SoHum Health

Southern Humboldt Community Healthcare District

MEETING NOTICE
Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on August 27, 2026, 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

Page	Item
	A. Call to Order
	B. Approval of the Teleconferencing of a Board Member
	C. Approval of the Agenda
	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 –

1. Approval of Previous Minutes
   a. Governing Board Meeting, July 30, 2026 — 6 - 27
   b. Special Governing Board Meeting, July 30, 2026 — 25 - 38
   c. Special Governing Board Meeting, August 10, 2026 — 39 - 42

2. SHCHD New and Updated Policies - See Supplemental Packet
   Outreach
   a. Use of Personal Social Media Accounts – Revised — 43 - 44

   Engineering
   b. Patient Safety Plans - Retirement — 45 - 58

3. Quarterly Reports - (Feb, May, Aug, Nov) -
   a. Human Resources – Season Bradley Koskinen, HR Manager - See Report — 59 - 63
   b. Foundation – Chelsea Brown, Outreach Manager – See Report — 64 - 65
   c. Operations – Kent Scown, Chief Operations Officer – See Report — 66 - 67

Approval of Consent Agenda

H. Last Action Items for Discussion

1. Approval of Medical Staff Bylaw Revisions – Changes in progress

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: Optometrist Chris Whitney, CAN Taylor Randall, HIM Clerk Heather Parker, Board Member Chris Schille, Board Member Yvonne Hendrix, and Outreach Coordinator Jacqueline McClure
      5 Years: DON Katherine Anderson, Pharmacy Tech Glen Hood, and IT Tech Steve McShane
      10 Years: LVN Peter Crosiar and IT Director Jason Dockins
   c. CNO Report – Adela Yanez – See Report — 68 - 73
   d. Approval of July Financials – See Report — 74 - 85

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

K. Old Business

1. None

L. New Business

86 1. Resolution 26:10 Approval to apply for the HCAI California Rural Health Transformation Program's Workforce Development Grant of up to $1 Million

87 - 90 2. Approval of the CEO Job Description
3. IT Integrety Committee

M. Parking Lot -None

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, September 10, 2026, at 12:30 p.m.
2. Policy Development Committee – Tuesday, September 15, 2026, at 10 a.m.
3. QAPI Meeting – TBD
4. Finance Committee – TBD
5. Governing Board Meeting – TBD

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. – See Report
   b. Patient Safety – Mar., June, Sept., Dec. – None
   c. Medication Error – Feb., May, Aug., Dec. – None

5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
   a. Reed, PeiLin, MD - Reappointment as Active status in Teleradiology -Diagnostic Radiology privileges from September 1, 2026 to August 31, 2028.
   b. Kurapati, Surender, MD - Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges from September 1, 2026 to August 31, 2028.

6. Personnel Matter –Evaluation § 54957
   a. Kristen Rees

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

S. Resume Open Session

T. Adjourn

Abbreviations

ACHD	Association of California Healthcare Districts	*ACLS*	Advanced Cardiac Life Support Certification
AR	Accounts Receivable	*BLS*	Basic Life Support Certification
CAIR	California Immunization Registry	*CEO*	Chief Executive Officer
CFO	Chief Financial Officer	*CMS*	Centers for Medicare and Medicaid Services
CNO	Chief Nursing Officer	*COO*	Chief Operating Officer
CPHQ	Certified Professional in Healthcare Quality	*CQO*	Chief Quality and Compliance Officer
EMR/EHR	Electronic Medical Record/Electronic Health Record	*ER*	Emergency Room
FTE	Full Time Equivalent/Full Time Employee	*HIM*	Health Information Management
HRG	Healthcare Resource Group	*HVAC*	Heating, Ventilation and Air Conditioning system
IGT	Intergovernmental transfer	*IT*	Information Technology
JPCH	Jerold Phelps Community Hospital	*LCSW*	Licensed Clinical Social Worker
LVN	Licensed Vocational Nurse	*MPH*	Master of Public Health
OBS	Observation	*PALS*	Pediatric Advanced Life Support Certification
PFS	Patient Financial Services	*QAPI*	Quality Assurance Performance Improvement
QIP	Quality Improvement Project/Program	*RN*	Registered Nurse
SHCC	Southern Humboldt Community Clinic	*SHCHD*	Southern Humboldt Community Healthcare District
SNF	Skilled Nursing Facility	*SWG*	Swing beds
DO	Doctor of Osteopathic Medicine	*Resident*	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 August 24, 2026

Governing Board

Date: July 30, 2026
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 Kevin Church, Chris Schille, Yvonne Hendrix, Corinne Stromstad, and Galen Latsko.

Not Present: None

Also in person: Administrative Assistant Darrin Guerra, CEO Matt Rees, CQCO Kristen Rees and PFS Manager Marie Brown

Also via Webex: Chief of Staff Dr. Raisoni, HR Manager Season Bradley-Koskinen, HIM Manager Remy Quinn, COO Kent Scown, Adam Baur, Stephanie Smith, Kana Voelckers, Credentialing Specialist Aeryn Thompson, and Outreach Coordinator Heidi Holterman

A. Call to Order – Board President Kevin Church called the meeting to order at 1:45 pm.

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

C. Approval of the Agenda

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

D. Public Comment on Non-Agendized Items

1. The Board received multiple public comments inquiring about the total cost of the community phone poll for the Bond Measure and the cost of associated studies.

E. Board Member Comments - None

F. Announcements

G. Approval of Consent Agenda

1. Approval of Previous Minutes
   a. Governing Board Meeting, June 25, 2026
   b. Special Governing Board Meeting, July 10, 2026

2. SHCHD New and Updated Policies - See Supplemental Packet
   SNF
   a. Room to Room Transfers – Revised
   b. Transfer of a Resident to Higher Level of Care – Revised
   c. Evaluations of Residents by Practitioners – Revised
   d. Consent for Use of Psychoactive Medications – Revised
   e. Provider Visits to Skilled Nursing Facility Residents and Swing Bed Patients – Annual Review
   f. Interdisciplinary Care Plan Committees – Annual Review
   g. Monthly Drug Regimen Review – Annual Review
   h. Caring for a Resident with Dementia – Annual Review
   i. Facility Assessment – Annual Review

   Retail Pharmacy
   j. Retail Pharmacy - New

3. Quarterly Reports - (Feb, May, Aug, Nov) - None
   a. Human Resources – Season Bradley Koskinen, HR Manager
   b. Foundation – Chelsea Brown, Outreach Manager
   c. Operations – Kent Scown, Chief Operations Officer

Kevin Church Pulled Items G.1.a., G.2.d, and G.2.g. from the Consent Agenda

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

Motion:	Christopher Schille motioned to approve item G.2.a. with corrections, adding Chris Schille to the "Present Board Members", correcting the date to 2026, and correcting the motion to read ".. approve the amended consent agenda" as well as G.2.d Consent to Use Psychoactive Medications, adding the definition of CDPH, California Department of Public Health.
Second:	Yvonne Hendrix
Ayes:	Galen Latsko, Christopher Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	None
Motion Carried	

Item G.2.g will be brought back to the Board at a future meeting with corrections.

H. Last Action Items for Discussion

1. Approval of Medical Staff Bylaw Revisions
   a. Kevin Church initiated a discussion about some of the various discrepancies in the Medical Staff Bylaws. The Board as a whole suggested these changes, which will be presented to the Medical Staff's Committee of the Whole. The Bylaws will be brought back to a future Board meeting with the Medical Staff's approved changes for Board approval.

2. Resolution 26:06 Approval to Authorize the Issuance of General Obligations Bond
   a. The public asked various questions regarding the Bond initiative, and various members of the Administrative team assisted in answering their concerns: Flyers will be reviewed by the Board before going to the public, the District clarified that they cannot pay employees to work on the ballot initiative, nor can they advise the public on how to vote while in uniform or on the clock, the money will only be drawn down from the Bond for the use of expansion, improvement, acquisition, construction, equipping, and renovation of health care capital facilities of the District, if the Hospital project can not be completed for one reason or another, the Governing Board does not intend to draw down the funds.
   b. Stephanie Smith from BBK Law gave a presentation on what the District is and is not

allowed to do regarding the Ballot initiative.

Motion:	Christopher Schille motioned to approve Resolution 26:06
Second:	Galen Latsko
Ayes:	Galen Latsko, Christopher Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	None
Motion Carried	

The Governing Board took a brief recess from 3:11 pm – 3:16 pm

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

J. Administrator's Report – Matt Rees, CEO
Matt presented his staff report and briefly touched on the recent success of our new MRI services. We recently hired our Community Health worker, they have started, and the program is running smoothly. Matt also briefly touched on his lobbying efforts to secure more funds for us.

1. Department Updates
   a. Milestones – None
   b. June Employee Anniversaries
      1 Year: CNA Oden Burton, RN Karen Leavens, LVN Patricia Gallagher, PT Assistant Sophia Formosa, Nurse Manager Melissa Hamilton, and CAN Andrew DeVilbiss
      5 Years: Pharmacist Fred Baron
      10 Years: Ed Tech Chris Hyden and CNO Adela Yanez
   c. CNO Report – Adela Yanez – See Report
      i. Adela presented her staff report.
   d. Approval of June Financials
   e. Family Resource Center – Amy Terrones – Mar and Oct – None

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

K. Old Business - None

L. New Business

1. Approval of resolution 26:07 – Loan and Security Agreement of $1.5 Million

Motion:	Christopher Schille motioned to approve Resolution 26:04
Second:	Galen Latsko
Ayes:	Galen Latsko, Christopher Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	Galen Latsko
Motion Carried	

M. Parking Lot - None

N. Meeting Evaluation – "Long"

O. New Action Items

1. Addition of updated "Construction in Progress" as well as the addition of Payroll to the corresponding financial spreadsheets.
2. Medical Staff Bylaws suggested changes.

P. Next Meetings

1. Medical Staff Committee – Thursday, August 13, 2026, at 12:30 p.m.
2. Policy Development Committee – Tuesday, August 18, 2026, at 10 a.m.
3. QAPI Meeting – Wednesday, August 11, 2026, at 1:00 p.m.
4. Finance Committee – Friday, August 21, 2026, at 10:00 a.m.
5. Governing Board Meeting – Thursday, August 27, 2026, at 1:30 p.m.

Q. Closed Session

1. Closed Session opened at 4:06
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. – None
   b. Patient Safety – Mar., June, Sept., Dec. – None
   c. Medication Error – Feb., May, Aug., Dec. - None

5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
   a. Katheryn Marie Stollmeyer, PA. Initial Appointment as Provisional Status Clinic/Ambulatory, August 1, 2026 - August 27, 2027.
   b. Dennis McDonald, MD, Reappointment as Telemedicine, Diagnostic Radiology, and Mammography Privileges, August 1, 2026 – July 31, 2028.

6. Personnel Matter –Evaluation § 54957
   a. CEO Matt Rees

R. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session

1. Action Items to Report in Open Session

Motion:	Galen Latsko motioned to approve all Medical Staff Appointments (Agenda item/s Q.5.a)
Second:	Corinne Stromstad
Ayes:	Galen Latsko, Chris Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	None
Motion Carried	

T. Kevin Church Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

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

RESOLUTION NO. 26:06

RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT ORDERING AN ELECTION TO AUTHORIZE THE ISSUANCE OF GENERAL OBLIGATION BONDS, ESTABLISHING SPECIFICATIONS OF THE ELECTION ORDER, REQUESTING CONSOLIDATION WITH ANY OTHER ELECTIONS OCCURRING ON NOVEMBER 3, 2026 AND CERTAIN RELATED MATTERS

WHEREAS, in the judgment of the Board of Directors (the "Board") of the Southern Humboldt Community Healthcare District (the "District"), it is advisable to call an election to submit to the electors of the District the question whether general obligation bonds of the District shall be issued and sold for the purpose of raising money for the expansion, improvement, acquisition, construction, equipping and renovation of health care capital facilities of the District; and

WHEREAS, Article XIII A, Section 1(b), of the California Constitution ("Article XIII A") provides an exception to the limit on *ad valorem* property taxes for bonded indebtedness for the acquisition or improvement of real property approved by two-thirds (2/3) of the votes cast by the voters voting on the proposition; and

WHEREAS, the Board is specifically authorized to pursue the authorization and issuance of bonds by a two-thirds (2/3) vote of the electorate on the question of whether bonds of the District shall be issued and sold for specified purposes, pursuant to Section 32300 *et seq.* of the California Health and Safety Code (the "Law"); and

WHEREAS, the District is primarily located in Humboldt County and partially in Mendocino County (together, the "Counties"); and

WHEREAS, pursuant to Section 10403 *et seq.* of the California Elections Code, it is appropriate for the Board to request the Registrar of Voters of both of the Counties to perform required election services for the District and to request consolidation of the election with any and all other elections to be held on Tuesday, November 3, 2026; and

WHEREAS, certain provisions of the California Government Code (Sections 53410 *et seq.*) require that a local agency submitting a bond measure to the voters provide specific accountability measures; and

WHEREAS, it is the intent of the Board to set forth by this Resolution the specifications of the election order and specified accountability measures with respect to the proceeds of the bonds to be authorized by the election called pursuant to this Resolution.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

Section 1. Call for Election. The Board hereby orders an election and submits to the electors of the District the question of whether general obligation bonds (the "Bonds") of the District shall be authorized to be issued and sold in a principal amount not to exceed $25,000,000 for the purpose of financing and refinancing the expansion, improvement, acquisition, construction, equipping and renovation of health care capital facilities of the District, and to pay costs incident thereto (the "Project"), as set forth more fully in the ballot proposition approved pursuant to Section 3 of this Resolution. This Resolution constitutes the order of the District to call such election.

Section 2. Election Date; Request for Consolidation. The Board hereby calls for this measure to be placed on the ballot for the November 3, 2026 gubernatorial election, to be held pursuant to the California Elections Code and as otherwise allowed by the laws of the State of California and procedures applicable to the District. The Secretary or Clerk of the Board or the Chief Executive Officer of the District shall file (or cause to be filed) a certified copy of this Resolution no later than August 7, 2026, with the Clerk of the Board of both of the Counties and with the Registrar of Voters of both of the Counties. Pursuant to California Elections Code Section 10400 *et seq.*, the Board of Supervisors of each of the Counties is hereby requested to order consolidation of this bond election with such other elections called for November 3, 2026 in the same territory. The Board of Supervisors of each of the Counties is hereby authorized and requested to canvass the returns of the election pursuant to Section 10411 of the Elections Code. The Board of Supervisors of each of the Counties is requested to permit the Registrar of Voters of the Counties and other appropriate officials of the Counties to render all services necessary in connection with the bond election including, but not limited to, the mailing of the sample ballot and tax rate statement (described in Section 9401 of the Elections Code), the opportunity to submit ballot arguments in connection with the bond election, publication of any necessary notices, the canvassing and certification of the returns of the election, and other ballot requirements pursuant to the California Elections Code.

Section 3. Purpose of Election; Ballot Measure. The purpose of the election shall be for the voters in the District to vote on a ballot measure, a copy of the full ballot text is attached hereto as *Exhibit A*, containing the question of whether the District shall issue the bonds for the purposes stated therein, together with the accountability requirements, which is hereby approved and adopted by the Board. The Board hereby determines to include within the ballot pamphlet the full ballot text. As required by California Elections Code Section 13247, the ballot question/abbreviated form of the measure to appear on the ballot is attached hereto as *Exhibit B* and is hereby approved and the Board hereby directs the Registrar of Voters of each of the Counties to use such abbreviated form on the official ballot. The Registrar of Voters of each of the Counties is hereby requested to reprint the measure in its entirety (the full ballot text located in *Exhibit A*) in the voter information pamphlet to be distributed to voters, together with the tax rate information (attached hereto as *Exhibit C*) as required by the Law.

The Chief Executive Officer, the Chief Operations Officer, and the Chief Financial Officer of the District, and each of them alone, or their respective designee(s), are hereby authorized and directed to make any changes to the text of the ballot measure as required to conform to any requirements of Article XIII A, the Law, the California Elections Code, or the Registrar of Voters of each of the Counties.

Section 4. Authority for Election. The authority for ordering the election and for the specification of this election order are contained in Section 32301 of the Law and Article XIII A, Section 1(b)(2), of the California Constitution. The District hereby finds that the bonded indebtedness proposed herein is within legal limits, as shown by the last equalized assessment role of each of the Counties in accordance with Section 32308 of the Law. Pursuant to Section 18 of Article XVI and Section 1 of Article XIIIA of the California Constitution, the measure shall become effective upon the affirmative vote of at least two-thirds (2/3) of those voters voting on the measure.

Section 5. Terms of the Bonds upon Approval by the Electorate. As required by Section 32302 of the Law, in the event two-thirds (2/3) of the voters voting in the District approve the issuance of the bonds, the Board shall cause the Bonds to be issued in one or more series in an aggregate principal amount not to exceed $25,000,000; provided that such aggregate maximum amount shall be equal to the par amount of the bonds, which shall not include any premium at which the bonds or any series thereof may be issued. The Bonds shall bear interest payable at a rate not exceeding the legal limit, and any series of which shall have a maturity date no later than thirty (30) years following the date of issuance of such series. The Board shall apply the bond proceeds only to the specific purposes stated in the ballot measure, shall cause the continuation or creation of funds and accounts into which bond proceeds shall be deposited, and shall cause the preparation of an annual report pursuant to Sections 53410-53411 of the California Government Code.

Section 6. Accountability Provisions.

(a) No Money For Administrators' Salaries. Proceeds from the sale of the bonds authorized by this measure shall be used only for the purposes set forth in the measure and the cost of the issuance of the bonds, and not for any other purpose, including staff and administrator salaries and other operating expenses.

(b) Special Bond Proceeds Account; Annual Audit And Report to Board. The Board hereby directs that a separate account shall be established for deposit of proceeds of the sale of the bonds if the measure is approved by District voters. For so long as any proceeds of bonds remain unexpended, the Chief Financial Officer of the District shall cause a report to be filed with the Board no later than five (5) months after the end of each fiscal year, commencing with the first fiscal year during which any proceeds of bonds authorized by this measure shall have been received. The report shall state (1) the amount of bond proceeds received and expended in such fiscal year, and (2) the status of any projects funded or to be funded from the proceeds of bonds authorized to be issued by this measure. The report may be incorporated into or filed with the audit or other appropriate routine report provided to the Board. Audited financial statements of the District will continue to be made available in accordance with applicable requirements.

Section 7. Request for Election; Costs. The District hereby requests that the Registrar of Voters of each of the Counties takes all steps necessary to hold the election pursuant to the California Election Code and the District agrees to reimburse the Registrar of Voters of each of the Counties for all actual costs incurred by it for the District election, as set forth in the current election allocation procedures of the Counties.

Section 8. Delivery of this Resolution. The Board Secretary, Board Clerk and Chief Executive Officer of the District are hereby directed and authorized to deliver a certificated copy of this Resolution to the Registrar of Voters of each of the Counties no later than the close of business on August 7, 2026.

Section 9. Impartial Analysis; Ballot Arguments; Further Authorization. The Humboldt County Counsel is hereby requested to prepare the impartial analysis of the ballot measure in accordance with Section 9313 of the California Elections Code and transmit it to the Registrar of Voters and election officer of each of the Counties, as applicable. Any and all members of the Board, any resident of the District, or association of citizens, are hereby authorized to act as an author of any ballot argument prepared in connection with the election, including a rebuttal argument. Each of the President and Vice President of the Board, and the Chief Executive Officer, Chief Operations Officer and the Chief Financial Officer of the District, or any of their respective designees, are each hereby authorized, empowered, and directed, for and on behalf of the District, to execute any and all documents, and to perform any and all acts necessary or appropriate to place the measure on the ballot or otherwise effectuate the purposes of this Resolution.

Section 10. Effective Date. This resolution shall take effect immediately on and after its adoption.

* * * * * * * *

PASSED AND ADOPTED by the Board of Directors of the Southern Humboldt Community Healthcare District this 30th day of July, 2026, by the following vote:

AYES: All

NAYS: None

ABSENT: None

ABSTAIN: None

APPROVED:

Kevin Church
President, Board of Directors

ATTEST:

Darrin Guerra

38122.00012\45139257.3

CERTIFICATION

I, Corinne Stramstad, Secretary to the Board of Directors of Southern Humboldt Community Healthcare District, do hereby certify that the foregoing is a full, true and correct copy of Resolution No. 26:06 passed and adopted by said Board of Directors at a meeting held on the 30th day of July, 2026, and that the minutes of said Board of Directors show that 5 members of said Board voted for, and 0 members of said Board voted against the adoption of said Resolution, and the said Resolution is now spread upon the minutes of said Board.

Corinne Stramstad
Secretary to the Board

38122.00012\45139257.3

EXHIBIT A

FULL TEXT OF BALLOT MEASURE

INTRODUCTION

Southern Humboldt Community Healthcare District (the "District") is a major provider of health care services to communities in Southern Humboldt County and Mendocino County. The District operates Jerold Phelps Community Hospital, Southern Humboldt Community Clinic, Southern Humboldt Family Resource Center, Garberville Pharmacy and optometry services, and provides services including emergency care, inpatient care, skilled nursing, laboratory, radiology, physical therapy, primary care, and home health.

