SJ HEALTH
San Joaquin Health Centers

SAN JOAQUIN COUNTY CLINICS PUBLIC BENEFIT CORPORATION
BOARD MEETING AGENDA
10100 Trinity Parkway, Suite 100, Stockton, CA 95219
February 24, 2026, 5:30 P.M.

Board Members: Brian Heck, Samantha Monks, Jayvin Herrejon, Cassandra Lacondeguy, Rick Ledo, Jodie Moreno, James Myers, Mark Myles, David Ziolkowski, Nora Hana, Destiny Easter, Patricia Barrett

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Persons who require disability-related accommodation to participate in this meeting, please contact San Joaquin Health Centers at (209) 953-3711 prior to the scheduled meeting time.

1. **COMMENCEMENT OF MEETING/ROLL CALL**

2. **PUBLIC COMMENT**

The public is welcome to address the Board during this time on matters within the Board's jurisdiction. Members of the public are encouraged to complete a Public Comment form, which can be found near the entry of the Board Room. Speakers are limited to three minutes and are expected to be civil and courteous. Public comment on items listed on the agenda may be heard at this time, or when the item is called at the discretion of the Chair.

Except as otherwise permitted by the Ralph M. Brown Act (California Government Code Section 54950 et seq.), no deliberation, discussion or action may be taken by the Board on items not listed on the agenda. Members of the Board may but are not required to: (1) briefly respond to statements made or questions posed by persons addressing the Board; (2) ask a brief question for clarification; or (3) refer the matter to staff for further information.

3. **CONSENT CALENDAR**
   - 3.1 Approve Minutes of Board Meeting January 27, 2025
   - 3.2 February Credentialing Report

4. **ACTION ITEMS**
   - 4.1 December 2025 Finance Report
   - 4.2 March Meeting Date

   Board to consider and take possible action

5. **DISCUSSION ITEMS**
   - 5.1 Chair Report
   - 5.2 CMO Report

5.3 CEO Report
5.4 Board Training Discussion
5.5 Mobile Clinic Overview – Presented by Joan Singson

6. **BOARD COMMENTS**
6.1 Comments from Board

7. **CALENDAR**
7.1 Board meeting March 31, 2026, at 5:30pm

8. **ADJOURNMENT**

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SJ HEALTH
San Joaquin Health Centers

Minutes of January 27, 2026
San Joaquin Health Centers Board of Directors

Board Members Present: Brian Heck (Board Chair), Rick Ledo, Nora Hana, Jayvin Herrejon, Samantha Monks (Vice Chair), Jodie Moreno, Mark Myles, David Ziolkowski, Destiny Easter
Excused Absent: James Myers, Cassandra Lacondeguy, Patricia Barrett
Unexcused Absent: None
SJHC Staff: Matt Garber (Interim CEO); Jonathon Diulio, Ahad Yousuf, Rachna Sharma; Mary-Lou Milabu
Guests: Sandy Regalo, Brandi Hopkins, Genevieve Valentine
Legal Counsel: Quendrith Macedo

AGENDA ITEM	ATTACHMENTS	ACTION
I. Commencement/Call to Order (Brian Heck) 1. The meeting was called to order at 5:30p.m. A quorum was established for today's meeting.	No attachment	No action required
II. Public Comment No public comment.	No attachment	No action required
III. Consent Calendar (Brian Heck) 1. The consent calendar for January 27, 2026, was presented; Minutes of Board Meeting 12-16-2025; Minutes of Special Board Meeting 1-15-26; Credentialing Report for January 2026	Credentialing Report Attached	1. Ledo motioned to accept; Herrejon seconded; motion passed 9-0
IV. Action Items (Brian Heck) 1. Approval of Appointment of Project Director (Ahad Yousuf) 2. Appointment of Proposed Board Member – Cymone Reyes; Chair did not have an opportunity to vet candidate; item pulled from agenda 3. Financials presented for November 2025 4. BeWell Construction Fiscal Approval – Ask is for $19.6 million to be disbursed over the next two years (FY 26/27 and 27/28)	No attachment	1. Moreno motioned to accept; Myles seconded; motion passed 9-0 3. Ziolkowski motioned to accept; Myles seconded; motion passed 9-0 4. Moreno motioned to accept; Easter seconded; motion passed 9-0
V. Discussion Items (Brian Heck) 1. Chair Report No Board training Valentine's Day weekend; looking at other dates 2. CMO Report 3. CEO Report 4. Vision of SJ Health in Relation to HCS – reviewed simple org chart and explained roles	 CMO Report attached CEO Report attached Org Chart Attached	No action required

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VI. <u>Board Comments</u> No Board comments	No attachments	No action required
VII. <u>Calendar (Brian Heck)</u> The next board meeting will be February 24, 2026, at 5:30pm.	No attachments	No action required
VIII. <u>Adjournment (Brian Heck)</u> There being no further topics of discussion, Brian Heck adjourned the meeting at 7:24 p.m.	No attachments	No action required

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REAPPOINTMENTS
January 2026

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin Health Centers. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/ Reappoint Period	Recommend	Credentialing Dept
REAPPOINTMENT January 2026	Alfred Troncales MD	Pediatrics	Requirements for active staff met	None	Active 01/26-01/28	CRED: 01/10/2026 MED: 01/21/2026 BOARD: 01/27/2026	SJHEALTH MED STAFF
REAPPOINTMENT January 2026	Lindsay Allen PA	Tele-Urgent Care	Requirements for active staff met	None	Active 01/26-01/28	CRED: 01/10/2026 MED: 01/21/2026 BOARD: 01/27/2026	SJHEALTH MED STAFF

CMO REPORT – JANUARY 2026 (BOARD VERSION)

Over the past month, we have continued to strengthen clinical operations, workforce capacity, and strategic partnerships across SJ Health. Building on prior discussions, we have a follow-up meeting scheduled with **UC Davis School of Medicine** to further explore the potential development of San Joaquin County as a **regional medical campus**. These discussions remain in the planning phase but represent a meaningful long-term opportunity to support physician workforce development and recruitment.

