



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone

Meeting of the Board of Directors
Mark Twain Health Care District Board Room
Mark Twain Medical Center
768 Mountain Ranch Rd, San Andreas, CA

Wednesday, October 28, 2026

9:00am

Agenda

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of arrival
Linda Reed				
Lori Hack				
Richard Randolph				
Johanna Vermeltfoort				

Quorum:

3. Approval of Agenda:

Public Comment – **Action**

4. Public Comment On Matters Not Listed On The Agenda:

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the agenda. (The public may also comment on any item listed on the agenda prior to Board action on such item.) **Limit 3 minutes per speaker.** The Board appreciates your comments; however, it will not discuss and cannot act on items not on the agenda.

5. Consent Agenda:

Public Comment – **Action**

All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

- A. Unapproved Minutes:**
- Finance Committee Meeting for September 23, 2026
 - Board of Directors Meeting Minutes September 23, 2026
 - Special Board of Directors Meeting Minutes October 2, 2026
 - Special Board of Directors Meeting Minutes October 14, 2026
- 6. Calaveras Parks and Recreation Donna Vial**
- 7. BluePath Health..... Libby Sagara and John Weir**
- 8. MTHCD Reports:**
- A. President’s Report:.....Ms. Reed**
- B. MTMC Community Board Report:..... Ms. Vermeltfoort / Mr. Randolph**
- C. MTMC Board of Directors Report :.....Ms. Reed**
- D. Chief Executive Officer’s Report:.....Ms. Gillespie**
- E. Valley Springs Health & Wellness Center Medical Director Report:.....Dr. Salom**
- Medical Staffing Updates
 - Policies Valley Springs Health & Wellness Center September 2026: None.
- F. Valley Springs Health & Wellness Center Operations Reports:.....Ms. Terradista**
- Encounter Report – September 2026
 - Clinect Patient Satisfaction Survey – September 2026
- 9. Appointment of Board Secretary – Public Comment – Action**
- 10. Appointment of Board Member – Public Comment – Action**
- Start appointment process for vacant seat
- 11. Approval of First Amendment to CEO Agreement - Public Comment - Action**
- 12. Committee Reports:**
- A. Ad Hoc AED for Life: Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph**
- B. Ad Hoc Community Engagement:.....Ms. Gillespie / Ms. Reed / Mr. Randolph**
- C. Ad Hoc Community Grants:.....Ms. Gillespie / Ms. Reed**
- D. Ad Hoc Personnel Committee:..... Ms. Gillespie / Ms. Reed / Ms. Vermeltfoort**
- E. Ad Hoc Policy Committee:..... Ms. Gillespie / Ms. Hack / Ms. Vermeltfoort**

Policies Presented for 30-Day Review:

- Policy No. 25 Reserve Policy
- ❖ Adoption of Resolution 2026-04 Approving Revisions to District Policies No. 13 and No. 14 – Public Comment – **Action**
 - ❖ Policy No. 13 Appointments to the District Board
 - ❖ Policy No. 14 Conduct Related to Elections

F. Ad Hoc Real Estate:.....Ms. Gillespie / Mr. Randolph

G. Finance Committee:.....Ms. Hack / Mr. Wood / Ms. Slocum, Mr. Hohenbrink

- Financial Statements – September 2026: Public Comment – **Action**
- HR1 Discussion
- Internal Controls/Signer Authority:
 - Bank of Stockton, Columbia Bank, Five Star Bank, US Bank: Public Comment – **Action**
 - Calaveras Wellness Foundation Signer Public Comment – **Action**
 - BHCiP / JP Morgan / Chase Resolution Public Comment – **Action**
 - 401k Trustee Resolution Public Comment – **Action**

13. Board Comment and Request for Future Agenda Items:

- Announcements of interest to the Board or the Public.
 - San Andreas Rotary Club – Thank you

14. Next Meeting:

- November 25, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

15. Adjournment:

Public Comment – **Action**

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Oct 28, 2026 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/98772818798?pwd=mkEglaVazbnRT74sLGJTamWuJWgvYE.1>

Meeting ID: 987 7281 8798

Passcode: 538886

One tap mobile

+16694449171,,98772818798#,,,,*538886# US

+16699006833,,98772818798#,,,,*538886# US (San Jose)

Join by SIP

• 98772818798@zoomcrc.com

Join instructions

<https://zoom.us/join/98772818798/invitations?signature=OA5altTORaoSM1S1IWm96zzuqpiA0xo96BcdvNLxJN4>

Finance Committee Meeting

NEW LOCATION Classroom 1, 2 and 3

Mark Twain Medical Center

768 Mountain Ranch Rd, San Andreas, CA

Wednesday, September 23, 2026

**8:00am
Minutes**

Zoom – Public Invitation information is at the End of the Agenda

Board Member Attending Remotely:

Board Member Lori Hack will attend remotely from 13 Graeagle Meadows Road, Graeagle, CA 96103. The agenda will be posted at the remote location, which will be accessible to the public.

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Mr. Randolph at 8:02 am

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack		X		
Richard Randolph	X			
Patricia Bettinger			X	

Quorum: No

During roll call, it was announced that Ms. Bettinger had resigned from the Finance Committee.

3. Approval of Agenda: Public Comment- **Action**

4. Public Comment On Matters Not Listed On The Agenda:

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Finance Committee not listed on the agenda. (The public may also comment on any item listed on the agenda prior to Board action on such item.) **Limit 3 minutes per speaker.** The Board appreciates your comments; however, it will not discuss and cannot act on items not on the agenda.

5. **Consent Agenda:** Public Comment- **Action**
All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

- A. Unapproved Minutes:**
- Finance Committee Meeting – August 19, 2026:

6. **Real Estate Report:**.....Mr. Randolph

7. **Accountant’s Report:**..... Ms. Hack / Mr. Wood / Ms. Slocum

- Financial Statements – August 2026: Public Comment – **Action**
- Policy No. 25 – Reserve Policy Review and Reserve Target Reconciliation – **Action**

8. **Treasurer’s Report:**.....Ms. Hack

9. **Comments and Future Agenda Items:**

10. **Next Meeting:**

Next Finance Committee Meeting – October 28, 2026 at 8:00am.

11. **Adjournment:** Public Comment: – **Action**

The meeting adjourned at 8:03 a.m. due to lack of a quorum. One board member was outside the district’s jurisdiction.

Meeting of the Board of Directors
NEW LOCATION Classroom 1, 2 and 3
Mark Twain Medical Center

768 Mountain Ranch Rd, San Andreas, CA

Wednesday, September 23, 2026

9:00am

Minutes

Zoom – Public Invitation information is at the End of the Agenda

Board Member Attending Remotely:

Board Member Lori Hack will attend remotely from 13 Graeagle Meadows Road, Graeagle, CA 96103. The agenda will be posted at the remote location, which will be accessible to the public.

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Ms. Reed called the meeting to order at 9:00 a.m., followed by the Flag Salute.

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of arrival
Linda Reed	X			
Debbra Sellick	X			
Lori Hack		X		
Richard Randolph	X			
Johanna Vermeltfoort	X			

Quorum: Yes

3. Approval of Agenda:

Public Comment – **Action**

Motion to approve the agenda as presented: Ms. Vermeltfoort

Second: Mr. Randolph

Roll Call Vote: 5 Ayes, 0 Nays. Motion carried.

4. Public Comment On Matters Not Listed On The Agenda:

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the agenda. (The public may also comment on any item listed on the agenda prior to Board action on such item.) **Limit 3 minutes per speaker.** The Board appreciates your comments; however, it will not discuss and cannot act on items not on the agenda.

Members of the public were in attendance. Comments were primarily focused on the Valley

Springs Health & Wellness Center.

5. Consent Agenda:

Public Comment – **Action**

All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

A. Unapproved Minutes:

- Finance Committee Meeting for August 19, 2026
- Board of Directors Meeting Minutes August 19, 2026
- Special Board of Directors Meeting Minutes September 3, 2026

The Consent Agenda was approved as presented.

Motion to approve the Consent Agenda as presented: Mr. Randolph

Second: Ms. Vermeltfoort

Roll Call Vote: 5 Ayes, 0 Nays. Motion carried.

•

6. BluePath Health..... Libby Sagara and John Weir

John Weir presented an overview of BluePath Health's work with Valley Springs Health & Wellness Center. The project began in September and includes gathering staff-provider feedback and identifying opportunities to improve communication. Final recommendations are anticipated in November

7. Finance Committee:.....Ms. Hack / Mr. Wood / Ms. Slocum

- Financial Statements – August 2026: Public Comment – **Action**

The Finance Committee did not meet due to a lack of quorum. As a result, Policy No. 25, Reserve Policy, will be discussed further at the next Finance Committee meeting.

Mr. Wood took the opportunity to review the four areas of reporting reviewed and assessed by accounting and the Finance Committee, including Clinic operations, Rentals/Leases, Grants/Community Support, and Admin/District.

The August financial statements were reviewed. The clinic continues to perform well year-to-date, with the first two months of the fiscal year showing positive results and in line with budget at approximately \$2.3M. Net revenues were approximately \$116K for the month and \$513K year-to-date.

The final property tax true-up monies were received for the fiscal year ending June 30, 2026. Total property tax revenues for the year were approximately \$1.75M.

Investment performance was also reviewed, including funds held with California CLASS. Investments and Reserves reporting is accomplished in compliance with CA Government Code Sec. 53646.

District net revenues were \$121,576 for the month and \$256,948 year-to-date.

Motion to approve August financial statements as presented: Mr. Randolph
Second: Ms. Hack
Roll Call Vote: 5 Ayes, 0 Nays. Motion carried.

8. **MTHCD Reports:**

A. President’s Report:.....Ms. Reed

Ms. Reed reported that she has been meeting regularly with Ms. Gillespie and attended Mark Twain Medical Center’s 75th Anniversary celebration. She discussed ACHD-sponsored AB 2311 and upcoming initiatives at Dignity Health. Ms. Reed also expressed the Board’s continued support for Ms. Gillespie’s leadership and confidence in her appointment as CEO.

B. MTMC Community Board Report:.....Ms. Sellick

Ms. Sellick was unable to attend the most recent MTMC Community Board meeting but provided the Board with the meeting report. The report included updates on recent activities and developments at Mark Twain Medical Center

C. MTMC Board of Directors Report :.....Ms. Reed

Ms. Reed provided an update on upcoming Mark Twain Medical Center events, including the Health Fair scheduled for Saturday September 26, 2026.

D. Chief Executive Officer’s Report:.....Ms. Gillespie

Ms. Gillespie discussed the collaborative relationship between the CEO and Medical Director, including their respective roles and responsibilities. She provided updates on construction projects at Valley Springs Health & Wellness Center, recent meetings and community engagement efforts. Ms. Gillespie also expressed her gratitude and appreciation for staff and their continued dedication during the recent transition.

E. Valley Springs Health & Wellness Center Medical Director Report:.....Dr. Salom

- Medical Staffing Updates

Dr. Salom provided a positive overview of clinic growth and current staffing. She reported that two locum providers are currently providing coverage, a third locum assignment is in progress, and three permanent provider interviews are scheduled. She emphasized that the clinic remains open, staffed, and growing, with continued recruitment of permanent providers.

- Policies Valley Springs Health & Wellness Center August 2026: Public comment - **Action**

The Board reviewed and approved the revised and bi-annual review policies as presented.

Motion to approve the policies as presented: Ms. Vermeltfoort

Second: Mr. Randolph

Roll Call Vote: 5 Ayes, 0 Nays. Motion carried.

New Policies

None

Revised Policies

- Auxiliary Aids and Services for Persons with Disabilities
- Biohazard Material Management
- Blood-borne Pathogen Exposure
- Crash Cart
- Culture Transmittal
- Emergency Operations Plan
- Reference Resources
- Scrub Allowance Policy

Bi-Annual Review Policies (no changes to policy content)

Age Restriction
Autoclave Use and Maintenance
BH Mission and Vision Statement
Billing for Services Provided Off-Site
Correction Of Information in the Medical Record
Depression/Anxiety Screening
Dissemination of Non-Discrimination Policy
Emergency Medications and Supplies
Employee COVID-19 Vaccine and Precautions Policy

F. Valley Springs Health & Wellness Center Operations Reports:.....Ms. Terradista

- Encounter Report – August 2026

Ms. Terradista reported strong clinic encounters for August.

- Clinect Patient Satisfaction Survey– August 2026

Patient satisfaction surveys continue to show positive results, with an increase in survey participation.

9. Committee Reports:

10. Ad Hoc AED for Life: Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph

The second, First Aid/AED/CPR class had 20 registered participants, with 14 attending. The next class is scheduled for November 14, 2026, with plans to expand classes to additional fire stations. Reaching out to the county to confirm status on sports program.

