



## 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**  
**September 25, 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**

**ROGER ROBINSON, District 2**

**DAVID TOVAR, District 3**

**RENA SEPULVEDA, District 1**

### Call to Order:

Ralph Reyes called the meeting to order at 12:35 PM.

#### 1. **Roger Robinson Oath of Office**

#### 2. **Roll Call**

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

**Roll call confirmed that a quorum was present.**

**3. 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  
Jason Cavender, HCA – Ambulatory Care  
Allison Blaze, MD, HCA – Ambulatory Care  
Dee Pupa, HCA – Health Plan  
Amy Peake – Supervisor Lopez's Office

**Public Present**

Hannah Bartels – Fillmore Lawyers

**4. Public Comments - None**

**Action Items:**

**5. Approval of CHC Board Meeting Agenda for September 25, 2025**

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

**6. Approval of CHC Minutes for August 28, 2025**

Board Member Higgins motioned to approve the August 28<sup>th</sup> meeting minutes. Board Secretary Gonzalez seconded. Motion passed.

**7. Approval of Strategic Plan**

Dr. Kumar presented the Strategic Plan. This was provided to the Board Members several weeks ahead of time and staff requested feedback. A couple of suggestions included updating images and confusion over no Weaknesses or Threats in the SWOT analysis. Dr. Kumar said the staff combined all Weaknesses, Opportunities, and Threats as they all hit the same points.

Board Treasurer Mason motioned to approve the Strategic Plan. Board Secretary Gonzalez seconded. Motion passed.

**8. Appoint CEO Evaluation Committee**

Ms. Turrow requested a committee to review the questions for the CEO Evaluations. The committee will meet one time over the next month to review the evaluation form. Board Chair Reyes, Board Vice Chair Denering, and Board Treasurer Mason volunteered to serve on the committee.

Board Member Sepulveda motioned to approve the committee. Board Secretary Gonzalez seconded. The motion passed.

## **Discussion Items:**

### **9. Continued Business**

#### **a. CHC Board Recruitment**

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

### **10. Ambulatory Care Chief Executive Officer Update – Vikram Kumar, MD - HCA**

Dr. Kumar shared the following updates:

Compliance – The compliance officer will join at next meeting.

Executive team is tracking the federal budget from a telehealth standpoint. The bill congress passed is extended until November and going through approvals. At that point, decisions will be made to see if our clinics will continue seeing Medicare patients through telehealth. Telehealth is currently 1 in 5 of visits provided.

The hospitals filed a brief on CDPH's handling of breaches. The courts sided with the hospitals. It was discussed that it wasn't only the breach, but lack of technology safeguards. This put a bit of burden on CDPH.

Strategic Plan – Draft provided, discussed, and approved earlier.

The Strategic Pillars have stayed the same.

Fiscal – Dr. Kumar shared that we want to focus on PPS rates, copay collection to 10%, and visits increased by 2%.

Quality –The goal is 100% for both QIP and QIPP.

Service Excellence – Working on increasing schedule utilization by 10% and third next available by 5%.

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

Staff Wellness – Decrease callouts and focus on staffing rations to decrease burnouts.

Patient Experience – We are improving overall rating for providers and clinics through NRC (National Research Corporation). Board Treasurer Mason asked what scale is used to determine this? Dr. Kumar said that there are about a dozen scales of 1-10, 10 being the top.

Dr. Kumar provided a Strategic Goals Dashboard.

| <u>Domain</u>      | <u>KPI</u>                    | <u>Goal</u> | <u>Actual FY'26</u> |
|--------------------|-------------------------------|-------------|---------------------|
| Fiscal             | Increase Volumes              | 2%          | 1%                  |
| Fiscal             | Improve Copay Collection      | 10%         | 175%                |
| Fiscal             | Increase PPS                  | 10%         | Ongoing             |
| Quality            | QIP Achievement               | 100%        | Ongoing             |
| Quality            | QIPP Achievement              | 100%        | Ongoing             |
| Service Excellence | Increase Schedule Utilization | 10%         | -1%                 |
| Service Excellence | Next Available Appointment    | -10%        | 7%                  |
| Growth             | Increase QIP unique patients  | 1%          | -1%                 |
| Staff Wellness     | LOA                           | 7%          | 5%                  |
| Staff Wellness     | Staffing Ratios               | 1.60        | 1.50                |
| Patient Experience | NRC Rating                    | 89%         | 85%                 |

- Improve Copay Collection – Still have a way to go because it is not setup in EHR system and we are leaving money on the table. This is mostly private, not MediCal.
- Increase PPS – File for rate reset for 2 clinics and FQHC designation
- QIP & QIPP – Overall trending up
- Increase Schedule Utilization – 100 slots to give, but how many are we filling? We are at about 12-13 no shows.
- Next Available Appointment – Due to some provider turnover and increase in referrals. It depends on certain services and how long it takes to get an appointment.
- Increase QIP unique patients – We have had challenges with ICE
- LOA – Developing a manageable workplan to give staff a modified schedule.
- Staffing Ratios – Varies by clinic and day of the week. The 1.60 goal is what is budgeted. We are averaging 1.5-1.7.
- NRC Rating – 89% is the NRC goal, we are trending up.

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. There was a 70% dip between May and June. June is also a seasonably less busy month. July was comparable to last year. August is showing a dip. It is lower because of hesitancy, specifically at West Ventura, Oxnard, and Sierra Vista. The first three weeks of September were trending upward.

UIS Utilization – Dr. Kumar shared a graph showing the VCMC Ambulatory Visits Per Day & Percent of UIS (Unsatisfactory Immigration Status). This graph shows that 1 in 5 of our patients are UIS and the gap is the disparity. There was a dip in May that has rebounded a bit. We don't know the patients, just the clinic and age of patient. We created a workgroup with Dr. Denering (BH) and Roger (HSA) to review enrollment.

Board Treasurer Mason asked if we could see assignment by utilization? Dr. Kumar said they

may try to figure out how to forecast this because it impacts our reimbursement.

Billed Encounters by Service Lines – Dr. Kumar shared three graphs showing patients seen by primary, specialty, and urgent care. Primary care saw a dip in August. Specialty is doing better YoY. Urgent care is trending down, even before the immigration issues. The team is looking at utilization. Perhaps expanding weekends throughout the county. We currently have two in Oxnard. Historically, we have not scheduled appointments but may look into this.

Patient Experience – This cluster map is scored by provider. National score is 90. Our goal is 89%. Last month or so has been 87.7% but may not stay there by month end. The number of responses have come down since May.

Dr. Kumar shared a graph showing patient experience over the past 5 years. There has been a gradual increase since 2020. Once you get to 85/86, it is hard to maintain because there is a certain patient expectation. We have identified some clinics with opportunities and need to go back to basics.

Miscellaneous – Dr. Kumar has reached out to IHB about CHC Board positions, if interested.

Managers and Medical Directors are receiving dashboard training. We created dashboard with all the data in Power BI and are providing gentle direction for the managers to create their own goals.

Dr. Kumar thanked Dr. Cho for her service as both the Ambulatory Care Chief Executive Officer, as well as the CHC Board Executive Director.

11. **Board Comments** - None

12. **Staff Comments** - None

13. **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](mailto:chcboardclerk@ventura.org)

Minutes submitted by: Chaya Turrow, CHC Board Clerk

**Next Meeting: Thursday, October 23, 2025**  
**2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036**