

**SAN JOAQUIN COUNTY CLINICS PUBLIC BENEFIT CORPORATION  
BOARD MEETING AGENDA**

**10100 Trinity Parkway, Suite 100, Stockton, CA 95219**

**May 30, 2026, 2:45 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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*Note: Livestreaming for the public is listening and monitory only. Remote presenters will only be granted access during their presentation time to the Board. \*Full link available by accessing the agenda at [www.sjhealth.org](http://www.sjhealth.org)*

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 – April 28, 2026

3.2 May 2026 Credentialing Report

**4. ACTION ITEMS**

4.1 Present Proposed FY 26-27 Budget

***Board to consider and take possible action***

**5. DISCUSSION ITEMS**

5.1 Board Chair Report

5.2 CMO Report

- 5.3 CEO Report
- 5.4 Annual Project Director Evaluation
- 5.5 Salary Pay Increase/All Salary Negotiations
  
- 6. **BOARD COMMENTS**
  - 6.1 Open Discussion / Board Member Comments
  
- 7. **CALENDAR**
  - 7.1 Next Board Meeting – June 30, 2026, at 5:30 PM
  
- 8. **ADJOURNMENT**

**Minutes of April 28, 2026**  
**San Joaquin Health Centers Board of Directors**

**Board Members Present:** Brian Heck (Board Chair), Samantha Monks (Vice Chair), Rick Ledo, Mark Myles, Destiny Easter, James Myers, Patricia Barrett, Jodie Moreno, Jayvin Herrejon, David Ziolkowski

**Excused Absent:** Cassandra Lacondeguy, Nora Hana

**Unexcused Absent:** None

**SJHC Staff:** Ahad Yousuf (CEO), Dr. Diulio, Alison Shih, Vanessa Garibay (Clerk of the Board)

**Guests:** Genevieve Valentine, Matt Garber; Brandi Hopkins

**Legal Counsel:** Lisa Ribeiro

AGENDA ITEM	ATTACHMENTS	ACTION
<b>I. Commencement/Call to Order (Brian Heck)</b> 1. The meeting was called to order at 5:33 p.m. A quorum was established.	No attachment	No action required
<b>II. Public Comment</b> No public comments were made.	No attachment	No action required
<b>III. Consent Calendar (Brian Heck)</b> 1. The consent calendar for April 28, 2026, was presented.  2. A motion was made to approve the Minutes of the March 24, 2026 Board Meeting and the April 2026 Credentialing Report.	March Credentialing Report Attached	1. Brian, Jayvin, Samantha obtained  2. Mark motioned to accept; Rick seconded; motion passed 5-0
<b>IV. Action Items (Brian Heck)</b> 1. Alison Shih, SJHC Management Services Administrator, presented the February 2026 financials.  Brian inquired about potential future financial risks. Alison responded that billing and visit volumes are favorable and no significant financial threats are anticipated at this time.	February 2026 Finance Report attached	1. Jodie motioned to accept; Jayvin seconded; motion passed 8-0
<b>V. Discussion Items (Brian Heck)</b>  1. CMO Report (Dr. D) Samantha asked if Stockton PACE Facilities have on site living, Genevieve replied they do not. David also shared information regarding St. Joseph's collaboration with PACE facilities.  Patt inquired about the STI testing timeframe, Genevieve replied it is a 7-day turnaround time, the team will confirm this turnaround.  2. CEO Report (Ahad) Genevieve noted that the final budget will be presented to the Board soon.	CMO Report attached          CEO Report attached	No action required



<p>Jodie also inquired about Salary Pay Increase; this item will be agendized for our upcoming board meeting. Previous minutes will also be reviewed to see if there are any items that need to be added to the agenda.</p> <p>3. Brian reminded the Board of the upcoming Gary Bess Board Retreat scheduled for May 30, 2026, from 9:00 a.m. to 2:30 p.m.</p>		
<p><b>VI. <u>Board Comments</u></b> No board comments were made.</p>	No attachments	No action required
<p><b>VII. <u>Calendar (Brian Heck)</u></b> The next board meeting will be May 30, 2026, at 2:45 PM.</p>	No attachments	No action required
<p><b>VIII. <u>Adjournment (Brian Heck)</u></b> There being no further discussion, the meeting was adjourned at 6:02 PM.</p>	No attachments	No action required



**INITIAL APPOINTMENTS**

**April 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.

<b>Membership Request</b>	<b>Name</b>	<b>Specialty/ Assigned Div/Dept</b>	<b>Competency / Privilege Review</b>	<b>Proctoring Required</b>	<b>Proctor</b>	<b>Rec Status/Term</b>	<b>Recommend</b>
INITIAL APPOINTMENT April 2026	Partha Gonavaram MD	Family Medicine	Requirements for active staff met	None	Active 04/26-04/27	CRED: 04/10/2026 MED: 04/15/2026 BOARD: 04/28/2026	SJHEALTH MED STAFF

## REAPPOINTMENTS

April 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/ Div/Dept	Assigned	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 April 2026	Charles Tupper MD	Psychiatrist		Requirements for active staff met	NONE	Active 04/26-04/28	CRED: 04/10/2026 MED: 04/15/2026 BOARD: 04/28/2026	SJHEALTH MED STAFF
Reappointment April 2026	Yunah Hwang NP	Nurse Practitioner		Requirements for active staff met	NONE	Active 04/26-04/28	CRED: 04/10/2026 MED: 04/15/2026 BOARD: 04/28/2026	SJHEALTH MED STAFF
Reappointment April 2026	Estefania Macias CNM	Certified Nurse Midwife		Requirements for active staff met	NONE	Active 04/26-04/28	CRED: 04/10/2026 MED: 04/15/2026 BOARD: 04/28/2026	SJHEALTH MED STAFF

