SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

BOARD OF DIRECTORS MEETING

Monday, July 6, 2026
8:00 AM – 10:00 AM

SMMC Board Room
225 37th Ave.
San Mateo, CA 94403

SAN MATEO COUNTY HEALTH
SAN MATEO MEDICAL CENTER

AGENDA

Board of Directors	Monday, July 6, 2026	8:00 AM

San Mateo Medical Center Board Room, 225 37th Ave., San Mateo, CA 94403

This meeting of the San Mateo Medical Center Board of Directors will be held in the SMMC Boardroom, 225 37th Ave., San Mateo, CA. Remote participation of this meeting will not be available. To observe or participate in the meeting, please attend in-person. *Written public comments may be emailed to mlee@smcgov.org by 9:00 AM on the business day before the meeting and such written comments should indicate the specific agenda item on which you are commenting.

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report — Dr. Frank Trinh
2. Quality Report — Dr. Abhishek Gowda

Informational Items

3. Medical Executive Committee — Dr. Frank Trinh

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items on the agenda and not on the agenda.

E. FOUNDATION REPORT — John Jurow

F. CONSENT AGENDA

Approval of:

1. June 1, 2026 SMMC Board Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update — Dr. Frank Trinh

H. ADMINISTRATION REPORTS

1.	Mission Integration: SMMC Baseline Assessment and Language Justice	Dr. Alpa Sanghavi…..... Verbal Nupoor Kulkarni
2.	Keller Center	Rob Larcina…. ..... Verbal Michele Medrano
3.	Building Social Connections	Lee Pullen…. ..... Verbal
4.	Financial Report	Jennifer Papa…. .....TAB 2
5.	CEO Report	Dr. CJ Kunnappilly…. .....TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot — Colleen Chawla…. .....TAB 2

J. COUNTY EXECUTIVE OFFICER REPORT — Mike Callagy

K. BOARD OF SUPERVISOR REPORT — Supervisor Noelia Corzo

L. ADJOURNMENT

ADA Requests

Individuals who require special assistance or a disability-related modification or accommodation to participate in this meeting, or who have a disability and wish to request an alternative format for the meeting, should contact Michelle Lee, at mlee@smcgov.org, as early as possible but not later than 9:00 AM on the business day before the meeting. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.

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CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, June 1, 2026
SMMC Board Room, 225 37th Ave., San Mateo, CA

Board Members Present	**Staff Present**		
Supervisor Noelia Corzo	Dr. Alpa Sanghavi	Priscilla Romero	Dr. Jeanette Aviles
Supervisor Jackie Speier	Dr. Yousef Turshani	Jacki Rigoni	Michael Richardson
Mike Callagy	Gabriela Behn	Emily Weaver	Dr. Aileen Shieu
Colleen Chawla	John Jurow	Rachael Rivers	Jei Africa
Dr. CJ Kunnappilly	Rob Larcina	Michael Fields	
Dr. Frank Trinh	Michelle Lee	Kenneth Madrigal	
Dr. Gordon Mak	Jack Nasser	Glenn Levy	
Dr. Abhishek Gowda	Alex Hagnere	Jolie Gordon-Browar	
Judith Guerrero			

ITEM	DISCJUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Speier called the meeting to order at 8:00 AM and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for June 1, 2026 QIC Minutes from April 28, 2026. Medical Executive Committee Minutes from May 12, 2026.	Glenn Levy reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	No report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from May 4, 2026.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Frank Trinh	Dr. Trinh noted several new providers have joined from Internal Medicine, Radiology, and other specialties. The Medical Executive Committee received polices relating to infection control and inpatient nursing and they have been approved.	FYI

Emergency Department Micheal Fields	SMMC ED voted best of San Mateo County by Business Rate ED has 55 monitored beds and 6 fast track chairs. It is staffed by 55 RN's who cover 24/7 operations and 14 support staff. Staff matrix aligns with peak volume. One MD coverage, 24/7. Recently implemented waiting room presentation monitors which provide information about ED processes and show QR codes for food agencies and other core service agencies. EPIC enhancements: • Implemented the early stroke recognition tool, BE FAST • Implemented the pediatric asthma protocol • Aligned SMMC with local community hospitals New gurneys have built-in bed alarms plus patient controls for comfort. They are ergonomically better for staff. Strengthening partnerships with our community counterparts • Lucile Packard Children's Hospital • EMS Staff professional development initiatives • Promote participation in continuing education • Participate in quality improvement events • Foster career development opportunities	FYI
SB43: Expansion of Grave Disability Alex Hagnere	SB 43 launched in San Mateo County on January 1, 2026. New definition: Severe Mental Illness/**Severe Substance Use Disorder** BHRS SB43 Community Education • First responder field guides were developed and distributed • Expanded 5150 training provided to all 5150 card holders in San Mateo County SB43 Care Coordination • Care coordination with BHRS, SMMC, and first responders has increased and improved • At least 5 clients a month have been placed on a 5150 hold and taken to SMMC Psychiatric Emergency Services (PES) to be assessed new SB43 criteria. • Since implementation, over 7 clients have been placed on 5250s, and one has carried over to a conservatorship BHRS SB43 Team • Program Specialist • Peer Support worker Dedicated SB43 Full-Service Partnership (FSP) Team	FYI

	• Newly contracted community contractor to provide full-service partnership outpatient support for our most high need SB43 clients	
Breakthrough/Strategy Dr. Alpa Sanghavi, Robert Blake, Rob Larcina	Breakthrough Effort: Redefining Our Relationship with Our Patients Life Cycle of a Breakthrough: Developed Annually; Goal to be in continuous improvement by June 30; Today marks a time of transition to new breakthrough Needs Statement: SMMC's mission population needs us to shift our relationship with them to be more proactive in aligning with how they want to interact with us and receive healthcare. Focus of the Breakthrough: Revitalize our relationship with our patients; Listen to what our patients are pulling for; Respond with definitive actions; Discover actionable feedback; Build a culture of experimentation; Spread findings through the organization Need - Patients need us to intentionally adjust systems to better meet their needs based on their feedback and partnership. Hypothesis -If we create comprehensive actionable data packets and coach and support leaders to use this data to continuously test changes in operations... then likelihood to recommend will improve to 85%, Patient engagement will improve to 63%. In July 2025, work started at the Coastside Clinic: Info/Teaching Sheet; Sunday Clinic; Referrals/Test Results In December 2025, FOHC implemented live info desk; MyChart access; and transportation support	FYI
Compliance Update Gabriela Behn	The five year corporate integrity agreement ends on July 28, 2026. Recent updates include: Annual Board Resolution; must submit a description of all documents and materials reviewed; may engage an independent advisor or other 3rd party resource in its oversight of the compliance program and in support of the resolution. Provider Enrollment, Privileging, & Onboarding Oversight: • Policy Drafted • Initial Stakeholder Meeting regarding OSW considerations • Workgroup Meeting in June	FYI
Financial Report Jennifer Papa, CFO	The April 2026 financial report was included in the Board packet and Jennifer Papa answered questions from the Board. April is $475K favorable to budget. Year to date is $3.4M favorable to budget. These results include onetime non-operating revenue. Salary and benefit costs are below budget, reflecting FTEs. Total labor and non-	FYI

	labor costs are ahead of budget year to date. The payer mix remains stable with Medi-Cal averaging 74%. Inpatient, ED and clinic volume are stable within seasonal fluctuation.	
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
County Health Chief Report Colleen Chawla	We are kicking off EPIC/Mosaic for BHRS, ADS, and Family Health. The Communicable Disease Control Program is actively monitoring the situation with Ebola and hantavirus. We are in close communication with patients, CDC, and the state.	FYI
County Executive Officer Mike Callagy	The Board of Supervisors continue to advocate for the release of vehicle licensing fees by the state. The state is withholding $119 million in funds the county and its cities are owed. But unfortunately it is not currently a part of the state budget. This revenue source represents approximately 20% of the county's general fund. Vocational Rehabilitation Services Catering has found a potential permanent location. The BOS will be exploring this option in the near future.	FYI
Board of Supervisors Supervisor Noelia Corzo	Federal officials have suggested that the federal correctional institution for women, located in Dublin, could be converted to a ICE detention center. ICE is also looking at a space in Gilroy, CA. A new e-bike legislation will be coming before the BOS in August.	FYI

Supervisor Corzo adjourned the meeting at 9:49 AM. The next Board meeting will be held on July 6, 2026.

