SoHum Health

Southern Humboldt Community Healthcare District

MEETING NOTICE
Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on October 29, 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, September 30, 2026
   b. Special Governing Board Meeting, October 16, 2026

7 - 18
19 - 21

2. SHCHD New and Updated Policies

Radiology

22 a. Requesting an Exam in Radiology- Annual Review

23 b. CT Scope of Practice – Annual Review

Quality and Compliance

24 - 27 c. Statements of Patient Rights – Annual Review

28 - 31 d. Complaints and Grievances – Annual review

Pharmacy

32 - 33 e. Medication Error Reduction Plan – Annual Review

PFS

34 - 39 f. Charity Care – New

<u>Retired:</u>

Compliance

40 - 41 g. Data Governance – Outdated

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

42 - 47

1. Approval of Resolution 26:14 Bond Issuance
2. Approval of the Fiscal Agent Agreement - See Supplemental
3. Approval of the Medical Staff Bylaws - See Supplemental

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

J. Administrator's Report – Matt Rees, CEO

1. Department Updates
   a. Milestones
   b. September Employee Anniversaries
      1 Year: RN Jaynah Holst
      24 Years: PFS Manager Marie Brown

48 - 51

c. CNO Report – Adela Yanez – See Report

52 - 63

d. Approval of September Financials – See Report
e. Family Resource Center – Amy Terrones – Mar and Oct – Moved to November

K. Old Business

1. Scheduling of the Annual Quality and Compliance Training

L. New Business

64 - 66

1. Approval of Resolution 26:15 RRDEC Loan of up to $4 Million

M. Parking Lot -None

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, November 12, 2026, at 12:30 p.m.
2. Policy Development Committee – Tuesday, November 17, 2026, at 10 a.m.
3. QAPI Meeting – Wednesday, November 11, 2026, at 1 p.m.
4. Finance Committee – TBD
5. Governing Board Meeting – TBD

Q. Adjourn to Closed Session

1. Closed Session
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. Compliance, Risk, and Reports of Quality Assurance Committees **[H&S Code § 32155]** - Kristen Rees, CQCO
4. Quarterly Reports - None
   a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec. – 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. Ashe, Lera, LMFT – Reappointment As Active status in Mental

Health Counselor/Therapist privileges from November 1, 2026 to October 31, 2028

b. Longwell, Heaven, LMFT – Reappointment as Active status in Mental Health Counselor/Therapist privileges from November 1, 2026 to October 13, 2028
c. O'dell, Allison, LCSW - Reappointment as Active status in Mental Health Counselor/Therapist privileges from November 1, 2026 to October 13, 2028
d. Buitenhuys, Casey, MD – Reappointment as Active status in Emergency Medicine Privileges from November 1, 2026 to October 13, 2028
e. Deaver, Mark, MD – Reappointment as Active status in Emergency Medicine Privileges from November 1, 2026 to October 13, 2028
f. Dutton, John, MD - Reappointment as Active status in Emergency Medicine Privileges from November 1, 2026 to October 13, 2028
g. Errecart, Keith, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
h. Kanaan, Nicholas, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
i. Kotter, Haleigh, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
j. LeBlanc, Christopher, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
k. London, Keri, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
l. Mckinney, Wallace, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
m. Miniel, Nicholas, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
n. Nelson, Cole, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
o. Saghafi, Omeed, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to

October 31, 2028

p. Tresenriter, Megan, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
q. Wayment, Andrew, MD - Reappointment as Active status in Emergency Medicine privileges from November 1, 2026 to October 31, 2028
r. Alkhairy, Tahir, MD - Reappointment as Active status in Diagnostic Radiology – Teleradiology privileges from November 1, 2026 to October 31, 2028
s. Lampert, Paul, MD - Reappointment as Active status in Diagnostic Radiology – Teleradiology privileges from November 1, 2026 to October 31, 2028
t. Meyer, Johnathan, MD - Reappointment as Active status in Diagnostic Radiology – Teleradiology privileges from November 1, 2026 to October 31, 2028
u. Lopez, Marco, ASW – Appointment as Provisional status in Mental Health/Therapist privileges from November 1, 2026 to October 31, 2027

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

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

S. Resume Open Session

T. Adjourn

Abbreviations

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

DO	Doctor of Osteopathic Medicine	*Resident*	Patients Residing in the Skilled Nursing Facility

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

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

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

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

**Times are estimated*

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

Posted October 26, 2026

SoHum Health

Southern Humboldt Community Healthcare District

Governing Board

Date: September 30, 2026
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

The Governing Board consists of Chris Schille, Kevin Church (Arrived at 2:06) , Yvonne Hendrix, Corinne Stromstad, and Galen Latsko (Arrived at 1:55).

Not Present: None

Also in person: CEO Matt Rees, CQCO Kristen Rees, Wendy Kornberg, and Coral Ciarabellini

Also via Webex: Executive Assistant Darrin Guerra, HR Manager Season Bradley-Koskinen, HIM Manager Remy Quinn, Kana Voelckers, Nick Vogel, Pharmacist Christina Babowski, Jessica Gardner, Marie Brown, Mike Egan, Josh Andrews, Charlee Klausen and IT Director Jason Dokins

A. Call to Order – Board Vice President Corinne Stromstad called the meeting to order at 1:37 pm.

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

C. Approval of the Agenda

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

D. Public Comment on Non-Agendized Items
   1. The Board received multiple public comments regarding the recent loan from the foundation, the creation of the new IT committee, Seismic Requirements, senior executives not living in

Garberville, why the Optometry is in a mobile clinic, praise from multiple public members on the efficiency and necessity of the ER, comments about other CEO's in other organizations making much more, and why mobile optometry is in a mobile clinic.

2. Senior Leadership and the Governing Board responded to these questions and concerns.

E. Board Member Comments - None

F. Announcements

G. Approval of 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) -
   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

Items G.2.a, G.2.e, G.2.f, G.2.g, and G.2.j were pulled from the consent agenda.

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

Motion:	Corinne Stromstad motioned to approve G.2.A with corrections
Second:	Yvonne Hendrix
Ayes:	Chris Schille, Corinne Stromstad, and Yvonne Hendrix
Noes:	None
Not Present:	Galen Latsko and Kevin Church
Motion Carried	

Galen Latsko Arrived at 1:55

Motion:	Chris Schille motioned to approve G.2.e with corrections
Second:	Galen Latsko
Ayes:	Galen Latsko Chris Schille, Corinne Stromstad, and Yvonne Hendrix
Noes:	None
Not Present:	Kevin Church
Motion Carried	

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

Motion:	Yvonne Hendrix motioned to approve G.2.e with corrections
Second:	Chris Schille
Ayes:	Galen Latsko Chris Schille, Corinne Stromstad, and Yvonne Hendrix
Noes:	None
Not Present:	Kevin Church
Motion Carried	

Kevin church arrived at 2:06

H. Last Action Items for Discussion

1. Approval of Medical Staff Bylaw Revisions
    a. Medical Staff Bylaws will be completed and brought to the October Board meeting

2. CEO Job Description

Motion:	Chris Schille motioned to approve the updated CEO Job Description
Second:	Galen Latsko
Ayes:	Galen Latsko, Kevin Church, Chris Schille, Corinne Stromstad, and Yvonne Hendrix
Noes:	None
Not Present:	None
Motion Carried	

I. Correspondence Suggestions or Written Comments to the Board
   1. Two separate written comments were submitted to the Board and read to the public

J. Administrator's Report – Matt Rees, CEO
Matt presented his staff report and presented the updated Strategic Plan highlighting future project and projects that have been completed in the past year.

1. Department Updates
   a. Milestones- Strategic Plan
   b. September Employee Anniversaries
      1Year: 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: Linda Candiotti
   c. CNO Report – Adela Yanez – See Report
   d. Approval of August Financials – See Report
      i. Paul presented the August Financials and answered corresponding questions
   e. Family Resource Center – Amy Terrones – Mar and Oct – None

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

K. Old Business
   1. IT Integrity Committee
   2. Chris and Galen will meet with Kan Voelckers to decide how they would like to move forward with their committee, more information will be brought to a future Board meeting.

L. New Business

1. Resolution 26:11 - AUTHORIZING COMMENCEMENT OF PROCEEDINGS IN CONNECTION WITH THE PROPOSED ISSUANCE OF REVENUE BONDS OF UP TO $10 MILLION

Motion:	Chris Schille motioned to approve Resolution 26:11
Second:	Galen Latsko
Ayes:	Christopher Schille, Galen Latsko, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	None
Motion Carried	

2. Approval of Ordinance 26:01 APPROVING A FORMAL AGREEMENT FOR THE SALE OF REVENUE BONDS

Motion:	Yvonne Hendrix motioned to approve Ordinance 26:01
Second:	Galen Latsko
Ayes:	Christopher Schille, Galen Latsko, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	None
Motion Carried	

3. Approval of the Bond Purchase Agreement

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

4. Resolution 26:12 ADOPTING THE HUMBOLDT COUNTY, CA, MULTI-JURISDICTIONAL HAZARD MITIGATION PLAN 2025

   Motion: Chris Schille motioned to approve Resolution 26:12
   Second: Galen Latsko
   Ayes: Christopher Schille, Galen Latsko, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
   Noes: None
   Not Present: None
   Motion Carried

M. Parking Lot - None

N. Meeting Evaluation – None

O. New Action Items

1. Med Staff Bylaws
2. Annual Quality and Compliance Training

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 28, 2026, at 1 p.m.
4. Finance Committee – Friday, October 26, 2026, at 10 a.m.
5. Governing Board Meeting – Thursday, October 29, at 1:30

Q. Closed Session
1. Closed Session opened at 4:15
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. 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. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session at 4:40 p.m.

1. Action Items to Report in Open Session

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

T. Kevin Church Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

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

RESOLUTION NO.26:11

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: 5

NAYS: 0

ABSENT: 0

ABSTAIN: 0

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: 5

NAYS: 0

ABSENT: 0

ABSTAIN: 0

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

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 5 in favor and 0 against, and 0 abstaining, this 30th day of September.

By: Kevin Church Kevin Church

ATTEST: By: Corinne Stromstad Corinne Stromstad

SoHum Health

Southern Humboldt Community Healthcare District

Special Governing Board Meeting

Date: Friday, October 16, 2026
Time: 10:00 a.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Galen Latsko (Arrived at 10:09), Chris Schille, and Kevin Church in-person

Not Present: Yvonne Hendrix

Also in person: Darrin Guerra and CEO Matt Rees

Also via Webex: Chief of Staff Dr. Snehal Raisoni, Nick Vogel, Cherie Hurt, Josh Anderson, Season Bradley-Koskinen, Chris Valk, CFO Pual Eves, Jennifer Masterson, Ryan Staples, Melissa Hamilton, Jacob Taylor, Lora Simone, And Heidi Holtermann and Remy Quinn

A. Call to Order – Board president Kevin Church called the meeting to order at 10:05 am.

B. Approval of the Teleconferencing of a Board Member

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

C. Approval of the Agenda –

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

D. Public Comment on Non-Agendized Items

1. There were public comments about the Districts Redwood Drive project as well as

comments about not trusting that Measure K funds will be used appropriately.

2. Durin public comment service was disrupted at 10:07 the Board took a brief recess while they worked to get services restored. Galen Latsko arrived at 10:09. The Board reconvened at 10:12 when service was restored.

E. Board Member Comments - None

F. Announcements - None

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

H. New Business

1. Approval of Resolution 26:13 Approval of commitment from the Governing Board to Only Use Measure K Funds for the Purpose of Constructing the New Hospital.
    a. Kevin Church spoke briefly about the services that have expanded in the last 10 years, additional beds, MRI, the Mobile Clinic, PT, OT., ST, Behavioral Health, Optometry, we have doubled the employees of the District and have attempted to support the community as not only community members themselves, but the elected officials of the District. As stated by Kevin, one of the Governing Boards duties is to help identify health care needs in the community and make a collective decision if the District should pursue them. He spoke about how in the last ten years District assets have increased from 4 million to 50 million, and that unfortunately, adding new services costs money and the Board has collectively made decisions to expand services that the community otherwise would not have access to. Though some community members may criticize these decision the Board believes it was made with their best interest in mind.
    b. Corrine spoke to the importance of having a care home and ER in our community and how important and impactful it is to be able to see your loved ones every day whether they are staying in the care home or recovering from something more serious.
    c. Galen spoke briefly about how the more the District and hospital succeeds and grows, the more people will want to come, stay, and raise families in the area.
    d. Chris spoke briefly about a leg fracture he suffered when he was young growing up in Southern Humboldt, without access to the hospital for stabilization and surgery he may have had to lose his leg, which would have drastically affected his life.
    e. One member of the public had questions and concerns about how many staff members live within the boundaries as well as concern about senior staff members driving out the doctors from the area
    f. Another public member urged the Board not to pass this resolution as they believed it was a political stunt. The Board explained that it was specifically requested from voters at the recent Measure K town hall, and were responding to concerns from their constituents.