Over the next decade, the District faces a number of financial challenges to continue to provide community health care services. These include:

- A 77 year-old hospital facility which does not comply with upcoming State of California seismic and other building safety requirements (California Senate Bill 1953) which require that the facility be designed to structurally withstand earthquakes and remain open even when cut off from electricity and water.
- Difficulty in recruiting primary care and specialty care physicians due to age and current equipment of hospital facilities.
- Continuing and increasing costs needed to maintain hospital facility infrastructure.

The District needs to replace the existing hospital facilities with new hospital facilities. The proposed facility will provide a larger, state of the art emergency room, equipment for improved service levels and a helicopter stop for emergency life-flight transfers. A local general obligation bond was identified as a necessary component in meeting the capital financing needs of the District. The issuance of general obligation bonds will also provide the District with matching funds needed to obtain additional funding sources for the construction of new hospital facilities.

BOND AUTHORIZATION

By approval of this measure (the "Measure") by at least two-thirds of the qualified voters voting, the District shall be authorized to issue and sell bonds in the aggregate principal amount of $25,000,000 to provide financing or refinancing for hospital and health care facility projects consisting of improvement, acquisition, construction, and renovation of facilities for hospital and health care purposes at the District's hospital and sites, subject to all of the accountability safeguards specified in this Measure.

The Board plans and expects to use proceeds of the bonds authorized by this Measure to finance or refinance the improvement, acquisition, construction, and renovation of the District's hospital, facilities, and sites, which are expected to include the following project elements:

New Construction; Additions, Repairs and Upgrades to the District's Hospital, Facilities, and Sites

- Construct a new hospital facility
- Repair, replace, construct, acquire, and upgrade new and additional emergency room facilities and operating rooms
- Repair, replace, construct, acquire, and upgrade District facilities, sites, and infrastructure
- Repair, replace, construct, acquire, and upgrade plumbing, electrical systems, elevators, ventilation, heating, cooling, medical gas systems, medical equipment, technology systems, lighting, emergency power and communications, safety and security systems, parking, vehicular and pedestrian access, restrooms, and major building systems
- Make and construct health and safety improvements, including Federal and State-mandated Americans with Disabilities Act (ADA) accessibility upgrades and acquisitions
- Construct life flight/heliport facilities to accommodate expedited life flight air transportation

Earthquake Safety Upgrades

- Upgrade District hospitals, facilities, and sites to meet upcoming State seismic requirements, including those outlined in California Senate Bill 1953 which require structural integrity and improved infrastructure that will allow the hospital stay open even when cut off from offsite utilities.

Each of the foregoing bond projects may include all incidental projects, including abatement and removal of hazardous materials, addressing unforeseen conditions revealed by construction and/or reconstruction, other improvements required to comply with existing building codes, and all work necessary and incidental to specific projects described above, including any demolition. Further, each of the bond projects includes the costs of furnishing and equipping such facilities, and all costs which are incidental but directly related to the types of projects described above. Examples of incidental costs include, but are not limited to, costs of design, engineering, architect and other professional services, facilities assessments, inspections, site preparation, utilities, landscaping, construction management and other planning and permitting, bond issuance, accounting and similar costs, demolition and disposal of existing structures, and federal and state-mandated safety measures and upgrades. Bond projects do not include money for administrator salaries or benefits or general operating expenses – see below.

The Board has reserved the right to finance authorized projects with the bonds as it deems advisable and necessary. The inclusion or specification of a project in the foregoing list is not a guarantee that such project will be constructed or completed, or that it will be constructed or completed as described above at any particular time or in any particular order of priority. Projects and upgrades will be completed as needed at a particular site according to Board-established priorities. This Measure authorized the financing of projects, and shall not be deemed to be an approval of any "project" for purposes of the California Environmental Quality Act.

All of the purposes enumerated in this Measure shall constitute the specific purposes of the bonds, and proceeds of the bonds shall be spent only for such purposes, pursuant to California Government Code Section 53410.

ACCOUNTABILITY MEASURES

No Money for Administrators' Salaries or Benefits - Proceeds from the sale of the bonds authorized by this Measure shall be used only for costs incurred in connection with expansion, improvement, acquisition, and construction of medical facilities, and the costs of the issuance of the bonds, and not for any other purpose, including staff and administrator salaries and other operating expenses.

Special Bond Proceeds Account, Annual Audit, and Report to Board – The Board hereby directs that a separate account shall be established for deposit of proceeds of the sale of bonds authorized by this Measure if the Measure is approved by the District Voters.

For so long as any proceeds of the bonds authorized by this Measure remain unexpended, the Chief Financial Officer of the District shall cause a report to be filed with the Board no later than five (5) months after the end of each fiscal year, commencing with the first fiscal year during which any proceeds of bonds authorized by this Measure shall have been received. The report shall state (1) the amount of bond proceeds received and expended in such fiscal year, and (2) the status of any projects funded or to be funded from the proceeds of bonds authorized to be issued by this Measure. The report may be incorporated into or filed with the audit or other appropriate routine report provided to the Board. Audited financial statements of the District will continue to be made available in accordance with applicable requirements.

OTHER TERMS OF BONDS

The bonds authorized by this Measure, in an aggregate principal amount of $25,000,000 shall be issued upon the order of the Board in one or more series and at one or more times as may be necessary and most advantageous to raise money for the purposes set forth herein.

The bonds shall bear interest payable at a rate not exceeding the legal limit.

The bonds, or any series thereof, shall have a maturity date no later than thirty (30) years following the date of issuance of such series (pursuant to the provisions of California Health and Safety Code Section 32303 or any law applicable at the time of issuance of such series).

The taxes levied pursuant to this Measure shall be collected in the same manner as *ad valorem* property taxes and applied towards the payment of principal of and interest on said bonds in accordance with California Health and Safety Code Section 32312.

EXHIBIT B

BALLOT QUESTION/ABBREVIATED FORM OF BALLOT MEASURE

"To replace 77 year-old Jerold Phelps Community Hospital with a modern hospital to provide life-saving emergency care for victims of accidents, heart attacks, strokes, and other emergencies, improve Emergency Room facilities, operating rooms, provide advanced medical equipment/technology and life flight services; and qualify for matching funds shall Southern Humboldt Healthcare District's measure authorizing $25,000,000 in bonds be adopted, levying 8 cents per $100 assessed value (raising $2,000,000 annually) while bonds are outstanding, with independent citizen oversight and all funds staying local?"

BONDS – YES
BONDS – NO

EXHIBIT C

TAX RATE STATEMENT

An election will be held in the Southern Humboldt Community Healthcare District (the "District") on November 3, 2026 to authorize the sale of up to $25 million in general obligation bonds to finance the hospital projects as described in the bond measure. If such bonds are authorized, the District expects to sell the bonds in one or more series. The following information is submitted in compliance with Sections 9400-9404 of the Elections Code of the State of California. Such information is based upon the best estimates and projections presently available from official sources, upon experience within the District, and other demonstrable factors.

Based upon the foregoing and projections of the District's assessed valuation available at the time of this statement, the following information is provided:

1. The best estimate of the average annual tax rate that would be required to be levied to fund this bond issue over the entire duration of the bond debt service, based on estimated assessed valuations available at the time of filing of this statement, is 8¢ per $100 ($80 per $100,000) of assessed valuation. It is currently expected that the final fiscal year in which the tax will be collected is fiscal year 2052-53.

2. The best estimate of the highest tax rate that would be required to be levied to fund this bond issue, and an estimate of the year in which that rate will apply, based on estimated assessed valuations available at the time of filing this statement, or a projection based on experience within the same jurisdiction or other demonstrable factors, is 8¢ per $100 ($80 per $100,000) of assessed valuation of all property to be taxed for fiscal years 2027-28 through and including 2052-53; this tax rate is projected to apply in each fiscal year that the bonds are outstanding.

3. The best estimate of total debt service, including principal and interest, that would be required to be repaid if all the bonds are issued and sold will be approximately $50.4 million.

The attention of all voters is directed to the fact that the foregoing information is based upon projections and estimates only, which amounts are not maximum amounts and durations and are not binding upon the District. These estimates are based on projections derived from information obtained from official sources, and are based on the assessed value (not market value) of taxable property on the Counties' official tax rolls. In addition, taxpayers eligible for a property tax exemption, such as the homeowner's exemption, will be taxed at a lower effective tax rate than described above. Property owners should consult their own property tax bills and tax advisors to determine their property's assessed value and any applicable tax exemptions. The actual debt service, tax rates and the years in which they will apply may vary depending on the timing of bond sales, the par amount of bonds sold at each sale, and actual increases in assessed valuations. The timing of the bond sales and the amount of bonds sold at any given time will be determined by the District based on the need for project funds and other considerations. Actual assessed valuations will depend upon the amount and value of taxable property within the District as determined by each County Assessor in the annual assessment and the equalization process.

_____

Chief Executive Officer of the Southern Humboldt Community Healthcare District

SoHum Health

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

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 26:07

APPROVAL OF TWO LOANS FROM SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE FOUNDATION

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 THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE FOUNDATION.

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 **$1,500,000.00**, from the SoHum Health Foundation (the "Lender")

WHEREAS, the Borrower intends to use the funds for the following: **Operating Expenses**;

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 July 29, 2026, which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed a total of $1,500,000.00 and the loan shall bear interest at a rate of 6% per annum until January 31, 2027 (the "Maturity Date"). 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.

PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 30th day of July 2026, by the following vote:

Ayes: Kevin Church, Corinne Stramstad, Galen Latsko, Yvonne Hendrix Chris Schill

Noes: None

Abstain: None

Absent: None

Witnessed by: Kevin Church, President

Witnessed by: Corinne Stromstad, Vice-President/Secretary

Special Governing Board Meeting

Date: Thursday, July 30, 2026
Time: 12:50 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

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

Not Present: None

Also in person: Darrin Guerra, CEO Matt Rees, CFO Paul Eves, PFS Manager Marie Brown, and CQCO Kristen Rees

Also via Webex: Adam Summers, Heidi Holterman, Chelsea Brown, COO Kent Scown, Jennifer Masterson, Aeryn Thompson, and Coral Ciarabellini

A. Call to Order – Board president Kevin Church called the meeting to order at 12:50 am.

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

C. Approval of the Agenda –

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

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements - None

G. Correspondence, Suggestions, or Written Comments to the Board - None

H. New Business

1. Approval of Resolution 26:08 Approval of a loan from Redwood Region Economic Development of $600,000
   i. The public inquired about the necessity of the loan and the stability of the District for wanting to initiate a loan. It was explained that when we do Intergovernmental transfers, money comes directly from operating expenses, thus loans are necessary to offset the personal funds we have sent out before we receive payment.

Motion:	Corinne Stromstad made a motion to approve Resolution 26:08
Second:	Chris Schille
Ayes:	Galen Latsko, Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	None
Motion carried	

I. Board President Kevin Church Adjourned to Closed Session at 11:17.

1. Personnel Matter –Evaluation § 54957
   a. Clinic Medical Director Dr. Snehal Raisoni

J. Kevin Church Adjourned Closed Session

K. Kevin Church Resumed Open Session

1. The following actions were taken in Closed Session
   a. No Action was taken in Closed Session

L. Kevin Church Adjourned Open Session at 1:41 p.m.

Submitted by Darrin Guerra

Abbreviations

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

RESOLUTION NO. 26:06

RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT ORDERING AN ELECTION TO AUTHORIZE THE ISSUANCE OF GENERAL OBLIGATION BONDS, ESTABLISHING SPECIFICATIONS OF THE ELECTION ORDER, REQUESTING CONSOLIDATION WITH ANY OTHER ELECTIONS OCCURRING ON NOVEMBER 3, 2026 AND CERTAIN RELATED MATTERS

WHEREAS, in the judgment of the Board of Directors (the "Board") of the Southern Humboldt Community Healthcare District (the "District"), it is advisable to call an election to submit to the electors of the District the question whether general obligation bonds of the District shall be issued and sold for the purpose of raising money for the expansion, improvement, acquisition, construction, equipping and renovation of health care capital facilities of the District; and

WHEREAS, Article XIII A, Section 1(b), of the California Constitution ("Article XIII A") provides an exception to the limit on *ad valorem* property taxes for bonded indebtedness for the acquisition or improvement of real property approved by two-thirds (2/3) of the votes cast by the voters voting on the proposition; and

WHEREAS, the Board is specifically authorized to pursue the authorization and issuance of bonds by a two-thirds (2/3) vote of the electorate on the question of whether bonds of the District shall be issued and sold for specified purposes, pursuant to Section 32300 *et seq.* of the California Health and Safety Code (the "Law"); and

WHEREAS, the District is primarily located in Humboldt County and partially in Mendocino County (together, the "Counties"); and

WHEREAS, pursuant to Section 10403 *et seq.* of the California Elections Code, it is appropriate for the Board to request the Registrar of Voters of both of the Counties to perform required election services for the District and to request consolidation of the election with any and all other elections to be held on Tuesday, November 3, 2026; and

WHEREAS, certain provisions of the California Government Code (Sections 53410 *et seq.*) require that a local agency submitting a bond measure to the voters provide specific accountability measures; and

WHEREAS, it is the intent of the Board to set forth by this Resolution the specifications of the election order and specified accountability measures with respect to the proceeds of the bonds to be authorized by the election called pursuant to this Resolution.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

Section 1. Call for Election. The Board hereby orders an election and submits to the electors of the District the question of whether general obligation bonds (the "Bonds") of the District shall be authorized to be issued and sold in a principal amount not to exceed $25,000,000 for the purpose of financing and refinancing the expansion, improvement, acquisition, construction, equipping and renovation of health care capital facilities of the District, and to pay costs incident thereto (the "Project"), as set forth more fully in the ballot proposition approved pursuant to Section 3 of this Resolution. This Resolution constitutes the order of the District to call such election.

Section 2. Election Date; Request for Consolidation. The Board hereby calls for this measure to be placed on the ballot for the November 3, 2026 gubernatorial election, to be held pursuant to the California Elections Code and as otherwise allowed by the laws of the State of California and procedures applicable to the District. The Secretary or Clerk of the Board or the Chief Executive Officer of the District shall file (or cause to be filed) a certified copy of this Resolution no later than August 7, 2026, with the Clerk of the Board of both of the Counties and with the Registrar of Voters of both of the Counties. Pursuant to California Elections Code Section 10400 *et seq.*, the Board of Supervisors of each of the Counties is hereby requested to order consolidation of this bond election with such other elections called for November 3, 2026 in the same territory. The Board of Supervisors of each of the Counties is hereby authorized and requested to canvass the returns of the election pursuant to Section 10411 of the Elections Code. The Board of Supervisors of each of the Counties is requested to permit the Registrar of Voters of the Counties and other appropriate officials of the Counties to render all services necessary in connection with the bond election including, but not limited to, the mailing of the sample ballot and tax rate statement (described in Section 9401 of the Elections Code), the opportunity to submit ballot arguments in connection with the bond election, publication of any necessary notices, the canvassing and certification of the returns of the election, and other ballot requirements pursuant to the California Elections Code.

Section 3. Purpose of Election; Ballot Measure. The purpose of the election shall be for the voters in the District to vote on a ballot measure, a copy of the full ballot text is attached hereto as *Exhibit A*, containing the question of whether the District shall issue the bonds for the purposes stated therein, together with the accountability requirements, which is hereby approved and adopted by the Board. The Board hereby determines to include within the ballot pamphlet the full ballot text. As required by California Elections Code Section 13247, the ballot question/abbreviated form of the measure to appear on the ballot is attached hereto as *Exhibit B* and is hereby approved and the Board hereby directs the Registrar of Voters of each of the Counties to use such abbreviated form on the official ballot. The Registrar of Voters of each of the Counties is hereby requested to reprint the measure in its entirety (the full ballot text located in *Exhibit A*) in the voter information pamphlet to be distributed to voters, together with the tax rate information (attached hereto as *Exhibit C*) as required by the Law.

The Chief Executive Officer, the Chief Operations Officer, and the Chief Financial Officer of the District, and each of them alone, or their respective designee(s), are hereby authorized and directed to make any changes to the text of the ballot measure as required to conform to any requirements of Article XIII A, the Law, the California Elections Code, or the Registrar of Voters of each of the Counties.

Section 4. Authority for Election. The authority for ordering the election and for the specification of this election order are contained in Section 32301 of the Law and Article XIII A, Section 1(b)(2), of the California Constitution. The District hereby finds that the bonded indebtedness proposed herein is within legal limits, as shown by the last equalized assessment role of each of the Counties in accordance with Section 32308 of the Law. Pursuant to Section 18 of Article XVI and Section 1 of Article XIIIA of the California Constitution, the measure shall become effective upon the affirmative vote of at least two-thirds (2/3) of those voters voting on the measure.

Section 5. Terms of the Bonds upon Approval by the Electorate. As required by Section 32302 of the Law, in the event two-thirds (2/3) of the voters voting in the District approve the issuance of the bonds, the Board shall cause the Bonds to be issued in one or more series in an aggregate principal amount not to exceed $25,000,000; provided that such aggregate maximum amount shall be equal to the par amount of the bonds, which shall not include any premium at which the bonds or any series thereof may be issued. The Bonds shall bear interest payable at a rate not exceeding the legal limit, and any series of which shall have a maturity date no later than thirty (30) years following the date of issuance of such series. The Board shall apply the bond proceeds only to the specific purposes stated in the ballot measure, shall cause the continuation or creation of funds and accounts into which bond proceeds shall be deposited, and shall cause the preparation of an annual report pursuant to Sections 53410-53411 of the California Government Code.

Section 6. Accountability Provisions.

(a) No Money For Administrators' Salaries. Proceeds from the sale of the bonds authorized by this measure shall be used only for the purposes set forth in the measure and the cost of the issuance of the bonds, and not for any other purpose, including staff and administrator salaries and other operating expenses.

(b) Special Bond Proceeds Account; Annual Audit And Report to Board. The Board hereby directs that a separate account shall be established for deposit of proceeds of the sale of the bonds if the measure is approved by District voters. For so long as any proceeds of bonds remain unexpended, the Chief Financial Officer of the District shall cause a report to be filed with the Board no later than five (5) months after the end of each fiscal year, commencing with the first fiscal year during which any proceeds of bonds authorized by this measure shall have been received. The report shall state (1) the amount of bond proceeds received and expended in such fiscal year, and (2) the status of any projects funded or to be funded from the proceeds of bonds authorized to be issued by this measure. The report may be incorporated into or filed with the audit or other appropriate routine report provided to the Board. Audited financial statements of the District will continue to be made available in accordance with applicable requirements.

Section 7. Request for Election; Costs. The District hereby requests that the Registrar of Voters of each of the Counties takes all steps necessary to hold the election pursuant to the California Election Code and the District agrees to reimburse the Registrar of Voters of each of the Counties for all actual costs incurred by it for the District election, as set forth in the current election allocation procedures of the Counties.

Section 8. Delivery of this Resolution. The Board Secretary, Board Clerk and Chief Executive Officer of the District are hereby directed and authorized to deliver a certificated copy of this Resolution to the Registrar of Voters of each of the Counties no later than the close of business on August 7, 2026.

Section 9. Impartial Analysis; Ballot Arguments; Further Authorization. The Humboldt County Counsel is hereby requested to prepare the impartial analysis of the ballot measure in accordance with Section 9313 of the California Elections Code and transmit it to the Registrar of Voters and election officer of each of the Counties, as applicable. Any and all members of the Board, any resident of the District, or association of citizens, are hereby authorized to act as an author of any ballot argument prepared in connection with the election, including a rebuttal argument. Each of the President and Vice President of the Board, and the Chief Executive Officer, Chief Operations Officer and the Chief Financial Officer of the District, or any of their respective designees, are each hereby authorized, empowered, and directed, for and on behalf of the District, to execute any and all documents, and to perform any and all acts necessary or appropriate to place the measure on the ballot or otherwise effectuate the purposes of this Resolution.

Section 10. Effective Date. This resolution shall take effect immediately on and after its adoption.

* * * * * * * *

PASSED AND ADOPTED by the Board of Directors of the Southern Humboldt Community Healthcare District this 30th day of July, 2026, by the following vote:

AYES: All

NAYS: None

ABSENT: None

ABSTAIN: None

APPROVED:

Kevin Church
President, Board of Directors

ATTEST:

Darrin Guerra

38122.00012\45139257.3

CERTIFICATION

I, Corinne Stramstad, Secretary to the Board of Directors of Southern Humboldt Community Healthcare District, do hereby certify that the foregoing is a full, true and correct copy of Resolution No. 26:06 passed and adopted by said Board of Directors at a meeting held on the 30th day of July, 2026, and that the minutes of said Board of Directors show that 5 members of said Board voted for, and 0 members of said Board voted against the adoption of said Resolution, and the said Resolution is now spread upon the minutes of said Board.

Corinne Stramstad

Secretary to the Board

38122.00012\45139257.3

EXHIBIT A

FULL TEXT OF BALLOT MEASURE

INTRODUCTION

Southern Humboldt Community Healthcare District (the "District") is a major provider of health care services to communities in Southern Humboldt County and Mendocino County. The District operates Jerold Phelps Community Hospital, Southern Humboldt Community Clinic, Southern Humboldt Family Resource Center, Garberville Pharmacy and optometry services, and provides services including emergency care, inpatient care, skilled nursing, laboratory, radiology, physical therapy, primary care, and home health.

Over the next decade, the District faces a number of financial challenges to continue to provide community health care services. These include:

- A 77 year-old hospital facility which does not comply with upcoming State of California seismic and other building safety requirements (California Senate Bill 1953) which require that the facility be designed to structurally withstand earthquakes and remain open even when cut off from electricity and water.
- Difficulty in recruiting primary care and specialty care physicians due to age and current equipment of hospital facilities.
- Continuing and increasing costs needed to maintain hospital facility infrastructure.

