

Chief Executive Officer  
Ryan Harris



Board of Directors  
Jeanne Utterback, President  
Abe Hathaway, Vice President  
Tami Humphry, Treasurer  
Lester Cufau, Secretary  
James Ferguson, Director

Board of Directors  
**Regular Meeting Agenda**  
August 27, 2025 @ 1:00 PM  
Mayers Memorial Healthcare District  
Fall River Boardroom  
43563 HWY 299 E  
Fall River Mills, CA 96028

**Mission Statement**

Leading rural healthcare for a lifetime of wellbeing.

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

1	CALL MEETING TO ORDER				Approx. Time Allotted	
2	2.1	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b> Persons wishing to address the Board are requested to fill out a “Request Form” prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.				
3	<b>APPROVAL OF MINUTES</b>					
	3.1	Regular Meeting – July 30, 2025	<i>Attachment A</i>	Action Item	1 min.	
4	<b>DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:</b>					
	4.1	Resolution 2025-13 – July Employee of the Month	<i>Attachment B</i>	Action Item	1 min.	
	4.2	Hospice Quarterly	Lindsey Crum	<i>Attachment C</i>	Report	5 min.
	4.3	Mayers Healthcare Foundation Quarterly	Michele King	<i>Attachment D</i>	Report	2 min.
	4.4	Skilled Nursing	Sharon Lyons	<i>Attachment E</i>	Report	2 min.
	4.5	Telemedicine	Keith Earnest	<i>Attachment F</i>	Report	2 min.
5	<b>BOARD COMMITTEES</b>					
	5.1	<b>Finance Committee</b>				
	5.1.1	Committee Meeting Report: Chair Humphry		Report	5 min.	
	5.2.1	Quarterly Finance Board Binder Review		Action Item	5 min.	
	5.2	<b>Quality Committee</b>				
	5.2.1	July Quality Meeting Committee Report		Report	5 min.	
	5.3	<b>Strategic Planning Committee</b>				
	5.3.1	No Strategic Planning Committee Meeting in August		Report	5 min.	

6 NEW BUSINESS				
6.1	California Special Districts Association (CSDA) “Enhance Your Board Leadership Skills - October 5-8, 2025, Redding, CA	Attachment G	Discussion/ Action Item	5 min.
6.2	Policies and Procedures Board Guidelines for CEO Compensation Social Media Guidelines	Attachment H	Action Item	5 min.
6.3	Resolution 2025-14 – Authorizing Real Estate Negotiator Interactions	Attachment I	Action Item	5 min.
7 ADMINISTRATIVE REPORTS				
7.1	Chief’s Reports – Written reports provided. Questions pertaining to written report and verbal report of any new items			
7.1.1	Director of Operations- Jessica DeCoito	Attachment J	Report	5 min.
7.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
7.1.3	Chief Human Resources Officer – Libby Mee		Report	5 min.
7.1.4	Chief Public Relations Officer – Val Lakey		Report	5 min.
7.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
7.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
7.1.7	Chief Executive Officer – Ryan Harris			Report
8 OTHER INFORMATION/ANNOUNCEMENTS				
8.1	Board Member Message: Points to highlight in message		Discussion	2 min.
8.2	Board Member Tour of Masonic Lodge		Information	15 min.
8.3	Board Education: Board Assessment Survey	Attachment K	Discussion	5 min.
9 MOVE INTO CLOSED SESSION				
9.1	Public Employee Performance Evaluation (Gov.Code § 54957) Title: CEO Contract Revisions		Action Item	5 min.
9.2	Conference with legal counsel regarding pending litigation (Gov.Code § 54956.9)			
9.3	Conference with Real Estate Negotiators (Gov.Code § 54956.8) Property: Vacant lot, Burney CA 96013 Real Estate Negotiator: Ryan Harris APN: 028-340-015		Action Item	5 min.
9.4	Conference with Real Estate Negotiators (Gov.Code § 54956.8) Property: Medical office building-20623 Commerce Way. Burney CA 96013 Real Estate Negotiator: Ryan Harris APN: 028-340-016		Action Item	5 min.

**MEDICAL STAFF REAPPOINTMENT**

1. Samantha Allen, MD (UCD)
2. Melissa Asmar, MD (UCD)
3. Sasikanth Gorantla, MD (UCD)
4. Christopher Campos, DO (UCD)

**MEDICAL STAFF APPOINTMENT**

1. George Wang, MD – Pathology
2. Maher Dakroub, DO – Oncology
3. Mantiderpreet Singh, MD (T2U) – Neurology
4. Tawana Nix, DO (Pit River) – Family Med.
5. Amar Amin, MD (Vesta)
6. Bina Mustafa, MD (Vesta)
7. Scott Presuen, MD (Vesta)
8. Haresh Solanki, MD (Vesta)
9. Gholamreza Malek, MD (Vesta)

**AHP REAPPOINTMENT**

1. Sharon Hanson, NP (MVHC) – Family Med.

**AHP APPOINTMENT**

1. Stephanie Sisneros, PA (T2U) - Psychiatry

**STAFF STATUS CHANGE**

1. Stephen McKenzie, MD to Inactive
2. Richard Granese, MD to Inactive
3. Arun Kalra, MD to Inactive
4. Howard Fellows, MD to Inactive
5. Kyle Greene, MD to Inactive
6. Edward Laine, DO to Inactive
7. Benjamin Weaver, CRNA to Inactive
8. Anne Glaser, MD to Inactive

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**10 RECONVENE OPEN SESSION:**

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**11 ADJOURNMENT:** Next Meeting September 17, 2025, in Burney

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Posted: August 22, 2025

Chief Executive Officer  
Ryan Harris



**Board of Directors**  
Abe Hathaway, President  
Jeanne Utterback, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Secretary  
James Ferguson, Director

Board of Directors  
**Regular Meeting Minutes**  
July 30, 2025 @ 1:00 PM  
Mayers Memorial Healthcare District  
Burney Annex Boardroom  
20647 Commerce Way  
Burney, CA 96013

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.*

**CALL MEETING TO ORDER:** Jeanne Utterback called the regular meeting to order at 1:00 PM on the above date.

**BOARD MEMBERS PRESENT:**

Jeanne Utterback, President  
Abe Hathaway, Vice President  
Lester Cufaude, Director  
Jim Ferguson, Director  
Tami Humphry, Treasurer

**STAFF PRESENT:**

Ryan Harris, CEO  
Travis Lakey, CFO  
Libby Mee, CHRO  
Theresa Overton, CNO  
Jessica DeCoito, Director of Operations  
Jack Hathaway, Director of Quality  
Valerie Lakey, CPRO  
Ashley Nelson, Board Clerk  
Dana Hauge, Director of Safety and Security  
Tiffani McKain, Director of Clinical Services

**ABSENT:**

**2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE.**

**3 APPROVAL OF MINUTES**

3.1	A motion made and carried; Board of Directors accepted the Regular Board Meeting minutes of June 25, 2025.	<b>Humphry, Ferguson</b>	<b>Approved by All</b>
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**4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS**

4.1	Resolution 2025.11- June EOM Resolution was approved and passed.	<b>Cufaude, Hathaway</b>	<b>Approved by All</b>
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4.2	Safety Quarterly: Dana submitted her report. She further explained the recent 6 Security incidents. These have brought about potential security measures in the main lobby- ie: shatterproof glass in admitting and locking doors.		
4.3	Surgery: Theresa reported on Leanne's behalf. Leanne is currently working on solutions for surgery no-shows- ie: face to face pre op appointments with patients. She also explained that Lassen Heating and Air will be working on the humidity levels in the OR's.		

**5 BOARD COMMITTEES**

**5.1 Finance Committee**

5.1.1 Committee Meeting Report:  
Tami reported that the full AR and AP for June will be brought to the Board next month. She briefly explained the DMS Power policy management quote, as well as the Retention Bonus Program.

Travis explained that due to the decrease in supplemental payments by 2030, our debt capacity decreased from \$80 million to \$11 million. Ryan suggested creating a workshop where current projects are revisited and priorities assigned- with all 5 board members present. Available dates will be sent out to board members of staff available days. Ryan reiterated that if team members bring quotes to the board, it needs to come with an explanation and cost analysis.

5.2	<b>Quality Committee</b>		
5.2.1	<p>July Quality Meeting Committee Report:</p> <p>Les reported the MTALA violations and plan of corrections. Dana will begin reporting to the Quality meeting quarterly, via ACHC requirements. He explained that we qualify for 2 QIP standards and payment for those will come next year. Jack and Ryan will create a standard for medication errors so that staff can aim for below the threshold. The Power DMS policy management system was discussed in length, regarding the need and cost versus the current policy management system.</p>		
5.3	<b>Strategic Planning Committee Report</b>		
5.3.1	<p>July Strategic Planning Committee Meeting:</p> <p>Abe reported that the debt capacity was discussed in the meeting, however it was still unknown due to the final decision being made the next day.</p>		
<b>6</b>	<b>NEW BUSINESS</b>		
6.1	<p>Power DMS Quote:</p> <p>The quote was approved and passed.</p>	<i>Cufaude, Humphry</i>	<i>Approved by All</i>
6.2	<p>Retention Incentive Plan Policy- Review of Pillar Goals, Retention Bonus Program and Years of Service Program</p> <p>Ryan reported that the Finance committee discussed it and he briefly described the history behind the programs. The amount given out each year (excluding the Pillar Goal program) is 5% of payroll each year. Jeanne agreed that, in the past, the high number of traveling staff contributed to the level of care. Libby explained the Pillar Goal Program, the Retention Bonus Program and the Years of Service Program. She contributes our high retention rate to these programs.</p> <p>\$1.2 million is the total for all bonuses in the 2024/2025 fiscal year.</p> <p>Theresa reported that the frontline staff has shown appreciation for both the lodging accommodations and Years of Service programs.</p>	<i>Humphry, Hathaway</i>	<i>Approved by All</i>
6.2	<p>2025 MMHD Board Assessment Survey:</p> <p>Discussion of the Board Assessment Survey was scheduled for "Board Education" in the August meeting.</p>	<i>Humphry, Hathaway</i>	<i>Approved by All</i>
	<b>ADMINISTRATIVE REPORTS</b>		
7.1	<b>Chief's Reports: written reports provided in packet</b>		
7.1.1	<p><b>DOO:</b> written report submitted.</p> <p>Jessica provided an updated report to the Board. She updated the Board that the Solar Panel project deadline has been pushed back to October 25<sup>th</sup>, due to an 11-week delay in requiring a certain part needed. Permits needed for the Burney Center and PIN 74 (emergency generator for the AC) are managed by the Project Management Team, and legal approved to move forward with the Fall River Art and Trophies building. The well at the Lodge was also discussed.</p>		
7.1.2	<p><b>CFO:</b></p> <p>Travis was congratulated for being on the 2025 CFO list. He also further explained the debt capacity for 2030 and the potential costs of serving uninsured individuals who used to have Medicare and Medical. Travis will be attending a monthly Partnership Insurance meeting to keep updated on the changes.</p>		
7.1.3	<p><b>CHRO:</b> written report submitted.</p> <p>Libby updated that the Leadership Empowerment Survey (each manager has 5 surveys of their leadership from their anonymous staff) and we are currently at 82% completion. Then the Employee Engagement Survey will roll out to staff.</p> <p>Adjusted turnover is 13.77% and the industry standard is 25-28%.</p>		

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Director's documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

- 7.1.4 **CHPRO:** Written report submitted.  
Val reiterated the Gold Tournament event coming up this coming weekend.
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- 7.1.5 **CCO:** written report submitted.  
Kevin and Tiffani are present to answer any questions regarding Keith's report. The MRI trailer is being surveyed currently and then it will be added to the district's license.
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- 7.1.6 **CNO:** written report submitted.  
Theresa further explained that the Hand Hygiene education has been continuing and the goal is to sustain 60% compliance. Her monthly rounding of the departments has been positive and beneficial, with various staff members acknowledging each other's hard work.
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- 7.1.7 **CEO:** written report submitted.  
Ryan reported that his monthly rounding of the departments has also been positive, meeting staff and hearing from frontline people. He able to talk to staff regarding bonus programs and the direction of the district, financially. Local press has been asking for statements, regarding how the new bill will affect our financial health, etc.- however Ryan has not put out any statement because we do not yet know how the bill will affect current or future services.
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## 8 OTHER INFORMATION/ANNOUNCEMENTS

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- Board Member Message:  
8.1 Travis was listed as the 2025 CFO leaders and reappointment of OHCA. June EOM, donation of the equipment to Project Save, Gala dates, TCCN events, Golf tournament, thank you to thrift store volunteers (we need more)
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- 8.2 Board Education: Ch 31-35 was assigned.
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## 9 MOVE INTO CLOSED SESSION: 3:26 pm

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9.1 Conference with Real Estate Negotiators (§54956.8)  
Property: Masonic Lodge, Fall River Mills CA  
Real Estate Negotiator: Ryan Harris  
APN: 018-200-006

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9.2 Public Employee Performance Evaluation (§54957)  
Title: CEO

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10.1 Hearing (Health and Safety Code §32155) – Medical Staff  
Credentials

### MEDICAL STAFF REAPPOINTMENT

Richard Leach, MD  
Thomas Edholm, MD  
Sean Pitman, MD  
Aaron Babb, MD  
Kevin Keenan, MD (UCD)  
Elizabeth Ekpo, MD (UCD)  
Sheela Toprani, MD (UCD)  
Orwa Aboud, MD (UCD)

*Approved By All*

### MEDICAL STAFF APPOINTMENT

Kendra Grether-Jones, MD (UCD)  
Emily Andrada-Brown, MD (UCD)  
Nathan Kupperman, MD (UCD)  
Leah Tzimenatos, MD (UCD)  
Alejandra Marquez-Loza, MD (UCD)  
Erik Kuecher, PA-C (T2U)

### AHP REAPPOINTMENT

Heather Corr, PA-C  
George Winter, FNP

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**11 RECONVENE OPEN SESSION:**

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**12 Adjournment:** 4:52 pm. Next Meeting is August 27 in Fall River.

*I, \_\_\_\_\_, Board of Directors \_\_\_\_\_, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Healthcare District*

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Clerk



## RESOLUTION NO. 2025-13

### A RESOLUTION OF THE BOARD OF TRUSTEES OF MAYERS MEMORIAL HEALTHCARE DISTRICT RECOGNIZING

**Ralph Freitas**

#### As July 2025 EMPLOYEE OF THE MONTH

**WHEREAS**, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contribution to MMHD; and

**WHEREAS**, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

**WHEREAS**, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

**NOW, THEREFORE, BE IT RESOLVED** that, Ralph Freitas is hereby named Mayers Memorial Healthcare District Employee of the Month for July 2025; and

**DULY PASSED AND ADOPTED** this 27<sup>th</sup> day of August by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

AYES:  
NOES:  
ABSENT:  
ABSTAIN:

\_\_\_\_\_  
Jeanne Utterback, President  
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

\_\_\_\_\_  
Ashley Nelson  
Clerk of the Board of Directors



## Hospice Quarterly Report

Lindsey Crum, RN Hospice Manager

Hospice staff have completed the required Relias training as part of our plan of correction and continue to engage in ongoing training through Matrix to address and improve charting practices. In addition, our team is taking this opportunity to attend the California Hospice and Palliative Care Association's annual conference. All three full-time RNs will be participating, continuing their education and deepening their commitment to quality hospice care.

The conference features powerful keynote speakers, including national leaders in the field, and will provide insights into upcoming regulatory changes impacting hospice. More importantly, it serves as a reminder that, despite the complexity of healthcare systems, the heart of hospice remains simple: to show up with humanity, to listen before leading, and to walk alongside patients and families during their most vulnerable moments.

Over the past couple of months, our hospice census has decreased and remained lower. While this shift has provided our team with additional time to focus on other ongoing projects, we continue to prioritize efforts to support earlier admissions for longer lengths of stay.

We are actively engaged in ongoing education initiatives to promote the benefits of timely hospice referrals. Additionally, we've been collaborating and discussing strategies for building stronger relationships with skilled nursing facilities (SNFs), focusing on identifying appropriate patients sooner. We aim to ensure these individuals receive the full spectrum of end-of-life care that hospice can provide.



## Department Reporting Managers Meeting and Regular Board Meeting

**Manager & Department:** Michele King | MHF

**Reporting Month & Year:** Aug 2025

**Summary:** Mayers Healthcare Foundation has had a productive and exciting summer. We successfully hosted our community-focused Annual Health Fair, followed by the celebration of our 25th Anniversary Golf Tournament. Looking ahead, our team is preparing for the relocation and setup of the new *Lucky Finds Thrift & Gift*. We're excited to share the results of our efforts with the community in the coming weeks!

### Top Projects (1-3):

#### 1. 25th Annual Golf Tournament – A Swinging Success!

Our 25th Annual Golf Tournament was a fantastic success, thanks to the incredible support of our community. We welcomed **76 golfers**, received sponsorship from **16 generous businesses**, and collected **25 raffle donations**. A dedicated team of **20 volunteers** helped the day run smoothly. Thank you to everyone who participated and contributed to this milestone event!

#### 2. Lucky Finds Thrift Store – Preparing for a Big Move

Exciting changes are ahead for the **Lucky Finds Hospice Thrift Store**! Preparations are underway to relocate to the newly purchased **Fall River Arts building**. Since our successful **tent sale on June 26–27**, sales have remained steady, and we've made significant progress clearing inventory for the move. There's still organizing to be done, but our fantastic team of volunteers is working tirelessly to make the transition smooth and successful. Stay tuned for updates on our opening in the new space!

### Wins (1-2):

1. A huge thank you to MMHD's Maintenance crew from MHF for all their hard work on the Fall River Arts Building — it's looking fantastic! What can be accomplished when many hands work together toward the same goal is truly amazing.

### Challenges:

- **Volunteer Shortage:**
- We continue to consistently need more volunteers to support the day-to-day operations of the Lucky Finds Thrift Store. We hope that the opening of the new space, along with improved processes, will help attract additional support in this critical area.

**Respectfully submitted,**

**Michele King | MHF Program Director**



**Department Reporting  
Managers' Meeting and Regular Board Meeting**

**Manager & Department: Month & Year:**

Sharon Lyons, DON, and Britany Hammons, ADON

**Reporting Month & Year:**

August 2025

**Summary:**

The SNF currently has a resident census of 70, with 28 residents at Fall River and 22 general residents, plus 20 in Memory Care at Burney. There is one external candidate on the Memory Care waitlist and five candidates for the general population. Staffing levels have met regulatory requirements for the month; however, high agency utilization remains a challenge, which we are addressing by hiring one RN and two UAs. The NATP program successfully prepared three students for certification, and we continue to screen and interview candidates, focusing on RNs, CNAs, and UAs. At the same time, ongoing discussions with Nurses in Professional Healthcare aim to align training and role responsibilities for consistency. Staff development initiatives include monthly realignment orientations and charge nurse meetings, with an NATP class scheduled for the fall that currently includes four UAs and ongoing hiring efforts. All policies have been revised in preparation for the upcoming California Department of Public Health survey scheduled for July-August. Additionally, our monthly Family Council meetings have been well received, alternating locations between Burney and Fall River, and a laundry services speaker is scheduled to enhance family engagement. The CAHPS Nursing Home Family Member Survey results provide a valuable baseline for ongoing service improvement efforts.

