

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on December 10, 2025, at 1:30 p.m., by teleconference and in-person. Members of the public may participate virtually via Webex or telephone, or appear in person at the Sprowel Creek Campus at 286 Sprowel Creek Road, Garberville, California 95542.

Call-In Information: Join by phone +1-415-655-0001 US Toll

Webex Link:

<https://shchd.webex.com/shchd/j.php?MTID=m65c1024281b4ef67076bbe032ec5f0d9>

Written comments may also be sent to boardcomments@shchd.org. Comments received no later than two hours prior to the start of the meeting will be provided to the Board or may be read aloud or summarized during the meeting. Members of the public may also comment in real time during the meeting by attending in person or via Webex or phone.

Agenda

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Item

- A. Call to Order
- B. Approval of the Teleconferencing of a Board Member
- C. Approval of the Agendas
- D. Public Comment on Non-Agendized Items
See below for Public Comment Guidelines
- E. Board Member Comments
Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes.
- F. Announcements
- G. Consent Agenda –

7-27

1. Approval of Previous Minutes
 - a. Governing Board Meeting, September 30, 2025
 - b. Special Governing Board Meeting, October 22, 2025
 - c. Governing Board Meeting, October 30, 2025
2. SHCHD New and Updated Policies – **See Policy Packet**
 - Radiology and Mammography: Page 3-10**
 - a. Medical Outcomes
 - b. Consumer Complaints
 - c. Radiology CT Scheduling
 - d. Personnel Verification
 - e. Exams with IV Contrast
 - f. Contrast Administration and Supervision
 - Nursing: Page 11-12**
 - g. Physician Orders for Life Sustaining POLST
 - Human Resources: Page 13-18**
 - h. Employee Group Health and Life Insurance Benefits
 - i. Smoke Free
 - j. Commute/Commuter Pay
 - Employee Health: 19-36**
 - k. Employee Immunization and Tuberculosis (TB) Screening Program
 - l. Blood, Body, or Substance Exposure and Management
 - m. Employee Health Procedures
 - n. Respiratory Protection Program
 - Hospital Pharmacy: 37-62**
 - o. Crash Cart
 - p. Furnishing Medication Orders
 - q. High-Risk Medication
 - r. Impaired Pharmacy Licensee
 - s. Loss and Diversion
 - t. Managing Temperature Excursion
 - u. Medication Administration
 - v. Medication Monitoring and Storage
 - w. Patient's Own Medication
 - x. Prescription Pads
 - y. Procurement of Pharmaceuticals
 - z. Pyxis Downtime
 - aa. Pyxis Education
 - bb. Pyxis Medication Maintenance and Access
 - cc. Pyxis Reports and Data
 - dd. Pyxis Technology Access

ee. Pyxis User Maintenance

ff. Compounding Medications

Security and Transportation: 63-66

gg. Patient Transport and Vehicle Safety

hh. Vehicle Maintenance

Materials: 67-69

ii. Materials Approval Process

Outreach: 70-73

jj. Use of Personal Social Media Accounts

kk. Managing Social Media Presence

3. Quarterly Reports - (Feb, May, Aug, Nov)

a. Human Resources – Season Bradley Koskinen, HR Manager -
Not Received

b. Foundation – Chelsea Brown, Outreach Manager – See Report

c. Operations – Kent Scown, Chief Operations Officer – See Report

28-29

30-31

Approval of Consent Agenda

H. Last Action Items for Discussion - None

I. Correspondence, Suggestions, or Written Comments to the Board

J. Administrator's Report – Matt Rees, CEO

1. Department Updates

a. Milestones

b. August Employee Anniversaries

1 Year: PFS Rep Joseph Hoaglin-Shelley

c. Approval of the October Financials - Paul Eves – See Report

d. CNO Report – Adela Yanez – See Report

e. Family Resource Center – Amy Terrones – Mar and Oct – None

32-35

36-40

K. Old Business

1. Medstaff Coordinator Update

L. New Business

1. Approval of Resolution 25:10 Loan of up to 2 Million from
Equipment Leasing Group of America

41-43

44-49

2. CEO Retention Contract Negotiation

3. USDA Update

50-51

4. SB 707 Brown Act Update – Darrin

M. Parking Lot -None

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, December 11, 2025, at 12:30 p.m

2. Medical Staff Policy Development Committee – Tuesday, December 13, 2025, 10:00 a.m

3. QAPI Meeting – Wednesday, December 10, 2025, at 10:00 a.m.

4. Finance Committee – Friday, January 23, 2025, at 10:00 a.m.

5. Governing Board Meeting – Thursday, January 29, 2025, at 1:30 p.m.

Q. Adjourn to Closed Session

1. Closed Session

2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff

3. Compliance, Risk, and Reports of Quality Assurance Committees [H&S Code § 32155] - Kristen Rees, CQCO

4. Quarterly Reports - None

a. Quality and Risk Management H&S Code § 32155 – Feb., May, Aug., Dec.

b. Patient Safety – Mar., June, Sept., Dec.

c. Medication Error – Feb., May, Aug., Dec.

5. Approval of Medical Staff Appointments/Reappointments [H&S Code § 32155]

a. Approval of Megan Tresenriter, MD, Provisional Privileges - Emergency Department and Inpatient privileges, December 10, 2025 - November 30, 2026

b. Approval of Nicholas Kanaan, MD, Provisional Privileges - Emergency Department and Inpatient privileges, December 10, 2025 - November 30, 2026

c. Approval of Wallace McKinney, MD, Provisional Privileges - Emergency Department and Inpatient privileges, December 10, 2025 - December 30, 2026

6. Personnel Matter –Evaluation § 54957

a. CEO Matt Rees

R. Adjourn Closed Session; Report on Any Action Taken, If Needed

S. Resume Open Session

T. Adjourn

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality and Compliance Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine	<i>Resident</i>	Patients Residing in the Skilled Nursing Facility

PUBLIC COMMENT ON MATTERS NOT ON THE MEETING AGENDA: Members of the public are welcome to address the Board on items not listed on the agenda and within the jurisdiction of the Board of Directors. The Board is prohibited by law from taking action on matters not on the agenda, but may ask questions to clarify the speaker's comment and/or briefly answer questions. The Board limits testimony on matters not on the agenda to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board.

PUBLIC COMMENT ON MATTERS THAT ARE ON THE AGENDA: Individuals wishing to address the Board regarding items on the agenda may do so after the Board has completed their initial discussion of the item and before the matter is voted on, so that the Board may have the benefit of these comments before making their decision. Please remember that it is the Board's responsibility to discuss matters thoroughly amongst themselves and that, because of Brown Act constraints, the Board meeting is their only opportunity to do so. Comments are limited to three minutes per person per agenda item, at the discretion of the Chair of the Board.

OTHER OPPORTUNITIES FOR PUBLIC COMMENT: Members of the public are encouraged to submit written comments to the Board at any time by writing to SHCHD Board of Directors, 733 Cedar Street, Garberville, CA 95542. Writers who identify themselves may, at their discretion, ask that their comments be shared publicly. All other comments shall be kept confidential to the Board and appropriate staff.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 1276 at least 48 hours prior to the meeting."

**Times are estimated*

COPIES OF OPEN SESSION AGENDA ITEMS: Members of the public are welcome to see and obtain copies of the open session regular meeting documents by contacting SHCHD Administration at (707) 923-3921 ext. 1276 or stopping by 291 Sprowel Creek Rd, Garberville, CA 95542 during regular business hours. Copies may also be obtained on the District's website, sohumhealth.org.

Posted December 5, 2025

Governing Board

Date: September 30, 2025
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

The Governing Board consists of Corinne Stromstad, Kevin Church, Yvonne Hendrix, all in person, and Christopher Schille via Webex.

Not Present: Galen Latsko

Also in person: Administrative Assistant Darrin Guerra, CFO Paul Eves, PFS Manager Marie Brown, CQCO Kristen Rees, and Compliance Lead Coral Ciarabellini

Also via Webex: Chief of Staff Joseph Rogers, Vice Chief of Staff Carl Hsu, Quality Specialist Kana Voelckers, and MedStaff Attorney Rebecca Hoyes

A. Call to Order – Board President Kevin Church called the meeting to order at 1:30 pm.

B. Approval of the Teleconferencing of a Board Member

Motion: Corinne Stromstad motioned to approve the Teleconferencing of Christopher Schille at 345 Park Ave, San Jose, CA 955110.
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Yvonne Hendrix, Christopher Schille, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

C. Approval of the Agenda

Motion: Galen Latsko motioned to approve the agenda.

Second: Yvonne Hendrix

Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: Galen Latsko

Motion Carried

D. Public Comment on Non-Agendized Items

E. Board Member Comments - None

F. Announcements

G. Approval of Consent Agenda

1. Approval of Previous Minutes
 - a. Governing Board Meeting, August 28, 2025
2. SHCHD New and Updated Policies

Patient Financial Services:

- a. Registration Procedures
- b. Debt Collection

Skilled Nursing:

- c. Monthly Medication Regimen Review
- d. Staffing and Coverage
- e. Insulin Utilization

Obsolete Policies:

- f. Death of a Resident
- g. Discharge from Skilled Nursing
- h. Pastoral Services
- i. Resident Care Planning
- j. Chaperones
- k. Death of a Child in the Emergency Department
- l. Care Planning for Inpatients
- m. Fall Prevention Risk Assessment
- n. Hourly rounding
- o. Patient and Staff Safety Plan
- p. Compassionate Access to Medical Cannabis

3. Quarterly Reports - (Feb, May, Aug, Nov)
 - a. Human Resources – Season Bradley Koskinen, HR Manager
 - b. Foundation – Chelsea Brown, Outreach Manager
 - c. Operations – Kent Scown, Chief Operations Officer

Chris Schille pulled G.1.A from the consent agenda.