11. Ad Hoc Community Engagement:.....Ms. Gillespie / Ms. Reed / Mr. Randolph

Meeting scheduled September 29, 2026

12. Ad Hoc Community Grants:.....Ms. Gillespie / Ms. Sellick / Ms. Reed

Recommendation to Place a 90-Day Hold on Grants and Donations – Public Comment – **Action**

The Board discussed placing grants and donations on hold through December 2026. The Grants Committee will meet in November to review applications, with recommendations to be presented to the Board in December.

Motion to place grants and donations on hold until December 2026: Ms. Vermeltfoort

Second: Ms. Sellick

Roll Call Vote: 5 Ayes, 0 Nays. Motion carried.

13. Ad Hoc Personnel Committee:..... Ms. Gillespie / Ms. Reed / Ms. Vermeltfoort

Nothing to report.

14. Ad Hoc Policy Committee:..... Ms. Gillespie / Ms. Hack / Ms. Vermeltfoort

Policies Presented for 30-Day Review:

- Policy No. 13 Appointments to the District Board
- Policy No. 14 Conduct Related to Elections
- Policy No. 25 Reserve Policy

Policies No. 13 and 14 will be presented for resolution at the October Board meeting. Policy No. 25, Reserve Policy, will be presented again for further review, with a resolution anticipated at the November Board meeting.

15. Ad Hoc Real Estate:.....Ms. Gillespie / Mr. Randolph

- Construction Updates

Building 704 Suite 101 lease was extended through August 2027.

VSHWC parking lot was resealed, and the south parking lot will add approximately 20–24 new parking spaces. The parking expansion is awaiting final permitting subject to landscape completion.

West Wing addition in final stages of installation of medical equipment and furniture.

16. Board Comment and Request for Future Agenda Items:

- Announcements of interest to the Board or the Public.
 - Hospice of Amador and Calaveras - Thank you

17. Next Meeting:

- October 28, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

18. Adjournment:

Public Comment – Action

Motion to adjourn: Mr. Randolph

Second: Ms. Vermeltfoort

Roll Call Vote: 5 Ayes, 0 Nays. Motion carried.

Special Meeting of the Board of Directors
Mark Twain Health Care District Board Room
Mark Twain Medical Center
768 Mountain Ranch Rd, San Andreas, CA

Friday, October 2, 2026

9:00am

Minutes

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 9:00 am

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of arrival
Linda Reed	X			
Debbra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltfoort	X			

Quorum: Yes

3. Approval of Agenda:

Public Comment – **Action**

Motion to approve agenda as presented: Ms. Vermeltfoort

Second Mr. Randolph

Ayes:5

Nays:0

4. Public Comment On Matters Not Listed On The Agenda:

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the agenda. (The public may also comment on any item listed on the agenda prior to Board action on such item.) **Limit 3 minutes per speaker.** The Board appreciates your comments; however, it will not discuss and cannot act on items not on the agenda.

Hearing none.

5. **Closed Session:** Entered closed session at 9:05 am
Chief Executive Officer (CEO) Performance Evaluation: Pursuant to Gov. Code Section 54957(b)(1)

6. **Reconvene to Open Session:** Reconvened at 10:09 am
• Report and Vote if Action Was Taken in Closed Session: Public Comment – **Action**

There was no action for closed session.

7. **Board Comment and Request for Future Agenda Items:**
None.

8. **Next Meeting:**
October 28, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

9. **Adjournment:**
Public Comment – **Action**
Motion to adjourn: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes:5
Nays:0

Special Meeting of the Board of Directors

Mark Twain Health Care District Board Room
Mark Twain Medical Center
768 Mountain Ranch Rd, San Andreas, CA

Wednesday, October 14, 2026

8:00am

Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 8:02 am.

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of arrival
Linda Reed	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltfoort	X			

Quorum: Yes

3. Approval of Agenda:

Public Comment – **Action**

Motion to approve agenda as presented: Mr. Randolph

Second: Ms. Vermeltfoort

Ayes:4

Nays: 0

4. Public Comment On Matters Not Listed On The Agenda:

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the agenda. (The public may also comment on any item listed on the agenda prior to Board action on such item.) **Limit 3 minutes per speaker.** The Board appreciates your comments; however, it will not discuss and cannot act on items not on the agenda.

No public comments.

5. Closed Session:

The Board entered closed session at 8:03 am.

- *Conference with Legal Counsel – Anticipated Litigation (Gov't Code 54956.9). Initiation of litigation pursuant to Section 54956.9(d)(4); Number of potential cases: (1)*
- *Chief Executive Officer (CEO) Performance Evaluation: Pursuant to Gov. Code Section 54957(b)(1)*
- *Conference with Labor Negotiator (Gov't Code 54957.6)
Agency designated representative: Board President
Unrepresented employee: CEO*

6. Reconvene to Open Session:

The Board reconvened to open session at 11:17 am. There was no reportable action.

7. Board Transaction Summary:

Approve terms for Dr. Pandey. Public Comment – **Action**

The Board discussed Dr. Pandey's proposed terms, MGMA compensation information, and anticipated costs exceeding the budget. A potential start date was also discussed, pending his acceptance.

Motion to approve Dr. Pandey's proposed terms: Ms. Hack

Second: Mr. Randolph

Ayes: 4

Nays: 0

8. Board Comment and Request for Future Agenda Items:

- Board Member Vacancy
- Finance Committee Community Member Vacancy

9. Next Meeting:

October 28, 2026 – Finance Committee at 8:00 am; Board of Directors Meeting at 9:00 am

10. Adjournment:

Public Comment – **Action**

Motion to adjourn by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 4

Nays: 0

Time: 11:25 am



BluePath Health Update for MTHCD Board

October 28, 2026

9 AM



Agenda

- Project Objectives and Timeline
- 30-60-90 Day Plan Progress
- Measures of Success Recommendations
- October 23 Leadership Session Recap
- Next Steps



Organization-Wide Communications Project Objectives

BluePath is working with VSHWC to gather clinical and operational feedback from staff to form recommendations that will improve cross-organizational communications

Gather Stakeholder Feedback

Interview stakeholders to gather perspectives on organizational effectiveness, communication, decision-making, and alignment

Assess Organizational and Operational Effectiveness

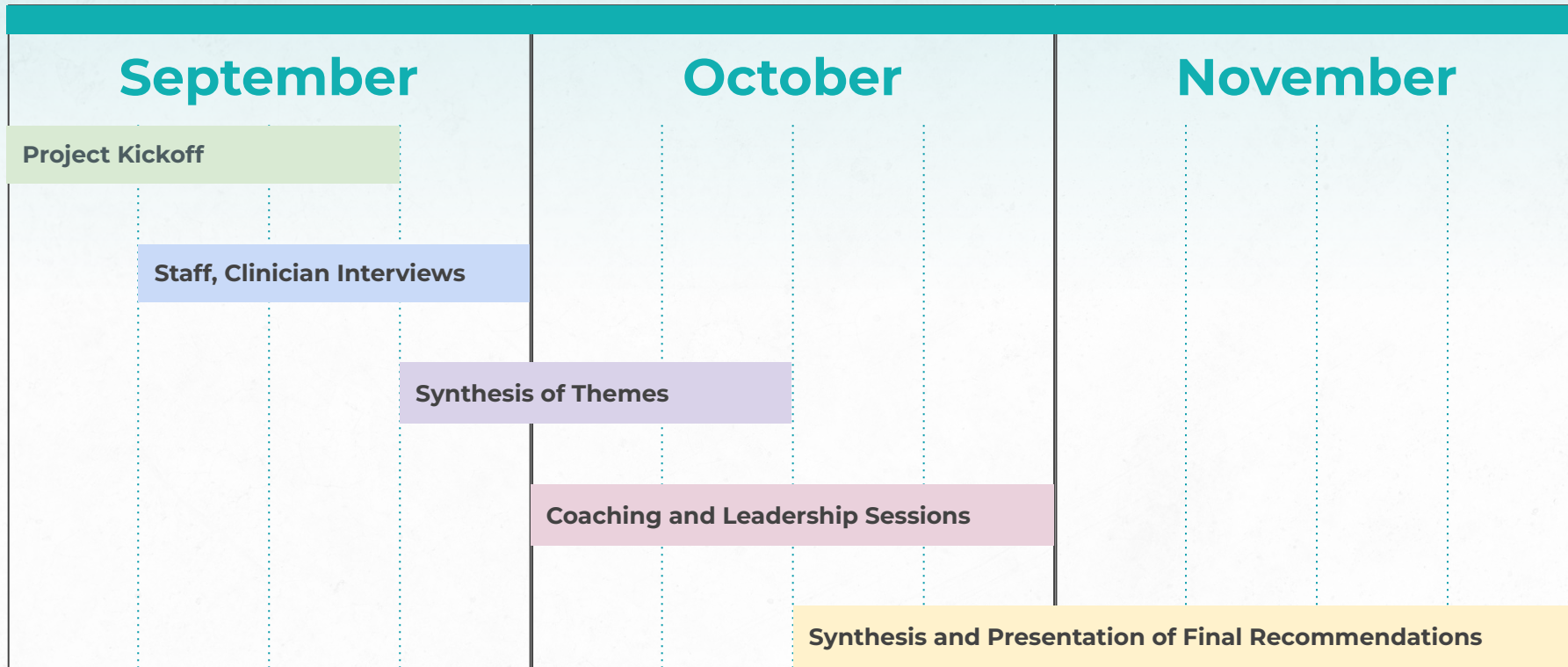
Synthesize interview information to assess organizational and operational effectiveness, staff and provider satisfaction

Identify Opportunities to Improve Communications

Through facilitated communications sessions, identify recommendations and a plan to improve communications and operations moving forward



Project Timeline: On Track for November Completion





Progress on 30-60-90 Day Plan

30 days (Current) Stabilize and Reassure	60 days Establish Shared Decision Making	90 days + Sustain
• Communicate clearly and quickly: Hold all-staff meetings addressing provider changes, replacement plans, what remains unchanged • Protect patient continuity and ensure clear communications: Patient notifications, panel reassignments, scheduling shifts, front-desk staff scripts and escalation process • Stabilize staff morale and leadership: Conduct regular leadership rounding, maintain team-building/in-office support, and visibly establish new leadership • Continue leadership coaching sessions with Hunter Gatewood	• Strengthen cross-functional leadership: Establish regular clinical-administrative forum re: communication, collaboration, and inter-departmental problem-solving • Clarify decision-making and meeting rhythms: Define clinical decision rights and establish consistent meetings cadence • Strengthen organizational infrastructure: Address HR protocols, safety/incident reporting, staff and patient survey feedback, and RHT workforce funding opportunities • Build and reinforce the team: Intentionally onboard new providers. At all-staff meetings, recognize staff who carried additional workload during the transition	• Act on staff and patient metrics: review past 60 days of staff and patient satisfaction survey feedback • Fortify clinic goals: Align and reinforce historical mission and vision of the organization • Leadership reporting to Board on clinic performance metrics



Leadership Success Metrics Recommendations

Leadership Trust and Accountability

- **Staff pulse scores on communication, trust in leadership, and feeling heard (baseline at day 60, repeat at day 90):** October and November survey delivered by Board.
- **Compliance incident reports: number submitted, and time to acknowledge and resolve:** Issues reported, process for reporting concerns anonymously and process for resolving them.
- **Leadership communications and accountability with action: (summaries, action items, completion status from All Staff and Board meetings:** a) promoting staff culture, morale and listening, and b) follow through and accountability to Board, district and clinic staff.

Workforce and Patient Stability

- **Staff and provider turnover and vacancy rates, and time to fill open provider roles:** Baseline captured, implemented immediately and gauged each quarter.
- **Patient access and continuity: appointment availability, no-show rate, and panel reassignment completion:** Helps to address gaps in staffing, leadership ability to adapt and coordinate between clinical and operations.
- **Patient experience feedback and volume of complaints related to the provider changes:** Brief spot surveys in next 90 days to address perceived or tangible patient issues.



October 23 Leadership Session Recap

Multi-Level Leadership Through Change

10/23 Workshop for Valley Springs Health and Wellness Center Leadership Team

Focus:

Shared short-term vision for the new era at VSHWC, **creating plans** for navigating change post-staffing transition.