Recruitment efforts have transitioned from expansion to stabilization. Since the last Board meeting, four nurse practitioners have started across SJ Health, along with a full-time LCSW, significantly strengthening primary care, mobile services, and counseling capacity. An Internal Medicine PGY-3 resident has accepted a conditional job offer. A conditional job offer has also been extended to a Women's Health nurse practitioner, and we are actively working toward a second Women's Health NP offer to further support access in this service line. As most provider positions are now filled, recruitment activity has been intentionally scaled back to targeted, strategic needs.

Daily visit volumes remain strong, consistently exceeding 500 visits per day, despite seasonal illness and the onboarding of new providers. Access remains stable across clinics. This month, we held a Saturday gap clinic led by Dr. K in coordination with the mammography van, providing Pap smears and expanded preventive women's health services during weekend hours to reduce access barriers.

Operationally, follow-up discussions are underway regarding the eConsult platform to advance timely specialty input and reduce unnecessary referrals. In parallel, we have been working closely with Downtown HR to advance a Medical Assistant Specialist role that would function as an MA Supervisor. This position is now moving forward for Board consideration and is intended to strengthen frontline support, consistency, and clinic operations.

Over the past month, our efforts have remained focused on operational stabilization, improving access, advancing quality outcomes, and preparing for strategic growth. Key updates are summarized below.

Operational and Access Performance

Clinic operations continue to strengthen with sustained leadership engagement and standardized workflows. Daily visits for Dec averaged 575, representing a 2% increase from prior month. Year-over-year, December 2025 visits remained consistent with December 2024 (9,985). Slot utilization remains strong at 77% in December (up from 72% last year), reflecting improved scheduling practices and template discipline. No-show rates in December were 22.5%, an improvement from 26% last year.

Key initiatives currently include Luma optimization to facilitate outreach to assigned, unseen, implementation of the CMC dental van at French Camp, Cerner empanelment tool moving to production in mid-January, and a new e-consult program sponsored by HPSJ to enhance timely access to specialty guidance. Referral optimization remains a priority and since April 2025, over 82% of outstanding referrals were closed.

At the Manteca clinics, standardized policies, including dress code and hand hygiene, were implemented, and services were expanded to offer adult primary care, pediatrics, and OB/GYN, establishing all three core service lines at the site. At the Stockton campus, work is underway to standardize exam rooms and intake workflows, add two new full-time pediatricians to improve access, and bring the Every Woman Counts program to expand access to lifesaving breast and cervical cancer screening for low-income women. French Camp clinics strengthened staffing with two family medicine physicians and one nurse practitioner, reestablished the Comprehensive Perinatal Services Program (CPSP), passed the Vaccines for Children (VFC) audit, implemented next-day chart scrubbing, and improved no-show workflows.

For staff engagement, additional initiatives included AIDET training with audits, MA Appreciation Week, ASQ-3 training for residents and MAs to improve developmental screening, clinic environment upgrades, onboarding of new providers, and team-building activities to support morale and retention.

Progress continues on the Lodi Access Center clinic. The architecture agreement is under review with General Services, Capital Projects and Purchasing, with the construction agreement planned for execution immediately thereafter. The lease agreement is also being finalized by General Services and is expected to go before the BOS in early March. Construction of the clinic portion is dependent on the execution of the lease and architecture/construction agreements.

Workforce and Recruitment
Covered in CMO report.

Quality and Program Advancement
Quality initiatives remain strong. Gap-closure activities, incentive-based patient engagement, and targeted provider education continue to drive measurable improvement. In addition, incident reporting and follow-up in Compliatric successfully closed out over 55 incidents.