Motion: Yvonne Hendrix motioned to approve the consent agenda.
Second: Corinne Stromstad
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

Motion: Christopher Schille motioned to approve agenda items G.1.A with corrections. Christopher was mistakenly marked as an “Aye” on multiple motions when he was not present.
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

H. Last Action Items for Discussion

1. Peer Review policy

Motion: Yvonne Hendrix motioned to Table item H.1 until the October 30th Governing Board Meeting.
Second: Christopher Schille
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

I. Correspondence Suggestions or Written Comments to the Board - None

J. Administrator’s Report – Matt Rees, CEO

1. Department Updates

- a. Milestones
 - i. Darrin Guerra updated the Board on the various achievements and projects that have been completed since January 1, 2025, and presented the revised Strategic Plan.
- b. August Employee Anniversaries
 - 1 Year: Pharmacist Brian Winterburg, LVN Rhonda Wilhoit, Piper Keener, LVN Jenn Rose, LVN Larry Rose, Hether Johnson, and ED Tech Michael Carnahan
- c. Approval of the August Financials - Paul Eves – See Report
 - i. Paul presented a supplemental packet for the August financials and answered corresponding questions.
 - ii. Kevin stated that he would like to see the Income Statement presented in a visual graph.
- d. CNO Report – Adela Yanez – See Report
 - i. Adela presented her staff report.
- e. Family Resource Center – Amy Terrones – Mar and Oct - None

Motion: Yvonne Hendrix motioned to approve the July 2025 Financials.

Second: Christopher Schille

Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix and Kevin Church

Noes: None

Not Present: Galen Latsko

Motion Carried

K. Old Business - None

L. New Business - None

M. Parking Lot - None

N. Meeting Evaluation

- 1. Moving forward, “Meeting Evaluation” will be moved to after the Closed Session.

O. New Action Items

- 1. Approval of the Peer Review Policy
- 2. Holiday Agenda
- 3. Medstaff Coordinator

P. Next Meetings

- 1. Medical Staff Committee – Thursday, October 9, 2025, at 12:30 p.m
- 2. Medical Staff Policy Development Committee – Tuesday, October 14, 2025, 10:00 a.m

3. QAPI Meeting – Wednesday, October 8, 2025, at 10:00 a.m.
4. Finance Committee – October 24, 2025, at 10:00 a.m.
5. Governing Board Meeting – October 30, 2025, at 1:30 p.m.

Q. Closed Session

Motion: Yvonne Hendrix motioned to Adjourn to Closed Session
Second: Corinne Stromstad
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

1. Closed Session Opened at 2:36 p.m.
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. Compliance, Risk, and Reports of Quality Assurance Committees [**H&S Code § 32155**] - Kristen Rees, CQCO
4. Quarterly Reports -
 - a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec.
 - b. Patient Safety – Mar., June, Sept., Dec.
 - c. Medication Error – Feb., May, Aug., Dec.
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Approval of Supriya Gupta, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
 - b. Approval of Arron Jun, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
 - c. Approval of Nicolaus Kuen, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
 - d. Approval of Joshua McCain, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
 - e. Approval of Paul Rupin, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027
 - f. Approval of Carl Hsu, MD Reappointment as Active status for Emergency Medicine, Inpatient, and Clinic/Ambulatory privileges October 1, 2025 – September 30, 2025.
6. Personnel Matter –Evaluation § 54957
 - a. CQCO Kristen Rees

R. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session

1. Action Items to Report in Open Session

Motion: Yvonne Hendrix motioned to approve Supriya Gupta, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Arron Jun, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Nicolaus Kuen, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Dr. Joshua McCain, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, Paul Rupin, MD Reappointment as Active status for Teleradiology – Diagnostic Radiology privileges October 1, 2025 – September 30, 2027, and Carl Hsu, MD Reappointment as Active status for Emergency Medicine, Inpatient, and Clinic/Ambulatory privileges October 1, 2025 – September 30, 2025.

Second: Corinne Stromstad

Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: Galen Latsko

Motion Carried

T. Kevin Church Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
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<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Special Governing Board Meeting

Date: Tuesday, October 22, 2025
Time: 1:00 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Yvonne Hendrix, Galen Latsko, and Kevin Church in-person

Not Present: Chris Schille

Also in person: Darrin Guerra, Outreach Manager, Chelsea Brown, and CEO Matt Rees

Also via Webex: Vice Chief of Staff Dr. Carl Hsu, CNO Adela Yanez, CFO Paul Eves, Quality Lead Josh Andrews, Compliance Lead Coral Ciarabellini, Grant Writer Nick Vogel, HIM Manager Remy Quinn, PFS Manager Marie Brown, CQCO Kristen Rees, and Ryan Staples

A. Call to Order – Board president Kevin Church called the meeting to order at 1 pm.

B. Approval of the Teleconferencing of a Board Member – None

C. Approval of the Agenda –

Motion: Galen Latsko made a motion to approve the agenda.
Second: Corinne Stromstad
Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Chris Schille
Motion carried

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements - None

G. New Business

1. Approval to Resolution 25:06 Authorizing Application to and Participation in the Behavioral Health Continuum Infrastructure Program (“BCHIP”)

Motion: Galen Latsko made a motion to approve Resolution 25:06.
Second: Corinne Stromstad
Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Chris Schille
Motion carried

H. Board president Corinne Stromstad Adjourned to Closed Session.

I. Closed Session

1. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**].
 - a. Approval of Dr. Snehal Raison, Initial Appointment as a Medical Staff member, Provisional status in Emergency and Clinic/Ambulatory, November 1, 2025 to October 31, 2027.
 - b. Approval of Michael Murphy, MD, as Provisional Status for Clinic/Ambulatory, November 1, 2025 – October 31, 2027
 - c. Approval of Wallace McKinney, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - d. Approval of Omeed Saghafi, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - e. Approval of Andrew Wayment, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - f. Approval of Mark Deaver, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - g. Approval of Casey Buitenhuis, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - h. Approval of Keith Errecart, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - i. Approval of Carson Harper, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - j. Approval of John Dutton, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - k. Approval of Cole Nelson, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026
 - l. Approval of Keri London, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026

- m. Approval of Seth Miskin, OD, Reappointment to Allied Health Professional Staff, Clinic, Ambulatory, and Optometry Privileges, November 1, 2025 – October 31, 2027
- n. Approval of David Wells, MD, Initial Credentialing by Proxy as Active Status for Diagnostic Radiology Privileges, November 1, 2025 – October 31, 2027
- o. Approval of Charles M. Davis, MD, Initial Credentialing by Proxy as Active Status for Diagnostic Radiology Privileges, November 1, 2025 – October 31, 2027
- p. Approval of Arron Jun, MD, Initial Credentialing by Proxy as Active Status for Diagnostic Radiology Privileges, November 1, 2025 – October 31, 2027
- q. Approval of Lera Ashe, as Provisional for Behavioral Health Privileges, November 1, 2025 – October 31, 2026
- r. Approval of Heaven Longwell, as Provisional for Behavioral Health Privileges, November 1, 2025 – October 31, 2026
- s. Approval of Allison O-Dell, as Provisional for Behavioral Health Privileges, November 1, 2025 – October 31, 2026

J. Corinne Stromstad Adjourned Closed Session

K. Corrine Stromstad Resumed Open Session

- 1. The following actions were taken in Closed Session
 - a. No Action was taken on Items I.1.a, b, and c.

Motion: Yvonne Hendrix made a motion to approve Omeed Saghafi, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Andrew Wayment, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Mark Deaver, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Buitenhuis, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Keith Errecart, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Carson Harper, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, John Dutton, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Cole Nelson, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Keri London, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026, Seth Miskin, OD, Reappointment to Allied Health Professional Staff, Clinic, Ambulatory, and Optometry Privileges, November 1, 2025 – October 31, 2027, David Wells, MD, Initial Credentialing by Proxy as Active Status for Diagnostic Radiology Privileges, November 1, 2025 – October 31, 2027, Charles M. Davis, MD, Initial Credentialing by Proxy as Active Status for Diagnostic Radiology Privileges, November 1, 2025 – October 31, 2027, Arron Jun, MD, Initial Credentialing by Proxy as Active Status for Diagnostic Radiology Privileges, November 1, 2025 – October 31, 2027, Lera Ashe, as Provisional for Behavioral Health Privileges, November 1, 2025 – October 31, 2026, Heaven Longwell, as Provisional for Behavioral Health Privileges, November 1, 2025 – October 31, 2026, Allison O-Dell, as Provisional for Behavioral Health Privileges, November 1, 2025 – October 31, 2026

Second: Galen Latsko
 Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix, and Kevin Church
 Noes: None
 Not Present: Chris Schille

Motion carried

L. Corinne Stromstad Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		



Bond BHCIP Round 2: Unmet Needs Form 10: Board Authorizing Resolution Template

RESOLUTION NO. 25:06

A RESOLUTION OF THE BOARD OF DIRECTORS OF
Southern Humboldt Community Healthcare District [FULL LEGAL NAME OF
CORPORATION] **AUTHORIZING APPLICATION TO AND PARTICIPATION IN THE**
BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM ("BHCIP")

WHEREAS:

- A. The California Department of Health Care Services, through its contractor Advocates for Human Potential, Inc., ("**Department**") has issued a Request for Applications, dated May 30, 2025 ("**RFA**"), for the Bond BHCIP Round 2 (2025) Unmet Needs Program ("**Program**"). The Department has issued the RFA for Program grant funds pursuant to California Welfare and Institutions Code sections 5965-5967.01 ("**Behavioral Health Infrastructure Bond Act of 2024**").
- B. Southern Humboldt Community Healthcare District [FULL LEGAL NAME OF CORPORATION], a California [Name of State] [nonprofit public benefit/for-profit] corporation ("**Applicant**"), desires to apply for Program grant funds and has submitted an application for Program grant funds ("**Application**") to the Department for review and consideration.
- C. The Department is authorized to administer BHCIP pursuant to the Behavioral Health Infrastructure Bond Act of 2024. Program funding allocations are subject to the terms and conditions of the RFA, the Application, Program Funding Agreement ("**Program Funding Agreement**"), and all other legal requirements of the Program.

