



Ventura County Community Health Center (CHC) Board Meeting Minutes

John Fankhauser, MD
Ventura County HCA,
Director

Meeting Minutes
April 23, 2026
12:30 - 2:00 PM

CHC BOARD MEMBERS:

RALPH REYES, District 3
Chair

2240 E Gonzales Rd,
Suite 200
Oxnard, CA 93036

LORETTA DENERING DrPH, MS,
District 2
Vice Chair

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

ESPY GONZALEZ, District 2
Secretary

Marth Ann Knutson
County of Ventura
Assistant County Counsel

JAMES MASON, District 5
Treasurer

RENEE HIGGINS, MD, District 3

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

ROGER ROBINSON, District 2

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
Renee Higgins, MD	Present
Roger Robinson	Absent
Rena Sepulveda	Present

Roll call confirmed that a quorum was present.

2. Ventura County Staff Present

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

Octavius Gonzaga, HCA – Ambulatory Care
Jason Cavender, HCA – Ambulatory Care
Michelle Meissner, HCA – Ambulatory Care
Emily Scibetta, MD, HCA – Ambulatory Care
Amy Peake – Supervisor Lopez’ Office

Public Present

Hannah Bartels
Pauline Preciado

3. Public Comments - None

Action Items:

4. Approval of CHC Board Meeting Agenda for April 23, 2026

Ms. Turrow requested to add an agenda item: moving the May meeting from May 28th to May 21st. This meeting would take place at 2901 N Ventura Rd., Oxnard CA. Board Vice Chair Denering motioned to approve the meeting agenda with the added agenda item. Board Member Higgins seconded. Motion passed.

5. Approval of CHC Minutes for March 26, 2026

Board Member Sepulveda motioned to approve the meeting minutes from March 26, 2026. Board Vice Chair Denering seconded. Motion passed.

6. Approval of Moving Medicine Specialty Center West to Intermittent FQHC

This agenda item was discussed at the March meeting. The ambulatory Care leadership team has been looking at current services lines and how to reduce rates. By adding Medicine Specialty Center West (MSCW) as an intermittent FQHC, there is an additional \$1M in revenue.

Board Member Higgins asked how long intermittent? It can be as long as we need, but the limitation is operating less than 40 hours per week. Right now, MSCW is a hospital clinic and fee-for-service. Pediatric Diagnostic Center would be the new “host” clinic.

Board Treasurer Mason motioned to approve moving MSCW to an intermittent FQHC. Board Secretary Gonzalez seconded. Motion passed.

7. Appointment of Nomination Committee for Officers (Chair, Vice Chair, Secretary, and Treasurer)

The nomination committee will meet once next month and will make recommendations for the 2026-2027 Board Officers. Nominations will be reviewed and voting will take place in May. Board Members Sepulveda, Higgins, and Mason all volunteered to be on the nomination committee.

Board Vice Chair Denering motioned to approve the nomination committee. Board Chair Reyes seconded. The motion passed.

8. Nomination of Hannah Bartels to the CHC Board

Ms. Bartels is a law legal assistant and has experience in law, education, policy, and patient advocacy. She also volunteers with Santa Clara Valley Legal Aid, assisting with client intake. She has been attending our meetings for several months.

Ms. Bartels shared that she has done advocacy work and is a patient of the clinics, so she is excited to learn and hopefully help out her community with information shared throughout the Board.

Board Member Sepulveda motioned to approve the nomination for Hannah Bartels. Board Treasurer Mason seconded. The motion passed.

9. Nomination of Pauline Preciado to the CHC Board

Ms. Preciado is Gold Coast Health Plan's Executive Director of Population Health and Equity. She has a history of working as a public health nurse.

Ms. Preciado shared that she oversaw many state and federally funded programs as a public health nurse. She has been a healthcare leader for 25 years plus and has served in both LA County and Ventura County. She has experience in oversight, regulatory compliance, and continuous quality improvement.

Board Member Higgins motioned to approve the nomination for Pauline Preciado. Board Treasurer Mason seconded. The motion passed.

