

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on September 30, 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, August 27, 2026
2. SHCHD New and Updated Policies
 - Radiology –**
 - a. Negative and Benign Mammogram Reports - Revised
 - ED –**
 - b. Naloxone Distribution and Administration – Annual Review
 - Dietary –**
 - c. Food Preparation and Storage – Annual Review
 - d. Patient Meal Service – Annual Review
 - e. Nutrition Risk Screening and Assessment for Acute, Swing Bed, and SNF Patients – Annual Review
 - SNF**
 - f. Resident Outdoor Access and Weather Safety Determination – Annual Review
 - Engineering**
 - g. Emergency Contact List – Annual Review
 - Outreach**
 - h. Managing Social Media Presence – Annual Review
 - HR**
 - i. Smoke Free – Annual Review
 - Materials**
 - j. Materials Approval Process – Annual Review
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

Approval of Consent Agenda

H. Last Action Items for Discussion

1. Approval of Medical Staff Bylaw Revisions – Changes in progress
2. CEO Job Description

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

J. Administrator’s Report – Matt Rees, CEO

- 47 - 52
53 - 64
1. Department Updates
 - a. Milestones - Strategic Plan
 - b. September Employee Anniversaries
 - 1 Year: Policy Coordinator Wendy Kornberg, Quality Analyst Charlee Clausen, and LVN Rose McClure
 - 5 Years: Executive Assistant Darrin Guerra, PFS Lead Dustin Cunningham, and RN Bill Bosner
 - 29 years Years: Linda Candiotti
 - c. CNO Report – Adela Yanez – See Report
 - d. Approval of August Financials – See Report
 - e. Family Resource Center – Amy Terrones – Mar and Oct - None

K. Old Business

1. IT Integrity Committee

L. New Business

- 65 - 66
67 - 68
69 - 80
81
1. Resolution 26:11 - AUTHORIZING COMMENCEMENT OF PROCEEDINGS IN CONNECTION WITH THE PROPOSED ISSUANCE OF REVENUE BONDS OF UP TO \$10 MILLION
 2. Approval of Ordinance 26:01 APPROVING A FORMAL AGREEMENT FOR THE SALE OF REVENUE BONDS
 3. Approval of the Bond Purchase Agreement
 4. Resolution 26:12 ADOPTING THE HUMBOLDT COUNTY, CA, MULTI-JURISDICTIONAL HAZARD MITIGATION PLAN 2025

M. Parking Lot -None

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, October 8, 2026, at 12:30 p.m.
2. Policy Development Committee – Tuesday, October 13, 2026, at 10 a.m.
3. QAPI Meeting – Wednesday, October 14, 2026, at 1 p.m.
4. Finance Committee – Friday, October 23, 2026, at 10 a.m.

5. Governing Board Meeting – Thursday, October 29, at 1:30

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. – 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. Ishimitsu, David, MD - Reappointment as Active status in Teleradiology -Diagnostic Radiology privileges from October 1, 2026 to September 30, 2028.
 - b. Chatham, James, MD - Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges from October 1, 2026 to September 30, 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

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality and Compliance Officer
<i>EMR/EHR</i>	Electronic Medical Record/Electronic Health Record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification

Governing Board Meeting Agenda

September 30 2026

Page 5 of 5

<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine	<i>Resident</i>	Patients Residing in the Skilled Nursing Facility

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

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

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

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

**Times are estimated*

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

Posted September 25, 2026

Governing Board

Date: August 27, 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, Yvonne Hendrix, Corinne Stromstad, and Galen Latsko.

Not Present: Chris Schille

Also in person: Administrative Assistant Darrin Guerra, CEO Matt Rees, COO Kent Scown and CFO Paul Eves

Also via Webex: CQCO Kristen Rees, Chief of Staff Dr. Raisonni, HR Manager Season Bradley-Koskinen, HIM Manager Remy Quinn, Kana Voelckers, Nick Vogel, Outreach Manager Chelsea Brown, Pharmacist Christina Babowski, CNO Adela Yanez, Business Development Director Ryan Staples, and IT Director Jason Dokins

A. Call to Order – Board President Kevin Church called the meeting to order at 1:35 pm.

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

C. Approval of the Agenda

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

D. Public Comment on Non-Agendized Items

1. The Board received a public comment about the current Redwood Drive project. It was acknowledged that there had been rumors around the public about the building's roof falling apart and the building being red-tagged. Though they acknowledge these claims are unfounded, they do not support the project.

E. Board Member Comments

1. The Board would like to receive a monthly report on how our current providers are performing in the clinic, including the number of patients seen, open charts, etc. A report for August will be brought to the September Board meeting.

F. Announcements

G. Approval of Consent Agenda

1. Approval of Previous Minutes
 - a. Governing Board Meeting, July 30, 2026
 - b. Special Governing Board Meeting, July 30, 2026
 - c. Special Governing Board Meeting, August 10, 2026
2. SHCHD New and Updated Policies - See Supplemental Packet
 - Outreach
 - a. Use of Personal Social Media Accounts – Revised
 - Engineering
 - b. Patient Safety Plans - Retirement
3. Quarterly Reports - (Feb, May, Aug, Nov) -
 - a. Human Resources – Season Bradley Koskinen, HR Manager -See Report
 - b. Foundation – Chelsea Brown, Outreach Manager – See Report
 - c. Operations – Kent Scown, Chief Operations Officer – See Report

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

H. Last Action Items for Discussion

1. Approval of Medical Staff Bylaw Revisions
 - a. The Medical Staff Bylaws are currently being updated and are expected to have final

review in the November Board Meeting.

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 some of the happenings of the District. CDPH recently accepted our plan of correction from our most recent survey; we had been waiting for this specific survey for over 5 years. We are currently working to partner with a few other facilities in California to ensure we receive the appropriate funding from the new Rural Health Transformation Funds, which will be distributed in the coming months. Every year, the North Coast Journal hosts the Best of Humboldt competition. Our Pharmacy won Best Pharmacy, and Dr. Raisonni, our Chief of Staff, won Best Physician. At this time, a member of the public suggested that we reach out to local news sources to spread the word of our success and the wins that we achieve throughout the year, on Kim Kemp or the Lost Coast Outpost.

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

d. Approval of July Financials – See Report

- i. During the Finance Committee, it was pointed out that there was a discrepancy in the AR from the month-end report and the narrative. After a discussion between Tru Bridge and Remy, it was discovered that this error resulted from how the report was generated in our system. They will work to ensure this error does not recur.

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

Motion: Galen Latsko motioned to approve the July Financials

Second: Yvonne Hendrix

Ayes: Galen Latsko, Corinne Stromstad, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: Christopher Schille

Motion Carried

K. Old Business - None

L. New Business

1. Resolution 26:10 Approval to apply for the HCAI California Rural Health Transformation Program's Workforce Development Grant of up to \$1 Million
 - a. For the Facility to apply for this Grant with HCAI, they require Board approval.

Motion: Yvonne Hendrix motioned to approve Resolution 26:10
Second: Galen Latsko
Ayes: Galen Latsko, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Christopher Schille
Motion Carried

2. Approval of the CEO Job Description
 - a. The Board requested to have this item brought back to the next Board Meeting
3. IT Integrity Committee
 - a. The Governing Board elected Chris and Galen to this committee. They will decide on their meeting schedule at the next meeting.

M. Parking Lot - None

N. Meeting Evaluation – “It was great”

O. New Action Items

1. CEO Job Description
2. IT Integrity Committee

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 – Friday, September 25, 2026, at 10:00 a.m.
5. Governing Board Meeting – Wednesday, September 30, at 1:30 p.m.

Q. Closed Session

1. Closed Session opened at 2:29
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. – See Report
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. CEO Matt Rees

R. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session at 2:49 p.m.

1. Action Items to Report in Open Session

Motion: Yvonne Hendrix motioned to approve all Medical Staff Appointments (Agenda item/s Q. 5. a–b.)

Second: Galen Latsko

Ayes: Galen Latsko, Corinne Stromstad, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: Chris Schille

Motion Carried

T. Kevin Church Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR/EHR</i>	Electronic Medical Record Electronic Health Record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health

Governing Board Meeting Minutes

August 27, 2026

Page 6 of 6

<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

**SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT
RESOLUTION 26:10**

**APPROVING SUBMISSION 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

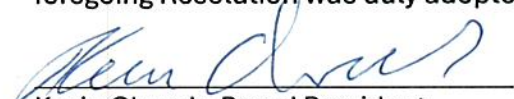
WHEREAS, HCAI adopted a timeline indicating the full application is due August 31, 2026; and

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

Subject: Negative/Benign Mammogram Reports	Manual: Mammography
---	--------------------------------------

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD” or “District”) to ensure that all patients shall receive a written notification of the results of their mammogram in a timely manner.

PROCEDURE:

1. Patients shall be instructed to self-address an envelope at the time of their mammography appointment.
2. The envelope shall be used to mail the patient their negative BI-RADS (category 1, 2 or 3) results letter. All reports will contain information about the patient’s breast density. All reports shall be mailed within 30 days of the date of examination.
3. Negative/benign (category 1 or 2) mammography interval is generally one year. Interval for follow-up for “Probably Benign” BI-RADS category 3 is generally 6 months but shall be determined by the Radiologist’s recommendation.

DEFINITIONS:

None

Subject: Naloxone Distribution and Administration Policy	Manual: Emergency Department
---	---

PURPOSE:

The purpose of this policy is to delineate the processes on the distribution, administration, and patient education of naloxone, including making naloxone available to patients and community members to take with them in the form of a take-home naloxone kit.

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to reduce opioid-related overdose deaths by increasing access to naloxone (Narcan) for patients and community members at risk of opioid overdose, and to support prevention through education and outreach. The Emergency Department (ED) will identify patients at risk for opioid overdose and provide naloxone, education, and referral to treatment services when appropriate. The ED will provide community education and distribute Narcan at community events.

Southern Humboldt Community Healthcare District participates in the California Department of Health Care Services (DHCS) Naloxone Distribution Project (NDP) and complies with all program requirements for storage, tracking, reporting, and responsible distribution.

DEFINITIONS:

Naloxone: a life-saving rescue medication that rapidly reverses opioid overdoses (such as heroin, fentanyl, or prescription painkillers). As an opioid antagonist, it blocks opioid receptors in the brain, restoring normal breathing within minutes. It is safe, cannot be abused, and is harmless if given to someone without opioids in their system.

Pyxis: an automated medication dispensing system in modern hospitals.

PROCEDURE:

Naloxone received through the NDP is stored in Outreach and naloxone eligible for billing is stored in Pyxis. Naloxone received through the program is clearly labeled as program inventory (not billable to insurance) and stored separately from general pharmacy inventory. Outreach will receive, label and store non-billable naloxone.

Secure storage is maintained within Outreach with a small amount available in the emergency department, to be replenished as needed. Outreach maintains a log of inventory leaving storage site. The ED maintains an inventory log including the quantity received, the quantity distributed, and the lot numbers and expiration dates.

All naloxone dispensing is recorded, and the ED maintains a manual inventory log as well as in the patient's discharge note when dispensed during an ED visit. ED staff will also maintain an electronic log of naloxone dispensing, updated from the manual log monthly.

The ED documents in the discharge summary that naloxone was administered and education/resources were provided. Records of overdose reversals are maintained, as well as naloxone inventory and distribution.

The District prioritizes ED patients at high risk of overdose. SoHum Health expands access to naloxone take-home kits through community events, school-based education (e.g., high school presentations), and public health outreach efforts. Collaboration with nursing staff integrates distribution and education initiatives. SoHum Health supports expanding naloxone access beyond the ED through community distribution events, educational presentations led by nursing staff, and partnerships with local schools and organizations. These efforts aim to increase awareness of overdose prevention, train community members in naloxone use, and reduce the stigma associated with substance use disorder.

Take-home naloxone kits and education will be distributed to patients using the following procedure:

1. Emergency department (ED) staff identifies patients at increased risk of opioid overdose, including diagnosed opioid use disorder (OUD), history of prior overdose, presentation with overdose symptoms, injection drug use or related complications (e.g., soft tissue infections) or high-dose opioid prescriptions or concurrent sedative use.
2. Naloxone is offered to identified high-risk patients prior to discharge unless contraindicated. Naloxone may be dispensed by pharmacists or trained ED staff. Distribution may include direct patient dispensing, distribution to family member or caregivers, or community-based education and distribution events.
3. Patients and caregivers, when applicable, receive education on overdose and naloxone use, including recognizing signs of opioid overdose such as unresponsiveness or slow or absent breathing, proper naloxone administration, the importance of calling 911 after administration, the risk of recurrent overdoses after naloxone wears off (30-90 minutes), and referral to addiction treatment and harm reduction resources.

The following opioid overdose protocol is given to patients, caregivers, or others receiving a take-home naloxone kit.

1. Overdose evaluation is conducted. Indications of overdose can include unresponsiveness, slow or absent breathing, and cyanosis or pinpoint pupils.
2. Intranasal naloxone of 4mg or 8mg is administered, following manufacturer instructions
3. If there is no response after 2-3 minutes, a second dose is given using a new device.
4. Emergency services are contacted after administration of naloxone when outside of the hospital settings.
5. The person experiencing an overdose is monitored for airway, breathing, and circulation. Monitoring will continue until Emergency Service Personnel assume care as overdose symptoms return after naloxone wears off.

Subject: Food Preparation and Storage	Manual: Dietary
--	----------------------------------

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD,” “District,” “SoHum Health”) to prepare and store food in a safe manner and to store chemicals and other toxic substances separately from food according to recognized standards for food handling.

DEFINITIONS:

Potentially hazardous foods: food items that require time and/or temperature control for safety to limit pathogenic microorganism growth or toxin formation.

First In, First Out (FIFO): is a method for inventory management that prioritizes using older foods or supplies before moving past their use-by dates.

PROCEDURE:**Food Preparations**

Food is prepared to retain nutritional value, flavor, appearance, and absence of bacteria associated with food borne illness. Food will be stored, prepared, distributed, and served ~~food~~ in accordance with professional standards for service safety.

Foods will be prepared according to patient’s diet order, recommendations from Registered Dietitian, and dietary staff following menus/recipes approved by Registered Dietitian.

Vegetables are prepared in as little water as is practical to retain nutrients and color.

