



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

**Meeting of the Board of Directors  
Mark Twain Medical Center Classroom 5  
768 Mountain Ranch Rd,  
San Andreas, CA**

**Wednesday April 26, 2023  
9:00 am**

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

## **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:**
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 of 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 or member of the public 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. Un-Approved Minutes:**

- Un-Approved Finance Committee Meeting for March 15, 2023:
- Un-Approved Board Meeting for March 22, 2023

**B. Correspondence**

- “Frogtown” – 39th DAA Thank You (3-23-2023):
- Support Letter – Hire Doctors – SB 785 (4-4-2023)

6. **MTHCD Reports:**

**A. President’s Report**..... Ms. Reed

- **Association of California Health Care Districts (ACHD) April 2023 Advocate:**
- **Meetings With MTHCD CEO:**
- **California Advancing & Innovating Medi-Cal Program (Cal Aim):** .....Ms. Hack

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

**C. MTMC Board of Directors** ..... Ms. Reed

**D. Chief Executive Officer’s Report**.....Dr. Smart

- **General Comments:**
- **Strategic Planning & Projects Matrix:**
- **Grant Report:**
- **Diede Construction Inc: MTMC Window Proposal:**
- **VSH&W Center – Policies and Forms:** Public Comment – **Action**
  - Policies for April 2023 Valley Springs Health & Wellness Center:

**Revised Policies**

Accounts Payable

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

- Audiogram
- Holter Monitor Testing
- Instrument Cleaning for Sterilization
- Org Chart
- Standardized Procedure for Glucose Testing
- Standardized Procedure for Hemoglobin Assessment
- Standardized Procedure for Physical Examinations
- Standardized Procedure for Pregnancy Testing of Patients on Contraception
- Standardized Procedure for Pulse Oximeter
- Standardized Procedure for Strep A
- Standardized Procedure for Urinalysis for Pregnant Patients
- Standardized Procedure for Visual Acuity Testing
- Urinary Catheterization
- Urine Collection-Clean Catch Female
- Urine Collection Clean Catch Male

- **Program Manager:**..... Ms. Stanek

**E. VSHWC Quality Reports** ..... Ms. Terradista

- Quality –March 2023:
- MedStatix – Mar. 2023:

**7. Committee Reports:**

**A. Finance Committee:**.....Ms. Hack / Mr. Wood

- **Financial Statements** – Mar. 2023: Public Comment - **Action**

**B. Ad Hoc Policy Committee** ..... Ms. Hack / Ms. Vermeltfoort

- **District Policies Presented for 30-day Review:**
  - Policy # 3 Term of Office:
  - Policy # 18 Compensation of the Chief Executive Officer (CEO):
  - Policy # 19 Public Records Request:
  - Policy # 20 Records Retention:
  - Policy # 21 Amendments To Policies, Procedures & Waiver of Policies

C. Ad Hoc Community Grants..... Ms. Sellick / Ms. Reed

- San Andreas Fire District: Public Comment - Action
- Calaveras County Search & Rescue: Public Comment - Action
- San Andreas Rotary-Ragin Cajun: Public Comment - Action

D. Ad Hoc Community Engagement Committee..... Ms. Reed

E. Ad Hoc Real Estate:..... Mr. Randolph

F. Ad Hoc Personnel Committee..... Ms. Reed / Ms. Vermeltfoort

1. Closed Session: Chief Executive Officer (CEO) Annual Evaluation:

- Public Performance Evaluation. Pursuant to Gov. Code Section 54957:

2. Reconvene to Open Session:

- Report of Action taken (if any) in Closed session:

8. **Board Comment and Request for Future Agenda Items:**

A. Announcements of Interest to the Board or the Public:

- SA Rotary Ragin Cajun - April 29, 2023
- Mr. Frog Bicycle Ride for Feeney Park Foundation - May 6, 2023:

9. **Next Meeting:**

- The next MTHCD Board Meeting will be Wed. May 24, 2023 at 9am.

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

**Traci Whittington is inviting the Public to a scheduled Zoom meeting.**

**Topic: April 26, 2023 MTHCD Board Of Directors Meeting**

**Time: Apr 26, 2023 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/86847591352?pwd=d1BIUmIWTjhDTG5UbVZ4Y3lVaXBoUT09>**

**Meeting ID: 868 4759 1352**

**Passcode: 176316**

**One tap mobile**

**+16694449171,,86847591352#,,,,\*176316# US**

**+16699006833,,86847591352#,,,,\*176316# US (San Jose)**

**Dial by your location**

**+1 669 444 9171 US**

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**+1 253 215 8782 US (Tacoma)**

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**+1 719 359 4580 US**

**+1 507 473 4847 US**

**+1 564 217 2000 US**

**+1 646 931 3860 US**

**+1 689 278 1000 US**

**+1 929 205 6099 US (New York)**

**+1 301 715 8592 US (Washington DC)**

**+1 305 224 1968 US**

**+1 309 205 3325 US**

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**Find your local number: <https://us02web.zoom.us/j/kc96zuZi8B>**



P O Box 95  
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**Finance Committee Meeting  
 Mark Twain Medical Center Classroom 5  
 768 Mountain Ranch Road  
 San Andreas, CA 95249**

**9AM**

**Wed. March 15, 2023**

**Participation: Zoom - Invite information is at the End of the  
 Agenda**

**UN Approved 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. Hack at 9:02am

**2. Roll Call:**

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

**Quorum: Yes**

This Institution is an Equal Opportunity Provider and Employer  
 Minutes – March 15, 2023 MTHCD Finance Committee Meeting

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

Hearing none

Motion to approve the agenda by Mr. Randolph

Second: Ms. Hack

Ayes: 3

Noes: 0

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

Hearing none

**5. Consent Agenda: Public Comment - Action**

**A. Un-Approved Minutes:**

- Finance Committee Meeting Minutes for Feb. 15, 2023:

Motion to approve Consent agenda and minutes by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Noes: 0

**6. Chief Executive Officer's Report:**

The VSHWC settlement with CMS (Medicare) came in at over \$38,000.

- Hospital Lease – Electric Utilities:

The PG&E Gas bill for MTMC was \$84,000 in January. The February bill is \$32,000.

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Minutes – March 15, 2023 MTHCD Finance Committee Meeting

- Private Donor / Health Care District Foundation:

The articles of incorporation for Calaveras Wellness Foundation will be presented to the MTHCD Board of Directors. If approved, they will appoint the initial Board of Directors for the Foundation.

- BHCIP Application: Update:

Should hear answer by early April 2023.

### **7. Real Estate Review:**

Mr. Randolph and the accounting assistant are working on getting the backup for the CAM charges from the Property Management company.

### **8. Accountant's Report:**

- Feb. 2023 Financials Will Be Presented: Public Comment – Action

The new method of recording revenue is being implemented monthly. The fixed asset schedules have been updated and brought current, which accounts for the big jump in depreciation expense.

Motion to approve Feb 2023 Financials and I & R Report by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Noes: 0

### **9. Treasurer's Report:**

Nothing to report

### **10. Comments and Future Agenda Items:**

Ms. Bettinger found the Strategic Planning Meeting last week to be very beneficial.

This Institution is an Equal Opportunity Provider and Employer  
Minutes – March 15, 2023 MTHCD Finance Committee Meeting



**11. Next Meeting:**

Next Finance Committee Meeting will be April 19, 2023 at 9:00am

**12. Adjournment:** - Public Comment – **Action**

Hearing none

Motion to adjourn by Mr. Randolph

Second: Ms. Hack

Ayes: 3

Noes: 0

Time: 9:33am

**Traci Whittington is inviting you to a scheduled Zoom meeting.**

**Topic: March 15, 2023 MTHCD Finance Committee Meeting**

**Time: Mar 15, 2023 08:30 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/86436715107?pwd=bWJkQnJCVkIPdHNOR25zNzh1RFdDQT09>**

**Meeting ID: 864 3671 5107**

**Passcode: 534629**

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**Passcode: 534629**

**Find your local number: <https://us02web.zoom.us/j/kc1szkF6r0>**

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Minutes – March 15, 2023 MTHCD Finance Committee Meeting



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**Meeting of the Board of Directors  
 Mark Twain Medical Center Classroom 5  
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**Wednesday March 22, 2023  
 9:00 am**

Zoom - Invite information is at the End of the Agenda

**UN- Approved 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 services that provide high quality, professional and compassionate health care”.

**1. Call to order with Flag Salute:**

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

**2. Roll Call:**

Member	In Person	Via Phone/Zoom	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph			X	
Johanna Vermeltoort	X			

Quorum: YES

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

Laurel Stanek not available for report – Tina Terradista unavailable. Dr. Smart to give her report.

Motion to approve minutes by Ms. Vermeltfoort

Second: Ms. Hack

Ayes: 4

Noes: 0

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

Hearing none

5. **Consent Agenda:** Public Comment - Action

**A. Un-Approved Minutes:**

- Un-Approved Finance Committee Meeting for February 15, 2023:
- Un-Approved Board Meeting for February 22, 2023

Motion to approve consent agenda and minutes by Ms. Hack

Second: Ms. Vermeltfoort

Ayes: 4

Noes: 0

6. **MTHCD Reports:**

**A. President's Report:**

At yesterday's Health Hearing, AB 869 was unanimously approved at 14-0. Bill now goes into appropriations.

