

Consejo Asesor de Equidad en Salud
Martes, 21 de abril de 2026

ACTA DEL DRAFT

Miembros del Consejo Comunitario Presentes

Liz Diaz-Querol, MD
Celia Daniels
Kimberly Cofield
Martha Shapiro
Juana Zaragoza

Miembros del Consejo Comunitario Ausentes

Alejandra Valencia – Copresidenta
Kimberly Thomas-Kelley
Emily Bridges
Bianca Farmer
Yvonne Gutiérrez
Jacqueline Avena
Hugo Tapia

Intérprete

Anna Rangel

Miembros del Consejo Administrativo Presentes

Loretta Denering, DrPH
John Fankhauser, MD
Vikram Kumar, MD
Rigoberto Vargas
Kristina Swaim

Miembros del Consejo Administrativo ausentes

Shannon Burke
Lizeth Barretto
Deanna Handel

Actas

Andrew Berner

1. LLAMADA AL ORDEN

La reunión se declaró abierta a las 17:35. por el presidente Dr. Denering

2. PASE DE LISTA

- 3. APROBACIÓN DE ACTAS [APLAZADA]:** No se celebró una votación sobre la aprobación de las actas de la reunión del 17 de febrero de 2026 porque no había quórum.

4. COMENTARIOS PÚBLICOS SOBRE LOS ÍTEMS AGENDADOS Y LOS QUE NO ESTÁN EN LA AGENDA

Ninguno

5. DISCUSIÓN DE ESTATUTOS: PROPUESTA DE ENMIENDA PARA AMPLIAR EL MANDATO DE COPRESIDENTES DE UN AÑO A DOS AÑOS

El comité revisó una enmienda propuesta para ampliar el mandato de copresidentes de un año a dos años. El concejal Dr. Fankhauser presentó la propuesta, con el concejal Cofield expresando su apoyo alegando que un solo año no permite tiempo suficiente para el desarrollo del liderazgo. La concejal Shapiro expresó su preocupación por posibles conflictos con los límites de mandato existentes para los miembros de la comunidad. La enmienda volverá a votación en agosto de 2026.

6. INFORME SOBRE LOS IMPACTOS DE HR1 A LA AGENCIA DE SERVICIOS HUMANOS DEL CONDADO DE VENTURA

Presentación realizada por el Director de la Agencia de Servicios Humanos del Condado de Ventura, Roger Robinson.

Los socios comunitarios, el personal de la HSA y los representantes de la CBO discutieron los desafíos con las renovaciones de MediCal, subrayando la necesidad de una colaboración más sólida, procesos más claros y una comunicación oportuna para evitar que los clientes, especialmente las poblaciones vulnerables, pierdan la cobertura. El grupo destacó barreras como los retrasos en el correo, la inestabilidad en la abordación, las necesidades de formación y las incertidumbres a nivel estatal, comprometiéndose a ofrecer apoyo coordinado, servicios ampliados y compartir mejores prácticas de cara al futuro.

7. COMENTARIOS Y ANUNCIOS DE LOS MIEMBROS DE LA JUNTA

Rigo Vargas, Director de Salud Pública del Condado de Ventura: Salud Pública cuenta con un equipo dedicado de seis empleados centrados en el acceso a la salud y en ayudar con la documentación de renovación.

El Dr. Vikram Kumar, CEO de Ventura County Ambulatory Care: Ambulatory Care, Behavioral Health, Human Services Agency y Gold Coast Health Plan están coordinando la prevención de la baja de MediCal, formando al personal y desplegando campeones y embajadores en clínicas para ayudar a los pacientes a mantenerse cubiertos en medio de crecientes pérdidas cuyas causas aún no están claras. Las preocupaciones persistentes incluyen el temor entre las familias con estatus mixto sobre compartir información personal, incertidumbres sobre la atención a los indigentes y las implicaciones migratorias, y la necesidad de mejorar la divulgación.

Dr. Denering, Director de Salud Conductual del Condado de Ventura: El equipo está pasando del trabajo de prevención a la navegación en salud bajo la Proposición 1, reconociendo que, incluso con exenciones, muchos clientes de salud conductual seguirán enfrentando desafíos de renovación y podrían perder cobertura a pesar de los esfuerzos proactivos. Mientras se preparan para posibles aumentos de personas sin seguro, esperan parámetros de financiación más claros para indigentcare y seguirán perfeccionando su enfoque antes de la próxima reunión HEAC en agosto.

Celia Daniels, directora del Diversity Collective: The Diversity Collective ha lanzado un programa de formación para ayudar a los padres a comprender e identificar los sesgos en la atención médica.

8. CONVOCATORIA PARA FUTUROS PUNTOS DEL ORDEN DEL DÍA

Ninguno

9. Levante la sesión

La reunión se levantó a las 18:53. La próxima reunión está programada para el martes 18 de agosto de 2026.