Outcomes:

- **Reinforce VSHWC Mission and Vision**, hopes and commitments of Leadership team
- **Transitions Model (Bridges) diagram** with status in three stages of transition
- Communication plan, tools to **support staff members** in transition (Staff Pulse Check)
- Communication plan, tools to **support patients** in transition (Patient Feedback Survey)
- **Action items** for groups of managers, and for each individual leader



Leadership Meeting Discussion Topics

- Summary of **management and staff interview themes**
- The **Value Story** for Valley Springs Health and Wellness Center
- **Navigating changes, building trust:** addressing Medi-Cal cuts, community messaging
- **Supporting providers and staff**, stabilizing post transition:
 - Decision-making
 - Process improvements to support providers, patient access
- **Communication plan for providers and staff**, formats and forums
 - Meetings: operations meeting, all-staff, provider meetings
- **Communication to support patients** post-staffing transition
 - Talking points for patients with concerns
 - Staff training
- **Action items for leaders** between now and Session 2 on November 20



Next Steps

- Support progress on 30-60-90 Day Plan
- Implement tools to capture Success Metrics
- Initiate Leader-driven Action Items in response to October 23 meeting
- Incorporate outcomes from Leadership Meeting and Plan progress into Final Recommendations
- Final Leadership Meeting and Report on November 20

CEO Report to the Board of Directors for date: October 28, 2026

Community Health and Outreach to enhance Community Engagement and build public trust:

HHSA: Partnering with Marcos Munoz on HR1 cadence for County next steps and program expectations

Board of Supervisors: Attend Board of Supervisors meetings and move towards one on ones to build understanding of objectives

MTMC: Doug and I meet regularly. Current discussions are Walk-way project, Tribal communications, Seismic project

Community/Legislative Relations: Participated in ACHD Board meetings and ongoing collaboration with healthcare district leaders throughout California. On going meetings throughout the year for Statewide support and knowledge.

CSDA Calaveras Chapter: I am now the Vice President of this Board. Met with Jessica Self, President to establish plan for next quarter. Jose Garza with OUR Veteran program joined our meeting to present with Mike Langford from Calaveras Veterans Service for Countywide programs and support.

CCOE: Nothing to report

Chamber of Commerce: Chamber submitted first round of grants and we have been notified our submissions are under review.

Continued collaboration with Sierra Hope, Hospice Amador-Calaveras, Habitat for Humanity, and other community partners regarding healthcare access and community support initiatives. Will re-engage with county partners in the next few months for shared topics and needs

Finance: Kristine, Rick W and Kelly H and myself are working to anticipate changes in financials and encounters on HR1 modifications Jan 2027. At this time, it is too new and has not been "tested" as to what this means. The VSHWC is proactively supporting our patients with Medical to answer any questions and assist with eligibility support.

401K program: No Status change

Financial Stability to improve operating margin by 2% and deliver transparency and efficiency:

Grants: Working with VMG on a partnership to identify viable Grants for our District and Clinic over the next 6-12 months. I anticipate notable activity once fully engaged.

Construction/Facilities: Final landscape being completed on Parking Structure, upon completion coordination with county for final sign off.
Quality of Care – Working with outside partners to re-evaluate our patient survey process and effectiveness. Changes will be expected
District Office: Continued financial focus, outreach to community and collaboration
VSHWC: 1. Continued partnering with the Clinic Director on recruitment, onboarding, staff development, and performance reviews. 2. Conducted department meetings to promote communication, transparency, and employee engagement. 3. Continued collaboration with the Spirit Committee regarding employee appreciation initiatives.

Healthcare District News Alert

From Association of California Healthcare Districts <info@achd.org>

Date Fri 10/9/2026 10:08 AM

To Darrie Gillespie <dgillespie@methcd.org>



Healthcare District News

Dear ACHD Board of Directors and District CEO's,

As key decision makers and executives, it is critical that you receive news surrounding any current initiatives, issues, and politics across California's Healthcare Districts.

Please note, this newsletter serves as a way to inform member CEOs and the ACHD Board of Directors of the most relevant and pressing news stories, including negative news coverage. As such, we do not share this newsletter with any external contacts.

Please [let us know](#) if you have any questions or concerns.

Best,
ACHD Team

[IVHD candidates address funding, emergency care and hospital plans](#)

CALEXICO— Three candidates for the Imperial Valley Healthcare District discussed improving Calexico's emergency services during a forum that Mujeres with Voice hosted on Tuesday, Sept. 29. Karla Flores and Raul Ureña Sr. are running for IVHD District 2, while Lorena Minor-Montes is campaigning for a District 7 seat. Ureña, a certified phlebotomy technician who has worked at ECRMC's Calexico outpatient center, has served as...

[Health Summit Earns High Marks for DHCD](#)

PALM SPRINGS — Organizers of the Third Annual Healthy Desert, Healthy You Summit on Sept. 10 worked for months, committed to ensuring attendees received useful information. From all indications, the sweat equity reaped significant dividends. Survey results show

Healthy Desert Healthy You attendees give 2026 summit high marks. With more than 400 participants on Sept. 10, the Desert Healthcare District & Foundation's third annual...

Health district to apply for Community Enhancement grant

The Fallbrook Regional Health District will be seeking a Community Enhancement grant from the County of San Diego. "It's for the development of our garden at the Community Health and Wellness Center," said FRHD Chief Executive Officer Rachel Mason. The FRHD board voted 3-0 Sept. 9 to adopt a resolution approving the filing of the grant application and designating signatories for a grant agreement. Cindy Acosta was absent from that...

World-renowned maternity care comes to Sharp Tri-City

North County families will soon have greater access to nationally recognized maternity care as services return to Oceanside through the new Sharp Mary Birch Center for Women & Newborns at Sharp Tri-City Medical Center. The expansion brings the trusted care, advanced resources and patient-centered approach of Sharp Mary Birch closer to home for families throughout the region. Sharp Mary Birch teams throughout San Diego County...

EPHC ANNOUNCES PLANNED LEADERSHIP TRANSITION: RETIREMENT OF DOUG MCCOY AND APPOINTMENT OF CODY CANON AS NEW COO

Eastern Plumas Health Care announces that Doug McCoy, Chief Executive Officer, is retiring following a distinguished career spanning six years as the CEO for the organization. Doug will continue to serve as CEO until May 2027, while transitioning with newly appointed Chief Operating Officer, Cody Canon. "Our plan is clear, achieve a seamless transition from one leader to another," said Doug McCoy. "Eastern Plumas Health Care is well positioned...

Association of California Healthcare Districts
www.achd.org



ACHD | 1127 11th Street, Suite 905 | Sacramento, CA 95814 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)

CSDA eNews: 2027 New Laws Series, Part 1: Amendments to CARB Advanced Clean Fleets Zero Emission Vehicle Regulation; Comprehensive Bill List: Your 2026 Year-End Legislative Report

From Neil McCormick <Neilm@csda.net>

Date Tue 10/20/2026 5:11 PM

To Darrie Gillespie <dgillespie@mthcd.org>

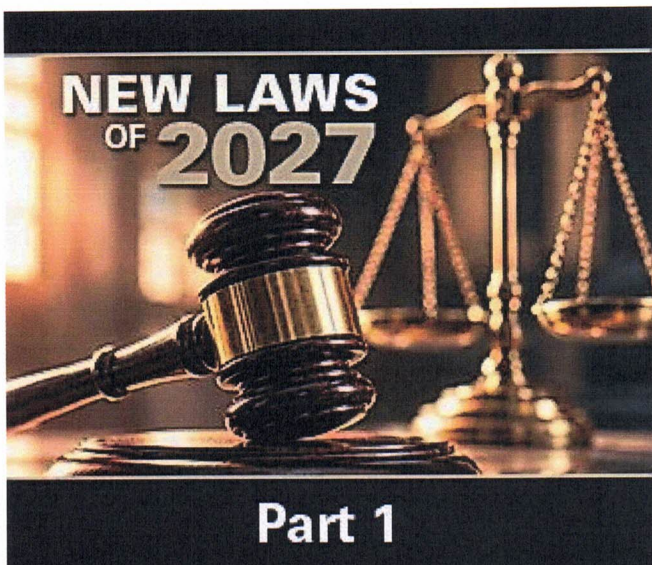


**California Special
Districts Association**
Districts Stronger Together

CSDA eNews

[View Web Version](#)

October 21, 2026



2027 New Laws Series, Part 1: Amendments to CARB Advanced Clean Fleets Zero Emission Vehicle Regulation— What's New?

CARB's updated Advanced Clean Fleets regulations introduce new compliance flexibility, exemptions and reporting requirements for special districts. Learn how these changes impact fleet operations, vehicle purchases and zero-emission transition planning.

[READ THE ARTICLE](#)

Highlights, Stats, and Comprehensive Bill List: Your 2026 Year-End Legislative Report

CSDA's 2026 Year-End Legislative Report highlights key advocacy efforts, legislative statistics and outcomes from the 2025–2026 session. Explore the report and learn how CSDA continues advocating for special districts.

LEARN MORE



CSDA Requests Flexibility on CalPERS Retired Workers Regulation

CSDA and coalition partners submitted comments on CalPERS' proposed post-retirement employment regulations, requesting greater flexibility for special districts regarding appointment durations, extensions, exemptions and compliance requirements. Learn more about the proposal.

READ MORE

LCW LIEBERT CASSIDY WHITMORE

**TRUSTED LEGAL ADVISORS
FOR CALIFORNIA'S
SPECIAL DISTRICTS
SINCE 1980**

WWW.LCWLEGAL.COM



Upcoming Events

27

SB 827 Required Training - Navigating Governance and Finance in Special

29

Oct

Districts

In-Person Workshop

Redding, CA

9:00 am – 12:00 pm

\$75 CSDA Member

\$150 Non-member

[Register Now](#)

27

Building Public Trust Through Financial Transparency

Webinar

10:00 – 11:30 am

Free CSDA Member

\$125 Non-member

[Register Now](#)

Oct

28

Cyber Threats, Trends, and Safeguards

Webinar - Offered Live Only

10:00 – 11:30 am

Free CSDA Member

\$125 Non-member

[Register Now](#)

Oct

3

The Art of Electronic Records Management

Pre-Conference Workshop

Santa Barbara, CA

9:00 am – 4:00 pm

\$325 CSDA Member*

\$650 Non-member*

*Price includes lunch

[Register Now](#)

Nov

3

Words that Work: Mastering Staff Reports, Agenda Titles, & Meeting Minutes

Pre-Conference Workshop

Nov

Santa Barbara, CA
9:00 am – 4:00 pm
\$325 CSDA Member*
\$650 Non-member*
*Price includes lunch

[Register Now](#)

In Case You Missed It: Newly Added On-Demand Webinars

- [Surplus Land Act Developments](#)
- [Mastering Difficult Conversations at Work](#)
- [2026 Update to CARB ACF ZEV Regulations – What's New?](#)
- [Securing Your Greatness in the Eyes of the Public](#)

[EXPLORE ON DEMAND CONTENT](#)

Weekly Grants Update

CSDA members receive access to grants and additional resources through the National Special Districts Association. Highlight:

- [Strategies to Support Children Exposed to Violence](#)
- [Crime and Justice Research](#)
- [Integrity in American Elections Grant Program](#)

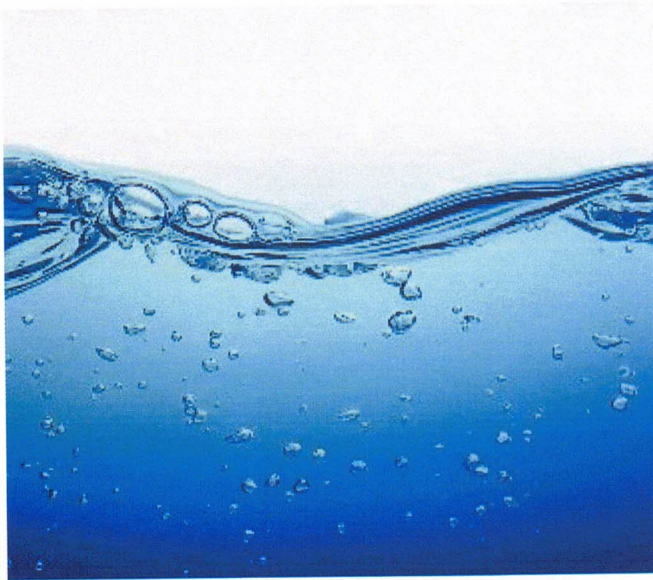
[MORE GRANTS HERE](#)



Water Reliability Depends on More Than Water Supply

Member Submitted Content

Sacramento Suburban Water District took an unconventional approach to securing specialized groundwater expertise by purchasing a well contractor. Learn how this investment strengthens water reliability while generating projected long-term savings.



[READ THE ARTICLE](#)



Career Center

Recent Job Postings

- **Public Affairs Field Coordinator (Northern Network), CSDA**
- **Full-Time Human Resources Coordinator I/II, Ventura Port District**
- **Senior Risk Analyst, Olivenhain Municipal Water District**
- **Administrative Services Supervisor, Pauma Valley Community Services District**

[CSDA Career Center](#)



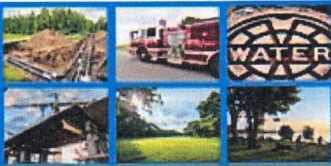
RFP Clearinghouse

Recent RFPs & RFQs

- RFP: Strategic Planning Services for Truckee Sanitary District
- RFP: General Legal Counsel Services
- RFP: Program, Project & Construction Management and Oversight Services
- RFP: Auditing Services

To post an RFP or receive notifications when a new RFP is posted, join the [RFP Clearinghouse Community](#).