**Top Project:**

The CAHPS Nursing Home Family Member Survey has been completed, and the results have been received, providing us with a valuable baseline for ongoing improvement efforts. This aligns with our Service Excellence Initiative.

**Win:**

The monthly Family Council meetings, which alternate between the Burney and Fall River boardrooms, have been successful. Next month, a laundry services representative will join to explain the resident laundry process.

**Challenge:**

A challenge we face is the high percentage of agency utilization. To address this, we have hired one RN and two UAs, and the NATP program successfully prepared three students for certification, who are now waiting to test. We will continue actively screening, interviewing, and extending job offers to qualified candidates, focusing on recruiting RNs, CNAs, and UAs.



## **Department Reporting Managers Meeting and Regular Board Meeting**

**Manager & Department:** Samantha Weidner – Telemedicine Coordinator

**Reporting Month & Year:** August 2025

### **Summary:**

Mayer's Telemedicine Program is off to a strong start this fiscal year, with 132 appointments completed to date. We are excited to welcome two new providers: Breeanne Williams, LCSW, who offers talk therapy, and Stephanie Sisneros, PA-C, who has joined us in place of Dr. Granese. Our program remains committed to delivering consistent, high-quality care to patients locally and throughout the region.

### **Top Projects (1-3):**

This year, our program is focused on expanding its services. We are actively exploring opportunities to grow and meet the needs of more patients.

I am honored to have been selected as a Service Excellence Advisor to help train and support our team during the Service Excellence Initiative. This initiative represents an exciting opportunity for us to strengthen our commitment to providing exceptional customer service and build a culture that prioritizes excellence in every interaction. As part of this role, I will work closely with staff as they attend the Service Excellence Workshops in September.

### **Wins (1-2):**

Last fiscal year, I successfully implemented two new programs: ConferMED and Remote Patient Monitoring for Hypertension. Both programs are now actively utilized in the clinic and enhance our services to our patients.

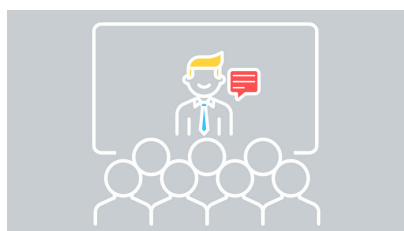
### **Challenge (1):**

Telemed2U, the partner organization for the Mayers Telemedicine Program, recently transitioned to a new electronic medical record (EMR) system. This transition initially posed significant challenges, as providers and I were given limited training before implementation. Despite these difficulties, we have remained adaptable and are steadily becoming more proficient in navigating the new system.



**California Special  
Districts Association**  
*Districts Stronger Together*

## 2025 Special District Leadership Academy Redding



Local boards are the reason, and really the only reason, why local control is local. Special district boards are the voices of the community. The truth is that every elected or appointed public official needs to worry about governance because governance is what boards do. It's what they bring to the table. Governance is taking the wishes, needs, and desires of the community and transforming them into policies that govern the district. Survival of special districts depends in large part on how well-run the boards are.

CSDA's Special District Leadership Academy offers curriculum-based training built around the essential partnership between board members and general managers. Designed for both new and seasoned board members, our groundbreaking curriculum equips attendees with the knowledge and skills necessary to lead effectively and uphold

## Sign In

**Username**

**Password**

**SIGN IN**

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[Forgot password?](#)

vital governance responsibilities. This conference fosters collaborative leadership and sets a strong foundation for achieving shared goals within your special district.

Attendees will learn:

- How to work as a team
- The roles of the board and staff
- Attributes and characteristics of highly effective boards
- How culture, norms, values, and operating style influence the district
- Specific jobs the board must perform
- How individual values, skills, and knowledge help to shape how effective boards operate
- The importance of moving from “I” to “we” as the governance team
- The board’s role in setting direction for the district; the board’s role in finance and fiscal accountability
- And more!

NOTE: You must complete the first-time attendee track to qualify for SDLF Certificate in [Special District Governance](#).

SDLA Graduate? Join us for our Returning Attendee Track with Two Days of Breakout Sessions with topics such as (sample from previous year):

Building a Solid Financial Foundation

Navigating Community Engagement

Legislative Relations 201

Good Governance

Financial Reporting

Public Agencies and Lawyers

Detailed schedule can be found on the [SDLA Website](#).

***First-Time Attendee Schedule of Events***

**Sunday 10/5/25**

5:30 - 7:00 p.m. Registration and Networking  
Reception

**Monday 10/6/25**

8:30 a.m. - 4:30 p.m. First-Time Attendee Sessions  
5:30 - 7:30 p.m. Sip and Savor Evening Reception

**Tuesday 10/7/25**

8:30 a.m. - 4:00 p.m. First-Time Attendee Sessions  
Open Evening

**Wednesday 10/8/25**

8:30 a.m. - 12:00 p.m. First-Time Attendee Sessions  
12:00 p.m. Graduation Certificate Distribution

Pricing:

Early Bird Registration on or before September 5,  
2025:

\$825 CSDA Member

\$1,650 Non-member

Regular Registration after September 5, 2025:

\$890 CSDA Member

\$1,780 Non-member

**Send additional attendees from the same  
district and receive discounted pricing per  
additional attendee!**

Before Early Bird (9/5/25)

CSDA Member \$565

Non-member \$1,130

After Early Bird (after 9/5/25)

CSDA Member \$625

Non-member \$1,250

**Members: discounted pricing will automatically populate at checkout. Non-members: call to obtain discounted pricing for attendees 2, 3, 4, etc.**

**Interested in Exhibiting/Sponsoring? Check out all of the opportunities and register [here](#).**

Need help paying for this conference? Scholarship funds are available from the Special District Leadership Foundation (SDLF).

Apply [here](#)

**HOTEL RESERVATIONS:** CSDA room reservations in the CSDA room block start at the rate of \$169 plus tax and fees per day. The room reservation cut-off is September 12, 2025; however, space is limited and may sell out before this date.

Information regarding hotel reservations and links to book in the CSDA room block will be emailed within 24 hours of registration.

Cancellations must be in writing and received by CSDA no later than September 5, 2025, at 5:00 p.m.

All cancellations received by this date will be refunded less a \$75 cancellation fee. There will be no refunds for cancellations made after September



5, 2025. Substitutions to another attendee are possible but only for SDLA Northern (not transferable to another conference) and must be done in writing no later than October 1, 2025, at 5:00 p.m. Please submit any cancellation notice or substitution requests to [meganh@csla.net](mailto:meganh@csla.net) or fax to 916-520-2465.

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**When** 10/5/2025 - 10/8/2025

**Where** Sheraton Redding Hotel at the Sundial Bridge  
820 Sundial Bridge Drive  
Redding, CA 96001  
UNITED STATES

## Program Options

Select programs by

Day



### Sunday, 05 October 2025

#### [Certificate in Special District Governance](#)

The Certificate in Special District Governance was designed to honor special district board members and trustees, and is comprised of two distinct parts: the completion of the Special District Leadership Academy and 10 hours of continuing education. Unsure if you already have the Certificate? Check out the SRLF website.

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## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE:	Board Guidelines for CEO Compensation	POLICY #BOD007
DEPARTMENT/SCOPE:	Board of Directors	Page 1 of 2
REVISION DATE:		EFFECTIVE DATE: 12/19/2016
AUDIENCE: BOD, CEO		APPROVAL DATE:
OWNER: A.Nelson		APPROVER: J. Utterback

**POLICY:**

Mayers Memorial Healthcare District is committed to ensuring that the compensation for the Chief Executive Officer (CEO) is competitive, fair, equitable, and compliant with all relevant regulatory standards, while also reflecting best practices in the industry. The compensation philosophy for all executives will align with the overall organizational values and strategic goals.

**Guiding Principles**

The Board of Directors of Mayers Memorial Hospital District recognizes that achieving our goal of becoming the premier community healthcare provider depends on attracting and retaining exceptional leadership. As elected trustees, we also have a responsibility to steward the resources of the District prudently on behalf of the community. It is within the Board's role to review executive compensation and oversee the renewal process of the CEO's contract. This process will follow all Brown Act laws and regulations.

**Total Compensation**

Total compensation for the Chief Executive Officer position with MMHD may include:

1. Paid time off
2. Holiday time off
3. Sick time
4. Incentive bonus plan
5. \$20,000 life insurance benefit
6. Severance agreement

**Market Analysis**

1. A Compensation Committee consisting of two selected board members will review data from various sources, including but not limited to, the California Hospital Association Executive Compensation Survey and other targeted market data. These reviews will occur at least one year before the CEO's contract expiration and as needed during recruitment efforts.
2. Compensation Comparisons will be made against similarly sized healthcare systems. These comparisons will consider factors such as organizational size, scope of services, gross and net revenue, operating expenses, number of employees, bed count, and the scope of responsibilities, along with other relevant data such as CEO experience and total years of service to the District.

**Target**

1. The Board aims to set base compensation at the 50th percentile of current market practices. "At-risk" compensation and other incentives will be positioned above industry

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averages to supplement base pay at the 50th percentile, ensuring total compensation aligns with industry standards—particularly within rural community healthcare systems.

2. The Board reserves the right to set base compensation above the 50th percentile based on factors such as experience, performance, total years of services and other factors and to offer total compensation up to the 100th percentile for exceptional results and performance.

### **Additional Considerations:**

1. Other factors influencing compensation and benefits include competitive market conditions and individual job responsibilities. These factors encompass:
  - a. Organizational complexity, including the number and variety of services and organizational units
  - b. Current and anticipated management challenges (e.g., financial restructuring, policy changes, construction projects, mergers, increased competition)
  - c. Availability of specialized staff expertise
  - d. The executive's experience, knowledge, and skills
  - e. Organizational growth rate
  - f. The executive's market value, as indicated by salary history and industry demand
  - g. The District's track record in recruiting and retaining qualified leadership

This policy guides fair, competitive, and strategic executive compensation aligned with the District's mission and community needs.

### **COMMITTEE APPROVALS:**

BOD: 3/30/2022

## MAYERS MEMORIAL HEALTHCARE DISTRICT

SUBJECT/TITLE: Social Media Guidelines		POLICY #QUA014
DEPARTMENT/SCOPE: Quality		Page 1 of 5
REVISION DATE:	EFFECTIVE DATE: 7/8/2025	
AUDIENCE: All District Staff	APPROVAL DATE:	
OWNER: J. Hathaway	APPROVER: R. Harris	

### **PURPOSE:**

These social media guidelines apply to District-authorized users of social media, as well as District colleagues' personal use of social media.

For purposes of these guidelines,  
“District” refers to Mayers Memorial Healthcare District.

“Colleagues” refers to persons who are employed by any District entity.

Individuals seeking to engage in social media activity must adhere to these guidelines as well as the District's employee handbook.

### **General Provisions**

Blogging and other forms of social networking include but are not limited to video or wiki postings, Reddit, sites such as Facebook, Instagram, Twitter, and YouTube, chat rooms, personal blogs or other similar forms of online journals, and diaries or personal newsletters.

Unless specifically authorized, colleagues are restricted from speaking on behalf of the District. Colleagues are expected to protect the privacy of patients, colleagues and other stakeholders and are prohibited from disclosing patient information without proper authorization. Colleagues are also prohibited from disclosing proprietary or confidential information to which they have access and work with as part of their job duties, without proper authorization.

### **Monitoring**

Colleagues are reminded that they should have no expectation of privacy while posting information to social networking sites. Postings often can be reviewed by anyone, including the District. The District reserves the right to use content management and social media listening tools to monitor comments or discussions about the District, its colleagues, its patients and the industry posted on the Internet. Further, colleagues should understand that the District may respond to such comments or discussions, and that response may occur online, or, in certain circumstances, may occur offline and may include discipline where appropriate.

### **Reporting and Discipline for Violations**

1. Reporting Violations. Mayers Memorial Healthcare District strongly urge colleagues to report any violations or possible or perceived violations to supervisors, managers or the HR department, to the Director of Quality (if patient information is involved).
2. Discipline. Mayers Memorial Healthcare District may investigate and respond to reports of violations of these Social Media Guidelines and other related policies. Violations may result in disciplinary action. Managers may not restrict a colleague's access or take any disciplinary

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action based on a colleague's use of social media without first consulting with Human Resources.

### **District-Authorized Use of Social Media**

The goal of authorized social media is to enhance the exchange of information between the District and its constituents to drive business results and support our long-term success. Authorized use of social networking media is purposeful in conveying information about District services, promoting and raising awareness of the District, communicating with colleagues, patients, candidates, business associates and the media, and discussing activities and events.

When colleagues are engaged in authorized social networking, blogging or using other forums, the District must ensure that use of these communications is consistent with and supports the District's mission and values, and maintains the District's brand identity, integrity and reputation while minimizing risks inside or outside the workplace.

The following rules and guidelines apply to social networking when expressly authorized by the District.

**Authorized social media channels.** Colleagues, business units and departments are prohibited from creating internal and external (public-facing), Mayers Memorial Healthcare District social media accounts, without prior authorization. The marketing department or equivalent and senior management are permitted to remove or request the removal of social media pages that are not authorized.

**Content.** Only authorized colleagues can prepare and modify content for District- sponsored blogs and/or District-authorized social networking entries. Content must be relevant, add value and meet at least one of the specified goals or purposes developed by the District. If uncertain about any information, material or conversation, discuss the content with your manager and/or marketing.

**Unauthorized Content.** Business units and departments are responsible for ensuring all blogging and social networking information complies with the written policies of the District. The Marketing Department and senior management are authorized to remove any content that does not meet the rules and guidelines of this policy or that may be illegal or offensive. Removal of such content may be done without permission of the poster or without advance warning. Contact the Marketing Department or follow the chain of command to report unauthorized or questionable content.

**Copyright.** Copyrighted content cannot be posted on any Mayers Memorial Healthcare District - affiliated blog or social media channel without first obtaining written permission from the copyright owner.

**Guest Bloggers/Posters.** The District expects all guest bloggers and posters to abide by these guidelines. The District reserves the right to remove, without advance notice or permission, all guest bloggers' and posters' content considered

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inaccurate or offensive. The District also reserves the right to take legal action against guests who engage in prohibited or unlawful conduct.

**Media.** If contacted by the media or press about a post that relates to the business of the District, colleagues are required to speak with their manager and the District's Marketing Department before responding in any capacity that could be viewed as a spokesperson for the District.

### **Personal Use of Social Media When on Working Time or Using a District-Provided Device**

Colleagues may occasionally access and engage with social media even when on working time and/or by means of a District-provided device. While such access does not require express authorization, it should be infrequent and brief; must not interfere with or detract from a colleague's responsible performance of his or her job duties. Any postings or communications by a colleague during working time or using a District provided device must not be inconsistent with the business interests of the District; must not disclose protected patient information or confidential District information; must not be malicious, defamatory, obscene, threatening; and must not be the sort of communication that would reflect negatively on the District if the audience were to conclude that it was an official District communication.

A colleague who chooses to engage in personal use of social media when on working time or using a District-provided device must understand that, because the District is facilitating their use of social media, the District may monitor any and all such use and may discipline the employee for social media use that violates these guidelines. *By way of example only*, a colleague would likely be disciplined (and possibly terminated) for using social media to make threats against others, to express racist opinions, to use obscene language, or to make derogatory or disrespectful comments about persons or organizations while on working time or using a District-provided device.

### **Personal Use of Social Media When On Personal Time and Using Personal Devices**

The District respects the right of colleagues to participate in blogs and use social networking sites when using their own devices during non-working hours and does not discourage self-publishing or self-expression. Colleagues are expected to follow these guidelines and policies to provide a clear distinction between you as an individual and you as an Mayers Memorial Healthcare District colleague.

**Personal Responsibility.** You are personally responsible for your commentary on social media. You can be held personally liable for commentary that is considered defamatory, obscene, proprietary or libelous by any offended party, not just the District.

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**Be Respectful.** If you have identified yourself as a colleague of the District, you should not use blogs or social networking sites to post items that could be viewed as malicious, obscene, threatening, harassing, or bullying. Prohibited threatening, harassing, and bullying conduct includes offensive posts meant to intentionally harm someone’s reputation or posts that discriminate or could contribute to a hostile work environment on the basis of age, race, color, gender, disability, religion, protected veteran status, national origin, sexual orientation, gender identity, or genetic information.

**Disclaimer.** When you identify yourself as a colleague of the District, some readers may view you as a spokesperson for the District. Because of this possibility, you should state in the description or “about” section of any public profile that the views expressed by you through social media are your own and not those of the District. Because colleagues may not represent that their views are those of the District, colleagues are not permitted to post on personal blogs or other sites the trademark or logo of the District.

**Privileged or Confidential Information.** Colleagues are not permitted to post District-privileged information, including copyrighted information or patient protected health information. Colleagues who have access to and work with confidential information as part of their job duties, cannot disclose or post such information without proper authorization.

**Workplace photographs.** Colleagues must follow the District’s policy regarding photos taken in the workplace. No photos showing patients or family members, or showing protected health information, may be posted at any time. You should ask permission before posting photos of co-workers. Be mindful of public perception and use good taste when posting workplace photos.

**Advertising.** Except as authorized or requested by Mayers Memorial Healthcare District or an affiliate, colleagues may not post on personal blogs and social networking sites any advertisements or photographs of District products, nor sell District products and services.

**Endorsements.** Mayers Memorial Healthcare District will not endorse people, products, services or organizations. Official accounts should not be used to provide such endorsements. For personal social media accounts where your connection to the District is apparent, you should be careful to avoid implying that an endorsement of a person or product is on behalf of the District rather than a personal endorsement. *As an example*, LinkedIn users may endorse individuals or companies but may not use the District’s name or its affiliates’ names in connection with the endorsement, state or imply that the endorsement is on behalf of the District or its affiliates, or state specifically that the endorsement is based on work done at the District or its affiliates.

**Branding.** Your social media name, handle or URL should not include Mayers Memorial Healthcare District or your affiliated employer’s name or logo.

## MAYERS MEMORIAL HEALTHCARE DISTRICT

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**Managers and Supervisors.** Mayers Memorial Healthcare District discourages staff in management/supervisory roles from initiating and/or accepting “friend” requests or follows from or with colleagues who report to them.

**Patient communication.** Do not use your personal social media account to discuss or communicate patient information with one of your patients, even if the patient initiated the contact or communication. Always use District-approved communication methods when communicating with patients about their health or treatment.

**Privacy and Security.** Consult the various options in each platform you choose to use for social media privacy and security tips.