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

I. Kevin Church Adjourned Open Session at 10:49 a.m.

Submitted by Darrin Guerra

Abbreviations

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

SoHum Health

Subject: Requesting an Exam in Radiology	Manual: Radiology

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to require a radiology order to perform appropriate examinations.

PROCEDURE:

An order or request for a radiologic exam must be completed for all patients.

- All requests for diagnostic imaging **must** include:
  - Patient's name and date of birth.
  - Type of examination.
  - Relevant history or clinical indication (reason) for the exam.
  - Signature of ordering physician or his/her designee and date order was signed.
  - Additional patient information as appropriate.

- A completed requisition, or written prescription must be submitted by the referring physician or his/her designee.
  - Electronic ~~x-ray~~ orders through electronic medical records~~Heathland~~ shall be used for inpatients, SoHum Health Clinic outpatients and Emergency Department patients. ~~All CT and US orders shall be requested utilizing a paper order form~~.
  - Orders received from special programs or outside facilities must include **all** required information **prior** to performing the exam(s).

- The completed images will be forwarded to OnRad, Inc. for interpretation.

- The technologist will validate the exam via OnRad, Inc. website.

DEFINITIONS:
None

SoHum Health

Subject: Scope of Practice in CT	Manual: Radiology

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide a procedure to delineate the hours of operation, age range of patients, and procedure if CT is down or no tech is available.

PROCEDURE:

- The CT department will be open for scheduled outpatient exams from 8:30 a.m. to 5:00 p.m. Monday through Sunday. Emergency exams always take precedence and are available 24 hours a day, 7 days a week. After normal business hours, the CT tech will be available on-call for the Emergency Department (ED).
- The CT department will accept patients of all ages with a valid physician's order and authorization (as needed). No patients requiring sedation during the CT exam will be performed at this facility.
- In the event that the CT scanner is down or no CT tech is available, the ED shall be notified immediately to ensure proper patient care.
- In the event that the CT scanner is down or no CT tech is available, all scheduled exams will be rescheduled.

DEFINITIONS:

None

SoHum Health

Subject:	Manual:
Statement of Patient Rights	**Quality**

Purpose:

The purpose of this Appendix is to outline patient rights as defined by the Medicare Conditions of Participation, California Health and Safety Code, and California Code of Regulations Title 22.

APPENDIX A:

Statement of Patient Rights

Patients of SoHum Health have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.

2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.

3. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and non-physicians who will see you.

4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to access your medical records. You will receive a separate "Notice of Privacy Practices" that explains your rights to access your records. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.

5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or nontreatment and the

risks involved in each, and the name of the person who will carry out the procedure or treatment.

6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.

7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.

8. Reasonable responses to any reasonable requests made for service.

9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.

11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.

12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.

13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.

14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.

15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.

16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.

17. Know which hospital rules and policies apply to your conduct while a patient.

18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:

- No visitors are allowed.
- The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
- You have told the health facility staff that you no longer want a particular person to visit. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.

20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.

21. Exercise these rights without regard to, and be free of discrimination on the basis of, sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.

22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:

E-mail: QUALITY@SHCHD.ORG

Mail: Attn: Quality Dept
733 Cedar Street
Garberville, CA 95542

The grievance committee will review each grievance and provide you with a written response within 30 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

23. File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process. You can contact the California Department of Public Health Licensing and Certification Program:

California Department of Public Health
Licensing and Certification Program
Santa Rosa District Office
2170 Northpoint Parkway
Santa Rosa, CA 95407
Phone: (707) 576-6775
Toll Free: (866) 784-0703
Facsimile: (707) 576-2037
E-mail: CDPH-LNC-SANTAROSA@CDPH.CA.GOV

24. File a complaint with the Department of Fair Employment and Housing at www.dfeh.ca.gov, (800) 884-1684 or (800) 700-2320 (TTY) or 2218 Kausen Dr., #100, Elk Grove, CA 95758.

25. File a complaint with the Medical Board of California at www.mbc.ca.gov/consumers/ complaints, (800) 633-2322 or 2005 Evergreen St., #1200, Sacramento, CA 95815.

SoHum Health

Subject: Complaints and Grievances	Manual: Quality

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to respond to complaints and grievances according to applicable regulations and in a patient-centered, standardized way. SoHum Health strives to provide excellent quality of care and services. Every effort is made to resolve complaints at the time a complaint is received. Grievances are acknowledged, investigated, and an appropriate response provided to the patient/patient representative in a timely manner. "Timely" is defined as within seven (7) days to acknowledge the grievance and within thirty (30) days for the completion of the investigation and a final response back to the patient. For more complicated grievances, an interim response will be sent by thirty (30) days and a final in sixty (60) days. This policy applies to all patients, their families, and all employees, volunteers, contractors, and medical staff at SoHum Health. Billing issues are not usually considered grievances for the purposes of this policy.

All patients/patient representatives have the right to file a complaint, grievance, concern, or suggestion without consequence. Complaints or grievances involving situations that place a patient in immediate danger are resolved immediately in collaboration with the appropriate service director or manager, administrator, and/or medical staff leader. SoHum Health encourages staff members to invite feedback from patients and families and work immediately to resolve the patient/patient representative complaints, at the time the complaint is voiced. Complaints, grievances, or suggestions may include but are not limited to quality-of-care issues, patient safety concerns, staff competency, physician or staff behavior, abuse, neglect, patient harm, or any noncompliance with regulatory requirements.

The grievance process will be delegated by the Governing Body to the Grievance Committee. The Quality and Compliance Departments receive grievances and call committee meetings as needed.

PROCEDURE

A. Patients and families may file a complaint or grievance using the following methods:

   a. Letter or email to the Quality Department
      i. E-mail: QUALITY@SHCHD.ORG
      ii. Letter: Attn: Quality Dept
      733 Cedar Street
      Garberville, CA 95542

   b. Notifying any member of Administration, the Medical Staff, or SoHum Health staff of their concern.

B. The Statement of the Patient Rights is posted in the hospital and outlines the methods for filing a concern, complaint, or grievance. The Statement of Patient Rights includes the phone number and address of the California Department of Public Health Licensing and Certification Program.

C. Regarding care concerns filed by persons other than a patient (e.g., patient's spouse, conservator, or parent/legal guardian of minor child):

   a. SoHum Health supports interested third parties' (e.g., such as patient representatives, family members, or friends), ability to raise concerns regarding patient care. To protect patient privacy, it is our policy to notify the patient/conservator/legal guardian that a concern was raised. We will send our response to the concern to the patient/conservator/legal guardian, not the complainant.

D. Complaints or grievances will be directed as defined below, according to the nature of the issues discussed in the complaint.

   a. Concerns, complaints, and grievances about billing/charges are directed to Patient Financial Services.
   b. Concerns, complaints, and grievances concerning privacy violations will be routed to the Compliance Officer for resolution.
   c. Complaints concerning lost belongings will be directed to the department where the item was lost and that department should:

      i. Make efforts to locate the item.
      ii. Get from the patient or patient representative a description and statement of value for the missing item(s).
      iii. Investigate the loss and determine an appropriate course.

   d. Quality of care and all other complaints or concerns will be directed to the appropriate manager, director, or designee for resolution. If it

cannot be resolved while the patient is still in the care of SoHum Health, then the complaint will be considered a grievance.

e. All grievances will be logged into the event reporting software by the staff member who received the grievance.
f. The Quality Department and, for physician complaints, the Medical Staff Coordinator, will coordinate responses and follow-up actions related to the complaint/grievance.
g. The Quality Department will send an acknowledgement letter to the patient within seven (7) days of receiving the grievance.
h. Grievances will be investigated with the appropriate administrator and or manager and will require an investigation and response within thirty (30) days and a detailed response in writing within sixty (60) days.

    i. The response for accredited services must include the following elements and be worded in a manner that is suitable for the patient response letter:

        1. Title of person(s) completing the investigation
        2. Steps taken on behalf of the patient to investigate the grievance
        3. Results and/or actions taken as a result of the investigation
        4. Date investigation was completed

    ii. For non-accredited services, the minimum expectation would be a phone call to the patient acknowledging their complaint and, if applicable, the outcome of any investigation.

i. Grievances regarding physicians are addressed through the Medical Staff Professional Practice Evaluation process.
j. The Compliance Officer/Risk Manager and the appropriate administrator will be informed of any grievances which may be potentially compensable or are received as a Notice of Intent. Legal counsel and/or liability insurance carrier(s) may become involved.
k. The Compliance Officer and Administrator or the Administrator-On-Call will be immediately notified of any complaints which may involve the media or an imminent safety or security concern.

E. If the grievance was received via E-mail, it is managed via the same process outlined above, but written responses will be sent via US Mail. If there is no mailing address available, the response may be sent via encrypted E-mail.

F. Language Assistance

a. For non-English speaking patients, interpreter services are available to assist patients in registering a complaint and to notify them regarding the status of the complaint.

DEFINITIONS:

Complaint: An expression of dissatisfaction by a patient or their family regarding the quality of care or services provided that can be resolved at the point of service by staff present.

Grievance: A formal or written complaint by a patient or their family that cannot be resolved promptly by staff present and requires further investigation.

SoHum Health

Subject: Medication Error Reduction Plan Policy	Manual: Hospital Pharmacy

PURPOSE:

The purpose of the Medication Error Reduction Plan (MERP) is to advance error prevention by analyzing data collected in response to a medication error or a "near miss" event and to assess the cause and any contributing factors such as system or process failures. This information will be used to develop, monitor, assess, and evaluate various action plans on an ongoing basis.

The MERP will be subject to tested and reliable quality measures that serve to assess, analyze, and evaluate risk reduction strategies, effectiveness of interventions, and to expand education and reporting of findings from all elements of the MERP plan (i.e. prescribing, order communication, labeling, packaging, dispensing, monitoring, etc).

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to conduct an ongoing, concurrent, and retrospective program to detect, monitor, and evaluate actual or potential medication event errors. This policy covers all areas of patient care, including the emergency department, the skilled nursing facility, swing bed, acute care, and the clinic.

The pharmacy’s medication management system will be evaluated for risk points, and failure modes. Areas to improve overall medication safety shall be identified.

Reports will be reviewed on a regular basis to identify trends or actual/potential patient safety issues, based on reported medication-related adverse events (actual or potential).

Documentation of annual review and approval of the facility’s MERP (including data trends/action plans) shall occur no later than January 31st of each calendar year.

The District will maintain a written Medication Error Reduction Plan.

DEFINITIONS:

Medication error: any preventable medication-related event that adversely affects a patient and that is related to professional practice, or health care products, procedures, and systems, including, but not limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Near miss: A variation from a medication order that leaves the pharmacy (or intended staging area) but is discovered and retrieved prior to administration to the patient.

Good catch: A variation from the intended medication treatment order that is found and

corrected prior to distribution to the patient from the pharmacy, nursing care area, or other intermediary staging area.

PROCEDURE:

All medication events are reported upon discovery. All medication errors must be recorded and reported immediately to the practitioner who ordered the drug or another practitioner responsible for the medical care of the patient.

All medication events are reported by all hospital personnel into the electronic incident reporting system. Event reports will include the date, location, and participants of the event, patient identification, medication ordered and the resulting variance, pertinent data relating to the error, review and documentation of any patient contact, and the action taken to remedy the specific error. All medication events shall be categorized as actual "Medication Errors", "Near Miss", or "Good Catch" error events. These events are trended over time.