The District needs to replace the existing hospital facilities with new hospital facilities. The proposed facility will provide a larger, state of the art emergency room, equipment for improved service levels and a helicopter stop for emergency life-flight transfers. A local general obligation bond was identified as a necessary component in meeting the capital financing needs of the District. The issuance of general obligation bonds will also provide the District with matching funds needed to obtain additional funding sources for the construction of new hospital facilities.

BOND AUTHORIZATION

By approval of this measure (the "Measure") by at least two-thirds of the qualified voters voting, the District shall be authorized to issue and sell bonds in the aggregate principal amount of $25,000,000 to provide financing or refinancing for hospital and health care facility projects consisting of improvement, acquisition, construction, and renovation of facilities for hospital and health care purposes at the District's hospital and sites, subject to all of the accountability safeguards specified in this Measure.

The Board plans and expects to use proceeds of the bonds authorized by this Measure to finance or refinance the improvement, acquisition, construction, and renovation of the District's hospital, facilities, and sites, which are expected to include the following project elements:

New Construction; Additions, Repairs and Upgrades to the District's Hospital, Facilities, and Sites

- Construct a new hospital facility
- Repair, replace, construct, acquire, and upgrade new and additional emergency room facilities and operating rooms
- Repair, replace, construct, acquire, and upgrade District facilities, sites, and infrastructure
- Repair, replace, construct, acquire, and upgrade plumbing, electrical systems, elevators, ventilation, heating, cooling, medical gas systems, medical equipment, technology systems, lighting, emergency power and communications, safety and security systems, parking, vehicular and pedestrian access, restrooms, and major building systems
- Make and construct health and safety improvements, including Federal and State-mandated Americans with Disabilities Act (ADA) accessibility upgrades and acquisitions
- Construct life flight/heliport facilities to accommodate expedited life flight air transportation

Earthquake Safety Upgrades

- Upgrade District hospitals, facilities, and sites to meet upcoming State seismic requirements, including those outlined in California Senate Bill 1953 which require structural integrity and improved infrastructure that will allow the hospital stay open even when cut off from offsite utilities.

Each of the foregoing bond projects may include all incidental projects, including abatement and removal of hazardous materials, addressing unforeseen conditions revealed by construction and/or reconstruction, other improvements required to comply with existing building codes, and all work necessary and incidental to specific projects described above, including any demolition. Further, each of the bond projects includes the costs of furnishing and equipping such facilities, and all costs which are incidental but directly related to the types of projects described above. Examples of incidental costs include, but are not limited to, costs of design, engineering, architect and other professional services, facilities assessments, inspections, site preparation, utilities, landscaping, construction management and other planning and permitting, bond issuance, accounting and similar costs, demolition and disposal of existing structures, and federal and state-mandated safety measures and upgrades. Bond projects do not include money for administrator salaries or benefits or general operating expenses – see below.

The Board has reserved the right to finance authorized projects with the bonds as it deems advisable and necessary. The inclusion or specification of a project in the foregoing list is not a guarantee that such project will be constructed or completed, or that it will be constructed or completed as described above at any particular time or in any particular order of priority. Projects and upgrades will be completed as needed at a particular site according to Board-established priorities. This Measure authorized the financing of projects, and shall not be deemed to be an approval of any "project" for purposes of the California Environmental Quality Act.

All of the purposes enumerated in this Measure shall constitute the specific purposes of the bonds, and proceeds of the bonds shall be spent only for such purposes, pursuant to California Government Code Section 53410.

ACCOUNTABILITY MEASURES

No Money for Administrators' Salaries or Benefits - Proceeds from the sale of the bonds authorized by this Measure shall be used only for costs incurred in connection with expansion, improvement, acquisition, and construction of medical facilities, and the costs of the issuance of the bonds, and not for any other purpose, including staff and administrator salaries and other operating expenses.

Special Bond Proceeds Account, Annual Audit, and Report to Board – The Board hereby directs that a separate account shall be established for deposit of proceeds of the sale of bonds authorized by this Measure if the Measure is approved by the District Voters.

For so long as any proceeds of the bonds authorized by this Measure remain unexpended, the Chief Financial Officer of the District shall cause a report to be filed with the Board no later than five (5) months after the end of each fiscal year, commencing with the first fiscal year during which any proceeds of bonds authorized by this Measure shall have been received. The report shall state (1) the amount of bond proceeds received and expended in such fiscal year, and (2) the status of any projects funded or to be funded from the proceeds of bonds authorized to be issued by this Measure. The report may be incorporated into or filed with the audit or other appropriate routine report provided to the Board. Audited financial statements of the District will continue to be made available in accordance with applicable requirements.

OTHER TERMS OF BONDS

The bonds authorized by this Measure, in an aggregate principal amount of $25,000,000 shall be issued upon the order of the Board in one or more series and at one or more times as may be necessary and most advantageous to raise money for the purposes set forth herein.

The bonds shall bear interest payable at a rate not exceeding the legal limit.

The bonds, or any series thereof, shall have a maturity date no later than thirty (30) years following the date of issuance of such series (pursuant to the provisions of California Health and Safety Code Section 32303 or any law applicable at the time of issuance of such series).

The taxes levied pursuant to this Measure shall be collected in the same manner as *ad valorem* property taxes and applied towards the payment of principal of and interest on said bonds in accordance with California Health and Safety Code Section 32312.

EXHIBIT B

BALLOT QUESTION/ABBREVIATED FORM OF BALLOT MEASURE

"To replace 77 year-old Jerold Phelps Community Hospital with a modern hospital to provide life-saving emergency care for victims of accidents, heart attacks, strokes, and other emergencies, improve Emergency Room facilities, operating rooms, provide advanced medical equipment/technology and life flight services; and qualify for matching funds shall Southern Humboldt Healthcare District's measure authorizing $25,000,000 in bonds be adopted, levying 8 cents per $100 assessed value (raising $2,000,000 annually) while bonds are outstanding, with independent citizen oversight and all funds staying local?"

BONDS – YES
BONDS – NO

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EXHIBIT C

TAX RATE STATEMENT

An election will be held in the Southern Humboldt Community Healthcare District (the "District") on November 3, 2026 to authorize the sale of up to $25 million in general obligation bonds to finance the hospital projects as described in the bond measure. If such bonds are authorized, the District expects to sell the bonds in one or more series. The following information is submitted in compliance with Sections 9400-9404 of the Elections Code of the State of California. Such information is based upon the best estimates and projections presently available from official sources, upon experience within the District, and other demonstrable factors.

Based upon the foregoing and projections of the District's assessed valuation available at the time of this statement, the following information is provided:

1. The best estimate of the average annual tax rate that would be required to be levied to fund this bond issue over the entire duration of the bond debt service, based on estimated assessed valuations available at the time of filing of this statement, is 8¢ per $100 ($80 per $100,000) of assessed valuation. It is currently expected that the final fiscal year in which the tax will be collected is fiscal year 2052-53.

2. The best estimate of the highest tax rate that would be required to be levied to fund this bond issue, and an estimate of the year in which that rate will apply, based on estimated assessed valuations available at the time of filing this statement, or a projection based on experience within the same jurisdiction or other demonstrable factors, is 8¢ per $100 ($80 per $100,000) of assessed valuation of all property to be taxed for fiscal years 2027-28 through and including 2052-53; this tax rate is projected to apply in each fiscal year that the bonds are outstanding.

3. The best estimate of total debt service, including principal and interest, that would be required to be repaid if all the bonds are issued and sold will be approximately $50.4 million.

The attention of all voters is directed to the fact that the foregoing information is based upon projections and estimates only, which amounts are not maximum amounts and durations and are not binding upon the District. These estimates are based on projections derived from information obtained from official sources, and are based on the assessed value (not market value) of taxable property on the Counties' official tax rolls. In addition, taxpayers eligible for a property tax exemption, such as the homeowner's exemption, will be taxed at a lower effective tax rate than described above. Property owners should consult their own property tax bills and tax advisors to determine their property's assessed value and any applicable tax exemptions. The actual debt service, tax rates and the years in which they will apply may vary depending on the timing of bond sales, the par amount of bonds sold at each sale, and actual increases in assessed valuations. The timing of the bond sales and the amount of bonds sold at any given time will be determined by the District based on the need for project funds and other considerations. Actual assessed valuations will depend upon the amount and value of taxable property within the District as determined by each County Assessor in the annual assessment and the equalization process.

_____

Chief Executive Officer of the Southern Humboldt Community Healthcare District

SoHum Health

Southern Humboldt Community Healthcare District

Special Governing Board Meeting

Date: Friday, August 10, 2026
Time: 11:30 a.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

Governing Board: Corinne Stromstad, Yvonne Hendrix, Chris Schille, and Kevin Church in-person

Not Present: Galen Latsko

Also in person: Darrin Guerra, CEO Matt Rees, CFO Paul Eves, and CQCO Kristen Rees

Also via Webex: Chief of Staff Dr. Snehal Raisoni, Jaqueline McClure, Chelsea Brown, Nick Vogel, Cherie Hurt, and Remy Quinn

A. Call to Order – Board president Kevin Church called the meeting to order at 11:30 am.

B. Approval of the Teleconferencing of a Board Member

1. Chris Schillie is utilizing the current Brown Act ADA reasonable accommodations.

C. Approval of the Agenda –

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

D. Public Comment on Non-Agendized Items
1. What is the Ballot Letter for the Bond Measure? – Measure K.

2. Why did the previous groundbreaking date for the new hospital change? – Cuts from HR1 cut some of our programs by up to 30%, we had to make changes to our feasibility study effecting the date of construction.

E. Board Member Comments

1. Corinne would like to see a more detailed Org Chart
2. Due to the recent data breach, the Board would like to start an IT Integrity Committee. We are happy to announce that the breach was not done by us, but by a 3rd party; the District was not named in the recent breach.

F. Announcements - None

G. Correspondence, Suggestions, or Written Comments to the Board - None

H. New Business

1. Approval of Resolution 26:09 Annual Approval to Order Levy of a Special Parcel Tax
    a. The Administrative team answered corresponding questions from the public regarding the renewal of our Annual Parcel Tax.

Motion:	Galen Latsko made a motion to approve Resolution 26:05.
Second:	Chris Schille
Ayes:	Galen Latsko, Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	None
Motion carried	

I. Kevin Church Adjourned Open Session at 11:46 a.m.

Submitted by Darrin Guerra

Abbreviations

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

SoHum Health

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Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 26:09

A RESOLUTION OF THE BOARD OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT ORDERING THE LEVY OF A SPECIAL TAX AND APPROVING COLLECTION OF A SPECIAL TAX FOR FISCAL YEAR 2026-2027

WHEREAS, on June 5, 2018, the voters of the Southern Humboldt Community Healthcare District (the "District") authorized the District's Board of Directors (the "Board")to levy a Special Tax of up to $125 per qualified parcels, as defined in Resolution 18:04, to ensure continued local access to emergency room care, acute hospital care, community clinic, skilled nursing facility, laboratory services, physical therapy, CT, x-ray, mammography imaging services, visiting nurse program, and other health care services for residents of the District and visitors to the area, WHEREAS, the District's budget for Fiscal Year 2026-2027 requires a Special Tax rate of $125 per qualified parcel,

NOW, THEREFORE, IT IS RESOLVED by the Board of Directors of the District as follows:

1. The Board hereby authorizes the levy of a Special Tax at the authorized rate of $125 per qualified parcel in the District for Fiscal Year 2026-2027.
2. The Special Tax shall be collected in the same manner and subject to the same penalties as ad valorem property taxes by the Humboldt County Treasurer-Tax Collector.
3. The Board hereby directs the Humboldt County Auditor-Controller to place the Special Tax on the Humboldt County tax roll for Fiscal Year 2026-27.

THE FOREGOING RESOLUTION WAS ADOPTED upon motion of _____, Seconded by _____ of the Southern Humboldt Community Healthcare District Governing Board at a Board meeting held on the 10th day of August, 2026, by the following roll call vote:

Ayes: _____

Noes: _____

Abstain: _____

Absent: _____

_____
Witnessed by:

_____
Witnessed by:

SoHum Health

Subject: Use of Personal Social Media Accounts	Manual: Outreach

POLICY:

It is the policy of Southern Humboldt Community Healthcare District that employees who participate in social media, regarding the District, must ensure their behavior aligns with the organization's Code of Conduct and protects patient confidentiality, especially when their affiliation with the District is apparent.

DEFINITIONS:

Social Media: For the purpose of this policy, social media shall be considered technology and software that allows user-generated content to be shared and exchanged online (e.g., blogs, Facebook, X, YouTube, Instagram, TikTok, Threads, News Outlets, review sites).

PROCEDURE:

SoHum Health recognizes that the use of social media can provide a number of benefits for employees both professionally and personally. Within the organization, however, access to social media is restricted.

Employees shall not engage with social media from district-owned electronics unless specifically related to their job duties. Use of social media on behalf of the district shall only be done by members of the Outreach department and authorized users.

Personal use of social media does not exempt individuals from legal or professional obligations related to the protection of patient privacy and industry secrets. When posting on social media outside of working hours, district staff and providers must adhere to patient privacy and confidentiality standards.

To ensure HIPAA compliance, clinicians, behavioral health professionals, patient care and support staff are prohibited from communicating with patients on social media. All patient care communications should be conducted via secure avenues, including, but not limited to, phone calls, business email accounts, patient portals, and in-person interactions.

Employees shall not disclose any confidential or proprietary information about SoHum Health, its affiliates, vendors, or suppliers, including but not limited to, business and financial information.

Guidelines:

1. Write in the first person: when your affiliation with SoHum Health is evident, you should make it clear that you are speaking for yourself and not on behalf of the organization.
2. Use a disclaimer: in instances when your affiliation to SoHum Health is evident, include a disclaimer, such as "The views expressed on this (blog; website; post) are my own and do not reflect the views of my employer."
3. Be respectful: do not post any content that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity.
4. Always protect patient privacy: never reveal any information that would make the identity of a patient or client apparent.
5. Adherence to all laws and regulations: individuals publishing content on social media are reminded to adhere to all laws and regulations.
6. Confidential information: never disclose confidential information, either organizational or patient information, deliberately or inadvertently.
7. Identification: identifying yourself as an employee of an organization associates the content you publish with your place of work. Only create content that is consistent with the professional standard to which district providers and staff are expected to adhere.
8. Personal responsibility: individuals are responsible for any content they publish on social media.

Disciplinary action:

Employees mayshall be subjected to adverse employmentdisciplinary action, up to and including termination, if it has been discovered that this policy has been breached, or any confidential and/or proprietary information, including HIPAA or HITECH protected information,protected health information has been disclosed breached. The compliance department will be notified and adverse employment action will be in line with the progressive discipline process in the event that a violation has occurred.

Any staff member who knowingly/willingly breaches confidentiality/security of data or information shall receive, at a minimum, a written disciplinary warning and, at a maximum, termination.

If the breach of confidentiality was committed accidentally, with no intent to violate confidentiality or security of data/information, all efforts shall be made to provide education to the responsible staff member to eliminate repeat incidents.

Employees who fail to comply with the security policies and procedures to ensure the integrity of protected health information shall be subjected to disciplinary action, up to and including termination.

SoHum Health

Subject:	Manual:
Patient Safety Plans	**Safety and Emergency Preparedness**

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a safe environment for patients, visitors, and staff.

PURPOSE:

The purpose of this policy and procedure is to provide general safety guidelines for the staff to follow. Safety is a very important part of the acute care unit concerning patients and employees. All nursing staff must be trained in their duties to assure safety in the acute care unit for the patients, the general public, and employees. Be aware and know the risks involved in your job. Explain safety rules to patients and staff and set the example of safety awareness and practices for co-workers, patients, and visitors.

Definitions:
NONE

PROCEDURE:

A. General Guidelines:

1. It is the responsibility of all patient care staff to be knowledgeable in the principles of safe patient handling. All staff are expected to follow all principles and policies, so as to prevent injuries to the patient/resident or to themselves.

2. All patients and residents must be assessed upon admission for their ability to move independently and/or to assist with their mobility; their weight bearing capacity; their upper extremity strength; and their level of comprehension and cooperation (see Assessment Criteria form).

3. The assessment will be used to create a plan of care for patients/residents with a nursing diagnosis of "decreased mobility." This will be written on the multidisciplinary care plan. The shift charge nurse, and ultimately, the Chief Nursing Officer, has the responsibility for assuring that staff adhere to safe handling policies. In the event that an established handling policy is inappropriate (perhaps due to a change in the patient's condition), the charge nurse will determine if a different procedure may be used.

4. It is essential for the safety of the patients/residents and staff that all staff adhere to the guidelines for staff assistance. Staff should not try to move patients/residents without enough assistance. If a change in the patient/resident's mobility occurs, reassessment for the use of assistive devices is required.

B. Guidelines for Safe Patient Handling (using established Algorithms)

1. Assisting a patient/resident into a chair (see Algorithm #1)

   a. Place gait belt on patient/resident as appropriate.
   b. Place the chair on the convenient side of bed, with back of chair parallel to foot of bed and facing the head of bed. If using wheelchair, make sure footrests are not in the way, and wheels are locked. If indicated, place a blanket lengthwise in chair to drape resident.
   c. Adjust bed to convenient level for patient/resident. Raise head of bed.

d. Turn patient/resident on his/her side and pivot him/her to a sitting position, with legs dangling over side of bed.
e. Help him/her into his/her robe and slippers. Make sure that slippers or socks have non-skid protection.
f. Make sure patients/resident's feet are flat on the floor. Brace his/her feet with yours, if necessary.
g. Stand directly in front of patient/resident, holding onto the gait belt, providing support if the patient is able to stand. (If not, a mechanical device is required). Assist patient to stand and turn around with his/her back to the chair. Maintain support with gait belt as patient sits in the chair. While seating patient/resident, have someone hold chair, as necessary.
h. Wrap blanket around patient/resident and make sure he/she is comfortable. Observe him/her carefully for signs of weakness and fatigue.

2. Lateral Move from Bed to Bed; Stretcher to Bed; Bed to Stretcher (use Algorithm #2)

a. Position patient on his/her back with the bed in the high position.
b. The destination surface should be ½" lower than the original surface
c. Depending on the patient's/resident's weight, choose the appropriate assistive device. If the patient weighs less than 200 pounds and is able to assist, use a friction reducing device or sheet, or a lateral transfer board. Place sheet on board to prevent skin shear. If the patient weighs more than 200 pounds or is unable to assist, a mechanical device must be used.

3. Putting patient/resident into bed from chair (see Algorithm #3)

a. Place gait belt on patient/resident as appropriate.
b. Provide support with the gait belt as the patient/resident stands, turns and sits on the bed. Remove robe and slippers. Support him/her, as necessary. Adjust bed, as necessary.
c. Replace bedding.
d. Check patient's/resident's vital signs, if indicated.

4. Moving a patient/resident up in bed/repositioning (see Algorithm #4)

a. If patient/resident is able to use a trapeze and bend his/her knees and push at the nurse's signal, then it may be possible to move the patient/resident with two staff members and a lift sheet. If the patient is unable to assist, a mechanical device is required.
b. Lower the head of the bed to flat if patient/resident can tolerate this. (Lowering the bed below level can allow gravity to help also.)
c. Ask patient/resident to bend his/her knees and push on nurse's signal.
d. Do not use draw sheets or mattress pads to assist moving. These are not repositioning devices and tend to increase skin shear and offer no reduction in friction.

5. Reposition in a chair (use Algorithm #5)

a. If patient/resident has upper body strength, have him/her lift up while caregiver pushes knees to reposition.
b. If patient/resident can bear weight, recline chair and use draw sheet or other repositioning device and two caregivers. Have patient/resident bend knees and push when instructed.
c. If patient/resident cannot bear weight, use a mechanical lift and one to two caregivers to reposition.

6. Transfer a Patient/Resident up from the floor (use Algorithm #6)

a. Assess patient/resident for injuries and treat as appropriate.

b. Once it is safe to move the patient, obtain the Vander care Lift. Follow manufacturer's directions to lift patient/resident from the floor. Always use two caregivers.
c. Return patient/resident to the bed. Complete assessment. Follow "Fall Procedures" policy

7. Moving patients/residents with the Invacare Reliant stand-up lift. See Manufacturer's Instruction Manual.

8. Moving patients/residents with Vander lift. See Manufacturer's Instruction Manual.

C. Assisting Ambulatory Patients/ Residents

1. Helping patient/resident to walk:

a. Place gait belt on patient/resident as appropriate.
b. Raise head of bed. Adjust height of bed to most convenient level for patient/resident.
c. Help patient/resident turn on his/her side and pivot him/her to a sitting position, with legs dangling over side of bed.
d. Assist patient/resident into robe and slippers. Observe him/her closely, and check pulse and respiration, if indicated.
e. Using the gait belt, support the patient/resident as they stand.
f. In walking with patient/resident, continue to hold the gait belt and place the other hand under his/her elbow.
g. Walk on open side of patient/resident, so he/she is free to use handrail when needed for support.
h. When helping patient/resident back to bed, keep head of bed elevated; with patient/resident resting on his/her side, lift legs onto bed, then have them roll onto his/her back.
i. Make sure patient/resident is comfortable. Check vital signs, if indicated.

