



San Joaquin County Clinics (SJCC)

**Minutes of June 25, 2019
Board of Directors Meeting**

**San Joaquin General Hospital
Conference Room 1**

- ATTENDEES:** Rod Place, Alicia Yonemoto, Luz Maria Sandoval, Mike Baskett, Esgardo Medina, Mary Mills, Bradley Seng, John Bousquet, David Culberson, Greg Diederich, Dr. Farhan Fadoo, Art Feagles, Erin Franklin, Isela Kloeppe, Betty Jo Riendel, Alice Souligne, Dr. Ahad Yousuf, Adèle Gribble
- EXCUSED:** Alvin Maldonado
- ABSENT:** Ismael Cortez

AGENDA ITEM	ATTACHMENTS	ACTION
<p>1. <u>Call to Order (Rod Place, Board Chair)</u></p> <p>Mr. Rod Place called the meeting to order at 5:06 p.m.</p>	No Attachments	No Action Required
<p>2. <u>Introductions (Rod Place, Board Chair)</u></p> <p>Dr. Ahad Yousuf was introduced to the Board. Dr. Fadoo advised Dr. Yousuf has been part of numerous projects for us such as waiver initiatives, PRIME, physician onboarding, e-consults and scribes. He has added a lot of value to the clinics. Dr. Yousuf advised he comes from the East Coast as an MD and has worked on Dr. Fadoo's Informatics team since October 2017.</p>	No Attachments	No Action Required
<p>3. <u>Public Comment (Rod Place, Board Chair)</u></p> <p>There was no public comment.</p>	No Attachments	No Action Required

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<p>4. <u>Approval of Minutes of May 28, 2019 meeting (Rod Place, Board Chair)</u></p> <p>Mr. Rod Place asked the board if anyone had questions regarding last month's minutes. Since no one had any questions or comments, Mr. Esgardo Medina made a motion to approve the minutes, Ms. Alicia Yonemoto seconded the motion and the board unanimously approved the minutes.</p>	<p>BOD Meeting Minutes – 05.28.19</p>	<p>The motion to approve the minutes was made by Esgardo Medina, seconded by Alicia Yonemoto and unanimously approved by the board.</p>
<p>5. <u>Community Medical Center (CMC) Dental MOU (Dr. Farhan Fadoo/Joan Singson)</u></p> <p>Ms. Alice Souligne presented this agenda item to the board on behalf of Joan Singson. Alice advised we had asked CMC to have their mobile dental van come to our clinics. They are available to do Children's Health Services twice a week and at our French Camp location twice a week. We are going to try and have them do once a week at Manteca. They had done the initial walkthrough. There will be no expense in having this done. They bring all their equipment, their dental hygienists etc. They will do their charting and billing. It will help us meet our PRIME initiative, improve oral health for our patients. They are ready to go as soon as the middle of July if the board approves this contract. Alice advised this started out with the First 5 initiative but they are agreeable to see our adult patients as well.</p> <p>Ms. Alicia Yonemoto asked if they are fully self-contained or if they need water, etc. Alice advised during the walkthrough at all three sites, there are faucets they can connect to; they have identified rooms with ADA tables that can lean back etc. There is nothing needed from us from to do from an engineering point of view.</p> <p>Ms. Alicia Yonemoto made a motion to approve the contract with CMC for dental services at our clinics, Luz Maria Sandoval seconded the motion and the board unanimously approved the motion.</p>	<p>Attachment 5</p>	<p>Alicia Yonemoto made a motion to approve the contract with CMC for dental services at our clinics. Luz Maria Sandoval seconded the motion and the board unanimously approved the motion.</p>
<p>6. <u>Discovery Challenge Academy (DCA) contract (Dr. Farhan Fadoo)</u></p> <p>Dr. Fadoo advised Alice Souligne will present this agenda item. Alice advised this is a renewal of our existing DCA contract. The last one was for twenty-three months. DCA is proposing a 35 month contract this time. This is with the At-Risk Youth Program at Sharpe Army Depot in Lathrop. Twice a year DCA brings in approximately 150 youth for their six-month program. SJCC does physicals for all the youth and all those encounters are insured.</p> <p>We send out a doctor and/or a third-year resident, an LVN approximately every other week to DCA.. We also supply some basic medical supplies in their medic area. It is not a huge contract but it is a nice community service for our community. This is just an extension of what we have had for the last two years.</p> <p>Ms. Mary Milles made a motion to extend the existing DCA contract as presented, Mr. Esgardo Medina seconded the motion and the board unanimously approved the motion.</p>	<p>Attachment 6</p>	<p>The motion to extend the DCA contract was made by Mary Mills, seconded by Esgardo Medina and unanimously approved by the board.</p>