A multidisciplinary team will conduct an initial investigation of what transpired and submit details into the electronic report and actions will be taken to reduce risk and increase safety. Specific actions may include corrective and/or preventative actions and action plans, cause analysis, performance improvement, and/or tracking. Investigations may result in public reporting to regulatory compliance agencies.

Any indicated interventions and/or monitoring will be determined by a provider and documented in the electronic health record.

Medication events that cause acute patient harm are reported to the administrator on duty and Pharmacy Director or the pharmacist on duty.

Patients who are harmed by a medication event will receive full disclosure by the attending provider and/or hospital leadership. It will be the responsibility of the appropriate designee, or that person’s designee to ensure that notification of the patient has occurred.

Quarterly medication event reports are submitted to the MERP Committee, which consists of at least a pharmacist, a member of the Quality and Compliance Department, the Chief Nursing Officer or designee, and a physician. Trends, root causes, corrective actions, and effectiveness measures shall be reported through the hospital's Quality Assessment and Performance Improvement (QAPI) program and MERP Committee to the Medical Staff Committee and the Governing Board.

Committee meetings will be documented and meeting minutes will be stored online in the MERP folder for verifiable compliance of meeting frequency.

The MERP plan will be reviewed annually to assess the effectiveness of the implementation of each of the procedures and systems. The MERP will be modified when weakness or deficiencies are noted to achieve the reduction of medication errors.

The Governing Board delegates operational responsibility for administration of the Medication Error Reduction Plan to the Chief Executive Officer, Director of Pharmacy, Chief Nursing Officer, Medical Staff, and Quality and Compliance Department, as applicable

SoHum Health

Subject:	Manual:
Charity Care, Financial Assistance, Payment Plans And Discounted and Extended Payment Plans	**Patient Financial Services**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD” or “District”) to offer Charity Care, Financial Assistance, Payment Plans, and Documented and Extended Payment Plans for those who meet the eligibility requirements.

PURPOSE:

The purpose of this policy and procedure is to assure that patients receive medically necessary care and have payment options, financial assistance, and discounted care in compliance with state and federal requirements.

DEFINITIONS:

Charity Care: Free care.
Discount Payment: Any charge for care that is reduced but not free.
High Medical Costs: "A patient with high medical costs" means a person whose family income does not exceed 400 percent of the federal poverty level. For these purposes, "high medical costs" means any of the following:

- Annual out-of-pocket costs incurred by the individual at the hospital that exceed the lesser of 10 percent of the patient's current family income or family income in the prior 12 months. Out-of-pocket costs means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.
- Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months. Out-of-pocket expenses means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

Patient’s Family: Expanded to add dependent children of any age and to account for the inclusion of parents when the patient is a dependent child who is not a minor.

Out-Of-Pocket Expenses: Any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

Emergency Physician Statement: An emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

PROCEDURE:

Charity Care Program

To be considered for "charity care", the patient's family income must be at or below 400% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 400% of the poverty level is required to maintain Southern Humboldt Community Healthcare District's (SHCHD) financial and operational integrity.

All medically necessary services rendered at SHCHD are eligible for the discount payment program.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for "charity care".

The patient may be a resident of the U.S. or another country.

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. Failure to provide this documentation means the application is not valid.

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Income information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future.

All documentation must be provided within 90 days of the application.

The hospital may elect to extend "charity care" eligibility to patients who are indigent or homeless and either unable or unavailable to complete a charity application. The hospital may also elect to extend "charity care" eligibility to patients from other states who have qualified for those state Medicaid plans and for whom SHCHD has not contracted with the state Medicaid plan.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

Discount Payment and Extended Payment Plans

Prompt Pay Discount:

SHCHD and Southern Humboldt Clinic (the Clinic) offers a 20% discount on all services for patients who are uninsured, who pay for their bill at the time of service or within 30 days of the first statement date.

Payment Arrangement Plans:

If patients are unable to pay their portion of the hospital bill in full at the time they receive their statement, the hospital has a structured payment plan without interest: The hospital's payment plan is as follows:

Balances between:	Max payment period	Minimum per month
$50 to $450	6 months	$50

$451 to $900	9 months	$75
$901 to $1500	12 months	$100
$1501 to 2700	18 months	$125
$2701 to All Larger	24 months	$150

Any outstanding balance greater than 90 days old may be subject to third-party collection action unless an approved Payment Plan Arrangement is in place.

Discount Payment Plan and Charity Care Program – Location of Policy and Procedure

The Policy and Procedures referenced within this Discharge notice can be requested from our Billing Office, please contact them at 877-673-0903 or submit a billing inquiry on our website at https://sohumhealth.org/patients/billing/

Discount Payment Plan and Charity Care Program – Eligibility Information

Charity Care Program

If the patient is uninsured, the patient's family income must be at or below 400% of the current FPL.

If the patient is insured with high medical costs, the patient's family income must be at or below 400% of the current FPL.

Discount Payment and Extended Payment Plans

To be considered for Discounted and Extended Payment Plans, the patient's family income may be at or above 400% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 400% of the poverty level is required to maintain SHCHD's financial and operational integrity.

The patient must have received medically necessary care within a Southern Humboldt Community Healthcare District facility.

This applies to all patient balances, including high deductibles and copays for patients with insurance, unless the insurance contract specifically prohibits discounts.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for discounted payment or extended payment plans.

If a person wants to apply for a discounted or extended payment plan, is eligible under the eligibility requirement and states they cannot meet the hospital payment arrangement plan, the following will apply:

They must complete the Discounted or Extended Payment Plan Application and provide documented proof of their essential living expenses (rent/house payment, maintenance, food, household supplies. Utilities, telephone, clothing, other medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses including insurance/gas/repairs, installment payments, laundry, cleaning and any other extraordinary expenses).

If the documentation is verified and the patient qualifies, there will be:

- No interest charged.

- Monthly payments will be no more than 10% of the family income for one month, excluding the verified essential living expenses, with a minimum of $10 per month if the 10% is lower than $10 per month.
- Any discounts based on the sliding fee scale will be applied to the applicable visits.

If a patient defaults on their monthly payments, they may negotiate for a new payment plan within 30 days which meets the criteria outlined in this policy. The patient must make all consecutive payments due and past due during a 90-day period. If they default, the payment plan is no longer in effect and regular collection efforts may ensure.

Nominal Charge:

For all SHCHD primary care services, there will be a nominal fee of $10 for each service. A service is a clinic visit with the primary care provider. For example, if a patient sees their primary care provider in the clinic and qualifies for 100% discounted services, there would be a nominal fee of $10 for the clinic visit.

The patient may reside foreign or domestic.

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. Failure to provide this documentation invalidates the application.

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Income information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future.

All documentation must be provided within 90 days of the application.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

Federal Poverty Level (FPL)

For purposes of this policy, a sliding scale will be based on the current FPL guidelines, which are detailed below and are updated annually.

2025 Poverty Guidelines: 48 Contiguous Stats (all states except Alaska and Hawaii)

	Dollars Per Year
Household/ Family Size	400%
1	62,600.00
2	84,600.00
3	106,600.00
4	128,600.00
5	150,600.00
6	172,600.00
7	194,600.00
8	216,600.00
9	238,600.00
10	260,600.00
11	282,600.00
12	304,600.00
13	326,600.00
14	348,600.00

Expected Payment Limit

SHCHD shall limit how much it charges certain low-income patients (those making less than four times the federal poverty level). These patients should only be charged what SHCHD would normally expect to get paid by Medicare or Medi-Cal, whichever pays more.

If Medicare or Medi-Cal doesn't have a set price for a service, SHCHD shall come up with a fair discounted price.

Patients who qualify for these discounts don't have to go through a separate dispute process to get them.

Payment Plan Negotiation

SHCHD and patient shall negotiate the terms of the payment plan. If SHCHD and the patient cannot agree on the payment plan, SHCHD shall create a reasonable payment plan, where monthly payments are not more than 10% of the patient's monthly family income, excluding deductions for essential living expenses.

Review Process

If the patient is denied either "charity care" or "discount payment" programs, they may ask for a review. In reviewing the application, the hospital may make its final determination based on whether the patient completed the application, provided all required documentation within the

timelines, met the eligibility requirements and any mitigating factors the hospital determines to take into consideration. The results of the review are final.

Eligibility is reviewed by:
Chief Financial Officer 707-923-3921 ext. 1291
Patient Financial Services Manager 707-923-3921 ext. 1236
Business Office Manager 877-673-0903

The patient will be notified in writing to the last known address of the final determination within 30 days.

Contact Information

Patients who want further information can contact the billing office at 877-673-0903 or submit a billing inquiry on our website at https://sohumhealth.org/patients/billing/

Shoppable Services Website Link

The hospital provides a Patient Liability Estimator on their website at https://sohumhealth.org/patients/standard-charges-listing/

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help playing your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

SoHum Health

Subject: Data Governance	Manual: Compliance

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD," "District," "SoHum Health") to establish a framework for managing and prioritizing data to ensure data is managed efficiently, securely, and in alignment with the District's goals and compliance requirements.

A Data Governance Committee (DGC) will be formed as a sub-committee of the Compliance Committee to ensure the establishment of standards for data quality, classification, security, usage, and ensure these standards are practiced across the District.

The DGC will consist of specific District staff members who are in positions that govern data usage and/or frequently work with data. The DGC will ensure that the District delivers accurate data by following procedures related to the creation, distribution, and application of data. It will also ensure that data management processes and procedures align with the District's existing policies, regulatory requirements, and data management goals. If necessary, the DGC will recommend updates to existing policies and procedures or the creation of new ones.

PROCEDURE:

Data Governance Committee Structure

- **Frequency of Meetings**:
    - The DGC will meet on an ad-hoc basis, depending on the needs of the District
- **Committee Members**:
    - The DGC will be comprised of the following District personnel:
        - Director of Information Technology
        - Chief Quality and Compliance Officer
        - Health Information Manager
        - ESA Lead/EHR Support Analyst
- **Designees**:
    - A member of the DGC may send a designee in their place if they are unable to attend a meeting
- **Committee Responsibilities**:
    - The DGC will:
        - Review and examine existing policies, procedures, and other regulatory documentation pertaining to data governance to ensure that they are current, effective, and compatible with District operations and the software programs used by the District.
- **Documentation Updates and Creation**:

  If the need arises to update or create new documentation, the DGC will:

    - For existing documentation that is approved by the appropriate governing bodies:
        - Recommend to the head of the department that an update be made.
    - For new documentation:

- Recommend the creation of a new policy, procedure, or other documentation if the DGC determines it falls within a department's purview.
- Create a new policy, procedure, or other documentation if it falls within the DGC's purview.

Definitions:
None

RESOLUTION NO. 26:14

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AUTHORIZING THE ISSUANCE OF AND DETERMINING TO PROCEED WITH THE PRIVATE SALE OF REVENUE BONDS IN AN AGGREGATE PRINCIPAL AMOUNT NOT TO EXCEED $10,000,000, APPROVING THE EXECUTION AND DELIVERY OF A FISCAL AGENT AGREEMENT AND CERTAIN OTHER DOCUMENTS AND ACTIONS RELATED THERETO

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, pursuant to the provisions of Section 32315 *et seq*. of the California Health and Safety Code, the District may issue revenue bonds to provide for the acquisition, construction, improvement and financing of its facilities; 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 maximum aggregate principal amount of the Bonds is not more than 50% of the average of the District's gross revenues for the preceding three years; and

WHEREAS, the Board has previously approved the form of the bond purchase agreement for the Bonds on September 30, 2026 (the "Purchase Contract"); and

WHEREAS, pursuant to California Government Code Section 5852.1, the District has obtained from its financial advisor, Fieldman, Rolapp & Associates, Inc., good faith estimates of (a) the true interest cost of the Bonds, (b) the finance charge, meaning the sum of all fees and charges paid to third parties with respect to the Bonds, (c) the amount of proceeds of the Bonds expected to be received net of the fees and charges paid to third parties and any reserves or capitalized interest paid or funded with proceeds of the Bonds, and (d) the aggregate sum total of all debt service payments made on the Bonds, calculated to the final maturity of the Bonds, plus the fees and charges paid to third parties not paid with the proceeds of the Bonds, and such estimates are disclosed and set forth in Exhibit A attached hereto; and

WHEREAS, California Government Code Section 8855 places additional responsibilities on any issuer of public debt, including adopting debt management policies that meet certain criteria; and

WHEREAS, the District has previously adopted such a debt management policy and the

Bonds are in compliance with such policies; and

WHEREAS, Columbia Bank (the "Bank") has proposed to make a loan to the District in the aggregate principal amount of not to exceed $10,000,000, which is to be evidenced by the purchase of the Bonds, pursuant to the Bank's term sheet presented at this meeting (the "Term Sheet"); and

WHEREAS, the Board now desires to approve the issuance of the Bonds and authorize all proceedings relating thereto and all related documents and actions.