All meats are cooked to the recommended safe temperature to prevent food borne illness.

All produce is thoroughly washed under cold running water and inspected for dirt and insects prior to use.

Eggs are not served raw or undercooked unless pasteurized eggs are being used. If a resident is requesting an undercooked preparation of unpasteurized eggs, then dietary will provide education on the food safety risks and obtain a signed waiver form.

Temperatures of all potentially hazardous foods are recorded at the time of service.

Temperatures of all refrigeration units are recorded in the morning and afternoon, daily.

No potentially hazardous food shall be in the danger zone of 41°F to 140°F for longer than a total of four hours including delivery, processing, and service time. As a practical means, no potentially hazardous food should sit at room temperature for longer than 45

minutes during preparation and service. Any questionable foods will be discarded.

All foods brought to patients or residents from home by family or visitors must meet the same storage and handling specifications as foods being prepared by the dietary department staff. Foods must be marked with the patient's name, date and time of arrival and must be disposed of after 24 hours if not consumed. These food items must only be stored in resident refrigerator (if perishable) or resident kitchen.

Food storage areas are clean at all times.

Food Storage

Receiving

All food delivered is checked against the delivery slip. Food is checked for correct quantity, quality, and sanitation of the containers.

If unacceptable, the product is returned at the time of delivery.

Dry Storage:

Food is arranged in dry storage according to groups, i.e., vegetables, fruits, dry products, seasonings, etc.

All groceries are stocked on the shelves according to FIFO (First In, First Out). New items are always placed behind the older product. All labels are facing forward. All cans are dated when they are received to facilitate this process.

Flour, sugar and dry bulk products are stored in plastic containers with tight fitting lids to prevent insect and rodent contamination. All containers are labeled with product name, and date the container was filled on the container, not the lid. The containers are washed and sanitized prior to refilling.

Bread will be stored in freezer or dry storage areas. Bread is to be used within 7 days of open/defrost date.

All products are stored away from the walls, a minimum of 6" off the floor.

All dry products are dated when they are opened and stored in closed containers.

The heaviest items should be stored on the middle shelves to prevent back injury when lifting.

Refrigerated Storage:

All refrigerated units must have a working thermometer.

All refrigerators will operate at or below 41° F. Temperatures are recorded during the AM and PM shifts. To ensure the thermometer in the refrigerator is accurate, the temperature of the milk will be taken every morning and recorded. The temperature of the milk must be 41° F or below. If an inappropriate temperature is found, it is immediately reported to maintenance.

All freezers will operate at 0°F or below. Temperatures are recorded during the AM and PM shifts. Inappropriate temperatures are immediately reported to maintenance.

The doors of the refrigeration units must be securely closed as soon as possible after opening to maintain appropriate temperatures.

All refrigerated and frozen foods are rotated according to FIFO (First In, First Out).

Foods must be stored and packed loosely to maximize the air circulation within the unit.

Heaviest items should be stored on the middle shelves to prevent back injury when lifting.

All foods must be covered and dated and identified if not in the original packaging.

Pointers for the Storage of Certain Foods

Dairy:

Cheese must be tightly wrapped to prevent drying and dated when opened. It must be inspected for mold regularly, and discarded if any mold is present or if it has reached the expiration date.

Milk should be stored in original carton, except when poured into glasses for service to patients. Cartons will be dated when opened and discarded in 7 days. Unopened cartons will be disposed of on expiration date.

Yogurts, cottage cheese, and other similar products will be dated when opened and discarded on the expiration date. Cottage cheese should be checked for freshness every time it is served.

Eggs:

Eggs must be stored in the original carton.

Eggs must be refrigerated and used by the expiration date on the package.

Eggs must not be stored above any food. A cracked raw egg could contaminate, i.e., any food to be served raw or the outside of a container.

Fruits and Vegetables:

Cases of fruits and vegetables are generally heavy and should be stored on the lower shelves.

Fruits and vegetables need to be in sealed containers to avoid rapid decline in quality and nutrients contents.

Meats:

Meats should be loosely wrapped and stored on the lowest shelves to prevent contamination of other food products with dripping blood.

Foods With Best By/Expiration Dates:

- Best By Dates:
 - Best By dates are the manufacturer's quality assurance date and are not an indicator of food safety. Therefore, foods do not need to be discarded after the date has passed unless there is an apparent change of quality (i.e., discolored, texture change, bad odor, off taste, etc.).
 - Expiration Dates: Foods that have an expiration date shall be discarded after the specified date.
- Freezing, Thawing and Refreezing Food Products:
 - Previously frozen meat that has been thawed is never refrozen unless it has ice crystals on the outside or has been cooked.
 - Shellfish and fish are never refrozen.
 - Precooked foods should never be refrozen after they are defrosted.
 - All meats must be thawed in the refrigerator on the bottom shelf. If necessary, defrosting under cold running potable water is acceptable.

Acceptable Storage Times for Refrigerated Products:

▪ Leftover cooked meats	3 days
▪ Leftover cooked poultry	3 days
▪ Raw meats	3 days
▪ Raw fish	1-2 days
▪ Gravies	3 days
▪ Leftover canned fruit	3 days
▪ Cut fresh fruit	7 days
▪ Leftover cooked vegetables	3 days
▪ Puddings, custards	3 days
▪ Protein or potato salads made on site	2 days
▪ Commercial potato salad	5 days
▪ Fruit juices	7 days
▪ Jello	5 days
▪ Cold cuts, deli meats, hot dogs	3-5 days of opening
package	
▪ Milk, yogurt, cottage cheese	7 days
▪ Feta cheese, Brie	7 days of opening package
▪ Condiments: catsup, mustard,	
bottled salad dressing, pickles	4 months
▪ Frozen leftovers	30 days

**All leftovers must be clearly labeled with product name and date prepared.
Product must be in a plastic container with a tight-fitting lid, or securely wrapped.**

Chemicals and Non-Food Items

Chemicals and non-food items and storage of chemicals and other toxic substances is separate from food to ensure that contaminants are not accidentally mixed with food, resulting in food borne illness.

Pesticides will not be stored in the kitchen.

Only those poisonous and toxic chemicals that are required to maintain sanitation in the kitchen will be stored in dietary.

Dish-washing and cleaning chemicals will be stored in the cabinet or on the shelf in the dish room.

All cleaning chemicals will be stored separately from food, including unopened containers.

All containers of poisonous or toxic materials will be stored in original containers with prominent labels for easy identification.

Bactericides, cleaning compounds, or other compounds intended for use of food contact surfaces will be used in accordance with manufacturers' instructions, and in a manner that does not constitute a hazard to patients or employees.

Paper goods will be stored on separate shelves from food.

Employee's clothing and coats will not be stored on shelves containing food.

Dietary department manager will ensure that all hazardous chemicals and employee clothing is stored appropriately.

Department will maintain Safety Data Sheets (SDS) on all hazardous chemicals. These will be stored in a place that is accessible to all employees. All new employees will be instructed of the availability and use of SDS.

Dietary department manager is responsible for securing SDS on all new chemicals introduced to the department, and the education of all dietary employees as to use and safety precautions.

A container previously used to store poisonous or toxic materials may not be used to store, transport, or dispense food. All cleaning/sanitizing buckets will be clearly marked for use.

Subject: Patient Meal Service	Manual: Dietary
--	----------------------------------

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD” or “District”) that all patients and residents will be served nutritionally adequate meals and optional nourishments daily as part of the nutritional care. As possible, their preference and cultural considerations will be incorporated into the menu. Meal timing follows regulation guidelines.

DEFINITIONS:

Dietary reference intakes (DRIs): a set of scientifically developed reference values for nutrients.

PROCEDURE:

The approved diet manual for the Southern Humboldt Community Healthcare District (SHCHD) is the Nutricopia Food and Nutrition Services Diet Manual. This manual is reviewed annually and revised at least every 5 years. It is to be used as a guide for physicians/mid-level providers to order diets, and the dietary department will use it as a guide to serve therapeutic diets.

Non-Specific Diet Orders:

Diet orders must be specific and complete.

The following orders are not specific, and will be interpreted as follows:

- “Liquid” will be interpreted as “Full Liquid”.
- “Low Sodium” or “Low Salt” will be interpreted as “NAS (no added salt)”.
- “Puree” will be interpreted as IDDSI Level 4 Pureed , without the thickened products/liquids.
- “As Tolerated” will be interpreted as “regular”, patient will receive communication from dietary staff/nursing staff to determine preferences.
- “Renal Diet” will be interpreted as “80 grams protein, 2 grams potassium, 2 grams sodium”. This is appropriate for mild renal failure. For severe renal disease or a long-term care resident, physician must contact nephrology for a tailored diet.

Orders for Enteral Feedings:

A commercial product for tube feeding is used for all patients/residents. All orders for enteral feeding must include the total calories, concentration, product to be used, delivery method, and a feeding schedule. The Registered Dietitian (RD) is to be immediately notified of any new tube feeding.

Meal/Nourishment Times and Ordered/Offered Nourishments between meals:

Meals will be planned with no more than 14 hours between a substantial evening meal and breakfast.

Meals will be served at:

- Breakfast 0730
- Lunch 1200
- Dinner 1730
- Nourishments: 1000, 1500, and 2000

Patients without specific nourishment orders will be offered a variety of choices for between meal snacks/nourishments upon request from patient/resident. Food choices of patient/resident will be honored unless counter ordered by physician.

Physician orders for between meal snacks/nourishments will be handled as a diet order. Licensed nursing staff, the RD and Certified Dietary Manager (CDM) can order specific snacks/nourishments for patients/residents provided it is allowable within physician diet order. This includes products such as Health Shakes (a high calorie, vitamin/mineral enriched beverage).

The order/requested nourishments/snacks will be posted in kitchen on Nourishment List Form.

Food items will be maintained/stocked in resident kitchen/refrigerator available for patients/residents upon request.

Resident refrigerator will be checked daily by dietary staff to remove leftover snacks, check for compliance of labeling and dating of patient food items by nursing staff and daily temperature check. Any food items left in refrigerator not dated or labeled correctly or outdated will be discarded immediately.

Menu Development:

Our menus are provided by Nutricopia/Nutrition Ink and consist of four menu cycles with each cycle consisting of four weeks, changing with the seasons of Spring, Summer, Fall and Winter. The non-selective menus are written by Nutricopia/Nutrition Ink to meet the Daily Reference Intakes (DRIs) for an adult male and follow the Dietary Guidelines for Americans and Food Guide Pyramid. The menu for the regular diet meets the DRIs for all nutrients except iron for females age 11-50 and calcium for adults over the age of 50. Facility consultant RD will review Nutricopia/Nutrition Ink Nutritional Analysis of menus at the beginning of each seasonal menu cycle and sign menu approval form. Any identified diet order types that do not meet at least 90% of DRI will have additional food items added, such as snacks, or the RD will seek an MD order for the addition of vitamins and/or mineral supplements.

~~Any identified diet order types that do not meet at least 90% of DRI will have additional food items added such as snacks, or RD will seek a MD order for addition fo vitamins and/or mineral supplements.~~

The current week's menu is dated and posted in the kitchen, as well as on the Skilled Nursing Facility (SNF) Bulletin Board. All menus are retained for one year after service.

Residents/patients are allowed to call dietary department's extension to request food substitutions and snacks. Patient/resident preferences will be honored unless counter ordered by the physician.

Coffee will be served to residents/patients upon request only.

Menu Changes:

Menu changes are made only due to unavoidable circumstances such as food delivery failure. The RD or CDM will approve all menu changes and document the change and initials on the current dated menu. The RD will be contacted if there are questions as to how to modify the change for the therapeutic diets. The RD will review the changes at the regular visits. The RD will review the menu substitution log at each visit and sign/approve substitutions requested by patients/residents.

The CDM is responsible for developing the holiday and special event menus. If a patient receiving medical nutrition therapy does not have a physician order allowing him/her to eat foods not included in their diet prescription, and there are questions about the appropriate modification, the RD will be contacted. The RD will review the menu of such events periodically.

The CDM is responsible for obtaining all of the food to meet the menu requirements.

Standardized recipes are used to prepare all menu items. Recipes are provided by Nutricopia/Nutrition Ink.

Recipes:

The RD will assure that standardized recipes to prepare the menus are available. The cooks will know where to locate the needed recipes and will follow the recipe exactly. Any needed changes to the written recipe will be discussed with the CDM and/or the RD prior to making the change.

Food Preparation:

Food will be prepared to conserve the nutritive value of the food.

Cooks will taste all foods before they leave the department, using the approved method for taste testing: a clean spoon will be used to dish a small amount of the food into a clean dish. The cook will step away from the cooking area and taste the food. The dish and the spoon will be taken to the dish room immediately.

Employees will follow all sanitation guidelines when preparing and handling foods. All sanitation policies and procedures will be followed during the preparation and service of food.

Preparation of hot foods will be timed so the cooking process is completed within 15 minutes of service.

All patients/residents are served on trays using the heat maintenance system. Cold beverages will be the last items placed on the tray, as the temperature is not maintained by insulated ware. Tray appearance should always be carefully arranged, neatly and artistically. Patients are more apt to consume the meal if it has an appealing appearance and aroma.

Resident/Patient food preferences will be honored as much as is reasonable within the diet order, financial restraints, time restraints, and availability. It is the general guideline of this facility that residents/patients are better nourished if allowed to have favorite foods.

Dietary employees are provided one meal for themselves while on duty.

Adaptive Equipment:

Residents and patients will be provided with adaptive equipment to help retain their ability to feed themselves, and to ensure that the resident's independence is maintained for as long as possible. Dietary will maintain a variety of adaptive silverware, plate guards, and cups. If a resident/patient is having difficulty consuming the meal with the usual tableware, nursing will evaluate the need and request the adaptive equipment. All adaptive equipment will be washed and sanitized by the dietary staff after every use.

Infant and Tube Feeding Formulas:

Infant and tube feeding formulas are the responsibility of the nursing staff. The nursing staff will provide the infant and tube feeding formulas by ordering via Materials Management.

