

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

10100 Trinity Parkway, Suite 100, Stockton, CA 95219

September 29, 2026, 5:30 P.M.

Our Mission: *To drive sustained health improvement for San Joaquin County's diverse community through individual engagement, community partnerships and high quality, equitable healthcare delivery.*

Our Vision: *We envision healthier futures for those we serve, enabled by nimble, adaptive, and progressive care delivery.*

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, Cymone Reyes

Watch the Meeting Live via Microsoft Teams: [Join the meeting now](#) *

*Note: Livestreaming for the public is for listening and monitoring only. Remote presenters will be granted access only during their scheduled presentation time before the Board. *Full meeting link is available with the agenda posted at www.sjhealth.org.*

Persons requiring disability-related accommodations to participate in this meeting should 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 on matters within the Board's jurisdiction. Members of the public are encouraged to complete a Public Comment form available near the entrance to the Board Room. **Speakers are limited to three (3) minutes** and are expected to be civil and courteous.

Members of the public will also be provided with an opportunity to comment on agenda items before or during the Board's consideration of each item.

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 on any item not appearing on the posted agenda. Members of the Board may: (1) briefly respond to statements or questions; (2) ask a question for clarification; or (3) refer the matter to staff for further information.

3. CONSENT CALENDAR

- 3.1 Approve Minutes of Board Meeting – August 25, 2026
- 3.2 September 2026 Credentialing Report



4. **ACTION ITEMS**

4.1 Review and Accept July 2026 Finance Report

Board to consider and take possible action

5. **DISCUSSION ITEMS**

5.1 Board Chair Report

5.2 CalAIM: Community Supports & Enhanced Care Management Program

5.3 CMO Report

5.4 CEO Report

5.5 Signed Conflict of Interest Form

6. **BOARD COMMENTS**

6.1 Open Discussion / Board Member Comments

6.1.1 Future Presentations

7. **CALENDAR**

7.1 Next Board Meeting – October 27, 2026, at 5:30 PM

9. **ADJOURNMENT**



September 29, 2026

Board of Directors
A.G. Spanos Building
Stockton, CA 95219

Dear Board Members,

Acceptance of Unaudited Financial Statements for the Period Ending July 31, 2026

RECOMMENDATION

It is recommended that the Board of Directors accept the unaudited financial statements for the period ending July 31, 2026.

REASON FOR RECOMMENDATION

Overall, SJ Health's financial position remains strong. Month-to-date (MTD) billable visits for July 2026 exceeded budget by 423 visits.

MTD operating revenue is favorable to budget by \$525,815, primarily due to an increase in Net Patient Service Revenue resulting from billable visits exceeding budget by \$547,792. However, 340B Pharmacy Program revenue was unfavorable to budget by \$102,412 due to increasing manufacturer restrictions.

MTD operating expenditures are favorable to budget by \$1,281,800. Savings of \$327,484 were attributable to salary and benefits associated with vacant positions. Recruitment efforts remain ongoing to fill critical vacancies. Professional fees generated savings of \$836,783 due to the underutilization of medical support staff, consulting and other professional services. Other significant savings came from rent, totaling \$123,726 as we continue to work on the move to the Health Plan San Joaquin building and the set up for Lodi Access Center Clinic.

The Finance Committee reviewed the unaudited financial statements and recommends their acceptance by the Board of Directors.

FISCAL IMPACT

As presented, the unaudited year-to-date (YTD) net income of \$1,855,511 represents a favorable variance of \$1,807,615 compared to the budgeted net profit of \$47,895. The favorable variance is primarily attributable to savings in personnel expenses and professional fees.

ACTION TO BE TAKEN FOLLOWING APPROVAL

Upon acceptance by the Board of Directors, no further action is required.

Minutes of August 25, 2026 San Joaquin Health Centers Board of Directors

Board Members Present: Brian Heck (Board Chair), Samantha Monks (Vice Chair), Destiny Easter, Patricia Barrett, Jodie Moreno, Jayvin Herrejon, David Ziolkowski, Cymone Reyes

Excused Absent: Cassandra Lacondeguy, Rick Ledo, James Myers, Nora Hana, Mark Myles

Unexcused Absent: None

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

Guests: Matt Garber; Genevieve Valentine, Brandi Hopkins, Genevieve Valentine, Edison Jensen

Legal Counsel: Lisa Ribeiro

AGENDA ITEM	ATTACHMENTS	ACTION
I. Commencement/Call to Order (Brian Heck) The meeting was called to order at 5:30 p.m. A quorum was established.	No attachment	No action required
II. Public Comment No public comments were made.	No attachment	No action required
III. Consent Calendar (Brian Heck) - The consent calendar for August 25, 2026, was presented. - A motion was made to approve the Minutes of the July 28, 2026 Board Meeting and the August 2026 Credentialing Report.	August Credentialing Report added to prior agenda packet.	1. Pat motioned to accept; Jodie seconded; Cymone abstained; motion passed 7-0
IV. Action Items Acceptance of the June 2026 Finance Report Alison Shih presented the June 2026 Finance Report for Board acceptance. Alison provided a detailed breakdown of the Miscellaneous category of the financial presentation. She also provided an update of the new Management Analyst II. David asked where the 51 million cash is going, Alison replied this is for the Be Well Campus draw, half will be from this fiscal year and half from the next. Samantha Monks added that with improved staffing levels, the organization would be able to see more patients, resulting in increased revenue that would offset higher staffing costs. Review and Approve Addition of Authorized Signer for BMO Operating and Payroll Accounts – Tina Shahani	June 2026 Finance Report added to prior agenda packet.	1. Pat motioned to accept; Samantha seconded; Cymone abstained; motion passed 7-0 2. Pat motioned to accept; Samantha seconded; Cymone abstained; motion passed 7-0