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<p>7. <u>Aegis Extension (Dr. Farhan Fadoo)</u></p> <p>Dr. Fadoo advised they have had the opportunity to discuss this topic with the board a few times. This is an extension of the existing Aegis contract. Dr. Ahad Yousuf advised we are asking for approval for an addendum, an extension for our existing agreement that goes from July 2019 to September 2020. Aegis is a grant that allows us to provide Medication-Assisted Treatment (MAT) for patients who have substance abuse disorders and other disorders with substances. This has been really helpful for us in the past. We currently have twenty-six patients enrolled in the program and we would like to see the program scale up. He advised having the board approve this will allow us to proceed with our plan to reach a lot of patients in our community that would not otherwise be able to seek that treatment.</p> <p>Mr. Rod Place advised he and Ms. Alicia Yonemoto had the opportunity to spend an hour with this team to get an understanding of this program.</p> <p>Alicia advised Aegis qualifies for the grant we were supposed to be asking for in December that Joan Singson presented. We don't have the patient numbers currently to be able to do that but by teaming with Aegis as one of the spoke providers, we are able to start with the lower numbers. We can then work through Aegis for the Substance Abuse and Mental Health Services Administration (SAMHSA) to try and expand our program. We are also expanding our number of ex-waivered physicians. There is a wide range of medications they can offer to the patients and ultimately refer them back to the PCP for extended care. During the time they are in the MAT we do have the psychologists and counselors that have been contracted to us. Ultimately, if our numbers grow, we will be able to get money through the hospital and Aegis to enlarge this program.</p> <p>Ms. Alicia Yonemoto made a motion to approve the extension of the Aegis contract, Ms. Mary Mills seconded the motion and the board unanimously approved the motion.</p>	<p>Attachment 7</p>	<p>Ms. Alicia Yonemoto made a motion to approve the extension of the Aegis contract, Ms. Mary Mills seconded the motion and the board unanimously approved the motion.</p>
<p>8. <u>Expense Reimbursement Form (Art Feagles)</u></p> <p>Mr. Art Feagles advised the form attached is what is currently being used for reimbursing expenses. The Board Members are to fill the form out and turn in to Adelé Gribble. Adelé advised if members have not previously submitted an expense request, we must have a W-9 on file. The checks will be mailed to the address listed on the W-9. If members change their addresses, they are to notify Adelé so that we can update what we have on file.</p> <p>Adelé advised she needed clarification as to how often board members could submit expense requests. She advised they looked through the Bylaws and it states it can be submitted per meeting. She needed clarification if it was per month or per meeting. Art confirmed the expenses are submitted per meeting.</p> <p>Ms. Alicia Yonemoto advised there is a HRSA Board Member guidebook that she has downloaded. She will send it to Adelé to print out and distribute to all Board members.</p> <p>Mr. David Culberson also confirmed the expenses are per meeting. Mr. Rod Place advised if there are back-to-back meetings in one day, the board members should submit one request for reimbursement. Alicia advised when there are more than one meeting in a day, it does make for a long day with time spent by the board member. It was requested that someone research this topic and report back to the committee. Ms. Erin Franklin volunteered to do the research.</p>	<p>Attachment 8</p>	<p>Erin Franklin will research further on the reimbursement bylaws and report back to the committee.</p> <p>Adelé Gribble will mail HRSA Board Member Guidebook to each board member.</p>