If you have any questions relating to these guidelines, a personal blog or social networking, ask your supervisor, Human Resources, or the Director of Quality.

### COMMITTEE APPROVALS:





## **RESOLUTION NO. 2025-14**

### **A RESOLUTION OF THE BOARD OF TRUSTEES OF MAYERS MEMORIAL HOSPITAL DISTRICT**

#### **Authorizing Real Estate Negotiator Interactions Pursuant to Government Code §54956.8**

**WHEREAS**, the Brown Act (California Government Code §54956.8) requires that negotiations and discussions regarding the purchase, sale, or lease of real estate be conducted in a manner that ensures transparency and public awareness; and

**WHEREAS**, Mayers Memorial Healthcare District (MMHD) Board of Trustees desires to delegate authority to designated staff or representatives to conduct such negotiations on behalf of the organization; and

**NOW, THEREFORE, BE IT RESOLVED** by the MMHD Board of Trustees as follows:

1. Delegation of Authority  
The Board hereby authorizes Ryan Harris, CEO, or their designee, to negotiate and enter into agreements concerning the purchase, sale, or lease of real estate on behalf of Mayers Memorial Healthcare District.
2. Notification and Reporting  
All negotiations conducted under this delegation shall be conducted in accordance with the Brown Act, including providing the Board with reports and updates as required.
3. Compliance with Brown Act  
All negotiations shall comply with the requirements of the Brown Act, including, but not limited to, conducting negotiations in closed session when appropriate, and ensuring transparency and public notice as required.
4. Effective Date  
This resolution shall be effective immediately upon adoption and shall remain in effect until amended or rescinded by the Board.

**PRESENTED, ADOPTED, APPROVED, AND RECORDED** this 27<sup>th</sup> day of August, 2025.

AYES:

NOES:

ABSENT:

ABSTAIN:

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Jeanne Utterback, President  
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

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Ashley Nelson  
Clerk of the Board of Directors

## Director of Operations Report

*Prepared by: Jessica DeCoito, Director of Operations*

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### Facilities, Engineering, and Other Construction Projects

- **TCCN Phase 3 and FR RHC:** permits are ready to be picked up.
  - **Solar Project:** The team is working on getting HCAI approval for a different material for the connection in the generator yard. The project is expected to close on October 25th. I have received the steps and applications for our federal tax credit of \$974,520. I will begin this process and most likely need an expert's help.
  - **PIN 74 Lot Line Adjustments:** We should soon receive the county's Certificate of Compliance and be approved for the lot line adjustment.
  - **FR Arts & Trophies Building:** Final touches on the building remodel are being made. The Foundation team has already begun to move over into the space. We will file the purchase agreement with the title company to complete the sale of the building.
  - **Master Plan:** With the new developments, the project will not proceed until more information is gathered.
  - **Masonic Lodge:** We have officially closed on the Masonic Lodge. Ryan, Alex, and I met to walk the space and make plans for updates. Our efforts will be focused on the dining room area, which will serve as our Fall River Boardroom location.
  - The Annual Fire Life Safety Survey was conducted on August 12th and involved a full day of walking both sites, inspecting doors, fire extinguishers, and more. We're pleased to report outstanding results—only five tags were issued, and not a single document tag! A huge thank you to Alex and the entire Maintenance team for their excellent preparation and attention to detail. Kudos to Dana for achieving another perfect binder score, and sincere appreciation to the Nursing teams at both SNF locations for their cooperation and continued support. Great job, everyone!
  - On Friday, August 15th, we had the opportunity to partner with *Joni & Friends*, an organization that accepts wheelchair donations to support individuals in need. We were proud to donate 10 custom, solid-back wheelchairs no longer needed on our campus. A big thank you to Alex and Katelyn for their coordination and assistance in making this charitable contribution possible! Check out their website here <https://joniandfriends.org/about/>
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### Employee Housing

- **Another Well Issue:** Unfortunately, we experienced another well issue. Your H2O Pro believes a power surge or outage fried the pump motor. The motor has since been replaced, and the damaged one was sent out for repair under warranty. Thankfully, the system is now functioning properly.

- **Fire Incident on Hwy 299:** On Monday evening, a fire broke out on Hwy 299. Joey, Dana, and Alex responded quickly and effectively, providing timely communication to tenants on-site. Fortunately, no evacuations were necessary. The initial call came in at 6:00 PM, and by 6:25 PM, we were notified that the fire was called off. Their prompt response helped keep everyone calm and informed—great work, team!

## Human Resources Board Report

**Reporting Period:** August 2025

**Prepared by:** Libby Mee, Chief Human Resources Officer

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### Employee Support and Recruitment

As of this reporting period, the Human Resources, Payroll, and Benefits Department is actively supporting **309 employees** across all departments. Our ongoing priorities include **strategic recruitment, employee retention, and engagement initiatives** to address current staffing needs and support organizational growth.

We are currently managing **20 active job requisitions** to fill **37 open positions** across various departments. A summary of open roles is provided below:

Job Title	Status	# of Positions
Chief Medical Officer	Full Time	1
Rural Healthcare EMT	Per Diem	2
Rural Healthcare Paramedic	Full Time	1
Rural Healthcare Paramedic	Per Diem	1
Food & Nutrition Services – Burney	Full Time	1
Food & Nutrition Services – Fall River	Full Time	1
Emergency Dept. Medical Director & Physician	Full Time	1
Emergency Tech	Per Diem	1
Emergency Room RN I – NOC	Full Time	1
Care Coordinator Specialist	Full Time	1
Environmental Services Aide – FR	Full Time	1
Phlebotomist	Full Time	1
Med/Surg Acute CNA	Full Time	2
Respiratory Therapist	Full Time	1
Clerk	Full Time	1
Rural Health Clinic Medical Assistant	Full Time	1
Rural Health Clinic Physician	Full Time	1
Skilled Nursing Facility CNA	Full Time	13
Skilled Nursing Facility RN	Full Time	3
Skilled Nursing Unit Assistant	Full Time	2

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### **Position Management Project – Paycom**

The **Position Management Project** in Paycom has been successfully completed. We now have a **virtual organizational chart** embedded within the system, clearly displaying reporting relationships for each manager and department and highlighting current vacancies. This provides improved visibility and supports better organizational planning and staffing coordination.

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### **Service Excellence Initiative – Clinical Learning Systems**

The HR team continues to actively contribute to the **Service Excellence Initiative (SEI)** through key projects aimed at enhancing leadership effectiveness and overall employee experience.

- **Leadership Empowerment Survey**

The survey concluded with an impressive **83% response rate**. The leadership team achieved an **overall rating of 3.466 out of 4.0**. Results were reviewed during the recent **Service Empowerment Leadership Course**, where leaders received personalized reports, coaching insights, and targeted resources to support their professional growth.

- **Employee Engagement Survey**

Due to the prioritization of other departmental initiatives, the launch of the Employee Engagement Survey has been rescheduled to **September 2025**.

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### **2026 Benefits Open Enrollment**

Preparations are underway for the **2026 Employee Benefits Open Enrollment** period. An initial planning meeting with our benefits broker is scheduled to review current offerings, assess performance, and explore potential enhancements for the upcoming plan year.

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### **Annual Employee Compliance**

Our annual compliance activities are currently in progress:

- **Performance Appraisals:** Department managers are actively completing annual employee evaluations.
- **Relias Re-Orientation:** Mandatory re-orientation materials have been distributed through Relias. These modules cover annual training requirements related to **patient and resident care, safety, quality, and infection prevention**.
- **Employee Health Compliance (September Launch):** The next compliance phase will begin in September and will include updated **physicals, TB screenings, immunizations, and mask fit testing** for all employees.

**Chief Public Relations Officer – Valerie Lakey  
August 2025 Board Report**

**Legislation/Advocacy**

**Federal Update**

Congress is currently in recess for August and will reconvene in Washington, D.C., following the Labor Day holiday.

**State Update**

The California Legislature has returned to close out the 2025 legislative session. In addition to their regular work, legislators will finalize a redistricting plan for voters to consider on the November 2025 ballot.

Key deadlines include:

- **August 29:** Bills requiring fiscal review must pass their respective appropriations committees.
- **September 12:** Final deadline for all legislation to be sent to the governor. Bills not advancing by this date will become two-year bills.

**Grant/Scholarship Update**

As we continue to prioritize opportunities that invest in both our staff and our community, several exciting initiatives are on the horizon:

- **Fall Employee Scholarship Round**  
This fall, we will again open the Employee Scholarship program to support our dedicated team members in pursuing professional development and continued education. These scholarships strengthen individual career paths and enhance the depth of knowledge and care we can provide as an organization.
- **Departmental Awards**  
Preparations are underway for the upcoming Departmental Awards, which recognize innovation, teamwork, and excellence in patient-centered care. These awards allow us to highlight outstanding projects and initiatives within our departments and reinforce a culture of collaboration and achievement across MMHD.
- **North State Giving Tuesday**  
We are gearing up for **North State Giving Tuesday**, a region-wide philanthropic event that has become a cornerstone of community giving. This year, we aim to expand awareness of Mayers Healthcare Foundation's impact and inspire new donors to join us in supporting critical programs and services. With thoughtful storytelling and community engagement, we aim to build on past successes and maximize this day of generosity.

## **Public Relations/Marketing**

### **Marketing & Public Relations Update**

The Marketing and Public Relations Department continues to make steady progress on several key initiatives to strengthen community outreach and visibility:

- **Website Redesign**—Work is advancing, and the web host is collaborating to finalize design and functionality. The updated site remains on track to better showcase services, providers, and community resources.
- **Social Media & YouTube Strategy** – Development continues on a refreshed social media plan and YouTube channel format designed to expand awareness of District services and highlight community stories.
- **MRI Promotion** was a focus over the last month, as well as clinic provider awareness
- **Accreditation Promotion** – Efforts to share and celebrate the District's ACHC Accreditation remain visible, with continued recognition through signage and media coverage.
- **Inter-Mountain Fair Preparations** – Planning is underway for the District's booth at the upcoming Inter-Mountain Fair. This will be an opportunity to connect directly with the community, highlight services, and share resources. The district's mobile clinic will also be on-site, serving as a first aid station and providing support and visibility during the event.

### **Mayers Healthcare Foundation**

Mayers Healthcare Foundation has had a productive and exciting summer. We successfully hosted our community-focused Annual Health Fair, followed by the celebration of our 25th Anniversary Golf Tournament. Looking ahead, our team is preparing for the relocation and setup of the new *Lucky Finds Thrift & Gift*. We're excited to share the results of our efforts with the community in the coming weeks!

Our 25th Annual Golf Tournament was a fantastic success, thanks to the incredible support of our community. We welcomed **76 golfers**, received sponsorship from **16 generous businesses**, and collected **25 raffle donations**. A dedicated team of **20 volunteers** helped the day run smoothly. Thank you to everyone who participated and contributed to this milestone event!

Exciting changes are ahead for the **Lucky Finds Hospice Thrift Store**! Preparations are underway to relocate to the newly purchased **Fall River Arts building**. Since our successful **tent sale on June 26–27**, sales have remained steady, and we've made significant progress clearing inventory for the move. There's still organizing to be done, but our fantastic team of volunteers is working tirelessly to make the transition smooth and successful. Stay tuned for updates on our opening in the new space!



A huge thank you to MMHD's Maintenance crew from MHF for all their hard work on the Fall River Arts Building — it's looking fantastic! What can be accomplished when many hands work together toward the same goal is truly amazing.

### **Volunteer Shortage:**

We continue to consistently need more volunteers to support the day-to-day operations of the Lucky Finds Thrift Store. We hope the new space's opening and improved processes will help attract additional support in this critical area.

### **Tri-County Community Network**

#### **Bright Futures**

The Bright Futures summer program is in full swing, with weekly events in Fall River and Burney. Services continue twice a month at Munuk'chin Day Care, and a new play group has been added at the Intermountain Community Center. Plans for the fall include expanded services to the Fall River Co-op preschool and a new home daycare.

#### **Upcoming events:**

- September/October: Parent Café in Big Valley
- September: Car Seat Safety Event with First 5 Shasta and Pit River Health
- October: Clothing Swap events in Round Mountain, Burney, and Fall River

#### **Backpacks to Home Food Pantry**

In collaboration with FRJUSD, TCCN secured a **\$2,588 grant** to launch a food pantry for students. Beginning this August, food deliveries (valued at \$862 each) will occur three times during the school year. Burney Elementary and High School will host food drives to sustain the effort.

#### **Kid Fit**

The **Kid Fit program successfully hosted six family events** this summer, shifting its focus to family protective factors and community engagement. Event highlights included:

- Color Run: 68 children, 32 parents
- Take Me Fishing: 82 children, 33 parents
- Community Concert: 169 children, 56 parents (+50 community members)
- Water Wars: 91 children, 39 parents
- Art in the Park: 61 children, 24 adults
- Swim Night: 108 children, 44 parents

The program was well-received, bringing together families and the broader community.

### **Enhanced Care Management (ECM) Partnership**

As of **July 1st**, **TCCN began providing case management services**. Case Manager Shay Corder has started building a caseload, with workflows being developed between the Rural Clinic, Emergency Department, and ECM. Internal referrals are expected to launch this fall.

New initiatives include:

- “Wellness and Resource Hour” (low attendance so far but projected to grow with outreach).
- Collaboration with Health & Human Services to bring a four-week **Food Education Series** (Aug 19 – Sept 9).
- Continued progress on billing processes within Cerner.

### **Mindful Connections**

The program has received a **\$2,000 private donation** and is moving forward with community outreach initiatives. Word of Life Church has offered meeting space, and founder Doug Nunes has completed Peer Support Specialist certification.

Key next steps:

- Proposal submission to MMHD by September.
- Resource development for the TCCN website.
- Provider/community meeting planned for October.
- A funding proposal was presented to the TCCN Board on August 19th.

### **HRSA Pathways Grant**

TCCN has **submitted a Pathways Grant application** to support youth behavioral health services and develop rural career pathways in mental health. Partnerships include FRJUSD, BVUSD, MMHF, Shasta and Siskiyou Colleges, and Shasta County Chemical People.

### **Fundraising & Community Engagement**

- **Fundraising Coaching:** Executive Director MARRISA Martin is receiving coaching through a Community Foundation of the North State grant, focusing on donor and sponsor development.
- **Brewfest Fundraiser:** The first annual Brewfest is scheduled for **October 11, 2025**, at the Intermountain Fairgrounds. Fall River Brewing has committed product donations, and other breweries are considering participation. Tickets are available on the TCCN

website. A **reverse raffle for a \$15,000 dream vacation** will also be held, with projected combined revenue of **\$30,000**.

### **Community Partnerships**

- **SMART Employment Services:** Continued partnership, with services scheduled through September.
- **IMAGE Revitalization:** Over **260 community needs surveys** have been collected. Data has been shared with IMAGE members for the next steps.

### **Facilities & Community Events**

- The **Intermountain Community Center offices and event spaces are now open**, hosting programs like Senior Sip, Bingo, and Pokeno. Plans for the children's program area have been submitted to the county.
- Ongoing events include Bright Futures weekly programming, the Food Smart Series, and a recent **Sober BBQ/Mindful Connections event held on August 16th**.

## **August Board Report**

### **Clinical Division**

**8/19/2025**

#### **Service Excellence Initiative**

- On August 11th, Larry Chatterton with CLS trained the Leadership Team and the SEAs on Winning with Difficult Behaviors. In this training, we were taught how to profile difficult behaviors, understand behavioral health in the workplace, maintain emotional self-control during difficult conversations, and understand the importance of crucial conversations — when to have them and how to practice through role-playing.
- On August 12th, Larry led a Service Empowerment Leadership Course, which included vision, excellence, goals, and inspired leaders.
  - Becoming the employee of choice by understanding where we want to be and building trust.
  - Becoming the provider of choice by knowing that patients and families want to come to receive the best possible care, and by our team making continuous improvements. The little things count.
  - Empower Leadership skills through focused teamwork — following general rules of conduct.
- All managers could review their personalized Leader Empowerment Profile and create action plans. The goal was to improve their leadership empowerment results within 90 days and review with their boss.

#### **Hospital Pharmacy**

##### **Sterile Compounding**

- The State Board of Pharmacy inspected the hospital pharmacy on July 30 (during the Board of Directors meeting).
- No action items were found.
- No practice deficiencies were found, but the inspector had suggestions to update forms and policies to match the practice. Examples include documenting the incubation temperature on quality testing and documenting storage requirements on the sterile compounding log.

##### **Staffing**

- We have extended an offer for a hospital pharmacist, and it has been accepted. The start date is expected in October.

## **340B**

- Pharmacy staff are working to expand the 340B program in the ER and outpatient medical.

## **Infection Prevention**

### **Respiratory Outbreak**

- Skilled Nursing in Fall River is experiencing respiratory outbreaks. COVID, parainfluenza, and a non-COVID coronavirus have reached reportable levels. Appropriate precautions were implemented. Kristen Stephenson, RN, Infection Preventionist, is tracking the outbreak and reporting to regulatory agencies.

### **Blood Culture Contamination Rates**

- Kristen has designed and built blood culture collection kits, and a new policy and procedure regarding blood culture collection by non-lab personnel is in the approval process. One-on-one education and competencies for ER nurses and EMT/Paramedic staff were completed.

### **Skilled Nursing Vaccinations**

- COVID vaccinations were completed for all SNF residents with consent. Influenza vaccination will start in early October.

### **Employee Health**

- Erin Glebe, LVN, Employee Health Nurse, is working with Human Resources, the Rural Health Clinic, and the lab on employee annual physicals, vaccinations, and TB screening.

## **Retail Pharmacy**

### **340B Program Update**

- Starting January 2026, the 340B program is getting a major overhaul. Under a new HRSA pilot, drug discounts for the top 10 medications will no longer happen upfront—instead, they'll come through rebates. Medicare will also start enforcing price caps on certain drugs through its Maximum Fair Price (MFP) rules.
- We are preparing now to navigate the changes, which will require more manual submissions and rebate tracking. Instead of a unified process, each manufacturer will have its own procedure and platform.

### **Additional Updates**

- Effective September 1, we must use ISMP to report all drug errors. This program has been successfully implemented.
- IT has upgraded our internet speed, resulting in improved efficiency across our workflow.

## Care Coordination

- An offer is extended for the care coordination position.

## Imaging

### Echocardiography

- We are working with ScImage to support echocardiography ultrasounds and Holter monitors. System updates have been completed, templates are in development, and we anticipate establishing a go-live date within the next couple of weeks.

### MRI

- The CDPH inspection of the MRI trailer has been successfully completed, and approval has been granted for the trailer and associated policies. We are scheduled to go live on Thursday, August 21, and four patients are booked for the first day of service.

### Service Expansion

- **CT Calcium Scoring:** ROI analysis has been completed and is currently under review.
- **Bone Density (DEXA):** ROI analysis is in progress.
- **Portable X-ray:** Conducting cost analysis for renewing the current service contract versus purchasing a new unit.