NOW, THEREFORE, BE IT RESOLVED 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. Authorization of the Bonds. The Board hereby authorizes the issuance of the Bonds by private sale for the purpose of providing funds to (i) finance the acquisition, construction and improvement of the Project, and (ii) pay the costs of issuance of the Bonds. The Bonds shall be issued in an aggregate principal amount not-to-exceed $10,000,000 and the maximum true interest cost of the Bonds shall not exceed 5.50%. The Bonds shall be designated the "Southern Humboldt Community Healthcare District Revenue Bonds, Series 2026." The Chief Executive Officer of the District, the Chief Financial Officer of the District, or either of their designees (the "Authorized Officers") are each authorized and directed to take all steps and actions which are necessary to accomplish the issuance, sale and delivery of the Bonds pursuant to the authorization given by and the conditions specified in this Resolution. The Bonds shall be dated as of their date of delivery pursuant to the Purchase Contract. The Term Sheet for the Bonds is hereby ratified and approved.

SECTION 3. Approval of Fiscal Agent Agreement. The Fiscal Agent Agreement related to the Bonds is hereby approved in the form submitted to this meeting, together with any changes therein or additions thereto which are deemed advisable by the Authorized Officers, and the Authorized Officers are each authorized to execute and deliver said agreement on behalf of the District, whose execution thereof shall be conclusive evidence of such approval. The Bonds will be issued as a single, fully registered bond, payable in the amounts and as set forth in the Fiscal Agent Agreement.

SECTION 4. Purchase Contract. The Authorized Officers are, and each of them acting alone is, authorized and directed to execute and deliver the Purchase Contract for and in the name and on behalf of the District, with such additions or changes therein as the Authorized Officer executing the same on behalf of the District may approve, in his or her discretion, as being in the best interests of the District including, without limitation (i) such changes as are necessary to reflect the final terms of the Bonds to the extent such terms differ from those set forth in this Resolution, such approval to be conclusively evidenced by such Authorized Officer's execution thereof and (ii) any other documents required to be executed thereunder.

SECTION 5. Payment of the Bonds. The Bonds shall be payable solely from the revenues of the District as described in the Fiscal Agent Agreement and shall not be deemed to constitute a debt or liability of the District under any constitutional charter or statutory debt limitation. Neither the faith and credit nor the taxing power of the District shall be pledged to the payment of the principal of or interest on the Bonds.

SECTION 6. Appointment of Professionals. The Board hereby authorizes and approves the following professionals to provide services in connection with the issuance of the Bonds:

(a) Fiscal Agent. U.S. Bank Trust Company, National Association is appointed as Fiscal Agent pursuant to the Fiscal Agent Agreement and to take any and all actions provided therein to be taken by the Fiscal Agent;

(b) Purchaser. Columbia Bank is appointed as the Purchaser of the Bonds;

(c) Municipal Advisor. Fieldman, Rolapp & Associates, Inc. is hereby appointed to provide municipal advisory services; and

(d) Bond Counsel. Best Best & Krieger LLP is hereby appointed as Bond Counsel in connection with the issuance of the Bonds.

SECTION 7. Further Actions. The President of the Board, the Chief Executive Officer of the District, the Chief Financial Officer of the District, and all other officers of the District are hereby authorized and directed to do and take any and all such actions and to execute any and all such documents, certificates, agreements and instruments as may be necessary or desirable to effectuate the intent of this Resolution. 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. Electronic Signatures. The Authorized Officers are hereby authorized to execute and deliver all agreements, documents, certificates and instruments authorized by this Resolution with (a) electronic signatures using DocuSign, as the same may be permitted under the California Uniform Electronic Transactions Act, and (b) digital signatures using DocuSign, as the same may be permitted under Section 16.5 of the California Government Code; provided, however, that the Bonds shall be manually executed by the appropriate officers of the District.

SECTION 9. Effective. 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 29th day of October, 2026, by the following vote:

AYES: _____

NAYS: _____

ABSENT: _____

ABSTAIN: _____

_____
Kevin Church, President of the Board

ATTEST:

I, Darrin Corinne Stromstad, 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. 26:14 passed and adopted by said Board of Directors at a meeting held on the 29th day of October, 2026.

_____
Corinne Stromstad, Board Secretary

EXHIBIT A

GOOD FAITH ESTIMATES

The good faith estimates set forth herein are provided with respect to the Bonds in accordance with California Government Code Section 5852.1. Such good faith estimates have been provided to the District by its Municipal Advisor.

1. *Principal Amount*. The Municipal Advisor has informed the District that, based on the financing plan and current market conditions, it's good faith estimate of the aggregate principal amount of the Bonds to be sold is $10,000,000 (the "Estimated Principal Amount").

2. *True Interest Cost of the Bonds*. The Municipal Advisor has informed the District that, assuming that the Estimated Principal Amount of the Bonds is sold, and based on market interest rates prevailing at the time of preparation of such estimate, its good faith estimate of the true interest cost of the Bonds, which means the rate necessary to discount the amounts payable on the respective principal and interest payment dates to the purchase price received for the Bonds, is 5.32%.

3. *Finance Charge of the Bonds*. The Municipal Advisor has informed the District that, assuming that the Estimated Principal Amount of the Bonds is sold, and based on market interest rates prevailing at the time of preparation of such estimate and proposed terms provided by the Purchaser, its good faith estimate of the finance charge for the Bonds, which means the sum of all fees and charges paid to third parties (or costs associated with the Bonds), is $135,000.

4. *Amount of Proceeds to be Received*. The Municipal Advisor has informed the District that, assuming that the Estimated Principal Amount of the Bonds is sold, and based on market interest rates prevailing at the time of preparation of such estimate, its good faith estimate of the amount of proceeds expected to be received by the District, for the sale of the Bonds, less the finance charge of the Bonds, as estimated above, and any reserves or capitalized interest paid or funded with proceeds of the Bonds, is $9,865,000.

5. *Total Payment Amount*. The Municipal Advisor has informed the District that, assuming that the Estimated Principal Amount of the Bonds is sold, and based on market interest rates prevailing at the time of preparation of such estimate and the term sheet provided by the Purchaser, its good faith estimate of the total payment amount, which means the sum total of all payments the District will make to pay debt service on the Bonds, plus the finance charge for the Bonds, as described above, not paid with the proceeds of the Bonds, calculated to the final maturity of the Bonds, is $16,266,257.43 (excluding any offsets from interest earnings).

The foregoing estimates constitute good faith estimates only. The actual principal amount of the Bonds issued and sold, the true interest cost thereof, the finance charges thereof, the amount of proceeds received therefrom and total payment amount with respect thereto may differ from such good faith estimates due to (a) the actual date of the sale of the Bonds being different than the date assumed for purposes of such estimates, (b) the actual principal amount of Bonds sold being different from the Estimated Principal Amount, (c) the actual amortization of the Bonds being different than the amortization assumed for purposes of such estimates, (d) the actual market interest rates at the time of sale of the Bonds being different than those estimated for purposes of

such estimates, (e) other market conditions, or (f) alterations in the financing plan or finance charges, or a combination of such factors. The actual date of sale of the Bonds and the actual principal amount of Bonds sold will be determined by the District, based on the timing of the need for proceeds of the Bonds and other factors. The actual interest rates borne by the Bonds may vary and depend on market interest rates at the time of sale thereof if the transaction is not closed by the date specified in the Term Sheet. The actual amortization of the Bonds will also depend, in part, on market interest rates at the time of sale thereof if the transaction closes after the date anticipated in the Term Sheet. Market interest rates are affected by economic and other factors beyond the control of the District.

CNO Board Report – October 2026

Executive Summary

Clinical departments continue to demonstrate collaboration, adaptability, and commitment to safe, high-quality patient and resident care. October priorities include sustained regulatory compliance, workforce development, clinical competency validation, patient safety, provider productivity, and organizational quality improvement.

SoHum Health has achieved accreditation through the Center for Improvement in Healthcare Quality (CIHQ). This accomplishment reflects the collective efforts of staff and leadership to strengthen quality, patient safety, and regulatory readiness.

CMS and CDPH have accepted the Plan of Correction and associated Evidence of Compliance. A recent CDPH review of a reportable event resulted in no deficiencies. Clinical leadership continues to emphasize sustained compliance, documentation, and accountability.

The ED/Acute Care Manager has transitioned to case management and outpatient infusion nursing responsibilities. Nursing skills sessions are being held on Mondays and Thursdays to complete clinical competency check-offs for current nursing staff and newly hired nurses.

Recruitment continues for a CNO Administrative Assistant in preparation for Judy's retirement in December, along with a Radiology Manager and additional technologists.

Hospital, Skilled Nursing & Regulatory Services

- **Emergency Department, Acute Care & Swing Bed:** The Emergency Department continues to provide 24-hour emergency care. Priorities include safe staffing, staff support, policy updates, standardized workflows, and timely communication and follow-up of clinical and regulatory concerns.
- **Case Management & Outpatient Infusion:** The former ED/Acute Care Manager has transitioned to case management and outpatient infusion nursing. Planning continues for the Outpatient IV Infusion Center, including staffing, workflows, policies, and operational requirements.
- **Care Coordination:** Interdisciplinary rounding continues to be strengthened within Swing Bed and Skilled Nursing programs. Collaboration among clinic providers, ESA, and the in-house pharmacy has improved recent Swing Bed admission processes.
- **Skilled Nursing Facility:** The team continues to provide compassionate, resident-centered care, with ongoing attention to resident safety, documentation, reporting requirements, and sustained regulatory compliance.

- **Infection Prevention:** Surveillance, staff education, policy compliance, and emergency preparedness remain priorities. Employee COVID-19 and influenza vaccination clinics began on October 1.

Clinic & Ambulatory Services

- **Behavioral Health:** One of our LCSWs, last day was October 2. The team worked to support continuity of care and transfer her responsibilities. We appreciate her service to SoHum Health and the community.
- **Clinic Operations:** An on-site OCHIN visit supported workflows intended to reduce manual work and improve efficiency. The clinic is completing a prior-fiscal-year provider time allocation project for the cost report and continues updating policies and MCN tasks.
- **Patient Navigation:** Outreach continues for Partnership HealthPlan Quality Incentive Program measures, recommended preventive care, and patient access.
- **Visiting Nurse Program:** The visiting nurse is working with the South Fork High School CTE Advisory Committee on a potential healthcare-class collaboration with SHCHD. Managers across several departments have expressed interest. Emergency response kit preparation and AED battery replacement remain in progress.
- **Medical Assistants:** One MA is on paternity leave. And one MA submitted her notice to pursue further education.
- **Mobile Optometry:** Outreach services continue to be managed by Fortuna Optometry, with established monthly community locations.

Diagnostic & Support Services

Laboratory

Laboratory operations remain stable. The previously approved Abbott Alinity ci integrated clinical chemistry analyzer is expected to replace six existing analyzers, increase testing capacity, and reduce maintenance requirements.

Environmental temperature concerns have been addressed through additional air-conditioning capacity and equipment servicing. Phlebotomy Float Pool training continues to strengthen coverage during vacancies and planned absences.

Radiology

September examination volumes were:

Examination	Volume
X-ray	183
CT	112
Ultrasound	48
Mammography	5
MRI	35

Mammography volume was reduced because of a technologist's illness.

An alternate MRI trailer was brought on site, and worklist connectivity issues have been resolved. Work continues on Advance Beneficiary Notice (ABN) processes and other MRI operational details.

Recruitment continues for a Radiology Manager and staff technologists. Two travelers were scheduled to begin in October, as another traveler departed. CT preventive maintenance was scheduled for October 6.