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<p>9. <u>Finance Committee Report (Rod Place / Art Feagles)</u></p> <p>a. May 2019 Financials Mr. Art Feagles presented the May 2019 financials as presented to the Finance Committee immediately preceding the Board meeting. Mr. Rod Place advised there is a lot of work being put into this. He is not thrilled about some of the A/R but everyone who were at the Finance meeting are aware of it and are addressing it. He advised on the P&L side, he thinks we are doing good. The fiscal year is about to end in June.</p> <p>There is roughly an eight to nine million-dollar loss. However, when you apply PRIME dollars to that, it looks like we may be credited approximately thirteen to fourteen million dollars. Theoretically it appears we will have about a \$5 - \$6 million profit as clinics. That number could change depending on what PRIME dollars will do.</p> <p>Our focus for the next fiscal year is to get as close to zero without PRIME dollars so that whatever does come from that will put us in a positive light.</p> <p>Mr. Culberson advised this will be presented to the Board of Supervisors in July. Mr. Place advised the information provided by Mr. Chris Roberts and Art Feagles has provided some more positive light. More teams are working on getting the information to Art sooner than he has received in the past. There is still a lot more work that needs to be done to get us where we need to get. Mr. Culberson advised we have had some breakthroughs and have found out where we need extra help.</p> <p>Rod advised he appreciates Art's experience in asking the right questions to get the reports finessed. Art stated there has been a lot of effort to make things work and to ensure bills are done timely. His overall view is this year's experiences have been significantly less catastrophic than the budget forecast.</p>	<p>Finance Committee Agenda & Report with attachments from Finance Committee meeting</p>	
<p>10. <u>Credentialing Report (Betty Jo Riendel)</u></p> <p>Ms. Betty Jo Riendel advised we have three providers that need to be approved by the board. Two are initial appointments; Sarah Kelly who is a Nurse Midwife who will be working inpatient Labor & Delivery and also doing clinic assignments, and Dr. Priti Modi who will be working in Primary Medicine Clinic. The last one is a reappointment of Dr. Elyas Parsa.</p> <p>Ms. Alicia Yonemoto made a motion to approve the credentialing as presented, Mr. Esgardo Medina seconded the motion and the board unanimously approved.</p>	<p>Attachment 10</p>	<p>Alicia Yonemoto made a motion to approve the credentialing as presented, Esgardo Medina seconded the motion and it was unanimously approved.</p>
<p>11. <u>CEO Report (Dr. Farhan Fadoo) &</u> 12. <u>Growth Strategy (Dr. Farhan Fadoo)</u></p> <p>Dr. Fadoo advised there has been a lot of activity since last month's meeting. Attachment 11 is a notice we received from HRSA last week that lifted a number of conditions that flowed out of last year's on-site visit. The notice is a clean bill of</p>	<p>Attachment 11 Attachment 12 Attachment 13</p>	

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<p>health after having been pending for many months. Our designation as an FQHC Look-Alike for the rest of the calendar year is secure.</p> <p>Mr. Rod Place advised there was an email from HRSA stating we would lose our FQHC designation if we did not fix certain conditions. He recognized Alice Souligne, Betty Jo Riendel, Erin Franklin, amongst other personnel for working diligently to correct and secure our designation over the last few weeks.</p> <p>Dr. Fadoo presented the next five Certificates of Recognition from National Committee for Quality Assurance (NCQA) for five of our eight SJCC sites as Patient Centered Medical Homes (PCMH). He advised this is a universal recognized accolade that clinic systems have been pursuing for several years.</p> <p>Dr. Fadoo advised clinics must demonstrate a lot of competencies in respect to providing the appropriate level of access to your patients, both during and after business hours; avail your patients after hours clinical advice; be able to do a sophisticated care coordination; managing referrals appropriately; provide patients a means of communicating with their care teams; demonstrate managing quality etc. NCQA comes in and look at patient records and reports to make sure you are meeting the requirements. We only went after five of our sites. Hazelton Clinic and our Healthy Beginnings clinics were segregated out and will be presented in Phase II.</p> <p>The rest of the Director's report is a combination of Attachments 12 and 13. Dr. Fadoo had been asked by several members of a plan of what comes next. The most important topic is there is another deliverable due to HRSA by September that relates to Strategic Planning.</p> <p>The Board already had a Strategic Plan discussion with Wipfli a few weeks back where the initial stage of the Strategic Plan was discussed. The second phase will be discussed over the next sixty to ninety days. Rod Place implored the Board to thoroughly read through Dr. Fadoo's packet that was provided.</p> <p><i>SJCC Transformation Strategy</i> <i>Key Components:</i></p> <ul style="list-style-type: none"> - Focus on core mission - Focus on fiscal health - Develop robust administrative capacity that fills current gaps - Implement a series of operation changes, optimizing service delivery to keep pace with access demand, minimize waste, and drive revenue - Expand scope of services with HRSA and optimize PPS rates - Focus on patient engagement and patient experience - Use technology to drive performance improvement and clinical quality - Rebrand SJCC as leading health <u>system</u> in the local safety net - Develop multi-year strategic plan (true north) and execute aggressively <p><i>SJCC Reboot</i></p> <ul style="list-style-type: none"> • Focus on core mission <ul style="list-style-type: none"> - Provide wide berth of access for primary care services across multiple entry points in the community - Consider elimination of low-yield but high-resource-intensive service lines (e.g. niche grant-funded projects) - Diminish population health management portfolio and redeploy resources into clinics starved for support staffing 		

