July 9, 2026

TO: Legal Counsel

News Media
Salinas Californian
El Sol
Monterey County Herald
Monterey County Weekly
KION-TV
KSBW-TV/ABC Central Coast
KSMS/Entravision-TV

The next regular meeting of the **TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE – COMMITTEE OF THE WHOLE** of the **SALINAS VALLEY HEALTH**[1] will be held **WEDNESDAY, JULY 15, 2026, AT 4:00 P.M.,** in the **HEART CENTER TELECONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.**

(*For Public Access Information Visit* https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/.)

Allen Radner, MD
President/Chief Executive Officer

[1] Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Committee Voting Members: **Victor Rey, Jr.**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Allen Radner, MD,** President/CEO, **Gary Ray**, Chief Legal Officer, **Nikolas Greenson, MD**, Medical Staff Member

Advisory Non-Voting Members: Jim Gattis, Jib Martins, and Anne McCune, Community Members

TRANSFORMATION, STRATEGIC PLANNING & GOVERNANCE COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH[1]

WEDNESDAY, JULY 15, 2026, 4:00 P.M.
HEART CENTER TELECONFERENCE ROOM

Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California

(Visit SalinasValleyHealth.com/virtualboardmeeting for Public Access Information)

AGENDA

1. Call to Order / Roll Call

2. Public Comment

   This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda.

3. Approve Minutes of the Transformation, Strategic Planning and Governance Committee Meeting of April 15, 2026. (REY)

   - Motion/Second
   - Public Comment
   - Action by Committee/Roll Call Vote

4. Marketing & Communications Overview (DiTullio)

5. Mobile Clinic – Overview & FY27 (RODRIGUEZ)

6. Adjournment

   The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for Wednesday, **October 14, 2026** at 4:00 p.m.

This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment.

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The Salinas Valley Health (SVH) Committee packet is available at the Committee Meeting, electronically at https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2026/, and in the SVH Human Resources Department located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the SVH Board.

Requests for a disability related modification or accommodation, including auxiliary aids or Spanish translation services, in order to attend or participate in-person at a meeting, need to be made to the Board Clerk during regular business hours at 831-759-3208 at least forty-eight (48) hours prior to the posted time for the meeting in order to enable the District to make reasonable accommodations.

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH[1]
TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE
COMMITTEE OF THE WHOLE
MEETING MINUTES APRIL 15, 2026

Committee Member Attendance:

Voting Members Present: **Victor Rey, Jr.,** Chair, **Rolando Cabrera, MD**, Vice Chair, **Allen Radner, M.D.**, President/CEO, **Gary Ray**, CLO, and **Nikolas Greenson, M.D.**, Medical Staff Member

Voting Members Absent: None

Advisory Non-Voting Attendees Present:
In Person: Timothy Albert, M.D., CCO, Iftikhar Hussain, CFO, Alysha Hyland, CAO, Rakesh Singh, M.D., VP,
Via Teleconference: Jib Martins, Subject Matter Expert, Jim Gattis, Subject Matter Expert, Clement Miller, COO, Carla Spencer, CNO, Michelle Childs, CHRO

Other Board Members Present Constituting Committee of the Whole:
Via Teleconference: Catherine Carson and Joel Hernandez Laguna

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Rey called the meeting to order at 4:01 p.m. in the Heart Center Teleconference Room.

2. PUBLIC COMMENT: None

3. APPROVAL OF MINUTES FROM THE TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE MEETING OF JANUARY 19, 2026

Approve the minutes of the January 19, 2026 Transformation, Strategic Planning and Governance Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None.

MOTION:
Upon motion by Vice Chair Rolando Cabrera, second by Committee Member Nikolas Greenson, M.D, the minutes of the January 19, 2026 Transformation, Strategic Planning, and Governance Committee are approved as presented.

ROLL CALL VOTE:

Ayes: Rey, Dr. Cabrera, Dr. Radner, Ray and Dr. Greenson;
Nays: None;
Abstentions: None;
Absent: None.