Subject: Nutrition Risk Screening and Assessment for Acute, Swing Bed and SNF Patients	Manual: Dietary
---	----------------------------------

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to ensure Acute, Swing Bed and Skilled Nursing Facility patients, coming from outside this facility, will have their nutritional status screened upon admission to determine nutritional risk and the need for nutritional care and monitoring. The assessment will be repeated as needed based on any change in condition. Patients are to receive adequate nutrition support while hospitalized to attain or maintain the patient’s highest feasible nutrition status.

DEFINITIONS:

SOAP: Subjective, objective, assessment, plan

ADIME: Assessment, diagnosis, intervention, monitoring, evaluation

Nutrition risk: A health problem, medical condition, diet deficiency, or other issue that can affect the health of a patient.

PROCEDURE:

Initial Assessment:

1. All admitted patients will be referred to a Registered Dietitian (RD) either by a licensed nurse or the dietary manager.
2. A nutrition assessment will be completed by a RD as follows:
 - a. All SNF patients will have a nutrition assessment completed within one week from admission.
 - b. Low nutrition risk acute and swing bed patients will have a nutrition assessment completed within one week of admission.
 - c. For acute and swing bed patients that are identified at malnutrition risk, a nutrition assessment will be completed within three days of admission.
 - a. RD is notified of malnutrition risk by consults, nursing nutrition screening, or pt has any of the following on admission: getting nutrition via enteral (tube feeding), getting dysphagia modified diet texture or thickened liquids, has stage 2 or higher level pressure injury, has chronic non-healing wound, has altered GI function such as Irritable bowel disease (IBD), has a BMI under 18.5.
3. The Nutrition Assessment will be documented in the electronic medical record by using a note format of SOAP or ADIME, focusing on nutrition related components for documentations of the comprehensive nutrition assessment of an individual. Nutrition assessment will minimally include objective data, nutritional assessment, and nutrition interventions or recommendations. RD or nursing will communicate the dietary recommendations to physician.

4. Dietary Staff can visit patients for food preferences and honor requests that comply with the physician diet order.

Reassessment

1. Nutritional screening reassessment will occur at least every 3 months for stable patients.
2. The RD will reassess patients within 1 week of consultation or change of patient's status, and acute or swing bed patients within 3 days of consultation or change of patient's status. Consultation could be triggered by any of the following:
 - The priority level has changed
 - If the patient is consuming less than 50% of food offered for 5 or more days
 - If the patient is consuming less than 75% of food offered for 7 days or less than 75% of food offered for 1 or more months
 - If there is significant weight loss defined as loss of 1-2% body weight in 7 days, 5% body weight in 1 month, 7.5% body weight in 3 months, or 10% body weight in 6 months
 - If there is severe weight loss defined as loss of more than 2% body weight in 7 days, more than 5% body weight in 1 month, more than 7.5% body weight in 3 months, or more than 10% body weight in 6 months
 - If patient has been changed to liquids or NPO from a solid diet
 - If patient has a new NG tube
 - If patient develops a pressure ulcer.
3. Acute or Swing Bed patients that are identified as malnourished or at high risk for malnutrition will be reassessed every 3-5 days and those identified as at moderate risk for malnutrition will be reassessed every 7-10 days.

Physicians, licensed nurses, and dietary staff are encouraged to contact the RD with any nutritional concern about a patient.

Estimated Nutrition Needs guidelines for patients with malnutrition risk are as follows:

1. Patients on dysphagia modified diet with thickened liquids would benefit from thickened oral nutrition supplementation at least 2 times per day or snacks between meals that pt prefers and meets the diet consistency restrictions.
2. Patients with pressure injury of stage 2 or higher would benefit from 30-35 kcal/kg for malnourished or at risk for malnutrition, 35-40 kcal/kg for patients actively losing weight, and 1.25 – 1.5 gm protein/kg for malnutrition or at risk for malnutrition. These guidelines can be adjusted for weight changes or level of obesity. Offering oral nutrition supplements with meals would assist to meeting higher calorie and protein needs.
3. Patients with chronic non healing wounds higher would benefit from 30-35 kcal/kg and 1.25 – 1.5 gm protein/kg. These guidelines can be adjusted for weight changes or level of obesity.
4. Patients with altered GI function such as IBD would benefit form energy needs based off BMI status. BMI less than 15 recommend 36-45kcal/kg; 15-19 BMI recommend 31-35kcal/kg; 20-29 BMI recommend 26-30kcal/kg; 30 or higher BMI recommend 15-25 kcal/kg. Protein needs of 1.0-1.5gm pro/kg.

5. Patients with BMI under 18.5 would benefit from oral nutrition supplements or snacks between meals that pt prefers for additional calories and protein.

Subject: Resident Outdoor Access and Weather Safety Determination	Manual: Skilled Nursing Facility
--	---

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide guidance for resident right to reasonable access to outdoor areas. The facility may implement temporary safety restrictions when outdoor conditions pose a significant and immediate health risk. Safety restrictions will be individualized, clinically justified, time-limited, documented, and the least restrictive possible. The facility shall not override resident rights solely for convenience or staffing limitations.

DEFINITIONS:

Unsafe Weather Conditions: conditions that include:

- Heat index greater than 95 degrees F
- Wind chill less than 20 degrees F
- Air Quality Index greater than 150
- Severe storm warnings
- Ice accumulation creating fall hazards
- Smoke advisories
- Lightening alerts

High Risk Clinical Conditions: conditions that include:

- Oxygen dependence
- Advanced CHF/COPD
- Heat/Cold intolerance
- Impaired thermoregulation
- Anticoagulation with high fall risk
- Severe cognitive impairment affecting safety awareness

PROCEDURE:

1. Immediate Safety Screen
 - a. Nurse assesses:
 - Resident Request
 - Current weather data
 - Resident clinical status
 - Cognitive capacity
2. Capacity Determination
 - a. Determine whether resident:
 - Has decision making capacity specific to outdoor risk

- Understands risks/benefits
- Can verbalize consequences

If capacity intact → Proceed to informed risk discussion.

If capacity impaired → initiate safety override process.

3. Least Restrictive Alternative

a. Before denying outdoor access, consider:

- Supervised outing
- Time-limited exposure (5-10 minutes)
- Alternative shaded/covered area
- Additional clothing/blankets
- Portable oxygen adjustments
- Adjusted time of day

b. Document alternative offered

4. Temporary Restriction Criteria

a. Outdoor access may be restricted when:

- Immediate risk of serious harm exists
- Resident lacks capacity to understand risk
- NO safe alternative is available
- Provider notified (if clinically indicated)

b. Restriction must:

- Be reviewed daily
- Be care planned
- Be removed once conditions improve

5. Documentation Requirements

a. Nursing must document

- Resident request
- Weather conditions
- Assessment findings
- Capacity determination
- Alternative offered
- Resident response
- MD notification (if required)
- Care plan update

6. IDT Review

a. If restriction exceeds 24 hours:

- IDT review required
- Family notification (if appropriate)
- Care plan undated with time limited goal

Outdoor Access Safety Assessment:

Resident Name: _____

Date/Time: _____

Weather Condition:

Heat Index: _____ Degrees in F

Wind Chill: _____

Air Quality Index: _____

Storm advisory: _____

Ice/Fall Hazard: _____

Clinical Risk Factors:

_____ Oxygen Dependent: Y/N

_____ CHF/COPD: Y/N

_____ Orthostatic Hypotension: Y/N

_____ Cognitive Impairment: Y/N

_____ Anticoagulation: Y/N

High Fall Risk: Y/N

Other: _____

Capacity Evaluation (Decision-Specific):

_____ Resident able to:

_____ Explain Weather Risk: Y/N

_____ State potential consequences: Y/N

_____ Verbalize understanding: Y/N

_____ Repeat back safety plan: Y/N

_____ Capacity Determination: Circle one

_____ Intact

_____ Impaired

_____ Fluctuating

Least Restriction Alternatives Offered:

_____ Supervised outing: Y/N

_____ Shortened duration: Y/N

_____ Alternate location: Y/N

_____ Protective clothing: Y/N

_____ Delayed time: Y/N

_____ Resident Response:

Determination:

_____ Outdoor Access Approved: Y/N

Approved with supervision: Y/N If supervised, indicated name of person supervising

Temporarily Restricted: Y/N

Reason for restriction:

Nurse Signature: _____

Provider Notified (with date and time notified):

Care Plan Updated: Y/N

Subject: Emergency Contact List	Manual: Safety and Emergency Preparedness
--	--

Same as "Emergency Preparedness County Wide Resources."
 It has been consolidated into "Emergency Preparedness County Wide Resources Contact List."

**To be used in the event of an emergency or disaster of any kind and is applicable to all
 Hospital Departments In-Patient, Skilled Nursing
 and Out-Patient Services**

- **Administrative Analyst & Hospital Preparedness Program Coordinator**
- Sofia Pereira
 Humboldt County Dept. of Health and Human Services
 Public Health Branch, Emergency Preparedness
 529 I Street
 Eureka, Ca. 95501
 707-476-4957
- **Office of Emergency Services Humboldt County**
 862 4th Street
 Eureka, CA. 95501
 707-268-2500 Business Hours (Business Hours Monday through Friday, 8 AM to 5 PM
 707-445-7251 after Hours
- **Emergency Services Manager (Dorie Lanni)**
 826 4th Street
 Eureka, CA. 95501
 Main Line 707-268-2527
 Cell Line 707-273-3500
 Website humboldt.gov/org/oes
- **Federal Emergency Management Agency (FEMA)**
 1111 Broadway #1200
 Oakland, CA. 94607
 Phone 510-627-7100
Hours: Open 24 hours
- **Humboldt County Sherriff's Office**
 William Honsal; Sheriff/Coroner
 707-268-3611
- **Local Garberville Sheriff Sub-Station**
 707-923-2761
- **California Highway Patrol**
 707-268-2000
- **Mad River Hospital
 Emergency Preparedness Coordinator
 Angelina Gregorio**

Cell Phone 707-362-7624

- **Northcoast Emergency Medical Services
Emergency Preparedness Liaison**
Elizabeth Wardell, RN
- **Redwood Memorial Hospital
Emergency Preparedness Liaison**
Elizabeth Wardell, RN

Ambulance Companies/Air Ambulance

- **Arcata-Mad River Ambulance**
1654 Murray Road
Phone 707-822-3353
- **City Ambulance Company**
135 West 7th Street
Eureka, CA. 95501
Phone 707-445-4907 (Dispatch)
- **Garberville Ambulance One (City Ambulance)**
814 Redwood Drive
Garberville, CA. 95542
Phone 707-923-2855 (no calls after 10 PM)
- **CAL-ORE Life Flight**
Dispatch Office
Phone 1916-426-4808
- **REACH Air Medical**
Dispatch Office
Phone 1-800-338-4045

Fire Departments

- **Garberville Fire Protection
Fire Chief/Tim Tietz**
680 Locust Street
Garberville, CA. 95542
Phone 707-923-3196
- **Briceland Volunteer Fire Department**
4438 Briceland Thorn Road
Garberville, CA. 95542
Phone 707-923-7204
- **Cal Fire/Humboldt Del Norte Unit Thorn Fire Station
Fire Chief/Tom Hein**
13298 Briceland Thorn Road
Whitethorn, CA. 95589
Phone 707-986-7553
- **California Department of Forestry**
Garberville Forest Fire Station
324 Alderpoint Road
Garberville, CA. 95542
Phone 707-923-2645

Forestry Department/Redway

3850 Redway Drive
Redway, CA. 95560
Phone 707-923-2757

- **Shelter Cove Volunteer Fire Rescue**

9126 Shelter Cove Road
Whitethorn, CA. 95589
Phone 707-986-7507
FAX 707-9867852

Utilities

- **Pacific Gas And Electric Company**

Emergency Phone 1-800-743-5000
24-hour Power Outage Information Center
1-800-743-5002
1000 King Salmon Avenue
Eureka, CA.

- **Benbow Water Company**

Garberville, CA. 95542
Phone 707-923-2417

- **Garberville Sanitary District**

919 Redwood Drive
Garberville, CA. 95542
Phone 707-923-9566

- **Blue Star Gas**

1333 Redwood Drive
Garberville, CA 95542
Phone 707- 923-7827

Subject:**Managing SoHum Health Social Media Presence****Manual:****Outreach****POLICY:**

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) that the use of social media on behalf of SoHum Health and its subsidiaries shall only be done by authorized users in the Outreach Department in compliance with organizational procedures and Codes of Conduct.

DEFINITIONS:

Social Media: For the purpose of this policy, social media shall be considered to be 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:

Do not disclose any confidential information, either organizational or patient information, deliberately or inadvertently. All authorized social media users shall be aware of patient privacy and confidentiality standards and maintain those standards at all times when posting on behalf of the District online.

Do not communicate directly with patients or offer specific medical advice online. If a patient communicates directly or asks a specific question, they should be directed to phone or email SoHum Health through a secure means of communication. SoHum Health’s Outreach Manager or designee holds the right to disable direct messaging on any social media platform to prevent a breach of patient privacy and confidentiality, slander, and intent to harm.

All posts shall be reviewed by the Outreach Manager or designee prior to posting to ensure correct grammar, spelling, tone, and professionalism. Authorized users should not engage in long direct conversations on social media and should instead refer members of the public to visit the website or contact SoHum Health via phone or email to acquire further information.

Content for all social media posts should be acquired from reputable medical websites, publications, or directly from licensed medical staff to ensure it complies with the most recent medical standards and recommendations.

Authorized users shall comply with anti-plagiarism guidelines. It is preferred to use self-generated photos and images whenever possible. When using a photo someone else created, photo attribution must be included in the post. Seek photos that are public domain, open license, or creative commons.

Every effort should be made to make social media posts accessible to those with disabilities and impairments. All videos and photos should include captions and images and should follow guidelines to maximize readability.

Individuals who personally attack members of the SoHum Health staff on any organizational social media page, may be blocked to prevent further abuse. Posts should be carefully evaluated for slander and intent to harm prior to removal.

From time to time a post may be made public that includes an error. If it is a simple spelling or grammatical error, staff may immediately correct the post. If it is an error in content resulting in misinformation about medical advice or services, a disclaimer must be added to the post, calling out the error and providing the corrected information.

Individuals shall be responsible for any content they publish on social media. Those posting on behalf of SoHum Health are responsible for the reputation of the organization and must act with the highest regard for professionalism, accuracy, and approachability.