Punto del Orden del Día n° 3

Acta de la reunión del 17 de febrero de 2026

Healthcare Equity Advisory Council
Tuesday, February 17, 2026

DRAFT MINUTES

Community Council Members Present

Alejandra Valencia – Chair
Kimberly Thomas-Kelley
Emily Bridges
Liz Diaz-Querol, MD
Celia Daniels
Kimberly Cofield
Martha Shapiro
Juana Zaragoza

Administrative Council Members Present

Loretta Denering, DrPH
John Fankhauser, MD
Vikram Kumar, MD
Rigoberto Vargas
Shannon Burke
Deanna Handel

Community Council Members Absent

Bianca Farmer
Yvonne Gutierrez
Jacqueline Avena
Hugo Tapia

Administrative Council Members Absent

Lizeth Barretto
Kristina Swaim

Interpreter

Martha Teissiner

Minutes

Andrew Berner

1. CALL TO ORDER

The meeting was called to order at 5:38p.m. by Alejandra Valencia.

2. ROLL CALL

3. APPROVAL OF MINUTES: December 16, 2025, meeting minutes were reviewed.

ACTION: Council Member Dr. Kumar motioned approval first, and Council Member Celcia Daniels second. Martha Shapiro and Rigo Vargas abstained. Motion approved.

4. PUBLIC COMMENTS FOR AGENDIZED ITEMS & ITEMS NOT ON THE AGENDA

None

1. INTRODUCTION OF DR. LORETTA DENERING, AS THE NEW HEAC CHAIR - 5 MIN

2. REPORT ON 2026 BROWN ACT CHANGES – MARTY KNUTSON, ASSISTANT COUNTY COUNSEL, 10 MIN

The 2026 Brown Act updates (SB 707) significantly expand remote-access, language-access, and transparency requirements for eligible legislative bodies. Depending on the government body, agencies must provide two-way remote participation, adopt disruption-handling policies, translate agendas for applicable language groups, ensure accessible online posting, including for emergencies, and

maintain systems for electronic requests for agendas and documents. The Act also standardizes rules for remote participation by the public and members, expands “just cause” provisions, clarifies accommodations for disability-related remote attendance, and requires distribution of the Brown Act to all legislative body members.

During discussion, several clarifying questions were raised. When asked whether there are references available for better understanding of the Brown Act, it was noted that substantive discussions should occur publicly at meetings rather than behind closed doors, consistent with the core principle that the people’s business must be conducted openly. Regarding the impact or consequences of a Brown Act violation, the response emphasized that consequences depend on the nature of the violation, the intent of those involved, and its frequency. Penalties may include fines, and actions taken in violation of the Act, such as decisions made in private, may be subject to being invalidated or forced to be redone; contracts approved unlawfully, for example, could be voided. A question about participating in a meeting from a public place raised concerns about the potential for outside influence on a member’s decision-making, underscoring the need to maintain neutrality, avoid inappropriate input, and uphold the integrity of deliberations.

3. REPORT ON SANTA PAULA HOSPITAL – DR. JOHN FANKHAUSER, 10 MIN

Amid growing statewide and national financial pressures on public health systems, Santa Paula Hospital (SPH) faces major challenges as Medi-Cal eligibility and state-directed payments decline, contributing to an anticipated \$400 million reduction for the Ventura County Medical System over the next six years. These pressures come alongside costly seismic compliance requirements, and with retrofit costs estimated at \$25 million, the County Board of Supervisors decided not to submit the required application, meaning SPH will no longer be able to operate an emergency department after December 31, 2029. In response, the County is evaluating alternative care models, including a micro-hospital or expanded urgent care options, with formal recommendations expected this summer.

Leaders emphasized that while the hospital has served the community for 60 years, and serves a disproportionately low-income population, the broader system must remain financially viable. High-acuity patients already bypass SPH, but the mission to provide high-quality care remains unchanged. Community members are encouraged to share concerns with the agency committed to outreach and clarity that services will continue at SPH for the next four years.

Service changes are unavoidable but the health system remains committed to those living on the financial margins. Questions regarding workforce retention were met with assurances that space is being prepared for staff transitions at VCMC.

Early-stage exploration of replacement care models continues, grounded in long-term financial sustainability. Ambulatory services will remain, as the closure affects the hospital facility, not outpatient programs.