Pharmacy

Pharmacy continues to support medication safety, availability, and clinical operations. Priorities include medication storage and refrigeration contingency planning, ED formulary improvements, medication management within Epic, seasonal vaccination support, and coordination with community and long-term care pharmacy partners.

Rehabilitation Services

Physical Therapy continues inpatient and outpatient services and interdisciplinary collaboration. Standardization of the Patient Handling and Movement Policy remains a priority to support safe mobility and protect patients, residents, and staff.

Senior Life Solutions

Senior Life Solutions continues behavioral health services, aftercare, and community outreach. Leadership continues monitoring program utilization, access, operational needs, and financial sustainability.

Leadership, Workforce & Organizational Quality

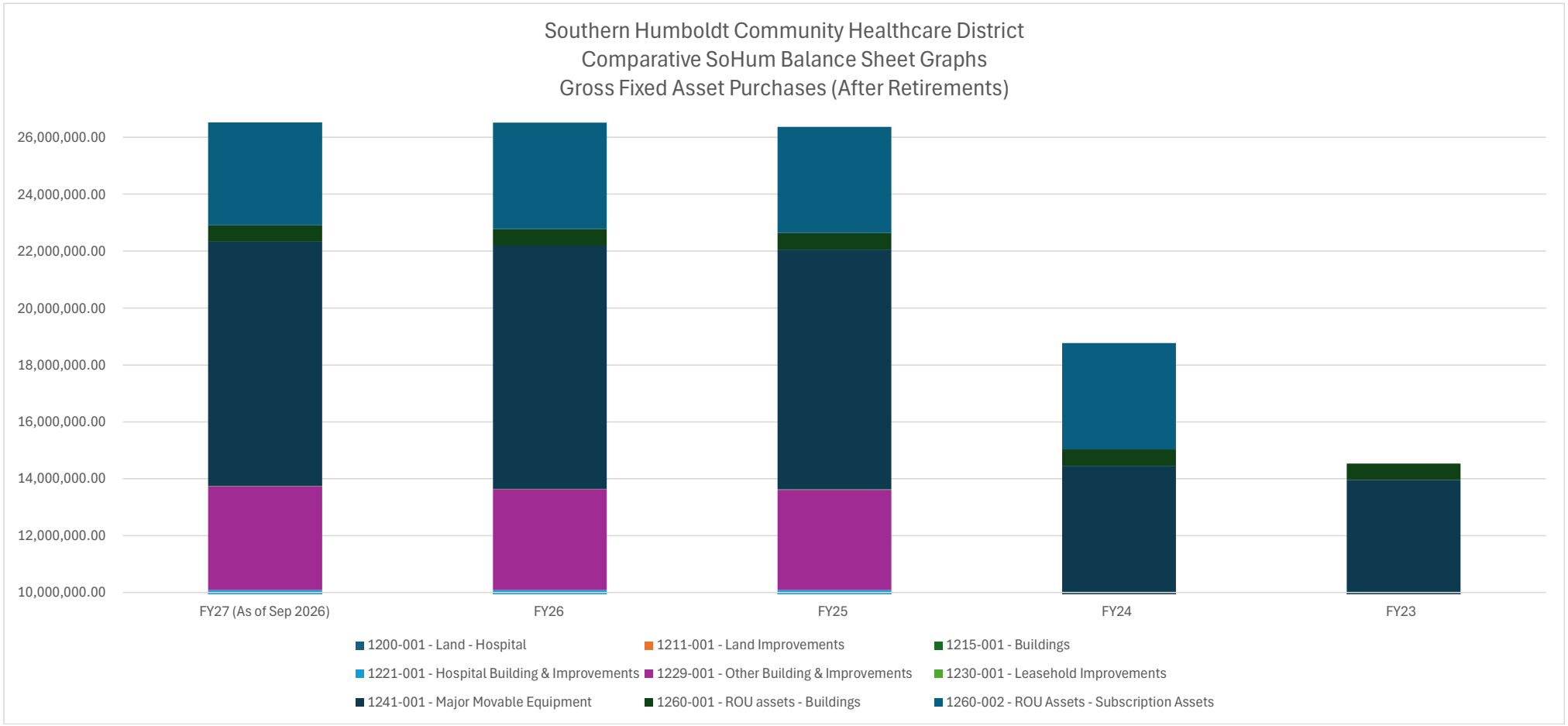
- **Clinical Competencies:** Nursing skills sessions are held on Mondays and Thursdays to validate clinical skills and complete competency check-offs for current staff and newly hired nurses.
- **Leadership Development:** Clinical Managers participated in team-building focused on communication, collaboration, accountability, and shared priorities. Ongoing expectations include leadership visibility, staff support, timely follow-through, and departmental accountability.
- **Workforce Stability:** Recruitment and transition planning for a new ED/Acute manager and recruitment for a CNO assistant in preparation for the current administrative assistant's retirement.
- **Quality & Standardization:** Clinical leadership continues to strengthen policies, documentation, workflows, care coordination, and communication across departments.

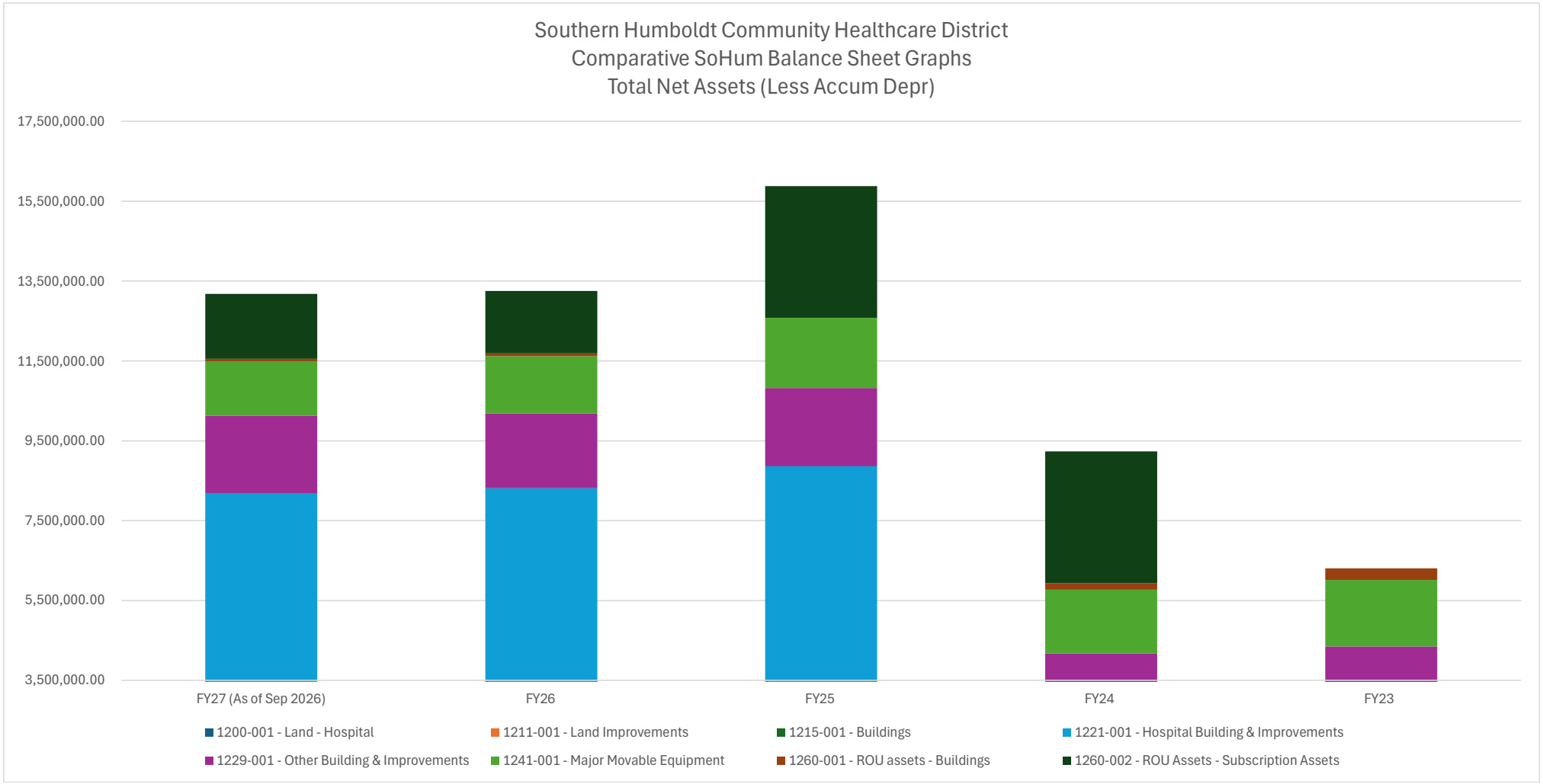
Current CNO priorities include sustaining CIHQ accreditation standards and CMS/CDPH compliance, advancing MRI accreditation, supporting seasonal vaccination efforts, completing ED and Acute Care policy updates, validating nursing competencies, stabilizing staffing, and developing outpatient infusion services.

Adela Yanez, RN, BSN
Chief Nursing Officer

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

	FY23	FY24	FY25	FY26	FY27 (As of Sep 2026)
ASSETS					
Current Assets					
Total Bank	$ 10,263,542	$ 8,242,122	$ 5,086,074	$ 1,257,146	$ 1,286,963
Total Accounts Receivable	$ 2,326,716	$ 7,312,024	$ 6,146,510	$ 6,953,883	$ 6,654,912
Total Other Current Asset	$ 628,810	$ 3,094,801	$ 11,394,910	$ 12,086,421	$ 13,422,583
Total Current Assets	$ 13,219,068	$ 18,648,947	$ 22,627,494	$ 20,297,450	$ 21,364,458
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	$ 3,656,443
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	$ 8,551,107	$ 8,575,234
1250-001 - Construction In Progress	$ 5,029,861	$ 7,683,040	$ 6,224,854	$ 9,657,264	$ 10,203,061
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	$ 3,805,658
Less: Accumulated Depreciation	$ (8,234,901)	$ (9,534,512)	$ (11,055,632)	$ (13,266,754)	$ (13,531,727)
Total Fixed Assets	$ 11,329,520	$ 16,916,567	$ 21,540,619	$ 22,904,540	$ 23,385,065
Total ASSETS	**$ 24,548,588**	**$ 35,565,514**	**$ 44,168,112**	**$ 43,201,990**	**$ 44,749,523**
Liabilities & Equity					
Current Liabilities					
Total Accounts Payable	$ 346,403	$ 959,621	$ 2,390,176	$ 1,440,312	$ 1,366,970
Total Other Current Liability	$ 927,074	$ 1,406,791	$ 1,762,548	$ 3,470,372	$ 4,517,902
Total Current Liabilities	$ 1,273,477	$ 2,366,412	$ 4,152,724	$ 4,935,620	$ 5,830,854
Long Term Liabilities					
2250-020 - LEAF Data Backup Liability	$ 106,365	$ 53,135	$ -	$ -	$ -
2250-021 - CapChase Data Backup Liability			$ -	$ 120,436	$ 109,488
2250-023 - Topcon Analyzer Lease			$ -	$ -	$ 67,700
2250-025 - Maple Lane Loan	$ 262,814	$ 227,867	$ 195,197	$ 121,763	$ 112,567
2250-030 - ELGA Lease Loan	$ -	$ -	$ 1,723,278	$ 1,034,479	$ 947,454
2250-034 - Ever Bank Loan				$ 66,292	$ 68,213
2260-001 - Help II Loan	$ 1,184,026	$ 1,907,907	$ 1,829,893	$ 1,654,640	$ 1,632,679
2273-002 - Lease obligations	$ 236,003	$ 730,124	$ 730,124	$ 45,940	$ 45,940
Total Long Term Liabilities	$ 1,789,208	$ 2,919,033	$ 4,478,493	$ 3,043,549	$ 2,984,040
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	$ 31,204,163	$ 32,391,860
Net Income	$ 1,741,925	$ 8,794,160	$ 2,006,827	$ 1,187,696	$ 711,808
Total Equity	$ 21,485,903	$ 30,280,069	$ 35,536,895	$ 35,222,821	$ 35,934,629
Total Liabilities & Equity	**$ 24,548,588**	**$ 35,565,514**	**$ 44,168,112**	**$ 43,201,990**	**$ 44,749,523**