[Visit the RFP Community](#)



**Fixed Rate. Fixed Maturity.
Planned-Date Liquidity.**

California CLASS Term Series II for
California Special Districts

www.californiaclass.com/term-series-ii

**SPONSORED BY**
California Special
Districts Association
Working Smarter. Together.

Advertise in CSDA eNews

Reach nearly 15,000
engaged CSDA eNews
subscribers.

- Large and small placements available
- Connect with decision-makers statewide

RESERVE YOUR SPOT





CSDA
Finance Corporation
www.csdafinance.net



1112 "I" Street Sacramento, CA 95814 | 877.924.2732 | 916.442.7887

[Manage Email Preferences/Unsubscribe](#)

Powered by [Higher Logic](#)


[SUBSCRIBE TO OUR DAILY NEWSLETTER!](#)
[About PCEO](#)
[PublicCEO Report](#)
[Job Board](#)
[Advertise](#)

[Submit an Op-Ed](#)


California's Top News For
Local Government Leaders

[City](#)
[County](#)
[Special District](#)
[Private Sector](#)
[Insights](#)


BBK explains SB 1187 repeals portions of recent Brown Act updates



Urgency Statute Takes Effect Immediately, Reversing Language Translation, Interpretation Assistance and Related Requirements for Certain Legislative Bodies

In 2025, Governor Newsom signed Senate Bill 707 (SB 707), which brought extensive updates to the Ralph M. Brown Act, in hopes of modernizing the law and increasing access and participation in public meetings. However, on September 18, 2026, Governor Newsom signed Senate Bill 1187 (SB 1187), which immediately repealed several Brown Act provisions that had been added by SB 707.

SB 1187, introduced by Senator Durazo, repeals several recent Brown Act requirements that applied to *eligible legislative bodies*. For purposes of these requirements, *eligible legislative bodies* generally include: (1) a city council of a city with a population of 30,000 or more, (2) a board of supervisors of a county, or a

Recent News



BBK explains SB 1187 repeals portions of recent Brown Act updates

September 30, 2026



Governor signs AB 2529 into law: Hidden Hills and Carson deliver statewide

accountability reform for government claims

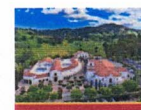
September 29, 2026



Five California cities recognized for innovative programs and policies to address climate

change

September 28, 2026



City of Calabasas honored with Helen Putnam Award for work in public safety

September 27, 2026

Tripepi Smith captures the energy

city and county, with a population of 30,000 or more, (3) a city council of a city located in a county with a population of 600,000 or more and (4) a board of directors of large special districts meeting certain thresholds based on boundary areas, population, number of employees and/or revenues.



and impact of
CalCCA's 10-year
anniversary
conference

September 25, 2026

As further described below, SB 1187 eliminates requirements for *eligible legislative bodies* to:

- Provide a system for electronically accepting and fulfilling requests for meeting agendas;
- Provide assistance to members of the public using translators or interpreters at a meeting; and
- Translate meeting agendas into applicable languages and provide a physical space for the public to post translations of the agenda.

Website and Electronic Outreach Changes

- The Brown Act required *eligible legislative bodies* to take specific actions to encourage residents to participate in public meetings, including: Providing a system for electronically accepting and fulfilling requests for meeting agendas; and
- Having an accessible internet webpage dedicated to information concerning public meetings and how members of the public may participate, including a link to the page on the agency's home page and translating such webpage, if required.

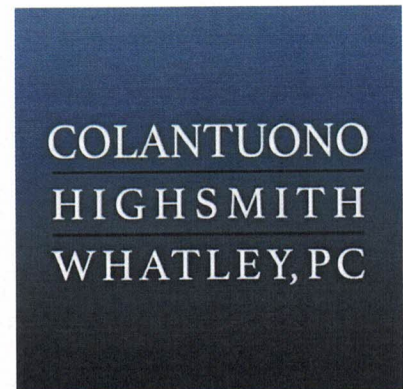
SB 1187 removes these requirements from the Brown Act. However, *eligible legislative bodies* are still required to make reasonable efforts to invite groups that do not traditionally participate in public meetings, such as outreach to media organizations serving non-English-speaking communities or civic engagement organizations. *Eligible legislative bodies* continue to have broad discretion in how to implement these efforts.

Assistance with Translation or Interpretation at Meetings

Previously, an *eligible legislative body* was required to reasonably assist members of the public who wished to translate a public meeting or receive interpretation. This included:

- Arranging space for interpreters at the meeting location;
- Allowing extra time during meetings for interpretation; and
- Allowing individuals to use personal equipment for interpretation.

Now, *eligible legislative bodies* are no longer required to provide any of these services or assist in interpretation of public meetings to comply with the Brown Act. However, all legislative bodies should note that removal of these requirements under the Brown Act does not override or negate any accessibility obligations under the Americans with Disabilities Act (ADA) or similar state laws. Further, the Brown Act continues to require that legislative bodies provide at least





BBK

BEST BEST & KRIEGER LLP

BBK Webinar - Equip Your Team for Success with the California Public Records Act

Learn practical strategies and current legal insights to help your agency manage records requests efficiently and confidently.

Register Now | 10 - 11 am PT | 28 Oct 2026

twice the allotted time to non-English speakers using a translator to provide public comments.

Translation of Agendas & Providing Physical Space for Translated Agendas

In addition, *eligible legislative bodies* were required to:

- Translate the agenda and instructions on how to participate in meetings into any language spoken jointly by 20 percent or more of an applicable population that also speaks English less than “very well” according to the American Community Survey; and
- Make a physical location, within reasonable proximity to the location where the agenda is posted, freely accessible to the public so the public may post additional translations of that agenda.

Under SB 1187, these provisions are repealed and no longer apply.

Enactment & Practical Considerations

The Legislature enacted SB 1187 as an urgency statute, which allows the law to take effect immediately. Accordingly, eligible legislative bodies are no longer subject to the abovementioned requirements. Agencies that adopted or revised policies, procedures or other standards to comply with the now-repealed provisions should consider whether to repeal or further revise those policies or standards.

For more information on the impact of these changes and how to best implement them in your jurisdiction, please contact [Nicholaus Norvell](#), [Frank Splendorio](#), and [Elleasse Taylor](#).

September 30, 2026 | [Cities](#)

[Share This Story!](#)

[f](#) [X](#) [in](#) [✉](#)

Top of Mind

How are you telling your agency's story?

© Copyright 2026 Public CEO | daily@publicceo.com | [Privacy Policy](#)

VALLEY SPRINGS
HEALTH & WELLNESS CENTER
O.U.R. VETERANS PROGRAM

VETERANS WELCOME

★★ YOU SERVED. NOW LET US SERVE YOU. ★★

The **O.U.R.** Veterans Program is here to support Veterans and their families with compassion, respect and resources that make a real difference.

OUTREACH
★
UNDERSTANDING
★
RESOURCES

For Veterans, By Veterans

**WE STAND TOGETHER.
WE'VE GOT YOUR SIX.**



- ✓ Peer Support & Social Groups
- ✓ Mindfulness & Wellness Programs
- ✓ Mental Health Support
- ✓ Outreach in Our Communities
- ✓ Resources for You and Your Family



OUTREACH

Connecting Veterans with the services they need.



UNDERSTANDING

Building trust, peer support and community.



RESOURCES

Access to programs that empower and restore.



YOU ARE NOT ALONE. WE ARE HERE FOR YOU.



HONORING
YOUR SERVICE.



SUPPORTING
YOUR JOURNEY.



EVERY VETERAN.
EVERY TIME.



CONTACT US TODAY

(209) 772-7070 x125

**STOP BY.
REACH OUT.
GET CONNECTED.**



VETERANS WELCOME HERE.



37



Mark Twain Health Care District

Strategic Plan Update | Board Briefing

October 28, 2026 • Proposed reporting period: July 1 – October 28, 2026
Progress, operational response, strategic outcomes, and decisions ahead

Draft for Board discussion | Milestones and status ratings are proposed unless explicitly reported

Executive readout

A strategic realignment: protect continuity, stabilize capacity, then resume growth.

WHAT HAS PROGRESSED

- Provider recruitment response accelerated and will continue
- West Wing expansion is complete
- Patient care reportedly continued through transition

WHAT NEEDS ATTENTION

- Behavioral health staffing and leadership continuity
- Transition-cost exposure and revised forecast
- Consistent execution against the strategic plan

WHAT COMES NEXT

- Stabilize and onboard providers through Q1 2027
- Re-engage county healthcare partners
- Confirm whether a second location remains a priority

Strategic interpretation

The organization has been responding to an exceptional operational disruption. Some strategic priorities advanced through that response, but activity is not the same as a completed outcome. The Board can now reset the sequence, define measurable end states, and establish quarterly accountability.

Recommended sequence:

1) protect patient care and stabilize staffing, 2) validate financial assumptions, 3) rebuild countywide coordination, 4) revisit expansion when defined conditions are met.

Strategic Dashboard | one-page view

Outcome = the change MTHCD wants to achieve.

Operational response = work underway to achieve it.

PRIORITY	STATUS	STRATEGIC OUTCOME	OPERATIONAL RESPONSE / EVIDENCE	NEXT MILESTONE	OWNER*
Workforce recruitment & retention	PROGRESS	Stable, appropriately staffed provider team integrated into clinic culture	Recruitment flexibility; competitive packages; two full-time locums; permanent provider accepted offer for December start	Q3 FY26-27: provider team identified, onboarded, trained and acclimated	Executive + clinical leadership
Behavioral health stabilization	HIGH RISK	Maintain reliable integrated behavioral health capacity and continuity of care	Pause expansion; pursue needed certification; prepare staffing / coverage contingencies	Immediate: confirm coverage, certification path, and contingency plan; reassess expansion after stabilization	Executive + behavioral health leadership
Financial strength & growth	WATCH	Maintain financial resilience with realistic revenue, cost and reserve assumptions	Track transition spending; revise forecast; model flat encounters and downside scenarios	Q3 FY26-27: reconcile \$1.0M transition estimate and ~\$400K budgeted net revenue with current forecast	Executive + finance
Countywide healthcare convener	RE-ENGAGE	MTHCD is a consistent convener of healthcare partners around shared county priorities	Re-establish outreach; identify partner priorities; schedule quarterly convening	Q3-4 FY26-27: convening date, invitees, and shared-priority agenda confirmed	Executive leadership
Second location strategy	DEFERRED	Make an evidence-based decision about future site expansion	No active second-location work; assess financial, demand, staffing and policy conditions	Q4 FY26-27: Board confirms defer / retain / redefine	Board, informed by leadership
Culture & patient-care continuity	PROTECT	Preserve high-quality, accessible care while strengthening collaborative culture	Support provider acclimation; staff engagement; monitor care continuity and operational pressure	Q2-4 FY26-27: review continuity, staffing stability, and staff feedback	Executive + clinical leadership

****Owners are proposed for alignment. West Wing expansion is COMPLETE; it is distinct from the deferred second-location strategy.***

Financial figures are dialogue-reported and must be reconciled to the current budget/forecast before circulation.

Separate outcomes from activity

Use the strategic outcome to judge progress; use operational responses to explain how leadership is pursuing it.

WORKSTREAM	STRATEGIC OUTCOME (WHAT MUST BE TRUE)	OPERATIONAL RESPONSE (WHAT WE ARE DOING)
Workforce	A complete, stable provider team with the capability and culture fit to serve patients.	Recruit flexibly; offer competitive packages; use locums to bridge coverage; onboard and acclimate permanent hires.
Behavioral health	Reliable integrated care continues without preventable gaps in service or required coverage.	Pause expansion; address turnover; secure necessary certifications; prepare contingencies for potential departures.
Financial resilience	Financial outlook is strong, reserve use, and commitments remain aligned with realistic demand and cost assumptions.	Reconcile transition costs; update the forecast; test flat encounters and downside scenarios; report variance monthly.
Countywide convening	MTHCD is visibly coordinating partners around shared healthcare priorities and actionable collaboration.	Conduct partner outreach; gather each partner's priority issues; identify overlap; schedule quarterly cadence of convenings and track commitments.
Facilities	Expansion decisions are evidence-based and timed to capacity, demand, and financial readiness.	West Wing expansion is complete. No active second-location work; bring a recommendation and decision criteria to the Board.
Culture & care	Patient care remains dependable while staff experience a collaborative, listening-oriented culture. Empowered culture, valuing all voices.	Support provider integration; check staff engagement; monitor service continuity and operational strain.