Alison Shih requested Board approval to\ add Tina to the list of authorized officers and account signers for the BMO operating and payroll accounts. 3. Review and Accept HRSA NAP Award - Presentation Ahad presented and asked for the Board's acceptance of Health Resources and Services Administration New Access Points Award and Transition to Federally Funded Health Center. On July 23, 2026, HRSA issued a Notice of Award approving \$650,000 in New Access Points (NAP) funding for SJ Health for the period of August 1, 2026 through July 31, 2027. The purpose of the award is to support new access points and provide primary health services at the sites identified in SJ Health's approved NAP application. Pat asked about food deserts if there will be any small grants or educational classes. Dr.D explained that this funding is for internal resources such as FQHC Dietician/Nutrician services.	NAP Award Presentation added to prior agenda packet.	3. Pat motioned to accept; Jayvin seconded; Cymone abstained; motion passed 7-0
V. Discussion Items (Brian Heck) 1. Board Chair Report No additional report was provided. 2. Mobile Clinic Tour Board Members took a brief outdoor tour with the Mobile team. 3. Behavioral Health Services through the Clinics – Future of Integrations Dr. Diulio provided an overview of how Behavioral Health is Integrated into Primary Care. SJ Health providers manage mild-to-moderate behavioral health needs, including: • Depression and other mood disorders • Anxiety and PTSD • Substance use disorders • Medication assisted treatment (buprenorphine/Suboxone) Pat asked what is considered Permanent housing – Ahad replied that we will be having an Enhanced Care Management/Community Supports Presentation at our next board meeting.	Behavioral Health Presentation added to prior agenda packet.	No action required





4. CMO Report

Dr. Diulio provided key updates of this CMO report, including:

- Continue monitoring visit volume and access as provider availability improves.
- Support onboarding of the Internal Medicine physician in early September and continue recruitment efforts for pediatric, chiropractic, and Internal Medicine/Infectious Disease services.
- Continue monitoring behavioral health referral integration and the pediatric direct admission pathway.
- Continue collaboration with hospital leadership regarding specialty alignment and Neurology support for Correctional Health.
- Continue evaluation of the AI scribe pilot and Cerner workflow optimization efforts.
- Continue collaboration with Quest regarding future implementation of HPV self-swab testing and maintain ongoing cross department coordination across Healthcare Services.

CMO Report added to prior agenda packet.

5. CEO Report

Ahad Yousuf provided organizational updates and discussed the following priorities:

- Over the coming months, leadership will focus on implementing the requirements and opportunities associated with our new Section 330 status, completing the QIP audit, advancing system integration efforts and strengthening the organization's operational leadership structure.
- The Board should also expect continued updates on implementation of the New Access Point award, the integration workshop process, and other initiatives associated with our transition to a fully funded Health Center.

CEO Report added to prior agenda packet.

5.5.1 Five-Month Retrospective Overview

Ahad provided an overview of these first five months as CEO/Project Director and the focus areas:

1. Patient Access & Operations
2. Workforce & Organizational Stability
3. Leadership, Strategy & Organizational Capacity
4. 330/Federal Health Center & Organizational Sustainability

Five-Month Retrospective Overview added to prior agenda packet.

6. Draft Strategic Plan Presentation

Ahad provided an overview of his strategic plan and direction following FQHC designation. Destiny asked if Ahad took part in the HRSA application when it was initially submitted – Ahad replied yes as he participated in the application and preparation.

Draft Strategic Plan Presentation added to prior agenda packet.





I. <u>Board Comments</u> Pat requested to bring the board meetings to the clinics. We will explore the possibility of holding future Board meetings at a clinic location to provide a change of setting. Jodie inquired about how Matt/Ahad's mentoring is going, as well as how employee morale is going. Brian will take the request into consideration at the next Board Agenda Review Meeting. David shared his resignation with the Board due to his new role responsibilities at the hospital.	No attachments	No action required
II. <u>Calendar (Brian Heck)</u> The next board meeting will be September 29, 2026, at 5:30 PM.	No attachments	No action required
III. <u>Adjournment (Brian Heck)</u> There being no further discussion, the meeting was adjourned at 7:24 PM.	No attachments	No action required



