



# Ventura County Community Health Center (CHC) Board Meeting Minutes

**John Fankhauser, MD**  
Ventura County HCA,  
Interim 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**  
**January 22, 2026**  
**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

**RENEE HIGGINS, MD, District 3**

**ROGER ROBINSON, District 2**

**RENA SEPULVEDA, District 1**

**Call to Order:**

James Mason called the meeting to order at 12:29 PM.

**1. Roll Call**

Ralph Reyes	Absent
Loretta Denering, DrPH, MS	Absent
Espy Gonzalez	Present
James Mason	Present
Renee Higgins, MD	Present
Roger Robinson	Present
Rena Sepulveda	Present

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

**2. Ventura County Staff Present**

Vikram Kumar, MD, HCA – Ambulatory Care  
Martha Knutson – County Counsel  
Allison Blaze, MD, HCA – Ambulatory Care

Rachel Stern, MD, HCA – Ambulatory Care  
Lizeth Barretto, HCA – Ambulatory Care  
Octavius Gonzaga, HCA – Ambulatory Care  
Sheila Flom, MD, HCA – Ambulatory Care  
Elisabet Drumright, HCA – Ambulatory Care  
Rhondi Shannon, HCA – Compliance and Privacy  
Demitric Franklin, HCA  
William Evo, HCA  
Jennifer Ruiz, HCA – Ambulatory Care

### **Public Present**

None

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

### **Action Items:**

#### **4. Approval of CHC Board Meeting Agenda for January 22, 2026**

Ms. Turrow requested that item 8, Sierra Vista Clinic Presentation be moved ahead of item 6, Presentation and Approval of the Q4 Quality Report. Ms. Turrow also requested to move item 7, Presentation and Approval of the 2025 Annual Risk Management Report for the Federal Torts Claims Act (FTCA) Submission ahead of item 6. Therefore, we will present items 8, 7, then 6.

Board Member Sepulveda motioned to approve the meeting agenda with the revisions. Board Member Robinson seconded. Motion passed.

#### **5. Approval of CHC Minutes for December 18, 2025**

Board Member Higgins motioned to approve the minutes from December 18th. Board Member Robinson seconded. Motion passed. Board Member Sepulveda abstained.

### **Presentation Items:**

#### **6. Sierra Vista Clinic Presentation**

Dr. Sheila Flom and Ms. Elisabet Drumright presented the Sierra Vista Clinic in Simi Valley.

Dr. Flom has been with Sierra Vista for 22 years.

#### **Highlights:**

Clinic serves East County; offers integrated primary and specialty care. Extended hours until 7pm for working patients.

Services include urgent care, lab, X-ray, OB/GYN, neurology, cardiology, pediatrics, and weight management (bariatric). The clinic has opened up to offer walk-in X-Ray services. Also provides nerve conduction studies, Botox for non-cosmetic, NST services, and retinal exams.

Sierra Vista has a bustling OB service, which feeds the pediatric population into the clinic.

There are 65 FTE support staff, 22 primary providers, 15 specialty providers. Currently onboarding a geriatrician.

2025 Achievements:

Opened up urgent care for scheduled appointments (leveraging to provide more access to care)

Introduced HPV self-swab screening – completed 40 exams

Added 200 provider Quality shifts, which resulted in 1,400 patient visits.

Centralized call center operations – improving patient communication and scheduling efficiency

2026 Goals:

OB centering program launch in March – enhances prenatal outcomes and patient engagement.

Expand HPV self-swab services

Explore expansion to Mountain View site

Volume: ~70,000 encounters in 2025.

Challenges: Staffing limitations, space constraints.

Discussion: Board Member Higgins asked if the team is looking to add any specialties? Dr. Flom said that they plan to expand on the specialties they have due to limited space. Board Member Higgins also asked how their encounters compare to previous years? Ms. Drumright said that it is consistent with 2024.

Board Treasurer Mason asked where most of the deliveries occur? Dr. Flom said about 60% are from VCMC. With Simi Adventist closing their Labor and Delivery department, while it was bad for the community, it was good for us. Although, since Los Robles is on the way to VCMC, many patients go there, instead. Board Treasurer Mason also asked if there were any birthing centers in the area. Dr. Flom said there is one in Simi Valley. It presents its own challenges to Sierra Vista. It is not without risks to mom and baby. The team tried to bridge the partnership through our CSPA Coordinator, but have not been successful, yet.

**Action Items:**

**7. Presentation and Approval of the 2025 Annual Risk Management Report for the Federal Torts Claims Act (FTCA) Submission**

Dr. Allison Blaze presented the 2025 Annual Risk Management Report for the FTCA Deeming Submission.