**RESIGNATIONS**  
**April 2026**

<b>Name</b>	<b>Reason for Resignation:</b>	<b>Effective Date of Resignation</b>
<b>Hina Farooq MD</b>	<b>Relocating</b>	<b>4/6/2026</b>



San Joaquin Health Centers  
Financial Statement Comments  
February 2026

**Summary of FQHC Performance: Fiscal Year-to-Date**

Year-to-date (YTD) billable visits as of February are favorable to budget by 3,083 visits. Net Patient Service Revenues for February are favorable to budget by \$297,028 which is in line with the favorable billable visits for the month. YTD financials reflect an estimated PPS liability accrual of \$200,000. 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 \$18,247,380. Also, YTD financials include Capitation Revenue for \$3,379,530 and 340B Pharmacy program revenue for \$1,593,042. Grant Revenues include ARPA and Binational Health grant revenues for \$659,755. YTD financials include Hedis Gap Closure incentive revenues recorded for \$674,467 for July through February health care services. In FY26, SJ Health Centers received the HEDIS incentive payment for \$1,770,427 for CY2024 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 \$444,372 related to Purchased Services provided to SJGH by SJHC per the MOU. Interest income for \$796,458 has been reflected on the financials, which is favorable compared to budget by \$27,264.

Total Operating Revenue is favorable to budget by \$251,313 primarily due to favorable variance in revenues for \$1,369,608 related to patient services, SJGH Chargebacks per MOU, interest income, and grants higher than budget offset by unfavorable revenues for \$1,118,295 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 \$8,983,209 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 a favorable variance of \$29,877 largely due to an unfavorable variance for \$499,984 for Supplies, Depreciation, Interest, Dues, Repairs, Travel, Insurance and Miscellaneous expenses offset by a favorable variance of \$529,861 reflected in the Professional Fees, Purchased Services, Office, Telephone, Advertising, Utilities, and Rent expense categories. An estimated accrual for the Purchased Services is recorded from July through February based on the MOU with the County for services purchased from San Joaquin General Hospital. YTD total Operating Expenditures are favorable to budget by \$9,013,086.

Unaudited, as presented, YTD Net Income of \$8,855,409 represents a favorable variance of \$9,264,399 as compared to budgeted Net Loss of \$408,990. 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.

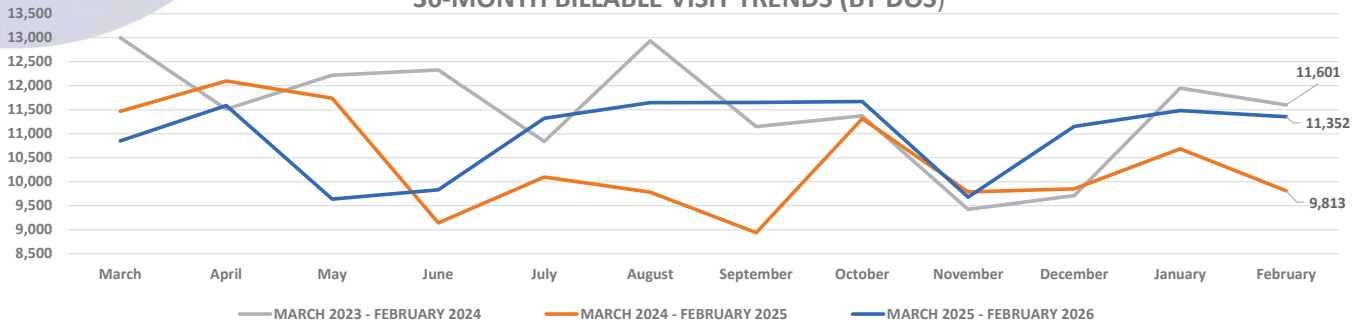
**Additional Factors Impacting FQHC Fiscal Results**

- 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 \$1,723,038 as of February 2026.

# SAN JOAQUIN HEALTH CENTERS FINANCE PRESENTATION FEBRUARY 2026 FINANCIAL STATEMENTS

Alison Shih  
Management Services Administrator  
Presentation Date: 4/28/2026

**36-MONTH BILLABLE VISIT TRENDS (BY DOS)**



FY26 Visits By Financial Class	Actual
Medi-Cal Managed Care	78.49%
Medicare	11.42%
Medi-Cal	6.30%
Commercial	2.70%
Self-Pay	1.09%
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)
Jan-26	11,484	10,535	949
Feb-26	11,352	10,005	1,347
Total	89,964	86,881	3,083