- **Association of California Health Care Districts (ACHD) March 2023 Advocate:**
- **Meetings With MTHCD CEO:**

Weekly meetings with the CEO to discuss The Calaveras Wellness Foundation and the AED project.

- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**

AB133 Grant of \$44 mil available to underserved communities.  
Money should be sent out to recipients by July 2023.

**B. MTMC Community Board Report:**

The Hospice program will be starting soon.  
Dr. Shetzline is back on staff.  
Working to repair flood damage at the Copperopolis Clinic.

**C. MTMC Board of Directors:**

January 2023 was the first above budget month in awhile.  
MTMC hiring Providers and Nurse Practitioners

**D. Chief Executive Officer's Report:**

- **General Comments:**

Oak Valley Health District in Oakdale is looking to hire a new CEO  
Community requests for grant money to be reviewed by the Grant Committee.  
MTMC window project – CPPA calculates the savings to be \$4,000/yr with the new windows.  
Looking for more bids.

- **Strategic Planning & Projects Matrix:**

- **Strategic Plan Meeting – March 10, 2023 Recap**

The Board decided these were the areas that are in the most need:

Behavior Health  
Chronic Disease Management  
Access to Care  
Dental Care

- **Grant Report:**

2020 Grant for COVID supplies has finally been approved for payment.

- **VSH&W Center – Policies and Forms:** Public Comment – **Action**

- Policies for February 2023 Valley Springs Health & Wellness Center:

**New Policies**

Silver Diamine Fluoride

Dental Walk-In Patient Policy

**Revised Policies**

No Show

Visual Acuity

Venipuncture

Withdrawal of Care

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

Abnormal Vital Signs

Follow Up Calls

Informed Consent

Initial Patient Contact and Medical Emergencies

Radiology Safety

Radiology Department Safety Guidelines

Service Animal

Supply Outdates

Telephone Request For Medical Information

Temperature – All Modalities

Transfer Of Patient – Chart Information

Use of Gloves

Vaccine Administration

Vendor Visitor Management  
Waived Testing – COVID-19 Rapid Test  
Waived Testing Quality Assurance  
Waived Testing - RSV Rapid Test  
Waived Testing - Strep A Direct Rapid Testing  
Waived Testing - Urinalysis Using Siemens Analyzer  
Waived Testing - Urine Pregnancy Testing  
Well Child Examinations  
X-Ray Orders

Motion to approve policies as listed by Ms. Hack

Second: Ms. Sellick

Ayes: 4

Noes: 0

- **Program Manager:**

Stay Vertical and RoboDoc are running smoothly and helping the community.

#### **E. VSHWC Quality Reports:**

- Quality – Feb. 2023:

Payer mix of Medi-Cal 60% Medi-Care 20%

1,422 Patient encounters. Down a bit from January as the Behavioral Health NP Psychiatry left the clinic.

The new Nurse Practitioners are doing very well.

A new Dentist to start soon.

- MedStatix – Feb. 2023:

Still keeping the Satisfaction rate high.

**F. District Foundation (Calaveras Wellness Foundation):**

- **Approval of Articles of Incorporation** Public Comment – **Action**

Motion to approve Articles of Incorporation for Calaveras Wellness Foundation by Ms. Vermeltfoort

Second: Ms. Sellick

Ayes: 4

Noes: 0

- **Appointment of Board:** Public Comment – **Action**

- Patricia Bettinger
- Michelle Phillips
- Peggy Stout

Motion to appoint initial Board Members as listed by Ms. Hack

Second: Ms. Vermeltfoort

Ayes: 4

Noes: 0

**7. Committee Reports:**

**A. Finance Committee:**

- Financial Statements – Feb. 2023: Public Comment – **Action**

The true-up of Depreciation makes the February Financials show a larger loss than there actually was.

Preparing for Budget discussions to come in the next month.

Motion to approve Feb 2023 Financial and I & R Report by Ms. Vermeltfoort

Second: MS. Sellick

Ayes: 4

Noes: 0

**B. Ad Hoc Policy Committee:**

Meeting today

**C. Ad Hoc Personnel Committee:**

Met yesterday regarding CEO annual evaluation. Meeting again 4/18/23.

This Institution is an Equal Opportunity Provider and Employer

Minutes March 22, 2023 MTHCD Board Meeting



**D. Ad Hoc Community Grants:**

Meeting soon to review grant requests.

**E. Ad Hoc Community Engagement Committee:**

Have not met

**F. Ad Hoc Real Estate:**

New Furnace in unit 704 – 101

Issued letter of non-payment to MTMC for unpaid CAM2 charges

**8. Board Comment and Request for Future Agenda Items:**

**A. Announcements of Interest to the Board or the Public:**

Mask mandate to end in May 2023

**9. Next Meeting:**

- The next MTHCD Board Meeting will be Wed. April 26, 2023 at 9am.

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

Motion to adjourn by Ms. Vermeltoort

Second: Ms. Hack

Ayes: 4

Noes: 0

Time: 10:25am

Traci Whittington is inviting you to a scheduled Zoom meeting.

**Topic:** March 22, 2023 MTHCD Board Meeting

**Time:** Mar 22, 2023 09:00 AM Pacific Time (US and Canada)

**Join Zoom Meeting**

<https://us02web.zoom.us/j/83003686828?pwd=Sk8vbW9qYUoyMjVqMTdJeVpXWjV1QT09>

**Meeting ID:** 830 0368 6828

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**Passcode:** 735933

**Find your local number:** <https://us02web.zoom.us/u/kck35k6825>

**Calaveras County Fair  
& Jumping Frog Jubilee  
May 18-21, 2023**



**FROG CHEERS  
for 130 years!**

Thank you for  
your sponsorship,  
Lance

Mark Twain Health Care District

04-07-2023

The Honorable Richard Roth  
Chair, Senate Business, Professions and Economic Development Committee  
1021 O St., Room 3320  
Sacramento, CA 95814

**RE: Senate Bill 784 (Becker) Healthcare District: Employment — SUPPORT  
Hearing Date 4/17/2023 Senate Business, Professions and Economic Development Committee**

Dear Senator Roth:

On behalf of the Mark Twain Health Care District, I write to express our support of Senate Bill 784, which would allow district hospitals to directly employ physicians without interfering with the professional judgement of the physicians they hire.

Mark Twain Health Care District encompasses all of Calaveras County and provides numerous health care services a partnerships through out the county.

One of our biggest challenges is hiring and retaining professional medical staff, physicians.

SB 784 is a modest approach to allow public district hospitals to effectively recruit and retain providers to their facilities, giving a small number of public hospitals a tool that has proven to be effective. California is one of only five states that still adheres to the Ban on the Corporate Practice of Medicine Doctrine. However, University of California and county hospitals have long enjoyed the ability to employ doctors as public providers regardless of their location.

SB 784 is about equity across public hospitals, that will increase our ability to provide primary and specialty care in our community. For these reasons, we support SB 784. Please don't hesitate to contact me at 209 754-4468 or randy.smart@mthcd.org if I can be of additional assistance.

Sincerely,

Randy Smart MD  
CEO, Mark Twain Health Care District

cc: The Honorable Josh Becker, Member, California State Senate  
All members, Senate Business, Professions and Economic Development Committee  
Sarah Mason, Consultant, Senate Business, Professions and Economic Development Committee  
Kayla Williams, Consultant, Senate Republican Caucus



# ACHD Advocate

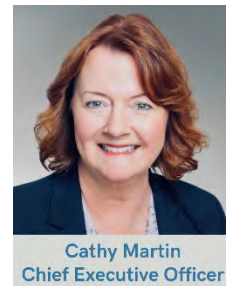
## April 2023

### What's New This Month:

- Your Voice Matters – [Support SB 784](#)
- Advocacy Update
- Healthcare District Reminders for 2023
- Upcoming Webinars: [What to know about Group Purchasing Organizations \(GPOs\)](#) & [ACHD 2023 Legislative Highlights Webinar](#)

### CEO MESSAGE

After a busy start to the year on the legislative front, the legislature has been out on spring recess this week. Lawmakers will return to Sacramento Monday for what is often considered one of the busier times of year in the Capitol. In case you missed it, ACHD issued a [Call-to-Action](#) to support our sponsored bill, **SB 784 (Becker)**. SB 784 will allow district hospitals to employ physicians directly, bringing about equity across public hospitals (state and county public hospitals have long enjoyed the ability to employ directly.) It will be heard in **Senate Business, Professions and Economic Development committee on April 17**. To assist district hospitals with voicing support, ACHD has created a [template letter](#) that can be customized with your hospital's information. Hearing directly from district hospitals will be impactful as this bill makes its way through the process. Letters are due by close of business **Monday, April 10**, and can be submitted through our [Call-to-Action](#) section on the ACHD website.