Minutes recorded by:
Michelle Lee

Minutes approved by:
Dr. Chester Kunnappilly, Chief Executive Officer

ADMINISTRATION REPORTS

Financial Performance Update
July 6, 2026

SAN MATEO COUNTY HEALTH
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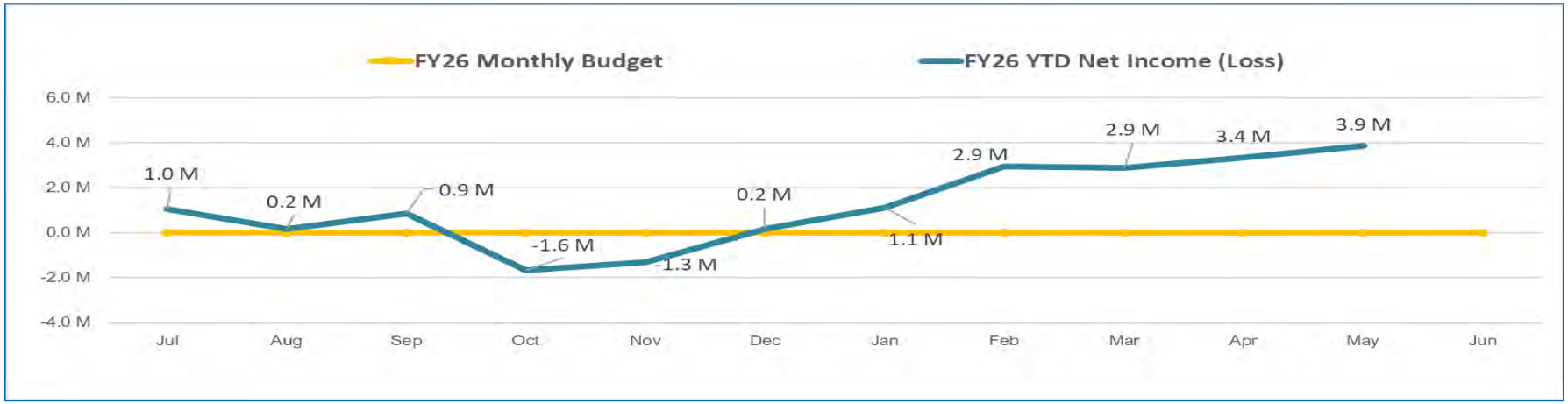
Financial Results Summary – May 2026

May	Year-to-Date
$521K With Epic Contribution	$3.9M With Epic Contribution



- **Labor Costs:** $20.9M favorable (YTD)
- **FTEs:** 1,076 Actual | 1,225 Budget (May)

- **Drugs**: $837K unfavorable (May)

Summary – May is $521k favorable to budget. Year to date is $3.9M favorable to budget. These results include one-time non-operating revenue. Salary and benefit costs are below budget, reflecting FTEs. Total labor and non-labor costs are ahead of budget year to date. The payer mix remains stable with Medi-Cal averaging 74%. Inpatient, ED and clinic volume are stable within seasonal fluctuation.

*Labor costs include S&B, Registry, Contract Providers

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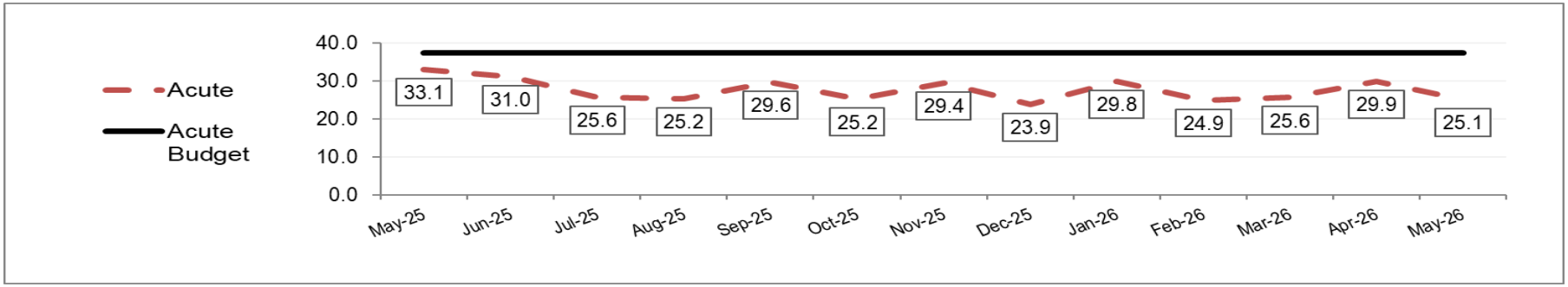
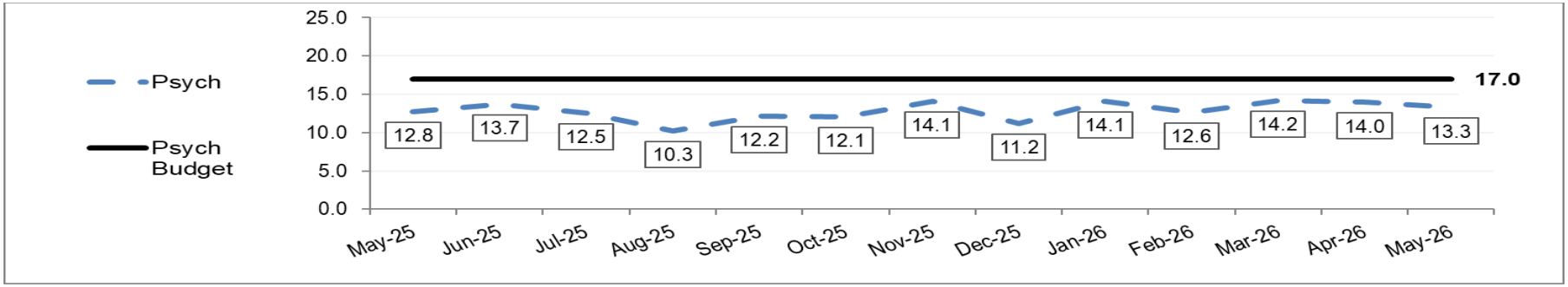
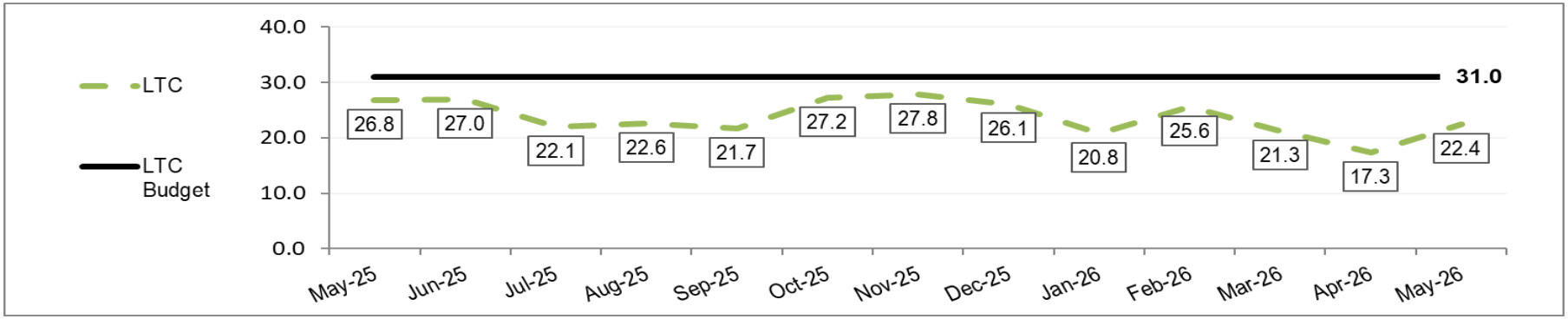
Inpatient Days

