

## Minutes of October 28, 2025

### San Joaquin Health Centers Board of Directors

**Board Members Present:** Matt Garber (Interim CEO); Nora Hana; Brian Heck (Board Chair); Jayvin Herrejon; Cassandra Lacondeguy; Rick Ledo; Samantha Monks (Treasurer); Jodie Moreno; James Myers; Mark Myles; David Ziolkowski

**Excused Absent:** None

**Unexcused Absent:** None

**SJHC Staff:** Michael Allen (Board Clerk); Jonathon Diulio; Rachna Sharma

**Guests:** Brandi Hopkins; Sandy Regalo

**Legal Counsel:** Quendrith Macedo

AGENDA ITEM	ATTACHMENTS	ACTION
<b>I. Commencement/Call to Order (Brian Heck)</b> 1. The meeting was called to order at 5:30 p.m. A quorum was established for today's meeting.  2. SJ Health Board of Directors' Attendance Record was made available.	2025 Board Member Attendance	No action required
<b>II. Public Comment</b> No public comment.	No attachment	No action required
<b>III. Consent Calendar (Brian Heck)</b> 1. The consent calendar for October 28, 2025 was presented.	Co-Applicant Board Letter 2025-04-09; SJHC BMO Accounts Authorized Personnel Update Memo; 4.29 Scope Chg Bd Memo; QIQA Policy_rev.2025; SJCC Ad Hoc Minutes 2025-07-08; C&P Report – September_CORRECTED; Board Minutes 2025-09-30	1. David motioned to accept the Consent Calendar items 3.1 – 3.6, and Rick seconded; motion was passed 10-0-0  2. Rick motioned to accept the Consent Calendar items 3.7 – 3.8, and James seconded; motion was passed 10-0-0
<b>IV. Regular Calendar (Brian Heck)</b> 1. The Credentialing & Privileging Report was presented by Dr. Diulio. Initial appointment is: Mary Papazoglou, CNM. Reappointments are: Amarpreet Everest, MD; Jeannie Radoc, MD; Patara Rojanavongse, MD; Shailaja Munagala, MD. Resignations are: Barbara Walston, NP (leaving 10/31/25); Dung Le, LCSW (left 10/10/25); Lukas Warren, CNM (left 10/17/25).  2. August financials were presented by Rachna Sharma. Year-to-date (YTD) billable visits as of August are unfavorable to budget by 148 visits mainly related to visits included in the FY26 budget pertaining to vacant positions not filled yet. Recruitment efforts are ongoing for additional providers to fill the vacant positions. Net Patient Service Revenues for August are favorable to budget by \$164,793 primarily due to higher billable visits along with the favorable YTD revenue true up adjustment recorded based on the actual collections. YTD financials reflect an estimated PPS liability accrual of \$50,000. August 2025 financials include Medi-Cal payment	1. Credentialing & Privileging Report – October 2025  2. CFO Presentation – 2025-08; CFO Presentation – 2025-08; CFO Presentation – 2025-09; Finance Narrative – 2025-09	1. Jodie motioned to accept the Credentialing & Privileging Report with corrections and Rick seconded; motion was passed unanimously with a vote of 10-0-0  2. Jodie motioned to accept the September & October financials and David seconded; motion was passed with a vote of 10-0-0  3. David motioned to retroactively grant authority to submit the annual HRSA certification and Jayvin



for \$139,334 for FY2023 PPS liabilities due to DHCS.

Supplemental Revenue includes the recognition of estimated Quality Incentive Program (QIP) revenue of \$4,561,845. Also, YTD financials include Capitation Revenue for \$911,146 and 340B Pharmacy program revenue for \$482,733. Grant Revenues include ARPA grant revenues for \$159,190. YTD financials include estimated Hedis Gap Closure incentive revenues accrued for \$158,000 for July and August health care services.

Other Revenue includes revenues accrued for \$106,987 related to Purchased Services provided to SJGH by SJHC per the MOU. Interest income for \$254,830 has been reflected on the financials, which is favorable compared to budget by \$8,136 mainly due to higher cash balance contained within the County Treasury.

Total Operating Revenue is favorable to budget by \$85,432 primarily due to revenues related to grants, 340B pharmacy program and interest income higher than budget.

Salaries and Benefits expenses exhibit a favorable variance to budget by \$2,368,269 which is mainly related to vacant positions that have not filled yet. Salaries and Benefits expenses budgeted for FY26 are based on 100% employment.