Disciplinary action

Employees may be subjected to adverse employment 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, has been disclosed. In the event that a violation has occurred, the compliance department will be notified, and adverse employment action will be in line with the progressive discipline process.

Subject: Smoke Free Policy	Manual: Whole Facility
---	---

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SoHum Health”, “District”, “SHCHD”) to prohibit smoking of any substance, electronic smoking devices or e-cigarettes, tobacco products, or marijuana products on SoHum Health property and within 25 feet of any property owned by the District.

DEFINITIONS:

Electronic smoking devices or e-cigarettes: designed to deliver nicotine or other substances to the user in the form of a vapor. They are composed of a rechargeable, battery-operated heating element, a replaceable cartridge that may contain nicotine or other chemicals, and an atomizer that when heated converts the contents of the cartridge into a vapor. The vapor has a light odor that dissipates quickly. E-cigarettes are not considered smoking devices, and their heating element does not pose the same dangers of ignition as regular cigarettes.

Smoking: the burning of, inhaling from, exhaling the smoke from, or the possession of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco or any other matter that can be smoked, or the inhaling or exhaling of smoke or vapor from an electronic smoking device.

SoHum Health property: all indoor and outdoor SoHum Health owned or leased property including, but not limited to, buildings, parking lots, driveways, vehicles, and personal vehicles on SoHum Health property.

PROCEDURE:

SoHum Health shall be a smoke, tobacco, and marijuana free facility. Residents, patients, employees, family members, visitors, and others shall not be permitted to smoke anywhere within SoHum Health property. Smoking shall not be permitted within 25 feet of SoHum Health property.

A sign indicating that smoking or the use of an electronic smoking device is prohibited on SoHum Health property shall be posted prominently at each public entrance to each facility.

The smoking policy shall be presented to patients, residents, and/or family members during the pre-admission process and to employees during the orientation and/or training period.

Employees shall not take extra breaks or mealtimes to smoke or use tobacco products and shall adhere to all policies and procedures including break, meal, and grooming policies and procedures. Consistent with District policy, employees must pay special attention to personal hygiene and present themselves in a manner that maintains the comfort and confidence of patients, family members, other employees and the public. This requirement includes not having a strong odor of smoke on their person when working.

Enforcement of this policy shall be the shared responsibility of all staff. If a staff member feels uncomfortable approaching violators of this policy, they may approach security personnel, managers, or administrators with their concern.

Staff violations of this policy should be reported to human resources.

Patient and visitor violations of this policy should be reported to security or the department manager.

Violators smoking or using tobacco products inside SoHum Health buildings should be asked to stop immediately and materials should be removed and disposed of properly. The manager should be notified immediately if violations of this policy are found in their department. If the manager is unavailable, another manager or administrator should be notified immediately.

Patients in the emergency department, acute inpatient, or observation status will be informed that leaving the campus while admitted will not be allowed. Leaving campus while admitted is classified as leaving “against medical advice” and subject the patient to being discharged for refusal of care.

Residents in the swing bed program or distinct part skilled nursing facility will have tobacco items placed in a secure location until discharge.

All patients and residents will be provided with cessation treatment options.

Prior patient refusal to comply with this policy may be grounds for declining to accept the patient for future care, except as required by policy or law for emergent care.

Violations of this policy in vehicles or outdoors, but on SoHum Health property, should be reported to security immediately.

Employees who violate this policy will be subject to the District’s disciplinary action policy.

Employee tobacco cessation assistance: while not obligated to do so under this policy or other employment conditions, District management may authorize the provision of assistance to employees to encourage and aid them in becoming and remaining tobacco free.

Subject: Materials P&P Approval Process Protocol	Manual: Materials
---	------------------------------------

PURPOSE:

This protocol serves as a general guide for developing and documenting approval processes for Policies and Procedures (P&Ps) within SoHum Health departments. It outlines the general framework for departmental approval of P&Ps, ensuring that each department follows a standardized approach while addressing its specific needs.

DEFINITIONS:

P&P: Policy and Procedure

PDC: Policy Development Committee

DSM: Designated Staff Member tasked with drafting or editing P&Ps for a department manager or administrator.

Medical P&P:

- These policies are directly focused on **clinical care** and patient outcomes. They outline **medical procedures**, guidelines for **treatment** protocols, **patient safety**, and **clinical decision-making**.
- The goal is to ensure that patient care is **evidence-based**, **safe**, and **effective**.
- **Example:** A policy for **medication administration**, **infection control**, or **patient assessment**.

Administrative Policies:

- These policies deal with the **non-clinical aspects** of healthcare facility management. They guide **administrative processes**, staffing, operations, and **resource allocation** that indirectly support the delivery of care.
- The goal is to ensure the **smooth operation** of the healthcare facility, **staffing efficiency**, **legal compliance**, and maintaining a positive **organizational culture**.
- **Example:** Policies for **visitor management**, **workplace safety**, **confidentiality** and **data privacy**, or **employee conduct**.

MCN Approval Group and Process Default Settings

Default

- Step 1
 - Manual Creator Editor = Manager or DSM
 - Multiple people may be added but must coordinate. Sign off from one = sign off for all in group.
 - Required
- Step 2
 - Review Step= Stakeholder Review
 - If **Medical P&P**, Med-Staff review and sign-off **is** required, and the Med-Staff Review Group should already be populated.
 - If Medical P&P, and Med-Staff Review Group **is not** pre-populated, **add** Med-Staff Review Group to Review Step.
 - If **Administrative P&P**, Med Staff Review should **not** be added.
 - Any department that reviews your P&Ps should be added to this step by adding the department's review group. **e.g.**
 - Consider departments that cross streams with your own, but aim to narrow the scope of the review by:
 - aligning review groups with regulatory requirements
 - aligning review groups for the purpose of coordination
 - If none, step can be removed.
 - If review is needed **add** review groups
 - If review **is** needed, **Manual Owner** must be **last** to approve.
- Step 3
 - P&P Coordinator Step = Checks for references, APA format, links, and major grammar issues.
 - Required, but may be removed after P&Ps pass through system at least 1 time
- Step 4
 - Administrator Sign Off = Department Admin
 - Required, but Admin may utilize a proxy.
- Step 5
 - Medical Staff, and/or Policy Development Committee Sign Off
 - Required
- Step 6
 - Governing Board Sign Off (Final Sign off)
 - Required

Current Materials Approval Template (5 Steps Total)

- Step 1
 - Manual Creator Editor = Manager or Designated Staff Member (DSM).
 - Multiple people can be added but must coordinate. Sign off from one = sign off for all in group.
 - Department Manager and DSM

- Manual Creator-Editor last Sign-Off to Move P&P to Next Step.
- **Step 2**
 - **Review Step= Stakeholder Review**
 - If your P&Ps are medical in nature, Med-Staff review is required before reaching PDC or Med Staff.
 - If P&Ps are medical in nature and not pre-populated, add Med-Staff Group to Review Step, and step 2 can no longer be removed.
 - If P&P is administrative, Med Staff Review should not be added.
 - Any department that reviews your P&Ps should be added to this step
 - Consider departments that cross streams with your own, but aim to narrow the scope of the review by:
 - aligning review groups with regulatory requirements
 - aligning review groups for coordination purposes
 - If none, step may be **removed**.
 - If review is needed add review groups
 - If review is needed, Manual Owner must be last to sign off in review.
- **Step 3**
 - P&P Coordinator Step = Checks for references, APA format, links, and major grammar issues.
 - **Required**, but may be removed after P&Ps passes through system at least 1 time
- **Step 4**
 - **Administrator Sign Off = COO**
 - **Required**, but admin may use a proxy.
- **Step 5**
 - Medical Staff, or Policy Development Committee Sign Off
 - **Required**
 - **Chief of Staff (COS) or Vice Chief of Staff (VCOS)** may approve during PDC or Med-Staff meeting.
 - **COS**
 - **VCOS**
 - Med-Staff may approve P&Ps using consent agenda.
 - Med-Staff Coordinator or Board Clerk approves, rejects, and adds notes in MCN per Med-Staff Directive
- **Step 6**
 - Governing Board Sign Off (Final Sign off)
 - Board Clerk or Med-Staff Coordinator provides sign off for board in MCN
 - **Required**

Key

Variable

Required

Removed



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: _____

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

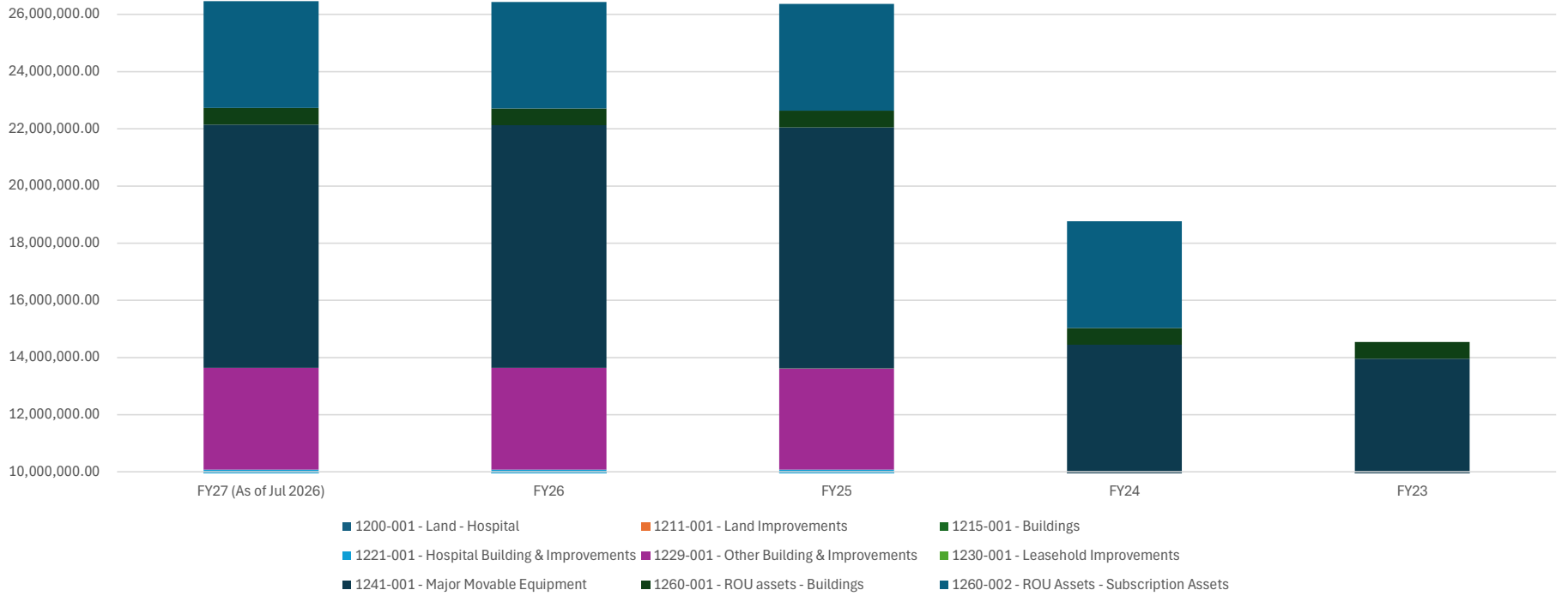
Clinical leadership remains committed to supporting employees, strengthening systems, and using organizational resources effectively to provide safe, compassionate, and high-quality care throughout the SoHum Health District.

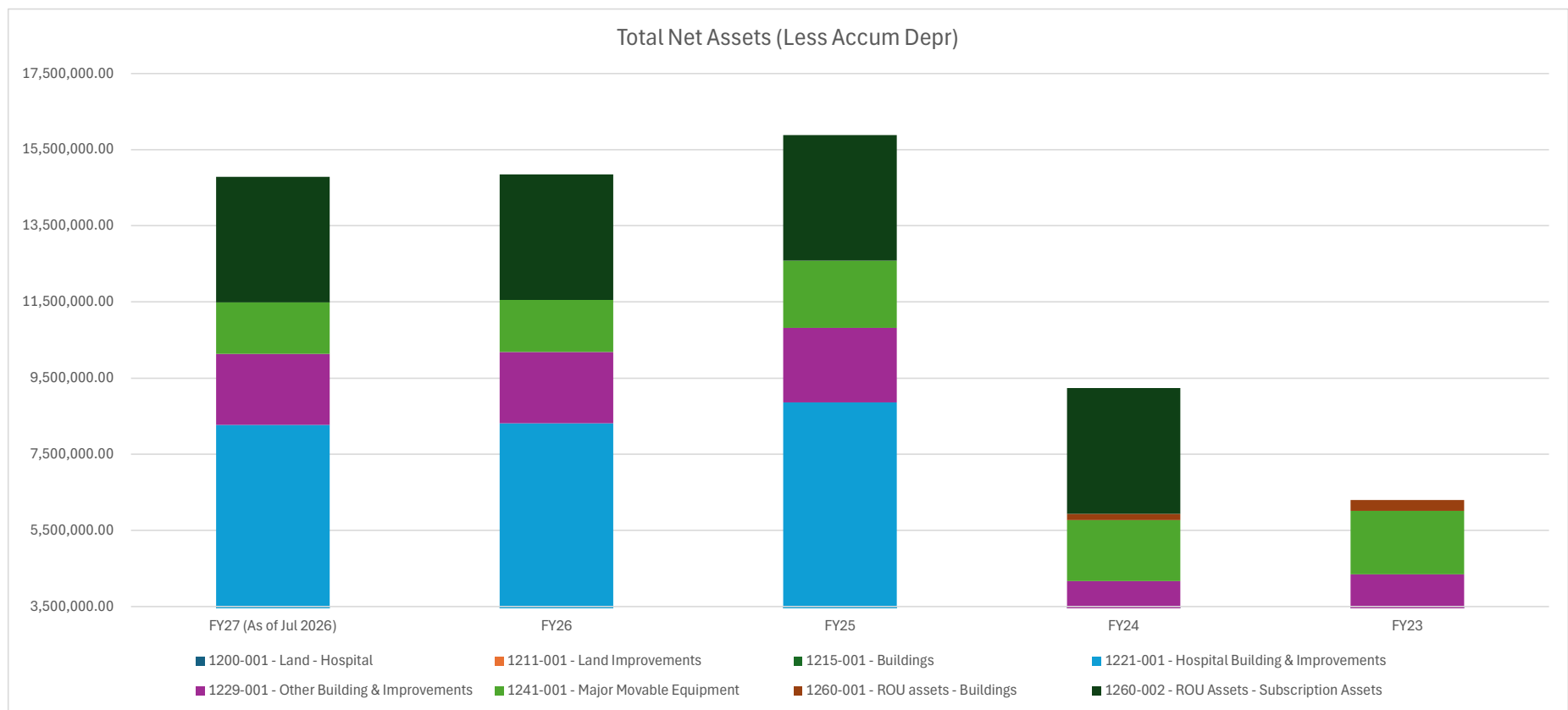
Adela Yanez, RN, BSN
Chief Nursing Officer

