



Ventura County Community Health Center (CHC) Board Meeting Minutes

Theresa Cho, MD
Ventura County HCA, Director

Vikram Kumar, MD
Ventura County Ambulatory Care
Chief Executive Officer
CHC Executive Director

Marth Ann Knutson
County of Ventura
Assistant County Counsel

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

**Meeting Minutes
October 29, 2025
12:30 - 2:00 PM**

**2901 N Ventura 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

ROGER ROBINSON, District 2

DAVID TOVAR, District 3

RENA SEPULVEDA, District 1

Call to Order:

Ralph Reyes called the meeting to order at 12:40 PM.

1. Roll Call

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

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
Octavius Gonzaga, HCA – Ambulatory Care
Martin Hahn, HCA – Ambulatory Care
Jason Cavender, HCA – Ambulatory Care
Allison Blaze, MD, HCA – Ambulatory Care
Letty Garibay, HCA – Ambulatory Care
Joni Bhutra, MD, HCA – Ambulatory Care
Valeria Garcia, HCA – Ambulatory Care
Amy Peake – Supervisor Lopez’s Office

Public Present

Hannah Bartels – Fillmore Lawyers

3. **Public Comments** - None

Action Items:

4. **Approval of CHC Board Meeting Agenda for October 29, 2025**

Board Secretary Gonzalez motioned to approve the meeting agenda. Board Member Sepulveda seconded. Motion passed.

5. **Approval of CHC Minutes for September 25, 2025**

Board Member Robinson motioned to approve the meeting minutes. Board Member Sepulveda seconded. Board Member Higgins abstained. Motion passed.

6. **Review and Approve Non-Competing Continuation Progress Report**

Ms. Turrow shared information regarding HRSA’s Noncompeting Continuation Progress Report. VCCHCs are compliant with policies related to personnel, procurement, standards of conduct, financial management, credentialing and privileging, the sliding fee discount program, etc. Additionally, VCCHC has remained up to date with providing scope changes to services offered and sites. Ms. Turrow mentioned that our team has to report on any staffing and operational changes, as well as the financial status, which will be discussed by the fiscal team.

Within the first year of the three year Service Area Competition, VCCHC has exceeded four of the seven patient activity goals.

| Type of Patient Activity | Percentage to Goal |
|---------------------------------------|--------------------|
| Total Unduplicated Patients | 104.37% |
| Total Medical Services | 103.26% |
| Total Dental Services | 80.80% |
| Total Mental Health Services | 124.50% |
| Total Substance Use Disorder Services | 38.50% |
| Total Vision Services | 95.04% |
| Total Enabling Services | 610.28% |

Mr. Gonzaga shared the Budget Period Progress Report (BPR) that will be submitted with the NCC report.

Mr. Gonzaga shared that the prospective payment system (PPS) has favorable rates. This is MediCal's reimbursement arrangement for the FQHCs. We have an annual reconciliation with Medicaid to get back some of the payment. There are options for rate scope change, but you must have the cost report to make the change.

The BPR provides an update on the progress of the Health Center Program grant reward recipients. This is for both the homeless population and everyone.

As an overview, the HRSA budget is prepared for Grant Year (GY) 26-27 but is based on the Fiscal Year (FY) 25-26 budget. This budget is for what is commonly referred to as Program Based Funding. The Section 330 (E) and (H) Grantee anticipated award is \$2,150,382. Approximately 2/3 of the grant is for everyone and 1/3 of the grant is for homeless services.

HRSA Consolidated GY 26-27 Budget

| Consolidated Budget | Federal | Non-Federal | GY 26-27 Total ² |
|---|--------------------|----------------------|-----------------------------|
| Revenue: | | | |
| Program Income ¹ | | \$93,179,704 | \$93,179,704 |
| Federal Grant/Local & State Funds/Other Support | \$2,150,382 | 45,921,639 | 48,072,021 |
| Total Revenue | \$2,150,382 | \$139,101,343 | \$141,251,725 |
| Expenses: | | | |
| Personnel | \$1,516,490 | \$75,618,501 | \$77,134,991 |
| Fringe Benefits | 633,892 | 31,608,534 | 32,242,426 |
| Travel | 0 | 53,179 | 53,179 |
| Supplies (i.e. Office, Cleaning, Medical and Pharmaceuticals) | 0 | 13,146,489 | 13,146,489 |
| Contractual (i.e. Physician Services, Vision Services, Janitorial, Repairs & Maintenance, Other Contracted Professionals) | 0 | 10,367,445 | 10,367,445 |
| Other Expenses (i.e. Equipment Lease, Bank Fees, Advertising & Recruitment, Telephone) | 0 | 8,307,195 | 8,307,195 |
| Total Operating Expenses | \$2,150,382 | \$139,101,343 | \$141,251,725 |