Key Points:

The team is working on the FTCA Deeming Application for federal malpractice coverage. The team has been working on this for a little over a year, compiling all the information and ensuring all staff are trained and compliant. Our Process Improvement Coordinator, Jennifer Ruiz, has helped a lot.

The goal is to protect our patients, ourselves, and our visitors. This can protect us from anything that happens directly with a provider and/or around the facility.

RLDatix is where our data comes in and we act on it. AC PICC (Ambulatory Care Performance Improvement Coordinating Council) is our performance improvement council. QAPI (Quality Assessment and Performance Improvement) Program encompasses clinical services and management. We already had both councils, but we are now integrating risk management under one umbrella.

We are submitting several policies related to Referral Tracking, Hospitalization Tracking, Diagnostic Tracking, Credentialing and Privileging, and Claims Management.

Dr. Blaze shared the table showing each of the trainings the staff have done in 2025.

Dr. Blaze also did a quick review of each quarterly risk assessment.

Q1: Vaccine Administration. Staff went through Back-to-Basics training.

Q2: Anaphylaxis Management. Clinics were not doing best practice. Retrained the staff, especially the clinics that provide Botox.

Q3: Abnormal Vital Signs. There was an event in a clinic where vital signs weren't picked up. This caused our team to do a Root Cause Analysis. Added a popup in Cerner and retrained staff. The surgical clinics weren't used to looking or acting on vitals.

Q4: Delay in Breast Cancer Diagnosis. Our FQHC physicians would not be notified of a pathology result because it would be routed to the radiologist, who did not have the visibility to review the results. Updated the EHR workflows to now require results routing to ordering provider via a 'CC' field.

Dr. Blaze said that complaints and grievances decreased in 2025. And the 2026 plan is to focus on EHR feedback loops.

Board Member Higgins shared that it was weird that Cerner didn't have the original functionality for the ordering physician to receive results. Dr. Blaze said that it was very human dependent and through this quarterly risk assessment they made it "fool proof".

Board Treasurer Mason asked if we were already FTCA deemed? The staff clarified that we are not, and this is a deeming submission. If deemed, we would have to re-deem every June, starting in 2027. Board Treasurer Mason also asked if FTCA deeming will be less expensive. Dr. Blaze clarified that we will still have Beta, just in case something happens to not be covered thru FTCA, but yes, ultimately less expensive.

Board Member Higgins motioned to approve the 2025 Annual Risk Management Report. Board Member Sepulveda seconded. The motion passed.

## 8. Presentation and Approval of the Q4 Quality Report

Dr. Rachel Stern presented on the Q4 Quality Report.

Dr. Stern began her presentation sharing more about the HPV program that Sierra Vista mentioned. It was piloted at two clinics, Sierra Vista being one. In addition to, or instead of, a papsmear, patients can do a self-swab. There tended to be a higher rate of patients at Sierra Vista who didn't want a papsmear. Patients were pleased with the experience. There are specific nursing protocols that the staff had to be trained on, which took about a week. Additionally, there are a number of group homes near Sierra Vista that helped this be a more successful pilot.

Dr. Stern shared the preliminary CY 2025 Performance. All metrics were green. This shows a successful year. The team does not have a final year end data for the incentive programs, but they can anticipate that QIP (state standards essential to funding) is to receive the full funding and showed the largest number of priority metrics ever passed. Also, QIPP (related to Gold Coast Health Plan) had all but three metrics at the Minimum Performance Level (MPL). We exceeded GCHP average performance for most of the measures, and once the team receives final data, there is a strong likelihood that the three metrics will also meet MPL.

Dr. Stern shared that we offered a record number of health fairs and mobile screening at our clinics; 11 health fairs, 800 unique services provided. The team timed the well-child visits and immunizations with flu season and school breaks, in order to maximize the services provided. The team is getting better and better at working with Gold Coast. In 2025, 19,207 gift card incentives were distributed directly to patients, which was more than \$500,000 reinvested in the communities.

Well-child visits were easily passed by over 1,000 patient served. Added in rotating well-child half days. PDC has one 1x per week, other clinics are about 1x per month. There were also 1,000 additional visit slots dedicated to well-child visits. There was a higher gift card incentive amount for ages 16-21. The team also launched a targeted text campaign to patients without and assigned primary care provider to introduce them to new providers and engage them in care. This was great with Sierra Vista and West Ventura where they had new pediatricians join the staff.

Tobacco Cessation Counseling met the metric target by over 41 patients. The team is working on retraining documentation – provide 5As counseling and refer to Call it Quits.