## SJ HEALTH INCOME STATEMENT – FEBRUARY 2026

	Current Period Actual	Current Period Budget - Original	Current Period Budget Variance - Original	Current Year Actual	YTD Budget - Original	YTD Budget Variance - Original
<b>Operating Revenue</b>						
Net Patient Service Revenue	2,145,909	1,848,882	297,028	16,962,077	15,990,389	971,689
Supplemental Revenue	2,280,922	2,280,922	0	18,247,380	18,247,380	0
Capitation Revenue	345,470	458,333	(112,864)	3,379,530	3,666,667	(287,137)
Managed Care Incentives	200,467	79,000	121,467	674,467	1,232,000	(557,533)
Grant Revenue	65,888	41,719	24,169	659,755	333,749	326,006
340B Pharmacy Program	114,600	233,333	(118,733)	1,593,042	1,866,667	(273,625)
MOU & Other Income	48,139	64,556	(16,417)	1,241,108	1,169,194	71,914
<b>Total Operating Revenue</b>	<b>5,201,395</b>	<b>5,006,745</b>	<b>194,650</b>	<b>42,757,358</b>	<b>42,506,045</b>	<b>251,313</b>
<b>Expenditures</b>						
Salaries & Wages	1,802,305	2,280,711	478,406	14,029,380	19,556,071	5,526,690
Employee Benefits	911,573	1,232,368	320,795	7,154,324	10,610,843	3,456,519
Professional Fees	379,161	541,653	162,492	4,132,082	4,333,220	201,138
Purchased Services	256,107	267,577	11,470	2,038,519	2,140,616	102,096
Supplies	126,062	160,577	34,516	1,460,588	1,284,619	(175,969)
Depreciation	56,999	53,608	(3,391)	486,446	428,862	(57,583)
Interest	1,135	1,219	83	10,658	9,750	(908)
Office Expense	1,565	1,667	102	11,928	13,334	1,406
Dues, Subscription & Fees	18,181	127,119	108,937	1,079,714	1,016,950	(62,764)
Repairs & Maintenance	65,341	65,525	184	525,109	524,200	(909)
Telephone & Internet	14,365	20,599	6,234	116,339	164,793	48,454
Advertising & Promotions	(582)	5,024	5,605	14,080	40,188	26,108
Travel & Training	35,792	33,162	(2,631)	340,987	265,293	(75,694)
Insurance	37,781	35,120	(2,661)	323,009	280,964	(42,045)
Utilities	117,928	130,577	12,649	970,558	1,044,616	74,058
Rent	81,946	116,226	34,279	853,204	929,805	76,601
Miscellaneous	32,378	33,864	1,486	355,022	270,910	(84,112)
<b>Total Expenditures</b>	<b>3,938,038</b>	<b>5,106,594</b>	<b>1,168,556</b>	<b>33,901,949</b>	<b>42,915,034</b>	<b>9,013,086</b>
<b>Net Income(Loss)</b>	<b>1,263,358</b>	<b>(99,849)</b>	<b>1,363,207</b>	<b>8,855,409</b>	<b>(408,990)</b>	<b>9,264,399</b>

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## SJ HEALTH INCOME STATEMENT VARIANCE ANALYSIS FEBRUARY 2026 (ONLY VARIANCES WITH +/- 10% ARE REPRESENTED)

Income Statement Grouping	Current Period				February 2026 - Variance Explanations
	Current Period Actual	Current Period Budget - Original	Budget Variance - Original	% Variance	
<b>Revenues</b>					
Net Patient Service Revenue	2,145,909	1,848,882	297,028	16%	Favorable variance mainly due to visits being higher than budget by 1,347 visits.
Capitation Revenue	345,470	458,333	(112,864)	-25%	Unfavorable variance mainly due to decline in membership panel size.
Managed Care Incentives	200,467	79,000	121,467	154%	Favorable due to the recognition of HEDIS Gap Closure Block Access incentive revenues for January and February in the current month along with the true up of revenues from July-September based on actual payment received.
Grant Revenue	65,888	41,719	24,169	58%	Favorable variance mainly due to actual ARPA grant revenue higher than budget.
340B Pharmacy Program	114,600	233,333	(118,733)	-51%	Unfavorable variance due to actual 340b pharmacy activity lower than budgeted for the month.
MOU & Other Income	48,139	64,556	(16,417)	-25%	Unfavorable variance mainly due to actual interest income lower than budgeted for the month.
<b>Expenditures</b>					
Salaries & Wages	1,802,305	2,280,711	478,406	21%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Feb 2026 FTEs for direct hire positions are 186 compared to budgeted FTEs for 239.
Employee Benefits	911,573	1,232,368	320,795	26%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Feb 2026 FTEs for direct hire positions are 186 compared to budgeted FTEs for 239.
Professional Fees	379,161	541,653	162,492	30%	Favorable variance mainly due to actual activity lower than budgeted for contracted medical staff and consulting services.
Supplies	126,062	160,577	34,516	21%	Favorable variance mainly due to actual expenses related to 340b pharmacy program lower than budgeted.
Dues, Subscription & Fees	18,181	127,119	108,937	86%	Favorable variance mainly due to the reversal of FY25 expenses for \$123K for Nuance Communications accrued in FY25 but paid in FY26. YTD expense is in line with the budget.
Telephone & Internet	14,365	20,599	6,234	30%	Favorable variance due to actual telecommunication expenses lower than budget.
Advertising & Promotions	(582)	5,024	5,605	112%	Favorable variance mainly due to the reversal of FY25 expenses accrued in FY25 and paid in FY26 along with actual activity lower than anticipated.
Rent	81,946	116,226	34,279	29%	Favorable variance mainly due to no rent payment due for February for A.G. Spanos building per the contract.