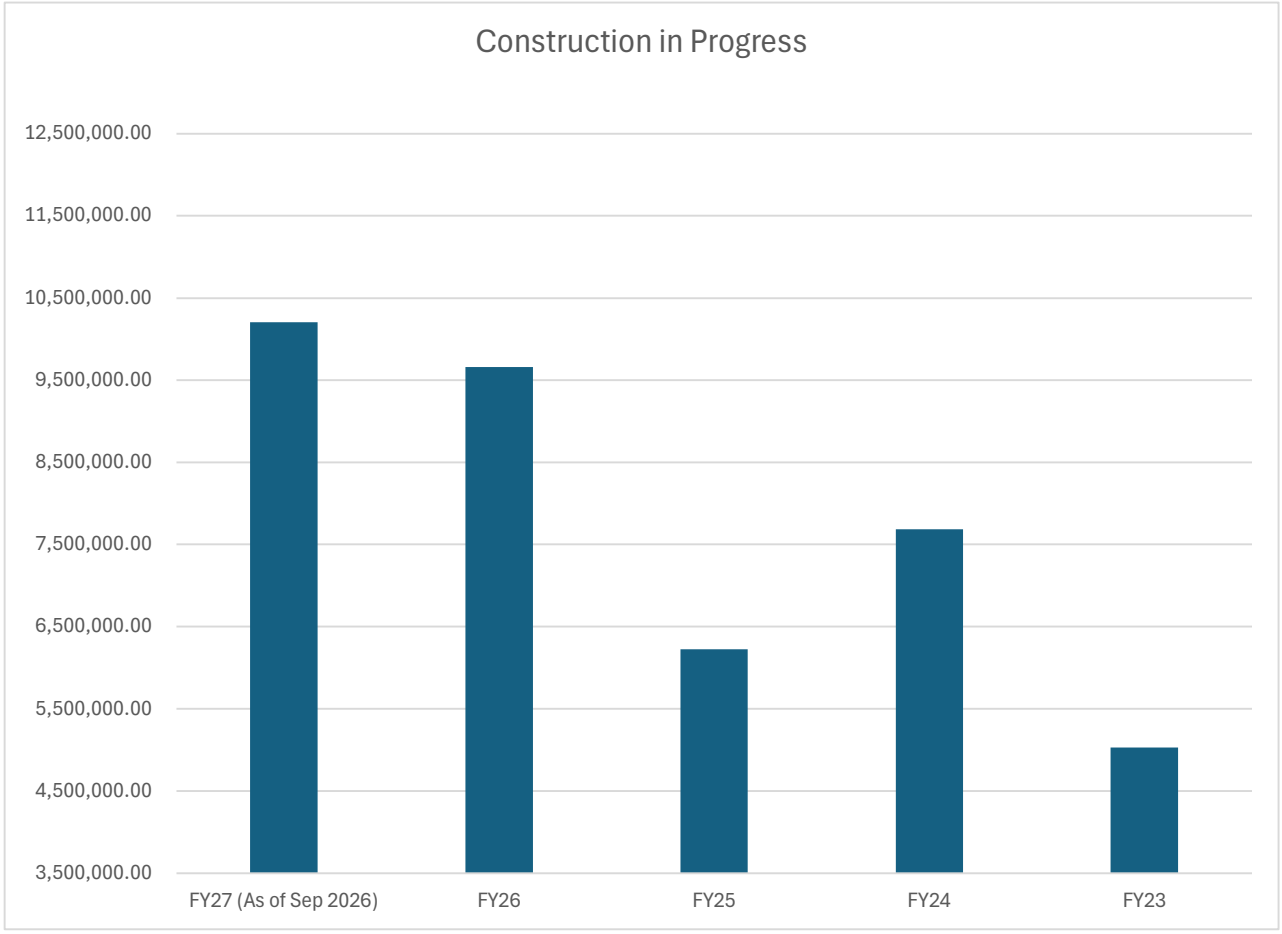

Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet Graphs
Gross Fixed Asset Purchases (After Retirements)
26,000,000.00
24,000,000.00
22,000,000.00
20,000,000.00
18,000,000.00
16,000,000.00
14,000,000.00
12,000,000.00
10,000,000.00
FY27 (As of Sep 2026)
FY26
FY25
FY24
FY23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


Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet Graphs
Total Net Assets (Less Accum Depr)
17,500,000.00
15,500,000.00
13,500,000.00
11,500,000.00
9,500,000.00
7,500,000.00
5,500,000.00
3,500,000.00
FY27 (As of Sep 2026)
FY26
FY25
FY24
FY23
1200-001 - Land - Hospital
1211-001 - Land Improvements
1215-001 - Buildings
1221-001 - Hospital Building & Improvements
1229-001 - Other Building & Improvements
1241-001 - Major Movable Equipment
1260-001 - ROU assets - Buildings
1260-002 - ROU Assets - Subscription Assets

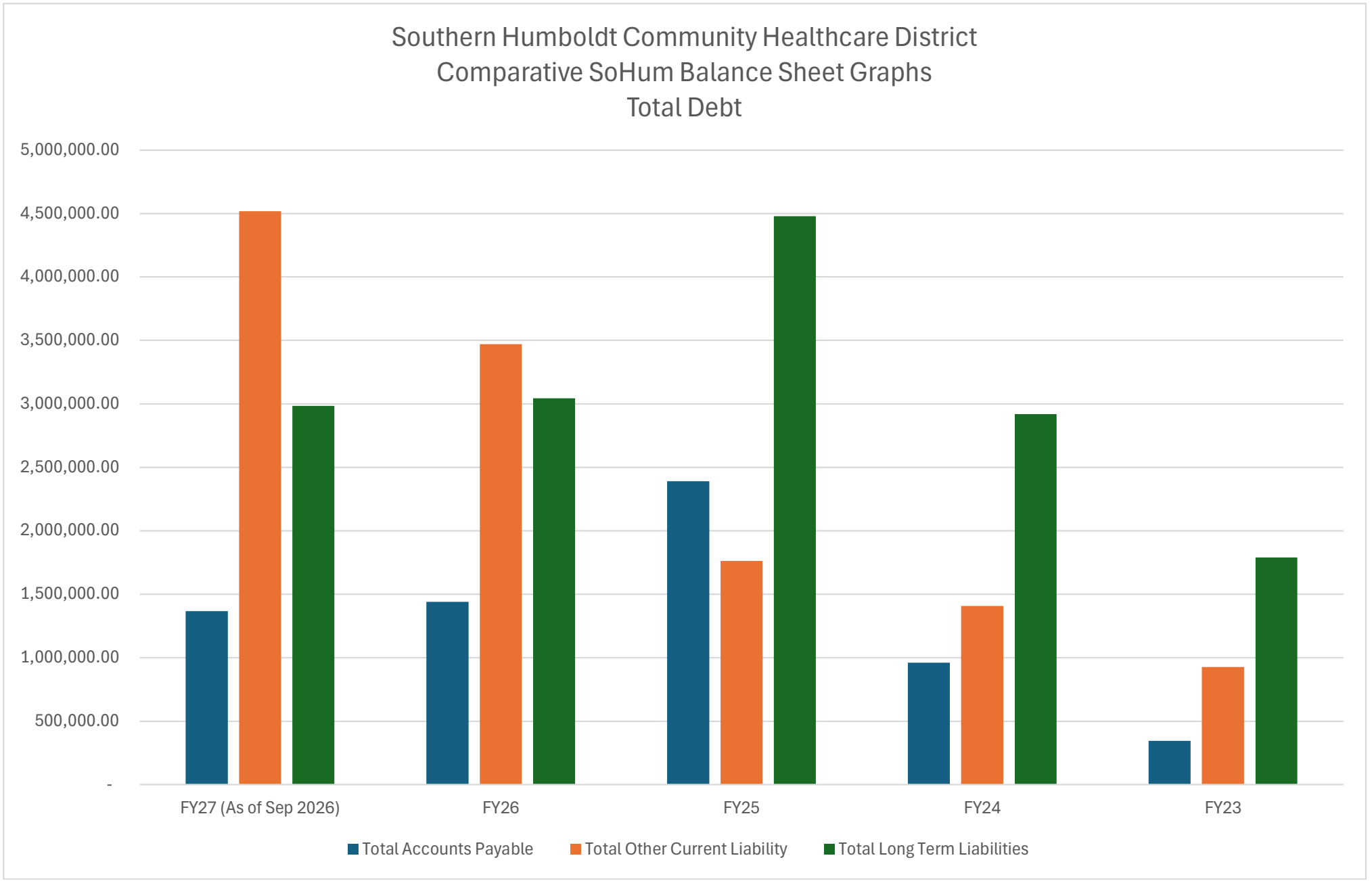
Southern Humboldt Community Healthcare District

Construction in Progress Detail/Graph

Construction In Progress Detail	FY27 (As of Sep 2026)
NEW HOSPITAL	7,731,577
817 Redwood Drive	939,678
412 Maple Lane	458,039
823 Redwood Drive	389,524
819 REDWOOD DR	310,918
JPCH-ED HVAC Upgrade	147,291
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	**10,203,061**

