



JOINT CONFERENCE COMMITTEE MINUTES

March 18, 2026 from 2:00 – 4:00 PM

Contra Costa Regional Medical Center

2500 Alhambra Avenue, Martinez, CA – Building 1 First Floor Conference Room

VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Ken Carlson, District IV; Dayana Carcamo-Molina MD; Tarun Bhandari MD; NON-VOTING MEMBERS PRESENT: David Culberson, CCRMC Chief Executive Officer; Sarah McNeil MD, Medical Staff President; Grant Colfax, MD Contra Costa Director of Health Services; Harmandeep Madra MSN, RN; Chief Nursing Officer; NON-VOTING MEMBERS ABSENT: Sergio Urcuyo, MD, CCRMC Chief Medical Officer; Brian Buchanan, Contra Costa Health Services Chief Financial Officer; GUESTS PRESENT: Geena Jester MD, Hospital Medical Director; Andrea Sandler MD, Associate Ambulatory Care Medical Director; Gilbert Salinas, Roberto Vargas, Director, Safety and Performance Improvement; Leah Carlon, Health Care Risk Manager, Safety & Performance Improvement; Kali Stanger, MD; Emily Parmenter, Strategic Initiatives; Rajiv Pramanik Lavonna Martin, Rachel Birch, Matt Kaufmann, Jill Ray, Jenny Tsang, MD, Jackie Zahn, Julia Surges, Marianna Moore, Corticha Flucus, Chandra Sallas, Dorina Moraida, Greg Colley, Irma Peralta, Shanise Thomas, Shiu-Ming Cheer, Shelly Whalon, Tania Pulido, Vilma E Bocanegra, Ricardo Adman, Debra Ballinger; GUESTS ABSENT: Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Ira Beda Sabio RN, Inpatient Associate Nursing Manager; Jasmin Contreras RN, Director, Safety and Performance Improvement; Adalberto Garibay, Lieutenant Chief of Security; Manny Bowlby

AGENDA ITEM	ACTION
<p>I. CALL TO ORDER AND INTRODUCTIONS Meeting Chair – Supervisor John Gioia, District I</p> <ul style="list-style-type: none"> • Meeting called to order at 2:00 PM by Supervisor Gioia • Location of meeting at two locations under the Brown Act: CCRMC Building 1 Conference Room in Martinez; Supervisor Carlson’s office in Pleasant Hill; Public may attend meeting remotely VIA Zoom Webinar or Call In. • Agenda has been posted outside Supervisors’ offices and CCRMC. Public is invited to attend publicly or remotely. 	
<p>II. PUBLIC COMMENT Supervisor Gioia</p> <p><i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to two minutes or less. Under State law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>	
No Public Comment.	
<p>III. CONSENT ITEM C.1. APPROVAL OF MINUTES – November 24, 2025 Supervisor Gioia</p>	Inform/Action