THEREFORE, IT IS RESOLVED THAT:

1. Applicant is hereby authorized and directed to submit an Application to the Department in response to the RFA, and to apply for Program grant funds in a total amount not to exceed \$ 17,000,000
2. If the Application is approved, Applicant is hereby authorized and directed to

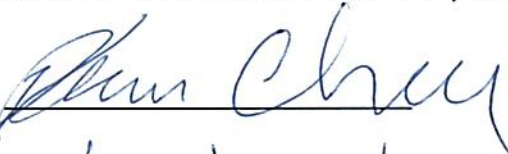
enter into, execute, and deliver a Program Funding Agreement for the total award amount, and all other documents required or deemed necessary or appropriate to secure the Program grant funds from the Department and to participate in the Program, and all amendments thereto (collectively, the "Program Documents").

3. Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Program Funding Agreement. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Program Funding Agreement. Funds are to be used for the allowable expenditures and activities identified in the Program Funding Agreement.
4. **[NAME AUTHORIZED SIGNATORY, TITLE OF AUTHORIZED SIGNATORY]** (the "Authorized Signatory"), is authorized to execute the Application and the Program Documents on behalf of Applicant for participation in the Program.

PASSED AND ADOPTED this 22 day of October, 202⁵, by the following vote of the Corporation's Board of Directors:

AYES: [4] NAYS: [] ABSTAIN: [] ABSENT: [1]

The undersigned, **Kevin Church** of Applicant, does hereby attest and certify that the foregoing is a true and full copy of a resolution of the Corporation's governing body adopted at a duly convened meeting on the date above-mentioned, and that the resolution has not been altered, amended, or repealed.

SIGNATURE:  DATE: 10/27/25
NAME: Kevin Church TITLE: President

[NOTICE AND INSTRUCTIONS APPEAR ON THE FOLLOWING PAGE]



SoHum Health

733 Cedar Street
Garberville, CA 95542
(707) 923-3921

shchd.org

October 22, 2025

Dear California Department of Health Care Services:

I write you today in strong support of the Redwood Behavioral Health BHCIP Expansion Project being undertaken by the Southern Humboldt Community Healthcare District. In 2019, SoHum Health purchased land located at 286 Sprowel Creek Road in Garberville to construct a new hospital and clinic. The BHCIP project will dedicate an entire 8,000 square foot floor of the new clinic to a significant Behavioral Health expansion, providing over 32,000 patient slots per year for Outpatient Behavioral Health Services, and over 400 patient slots per year for Crisis Stabilization Services.

The importance of this BHCIP expansion to the North Coast cannot be overstated. There is a severe lack of Behavioral Health services in Humboldt County. The communities of Southern Humboldt County have little to no access to psychotherapy services, mental health crisis intervention, substance use counseling, medication management, and Medication Assisted Treatment. The community has no capacity to place an involuntary hold on patients who pose a harm to themselves or others.

To date, no organizations in Humboldt County south of Eureka have been awarded with BHCIP funding. The Southern Humboldt community is immense – over 700 square miles in size. It is imperative that this large area receive an influx in Behavioral Health funding to expand services, meet the needs of our residents, and save lives.

SoHum Health's project aligns perfectly with both the SB 43 mandate and the CARE Act. The project directly addresses the basic needs of the gravely disabled. It aims to develop a crisis intervention program that includes involuntary psychiatric hold rooms for severely disabled patients due to severe mental illness or Substance Use Disorder. This capacity does not currently exist in Southern Humboldt and would be the first of its kind. SoHum Health has developed an upstream approach to addressing mental health, substance use, and homelessness, an approach that reveres self-determination to the greatest extent possible. Funding this project means a massive expansion of a perilously thin behavioral health capacity in our tri-county area.

The Southern Humboldt Community Healthcare District's Board of Directors supports our proposal for the Redwood Behavioral Health Expansion Project and we urge DHCS to fully fund our funding request.

Sincerely,

Name
Title

Kevin Church
President

Governing Board

Date: October 30, 2025
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

The Governing Board consists of Corinne Stromstad, Kevin Church, Yvonne Hendrix, and Christopher Schille, all in person

Not Present: Galen Latsko

Also in person: Administrative Assistant Darrin Guerra, CFO Paul Eves, CEO Matt Rees, Phlebotomist Todd Gregory, FRC Manager Amy Terrones, CHW Brandy Bremer, Community Member Michelle Schille, and Piper Keener

Also via Webex: PFS Manager Marie Brown, CNO Adela Yanez, Credentialing Specialist Aeryn Thompson, Chief of Staff Dr. Carl Hsu, Quality Lead Josh Andrews, COO Kent Scown, Med Staff Attorney Rebecca Hoyes, Quality Specialist Lexi Stowe, HIM Manager Remy Quinn, Business Development Director Ryan Staples, and Human Resources Manager Season Bradley Koskinen

A. Call to Order – Board President Kevin Church called the meeting to order at 1:30 pm.

B. Approval of the Teleconferencing of a Board Member

C. Approval of the Agenda

Motion: Corinne Stromstad motioned to approve the agenda.
Second: Christopher Schille
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

D. Public Comment on Non-Agendized Items

E. Board Member Comments

1. Chris had questions about the use of the term “Resident.” Matt explained that we commonly use the term Resident to refer to one of our patients in the Skilled Nursing Facility. The abbreviations box at the end of the agenda will be updated to reflect this.

F. Announcements

1. Matt announces that this year's Wine Auction was the most successful to date, raising over \$150,000!

G. Approval of Consent Agenda

1. Approval of Previous Minutes

- a. Governing Board Meeting, August 28, 2025

2. SHCHD New and Updated Policies

Patient Financial Services:

- a. Employee Discount
- b. Voucher Program
- c. Clinic & Operational Scheduling

Skilled Nursing:

- d. Facility Assessment
- e. Activity Program

Clinic:

- f. Brixadi Risk Evaluation and Mitigation Strategy (REMS) program
- g. Services
- h. Admitting Clinic Patients to Hospital
- i. Patient Care Services

Optometry:

- j. Scope of Service
- k. Perimetry
- l. Prescreening
- m. Punctal Plugs
- n. Chemical Burns

Quality:

- o. Statement of Patient Rights
- p. Complaints and Grievances
- q. Persons with Limited English Proficiency (LEP)

Dietary:

- r. Dishwashing
- s. Food Preparation and Storage

- 3. Quarterly Reports - (Feb, May, Aug, Nov)
 - a. Human Resources – Season Bradley Koskinen, HR Manager
 - b. Foundation – Chelsea Brown, Outreach Manager
 - c. Operations – Kent Scown, Chief Operations Officer

Kevin Church pulled G.1.A, and G.2.C, I, and J from the consent agenda.

Motion: Corinne Stromstad motioned to approve the consent agenda.
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

Motion: Christopher Schille motioned to approve agenda items G.2.C as is
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

Motion: Corinne Stromstad motioned to approve agenda items G.2.I as is
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

Item G.2.J will return to the Board after corrections have been made and after all the necessary approval steps have occurred.

H. Last Action Items for Discussion

- 1. Update on Clinic Provider Credentialing with Private Insurance

- a. Marie shared with the Board the status of our Clinic Providers and the insurances they can accept. Currently, we are trying to get BlueShield for Dr. Raisonni and are still working on the commercial insurance for Dr. Ordonez
 2. Update on Optometry Insurance Credentialing
 - a. Fortuna Optometry should be fully set up for commercial insurance. Garberville Optometry is in the final steps of getting VSP. Darrin and Ryan have been working with Trubridge and CMS to ensure that the proper applications and steps have been taken to move forward on the administrative side.
 3. Governing Board and Finance Committee, November and December Meeting Schedule
 - a. The Board has decided to hold the November Finance on November 21 and the November Governing Board meeting on November 24 at their usual times. The December Finance and Board meetings have been canceled. A notice will be sent to the public with the new dates and times. The next regular Board meeting will be held on January 29, 2025, at 1:30 pm.
- I. Correspondence Suggestions or Written Comments to the Board - None
- J. Administrator's Report – Matt Rees, CEO
1. Department Updates
 - a. Milestones
 - i. Matt Rees shared some of the accomplishments the District achieved over the past month. Dr. Ordonez has started in the clinic, and the staff and patients are all very pleased with her. Matt has been speaking with Seth at RRHC and is exploring the idea of partnering with them to operate Fortuna Optometry. Matt also spoke about our new self-insured plan for our staff and how it may save us a significant amount of money over our previous plan with CalPERS.
At this point, we received public comment "...will it add a risk to the District if you exceed the insurance limit on your employees..."
Matt explained that although it would cost the district money, a certain percentage would be reimbursed if we exceeded the specified limit.
 - b. August Employee Anniversaries
 - 1 Year: MA Alysha McCafferey, Business Development Director Ryan Staples
 - 5 Year: EVS Tech Kathy Wilcox
 - 10 Years: Security Ron Horn
 - 15 Years: Phlebotomist Todd Gregory
 - c. Approval of the September Financials - Paul Eves – See Report.
 - i. Kevin Tabled this item for the next Finance Meeting.
 - d. CNO Report – Adela Yanez – See Report
 - i. Adela presented her staff report.
 - e. Family Resource Center – Amy Terrones – Mar and Oct – See Report
 - i. Amy presented her staff report.

K. Old Business

1. Approval of the Peer Review Policy
 - a. No action taken.
2. Med Staff Coordinator Update
 - a. We have had multiple applicants apply; unfortunately, none of them have met the criteria set forth by the Medical Staff.

L. New Business

1. Approval of the Revised Medical Staff Bylaws
 - a. No action taken.

M. Parking Lot

1. Sprowel Creek Parking
 - a. The current bids that we have received for the project are not financially feasible. Elm Street parking has received gravel as a temporary solution to increase parking spaces for the clinic. Sprowel Creek parking will be included in the final Hospital project.