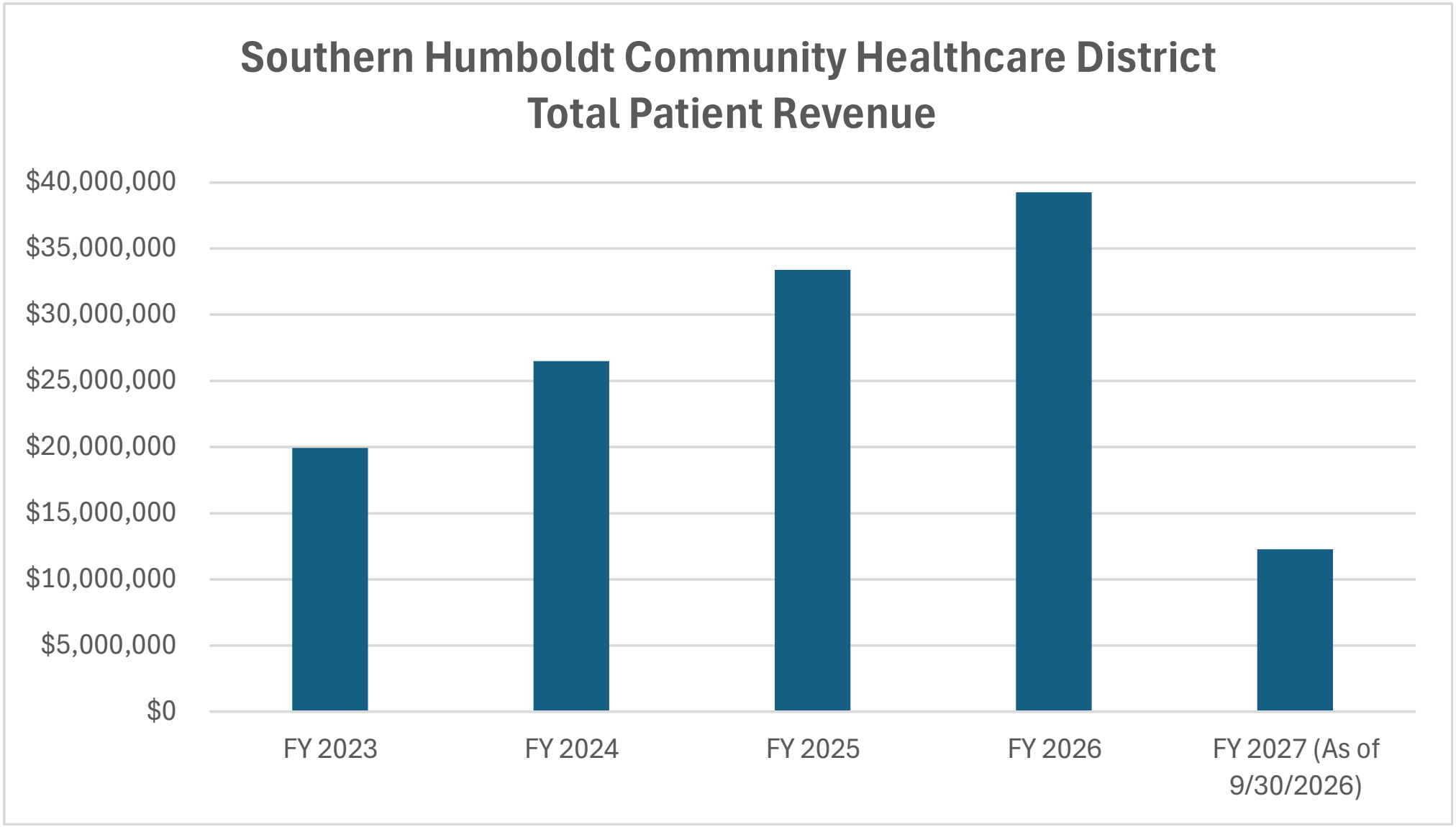


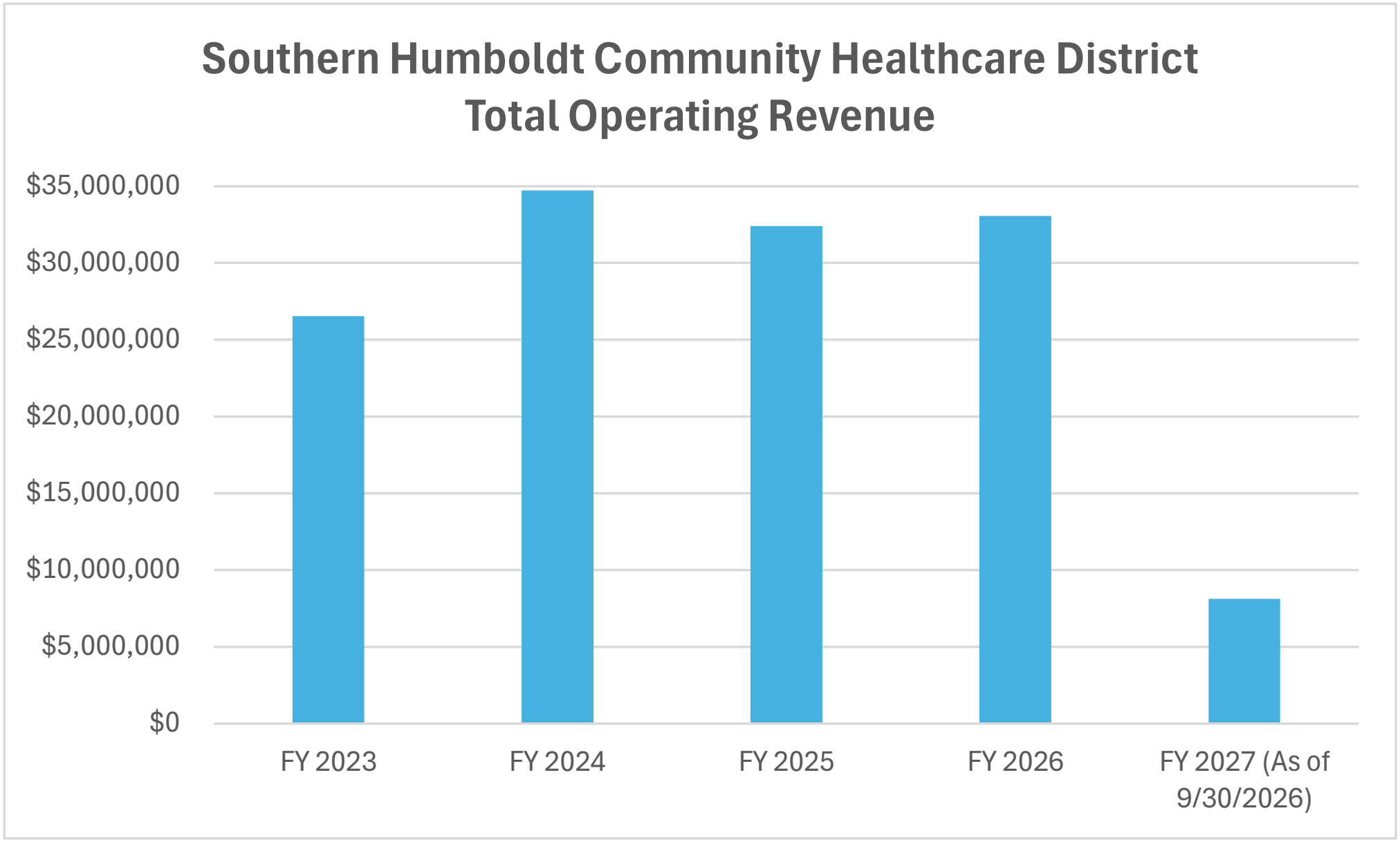
Total SoHum Employee Payroll	411,224
817 Redwood Drive	939,678
823 Redwood Drive	389,524
819 REDWOOD DR	310,918
Total Redwood Projects	**2,051,344**

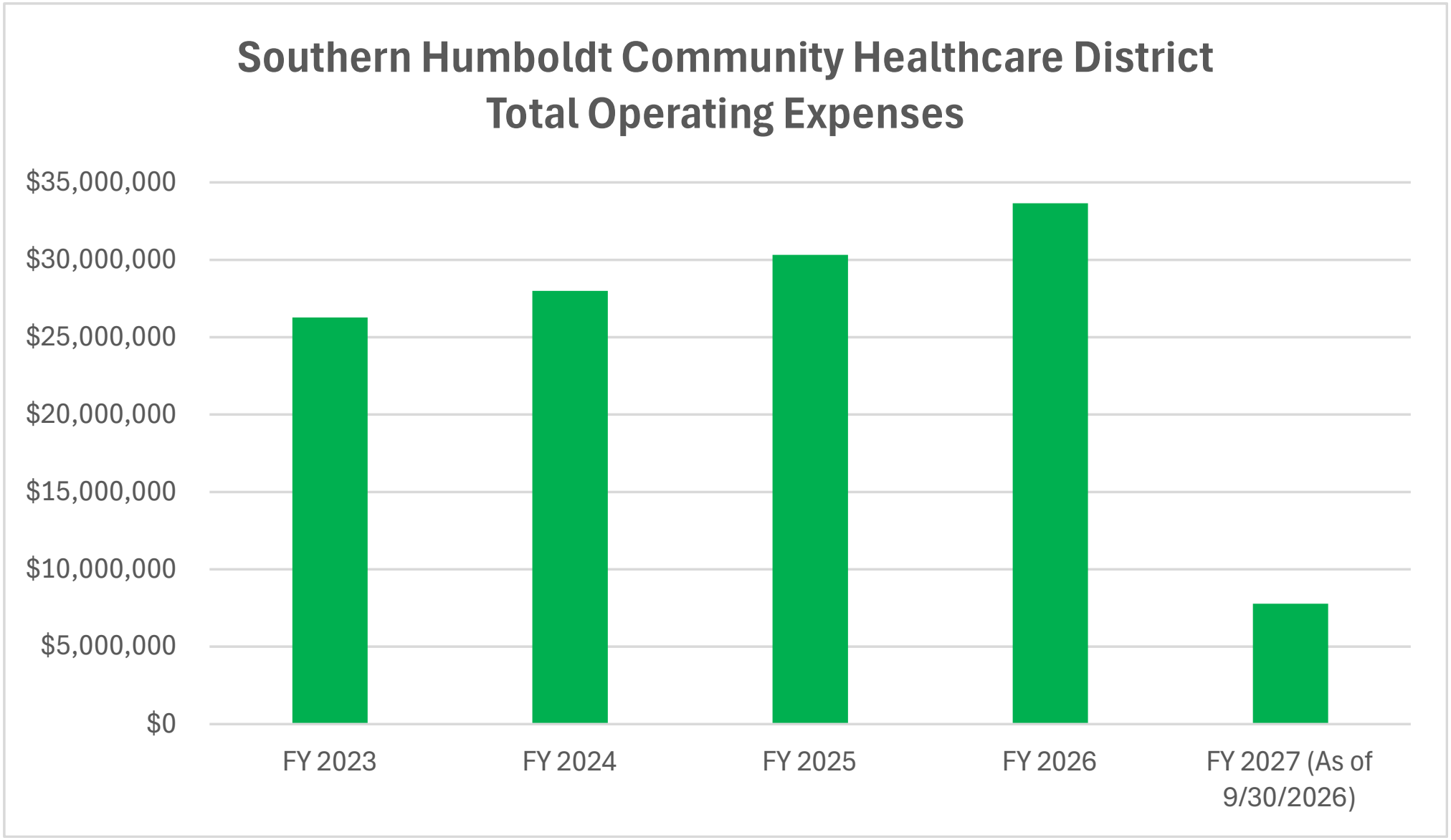

Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet Graphs
Total Debt
5,000,000.00
4,500,000.00
4,000,000.00
3,500,000.00
3,000,000.00
2,500,000.00
2,000,000.00
1,500,000.00
1,000,000.00
500,000.00
-
FY27 (As of Sep 2026)
FY26
FY25
FY24
FY23
Total Accounts Payable
Total Other Current Liability
Total Long Term Liabilities

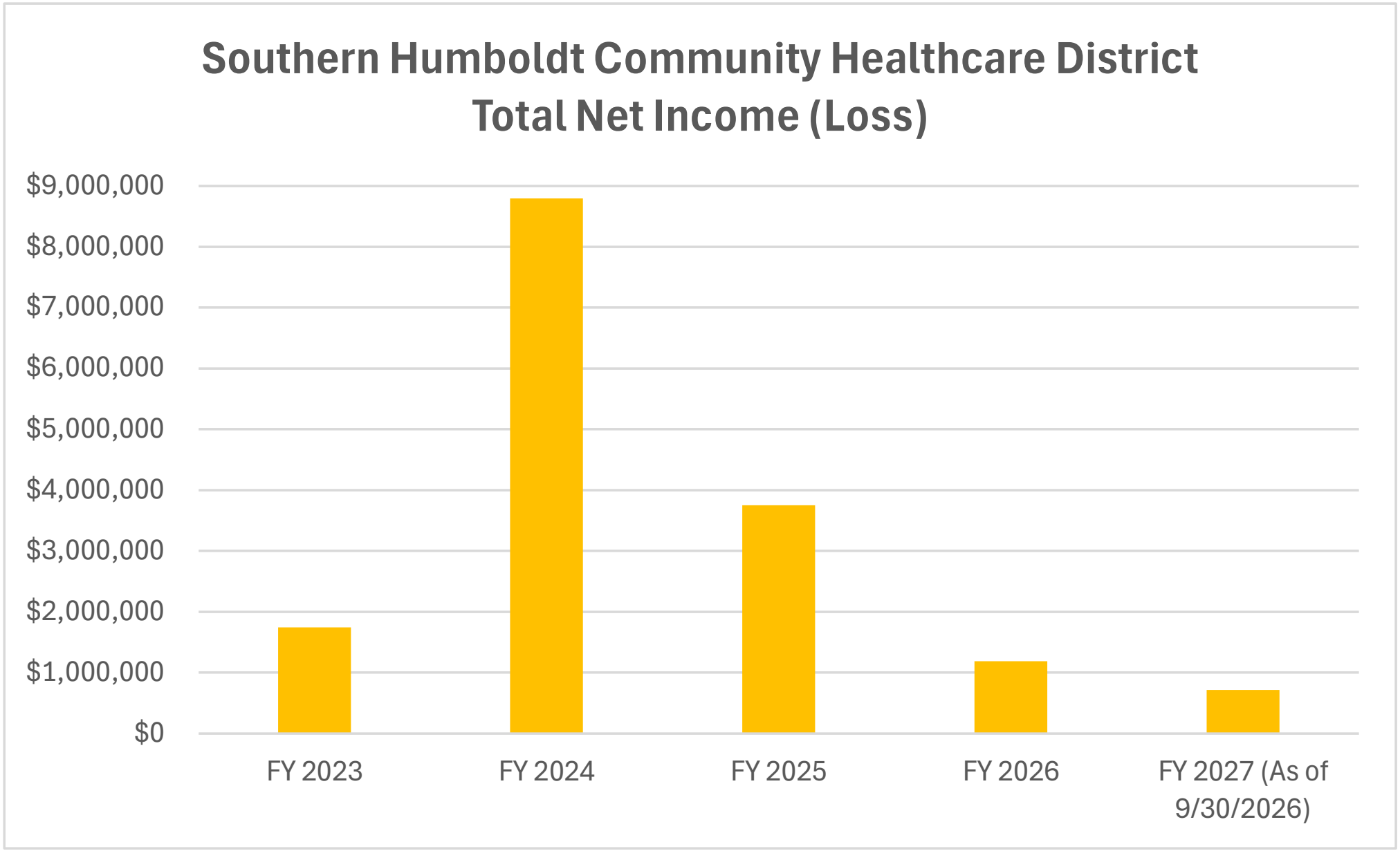
Southern Humboldt Community Healthcare District
SoHum Income Statement
From Jul 2022 to Sep 2026