<p>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept November 24, 2025, Joint Conference Committee minutes.</p> <p><i>Supervisor Gioia suggestion: To list C.1. through C.4. under consent.</i></p>	<p><u>Motion:</u> Sup Carlson Seconded by Dr. Carcamo-Molina</p> <p><u>Ayes:</u> Sup Gioia, Sup Carlson, Dr. Carcamo-Molina, Dr. Bhandari</p> <p><u>Abstain:</u> None</p>
<p>No Public Comment.</p>	
<p>IV. No Presentation</p>	
<p>V. DISCUSSION ITEM D1: ADMINISTRATIVE UPDATE</p> <p>Hospital & Health Centers Operations Updates (David Culberson, Chief Executive Office, Contra Costa Regional Medical Center (CCRMC) and Clinics); DISCUSSION included leadership updates, current recruitment for Chief Operating Officer (COO) and Chief Quality Officer (CQO). Congratulations to Helena Martey, MSN, on her retirement after 33 years of service at CCRMC, Welcome to Peter Shih, Contra Costa Health Director and Facilities and Planning. The Significant Capital Projects (Anesthesia Machines: Board approval October 21, Interventional Radiology: C-Arm in OR, Seismic Project, Nursing Call System, Parking Structure). Hour Resolution 1 (HR1) Planning, Performance improvement in progress; Facility Optimization, Facilities Optimization Clinical, Information Technology, Labor and workforce, Pharmacy, Revenue Cycle, Service Optimization and Supply Chair. CCRMC Business Plan Development, Seismic Project and operations quotes.</p> <p><i>Supervisor Gioia – raised issue on website impacts page of HR 1 and state budget impact working with Dr. Colfax and County Administrators Office to provide additional detail on the impacts page.</i></p> <ul style="list-style-type: none"> • HR 1 Strategic Planning possibly \$700,000 may lose health plan coverage, cuts start next January 2027 – currently working closely with Contra costa Health Plan on coordinate our inpatient and ambulatory services at CCRMC. <ul style="list-style-type: none"> ▪ Development of Basic Health Plan for new uninsured • HR 1 Operations Planning – Optimizing more process • CCRMC Business Plan Development – Product line assessment facilitated by Tosan Boyo have evaluation include service line scope of business plan with more to come. • Seismic Project update on page 20 PPT. Ward E scheduled for demolition this fall between cafeteria and new hospital building working on logistic plan to move employees to other locations. <p><i>Supervisor Carlson –Depending on our planning, if we should defer based on money or any other impacts, we could position for a delay retro fit timeline.</i></p>	<p>Loss of internet connection and PowerPoint slides took place 24 minutes into item D1 26-1128 hyperlink</p>

D. Culberson – I don't know how responsive HACL would be toward that but it's a great strategy.

Supervisor Gioia- Ask to summaries the money to fund all the projects.

D. Culberson – Seismic project is currently about 150M and 80M of measures X has been allocated to this project the balance comes from reserves.

Supervisor Gioia – Were these projects under the old 2020 deadline?

D. Culberson – responded that 2020 goal did not meet compliance extended to 2030 deadline.

Supervisor Gioia- Ask are there more structures required to be in seismic compliant?

S. Abella – scope of this project to upgrade the generator to make sure that it has what we need for the new cafeteria. All buildings that we have under the hospital license are seismically complaint except the kitchen and E Ward.

Supervisor Gioia- Any seismic requirements for any of the clinics? No.

Supervisor Gioia ask for D. Culberson to discuss more on E – demolition and relocate.

D. Culberson – explained E-demolition as the more employees we can take off this campus during construction and longer term the easier the parking structure.

S. Abella – Hospital based more administrative will be likely moved off campus. Vacating goal is July 1st, 2026 working with Peter Shih. We're looking at who is key and needs to be on campus than those that don't and can work elsewhere.

- Additional Operations Update include Physicians and Dentist of Contra Costa County (PDOCC) and California Nurses Association (CNA) Labor Agreement Negotiation Continue, Abridge AI Transcription Pilot Project expanded to all ambulatory care clinics to reduce time required by Physicians and Nurse Practitioners to complete visit notes. Another addition includes a parking lot lease in the downtown Martinez marina area, additional security guard and van transportation, 3 to 4 year project starting early as this fall 2026 to be completed by January 1, 2030.

No Public comments.