Other operating expenses exhibit an unfavorable variance of \$108,309 largely due to an unfavorable variance for \$208,928 for Professional Fees, Supplies, Interest, Dues, Repairs, Travel, and Insurance expenses offset by a favorable variance of \$100,619 reflected in the Purchased Services, Office, Telephone, Advertising, Utilities, Rent, and Miscellaneous expense categories. An estimated accrual for the Purchased Services is recorded for July and August based on the MOU with the County for services purchased from San Joaquin General Hospital. YTD total Operating Expenditures are favorable to budget by \$2,259,960.

Unaudited, as presented, YTD Net Income of \$2,225,446 represents a favorable variance of \$2,345,392 as compared to budgeted Net Loss of \$119,945. Net Income is favorable mainly due to the actual salaries and benefits expenses related to vacant positions that have not been filled yet and are included in FY26 budgeted expenses.

September financials were presented. Year-to-date (YTD) billable visits as of September are favorable to budget by 455 visits. Net Patient Service Revenues for September are favorable to budget by \$252,133 which is in line with the higher billable visits. YTD financials reflect an estimated PPS liability accrual of \$75,000. YTD financials include

seconded; motion was passed with a vote of 10-0-0

4. David motioned for Brian to be re-elected as board chair and Jayvin seconded; motion was passed 10-0-0

5. James motioned to elect Samantha as board vice-chair and Rick seconded; motion was passed 9-1-0

6. David motioned to elect Cassandra as treasurer and Samantha seconded; motion was passed 10-0-0





Medi-Cal payment for \$139,334 for FY2023 PPS liabilities due to DHCS.

Supplemental Revenue includes the recognition of estimated Quality Incentive Program (QIP) revenue of \$6,842,767. Also, YTD financials include Capitation Revenue for \$1,359,378 and 340B Pharmacy program revenue for \$678,030. Grant Revenues include ARPA grant revenues for \$234,089. YTD financials include estimated Hedis Gap Closure incentive revenues accrued for \$237,000 for July through September health care services.

Other Revenue includes revenues accrued for \$164,289 related to Purchased Services provided to SJGH by SJHC per the MOU. Interest income for \$254,894 has been reflected on the financials, which is unfavorable compared to budget by \$6,356.

Total Operating Revenue is favorable to budget by \$315,516 primarily due to revenues related to patient services, SJGH Chargebacks per MOU, and grants higher than budget.

Salaries and Benefits expenses exhibit a favorable variance to budget by \$3,688,959 which is mainly related to vacant positions that have not filled yet. Salaries and Benefits expenses budgeted for FY26 are based on 100% employment. Recruitment efforts are ongoing to fill the vacant positions.

Other operating expenses exhibit an unfavorable variance of \$285,378 largely due to an unfavorable variance for \$399,304 for Professional Fees, Supplies, Interest, Dues, Repairs, Travel, Insurance and Miscellaneous expenses offset by a favorable variance of \$113,926 reflected in the Purchased Services, Office, Telephone, Advertising, Utilities, and Rent expense categories. An estimated accrual for the Purchased Services is recorded from July through September based on the MOU with the County for services purchased from San Joaquin General Hospital. YTD total Operating Expenditures are favorable to budget by \$3,403,582.

Unaudited, as presented, YTD Net Income of \$3,384,015 represents a favorable variance of \$3,719,098 as compared to budgeted Net Loss of \$335,083. Net Income is favorable mainly due to the actual salaries and benefits expenses related to vacant positions that have not been filled yet and are included in FY26 budgeted expenses.

Capital Link fiscal year benchmarks were reviewed, showing Operating Margin at 20.9% against a goal of >3%, Bottom Line Margin at 20.9% against a goal of >3%, Days Cash on Hand at 236 against a goal of >45 days, Days in Net Patient