Cathy Martin  
Chief Executive Officer

Be sure to mark your calendars for [ACHD's 71st Annual Meeting](#), taking place September 13-15. This year, we will gather at [Everline Resort and Spa](#) in Olympic Valley. Our theme this year is **"Moving Mountains Together"**. Planning is currently underway, and we hope to open registration at the end of May.

Last, be on the lookout for an announcement soon regarding **ACHD's new website**. We are working with Growthzone.com to develop a fresh, modern website where you will be able to find all of the information we now feature and more. We are excited to launch the new site just in time for Annual Meeting registration.

I hope everyone is enjoying this welcomed spring weather! Please feel free to [reach out](#) to our team if ACHD can provide support or assistance with any issue.

## LEGISLATIVE UPDATE

The Legislature returns to Sacramento on Monday from spring recess. The next couple of weeks will be incredibly busy as hundreds of bills are set for hearing ahead of the upcoming policy committee deadlines. April 28 marks the last day for policy committees to hear and report fiscal bills in their first house, to appropriation committees. May 5 is the last day for policy committees to hear and report non-fiscal bills to the floor. May 12 is the last day for policy committees to meet before the house of origin deadline of June 2.

### **Bills of Note:**

#### **SB 784 (Becker): Healthcare District: Employment- ACHD Sponsored**

- ACHD is sponsoring Senator Becker's [SB 784](#), which would allow district hospitals to employ physicians directly. The bill is set to be heard in Senate Business, Professions & Economic Development Committee on April 17 at 10:30 am. The hearing can be [watched here](#). We highly encourage anyone to voice their support to the committee by submitting a letter. Letters will be due to the committee by April 10 at 5 pm. You can find the details on our [Call to Action](#) page.

#### **AB 869 (Wood): Hospital Seismic Safety- ACHD Support**

- [AB 869](#) has passed out of the Assembly Health Committee without opposition and has moved on to the Assembly Appropriations Committee. This bill would extend the deadline and offer relief to qualifying small, rural, and district hospitals meeting the Hospital Seismic Safety Act 2030 deadline. A hearing date hasn't yet been set, but we encourage everyone to show their support by submitting a support letter. You can use this [template letter](#) and submit it [here](#).

#### **AB 242 (Wood): Critical Access Hospitals: Employment- ACHD Support**

- [AB 242](#) has passed out of Assembly Health and Appropriations Committees unopposed. This bill would permanently allow critical access hospitals to employ physicians directly. The bill has been read a second time and is now on the consent calendar to be passed out of the Assembly floor.

#### **AB 1484 (Zbur): Temporary Public Employees- ACHD Oppose Unless Amended**

- [AB 1484](#) will be heard in Assembly Public Employment and Retirement Committee on April 14 at 9 am. This bill would prevent public providers covered under a collective bargaining agreement from utilizing temporary employees. ACHD has taken an Oppose Unless Amended position, and you can view our letter [here](#).

#### **SB 525 (Durazo): Minimum Wage: Healthcare Workers- ACHD Oppose**

- [SB 525](#) is set to be heard in Senate Labor, Public Employment and Retirement on April 12 at 9:30 am. You can watch the livestream [here](#). The bill would create a statewide \$25 minimum wage for all healthcare workers in any healthcare setting (including contractors) starting January 1, 2024. The minimum wage would also increase



annually by 3.5 percent or the Consumer Price Index, whichever is greater. ACHD's letter of opposition is available [here](#). Join the No on SB 525, [here](#).

## SPONSOR INSIGHT

ACHD's Bronze Corporate Sponsor [Best Best & Krieger \(BB&K\)](#) has published their annual [Healthcare District Reminders for 2023](#).

BB&K's experienced health care and public agency attorneys regularly counsel healthcare districts about governance and operations matters, as well as a wide range of transactions.

For more information, see [www.BBKlaw.com](http://www.BBKlaw.com).



## UPCOMING EVENTS

### [What to know about Group Purchasing Organizations \(GPOs\)](#)

April 25, 2023 | 10:00 - 10:30 am PST

**WHAT TO KNOW ABOUT  
GROUP PURCHASING ORGANIZATIONS (GPOS)**

Presented by: 

**WEBINAR**  
APRIL 25, 2023  
10 AM - 10:30 AM

  
**Lisa Arsecularatne**  
Region Director

  
**Lance Hengst**  
Zone Director



[Register Here](#)

### [ACHD 2023 Legislative Highlights Webinar](#)

May 18, 2023 | 10:00 - 11:00 am PST

# ACHD 2023 Legislative Highlights Webinar

May 18, 2023 - 10:00 AM (PST)

*Presented By:*

Sarah Bridge

ACHD Senior Legislative Advocate

Latifah Alexander

ACHD Government Affairs Coordinator



[Register Here](#)

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 76 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at [www.achd.org](http://www.achd.org).

Association of California Healthcare Districts  
[www.achd.org](http://www.achd.org)





Projected Start

**Behavioral Health (BH)**

VSHWC BH Team	established, expanding	
BH Grants	\$150,000	
BH VSHWC Construction	Application pending	Pending
Children's Advocacy Ctr	Review relationship	
CC Mental Health Advisory Bd	Attending & recruiting	Scheduled to present CHNA 8-23
CC Mental Health Services Act	Discussing: Mtg 4/1/23	In discussion
Combined Education	Planning	May-June 2023
MTMC Collaboration	Not started	Sept-Oct 2023
Community Outreach	Not started	11/1/2023 budget

**Chronic Disease Mgt**

VSHWC	established	Presented to staff
Diabetes Educator	established	Revising
Hepatitis Clinic	established/?partner	Growing
Hepatitis C screening	in planning	May-23
Health Fair Diabetes Screening	not started	Pending
Pulmonary Rehab Program	MTMC	
Cardiac Rehab Program	MTMC	
Wellness Center relationship	not started	June-July 2023
Defibrillator (AED) stations	not started	pending budgeting

**Access to Care**

VSHWC	established/ fully open	
Dental	VSHWC Doubled capacity	New Dentist
Senior Center Kiosks	not started	Sept-Dec 2023

**Dental Care**

VSHWC	100% staffed/open	
<b>Let's All Smile</b>	not started	Aug-23
Oral Health Coalition	established	
VSHWC Expansion	application submitted	

Requires funding

**GRANT SUMMARY**

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,715.86	\$ 67,715.85	\$ 67,715.86	1/31/2023	DONE	RECEIVED	NO	2020 Expenses
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 37,156.29	\$ 38,230.41	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$9,682.01
9	ANTHEM	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 105,163.14		Some	PORTION RECEIVED	NO	9 projects w/reporting
	(NON-COVID)	Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 29,477.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	ConferMed	\$ 15,000.00	\$ 15,000.00	\$ -	12/31/2023	None	RECEIVED		Online Referrals
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ 15,448.82			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
		ND	\$ 49,193.31	\$49,193.31				RECEIVED 2/24/22		
13	ANTHEM - Tyto Care	Remote Care - 4 Stations	\$ 12,077.80	\$ 12,077.80	\$ 12,077.80	N/A	N/A	SPENT		(Laurel) RoboDoc
14	HEALTHNET	Back to School	\$ 6,000.00	\$ 6,000.00	\$ -			RECEIVED		RoboDoc - T. Cook hrs.
15	HEALTHNET	Behavior Health	\$ 25,000.00	\$ -	\$ -	4/28/2023 - written	Midterm/Final	Approved	Possible	#SG2211 - Centene
16	HEALTHNET	RoboDoc/Let's All Smile	\$ 15,000.00	\$ 15,000.00	\$ -		None	RECEIVED		to support Community programs - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Co.	\$ 140,707.00	\$ 126,636.30	\$ 72,617.41	DONE	DONE	RECEIVED		Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
19	CPPA	Energy	\$ 30,000.00	\$ -	\$ -			Pending		
20	DXF	Data Exchange	\$ 50,000.00	\$ -	\$ -	2026	Yes	Pre-Application		VSHWC Expansion
21	BHCIP	BH Expansion	\$ 3,322,000.00	\$ -	\$ -		Yes	Pre-Application		Tree Damage
22	FEMA # 3	Storm Damage	\$ 14,072.00	\$ -	\$ 14,072.00			SUBMITTED		
<b>TOTALS</b>			<b>\$4,801,398.12</b>	<b>\$1,309,849.59</b>	<b>\$1,289,310.70</b>					4/21/2023 7:12 AM



PO Box 1007  
Woodbridge, CA 95258  
P 209.464.3352  
F 209.368.0600

# PROPOSAL

License Number 632667

04/10/23REV

Quote# S23-007

**Mark Twain Health Care District**  
San Andreas, Ca. 95249

209-728-7711/ randy.smart@mthcd.org

RE: Retrofit window Budget

### SCOPE OF WORK:

This is a budget price to replace existing windows in the main part of the existing building. All demo and prep and painting is included. Demo is assuming lead and asbestos in some of the windows. The new windows will be manufactured by All Weather Architectural Aluminum. The windows will be thermally broken dark bronze anodized aluminum with Low "E" insulated glass. The window manufacture has visited the jobsite and has recommended a Z-frame type window with the Z -fin overlapping the exterior. There is more investigation needed, All Weather and Diede Construction to have a plan and to proceed as this may affect pricing. The wood doors with glass will be the responsibility of others. We have included entrance type "G" . The "I" type windows will need the frame removed to the top of the existing steel frame and the entire window to be infilled with a new window.