Motion Carried.

[1] Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. RADIOLOGY UTILIZATION AND QUALITY IMPROVEMENT REPORT

Rakesh Singh, M.D., Vice President of Medical Affairs, reviewed the Radiology Utilization and Quality Improvement Report, emphasizing a systematic approach for enhancing efficiency and reducing costs in clinical utilization. The initiative aims to provide appropriate imaging at the right time with minimal radiation exposure, aligning with evidence-based practices and value-oriented care. Radiologists are identifying low-value imaging requests via Epic chat, and opportunities are examined for improvements. The committee is also focused on quality initiatives to enhance clinical communication and patient safety.

A full report was included in the packet.

COMMITTEE DISCUSSION: The committee discussed the scope of services, clarifying that care is primarily clinic-based, including outpatient imaging and post-procedure follow-ups, with limited oncology clinic hours and 24/7 Interventional Radiology (IR) coverage available as needed. It was emphasized that while external vendors may support services, the institution remains responsible for ensuring consistent quality, appropriate oversight, and reliable processes. Members reviewed prior challenges within the radiology program, particularly related to staffing in radiology and anesthesia, and highlighted improvements such as strengthening internal programs, incorporating tele-radiology for after-hours coverage, and ongoing efforts to expand on-site diagnostic radiology presence. The current model was noted to be more cost-effective than outsourcing alternatives. The group also stressed the importance of timely and accurate results reporting, especially for critical findings, to be addressed within quality and safety initiatives. Additionally, discussions included increasing clinical and managerial involvement in imaging oversight, continued development of clinic imaging processes, and the impact of higher imaging volumes associated with trauma-level services. Dr. Radner emphasized the importance of radiologists being actively involved in clinical decision-making, noting the value of direct collaboration with physicians to determine the most appropriate imaging and care. Dr. Singh added that the organization is well-supported by its current team and now has a structured approach in place to focus on quality improvement.

5. HEALING AT HOME PROGRAM UPDATE

Rakesh Singh, M.D., Vice President of Medical Affairs, and Michelle Orta, Director of Continuum of Care Transitional Care, provided an update on the Healing at Home program. The Healing at Home program was developed to minimize costs and risks linked to unnecessary hospitalizations. This program was recently featured as a significant affordability initiative by the Office of Healthcare Affordability (OHCA). The program offers eligible patients with a safe alternative to impatient care through coordinated, home-based recovery with telephonic and virtual clinical oversight. It effectively prevents inpatient admissions and diversions to emergency departments. Future initiatives include monitoring pneumonia recovery with new performance targets set for 2026-2028, with a goal of limiting admissions within 30 days to 95% and increasing member utilization of Healing at Home by 1.0% over the established baseline.

A full report was included in the packet.

COMMITTEE DISCUSSION: The committee discussed patient eligibility and support, noting that the program assesses living conditions, communication access, and whether patients have adequate support at home. Staffing and operations were reviewed, highlighting a multidisciplinary team, use of at-home monitoring tools, patient education materials, and ER nurses conducting assessments, along with collaboration with external partners. Patients are given clear return instructions if their condition worsens, and feedback has been positive, with ongoing efforts to improve processes.

It was noted that the program is currently institution-funded, with payer participation still developing, and that some patients experience better recovery at home than in the hospital. Additional discussion covered demographics, language access, and readmissions, with most patients being adults, language support provided through bilingual staff and translation services, and readmissions primarily due to clinical conditions such as sepsis identified by nurses. The program was recognized as beneficial for patients and families, especially those living farther away, with recommendations to expand marketing, refine branding, and continue building on its success.

6. ADJOURNMENT

There being no other business, the meeting was adjourned at 4:59 p.m. The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for Wednesday, **July 15, 2026** at 4:00 p.m.