<p>Receivables at 35 against a goal of &lt;60 days, and Personnel-Related Expenses at 63% against a goal of &lt;70%.</p> <p>3. HRSA annual certification was submitted by the due date of 10/3/25. The board was requested to retroactively grant authority to submit the annual certification to HRSA.</p> <p>4. Brian noted that he was asked to continue as board chair to maintain some continuity with current initiatives, but also asked for any nominations from the floor. David nominated Brian to continue as board chair and Jayvin seconded. The motion was passed unanimously and Brian will continue as board chair for the 2025-26 year.</p> <p>5. Brian asked for nominations from the floor to fill the board vice-chair position. James nominated Samantha for the position and Rick seconded. Jodie put herself forth as another candidate for vice-chair, but there were no motions to advance this candidacy. All other members voted in favor of Samatha as vice-chair, while Jodie opposed, with the motion passing on a vote of 9-1-0, making Samantha the vice chair for the 2025-26 year.</p> <p>6. Brian asked for nominations from the floor to fill the treasurer position. Duties of the treasurer were noted, including running the finance committee. Jodie declined to be considered. Cassandra put herself forth as a candidate and David motioned to elect Cassandra to this position, with Samantha seconding. The motion was passed unanimously and Cassandra will fill the role of treasurer for the 2025-26 year.</p>		
<p><b>V. <u>Discussion Items (Brian Heck)</u></b></p> <p>1. Brian had additional factors to consider and asked that committee assignments be agendized at the November meeting.</p> <p>2. Dr. Diulio wished to recognize the efforts by SJ Health staff to support the annual Bi-National Health Care Event on 10/25/25. He also noted that we had organization-wide recognitions for Medical Assistants Week during the 3<sup>rd</sup> week of October.</p> <p>3. Matt read the following annual CEO report: The past 12 months marked steady progress across several key initiatives aligned within the three strategic focus areas: patient access, enabled workforce, service excellence. A fourth focus area, integration with County Health Care Services, was added to the strategic planning effort following clinic absorption into HCS in Q2 2025. Operational performance continues to stabilize, supported by improvements in scheduling and registration, continued</p>	<p>No attachments</p>	<p>No action required</p>





progress on the Lodi Access Center clinic, and advancement of our EMR optimization efforts.

Workforce challenges persist in key specialty areas, but targeted retention and recruitment initiatives are underway. Our focus remains on sustaining access, quality, and integration efforts that strengthen the system's ability to deliver coordinated, high-value care across our seven sites.

#### **Clinic Operations**

- Multiple initiatives on optimizing registration, scheduling, and overall patient flow across all sites. Provider templates for adult primary care, pediatrics, and women's health were fully revamped to improve access and scheduling efficiency.
- The Accelerating Readiness for the Aging Population grant was launched early this year and has connected over 300 patients and referring over 80 for ECM services.
- The new phone tree, launched in Q2, along with the addition of digital call deflection services from Luma Health further enhanced call center and referral processes. These changes reduced dropped calls from 12% to 8% and decreased average hold times from 111 seconds to 64 seconds.
- All registration and ancillary staff completed AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) communication training to improve patient experience and survey scores.
- OB/GYN and pediatric services added to Manteca site
- CPSP (comprehensive perinatal services program) was reinstated in July 2025.
- Clinics successfully passed the Vaccines for Children Audit and received certification of achievement recognizing compliance with program requirements.
- Average no-show rates decreased from 29.33% to 21.8%.
- Average monthly volume – 11,443 checked out, billable encounters
- Recent provider staffing updates
  - To offset the phasing out of two locum providers, a few new providers will be starting in November. These consist of a full-time family practitioner in PMC and an NP in Manteca. Additionally, three other NPs accepted offers and will expand services for women's health and the mobile clinic. Another





<p>internal medicine provider is expected to start in French Camp also in November.</p> <ul style="list-style-type: none"> <li>• A new attribution and empanelment tool is in the final stages of development and is expected to be piloted by the Family Medicine Residency program in early November 2025.</li> <li>• The Cerner referral module replacement project has officially been fully implemented, and referral workflows have been streamlined with improved turnaround times for diagnostic and specialty services. Over 75% of open referrals (over 50k) since 2020 have been closed out.</li> <li>• Construction of the Lodi Access Center clinic remains on schedule, with interior build-out continuing this month. The site will include 4 exam rooms, a waiting area, registration desk, nursing station, point-of-care lab services, and offices for ECM/CS services. The agreement with NJA (architecture firm) is approved by County counsel and is expected to be executed early next month.</li> <li>• Submitted two funding applications to Health Plan of San Joaquin totaling \$360,000 for workforce and system optimization initiatives. <ul style="list-style-type: none"> <li>○ 320k for clinical pharmacist retention grant over 4 years; meant to enhance care across SJGH and SJHC chronic disease management clinics (CHF and Diabetes)</li> <li>○ 33k for procurement of 2 additional retinal cameras to enhance access for diabetic retinopathy screening</li> </ul> </li> </ul> <p><b>Mobile Health</b></p> <ul style="list-style-type: none"> <li>• Volume of over 850 medical encounters</li> <li>• Services for unhoused were expanded through integration of community health workers, ECM, and participation in the Homeless Management Information System (HMIS) to improve coordination of care and information sharing.</li> <li>• St. Mary's Community Services has invited the Mobile Health team back onto shelter grounds to resume on-site medical care for shelter residents.</li> <li>• Presence in Lodi was strengthened through expanded street outreach at encampments and regular engagement at the Lodi Access Center.</li> <li>• Mobile Health program played a key role in reestablishing and supporting SJ Health's clinic</li> </ul>		
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program at Discovery Challenge Academy, providing medical care and continuity of services for enrolled youth.