	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027 (As of 9/30/2026)
Revenue					
Gross Patient Revenue					
Inpatient	$2,946,480	$2,750,181	$3,228,838	$4,238,962	$1,084,110
Inpatient Ancillary	$515,456	$359,641	$552,279	$765,360	$167,543
Outpatient	$10,154,040	$15,724,611	$19,509,296	$23,612,682	$7,653,284
Outpatient Ancillary	$6,321,147	$7,666,152	$10,098,701	$10,660,554	$3,373,147
Total Patient Revenue	**$19,937,124**	**$26,500,585**	**$33,389,114**	**$39,277,558**	**$12,278,083**
Deductions from Revenue					
9060-913 - Supplemental Revenue	($10,815,285)	($9,497,749)	($16,761,565)	($8,644,199)	($1,953,537)
Contractual Allowances	$7,458,971	$6,726,785	$17,181,721	$15,586,515	$6,771,625
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	$56,913
Cost Of Sales	$0	($0)	($107)	$95	$5
Total Deductions	**($2,164,705)**	**($3,203,435)**	**$1,875,981**	**$7,915,566**	**$4,875,005**
Net Patient Revenue	**$22,101,829**	**$29,704,021**	**$31,513,133**	**$31,361,992**	**$7,403,078**
Other Operating Revenue	**$4,421,875**	**$5,027,303**	**$895,891**	**$1,691,081**	**$735,627**
Total Operating Revenue	**$26,523,704**	**$34,731,323**	**$32,409,024**	**$33,053,073**	**$8,138,705**
Expenses					
Salaries & Wages	$10,305,732	$9,809,581	$12,325,544	$14,512,459	$3,491,705
Employee Benefits	$2,235,102	$3,890,147	$4,553,596	$6,597,687	$1,470,678
Professional Fees	$3,198,650	$3,861,034	$5,334,981	$5,445,990	$1,361,594
Supplies	$5,712,133	$5,113,725	$1,297,196	$1,316,608	$227,832
Repairs & Maintenance	$342,050	$335,811	$290,698	$303,593	$52,733
Purchased Services	$2,224,256	$2,114,981	$3,063,109	$2,970,722	$599,823
Utilities	$276,547	$304,523	$351,589	$325,066	$87,374
Insurance	$172,223	$148,554	$238,076	$240,770	$76,598
Depreciation/ Amortization	$1,057,819	$1,299,611	$2,631,620	$1,100,622	$264,973
Other	$761,845	$1,111,440	$243,150	$846,872	$139,469
Total Operating Expenses	**$26,286,357**	**$27,989,408**	**$30,329,558**	**$33,660,388**	**$7,772,779**
Operating Profit (Loss)	**$237,347**	**$6,741,916**	**$2,079,466**	**($607,314)**	**$365,927**
Tax Revenue	$1,100,133	$1,084,388	$1,404,861	$1,305,498	$314,238
Other Non Operating Revenue (Expense)	$344,097	$773,827	$216,872	$483,558	$32,327
Interest Income	$62,545	$194,029	$53,857	$5,956	$4,603
Net Non Operating Revenue (Expense)	**$1,506,774**	**$2,052,245**	**$1,675,590**	**$1,795,011**	**$351,168**
Net Income (Loss)	**$1,744,122**	**$8,794,160**	**$3,755,056**	**$1,187,696**	**$717,094**


Southern Humboldt Community Healthcare District
Total Patient Revenue
$40,000,000
$35,000,000
$30,000,000
$25,000,000
$20,000,000
$15,000,000
$10,000,000
$5,000,000
$0
FY 2023
FY 2024
FY 2025
FY 2026
FY 2027 (As of 9/30/2026)


Southern Humboldt Community Healthcare District
Total Operating Revenue
$35,000,000
$30,000,000
$25,000,000
$20,000,000
$15,000,000
$10,000,000
$5,000,000
$0
FY 2023
FY 2024
FY 2025
FY 2026
FY 2027 (As of 9/30/2026)


Southern Humboldt Community Healthcare District
Total Operating Expenses
$35,000,000
$30,000,000
$25,000,000
$20,000,000
$15,000,000
$10,000,000
$5,000,000
$0
FY 2023
FY 2024
FY 2025
FY 2026
FY 2027 (As of 9/30/2026)


Southern Humboldt Community Healthcare District
Total Net Income (Loss)
$9,000,000
$8,000,000
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
FY 2023
FY 2024
FY 2025
FY 2026
FY 2027 (As of 9/30/2026)

Southern Humboldt Community Healthcare District - Monthly Statistics

	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	April 26	May 26	June 26	July 26	Aug 26	Sep 26	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics															
Total Acute Patient Days	0	9	3	9	10	6	2	18	0	9	8	2	0	6	2
Total Swing Patient Days	55	99	135	83	109	128	136	94	95	71	84	90	65	99	155
Total SNF Patient Days	240	231	203	239	245	223	234	213	215	231	247	246	226	229	472
Total Patient Days	295	339	341	331	364	357	372	325	310	311	339	338	291		629
Total Acute Discharges	0	2	1	2	3	1	1	10	0	3	3	1	0	2	1
Total Swing Discharges	4	4	3	6	2	6	4	5	3	4	4	3	4	4	7
Total SNF Discharges	0	2	1	0	0	0	1	2	1	0	0	0	0	1	0
Total Discharges	4	8	5	8	5	7	6	17	4	7	7	4	4		8
Acute Length of Stay	0.0	5.0	3.0	5.0	3.3	3.0	5.0	3.0	0.0	3.0	2.7	2.0	0.0		
ER Admits	0	2	1	2	3	2	0	8	0	3	3	1	0	2	1
I/P Lab Visits	419	371	234	259	528	297	225	501	153	260	282	383	186	307	569
I/P Radiology Tests	25	7	6	14	28	28	6	27	6	20	12	25	10	16	35
I/P CTs	12	12	2	4	21	6	6	16	0	17	12	10	1	9	11
I/P EKG's	15	15	4	2	10	2	0	16	0	4	8	4	4	6	8
Out Patient Statistics															
ER Visits	339	321	307	315	311	291	340	321	386	381	409	371	335	341	706
Clinic Visits	463	472	410	486	500	405	569	371	399	410	414	481	347	439	828
SLS Visits	45	86	97	70	55	56	52	74	63	48	78	44	43	64	87
Outpatient Medical	46	26	25	36	26	46	47	24	23	41	55	56	61	39	117
Laboratory Visits	286	322	277	316	307	250	365	314	306	373	366	397	393	332	790
Behavioral Health Visits	43	48	39	53	71	106	91	99	112	114	84	88	95	83	183
PT Visits	88	89	59	72	52	58	77	79	85	79	108	151	127	86	278
OT Visits	5	9	11	18	20	19	32	36	36	36	36	37	29	27	66
Optometry Visits	56	62	50	51	52	45	74	135	126	152	141	136	122	96	258
X-Ray	185	192	175	173	214	218	251	195	196	252	244	216	179	209	395
Mammography	41	61	24	30	15	0	0	39	37	47	58	56	8	31	64
CT Scans	128	118	132	127	110	99	128	127	125	165	126	158	109	127	267
Ultra Sonography	59	51	57	44	37	49	71	78	57	63	80	53	51	58	104
MRI										2	14	29	26	18	55
EKG's	63	53	64	59	61	65	62	56	66	78	73	95	60	66	155
Total O/P Visits	1,847	1,910	1,727	1,850	1,831	1,707	2,159	1,948	2,017	2,241	2,286	2,368	1,985		

Southern Humboldt Community Healthcare District
September 2026

Overall A/R Health– Summary of KPI Metrics

	Aug-26	Sep-26
BCBS	301,529	*Report Unavailable*
Medicare	2,529,344	*Report Unavailable*
Medicaid	2,435,865	*Report Unavailable*
Commercial	2,115,301	*Report Unavailable*
Self-Pay	1,489,910	*Report Unavailable*
Total Balance	8,871,950	7,500,827

GOAL: 55 Days

September: 56.4*

August: 62.8

Decrease of 6.4 days (10%)

*** Reports not available. Used EPIC numbers.**

Successes that reduced A/R:

- Allied Health Employee accounts: We were able to close accounts for $780,540.00 which included payments $538,312.00. This represents all domestic claims processed prior to September 30, 2026.
- Humboldt County DA: We received payment on all 48 accounts on September 28, 2026.
- Long Term Care A/R Days decreased from 79.1 to 52.2 days! due to prior system issues which prevented us from billing several Long Term Care accounts. Issue was resolved and claims were released and collected in September.

Roadblocks:

- Reports are unavailable due to an EPIC update on September 15th, 2026. TruBridge analysts are unable to export reports out of EPIC. OCHIN is currently working on the JIRA EAPPS-763250 with Southern Humboldt ESAs and TruBridge. We anticipate the main reports may be available by this month's board meeting, however due to time restrictions this narrative will not be updated.
- Aetna Medicare: While this doesn't contribute to the increase in A/R days, it remains an overall A/R collection issue. 34 accounts with outstanding claims totaling approximately $65,144 have been appealed. Aetna has only paid on 11 of those accounts totaling $40,525. This is leaving an outstanding balance of $24,619.30. While response time is typically 30 to 60 days, Aetna has not been willing to offer a completion date.
- TruBridge process emphases: The following is an update on the team process challenges reported on last month:
    - Follow up on claims every 30 days –Process was written out in a workflow. The workflow still needs to be tailored for job specifics. Will have an update on success next month.
    - Review Bad Debt Workque to submit to collections company– Workque is back into normal

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

SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION
26:15
APPROVAL OF A LOAN FROM REDWOOD REGION ECONOMIC DEVELOPMENT COMMISSION

A RESOLUTION OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR THE REDWOOD REGION ECONOMIC DEVELOPMENT COMMISSION.

WHEREAS, **Southern Humboldt Community Healthcare District** (the "Borrower") has determined that it is in its best interest to borrow an aggregate amount not to exceed **$4,000,000.00** from Redwood Region Economic Development Commission (the "Lender"), and

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

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

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

Section 2. The proposed Loan and Security Agreement (the "Agreement") dated as of October 29, 2026, which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed $4,000,000.00 and the loan shall bear interest at a rate of 6% per annum until February 15, 2027 (the "Maturity Date"). The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in a substantially said form that includes the Assignment of Anticipated Ad Valorem Operating Tax Assessment Collections in the event of default, with such changes therein as the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 3. The proposed form of Promissory Note (the "Note") dated as of **October 29, 2026**, as evidence of the Borrower's obligation to repay the loan is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially said form, with such changes therein as the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. The proposed form of Environmental Compliance Certificate dated as of **October 29, 2026,** certifying for the benefit of the Lender to the best knowledge of Borrower with regard to any violations

of or claims regarding environmental laws or conditions, is approved. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Environmental Compliance Certificate in substantially said form, with such changes therein s the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 29th day of October, 2026, by the following vote:

Ayes: _____

Noes: _____

Abstain: _____

Absent: _____

_____
Witnessed by: Kevin Church, President

_____
Witnessed by: Corinne Stromstad, Vice-President/Secretary

SECRETARY'S CERTIFICATE

I, **Corinne Stromstad**, Secretary of **Southern Humboldt Community Healthcare District**, hereby certify that the foregoing is a complete, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of **Southern Humboldt Community Healthcare District** duly and regularly held at the regular meeting place thereof on the 29th day of October, 2026 of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes: _____

Noes: _____

Absent: _____

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

_____
Secretary

_____
Date