- |                       |                         |                            |
|-----------------------|-------------------------|----------------------------|
| 11 — Type "A" Windows | 8 — Type "C" Windows    | 21 — Type "D", "I" Windows |
| 3 — Type "E" Windows  | 1 — Type "M" Patio Door |                            |
| 3 — Type "K" Windows  | 2 — Type "O" Windows    |                            |
| 1 — Type "G" Entrance | 6 — Type "L" Windows    |                            |

### EXCLUSIONS

1. Asbestos and lead testing
2. Permits
3. Prevailing wage

**Total Budget Price: \$455,670.00**  
**Price is good for 45 days.**

If this is broken up into phases the cost will be more.

A formal contract shall be written upon approval of the proposal.

Thank you for the opportunity.

## GENERAL PROVISIONS

GENERAL CONDITIONS: All material as specified. All agreements are contingent on strikes, accidents, delays or market conditions beyond our control. All work completed according to standard building practices. Any alteration or deviation from these specifications involving extra costs will be completed only upon signed, written orders and becomes an extra charge above the contract price.

This contract may not be amended, transferred, assigned, sold or in any manner hypothecated or pledged by either party.

INSURANCE: The Owner shall require the Direct Contractor to include the Owner as additional insured on the Contractor's liability insurance. Diede Construction, Inc. is a fully insured and bondable corporation. Our workers are fully covered by Worker's Compensation Insurance. Owner to carry Course of Construction Insurance.

PROPERTY INSURANCE: Unless otherwise provided in the Supplemental Conditions, Owners shall purchase and maintain property insurance upon the work at the site in the amount of the full replacement cost thereof (Subject to such deductible amounts as may be provided in the supplementary Conditions or required by Law or Regulations). This insurance shall:

1. Include the interests of Owner, Direct Contractor, Subcontractors, Engineer and Construction Manager, and any other individuals or entities identified in the Supplementary conditions, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them, each of whom is deemed to have an insurable interest and shall be listed as an insured or additional insured;
2. Be written on a Builder's Risk "All-Risk" or open peril or special causes of loss policy form that shall at least include insurance for physical loss or damage to the work, temporary buildings, false work, and materials and equipment in transit, and shall insure against all perils including Flood and Earthquake.
3. Include expenses incurred in the repair or replacement of any insured property insured in the repair or replacement of any insured property (including, but not limited to, fees and charges of engineers and architects);
4. Cover materials and equipment stored at the site or at another location that was agreed to in writing by Owner prior to being incorporated in the Work, provided that such materials and equipment have been included in an Application for Payment recommended by Engineer.
5. Allow for partial utilization of the Work by Owner;
6. Include testing and startup; and
7. Be maintained in effect until final payment is made unless otherwise agreed to in writing by Owner, Contractor, Engineer and Construction Manager with 30 days written notice to each other additional insured.

## NOTICE TO OWNERS

"Under the California Mechanic's Lien Law, any direct contractor, subcontractor, laborer, material supplier, or other person or entity that helps to improve your property, but is not paid for his or her work or supplies, has a right to place a lien on your home, land, or property where the work was performed and to sue you in court to obtain payment.

This means that after a court hearing, your home, land, and property could be sold by a court officer and the proceeds of the sale used to satisfy what you owe. This can happen even if you have paid your contractor in full if the contractors, subcontractors, laborers, or suppliers remain unpaid.

To preserve their rights to file a claim or lien against your property, certain claimants such as subcontractors or material suppliers are each required to provide you with a document called a "Preliminary Notice". Direct Contractors and laborers who contract with owners directly do not have to provide such notice since you are aware of their existence as an owner. A preliminary notice is not a lien against your property. Its purpose is to notify you of persons or entities that may have a right to file a lien against your property if they are not paid. In order to perfect their lien rights, a direct contractor, subcontractor, supplier, or laborer must file a mechanic's lien with the county recorder which then becomes a recorded lien against your property. Generally, the maximum time allowed for filing a mechanic's lien against your property is 90 days after substantial completion of your project.

## VERIFICATION OF FUNDS

Owner shall provide proof of funds dedicated to this project either by providing Lender information or by having funds in a separate account ear marked for this project. Evidence of such financing shall be a condition precedent to the General contractors continuing the work.

**Memorandum to District Board**

**FROM: District Staff**

**RE: MTMC Window Upgrade Project**

**April 10, 2023**

At the March District Board Meeting the Board requested further analysis of the project to include more contractor bids, clarification of ROI, and carving out the OSHPD (HCAI) areas of the project. The Board also requested a 90-day extension to the current bid which was subsequently approved by the contractor.

The purpose of this memorandum is to provide an update on the project anticipating further discussion and/or action by the Board:

1. Additional contractors were contacted and have not responded. No other bids so far.
2. Diede Construction has revised their bid based on the HCAI carve-outs, some clarifications, and an on-site visit by the glazing subcontractor:
  - a. The revised bid is for \$455,670 and is attached (previous bid \$594,500)
  - b. This is a non-prevailing wage bid
  - c. This bid does not include permitting (estimated at \$881)
3. Calaveras County has confirmed that permitting is required
4. CPPA
  - a. \$30,000 CPPA grant possible for the project
  - b. The calculated energy savings will be \$4000 per year
  - c. Return on investment is about 100 years (based on today's rates)
  - d. Assistance with California Energy Commission (CEC) Loan app for \$80,000 (1%, 20-yr)
  - e. CPPA meets again in August to consider grant applications
5. The project can be done incrementally, but costs would increase
6. We are in discussion with MTHCD attorneys regarding prevailing wage and contracting

When the CPPA grant and CEC loan are factored in, the MTHCD start-up costs are about

Diede Bid: \$455,670  
Permitting: \$881  
CPPA Grant: - \$30,000  
CEC Loan: - \$80,000  
\$ 346,551

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Accounts Payable	REVIEWED: 11/12/18; 8/13/19; 5/04/21: <u>4/3/23</u>
SECTION: Operations	REVISED: 8/13/19: <u>4/10/23</u>
EFFECTIVE: <u>5/4/26/2123</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Accounts Payable

**Objective:** To monitor the Accounts Payable system to ~~insure~~ensure accuracy, avoid duplication, and maintain an efficient record keeping system.

**Response Rating:**

**Required Equipment:**

**Procedure:**

General Information:

1. Invoices for supplies, equipment, utilities, and all Clinic expenses are paid by the Mark Twain Health Care District.
2. Invoices will be reviewed by the District’s bookkeeper for accuracy and duplicate charges/payments, ~~attached to a purchase order~~, and entered into the accounting system.
3. Packets will be submitted to the ~~Clinic Manager~~CEO for review and ~~comment~~approval.
3. ~~After review by the Clinic Manager, each invoice packet will be submitted to the Executive Director for review and approval.~~
4. As required, the bookkeeper will print checks for approved invoices.
5. Checks, with the ~~purchase order and~~ invoice attached, will be presented to Randy Smart, MD designated signer(s).
6. Expenses ~~in excess of~~ in excess of \$5,000 are subject to review and approval by the Finance Committee if not budgeted. Unbudgeted expenses of \$5,000 or above will be reviewed and approved by the Finance Committee and reviewed by the Board of Directors.
7. Checks will be released as funds permit, at the discretion of the ~~Executive Director~~CEO.

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Audiogram-Threshold	REVIEWED: 11/11/18; 9/14/19; 11/20/20; 8/25/21; 3/31/22; <u>4/3/23</u>
SECTION: Patient Care	REVISED: 9/14/19; 3/31/22
EFFECTIVE: <u>4/27/22</u> <del>4/26/23</del>	MEDICAL DIRECTOR:

**Subject:** Threshold Audiogram

**Objective:** To assess auditory status of patient

**Response Rating:** Minimal

**Required Equipment:** Audiometer, EMR

**Applies to:** All Personnel with documented audiometry training

**Policy**

Hearing screenings are a part of our comprehensive patient services. An audiogram may be required for pediatric physical examinations, pre-employment screening or for complaints of hearing loss, ear infections, trauma to the ear, ringing in the ears.

**Procedure**

1. As a part of the pediatric patient’s physical examination. Guidelines and frequency of screening to be determined by the provider in conjunction with the American Academy of Pediatrics recommendations for preventive pediatric health care located on the periodicity schedule.
  - A. If the screening is not performed per the recommended periodicity schedule, document in the EMR the reason. Example “patient unable to follow direction.”
  - B. If the screening is attempted and not performed, practitioner notation must be made with a plan for follow-up to rescreen.
2. Assemble the equipment
3. Ensure that the room is quiet and free of distractions (i.e. nearby conversations).
4. Explain the procedure to patient and demonstrate its use.
5. Inform the patient: “I am going to place the earphones over your ears. You will hear a variety of tones. Some will be high, some low, some loud some very soft. Whenever you hear, or think you hear one of

those sounds, push the button. Alternately, if it is a young child or a patient, unable to press a button, they may raise their hand. Lower your hand when you no longer hear the sound. Remember that though some of the tones will be easier to hear, others will be very faint. Therefore, you should listen very carefully and raise your hand whenever you think you hear the tone.”