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<ul style="list-style-type: none"> • <i>Focus on fiscal health</i> <ul style="list-style-type: none"> - Evaluate billing/collections outsource option (niche vendors with deep PPS/FQHC experience) - Cultivate healthy working relationships and routine communication workflows between SJCC Finance Director, SJGH CFO, and Office of the SJC CAO. (We have recently hired a Finance Director for SJCC, his start date is July and will be present at next month's meeting.) - Evaluate FTE budget and current assignments to ensure optimal staffing - Evaluate legacy contracts, implement sound procurement practices, and eliminate waste - Align physician compensation/incentives with SJCC's broader fiscal KPIs - Shutter underperforming sites with limited potential for growth (There may be one or two sites we might need to consider shuttering in order to grow. The board will need to vote on the ultimate decision if it is brought before them) • <i>Build administrative capacity</i> <ul style="list-style-type: none"> - COO: standardize operations management across all SJCC sites - Compliance: Create single point of accountability for HRSA compliance, EHB management, UDS/annual recertification - Quality: HEDIS/UDS/waiver and supplemental funding initiatives - Marketing/Outreach/BizDev/Community Engagement (There is an opportunity to improve marketing) - Strategic Planning - Corporate/capital projects - Sharpen nursing leadership focus (We want to be able to add what we are currently doing with our nurses. Betty Jo Riendel will be spearheading this. Our nurses are underleveraged) - Finance director: oversee billing/collections, coding compliance, payer credentialing, procurement/contracting • <i>Operational improvements</i> <ul style="list-style-type: none"> - Manage productivity actively (real-time, prospectively) – this is a real key performance indicator we should have started to manage rather actively in the aftermath of the meetings Mr. Culberson had downtown. There was a group-force directive to get productively up by June 1st) - Modern, data-driven scheduling approaches - Reduce patient no-shows using patient engagement technologies - Optimize support staffing ratios, actively working with medical staff leaders to drive consistent provider availability without major swings - Complete the transition to centralized scheduling/referrals/refills - Manage referral leakage through various strategies • <i>Expand scope of services and optimize PPS rates</i> <ul style="list-style-type: none"> - Explore changes to hospital-based ambulatory specialty business lines, possibly embedding those specialties that have high volume primary care connections in SJCC sites - Breakdown legacy silos with all pediatrics at CHS and all OBs in HBF/HBC. Pursue a modern PCMH model with FM, IM, Peds and OB/GYN co-mingled at each SJCC site; consider consolidation of geographically co-located clinics. - Source directly employed psychiatry/behavioralist staffing to accelerate IBH program - Study feasibility of dental, chiropractic, acupuncture, PT, wellness center <p>Cardiology (Requires HRSA scope change request; represents rate setting trigger opportunity)</p> <p><u>Business Case:</u> Add cardiology as a line of service into SJCC primary care to address chronic access issues.</p> <p><u>Current State:</u></p> <ul style="list-style-type: none"> • Cardiology referrals outnumber those of any other specialty (1,174) over the past 12 months • Average wait times are well over 60 days, approaching 90 days in some cases • Opportunity: SJGH recently contracted a new cardiologist to work exclusively in the outpatient setting; start date is September 2019. (This cardiologist will be working exclusively in outpatient cardiology. There is an educational component as well; the PCP's level of understanding and confidence in managing more simple cardiology issues will go up.) 		