INITIAL APPOINTMENTS
September 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 September 2026	Breanna Williams	Mental Health Specialist	Requirements for active staff met	None	Active 09/26-09/27	CRED: 09/05/2026 MED: 09/16/2026 BOARD: 09/29/2026	SJHEALTH MED STAFF
INITIAL APPOINTMENT September 2026	Elaine Wong MD	Family Medicine - Fellow	Requirements for active staff met	None	Active 09/26-09/27	CRED: 09/05/2026 MED: 09/16/2026 BOARD: 09/29/2026	SJHEALTH MED STAFF
INITIAL APPOINTMENT September 2026	George Hernandez MD	Family Medicine -Fellow	Requirements for active staff met	None	Active 09/26-09/27	CRED: 09/05/2026 MED: 09/16/2026 BOARD: 09/29/2026	SJHEALTH MED STAFF
INITIAL APPOINTMENT September 2026	Htet Htet Khaing MD	Internal Medicine	Requirements for active staff met	None	Active 09/26-09/27	CRED: 09/05/2026 MED: 09/16/2026 BOARD: 09/29/2026	SJHEALTH MED STAFF
INITIAL APPOINTMENT September 2026	Nancy Odfina DC	Chiropractor	Requirements for active staff met	None	Active 09/26-09/27	CRED: 09/05/2026 MED: 09/16/2026 BOARD: 09/29/2026	SJHEALTH MED STAFF
INITIAL APPOINTMENT September 2026	Rebecca Nkrumah MD	Psychiatrist	Requirements for active staff met	None	Active 09/26-09/27	CRED: 09/05/2026 MED: 09/16/2026 BOARD: 09/29/2026	SJHEALTH MED STAFF

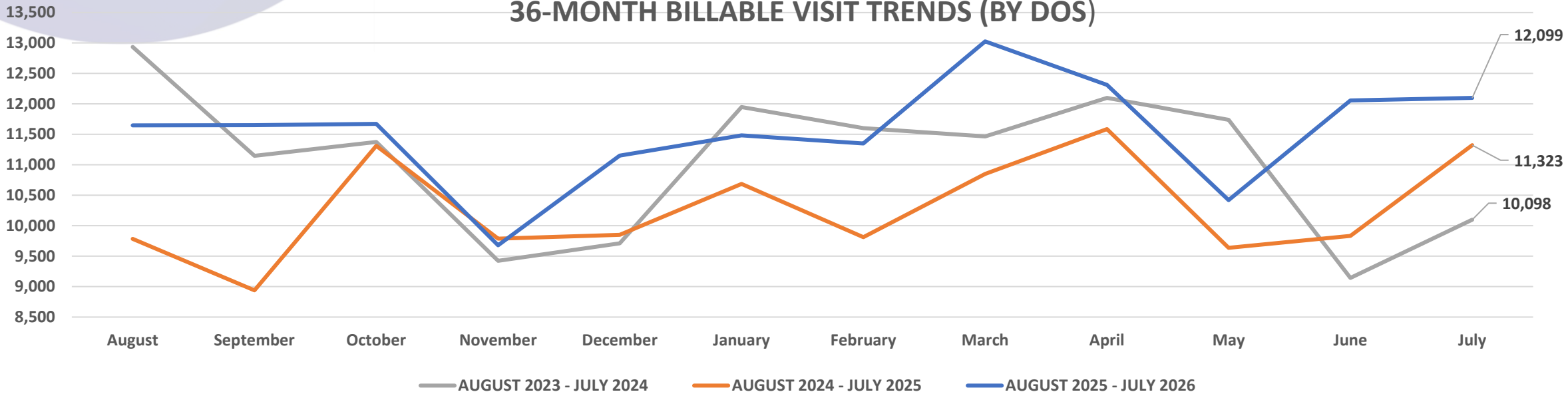
SAN JOAQUIN HEALTH CENTERS FINANCE PRESENTATION JULY 2026 FINANCIAL STATEMENTS

Alison Shih

Management Services Administrator

Presentation Date: 9/29/2026

36-MONTH BILLABLE VISIT TRENDS (BY DOS)



FY27 Visits By Financial Class	Actual
Medi-Cal Managed Care	78.96%
Medicare	11.57%
Medi-Cal	6.23%
Commercial	1.97%
Self-Pay	1.27%
Total	100.00%

FY27 Month	Actual	Budget	Variance
Jul-26	12,099	11,676	423
Total	12,099	11,676	423

SJ HEALTH INCOME STATEMENT – JULY 2026

	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	2,743,307	2,195,515	547,792	2,743,307	2,195,515	547,792
Supplemental Revenue	2,558,211	2,558,211	0	2,558,211	2,558,211	0
Capitation Revenue	408,889	333,333	75,555	408,889	333,333	75,555
Managed Care Incentives	45,000	66,667	(21,667)	45,000	66,667	(21,667)
Grant Revenue	67,625	81,146	(13,521)	67,625	81,146	(13,521)
340B Pharmacy Program	122,588	225,000	(102,412)	122,588	225,000	(102,412)
MOU & Other Income	318,437	278,370	40,067	318,437	278,370	40,067
Total Operating Revenue	6,264,057	5,738,242	525,815	6,264,057	5,738,242	525,815
Expenditures						
Salaries & Wages	1,942,770	2,078,862	136,092	1,942,770	2,078,862	136,092
Employee Benefits	1,109,581	1,300,973	191,392	1,109,581	1,300,973	191,392
Professional Fees	388,933	1,225,715	836,783	388,933	1,225,715	836,783
Purchased Services	285,760	280,314	(5,446)	285,760	280,314	(5,446)
Supplies	113,326	148,069	34,742	113,326	148,069	34,742
Depreciation	56,659	0	(56,659)	56,659	0	(56,659)
Interest	847	2,348	1,501	847	2,348	1,501
Office Expense	1,739	1,587	(151)	1,739	1,587	(151)
Dues, Subscription & Fees	130,878	134,998	4,120	130,878	134,998	4,120
Repairs & Maintenance	67,379	622	(66,757)	67,379	622	(66,757)
Telephone & Internet	13,758	20,599	6,842	13,758	20,599	6,842
Advertising & Promotions	1,105	14,445	13,339	1,105	14,445	13,339
Travel & Training	12,185	41,762	29,576	12,185	41,762	29,576
Insurance	28,473	20,737	(7,737)	28,473	20,737	(7,737)
Utilities	124,047	130,850	6,803	124,047	130,850	6,803
Rent	110,743	234,469	123,726	110,743	234,469	123,726
Miscellaneous	20,364	53,997	33,633	20,364	53,997	33,633
Total Expenditures	4,408,546	5,690,346	1,281,800	4,408,546	5,690,346	1,281,800
Net Income(Loss)	1,855,511	47,895	1,807,615	1,855,511	47,895	1,807,615