N. Meeting Evaluation

1. Kevin would reiterate that he would like the Finances in the format that he has requested. A five-year trend in graph format.

O. New Action Items

1. Med Staff Coordinator Update
2. Five-Year Trend of Gross Revenue
3. SB 707 Update - Darrin

P. Next Meetings

1. Medical Staff Committee – Thursday, November 13, 2025, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, November 18, 2025, 10:00 a.m
3. QAPI Meeting – Wednesday, November 12, 2025, at 10:00 a.m.
4. Finance Committee – Friday, November 21, 2025, at 10:00 a.m.
5. Governing Board Meeting – Monday, November 24, 2025, at 1:30 p.m.

Q. Closed Session

Motion: Christopher Schille motioned to Adjourn to Closed Session
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

1. Closed Session Opened at 3:02 p.m.
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. Compliance, Risk, and Reports of Quality Assurance Committees [**H&S Code § 32155**] - Kristen Rees, CQCO
4. Quarterly Reports -
 - a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec.
 - b. Patient Safety – Mar., June, Sept., Dec.
 - c. Medication Error – Feb., May, Aug., Dec.
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Approval of Dr. Snehal Raisoni, Reappointment as a Medical Staff member, Active status in Clinic/Ambulatory, November 1, 2025, to October 31, 2027.
 - b. Approval of Wallace McKinney, MD, as Provisional Status for Emergency Medicine and Inpatient Privileges, November 1, 2025 – October 31, 2026.
 - c. Approval of Michael Murphy, MD, Reappointment as a Medical Staff member as Active Status for Clinic/Ambulatory, November 1, 2025 – October 31, 2027.
6. Personnel Matter –Evaluation § 54957
 - a. CQCO Kristen Rees

R. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session

1. Action Items to Report in Open Session

Motion: Yvonne Hendrix motioned to approve Dr. Snehal Raisoni, Reappointment as a Medical Staff member, Active status in Clinic/Ambulatory, November 1, 2025, to October 31, 2027 and Approval of Michael Murphy, MD, Reappointment as a Medical Staff member as Active Status for Clinic/Ambulatory, November 1, 2025 – October 31, 2027.
Second: Corinne Stromstad
Ayes: Corinne Stromstad, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Galen Latsko
Motion Carried

No action was taken on item Q.5.B. – Approval of Wallace McKinney

T. Kevin Church Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine	<i>Resident</i>	Patients Residing in the Skilled Nursing Facility

Governing Board Report

Submitted by Chelsea Brown

Foundation Director & Outreach Manager

November 2025



SoHum Health
FOUNDATION

Foundation Report:

- **Finances:** The Foundation continues to steward capital campaign funds and is keeping assets in low-risk, short-term investments in preparation to release 50% of the money to the Healthcare District upon meeting their first established milestone.

3rd Quarter (Jul-Aug-Sept)	Beginning Balance	Income	Expense	Quarterly Ending Balance
HAF Mid-Term	\$ 861,772.84	\$ 32,099.13	\$ (3,791.01)	\$ 890,080.96
Morgan Stanley CDs (3mo)	\$ 720,830.18	\$ -	\$ (150.00)	\$ 720,680.18
CFCU Savings	\$ 81.72	\$ -	\$ -	\$ 81.72
CFCU Checking	\$ 22,635.27	\$ 4,367.53	\$ (22,901.99)	\$ 4,100.81
CFCU Money Market	\$ 12,650.54	\$ 44,018.05	\$ (0.60)	\$ 56,667.99
CFCU CD (matures 1/28/26)		\$ 263,310.59	\$ -	\$ 263,310.59
Coast Central Savings	\$ 25.58	\$ 261,314.53	\$ (261,296.55)	\$ 43.56
Coast Central CD 03 (closed 7/26)	\$ 260,555.93	\$ 740.62	\$ (261,296.55)	\$ -
Coast Central CD 04 (matures 11/23/25)	\$ 205,006.51	\$ 1,969.84	\$ -	\$ 206,976.35
Totals	\$ 2,083,558.57	\$ 607,820.29	\$ (549,436.70)	\$ 2,141,942.16

- **Benbow Wine Auction** – The Benbow Wine Auction on Saturday, November 8th, broke our 4-year record for total amount raised at \$151,487. Our totals went up in every category – sponsorships, ticket sales, silent auction, live auction, and fund-a-need. It was a powerful community building event and we look forward to partnering with the Benbow Inn on this event again next year.

	2025	2024	2023	2022
Sponsorships	\$41,540	\$28,250	\$21,000	\$1,750
Tickets	\$7,125	\$4,990	\$4,095	\$3,533
Silent Auction	\$14,950	\$9,814	\$10,188	\$10,228
Live Auction	\$55,500	\$27,450	\$17,300	\$21,000
Fund-a-Need	\$32,251	\$21,400	\$21,230	\$10,700
Other donations	\$121	\$269	\$50,000	\$160
Total	\$151,487	\$92,173	\$123,813	\$47,371

- The Foundation Board will be holding their annual board retreat on January 30th where we will make our plans for 2026.

- **Grants:**

- In October, our grants team submitted an application for the Behavioral Health Continuum Infrastructure Program Grant from the State requesting \$15,944,296. If granted this would contribute to the new hospital and clinic construction, and fund the build out of a Behavioral Health program on the 2nd floor of the new clinic. We expect to hear back on whether we have received these funds in spring 2026.
- We received word from the State Department of Health Care Services on the PATH Cited Grant submitted in May, that they are giving us the opportunity to do an additional IGT in the amount of \$746,522.88 to fund the remodels of the properties on Redwood Drive and start a Medi-Cal CalAIM case management program. The Healthcare District will provide \$746,522.88 to the State of CA, who will then use those funds to draw down Federal dollars and return the amount we gave them, plus an additional \$746,522.88, for a total of \$1,493,045.75 for the project. These dollars will go a long way to cover the costs of the Redwood Drive remodels and allow us to expand our services to patients.
- We continue to analyze additional opportunities at the local, state and federal level.

Outreach Report:

- SoHum Health is partnering with Garberville Rotary to host a blood drive outside Garberville Pharmacy on December 5th
- Our Transportation and Outreach teams will be participating in the Soroptimist's lighted Christmas parade on December 20th and hosting a hot cocoa booth at Redwood School for the parade participants.
- The SoHum Health annual winter party will be happening on Saturday, January 24th at Bear River Casino in Loleta. This is a special night for staff and board members to enjoy a dinner by J Catering and celebrate our successes from the previous year.
- Parcel Tax Measure in 2026 – plans are beginning to be made for a Parcel Tax Measure to be on the ballots in 2026. The exact details of the measure and timing are being determined. This ballot measure will need to pass in order for the Healthcare District to qualify for USDA funding for the new hospital and clinic construction.

Operations Report as of 11/14/2025

Project status

New hospital process: We are in the CEQA review phase of the project. Our CEQA hearing was rescheduled to December 4th to allow for additional time for public comment. Caltrans requested that traffic studies be completed. That work is done, and the report has been submitted for comments. Preliminary response has been positive.

We are working with a neighbor to iron out an easement for the western entry to the property. Initial comments have been sent to those assisting with the paperwork for inclusion in the easement filing.

The plans have been submitted to HCAI and to Humboldt County. Our architects anticipate receiving initial HCAI review comments in early December. Currently, the project timeline remains on track as follows, with some minor changes from my last report:

CD's

- March 28, 2025 – 50% CD Pricing Set to Cost Estimator
- July 21, 2025 – 95% Pricing Set to Cost Estimator QA/QC in progress
- August 27, 2025 – 100% CD's to HCAI (Hospital) and to County (Clinic Building)
- November 10, 2025 – Updated 100% CD's to County (Clinic Building)

AGENCY REVIEW/BIDDING – 11 months (approximate)

- August 27, 2025 – July 31, 2026 – HCAI Review (11 months – approximate)
- May 1, 2026 – July 31, 2026 – Bidding (overlaps the last 3 months of HCAI review)
- We assume Agency Review/Bidding for the Clinic Building and for the small Playhouse package would occur within this time, too

CONSTRUCTION ADMINISTRATION – 20 months, estimated (determined by GC)

- August 1, 2026 – March 31, 2028 – CA for both the Hospital and Clinic Building – assuming 1 GC for both

CLOSEOUT – 2 months – April 1, 2028 – May 31, 2028

OWNER MOVE-IN – 5-7 months.

- START: June 1, 2028
- FINISH (EARLY) - 5 months: October 31, 2028, at the earliest
- FINISH (LATE) - 7 months: January 1, 2029

Employee Rental Housing

Four houses have been remodeled and are occupied. They are currently housing providers, with two furnished units and two unfurnished units. The fifth is scheduled for renovation after HR and Quality relocate, likely by the end of fall 2026.

Maple Lane and Redwood Drive Properties

These are local jurisdiction projects, projected for completion by early to mid-summer for Optometry, through the end of 2026, for the Redwood Drive project.

Work is progressing well on the Maple Lane/Connie's Corner Optometry facility. Roof rehab is nearly complete, with modifications to the design incorporated into the larger HVAC platform. New sewer line infrastructure has passed inspection, and interior work continues to move forward.

Extensive work had been done on the Redwood Drive property, including the first phase of shoring the roof structure and interior wall modifications.

We are working with the GSD to replace sewer laterals and sections of the main in the street. They've been very helpful in assisting with this part of the project.

Parking Lots

The Elm Street and Garberville Pharmacy parking lot designs are no longer moving forward due to the extremely high bids received. The Elm Street lot has been completed to allow for the use of the lot at Redwood Street. Staff have voiced their pleasure at having additional parking.

Modification to the Sprowel Creek Campus front area will be included in future work as appropriate.

Work at the Scher Complex is nearly complete, providing additional parking while reducing water runoff and redirecting much of the water flow during extreme rain events. This work included improvements to the entry to Swithenbank House.

As always, please feel free to stop in if you have questions or comments.