Rule of thumb: activities are evidence of effort; outcomes are evidence of strategic progress.

Financial resilience & risk controls

Treat dialogue figures as provisional until reconciled against the current approved budget and forecast.

TRANSITION COST ESTIMATE

Approximately \$1.0M reported for locums, external consultants, legal support, recruitment and related transition resources.

BUDGETED NET REVENUE

Approximately \$400K referenced in the approved budget. Confirm the exact metric, period, and whether this is on track.

ENCOUNTER ASSUMPTION

Leadership expects relatively flat encounters, citing anticipated Medi-Cal policy / eligibility changes. Validate assumptions and scenario impacts.

Recommended management controls

1. Reconcile transition-cost estimates, incurred costs, commitments, and remaining forecast.
2. Show base, downside, and recovery scenarios for encounters, revenue, expenses, and reserves.
3. Separate one-time transition costs from recurring operating costs.
4. Define thresholds that trigger a Board discussion (e.g., forecast variance, reserve draw, staffing cost).
5. Defer new expansion commitments until financial and workforce readiness criteria are met.

Rebuild the countywide convener role

Move from individual relationships to a predictable, shared process for identifying and acting on healthcare priorities.

1 LISTEN

Conduct outreach to key partners and ask each to identify its top three healthcare priorities.

2 ALIGN

Compare partner priorities with MTHCD's priorities; identify shared issues where collaboration adds value.

3 CONVENE

Create a quarterly cadence which follows a clear purpose, agenda, participants, and desired outputs.

4 FOLLOW THROUGH

Record commitments, owners, and due dates; report progress at the next convening and to the Board.

INITIAL PARTNER OUTREACH

MACT leadership; local Adventist Health leadership; County contacts; MTMC

IMPORTANT BOUNDARY

The 211 partnership is currently inactive with the county, which selected a different program. Explore alignment before reviving or duplicating an initiative.

Q4 target: an agreed convening date, partner list, shared-priority agenda, and a simple action log.

Next steps & decisions requested

Proposed sequence: confirm direction at the October 28 meeting; then operate against quarterly milestones.

LEADERSHIP — NEXT 30/60/90 DAYS

- Review overall clinical staffing status
- Confirm progress of behavioral health team
- Continue to report on transition costs
- Schedule quarterly countywide convening
- Update Strategic Dashboard

BOARD — DECISIONS / DIRECTION

- Review stabilization and workforce integration as near-term priorities. Address second-location strategy Q4 FY26–27.
- Dialogue on expected outcomes for the countywide convener role.
- Set financial indicators and escalation thresholds for quarterly reporting.
- Approve the Strategic Dashboard as the recurring reporting format.

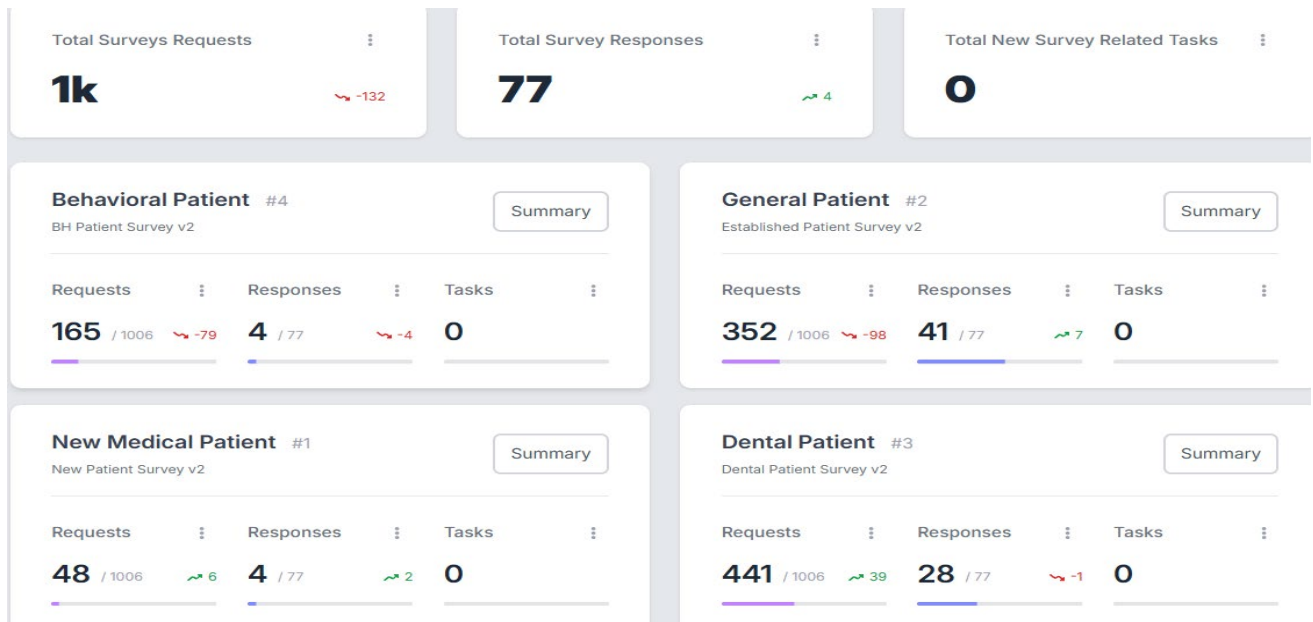
PROPOSED BY END of Q3 FY26-27 CHECKPOINT

Provider team identified, trained and acclimated; behavioral health stability reviewed; partner-convening outcomes documented; forecast compared with actuals.

Quality Metric'	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27 Total	Census Fiscal YTD	MTD Payor Mix	Fiscal YTD Payor Mix	Historical Payor Mix
Patient Visits Total	3132	3111	3021										9264	9264		
Medi-Cal	2243	2245	2246										6734	6734	74%	73%
Medicare	412	388	341										1141	1141	11%	12%
Cash Pay	14	22	29										65	65	1%	1%
Commercial	463	456	405										1324	1324	13%	14%
Pediatrics 0-16 yrs	571	561	568										1700			
Behavioral Health	714	626	635										1975			
Dental	789	899	929										2617			
Main	1629	1586	1457										4672			
Total Empanelled Patients	7132	6358	7228													
Total New Patients SEEN	96	86	72										254			
Total New Pt's REGISTERED	95	100	55										250			
<u>Clinic Encounters</u> Medi-cal ages 19-64			1401/46%													
Robo Doc Calls	0	40	86										126			
Incident Reports																
Patient No-shows	321	313	340													
Monthly % of NO Shows	9%	9%	11%													

REFERRALS / ORDERS FOR SERVICES TO MTMC FOR SEPTEMBER 2026

TYPE	# OF ORDERS SENT
IMAGING	122
LAB	26
CONSULT	1
Grand Total	149



September	Requests	Responses	RR %	PRIOR %
Overall	1006	77	7.7	7.30%
BH	165	4	2.4	3.20%
General	352	41	11.6	7.50%
New Medical	48	4	8.3	4.80%
Dental	441	28	6.3	7.20%

MEDICAL:

How would you rate your overall experience with your provider? How would you rate the ease of scheduling an appointment with our office?

Poor	0	0%		Poor	0	0%	
Not Good	0	0%		Not Good	0	0%	
Acceptab	0	0%		Acceptab	1	3%	
Good	4	10%		Good	5	13%	
Excellent	36	90%		Excellent	34	85%	

Dental:

How would you rate the ease of scheduling an appointment with our office? How would you rate your overall experience with our office?

Poor	0	0%		Poor	0	0%	
Not Good	0	0%		Not Good	0	0%	
Acceptab	0	0%		Acceptab	0	0%	
Good	0	0%		Good	0	0%	
Excellent	23	100%		Excellent	5	100%	

Behavioral Health:

My BH Provider acts professionally, empathetically, and with care. I deal more effectively with daily problems and relationships because of therapy.

Agree	4	100%		Agree	4	100%	
Disagree	0	0%		Disagree	0	0%	
About the	0	0%		About the	0	0%	
I have no	0	0%		I have no	0	0%	
N/A-I did	0	0%		N/A-I did	0	0%	

FIRST AMENDMENT TO CHIEF EXECUTIVE OFFICER EMPLOYMENT AGREEMENT

This First Amendment to Chief Executive Officer Employment Agreement (“**Amendment**”) is entered into to be effective as of _____, 2026 (“**Amendment Effective Date**”), by and between Mark Twain Healthcare District (“**District**”) and Darrie Gillespie (the “**Employee**”). District and Employee are sometimes referred to in this Agreement as a “Party” or collectively, as the “Parties.” Unless defined in this Amendment, all capitalized terms have the meaning set forth in the Agreement.

RECITALS

WHEREAS, the Parties have previously entered into that certain Chief Executive Officer Employment Agreement (“**Agreement**”), with an effective date of September 16, 2025.

WHEREAS, the Parties wish to amend the Agreement to provide for an increase in compensation.

NOW, THEREFORE, in consideration of the recitals, the mutual promises and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree to the provisions set forth below.

AGREEMENT

1. Paragraph 3 (Compensation) shall be amended such that Employee’s Base Salary shall be increased to \$ _____ per year, as of the Amendment Effective Date.
2. Entire Agreement. Except as otherwise indicated in this Amendment, there are no other agreements or understandings, written or oral, between the parties, regarding this Amendment other than as set forth herein. This Amendment shall not be modified or amended except by a written document executed by both parties to this Amendment.
3. Counterparts. This Amendment may be executed in counterparts, each of which shall be deemed to be an original, and all of such counterparts shall together constitute one agreement.
4. Conflicting Provisions. If there is any conflict or inconsistency between this Amendment and the Agreement, the provisions of this Amendment shall control and govern.
5. No Other Changes. Except as set forth in this Amendment, no other modifications are being made to the Agreement, and the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date first written above.

“DISTRICT”

“Employee”

Mark Twain Healthcare District

By: _____
Lin Reed
President, Board of Directors

By: _____
Darrie Gillespie

Mark Twain Health Care District

Reserve Policy:

Policy No. 25

1. Purpose:

The Mark Twain Health Care District (the District) shall maintain reserve funds from existing unrestricted funds as designated by the District's Reserve Policy. The Reserve Policy is modeled after the California Special Districts Association: **Special District Reserve Guidelines**. (2nd edition). This policy establishes the procedure and level of reserve funding to achieve the following specific goals:

- a. Fund replacement and major repairs for the District's physical assets
- b. Fund regular replacement of computer/technology hardware and software
- c. Fund designated conservation projects/programs or other special uses not otherwise funded by grants or requiring additional monetary support. (\$3 million)
- d. Fund Capital improvements
- e. Maintain Minimal operational sustainability in periods of economic uncertainty
- f. Fund long term Debt and contract obligations for 2-3 years ongoing

The District shall account for reserves as required by Governmental Accounting Standards Board Statement No. 54, which distinguishes reserves as among these classes: non-spendable, restricted, committed, assigned and unassigned. The reserves stated by this policy, unless otherwise required by law, contract or District policy shall be deemed "assigned" reserves.

2. Policy:

Use of District Reserves is limited to available "Unrestricted" Funds (not obligated by law, contract or agreement), including donations, interest earned, fees for service or other non-grant earnings. All special use funds will be designated by formal action of the Board of Directors.

- a. Technology Reserve Fund:
Technology Reserves will accumulate from existing unrestricted funds. The minimum target amount of Technology Reserves will be ~~\$250,000~~ 1,000,000.
- b. Valley Springs Health & Wellness Center; Operational Reserve Fund:
Designated Project/Special Use Reserves will accumulate from existing unrestricted funds with a minimum target amount of %50 of the budgeted fiscal year expense ~~\$2,200,000~~. The Reserve amount will be determined on each annual review and be based on the projected budgeted fiscal year ~~and historical~~ expenses of the Center. This fund will provide for 180 days of operational expenses.
- c. Lease and Contract Reserve Fund:
Financial obligations related to long-term leases and contracts that exceed more than one year and are ongoing will be reserved. Examples of this would be the utility payment obligations in the MTMC lease. The minimum target amount of the Lease and Contract Reserve Fund will be ~~\$500,000~~ 1,700,000.
- d. Capital Improvement Reserve Fund:
Capital Improvements Reserve will accumulate from existing unrestricted funds with a

minimum target amount of \$3,000,000. Designated Capital Improvement Funds may be used to cover major facility improvements (construction installation of new doors or windows, replacing doors and windows, roof replacement, HVAC replacement, alarm system installation, parking lot and outside lighting improvements etc.).

e. Loan Reserve Fund:

Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payment on an ongoing basis. This fund will have a minimum target amount of \$1,300,000.