2. Assisting patient/resident with a walker:

a. Assist patient/resident to a sitting position on side of bed.
b. Help him/her put on robe and slippers.
c. Place walker conveniently at side of bed.
d. Use the gait belt to steady the patient/resident as they stand in walker.
e. Adjust armrests to height of patient's/resident's axillae.
f. Top of walker should match crease in patient's/resident's wrists when standing up straight.
g. With both hands, patient/resident grips top of walker for support and walks into it, stepping off on injured leg.
h. Instruct patient/resident to put walker about one step ahead, making sure legs of walker are level with the ground. Have patient touch the heel of his/her injured foot to ground first, then flatten foot and finally lift toes off ground as completing the step with good leg.
i. Advise patient/resident to take small steps when turning.
j. To sit, instruct patient/resident to back up until legs touch chair and reach back to feel seat before sitting.
k. To get up, instruct patient/resident to push up and grasp walker's grips.
l. Patients/residents with walkers should <u>not</u> climb stairs.
m. Stay with patient/resident until he/she gains confidence and ability to use walker safely.
n. Help patient/resident back to bed.
o. Nurse's Notes: Chart length of time patient/resident tolerated being out of bed and his/her reaction to this activity, length of ambulation, steady/unsteady gait, etc.

3. Using a wheelchair:

Transfers:
a. Determine if patient has weak side.

b. Fracture, lower extremity amputation, or stroke determines which way patient is transferred.
c. Always position patient/resident, so they are transferring toward their strong side.

Standby Assist Transfer (ability to transfer on his/her own):
a. Position chair at 45-degree angle.
b. Determine how much, if any, assistance is required.
c. Talk patient/resident through each step of the move.
d. Provide a footstool, if needed, and assist patient onto table.

Assisted Standing Pivot Transfer (patient/resident who cannot transfer independently)
a. Position chair at 45-degree angle with strong side close to table.
b. Use gait belt, if necessary.

4. Use of gait belt:
a. Tell the resident/patient that the belt is used to prevent falls, and that it will be removed after ambulation or transfer.
b. Put the belt around the resident's/patient's waist over the clothing, with the buckle in the front for females.
c. Thread the belt through the teeth of the buckle and put the belt through the other metal holders adjacent to the teeth.
d. Be sure the belt is snug with just enough room for two fingers under it.
e. Communicate with the resident/patient about what will happen and where you are going.
f. Never transfer a patient/resident under the arms.
g. Never allow a patient to place his/her arms over your neck.
h. If there is any doubt that you cannot manage, call for assistance.
i. Using the gait belt, support the patient/resident as they stand.
j. Be prepared for the unexpected.
k. Remove belt after the patient is safely transferred.

5. Crutch Walking:

Proper positioning:
a. Top of crutches should reach between 1 and 1.5 inches below armpits while standing up straight.
b. Handgrips of crutches should be even with the top of the hip line.
c. Elbows should bend a bit when using the handgrips.

Walking:
a. Lean forward slightly and put crutches about one foot ahead.
b. Begin step as if using injured foot or leg but shift weight to crutches instead of injured leg/foot.
c. Body swings forward between crutches.
d. Finish step normally with non-injured leg.
e. When non-injured leg is on the ground, move crutches ahead in preparation for the next step.
f. Keep focused on where walking, not on feet.

Sitting:
a. Back up to a sturdy chair.
b. Put injured leg/foot in front of body, both crutches in one hand.
c. Use other hand to feel for seat of chair.
d. Slowly lower body into chair.
e. Lean crutches upside down within reach (crutches tend to fall when stood on their tips).

Standing up:

a. Inch body to front of chair.
b. Hold both crutches with hand on good leg/foot side.
c. Push self-up and stand on good leg/foot.

Stairs:

a. Facing stairway, hold handrail with one hand and tuck both crutches under armpit on other side.
b. Going up: Lead with good leg/foot, keeping injured leg/foot raised behind body.
c. Going down: Hold injured leg/foot up in front of body, hop down each stair on good leg/foot one step at a time.
d. If facing stairway with no handrails, use crutches under both arms and hop up or down each step on good leg, using more strength.
e. Easier way: Sit on stairs on inch up and down each step. Start by sitting on lowest stair with injured leg in front, hold both crutches flat against stairs in opposite hand. Scoot bottom up to next step, using free hand and good leg for support. Face same direction going down this way.

6. Cane use:

Proper positioning:

a. Top of cane should reach crease in wrist when standing up straight.
b. Elbow should bend a bit when holding cane.
c. Hold cane in hand opposite side that needs support.

Walking:

a. Cane and injured leg should swing and strike ground at same time.
b. To start, position cane about one small stride ahead and step off on injured leg. Finish step with normal leg.

Stairs:

a. To climb, grasp handrail (if possible) and step on good leg first, with cane in hand opposite injured leg. Step up on injured leg.
b. To come downstairs, put cane on the step first, then injured leg, and finally good leg, which carries body weight.

D. Guidelines for Staff Training

1. New Hires: as part of orientation new hires who will be providing patient care will receive at least one hour of instruction in the following:

a. the District's safe patient handling program
b. completion of fall risk assessment and movement assessment criteria (nursing only)
c. use of the gait belt
d use of the District's two lifts
e. one and two person assists for the ambulatory patient/resident
f. body mechanics and prevention of injury
g. method to report injuries – both patient and employee

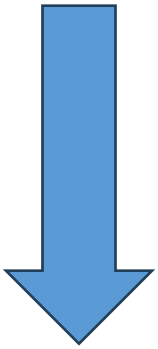
2. Ongoing training

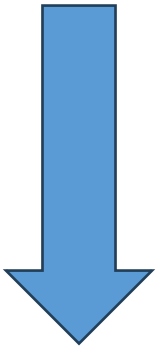
a. Items in a-g above will be in-serviced to all patient care employees annually at the Hospital Safety Week in-services.
b. Training will be at least one hour in length and will be conducted on the patient care unit by a nursing department manager or a physical therapist. Staff will be required to

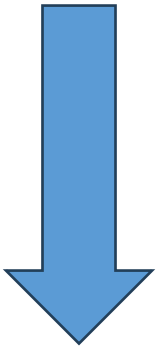
provide return demonstrations to assure competencies. Documentation of current competencies will be maintained in each person's Human Resource file.

c. All patient care employees will be trained on any new equipment or new practices implemented at the district in regard to safe patient handling.

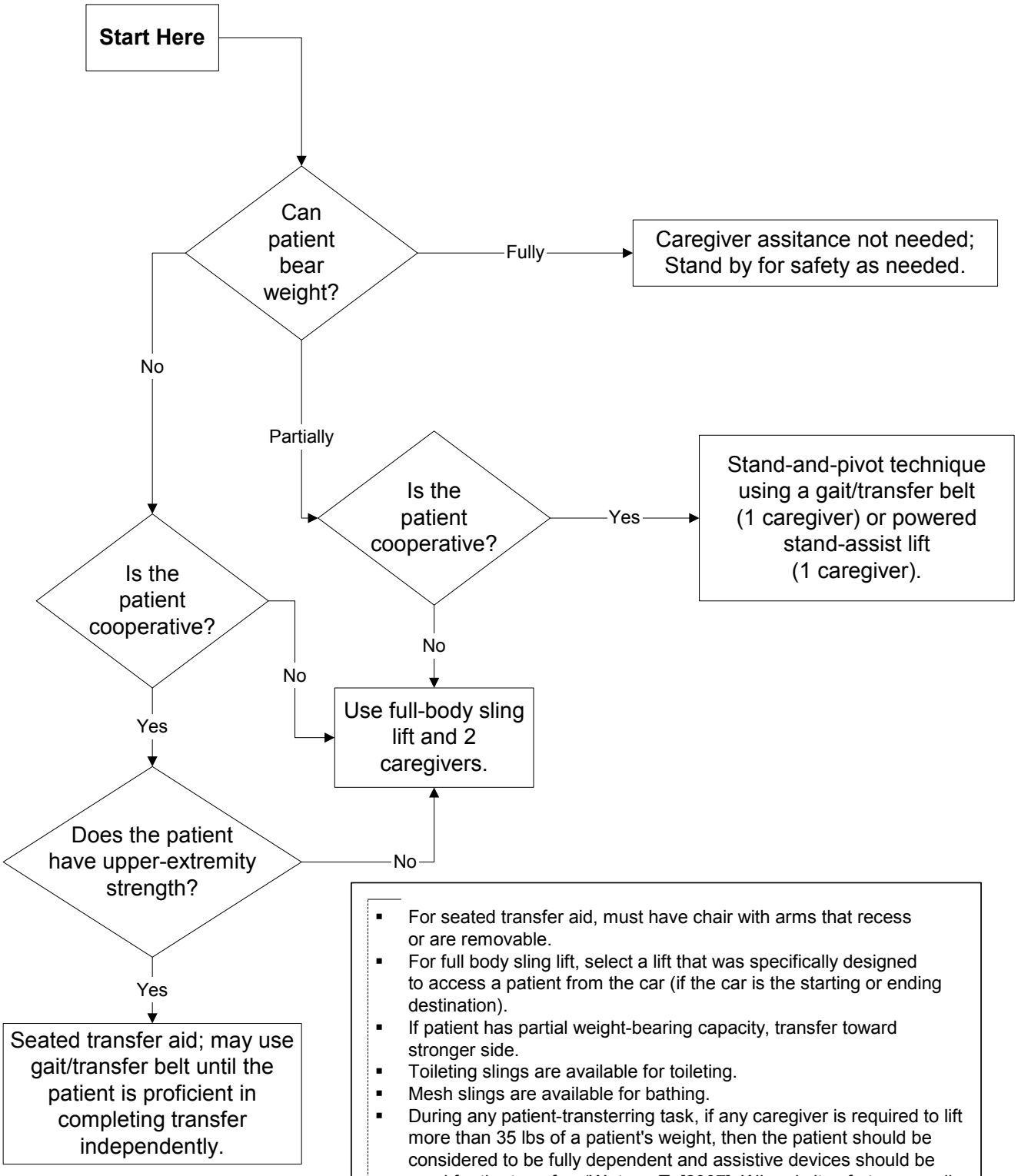
See Algorithms Below





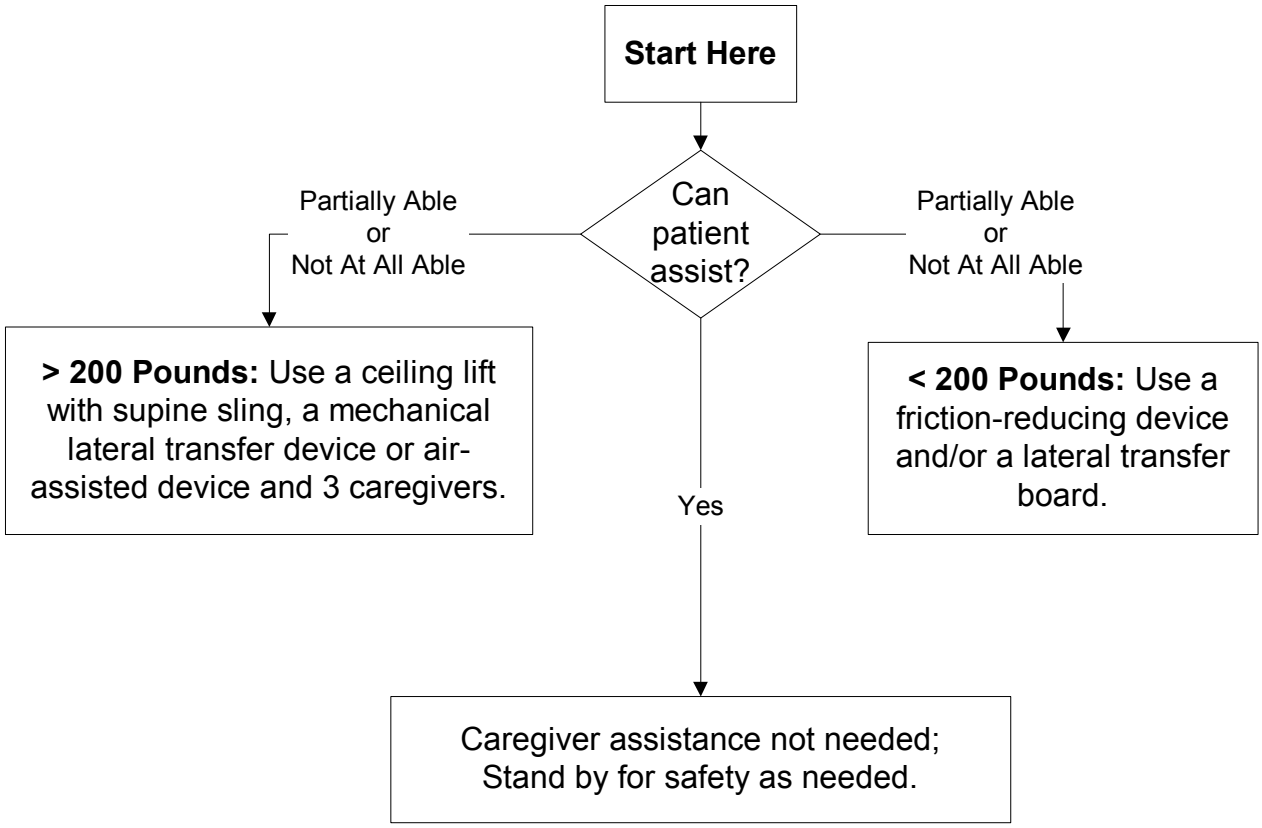


Algorithm 1: Transfer to and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair
Last rev. 10/012008



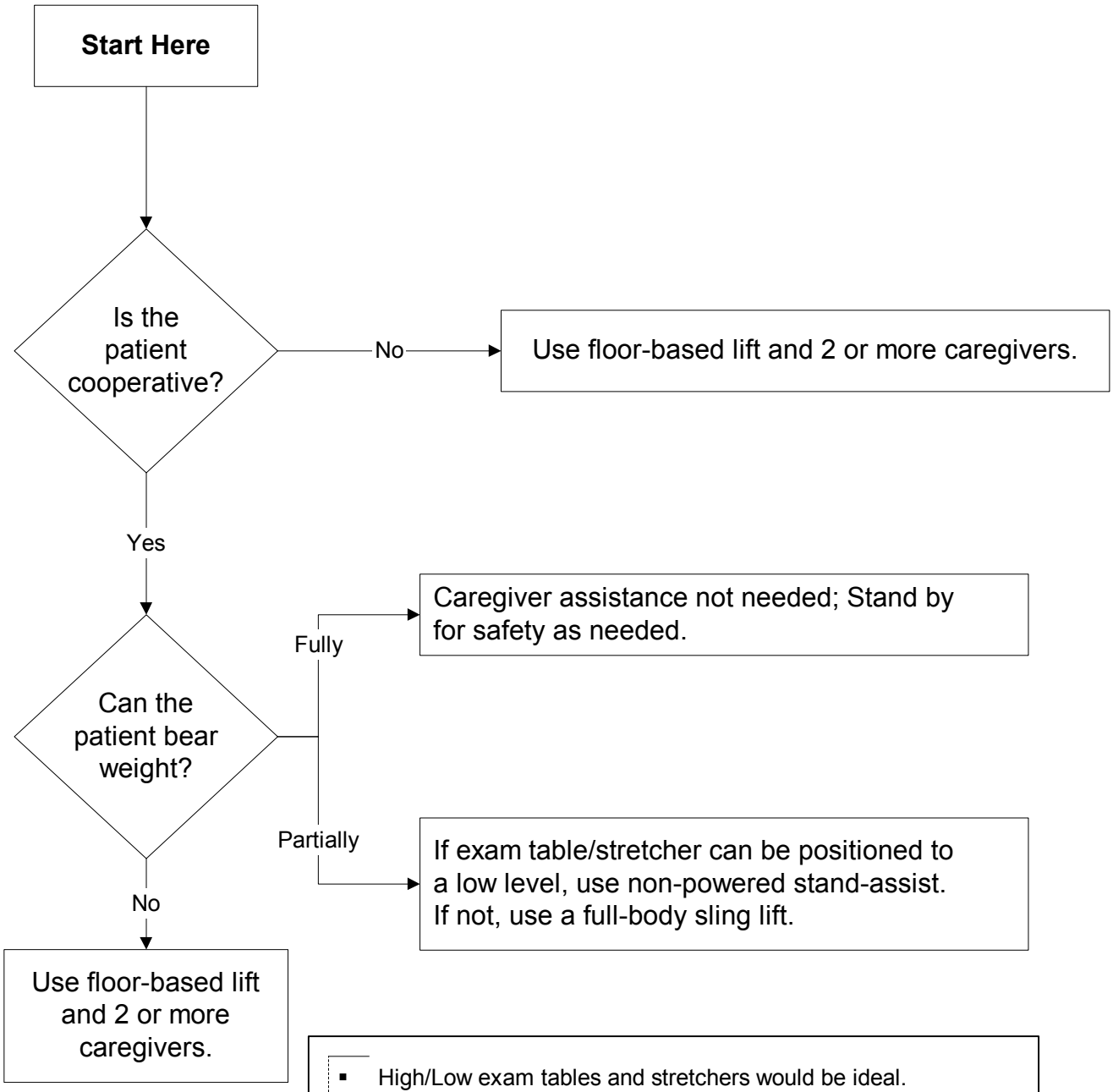
- For seated transfer aid, must have chair with arms that recess or are removable.
- For full body sling lift, select a lift that was specifically designed to access a patient from the car (if the car is the starting or ending destination).
- If patient has partial weight-bearing capacity, transfer toward stronger side.
- Toileting slings are available for toileting.
- Mesh slings are available for bathing.
- During any patient-transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing, 107*[8], 53-59.)

Algorithm 2: Lateral Transfer To and From: Bed to Stretcher, Trolley
Last rev. 01/13/2009



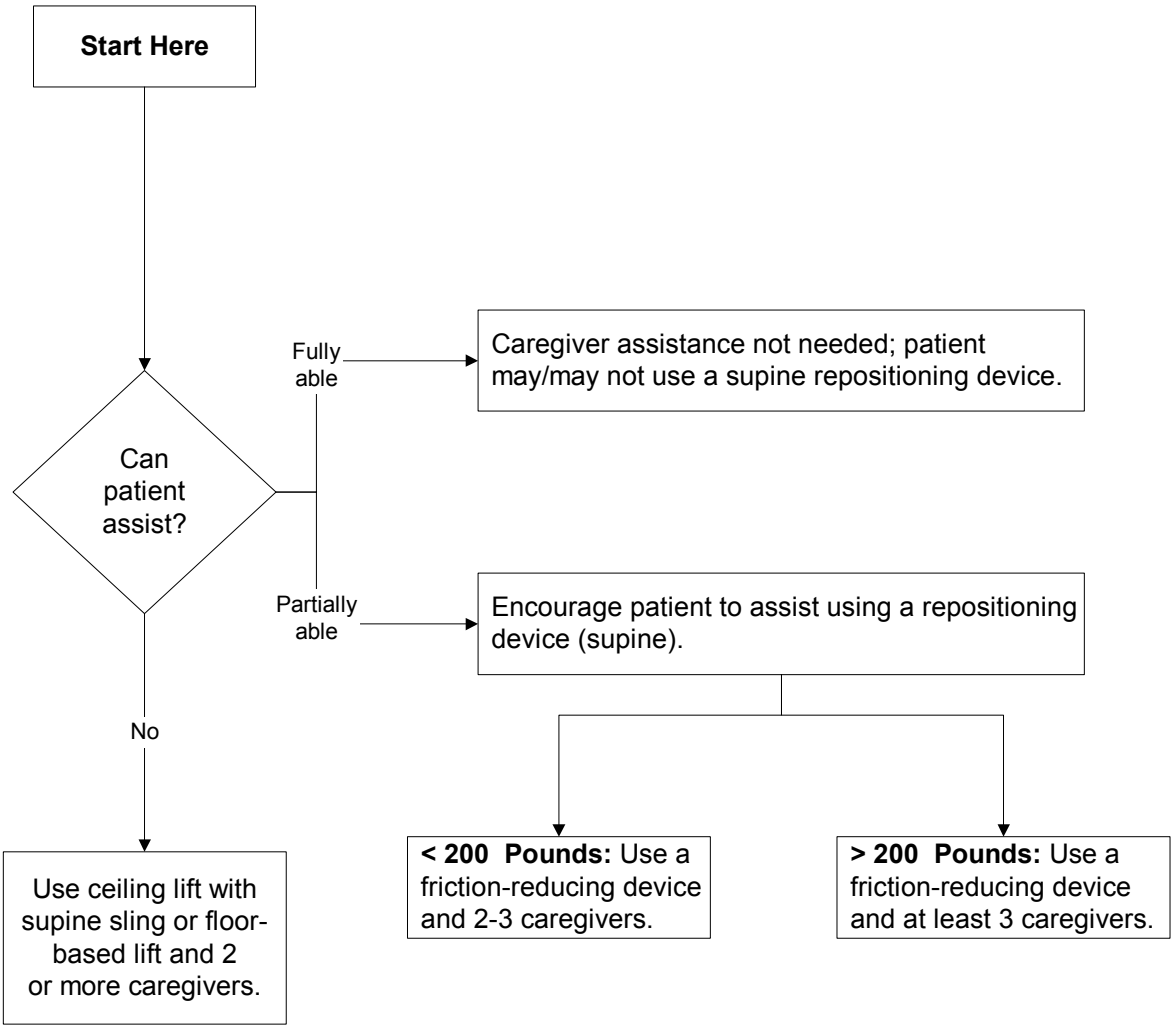
- Destination surface should be 1/2" lower for all lateral patient moves.
- For patients with Stage III or IV pressure ulcers, care must be taken to avoid shearing force.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then then patient should be considered to be fully dependent and assistive devices should be used for the transfer. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing, 107*[8], 53-59.)