SJ HEALTH INCOME STATEMENT VARIANCE ANALYSIS JULY 2026

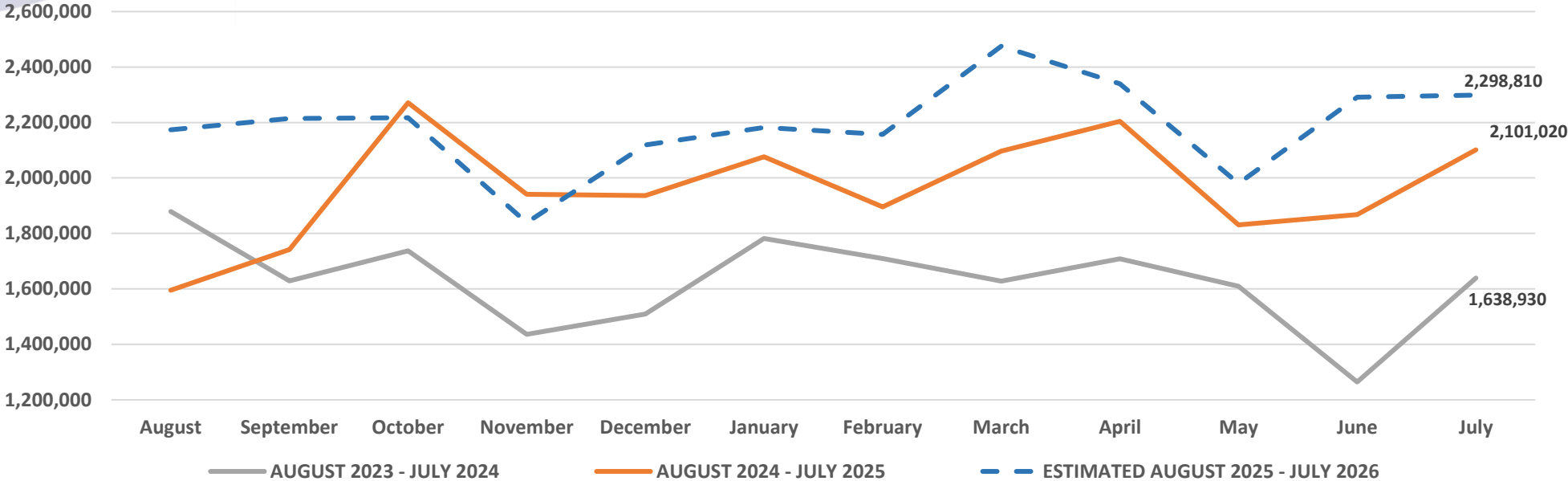
(ONLY VARIANCES WITH +/- 10% ARE REPRESENTED)

Income Statement Grouping	Current Period Actual	Current Period Budget - Original	Current Period Budget Variance - Original	% Variance	July 2026 - Variance Explanations
Revenues					
Net Patient Service Revenue	2,743,307	2,195,515	547,792	25%	Favorable variance due to visits being higher than budget by 423 visits.
Capitation Revenue	408,889	333,333	75,555	23%	Favorable variance due to higher physician capitation payment than budget in July 2026.
Managed Care Incentives	45,000	66,667	(21,667)	-32%	Unfavorable mainly due to lower HEDIS Gap Closure Block Access revenue accrued for July based on the updated contract terms effective January 2026.
Grant Revenue	67,625	81,146	(13,521)	-17%	Unfavorable variance due to actual ARPA grant revenue lower than budget along with no activity for budgeted Discovery Challenge Academy grant revenue in July.
340B Pharmacy Program	122,588	225,000	(102,412)	-46%	Unfavorable variance mainly due to increasing manufacturer restrictions and Inflation Reduction Act effective January 2026.
MOU & Other Income	318,437	278,370	40,067	14%	Favorable variance due to actual interest income higher than budget in July 2026.
Expenditures					
Salaries & Wages	1,942,770	2,078,862	136,092	7%	Favorable variance mainly related to vacancies. FY27 salaries and benefits budgeted at 100% employment. Actual July 2026 FTEs for direct hire positions are 199 compared to budgeted FTEs for 242.
Employee Benefits	1,109,581	1,300,973	191,392	15%	Favorable variance mainly related to vacancies. FY27 salaries and benefits budgeted at 100% employment. Actual July 2026 FTEs for direct hire positions are 199 compared to budgeted FTEs for 242.
Professional Fees	388,933	1,225,715	836,783	68%	Favorable variance mainly due to lower actual utilization of medical support staff, consulting, and other professional services than budget.
Supplies	113,326	148,069	34,742	23%	Favorable variance mainly due to decrease in pharmaceutical expenses related to the 340B pharmacy program and lower actual expense for medical supplies than budget.
Telephone & Internet	13,758	20,599	6,842	33%	Favorable variance due to actual telecommunication expenses lower than budget.
Advertising & Promotions	1,105	14,445	13,339	92%	Favorable variance mainly related to lower actual marketing expenses than budgeted.
Travel & Training	12,185	41,762	29,576	71%	Favorable variance due to actual travel and training expenses lower than budget.
Rent	110,743	234,469	123,726	53%	Favorable variance mainly related to rental for Health Plan of San Joaquin and Lodi clinic that have not started yet in July 2026.
Miscellaneous	20,364	53,997	33,633	62%	Favorable variance mainly related to actual expenses lower than budget for minor equipment, recruiting, and motorpool.

