



## 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  
November 20, 2025  
12:30 - 2:00 PM**

**2240 E Gonzales 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 12:46 PM.

#### **1. Roll Call**

Ralph Reyes	Present
Loretta Denering, DrPH, MS	Absent
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.**

## **2. Ventura County Staff Present**

Vikram Kumar, MD, HCA – Ambulatory Care  
Martha Knutson – County Counsel  
Octavius Gonzaga, HCA – Ambulatory Care  
Jason Cavender, HCA – Ambulatory Care  
Allison Blaze, MD, HCA – Ambulatory Care  
Rachel Stern, MD, HCA – Ambulatory Care  
Michelle Meissner, HCA – Ambulatory Care  
Karina Valdovinos, HCA – Ambulatory Care  
Julia Darian, HCA – Ambulatory Care  
Dee Pupa, HCA – Health Care Plan

### **Public Present**

None

## **3. Public Comments - None**

### **Action Items:**

#### **4. Approval of CHC Board Meeting Agenda for November 20, 2025**

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

#### **5. Approval of CHC Minutes for October 29, 2025**

Board Secretary Gonzalez motioned to approve the meeting minutes. Board Member Robinson seconded. Board Chair Reyes and Board Treasurer Mason abstained. Motion passed.

#### **6. Review and Approve Q3 Quality Report**

Dr. Stern shared the Q3 Quality Report. As of the day of presentation, there were four metrics unmet: Tobacco Cessation and Counseling, Child and Adolescent Well Care Visits, Controlling Blood Pressure, and Diabetes Control. This is good for going into the final quarter of the year.

Ambulatory Care was awarded the Quality Hero Award by Gold Coast Health Plan for highest aggregate performance in quality metrics. On Tuesday, the quality team gave a presentation to the Board of Supervisors encouraging patients to get mammograms.

Quality Initiatives – Q3 focus metrics were, Child and Adolescent Well Care Visits, Colorectal Cancer Screening, Depression Care in Pregnancy, and Breast Cancer Screening.

Dr. Stern shared the Well Child Visit chart showing each clinic's rate of visits, visits needed per month, visits in the last 4 weeks, visits needed per week, and visits in the last week. The clinics were ahead by 200 visits this week. Providers are all-hands-on-deck to get the visits done.

Dr. Stern noted that many children are getting care through urgent care or specialty visits, but not their primary care well child visit. The team has been working to convert those urgent and specialty care visits to well child visits. The call center is also scheduling well child visits. There

were over 100 scheduled in just the past month. Finally, the team is working to get patients a long-term relationship with their primary care provider.

As for colorectal cancer screening, Dr. Stern shared a similar chart showing each clinic's screens needed per month/week and how many of those screens actually happened. Colorectal cancer screenings across Ambulatory Care far exceeded the targets. The team is mainly offering FIT kits, then a colonoscopy if they needed a follow up test. There has been some trouble getting data from our third party gastroenterologists. Dr. Blaze has been assisting with this and doing them on our own, in house. Next year Gold Coast Health Plan will be putting a lot more focus on colorectal cancer screenings and providing incentives.

Another metric GCHP is newly putting focus on is depression care in pregnancy. We have previously met our targets, but we want to continue meeting our targets. We have struggled in follow-up care for prenatal patients. Our team is retraining our providers to do prevention work. Board Treasurer Mason asked if the depression is not treated, will it go away or advance? Dr. Stern said that the metric and focus is mostly due to the health of the baby and mom at the time of the depression, and not necessarily if/when it goes away. Dr. Blaze said 'postpartum blues' or hormonal changes are common, but depression takes two weeks to diagnose.

There was a decline in mammogram screenings since Covid. The team is actively working to get those numbers back up. They have added in Saturday access at VCMC, mobile mammograms, next day screenings available at Santa Paula, and providing incentives at the time of the visit.

Q3 Patient Experience – The team has integrated a monthly safety committee to review complaints, grievances, incidents, and environment of care issues. It has been reformatted to fit what is needed for the FTCA submission.