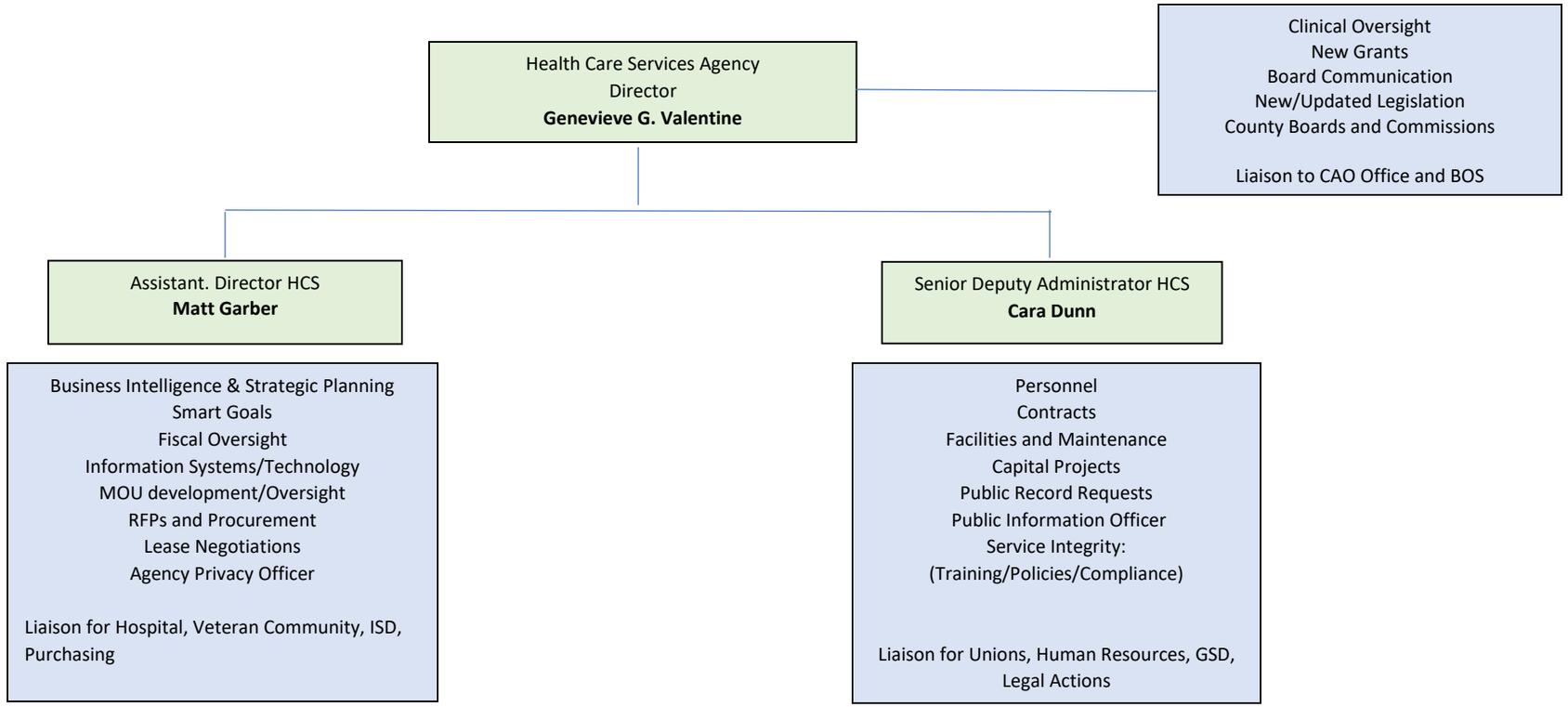
HRSA Compliance
UDS 2025 reporting efforts have commenced, and full report is on track to be submitted to HRSA in Feb 2026.

The following policies/procedures will need to be reviewed by the Board in 2026:

1. Billing and Collections (Fiscal Policies) – 9/22/2026
2. Sliding Fee Discount Program and Schedule – 11/6/2026

Strategic Planning and Partnerships
Development of the 2026–2028 Strategic Plan is progressing in collaboration with Gary Bess Associates and County partners, with alignment around access, workforce, service excellence, and integration. Governance training and coordination with the County's systemwide integration discussions remain underway. Gary Bess will present draft components to the Board in early Q1 2026.

Closing Summary
The organization continues to make steady, meaningful progress in strengthening operations, improving access and quality outcomes, and advancing long-term strategic alignment. These efforts position us well for continued stabilization and growth in 2026.


Health Care Services Agency
Director
Genevieve G. Valentine
Clinical Oversight
New Grants
Board Communication
New/Updated Legislation
County Boards and Commissions
Liaison to CAO Office and BOS
Assistant. Director HCS
Matt Garber
Business Intelligence & Strategic Planning
Smart Goals
Fiscal Oversight
Information Systems/Technology
MOU development/Oversight
RFPs and Procurement
Lease Negotiations
Agency Privacy Officer
Liaison for Hospital, Veteran Community, ISD, Purchasing
Senior Deputy Administrator HCS
Cara Dunn
Personnel
Contracts
Facilities and Maintenance
Capital Projects
Public Record Requests
Public Information Officer
Service Integrity:
(Training/Policies/Compliance)
Liaison for Unions, Human Resources, GSD, Legal Actions

INITIAL APPOINTMENTS
February 2026

The following practitioners have applied for membership and privileges at San Joaquin Health Centers. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend
INITIAL APPOINTMENT FEBRUARY 2026	Elizabeth Carranza LCSW	Licensed Clinical Social Worker	Requirements for active staff met	None	Active 02/26-02/27	CRED: 02/10/2026 MED: 02/18/2026 BOARD: 02/24/2026	SJHEALTH MED STAFF

REAPPOINTMENTS
February 2026

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin Health Centers. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/ Reappoint Period	Recommend	Credentialing Dept
REAPPOINTMENT FEBRUARY 2026	Janine Johal PA	Physican Assistant	Requirements for active staff met	None	Active 02/26-02/28	CRED: 02/10/2026 MED: 02/18/2026 BOARD: 02/24/2026	SJHEALTH MED STAFF
REAPPOINTMENT FEBRUARY 2026	Kristy Matschullat PA	Physican Assistant	Requirements for active staff met	None	Active 02/26-02/28	CRED: 02/10/2026 MED: 02/18/2026 BOARD: 02/24/2026	SJHEALTH MED STAFF

RESIGNATIONS
February 2026

Name	Reason for Resignation:	Effective Date of Resignation
Donna Tucker NP	Locum : Contract termed	2/7/2026
Veronique Tache MD		2/13/2026

San Joaquin Health Centers

Financial Statement Comments

December 2025

Summary of FQHC Performance: Fiscal Year-to-Date

Year-to-date (YTD) billable visits as of December are favorable to budget by 787 visits. Net Patient Service Revenues for December are unfavorable to budget by $19,463 which is in line with the unfavorable billable visits for the month. YTD financials reflect an estimated PPS liability accrual of $150,000. YTD financials include Medi-Cal payment for $139,334 for FY2023 PPS liabilities due to DHCS. Also, YTD financials include Medi-Cal payment for $307,979 for FY2022 PPS receivable due from DHCS.