SJ HEALTH BALANCE SHEET- JULY 2026

	FY2026	FY2027
	JUNE 30, 2026	JULY 31, 2026
	(UNAUDITED)	
Assets		
Cash & Cash Equivalents	51,779,414	52,537,529
Accounts Receivable	1,924,930	1,669,130
Property & Equipment	1,777,268	1,720,610
Other Assets	<u>29,078,228</u>	<u>31,129,046</u>
Total Assets	<u>84,559,840</u>	<u>87,056,315</u>
Liabilities		
Accounts Payable	706,778	1,065,222
Other Liabilities	5,696,305	5,978,825
Deferred Revenue	<u>1,800,000</u>	<u>1,800,000</u>
Total Liabilities	<u>8,203,083</u>	<u>8,844,048</u>
Net Assets		
Beginning Net Assets	62,117,994	74,336,106
Unrestricted Net Assets	2,020,650	2,020,650
Current YTD Net Income	<u>12,218,113</u>	<u>1,855,511</u>
Total Net Assets	<u>76,356,757</u>	<u>78,212,267</u>
Total Liabilities and Net Asset	<u>84,559,840</u>	<u>87,056,315</u>

36-MONTH TRENDS - CASH COLLECTED



FY27 Collections By Financial Class	%
Medicaid	94.68%
Medicare	5.03%
Self-Pay	0.25%
Commercial	0.04%
Total	100.00%

NOTE: COLLECTIONS FROM AUGUST 2025 THROUGH JULY 2026 HAVE BEEN ESTIMATED BASED ON THE HISTORICAL COLLECTIONS TREND. INCREASE IN COLLECTIONS FROM AUGUST 2025 THROUGH JULY 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 FY26 (UNAUDITED)	SJ HEALTH FYTD FY27
FINANCIAL HEALTH					
1 Operating Margin As a % of Operating Revenue	>3%	4%	5%	19.1%	29.6%
2 Bottom Line Margin As a % of Operating Revenue	>3%	6%	6%	19.1%	29.6%
3 Days Cash on Hand	>60 Days	105	129	371	374
4 Days in Net Patient Receivables	<45 Days	36	39	36	32
5 Personnel-Related Expense (PRE) As a % of Operating Revenue	<70%	69%	72%	66%	59%



San Joaquin Health Centers
Financial Statement Comments

July 2026

Summary of FQHC Performance: Fiscal Year-to-Date

Billable visits as of July are favorable to budget by 423 visits. Net Patient Service Revenues for July are favorable to budget by \$547,792. July financials reflect an estimated PPS liability accrual of \$25,000.

Supplemental Revenue includes the recognition of estimated Quality Incentive Program (QIP) revenue of \$2,558,211. Also, July financials include Capitation Revenue for \$408,889 and 340B Pharmacy program revenue for \$122,588. Grant Revenues include ARPA grant revenue for \$67,625. July financials include estimated Hedis Gap Closure incentive revenues accrued for \$45,000 for July 2026 health care services.

Other Revenue includes revenues accrued for \$61,135 related to Purchased Services provided to SJGH by SJHC per the MOU. Interest income for \$255,854 has been reflected on the financials, which is favorable compared to budget by \$30,984.

Total Operating Revenue is favorable to budget by \$525,815 primarily due to favorable variance in revenues for \$663,415 related to patient services, Physician Capitation, SJGH Chargebacks per MOU, Interest Income, and other income higher than budget offset by unfavorable revenues for \$137,600 related to 340B Pharmacy Program, Federal and State grant and HEDIS incentive revenue.

Salaries and Benefits expenses exhibit a favorable variance to budget by \$327,484 which is mainly related to vacant positions that have not filled yet. Salaries and Benefits expenses budgeted for FY27 are based on 100% employment. Recruitment efforts are ongoing to fill the vacant positions.