May			Year-to-Date		
Actual	Budget	Variance	Actual	Budget	Variance
1,884	2,649	(765)	20,995	28,627	(7,632)

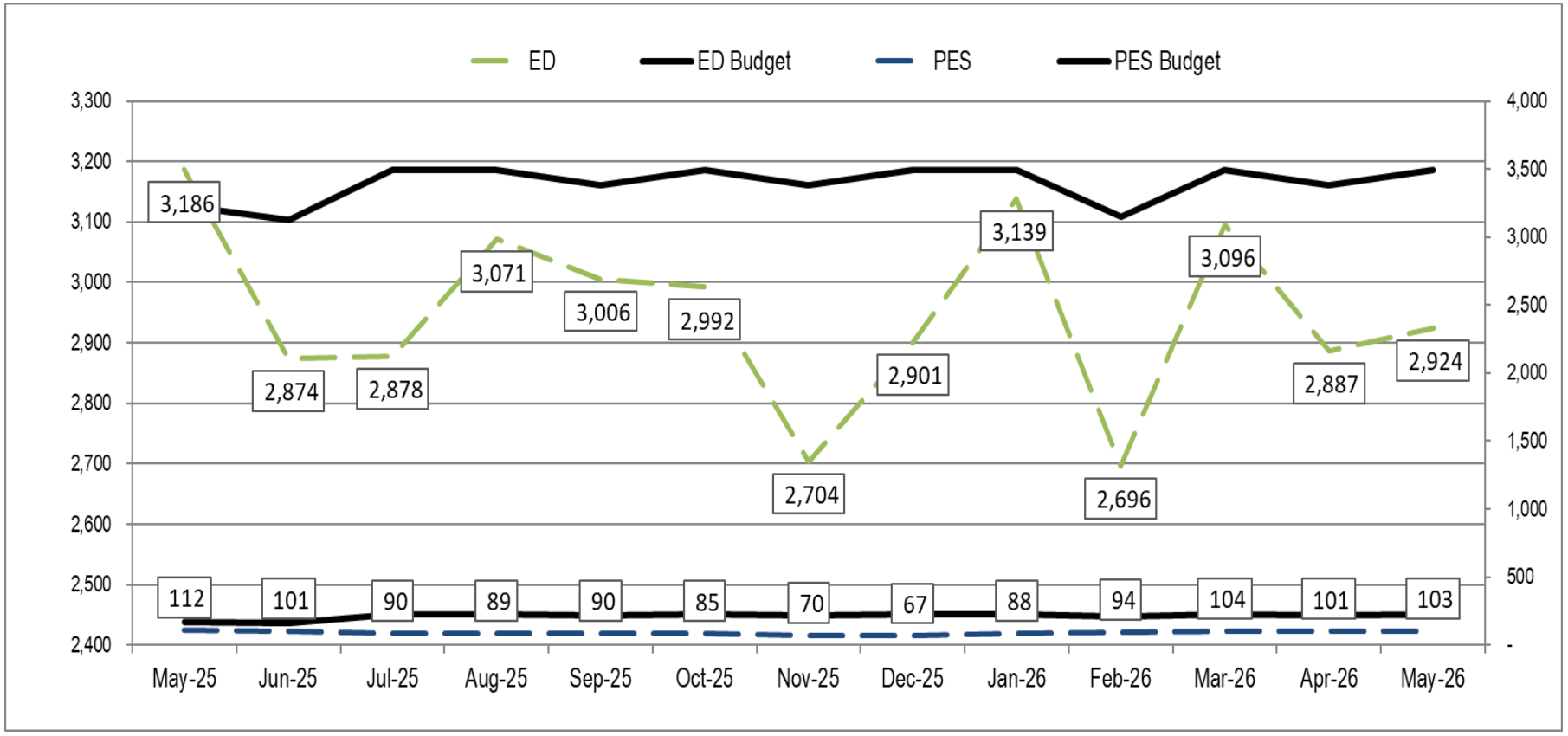






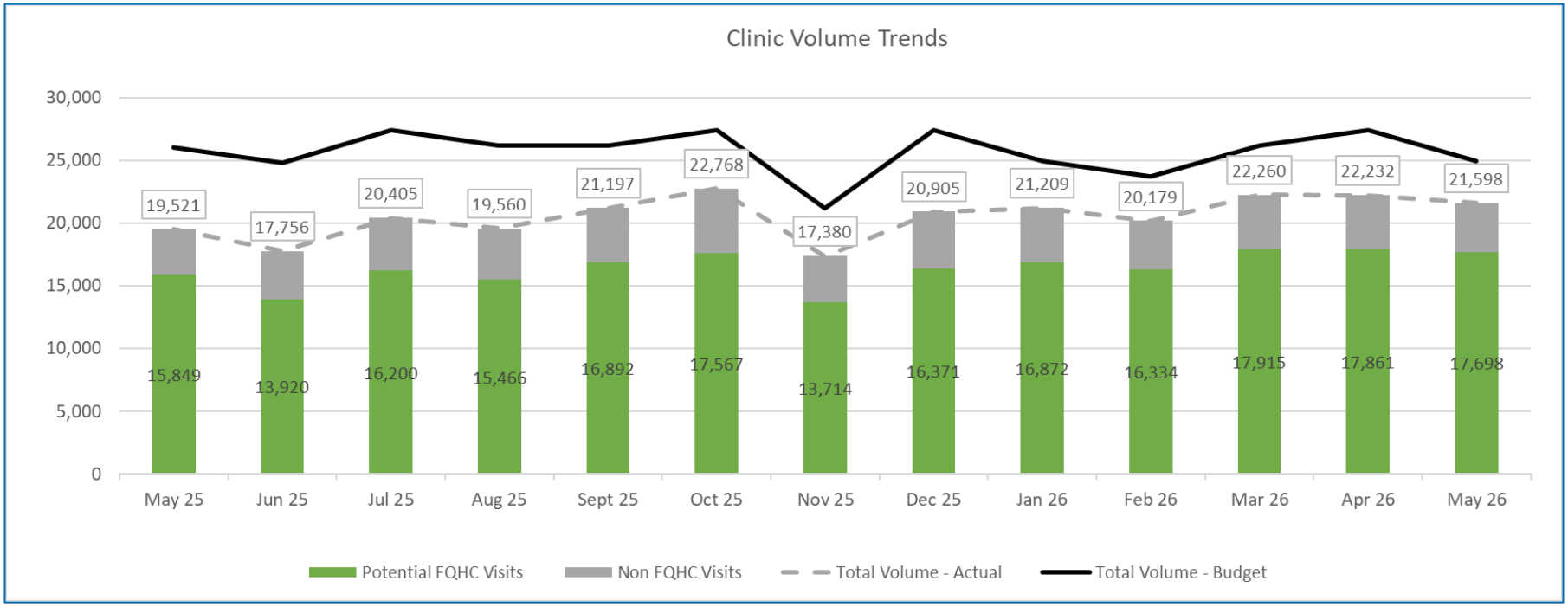
ED Visits

May			Year-to-Date		
Actual	Budget	Variance	Actual	Budget	Variance
3,027	3,719	(692)	33,275	40,190	(6,915)



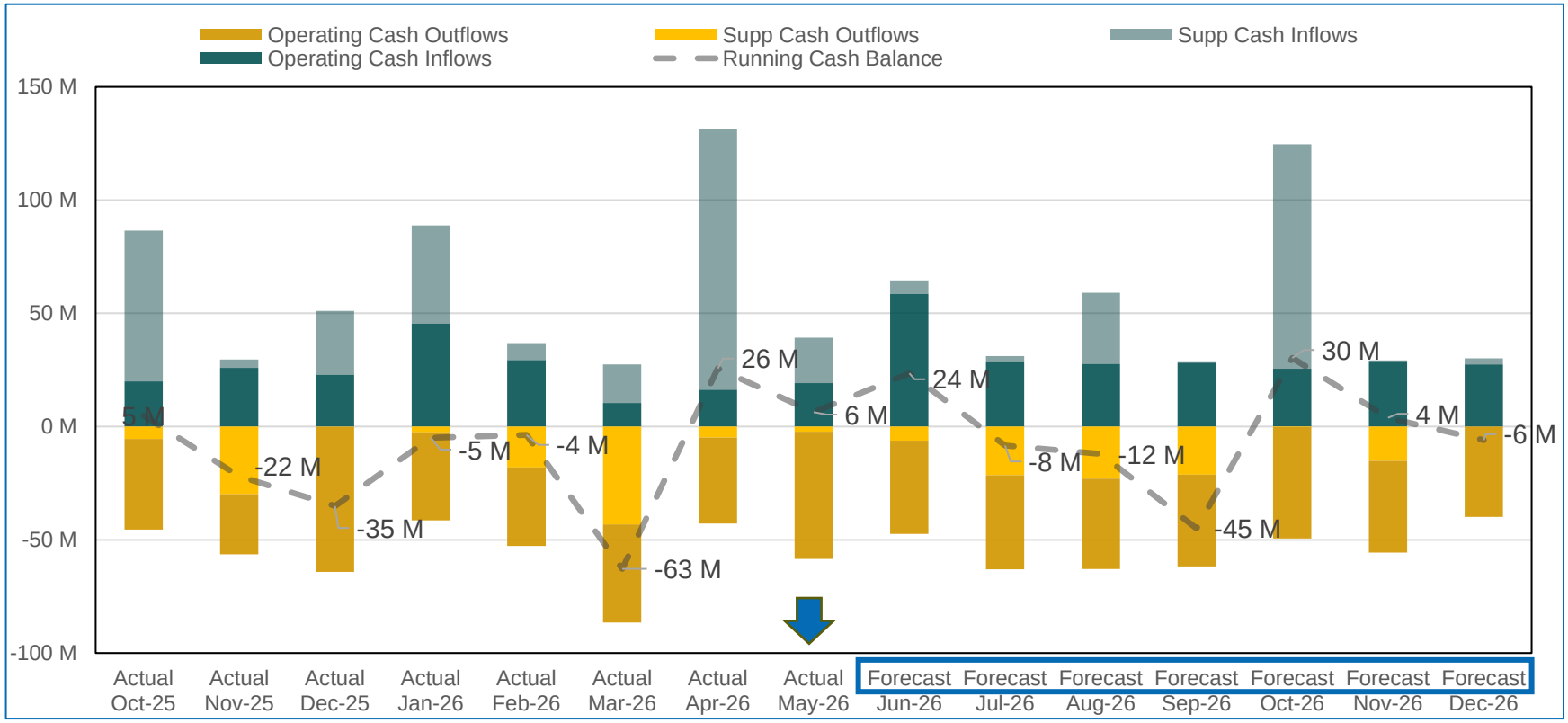
Clinic Visits

May			Year-to-Date		
Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
21,598	24,940	(3,342)	229,693	283,609	(53,916)



- Clinic visit volume per day reached a year-to-date high in May, increasing to 1,080 visits per day (all types).

Cash Position and Forecast



Cash flow challenges & opportunities

- $20M of cash inflow for the month of May was related to supplemental programs.
- The decreasing cash balance forecasted through September reflects cash outflows related to three supplemental programs (Global Payment Program, Enhanced Payment Program, and the Quality Incentive Pool Program).
- This decrease will be followed by supplemental payments expected in October.