~~f. Community Programs Reserve Fund:~~

~~To fund community grant programs/opportunities to further provide health related services to Calaveras County. This fund will have a minimum target amount of \$250,000.~~

~~g.~~f. Lease Termination Reserve Fund:

To fund operations in the event of lease termination. This fund will have a minimum target amount of \$3,250,000.

3. Using Reserve Funds:

a. Technology Reserve:

Technology Reserves will be used to purchase hardware and software in support of District operations, with the intent of maintaining modern technology for employees and patients. This fund can also be used for technology-dependent equipment such as radiology or electrocardiography.

b. Valley Springs Health & Wellness Center; Operational Reserve Fund can be used to support operations at the center, including all line items listed on the Valley Springs Health & Wellness Center operations budget.

c. Lease and Contract Reserve Fund can be used to meet lease and contract long-term obligations such as utility payments.

d. Capital Improvements Reserve:

Capital Improvements Reserves shall be limited to cost related to making changes to improve or maintain capital assets, increase their useful life, or add to the value of these assets.

e. Loan Reserve Fund: Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payments on an ongoing basis. This fund is designated primarily, but not exclusively, to the USDA 30-yr construction loan.

~~f. Community Programs Reserve Fund: To be used in conjunction with the Grants Committee and their recommendations to the full Board.~~

~~g.~~f. Lease Termination Reserve Fund: To be used to fund operations in the event of lease termination.

4. Monitoring Reserve Levels:

The Chief Executive Officer in collaboration with the District Accountant or CFO, shall perform a reserve status analysis annually, to be provided to the Board of Directors for annual deliberation / approval of Budget and Reserve Funds.

Additional information may be provided to the Board of Directors upon the occurrence of the following events:

- a. When a major change in conditions threatens the reserve, levels established by this policy or calls into question the effectiveness of this policy.
- b. Request of the ~~Upon~~ Chief Executive Officer and/or Board ~~request~~.

Reference: Special District Reserve Guidelines, California Special Districts Association, 2nd edition

Resolution 2026-04

A RESOLUTION OF THE BOARD OF DIRECTORS
OF THE MARK TWAIN HEALTH CARE DISTRICT

Change in MTHCD Board Policies

WHEREAS: The Mark Twain Health Care District's policy is to utilize the resolution process to change policy, and to present proposed policy changes to the public at least 30 days prior to Board action: and

WHEREAS: The District has an *ad hoc* policy committee that is reviewing District policies, and:

WHEREAS: The *ad hoc* policy committee has reviewed Policies No. 13 & 14 and have recommended changes in those policies, and presented changes to the public at the September 23, 2026, Board of Directors Meeting.

NOW, THEREFORE, the Board of Directors of the Mark Twain Health Care District does order and resolve as follows:

RESOLVED: That policies No. 13 & 14 be amended as published in the September 23, 2026, Board of Directors meeting information packet. This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 28th Day of October 2026 by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Attest: _____

Board Secretary

Mark Twain Health Care District Mission

"Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care".

This Institution is an Equal Opportunity Provider and Employer

Appointments to the District Board:

Any vacancy upon the Board of Directors may be filled by appointment by the remaining members of the Board of Directors or by special election, for such term and under such conditions as may be specified by law. (Reference Elections Code Sect. 10554)

Conduct Related To Elections:

Public elections shall be held to fill all seats on the Board of Directors, except seats becoming vacant prior to the expiration of a Director's elected term, or as otherwise provided by law. Elections shall be conducted as provided in the Local Health Care District Law and the California Elections Code.

Elections shall be held in even-numbered years and consolidated with general elections, when feasible. The person receiving the highest number of votes for each office to be filled shall be elected. The election of the Directors shall be staggered in alternatively even-numbered years so that three (3) Directors will be elected in a given even-numbered year and the remaining Directors will be elected in the following even-numbered year. (Reference Election Code Sect. 10554)

Note: For Further Information Refer to:
The County Clerk-Recorder
Calaveras County Elections Office
891 Mountain Ranch Rd
San Andreas, CA 95249
(209) 754-6376
Fax (209) 754-6733



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

Agenda Item: Financial Reports for September 2026

Type: Action

Submitted By: Rick Wood, Accountant & Kristine Slocum, Finance Manager

Presented By: Rick Wood, Accountant & Kristine Slocum, Finance Manager

BACKGROUND:

Financial statements were presented to the Board for September 2026. The District's total revenues exceeded expenses by \$103,606 for the month and \$360,554 year-to-date (YTD). Clinic gross patient revenues remained steady at \$1,121,228 resulting in YTD gross revenues of \$3,395,792. However, contractual adjustments, a budget item largely outside the control of clinic management, increased over \$45K between August and September, resulting in net patient revenue of \$921,996 and overall net revenues over expenses of (\$2,788) for the month. Variances in several other budget categories contributed to the net decline, including:

1. Approximately \$18K in additional physician salaries, largely due to some overlap between exiting providers and the onboarding of new providers;
2. \$20K in additional contracted services including those of Blue Path Health;
3. Approximately \$23K in additional medical care materials and supplies.

Despite the additional expenses, YTD net revenue for the clinic continued to be strong, totaling \$510,323 through September, significantly higher than the YTD budgeted estimate of \$65,748. Adjustments through the prior fiscal year ending June 30, 2026, continue and the audit is in process. The District's financial position remains strong as we seek to tighten fiscal controls and improve oversight.

**Mark Twain Health Care District
Direct Clinic Financial Projections**

September 30, 2026

	Actual Month	Y-T-D Actual	2026/2027 Budget
Total Other Revenue	921,966	2,950,667	12,553,038
Labor related costs	(429,827)	(1,162,564)	(6,489,971)
Net Expenses over Revenues	(2,788)	510,323	258,778

**Mark Twain Health Care District
Annual Budget Recap**

	09/30/26 Actual Y-T-D	2026 - 2027 Annual Budget				
		Total District	Clinic	Rental	Projects	Admin
Revenues	4,255,778	15,559,690	12,553,038	1,171,652	0	1,835,000
Total Revenue	4,255,778	15,559,690	12,553,038	1,171,652	0	1,835,000
Expenses	(3,393,374)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Total Expenses	(3,393,374)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Surplus(Deficit)	862,404	393,653	258,778	236,985	(1,139,000)	1,036,890

Historical Totals

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(1,282,214)
23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec
197,850	392,710	412,064	551,925	546,391	630,489

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
728,240	1,033,067	1,135,447	1,414,580	1,515,345	1,549,413
Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
41,416	105,833	105,493	59,726	60,182	277,287

Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
338,189	438,420	495,415	613,459	(124,205)	140,040
Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
227,271	287,201	554,261	1,076,169	1,127,038	1,379,189

26-Jan	Feb-26	Mar-26	Apr-26	May-26	Jun-26
1,065,712	1,349,874	1,645,195	1,227,255	710,022	702,680
Jul-26	Aug-26	Sep-26			
531,091	773,765	862,404			

Mark Twain Health Care District
Direct Clinic Financial Projections

9/30/26

VSHWC

	Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2026/2027 Budget
4083.49 Urgent care Gross Revenues	1,204,167	1,121,228	(82,940)	93.11%	3,612,502	3,395,792	(216,710)	94.00%	14,450,007
4083.60 Contractual Adjustments	(159,164)	(199,671)	(40,507)	125.45%	(477,492)	(445,997)	31,495	93.40%	(1,909,969)
Net Patient revenue	1,045,003	921,556	(123,447)	88.19%	3,135,010	2,949,795	(185,215)	94.09%	12,540,038
4083.90 Uncovered Health Services Revenue		350				872			
4083.91 Medical Records copy fees	83	60	(23)	72.00%	250				1,000
9108.00 Other - Plan Incentives	1,000	-	(1,000)	-	3,000	-			12,000
	1,083	410	(1,023)	37.85%	3,250	872			13,000
Total Other Revenue	1,046,087	921,966	(124,120)	88.13%	3,138,260	2,950,667	(187,593)	94.02%	12,553,038
7083.09 Other salaries and wages	(421,562)	(355,466)	66,095	84.32%	(1,264,685)	(950,328)	314,357	75.14%	(5,058,740)
7083.10 Payroll taxes	(29,793)	(24,559)	5,233	82.43%	(89,379)	(66,277)	23,101	74.15%	(357,513)
7083.13 Group Health & Welfare Insurance	(46,372)	(46,338)	33	99.93%	(139,116)	(135,570)	3,545	97.45%	(556,462)
7083.16 Workers Compensation insurance	(4,216)	(3,463)	753	82.15%	(12,647)	(10,389)	2,258	82.15%	(50,588)
Total taxes and benefits	(119,269)	(74,361)	44,908	62.35%	(356,754)	(212,236)	144,517	59.49%	(1,431,231)
Labor related costs	(540,831)	(429,827)	111,004	79.48%	(1,621,439)	(1,162,564)	458,875	71.70%	(6,489,971)
7083.05 Marketing	(1,542)	(419)	1,123	27.18%	(4,625)	(419)	4,206	9.06%	(18,500)
7083.20.01 Medical - Physicians	(97,838)	(118,857)	(21,019)	121.48%	(293,515)	(296,999)	(3,485)	101.19%	(1,174,058)
7083.20.03 Behavioral Health - Providers	(41,531)	(26,896)	14,635	64.76%	(124,592)	(76,598)	47,995	61.48%	(498,368)
7083.22 Consulting and Management fees	(6,375)	(9,267)	(2,892)	145.36%	(19,125)	(17,982)	1,143	94.02%	(76,500)
7083.23 Legal - Clinic	(3,333)	(9,303)	(5,969)		(10,000)	(19,536)	(9,536)	195.36%	(40,000)
7083.26 Other contracted services	(87,500)	(105,315)	(17,815)	120.36%	(262,500)	(267,847)	(5,347)	102.04%	(1,050,000)
7083.27 Other- IT Services	(11,667)	(9,989)	1,678	85.62%	(35,000)	(40,557)	(5,557)		(140,000)
7083.29 Other Professional fees	(6,250)	(3,446)	2,804	55.13%	(18,750)	(10,661)	8,089	56.86%	(75,000)
7083.36 Oxygen and Other Medical Gases	(100)	(97)	3	97.08%	(300)	(194)	106	64.72%	(1,200)
7083.41.01 Other Medical Care Materials and Supplies	(31,667)	(45,086)	(13,420)	142.38%	(95,000)	(84,953)	10,047	89.42%	(380,000)
7083.41.02 Dental Care Materials and Supplies - Clinic	(37,500)	(22,397)	15,103	59.72%	(112,500)	(52,894)	59,606	47.02%	(450,000)
7083.41.03 Behavioral Health Materials	(483)	(279)	204	57.75%	(1,450)	(1,179)	271	81.30%	(5,800)
7083.41.04 O.U.R. Veterans Materials and Supplies		(3,713)				(14,254)			
7083.62 Repairs and Maintenance Grounds	(6,250)	(5,515)	735	88.25%	(18,750)	(11,506)	7,244	61.37%	(75,000)
7083.72 Depreciation - Bldgs & Improvements	(64,625)	(55,000)	9,625	85.11%	(193,875)	(165,000)	28,875	85.11%	(775,500)
7083.74 Depreciation - Equipment	(14,688)	(12,500)	2,188	85.11%	(44,063)	(37,500)	6,563	85.11%	(176,250)
7083.80 Utilities - Electrical, Gas, Water, other	(9,583)	(11,723)	(2,140)	122.33%	(28,750)	(23,949)	4,801	83.30%	(115,000)
7083.43 Food and Staff Appreciation	(2,250)	(1,913)	337	85.00%	(6,750)	(7,319)	(569)	108.43%	(27,000)
7083.46 Office and Administrative supplies	(4,167)	(3,723)	444	89.35%	(12,500)	(7,806)	4,694	62.44%	(50,000)
7083.69 Other purchased services	(4,125)	(2,046)	2,079	49.61%	(12,375)	(6,460)	5,915	52.20%	(49,500)
7083.81 Insurance - Malpractice	(4,694)	(4,694)	(0)		(14,082)	(14,082)	(0)		(56,326)
7083.82 Other Insurance - Clinic	(2,703)	(2,703)	0		(8,110)	(9,368)	(1,258)		(32,440)
7083.83 License renewals	(1,833)	(2,412)	(579)	131.56%	(5,500)	(5,448)	52	99.06%	(22,000)
7083.85 Telephone and Communications	(3,833)	(2,610)	1,223	68.09%	(11,500)	(9,346)	2,154	81.27%	(46,000)
7083.86 Dues, Subscriptions & Fees	(1,042)	(732)	309	70.30%	(3,125)	(1,502)	1,623	48.05%	(12,500)
7083.87 Outside Training	(5,583)	0	5,583	0.00%	(16,750)	(4,036)	12,714	24.10%	(67,000)
7083.88 Mileage - VSHWC	(4,583)	(4,802)	(218)	104.76%	(13,750)	(19,709)	(5,959)	143.34%	(55,000)
7083.89 Recruiting	(7,500)	(10,000)	(2,500)	133.33%	(22,500)	(12,200)	10,300	54.22%	(90,000)
8870.00 Interest on Debt Service	(20,446)	(19,492)	954	95.34%	(61,337)	(58,476)	2,861	95.34%	(245,346)
Non labor expenses	(496,191)	(494,928)	1,263	99.75%	(1,451,073)	(1,277,780)	173,293	88.06%	(5,954,288)
Total Expenses	(1,037,022)	(924,755)	112,267	89.17%	(3,072,511)	(2,440,344)	632,168	79.43%	(12,444,259)
Net Expenses over Revenues	9,065	(2,788)	(11,853)	-30.8%	65,748	510,323	444,575	776.2%	258,778