Other operating expenses exhibit a favorable variance of \$954,316 largely due to an unfavorable variance for \$136,750 for Purchased Services, Depreciation, Office, Repairs, and Insurance expenses offset by a favorable variance of \$1,091,066 reflected in the Professional Fees, Supplies, Interest, Dues, Telephone, Advertising, Travel, Utilities, Rent, and Miscellaneous expense categories. An estimated accrual for the Purchased Services is recorded in July based on the MOU with the County for services purchased from San Joaquin General Hospital. July total Operating Expenditures are favorable to budget by \$1,281,800.

Unaudited, as presented, July Net Income of \$1,855,511 represents a favorable variance of \$1,807,615 as compared to budgeted Net Income of \$47,895. Net Income is favorable mainly due to the actual salaries and benefits, Professional Fees, and Rent expenses that are lower than FY27 budgeted expenses.

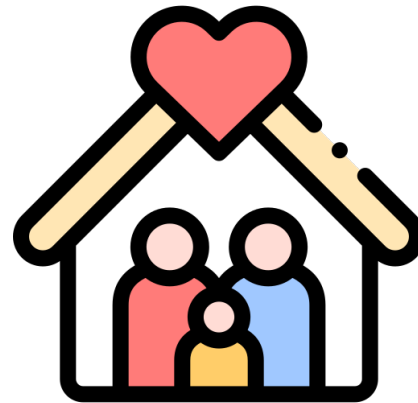
Additional Factors Impacting FQHC Fiscal Results

- 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 \$2,020,650 as of July 2026.



SJ HEALTH
San Joaquin Health Centers

Enhanced Care Management (ECM) & Community Supports (CS)





ECM/CS Team

Our team includes social workers, medical assistants, and community health outreach workers.



Enhanced Care Management (ECM)

ECM is a **Medi-Cal benefit that provides intensive, whole-person care management** for eligible members with complex medical and social needs.

The goal of ECM services:

- Help clients become more connected, supported, and engaged in their care.



ECM Services Eligibility:

Our department is contracted to provide ECM services to the following populations:

- 1. Adults experiencing homelessness**
- 2. Adults at risk for avoidable hospital or ED utilization**
- 3. Birth Equity: Pregnant or postpartum (12 months) mothers**

Important Notes:

The client must meet eligibility for at least one population of focus, have active HPSJ or Health Net insurance, and the client must be 21+ y/o to qualify for ECM services.

ECM Services Include:

Outreach and
engagement

Collaboration with the
client to create
individualized care plans

Comprehensive
transitional care

Referrals to community
and social support
services (i.e., Medically
Tailored Meals, IHSS)

Support in navigating
healthcare systems

Health promotion

Addressing barriers to
care

Coordinating services
across multiple
organizations

Following up on referrals
and appointments

Communicating with the
client's multidisciplinary
team to support
continuation of care

Community Supports (CS)

Community Support Services (CSS) help eligible Medi-Cal members find, secure, and sustain housing. SJ Health provides the **Housing Trio** of Community Supports:



Housing Transition Navigation Services (HTNS)



Housing Deposits (HD)



Housing Tenancy & Sustaining Services (HTSS)

CS Services Include:

- **Housing Transition Navigation Services** help the member successfully find stable housing by:
 - Developing a housing plan
 - Identifying appropriate housing opportunities
 - Searching for available housing and completing housing applications
 - Gathering required documentation and communicating with housing providers
 - Navigating barriers to obtaining housing
- **Housing Deposits** provide one-time funding to establish safe and stable housing including:
 - Security deposits
 - Other allowable costs needed to establish a basic household
 - **Important Note:** Housing Deposits are intended to help a member **establish housing**, not provide ongoing financial/rental assistance
- **Housing Tenancy and Sustaining Services** help members stay housed by:
 - Developing a housing stability plan and identifying barriers to maintain housing
 - Assisting the client with communication with landlords/property managers
 - Addressing tenancy-related challenges
 - Connecting to community resources
 - Developing skills and strategies to maintain housing

CS Eligibility Requirements:



MUST BE ACTIVELY ENROLLED
WITH HEALTH PLAN OF SAN
JOAQUIN OR HEALTH NET



EXPERIENCING OR MUST BE AT
RISK FOR HOMELESSNESS



HAVE AT LEAST ONE
QUALIFYING CHRONIC HEALTH
CONDITION

IMPORTANT NOTE: The client must meet all 3 eligibility requirements to enroll in CS services.

Referral Based Program

Outside agencies:
Fax

SJ Health Staff (internal):
via Cerner by sending a
message to “ECM Pool
Ambulatory”.

Clients can also self-
refer by contacting their
health plan directly.

The referral will be reviewed and assigned to a case manager who will outreach the client to identify if they meet eligibility for the services requested.

Program Data

Referrals

On average, we
receive 40+
referrals per
month

FY 2025 – 2026

- Number of patients enrolled in ECM: 116
- Number of patients placed into interim or permanent housing: 162
- Number of behavioral health referrals or successful linkages to care: 67

Success Story

Russell Brown (RB): Consent received to use personal identifying information and photograph.