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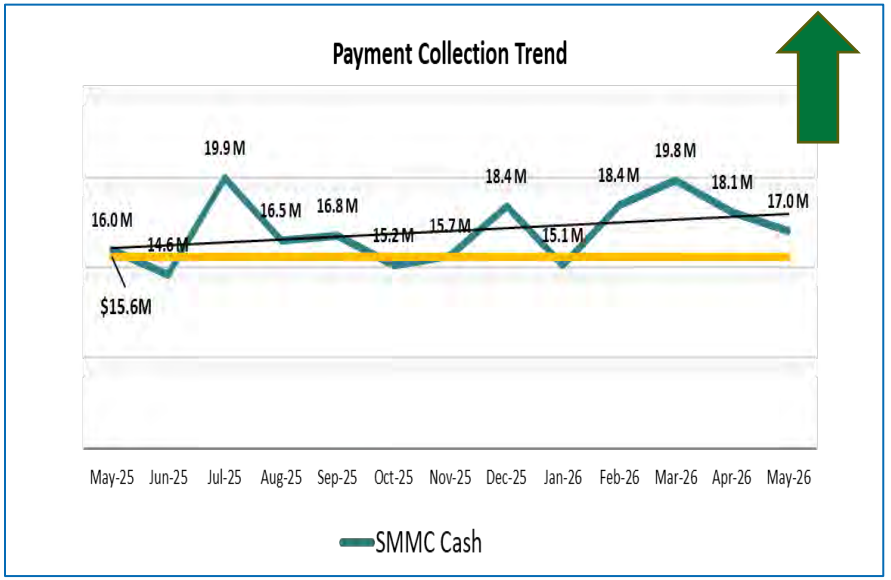
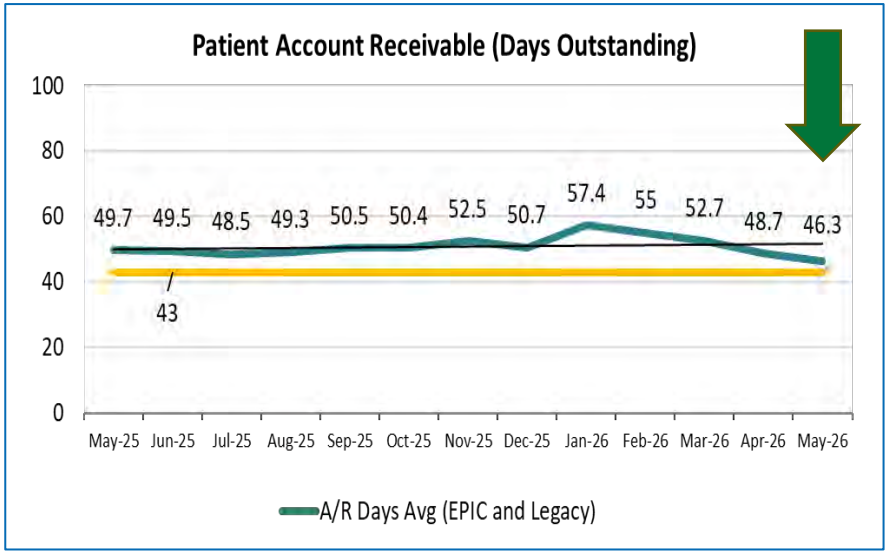
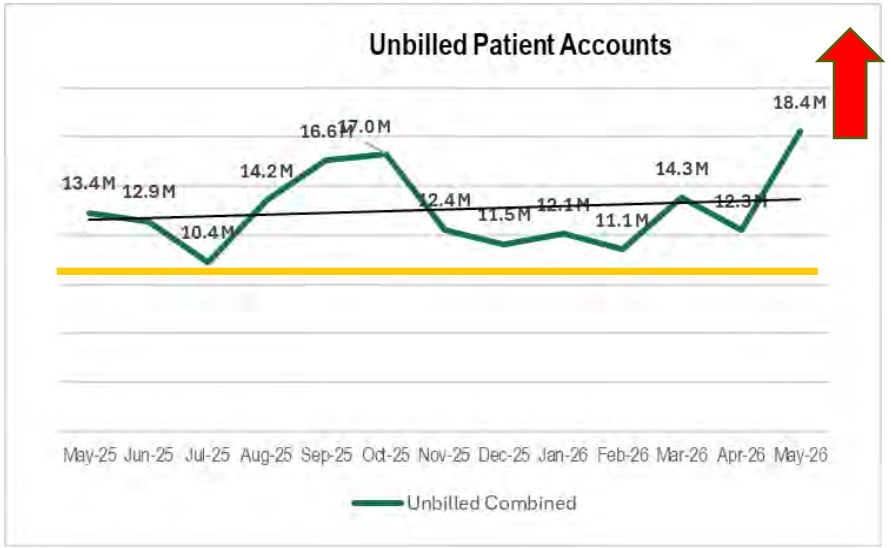
Revenue Cycle Key Performance Indicators

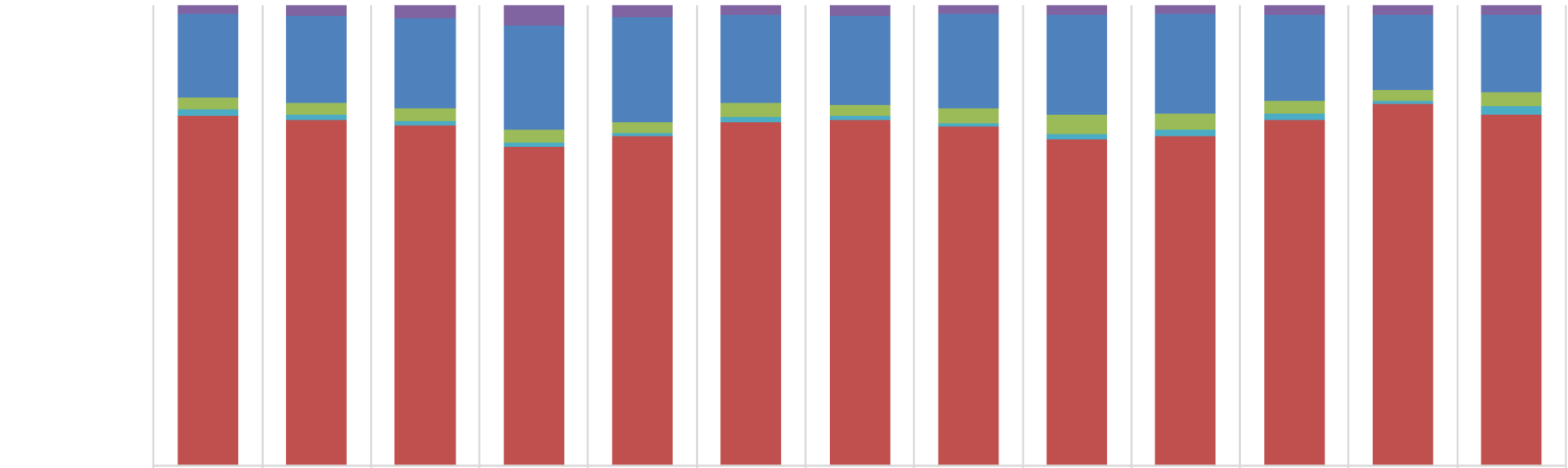
- **Payment Collection Trend –** Month-end May cash closed at $17M. June is expected to be lower due to the annual hold on Medi-Cal payments during the state's fiscal year end.
- **A/R (Accounts Receivable) Days Outstanding –** AR Days decreased to 46.3, reflecting work queue management improvements.
- **Unbilled patient accounts –** The unbilled increase is related to new billing configuration changes.







Payer Mix



	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Other	2.0%	2.4%	2.9%	4.4%	2.7%	2.1%	2.5%	2.0%	2.1%	1.9%	2.1%	2.1%	2.2%
Medicare	18.2%	18.8%	19.7%	22.7%	22.7%	19.2%	19.2%	20.5%	21.6%	21.8%	18.7%	16.3%	16.7%
Self Pay	2.4%	2.6%	2.8%	2.9%	2.5%	3.0%	2.4%	3.1%	4.3%	3.4%	2.9%	2.4%	3.0%
ACE/ACE County	1.4%	1.2%	0.8%	0.9%	0.6%	1.1%	1.0%	0.8%	1.1%	1.3%	1.3%	0.7%	1.9%
Medi-Cal	76.0%	75.1%	73.8%	69.1%	71.5%	74.6%	75.0%	73.6%	70.9%	71.6%	75.0%	78.5%	76.2%

NOTE:

Medi-Cal includes Medi-Cal FFS and HPSM Medi-Cal
Medicare includes Medicare FFS and HPSM Care Advantage

Highlights

- Payer mix remains steady
- Payer mix changes expected in July with elimination of dental coverage UIS.