### **Community Engagement and Enhanced Care Management / Community Supports**

- Program generated over \$1.2M in revenue through delivery of ECM and CS services
- Over 2,000 ECM services were provided to high-need patients, addressing medical, behavioral, and social determinants of health through coordinated care and outreach.
- The team successfully secured permanent housing for over 60 individuals, reflecting the program's continued focus on whole-person care and improved health outcomes for vulnerable populations.

### **Quality**

- Regular education sessions, monthly provider meetings, and data-driven guidance were provided to help translate quality metrics into actionable improvements.
- To enhance patient engagement, SJ Health partnered with health plans on care gap closure strategies and incentive-based outreach activities, including gift card initiatives and the annual backpack campaign.
- A new Quality Improvement (QI) Coordinator was onboarded to oversee incident reporting within Compliatric, resulting in the closure of nearly 200 incidents.
- SJ Health also received a \$272,000 payment from Health Plan of San Joaquin (HPSJ) for successful care gap closures.
- The organization continued operating gap clinics focused on key preventive measures. PAP and Annual Wellness Visit gap clinics demonstrated gradual improvement in engagement, with attendance rates increasing to 48–60% during the quarter.
- In collaboration with Alinea and HPSJ, Saturday breast cancer screening events reached over 800 patients.
- Patient satisfaction results from our 3<sup>rd</sup> party survey vendor Press Ganey showed meaningful improvement, with positive ratings increasing from 59.5% to 66% and overall sentiment improving from 68% to 74.3% in Q3.
- SJ Health convened its first Safety Committee meeting in September, marking the launch of a formalized

<p>structure to ensure comprehensive safety oversight for both patients and staff.</p> <p><b>Human Resources</b></p> <ul style="list-style-type: none"> <li>• The department focused on strengthening compliance, onboarding efficiency, and alignment with County policies.</li> <li>• A comprehensive file audit of personnel and medical employee records was completed to ensure internal compliance and readiness for review.</li> <li>• The onboarding process was refined to improve efficiency and bring procedures fully into alignment with County regulations.</li> <li>• HR also supported staff through the implementation of new County policies and procedures, providing guidance to facilitate a smooth transition.</li> <li>• Ongoing efforts ensured that all staff remained in compliance with County-mandated trainings, credentialing requirements, and peer review standards.</li> </ul> <p><b>Business Intelligence</b></p> <ul style="list-style-type: none"> <li>• The team completed integration of the new patient data model into the redesigned Enterprise Data Warehouse (EDW), establishing a robust foundation for advanced analytics and cross-domain reporting.</li> <li>• The team's custom-built QIP measures facilitated with the achievement of 2024's 100% clinical quality score</li> <li>• The team, along with the QA/QI team, represented the organization in the QIP audit and all 40 measures reported passed DHCS program requirements, ensuring compliance of measure scripts to measure specifications. As a result, the organization retained its 100% clinical quality score.</li> <li>• The team also generated and submitted the 2024 GPP report which yielded a score of 147%, resulting in \$22.4M in additional supplemental funding for the County.</li> <li>• In late Q3, the BI team initiated a full revamp of the provider incentive build, with implementation expected by mid-December 2025. Once live, this enhancement will enable the Quality Assurance team to seamlessly validate data and generate provider incentive payments based on verified performance across key clinical quality indicators.</li> </ul> <p><b>Strategic Planning and HRSA Regulatory Compliance</b></p>		
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<ul style="list-style-type: none"><li>• Leadership will be working with Gary Bess to materialize an updated community needs assessment and the 2025-2028 strategic plan. Both are expected to be completed by Q1 2026.</li><li>• HRSA annual certification to retain LAL status successfully submitted on 10/3</li><li>• SAM.gov registrations for both San Joaquin County Clinics (SJCC) and County Health Care Services (HCS) were updated to maintain eligibility and compliance with HRSA grant and program requirements.</li></ul>		
<b>VI. <u>Comments from Board (Brian Heck)</u></b> Brian noted that this will be Michael Allen's last meeting as board clerk. These duties will transition to staff reporting directly to HCS.	No attachments	No action required
<b>VII. <u>Calendar (Brian Heck)</u></b> The next board meeting will be November 18, 2025, at 5:30pm.	No attachments	No action required
<b>VIII. <u>Adjournment (Brian Heck)</u></b> There being no further topics of discussion, Brian Heck adjourned the meeting at 6:38 p.m.	No attachments	No action required