Additionally, the workflow for following up after ER visits for Mental Illness was updated. The goal is for all patients seen in any ER in the county for a mental health concern receive outpatient support. The team piloted having a patient navigator face to face in the ER with the patient. Dr. Stern clarified that these are patients that are not having a serious mental health diagnosis, mostly just a panic attack, but the patient needs follow up care regardless.

Dr. Stern shared that the total grievances by source in Q4 have gone down. They are primarily Gold Coast, and many are billing concerns. The complaints and grievances related to appointment availability has gone down and this is due to being better staffed and more organization with operations and workflows. The incidents by quarter have remained pretty

steady. In 2025, there were a good number of medication/fluid incidents which is related to vaccine administration errors. This is something that the team is continuing to work on. Fall related incidents are usually a facility issue and something that is constantly being worked on.

Board Member Robinson said that the quality team is doing phenomenal work and it isn't easy, especially when preparing for HRSA audits and submissions. He asked how much is expected from QIP? Dr. Stern said they expect \$110 - \$120M.

Dr. Kumar said that the quality team goes above and beyond. QIP has a buffer (you can balance some metrics with others), but QIPP is harder to meet 100%. Our patients make up about 40-50% of Gold Coast's patients. We are also starting to work with county health plan on data sharing.

Board Member Robinson motioned to approve the Q4 Quality Report. Board Secretary Gonzalez seconded. The motion passed.

### **Discussion Items:**

#### **9. Continued Business**

- a. Ms. Turrow said that she sent letters to each of the Board of Supervisors. There was one application received from District 4 that she will follow up on. Dr. Kumar shared that we will also send a letter to the Gold Coast Health Plan CEO. Board Treasurer Mason asked if they have an ambassador program? Dr. Kumar confirmed that we have some volunteers that work within our clinics.
- b. The team is working on UDS. Will submit in February and present to the Board in May. There were some minor changes made to what we are reporting.

#### **10. Ambulatory Care Chief Executive Officer Update**

Compliance – Dr. Kumar shared a series of 2026 CA laws and their descriptions. There are some that involve AI disclosures, which we already have in place.

He pointed out that gender affirming care may be terminated for those under 18 years of age. If this happens, we will pivot to Planned Parenthood.

California AB 339 is regarding unions and if what our contracts say are under what the union covers.

Strategic Plan – The leadership team met to review the Strategic Plan and core areas of focus: access, quality, patient experience, staff wellness, fiscal. There are initiatives under each area of focus. The team identified the scope of what we want to achieve and there will be an executive sponsor and a project leader for each initiative.

Strategic Goals Dashboard – As of December 2025, fiscal showed that we were about even, maybe just over our goals of increasing volumes, improving copay collection, and increasing PPS rates.

Schedule utilization in 2025 was comparable to 2024.

We saw a decrease in QIP unique patients, which may be related to a decrease in county

enrollment.

Our staffing ratios remained pretty steady. Historically, we have not surveyed staff, so we are looking at how to better optimize with the County hiring freeze and LOAs.

NRC rating is focused on back-to-basics on treating patients with respect.

AC Encounters by Month and Year – 2024 and 2025 closely mirror each other. They were about the same, even though we have lost enrollments and our contract with Dignity.

Continuous Learning – Our team presented Advancing Maternal and Child Health Quality Improvement Learning Series with VCBH. Many were encouraged with the presentation. Additionally, we have finished two cohorts of Equity Community of Practice.

Customer Service – We are overall trending in the right direction, except December was lower. The goal is 89%. This is out of a score from 0-10. We are focused on moving the 7/8s.

Managing Change – Board Members Robinson and Denering, and some others from GCHP are looking at Medi-Cal enrollment patients and seeing options.

HR1 implications is also related to Budget. We are seeing where cuts will be and coming up with budget where we will stay neutral. There will be a give and take on both sides.

Dr. Cho has stepped down as the HCA Director. She is now back with Ambulatory Care as a Medical Director working with our strategic initiatives. Dr. Fankhauser is the interim director. He has been with the county since 1990. Mr. Freedman is staying on for now. He provides a good perspective from the state level.

Managing Staff – The County is currently in a hiring freeze. We have an HR liaison that can help go thru a list of recruits pending if a position is necessary. We are focusing on our clinical positions.

11. **Board Comments** – Board Member Higgins requested that we update January meetings to the 3<sup>rd</sup> Thursday to not interfere with awards.

12. **Staff Comments** - None

13. **Adjournment** – **2:01pm**

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, February 26, 2026**  
**2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036**