Supplemental Revenue includes the recognition of estimated Quality Incentive Program (QIP) revenue of $13,685,535. Also, YTD financials include Capitation Revenue for $2,646,288 and 340B Pharmacy program revenue for $1,360,416. Grant Revenues include ARPA and Binational Health grant revenues for $515,537. YTD financials include estimated Hedis Gap Closure incentive revenues accrued for $474,000 for July through December health care services. In December, SJ Health Centers received the HEDIS incentive payment for $1,770,427 for Year 2024 which has been reported on the FY26 balance sheet, and the related incentive revenue has been accrued in FY25.

Other Revenue includes revenues accrued for $346,281 related to Purchased Services provided to SJGH by SJHC per the MOU. Interest income for $539,430 has been reflected on the financials, which is favorable compared to budget by $16,930.

Total Operating Revenue is unfavorable to budget by $79,721 primarily due to favorable variance in revenues for $663,575 related to patient services, SJGH Chargebacks per MOU, interest income, and grants higher than budget offset by unfavorable revenues for $743,296 related to Physician Capitation, 340B Pharmacy Program, and HEDIS incentive revenue. FY26 budget includes $600,000 related to the HEDIS incentive payment for CY2024 which has been accrued as revenue in FY25.

Salaries and Benefits expenses exhibit a favorable variance to budget by $7,179,917 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 $425,119 largely due to an unfavorable variance for $619,989 for Professional Fees, Supplies, Depreciation, Interest, Dues, Repairs, Travel, Insurance and Miscellaneous expenses offset by a favorable variance of $194,870 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 December based on the MOU with the County for services purchased from San Joaquin General Hospital. YTD total Operating Expenditures are favorable to budget by $6,754,797.

Unaudited, as presented, YTD Net Income of $6,422,447 represents a favorable variance of $6,675,077 as compared to budgeted Net Loss of $252,630. 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.

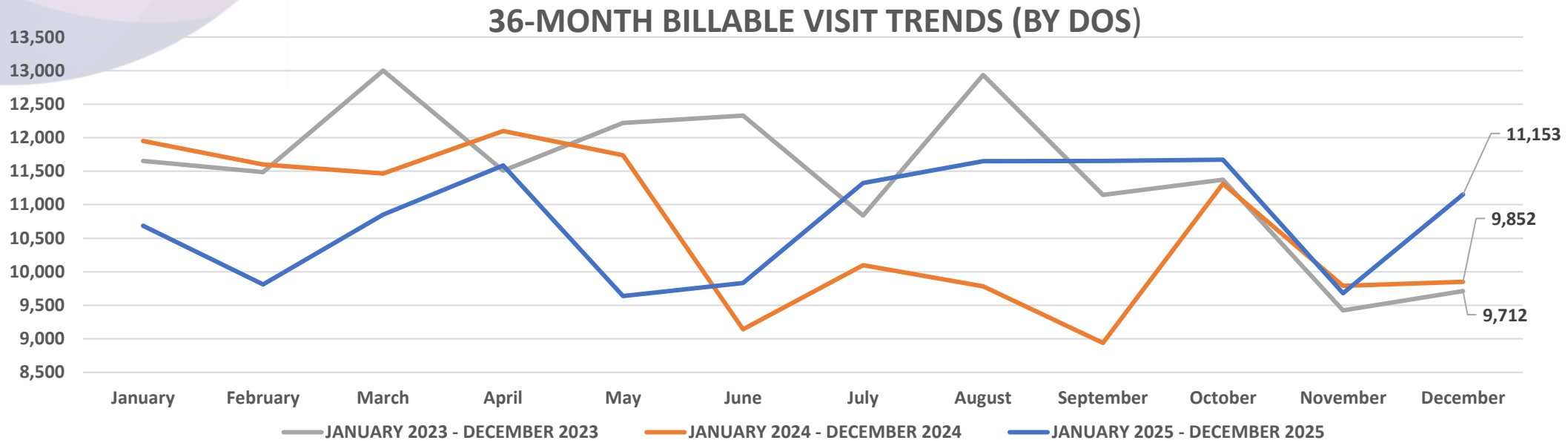
Additional Factors Impacting FQHC Fiscal Results

- Supplemental revenues are estimates based on current performance and statewide pool amounts for the California Department of Public Health Quality Incentive Pool Program.
- On SJ Health's balance sheet, deferred grant revenues amount to $1,722,042 as of December 2025.