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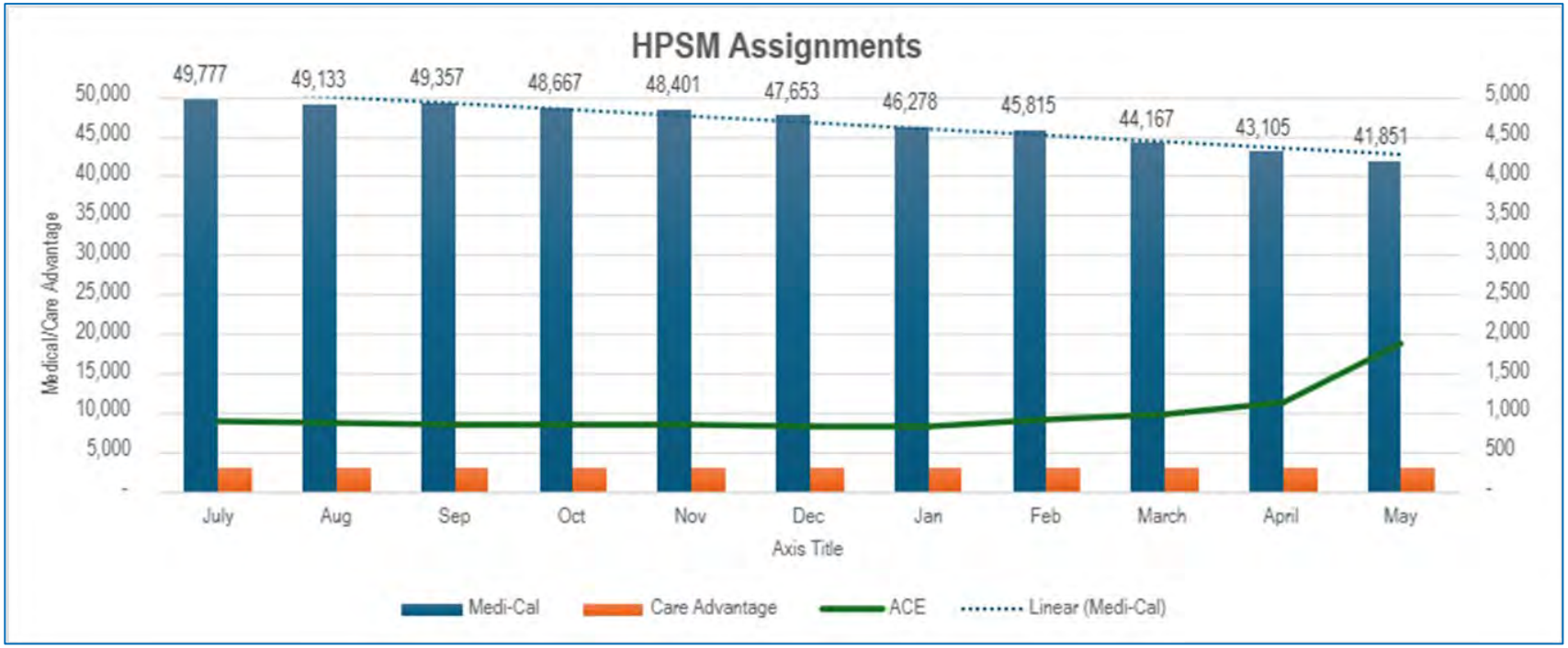
HPSM Assignments



Highlights

- HPSM Medi-Cal assignments are decreasing.
- ACE program enrollment increases are lower than Medi-Cal assignment decreases.
- Retroactive changes in Medi-Cal eligibility are impacting assignments.

Source: HPSM Active Engagement file.

CEO Report
JULY 2026

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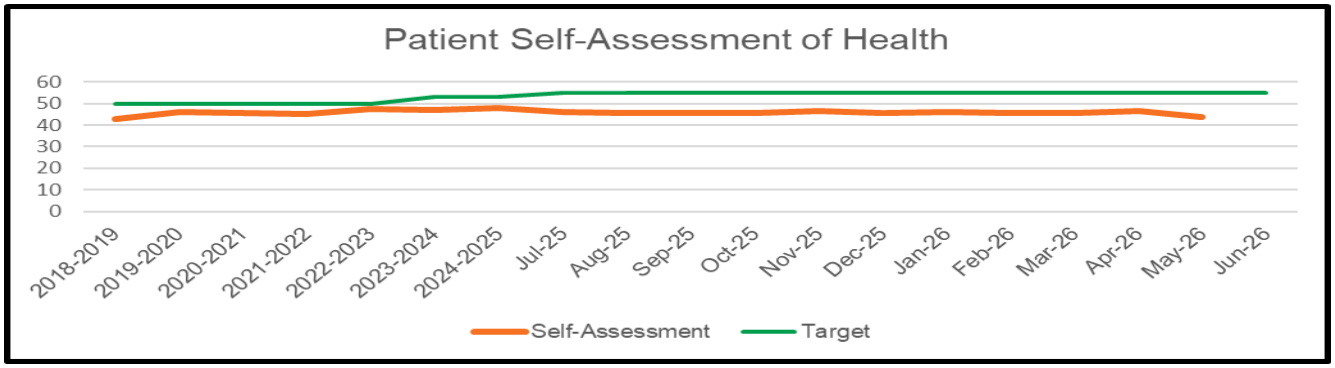
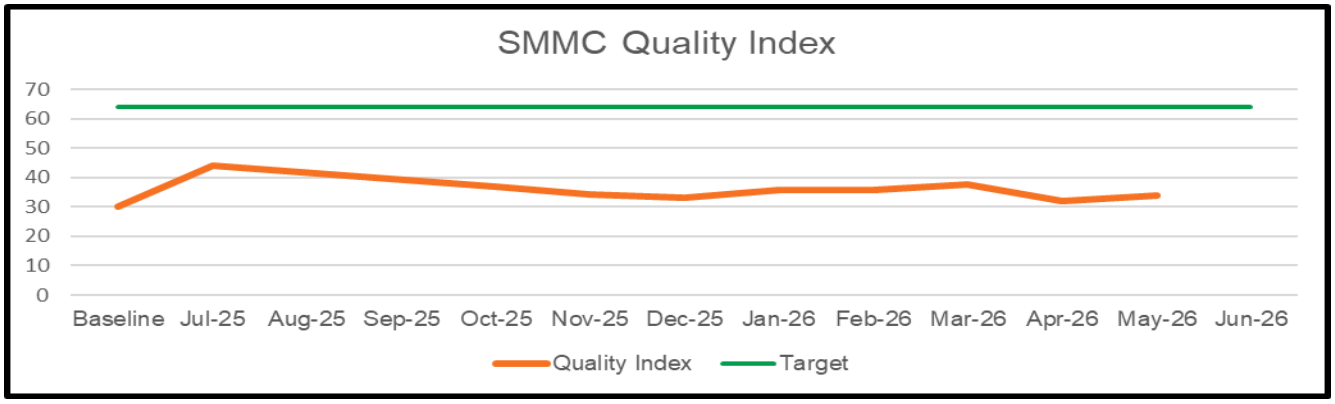
Excellent Care