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)

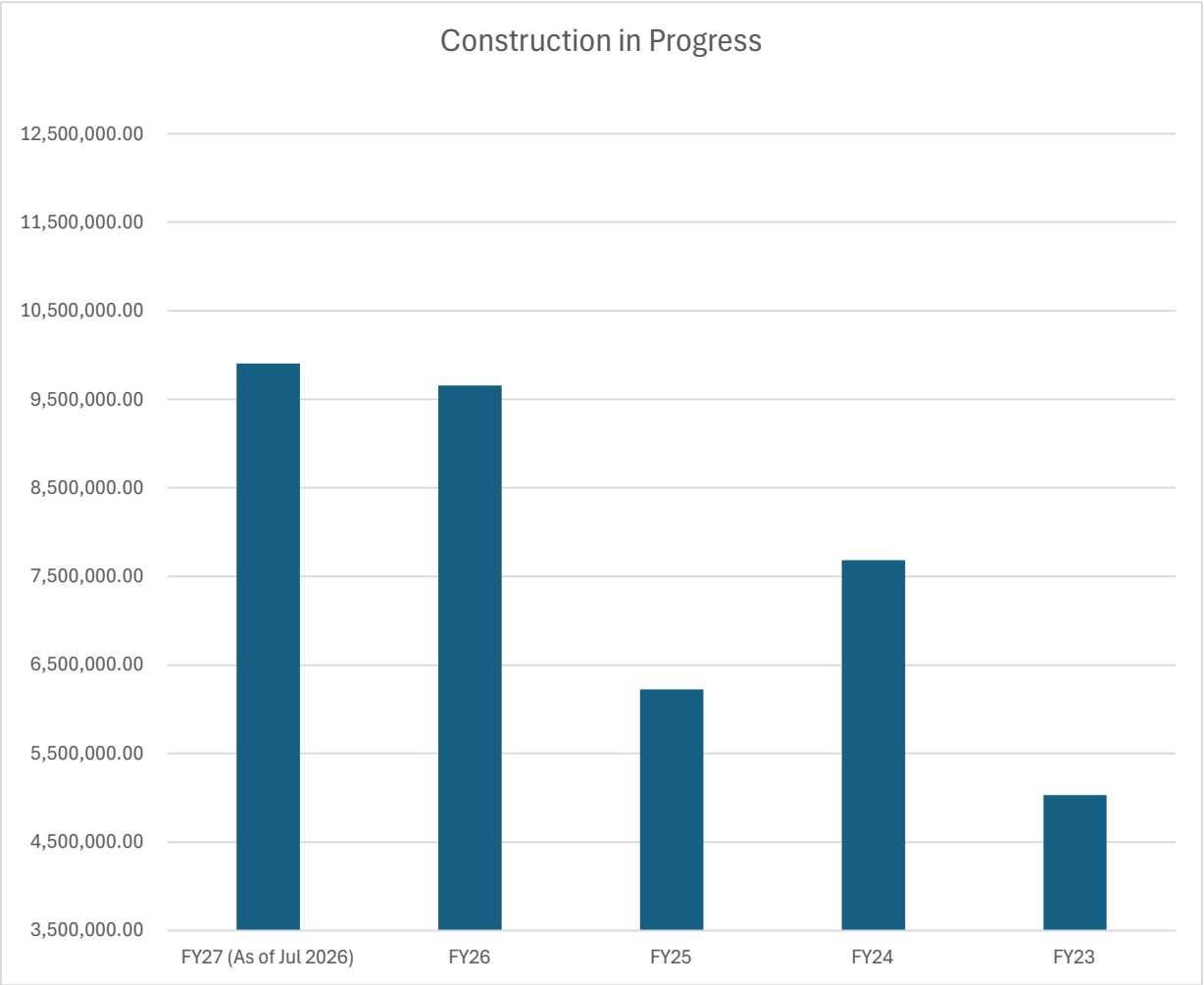


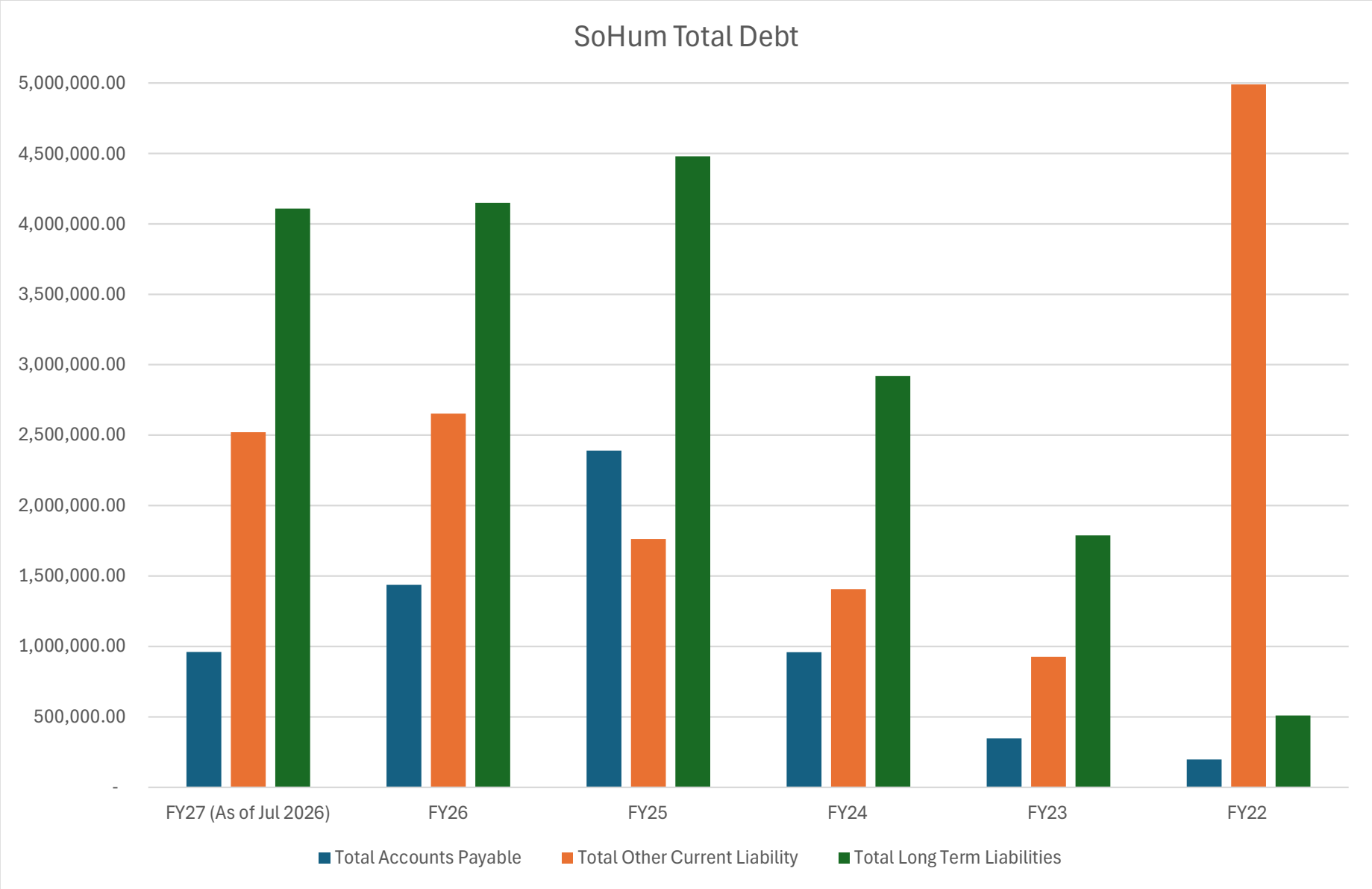


Southern Humboldt Community Healthcare District

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





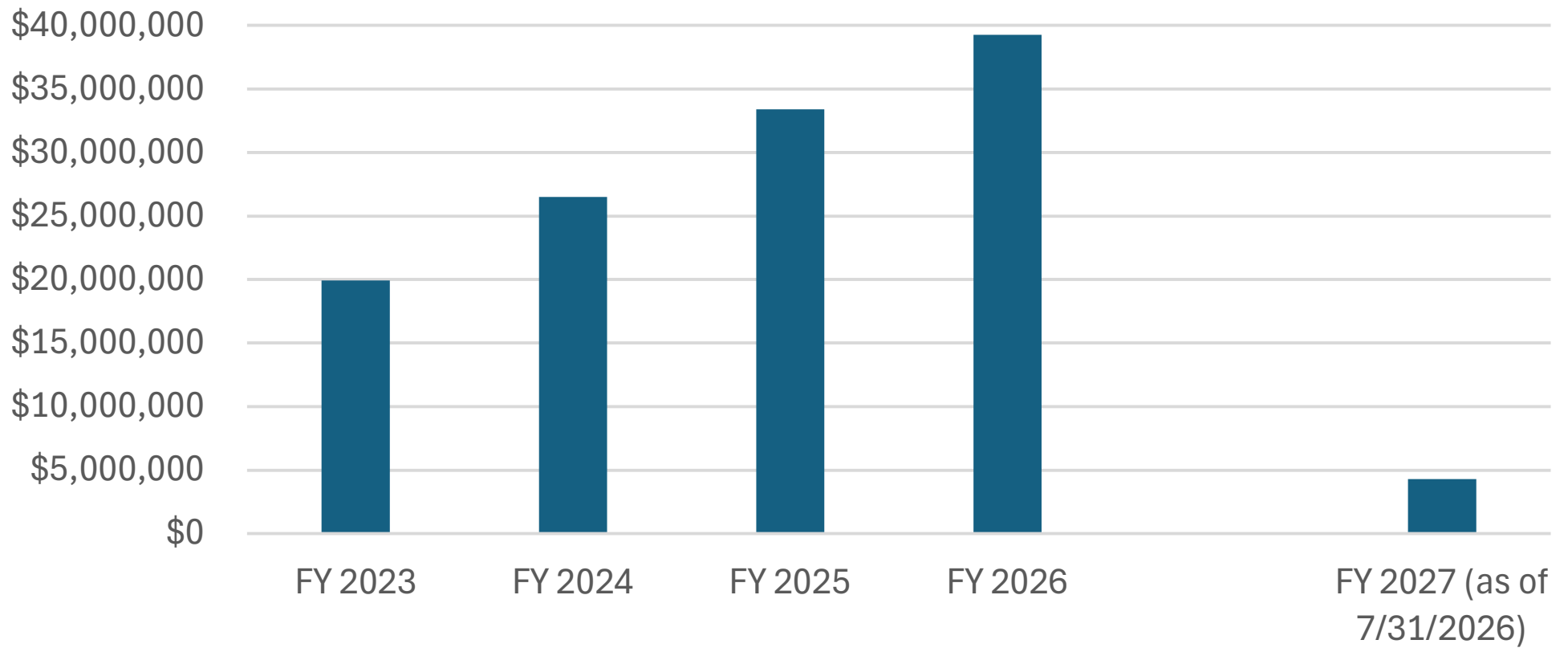
Southern Humboldt Community Healthcare District
Parent Company (Consolidated)
SoHum Income Statement
5 Year Comparison - FY22 through End of July 2026