Q3 grievances were the fewest grievances ever, but the team is not sure why. The ratio of complaints and grievances to clinic volume shows Las Posas as the most, because they have few volume of patients, but eight complaints and grievances for the quarter. AFMC is high, but this is not an FQHC and also employs many residents, which may be part of the reason. The team is also actively managing grievances related to referrals.

Reported incidents were one fewer than in Q2. Most of the incidents are dis-courteous behavior by patients to staff. Incidents in the "fall" category are addressed right away. Most of the time these are cracked sidewalks, etc. Incidents listed as "abuse/suspected abuse" are not patients/staff getting hurt, but rather when staff hear things from their patients happening outside the clinics.

Our team has been working on quarterly risk assessments. The risk assessment for Q1 was related to vaccine errors. The team has an action plan to combat this including a vaccine task force committee, standardized vaccine administration workflow, order set optimization, and provider engagement.

Dr. Kumar shared that there has been an increase in aggression from patients toward staff. We have been working with our facilities team to look at adding cameras in lobbies for good visualization. Dr. Stern noted that the initial response is to take the trauma and mental health approach.

Board Chair Reyes suggested a well-child visit day and/or presentation in Santa Paula might be good. Dr. Stern agreed and said to bring in GCHP, too.

Board Treasurer Mason motioned to approve the Q3 Quality Report. Board Secretary Gonzalez seconded. Motion passed.

## **7. Review and Approval of 2026 CHC Board Meeting Calendar**

Ms. Turrow shared the updated Board Calendar for 2026. The calendar remains as fourth Thursday of every month, except November and December.

Board Treasurer Mason motioned to approve the 2026 Calendar. Board Member Sepulveda seconded. Motion passed.

### **Presentation Items:**

## **8. Magnolia Dental Clinic**

Julia Darian, the Dental Manager for Ambulatory Care, shared about our two dental clinics, Pediatric Diagnostic Center and Magnolia Dental.

Magnolia Dental opened in 2024. It offers dental services to patients aged 0-25 and MediCal pregnant patients of any age Monday thru Thursday. We have two general dentists and offer restorative treatment, exams and preventative dentistry, fluoride treatments, and emergency dental care. PDC offers services for MediCal patients aged 0-18. They also accept the Self-Pay Discount Program. While they offer the same services as Magnolia Dental, nitric oxide is only at Magnolia Dental.

Dental is recognized as a separate FQHC service type, so our clinics can see patients and bill for visits the same day as any other FQ visit. Many times the MOA calls the clinics to coordinate well-child visits before or after their dental visit.

The goal for 2025 was 3,000 encounters, and as of mid-November, there have only been 2,292. There is still a lot of work to do. The team started 'Order to Refer' program in August and saw more referrals coming in.

Common barriers faced include lost wages/time off work, children missing school for dental treatments, pregnancy barrier, dental anxiety or phobia, and waiting until an emergency to make an appointment.

Encounter rates showed a similar trend month to month from 2024 to 2025. But since Magnolia opened in August 2024, the numbers have been much better.

Board Member Robinson asked how HR1 would affect the dental clinics? While Ms. Darian was unsure, Board Member Robinson said that starting in July 2026, they will be removing all UIS MediCal dental services. Dr. Blaze believes that maybe since we serve pediatric and pregnant adults, we might be okay.

Board Treasurer Mason asked if self-pay was online? Ms. Darian said that they are working on it and they will bill straight to state MediCal. We are not receiving assistance from Gold Coast.

Board Treasurer Mason asked if the CHC Board can get a copy of the self-pay schedule and a

follow-up on Gold Coast and MediCal.

## **9. Patient and Family Caregiver Partnership**

Karina Valdovinos, Ambulatory Care's Patient Navigator, shared information regarding the Patient and Family Caregiver Partnership. The partnership is in the process of launching and still in the recruitment process. She has been reaching out through community resources, fairs, and partner agencies. She has four members ready to go and several applications pending.