6. Place the headset over the patient’s ears.
7. The routine hearing screening will be set at 20 decibels, to be tested at 1000, 2000, and 4000 Hz.
8. If the patient cannot hear at the threshold level on one of the tones, increase the decibel level by 10 and retest the patient to determine their hearing threshold.
9. Document the results in the EMR and the physical form. Include the threshold level required at each tone.
10. Mark hearing screen in EMR.
11. Report abnormal results to the practitioner.
12. Provide follow-up as directed (referrals, treatment plans, etc.), and document.



**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Holter Monitor Testing	REVIEWED: 02/10/2020; 5/04/21;5/3/22; <u>4/03/2023</u>
SECTION: Patient Care	REVISED: 5/5/22
EFFECTIVE: <u>5/25/22</u> <del>4/26/23</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Holter Monitoring, 24 Hr. (Outpatient)

**Objective:** For Advanced (24 Hour) Outpatient monitoring of patient heart rhythms

**Response Rating: Mandatory**

**Indications:** Continuous Non-activated Recorder (e.g. Holter Monitor): 24- to 48-hour continuous external unattended cardiac monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of cardiac arrhythmias.

**Required Equipment:** A Holter monitor with case and strap, a Holter monitoring kit which includes: Holter electrodes (5), Battery AAA (1), Patient Diary, Alcohol pad, Skin Prep Scrub, pencil, Gauze pad, access to Vision Express Software Program and a razor, if needed, Patient Acknowledgement Form, Holter Monitor Test Patient Guide.

**Procedure:**

1. Upon receipt of a signed Provider order, Staff will:
  - a. Provide the patient with a copy of the Holter Monitor Test Patient Guide and Holter Monitor Patient Acknowledgement Form.
  - b. The patient will be directed to the reception front desk to place a credit or debit card on file for at least the duration of the equipment loan.
  - b. The patient will review and sign the Holter Monitor Patient Acknowledgement Form and staff will scan the completed form into the EMR.
  - c. The staff will ensure that the Holter monitor has a legible “if found, please return to” tag attached to the Holter device.
  - d. The staff will schedule a follow-up nurse visit appointment for the patient to return for removal of the device after the ordered test duration is complete.
  - e. The staff member will initiate placement of the Holter monitor on the same day of the order by:
    - Preparing the Holter for a new patient test
    - Preparing the patient and placing the electrodes and monitor per protocol.
  - f. The staff will verify the patient has a complete understanding of the test and instructions.

2. When patient returns for the follow-up nurse visit:
  - a. Staff will remove the Holter monitor from the patient.
  - b. Staff will verify the unit has been returned in good working condition and signed off on the Patient Acknowledgement Form.
  - c. Staff will disinfect the Holter unit.
  - d. Staff will collect the patient diary for Provider review.
  - e. Staff will download the Holter information to the software per protocol.
  - f. Staff will document as needed in the EMR.
  - g. If patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Holter monitoring period to 48 hours. In this event, staff will verify electrode placement security.
3. It is understood that placement of the Holter monitor on a day the patient has been examined by the ordering Provider is preferred.
4. Charges will be entered upon placement of the Holter monitor, but the claim will be held until the device is returned by the patient.

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Instrument Cleaning for Sterilization	REVIEWED: 7/24/19; 2/18/21; 3/31/22: <u>4/3/23</u>
SECTION: Infection Control	REVISED: 3/31/22
EFFECTIVE: <u>4/27/22</u> <del>4/26/23</del>	MEDICAL DIRECTOR:

**Subject:** Instrument Cleaning for Sterilization

**Objective:** To prevent cross-contamination by killing infectious bacteria, viruses, yeasts, molds and bacterial spores.

Disposable sterile supplies will be used when possible but some instruments and suture sets will be sterilized by autoclaving.

Sterilization is the process of destroying all forms of microbial life including infectious bacteria, viruses, yeast, mold and bacterial spores. The first step of sterilization is cleaning. Dirt cannot be sterilized. Steam or gas cannot make contact with surfaces that have oils, grease, proteins, soap curds, blood, pus or feces on them. The instruments to be sterilized must be clean and ready to sterilize.

**Response Rating:** Mandatory

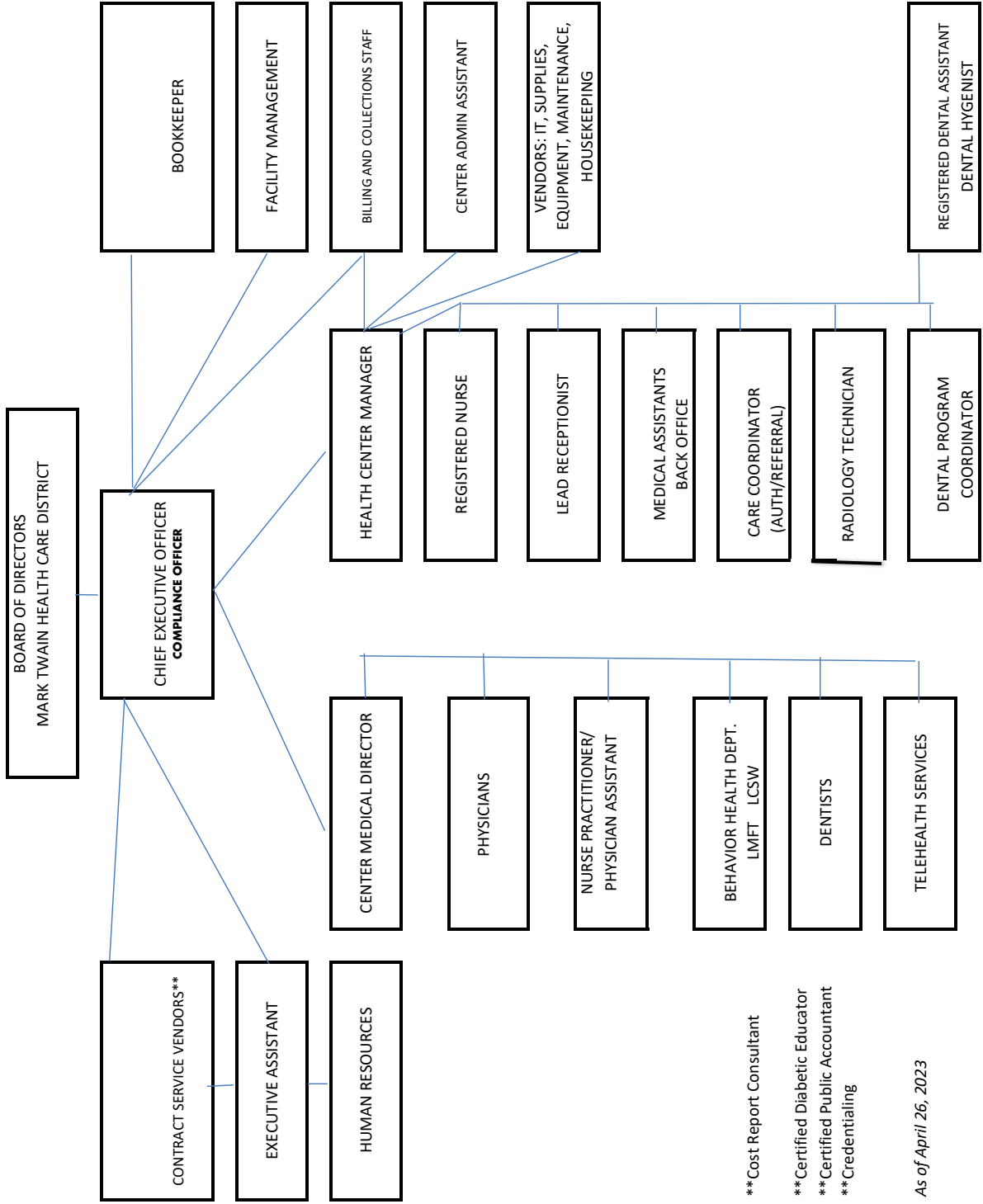
**Required Equipment:** Personal protective equipment (gloves, gown, face shield), brush, approved soap, approved instrument soaking solution at proper dilution

**Procedure:**

1. Items to be sterilized will be prepared as follows:
  - a. After rinsing, place dirty instruments in the designated “dirty” area of the utility room.
  - b. Rinse and soak for thirty (30) minutes in approved instrument soak.
  - c. Scrub the instruments with a brush, soap, and water until visible soil is removed. Serrated instruments will be scrubbed with special attention paid to the hinged area. Implements that can be broken down into parts should be broken down with the joints and clasps given close attention.

- d. Instruments will be rinsed in cold water, dried and set aside for sterilization.
- e. spray hinged instruments with lubricant and allow to dry.
- f. Single use implements will be properly disposed of after use. Single use implements are not to be cleaned or sterilized under any circumstances.