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

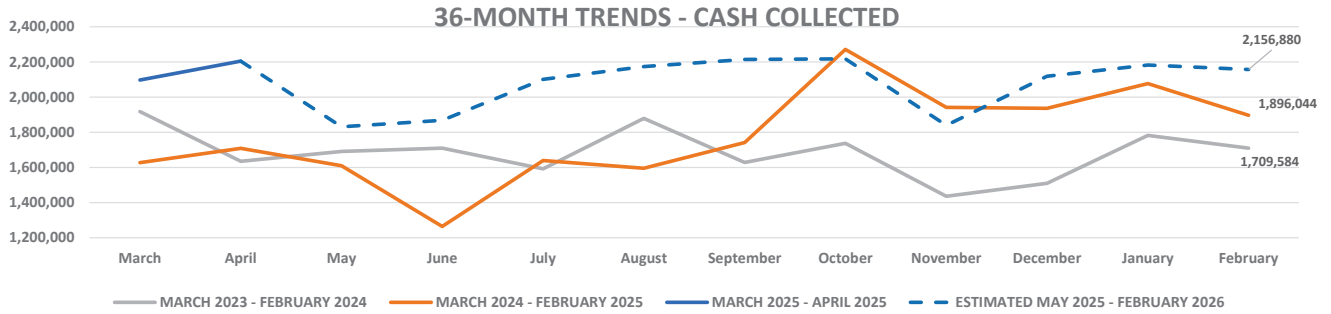
Income Statement Grouping	Current Period				YTD - Variance Explanations
	Current Period Actual	Current Period Budget - Original	Budget Variance - Original	% Variance	
<b>Revenues</b>					
Net Patient Service Revenue	16,962,077	15,990,389	971,689	6%	Favorable variance mainly due to visits being higher than budget by 3,083 visits.
Managed Care Incentives	674,467	1,232,000	(557,533)	-45%	Unfavorable mainly due to the budgeted \$600K for PCP Hedis Incentive revenue for CY2024, which has been accrued in FY25.
Grant Revenue	659,755	333,749	326,006	98%	Favorable variance due to actual ARPA grant revenue higher than budget along with recognizing unbudgeted Binational Health grant revenue.
340B Pharmacy Program	1,593,042	1,866,667	(273,625)	-15%	Unfavorable variance due to actual 340b pharmacy revenue lower than budget.
<b>Expenditures</b>					
Salaries & Wages	14,029,380	19,556,071	5,526,690	28%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Feb 2026 FTEs for direct hire positions are 186 compared to budgeted FTEs for 239.
Employee Benefits	7,154,324	10,610,843	3,456,519	33%	Favorable variance mainly related to vacancies. FY26 salaries and benefits budgeted at 100% employment. Actual Feb 2026 FTEs for direct hire positions are 186 compared to budgeted FTEs for 239.
Supplies	1,460,588	1,284,619	(175,969)	-14%	Unfavorable variance mainly due to actual expenses related to 340b pharmacy program higher than budgeted.
Telephone & Internet	116,339	164,793	48,454	29%	Favorable variance due to actual telecommunication expenses lower than budget.
Advertising & Promotions	14,080	40,188	26,108	65%	Favorable due to actual advertising expenses lower than budget.
Travel & Training	340,987	265,293	(75,694)	-29%	Unfavorable variance mostly due to higher than anticipated travel expenses related to contracted medical staff not budgeted.
Insurance	323,009	280,964	(42,045)	-15%	Unfavorable variance mainly related to higher than anticipated malpractice insurance expenses for contracted medical staff.
Miscellaneous	355,022	270,910	(84,112)	-31%	Unfavorable variance related to higher than anticipated recruiting and minor equipment expenses.

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## SJ HEALTH BALANCE SHEET- FEBRUARY 2026

	FY2025 JUNE 30, 2025 (UNAUDITED)	FY2026 FQE SEPTEMBER 30, 2025	FY2026 FQE DECEMBER 31, 2025	FY2026 AS OF JANUARY 31, 2026	FY2026 AS OF FEBRUARY 28, 2026
<b>Assets</b>					
Cash & Cash Equivalents	32,994,295	32,464,668	32,491,874	31,873,521	31,127,016
Accounts Receivable	2,282,608	2,123,851	1,054,695	1,455,385	1,221,923
Property & Equipment	2,323,595	2,169,907	2,024,634	1,967,635	1,910,637
Other Assets	<u>15,901,518</u>	<u>21,608,100</u>	<u>26,515,520</u>	<u>28,535,144</u>	<u>30,602,396</u>
Total Assets	<u>53,502,017</u>	<u>58,366,527</u>	<u>62,086,722</u>	<u>63,831,686</u>	<u>64,861,972</u>
<b>Liabilities</b>					
Accounts Payable	1,607,815	860,296	1,746,813	1,641,622	1,550,993
Other Liabilities	5,947,579	8,175,594	7,921,275	8,320,857	8,458,386
Deferred Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>279,467</u>	<u>0</u>
Total Liabilities	<u>7,555,394</u>	<u>9,035,890</u>	<u>9,668,087</u>	<u>10,241,946</u>	<u>10,009,379</u>
<b>Net Assets</b>					
Unrestricted Net Assets	38,960,214	44,274,146	44,274,146	44,274,146	44,274,146
Restricted Net Assets	1,672,477	1,672,477	1,722,042	1,723,542	1,723,038
Current YTD Net Income	<u>5,313,932</u>	<u>3,384,015</u>	<u>6,422,447</u>	<u>7,592,051</u>	<u>8,855,409</u>
Total Net Assets	<u>45,946,622</u>	<u>49,330,638</u>	<u>52,418,635</u>	<u>53,589,739</u>	<u>54,852,593</u>
Total Liabilities and Net Assets	<u>53,502,017</u>	<u>58,366,527</u>	<u>62,086,722</u>	<u>63,831,686</u>	<u>64,861,972</u>

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FY26 Collections By Financial Class	%
Medicaid	94.61%
Medicare	4.81%
Self-Pay	0.32%
Commercial	0.26%
Total	100.00%