The partnership will provide a welcoming space to share experiences with Ambulatory Care staff. We will focus on bringing in those that can share lived experience and who have a solution focused and teachable spirit. Partners will work collaboratively for operational improvements. The members will be from all backgrounds and experiences. This is not a grievance or advocacy group. It is to share ideas and provide feedback.

The first meeting is planned for mid-December.

### **Discussion Items:**

## **10. Continued Business**

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

Dr. Kumar shared the following updates:

Compliance – Resumed telehealth for Medicare patients. Still able to provide exceptions, but now we are able to fully resume with the federal shutdown lifted. Impacts the disproportionate.

Strategic Plan – Julia presented today. Working on having one clinic or service line to meet with CHC Board each meeting. Any areas to focus on, let us know to prioritize.

Dashboard – we are about the same. August and October were low months in volumes. September trended higher and November is also trending higher. We do have the same total number of providers as last year. Copay collection has gone up 200%, but still a ways to go.

PPS rates – Working on rate reset in Fillmore. Still looking at AFMC and MSC to try to convert to FQHC. Quality update and getting well-child checks are the immediate priority. Schedule utilization has gone up and down. No shows don't have flexibility to book another appointment. We are trying to improve outreach and Artera text messaging. Primary next available scheduling is improving, but next available scheduling for specialty appointments needs improvement. Patient experience is trending in right direction.

Billed Encounters by Month/Year – June & July were similar. September was a rebound. There was a demand and then hesitancy. Patients will wait a few weeks, and then they come back in.

Primary encounter numbers are similar to last year. Specialty is higher. Seeing a big dip in urgent care. We shared this information with the Oversight Committee. It is a combination of not seeking access and an uptick in primary care. We tried to trim and truncate some weekend hours. We also started booking appointments for urgent care. We intend to continue focusing on this. We are working with marketing to come up with a flyer and social media posts. Once

finalized, we will present to CHC Board.

Patient Experience – Trending upwards, but still some ways to go. Wanting to get to 89-90%. Much of this is hand holding the patient throughout the interface.

Miscellaneous – Help if we can come up with a letter from the CHC Board to each of the BoS for recruitment.

Budget-wise, County CEO's office shared an update at this week's BoS meeting. Item 60 for the GCHP. Board Member Robinson also gave an update. The impact from HCA is that if there are no changes made, it would be significant.

Impact of HR1, not just the fee for service, but \$78M immediate impact. A lot of scrutiny with supplemental funding. We don't get reimbursed for performance initiatives until several months later and will borrow the balance from the county. This is almost \$300M. This added to the \$400M amount. Projecting the maximum (all UIS covered, significant immigration pop) for MediCal. We are focused on our own county health plan and their enrollments decreasing, cost of providing. Causing some anxiety at the county level. County health is 6-7% of our encounters. Also received a county memo that there will be a hiring freeze.

Labor-management – Engaged in SEIU negotiations. Agreement runs out mid-December. Asked us to plan for any contingency in case there is a strike or disruption. MOA and MAs are main positions impacted.

Board Treasurer Mason asked if BoS mentioned any decision on SPH? Dr. Kumar said they haven't made any decisions. This was Item 61 in the last BoS meeting. The current hospital needs retrofitting to meet requirements. The hospital and county are making decision not to do that, which means they will not be compliant come 2030. Plan B would be having the county identify a privately owned location for a hospital building. But the cost is quite high and not a good budgetary option. Looking at emergency care alone, or higher-level urgent care to provide immediate stabilization. This will come back to the BoS for discussion in February.

12. **Board Comments** – Ralph thanked everyone who participated in the event last month. Great for Santa Paula to receive information and information on services. Plan to do a spring event. Maybe get dental out there, too. Quality team booked appointments.

13. **Staff Comments** - None

14. **Adjournment – 2:10pm**

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, December 18, 2025  
2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036**