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<p><u>Desired Future State:</u></p> <ul style="list-style-type: none"> • Embed cardiologist into primary care to reduce access issues and allow for rapid response to PCP referrals. • Ability for SJCC to insource referrals from community providers, thereby creating a new revenue stream <p>Ms. Alicia Yonemoto asked if we have the footprint to absorb additional providers as proposed. Alice Soulligne advised so many of our doctors in primary care are working ten-hour days so if scheduled correctly, we will have rooms every day. For the pediatric endocrinologist and neurologist, there is downtime when the pediatricians are inpatient and if scheduled accordingly, we have the room to accommodate these specialists. This will improve satisfaction for the patients. This will grow quickly but for right now, we can manage it.</p> <p><u>Podiatry (Requires HRSA scope change request; represents rate setting trigger opportunity)</u></p> <p><u>Business Case:</u> Add podiatry as a line of service into SJCC primary care to address chronic access issues.</p> <p><u>Current State:</u></p> <ul style="list-style-type: none"> • Podiatry referrals are sent to Orthopedics Clinics which is extremely backlogged • There were a total of 996 podiatry referrals over the past 12 months • Diabetic patients have prolonged wait times (3-4 months) to secure an appointment with a podiatrist. • SJCC recently contracted a podiatrist with start date of July 2019 (Dr. Sohota will be here three days a week) <p><u>Desired Future State:</u></p> <ul style="list-style-type: none"> • Embed podiatrist into primary care to reduce access issues and allow for rapid response to PCP referrals. <p><u>Pediatric Endocrinology (Requires HRSA scope change request; represents rate setting trigger opportunity)</u></p> <p><u>Business Case:</u> Add pediatric endocrinology as a line of service and leverage first mover advantage for Medi-Cal patients in San Joaquin County</p> <p><u>Current State:</u></p> <ul style="list-style-type: none"> • No pediatric endocrinologist available through San Joaquin County • Children and adolescents with diabetes currently being referred out-of-county • Total of 287 pediatric endocrinology referrals over the past 12 months • Opportunity: SJGH recently signed an agreement with a pediatric endocrinologist with start date TBD <p><u>Desired Future State:</u></p> <ul style="list-style-type: none"> • Embed pediatric endocrinologist into Children's Health Services to address access issues and eliminate out-of-county referrals • Ability for SJCC to insource referrals from community (new revenue stream) <p><u>Pediatric Neurology (Requires HRSA scope change request; represents rate setting trigger opportunity)</u></p> <p><u>Business Case:</u> Add pediatric neurology is a specialty very much in demand for many of SJCC's pediatric patients with chronic seizure disorders and other neurological issues</p> <p><u>Current State:</u></p> <ul style="list-style-type: none"> • Total of 240 referrals over the past 12 months • Opportunity: SJGH has an agreement with a pediatric neurologist who has been providing services for SJGH ACS for many years (Dr. Rowena Korobkin was previously embedded in CHS before we became an FQHC) 		

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<p><u>Future State:</u></p> <ul style="list-style-type: none"> • Embed pediatric neurologist into Children’s Health Services to collocate within existing pediatric setting, improving patient experience, and servicing as triggering event for potential PPS rate resetting • Ability for SJCC to insource referrals from community, thereby creating a new revenue stream <p>GYN Oncology (Requires HRSA scope change request; represents rate setting trigger opportunity)</p> <p><u>Business Case:</u> GYN Oncology is a much-needed specialty to service cancer patients.</p> <p><u>Current State:</u></p> <ul style="list-style-type: none"> • Cancer patients have an average wait of 4-6 months to be seen by an oncologist. • Out-of-county referrals are common • Resource constraints led to low visits (11) in the past 12 months from SJCC • Opportunity: SJGH has an agreement with UC Davis for GYN oncology services; recent correspondence with the UCD Chief of GYN oncology indicates they have an interest in increasing their time at our clinics <p><u>Desired Future State:</u></p> <ul style="list-style-type: none"> • Provide additional access for SJCC patients with GYN cancers • Eliminate out-of-county referrals • Ability for SJCC to insource referrals from community <p>Ms. Alicia Yonemoto made a motion to approve the addition of the above specialists in the FQHC environment, Mr. Esgardo Medina seconded the motion and the board unanimously approved the motion.</p> <p>The next item was brought before the board on May 28th but was deferred due to the board’s request for additional data. Currently we are open until 7 p.m. and we have providers interested in working at this location until 9 p.m.</p> <p>SJCC Manteca – Extended Hours for “Immediate Care” Service</p> <p><u>Business Case:</u> Leverage extended hours at Manteca site as a feeder mechanism to drive additional primary care business</p> <ul style="list-style-type: none"> • Aggressive marketing efforts needed to raise awareness in South San Joaquin County • Provide access to roughly 1,500 assigned/not seen patients from Health Plan of San Joaquin (HPSJ) alone • Allows for potential fee for service carve-out arrangements with other health plan partners • Physicians already contracted to work these hours • Board Action Item: Approval of SJCC Manteca extended hours needs to be reagendaized (action was deferred from May 28th agenda) <p>Dr. Fadoo presented a heat map insert (pink dots showing where SJCC’s patient population live across the county). There is a fair concentration around Manteca Clinic. There will be a marketing effort that will have to accompany this. Joan Singson is leading an event on August 3rd for an Open House to develop relationships within the community. Joan advised they are reaching out to the community very heavily both through social media, media as well as people-to-people contact. They will be reaching out to every social service organization and faith based organizations in the area.</p> <p>Dr. Fadoo advised this proposal is for Monday through Friday extending to 9 p.m. They are thinking of incorporating weekends as well but for now, the request is for the board to consider Monday through Friday with a 9 p.m end time. If the board approves, they will need to notify HRSA of the extended hours at this site.</p>		<p>Alicia Yonemoto made a motion to approve adding listed Specialists for the FQHC, Esgardo Medina seconded the motion and it was unanimously approved.</p>