### Professional Development

- Harold Swartz, Imaging Manager, participated in the first Leadership Academy session, completed a DISC assessment, and submitted names for my 360-degree feedback process.

### AHRA Conference

- Harold Swartz, Imaging Manager, attended the AHRA Conference for Radiology Administrators, which offered a wide range of sessions. Some directly supported our **Service Excellence Initiative**, while others provided important updates on upcoming regulatory updates.

### Patient Experience

- We successfully went live in the Radiology department with **Luma**, our new text-based scheduling and reminder system. This platform enhances the patient experience by providing automated appointment confirmations, reminders, and follow-up notifications, helping to reduce missed appointments and improve overall communication with our patients.

## **Rural Health Clinic**

### **Vaccines for Children**

- The Vaccine for Children (VFC) clinic inspection occurred on August 18 with no deficiencies.

### **Partnership Health**

- Kimberly Westlund, Clinic Manager, is updating our arrangements with Partnership Health to add obstetrics, as Dr. Sloat is seeing patients. The updated application has been submitted, and an OB site review is pending.

### **Referral Process**

- Our referrals are now current due to improved processes and Luma Health.

### **Staffing**

- Currently we are working to fill a medical assistant position.

## **Laboratory**

### **Clinical Laboratory Improvement Amendments (CLIA) Inspection**

- We are expecting the CLIA inspection on September 3<sup>rd</sup>.
- Sophia Rosal, CLS and her team are preparing for the visit.

### **Staffing**

- A full-time phlebotomy position is posted.

### **Blood Gas Testing**

- During gaps in Respiratory Therapist coverage, CLS staff are performing blood gas testing.

### **Telemedicine**

See Department Report



## **NURSING SERVICES BOARD REPORT**

### **August 2025-Reporting for July**

#### **CNO Board Report**

In July 2025, our SNF maintained a census of 70 residents with ongoing interest from external candidates. Staffing met regulatory requirements; however, agency use remains a challenge. Recruitment efforts are progressing, with new RN and UA hires and NATP graduates preparing for certification. Policies have been updated before the upcoming CDPH survey, and Family Council meetings and CAHPS survey results continue supporting our Service Excellence goals. Acute and ED volumes remain steady, with Swingbed census at 9.0 and ED visits increasing by 18%. Staffing gaps are being addressed with contracted coverage. Key initiatives included EMTALA and Zoll Defibrillator training, active participation in the Service Excellence Initiative, and recruitment across multiple departments. Surgery volumes remain stable with a focused plan to reduce cancellations, while OPM operations are running smoothly during leadership leave. Social Services, Ambulance, and Clinical Education teams are advancing FY26 planning, staff training, and medication error prevention initiatives.

#### **SNF**

##### **Capacity**

- Resident Census = Seventy (70)
- Fall River = Twenty-Eight (28)
- Burney = Twenty-Two (22) general resident population
- Burney Memory Care = Twenty (20) residents
- One (1) external candidate on the Memory Care waitlist
- Five (5) external candidates for the general population

##### **Staffing**

- We have met regulatory staffing requirements for the month.
- The high percentage of agency utilization is a primary challenge we face. To address this, we have:
  - Hired 1 RN and 2 UA.
  - NATP was successful with 3 students waiting to test for their certification.
  - We will continue to aggressively screen, interview, and job-offer viable candidates. Focusing on RNs, CNAs, and UAs.

- Continue discussions with Nurses in Professional Healthcare (NPH) to engage in aligning registry training and review role shift duties, ensuring consistency and effectiveness across the board.

## **Updates**

- Staff Development
  - Departmental Education: We are now doing re-alignment orientation monthly with all new hires.
  - Departmental Education: Charge Nurse meetings are occurring every month.
  - The next NATP class will start in the fall. With 4 UA's currently slated to enter that class. We are continuing to interview/hire, potentially adding to those numbers.
- Regulatory
  - All policies have been revised in preparation for the projected July-August survey by the California Department of Public Health (CDPH).

## **Family engagement:**

- The monthly Family Council Meetings have been a success. We have been alternating between the Burney and Fall River boardrooms. A speaker from laundry services will be attending to explain the process of resident laundry.
- The CAHPS Nursing Home Family Member Survey was done, and results were provided, giving us a baseline to work with and improve upon. This falls in line with the Service Excellence Initiative.

## **Acute**

### **July 2025 Statistics**

#### **Dashboard**

- Acute ADC: 1.67
- Acute ALOS: 2.95
- Swingbed ADC: 9.00
- Swingbed ALOS: 3.90
- OBS Census Days: 4

## **Staffing**

- **Staffing Requirements:** Our department's optimal staffing includes 8 FTE RNs, 2 PTE RNs, 4 FTE CNAs, and 2 FTE Ward Clerks. Currently, all FTE RN and Ward Clerk positions are filled. We currently have one open CNA position. Additionally, one FTE RN remains on an approved leave of absence.

- **Utilization of Registry Staff:** We are utilizing one PTE NPH RN to support part-time unit coverage and assist with staffing during surgical cases. Additionally, one FTE contracted RN is covering for the RN on approved leave.

## Updates

- **EMTALA Training and Compliance:** In alignment with Emergency Department education efforts, in-person EMTALA training was conducted during this month's department staff meeting. This format allowed for real-time discussion and questions, helping to clarify key concepts and promote a stronger understanding of compliance requirements among staff.
- **SEI Initiative:** We coordinated departmental schedules and ensured appropriate coverage to provide focused support for staff members selected to participate in the Service Excellence Initiative (SEI). Efforts included adjusting assignments to accommodate SEI training and planning ahead for September's All Badge Training to minimize operational disruptions. Our team remains committed to fostering a strong service culture and is proud to contribute to the success of this organization-wide movement.
- **Zoll Defibrillator:** The Zoll Defibrillator has been successfully in use for over a month. Code Writer training was completed this month; however, in-person attendance was lower than anticipated due to scheduling conflicts and the need to reschedule sessions. We are currently working to coordinate follow-up training via Microsoft Teams for those unable to attend, ensuring all staff receive the necessary education.

## Emergency Services

- July 2025
  - Total patients treated: 465 (this is over an 18% increase from last month)
  - In-patient Admits: 21
  - Transferred to a higher level of care: 15
  - Pediatric patients: 69
  - AMA: 9
  - LWBS: 4
  - Present to ED via EMS: 44
- Staffing:
  - Required: 8 FTE RNs, 1 PTE RNs, 2 FTE Techs, 1 PTE Tech
  - Utilizing 1 FTE contracted RN, and 1 PTE contracted (shared with OPM)
    - One NOC RN to cover until NOC FTE completes orientation
    - One Day shift

- ED Manager also serves as:
  - Cerner Learning Coordinator
- Assigning learning journeys to new contracted and hired staff
- Maintaining the Learning Journey portal
  - Ongoing resource for clinical areas in the facility
  - SEI Survey Super Coach
- Updates:
  - The SEI is generating excitement throughout the facility, and two ED team members are preparing to present during the September educational schedule.
    - The ED team has begun signing up for these events.

## **Ambulance-Reporting**

### **July 2025**

- 56 ambulance calls
- 11 of those were transfers
- We are currently looking for a full-time paramedic. We had one applicant that we offered the job to but requested to be per diem instead. There is interest from an internal applicant that we will be following up on. We interviewed and offered a per diem job to an EMT moving to the Cassel area. This person has a few years' experience as an EMT.
- In our last staff meeting we set in place doing monthly training, such as run reviews, where we all give input about calls, skills, medication or protocol reviews. For some of these we will offer CE's (continuing education) credits. The staff is excited and all will have an active role and take turns presenting the training for the month.
- We have been working to secure trauma training for the EMS staff. SEMSA has offered to do an ITLS (international trauma life support) class at no charge. The cost for us would be to have our staff attend. We are trying to work out the logistics of getting this done either on campus or in Adin with their instructor. To do this we will have to have 2 sessions to accommodate our staff schedules.

### **Surgery:**

### **Referrals:**

#### **22- Referrals received**

- All Referred patients have been called. 3 refused to schedule at this time. 6 unable to reach for scheduling.

- *\*Appointment's scheduled 1-10 days after referrals received. Typically, able to offer procedures times within 1 to 1 ½ months.*
- 19- Total patients underwent procedures
- 23- Total procedures performed (4 patients had both upper and lower endoscopes).
- 28 patients were scheduled. 8 canceled with short notice or did not show up, 1 cancelled Day of surgery for abnormal EKG).
  - Action plan has been created with aim of reducing short notice cancellations of procedures.

#### **Staffing:**

- 4 Total applicants for part-time endoscopy technician position. 2 applicants invited for interviews.
- Shared staffing with Acute and ED for Pre-op and recovery RNs.

#### **ACHC Survey POC update:**

- Facilities received Survey citation related to Surgical suite air exchange and humidity levels. The humidifier has been delivered, Electrician has been scheduled to add dedicated 220 amp breaker to panel required for installation.
- Humidity trends are being tracked daily for compliance.

#### **Outpatient Medical**

#### **Updates July 2025**

- Census OPM: May 132 patients, June 130 patients, July 153 patients
- The department manager is currently on a leave of absence. During this time, daily operations continue to run smoothly with strong support from department staff and oversight provided by the Director of Nursing.
- Due to staffing requirements, a part-time traveler has been brought in to support the department. Additionally, members of the Acute Care team have assisted with coverage as needed. All staff have been trained appropriately, and our cross-department floating model is functioning effectively.
- Working with the OPM team for input and collaboration on next years pillar goals so we can delegate tasks and ownership.

#### **Social Services**

#### **July 2025**

We did not have any new admissions to LTC in July.

#### **Updates:**

- Have started using an application for LTC admissions. This includes doing a background check on potential admissions.

- Have referred 3 local families to Interim Home Health for assistance with keeping their loved ones at home as long as possible.
- Have been working on FY26 goals. This will include LTC and Acute.

## **Clinical Education**

### Certifications & Licenses

- ACLS (Advanced Cardiac Life Support)  
Scheduled for August 18, 2025. Also offered on August 18, 2025, for RNs.
- BLS (Basic Life Support)-renewal class was held on 8/13/25 by Zita  
Also offered on August 18, 2025, for RNs.

### ACHC-Required Trainings

Per ACHC guidelines, the following trainings have been provided and assigned (via Relias) to appropriate staff, particularly ER nurses:

- EMTALA
- Suicide Risk Assessment & Prevention
- Patient Rights
- Physical and Chemical Restraints

### Program Updates

#### *NATP Class (Nurse Assistant Training Program)*

- Most recent class successfully ended with 3 graduates on August 12, 2025.
- A new class is scheduled to begin soon.

#### *Safe Patient Handling & Mobility (SPHM) Program*

- Bi-monthly SPHM DHW Initial Orientation continues for new and re-hired staff.
- The last class was held on August 8 by Regina.
- Next class is scheduled for August 25–26.

### Ongoing Projects & Initiatives

#### In-Service / CEUs for CNAs (2025)

- Topics posted on facility monitors, in breakrooms, and distributed via staff email.
- Topics include:
  - Abuse
  - Dementia
  - Infection Prevention
  - Resident-Centered Care
  - Professionalism

- Resident Safety

#### CDPH CNA Orientation Days

- Conducted bi-monthly following HR orientation.

#### Relias Platform

- Available for both RNs, LVNs, and CNAs to complete CEUs.

#### Certification Tracking

- HR (Ashley) continues to update certification renewals.
- Staff attending BLS classes are reminded to submit their certification cards to both HR and their supervisors.

#### Way Forward – One Step at a Time!

We recently met with Keith (Pharmacy Director) to discuss strategies for medication error prevention. The following education initiatives are being implemented:

- One-on-one, in-person education during med pass on SNF units (day and night shifts).
- Pop-in education moments during huddles, starting next week with charge nurses.

*(This was postponed last week due to the State being on site.)*

Goal: To provide immediate, on-the-spot correction of medication errors, ensuring safe and appropriate care for our residents and patients.

Respectfully Submitted by Theresa Overton, CNO

## **Chief Executive Officer Report**

Prepared by: Ryan Harris, CEO

### **Collaboration**

On Thursday, August 21, 2025, we welcomed our first MRI patients. This marks an exciting milestone for our hospital and brings essential imaging services closer to home for our community.

Pit River Health has successfully hired a Licensed Professional Counselor (LPC), and they are currently working on the MOU to provide services to our residents.

### **2025 District Hospital Leadership Forum (DHLF) Annual Meeting**

The 2025 District Hospital Leadership Forum (DHLF) Annual Meeting in Tahoe on August 14-15 focused on financial challenges, policy updates, and strategic planning for district hospitals. Key topics included upcoming cash flow issues due to compressed payment windows and increased IGT costs, alongside strategies like expanding Lines of Credit within federal rules.

A major discussion centered on the federal legislation H.R. 1, which cuts over \$1 trillion from Medicaid over ten years, imposes work requirements, and reduces funding for California's Medi-Cal program—potentially affecting 3.4 million residents and resulting in significant hospital uncompensated care. The legislation also introduces new Medicaid financing caps and cost-sharing, with California facing an estimated \$30 billion federal funding loss and a total revenue loss between \$66 billion and \$128 billion over a decade.

The forum highlighted advocacy efforts against these cuts and provided updates on state legislation impacting healthcare, tracking nearly 65 bills. California's budget faces challenges, including a \$12 billion shortfall, with Medi-Cal's budget exceeding \$200 billion and plans for eligibility freezes and premium increases.

### **Service Excellence Initiative**

Work continues on the service excellence initiative. In August, the Service Excellence teams and leadership gathered for two days of behavioral management and leadership development training led by Larry Chatterton. In September, the Service Excellence Advisors (SEAs) will lead workshops attended by "everyone who wears a badge."

### **Provider Update**

Over the past month, we have continued refining our provider model, which was developed after comprehensive discussions with our entire provider group and executive leadership. The primary focus remains enhancing patient care by allowing providers to concentrate on one or two specialties, rather than juggling multiple responsibilities. This new approach is already beginning to shift our operational focus toward more personalized and specialized care for our patients.



In the meantime, as we actively recruit for several key positions, including a Rural Health Clinic (RHC) primary care physician, a Chief Medical Officer (CMO) and hospitalist physician, an Emergency Department (ED) physician, and a medical director, we are utilizing locum tenens to fill these roles temporarily. This ensures continuity of care while we work to strengthen our team and uphold our commitment to high-quality service for our community.

### **Impact of One Big Beautiful Bill**

Over the past month, we have been actively addressing the impacts of H.R.1, better known as the One Big Beautiful Bill, by evaluating our master plan and deferred maintenance projects. It has become clear that we can no longer move forward with the originally approved master plan. During our October board retreat, we will provide a more detailed explanation of the reasons behind this shift.

In September, the executive team and key personnel will convene to discuss and develop a revised plan, which they will present to the board at the October meeting. This proposed plan will focus on specific projects such as the Fall River Clinic, the TCCN daycare, current construction projects, and deferred maintenance initiatives. The October agenda will center on these projects, as the master plan itself will require additional time to be redeveloped.

I am also working with our Chief Human Resources Officer to align our retention, recruitment, bonuses, travel, and education programs with projected program reductions. I have also directed our executive and management teams to develop strategies for cost reduction and operational efficiency improvements and to develop a plan to implement them over the next five years. In addition, we have applied for the Rural Hospital Stabilization Program.

### **Rural Hospital Stabilization Efforts**

The Rural Hospital Stabilization Program (RHSP), which Travis Lakey, our CFO, and I are applying for, is funded by HRSA's Federal Office of Rural Health Policy and administered by the National Rural Health Resource Center. It offers free support to help rural hospitals improve their financial and operational stability. Through assessments, coaching, peer sharing, and tailored assistance, hospitals are guided to expand or enhance services to meet community needs and attract more patients.

Participation in the program helps hospitals develop targeted service lines, boost patient volume, optimize utilization, and improve cash flow. Selected hospitals may also receive financial support for operations, equipment, and a Community Engagement Champion.

The goal is to strengthen rural healthcare delivery nationwide by equipping hospital leaders with best practices and evidence-based strategies.

Hospitals participating in the cohort-style program work to identify clinical areas where the expansion or addition of services would help ensure that care is available locally and develop

those service lines to bolster patient volume, optimize service utilization, and improve cash flow.

If selected, this initiative will tie in directly with our growth priority for FY26.

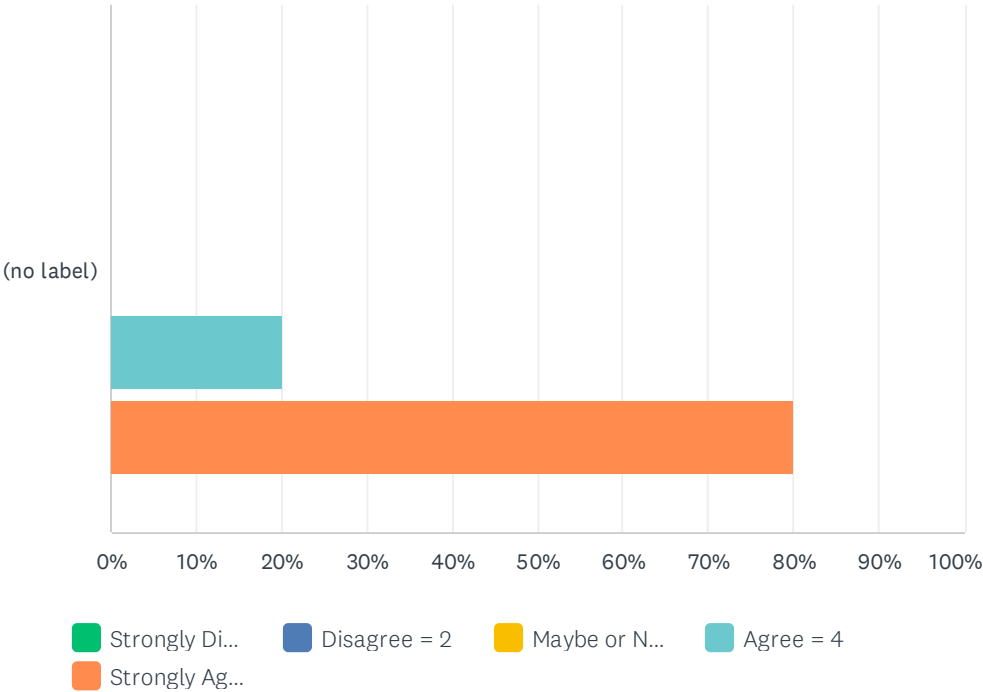
### **Disaster Drill**

On August 21, 2025, Mayers Memorial Healthcare District carried out a comprehensive district-wide functional drill, marking one of our most extensive preparedness exercises to date. The drill featured three Incident Command teams responding to three distinct scenarios, allowing us to evaluate evacuation, surge, and lockdown procedures across the district. In Burney, a simulated utility failure prompted the evacuation of several residents to TCCN, with community members actively participating in the drill. At the Fall River campus, staff conducted a surge response to a mass casualty incident at a fairground event, deploying disaster trailer resources, including decontamination tents and triage areas. Meanwhile, the Fall River Skilled Nursing Facility implemented a lockdown to safeguard residents and prevent potential exposure. These coordinated efforts showcased our capability to mobilize resources, protect vulnerable populations, and handle complex, multifaceted emergencies.