**VALLEY SPRINGS HEALTH WELLNESS CENTER**  
 51 Wellness Way, Valley Springs, CA 95252



\*\*Cost Report Consultant

\*\*Certified Diabetic Educator

\*\*Certified Public Accountant

\*\*Credentialed

As of April 26, 2023

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Glucose Check for Diabetic Patients	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 4/08/22; <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>4/27/22</u> <del>4/26/23</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Standardized procedure for glucose testing of diabetic patients

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with diabetes and returning for follow-up with a health care provider.

**Response Rating:**

**Required Equipment:**

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test for Random Blood Sugar determination and Hemoglobin A1C for all patients diagnosed with diabetes and presenting to the clinic for a follow up visit.

Testing for Random Blood Sugar is a recommended assessment of glycemic control in the management of diabetes (American Diabetes Association, 2013).

Testing for HbA1C is a recommended assessment of glycemic control in the management of diabetes. (U.S. Department of Health and Human Services, 2012).

The standard of medical care in Diabetes may be accessed through the linked websites located at the reference below.

**Reference:**

American Diabetes Association (2013). Standards of Medical Care in Diabetes. Diabetes Care ; 36 (S11-66). Retrieved from [http://care.diabetesjournals.org/content/36/Supplement\\_1/S11.full](http://care.diabetesjournals.org/content/36/Supplement_1/S11.full)

Diabetes HbA1C (Poor Control), U.S. Department of Health and Human Services Health Resources and Services Administration. Retrieved from <https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/diabetesmodule.pdf> August 8, 2018.

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Hemoglobin Assessment	REVIEWED: 6/1/19; 3/30/21; 3/24/22; <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>4/27/224/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Standardized procedure for the assessment for hemoglobin (use of HemoCue)

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with anemia and returning for follow up with a health care provider.

**Response Rating:**

**Required Equipment:**

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test of Hemoglobin determination for all patients presenting with a diagnosis of Anemia, all patients who will need a WIC (Women, Infant and Children) referral/appointment, and patients who require a CHDP physical examination and for whom a Hemoglobin Assessment is indicated based upon the current periodicity schedule.

Testing for hemoglobin has been recommended as a sensitive test for the assessment of iron deficiency anemia (USPSTF, 2006).

The US Preventative Task Force Screening Recommendation may be accessed through the link on the USPSTF website located at the reference below.

**Reference:**

U.S. Preventive Services Task Force (2006). *Screening for Iron Deficiency Anemia—Including Iron Supplementation for Children and Pregnant Women: Recommendation Statement*. Publication No. AHRQ 06-0589, May 2006. Retrieved from

(UPDATED n/d)

[https://www.uspreventiveservicestaskforce.org/home/getfilebytoken/c7NQCTUxonKVCR\\_B8nGq9y](https://www.uspreventiveservicestaskforce.org/home/getfilebytoken/c7NQCTUxonKVCR_B8nGq9y)





**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Physical Examinations	REVIEWED: 6/1/19; 2/20/20; 3/30/21; 3/24/22 <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED: 2/20/20
EFFECTIVE: <u>4/27/224/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Standardized orders for physical examinations (sports physical, post-offer physical, annual wellness exam).

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for a physical examination.

**Response Rating:**

**Required Equipment:**

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform components of physical examinations as found on the physical examination forms utilized in the Clinic. This includes:

- \*Vital signs (height/length, weight, blood pressure, respiration, temperature, body mass index, head circumference)
- \*Sensory screening (Snellen eye test, audiometry, Ishihara test for color blindness)
- \*Procedure/Test (capillary specimen collection for hemoglobin and/or blood glucose, capillary specimen collection for Blood Lead, testing of urine via approved urinalysis processes)
- \*Risk assessment/anticipatory guidance questionnaires (Tuberculosis, Lead, Tobacco, Nutritional, and Psychosocial-Behavioral), as well as completion of the age-range specific Staying Healthy Assessment (SHA) tool

Reference: [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Pregnancy Testing of Patients on Contraception	REVIEWED: 6/1/19; 3/30/21; 3/24/22; <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED: 3/30/21
EFFECTIVE: <u>4/27/22</u> <del>4/26/23</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Standardized procedure for pregnancy testing of patients on contraception

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients who will initiate or are maintaining a contraception method.

**Response Rating:**

**Required Equipment:**

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived Urine Pregnancy Test for all female patients in the reproductive age group who are initiating or maintaining a contraceptive method. Examples of forms of contraception are Intra-Uterine Devices (IUD), Depo- Provera Injections, Oral Contraceptive Pills (OCP), Birth Control Patch, Birth Control Rings, and Sub dermal Implants.

Known or suspected pregnancy is a contraindication for use of contraception. Urinalysis Pregnancy Testing is a recommended assessment of determining pregnancy status of a patient.

The contraindications for women in a contraceptive method may be accessed through the link website located at the reference below.

**Reference:**

Merck and Company (2012, Last Update: 10/2020, Revised 7/2021). Nexplanon Prescribing Information. Contraindications for Nexplanon. Retrieved from [http://www.merck.com/product/usa/pi\\_circulars/n/nexplanon/nexplanon\\_pi.pdf](http://www.merck.com/product/usa/pi_circulars/n/nexplanon/nexplanon_pi.pdf)

Pfizer (2011, Revised December 2020). DepoProvera Prescribing Information. Contraindications for Depo Provera. Retrieved from <http://labeling.pfizer.com/ShowLabeling.aspx?id=522>

Jansen ( 2012). Ortho EvraPatch Prescribing Information. General Precaution. Retrieved from <http://www.orthoevra.com/fullprescribeinfo.html>

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**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Pulse Oximeter	REVIEWED: 6/1/19; 3/30/21; 3/24/22: <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED: 3/30/21
EFFECTIVE: <u>4/27/22</u> <del>4/26/23</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Standardized procedure for Pulse Oximeter

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of respiratory distress.

**Response Rating:**

**Required Equipment:** Pulse oximeter, patient medical record

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform oxygen saturation measurement using Pulse Oximetry for all patients presenting with symptoms or previous diagnosis of any respiratory issues or respiratory distress such as difficulty breathing (dyspnea), shortness of breath and/or upper respiratory infection.

Pulse Oximetry is a procedure that allows a non-invasive measurement of arterial hemoglobin (Mechem, 2013).

The standard of medical care for respiratory distress may be accessed through the link website located at the reference below.

**Reference:**

Mechem, C. (Last updated: Mar ~~08, 2021~~, 2022). Pulse Oximetry. Retrieved from [http://www.uptodate.com/contents/pulse-oximetry?source=search\\_result&search=Pulse+oximetry&selectedTitle=1%7E150](http://www.uptodate.com/contents/pulse-oximetry?source=search_result&search=Pulse+oximetry&selectedTitle=1%7E150)



**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Strep A - Rapid	REVIEWED: 6/1/19; 3/30/21; 3/24/22: <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED: 3/30/21
EFFECTIVE: <u>4/27/22</u> <del>4/26/23</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Standardized procedure for Strep A Rapid (waived) testing

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of Strep A.

**Response Rating:**

**Required Equipment:** Rapid Strep A test kit

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Rapid Strep A testing using Henry Schein One Step + testing kits (swab using two (2) approved swabs) for all patients presenting as noted below with exceptions as stated:

1. Perform Rapid Strep for the following
  - a. If the patient is 3 years or older and sore throat is the only symptom
  - b. Obtain simultaneous throat culture if performing Rapid Strep for patients younger than 18 years old.
  - c. If Rapid Strep is positive, throw away culture swab in biohazard container.
  - d. If Rapid Strep is negative, send swab to the laboratory for throat culture.

2. Do NOT perform Rapid Strep for the following:

If Patient is younger than 3 years old and has cough, congestion, or runny nose.  
Rapid Strep A testing is an approved and commonly utilized method of quickly determining the presence *streptococcal* bacteria (Group A).

Reference: "Strep Throat". Mayo Clinic. Downloaded from <http://www.mayoclinic.org/diseases-conditions/strep-throat/diagnosis-treatment/diagnosis/dxc-20166050> on Dec. 17, 2020. Updated Novov 30, 2022

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Urinalysis on Pregnant Patients	REVIEWED: 6/1/19; 3/30/21; 3/24/22: <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>4/27/224/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Standardized order for Urinalysis on pregnant patients

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for obstetric patients.

**Response Rating:**

**Required Equipment:**

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test Urinalysis (Urine Analysis using Dipstick method) for all pregnant patients diagnosed presenting to the clinic for health provider visit.

Urinalysis Testing is a recommended assessment for presence of Bacteriuria, which is commonly asymptomatic in pregnant women.

The standard of medical care in pregnant women may be accessed through the link website located at the reference below.