NOTE: COLLECTIONS FROM MAY 2025 THROUGH FEBRUARY 2026 HAVE BEEN ESTIMATED BASED ON THE HISTORICAL COLLECTIONS TREND. INCREASE IN COLLECTIONS FROM MARCH 2025 THROUGH FEBRUARY 2026 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
<b>FINANCIAL HEALTH</b>					
<b>1 Operating Margin</b> As a % of Operating Revenue	>3%	4%	5%	10.1%	20.7%
<b>2 Bottom Line Margin</b> As a % of Operating Revenue	>3%	6%	6%	10.1%	20.7%
<b>3 Days Cash on Hand</b>	>60 Days	105	129	259	226
<b>4 Days in Net Patient Receivables</b>	<45 Days	36	39	37	24
<b>5 Personnel-Related Expense (PRE)</b> As a % of Operating Revenue	<70%	69%	72%	72%	64%



## **Chief Medical Officer Report – Key Updates**

**April 2026**

### **Summary**

April was marked by continued strong clinical volume, active staffing stabilization efforts, and increased coordination across Healthcare Services departments to improve integrated care delivery. Key areas of progress included maintaining access through Saturday gap clinics and mobile services, securing near-term provider support for June onboarding, strengthening behavioral health referral coordination, and advancing interdepartmental work on Mobile MAT and data-sharing.

### **Clinical Operations and Access**

- Daily visit volume remains strong, continuing in the high 500s across the system, with a slight dip associated with recent locum departures.
- Saturday gap clinics continue to support patient access needs and ongoing evaluation of weekend demand.
- FMC now provides Thursday coverage for the mobile van, allowing discontinuation of the Vituity agreement for virtual coverage and improving alignment within existing clinical operations.

### **Workforce and Recruitment**

- Recruitment efforts continue across key service lines.
- A part-time Certified Nurse Midwife has been signed and is expected to begin around June 1.
- Two locum providers have also been secured to support near-term access needs, including one pediatrician and one women's health provider, both expected to start June 1.
- Recruitment of visa candidates is currently on hold. Given the complexity and timing associated with visa sponsorship, locum coverage is being used to maintain operational continuity while longer-term recruitment needs are reassessed.

### **Behavioral Health Integration**

- Collaboration is underway with the Behavioral Health Services Medical Director to strengthen coordination between primary care and behavioral health.

- Behavioral Health Services will begin presenting at provider meetings to clarify referral pathways for both routine and urgent behavioral health needs and improve bidirectional coordination of care.
- I also explored an in-training for the PCP's to continue treatment for stable patients.

### **Interdepartmental Clinical Coordination**

- Coordination meetings continue across Healthcare Services departments to streamline care for patients receiving services across multiple programs and departments.
- A key focus area is improving coordination for Mobile MAT services and related treatment pathways.
- The HCS Clinical Coordination Meeting structure has been established to improve care coordination, align funding considerations, and define measurable SMART goals across departments.
- Early priority areas include Mobile MAT coordination and EMS data-sharing to support more seamless communication, improved deployment planning, and clearer performance metrics.

### **Mobile MAT and Cross-System Planning**

- Cross-department discussions have identified opportunities to improve coordination among clinics, Behavioral Health Services, Public Health Services, Correctional Health, and EMS.
- Subcommittee work has begun to advance two priority areas: EMS data/two-way communication and Mobile MAT/clinic coordination.

### **System Collaboration and Community Partnership**

- Ahad and I attended a City Council meeting with Peter Drysdale from the Housing Commission to support relationship-building and explore future opportunities for collaboration between PACE and the housing department.

### **Operational Considerations**

- Staffing transitions continue to have some impact on visit capacity, though overall volumes remain strong.
- Ongoing work is needed to improve shared workflows across departments caring for overlapping patient populations.

## **CEO Report – April 28, 2026 Board Meeting**

Over the past month, our focus has remained on sustaining operational performance, strengthening organizational infrastructure, advancing key projects, and preparing for continued system improvement. The organization continues to demonstrate steady progress across access, quality, and system integration.

Operational performance remains stable with continued gains in access and efficiency. Daily visits for March averaged 575, with total visit volume reaching 11,215, compared to 10,211 in the prior year, reflecting continued year-over-year growth. Slot utilization remains strong at 78%, and no-show rates have improved to 21.3%, down from 28% last year, demonstrating sustained effectiveness of outreach and scheduling optimization efforts. Operational enhancements continue across all sites. Stockton is standardizing pediatric and immunization workflows while expanding behavioral health capacity. French Camp has implemented 100% chart scrubbing, expanded Saturday gap clinics, added on-site dental services, and strengthened panel management practices. Manteca achieved a 93% overall score on its Health Plan of San Joaquin Facility Site Review audit, including exemplary pediatric performance, while continuing to expand capacity and improve patient financial access.

The FY 2026–2027 budget has been finalized at approximately \$78 million and represents the organization’s first fully consolidated operational budget under the San Joaquin Health Center Enterprise Fund. This transition significantly improves financial transparency and aligns budgeting with the full scope of operations. The budget includes four position transfers and three position deletions, none of which impact operationally critical roles. To strengthen operational leadership and support ongoing stabilization efforts, two deputy director positions, one clinical and one administrative, have been added to absorb operational responsibilities currently shared across executive leadership.