SAN JOAQUIN HEALTH CENTERS
FINANCE PRESENTATION
DECEMBER 2025 FINANCIAL STATEMENTS

Alison Shih
Management Services Administrator

Presentation Date: 2/24/2026



FY26 Visits By Financial Class	Actual
Medi-Cal Managed Care	78.43%
Medicare	11.46%
Medi-Cal	6.12%
Commercial	2.85%
Self-Pay	1.14%
Total	100.00%

FY26 Month	Actual	Budget	Variance
Jul-25	11,323	11,586	(263)
Aug-25	11,649	11,062	587
Sep-25	11,653	11,052	601
Oct-25	11,671	12,109	(438)
Nov-25	9,679	8,956	723
Dec-25	11,153	11,576	(423)
Total	67,128	66,341	787

SJ HEALTH INCOME STATEMENT – DECEMBER 2025

	Current Period Actual	Current Period Budget - Original	Current Period Budget Variance - Original	Current Year Actual	YTD Budget - Original	YTD Budget Variance - Original
Operating Revenue						
Net Patient Service Revenue	2,097,889	2,117,351	(19,463)	12,507,119	12,172,258	334,861
Supplemental Revenue	2,280,922	2,280,922	0	13,685,535	13,685,535	0
Capitation Revenue	419,266	458,333	(39,067)	2,646,288	2,750,000	(103,712)
Managed Care Incentives	79,000	79,000	0	474,000	1,074,000	(600,000)
Grant Revenue	76,954	41,719	35,236	515,537	250,312	265,226
340B Pharmacy Program	231,942	233,333	(1,392)	1,360,416	1,400,000	(39,584)
MOU & Other Income	59,972	64,556	(4,584)	885,988	822,500	63,488
Total Operating Revenue	5,245,946	5,275,215	(29,269)	32,074,884	32,154,605	(79,721)
Expenditures						
Salaries & Wages	1,721,061	2,561,508	840,446	10,454,772	14,807,451	4,352,679
Employee Benefits	909,905	1,393,489	483,584	5,211,455	8,038,692	2,827,237
Professional Fees	491,347	541,653	50,305	3,364,170	3,249,915	(114,255)
Purchased Services	277,763	267,577	(10,186)	1,548,192	1,605,462	57,270
Supplies	182,898	160,577	(22,321)	1,168,078	963,464	(204,613)
Depreciation	56,999	53,608	(3,391)	372,449	321,647	(50,802)
Interest	1,249	1,219	(30)	8,330	7,313	(1,018)
Office Expense	1,427	1,667	240	8,982	10,000	1,018
Dues, Subscription & Fees	129,433	127,119	(2,314)	815,442	762,713	(52,730)
Repairs & Maintenance	64,933	65,525	592	395,022	393,150	(1,872)
Telephone & Internet	13,881	20,599	6,718	89,222	123,595	34,372
Advertising & Promotions	990	5,024	4,034	13,689	30,141	16,452
Travel & Training	26,959	33,162	6,203	273,200	198,969	(74,230)
Insurance	38,104	35,120	(2,984)	245,827	210,723	(35,104)
Utilities	125,187	130,577	5,390	730,188	783,462	53,274
Rent	108,211	116,226	8,015	664,870	697,354	32,484
Miscellaneous	12,473	33,864	21,390	288,549	203,182	(85,366)
Total Expenditures	4,162,819	5,548,511	1,385,692	25,652,437	32,407,234	6,754,797
Net Income(Loss)	1,083,127	(273,296)	1,356,423	6,422,447	(252,630)	6,675,077

SJ HEALTH INCOME STATEMENT VARIANCE ANALYSIS DECEMBER 2025 (ONLY VARIANCES WITH +/- 10% ARE REPRESENTED)

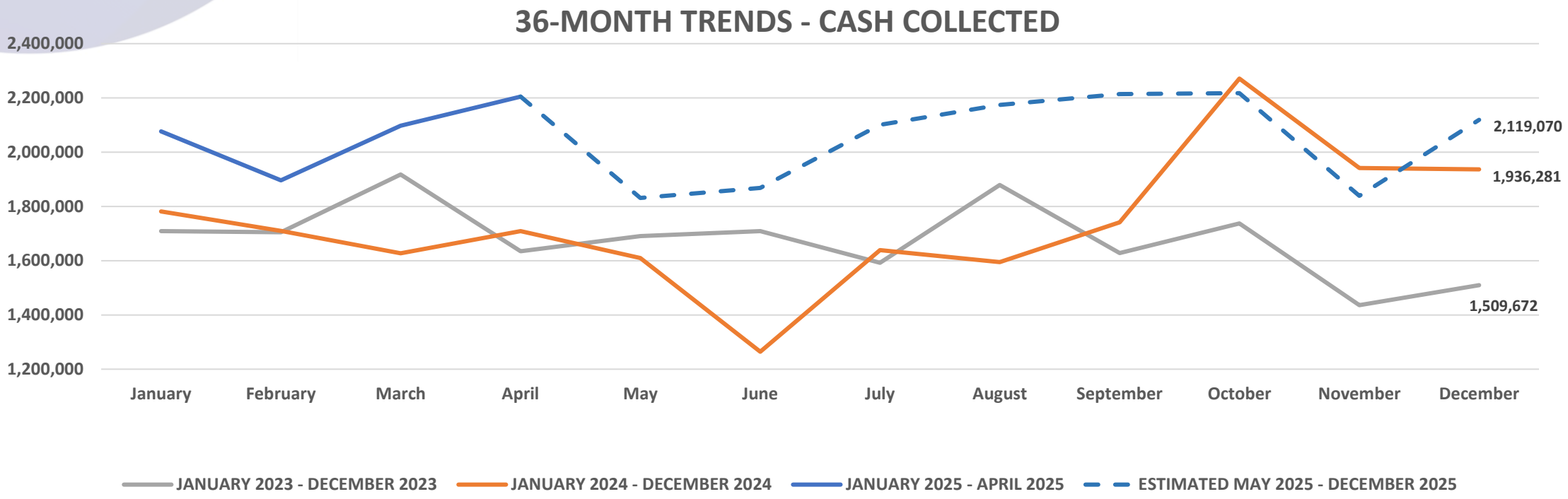
Income Statement Grouping	Current Period Actual	Current Period Budget - Original	Current Period Budget Variance - Original	% Variance	December 2025 - Variance Explanations
Revenues					
Net Patient Service Revenue	2,097,889	2,117,351	(19,463)	-1%	Unfavorable variance mainly due to visits being lower than budget by 423 visits.
Grant Revenue	76,954	41,719	35,236	84%	Favorable variance due to actual ARPA grant revenue higher than budget.
Expenditures					
Salaries & Wages	1,721,061	2,561,508	840,446	33%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Dec 2025 FTEs for direct hire positions are 188.93 compared to budgeted FTEs for 239.
Employee Benefits	909,905	1,393,489	483,584	35%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Dec 2025 FTEs for direct hire positions are 188.93 compared to budgeted FTEs for 239.
Supplies	182,898	160,577	(22,321)	-14%	Unfavorable variance mainly due to increase in pharmaceutical expenses related to the 340B pharmacy program.
Telephone & Internet	13,881	20,599	6,718	33%	Favorable due to actual telecommunication expenses lower than budget.
Advertising & Promotions	990	5,024	4,034	80%	Favorable due to actual advertising expenses lower than budget.
Travel & Training	26,959	33,162	6,203	19%	Favorable due to actual travel expenses lower than budget in December.
Miscellaneous	12,473	33,864	21,390	63%	Favorable variance mainly due to the reversal of the prior period accrual of Comphealth invoice for provider recruitment offset by actual minor equipment expenses higher than budget.