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<p>Ms. Mary Mills made a motion to approve the extended hours at Manteca Clinic, Mr. Esgardo Medina seconded the motion and the board unanimously approved the motion.</p> <ul style="list-style-type: none"> • <i>Patient Engagement and Patient Experiences</i> <ul style="list-style-type: none"> - Leverage new technologies and toolsets to drive patient engagement around assigned/not seen population - Leverage health plan-funded patient incentives to promote closure of care gaps (drives HEDIS dollar capture) - Consolidate outreach under one umbrella (today: distributed model) - Consistently perform under NCQA PCMH framework to maintain recognition - Evaluate on-site phlebotomy (courier to SJGH Lab) and basic imaging services at SJCC sites for "one-stop" integrated healthcare - Evaluate feasibility of automated medication dispensing (future state) <p>Dr. Fadoo advised we recently received a grant from the Sunlight Giving Foundation that will be utilized to purchase licenses for this technology to try and engage more of our patients. This has all sorts of downstream fiscal effect.</p> <p>Dr. Fadoo advised we need to sustain what we have reached and we will be answerable to HRSA and NCQA.</p> <ul style="list-style-type: none"> • <i>Leverage technology for performance improvement and clinical quality</i> <ul style="list-style-type: none"> - Expand Business Intelligence (BI) capacity (existing team is maturing steadily; few skillset gaps still need to be filled; search in progress for 1-2 remaining resources) - Optimize use of Cerner EMR; we enjoy a mature informatics team that is poised to maximize the value realized from the Cerner investment - Implement population health suite of tools: Cerner HealthIntent (go-live is staged beginning fall 2019 through summer 2020) - Drive innovation by expanding use of the SJGH Innovation Lab for carrying out proof of concept ventures that later scale if successful (e.g. Innovaccer, CipherHealth, medicals scribes, etc.) - Capitalize on emerging opportunities in telehealth • <i>Rebrand SJCC</i> <ul style="list-style-type: none"> - Movement nationally away from "hospital and clinics" to health systems - SJCC generates business for SJGH and vice versa - Challenge: SJCC needs to cultivate "systemness" with SJGH while operating as a self-sufficient arm of the health service delivery network in San Joaquin County - Further strategic partnerships with HPSJ and other key players in the local safety net - Marketing, outreach, and business development functions need to be enhanced and/or built from scratch - Digital/web presence to be optimized 		<p>Mary Mills made a motion to approve extending the hours to 9 p.m. at Manteca Clinic, Esgardo Medina seconded the motion and it was unanimously approved.</p>
<p>13. <u>Growth Strategy (Erin Franklin)</u></p> <p>Ms. Erin Franklin advised the team will be pulling together information to build up the plan and sharing with the Board, making some decisions about our three-year Strategic Plan for the FQHC. Attachment 13 is what was submitted to HRSA as our financial strength and sustainability component of our Strategic Plan. We will be building out on that.</p> <p>The other components we are looking to develop are going to be presented to the board over the next two months. She requested for the July and August meetings, if a large section of time will be spent on the Strategic Plan. Mr. Rod Place advised this is a necessity as we must present to HRSA. Erin advised she will get together with Adelé Gribble to get materials out a week in advance to allow the board time to read through the material and formulate questions in advance to coming out of the meeting.</p>	<p>Attachment 13</p>	

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Rod recommended pushing off all other items that do not require decisions and concentrate on the Strategic Plan during the next two month's meetings.		
14. <u>ADJOURNMENT</u> The Board officially welcomed Dr. Fadoo as the new Director of the FQHC. There being no further topics of discussion, Mr. Rod Place adjourned the meeting at 6:38 p.m.		

Submitted by:



8-27-19
Date

RESPECTFULLY SUBMITTED ON BEHALF OF SJCC BOARD BY:
ADELÉ R. GRIBBLE, OFFICE TECHNICIAN COORDINATOR
ACS ADMINISTRATION, SAN JOAQUIN COUNTY CLINICS