DISCUSSION ITEM D2: FINANCE REPORT David Lee, CCRMC Deputy Director shared highlight performance of CCRMC fiscal year 2025,

<p>projection for fiscal year 2026 forecast and the budget for fiscal year 2026. Key variances drivers increase in patient revenue based on patient volume is about 1% increase year over year. Psych volume is currently up to the compacity. 1% is not enough as expenses growing by about 4% become part of the operation deficit including significant reduction in the supplemental revenue state programs. Earnings Before Interest and Depreciation (EBITDA) last year we managed a 19M loss this year we will go down to 108M loss. Cuts are not coming this fiscal year most likely next fiscal year 2027. Our focus on next step is to look at the operation efficiency HR1 initiative to do better with funding.</p>	
<p>No questions/comments.</p>	
<p><i>No public comment.</i></p>	
<p>VI. DISCUSSION ITEM D3: MEDICAL STAFF UPDATE Sarah McNeil, M.D., Medical Staff President</p> <ul style="list-style-type: none"> • Concern about ICE and things that took place in Minneapolis. • HR1 – Data is clear we appreciate the work of the administration to put money toward the infrastructure. We want to be a part of the solution and a part of the community during this difficult time. • Providers – Inform how providers are needed and the importance of hours that needed for preventive service as we build more work we can continue both recruit and build revenue may ask. We doubled the number of patients and kept the number of providers, and we ask to continue to help support the physicians and fill the positions we have. <p><i>Supervisor Gioia- What type of position are you referring to?</i></p> <p><i>Dr. McNeil – More outpatient providers, OBGYN department and more primary care physicians.</i></p> <p><i>Supervisor Gioia –How would you characterize to the CAO, public and board now that you have less vacancies about 10% overall?</i></p> <p><i>D. Culberson – The temporary physicians (LoCUM) don’t have a following the way community physicians would as primary care providers. Reestablishing a primary base give more solid linkage to our system providing more billable visits from the FQ side and more continuity of care if they need to be brought into the hospital for more acute services.</i></p> <p><i>Supervisor Carlson – Collaboration across the system is important.</i></p> <p><i>Dr. Stanger, shared Physicians, cannot work without a care team that comes along with the nursing support and clerical support that’s needed. Request is not just for physicians, but what also helps makes them functional.</i></p>	<p>Inform</p>

<p><i>Supervisor Gioia – Relate back to the seismic allocation measure X, did we also have one for parking lot?</i></p> <p><i>D. Culberson – We brought a revised recommendation for site for Measure X in November 2024. We received updated construction estimates that the cost was too expensive for the entire construction. Most important project is the seismic.</i></p> <p><i>Supervisor Gioia-We have no money in measure X for the parking structure?</i></p> <p><i>D. Culberson – That’s correct.</i></p> <p><i>Roxanne – Disagreed with Behavior Health Services dropped from measure X suggested that Behavior Health find funding to build out above the parking structure.</i></p> <p>No Public Comment.</p>	
<p>VII. DISCUSSION ITEM D4: REGULATORY UPDATE</p> <p>Roberto Vargas, MPH, Director of Safety and Performance Improvement</p> <ul style="list-style-type: none"> Shared the Safer Matrix Tool from January 20-23, 2026, Survey which transparently displays The Joint Commission (TJC) standards linked to identified deficiencies. No patient harm identified during survey. Of the findings 51 in total 9 were labeled as condition level for revisit in 45 days of survey completion which happened March 9th, 2026. The Joint Commission (TJC) agreed with Contra Costa Regional Medical Center's (CCRMC) plans and were satisfied with our plans with put forward. We are working on a Correction Action Plan (CAP) and are completing to submit to TJC by March 29th, 2026, for 36 months accreditation status. Resurvey focus areas, Infection Prevention – Sterile Processing; Ligature Risk – Immediate repairs and daily safety checks; Restraint Orders and PPE & Hand Hygiene. <p><i>1 public comment via Zoom: Marianna Moore</i> <i>Interpretation and Translation Services were in the high quadrant and want to know what the issues are and how they’ll be mitigated.</i></p> <p><i>Roberto V. – We are making sure that adjusting polices are needed and make sure we are using patient requested language.</i></p> <p><i>D. Culberson – When patient say no thank you to our translator documentation was not there. We would rather not have a family member translation.</i></p>	<p>Inform</p>

Dr. Colfax – Congratulations to 2-hour survey revisit.