SJ HEALTH INCOME STATEMENT VARIANCE ANALYSIS YTD FY26 (ONLY VARIANCES WITH +/- 10% ARE REPRESENTED)

Income Statement Grouping	Current Period Actual	Current Period Budget - Original	Current Period Budget Variance - Original	% Variance	YTD - Variance Explanations
Revenues					
Net Patient Service Revenue	12,507,119	12,172,258	334,861	3%	Favorable variance mainly due to visits being higher than budget by 787 visits.
Managed Care Incentives	474,000	1,074,000	(600,000)	-56%	Unfavorable mainly due to budgeted $600K PCP Hedis Incentive revenue for CY2024, which has been accrued in FY25.
Grant Revenue	515,537	250,312	265,226	106%	Favorable variance due to actual ARPA grant revenue higher than budget along with recognizing unbudgeted Binational Health grant revenue.
Expenditures					
Salaries & Wages	10,454,772	14,807,451	4,352,679	29%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Dec 2025 FTEs for direct hire positions are 188.93 compared to budgeted FTEs for 239.
Employee Benefits	5,211,455	8,038,692	2,827,237	35%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Dec 2025 FTEs for direct hire positions are 188.93 compared to budgeted FTEs for 239.
Supplies	1,168,078	963,464	(204,613)	-21%	Unfavorable variance mainly due to increase in pharmaceutical expenses related to the 340B pharmacy program.
Telephone & Internet	89,222	123,595	34,372	28%	Favorable due to actual telecommunication expenses lower than budget.
Advertising & Promotions	13,689	30,141	16,452	55%	Favorable due to actual advertising expenses lower than budget.
Travel & Training	273,200	198,969	(74,230)	-37%	Unfavorable variance mostly due to higher than anticipated travel expenses related to contracted medical staff not budgeted.
Insurance	245,827	210,723	(35,104)	-17%	Unfavorable variance mainly related to higher than anticipated malpractice insurance expenses for contracted medical staff.
Miscellaneous	288,549	203,182	(85,366)	-42%	Unfavorable variance related to higher than anticipated recruiting and minor equipment expenses.

SJ HEALTH BALANCE SHEET- DECEMBER 2025

	FY2025 JUNE 30, 2025 (UNAUDITED)	FY2026 FQE SEPTEMBER 30, 2025	FY2026 FQE DECEMBER 31, 2025
Assets			
Cash & Cash Equivalents	32,994,295	32,464,668	32,491,874
Accounts Receivable	2,282,608	2,123,851	1,054,695
Property & Equipment	2,323,595	2,169,907	2,024,634
Other Assets	15,901,518	21,608,100	26,515,520
Total Assets	53,502,017	58,366,527	62,086,722
Liabilities			
Accounts Payable	1,607,815	860,296	1,746,813
Other Liabilities	5,947,579	8,175,594	7,921,275
Total Liabilities	7,555,394	9,035,890	9,668,087
Net Assets			
Unrestricted Net Assets	38,960,214	44,274,146	44,274,146
Restricted Net Assets	1,672,477	1,672,477	1,722,042
Current YTD Net Income	5,313,932	3,384,015	6,422,447
Total Net Assets	45,946,622	49,330,638	52,418,635
Total Liabilities and Net Assets	53,502,017	58,366,527	62,086,722



FY26 Collections By Financial Class	%
Medicaid	94.43%
Medicare	4.96%
Commercial	0.30%
Self-Pay	0.31%
Total	100.00%

NOTE: COLLECTIONS FROM MAY 2025 THROUGH DECEMBER 2025 HAVE BEEN ESTIMATED BASED ON THE HISTORICAL COLLECTIONS TREND. INCREASE IN COLLECTIONS FROM JANUARY 2025 THROUGH DECEMBER 2025 IS DUE TO THE IMPLEMENTATION OF INTERMITTENT CLINIC STRATEGY IN SEPTEMBER 2024.