-Kent

Southern Humboldt Community Healthcare District
SoHum Income Statement
Oct 2025

Financial Row	Amount
Revenue	
Gross Patient Revenue	
Inpatient	\$320,079
Inpatient Ancillary	\$62,058
Outpatient	\$1,730,244
Outpatient Ancillary	\$906,749
Total Patient Revenue	\$3,019,131
Deductions from Revenue	
9060-913 - Supplemental Revenue	(\$865,068)
Contractual Allowances	\$1,512,473
Provision for Bad Debts	\$34,619
Other Allowances / Deductions	\$23,373
Cost Of Sales	\$3
Total Deductions	\$705,400
Net Patient Revenue	\$2,313,731
Other Operating Revenue	\$416,480
Total Operating Revenue	\$2,730,211
Expenses	
Salaries & Wages	\$1,328,393
Employee Benefits	\$474,068
Professional Fees	\$274,563
Supplies	\$66,051
Repairs & Maintenance	\$21,555
Purchased Services	\$199,191
Utilities	\$18,994
Insurance	\$22,865
Depreciation/ Amortization	\$55,436
Other	\$50,875
Total Operating Expenses	\$2,511,990
Operating Profit (Loss)	\$218,222
Tax Revenue	\$116,333
Other Non Operating Revenue (Expense)	\$206,855
Interest Income	\$12,100
Net Non Operating Revenue (Expense)	\$335,288
Net Income (Loss)	\$553,510

Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet
5 Year Look Back - FY22 through End of Oct 2025

	This FY (As of Oct 2025)	Last FY (As of FY 2025)	FY Before Last (As of FY 2024)	FY23	FY22
ASSETS					
Current Assets					
Total Bank	1,039,994	5,085,807	8,242,122	10,263,542	12,749,303
Total Accounts Receivable	9,143,711	9,260,987	7,312,024	2,326,716	1,696,446
Total Other Current Asset	8,055,541	4,135,057	3,094,801	628,810	2,373,170
Total Current Assets	18,239,246	18,481,851	18,648,947	13,219,068	16,818,919
Fixed Assets					
1200-001 - Land - Hospital	1,193,526	1,193,526	1,163,216	1,028,216	959,877
1211-001 - Land Improvements	553,251	553,251	553,251	553,251	553,251
1215-001 - Buildings	1,489,909	1,489,909	1,367,015	1,474,356	2,516,797
1221-001 - Hospital Building & Improvements	119,716	119,716	119,716	119,716	
1229-001 - Other Building & Improvements	3,550,715	3,526,173	3,447,325	3,387,733	
1230-001 - Leasehold Improvements	12,785	12,785	12,785	12,785	
1241-001 - Major Movable Equipment	8,453,963	8,409,815	7,788,684	7,378,269	6,117,944
1246-001 - Accumulated Depreciation - ROU equipment	(416,174)	(416,174)	(416,174)	(296,509)	
1247-001 - Accumulated Amortization - SBITA	(438,492)	(438,492)	(438,492)	-	
1250-001 - Construction In Progress	14,868,626	12,313,604	7,683,040	5,029,861	3,901,331
1260-001 - ROU assets - Buildings	580,234	580,234	580,234	580,234	
1260-002 - ROU Assets - Subscription Assets	3,735,812	3,735,812	3,735,812	-	
1261-001 - Accum Depr- Land Improvements	(216,427)	(207,224)	(179,615)	(152,007)	
1270-001 - Accum Depr - Buildings	(971,488)	(950,234)	(969,656)	(818,630)	
1271-001 - Accum Depr - Hosp Buildings	(31,040)	(28,574)	(21,175)	(13,777)	
1279-001 - Accum Depr - Oth Buildings	(1,600,203)	(1,563,965)	(1,310,111)	(1,230,863)	
1280-001 - Accum Depr - Leasehold Imprmnt	(12,785)	(12,785)	(12,785)	(12,785)	
1291-001 - Accum Depr - Major Movable Equipment	(6,823,500)	(6,671,390)	(6,186,504)	(5,710,330)	(6,345,119)
Total Fixed Assets	24,048,430	21,645,988	16,916,567	11,329,520	7,704,081
Total ASSETS	42,287,675	40,127,839	35,565,514	24,548,588	24,523,000
Liabilities & Equity					
Current Liabilities					
Total Accounts Payable	3,077,269	1,693,708	959,621	346,403	197,742
Total Other Current Liability	2,357,974	2,476,702	1,406,791	927,074	4,989,519
Total Current Liabilities	5,435,243	4,170,410	2,366,412	1,273,477	4,608,252
Long Term Liabilities					
2250-020 - LEAF Data Backup Liability	-	-	53,135	106,365	
2250-025 - Maple Lane Loan	183,167	192,192	227,867	262,814	
2250-030 - ELGA Lease Loan	1,644,388	1,749,148	-	-	
2260-001 - Help II Loan	1,801,169	1,822,730	1,907,907	1,184,026	511,000
2273-002 - Lease obligations	730,124	730,124	730,124	236,003	
Total Long Term Liabilities	4,358,847	4,494,194	2,919,033	1,789,208	511,000
Equity					
Equity					
2910-001 - Fund Balance	3,027,989	3,027,989	3,027,989	3,027,989	3,027,989
2910-100 - Fund Balance - Disprport Share	(146,589)	(146,589)	(146,589)	(146,589)	(146,589)
2910-200 - Fund Balance - Donations	26,635	26,635	26,635	26,635	26,635
2920-001 - Fund Balance - Beta JPA	(77,074)	(77,074)	(77,074)	(77,074)	(77,074)
Total - Equity	2,830,961	2,830,961	2,830,961	2,830,961	2,830,961
Retained Earnings	28,632,274	27,449,107	18,654,947	16,913,017	14,808,778
Net Income	1,030,350	1,183,167	8,794,160	1,741,925	1,185,000
Total Equity	32,493,585	31,463,237	30,280,069	21,485,903	18,824,739
Total Liabilities & Equity	42,287,675	40,127,839	35,565,514	24,548,588	24,523,000

Southern Humboldt Community Healthcare District
Comparative SoHum Income Statement
5 Year Look Back - FY22 through End of Oct 2025

	This FY (Jul 2025 - Oct 2025)	FY 2025	FY 2024	FY 2023	FY 2022
Revenue					
Gross Patient Revenue					
Total - Inpatient	1,181,839	2,575,941	2,750,183	2,905,326	2,176,244
Total - Inpatient Ancillary	288,436	530,196	359,641	515,457	290,138
Total - Outpatient	7,505,082	19,421,339	15,724,614	10,154,038	15,517,764
Total - Outpatient Ancillary	3,655,310	9,424,509	7,666,152	6,321,148	883,854
Total Patient Revenue	12,630,667	31,951,985	26,500,590	19,895,969	18,868,000
Deductions from Revenue					
Total Operating IGTs & Supplemental	-3,478,019	-9,497,744	-9,497,749	-10,815,285	-3,600,000
Total - Contractual Allowances	6,265,740	11,607,540	6,726,785	7,458,971	5,690,484
Total - Provision for Bad Debts	210,159	968,524	436,735	48,578	404,249
Total - Other Allowances / Deductions	101,933	449,817	-869,207	1,143,031	1,400,263
Total - Cost Of Sales	1,378,782	3,805,877	0	0	
Total Deductions	4,478,595	7,334,014	-3,203,436	-2,164,705	3,894,996
Net Patient Revenue	8,152,072	24,617,971	29,704,026	22,060,674	13,857,000
Total Other Operating Revenue	2,247,673	4,743,393	5,088,974	4,421,876	39,000
Total Operating Revenue	10,399,746	29,361,371	34,760,194	26,523,704	13,896,000
Expenses					
Total - Salaries & Wages	4,724,642	12,374,131	9,809,582	10,305,733	7,665,000
Total - Employee Benefits	1,828,022	5,052,615	3,890,153	2,235,101	2,659,000
Total - Professional Fees	1,481,234	5,332,520	3,861,034	3,198,652	2,626,000
Total - Supplies	405,808	1,273,097	5,121,132	5,712,127	2,514,000
Total - Repairs & Maintenance	93,601	289,940	335,812	342,050	324,000
Total - Purchased Services	958,951	3,110,407	2,114,981	2,224,256	2,224,000
Total - Utilities	120,736	351,590	304,523	276,547	290,000
Total - Insurance	75,858	238,076	172,820	172,223	110,000
Total - Depreciation/ Amortization	221,270	754,326	768,125	938,153	887,000
Total - Other		279,721	1,248,831	1,114,761	1,413,000
Total Operating Expenses	10,189,843	30,025,533	27,492,923	26,166,686	20,712,000
Operating Profit (Loss)	209,903	-664,162	7,267,271	357,018	-6,816,000
Total - Tax Revenue	466,362	1,411,946	1,084,388	1,100,133	
Total - Other Non Operating Revenue (Expense)	294,690	381,523	773,828	344,097	8,001,000
Total - Interest Income	59,391	53,857	194,029	62,545	
Net Non Operating Revenue (Expense)	820,443	1,847,326	2,052,245	1,506,775	8,001,000
Net Income (Loss)	1,030,346	1,183,164	9,319,516	1,863,793	1,185,000

Southern Humboldt Community Healthcare District

October 2025

EPIC AR Overview

AR by Financial Class	September Totals	October Totals	Overall Decrease/Increase
Medicaid	2,290,801.22	2,502,694.19	(211,892.97)
Self-Pay	1,448,081.40	1,451,392.55	(3,311.15)
Medicare	1,540,252.63	1,416,760.83	123,491.80
Commercial	418,984.66	403,788.09	15,196.57
Blue Shield	258,165.58	217,845.49	40,320.09
Tricare	128,865.83	108,998.17	19,867.66
Blue Cross	157,128.56	139,806.16	17,322.40
Workers comp	64,031.33	97,572.27	(33,540.94)
CareOregon	10,500.83	10,551.72	(50.89)
DMAP Medicaid	4,426.79	4,426.79	0.00
Other	3,597.90	3,687.42	(89.52)
Undistributed	(74,772.46)	(101,197.63)	26,425.17
Total AR	6,250,064.27	6,256,326.05	6,261.78

	September	October
Unbilled AR Days	14.1	12.3
Insurance AR Days	32.4	35.8
Self Pay AR Days	13.2	14.3
Total AR Days	59.7	62.4

Days in AR increased by 2.7 days.