Note:

The HRSA Grant dollars are only 1.5% of the total budget

The main benefits are the following:

1. Preferential drug costs (340B)
2. PPS rates (cost-based reimbursement)

¹ Net Patient Revenue

² GY 26-27 Budget based on FY 25-26 Budget

Mr. Gonzaga also shared the Federally Supported Personnel Justification Table for GY 26-27. The federal total is \$1,516,490.

Board Vice Chair Denering asked if it is too early to see HR1 reflected? Yes, should see it second half of 2026, July to February. But the UIS (unsatisfactory immigration status) patients are what would affect our numbers. The uninsured population will increase and Medicaid will decrease. We are working to mitigate these effects with rate changes. Currently looking at Fillmore and the two FQHC designations previously discussed.

Board Member Robinson asked if there were any projects for the uninsured population? Mr. Gonzaga said not yet. Dr. Kumar said the payor mix will be important to see how many enroll.

Board Member Higgins asked about the substance use disorder services and the providers used. There are providers at every clinic for the substance use disorder services. Additionally, the team has added a specialty clinic to help with access services. It is also important to note that the 38.5% is for the first year of three, so there is plenty of time to meet the goal.

Board Member Higgins motioned to approve the submission of the Noncompete Progress Report. Board Member Robinson seconded. Motion passed.

Presentation Items:

7. Magnolia Operations Data

Dr. Joni Bhutra and Letty Garibay presented on the Magnolia Clinic. Magnolia Family Medical Center has the family practice clinic, which is newborn to geriatric. It also includes a laboratory. The other building houses the urgent care and specialty clinic.

Magnolia West is starting to focus on bariatrics. We partner with Oceanview to provide specialty care. Magnolia was the clinic to add the addiction medicine clinic. It is currently one half-day per week. The team has added two more providers to increase services.

Magnolia is co-located with public health, vital records, and the Ventura County Health Plan. Recently, the urgent care began providing scheduled appointment slots, as well as walk-in sports physicals. The dental clinic is also located within the same building as family medicine and serves patients aged 0-25 and all OB patients.

Currently, Magnolia is fairly well staffed. The team has been working on immediate coverage by filling provider and nursing gaps with per diem employees. Additionally, the team is currently recruiting 1 MOA, 1 trilingual interpreter, and 2 MDs. There is also a new expansion being worked on for 12-15 more exam rooms.

Dr. Bhutra is the task force leader for the well-child strategies. One of the strategies is adding preventative care when pediatric patients come in for sports physicals or other non well-child visits.

Board Secretary Gonzales asked if the addiction medicine clinics is referral or primary? Dr. Bhutra said it is both. It is a pretty busy clinic, but the no-show rate is tough. Board Member Robinson asked if there is still a gap in trying to find providers? Dr. Bhutra said yes.

Discussion Items:

8. Continued Business

a. CHC Board Recruitment Efforts

Ms. Turrow shared an update on the recruitment efforts, including reaching out to Board of Supervisors staff members. Board Member Higgins does believe that this is the best way to find good community members and how the team first recruited to the CHC Board. Dr. Kumar suggested that we should maybe send a letter to the Board of Supervisors from the CHC Board on CHC Board letterhead.