Mark Twain Health Care District Rental Financial Projections		Rental								
		9/30/26								
		Monthly Budget	Actual Month	Variance \$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2026/2027 Budget
9260.01	Rent Hospital Asset amortized	72,000	72,000	0	100.00%	216,000	216,000	0	100.00%	864,000
	Rent Revenues	72,000	72,000	0	100.00%	216,000	216,000	0	100.00%	864,000
9520.80	Utilities - Electrical, Gas, Water, other	(28,000)	(56,791)	(28,791)	202.83%	(84,000)	(178,713)	(55,475)	47.00%	(336,000)
9521.80	Utility Reimbursements- MTMC	0	11,021				39,238			
9520.72	Depreciation	(25,093)	(18,907)	6,186	75.35%	(75,279)	(56,721)	18,558	75.35%	(301,116)
	Total Costs	(53,093)	(64,677)	(11,584)	121.82%	(159,279)	(196,196)	(36,917)	123.18%	(637,116)
	Net	18,907	7,323	(11,584)	38.73%	56,721	19,804	(36,917)	286.41%	226,884
9260.02	MOB Rents Revenue	24,785	25,455	670	102.70%	74,355	74,973	618	100.83%	297,421
9521.75	MOB rent expenses	(24,596)	(24,161)	435	98.23%	(73,788)	(71,723)	2,064	97.20%	(295,151)
	Net	189	1,293	1,104	683.74%	568	3,249	2,682	572.59%	2,270
9260.03	Child Advocacy Rent revenue	853	844	(8)	99.01%	2,558	2,532	(25)	99.01%	10,231
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(600)	(179)	421	0.00%	(2,400)
	Net	653	844	192	129.35%	1,958	2,354	396	120.23%	7,831
	Total Revenues	97,638	109,319	11,682	111.96%	292,913	332,743	39,830	113.60%	1,171,652
	Total Expenses	(77,889)	(88,839)	(10,950)	114.06%	(233,667)	(268,098)	(34,431)	114.74%	(934,667)
	Summary Net	19,749	20,481	732	103.71%	59,246	64,645	5,398	109.11%	236,985

Mark Twain Health Care District
Projects, Grants and Support
9/30/2026

	2023/2024	2024/2025	2025/2026	2026/2027	Month	Actual	Actual	Actual
	Budget	Budget	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
	Budget	Budget	Budget	Budget	Budget			
Project grants and support	(177,900)	(634,500)	(661,000)	(1,139,000)	(284,750)	(6,545)	(18,876)	1.66%
8890.00 Miscellaneous (TBD)	(100,000)	(500,000)	(500,000)	(950,000)	(237,500)			0.00%
8890.01 AED for Life	(40,000)	(40,000)	(40,000)	(45,000)	(11,250)	(2,660)	(7,286)	16.19%
8890.02 Stay Vertical Calaveras	(37,900)	(64,500)	(64,500)	(48,000)	(12,000)	(3,885)	(11,590)	24.15%
8890.03 Doris Barger Golf		(2,500)	(4,000)	(7,500)	(1,875)			0.00%
8890.04 San Andreas Rotary Club-Hospice				(3,500)	(875)			0.00%
8890.06 Office of Education (Med. Science)		(25,000)		(2,500)	(625)			0.00%
8890.07 Veterans Support				(5,000)	(1,250)			0.00%
8890.09 Friends of the Calaveras County Fair		(2,500)	(2,500)	(2,500)	(625)			0.00%
8890.10 Community Grants			(50,000)	(65,000)	(16,250)			0.00%
8890.11 Calaveras Senior Center Meals				(10,000)	(2,500)			0.00%
Project grants and support	(177,900)	(634,500)	(661,000)	(1,139,000)	(284,750)	(6,545)	(18,876)	1.66%

Mark Twain Health Care District
General Administration Financial Projections

9/30/26

ADMIN

	Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2026/2027 Budget
9060.00 Income, Gains and losses from investments	24,167	35,159	10,993	145.49%	72,500	107,455	34,955	148.21%	290,000
9160.00 Property Tax Revenues	138,750	138,750	0	100.00%	416,250	416,258	8	100.00%	1,665,000
9400.00 Miscellaneous Income						7,865			
5801.00 Rebates, Sponsorships, Refunds on Expenses						0			
5990.00 Other Miscellaneous Income						0			
9108.00 Other Non-Operating Revenue-GRANTS						0			
9205.03 Miscellaneous Income (1% Minority Interest)	(10,000)	(8,656)	1,344		(20,000)	(5,297)			(120,000)
Summary Revenues	152,917	165,254	12,337	108.07%	468,750	526,281	57,531	112.27%	1,835,000
8610.09 Other salaries and wages	(23,184)	(20,201)	2,983	87.13%	(46,367)	(54,235)	(7,868)	116.97%	(278,204)
8610.10 Payroll taxes	(1,613)	(2,400)	(787)	148.79%	(4,840)	(6,273)	(1,434)	129.63%	(19,358)
8610.13 Group Health & Welfare Insurance	(2,550)	(3,747)	(1,197)	146.93%	(7,651)	(10,977)	(3,326)	143.48%	(30,602)
8610.16 Workers Compensation insurance	(232)	0	232	0.00%	(232)	0	232	0.00%	(2,782)
Benefits and taxes	(6,534)	(6,147)	387	94.08%	(16,275)	(17,250)	(975)	105.99%	(78,406)
Labor Costs	(29,718)	(26,348)	3,369	88.66%	(62,642)	(71,485)	(8,843)	114.12%	(356,610)
8610.22 Consulting and Management Fees	(4,167)	(786)	3,381	18.86%	(12,500)	(9,708)	2,792	77.67%	(50,000)
8610.23 Legal	(4,167)	(18,153)	(13,986)	435.68%	(12,500)	(27,930)	(15,430)	223.44%	(50,000)
8610.24 Accounting /Audit Fees	(4,167)	(5,778)	(1,611)	138.67%	(12,500)	(7,743)	4,757	61.94%	(50,000)
8610.05 Marketing	(2,083)	0	2,083	0.00%	(6,250)	0	6,250	0.00%	(25,000)
8610.43 Food and Staff Appreciation	(417)	(366)	51		(1,250)	(3,411)	(2,161)		(5,000)
8610.46 Office and Administrative Supplies	(2,000)	(828)	1,172	41.40%	(6,000)	(3,393)	2,607	56.55%	(24,000)
8610.62 Repairs and Maintenance Grounds	(1,500)	(175)	1,325	0.00%	(4,500)	(4,128)	372		(18,000)
8610.69 Other- IT Services	(2,917)	(3,762)	(845)	128.97%	(8,750)	(10,691)	(1,941)	122.18%	(35,000)
8610.82 Insurance	(6,667)	(4,899)	1,768	73.49%	(20,000)	(16,247)	3,753	81.24%	(80,000)
8610.86 Dues, Subscriptions & Fees	(3,333)	(70)	3,263	2.10%	(10,000)	(8,848)	1,152	88.48%	(40,000)
8610.87 Outside Trainings	(2,083)	0	2,083	0.00%	(6,250)	(182)	6,068	2.92%	(25,000)
8610.88 Travel	(2,083)	(460)	1,624	22.07%	(6,250)	(1,037)			(25,000)
8610.89 Recruiting	(708)	0	708	0.00%	(2,125)	0	2,125		(8,500)
8610.90 Other Direct Expenses	(500)	0	500	0.00%	(1,500)	(900)	600	60.00%	(6,000)
8610.95 Other Misc. Expenses		0	0		0	0	0		
Non-Labor costs	(36,792)	(35,299)	1,516	95.94%	(110,375)	(94,242)	10,944	85.38%	(441,500)
Total Costs	(66,509)	(61,648)	4,885	92.69%	(173,017)	(165,727)	2,100	95.79%	(798,110)
Net	86,408	103,606	17,222	119.90%	295,733	360,554	59,632	121.92%	1,036,890

Mark Twain Health Care District
Balance Sheet
As of August, 2026

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	225,011.46
1001.20 Umpqua Bank - Money Market	6,447.46
1001.30 Bank of Stockton	39,421.87
1001.45 Five Star Bank - MTHCD Checking NEW	1,085,798.44
1001.50 Five Star Bank - Money Market	834,077.73
1001.60 Five Star Bank - VSHWC Checking	47,718.30
1001.65 Five Star Bank - VSHWC Payroll	273,877.59
1001.90 US Bank - VSHWC	137,326.22
1820 VSHWC - Petty Cash	400.00
Total Bank Accounts	2,727,303.85
Accounts Receivable	
1201.00 Accounts Receivable	-28,831.74
1210.00 Grants Receivable	443,863.51
Total Accounts Receivable	415,031.77
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	35,394.46
1003.20 CLASS Operational Reserve Fund	1,537,032.48
1004.10 CLASS Lease & Contract Reserve Fund	1,983,003.79
1004.20 CLASS Loan Reserve Fund	2,427,080.82
1004.30 CLASS Capital Improvement Reserve Fund	2,927,686.65
1004.40 CLASS Technology Reserve Fund	298,721.06
1004.50 Community Programs Reserve Fund	115,093.23
1004.60 Lease Termination Reserve Fund	565,086.65
1150.05 Due from Calaveras County	1,665,000.00
1160.00 Lease Receivable	162,790.00
1205.50 Allowance for Uncollectable Clinic Receivables	-170,674.92
1205.51 Cash To Be Reconciled	445,534.62
1300.10 General Prepaid	121,548.06
Total Other Current Assets	12,113,296.90
Total Current Assets	15,255,632.52
Fixed Assets	
1200.00 District Owned Land	286,144.45
1200.10 District Land Improvements	150,307.79
1200.20 District - Building	2,223,529.28
1200.30 District - Building Improvements	2,276,955.79
1200.40 District - Equipment	718,484.98
1200.50 District - Building Service Equipment	168,095.20
1220.00 VSHWC - Land	903,112.05
1220.05 VSHWC - Land Improvements	1,691,261.79
1220.10 VSHWC - Buildings	6,893,228.11
1220.20 VSHWC - Equipment	1,253,059.31

1250.14 CIP - West Wing Expansion	1,923,690.68
1521.20 CIP - Buildings - BHCiP	4,245,774.42
1600.00 Accumulated Depreciation	-10,608,422.18
Total Fixed Assets	12,125,221.67
Other Assets	
1710.10 Minority Interest in MTMC - NEW	389,933.89
1810.60 Capitalized Lease Negotiations	270,162.37
1810.65 Capitalized Costs Amortization	14,898.60
Total Intangible Assets	285,060.97
2219.00 Capital Lease	5,142,812.08
2260.00 Lease Receivable - Long Term	841,774.36
Total Other Assets	6,659,581.30
TOTAL ASSETS	34,040,435.49
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	464,127.48
Total 200.00 Accts Payable & Accrued Expenses	464,127.48
2001.00 Other Accounts Payable (Credit Card)	22,830.26
Total 200.00 Accts Payable & Accrued Expenses	22,830.26
2010.00 USDA Loan Accrued Interest Payable	26,007.73
2021.00 Accrued Payroll - Clinic	99,584.97
2022.00 Accrued Leave Liability	106,499.57
2100.00 Deide Security Deposit	0.00
2110.00 Payroll Liabilities - New Account for 2019	52,174.98
2110.10 Valley Springs Security Deposit	0.00
2140.00 Lease Payable - Current	168,699.00
2260.00 Deferred Rental Revenue	518,643.36
2265.00 Deferred Settlement Revenue	543,357.67
2271.00 Deferred Hospital Lease Rent	0.00
Total Other Current Liabilities	1,592,192.06
Total Current Liabilities	2,079,149.80
Long-Term Liabilities	
2129.00 Other Third Party Reimbursement - Calaveras County	1,248,742.00
2130.00 Deferred Inflows of Resources	203,473.00
2210.00 USDA Loan - VS Clinic	6,159,383.94
2240.00 Lease Payable - Long Term	117,960.00
Total Long-Term Liabilities	7,729,558.94
Total Liabilities	9,808,708.74
Equity	
2900.00 Fund Balance	648,149.41
2910.00 PY - Historical Minority Interest MTMC	19,720,638.00
3900.00 Retained Earnings	3,000,535.80
Net Income	862,403.54
Total Equity	24,231,726.75
TOTAL LIABILITIES AND EQUITY	34,040,435.49