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

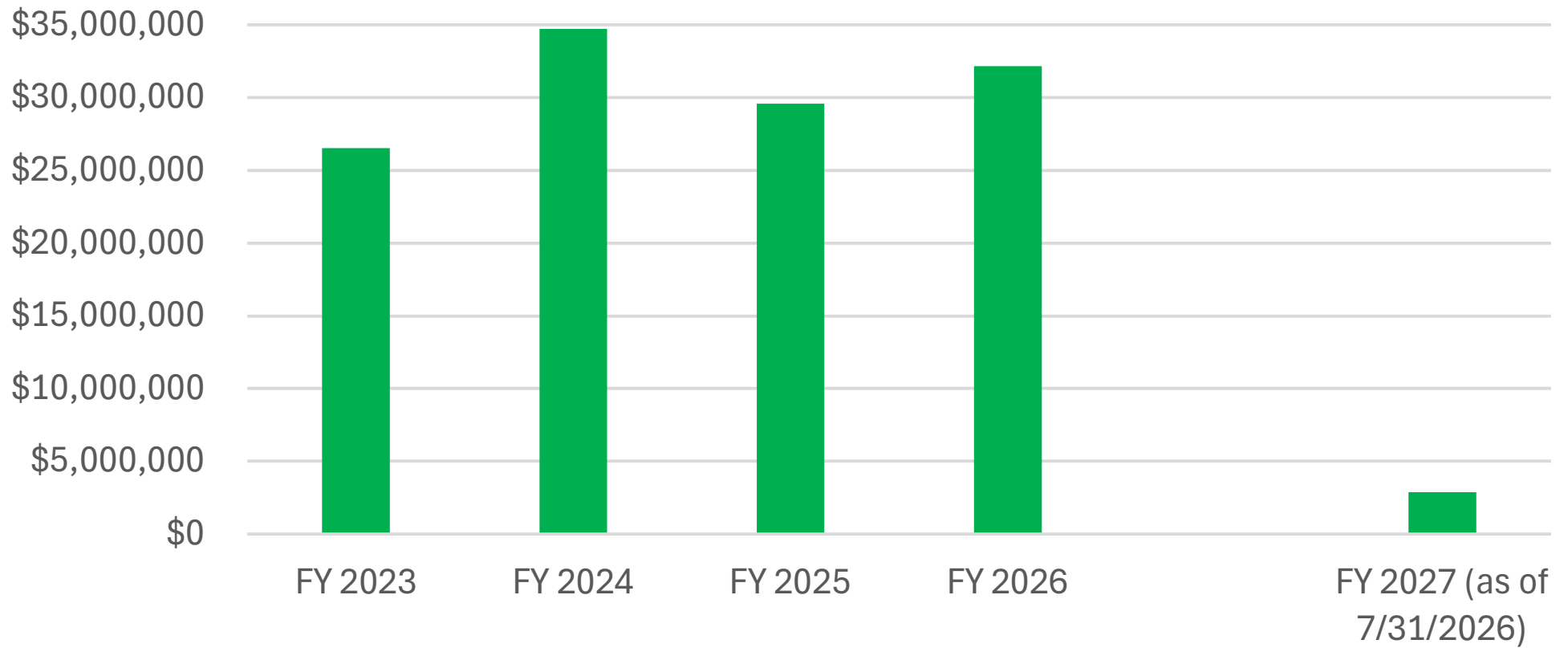
* Pending any FY25 Audit Adjustments

** Pending Internal YE Adjustments

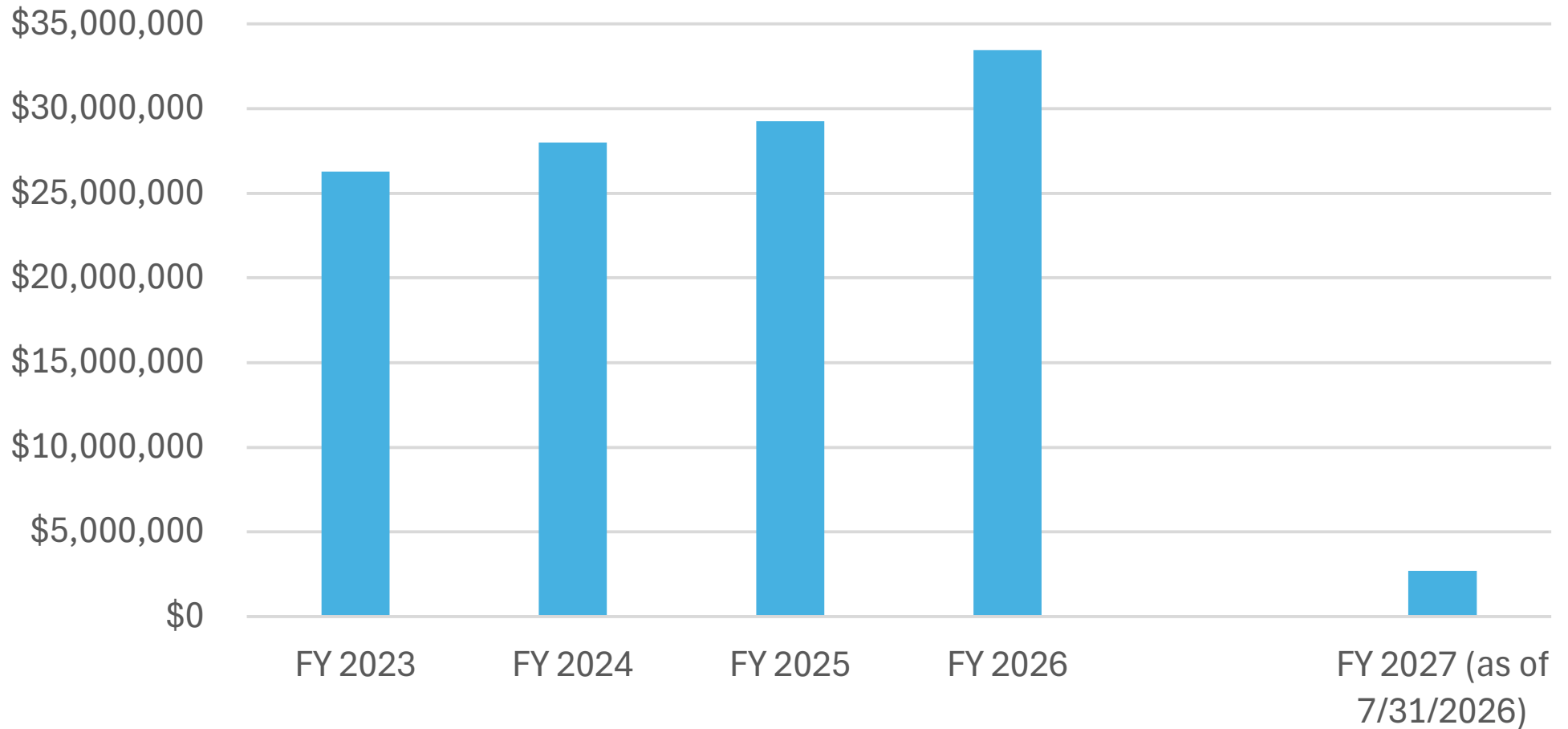
SoHum Total Patient Revenue

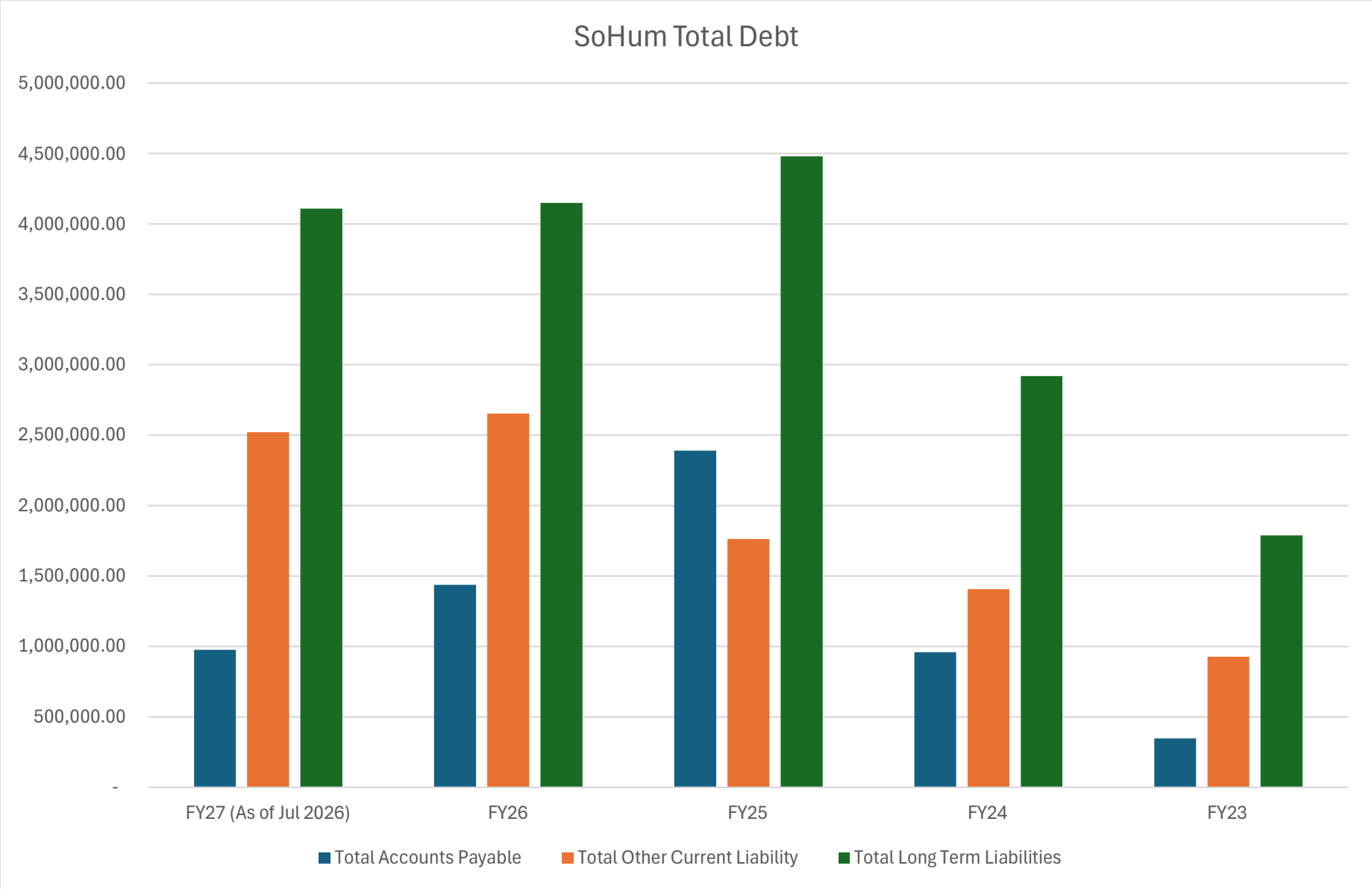


SoHum Total Operating Expenses



SoHum Total Operating Revenue





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

GOAL: 55 Days

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

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.

RESOLUTION NO.26:11

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AUTHORIZING COMMENCEMENT OF PROCEEDINGS IN CONNECTION WITH THE PROPOSED ISSUANCE OF REVENUE BONDS

WHEREAS, the Southern Humboldt Community Healthcare District (the “District”) is a local health care district organized under the provisions of the California Local Health Care District Law, being California Health and Safety Code Section 32000 *et seq.*; and

WHEREAS, the Board of Directors of the District (the “Board”) proposes to issue its Southern Humboldt Community Healthcare District Revenue Bonds, Series 2026 (the “Bonds”) in an aggregate principal amount not-to-exceed \$10,000,000 to provide funds to finance a portion of the acquisition, construction and modernization of certain District facilities, including but not limited to (i) the District’s Redwood Drive properties, and (ii) a new hospital campus (the “Project”); and

WHEREAS, the Board desires to formally authorize commencement of proceedings and to approve certain preliminary actions in connection with the execution and delivery of the Bonds.

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

SECTION 1. All of the above recitals are true and correct and the Board so finds and determines.

SECTION 2. The District proposes to issue the Bonds to finance a portion of the Project and the Board hereby authorizes the Chief Executive Officer and/or the Chief Financial Officer of the District (together, the “Authorized Officers”) and all appropriate officers and officials of the District to proceed with the preparation of the necessary documents in connection with the issuance and sale of the Bonds, subject to final approval thereof by the Board at a subsequent meeting.

SECTION 3. The estimated cost of the Project is approximately \$90,000,000, comprised of \$2,500,000 for the Redwood Drive project and \$87,500,000 for the new hospital campus, plus approximately \$135,000 as costs of issuance related to the Bonds.

SECTION 4. The principal amount of the Bonds will not exceed \$10,000,000.

SECTION 5. The interest rate on the Bonds will not exceed 6.75% per annum payable semiannually (unless a taxable or default rate is applicable).

SECTION 6. The Bonds will be revenue bonds payable exclusively from the revenues of the District and the Bonds will not be secured by the taxing power of the District.

SECTION 7. All actions of the officers, agents and employees of the District that are in conformity with the purposes and intent of this resolution, whether taken before or after the adoption hereof, are hereby ratified, confirmed and approved.

SECTION 8. The President of the Board, the Chief Executive Officer and Chief Financial Officer of the District, or any of their designees (the “Authorized Officers”) are hereby authorized and directed to do and take any and all such action and to execute any and all such documents as may be necessary or desirable to effectuate the intent of this resolution.

SECTION 9. The Secretary of the Board is hereby directed to cause this resolution to be published in a newspaper of general circulation in the District pursuant to California Health and Safety Code Section 32318.

SECTION 10. This resolution shall take effect immediately after the date of its adoption.

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

AYES: _____

NAYS: _____

ABSENT: _____

ABSTAIN: _____

Kevin Church, President of the Board

ATTEST:

I, Darrin Guerra, Secretary of 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. 26:11 passed and adopted by said Board of Directors at a meeting held on the 30th day of September, 2026.

Darrin Guerra, Board Secretary

ORDINANCE NO. 26:01

AN ORDINANCE OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT APPROVING A FORMAL AGREEMENT FOR THE SALE OF REVENUE BONDS

WHEREAS, the Southern Humboldt Community Healthcare District (the “District”) is a local health care district organized under the provisions of the California Local Health Care District Law, being California Health and Safety Code Section 32000 *et seq.*; and

WHEREAS, the Board of Directors of the District (the “Board”) has determined to issue its Southern Humboldt Community Healthcare District Revenue Bonds, Series 2026 (the “Bonds”) in an aggregate principal amount not-to-exceed \$10,000,000 to provide funds to finance the acquisition, construction and modernization of certain District facilities, including but not limited to (i) the District’s Redwood Drive properties, and (ii) a new hospital campus; and

WHEREAS, the District has determined that it is in the best interest of the District to sell the Bonds by public or private sale; and

WHEREAS, Section 32320 of the California Health and Safety Code requires the adoption of this Ordinance prior to the sale of the Bonds; and

WHEREAS, the Board has been fully advised on the matter and desires to sell the Bonds.

NOW, THEREFORE, BE IT ORDAINED by the Board of Directors of the Southern Humboldt Community Healthcare District as follows:

SECTION 1. Recitals. All of the above recitals are true and correct and the Board so finds and determines.

SECTION 2. Sale of Bonds. The Bonds shall be sold by public or private sale to such purchaser or purchasers as the Board shall specify.

SECTION 3. Formal Agreement. The formal agreement between the District and said purchaser or purchasers, in the form of the bond purchase agreement presented to this meeting, is hereby approved. The President of the Board, Chief Executive Officer and/or the Chief Financial Officer of the District, or either of their designees (together, the “Authorized Officers”) are hereby authorized and directed to execute and deliver the same, together with any changes therein, deletions therefrom, or additions thereto which an Authorized Officer approves, and to approve the final terms of the sale of the Bonds.

SECTION 4. Referendum. The formal agreement between the District and the purchaser or purchasers of the Bonds, and this ordinance, shall be subject to referendum.

SECTION 5. Publication. The Secretary of the Board is hereby directed to cause this ordinance to be published in a newspaper of general circulation in the District pursuant to California Health and Safety Code Section 32321.

SECTION 6. Further Action. The Secretary of the Board and the Authorized Officers are hereby authorized to take any and all actions and execute and deliver any and all documents which are necessary in order for the authorizations and direction provided in this ordinance to be carried out.