Algorithm 3: Transfer To and From: Chair to Stretcher or Chair to Exam Table
Last rev. 10/01/08



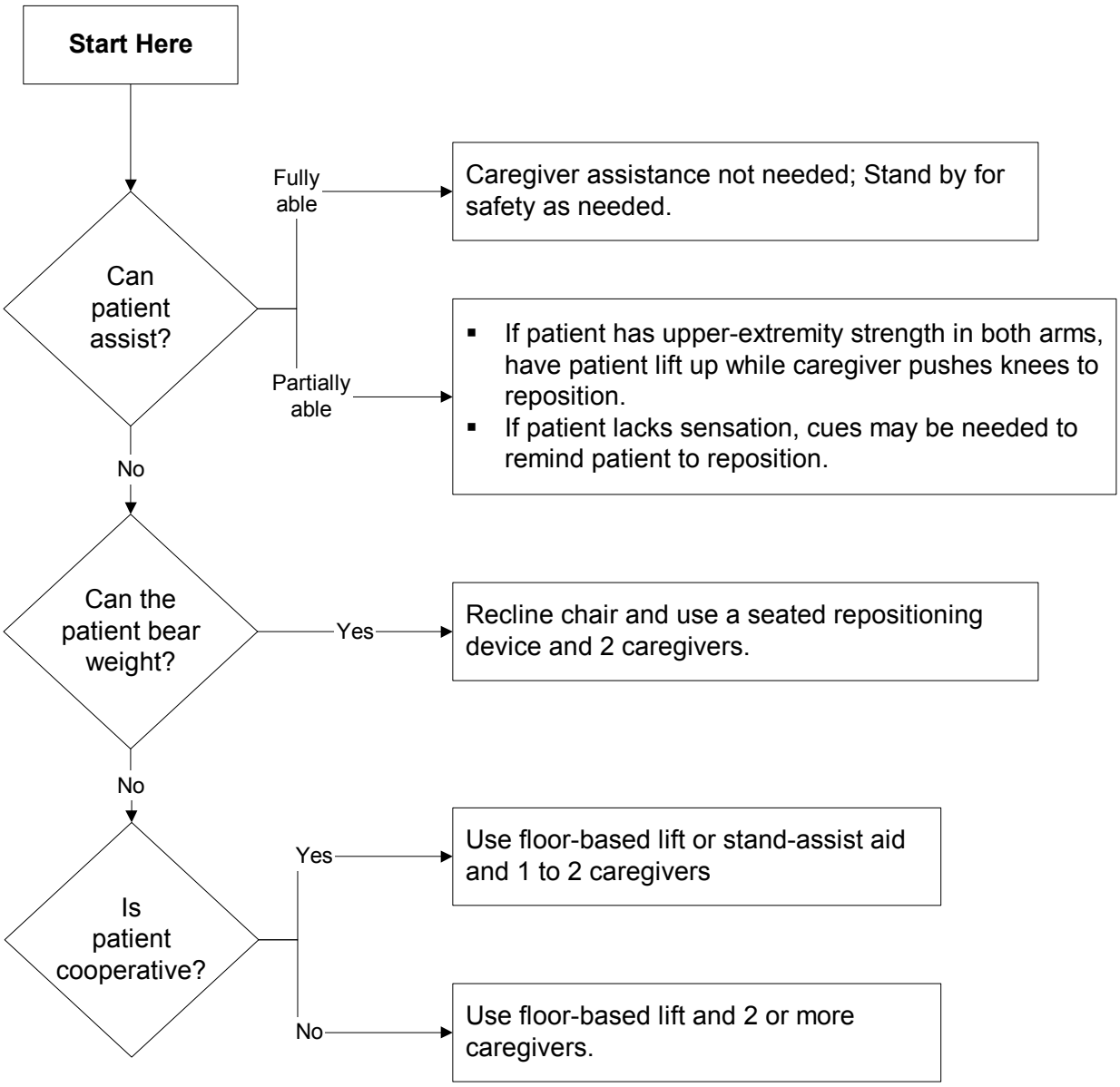
- High/Low exam tables and stretchers would be ideal.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing, 107*[8], 53-59.)

Algorithm 4: Reposition in Bed: Side-to-Side, Up in Bed
Last rev. 10/01/08



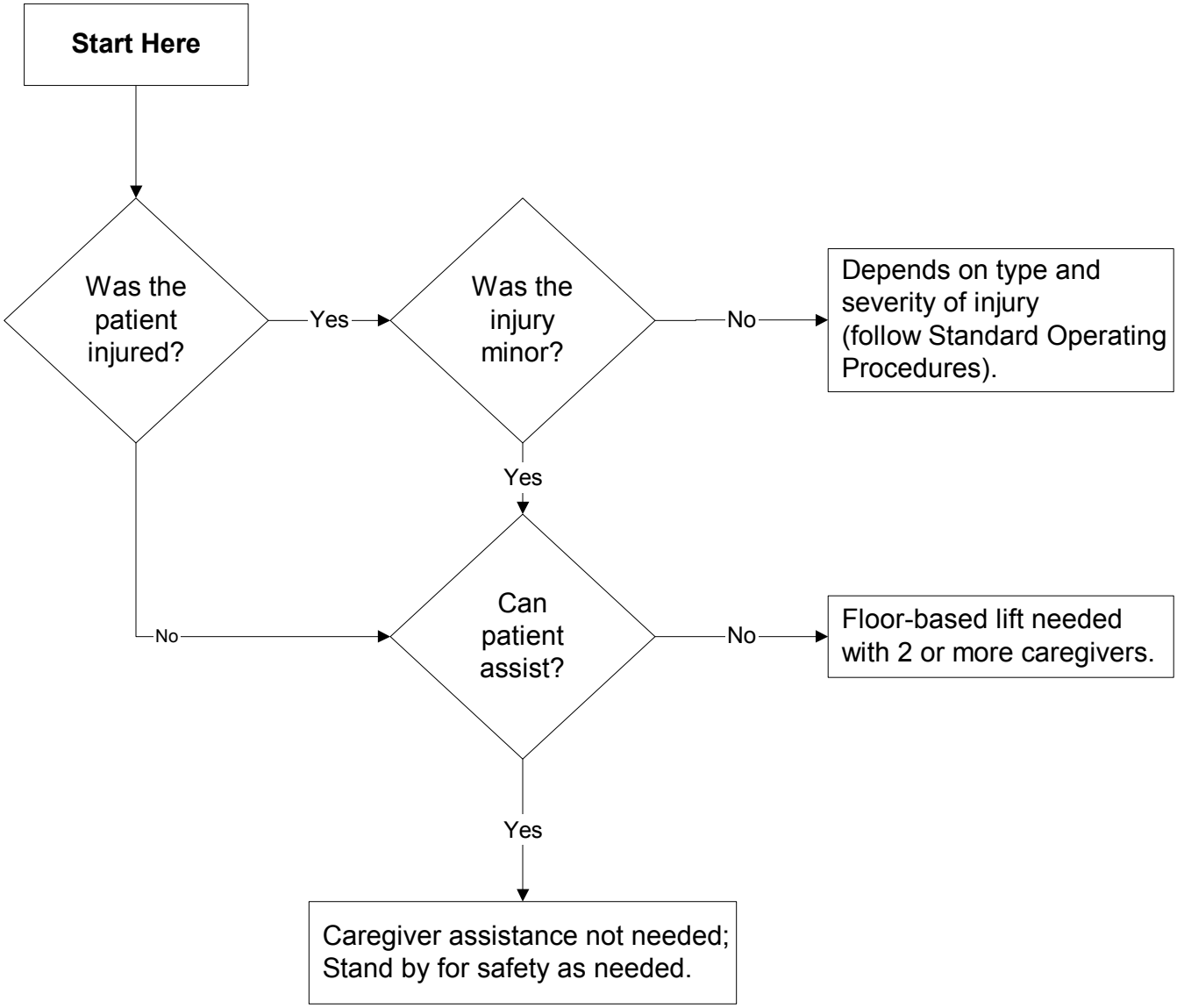
- This is not a one person task: DO NOT PULL FROM HEAD OF BED.
- When pulling a patient up in bed, the bed should be flat or in a Trendelenburg position (when tolerated) to aid in gravity, with the side rail down.
- For patients with Stage III or IV pressure ulcers, care should be taken to avoid shearing force.
- The height of the bed should be appropriate for staff safety (at the elbows).
- If the patient can assist when repositioning "up in bed," ask the patient to flex the knees and push on the count of three.
- During any patient handling task, if the caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing, 107*[8], 53-59.)

Algorithm 5: Reposition in Chair: Wheelchair and Dependency Chair
Last rev. 10/01/08



- Take full advantage of chair functions, e.g., chair that reclines, or use arm rest of chair to facilitate repositioning.
- Make sure the chair wheels are locked.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing, 107*[8], 53-59.)

Algorithm 6: Transfer a Patient Up From the Floor
Last rev. 10/01/08



- Use floor-based lift that goes all the way down to the floor (most of the newer models are capable of this).
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight then the patient should be considered to be fully dependent and assistive devices should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing, 107*[8], 53-59.)

Carrying Supplies and Equipment
Pushing, Pulling, and Moving Equipment on Wheels

Equipment	Pushing Force lbF (kgF)		Max Push Distance ft / (m)		Ergonomic Recommendation
X ray equipment portable	**12.9 lbF**	(5.9 kgF)	**>200ft**	(60m)	Task is acceptable for 1 caregiver
Video towers	**14.1 lbF**	(6.4 kgF)	**>200ft**	(60m)	
Linen cart	**16.3 lbF**	(7.4 kgF)	**>200ft**	(60m)	
Other Carts – empty	**24.2 lbF**	(11.0 kgF)	**>200ft**	(60m)	
Other Carts – full	**26.6 lbF**	(12.1 kgF)	**>200ft**	(60m)	
Stretcher unoccupied	**25.1 lbF**	(11.4 kgF)	**>200ft**	(60m)	
Stretcher - occupied 300 lbs.	**43.8 lbF**	(19.9 kgF)	**>200ft**	(60m)	
Specialty equip carts	**39.3 lbF**	(17.9 kgF)	**>200ft**	(60m)	
Hospital bed – unoccupied	**29.8 lbF**	(13.5 kgF)	**>200ft**	(60m)	
Hospital bed – occupied 300 lbs.	**50.0 lbF**	(22.7 kgF)	**<200ft**	(30m)	Min 2 caregivers

Key

No shading	Minimal risk - Task is acceptable for 1 caregiver
Light shading	Moderate risk – Minimum of 2 caregivers or powered device recommended

I. Patient/Resident's Level of Assistance

❑ Independent: Patient performs task safely, with or without staff assistance, with or without assistive devices.

❑ Partial Assist: Requires no more help than standby, cueing or coaxing; or caregiver is required to lift no more than 35 pounds of patient/resident's weight.

❑ Dependent: Requires caregiver to lift more than 35 pounds of patient/resident's weight or is unpredictable in the amount of assistance offered. In this case, assistive devices should be used.

II. Weight-bearing Capability ❑ Full ❑ Partial ❑ None

III. Bilateral Upper Extremity Strength ❑ Yes ❑ No

IV. Patient/Resident's Level of Comprehension and Cooperation

❑ Cooperative: May need prompting; able to follow simple commands.

❑ Unpredictable or varies: Patient/resident whose behavior changes frequently should be considered unpredictable, not cooperative, or unable to follow simple commands.

V. Weight _____ Height _____ BMI (if weight >300#) _____

VI. Check applicable conditions likely to affect transfer/repositioning techniques:

____ Hip/knee/shoulder replacements
____ History of falls
____ Paralysis/paresis
____ Unstable spine
____ Severe edema
____ Very fragile skin
____ Fractures
____ Severe osteoporosis
____ Postural hypertension
____ Respiratory/cardiac compromise
____ Wounds affecting transfer/positioning
____ Amputation
____ Urinary/fecal stoma
____ Contractures/spasms
____ Tubes (chest, IV, urinary, feeding, etc.)
____ Splints/traction
____ Severe pain/ discomfort

Comments:

VII. Appropriate lift/transfer devices needed for this patient/resident include:

For VERTICAL lift:

For HORIZONTAL lift:

Other patient handling devices needed:

Sling type: ❑ seated ❑ standing ❑ supine ❑ ambulation ❑ limb support
Sling size or color:

FALL RISK ASSESSMENT Total ≥5, initiate fall precautions			**RISK SCORE**
Age <6, >70 = 1 Medications/post-op sedation – 1	Elimination needs – 2 Mobility limitations – 4	Mental status limitations – 6 History of falls recently - 6	

SoHum Health

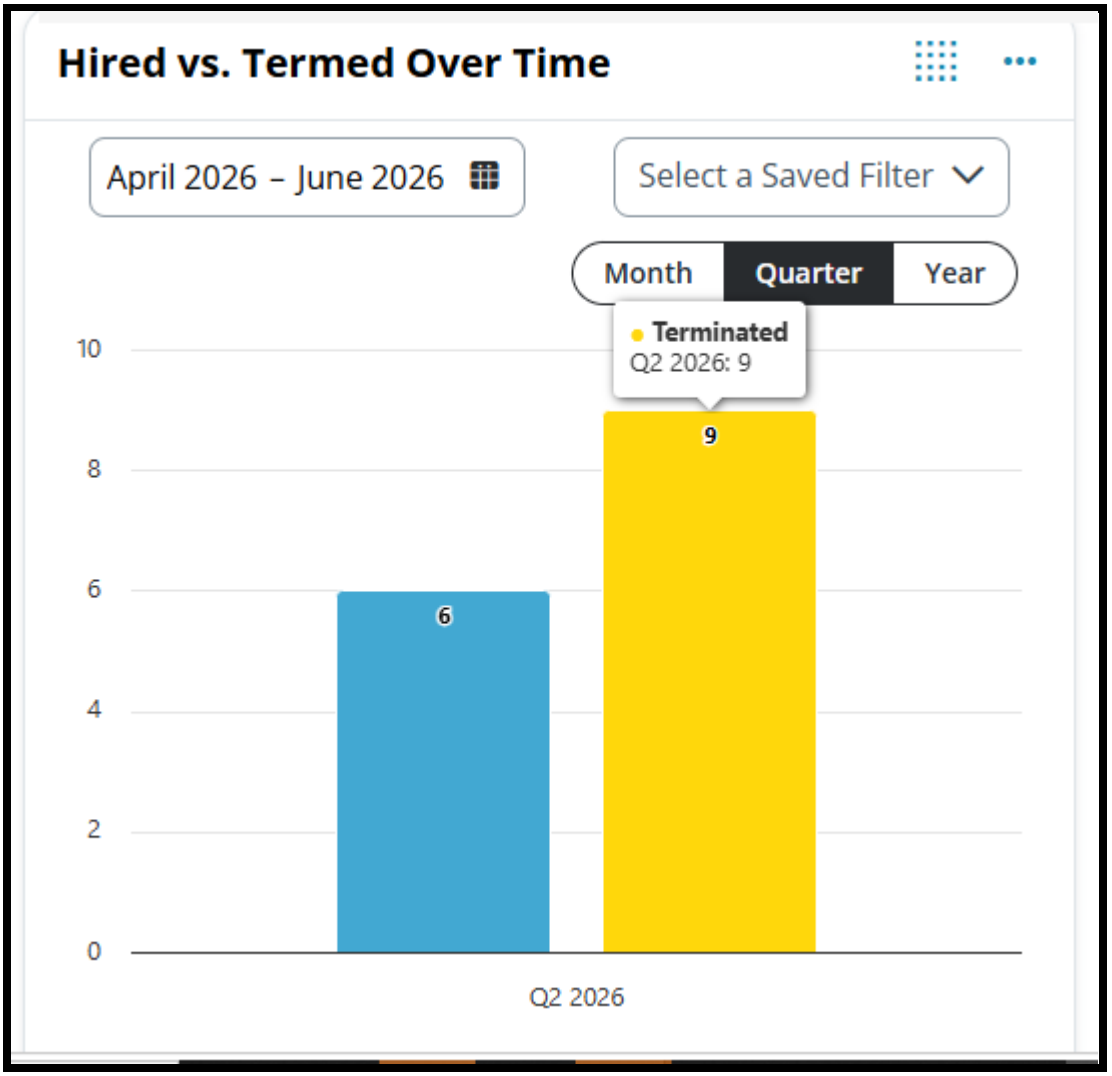
HUMAN RESOURCES QUARTERLY REPORT
Q2
Statistics

	April	May	June	Q1 Totals
New Hires	4	2	0	6
Separations from Employment	2	5	2	9
Injuries/Illness	3	4	0	7

Quarter 2 Separation Reasons
Moved – 0; Retired – 2; Other -- 7

Turnover Rates

Separations	District Turnover Rate Q2	2025 turnover rate	2025 90th percentile National Turnover rate (2026 NSI National HealthCare Retention & Staffing Report).	Paylocity Sector Benchmark for Health Care and Social Assistance
9	5.2%	17%	13.8%	16.50%

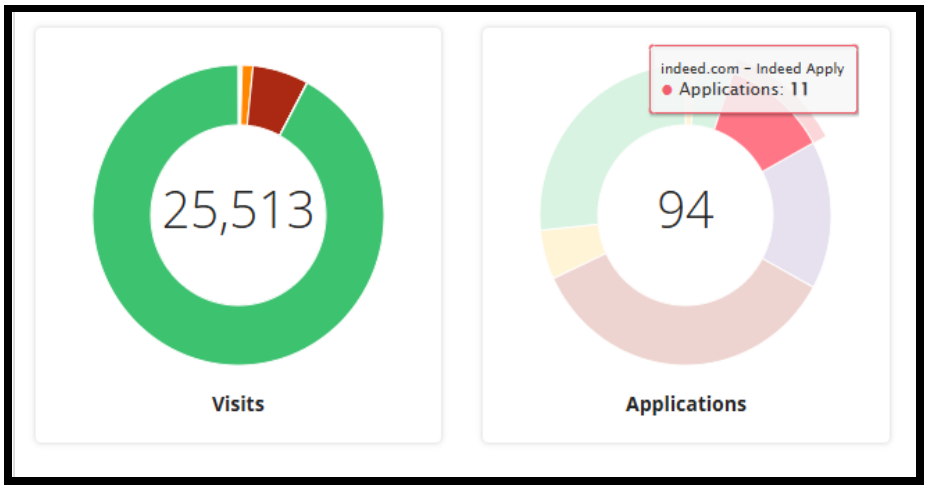


SoHum Health

Recruiting

We had up to 13 published jobs during Quarter Two.

We received applications from the following sources:



Source*	Visits	Applications	Hired
fortunachamber.com	8	0	0
google.com	42	1	0
hiring.cafe	9	4	0
indeed.com - Indeed Apply	11	11	0
linkedin.com	39	15	0
myworkdayjobs.com	304	0	0
sohumhealth.org	1,578	33	5
sonicjobs.com	8	0	0
ziprecruiter.com - ZipRecruiter_Feed	6	5	0
All Others (13)	23,508	25	3

* Top 10 sources displayed.

Candidate Source Detail

We focus on putting hard-to-fill positions on Handshake and CalJobs as appropriate to increase candidate viewing.

August 2026

EMPLOYEE WELLNESS

Employee wellness is a key component of our culture in the District. We take care of the people who are taking care of people.

The Wellness Committee is having a meeting on the 25th of August.

SoHum Health

Other Projects

- **We are updating the Illness and Injury Prevention Plan**
- **We are updating the Workplace Violence Prevention Plan**
- **We continue putting together training plans for all departments to comply with law SB513.**

Governing Board Report

Submitted by Chelsea Brown
Foundation Director & Outreach Manager
August 2026

SoHum Health
FOUNDATION

2026 Income & Expense Statement

2nd Quarter (Apr-May-Jun)	Beginning Balance	Income	Expense	Quarterly Ending Balance
HAF Mid-Term	$ 42,965.31	$ 2,543.02	$ (193.98)	$ 45,314.35
Morgan Stanley CDs	$ 2,097,566.02	$ 19,252.45	$ -	$ 2,116,818.47
CFCU Savings	$ 81.72	$ -	$ -	$ 81.72
CFCU Checking	$ 8,327.01	$ 4,803.51	$ (10,102.61)	$ 3,027.91
CFCU Money Market	$ 95,098.14	$ 129,405.43	$ (0.40)	$ 224,503.17
CFCU CD *(matures 7/28/26)*	$ 268,713.46	$ 2,445.31	$ -	$ 271,158.77
Coast Central Savings	$ 43.82	$ 0.13	$ -	$ 43.95
Totals		**$ 158,449.85**	**$ (10,296.99)**	**$ 2,660,948.34**

Foundation Report:

- SoHum Health Foundation had a higher than average 2nd quarter income with the Bold Day of Giving on May 29th which brought in $9,400 and 10 new donors, and a positive response to our Naming Opportunities mailer, which went out to major donors.