- Insurance AR days up 3.4 AR days. We have identified issues highlighted in the roadblocks and are reviewing inventory for opportunity to reduce AR days by focusing on denials and follow up potential.
- Self-pay AR days up 1.1 AR days. No roadblocks identified.
- Unbilled AR down 1.8 AR days.

Roadblocks:

- PHP Telehealth Claims:** Claims were previously denied due to an invalid Place of Service (POS) code. This has been identified as an error on PHP's part. The issue is corrected and waiting for PHP to rework claims.
- Aetna Medicare Advantage:** Claims were processed but reflected \$0 payments. This issue is currently being addressed. There are 59 outstanding accounts which Aetna is currently resolving. Intend to contact weekly until resolved.
- Aetna Medicare Advantage:** We have identified multiple older claims that have processed and show a payment amount, but no checks were ever issued. We are working to resolve these and have payment issued

Operational Updates

- We continue to report weekly progress of new workflow strategies that have been implemented. We are reviewing these strategies regularly to ensure that they align with our performance goals. The team has daily checklists of required workflows to ensure that we are hitting all areas of billing, denials, and follow-up.
- We continue to prioritize high-balance accounts and aged inventory

Centriq:

- All balances have been closed**

CNO Board Report – November 2025

Infection Prevention Update

Ben Larkey, our Infection Prevention Officer, reports significant progress in our Infection Prevention initiatives, with most departmental metrics returning to baseline levels. We commend our teams for their efforts in preventing major adverse outcomes; to date, no major adverse outcomes have been reported. Our commitment to public health is evident in the successful administration of seasonal influenza and COVID-19 vaccinations to staff and residents.

We continue to acknowledge Dr. Candy Stockton's directive for healthcare workers (HCWs) who decline or are unable to receive the annual influenza vaccination by November 1, 2025, to wear masks in patient care areas. She emphasizes the importance of this mandate across all healthcare facilities in Humboldt County.

As we approach October 2025, it is crucial to remain vigilant against COVID-19, which continues to circulate. Recent increases in infections among HCWs underline the need for thorough vaccination enforcement, despite current staffing challenges. We encourage healthcare systems to adopt similar COVID-19 vaccination requirements to enhance our collective commitment to health and safety.

Emergency Department/Acute Care Update

In October, the Emergency Department (ED) provided care to 314 patients, while the Acute Care unit attended to eight swing-bed patients and two inpatients. The hospital is committed to maintaining high standards of care by staffing the department with one Registered Nurse (RN) and one Licensed Vocational Nurse (LVN). This setup ensures that quality care is delivered to more than five acute patients simultaneously, in compliance with state regulations.

Melissa, the Emergency Department (ED) and Acute Care Manager, has reported the implementation of a new nurse orientation program effective November 10. This program is designed to enhance clinical competencies among nursing staff. Participants will engage in a structured orientation that includes two days of mentorship each week and one classroom day, conducted by Assistant Nurse Manager Daisy.

The curriculum encompasses fundamental topics, including anatomy, Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS). The program duration is eight weeks, with the objective of equipping new nurses for independent patient care while also introducing them to the workings of the Emergency Department. Furthermore, training in ACLS and PALS will be accessible to all Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs) as integral components of the curriculum.

Additionally, a targeted initiative exists to specifically orient LVNs in the Emergency Department, aiming to bolster staffing levels. Operations involving the new Elevate providers are functioning effectively, and interdisciplinary collaborations are underway to improve admission and ordering protocols. The department is currently preparing for an upcoming survey of the Acute/Emergency Department, which

underscores its dedication to exceptional patient care and the creation of a supportive environment that promotes recovery. ED Manager Melissa is developing an electronic scheduling system that enables nursing staff to self-schedule, thereby enhancing their autonomy and flexibility in managing their workdays.

Furthermore, the ED/Acute Care team is collaborating with the Quality Department to ensure comprehensive readiness for the survey. The goal is to engage a state-certified agency to conduct the survey by the end of this year or within the first month of 2026, further solidifying the department's commitment to excellence in patient care and operational effectiveness.

Laboratory Update

In October, the laboratory recorded 529 visits, with Adam Summers reporting effective operations, despite a typical decline in test volume for this time of year. The lab is achieving 125% of its test volume compared to the same month last year and is making progress in new testing initiatives.

We are pleased to reintroduce blood cultures and Gram stains for patients, marking the first time these tests have been performed in over a decade. This change has significantly decreased weekend courier deliveries to Petaluma due to limited support from our reference lab.

Additionally, we have strengthened our collaboration with Mad River Community Hospital (MRCH) to minimize the need for extended courier runs. A mutual agreement formalized in February allows us to assist with testing during emergencies. We are currently developing a protocol for sending selected culture tests to MRCH on weekends and holidays.

However, we are facing increased supply shortages linked to wider supply chain issues, with several items on backorder. Our materials management and accounting teams are actively addressing these challenges while also supporting the MRCH lab.

On a positive note, recent scheduling changes have improved operational efficiency, including hiring a scheduled scientist for extended weekday hours, which has reduced reliance on on-call staff. Remote work has also helped maintain essential administrative functions during emergencies.

Skilled Nursing Update

Katherine, the Director of Nursing at our Skilled Nursing Facility, reports that October has been an active month. Our resident census remains stable at eight, and we've received positive feedback from our recent survey, reflecting our commitment to excellence.

We are committed to developing new policies that ensure high standards in operations and regulatory compliance, prioritizing the safety and rights of our residents.

Currently, we have one traveler on staff and a new per diem Certified Nursing Assistant joining us, who is eager to advance her nursing education at SoHum.



Our activity director offers a diverse range of activities for residents, including a flourishing flower garden and popular dice games. We've also included Healy Center lunches in our calendar and host a Friday Afternoon Music Event featuring local performers, enhancing our community spirit.

Clinic Update

In October, the clinic served a total of 496 patients, excluding 61 visits for behavioral health, 68 visits for optometry, and 98 visits for employee health. Shawna Kloiber, our clinic manager, has announced that Dr. Ordonez has officially joined our team. Dr. Ordonez will oversee the Skilled Nursing Facility (SNF) and Swing Bed services, and she has begun conducting patient consultations within the clinic. We are providing her with the necessary training and support to facilitate her integration into the EPIC system.

Furthermore, Dr. Murphy has successfully completed his locum tenens contract and has entered into a permanent agreement to continue his service as a provider in our clinic.

We have scheduled a mobile clinic for November 21st in Shelter Cove, with several patients already confirmed for appointments. As we move forward into the year, we are concentrating on achieving our quality measures. Significant efforts have been made to enhance our initiatives in tobacco cessation, colon cancer screening, body mass index (BMI) counseling, mammography, and various other health metrics.

We are pleased to report that the implementation of ConferMed for our partnership patients is approaching finalization. This development aims to promote improved collaboration between our providers and specialists, enabling comprehensive patient evaluations and potentially reducing the need for patients to travel to specialty providers.

In additional positive news, Dax-AI is now fully operational for our providers. We are dedicated to enhancing its functionality to streamline documentation processes and improve operational efficiency.

Radiology Update

Our Radiation Director, Lora, reports that the department in the month of October, Radiology performed 132 X-ray exams, 118 CTs, 51 ultrasounds, and 61 mammograms.

We are preparing for our annual MQSA, FDA, and California State mammography inspection, scheduled for December 5th.

We currently have a traveling technician in the CT/X-ray department, but are continuing our efforts to recruit permanent staff.



Pharmacy

The Pharmacy department is working diligently to enhance its policies and procedures, especially in navigating COVID-19 vaccine recommendations. We are collaborating with local clinics to provide immunizations to schools in Redway and ensuring precision in medication orders for transfer patients in long-term care. Our team also monitors storage and inventory for the UCLA Buprenorphine Study/Grant.

Physical and Occupational Therapy Update

In October, the Physical and Occupational Therapy departments recorded a total of 109 outpatient visits, in addition to care provided in acute settings, through the SWING program, and in the skilled nursing facility. Sierra, the Physical Therapy Manager, has observed marked improvements following the relocation of therapy treatments to a newly expanded therapy room, which has enabled the provision of a more comprehensive range of services.

To further bolster our expanding services, the team continues to consider adding a Rehabilitation Nursing Assistant (RNA) to assist with skilled nursing treatments. The RNA would deliver essential maintenance care under the supervision of our Physical and Occupational Therapy professionals. We have identified a potential candidate from among our Certified Nursing Assistants (CNAs), as the RNA training program necessitates only 16 hours of training.

Additionally, the physical therapy team is in the process of recruiting a new physical therapist, which we anticipate will enhance our capacity to effectively manage an increased volume of outpatient patients. Our objective remains focused on delivering high-quality care while welcoming new patients, as demand for our services continues to increase.

Senior Life Solutions (SLS)

In October, the SLS team conducted a total of 91 visits, despite experiencing a staff shortage. The state has granted SLS a license to relocate to Sprowl Creek, and the program has successfully transitioned to the new facility. The SLS team is planning to host an open house at the beginning of 2026 to introduce both the new location and the SLS program to the community. A new program manager, Amy, who holds a nursing degree, was appointed a few weeks ago. The team continues to seek a patient coordinator for the program.

Thank you for your ongoing support and dedication!

Adela Yanez, RN, BSN, CNO



SoHum Health

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Garberville, CA 95542
(707) 923-3921
shchd.org

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 25:10

APPROVAL OF A LOAN FROM EQUIPMENT LEASING GROUP OF AMERICA

A RESOLUTION OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR UPQUA BANK.