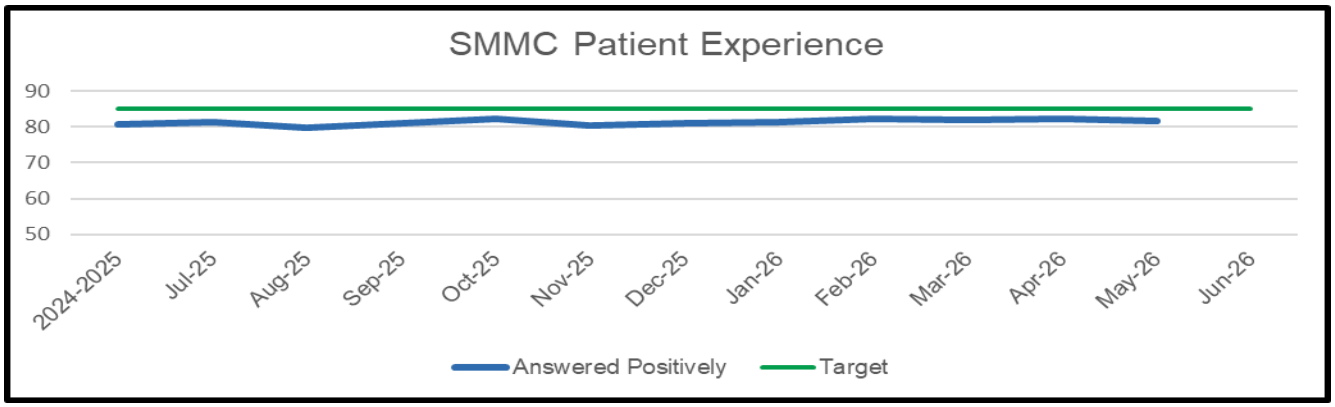


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



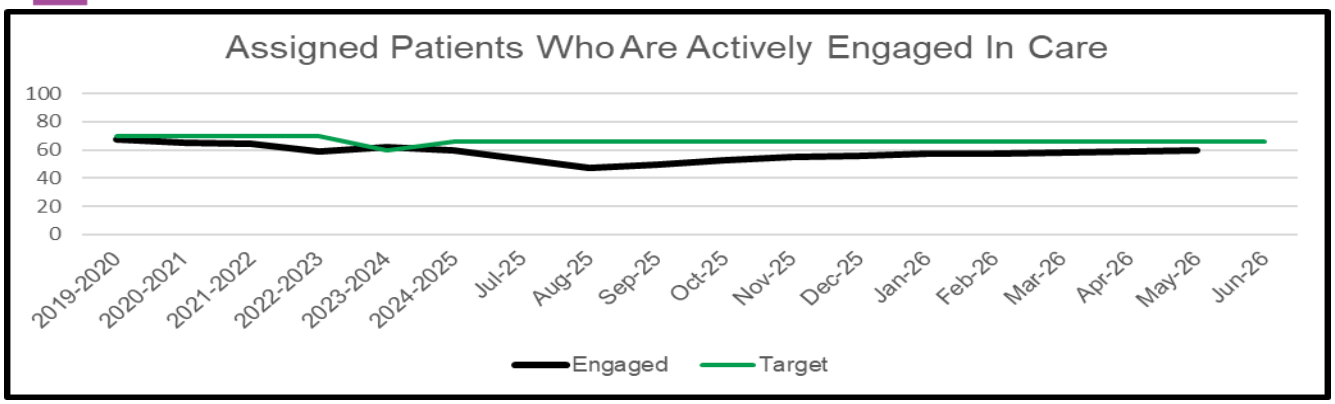
Quality Index: This represents the percentage of SMMC Quality Incentive Program Metrics above the 90th percentile of national Medicaid performance and Health Plan of San Mateo Performance Metrics at goal. **Higher is better.**

Patient Experience



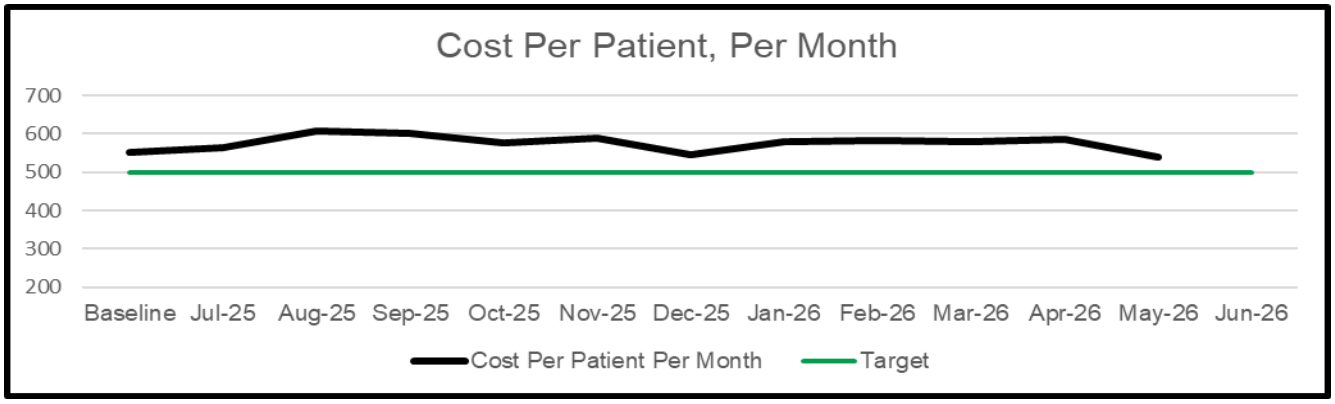
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Would you recommend this facility to friends and family?” **Higher is better.**

Access to Care



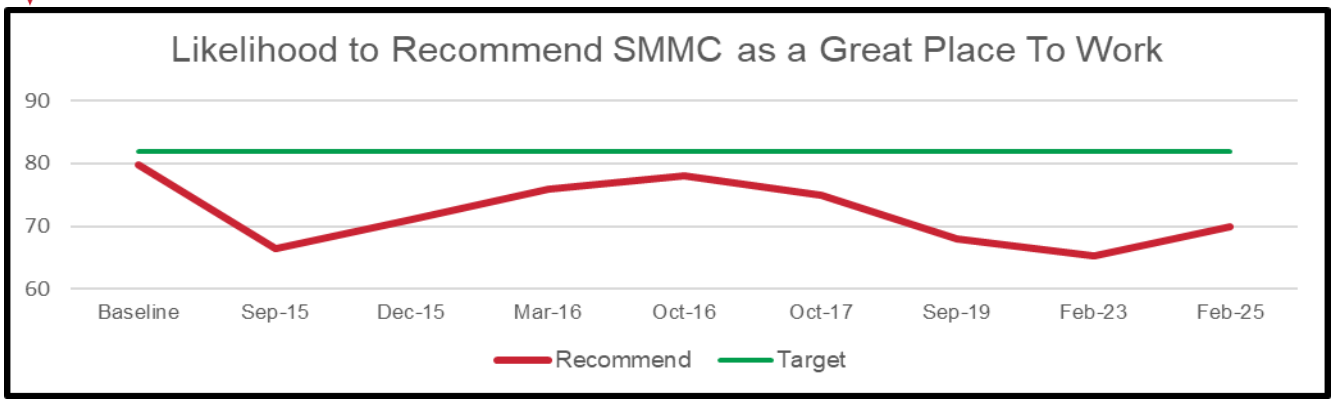
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better**.