DISCUSSION ITEM D5: CONTRA COSTA HEALTH POLICY 129A – REPOSONDING TO IMMIGRATION ENFORCEMENT ISSUES David Culberson, Contra Costa Regional Medical Center (CCRMC), Chief Executive Officer (CEO)

- DISCUSSION senate bill 81 we continue to work. The SB you will not have your birth and location Protected Health Information (PHI). We must have a mechanism that has to protect the privacy of the patient such as waiting room or parking lot. You cannot cross those. We have a policy that states we will not interfere with ICE, but we will. We have added item number 13 what staff may or may not allow, we do not want staff to interfere but not allow. “saying “SB81 require facility of leaders we have 24 House Staff/ Coordinator, and my job is to contact Dr. Colfax and county council if we do have them now on grounds here pursuing a patient it’s our duty.

Public Comment: (In Person)

Roxanne Creo Garza – Senior Director, Healthy Contra Costa

Thank you to Mr. Culberson for meeting with us. Healthy Contra Costa learned from Los Angeles County due to being in the direct line of fire as well as Alameda, San Francisco and other counties involved with model policy to have when ICE shows up. Some changes were made in parts of the policy reason present today to say there’s still some inconsistencies and clear chain of command is needed. Suggested initial interaction protocol which requires the onsite administrator immediately contacts security, in some cases private should be in the loop and driving that initial interaction making sure ICE officer belongs to our campus. There is a court order that they should have access to the patient or our campus. It must be clear in the policy.

Supervisor Gioia –Ask what more details will be included.

Gilbert Salinas, Chief Equity Officer, informed us we have the protocol sitting with County Council they are currently revisiting we’re hoping to have a response and we’re just waiting for response.

Public Comment: (via Zoom)

Joanna Gordian, Resident Leadership Manager, Healthy Contra Costa 129A should reference the policies for staff direction. We urge the Joint Conference Committee to ensure the policy reinforces current protections, including HIPAA and CMIA standards, crisis intervention and designated safe areas. It needs clear directions to help staff respond confidently.

Public Comment: (via Zoom)

Debbie Toth- Choice and Aging

and support, we have heads we were told that ICE would be showing up. We reached out to everyone. We wrote written policy we made spaces

Motion:

By Bhandari

Seconded: Carlson

Ayes: Gioia, Carlson, Bhandari, Carcamo-Molina,

Abstain: None

where they needed to be, we have clear policy to protect the people and people we serve. We know who to call. We need to know what to do and we must protect our patients.

Public Comment: (via Zoom)

Marianna Moore, Ensuring Opportunity

SB81 is an important law that proves effective when staff are properly informed and committed to prioritizing in-person, scenario-based training for all frontline staff. It's important to have role play. Hands on exercised to protect patients and frontline workers.

Public Comment: (via Zoom)

Debra Ballinger, United Latino Voices of Contra Costa

Agree with comments this far that policy doesn't fully align with Senate Bill 81 and believe there are parts that can and must be strengthened and clarified to protect staff and patients.

Public Comment: (via Zoom)

Vilma E Bocanegra – Health Initiative Manager

We ask to include that patients under civil immigration custody should still have access to lawyers, family members and even rapid response networks to help directly then in the patient rooms if encountered with ICE agents.

Public Comment: (via Zoom)

Greg Colley- Multi Faith Action Coalition

Support revised 129A policy and respectfully urge the Board of Supervisors to adopt the new additions to the policy and to continue to support the partnership and collaboration between Contra Costa Health and Healthy Contra Costa. Policy 129A should also explicitly require the creation of specific nonpublic areas for immigration personnel to remain on those occasions when they enter a Contra Costa Health facility.

Public Comment: (via Zoom)

Anupama Chapagain – Center for Empowering Refugees and Immigrants

Support of revised 129A policy to find ways to protect all Contra Costa Health staff and patients.