4. HEAC FEBRUARY WORKSHOP, “WHAT IS GOOD COMMUNICATION?” – DR. GABRIELA CAZARES AND SARAH GARCIA, 30 MIN

The February 2026 HEAC presentation revisited the group's ongoing work around trust in health care, summarizing themes gathered from participant reflections on what builds or breaks trust across historical, cultural, personal, system-level, and environmental factors. Key patterns included the lasting impact of historical harms, the need for culturally respectful care, the importance of being heard and taken seriously, and the influence of system barriers such as access challenges and inconsistent follow-through. Cross-cutting themes, dismissal vs. belief, words vs. actions, and the role of vulnerability, shaped a draft definition of trust emphasizing transparency, accountability, cultural relevance, competent care, and alignment between institutional promises and actions. The session concluded with an activity to develop community agreements to support respectful dialogue and strengthen trust-building within HEAC throughout 2026

5. BOARD MEMBER COMMENTS AND ANNOUNCEMENTS – 10 MIN

Dr. Vikram Kumar (Ambulatory Care) – Provided updates as part of the Ambulatory Care presentation, including system-wide patient demographics and service utilization trends.

Rigoberto Vargas (Public Health) – Highlighted the work of the Public Health outreach team, noting their expanded efforts to educate residents about Medi-Cal enrollment, staying enrolled, and re-enrollment support.

Luis Gonzales (Behavioral Health) – Shared that Behavioral Health's Office of Health Equity will be featured across clinic sites and that the department has completed its cultural competency plan submitted to DHCS.

Dr. John Fankhauser (Hospitals) – Acknowledged Black History Month, recognizing both the Black community's contributions to the health system and the historical impact of racism in medicine and health care.

Martha Shapiro (Senior Concerns) – Announced her continued work with Senior Concerns and mentioned her weekly column in the Ventura County Star; invited suggestions for future column topics.

6. CALL FOR FUTURE AGENDA ITEM(S) - 5 MIN

Roger Robinson, HSA Director, is scheduled to speak at the April meeting on HR1.

7. ADJOURN

Meeting adjourned at 7:02 pm. Next meeting is scheduled for Tuesday, April 21, 2026.

Punto del Orden del Día n° 6

Informe sobre los impactos de HR1 a la Agencia de Servicios Humanos del Condado de Ventura

Ventura County Human Services Agency Medi-Cal & CalFresh HR 1 Overview

Summary of
major eligibility
and operational
changes

Focus: Impacts to
program
beneficiaries &
county operations

Medi-Cal: Changes to Qualified Non-Citizens

Effective October 1, 2026, Certain immigrant group populations will be excluded from federal funding for Medi-Cal

Governor's January Budget Proposal plans to transition population to restricted-scope

Eligible Immigrants pre-HR1

- Lawful Permanent Residents
- Refugees
- Asylees
- Cuban/Haitian Entrants
- Humanitarian Parolees
- Trafficking Survivors
- Certain Survivors of Domestic Violence
- COFA Migrants
- Other "qualified non-citizens" under PRWORA

Eligible Immigrants post-HR1

- Lawful Permanent Residents
- Cuban/Haitian Entrants
- COFA Migrants
- Other "qualified non-citizens" under PRWORA

Medi-Cal: Work & Community Engagement Rules

Effective January 1, 2027, Expansion Adults 19–64 must meet 80 hrs/month of activities

Qualifying activities - Employment, education, community service

Exemptions: parents of children under age 14 caregivers, disabled, recently incarcerated

Medi-Cal: Work Requirements at Application & Renewal

Applicants must show compliance or valid exemption

Applicants can be denied for not providing proof of meeting work requirements or exemptions

30-day window to provide verification

Renewals begin 2027 with 6-month cycle

Medi-Cal: Six-Month Redeterminations

Effective January 1, 2027, Expansion Adults shift from annual to 6-month redeterminations

The six-month cycle will start after completing the regular annual 2027 redetermination

Renewal remains 12-months for all other populations, incl.: children, pregnant individuals, and tribal members

Medi-Cal: Retroactive Coverage Reductions

Effective January 1, 2027, retroactive Medi-Cal coverage will be reduced from 3 months to:

1 month for the Expansion Adults

2 months for all other eligible Medi-Cal beneficiaries

Applying and securing the date of application is critical

CalFresh: Work Requirement Expansion

Effective June 1, 2026, Adults 18–65 must meet work requirements 20 hours/week, or 80 hours monthly average

Qualifying activities – paid employment, volunteer or community service, education, job training or work programs

Though many exemptions remain, key exemptions removed or reduced: homelessness, veterans, former foster youth, and dependents 14-17

3-month limit on benefits applies if not compliant

CalFresh: Funding & Error Rates

Beginning October 2026, H.R. 1 reduces federal support for administrative costs from 50 percent to 25 percent. State & County shares will increase.

States to pay portion of benefit costs if the CalFresh Payment Error Rate is greater than 6%.

Counties will likely be responsible for the some of the costs if their errors rates exceed 6%.

County Preparation & Next Steps

- Automation expansion
- Standardized tools & guidance
- Using system more intentionally
- Outreach to community partners
- Focus on reducing administrative losses
- Staff training

HR1 increases the risk of people losing coverage for administrative reasons. The state is investing in automation and outreach to limit that. At the county level, our role is to implement those changes, focus our limited capacity where it matters most, and help eligible residents stay enrolled wherever possible.