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Victor Rey, Jr., Chair
Transformation, Strategic Planning and Governance Committee

MARKETING & COMMUNICATIONS OVERVIEW

VERBAL REPORT

(DITULLIO)

Mobile Clinic – Overview & FY27

Transformation, Strategic Planning & Governance Committee
July 15, 2026

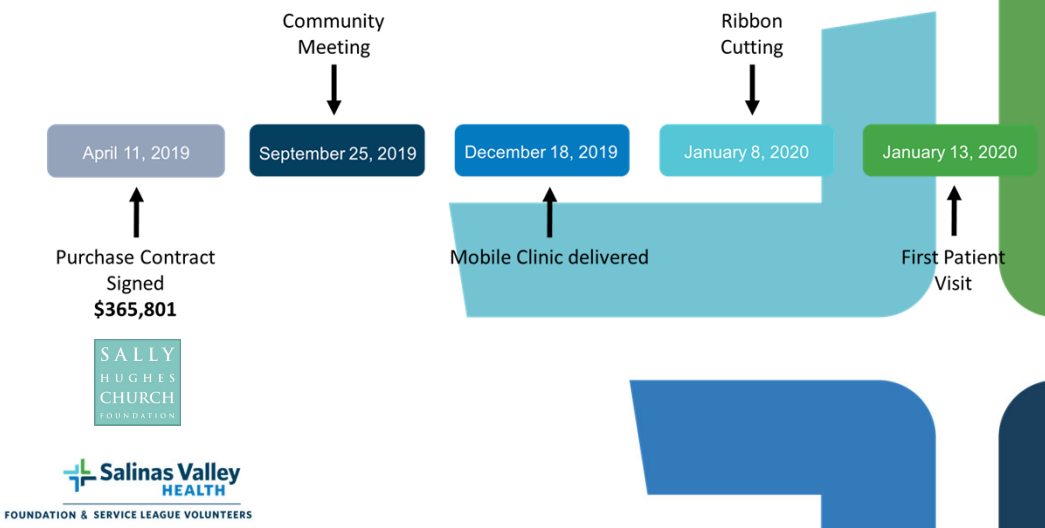
Orlando Rodriguez, MD
Chief Medical Officer

Salinas Valley HEALTH

Mission Statement

The Salinas Valley Health Mobile Clinic is dedicated to improving the health of our community by increasing access to care for those living in medically underserved areas, providing preventive and primary care where it is needed.

The **Launch**



SALLY HUGHES CHURCH FOUNDATION

Salinas Valley HEALTH
FOUNDATION & SERVICE LEAGUE VOLUNTEERS

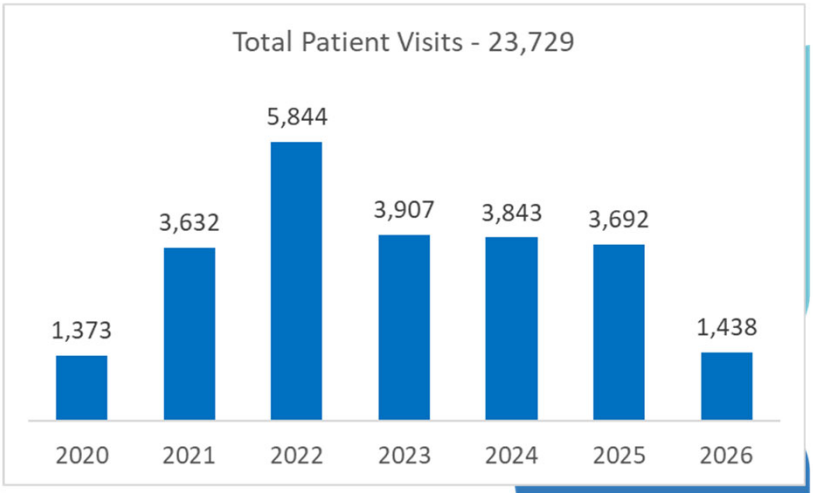
Services

2020 – 4 days, 5 locations

- Primary Care
- Simple Urgent Care
- Chronic Disease Management
- POCT (COVID, Flu, Glucose, A1C, Pregnancy, UA)
- Health Screenings
- Immunizations (Flu)
- Health Education and help connecting patients to resources (CHAs)