CAPITAL LINK FQHC FINANCIAL BENCHMARKS VS SJ HEALTH

DATA SUMMARY	CAPITAL LINK TARGET	2023 NATIONAL MEDIAN	2023 CALIFORNIA MEDIAN	SJ HEALTH FYTD FY25 (UNAUDITED)	SJ HEALTH FYTD FY26
FINANCIAL HEALTH					
1 Operating Margin As a % of Operating Revenue	**>3%**	4%	5%	10.1%	**20.0%**
2 Bottom Line Margin As a % of Operating Revenue	**>3%**	6%	6%	10.1%	**20.0%**
3 Days Cash on Hand	**>60 Days**	105	129	259	**236**
4 Days in Net Patient Receivables	**<45 Days**	36	39	37	**24**
5 Personnel-Related Expense (PRE) As a % of Operating Revenue	**<70%**	69%	72%	72%	**64%**

SJHC BOARD MEMBER KEY FISCAL UNDERSTANDINGS

- **The historical 26K patient gap between panel size and panel seen represents SJHC's largest potential opportunity for revenue capture.**
- **YTD net income is favorable to budget by $6.68M.**
- **YTD billable visits are favorable to budgeted billable visits by 787.**
- **$1.7M have been recorded as Restricted Net Assets on the December 2025 financials.**

CEO & CMO Report – February 2026

Over the past month, our focus has remained on operational stabilization, access improvement, workforce strengthening, compliance execution, and preparation for strategic growth. Operational performance continues to trend positively. From January 2025 to January 2026, our monthly unseen-to-seen conversion rate improved from 1.33% to 1.97% (a ~48% relative increase) while the unseen backlog declined from 19,317 to 12,282 (a 36% reduction), demonstrating sustained and accelerating engagement of previously unseen assigned members. Daily visits in January averaged 577, and total visits reached 11,417 compared to 9,234 in January 2025, reflecting strong year-over-year growth. Slot utilization improved to 78%, and no-show rates declined to 21.7%, down from 28% last year. As attendance improves and clinics approach capacity, we are evaluating modest adjustments to individual provider volume expectations to preserve quality and mitigate burnout risk while sustaining access gains. Referral optimization, outreach workflows, and scheduling discipline remain priorities.

A significant milestone this month was the go-live of the Cerner empanelment tool. Patients are now being assigned to providers based on agreed attribution logic that incorporates visit history and longitudinal EMR relationships. The resulting patient lists will serve as structured worklists for panel coordination and resident empanelment, strengthening continuity of care, provider accountability, and compliance with ACGME continuity clinic requirements.

From a workforce perspective, clinics are nearing functional capacity. A pediatrician candidate is touring this week, a new LCSW will begin at PMC on March 9, and two additional physicians are slated to start in Q3 2026, including one Internal Medicine physician to support the IM continuity clinic. In addition, UC Davis has committed to placing one Family Medicine Clerkship student per rotational block beginning in May, strengthening our academic partnership and long-term recruitment pipeline.

To inform future substance use disorder initiatives at the BeWell campus and Lodi clinic, we visited Janus of Santa Cruz, a recognized center of excellence, to evaluate their recovery housing, withdrawal management, and sobering center models. Particular attention was given to staffing structures, open-access design, reimbursement strategies, and county integration, including coordination with the Sheriff's Office. These insights will inform our program development and financial planning for upcoming SUD expansions at the BeWell Center and Lodi Access Center clinic.

Progress continues on the Lodi Access Center clinic. We presented at the Lodi City Council meeting on February 4, where Outreach Ministries was selected as the shelter operator. The lease agreement draft is complete and under review by Lodi counsel, and once executed, architecture and construction agreements will be finalized to initiate buildout. A no-cost 12-month extension is being submitted to account for administrative contracting delays.

Quality performance remains steady. Gap-closure activities, incentive-based patient engagement, and targeted provider education continue to drive measurable improvement. January Press Ganey

results show overall sentiment at 63% positive and 15% negative, indicating continued opportunity for improvement in patient experience.

The UDS 2025 report was successfully submitted on February 15, documenting 30,000 unique patients and 115,000 UDS-eligible visits. The report confirms that 95% of our patients are Medi-Cal beneficiaries, 85% are in managed care, 68% identify as racial and/or ethnic minorities, 40% are best served in a language other than English, 75% of known patients are at or below 100% of the federal poverty level, and 95% of known patients are at or below 200% FPL. Quality metrics were largely consistent with the prior year.

Strategic planning efforts for the 2026–2028 cycle continue in collaboration with Gary Bess Associates and County partners, and a dedicated Board strategic planning session is scheduled for May.

Overall, the organization continues to demonstrate measurable operational progress while positioning itself for thoughtful expansion, particularly in behavioral health and substance use disorder services.

Lastly, regarding our next meeting, we are suggesting moving it up to 3/24 to accommodate more attendees.