Progress continues on the Lodi Access Center clinic. HRSA has approved a 12-month no-cost extension to account for delays related to lease execution, architecture, and construction. The lease agreement has been finalized and is on track for execution at the June 2 Board of Supervisors meeting, following approval by the Lodi City Council at its April 14 meeting. This project remains a critical component of our strategy to expand access for vulnerable populations.

We are also advancing integration efforts across the broader system of care. Work is underway with Correctional Health to expand Enhanced Care Management, Community Supports, and street medicine services within that setting. Concurrently, we are in discussions with Health Plan of San Joaquin and Health Net to include justice-involved individuals as a defined focus population within our ECM contracts.

We conducted a brief, anonymous frontline staff survey and received 34 responses across clinical and operational roles. Overall, results indicate that morale is stable but under operational strain, consistent with current access and capacity pressures. Staff report strong peer teamwork and generally positive intent to remain with the organization, which is encouraging. The primary concern

relates to staffing adequacy, with staff describing day-to-day strain tied to coverage and workload. There are also opportunities to improve workflow efficiency and strengthen communication and feedback loops with frontline teams. These findings reflect operational pressures rather than systemic cultural concerns. We will use this feedback to guide targeted improvements and will re-survey in the coming months to track progress.

In summary, the organization continues to build on a stable operational foundation while advancing key initiatives in financial alignment, care integration, and workforce support. These efforts position us well to sustain progress and thoughtfully plan for the next phase of organizational growth.

**INITIAL APPOINTMENTS  
May 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.

<b>Membership Request</b>	<b>Name</b>	<b>Specialty/ Assigned Div/Dept</b>	<b>Competency / Privilege Review</b>	<b>Proctoring Required</b>	<b>Proctor</b>	<b>Rec Status/Term</b>	<b>Recommend</b>
INITIAL APPOINTMENT May 2026	Courtney Guyton NP	Nurse Practitioner Womans Health	Requirements for active staff met	None	Active 05/26-05/27	CRED: 05/10/2026 MED: 05/20/2026 BOARD: 05/26/2026	SJHEALTH MED STAFF
INITIAL APPOINTMENT May 2026	Andrea Avila NP	Nurse Practitioner Pediatrics	Requirements for active staff met	None	Active 05/26-05/27	CRED: 05/10/2026 MED: 05/20/2026 BOARD: 05/26/2026	SJHEALTH MED STAFF

**REAPPOINTMENTS**

**May 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.

<b>Membership Request</b>	<b>Name</b>	<b>Specialty/ Div/Dept</b>	<b>Assigned</b>	<b>Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change</b>	<b>Action Taken/Rec. Exceptions for Cause</b>	<b>Rec. Staff Category/ Reappoint Period</b>	<b>Recommend</b>	<b>Credentialing Dept</b>
Reappointment May 2026	Brenitta Gilliam-Udo	Physican Assistant		Requirments for active staff met	NONE	Active 05/26-05/28	CRED: 05/10/2026 MED: 05/20/2026 BOARD: 05/26/2026	SJHEALTH MED STAFF



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# SAN JOAQUIN HEALTH CENTERS

FISCAL YEAR 2027 BUDGET

Alison Shih  
MSA  
May 2026

# HIGHLIGHTS

## Staffing & Position Changes

- **Outside Hires:** Added three employees from outside county employment.
- **Deputy Positions:** Added two new positions for deputies.
- **WPC Transfers:** Absorbed four positions transferred from Whole Person Care (WPC).

## Revenue & Financial Adjustments

- **Bank Accounts:** Established two bank accounts outside of the County Treasury Department.
- **MOU Expenses:** Estimated based on FY26 budgeted figures and ongoing methodology discussions.
- **QIP Revenues:** Projected SJ Health QIP revenues at 36% of the estimated 75% available pool.
- **Revenue Reserves:** Included \$1 million specifically for QIP revenue reserves.

## Facilities & Capital Projects

- **Be Well Campus:** Secured the first half of funding for construction.
- **Unit Relocation:** Moving specific units to the Health Plan of San Joaquin Building after July 2026.
- **Lodi Clinic:** Tracking ongoing operations for the clinic originally opened in 2007.

# SJ HEALTH FULL TIME FTE GROWTH

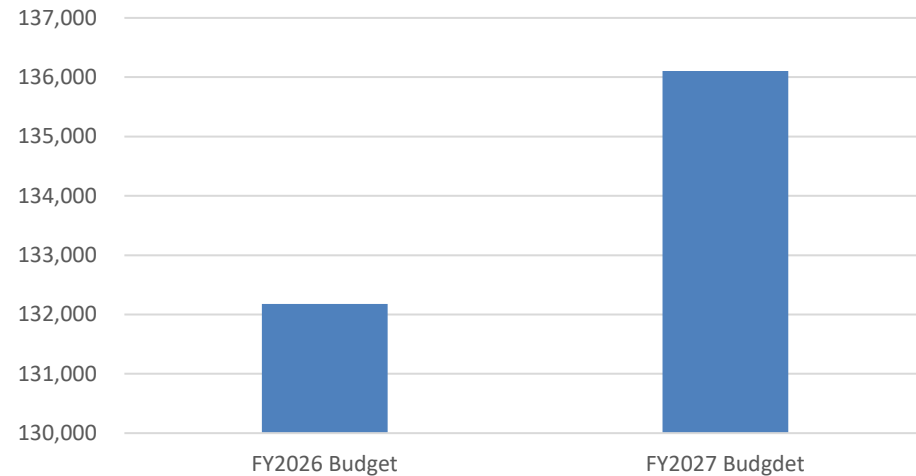
<b>Fiscal Year</b>	<b>Beginning FTE</b>	<b>Deletions</b>	<b>Additions</b>	<b>Total FTE's</b>
2026	215	0	24	239
2027	239	3	6	242