The Challenge:

- Experiencing risk of homelessness
- Living in transitional housing
- Needed to move within a month
- RB was incarcerated 20+ years and had been recently released on parole
- Fixed income: CA disability income recipient
- High rent and long housing waitlists

Success Story

The Solution:

- RB worked closely with an SJ Health Case Manager (CM). The CM assisted with housing navigation and providing additional resources, as needed.
- The CM conducted internal team consultations and external collaboration with local housing authority to optimize service delivery.
- The CM was informed by the local housing authority of a unit available. The unit became unavailable despite promptly submitting the referral and required documentation.
- RB's temporary housing solution was to stay with a family member.
- RB was connected to the VA to pursue a HUD-VASH voucher. The CM confirmed that RB successfully completed his VA intake assessment.
- Pros-and-cons discussion when two separate units became available to ensure RB makes an informed decision.
- RB transitioned from Medi-Cal to the VA and the Community Supports authorization expired.

Success Story

The Success:

- RB confirmed he remained connected to sustainable community resources for ongoing financial assistance.
- Within two months of the Community Supports authorization expiring, the Client successfully secured permanent housing.



Success Story

SEPTEMBER 2026 UPDATE

- A year post-enrollment, RB sent the CM a published news article that highlights his personal narrative of his life before, during, and after incarceration.
- RB is currently employed, housed, and recently celebrated his two-year anniversary of his release from prison. RB is now actively exploring taking out a loan to purchase a home – a long-term milestone he self-reported as once being unimaginable.

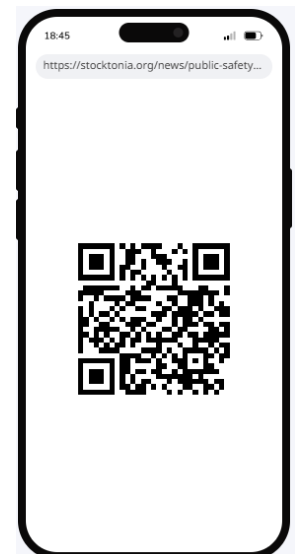
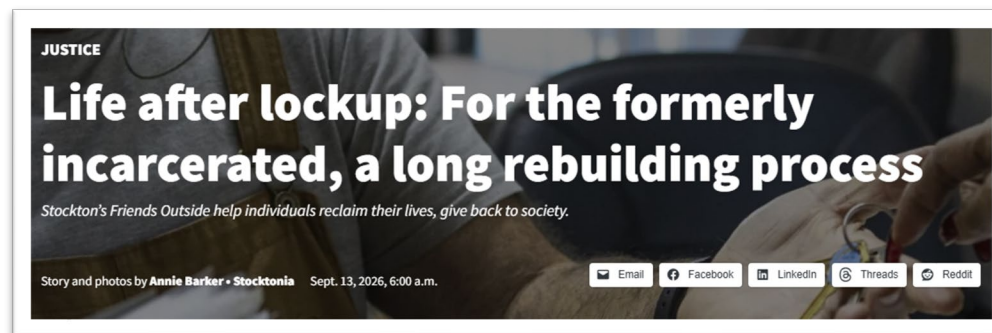
This case highlights the lasting impact of the housing navigation support and the importance of collaboration between agencies.



Russell Brown, left, leads a prayer on Oct. 23, 2025, at First Baptist Church of Stockton. The church's Celebrate Recovery program offers Bible-based 12-step meetings.



Russell Brown inspects his new residence at Pacific Pointe Apartments in Stockton on Oct. 10, 2025.



Thank you. Questions?

Brianna Rubio, MPH, MSBH
Program Manager



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209-709-9215

Chief Medical Officer Report

September 2026

Clinical Operations and Access

Systemwide visit volume remained in the 500s during September. Volume continues to be affected primarily by provider availability and ongoing staffing limitations rather than a decrease in patient need. Seasonal illness is beginning to increase, with Influenza A activity rising locally. Saturday gap clinics continue to support access, and mobile mammography remains an active strategy to improve preventive screening availability.

Workforce and Recruitment

Recruitment continued to progress well during September. A pediatrician has signed a conditional job offer and is expected to begin in October. A second chiropractor is scheduled to start during the second week of October.

An Internal Medicine/Infectious Disease physician also toured during September, and a conditional job offer is being prepared. The previously planned Internal Medicine physician has not yet started, but onboarding remains anticipated.

Facilities and Clinical Expansion

Work continues with Facilities on painting, signage, and other site preparation needed to support planned clinical expansion. These efforts remain focused on preparing space for future Internal Medicine and related clinical operations.

Behavioral Health Integration

Behavioral Health referral workflows are now integrated into routine clinical practice. Providers are using established pathways for both new behavioral health referrals and transition-of-care referrals for patients who have already begun treatment. Continued monitoring will focus on maintaining referral consistency and timely access.

Hospital and Pediatric Collaboration

The pediatric direct-admission pathway with St. Joseph's has now been established. This creates a clearer process for appropriate pediatric patients to be admitted without routinely going through the Emergency Department and represents an important step in strengthening coordination between SJ Health and hospital partners.

Quality Improvement

Quality improvement efforts remain active, including ongoing QIP work and continued engagement of providers and residents in organizational quality priorities. Recent efforts have focused on improving understanding of performance measures and reinforcing the connection between clinical workflows and broader quality goals.

Women's Health and Preventive Services

Work continues to advance HPV self-swab testing as an additional cervical cancer screening option. The process is progressing but has not yet been operationalized. This option may help improve screening access for patients who decline speculum exams or face other barriers to traditional screening.

Mobile mammography continues to support preventive screening access across the system.