WHEREAS, **Southern Humboldt Community Healthcare District** (the “Borrower”) has determined that it is in its best interest to borrow an aggregate amount not to exceed **\$2,000,000.00** from Umpqua Bank (the “Lender”), and

WHEREAS, the Borrower intends to use the funds for the following: **operating funds until the District receives the proceeds from the 2024 Rate Range IGT**;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. **Matt Rees, Chief Executive Officer** (an "Authorized Officer"), is hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer deems necessary or advisable in order to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 2. The proposed Loan and Security Agreement (the "Agreement") dated as of December 10, 2025, which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed \$2,000,000.00. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in a substantially said form that includes the Assignment of Anticipated Ad Valorem Operating Tax Assessment Collections in the event of default, with such changes therein as the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 3. The proposed form of Promissory Note (the “Note”) dated as of **December 10, 2025**, as evidence of the Borrower’s obligation to repay the loan is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially said form, with such changes therein as the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 10th day of December 2025, by the following vote:

Ayes: _____

Noes: _____

Abstain: _____

Absent: _____

Witnessed by: Kevin Church, President

Witnessed by: Corinne Stromstad, Vice-President/Secretary

SECRETARY'S CERTIFICATE

I, Corinne Stromstad, Secretary of **Southern Humboldt Community Healthcare District**, hereby certify that the foregoing is a complete, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of **Southern Humboldt Community Healthcare District** duly and regularly held at the regular meeting place thereof on the 10th day of December, 2025 of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes: _____

Noes: _____

Absent: _____

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

Secretary

Date

EMPLOYMENT AGREEMENT

CHIEF EXECUTIVE OFFICER

This Employment Agreement (“Agreement”) effective as of December 10, 2025 (the “**Effective Date**”) is by and between Southern Humboldt Community Healthcare District dba Jerold Phelps Community Hospital, a California healthcare district and political subdivision of the State of California (hereinafter referred to as the “**District**”) and Matthew E. Rees (hereinafter referred to as “**Employee**”).

WHEREAS, District operates a licensed general acute care hospital facility and skilled nursing facility located in Guerneville, California (“**Hospital**”).

WHEREAS, District desires to secure the continued services of Employee to act as the Chief Executive Office on the terms and conditions set forth herein.

WHEREAS, Employee is willing to provide the services as Chief Executive Officer on the term and conditions set forth herein.

NOW, THEREFORE, in consideration of the material advantages accruing to the two parties and the mutual covenants contained herein, the District and Employee agree as follows:

1. Duties. Employee will render full time professional executive management services as Chief Executive Officer to the District. Employee will at all times, faithfully, industriously and to the best of his ability, perform all duties that may be desired of his by the District Board of Directors by virtue of his position as Chief Executive Officer. Employee is hereby vested with authority to act on behalf of the Board of Directors of the District in keeping with Hospital policies adopted by the Board as amended from time to time. In addition, Employee shall perform in the same manner any special duties assigned or delegated to Employee by the Board of Directors of the District pertaining to Hospital operations. The District reserves the right to modify this position and duties at any time in its sole and reasonable discretion. Employee acknowledges and understands that as the Chief Executive Officer, he is a public officer and a public employee pursuant to California law.

2. At-Will Employment. Employment with District is voluntarily entered into and shall be considered “at-will”. Employee is free to resign at any time, with or without notice, and with or without cause. Similarly, District may terminate the employment relationship at any time, with or without notice, and with or without cause, so long as there is no violation of applicable federal or state law. Nothing in this Agreement or in any document or statement shall limit the right of District to terminate the employment relationship “at-will” at any time, with or without cause. Only the Board of Directors of the District has the authority to make any such agreement altering the “at-will” nature of this Agreement, and then only in writing.

3. Term. Notwithstanding Employee’s at-will status as set forth in paragraph 2 above, the term of this Agreement shall be for a period of four (4) years beginning on the Effective Date and ending on December 9, 2029, or as terminated under paragraph 2 above, whichever occurs sooner.

(a) Severance Compensation. In the event District terminates Employee without "Cause" (as defined in paragraph (b) below), Employee shall be entitled to a sum equal to the Base Salary paid under this Agreement for the remainder of its term (exclusive of benefits or any other non cash remuneration) but in no event shall such sum exceed the total of **Eighteen (18)** months Base Salary (the "**Severance Compensation**"). To receive Severance Compensation, Employee must execute a Settlement Agreement and General Release satisfactory to the District and in compliance with California law. The Settlement Agreement and General Release will not in any way alter the Severance Compensation provision of this agreement. In the event the Employee elects not to sign the Settlement Agreement and General Release, Employee will not be entitled to Severance Compensation. Such Severance Compensation shall be paid in accordance with the normal payroll practices of the District, beginning on the first payroll date after the date on which Employee has signed the above-mentioned release and any legal right to revoke the release has expired. Upon execution of the Settlement Agreement and General Release, the District shall, in addition to Severance Compensation, pay for the full cost of COBRA premiums for coverage for Employee and, if applicable, his spouse (so long as she remains married to Employee) and dependent children who were covered under the District group health plan on the date of Employee's termination, for the same duration as the severance benefits or until Employee obtains new employment with an employer that offers health benefits, whichever occurs first; however the District will only be obligated to pay such COBRA premiums if Employee properly elects and obtains COBRA coverage. The availability, duration and scope of such COBRA coverage will be solely as required by applicable federal and state law. Base Salary will be the base salary in effect at the time of Employee's termination from employment and does not include any incentive increment, vacation, sick leave, pension contributions, health benefits or any other employee benefit.

(b) In the event Employee is terminated for "Cause", Employee shall not be entitled to any Severance Compensation or any other compensation from District, except for such salary and benefits as he may have earned prior to his termination, or as otherwise required by law or plan document. "Cause" shall mean: (i) serious abuse, such as fraud, embezzlement, misappropriation of District property or undue use of influence as a District official; (ii) criminal activities including those crimes involving moral turpitude, and only where prosecution or conviction occurs and results in a final judgment that is not subject to appeal; or (iii) employee's repeated failure, following written notice from the District specifying the nature of the failure, and a reasonable opportunity to cure such failure, to perform the essential functions of his job in a reasonably satisfactory fashion, including those circumstances where such failure is due to death or disability and use of illegal drugs or abuse of legal drugs, including alcohol, after prior warning concerning such use or abuse.

(c) This section is intended to comply with the provisions of Government Code Section 53260 and 53261, et seq, and in no event shall Employee be entitled to severance benefits greater than provided for therein. This Agreement in no way affects Employee's rights to continue health insurance coverage as required under COBRA for Employee and Employee's eligible dependents at Employee's own expense.

(d) In the event Employee terminates his employment with the District for any reason, Employee or Employee's estate will not be entitled to any Severance Compensation. Employee is requested to give the District at least ninety (90) days prior written notice of his intent to terminate this Agreement for any reason, except the event of Employee's death.

4. Compensation.

(a) Base Salary. District agrees to pay Employee the annualized sum of \$388,814.40 ("**Base Salary**") per year. Base Salary shall be payable in bi-weekly installments throughout the contract year in accordance with the normal payroll practices of the District. Employee may, at his option, direct that such portion of his salary as Employee may designate be deferred or invested in tax sheltered investments, as provided for by the District's Retirement Savings Plan sponsored by the District. The District shall not be responsible for the tax consequence of any payments directed by Employee pursuant to this provision.

(b) Merit Adjustment. The District Board shall conduct an annual evaluation of Employee's performance. Salary adjustments during the term of this Agreement will be considered annually by the District Board based on mutually agreeable performance objectives and any applicable District Board policies. District and Employee agree to meet and confer prior to each anniversary date and consider merit increases to Employee's base salary as may be determined in the discretion of the District Board based on performance, cost of living increases and length of service.

(c) Performance Goals. Within 30 days of the Effective Date and within 30 days of each anniversary date of this Agreement, the District and Employee will meet and confer to develop, and draft for presentation to the District Board, specific performance goals. By mutual agreement, there shall be no discretionary incentive bonus awards to employee based on the employee's overall performance or accomplishment of the prior year's performance goals.

(d) Retention Bonus. In recognition of Employee's intent to remain at the District for the duration of this Agreement, Employee shall be entitled to a retention bonus, in the amount of *Ten Thousand Dollars (\$10,000)* per twelve (12) month period (the "**Retention Bonus**") for a total Retention Bonus of *Forty Thousand Dollars (\$40,000)* to be earned. The Retention Bonus shall be paid within five working days.

(e) Housing Allowance. Employee shall be entitled to receive a monthly housing allowance of One Thousand Dollars (\$1,000) during the term of this Agreement.

5. Fringe Benefits

(a) Employee shall be entitled to accrue seven (7) weeks of PTO each year pursuant to the District's paid time off policies, to be taken at times mutually agreed upon between

Employee and the Board of Directors of the District. In the event of termination for any reason, including voluntary resignation, Employee shall be paid for any accrued but unused PTO (paid time off) time in addition to any other salary or other benefits for which Employee is then eligible pursuant to the District's paid time off policies.

(b) Employee shall be entitled to sick leave, holiday, jury duty, and bereavement leave in accordance with District's current policies applicable to senior executives.

(c) The District will make a contribution to Employee's retirement plan of up to **five percent (5%)** of Employee's annual Base Salary per year and this shall represent any and all contributions to any retirement plan by the District on behalf of Employee.

(d) In the event of a single period of prolonged inability to work due to sickness or injury, Employee will be compensated in accordance with the District's disability program and/or any supplemental long term disability coverage purchased by District.

(e) Employee will be permitted to be absent from the District during working days to attend professional meetings in the United States and elsewhere and to attend such outside professional duties in the healthcare field as have been mutually agreed upon between Employee and the Board of Directors of the District. Attendance at such approved meetings and accomplishment of approved professional duties shall be fully compensated service time and shall not be considered vacation time. The District shall reimburse Employee for all reasonable and necessary expenses incurred by Employee incident to attendance at approved professional meetings.