- Benbow Wine Auction: Save the Date - Saturday, November 14th at Benbow Inn. This will be SoHum Health Foundation's 5th year putting on this event, which includes wine tasting, a silent auction, and live auction with auctioneer Tom Allman. The committee is soliciting sponsorships and auction items now. Tickets are on sale for $50.

- Grants: We have submitted two proposals for CalRHT (Rural Health Transformation) – one for a statewide partnership to implement enhanced chronic care management and remote patient monitoring services at SoHum Health, and the 2nd grant request is for workforce development incentives to improve recruitment and retention of medical providers. We expect to hear back on whether we are selected for these grants in October.

- Grants: Our new hospital project was selected by the Humboldt County Planning Dept. for a joint Community Development Block Grant from HUD, which we will apply for in January 2027 for $5M towards new hospital construction costs. Since it is a grant applied for by the County that is first come, first serve, our chances are very high of receiving this money.

Outreach Report:

- The outreach team tabled at community events including Rio Dell Wildwood Days and the Petrolia Touch a Truck event. We built out the marketing and materials for the launch of MRI services in July, and continued ongoing efforts to keep the website up to date, social media, signage needs, and other general requests.

- SoHum Health is scheduling two school-based vision screening events at Southern Humboldt School District in November 2026 and Eureka City Schools in January 2027. Screenings, eye exams, and glasses will be provided to students who need them, free of charge.

- Outreach is collaborating with the FRC and Senior Life Solutions on the Holding Space event for Grief, Loss & Suicide prevention awareness on September 18th at the Garberville Town Square.

Operations Report as of 08/21/2026

Project status

New hospital process: We submitted the final NEPA report to USDA as part of the funding application.

UPDATE TO PROJECT SCHEDULE: This timeline has not been modified since the last adjustments. Securing funding remains a potential source of delays, but we still fall within these existing projections:

AGENCY REVIEW/BIDDING – 11 months Agency review + 3 months Bidding, with a 4–5-month gap in between

- **August 27, 2025 – July 31, 2026 – HCAI Review (11 months – approximate) – HCAI should be prepared to issue permits very soon. Humboldt County permits are ready to issue**
- **Due to the need to secure funding, Bidding Moved to Late December 2026 – February 2027 = 7 months later; no longer overlaps with 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). No change to duration (20 months)

- **March 1, 2027 – October 31, 2028 – CA for both the Hospital and Clinic Building – assuming 1 GC for both**

CLOSEOUT – 2 months – November 1, 2028 – December 31, 2028

OWNER MOVE-IN – 5-7 months.

- **START: January 1, 2029 – July 31, 2029**
- **FINISH (EARLY) - 5 months: May 31, 2028**
- **FINISH (LATE) - 7 months: July 31, 2029**

Maple Lane: Work is progressing very steadily on the Maple Lane/Connie's Corner Optometry facility. Interior sheetrock installation is nearly complete. Electrical and network finish work to commence within 10 days. The exterior is ready for painting.

Undergrounding of PG&E service to the Maple Lane and Redwood Drive properties is completed up to our new switchgear. A new transformer was installed at the site on 08/19-20.

We are still working with Comcast to establish their needs for bringing fiber to the structures. Maple sewer connection is ready for GSD connection.

The parking lot is under construction, along with curbs and slabs for the mobile unit placement area.

Redwood Drive: Concrete work is ongoing. The exterior façade has complete framing. The foundation and slab for the replacement portion (NE) of the building are complete. Framing of the northeast corner of the building is nearly complete. Interior wall construction has begun.

Plumbing rough-in to PT, OT, and ST space is complete.

Roof rehab is underway, with TPO material welding scheduled before weather concerns arise.

NOTE: On both projects, all inspections have been positive, with no issues or citations.

A local individual continues to spread false and unfounded rumors about our Redwood Drive project. To be clear:

- ***No roof collapse occurred at this job site. We performed structural lifting to rehab and reinforce the existing foundations, bringing the building up to current code levels.***
- ***No "Red Tag" citations have been issued at this job site.***
- ***The work being performed by our construction employees continues to be of excellent quality***

ER HVAC

A new HVAC unit for the Emergency Department has been installed and is functional. We will file the project closeout with HCAI next week.

As always, please feel free to stop by with any questions or comments.

-Kent

SoHum Health

CNO Board Report – July 2026

Executive Summary

Clinical departments continue to demonstrate strong collaboration, adaptability, and commitment to safe, high-quality care. Current priorities include regulatory readiness, patient and resident safety, workforce development, improved clinical documentation, expanded access to services, standardized workflows, and strategic investment in equipment and technology.

Hospital Services

Emergency Department, Acute Care, and Swing Bed

The Emergency Department continues to provide 24-hour emergency care to the community. Positive feedback received from community members reflects the dedication and professionalism of the clinical team.

The Centers for Medicare & Medicaid Services Plan of Correction associated with the recent hospital relicensing survey has been accepted. The California Department of Public Health Plan of Correction was submitted timely, and final acceptance is pending.

The hospital currently maintains nine patient-ready beds. Supplemental per-diem nursing resources have helped fill open shifts and support continuity of patient care. Nursing staffing ratios were reviewed during the recent state visit and confirmed to be appropriate.

The Swing Bed Program continues to maintain an average census of approximately five to seven patients. Inpatient admission support has contributed to increased patient volume and improved access to hospital services.

A follow-up scheduling process has been implemented for Emergency Department patients who require continued behavioral health support following discharge. This initiative strengthens continuity of care and improves connections to appropriate outpatient services.

A staff member will begin Crisis Prevention Institute instructor certification training in August. This initiative will strengthen the organization’s ability to train employees in safe, compassionate, and effective approaches to managing patients with complex behavioral or psychosocial needs.

Interdisciplinary rounding is also being strengthened within the Swing Bed and Skilled Nursing Facility programs to improve communication, care coordination, and clinical outcomes.

Skilled Nursing Facility

The Skilled Nursing Facility remains at full capacity and continues to provide compassionate, resident-centered care.

Residents are participating in meaningful activities that support social engagement and quality of life, including gardening, community outings, library visits, scenic drives, and local events.

Nursing leadership continues to review and update clinical policies to ensure alignment with current regulations and standards of care.

Infection Prevention

The Infection Preventionist continues to integrate successfully into the organization and is working collaboratively with clinical managers to strengthen infection surveillance, staff education, policy compliance, and regulatory readiness.

The program is also clarifying communication pathways so that infection prevention questions and concerns are consistently directed to infection preventionist.

Clinic

Clinic Operations

Clinic leadership continues to focus on access, provider productivity, timely documentation, and standardized clinical workflows.

The organization is evaluating medical scribe services as a potential strategy to reduce provider administrative burden, improve documentation timeliness, support productivity, and allow providers to dedicate more time to direct patient care.

A structured documentation improvement plan has produced positive early results, including more timely completion of patient charts.

Patient Navigation

Patient Navigation continues to conduct outreach in support of Quality Incentive Program measures. These efforts help connect patients with preventive services, chronic disease management, follow-up care, and other needed healthcare resources.

Visiting Nurse Program

The Visiting Nurse Program continues to collaborate with clinic providers to increase appropriate referrals and connect eligible patients with in-home services.

Occupational therapy home assessments have expanded, supporting evaluation of home safety, functional needs, and opportunities for patients to maintain independence.

Mobile Optometry

The Mobile Optometry team completed emergency evacuation training and reviewed associated safety procedures.

The new Fortuna service location has experienced strong demand, demonstrating continued community need for accessible eye-care services.

Behavioral Health

Behavioral Health continues to collaborate across hospital, Skilled Nursing Facility, Swing Bed, and Senior Life Solutions programs.

The department also completed a review of service-hour allocation to support accurate reporting for the previous fiscal year's cost report.

Diagnostic Services

Laboratory

The Laboratory completed 2,241 testing procedures in June, representing a 23% increase compared with May 2026 and a volume comparable to June 2025.

The Administrative Team approved the purchase of a new clinical chemistry analyzer. This investment will replace aging equipment, improve reliability and efficiency, and is expected to produce long-term financial savings.

Additional laboratory investments include:

- Laboratory-grade refrigerators and freezers
- Replacement of the existing coagulation analyzer
- Continued expansion of microbiology testing services
- Review of a syndromic PCR analyzer capable of rapidly identifying infectious pathogens

Two previously trained phlebotomists have joined the Phlebotomy Float Pool, strengthening the department's ability to maintain services during staffing vacancies and planned absences.

SoHum Health also received the Battle of the Hospitals Blood Drive trophy, reflecting strong participation from employees and community supporters.

Radiology

Radiology and the Referrals Department are consistently working towards enhancing MRI scheduling, patient screening, and coordination. To facilitate the identification of essential tests and key safety considerations before scheduling appointments, a standardized MRI questionnaire is currently being developed. This initiative is designed to reduce delays, improve patient preparedness, and diminish the likelihood of patients needing to reschedule their appointments. Additionally, the MRI schedule is fully booked for the upcoming MRI mobile visit.

Referrals

The Referrals Department continues to improve workflow efficiency and collaboration with Patient Financial Services.

The department has successfully assumed responsibility for MRI scheduling and has implemented a revised Treatment Authorization Request and Referral Authorization Form process. These improvements are expected to reduce authorization-related denials, improve reimbursement, and support timely patient access.

Pharmacy

The Pharmacy Department continues to focus on medication safety, medication availability, and support for clinical departments.

A standardized pain-management protocol is being developed to streamline provider orders, improve consistency, support nursing workflows, and reduce the risk of medication errors.

Additional pharmacy priorities include:

- Developing workflow aids aligned with organizational policies
- Strengthening medication-storage and refrigeration contingency processes
- Improving the formulary in collaboration with the Emergency Department
- Supporting accurate and timely medication management in Epic
- Coordinating medication-ordering processes with community and long-term-care pharmacy partners

Rehabilitation Services

Physical Therapy continues to expand its inpatient and outpatient presence. The newest therapist has integrated successfully into the interdisciplinary team and is developing a growing patient caseload.

The Patient Handling and Movement Policy is undergoing clinical review to ensure that it reflects current standards of care and supports safe mobility assessment for newly admitted patients and residents.

Senior Life Solutions

Senior Life Solutions continues to strengthen program operations, expand community outreach, and increase access to behavioral health services.

The program currently serves seven clients and has additional referrals pending. Several participants are approaching successful program completion, and an aftercare component has been initiated to provide continued support for former clients.

Planning is underway for an open house to introduce the program's new location and services to the community.

The team is also collaborating with the Family Resource Center to develop a community suicide-awareness event. Final program and funding details are being confirmed.

Recruitment and transition planning are underway for new program leadership.

Organizational Quality and Standardization

A key organizational priority is the continued standardization of care, communication, documentation, and operational processes across the hospital, Skilled Nursing Facility, clinic, diagnostic services, pharmacy, rehabilitation programs, and behavioral health services.

Standardized practices support:

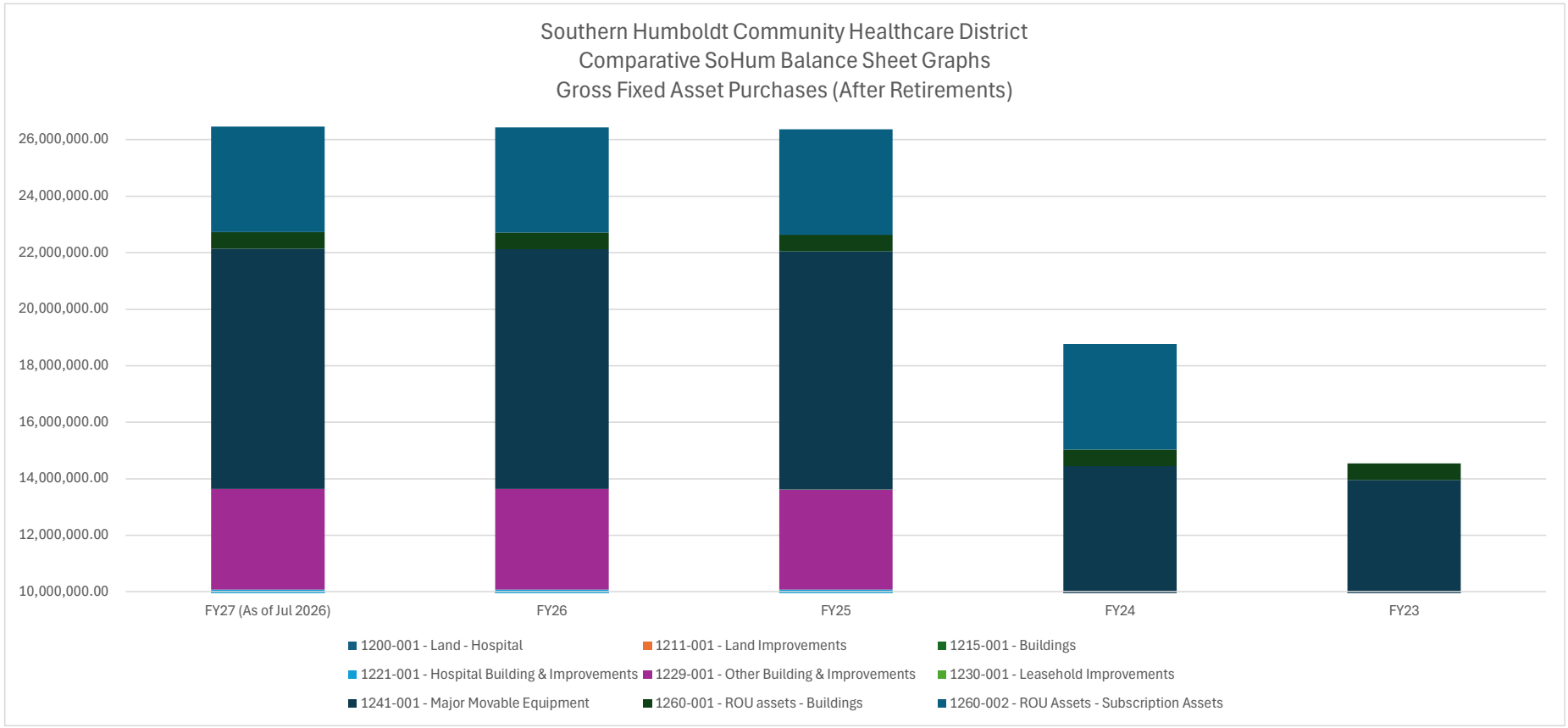
- Consistent and coordinated patient care
- Improved patient and resident safety
- Timely and accurate documentation
- Efficient use of organizational resources
- Greater accountability and regulatory readiness
- Improved communication between departments

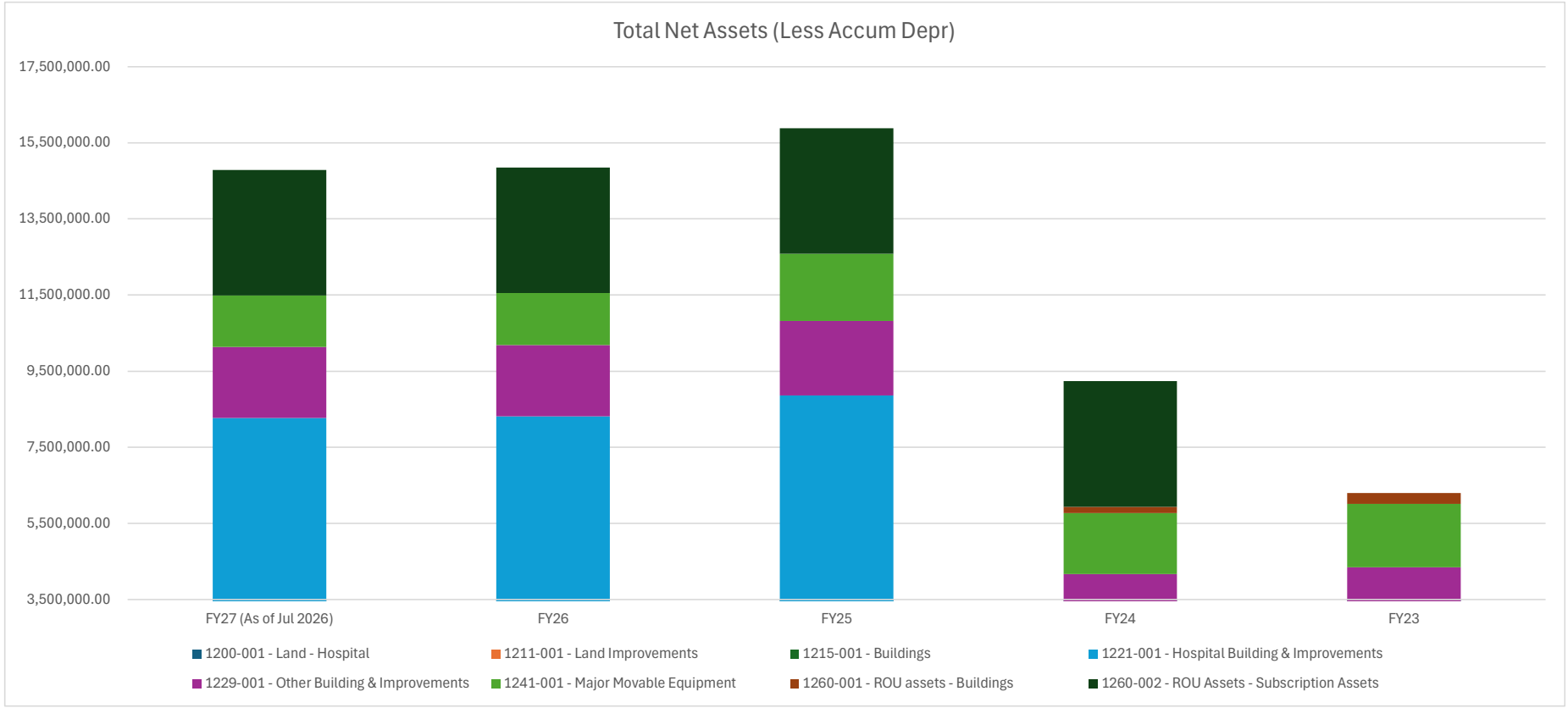
Clinical leadership remains committed to supporting employees, strengthening systems, and using organizational resources effectively to provide safe, compassionate, and high-quality care throughout the SoHum Health District.