SECTION 7. Effective Date. This ordinance shall take effect thirty days after the date of its adoption.

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

AYES: _____

NAYS: _____

ABSENT: _____

ABSTAIN: _____

Kevin Church, President of the Board

ATTEST:

I, Darrin Guerra, Secretary of the Board of Directors of Southern Humboldt Community Healthcare District do hereby certify that the foregoing is a full, true and correct copy of Ordinance No. 26:01 passed and adopted by said Board of Directors at a meeting held on the 30th day of September, 2026.

Darrin Guerra, Board Secretary

SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT
Revenue Bonds, Series 2026

BOND PURCHASE AGREEMENT

_____, 2026

Southern Humboldt Community Healthcare District
Garberville, CA 95542

Ladies and Gentlemen:

[_____] (the “Purchaser”), offers to enter into this Bond Purchase Agreement (the “Bond Purchase Agreement”) with the Southern Humboldt Community Healthcare District (the “District”), which will be binding upon the District and the Purchaser upon the acceptance hereof by the District. This offer is made subject to its acceptance by the District by execution of this Bond Purchase Agreement and its delivery to the Purchaser on or before 11:00 P.M., California time, on the date hereof.

Terms not otherwise defined herein shall have the same meanings as set forth in the Agreement, described below.

1. *Purchase and Sale.* Upon the terms and conditions and in reliance upon the representations, warranties and covenants herein, the District hereby agrees to sell to the Purchaser and the Purchaser hereby agrees to purchase from the, all (but not less than all) of the \$[_____] Southern Humboldt Community Healthcare District Revenue Bonds, Series 2026 (the “2026 Bonds”), at the purchase price of \$[_____] (the “2026 Purchase Price”), being the principal amount of the 2026 Bonds. The 2026 Purchase Price will be delivered on the Closing Date (as defined in Section 6 below), to the District.

The District represents, warrants and covenants that: (i) the transaction contemplated herein is an arm’s length commercial transaction between the District and the Purchaser and its affiliates, (ii) in connection with such transaction, the Purchaser and its affiliates are acting solely as a principal and not as an advisor including, without limitation, a “Municipal Advisor” as such term is defined in Section 15B of the Securities and Exchange Act of 1934, as amended, and the related final rules (the “Municipal Advisor Rules”), agent or a fiduciary of the District, (iii) the Purchaser and its affiliates are relying on the bank exemption in the Municipal Advisor Rules, (iv) the Purchaser and its affiliates have not provided any advice or assumed any advisory or fiduciary responsibility in favor of the District with respect to the transaction contemplated hereby and the discussions, undertakings and procedures leading thereto (whether or not the Purchaser, or any affiliate of the Purchaser, has provided other services or advised, or is currently providing other services or advising the District on other matters), (v) the Purchaser and its affiliates have financial and other interests that differ from those of the District, and (vi) the District has consulted with its own financial, legal, accounting, tax and other advisors, as applicable, to the extent it deemed appropriate.

The 2026 Bonds shall be dated the Closing Date, shall bear interest at the rate, shall mature on the date and in the principal amount and shall be subject to redemption, all as set forth in the attached Exhibit A.

If the purchase of the 2026 Bonds does not close on or before _____, 2026, the interest rates specified in Exhibit A shall no longer be effective and the Purchaser and the District shall agree on new rates.

The 2026 Bonds are being issued pursuant to the provisions of pursuant to the provisions of Division 23 of the California Health and Safety Code (the “Law”), Resolution No. ____, adopted by the Board of Directors of the District on _____, 2026 (the “District Resolution”), and that certain Fiscal Agent Agreement, dated as of _____ 1, 2026, between the District and the Purchaser (the “Agreement”).

The District’s obligation to pay the principal of and interest on the 2026 Bonds will be secured by an irrevocable pledge of the District’s net revenues (the “Pledged Revenues”) on a parity with the District’s outstanding [TO COME], and will not constitute an obligation of the District for which the District is obligated to levy or pledge any form of taxation or for which the District has levied or pledged any form of taxation, other than the Pledged Revenues.

The 2026 Bonds are being issued for the purpose of (a) providing funds to the District to finance the acquisition, construction, and rehabilitation of certain District facilities and (b) paying the costs of issuing the 2026 Bonds.

2. Private Placement; Bonds Constitute Investment of Purchaser.

(a) The Purchaser has sufficient knowledge and experience in financial and business matters, including purchase and ownership of municipal and other obligations of a nature similar to the 2026 Bonds to be able to evaluate the risks and merits of the investment represented by the purchase of the 2026 Bonds.

(b) The Purchaser is acquiring the 2026 Bonds for its own account (or that of its consolidated taxpayer group) and not with a current view to, or for sale in connection with, any distribution thereof or any part thereof. The Purchaser has not offered to sell, solicited offers to buy, or agreed to sell the 2026 Bonds or any part thereof, and the Purchaser has no current intention of reselling or otherwise disposing of the 2026 Bonds *provided, however*, such representation shall not preclude the Purchaser from transferring or selling of the 2026 Bonds in accordance with the provisions of the Agreement. The Purchaser is not acting in a broker-dealer capacity in connection with its purchase of the 2026 Bonds. The Purchaser has required as a condition to the purchase of the 2026 Bonds that no application be made to make the 2026 Bonds DTC eligible.

(c) As a sophisticated investor, the Purchaser has made its own credit inquiry and analysis with respect to the District and the 2026 Bonds and has made an independent credit decision based upon such inquiry and analysis and in reliance on the truth, accuracy, and completeness of the representations and warranties of the District set forth in the Agreement and in the information set forth in any materials submitted to the Purchaser by the District. The District has furnished to the Purchaser all the information which the Purchaser, as a reasonable investor, has requested of the District as a result of

the Purchaser having attached significance thereto in making its investment decision with respect to the 2026 Bonds, and the Purchaser has had the opportunity to ask questions of and receive answers from knowledgeable individuals concerning the District and the 2026 Bonds. The Purchaser is able and willing to bear the economic risk of the purchase and ownership of the 2026 Bonds.

(d) The Purchaser understands that the 2026 Bonds have not been registered under the United States Securities Act of 1933, as amended, or under any state securities laws. The Purchaser agrees that it will comply with any applicable state and federal securities laws then in effect with respect to any disposition of the 2026 Bonds by it, and further acknowledges that any current exemption from registration of the 2026 Bonds does not affect or diminish such requirements.

(e) The Purchaser has authority to purchase the 2026 Bonds and to execute any instruments and documents required to be executed by the Purchaser in connection with the purchase of the 2026 Bonds. The undersigned is a duly appointed, qualified, and acting officer of the Purchaser and is authorized to cause the Purchaser to make the representations and warranties contained herein on behalf of the Purchaser.

(f) The Purchaser acknowledges that the 2026 Bonds are transferable with certain requirements, as described in the Agreement. The Purchaser acknowledges that the 2026 Bonds are exempt from the requirements of Rule 15c2-12 of the Securities and Exchange Commission and that the District has not undertaken to provide any continuing disclosure with respect to the 2026 Bonds but that the District has agreed to provide other ongoing information to the Purchaser as set forth in the Agreement and related documents.

4. *Representations, Warranties and Agreements of the District.* The District represents and warrants to the Purchaser that, as of the Closing Date:

(a) The District is a local healthcare district, organized and existing under the laws of the State of California (the "State"), and is authorized, among other things, to (i) issue the 2026 Bonds, and (ii) secure the 2026 Bonds in the manner contemplated by the Agreement.

(b) The District has the full right, power and authority to (i) adopt the District Resolution, (ii) enter into the Agreement and this Bond Purchase Agreement, (iii) to issue, sell and deliver the 2026 Bonds to the Purchaser as provided herein, and (iv) to carry out and consummate all other transactions on its part contemplated by each of the aforesaid documents, and has complied with all provisions of applicable law in all matters relating to such transactions.

(c) The District has duly authorized (i) the execution and delivery of the 2026 Bonds and the execution, delivery and due performance by the District of this Bond Purchase Agreement and the Agreement, and (ii) the taking of any and all such actions as may be required on the part of the District to carry out, give effect to and consummate the transactions on its part contemplated by such instruments. All consents or approvals necessary to be obtained by the District in connection with the foregoing have been received, and the consents or approvals so received are still in full force and effect have been received, and the consents or approvals so received are still in full force and effect.

(d) The 2026 Bonds, when issued, authenticated and delivered in accordance with the District Resolution and the Agreement, and sold to the Purchaser as provided herein, will constitute legal,

valid and binding obligations of the District, enforceable in accordance with their respective terms, except as enforcement thereof may be limited by bankruptcy, insolvency, reorganization, moratorium or similar laws or equitable principles relating to or limiting creditors' rights generally, the application of equitable principles, the exercise of judicial discretion and the limitations on legal remedies against public entities in the State, and are entitled to the benefits of the laws of the State, the Agreement and the District Resolution.

(e) Neither the execution and delivery by the District of the Agreement, this Bond Purchase Agreement and of the 2026 Bonds nor the consummation of the transactions on the part of the District contemplated herein or therein or the compliance with the provisions hereof or thereof will conflict with, or constitute on the part of the District a violation of, or a breach of or default under, (i) any statute, indenture, mortgage, note or other agreement or instrument to which the District is a party or by which it is bound, (ii) any provision of the State Constitution, or (iii) any existing law, rule, regulation, ordinance, judgment, order or decree to which the District (or the members of the District or any of its officers in their respective capacities as such) is subject.

(f) Except as disclosed to the Purchaser, the District has never been in default at any time, as to principal of or interest on any obligation which it has issued except as otherwise specifically disclosed to the Purchaser and the District has not entered into any contract or arrangement of any kind which might give rise to any lien or encumbrance on the [Tax Revenues] pledged to the payment of the 2026 Bonds except as otherwise specifically disclosed to the Purchaser.

(g) Except as otherwise specifically disclosed in writing to the Purchaser, there is no action, suit, proceeding, inquiry or investigation, at law or in equity, before or by any court, public board or body, which has been served on the District or, to the best knowledge of the District, threatened, which in any way questions the powers of the District referred to in paragraph (b) above, or the validity of any proceeding taken by the District in connection with the issuance of the 2026 Bonds, or wherein an unfavorable decision, ruling or finding could materially adversely affect the transactions contemplated by this Bond Purchase Agreement or the Agreement, or which, in any way, could adversely affect the validity or enforceability of the Agreement, the 2026 Bonds or this Bond Purchase Agreement or, to the knowledge of the District, which in any way questions the exclusion from gross income of the recipients thereof the interest on the 2026 Bonds for federal income tax purposes or in any other way questions the status of the 2026 Bonds under federal or state tax laws or regulations or which in any way could materially adversely affect the availability of [Tax Revenues].

(h) The financial statements of, and other financial information regarding the District relating to the receipts, expenditures and cash balances of revenues by the District as of June 30, 2025, fairly represent the receipts, expenditures and cash balances of such amounts and, insofar as presented, other funds of the District as of the dates and for the periods therein set forth. There has not been any materially adverse change in the financial condition of the District or in its operations since June 30, 2025, and there has been no occurrence, circumstance or combination thereof which is reasonably expected to result in any such materially adverse change.

(i) Any certificate signed by any official of the District and delivered to the Purchaser in connection with the offer or sale of the 2026 Bonds shall be deemed a representation, covenant and warranty by the District to the Purchaser as to the truth of the statements therein contained.

(j) The District has not been notified of any listing or proposed listing by the Internal Revenue Service to the effect that it is a bond issuer whose arbitrage certifications may not be relied upon.

(k) The 2026 Bonds shall not be registered or otherwise qualified under any Blue Sky or other securities laws.

(l) All authorizations, approvals, licenses, permits, consents, elections, and orders, including without limitation, filings with any governmental authority, legislative body, board, agency or commission having jurisdiction in the matters which are required by the Closing Date for the due authorization of, which would constitute a condition precedent to or the absence of which would adversely affect the due performance by the District of, its obligations in connection with the Agreement have been duly obtained or made and are in full force and effect.

(m) Between the date of this Bond Purchase Agreement and the Closing Date, the District will not offer or issue any bonds, notes or other obligations for borrowed money not previously disclosed to the Purchaser.

(n) The District will apply the proceeds of the 2026 Bonds in accordance with the Agreement and any related documents.

5. *Covenant of the District.* The District covenants with the Purchaser as of the Closing Date that the District will not take or omit to take any action, which action or omission will in any way cause the proceeds from the sale of the 2026 Bonds to be applied in a manner other than as provided in the Agreement.

6. *Closing.* On _____, 2026, or at such other date and times as shall have been mutually agreed upon by the District and the Purchaser (the "Closing Date"), the District will deliver or cause to be delivered the 2026 Bonds to the Purchaser, and the District shall deliver or cause to be delivered to the Purchaser the certificates, opinions and documents hereinafter mentioned, each of which shall be dated as of the Closing Date. The activities relating to the execution and delivery of the 2026 Bonds, opinions and other instruments as described in Section 7 of this Bond Purchase Agreement shall occur on the Closing Date. The delivery of the certificates, opinions and documents as described herein shall be made at the offices Best Best & Krieger LLP, in Riverside, California ("Bond Counsel"), or at such other place as shall have been mutually agreed upon by the District and the Purchaser. Such delivery is herein called the "Closing."

The 2026 Bonds will be prepared and physically delivered to the account of the Purchaser on the Closing Date in the form of a separate single fully registered bond. The 2026 Bonds will be authenticated by the Trustee in accordance with the terms and provisions of the Agreement.