Participation was extensive and district-wide, with strong support from EMS and Operations teams. All available executives and directors took active command roles, supported by managers, operational staff, and frontline personnel executing essential functions. The event was also broadcast via Microsoft Teams, enabling employees across the organization to observe and participate in real time. Collaboration with regional and community partners, including Shasta County HCC, the Regional Disaster Medical Health Specialist, and Intermountain Fair leadership, enhanced the drill, emphasizing the importance of partnerships in effective disaster response and community resilience. This exercise validated our readiness, fostered stronger collaboration, and reaffirmed the district's dedication to protecting patients, residents, and the broader community.

Q1 Our organization has a three to five-year strategic plan or a set of clear long-range goals and priorities.

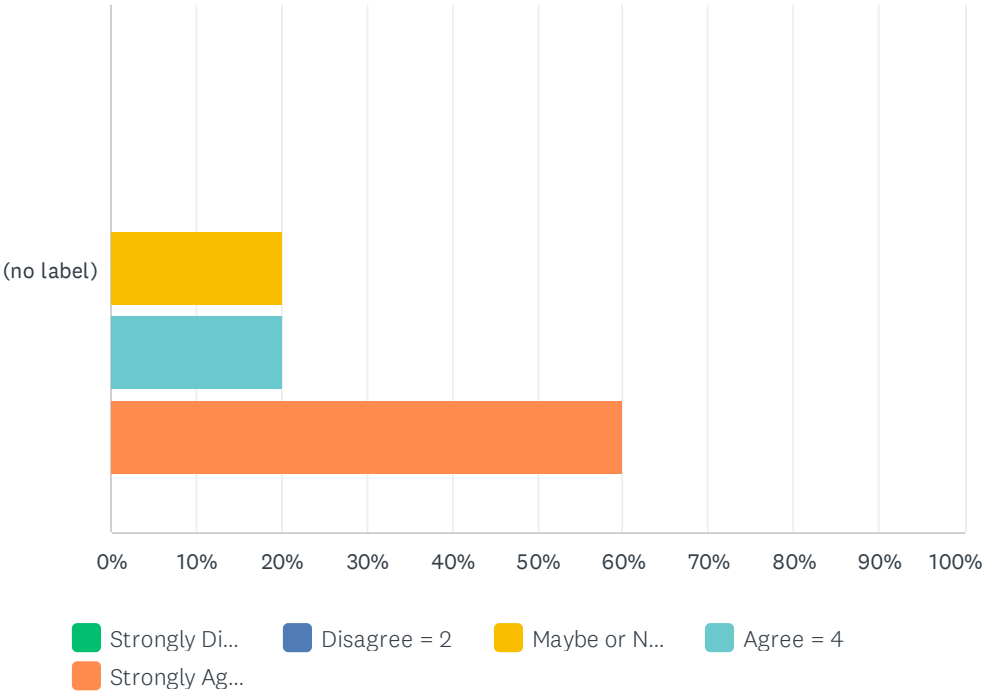
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Q2 The Board’s meeting agenda clearly reflects our strategic plan or priorities.

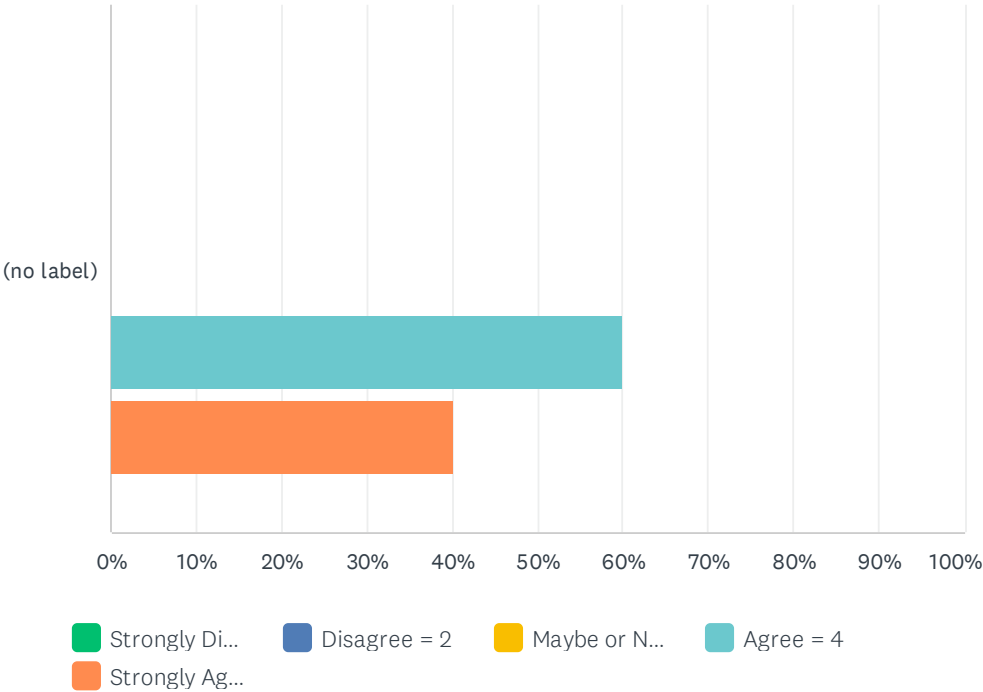
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Q3 The Board has insured that the organization also has a one-year operational or business plan.

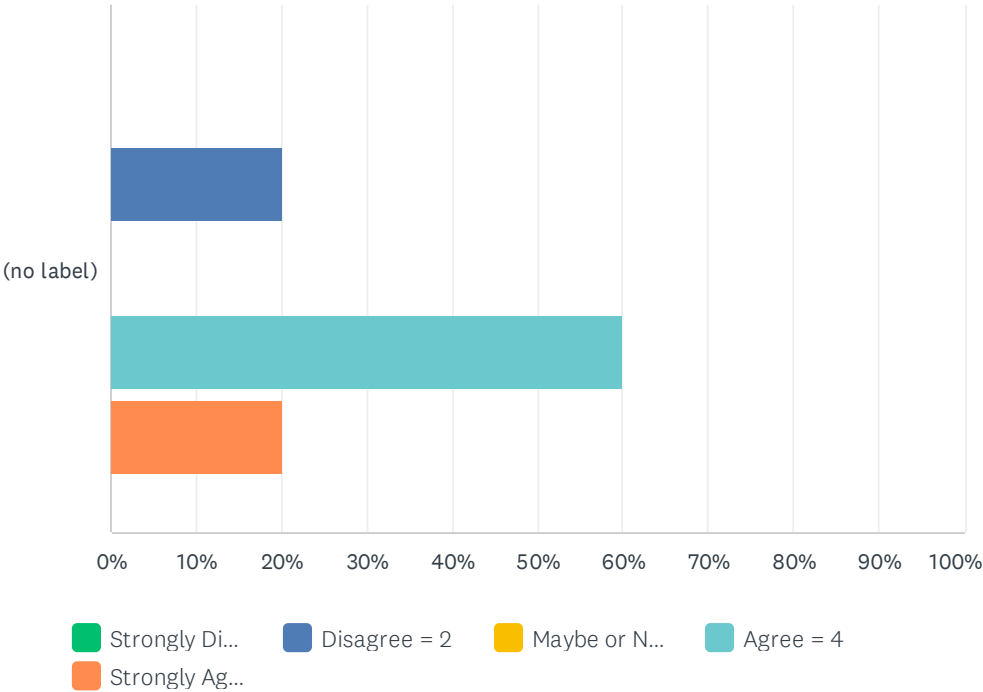
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Q4 The Board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.

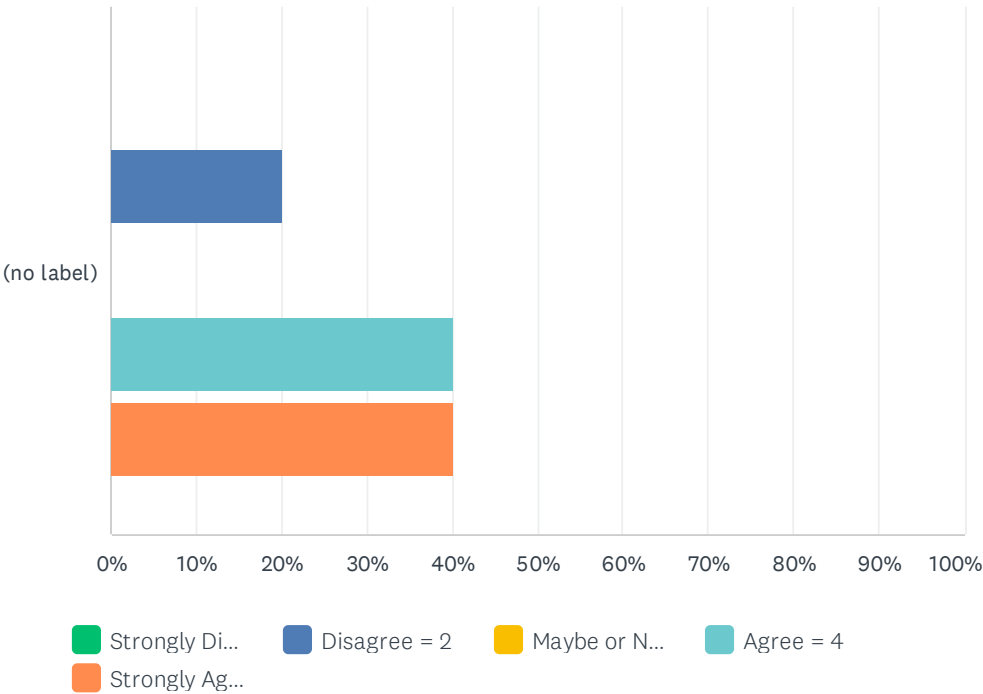
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Q5 The Board ensures that the organization's accomplishments and challenges are communicated to members and stakeholders.

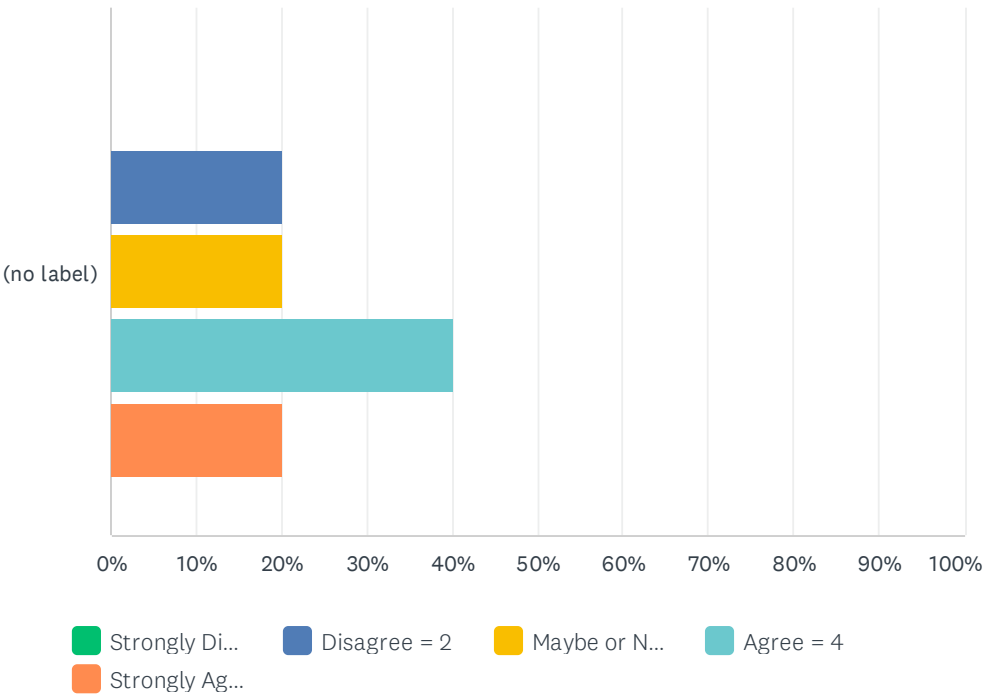
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Q6 The Board has ensured that members and stakeholders have received reports on how our organization has used its financials and human resources.

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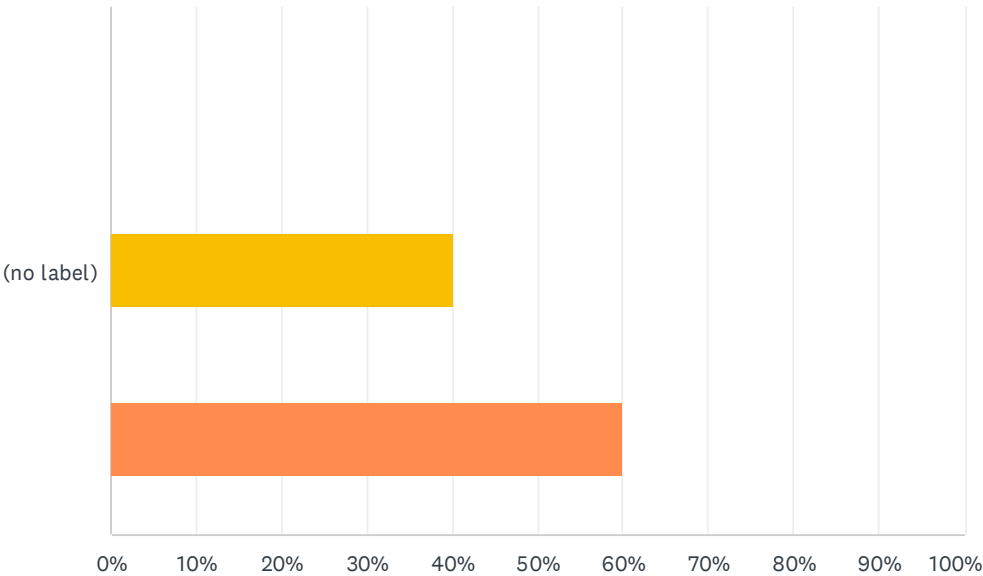


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Q7 Board Members are aware of what is expected of them.

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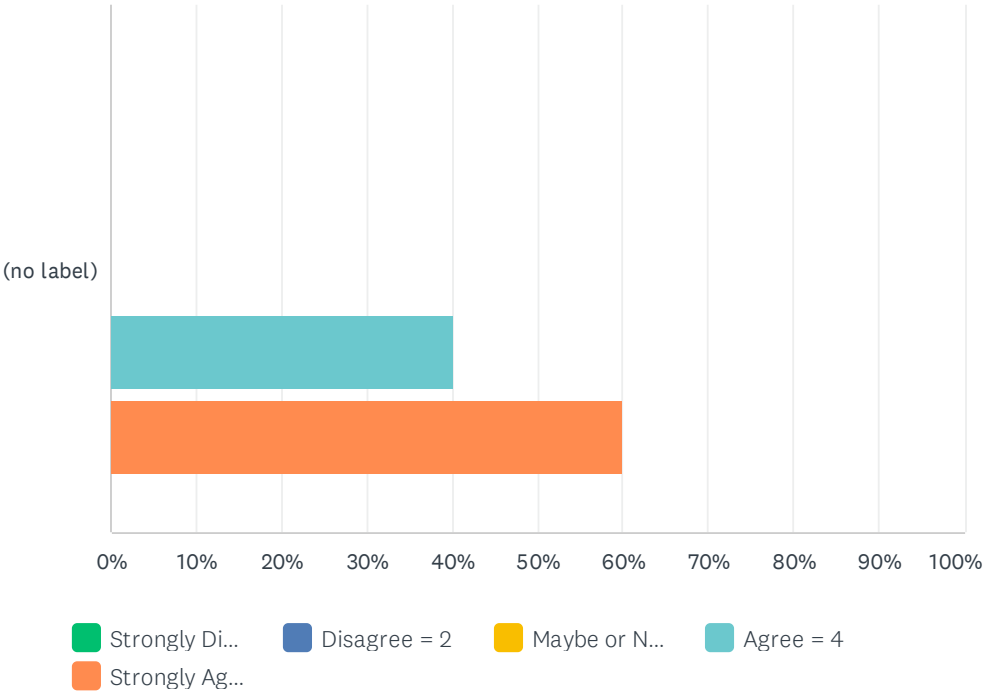


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Q8 The agenda of board meetings is well planned to that we are able to get through all necessary board meetings.

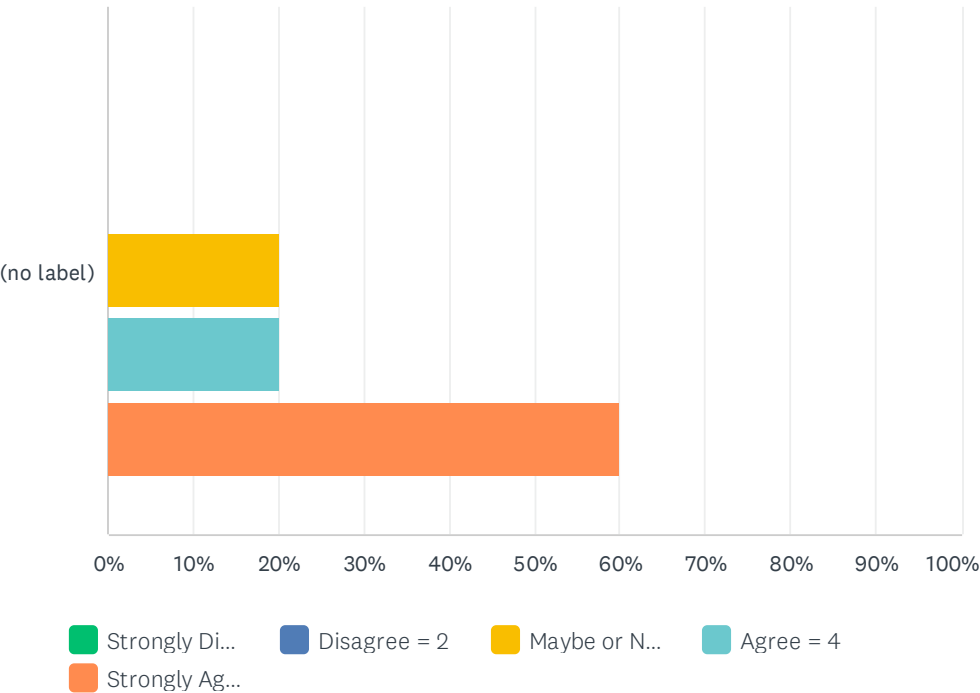
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Q9 It seems like most board members come to meetings prepared.