Employee Health and Influenza Prevention

Employee influenza vaccination efforts are beginning this week as part of preparation for the upcoming respiratory illness season. With Influenza A activity increasing locally, vaccination efforts are an important part of supporting workforce health and maintaining clinical operations.

SJ Health is also happy to provide influenza vaccination to Board members and coordinate administration at a time and location that is convenient for them.

Community Outreach and Binational Health Month

SJ Health is leading the upcoming Celebration of Wellness event in recognition of Binational Health Month. The event is scheduled for October 24 at the French Camp campus and will provide free medical and preventive services for adults and children.

SJ Health clinical participation includes a Gynecology provider, two Adult Medicine providers, a pediatrician, and a chiropractor. Services planned for the event include preventive screenings, immunizations, women's health services, pediatric care, provider consultations, and other community health resources.

System Coordination

Cross-department collaboration remains an important focus across Healthcare Services. Continued coordination with other County departments supports shared patient care, operational alignment, and development of more integrated service pathways.

Outlook

September reflected continued operational stability with active progress in recruitment, hospital collaboration, preventive services, and community outreach. Visit volume remains in the 500s, with ongoing access pressures primarily related to provider availability. At the same time, seasonal respiratory illness is beginning to increase, reinforcing the importance of vaccination and access planning as the organization moves into the fall and winter months.

Key priorities moving into October include onboarding the new pediatrician and chiropractor, advancing the Internal Medicine/Infectious Disease recruitment process, continuing implementation work for HPV self-swab testing, maintaining access through gap clinics and mobile mammography, supporting influenza vaccination efforts, and successfully executing the Binational Health Month Celebration of Wellness event.

CEO Report – September 29, 2026 Board Meeting

Executive Summary

San Joaquin Health continues to build on the transition to full Section 330 Health Center status while maintaining stable operational performance and advancing several strategic priorities. Key developments this month include completion of major HRSA New Access Point deliverables, preparation for the upcoming Operational Site Visit, continued expansion of mobile health services, submission of a federal nutrition services grant application, progress on new access initiatives, and continued strengthening of the organization's leadership and administrative infrastructure.

Organizational Performance

Operational performance remained stable in August, with 11,156 patient visits. Approximately 80% of visits were for Managed Medi-Cal patients. Slot utilization remained strong at 79.5%, while the no-show rate was 22%. These measures continue to demonstrate sustained access and operational stability across the organization.

Strategic, Financial, and Compliance Highlights

Following the New Access Point award, the organization has made substantial progress toward completing the associated HRSA requirements. The revised project work plan has been completed, and all required site verifications have been finalized. The organization is now preparing for its Operational Site Visit (OSV), scheduled for December 1–3. Leadership is coordinating across departments to ensure readiness for this important milestone in our transition to full Health Center status.

Expansion of the Mobile Health Program also continues. We have identified a 40-foot motor coach that would serve as our second mobile clinic and are continuing to work through the procurement process. This expansion will increase our ability to provide care in underserved communities and support our broader access strategy.

The organization also successfully submitted an HRSA Expanding Nutrition Services (ENS) grant application. If awarded, the funding would provide an opportunity to further integrate nutrition services into our clinical and community-based care model.

Progress also continues on the BeWell same-day clinic, with design work underway. In parallel, we continue to work through the federal Notice of Federal Interest requirement for the Lodi Access Center. Based on the current project design, we anticipate that a portion of the space may be carved out so that the total project square footage subject to the requirement falls below HRSA's 10% threshold, which may allow the project to proceed without filing an NFI. We are continuing to validate this approach with the appropriate parties before finalizing the path forward.

From a financial and provider recruitment perspective, we are working with Health Plan of San Joaquin to finalize the MOU supporting prospective physician recruitment incentives. We are also working with Health Force Partners to facilitate the retrospective incentive payments previously committed to five physicians.

Workforce

Workforce development remains a priority as we build the leadership and administrative infrastructure needed to support the organization's continued growth. A new pediatrician is scheduled to join the organization in October, strengthening our pediatric access capacity.

Recruitment is actively underway for both Deputy Director positions—Clinical Operations and Administrative Operations. These positions will provide additional leadership capacity and strengthen operational oversight across the organization.

We are also recruiting for a Business Analyst II position that will assume responsibility for several functions previously managed directly by executive leadership, including HRSA-related activities, grants management, and related administrative and analytical work. This will allow for greater organizational capacity and more sustainable management of these functions as our federal requirements continue to expand.

Governance

As part of our annual governance requirements, Board members will be asked to complete and sign their Form 700 Statement of Economic Interests, consistent with the process followed in prior years. Staff will distribute the forms and provide any necessary instructions to ensure timely completion.

Forward Look

Over the coming months, leadership will remain focused on successful implementation of the Section 330 Health Center requirements and preparation for the December OSV. Other priorities include advancing the second mobile unit, progressing the BeWell same-day clinic, resolving the Lodi NFI requirement, pursuing additional grant opportunities, strengthening provider recruitment incentives, and filling key leadership and administrative positions. The Board will continue to receive updates as these initiatives progress.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☐ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

☐ **Leaving Office:** Date Left / / (Check one circle below.)

-or-

The period covered is / / , through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page:

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed (month, day, year)

Signature (File the originally signed paper statement with your filing official.)