**Investment & Reserves Report
30-Sep-26**

Annual

Reserve Funds	Minimum Target	6/30/2026 Balance	2026/2027 Allocated	2026/2027 Interest	9/30/2026 Balance	Funding Goal
Valley Springs HWC - Operational Reserve	2,200,000	2,051,525	-500,000	20,679	1,572,204	
Lease, Contract, & Utilities Reserve	1,700,000	1,963,598		19,406	1,983,004	
Loan Reserve	1,300,000	2,403,329		23,752	2,427,081	
Capital Improvement	3,000,000	2,900,644		27,043	2,927,687	
Technology Reserve	250,000	295,798		2,923	298,721	
Community Programs Reserve	250,000	113,967		1,126	115,093	
Lease Termination Reserve	3,250,000	559,557		5,530	565,087	
Reserves & Contingencies	11,950,000	10,288,416	-500,000	100,460	9,888,876	0

2026-2027	
Reserves	9/30/2026 Interest Earned
Valley Springs HWC - Operational Reserve	35,394 223
Total Cal-Trust Reserve Funds	35,394 223
Valley Springs HWC - Operational Reserve	1,572,204 20,679
Lease & Contract Reserve	1,983,004 19,406
Loan Reserve	2,427,081 23,752
Capital Improvement	2,927,687 27,043
Technology Reserve Fund	298,721 2,923
Community Programs Reserve	115,093 1,126
Lease Termination reserve	565,087 5,530
General Operating Fund	461,642 0
Total CA-CLASS Reserve Funds	10,350,518 100,460

CA CLASS	Interest Rate
Prime	2,165,265 3.82%
Enhanced	4,892,462 3.89%
Term Series II	3,292,792 3.95%
Total	10,350,518

Five Star	
General Operating - NEW	283,408 112
Money Market Account	597,488 6,590
Valley Springs - Checking	162,423 24
Valley Springs - Payroll	123,822 26
Total Five Star	1,167,141 6,751

Columbia/Umpqua Bank	
Checking	205,694 0
Money Market Account	6,447 0.16
Investments	0 0
Total Savings & CD's	212,141 0.16

Bank of Stockton	212,971 21
-------------------------	-------------------

Total in interest earning accounts	11,978,166 107,455
---	---------------------------

Beta Dividends 2
Umpqua Rebate

Total Without Unrealized Loss	107,455
--------------------------------------	----------------

Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Incremental Cost Projections During Transition - Through End of 2026-2027 FY														
Expense Category	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	10-Mo Total (Variance)	2026-2027 Monthly Budget	2026-2027 10-Mo Budget	10-Mo Variance Percent
Providers (Contracted)														
Locums	\$ 27,500	\$ 57,000	\$ 98,000	\$ 82,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 22,000			\$ 418,500			
Permanent Pay				\$ 22,145	\$ 22,145	\$ 22,145	\$ 22,145	\$ 22,145	\$ 22,145	\$ 22,145	\$ -			
Sign-On Bonus				\$ 25,000	\$ 25,000						\$ 50,000			
Relocation				\$ 30,000	\$ 30,000						\$ 60,000			
Total Providers	\$ 27,500	\$ 57,000	\$ 98,000	\$ 159,145	\$ 121,145	\$ 66,145	\$ 66,145	\$ 44,145	\$ 22,145	\$ 22,145	\$ 528,500	\$ 145,002	\$ 1,450,022	136%
Other Labor (Clinic Employees)				\$ 16,000	\$ 16,000	\$ 16,000	\$ 16,000	\$ 16,000	\$ 16,000	\$ 16,000	\$ 112,000	\$ 540,831	\$ 5,408,309	102%
Legal	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 8,750	\$ 8,750	\$ 8,750	\$ 5,000	\$ 5,000	\$ 5,000	\$ 111,250	\$ 7,500	\$ 75,000	248%
Other Contracted Services	\$ 42,667	\$ 42,667	\$ 42,667	\$ 10,000	\$ 5,000	\$ 5,000	\$ 5,000				\$ 153,000	\$ 87,500	\$ 875,000	117%
Consulting and Management Fees														
Grants			\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 48,000			
Revenue Cycle				\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000				\$ 60,000			
Total Consulting & Mgmt Fees			\$ 6,000	\$ 21,000	\$ 21,000	\$ 21,000	\$ 21,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 108,000	\$ 10,542	\$ 105,417	202%
Total Incremental Costs	\$ 87,667	\$ 117,167	\$ 164,167	\$ 207,645	\$ 155,895	\$ 100,895	\$ 100,895	\$ 55,145	\$ 33,145	\$ 33,145	\$ 900,750	\$ 250,544	\$ 2,505,438	136%

Position	Count of Employee
1099 Contract Medical Provider	5
Administrative Analyst	1
Administrative Assistant	1
Behavioral Health Team	9
Chief Executive Officer	1
Dental Dept	10
Dentist	3
Director of Behavioral Health	1
Director of Clinic Operations	1
Finance Manager	1
Locum	3
Medical Assistant	11
Medical Biller	2
Medical Director / Contract Medical Provider	1
Nurse Practitioner	4
Physician Assistant	1
Radiology Technician/ Medical Assistant	1
Reception	4
Referral Coordinator / Medical Assistant	1
RN Clinic Operations Supervisor	1
Grand Total	62

Position included in 2026/2027 Budget	Open Seat
1099 Contract Medical Provider (2)	1
RN	1
Dental Assistan/ Sterile Tech	0
Dental Hygienist	0
Referral Coordinator / Medical Assistant	0
Medical Assistant (2)	1
Grand Total	3

Board Approved Position	Open Seat
Accounting Specialist	1
Grand Total	1

AUTHORIZING RESOLUTION

RESOLUTION NO. _____

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE MARK TWAIN HEALTH CARE DISTRICT AUTHORIZING APPLICATION TO AND PARTICIPATION IN THE BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM ("BHCIP")

WHEREAS:

- A. The California Department of Health Care Services, through its contractor Advocates for Human Potential, Inc., ("Department") has issued a Request for Applications, dated October 20, 2022 ("RFA"), for the BHCIP Program ("Program"). The Department has issued the RFA for Program grant funds pursuant to Welfare and Institutions Code Sections 5960-5960.45.
- B. **Mark Twain Health Care District**, a public agency ("Applicant"), desires to apply for Program grant funds and has submitted an application for Program funds ("Application") to the Department for review and consideration.
- C. The Department is authorized to administer BHCIP pursuant to Welfare and Institutions Code Section 5960-5960.45. Program funding allocations are subject to the terms and conditions of the RFA, the Application, Standard Agreement ("Standard Agreement"), and all other legal requirements of the Program.

THEREFORE, IT IS RESOLVED THAT:

- 1. Applicant is hereby authorized and directed to submit an Application to the Department in response to the RFA, and to apply for Program grant funds in a total amount not to exceed \$3,322,198.
- 2. If the Application is approved, Applicant is hereby authorized and directed to enter into, execute, and deliver a Standard Agreement in a total amount not to exceed \$3,322,198 and all other documents required or deemed necessary or appropriate to secure the Program funds from the Department and to participate in the Program, and all amendments thereto (collectively, the "Program Documents").
- 3. Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Standard Agreement. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Standard Agreement. Funds are to be used for the allowable expenditures and activities identified in the Standard Agreement.
- 4. **Darrie Gillespie, Chief Executive Officer**, (the "Authorized Signatory"), is authorized to execute the Application and the Program Documents on behalf of Applicant for participation in the Program; and Applicant further agrees and authorizes the Authorized Signatory to execute the Declaration of Restrictions and Performance Deed of Trust to be recorded against the Project located at 51 Wellness Way, Valley Springs, CA 95252, as more particularly described in the Program Funding Agreement.

PASSED AND ADOPTED this 28th day of October, 2026, by the following vote
of the Corporation's Board of Directors:

AYES: [] NAYES: [] ABSTAIN: [] ABSENT: []

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

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____

[NOTICE AND INSTRUCTIONS APPEAR ON THE FOLLOWING PAGE]

**RESOLUTION OF
THE BOARD OF DIRECTORS
OF
MARK TWAIN HEALTH CARE DISTRICT**

Whereas, the Employer has the power to amend the Plan, on ____/____/____, the following resolutions to amend the Mark Twain Health Care District 401(k) Plan (the Plan) were duly adopted by unanimous consent in lieu of a meeting of the Board of Directors of Mark Twain Health Care District, and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of Plan presented is a Cash or Deferred Profit Sharing Plan as authorized under Internal Revenue Code sections 401(a), 401(k), 402(g), 401(m) and 501(a). This amendment shall be effective August 18, 2026.

RESOLVED, that the Mark Twain Health Care District 401(k) Plan (the Plan) presented is hereby adopted and approved and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more counterparts of the Plan.

RESOLVED, that the proper Officers of the Employer shall act as soon as possible to notify employees of the Employer of the amendment of the Plan.

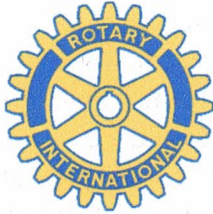
RESOLVED, that effective August 18, 2026, Randall Smart, M.D. is hereby removed as a trustee of the Mark Twain Health Care District 401(k) Plan (the Plan) and that the proper Officers of the Employer shall act to notify Randall Smart, M.D. of such removal.

RESOLVED, that effective August 18, 2026, Darrie Gillespie shall be appointed as a Trustee of the Mark Twain Health Care District 401(k) Plan (the Plan) further, that the proper Officers of the Employer shall act to notify Darrie Gillespie of this appointment.

NOW THEREFORE, the undersigned certifies that these are true and correct copies of the resolutions approved and adopted by the Board of Directors of the Employer on the date first written above.

Secretary

Date



San Andreas Rotary Club

PO Box 1011 San Andreas, CA 95249

President:
Sherri Reusche

Treasurer:
Scott Bur

Secretary:
Dave Schmedes

501(c) 3: 6445428

To: Darrie Gillespie, CEO; Lin Reed, President; Debbie Sellick, Secretary; Lori Hack, Treasurer; Richard Randolph; and Johanna Vermeltfoort,

On behalf of San Andreas Rotary, we would like to thank you for your generous \$3000 sponsorship to our Ragin' Cajun event, which was held on Sat., April 25th, 2026. This annual event has been held for the past few years on Main St., San Andreas. The community attends each year, and we have included family-friendly events to allow families with kids to enjoy the day, too. The theme is "Cajun," with food, music and lots of vendors to support this theme. We partner with county resources and provide recognition banners to help our community understand how committed these resources are to their health and well-being. Mark Twain Health Care District provides such a great resource and excellent care to our county residents!

With your generous donation, we were able to provide to Hospice of Amador & Calaveras a check for \$4000 for services to Calaveras County Hospice patients and families. I spoke with Missy Hart from Hospice. She and her team were very thankful for the donation. 72 Calaveras County residents were assisted with Hospice care and programs last year. These programs include care and supplies not covered by insurance, grief support for families, especially for young parents and a "Grief Busters" program for youth. Volunteers are trained to look for self-harm red flags. Another special program is the First Responders/Veterans End of Life Memory where a memory bear in uniform with a recorded voice message is provided to the family. This year, the program has included a Quilt of Honor from Valley Springs. The Veterans Holiday Meal Kit program also serves meals to Calaveras County residents. The Last Wish Program provides a "last wish" to Hospice recipients.

Rural Hospice Programs receive less government funding for patients with limited resources. The distance and travel required of rural Hospice patients to resources can be difficult. Hospice of Amador & Calaveras has received the 5-Star Elite Honors award, one of few rural California Hospice programs, based on end-of-life surveys.

With the challenges of rural resources, Hospice of Amador & Calaveras work to fill this void for Calaveras patients. San Andreas Rotary feels that this program meets the definition for being a recipient of donations obtained from our annual Ragin' Cajun event.

We sincerely thank the Mark Twain Health Care District for approving your \$3000 sponsorship to allow for this generous donation. We would welcome the opportunity to present to the Board a more detailed accounting of how your sponsorship was used for Hospice services if requested.

Sincerely,

Nancy Hiteshew, Charter Member
San Andreas Rotary

4728 S Burson Rd
Valley Springs, CA 95252

209-772-2968