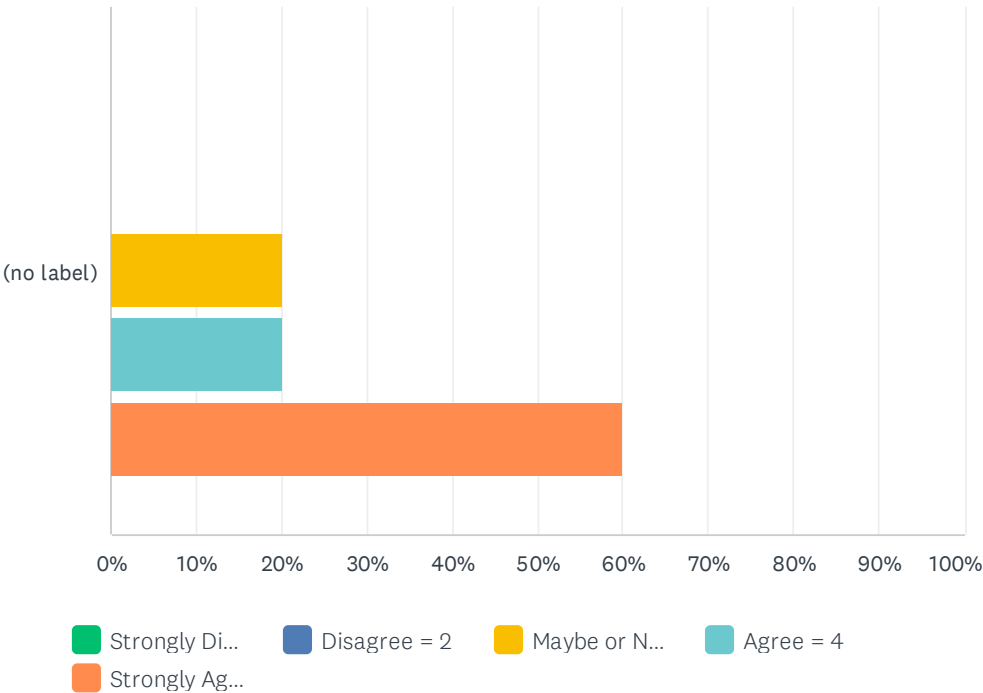
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Q10 We receive written reports to the Board in advance of our meetings.

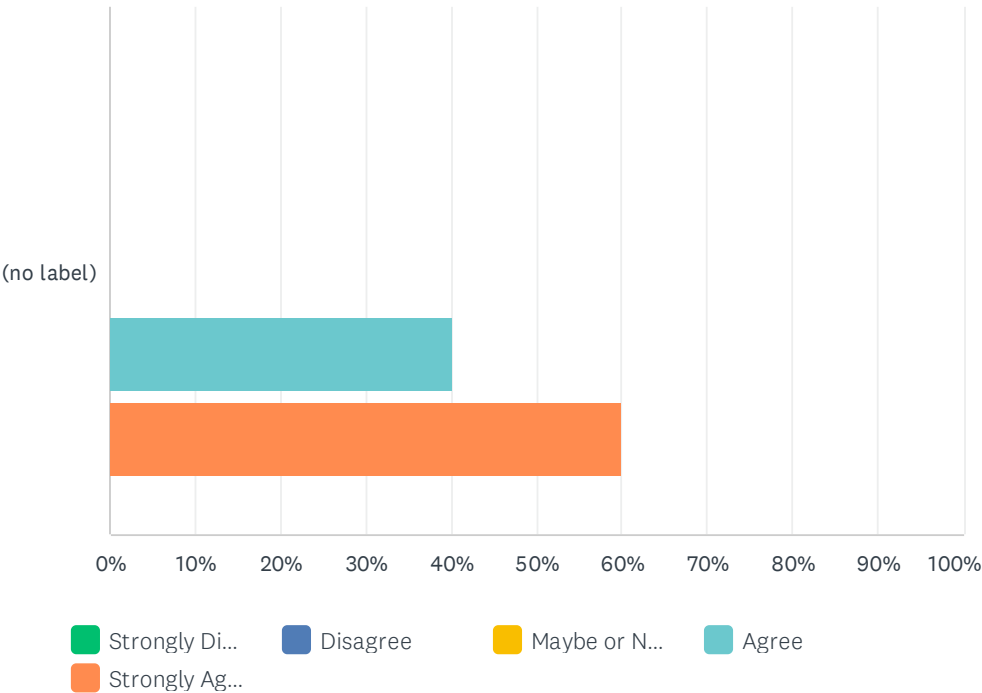
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Q11 All Board members participate in important board discussion.

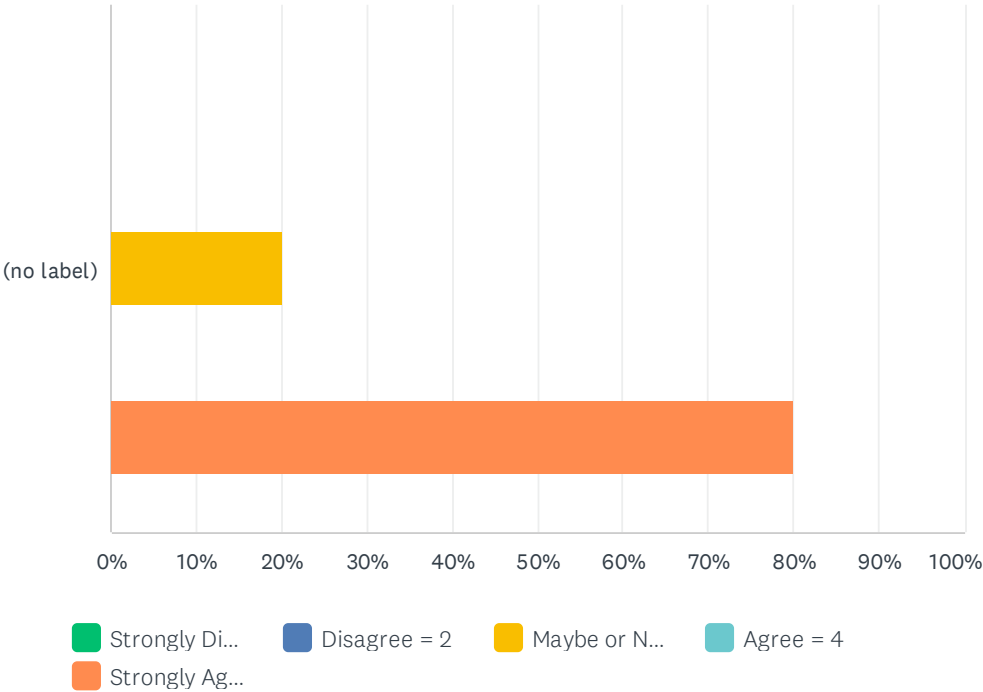
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Q12 We do a good job encouraging and dealing with different points of view.

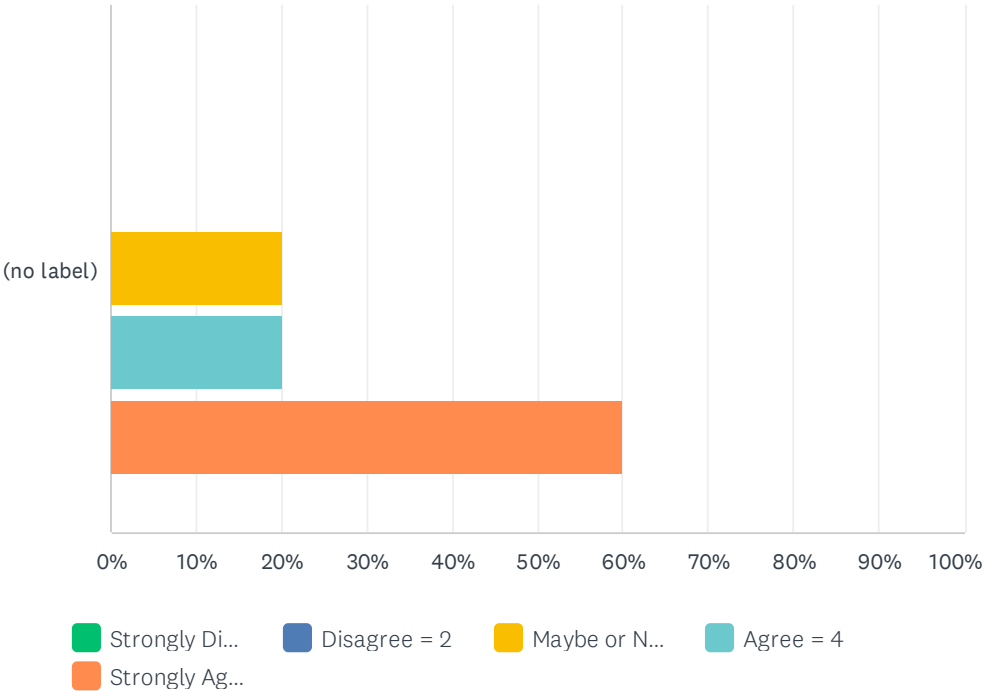
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Q13 We all support the decisions we make.

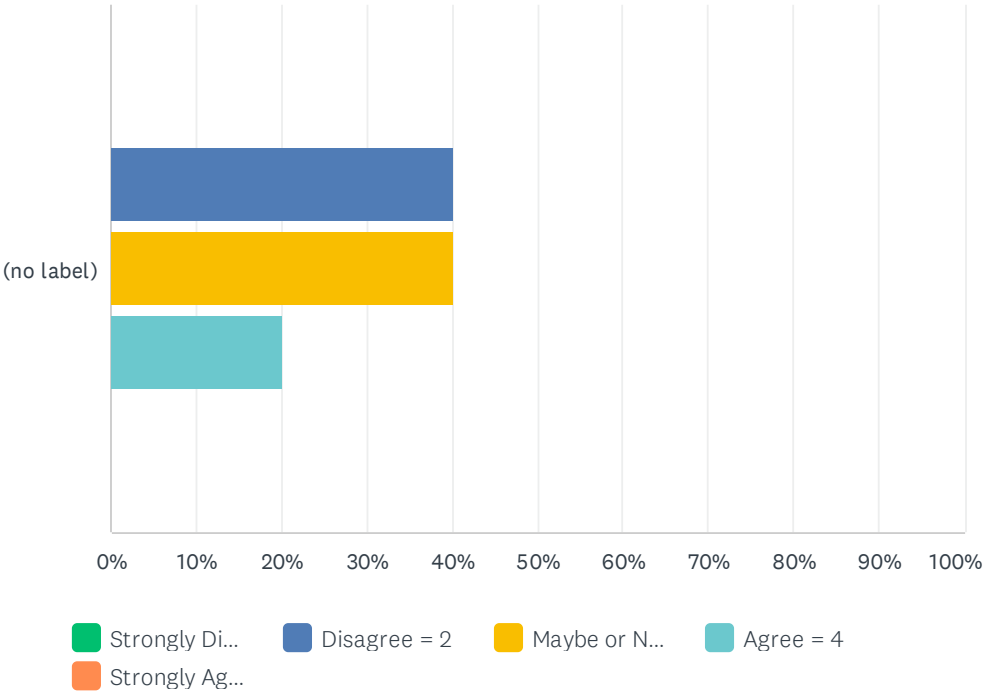
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Q14 The Board has planned and led the orientation process for new board members.

Answered: 5    Skipped: 0

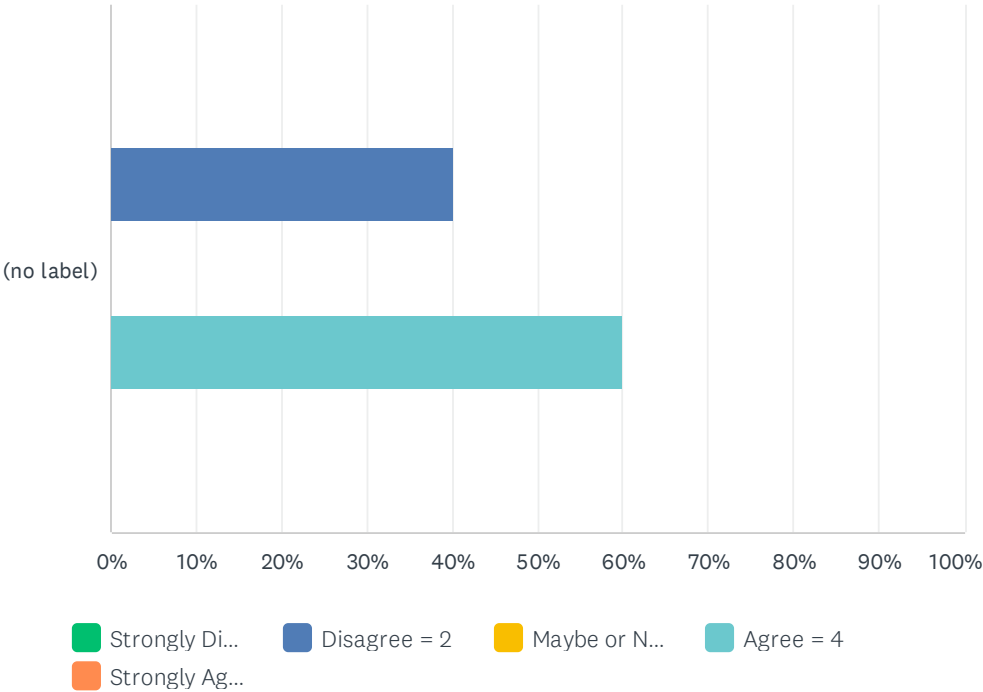


	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	40.00% 2	40.00% 2	20.00% 1	0.00% 0	5	2.80



Q15 The Board has a plan for director education and further board development.

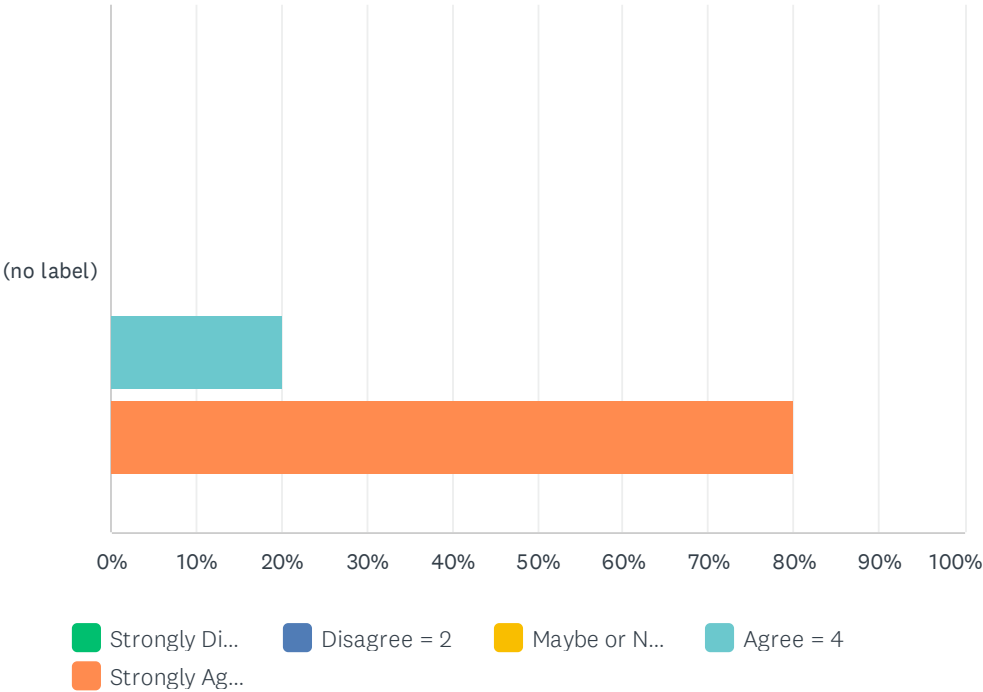
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	40.00% 2	0.00% 0	60.00% 3	0.00% 0	5	3.20

Q16 There is a clear understanding of where the Board’s role ends and the CEO’s begins.

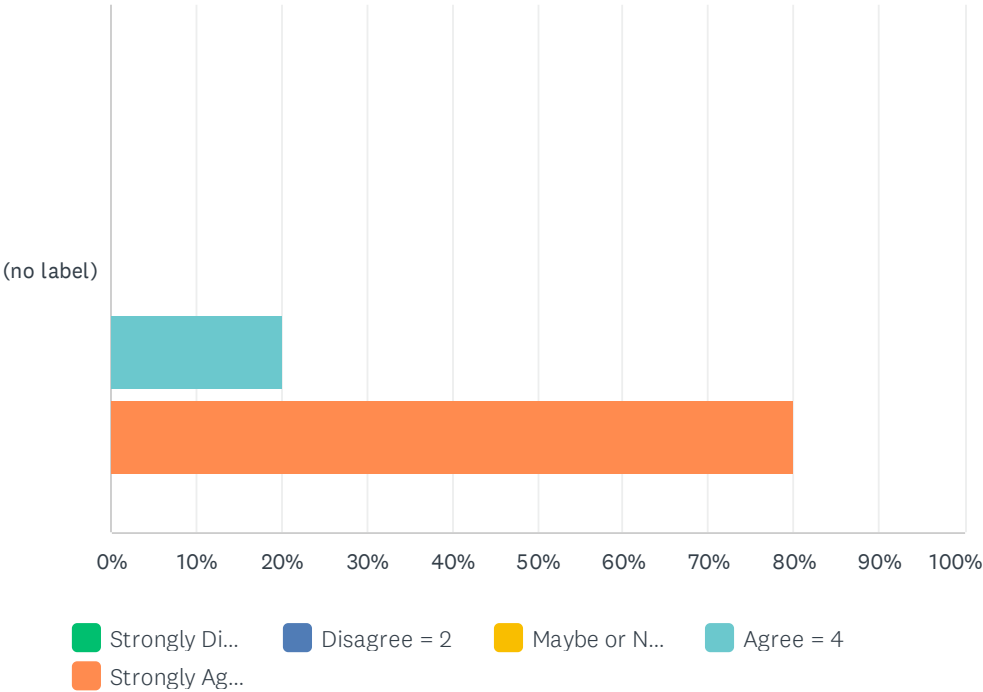
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q17 There is good two-way communication between the Board and the CEO.