**Reference:**

Hooton, T. & Gupta K. (2012). Urinary Tract Infections and Asymptomatic Bacteriuria in Pregnancy. Retrieved from [http://www.uptodate.com/contents/urinary-tract-infections-and-asymptomatic-bacteriuria-in-pregnancy?source=search\\_result&search=urinalysis+on+pregnancy&selectedTitle=1%7E150](http://www.uptodate.com/contents/urinary-tract-infections-and-asymptomatic-bacteriuria-in-pregnancy?source=search_result&search=urinalysis+on+pregnancy&selectedTitle=1%7E150)

Updated: June 15, 2022





**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Visual Acuity Testing	REVIEWED: 7/1/19; 3/30/21; 3/24/22; <u>4/03/23</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>4/27/224/26/23</u>	MEDICAL DIRECTOR:

**Subject:** Standardized procedure for visual acuity

**Objective:** To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with injury and/or pain of the eye.

**Response Rating:**

**Required Equipment:**

**Procedure:**

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform visual acuity testing for all patients presenting with a complaint of injury and/or pain of the eye.

Visual Acuity Testing is a useful assessment of determining patients that are reporting signs or symptoms of eye pain and/or eye injury; complaints of blurred vision; and patients with a complaint of red/itching eyes consistent with conjunctivitis.

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Urinary Catheterization	REVIEWED: 6/1/19; 3/29/21; 3/24/22; <u>4/03/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>4/27/224/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Urinary Catheterization

**Objective:** To remove urine from the bladder, catheterization of clinic patients will be performed by licensed personnel using sterile techniques upon receipt of written orders.

**Acuity Rating:** Minimal to Severe

**Required Equipment:** Sterile foley or temporary catheter, Mini Catheter Kit, KY Jelly, specimen container or drainage bag for collection.

**Applies to:** Providers or Registered Nurses only

**Procedure:**

1. Mini-cath: The purpose of the Mini-cath is to provide a sterile accurate urine specimen when a female patient is experiencing menses or vaginal discharge. This procedure should be performed on any female of childbearing age beginning or ending her menses or at the physician's request. The mini-cath may also be considered for a female who is not on her menses but complains of a discharge.
  - a. Label the specimen container with two patient identifiers (patient name and date of birth).
  - b. Obtain lubricating jelly and apply to a sterile 2x2 or on the sterile field from which you are working.
  - c. Put on the sterile gloves found in the catheter kit.
  - d. Loosen the cap on the specimen bottle and pull the catheter tube about ¾ of the way out of the bottle.
  - e. Cleanse the vaginal area with the iodine swabs provided in the kit, cleaning from the front of the vagina to the back of the vaginal area (one swab down the left, one swab down the right and the third swab down the middle).
  - f. Identify the urethral meatus.
  - g. Lubricate the catheter with lubricating jelly.
  - h. Insert the catheter inside the meatus about one to two inches.
  - i. Fill the specimen bottle with urine. Bottle should be at least ¼ to ½ full.
  - j. Remove the catheter from the patient.
  - k. Remove the catheter from the container and close.

- l. Tighten the lid on the specimen bottle, label the specimen, and place the specimen in a
- m. Biohazard bag.
- n. Remove the specimen to the lab area and complete the lab requisition, ensuring the provider has signed the document and included the diagnosis code(s).

2. **Foley Catheter:** The purpose of the Foley Catheter is to provide a continuing means for emptying the bladder to prevent infection, to keep incontinent patients dry, to allow restoration of normal bladder function, or to allow an accurate record of urine output.

- a. Secure the proper size catheter. Commonly used sizes are 18F (5 cc balloon) for adults, 8F or 10F for children (depending on the age of the child), 14F or 16F for the female patient, and 20F or 22F for the male patient. Ask the doctor for proper size.
- b. **Always employ sterile technique for this procedure.**
- c. **If the catheter has a 5cc balloon, always inflate the balloon to make sure it does not rupture, and that it stays inflated** To check, use 7-10cc's of saline to inflate balloon through the separate short tube. After checking, remove the solution from the balloon, leaving the syringe in place.

### 3. Female catheterization:

- a. Cleanse the genitalia using cotton balls soaked with betadine.
- b. Separating the labia with the index finger and thumb, clean from front to back, using a new cotton ball for each stroke
- c. Follow procedure for catheter insertion as stated in mini-cath using proper foley catheter.
- d. Inflate balloon and secure catheter to bag or drain bladder and remove catheter.

### 4. Male catheterization:

- a. Sit or stand by the toilet or have patient lie on exam table. (A wheelchair-bound person may stay in the chair and allow urine to drain into a bottle).
- b. Squeeze water-soluble lubricating jelly (not a petroleum-based products such as Vaseline) onto a sterile 4 x 4.
- c. Apply sterile gloves.
- d. Retract the foreskin if present and cleanse the head of the penis using 3-4 cotton balls and betadine.
- e. Rotate the small end of the catheter in the jelly and lubricate it from the tip down (about 2 inches).
- f. Hold the penis erect and away from the body. Do not hold too tightly, or the pressure will close off the urethra.
- g. Insert the catheter into the urethra, gently but firmly. When the catheter is about halfway in, it will meet resistance (a tight muscle). Continue to push gently until the muscle relaxes. **Never use force.** Having the patient take a deep breath will help to relax the muscle. Continue to insert the catheter until urine flows freely. Insert two more inches and inflate balloon if catheter is to remain in patient (secure catheter to foley bag).
- h. Tape the foley to the side of the leg to prevent traction being felt on the penis.

- h. Many male patients who require a catheter due to acute urinary obstruction due to enlarged prostate. As a result, resistance is almost always encountered. If this is the case, the procedure should immediately be discontinued and reported to the ordering practitioner.

**5. All patients:**

- a. If a record of volume is to be maintained, allow urine to flow into a measuring device such as a urinal (or the foley bag).
- b. If the catheter is not to remain in the bladder DO NOT INFLATE BALLOON but slowly remove the catheter. Once removed, hold the ends of the catheter with both hands to prevent urine spillage.
- c. Record the amount (if required) and appearance of the urine.
- d. Save a portion of the urine for lab use. Discard remaining urine into the toilet.
- e. Record in progress notes, including patient tolerance.

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Urine Collection-Clean Catch Female	REVIEWED: 6/1/19; 3/29/21; 3/24/22: <u>4/03/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>4/27/224/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Urine Specimen Collection

**Objective:** To obtain a urine sample for microscopic analysis.

**Response Rating:** Minimal

**Required Equipment:** Urine container labeled with two patient identifiers, antiseptic towelettes, gloves, urine dipstick, specimen container.

**Procedure**

1. Explain purpose and procedure to the patient.
2. Wash hands with soap and open specimen container, being careful not to touch the inside of the cup or lid.
3. Put on gloves.
4. Instruct the patient to do the following:
  - a. Insert tampon into vagina if menstruating or if requested by the physician.
  - b. Sit as far back on the toilet as possible and open legs.
  - c. Open towelettes.
  - d. With index finger and middle finger on one hand hold the layers of skin apart. Keep apart through the remainder of the procedure.
  - e. Wipe along side the opening from front to back. Repeat down other side. Then wipe down the middle and discard towelette into wastebasket.
  - f. Pass a small amount of urine into the toilet. Hold specimen cup a few inches from opening and catch urine in the cup. Do not overflow cup, 1/3 to 1/2 full is adequate.
  - g. Place lid on cup.
  - h. Remove tampon if used.
  - i. Wash hands.
  - j. Return cup to nurse or medical assistant.

**MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Urine Collection-Clean Catch Male	REVIEWED: 6/1/19; 3/30/21; 3/24/22: <u>04/03/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>4/27/224/26/23</u>	MEDICAL DIRECTOR:

**Subject:** Urine Specimen Collection

**Objective:** To obtain a urine sample for microscopic analysis.

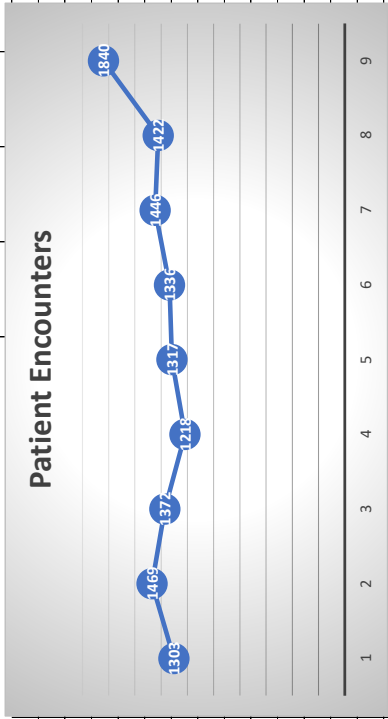
**Response Rating:** Minimal

**Required Equipment:** Urine container labeled with two patient identifiers, antiseptic towelettes, gloves, urine dipstick specimen container.