2026 – 5 days, 6 locations

- Primary Care
- Simple Urgent Care
- Chronic Disease Management
- Health Screenings
- Immunizations (VFC and SGF/Flu)
- Health Education and help connecting patients to resources (CHAs)
- Diabetes Care
- POCT (COVID, Flu, Strep, Mono, RSV, Glucose, A1C, Pregnancy, BV, UA, Hemoglobin)
- Sports Physicals
- UTI/STD Screenings
- Wellness Screenings



Patient count as of 7/2/26

Operating Expenses

FY20: $135,249 (6 months only, start date 1/13/20)

FY21: $380,225 (CHA grant from Blue Shield, volunteer driver)

FY22: $527,611 (CHA grant from Blue Shield, volunteer providers)

FY23: $686,022

FY24: $736,916

FY25: $849,806

FY26: $985,027

Preliminary FY27: $1,337,412
$1,612,453 with expansion

Milestones

Food Bank for Monterey County – July 2023

Foundation Laboratory – March 2024

Wellness Panel and Standard STD Panel FREE for UNINSURED

Dedicated Provider – June 2024

Supervisor – August 2024

SGF (Flu vaccines) – May 2025

VFC – July 2025

VFA – Contingent upon the availability of program funding

Since January 2025, the San Benito County Health Clinic has been immunizing patients from the Mobile Clinic, administering a total of 450 doses to 155 adults.

Community Impact

- Improving access to care/preventative health care
- Hosting community flu clinics (SGF Provider)
- Immunizing children so they can attend school (VFC Provider)
- Addressing food insecurity
- Connecting patients to resources (medical/housing/food/gas)
- Providing sports physicals
- Teaching site for nursing students

Challenges

- Staffing Providers – virtual appointments, cancellations
- Limited capacity/space
- Mechanical issues, service appointments, aging vehicle
- Technology & connectivity
- Inclement weather
- Immigration Policy

FY25 (7/1/24-6/30/25)

- Total Visits: 3,633
- **Sports Physicals: 647**
- **Flu Clinics: 606**
- **Special Events: 116**

- Budget: $935,513
- **Actual: $849,806**
- Average Cost per Visit: **$292**
- Average Cost per Visit: **$375 (without Sports Physicals)**

FY26 (7/1/25-6/30/26), VFC Provider

- Total Visits: 3,661
- **Sports Physicals w/VFC Screenings: 658**
- **Flu Clinics: 734**
- **Special Events: 253**

- Budget: $1,056,975
- **Actual: $985,027**
- Average Cost per Visit: **$368**
- Average Cost per Visit: **$489 (without Sports Physicals)**

Mobile Clinic Schedule

- 26.5 regular service hours, plus special events
- 6 locations
- 5 days

Potential Schedule – FY27

40 regular service hours, 9 locations, 6 days

Sunday
Soccer Complex 11am-4pm (5hrs)

Monday
Santa Rita FRC, 10am-2:30pm (4.5hrs) – NEW LOCATION
AHS, 3:30pm-7pm (3.5hrs)

Tuesday
Walmart, 10am-1:30pm (3.5hrs)
EAHS, 2:30pm-6pm (3.5hrs)

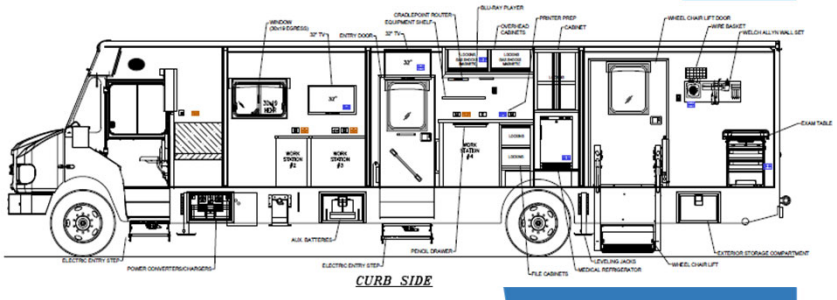
Wednesday
Soledad FRC, 9am-12pm (3hrs) – NEW LOCATION
Greenfield FRC, 1pm-6pm (5hrs)