The Purchaser will pay the Purchase Price of the 2026 Bonds by delivering to the District, for the account of the District a wire transfer in federal funds of the Purchase Price payable to the order of the District

7. *Closing Conditions.* The obligations of the Purchaser hereunder shall be subject to the performance by the District of its obligations hereunder at or prior to the Closing Date and are also subject to the following conditions:

(a) the representations, warranties and covenants of the District contained herein shall be true and correct in all material respects as of the Closing Date;

(b) as of the Closing Date, there shall have been no material adverse change in the financial condition of the District;

(c) as of the Closing Date, all official action of the District relating to this Bond Purchase Agreement and the Agreement shall be in full force and effect;

(d) as of the Closing Date, the Purchaser shall receive the following certificates, opinions and documents, in each case satisfactory in form and substance to the Purchaser:

(i) a copy of the Agreement, as duly executed and delivered by the District and the Trustee;

(ii) an opinion of Bond Counsel, in form acceptable to the Purchaser, dated the Closing Date and addressed to the District, with a reliance letter addressed to the Purchaser and the Trustee;

(iii) a certificate, dated the Closing Date, of the District to the effect that (A) there is no action, suit, proceeding or investigation at law or in equity before or by any court, public board or body which has been served on the District or, to the knowledge of the District, threatened against or affecting the District to restrain or enjoin the District's participation in, or in any way contesting the existence of the District or the powers of the District with respect to, the transactions contemplated by this Bond Purchase Agreement or the Agreement, and consummation of such transactions; (B) the representations and warranties of the District contained in this Bond Purchase Agreement are true and correct in all material respects, and the District has complied with all agreements and covenants and satisfied all conditions to be satisfied at or prior to the Closing Date as contemplated by the Agreement and this Bond Purchase Agreement, and (C), there are no obligations of the District secured by the Pledged Revenues on a basis senior to or on a parity with the 2026 Bonds;

(iv) an opinion of counsel to the District, dated the Closing Date and addressed to the District, the Purchaser and the Trustee to the effect that:

(A) the District is a local healthcare district, organized and existing under the laws of the State;

(B) the District has full legal power and lawful authority to enter into the Agreement and this Bond Purchase Agreement;

(C) the District Resolution has been duly adopted at a meeting of the governing body of the District, which was called and held pursuant to the law and with all public notice required by law and at which a quorum was present and acting throughout and the District Resolution is in full force and effect and has not been modified, amended or rescinded;

(D) the Agreement and this Bond Purchase Agreement have been duly authorized, executed and delivered by the District and, assuming due authorization, execution and delivery by the other parties thereof, constitute the valid, legal and binding agreements of the District enforceable in accordance with their terms; and

(E) Except as otherwise specifically disclosed to the Purchaser, there is no litigation, action, suit, proceeding or investigation (or any basis therefor) at law or in equity before or by any court, governmental agency or body, pending by way of a summons served against the District or, to our knowledge, threatened against the District, challenging the creation, organization or existence of the District, or the validity of the Agreement or this Bond Purchase Agreement or seeking to restrain or enjoin any of the transactions referred to therein or contemplated thereby or contesting the authority of the District to enter into or perform its obligations under the Agreement or this Bond Purchase Agreement, or under which a determination adverse to the District would have a material adverse effect upon the availability of Pledged Revenues, or which, in any manner, questions the right of the District to enter into, and perform under, the Agreement or this Bond Purchase Agreement;

(v) an opinion of counsel to the Trustee, dated the Closing Date and addressed to the District and the Purchaser, to the effect that:

(A) The Trustee is a national banking association organized and existing under the laws of the United States of America, having full power to enter into, accept and administer the trust created under the Agreement;

(B) The Agreement has been duly authorized, executed and delivered by the Trustee and the Agreement constitutes a legal, valid and binding obligation of the Trustee enforceable in accordance with its terms, except as enforcement thereof may be limited by bankruptcy, insolvency or other laws affecting the enforcement of creditors' rights generally and by the application of equitable principles, if equitable remedies are sought; and

(C) No consent, approval, authorization or other action by any governmental or regulatory authority having jurisdiction over the Trustee that has not been obtained is or will be required for the execution and delivery of the Agreement or the consummation of the transactions contemplated by the Agreement;

(vi) a certificate, dated the Closing Date, of the Trustee, signed by a duly authorized officer of the Trustee, to the effect that (A) the Trustee is duly organized and validly existing as a national banking association, with full corporate power to undertake the trust of the Agreement; (B) the Trustee has duly authorized, executed and delivered the Agreement and by all proper corporate action has authorized the acceptance of the trust of the Agreement; and (C) to such officer's knowledge, there is no action, suit, proceeding or investigation at law or in equity before or by any court, public board or body which has been served on the Trustee (either in state or federal courts), or to the knowledge of the Trustee which would restrain or enjoin the execution or delivery of the Agreement, or which would affect the validity or enforceability of the Agreement, or the Trustee's participation in, or in any way contesting the powers or the authority of the Trustee with respect to, the transactions contemplated by the Agreement, or any other agreement, document or certificate related to such transactions;

(vii) a supplemental opinion of Bond Counsel, dated the Closing Date and addressed to the District and the Purchaser, to the effect that:

(A) this Bond Purchase Agreement has been duly authorized, executed and delivered by the District and, assuming the valid execution and delivery by the other party thereto, is valid and binding upon the District, subject to the laws relating to bankruptcy, insolvency, reorganization of creditors' rights generally and to the application of equitable principles, and

(B) the 2026 Bonds are exempt from registration pursuant to Section 3(a)(2) of the Securities Act of 1933, as amended, and the Agreement are exempt from qualification pursuant to the Trust Indenture Act of 1939, as amended;

(viii) a certified copy of the District Resolution;

(ix) the specimen 2026 Bonds;

(x) evidence of required filings with the California Debt and Investment Advisory Commission; and

(xi) such additional legal opinions, certificates, instruments and other documents as the Purchaser may reasonably deem necessary to evidence the truth and accuracy as of the time of the Closing Date of the representations and warranties of the District contained in this Bond Purchase Agreement and the due performance or satisfaction by the District at or prior to such time of all agreements then to be performed and all conditions then to be satisfied by the District pursuant to this Bond Purchase Agreement.

9. *Termination.* The Purchaser shall have the right to cancel its obligations to purchase the 2026 Bonds if between the date hereof and the Closing Date:

(a) legislation shall have been enacted, or considered for enactment with an effective date prior to the Closing Date, or a decision by a court of the United States shall have been rendered, the effect of which is that of the 2026 Bonds, including any underlying obligations, or the Agreement, as the case may be, is not exempt from the registration, qualification or other requirements of the Securities Act of 1933, as amended and as then in effect, the Securities Exchange Act of 1934, as amended and as then in effect, or the Trust Indenture Act of 1939, as amended and as then in effect; or

(b) a stop order, ruling, regulation or offering circular by the Securities and Exchange Commission or any other governmental agency having jurisdiction of the subject matter shall have been issued or made or any other event occurs, the effect of which is that the issuance, offering or sale of the 2026 Bonds, including any underlying obligations, or the execution of the Agreement, as contemplated hereby, is or would be in violation of any provisions of the federal securities laws, including the Securities Act of 1933, as amended and as then in effect, the Securities Exchange Act of 1934, as amended and as then in effect, or the Trust Indenture Act of 1939, as amended and as then in effect; or

(c) there shall have occurred any outbreak of hostilities or any national or international calamity or crisis, including a financial crisis, the effect of which on the financial markets of the United States is such as, in the reasonable judgment of the Purchaser, would materially adversely affect the market for or market price of the 2026 Bonds; or

(d) there shall be in force a general suspension of trading on the New York Stock Exchange, the effect of which on the financial markets of the United States is such as, in the reasonable judgment of the Purchaser, would materially adversely affect the market for or market price of the 2026 Bonds; or

(e) a general banking moratorium shall have been declared by federal, New York or California authorities; or

(f) any proceeding shall be pending or threatened by the Securities and Exchange Commission against the District; or

(g) additional material restrictions not in force as of the date hereof shall have been imposed upon trading in securities generally by any governmental authority or by any national securities exchange; or

(h) the New York Stock Exchange or other national securities exchange, or any governmental or regulatory authority, shall impose, as to the 2026 Bonds or obligations of the general character of the 2026 Bonds, any material restrictions not now in force, or increase materially those now in force, with respect to the extension of credit by, or the charge to the net capital requirements of the Purchaser; or

(i) any change, which in the reasonable opinion of the Purchaser, materially adversely affects the financial condition of the District.

10. *Contingency of Obligations.* The obligations of the District hereunder are subject to the performance by the Purchaser of its obligations hereunder.

11. *Duration of Representations, Warranties, Agreements and Covenants.* All representations, warranties, agreements and covenants of the District shall remain operative and in full force and effect, regardless of any investigations made by or on behalf of the Purchaser or the District and shall survive the Closing Date.

12. *Expenses.* The District will pay or cause to be paid all reasonable expenses incident to the performance of its obligations under this Bond Purchase Agreement, including, but not limited to, mailing or delivery of the 2026 Bonds, the fees and disbursements of the Trustee, the District's municipal advisor, Bond Counsel and counsel to the District, the fees and expenses of the District's accountants and fiscal consultants, fees of counsel to the Purchaser and the reporting fee to the California Debt and Investment Advisory Commission. In the event this Bond Purchase Agreement shall terminate because of the default of the Purchaser, the District will, nevertheless, pay, or cause to be paid, all of the expenses specified above. The Purchaser shall pay all expenses incurred by it in connection its purchase of the 2026 Bonds.

13. *Notices.* Any notice or other communication to be given to the District under this Bond Purchase Agreement may be given by delivering the same in writing to its Chief Financial Officer, Southern Humboldt Community Healthcare District, 733 Cedar Street, Garberville, CA 95542, and any notice or other communication to be given to the Purchaser under this Bond Purchase Agreement may be given by delivering the same in writing to [_____].

14. *Parties in Interest.* This Bond Purchase Agreement is made solely for the benefit of the District and the Purchaser (including the successors or assigns of the Purchaser) and no other person, including any purchaser of the 2026 Bonds, shall acquire or have any right hereunder or by virtue hereof.

15. *Waiver of Jury Trial.*

(a) TO THE MAXIMUM EXTENT PERMITTED BY LAW, EACH OF THE DISTRICT AND THE PURCHASER IRREVOCABLY WAIVES ANY AND ALL RIGHT TO TRIAL BY JURY IN ANY LEGAL PROCEEDINGS ARISING OUT OF OR RELATING TO THIS PURCHASE CONTRACT OR THE TRANSACTIONS CONTEMPLATED HEREBY. THE DISTRICT FURTHER AGREES THAT, IN THE EVENT OF LITIGATION, IT WILL NOT PERSONALLY OR THROUGH ITS AGENTS OR ATTORNEYS SEEK TO REPUDIATE THE VALIDITY OF THIS SECTION 12, AND IT ACKNOWLEDGES THAT IT FREELY AND VOLUNTARILY ENTERED INTO THIS AGREEMENT TO WAIVE TRIAL BY JURY IN ORDER TO INDUCE THE PURCHASER TO ENTER INTO THIS PURCHASE CONTRACT.

(b) To the extent the foregoing waiver of a jury trial is unenforceable under applicable California law, the parties agree to refer, for a complete and final adjudication, any and all issues of fact or law involved in any litigation or proceeding (including all discovery and law and motion matters, pretrial motions, trial matter and post-trial motions up to and including final judgment), brought to resolve any dispute (whether based on contract, tort or otherwise) between the parties hereto arising out of, in connection with or otherwise related or incidental to this Purchase Contract to a judicial referee who shall be appointed under a general reference pursuant to California Code of Civil Procedure Section 638, which referee's decision will stand as the decision of the court. Such judgment will be entered on the referee's statement of judgment in the same manner as if the action had been tried by the court. The parties shall select a single neutral referee, who shall be a retired state or federal judge with at least five years of judicial experience in civil matters; provided that the event the parties cannot agree upon a referee, the referee will be appointed by the court. The referee's fees shall be borne by the party who does not prevail, as determined by the referee.

16. *Governing Law.* This Bond Purchase Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts made and performed in California.

17. *Headings.* The headings of the paragraphs of this Bond Purchase Agreement are inserted for convenience of reference only and shall not be deemed to be a part hereof.

18. *Severability.* In case any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof.

19. *Effectiveness.* This Bond Purchase Agreement shall become effective upon acceptance hereof by the District.

(remainder of page intentionally left blank)

20. *Counterparts.* This Bond Purchase Agreement may be executed in several counterparts which together shall constitute one and the same instrument.

Very truly yours,
[PURCHASER], as Purchaser

By: _____
Authorized Signatory

Accepted and agreed to as of
the date first above written:
SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT

By: _____
Chief Executive Officer

**EXHIBIT A TO THE
BOND PURCHASE AGREEMENT**

**SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT
Revenue Bonds, Series 2026**

MATURITY SCHEDULE

Maturity Date (_____ 1)	Principal Amount	Interest Rate
_____	_____	_____

Resolution No. 26:12

A RESOLUTION OF SOUTHERN HUMBOLDT HEALTHCARE DISTRICT ANNEX ADOPTING THE HUMBOLDT COUNTY, CA, MULTI-JURISDICTIONAL HAZARD MITIGATION PLAN 2025

WHEREAS the Southern Humboldt District Board of Supervisors recognizes the threat that natural hazards pose to people and property within Humboldt County; and

WHEREAS Humboldt County has prepared a multi-hazard mitigation plan, hereby known as the Humboldt County, CA Multi-Jurisdiction Hazard Mitigation Plan 2025 in accordance with federal laws, including the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended; the National Flood Insurance Act of 1968, as amended; and the National Dam Safety Program Act, as amended; and

WHEREAS the Humboldt County, CA Multi-Jurisdiction Hazard Mitigation Plan 2025 identifies mitigation goals and actions to reduce or eliminate long-term risk to people and property in Humboldt County from the impacts of future hazards and disasters; and

WHEREAS adoption by the Southern Humboldt Community Healthcare District Board demonstrates its commitment to hazard mitigation and achieving the goals outlined in the Humboldt County, CA, Multi-Jurisdiction Hazard Mitigation Plan 2025.

NOW THEREFORE, BE IT RESOLVED BY Southern Humboldt District Board, CALIFORNIA, THAT:

Section 1. The Southern Humboldt District Board of Supervisors adopts the Humboldt County, CA, Multi-Jurisdiction Hazard Mitigation Plan 2025. While content related to the Southern Humboldt Community Healthcare District Board may require revisions to meet the plan approval requirements, changes occurring after adoption will not require the Southern Humboldt Community Healthcare District Board to re-adopt any further iterations of the plan. Subsequent plan updates following the approval period for this plan will require separate adoption resolutions.

ADOPTED by a vote of _____ in favor and _ against, and _ abstaining, this 30th day of September.

By: _____ Kevin Church

ATTEST: By: _____ Corinne Stromstad