Public Comment: (via Zoom)

Julian Dilatory – Healthy Contra Costa

Reiterate the importance of making the distinction between the two different populations mentioned and make sure the policy respects the delineation of our patient's rights.

Supervisor Gioia – requested more detail and clarification on access to public areas to ICE should only be in the designated areas and do not interfere with patient care.

D. Culberson – Designated area for ICE officials Gilbert Salinas discussed with County Council due to being public entity and create nonpublic area may be a problem for us.

G. Salinas –shared policy emphasizes that nonpublic clinical areas may not be accessed without a valid judicial warrant. Immigration officers may only remain in public or designated waiting areas unless legal documentation requires otherwise. Our policies and primary responsibility are to ensure patient care and confidentiality are protected and enforcement presences do not disrupt clinical operations. We are protected through that area and will not allow ICE in those areas.

Supervisor Gioia – Why didn't we include it in the language?

G. Salinas– Gave example about Glendale Hospital who used partition when ICE show they are advised to stay behind designated are and according to County Council, we would be alienating them from where other patients and staff should have access to and not recommended. public we were told in county counsel by alienating them and it wouldn't be recommended.

Supervisor Carlson – If you're creating a specific area for ICE to be. No way to prevent them in public space. You're now asking them to be in public space then you're asking them to be in private public place.

Supervisor Gioia - How do we address the issue if it puts fear in people who are public, who are there?

G. Salinas – We understand that ICE doesn't go by the rules or policies. Currently we don't have an answer to that concern.

Supervisor Gioia – How do you address the language in civil suite and civil custody and we're waiting on county council

G. Salinas - It would be in county policy – our policy we stat we patient of all

Supervisor Gioia- Who finalizes that policy? (We do – G. Salinas)

Supervisor Gioia –Upon ICE arrival who's notified?

D. Culberson – The on duty Medical Center Supervisor (MCS)

G. Salinas – 129A they all come to play and we're working on the protocol on prior escalation and who they should call. We're all notified when something like this happens. Dr. Colfax and many others are notified.

Supervisor Gioia – concern on statement "I have no other choice" is not being deemed consent.

<p>Supervisor Gioia asks who do we report ICE related incidents to?</p> <p>G. Salinas let the board know that County Council is notified.</p> <p>Supervisor Gioia recommends notifying the Sheriff's Office to ensure a law enforcement record is created.</p> <p>Supervisor Carlson appreciates the work that's being done. I would love to see the protocol but there are a couple things that were working on county wide protection on how to manage these types of situations. We fight one law agency against another, and we can land in an uncomfortable place. For me protecting the patients is what I lean toward. If they come in their coming in and will do what they want. They do things outside</p> <p>Supervisor Gioia – The idea is to approve the changes today and they will have some alteration language.</p> <p>Public Comment: (via Zoom) Joanna Gudino- Thanks the board for allowing the opportunity to collaborate with the health department on the policy making concrete protection for staff and community members that enter our healthcare facilities. Top concern regarding the policy is no clear distinction between this policy and the inmate policy. The intention of SB81 was to clearly identify this population being different to ensure that they have their protection under HIPAA and CMIA.</p> <p>Supervisor Gioia – requested to have the protocol back at next meeting as well as changes on the inmate. We're going to the amendment to this policy as well to come back and talk about it.</p> <p>No Public Comment.</p>			
<p>VI. Adjourn at 4:01</p>	<p>Inform</p>		
<p>VII. NEXT MEETING: May 26, 2026</p>			
<p>Minutes approved by Chair: Supervisor John Gioia, District I</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> <p>_____</p> <p>Supervisor John Gioia</p> </td> <td style="width: 50%; border: none; text-align: center;"> <p>_____</p> <p>Date</p> </td> </tr> </table> <p style="text-align: right;">Minutes by Corticha Flucus</p>		<p>_____</p> <p>Supervisor John Gioia</p>	<p>_____</p> <p>Date</p>
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