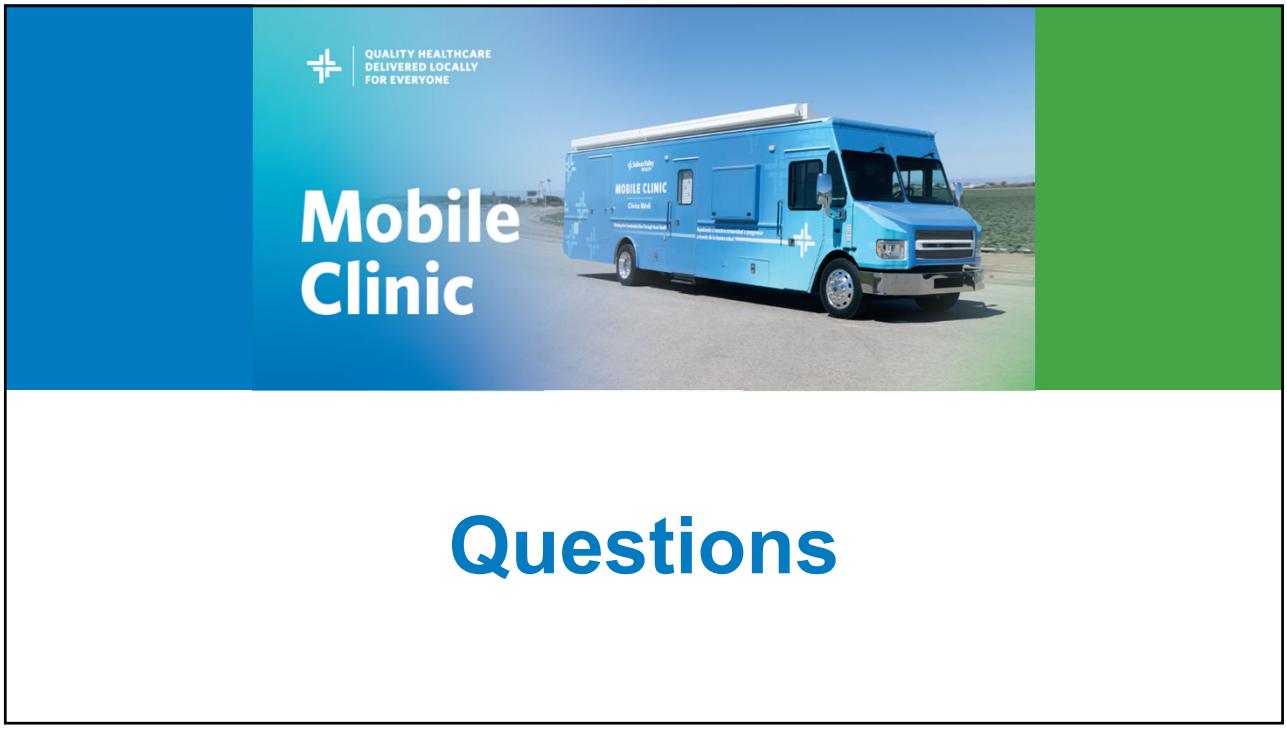
Thursday
MLK FRC, 10am-6pm (8hrs)

Friday
Frank Paul FRC, 11am-3pm (4hrs) – NEW LOCATION

Future – New Mobile Clinic

Quote: $750,000 - $850,000
Order to delivery: 10 -11 months




QUALITY HEALTHCARE
DELIVERED LOCALLY
FOR EVERYONE
Mobile
Clinic
MOBILE CLINIC

Questions

ADJOURNMENT