect the data through cities, regions, economies, and social determinants. The CHNA shows that the biggest needs are Oxnard, Fillmore, and Santa Paula area. Affordability is an issue in east county and behavioral health, and women's health need to be prioritized.

The Strategic Pillars have stayed the same.

Fiscal – Dr. Kumar shared that we want to focus on PPS rates. We are also working on co-pay collection and visits. This remains to be seen because of State and Federal budgets and UIS patients.

Quality – Dr. Stern covered quality in her earlier presentation. The goal is 100% for both QIP and QIPP.

Service Excellence – Working on scheduling optimization opportunities. 1/5 slots get occupied. Working to improve our specialty next available – seeing small progress.

Growth – We want to increase our unique lives seen. There are many patients assigned to us, but don't come in.

Staff Wellness – We are tracking a few items in this category.

Patient Experience – We are improving overall rating for providers and clinics.

Billed Encounters by Month/Year – The dip in the graph is June and an upward trend is July. This is mostly tied to immigration enforcement.

Billed Encounters by Service Lines - Primary, specialty, urgent care. Primary Care and specialty have caught up, but urgent care is lagging. We want to be cautious not to put in too many providers that aren't being utilized.

Telehealth – Clinics have seen a slight increase - about 4-500 patients. This is tied to anxiety of coming into a physical appointment. Board Treasurer Mason asked what kind of encounters are telehealth? Dr. Kumar said almost all, except those that are well-child or need a procedure. Some clinics can order labs through telehealth.

Encounters by Language –Spanish speaking has gone down by a percentage point each month since May. Even if numbers are rebounding, there is concern we are leaving patients behind who are not seeking care.

Operational Excellence – The leadership team has identified core areas of focus. To see more patients with facilities and staffing, we need to standardize processes. Working with the Regional Directors and focusing on honing in on one thing a month. Tracking through data at the clinic level.

Fiscal – We are still leaving some money on the table with co-pays – mostly when patients can't pay. Cardiology and GI take us almost three months to get to those appointments.

We are looking at resetting Fillmore clinic and what services are there.

Still working on FQHC designation for AFMC and MSC. Board Treasurer Mason asked if Gold Coast has a special arrangement for each specialty? Yes, GCHP is the main referral party, but we want to bring them back into our system. There is an opportunity there, especially with our own County Health Plan, it makes sense to bring them back.

CHQR Badges – Received Advancing Health Information Technology. 1/5 FQHCs get this badge. But the Bronze badge is much harder. 1 - 20 FQHCs get this. We will be acknowledging Staff the first week of September. Dr. Cho said we received this badge once before and how challenging it is to receive, speaks to our staff's work.

Patient Experience – This cluster map is scored by provider. National score is 90. Our average is 85. Scores go from 1-10. Folks on the right are the ones that are consistently scoring above. Almost all rank as a 9 or 10. Many of the lower scores tend to be our residents in training. Trying to move the lowest scores closer to the middle, and those that are getting a 7-8 to a 9-10. Working with NRC to tighten some questions.

Incidents – Our team created a medication error by type of event progression chart. This analysis goes through how/why an error happens. It includes vaccine/medication, age group, if it got to patient, etc. The most recent events were not FQHC, but still within Ambulatory Care.

Managing Change – Dr. Kumar provided a slide from the presentation from HHS, which includes implications of HR1. Having a conversation with GCHP to work with agency and medical enrollment and what we need to start planning for. Procedural delays are the biggest reason why people do not enroll. May need to do it twice a year. Abortion ban, immigration status, gender affirming care, will all be affected. Dr. Kumar shared a timeline for when/how things might happen

Mr. Robinson said that there may be recertification every six months. It is already a burden to do once a year and we will probably see a falloff from this, which will also be an administrative burden.

16. Board Comments

Board Member Higgins said it is nice to see where we are as a system compared to others. Congratulations on bronze badge.

17. Staff Comments - None

18. Adjournment – 1:58pm

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, September 25, 2025
2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036**