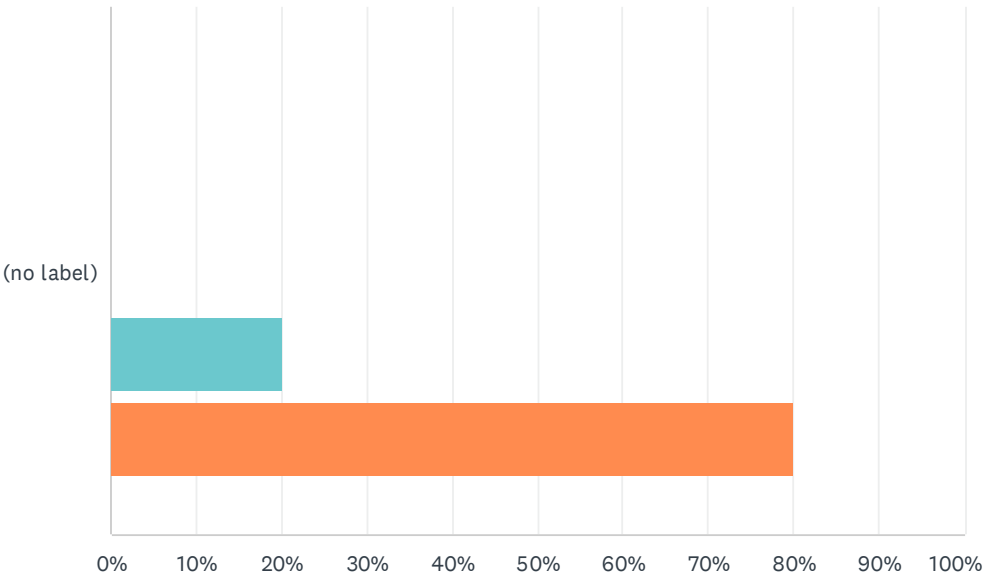
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q18 The Board trusts the judgement of the CEO.

Answered: 5    Skipped: 0

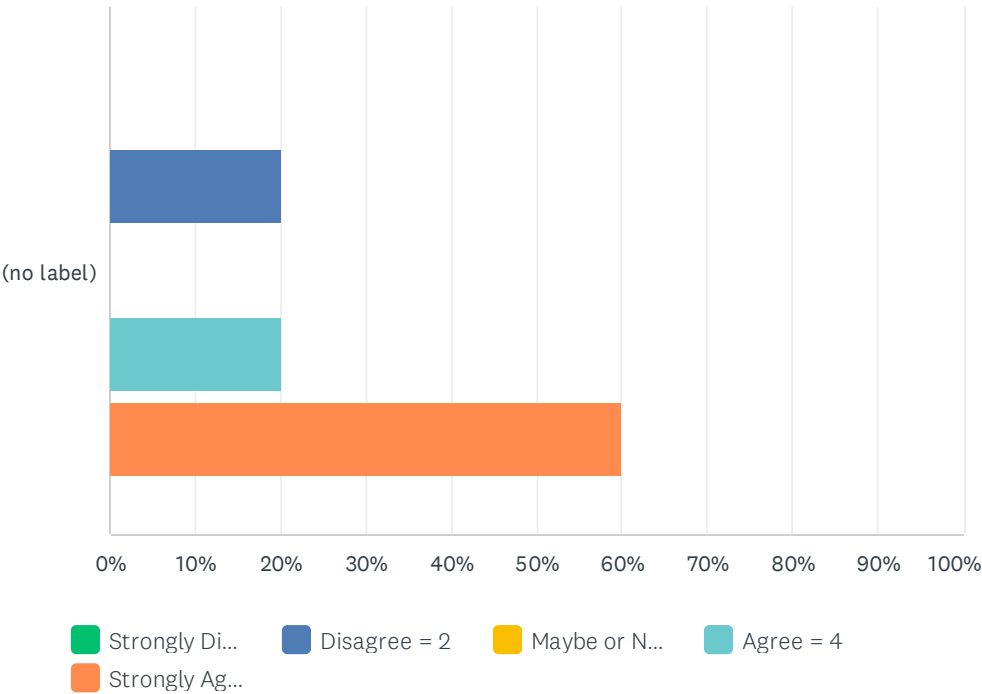


Strongly Di...    Disagree = 2    Maybe or N...    Agree = 4  
Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q19 The Board provides direction to the CEO regarding setting new policies or clarifying existing ones.

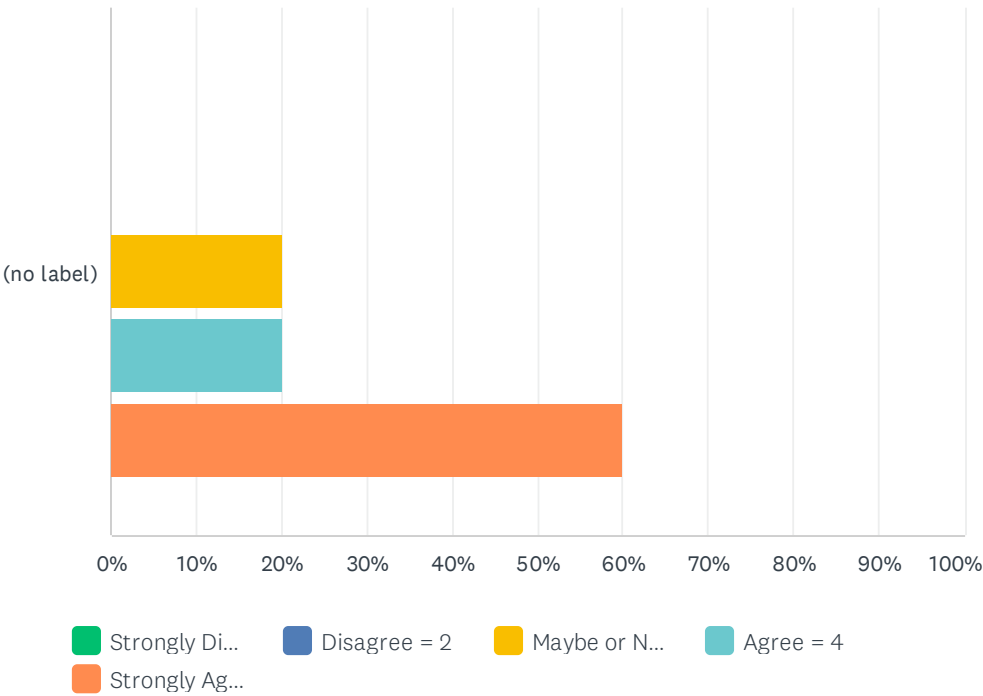
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	20.00% 1	0.00% 0	20.00% 1	60.00% 3	5	4.20

Q20 The Board has discussed and communicated the kinds of information and level of detail it requires from the CEO on what is happening in the organization.

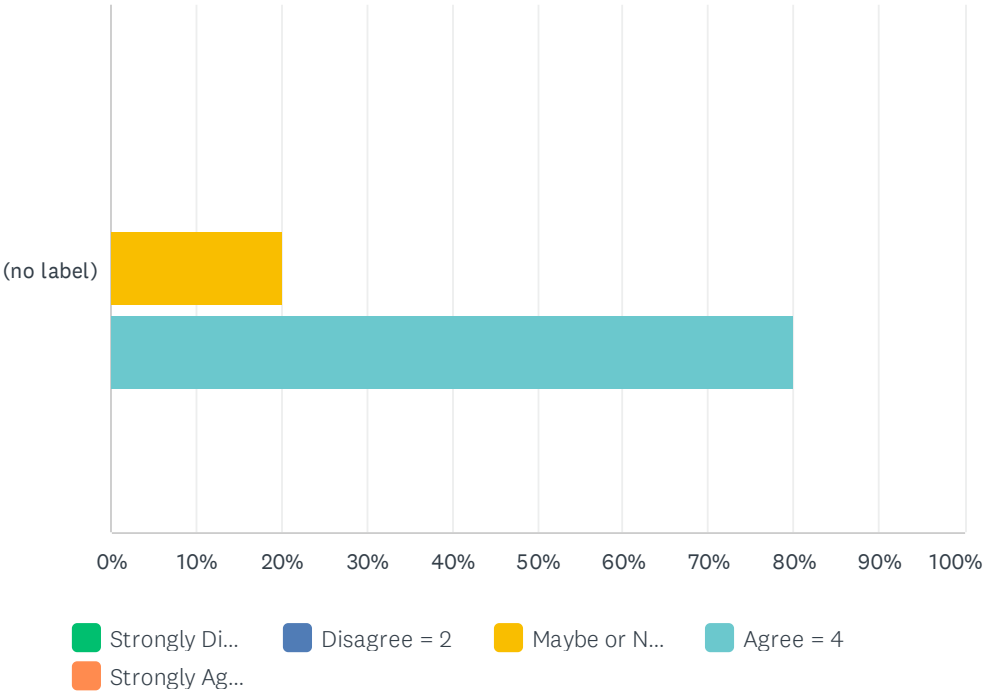
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q21 The Board has developed formal criteria and a process for evaluating the CEO.

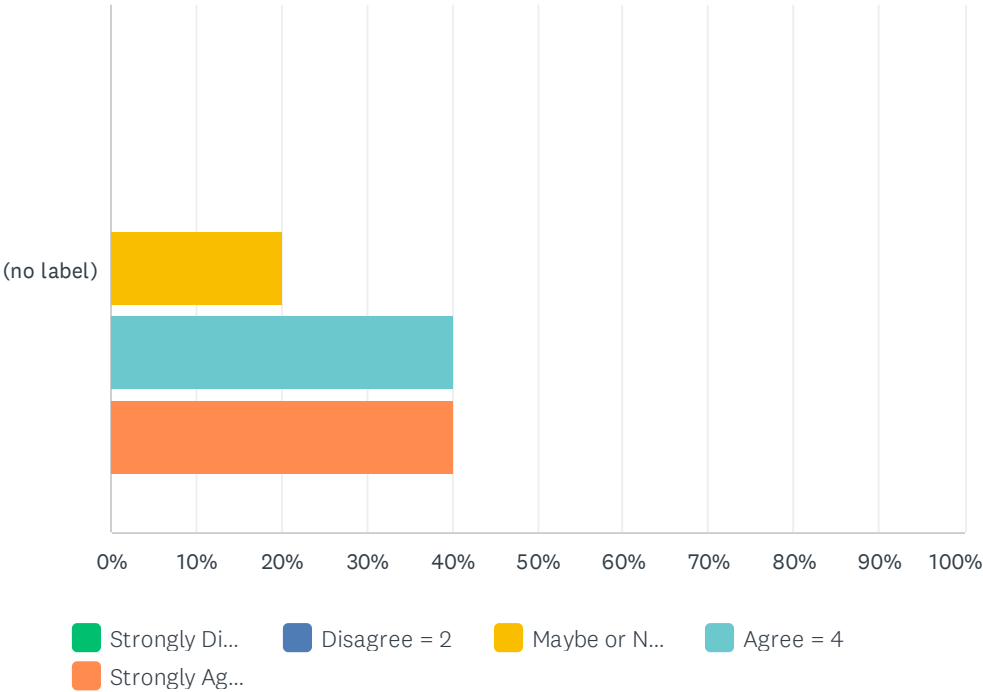
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	80.00% 4	0.00% 0	5	3.80

Q22 The Board, or a committee of the Board, has formally evaluated the CEO within the last 12 months.

Answered: 5    Skipped: 0

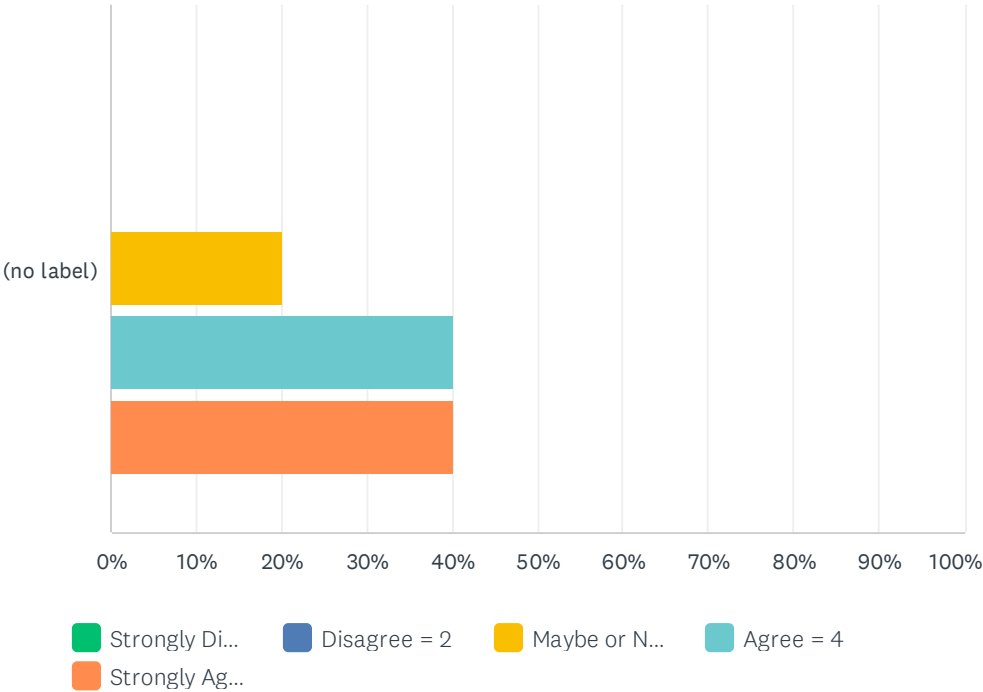


	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20



Q23 The Board evaluates the CEO primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.

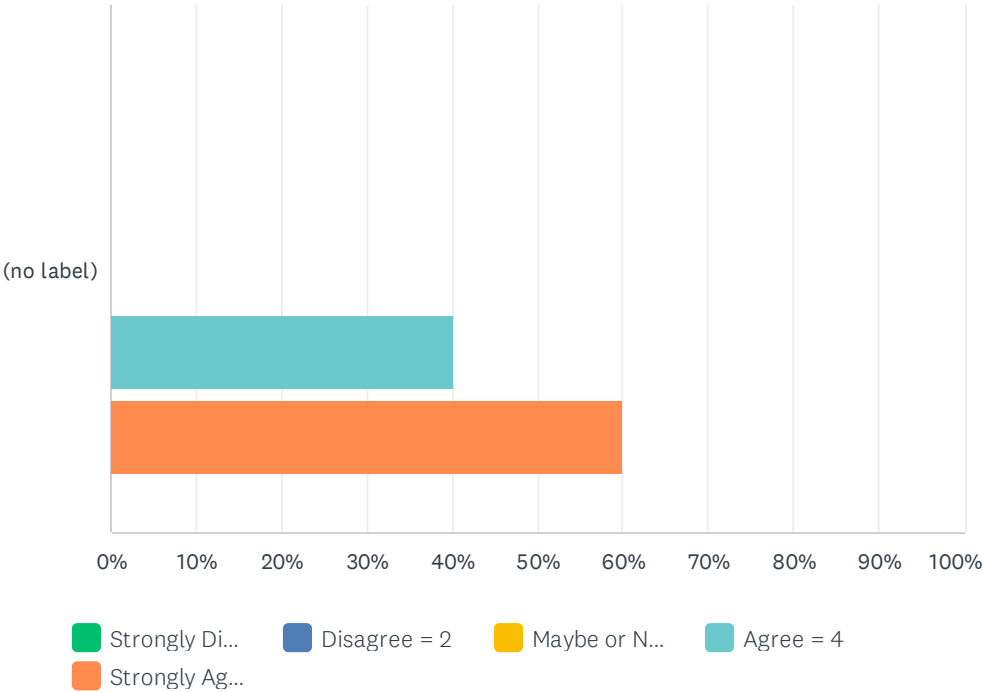
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	40.00% 2	40.00% 2	5	4.20

Q24 The Board provides feedback and shows its appreciation to the CEO on a regular basis.

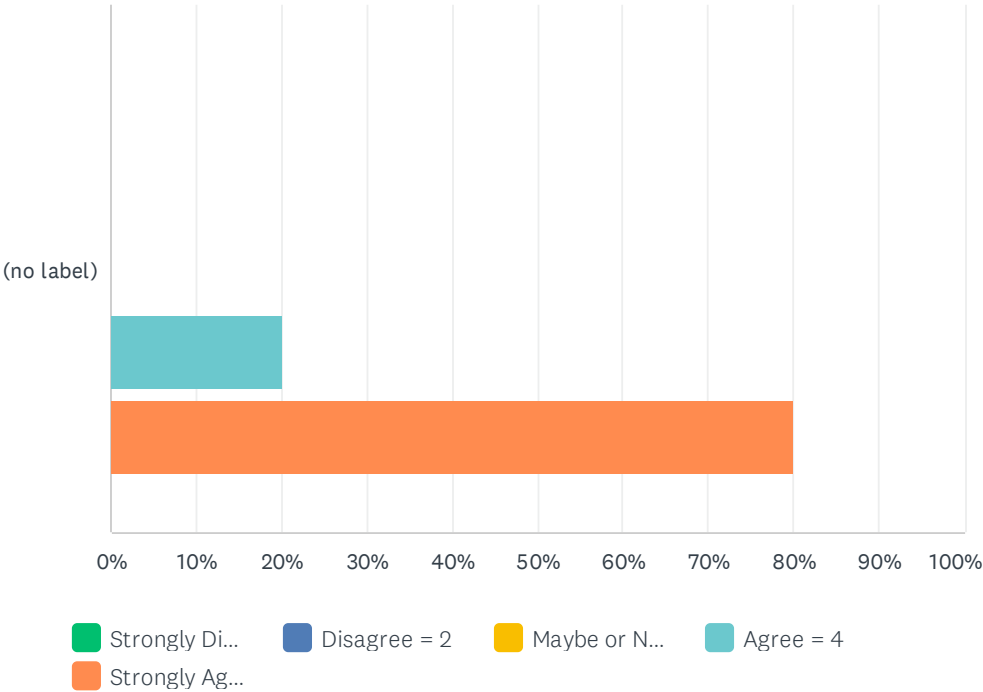
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	4.60

Q25 The Board ensures that the CEO is able to take advantage of professional development opportunities.

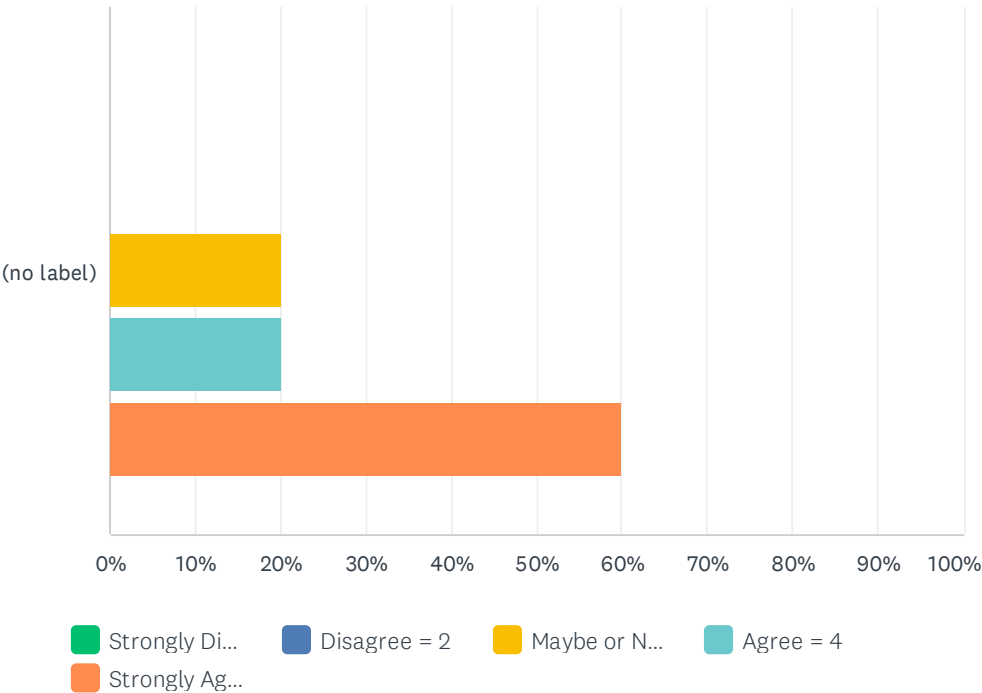
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q26 I am aware of what is expected of me as a Board member.