Adela Yanez, RN, BSN
Chief Nursing Officer

Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet
5 Year Comparison - FY22 through End of July 2026

	FY23	FY24	FY25	FY26	FY27 (As of Jul 2026)
ASSETS					
Current Assets					
Total Bank	$ 10,263,542	$ 8,242,122	$ 5,086,074	$ 1,257,146	$ 1,453,084
Total Accounts Receivable	$ 2,326,716	$ 7,312,024	$ 6,146,510	$ 6,744,749	$ 6,745,030
Total Other Current Asset	$ 628,810	$ 3,094,801	$ 11,394,910	$ 12,364,192	$ 11,636,962
Total Current Assets	$ 13,219,068	$ 18,648,947	$ 22,627,494	$ 20,366,087	$ 19,835,076
Fixed Assets					
1200-001 - Land - Hospital	$ 1,028,216	$ 1,163,216	$ 1,193,526	$ 1,193,526	$ 1,193,526
1211-001 - Land Improvements	$ 553,251	$ 553,251	$ 553,251	$ 553,251	$ 553,251
1215-001 - Buildings	$ 1,474,356	$ 1,367,015	$ 1,489,909	$ 1,489,909	$ 1,489,909
1221-001 - Hospital Building & Improvements	$ 119,716	$ 119,716	$ 6,846,690	$ 6,846,690	$ 6,846,690
1229-001 - Other Building & Improvements	$ 3,387,733	$ 3,447,325	$ 3,526,173	$ 3,550,715	$ 3,550,715
1230-001 - Leasehold Improvements	$ 12,785	$ 12,785	$ 12,785	$ 12,785	$ 12,785
1241-001 - Major Movable Equipment	$ 7,378,269	$ 7,788,684	$ 8,433,015	$ 8,477,163	$ 8,501,291
1250-001 - Construction In Progress	$ 5,029,861	$ 7,683,040	$ 6,224,854	$ 9,657,264	$ 9,902,943
1260-001 - ROU assets - Buildings	$ 580,234	$ 580,234	$ 580,234	$ 580,234	$ 580,234
1260-002 - ROU Assets - Subscription Assets	$ -	$ 3,735,812	$ 3,735,812	$ 3,735,812	$ 3,735,812
Less: Accumulated Depreciation	$ (8,234,901)	$ (9,534,512)	$ (11,055,632)	$ (12,156,254)	$ (12,243,297)
Total Fixed Assets	$ 11,329,520	$ 16,916,567	$ 21,540,619	$ 23,941,097	$ 24,123,860
Total ASSETS	**$ 24,548,588**	**$ 35,565,514**	**$ 44,168,112**	**$ 44,307,184**	**$ 43,958,936**
Liabilities & Equity					
Current Liabilities					
Total Accounts Payable	$ 346,403	$ 959,621	$ 2,390,176	$ 1,437,059	$ 976,497
Total Other Current Liability	$ 927,074	$ 1,406,791	$ 1,762,548	$ 2,653,921	$ 2,522,310
Total Current Liabilities	$ 1,273,477	$ 2,366,412	$ 4,152,724	$ 4,114,042	$ 3,494,709
Long Term Liabilities					
2250-020 - LEAF Data Backup Liability	$ 106,365	$ 53,135	$ -	$ -	$ -
2250-021 - CapChase Data Backup Liability			$ -	$ 120,436	$ 120,436
2250-023 - Topcon Analyzer Lease			$ -	$ -	$ (713)
2250-025 - Maple Lane Loan	$ 262,814	$ 227,867	$ 195,197	$ 158,852	$ 155,786
2250-030 - ELGA Lease Loan	$ -	$ -	$ 1,723,278	$ 1,395,764	$ 1,366,993
2260-001 - Help II Loan	$ 1,184,026	$ 1,907,907	$ 1,829,893	$ 1,743,142	$ 1,735,834
2273-002 - Lease obligations	$ 236,003	$ 730,124	$ 730,124	$ 730,124	$ 730,124
Total Long Term Liabilities	$ 1,789,208	$ 2,919,033	$ 4,478,493	$ 4,148,318	$ 4,108,460
Equity					
Equity					
Total - Equity	$ 2,830,961	$ 2,830,961	$ 2,830,961	$ 2,830,961	$ 2,830,961
Retained Earnings	$ 16,913,017	$ 18,654,947	$ 30,699,107	$ 32,705,934	$ 33,213,862
Net Income	$ 1,741,925	$ 8,794,160	$ 2,006,827	$ 507,928	$ 310,944
Total Equity	$ 21,485,903	$ 30,280,069	$ 35,536,895	$ 36,044,823	$ 36,355,767
Total Liabilities & Equity	**$ 24,548,588**	**$ 35,565,514**	**$ 44,168,112**	**$ 44,307,184**	**$ 43,958,936**


Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet Graphs
Gross Fixed Asset Purchases (After Retirements)
26,000,000.00
24,000,000.00
22,000,000.00
20,000,000.00
18,000,000.00
16,000,000.00
14,000,000.00
12,000,000.00
10,000,000.00
FY27 (As of Jul 2026)
FY26
FY25
FY24
FY23
1200-001 - Land - Hospital
1211-001 - Land Improvements
1215-001 - Buildings
1221-001 - Hospital Building & Improvements
1229-001 - Other Building & Improvements
1230-001 - Leasehold Improvements
1241-001 - Major Movable Equipment
1260-001 - ROU assets - Buildings
1260-002 - ROU Assets - Subscription Assets


Total Net Assets (Less Accum Depr)
17,500,000.00
15,500,000.00
13,500,000.00
11,500,000.00
9,500,000.00
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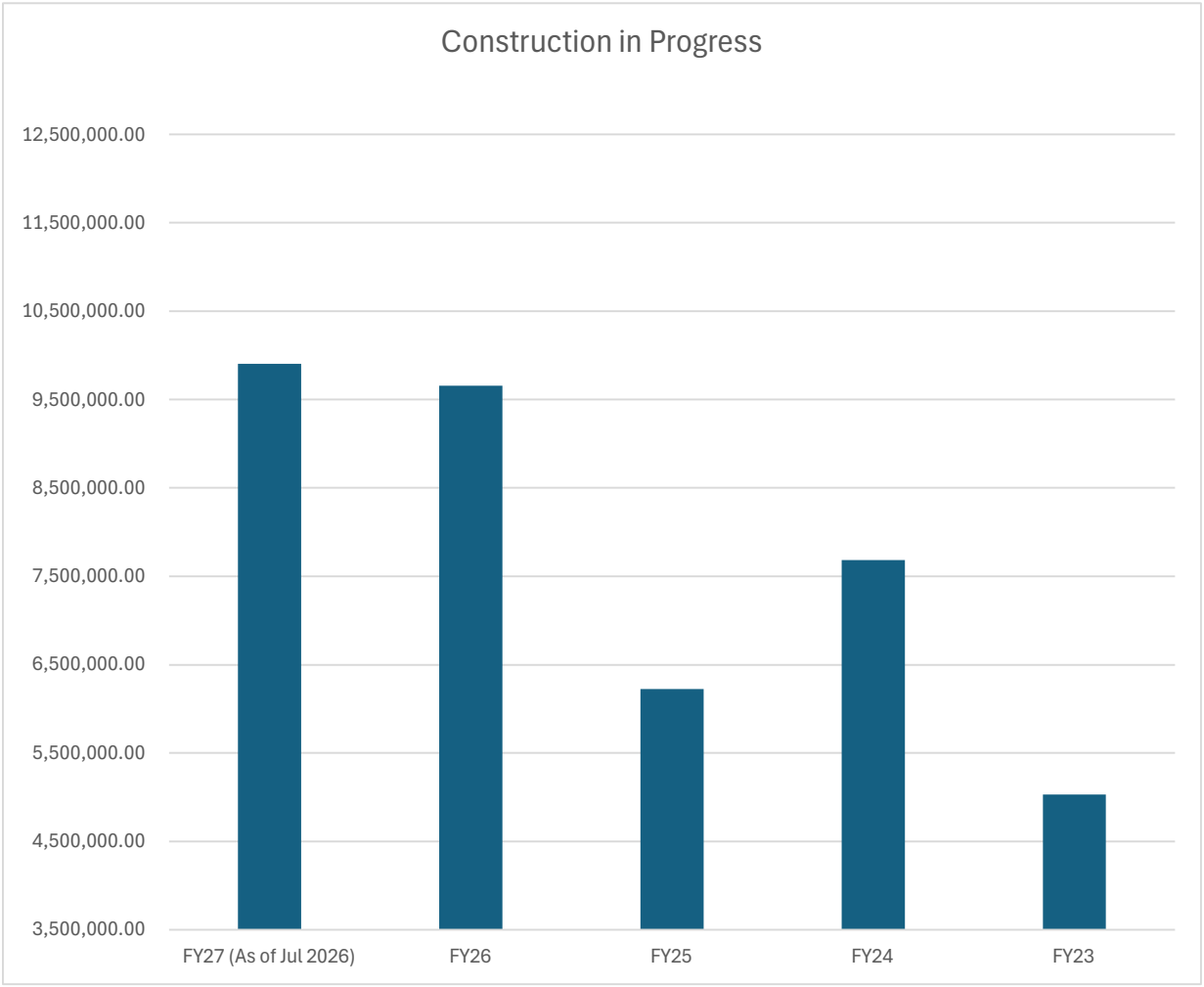
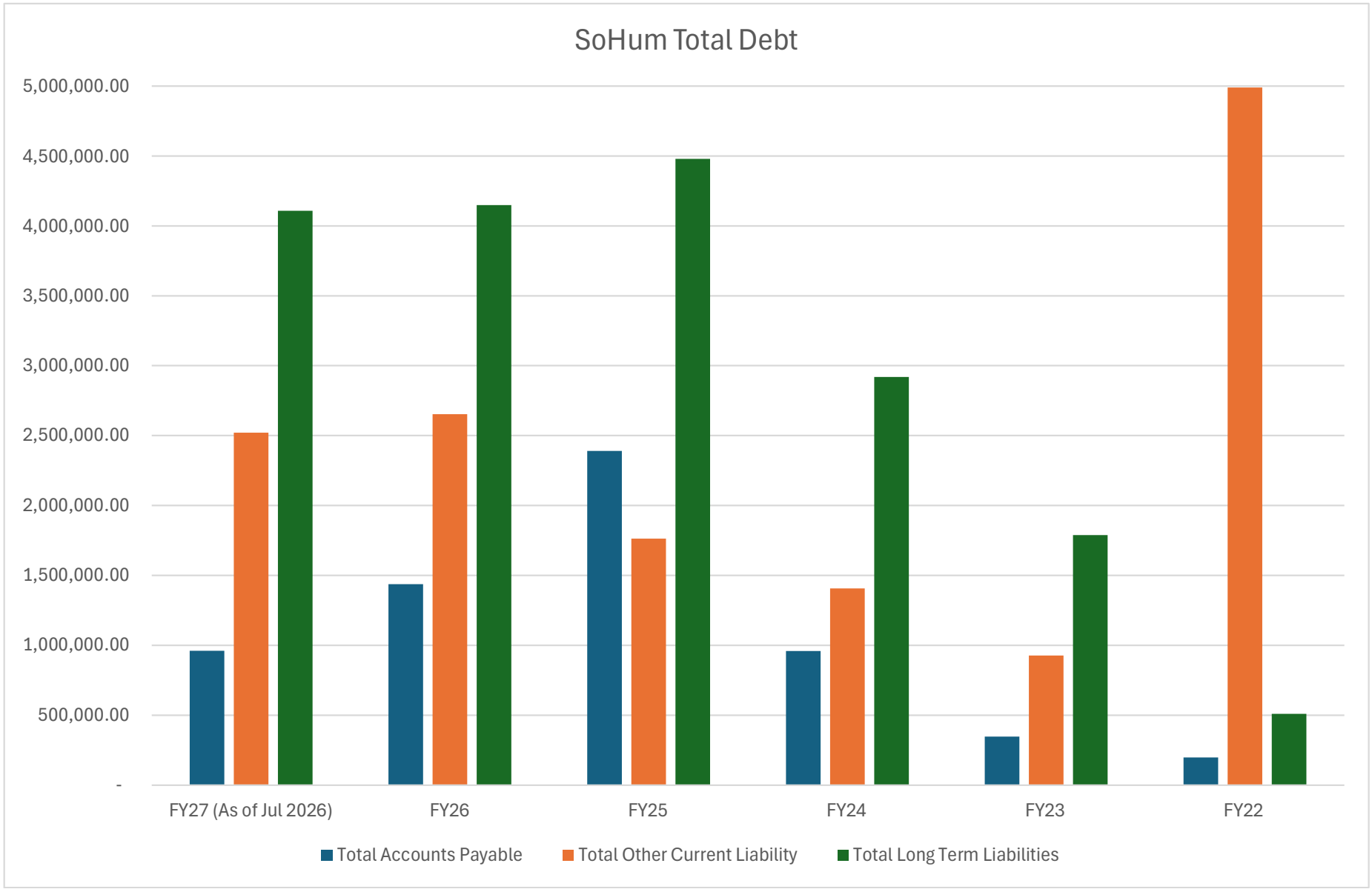
FY27 (As of Jul 2026)
FY26
FY25
FY24
FY23
1200-001 - Land - Hospital
1211-001 - Land Improvements
1215-001 - Buildings
1221-001 - Hospital Building & Improvements
1229-001 - Other Building & Improvements
1241-001 - Major Movable Equipment
1260-001 - ROU assets - Buildings
1260-002 - ROU Assets - Subscription Assets

Southern Humboldt Community Healthcare District

Construction in Progress Detail/Graph

Construction In Progress Detail	FY27 (As of Jul 2026)
NEW HOSPITAL	7,701,113
817 Redwood Drive	828,995
412 Maple Lane	348,272
823 Redwood Drive	328,206
819 REDWOOD DR	251,204
JPCH-ED HVAC Upgrade	113,392
285 SPROWEL CREEK	105,728
Radiology Room Refresh	92,544
531 Elm Parking Lot Upgrade	87,336
286 Sprowel Creek Parking Lot	22,595
286 SPROWEL-PARKING LOT	16,925
291 Sprowel Creek	4,700
819 Redwood Drive	1,830
887 SUNNYBANK	106
Grand Total	**9,902,944**
	0
Total SoHum Employee Payroll	342,528.52
817 Redwood Drive	828,994.56
823 Redwood Drive	328,205.97
819 REDWOOD DR	251,203.89
Total Redwood Projects	1,750,932.94




SoHum Total Debt
5,000,000.00
4,500,000.00
4,000,000.00
3,500,000.00
3,000,000.00
2,500,000.00
2,000,000.00
1,500,000.00
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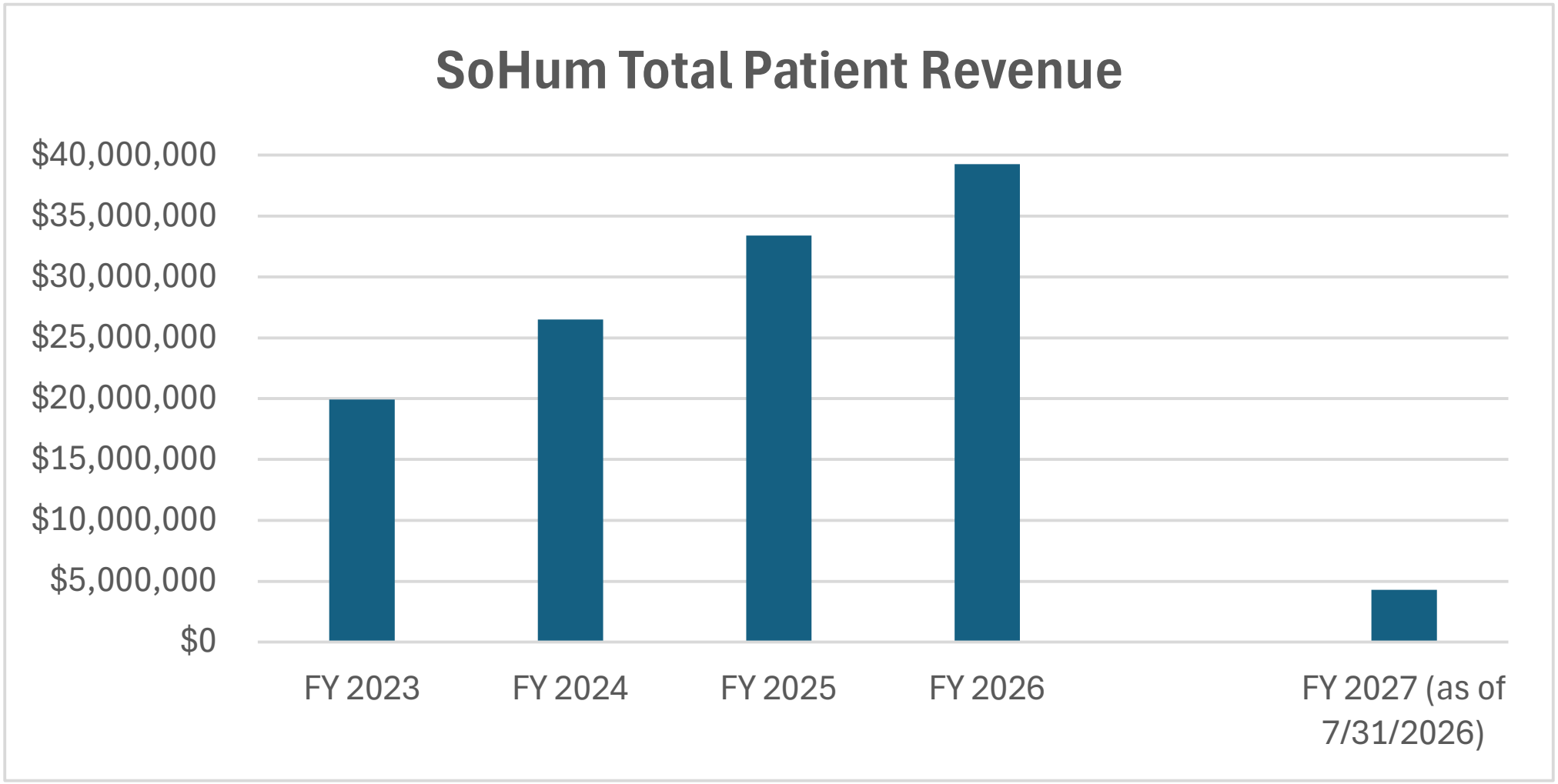
-
FY27 (As of Jul 2026)
FY26
FY25
FY24
FY23
FY22
Total Accounts Payable
Total Other Current Liability
Total Long Term Liabilities

Southern Humboldt Community Healthcare District
Parent Company (Consolidated)
SoHum Income Statement
5 Year Comparison - FY22 through End of July 2026

Financial Row	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027 (as of 7/31/2026)
Revenue					
Gross Patient Revenue					
Inpatient	$2,946,480	$2,750,181	$3,228,838	$4,220,942	$387,312
Inpatient Ancillary	$515,456	$359,641	$552,279	$765,360	$57,035
Outpatient	$10,154,040	$15,724,611	$19,509,296	$23,607,599	$2,795,822
Outpatient Ancillary	$6,321,147	$7,666,152	$10,098,701	$10,660,554	$1,057,358
Total Patient Revenue	**$19,937,124**	**$26,500,585**	**$33,389,114**	**$39,254,456**	**$4,297,527**
Deductions from Revenue					
9060-913 - Supplemental Revenue	($10,815,285)	($9,497,749)	($13,507,565)	($8,644,088)	($652,512)
Contractual Allowances	$7,458,971	$6,726,785	$16,764,252	$16,560,984	$2,351,683
Provision for Bad Debts	$48,578	$436,735	$930,313	$647,462	$0
Other Allowances / Deductions	$1,143,032	($869,207)	$525,619	$325,693	$8,695
Cost Of Sales	$0	($0)	($107)	$95	$5
Total Deductions	**($2,164,705)**	**($3,203,435)**	**$4,712,512**	**$8,890,146**	**$1,707,871**
Net Patient Revenue	**$22,101,829**	**$29,704,021**	**$28,676,602**	**$30,364,310**	**$2,589,656**
Other Operating Revenue	**$4,421,875**	**$5,027,303**	**$878,797**	**$1,784,273**	**$298,303**
Total Operating Revenue	**$26,523,704**	**$34,731,323**	**$29,555,399**	**$32,148,583**	**$2,887,959**
Expenses					
Salaries & Wages	$10,305,732	$9,809,581	$12,325,544	$15,593,130	$1,231,656
Employee Benefits	$2,235,102	$3,890,147	$4,553,596	$5,301,972	$615,558
Professional Fees	$3,198,650	$3,861,034	$5,334,981	$5,445,030	$400,804
Supplies	$5,712,133	$5,113,725	$1,297,864	$1,308,455	$81,916
Repairs & Maintenance	$342,050	$335,811	$290,698	$303,421	$13,904
Purchased Services	$2,224,256	$2,114,981	$3,063,109	$2,971,831	$168,132
Utilities	$276,547	$304,523	$352,328	$325,066	$29,521
Insurance	$172,223	$148,554	$238,076	$240,770	$25,031
Depreciation/ Amortization	$1,057,819	$1,299,611	$1,521,120	$1,100,622	$87,044
Other	$761,845	$1,111,440	$267,941	$846,348	$51,974
Total Operating Expenses	**$26,286,357**	**$27,989,408**	**$29,245,256**	**$33,436,645**	**$2,705,540**
Operating Profit (Loss)	**$237,347**	**$6,741,916**	**$310,143**	**($1,288,062)**	**$182,419**
Tax Revenue	$1,100,133	$1,084,388	$1,404,861	$1,305,498	$105,429
Other Non Operating Revenue (Expense)	$344,097	$773,827	$237,966	$484,537	$21,561
Interest Income	$62,545	$194,029	$53,857	$5,956	$1,534
Net Non Operating Revenue (Expense)	**$1,506,774**	**$2,052,245**	**$1,696,684**	**$1,795,990**	**$128,525**
Net Income (Loss)	**$1,744,122**	**$8,794,160**	**$2,006,827 ***	**$507,928 ****	**$310,944**

** Pending any FY25 Audit Adjustments*
*** Pending Internal YE Adjustments*


SoHum Total Patient Revenue
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$25,000,000
$20,000,000
$15,000,000
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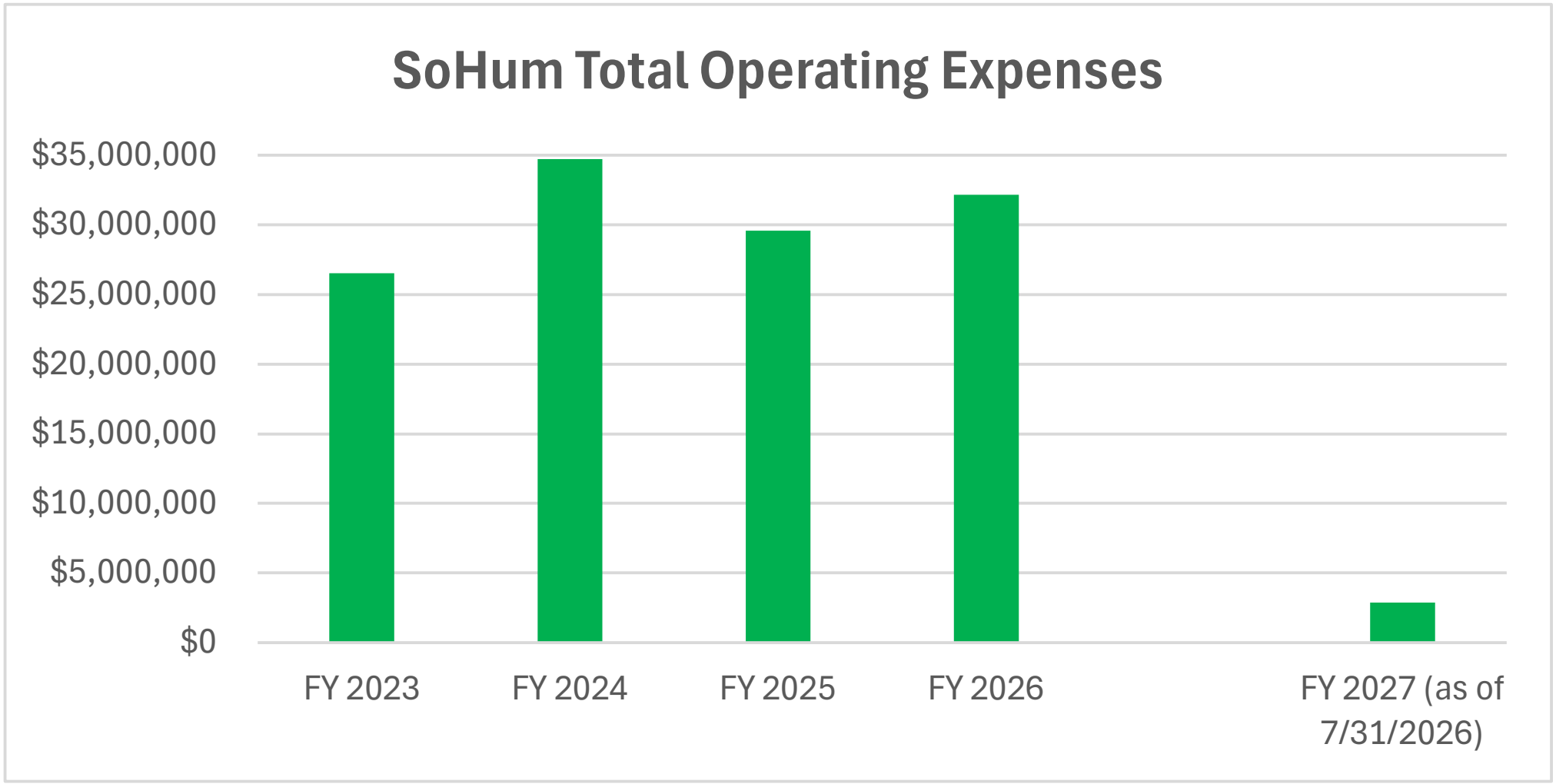
FY 2023
FY 2024
FY 2025
FY 2026
FY 2027 (as of 7/31/2026)