# BILLABLE VISITS AND NET PATIENT SERVICE REVENUE

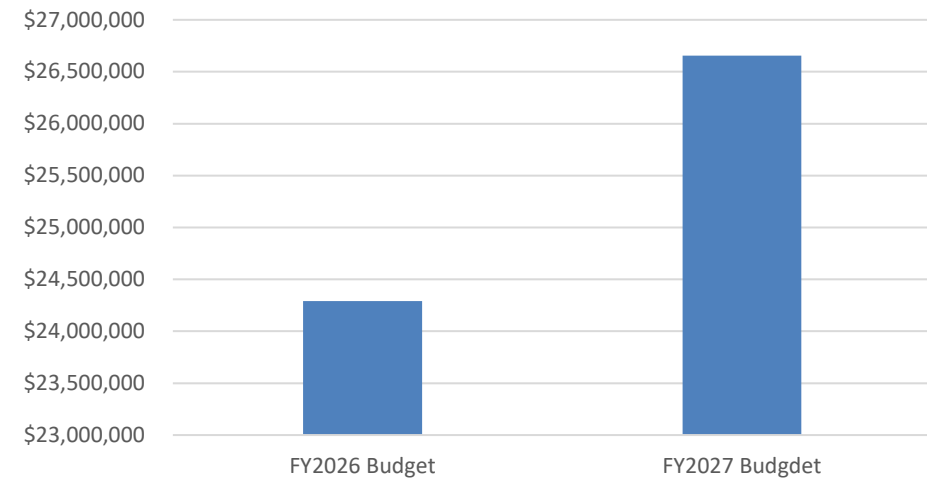
	FY2026 Budget	FY2027 Budget
Billable Visits	132,175	136,107

	FY2026 Budget	FY2027 Budget
Net Patient Service Revenue	\$24,289,501	\$26,655,595

Billable Visits



Net Patient Service Revenue



# SJ HEALTH OPERATING REVENUES

Revenues	FY2026 Budget	FY2027 Budget
Net Patient Service Revenue	\$24,289,501	\$26,655,595
Supplemental Revenue	\$27,371,069	\$30,698,530
Capitation Revenue	\$5,500,000	\$4,000,000
Managed Care Incentives	\$1,548,000	\$800,000
Grant Revenue	\$1,590,623	\$613,751
340B Pharmacy Program	\$2,800,000	\$2,700,000
MOU & Other Income	\$1,645,000	\$1,542,000
<b>Total</b>	<b>\$64,744,193</b>	<b>\$67,009,876</b>

# SJ HEALTH OPERATING EXPENDITURES

Expenditures	FY2026 Budget	FY2027 Budget
Salaries	\$29,337,690	\$24,350,224
Benefits	\$15,912,670	\$13,568,596
Professional Fees	\$6,499,829	\$10,610,611
Purchased Services	\$3,210,923	\$9,066,701
Supplies	\$3,472,349	\$3,287,746
Services	\$1,586,383	\$2,251,946
Rent	\$1,394,707	\$2,813,633
Utilities	\$1,566,924	\$1,570,194
Others	\$1,391,055	\$764,494
<b>Subtotal Expenditures Before Capital</b>	<b>\$64,372,530</b>	<b>\$68,284,145</b>
1st Half Payment for Be Well Construction		\$9,800,000
Capital Equipment		\$108,000
<b>Total Expenditures Including Capital</b>	<b>\$64,372,530</b>	<b>\$78,192,145</b>

# QUESTIONS & ANSWERS



## **Chief Medical Officer Report – Key Updates**

### **May 2026**

#### **Clinical Operations and Access**

- Systemwide visit volume declined into the lower 500s during May, primarily reflecting end-of-fiscal-year provider vacation schedules and the departure of two locum providers.
- Underlying patient demand remains strong, and volume is expected to improve as staffing stabilizes through the summer.
- Saturday gap clinics remain in place to support access during this transition period.
- Of the two locum providers who departed, one is expected to return at the end of July.

#### **Workforce and Recruitment**

- Recruitment and workforce stabilization remained a central priority in May.
- Two locum providers, one in Pediatrics and one in Women's Health, are scheduled to begin on June 1, 2026, to help address near-term access needs.
- A permanent Certified Nurse Midwife is scheduled to begin on July 13, 2026.
- A permanent physician is scheduled to begin on August 24, 2026.
- In addition, a full-time Nurse Practitioner from Golden Valley who is relocating to Stockton to be closer to family has signed a conditional job offer.
- Visa candidate recruitment remains on hold at this time, with current staffing strategy focused on practical near-term coverage and phased permanent recruitment.

#### **Behavioral Health Integration**

- Behavioral health integration advanced during May through collaboration with Jessica from Behavioral Health Services.
- She provided presentations to Pediatrics, Adult Medicine, and OB/GYN teams outlining referral pathways into Behavioral Health Services.
- The presentations clarified workflows for both new patients not yet engaged in treatment and patients requiring transition-of-care support after treatment has begun.

- This represents an important step toward greater consistency in referral processes and stronger coordination between primary care, women’s health, and behavioral health services.

### **Hospital Collaboration**

- Preliminary discussions were initiated with hospital leadership regarding expansion of OB services.
- In parallel, work is underway with St. Joseph’s to explore admitting privileges for SJ Health pediatricians and family medicine physicians.
- The long-term goal is to create a more direct pathway for pediatric admissions, allowing appropriate patients to bypass the Emergency Department and improving care coordination between ambulatory and inpatient settings.