(f) The District agrees to pay dues to professional associations approved by the Board of Directors of the District as being in the best interest of the District, including, but not limited to Employee's membership dues in ACHE, Rotary and other organizations approved by the District Board.

6. Additional Benefits. The District also agrees to:

(a) insure Employee under its general liability and Directors and Officers insurance policies for acts done by him in good faith throughout the term of this Agreement;

(b) pay for **100% of the premium** cost, throughout the term of this Agreement, of a life insurance policy for up to \$500,000, payable to the beneficiary of Employee's choice. This benefit shall be in lieu of any other death benefit or payment including severance so that this Agreement shall terminate upon Employee's death and the District shall have no further obligation to Employee's estate except those death benefit(s), if any, extended to non-contractual employees; and

(c) provide Employee, his spouse and dependent children health insurance through the District's employee health benefits program in accordance with the District's policies.

7. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to the subject matter hereof. It also supersedes any and all other agreements or contracts, either oral or written, between the parties with respect to the subject matter hereof

8. **Amendments.** Except as otherwise specifically provided, the terms and conditions of this contract can be amended at any time by mutual agreement of the parties, provided that before any amendment shall be valid or effective, it shall have been reduced to writing, approved by the District, and signed by the Chair of the Board and Employee.

9. **Severability.** The invalidity or unenforceability of any particular provision of this contract shall not affect its other provisions, and this contract shall be construed in all respects as if such invalid or unenforceable provisions have been omitted.

10. **Attorneys' Fees.** If any legal action, including without limitation arbitration or action for declaratory relief, is brought to enforce the provisions of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees from the other party. These fees, which may be set by the court in the same action or in a separate action brought for that purpose, are in addition to any other relief to which the prevailing party may be entitled. This provision applies to this entire Agreement.

11. **Notice.** All notices and other communications under this Agreement must be in writing and must be given by personal delivery, telecopier or telegram, or first class mail, certified or registered with return receipt requested, and will be deemed to have been duly given upon receipt if personally delivered, three (3) days after mailing, if mailed, or twelve (12) hours after transmission, if delivered by telecopies or telegram, to the respective persons named below:

If to District:
Southern Humboldt Community Healthcare District
733 Cedar Street
Garberville, CA 95542
Attention: Chair, Board of Directors

If to Employee:
Matthew E. Rees
1159 Vista Dr
Fortuna Ca, 95540

Any party may change such party's address for notices by notice duly given pursuant to this Section.

12. **Governing Law.** This Agreement shall be construed and enforced under and in accordance with the laws of the State of California with venue in Humboldt County.

IN WITNESS WHEREOF, the parties hereto have entered into this Employment Agreement as of the Effective Date of this Agreement as set forth above.

Southern Humboldt Community
Healthcare District

Matthew E. Rees

By: _____
Its: _____

Date: _____, 2025

Date: _____, 2025

Major Brown Act Updates Under SB 707

New Law Represents the Most Significant Update to the Brown Act in Decades

On October 3, 2025, [Senate Bill 707](#) (SB 707) was signed by Governor Newsom and will bring significant changes to many public agencies' meetings starting in 2026. SB 707 is intended to diversify and increase public engagement in local government, and also modernize the Ralph M. Brown Act in the face of technological advancements.

SB 707 amends numerous provisions of the Brown Act and places new restrictions, expectations and duties upon legislative bodies. The changes are best understood in terms of what only applies to "*eligible legislative bodies*" versus what generally applies to all legislative bodies.

Rules Specific to *Eligible Legislative Bodies*

The most significant changes in SB 707 will apply to an "*eligible legislative body*" which is defined as any of the following: (1) a city council of a city with a population of 30,000 or more, (2) a board of supervisors of a county, or a city and county, with a population of 30,000 or more, (3) a city council of a city located in a county with a population of 600,000 or more, and (4) a board of directors of large special districts meeting certain thresholds based on boundary areas, population, number of employees and/or revenues.

• **Two-Way Remote Attendance and Disruption Procedures**

Unlike earlier versions of the Brown Act, the new law now requires *eligible legislative bodies* to offer hybrid meetings. This means the public must be able to participate through a two-way phone or video platform, unless the technology is not available at the meeting location or the meeting qualifies for an exemption, such as an off-site tour.

On or before July 1, 2026, an *eligible legislative body* must also approve in an open session a policy regarding disruption of the above-mentioned services or platform and efforts to restore service. If a disruption prevents the public from attending a meeting, the body must take a recess and try to restore service for at least one hour. Afterward, it must adopt a finding by roll call vote confirming that good-faith efforts were made to fix the issue and that resuming the meeting serves the public interest more than delaying it further.

Furthermore, this bill allows a legislative body or its presiding officer to also remove or limit participation from individuals engaging in disruptive behavior, regardless of whether the individual is attending in-person or via two-way audiovisual or telephonic services.

• **Outreach**

This bill will now require *eligible legislative bodies* to take specific actions to encourage residents to participate in public meetings, including:

- Provide a system for electronically accepting and fulfilling requests for meeting agendas;
- Have an accessible internet webpage dedicated to information concerning public meetings and how members of the public may participate, including a link to the page on the agency's home page; and
- Make reasonable efforts to invite groups that do not traditionally participate in public meetings to attend those meetings, such as outreach to media organizations serving non-English-speaking communities or civic engagement organizations. The legislative body has broad discretion to implement these efforts.

• **Language Translation and Interpretation**

Eligible legislative bodies must also:

- Translate the agenda and instructions on how to participate in meetings into any language spoken jointly by 20 percent or more of an applicable population that also speaks English less than "very well" according to the American Community Survey;
- Provide reasonable assistance to members of the public who wish to use personal interpreters, such as arranging space for interpreters and allowing extra time for interpretation;

- The new webpage requirements for webpages dedicated to information concerning public meetings must be translated into any language spoken jointly by 20 percent or more of an applicable population that also speaks English less than “very well” according to the American Community Survey;
- Make a physical location, within reasonable proximity to the location where the agenda is posted, freely accessible to the public so the public may post additional translations of that agenda

Rules Applicable to Legislative Bodies in General

While the rules above apply to *eligible legislative bodies*, the following rules apply to legislative bodies more broadly and generally.

• **Teleconferencing Updates**

SB 707 reorganizes and expands the teleconferencing provisions of the Brown Act, adding some uniformity to noticing, disclosure, accessibility, and public comment requirements for certain types of teleconferencing. For example, SB 707 revises and restates the existing teleconferencing provisions for states of emergency, just cause, and emergency circumstances, and expands coverage to include: (1) states of emergency declared by localities, and (2) just cause allowances, including physical or family medical emergencies preventing in-person attendance and military service. The new law also continues the availability of teleconferencing for neighborhood councils, student body community college associations, and student-run community college organizations.

In addition, SB 707 would allow agencies to permit attendance by a member of the legislative body via teleconferencing as a reasonable accommodation under applicable law, including the Americans with Disabilities Act (ADA). Those attending in accordance with this section must still disclose any present adults and their relationship to them and participate via audio and camera, unless their disability prevents such.

The new law also authorizes remote teleconference meetings by “eligible subsidiary bodies” of local agencies, as long as the subsidiary bodies comply with certain requirements. This compliance is defined as having at least one physical location for the meeting, requiring that members attending remotely appear on camera and requiring the legislative body that created the subsidiary body to make certain findings prior to authorizing fully remote meetings and at least every six months thereafter. Under SB 707, an “eligible subsidiary body” includes only advisory bodies that cannot take certain final actions and do not have primary subject matter jurisdiction on elections, budgets, police oversight, privacy, library material restrictions, or taxing or spending proposals.

Similarly, SB 707 allows remote teleconference meetings by “eligible multijurisdictional bodies” if certain requirements are met, including at least a quorum of the body participating from one or more physical locations that are open to the public and that members who participate remotely do not receive compensation for attendance. There are also limits on the number of times a member may participate remotely. Under the law, an “eligible multijurisdictional body” means a legislative body that includes representatives from more than one local agency, or a legislative body of a joint powers agency.

Finally, SB 707 clarifies that the term “teleconference” does not apply where one or more members of a legislative body only watch or listen to a meeting via webcasting, without the ability to interactively speak and discuss.

• **Other Changes**

Copies of the Brown Act: Existing law encourages agencies to provide copies of the Brown Act to each member of a legislative body. SB 707 will now require agencies to provide a copy of the Brown Act to any person elected or appointed as a member of a legislative body.

Harsher Restrictions: Removes a requirement that members of an appointed legislative body must be appointed by or under the authority of the elected legislative body in order for the legislative body to impose harsher open and public meeting requirements.

Special & Emergency Meetings: Removes a requirement that only specified legislative bodies must comply with the internet website posting and notice requirements for special or emergency meetings, and thus imposes the same posting and notice requirements on all legislative bodies.

Extends the Social Media Rules Indefinitely: Existing law permits a member engaging in separate conversations or communications outside of a meeting with any other person using an internet-based social media platform for specified purposes. However, this is provided that the majority of members do not use the platform to discuss business of a specific nature that falls within the subject matter jurisdiction of the legislative body. This bill makes this exception indefinite.

Notably, some other updates or changes enacted by SB 707 do not actually alter the substance of the law, but simply move and regroup the information into a more readable and trackable format within the Brown Act. These changes were intended to address common complaints and overall feedback on the organization of the Brown Act.

Please note that most updates to the Brown Act under SB 707 will become effective on January 1, 2026, while those specifically applying to *eligible legislative bodies* will take effect on July 1, 2026. Further, some provisions of SB 707 will expire on January 1, 2030, unless later extended by the Legislature.

There are more details about the bill that cannot be summarized in this alert, please feel free to reach out to [Nicholaus Norvell](#), [Frank Splendorio](#), [Jeff Ballinger](#), and [Elleasse Taylor](#) for more information on preparing for and implementing these changes.

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