10. Added Agenda Item: Discussion and Approval of Changing May Board Meeting Date to May 21st

Ms. Turrow suggested moving the May meeting to May 21st, instead of after the holiday, May 28th. Board Secretary Gonzalez motioned to approve the meeting date change. Board Treasurer Mason seconded. The motion passed.

11. Presentation and Approval of the Q1 Quality Report

Ms. Meissner shared the 2026 Q1 Quality Update.

The quality team is expecting full funding for both the California Medi-Cal Quality Incentive Program (QIP) and Gold Coast Outpatient Quality Incentive (QIPP) for reaching all applicable metrics. Eight of the metrics for QIPP are at the 90th percentile. This has been the strongest year-end performance to date.

As for the Q1 Quality Initiatives, the Children's Preventative Care metrics are all already in the green. The Q2 focus will be on Chronic Disease Management metrics (controlling blood pressure, and various diabetes care metrics). In Q1 the team focused on Colorectal Cancer Screening, Cervical Cancer Screenings, Well Child Visits/Event Planning, and D-SNP (Dual Eligible Special Needs Plans).

Colorectal Cancer Screening – Standardizing the workflows throughout the organization, not just based on clinic. The providers are giving screening options to the patients (Fecal Immunochemical test, Cologuard, and a Colonoscopy). Updated the follow-up workflow with text campaigns. Sierra Vista and AFMC are the two clinics using Cologuard the most and are seeing the highest performance rates.

Cervical Cancer Screenings – There are updated screening requirements. Screening should take place between 21-65 years of age, and those beginning age 30 can use a self-swab as an acceptable screening method. This was piloted in December and expanded to the whole system in January. There were 40 screenings done in Q1. Providers are still recommending speculum exam options when patients decline.

The team used Q1 to plan a full year of events and health fairs to meet the demand for key metrics. They are partnering with GCHP to include Alinea mobile mammography and patient incentives and resources. There are 10 health fairs currently planned for the remainder of the year.

Dual-Eligible and Special Needs Plan (DSNP) – Gold Coast launched a Medicare Advantage (DSNP) on 1/1/2026. This is for patients that are eligible for both Medicare and Medi-Cal. Currently have about 200 patients systemwide (still in the early phases). Q1 was focused on the technical components, April staff training began, and the team plans to pilot visits at select clinics to work out the kinks. After staff training will be outreach, and then quality metrics. There are 40 Medicare metrics, but the team is focused on four: Controlling High Blood Pressure, Breast Cancer Screening, Colorectal Cancer Screening, and Diabetes Control.

Q1 Patient Experience

The overall volumes of grievances in Q1 were lower. Access has improved. The complaints and grievances nursing team has done training and now the team believes that the clinic teams are fixing issues right away before the complaint is sent. Commercial and Medicare complaints and grievances were higher, VCHCP was lower, and GCHP was about the same. Sierra Vista recorded the most, but also the highest clinic volume.

Service and Coordination/Continuity of Care continue to be high categories listed in complaints. Care and Treatment complaints are from patients that didn't receive quality care, incorrect diagnoses, or questions regarding their charts. There was a significant decrease in complaints related to appointment availability, as well as those related to referrals.

The team likes to see incident reports by the clinic teams. There was an increase in Q1 from Q4. Medication/Fluid incidents could lead to errors and adverse drug events, so it is important to report those. Additionally, the team saw an uptick in equipment due to sensors on the vaccine refrigerators.

Board Member Higgins congratulated the team on all their successes. Dr. Kumar said that the achievement was great, especially with hesitant patients and QIPP. DSNP provides us with an opportunity with our aging population. GCHP is taking baby steps here. Might end up being an automatic enrollment.

Board Vice Chair Denering motioned to approve the Q1 Quality Report. Board Treasurer Mason seconded the motion. The motion passed.

Presentation Items:

12. Perinatology Presentation

Dr. Emily Scibetta shared a presentation regarding Maternal Fetal Medicine: Managing High Risk Pregnancy. Dr. Scibetta is the first perinatal specialist within our organization. She was trained at UCSF and a fellow at UCLA. She has been with Ventura County for eight years and has one partner, Dr. Jennifer Ding.