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

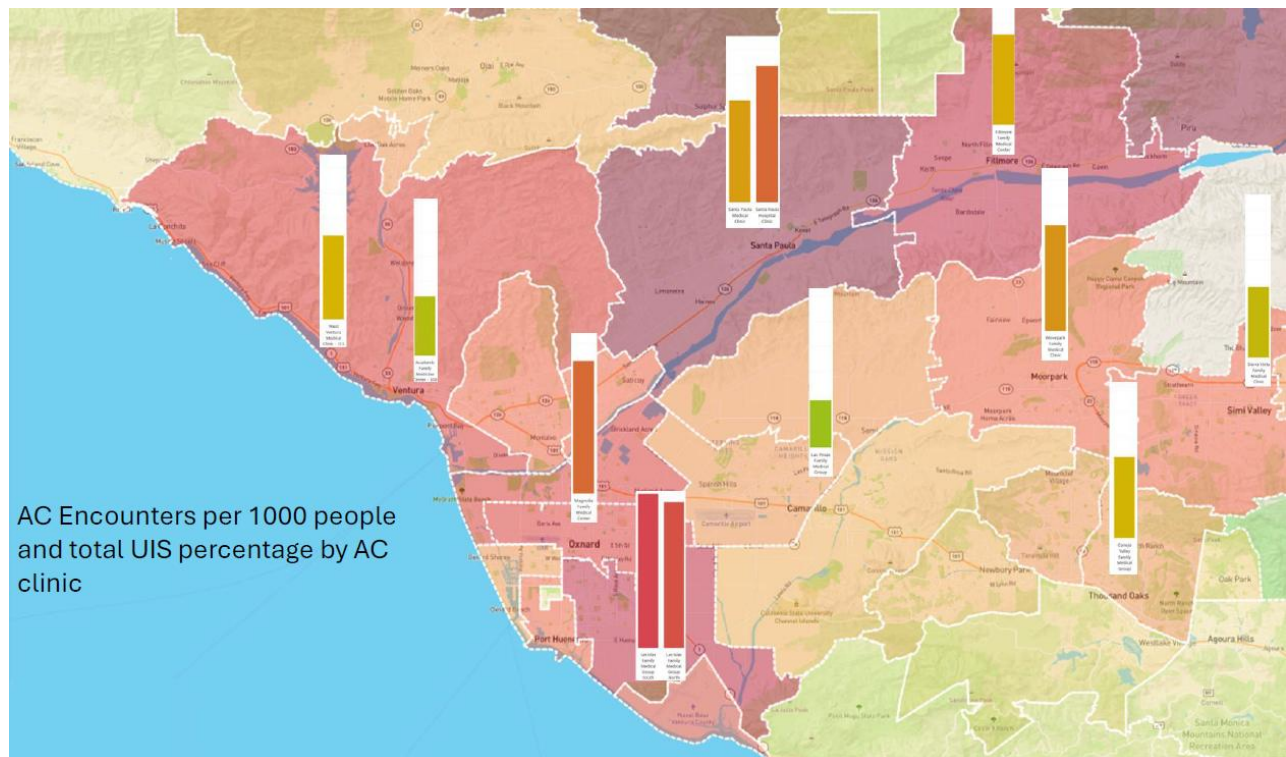
Dr. Kumar shared the following updates:

Compliance – There was an update shared by CMS related to the government shutdown. We have proactively rescheduled appointments. We are also allowing for telehealth if patients are incapacitated or no transportation.

Strategic Plan – We will start having clinic presentations during the CHC Board Meetings.

Billed Encounters by Month/Year – The numbers have been fluctuating. September was higher, but October is showing a 3% dip. There was an immediate impact with ICE, then recovery takes time. We also have seen that community anxiety relates to what we see with depression tracking.

UIS Utilization – Dr. Kumar shared a graph showing the VCMC Ambulatory Visits by age group and clinic. This graph shows that 20% of the lives through GCHP have UIS status. Ages 25-49 is the highest age group. Below is a map of the overlay of UIS percentage over utilization at the clinics.



Ambulatory Care UIS visits percentage is a linear trend. The utilization is increasing. Our dip is higher with GCHP than with UIS. This might be due to mix payor households. There was a 1% dip with MediCal compared to last year.

Clinic Scheduling - The team is very focused on filling slots. Most of the clinics are above the goal line. All clinics have opportunity, and the leadership team is meeting with managers to see capabilities to get each clinic to their goal. Dr. Kumar and team also identified the individual services with higher no show rates. Cardiology, dental, dermatology, diabetes, bariatrics, nephrology, and rheumatology all reflect opportunities.

Additionally, Dr. Kumar shared a graph showing the average next available appointment at each clinic. Las Islas, while their performance isn't reflected, they are very busy and good at filling slots, but there is a lot of demand. It becomes challenging when clinics might try to fill a demand for a specific provider. Board Member Higgins asked why AFMC is so red? Dr. Kumar said it is partially due to the residents and how they are being scheduled. Dr. Kumar also shared the average next available appointment by specialty. Addiction medicine is up there because they have fewer patients and providers.

Patient Experience – Our goal is to reach 90%. We are currently at 84.1%. This means we need more patients to give us a good score.

10. **Board Comments** - None

11. **Staff Comments** - None

12. **Adjournment** – **1:45pm**

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, November 20, 2025
2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036