### **Correctional Health Collaboration**

- Collaboration with Correctional Health continued in May, including exploration of opportunities to leverage SJ Health physicians for coverage support within Correctional Health services.
- Support is also being provided to help Correctional Health establish its own point-of-care testing capabilities and CLIA waiver infrastructure.
- This work is intended to reduce operational barriers created by the current dependence on hospital-based processes and improve clinical efficiency within the correctional setting.

### **System Coordination**

- Cross-department coordination remains an important focus as Healthcare Services continues working to streamline care for patients receiving services across multiple programs.
- Ongoing collaboration is helping support a more aligned approach to treatment planning, referral coordination, and operational problem-solving for shared patient populations.

### **Outlook**

- The decline in May volume appears to be temporary and related to known staffing factors rather than a reduction in patient demand.

- With additional locum support beginning in June, followed by permanent provider onboarding in July and August, access is expected to strengthen over the next quarter.
- Recruitment remains active, though timing, relocation, and operational onboarding continue to influence the pace of workforce stabilization.

### **Next Steps**

- Onboard the two new locum providers on June 1.
- Prepare for onboarding of the permanent CNM on July 13 and physician start on August 24.
- Continue strengthening behavioral health referral coordination following specialty-specific provider education.
- Advance preliminary discussions with hospital leadership regarding pediatric admitting pathways and future OB service expansion.
- Continue operational collaboration with Correctional Health on physician support, point-of-care testing, and CLIA waiver development.

## **CEO Report – May 30, 2026 Board Meeting**

### **Executive Summary**

Over the past month, the organization has continued to demonstrate stable operational performance while advancing key strategic, financial, and integration initiatives. Primary areas of focus include sustained access improvement, advancement of the Lodi Access Center project, correctional health integration efforts, budget finalization, and ongoing operational modernization.

### **Organizational Performance**

Operational performance remains stable with continued year-over-year growth in visit volume and sustained improvement in access metrics. Daily visits for April averaged 561, with total monthly visits reaching 11,115 compared to 10,023 in April 2025. Slot utilization remained strong at 79%, while no-show rates improved to 21.7%, down from 28% last year. These trends reflect continued stabilization of clinic operations, improved scheduling efficiency, and sustained patient engagement efforts.

### **Strategic, Financial, and Compliance Highlights**

Progress continues on the Lodi Access Center clinic project. HRSA approved a 12-month no-cost extension to accommodate delays related to lease execution, architecture, and construction. The lease agreement has been finalized and is scheduled for Board of Supervisors consideration on June 30 following revisions ensuring the County is not responsible for rent during construction. Once executed, architecture and construction agreements are expected to move forward shortly thereafter.

The organization also continues to advance integration efforts with Correctional Health Services (CHS). Discussions are underway with Health Plan of San Joaquin and Health Net regarding inclusion of justice-involved individuals as a focus population within our Enhanced Care Management contracts. In parallel, we are exploring opportunities to provide prerelease services in collaboration with CHS, which may create opportunities for PPS reimbursement while strengthening continuity of care for high-risk populations transitioning back into the community.

Operational modernization efforts also continue. We are implementing an additional Luma AI-enabled service designed to automate inbound fax workflows and downstream referral tasks, which is expected to reduce administrative burden and improve referral processing efficiency. Additionally, reconfiguration of the former hospital employee health space into SJHC Clinic A remains in the design phase, with signage and rebranding expected to be completed by July.

The proposed FY26–27 budget remains on track and reflects the organization's first fully consolidated operational budget under the San Joaquin Health Center Enterprise Fund structure. Following Finance Committee review, the budget will proceed to the Board of Supervisors on June 2. FY25 audited financial statements are also expected to be presented to the Audit Subcommittee in June. Efforts to restructure the purchased services MOU with the hospital and County continue, with anticipated positive long-term financial impact.

HRSA also contacted the organization regarding potential FY25 New Access Point funding opportunities and requested confirmation of our ability to implement the proposed project. A formal response confirming readiness to proceed was submitted, and additional information is expected in the coming weeks.

Clinical leadership also reviewed a Board inquiry regarding HIV laboratory turnaround times. Confirmatory HIV testing commonly requires processing through reference laboratories, including Public Health Laboratory services, with standard turnaround times ranging from one to three business days. Current turnaround times remain within expected industry standards.

The organization also remains on track to complete and submit all required CY2025 QIP reporting materials by the June 15 deadline.

### **Workforce, Culture, and Risk**

The organization recently absorbed five personnel from the CHS Whole Person Care program into our Enhanced Care Management, Community Supports, and Mobile Health teams. These additional resources are expected to strengthen outreach capacity and expand services for high-risk populations.

Leadership is also monitoring potential federal regulatory changes that may transition portions of the UIS population from managed care to fee-for-service Medi-Cal. While this population represents approximately 8% of assigned HPSJ membership, utilization remains relatively low, and the overall fiscal impact is not currently expected to be severe.

### **Forward Look**

Over the coming months, leadership will remain focused on implementation of the FY26–27 budget, advancement of the Lodi Access Center project, expansion of correctional health integration initiatives, and completion of QIP reporting requirements. The Board should also expect additional updates regarding potential HRSA New Access Point funding opportunities, MOU restructuring efforts, and operational modernization initiatives intended to improve efficiency and scalability across the organization.