Maternal Fetal Medicine is a 3yr fellowship after 4yr OB GYN residency. Provides preconception care for patients who are considering pregnancy but are high risk, obstetrical ultrasounds (1800 deliveries at VCMC), fetal testing (amniocentesis), genetic counseling and testing, high risk obstetric outpatient consultation, inpatient high risk obstetric consultation and surgery (24/7 to OB colleagues with high risk patients), and postpartum care for high risk obstetric patients.

Dr. Scibetta and Dr. Ding treat obstetric patients with high blood pressure, diabetes (a lot of type II), Lupus, cancer, cardiac disease, and history of preterm birth. The team is just far enough from LA that they don't transfer patients to a tertiary care center. The team treats patients with fetal conditions such as severe growth restriction, multiples, fetal anomalies, genetic conditions, and fetal infections. The team meets with the NICU once a month to show what they're expecting.

There is an average of 80 outpatient encounters per week, referral wait time is less than 2 weeks, with urgent referrals seen in 48 hours or less. The referral list is managed by perinatology lead, Marielena Zendejas who is an MA at Mandalay Bay. The team is made up of the perinatology lead, an MA or LVN assist, two ultrasound technicians, and the two MFM physicians.

Dr. Scibetta shared some statistics. Maternal mortality is rising in the U.S. and declining elsewhere. It is unacceptably high and there is a disproportionate impact on Native American and Black women. Pre-term related deaths lead the infant deaths with 35.7%, all other causes at 33.3%, and birth defects at 20.3%.

The California Prenatal Screening Program is genetic testing and counseling and is free to patients. Ventura County doesn't have a dedicated counselor, so the doctors serve as this role. The team recommends using prenatal ultrasound to confirm pregnancy dating, identify multiple pregnancies, diagnose uterine anomalies, ovarian anomalies, fetal anomalies, and cervical insufficiency, as well as identify and create a treatment plan.

Board Member Higgins asked if there is something that Dr. Scibetta wants for her services? Dr. Scibetta said to expand patient ultrasound access. The limiting factor is rooms and ultrasound techs.

Board Chair Reyes thanked Dr. Scibetta and mentioned that Mandalay Bay holds a special place for him and his family.

Discussion Items:

13. Continued Business

14. Ambulatory Care Chief Executive Officer Update

Compliance – Dr. Kumar met with the compliance director and is trying to organize compliance follow ups with telehealth, orthopedics, radiology, and point of care ultrasounds. Also looking at informatics.

The site visit from HRSA will not be likely to happen this calendar year. The hospital-based clinics are under Joint Commission's Site Visit.

Strategic Plan –

Access:

- Started off lower this year, rebound in March. Much higher than last year and 2024. April is tracking the same.

Medi-Cal Enrollment:

- Compared to our enrollment to GCHP. We have 93k of Gold Coast's 245k.
- Coalition is focusing on automating the process as much as possible to enroll clients. Focused on outreach and communication. Started texting patients.
- Gold Coast coalition, meet more frequently with stakeholders to come up with some action plans.
- Dr. Cho is working with some clinic leaders to identify champions in clinics to work on enrollment.
- Karina, patient advocate, has been updating flyers as more information comes in. Gold Coast has also agreed to share enrollment files with us which allow us to put systems in place to alert us if someone is coming up to their enrollment.
- New referral management system to be more automated. By specialty. It used to take 64 days for cardiology referral. That number has come down to a little over 2 weeks. Gastro, nephrology, cardiology, and pulmonology have gone through this referral management system.

Referral Wait Times:

- Comparable or doing much better than county average.
- We have a lot of demand in gastro. Working with them to improve.
- Opportunities in urology (3-4 days).

Managing Change - FY 2027 Budget – HCA is to present at the May 12th BoS meeting regarding budget. The County will present on overall budget.

Online Statements – We have been working with Rev Cycle and the IT team to find a good way for patients to pay online.

15. **Board Comments** – None.

16. **Staff Comments** – Mr. Gonzaga gave a shoutout to Ms. Turrow.

17. **Adjournment** – **1:51pm**

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