SJ HEALTH
San Joaquin Health Centers
MOBILE UNIT
SJ HEALTH APPOINTMENTS:
(209) 953-6400
HEALTH TO

CALIFORNIA CHERRIES

California Cherry Growers Anticipate A Near Record Crop and a Completely Safe Workforce

uff celebrate as a COVID-19 patient discharged from University edical Center of El Paso.

COLLABORATIVE RESPONSE TO THE PANDEMIC AMONG UNDERSERVED POPULATIONS

Led by the director of population health, San Joaquin General Hospital (SJGH) played a key role in planning the initial communitywide response to COVID-19 led by the county human services agency. In collaboration with San Joaquin County Clinics (SJCC) and with funding from the United Way, SJGH in March 2020 quickly transitioned to a community-based model of using pop-up testing sites in areas with high populations of people experiencing homelessness, homeless shelters, and communities with large populations of migrant and seasonal agricultural workers. SJGH and SJCC played a primary role in establishing two isolation facilities at a local homeless shelter for up to 48 patients with COVID-19 or who were exposed to the disease.

As of Jan. 4, the initiative conducted more than 4,200 COVID-19 tests through these pop-up sites, as well as in areas where populations lack transportation and face other barriers to testing. The project has prevented potential outbreaks among individuals without homes and among low-income agricultural workers. For example, one testing site recently had a positive rate of 19 percent among a single agricultural employer; these results triggered a quick response to address isolation and retest at the location after seven days.

SAN JOAQUIN GENERAL HOSPITAL

SAN JOAQUIN GENERAL HOSPITAL
French Camp, Calif.

Team Members: Joan Singson

AMERICA'S ESSENTIAL HOSPITALS

EXCELLENCE AND INNOVATION IN CARE

The 2021 Gage Awards

We saw a greater need.
We had to do more.

STREET MEDICINE

Health and social services ***developed specifically to address the*** ***unique needs and circumstances*** ***of individuals experiencing*** ***unsheltered homelessness****, delivered directly to them in* ***their own environment****.*

SJ HEALTH
San Joaquin Health Centers

Street Medicine Approaches

- Street-based and low-barrier
- Engage people on their own terms
- Serve unsheltered people where they are
- Mobile Units can be used for street medicine

We have partners in San Joaquin and Stanislaus Counties

Managed Care Plans

County Agencies

SJ HEALTH
San Joaquin Health Centers

CBOs/Other Service Providers

Community Health Centers

OUR PRIORITIES

- Prevent disease onset
- Relieve pain and suffering
- Manage chronic disease
- Treat or cure disease or injury
- Avoid a health crisis
- Avoid ER or Hospital
- Wound care

Health Screenings.
Medication Management.
Infection control.

OUR APPROACH IS HARM REDUCTION

We deliver care on foot.

If needed, we use **MOBY** the Mobile Clinic.

Patient follow up. Nurse visits at shelters or recuperative care.

We focus on the patients, not the number of patients.

In 2025, the mobile clinic teams logged 2,397 encounters in San Joaquin and Stanislaus counties.

About 40% of patient encounters are wound care visits.

March

June

WE PROVIDE CARE.

WE DELIVER MEDICATION.

WE SHOW KINDNESS.

We provide nursing care outside the clinic walls

When the occasion calls for it.

We bring joy!

SJGH Family Medicine Residency Program supports Street Medicine.

SJ HEALTH
San Joaquin Health Centers

We care about the community we serve.
We don't quit until they're healed.

SJ HEALTH
San Joaquin Health Centers

USC Street Medicine Team went on a ride-along.

Brett Feldman, USC SM Director/Founder Street Medicine Institute and Katie Pocock, Faculty -USC Keck School of Medicine

9/10/24

Representatives of the Centers for Medicare and Medicaid Services (CMS) visited our street medicine clinic.

Health Plan of San Joaquin showcased SJ Health's Mobile Team

We shared our experiences at a CVHN Roundtable.

We do more than provide medical care. We help people meet their health and life goals – one step at a time.

- Care management
- Medication delivery
- Hygiene products
- Support with appointments
- Transportation to/from appointments
- Navigation support in obtaining Medi-Cal benefits, government-issued identification, housing or shelter placement, and more
- Referral to social and other services

Team Talk

"I get to witness firsthand the compassion and dedication of my colleagues."

"We referred a patient to dermatology. CANCER. I ensured he made all 15 treatment sessions, arranging Lyft rides and making sure he went. He is now cancer free."

"I remind myself that everyone has a story & we handle trauma differently."

"I think of Robert. He has a place to stay now. But he comes for his medication and to thank us. Patients remind us of how we have made their lives better."

"We are the voice of those who are often overlooked."

"We found this man at an encampment with severely burned legs from an explosion. We saw him weekly for wound care. His wounds are almost 100% healed and he is back to his original self."

"The story I will never forget is Greg's. He was contemplating ending things because he had been homeless for a while and tired of being considered "less than".

He opened his eyes that morning and saw MOBY & the SMO Team. He took that as a sign and was happy again. Things are gonna be alright."

"Uninsured and needs meds? No problem. We have the Joan Singson Foundation for that."

"I am proud to be part of a team that is willing to go the extra mile for their patients."

"It takes a village. I know this team gets up everyday to try to make a difference.

"Besides medical care, we offer kindness."

We don't treat 'em and street 'em.

We follow-up, sometimes weekly or more often. Following up on our patients is a key element of our services.

MOBILE HEALTH SERVICES
What next?

Leverage the mobile units in helping our enrolled patients get the care they need.

Population health work in and outside of SJ Health.

Mobile Health Team