Financial Stewardship



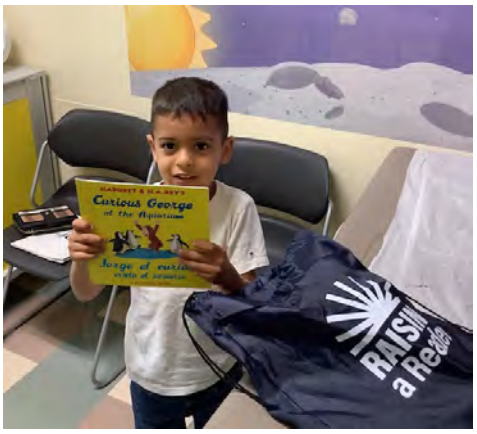
Cost Per Member, Per Month. Total cost divided by total number of unique patients seen. **Lower is better.**

Staff Engagement



Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual GP Strategies staff engagement survey. **Higher is better.**

Strategic Updates, Recognitions & Awards




Pictured above*: *(left and center) SMMC pediatric patients receive their Super Summer Learning Kits. (right) Dr. Tatum Sohlberg, pediatrician at Daly City Health Center, reviews the contents of the kit with a patient and her mom.

San Mateo Medical Center Distributes Reading Kits to Combat Summer Learning

Summer vacation means time away from learning, specifically reading, which can lead to a 20-30% loss of reading gains made during the school year. This setback disproportionately impacts low-income youth and contributes to long-term learning gaps. To help close the gap, San Mateo Medical Center pediatricians partnered with community organizations and other healthcare providers to distribute Super Summer Learning Kits to kindergarten and pre-kindergarten patients. The bags, donated by the San Mateo County Health Foundation, are filled with books, letter magnets, blocks and an activity guide.

When a pediatric patient arrives for their appointment, they are given a Learning Kit to explore. The provider takes a few moments to review the kit and the activity guide with the parents or caregivers. Dr. Tatum Sohlberg, pediatrician at Daly City Health Center, sees the benefit of the learning kits. “As a pediatrician, there is nothing I love more than seeing a child’s delight when I hand them a book!”

According to the American Academy of Pediatrics (AAP), reading proficiency by third grade is a significant predictor of high school graduation and career success. Unfortunately, about 80% of those living below the poverty threshold fail to develop reading proficiency by the end of third grade. This disparity is a systemic issue caused by structural barriers such as racism, inadequate access to housing, food insecurity, and “time poverty,” which is a result of parents needing to work long hours and multiple jobs. That’s why the AAP recommends that pediatricians encourage shared reading, beginning at birth and continuing at least through kindergarten, as a strategy for supporting parents and caregivers.

“It reinforces our counseling to avoid spending the summer on an iPad or watching TV when we can hand the child an alternative activity that they are excited about. And parents are equally excited to have new ideas on how to engage with their kids over the summer and support their learning,” said Dr. Sohlberg.

About 230 Super Summer Learning Kits have been distributed through SMMC pediatric clinics. They are very popular with both patients and parents, as well as with the care teams who get to hand them out to families and experience their joy and excitement.

“I am thrilled to have more tools to help support early childhood education. I also love seeing patients light up when they get their kit,” said Kara Ramos, Nurse Practitioner at Daly City Health Center.

Thank you to Dr. Sohlberg for her leadership in our literacy programs for kids and to the Foundation for supporting this work.

Building Trust Between Staff and Executives

As has been shared with the board, in response to our 2025 Staff Engagement Survey results, we created a “Building Trust” executive workgroup focused on improving trust, support, and communications between staff/managers and executives. As the end of the fiscal year approaches, the team wanted to provide an update. The group has focused on evolving executive rounding, both in scope and depth. As of June 2026, the executive team rounded throughout the organization to regularly connect with managers and staff. The team also worked on improving awareness of who is on the executive team and how they work together to make decisions and run operations. Based on feedback, the executive team is now providing more financial and strategic insights during management meetings and through a new all-staff Executive Brief. Understanding trust is relational and long-term, the team is making plans to ensure the work to improve support and communications continues.

Supporting Staff and Leaders with Data

Another effort that has been previously presented to the board was focused on better supporting staff and leaders with data. Our executive team workgroup that focused on building out our analytics infrastructure had success in creating improved processes, so staff and leaders have better access to actionable, meaningful information. That work has resulted in more focused and standard dashboards that are available to more people. Additionally, they successfully incorporated our Quality Improvement Program (QIP) supplemental revenue metrics into our value-stream based councils as a way to measure the improvement work. The team is excited to see where these efforts lead us in the next fiscal year!

Operational Redesign Efforts

As we face significant uncertainty in the 26-27 fiscal year, another executive workgroup spent this past year on efforts that we knew would benefit us no matter what the future holds. This boiled down to a focus on improving efficiency (how can we make things easier and less burdensome for staff while also looking for opportunities to manage cost drivers), access (how can we ensure more of our patients are connected to care), and revenue (how can we identify new and expanded sources of revenue). An example of this work in our clinics is that we have been able to significantly recapture lost capacity through reductions in no show rates, as demonstrated by a decrease in the average number of unused appointments per day from 182 in the first half of the fiscal year to 172 in the second half of the fiscal year. As a result of this and experiments to address urgent care needs by establishing a pathway to connect with a provider through the New Patient Connection Center and RN Co-Managed visits with a provider, the average number of completed appointments increased from 979 to 1,055 over the same period. We have also demonstrated our ability to align staffing with the number of patients being served in inpatient units through the use of data and management tools and identified opportunities to meet medical specialty needs at SMMC.

##

SAN MATEO COUNTY HEALTH
All together better.

June 2026

SNAPSHOT: **San Mateo County Health**

TO: SMMC Board Members | FROM: Colleen Chawla, Chief

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	1,873 (May 2026)	63.5%	99.0%
Medi-Cal	142,515 (May 2026)	-1.9%	-10.9%

Connecting Voices: Community Health Worker Convening Was a Resounding Success!

On June 12, the Access to Health Care Services (AHCS) Work Group of San Mateo County's Community Health Improvement Plan (CHIP) hosted **Connecting Voices: A Community Health Worker Convening**, and the response from our community exceeded all expectations.
The event brought together 130 attendees from more than 40 organizations, selling out before the two-week registration deadline. A distinguished lineup of experts and leaders highlighted the critical role Community Health Workers (CHWs) play in advancing equitable access to health and social services.

Together, they explored opportunities to build a sustainable CHW workforce pipeline from training to employment through cross-sector partnerships. Spanish-language printed materials and interpretation services were provided to ensure participation from our wide-range of CHWs in the county.

Watch the short video highlighting this amazing community event. For more information check out the CHW Convening Program Guide. For questions, please contact Sonali Suratkar, Co-Lead for AHCS Work Group at ssuratkar@smcgov.org

Mental Health Training Supports Elected Leaders

San Mateo County Behavioral Health and Recovery Services partnered with Board of Supervisors President Noelia Corzo, the San Mateo County Mayors Mental Health Initiative and Community Connections Psychological Associates to launch a mental health training designed for elected officials.

The “Be Sensitive, Be Brave for Mental Health” training was adapted to help elected leaders reflect on the mental health impacts of public service, including stress, burnout, stigma and emotional well-being. Twenty-three elected officials from cities and school districts across the county participated during May Mental Health Month.

Participants learned how to recognize signs of mental distress, support colleagues and loved ones, build resilience and connect people to local resources. The training also created space for elected leaders to talk openly about mental health and model the importance of seeking support.

The effort builds on four years of work through the Mayors Mental Health Initiative to reduce stigma and expand awareness of mental health and suicide prevention resources across San Mateo County.