SoHum Total Operating Expenses
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$20,000,000
$15,000,000
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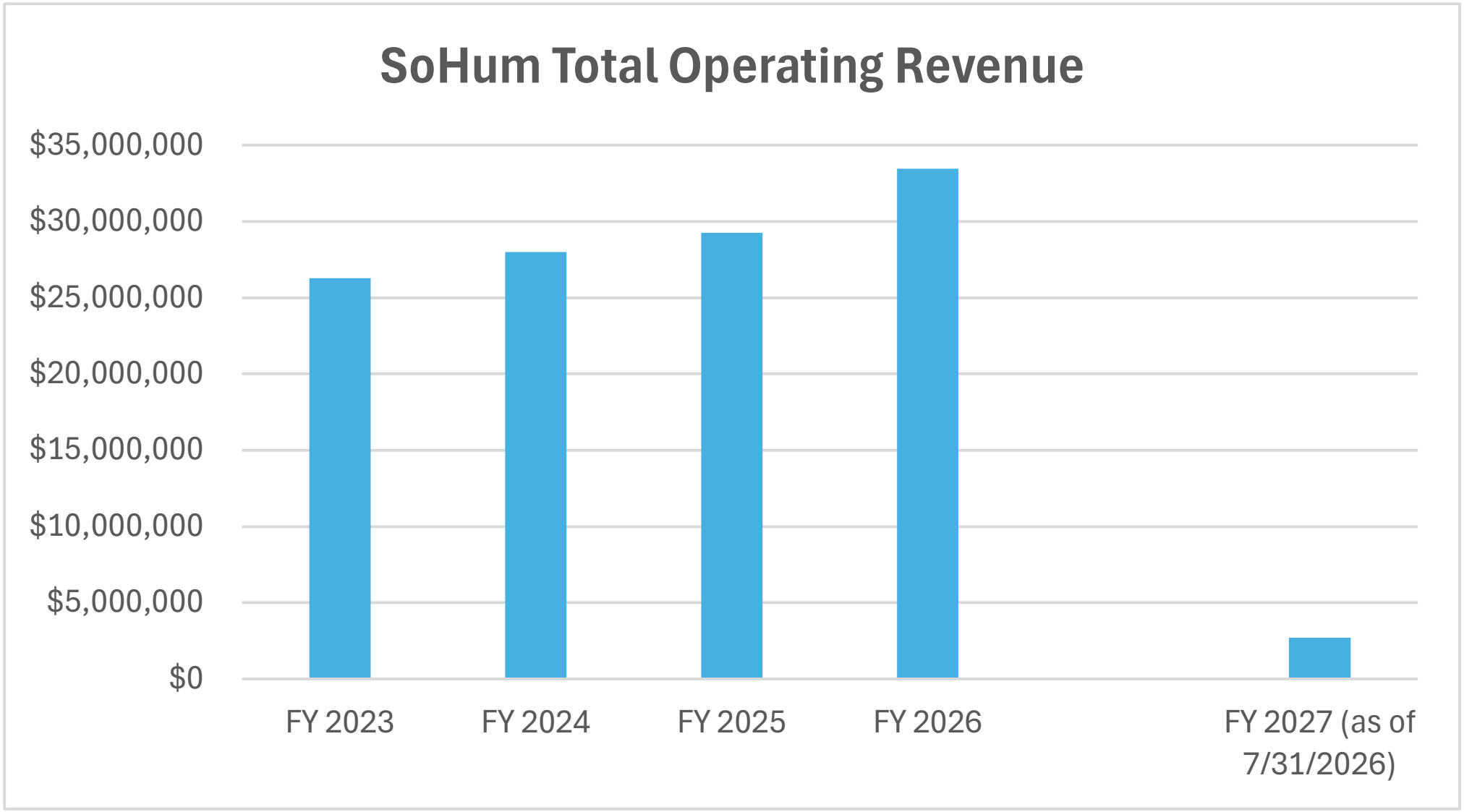
FY 2023
FY 2024
FY 2025
FY 2026
FY 2027 (as of 7/31/2026)


SoHum Total Operating Revenue
$35,000,000
$30,000,000
$25,000,000
$20,000,000
$15,000,000
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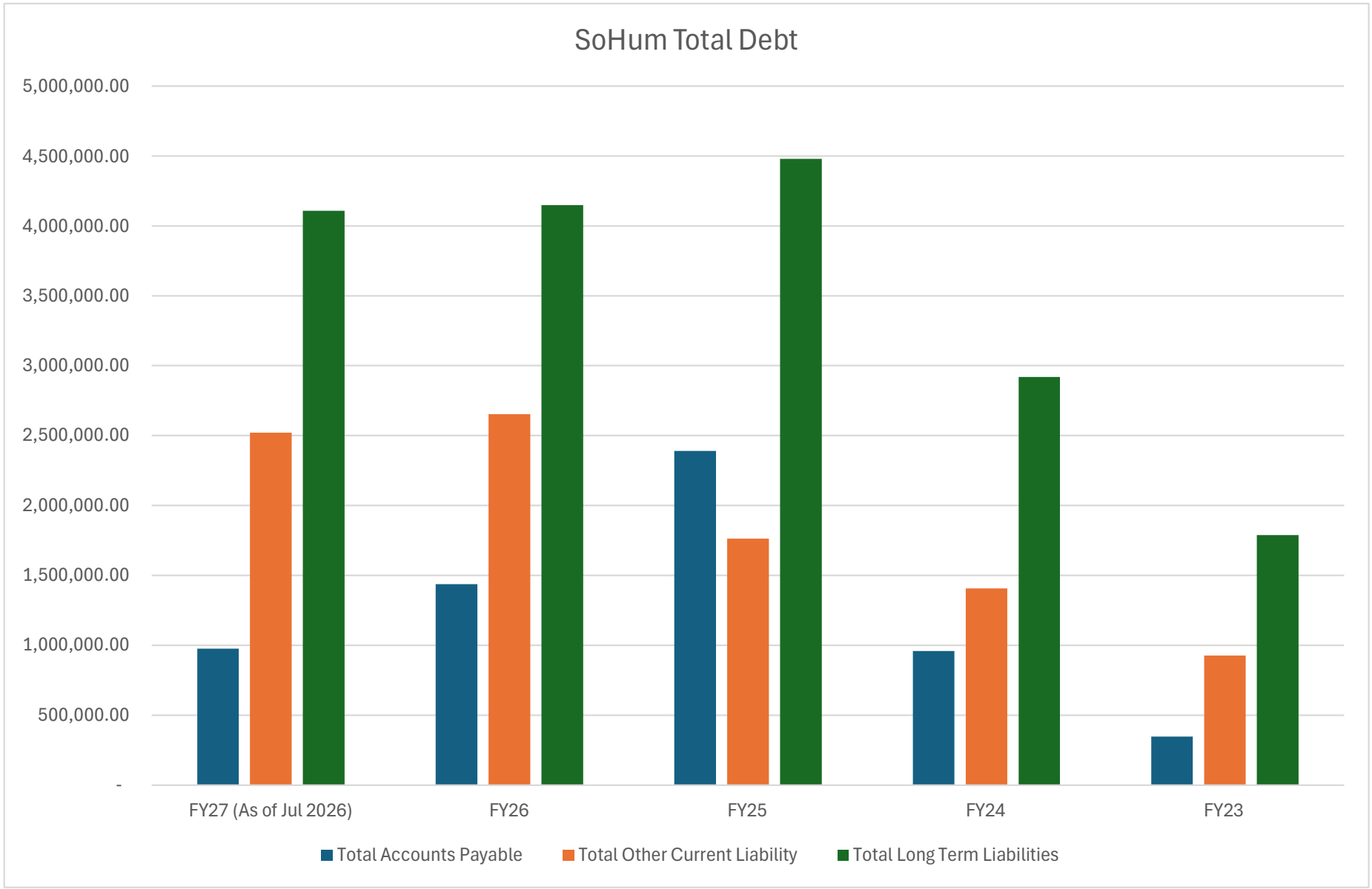
$0
FY 2023
FY 2024
FY 2025
FY 2026
FY 2027 (as of 7/31/2026)


SoHum Total Debt
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FY27 (As of Jul 2026)
FY26
FY25
FY24
FY23
Total Accounts Payable
Total Other Current Liability
Total Long Term Liabilities

Southern Humboldt Community Healthcare District - Monthly Statistics

	July 26	June 26	May 26	April 26	Mar 26	Feb 26	Jan 26	Dec 25	Nov 25	Oct 25	Sep 25	Aug 25	July 25	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics															
Total Acute Patient Days	8	9	0	18	2	6	10	9	3	9	0	6	8		
Total Swing Patient Days	84	71	95	94	136	128	109	83	135	99	55	109	137		
Total SNF Patient Days	247	231	215	213	234	223	245	239	203	231	240	223	217		
Total Patient Days															
Total Acute Discharges	3	3	0	10	1	1	3	2	1	2	0	1	3		
Total Swing Discharges	4	4	3	5	4	6	2	6	3	4	4	9	3		
Total SNF Discharges	0	0	1	2	1	0	0	0	1	2	0	0	0		
Total Discharges															
Acute Length of Stay	2.7	3.0	0.0	3.0	5.0	3.0	3.3	5.0	3.0	5.0	0.0	7.0	2.7		
ER Admits	3	3	0	8	0	2	3	2	1	2	0	1	3		
I/P Lab Tests	282	260	153	501	225	297	528	259	234	371	419	359	439		
I/P Radiology Tests	12	20	6	27	6	28	28	14	6	7	25	10	13		
I/P CTs	12	17	0	16	6	6	21	4	2	12	12	3	18		
I/P EKG's	8	4	0	16	0	2	10	2	4	15	15	2	30		
Out Patient Statistics															
ER Visits	409	381	386	321	340	291	311	315	307	321	339	319	365		
Clinic Visits	414	410	399	371	569	405	500	486	410	472	463	528	501		
SLS Visits	78	48	63	74	52	56	55	70	97	86	45	54	49		
Outpatient Medical	55	41	23	24	47	46	26	36	25	26	46	36	34		
Laboratory Visits	366	373	306	314	365	250	307	316	277	322	286	344	349		
Behavioral Health Visits	40/89	114	112	99	91	106	71	53	39	48	43	36	19		
PT Visits	108	79	85	79	77	58	52	72	59	89	88	91	69		
OT Visits	36	36	36	36	32	19	20	18	11	9	5	3	0		
Optometry Visits	141	152	126	135	74	45	52	51	50	62	56	23	67		
X-Ray	244	252	196	195	251	218	214	173	175	192	185	178	234		
Mammography	58	47	37	39	0	0	15	30	24	61	41	25	14		
CT Scans	126	165	125	127	128	99	110	127	132	118	128	114	131		
Ultra Sonography	80	63	57	78	71	49	37	44	57	51	59	47	62		
EKG's	73	78	66	56	62	65	61	59	64	53	63	48	87		
Total O/P Visits															

Southern Humboldt Community Healthcare District

July 2026

Overall A/R Health

Total A/R	June-26	July-26
Commercial	1,345,908.79	1,470,815.31
Medicaid	2,620,335.27	2,409,309.97
Medicare	2,255,059.05	2,026,746.23
Self-Pay	1,054,429.93	1,252,462.41
Government	382,245.98	423,231.33
Unbilled/Undistributed	271,405.00	367,737.38

GOAL: **55 Days**

June	July	
52.3	50.5	Ins Days
7.6	8.8	Self Pay Days
59.9	59.3	Total A/R

Roadblocks:

- Almost the sole root cause of increase in A/R days is Allied Health Employee accounts:
    - 485 Hospital accounts with outstanding claims totaling approximately $642,185 and
    - 277 PB accounts with an outstanding claims totaling approximately $90,752.
    - The payor ID has been corrected.

  We have finally been able to verify that Zelis issued the first payments on July 31st. We have not received any payments or documentation and Allied has failed to confirm details on where the payments were sent. Toni has been actively troubleshooting and engaged Paul to contact Zelis as of August 14th.
- Aetna Medicare: While this doesn't contribute to the increase in A/R days, it remains an overall A/R collection issue. 32 accounts with outstanding claims totaling approximately $100,000 have been appealed. At this point collectability is questionable. Aetna continues to deny and argue claims and documentation. Allotting additional time for discussion at the next Revenue Cycle Meeting.
- Humboldt County DA: The county has still failed to pay 48 aged accounts. Remy was contacted by analyst. Trubridge printed and mailed claims on 07/31/2026.
- TruBridge process update:
    - We have spent time and resources cross training. This allows us to have 3 HB focused billers and 2 focused PB billers. Accounts are being touched by last note to guarantee they are touched every 30 days. Denials are being worked daily. Supervisor is sending daily tasks.
    - Resolve A/R credit balances– A Medicare claim processing error created an additional load of approximately 500 phony credits that had to manually reversed. That slowed down efforts on valid credit balances. Should be on track next month. Focused effort decreased accounts with credit balances from $552K to $245K, a 48% decrease.
    - Review Bad Debt Workque: Reviewing daily as planned.

SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT
RESOLUTION 26:10

APPROVING SUBMISSON OF THE 2026 PROPOSAL FOR FUNDING FROM THE CALIFORNIA RURAL HEALTH TRANSFORMATION PROGRAM, WORKFORCE DEVELOPMENT GRANT

WHEREAS, funding from the Centers for Medicare and Medicaid Services (CMS) provided funds for the program shown above and delegated to California Department of Health Care Access and Information (HCAI) the responsibility for the administration of this grant program, establishing necessary procedures; and

WHEREAS, said procedures established by HCAI require a resolution certifying the approval of application(s) by the grant applicant's Governing Board before submission of said application(s) to the State; and

WHEREAS, per the guidelines of the grant program, the Southern Humboldt Community Healthcare District is a special district eligible for funding; and

WHEREAS, the Southern Humboldt Community Healthcare District intends to submit a Workforce Development Recruitment Retention (WDRR) Grant; and

WHEREAS, the Southern Humboldt Community Healthcare District, if selected, will enter into an agreement with the State of California to carry out the WDRR grant; and

WHEREAS, HCAI adopted a timeline indicating the full application is due August 31, 2026; and

WHEREAS, the Southern Humboldt Community Healthcare District will enter into a grant agreement with the State of California and be responsible for compiling and submitting all invoices and reporting documents, if awarded.

NOW, THEREFORE, BE IT RESOLVED, by the Southern Humboldt Community Healthcare District as follows:

1. The foregoing findings and recitals are true, correct, and incorporated herein.

2. Southern Humboldt Community Healthcare District is to serve as the lead applicant for the WDRR grant application due by August 31, 2026.

3. Southern Humboldt Community Healthcare District authorizes the CEO, or designee, as agent to conduct all negotiations, execute and submit all documents including, but not limited to applications, agreements, and payment requests and so on, which may be necessary for the grant.

APPROVED AND ADOPTED on this 27th day of August, 2026. I, the undersigned, hereby certify that the foregoing Resolution was duly adopted by the Southern Humboldt Community Healthcare District.

_____
Kevin Church, Board President
Southern Humboldt Community Healthcare District

SoHum Health

DEPARTMENT: Administration	Hire Date:	Page 1 of 2
Job Description: Chief Executive Officer	**Supervisor: The Governing Board**	

Classification: Exempt
Reports to: The Governing Board
Date: 08/12/2026

JOB DESCRIPTION

Summary/Objective

The Chief Executive Officer functions with authority from the District's Governing Board members. The CEO provides leadership, management, and assumes responsibility and accountability for the overall strategic planning of the District.

Essential Functions

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the job.

1. Strengthening Infrastructure and Operations
    a. Ensure the delivery of high quality consumer services while managing for current and future growth.
    b. Oversee the financial management of the organization, including long and short range financial planning to assure sustainability; increase revenue from public and private sources; ensure financial controls and present an annual budget to the Governing Board; provide regular budget statements and forecast analyses.
    c. Develop a skilled, knowledgeable, and diverse workforce capable of attaining short and long-term strategies.
    d. Support and motivate the staff; facilitate cross-department collaboration and strengthen internal communications with staff throughout the organization.
    e. Create and promote a diverse workforce and a positive environment that supports consistency throughout the organization's operations.
    f. Ensure that hiring practices are fair and equitable in accordance with all relevant policies, procedures, laws, and regulations (both state and federal).
2. Strategic Vision and Leadership
    a. Oversee the administration and management of the District to meet the mission of the organization to increase the number of insured residents, improve health care quality, and support healthcare reform in California.
    b. Cultivate a strong and transparent relationship with the District's Governing Board and its Committees to meet the obligations and effective governance of the organization as defined in the enabling legislation.

   c. Establish and direct the organization's annual strategic agenda; coordinate the development of new initiatives.
   d. Provide organizational leadership and guide senior managers responsible for departmental activities toward attainment of strategic goals and objectives.
   e. Develop and maintain positive relationships and active communication with stakeholders and partners working with the District to meet its mission and support common goals.
3. Organizational Development
   a. Serve as the main spokesperson for the organization through media releases, conference presentations, town hall meetings, seminars and conferences and other opportunities for communicating the activities, goals, and successes of the District locally and nationwide.
   b. Increase and encourage employee opportunities for development and advancement.
   c. Promote awareness of the need for healthcare and healthcare insurance in order to build a more educated public.
4. Program Development
   a. Assure well-planned and timely delivery of programs through new and existing staff and external partnerships.
   b. Develop and implement standardized policies, procedures, and plans to provide consistent guidance to staff.
   c. Effectively communicate annual and long-range organizational goals to managers and staff to attain quality results and success in meeting objectives.
5. Reporting to the Governing Board
   a. Ensure the Board Packet for irregular and special Board meetings is complete and accurate, including materials presented to the Board for review and/or approval.
   b. Keep the Board informed of all significant risks, changes, and incidents that substantially effect the District and Community.
   c. Keeps the Board informed when traveling outside of the District.

Competencies

1. **Strategic Planning:** Set long-term goals for growth, facility updates, and community health programs.
2. **Financial Management:** Oversee budgets, control costs, and approve large investments or service cutbacks.
3. **Executive Leadership:** Direct and support other top leaders/administration.
4. **Regulatory Compliance:** Make sure the hospital follows state, federal, and accreditation rules.
5. **Community Relations:** Build partnerships with local groups, donors, and other healthcare networks

Supervisory Responsibility
This position has supervisory responsibility over the following:

- Administration (COO, CFO, CNO, Business Development)
- Human Resources

Work Environment
This position works in an office environment which includes, but is not limited to, the use of phones, cell phones, laptops, computers, etc.

Physical Abilities/Requirements
The physical demands described here are representative of those required of an employee to perform the essential functions of this job successfully.

- Prolonged periods sitting at a desk and working on a computer.
- Must be able to lift up to 15 pounds at times.
- Able to travel as needed.

Position Type/Expected Hours of Work
This is a full-time, exempt position with expected work hours of Monday through Friday, 8:30 AM – 5 PM. Some weekend and late-night work may be expected.

Travel
Though travel is primarily local during the business day, some overnight travel and out-of-area travel is expected.

Required Education and Experience
Bachelor's degree in Healthcare Administration or other related field.
10+ years of overall professional experience.
Knowledge of insurance and the healthcare industry.

Preferred Education and Experience
Master's degree in Healthcare Administration or other related field.
15+ years of overall professional experience.
3+ years of experience as a CEO.

Work Authorization
Must be authorized to work in the country.

Other Duties
This job description is not intended to be a comprehensive listing of all activities, duties, or responsibilities required of the employee in this role. Duties, obligations, and activities are subject to change at any time, with or without notice.

Signatures
I have reviewed these job descriptions and requirements and verified that I can perform the minimum requirements and essential functions of this position.

Employee Name: _____

Signature: _____

Date: _____

Supervisor Name: _____

Signature: _____

Date: _____