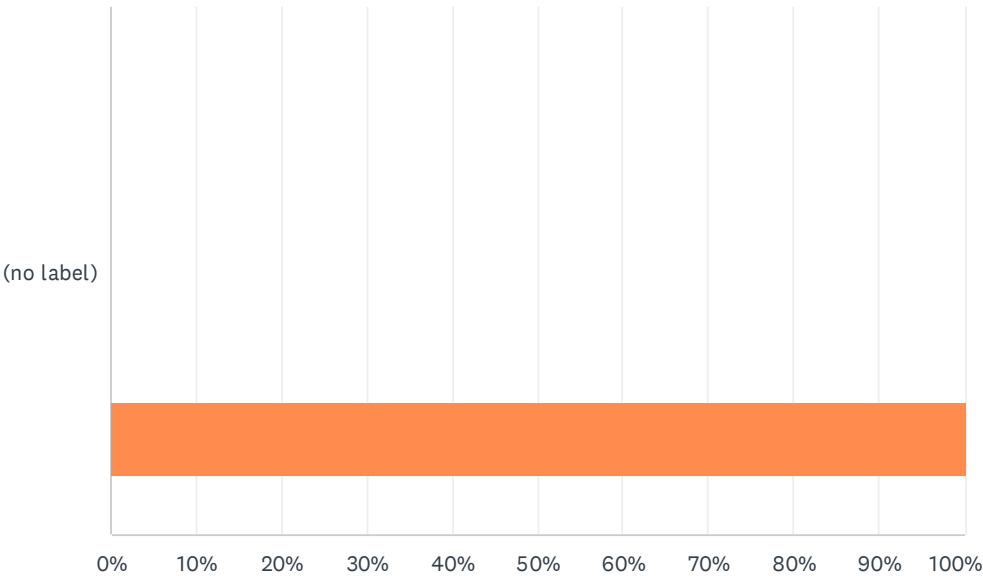
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	20.00% 1	60.00% 3	5	4.40

Q27 I have a good record of meeting attendance.

Answered: 5    Skipped: 0



- Strongly Di...

Disagree = 2

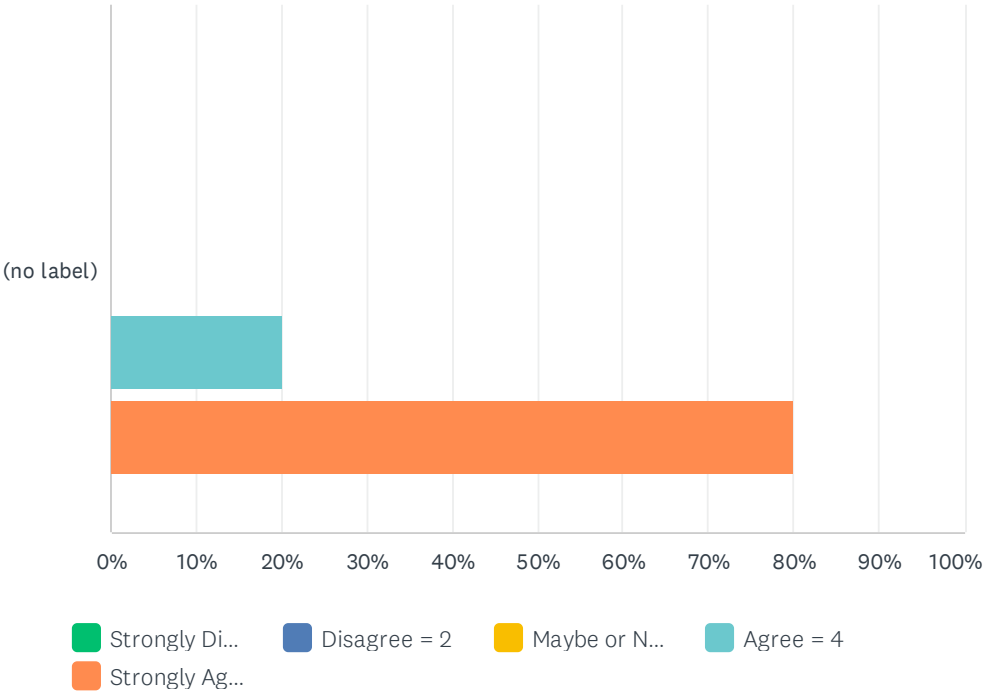
Maybe or N...

Agree = 4
- Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q28 I read the minutes, reports and other materials in advance of our Board meetings.

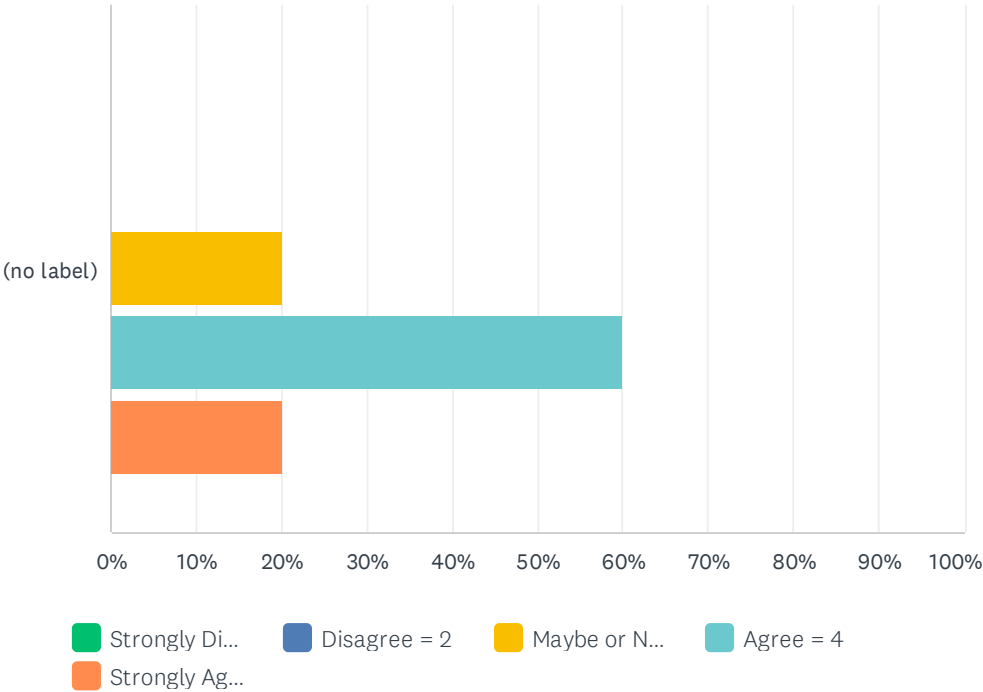
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE =5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q29 I am familiar with what is in the organization’s by-laws and governing policies.

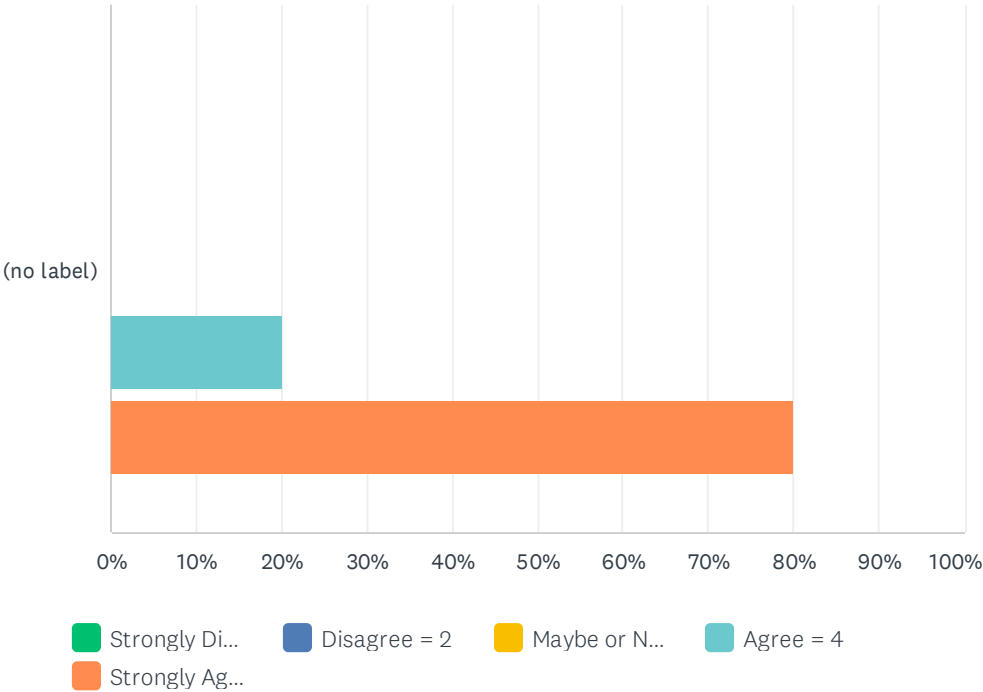
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	20.00% 1	60.00% 3	20.00% 1	5	4.00

Q30 I am encouraged by other Board members to express my opinions at Board meetings.

Answered: 5    Skipped: 0

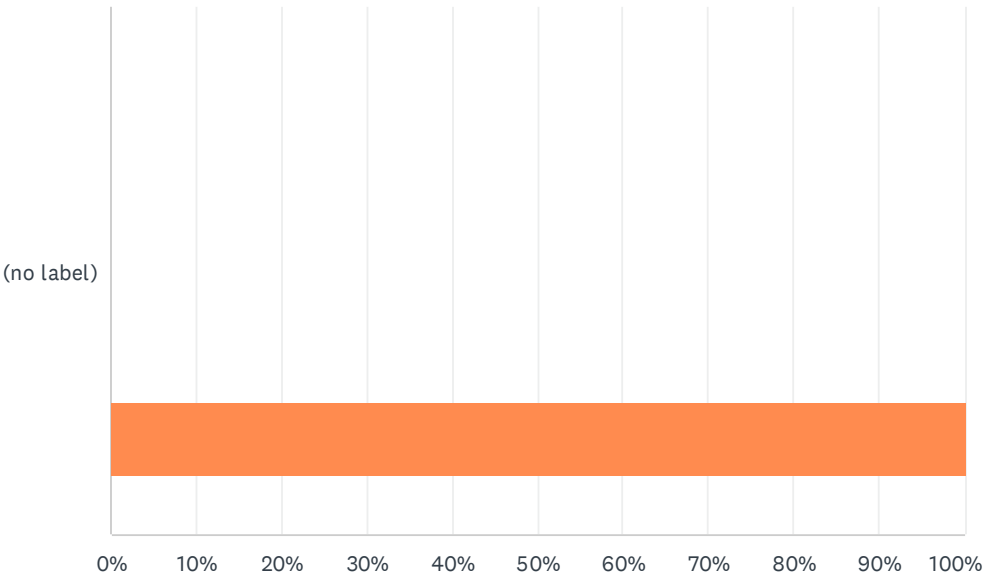


	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80



Q31 I maintain the confidentiality of all Board decisions.

Answered: 5    Skipped: 0

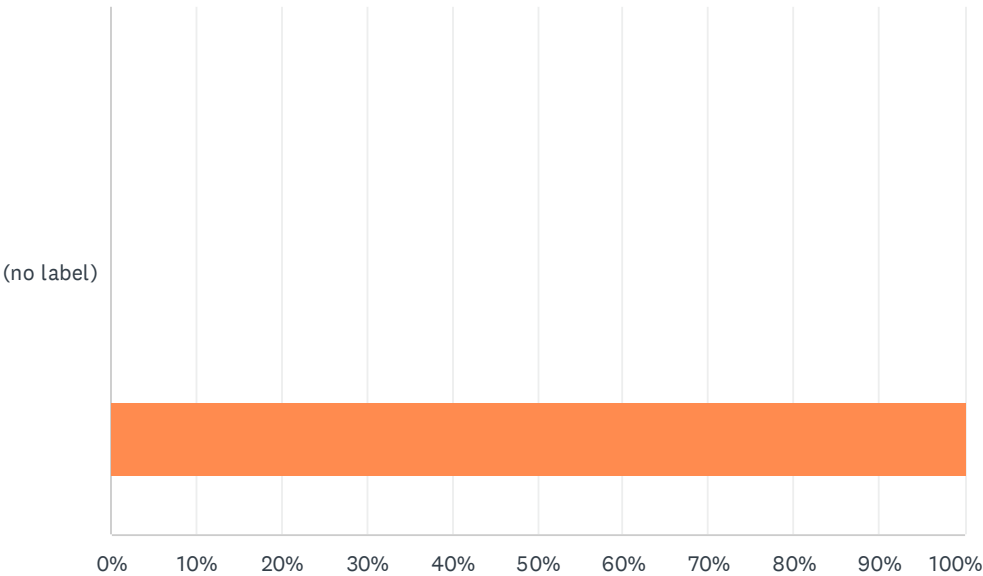


- Strongly Di...
- Disagree = 2
- Maybe or N...
- Agree = 4
- Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q32 When I have a different opinion than the majority, I raise it.

Answered: 5    Skipped: 0

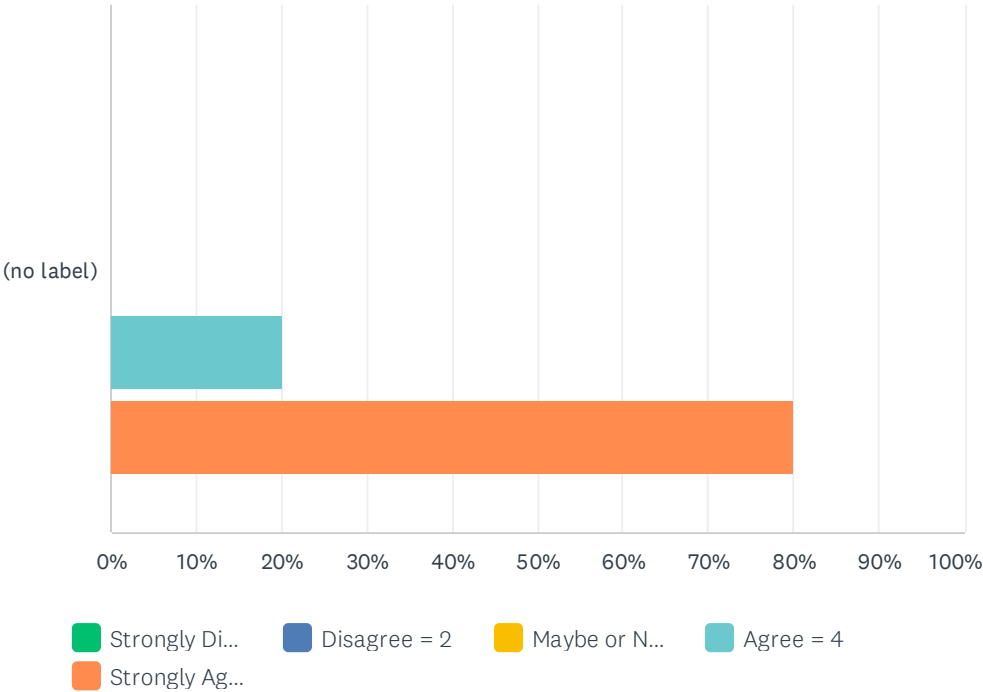


- Strongly Di...
- Disagree = 2
- Maybe or N...
- Agree = 4
- Strongly Ag...

	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 5	5	5.00

Q33 I promote the work of our organization in the community whenever I have a chance to do so.

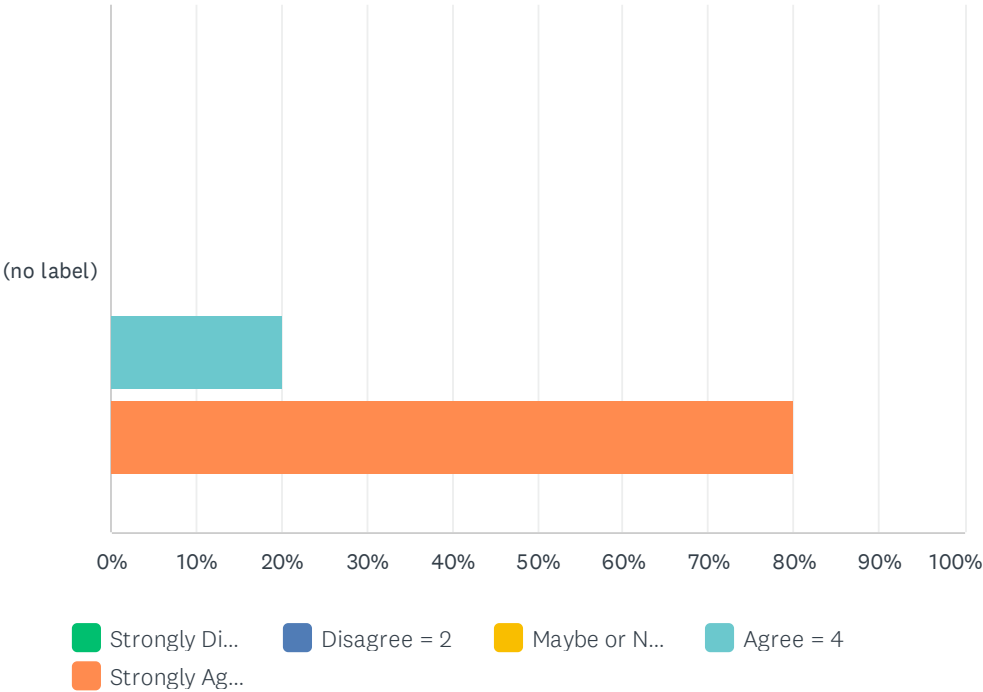
Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80

Q34 I stay informed about issues relevant to our mission and bring information to the attention of the Board.

Answered: 5    Skipped: 0



	STRONGLY DISAGREE = 1	DISAGREE = 2	MAYBE OR NOT SURE = 3	AGREE = 4	STRONGLY AGREE = 5	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	20.00% 1	80.00% 4	5	4.80