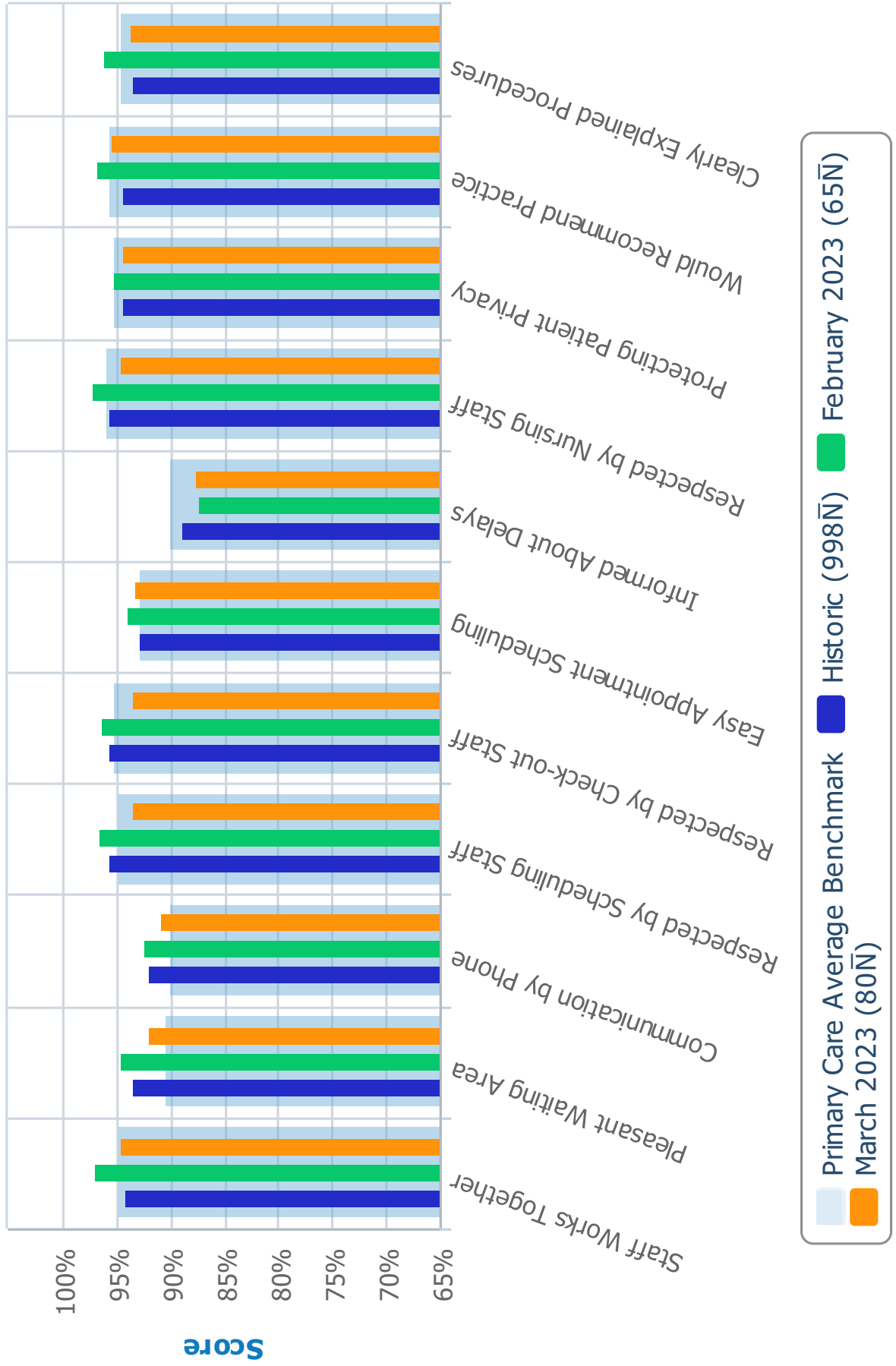
**Procedure:**

1. Explain purpose and procedure to the patient.
2. Wash hands with soap and open specimen container, being careful not to touch the inside of the cup or lid.
3. Put on gloves.
4. Instruct the patient to the following:
  - a. Wash hands.
  - b. Expose the penis as you normally do to urinate.
  - c. Open towelettes and wipe penis away from the opening. Discard the towelette in the wastebasket.
  - d. Pass a small amount of urine into the toilet and stop.
  - e. Hold specimen cup a few inches from the penis and fill the cup 1/3 to 1/2 full.
  - f. Place lid on cup.
  - g. Wash your hands.
  - j. Return cup to nurse or medical assistant.

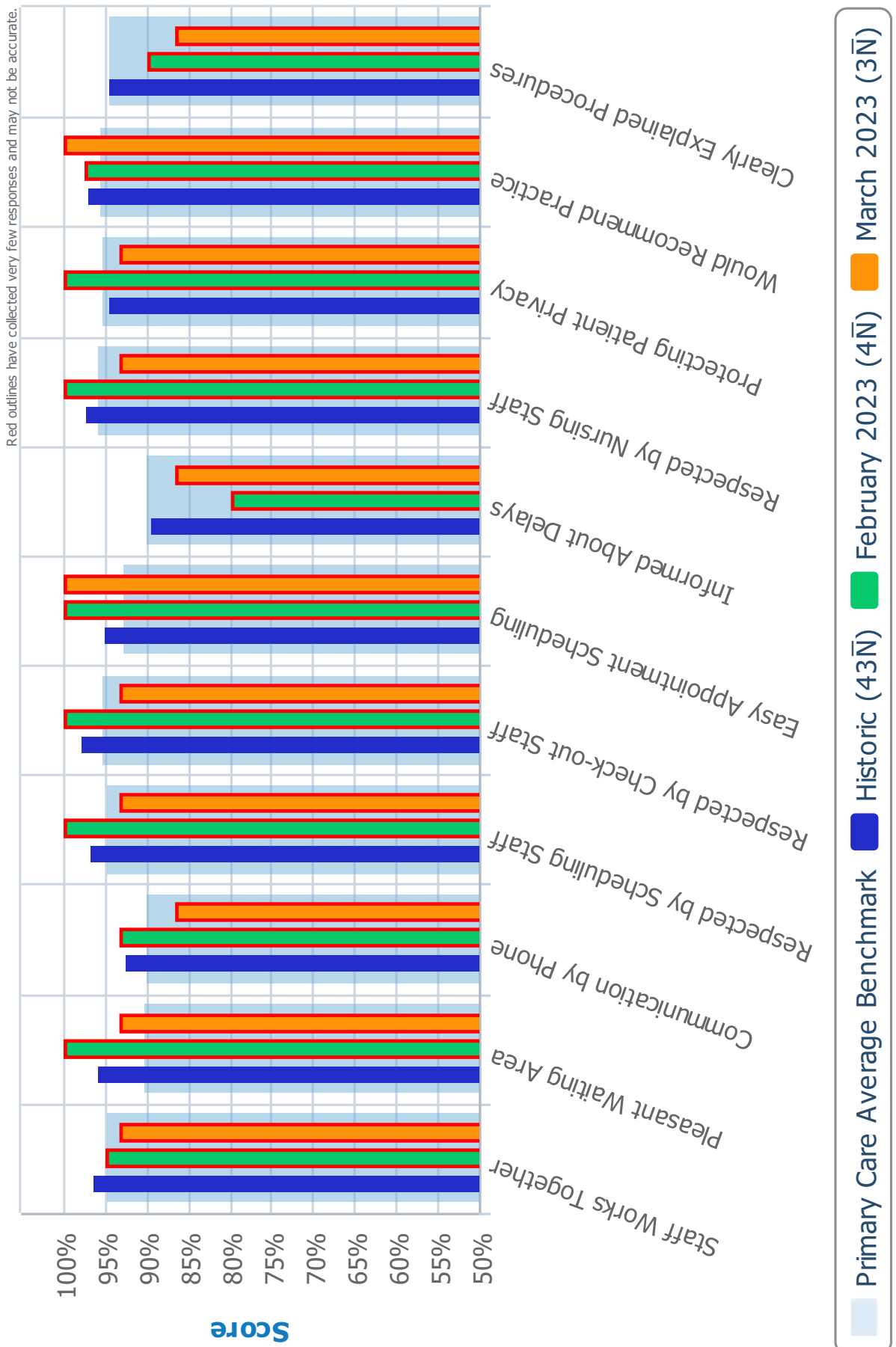
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32					
Quality Metric'	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Total	Fiscal YTD	MTD	Fiscal YTD	Historical																			
Patient Visits Total	1303	1469	1372	1218	1317	1336	1446	1422	1840				12723	12723																						
Medi-Cal	671	850	787	669	762	734	837	849	1056				7215	7215			57%																			
Medicare	342	357	330	314	320	338	314	260	369				2944	2944			20%																			
Cash Pay	13	12	15	14	12	17	20	9	7				119	119			0%																			
Other	277	250	240	221	224	247	275	304	408				2446	2446			22%																			
Pediatrics 0-16 yrs	119	212	190	166	265	228	204	252	307																											
Behavioral Health	128	185	148	149	145	173	214	172	179																											
Dental	122	141	128	99	110	93	143	136	171																											
Remainder	934	931	906	804	797	842	885	862	1183																											
Total Empanelled Patients	4621	4671	4738	4771	5397	5485	5571	5677	5870																											
Total New Patients SEEN	67	77	77	56	63	42	85	89	146																											
Total New Pt.'s REGISTERED	72	92	81	66	53	51	123	123	206																											
Patient Satisfaction									95%																											
Wait time for appointments									1-2 days																											
Patient No-shows	135	126	115	118	110	112	90	104	124																											
1-All Financial data in Finance Report								corrected																												

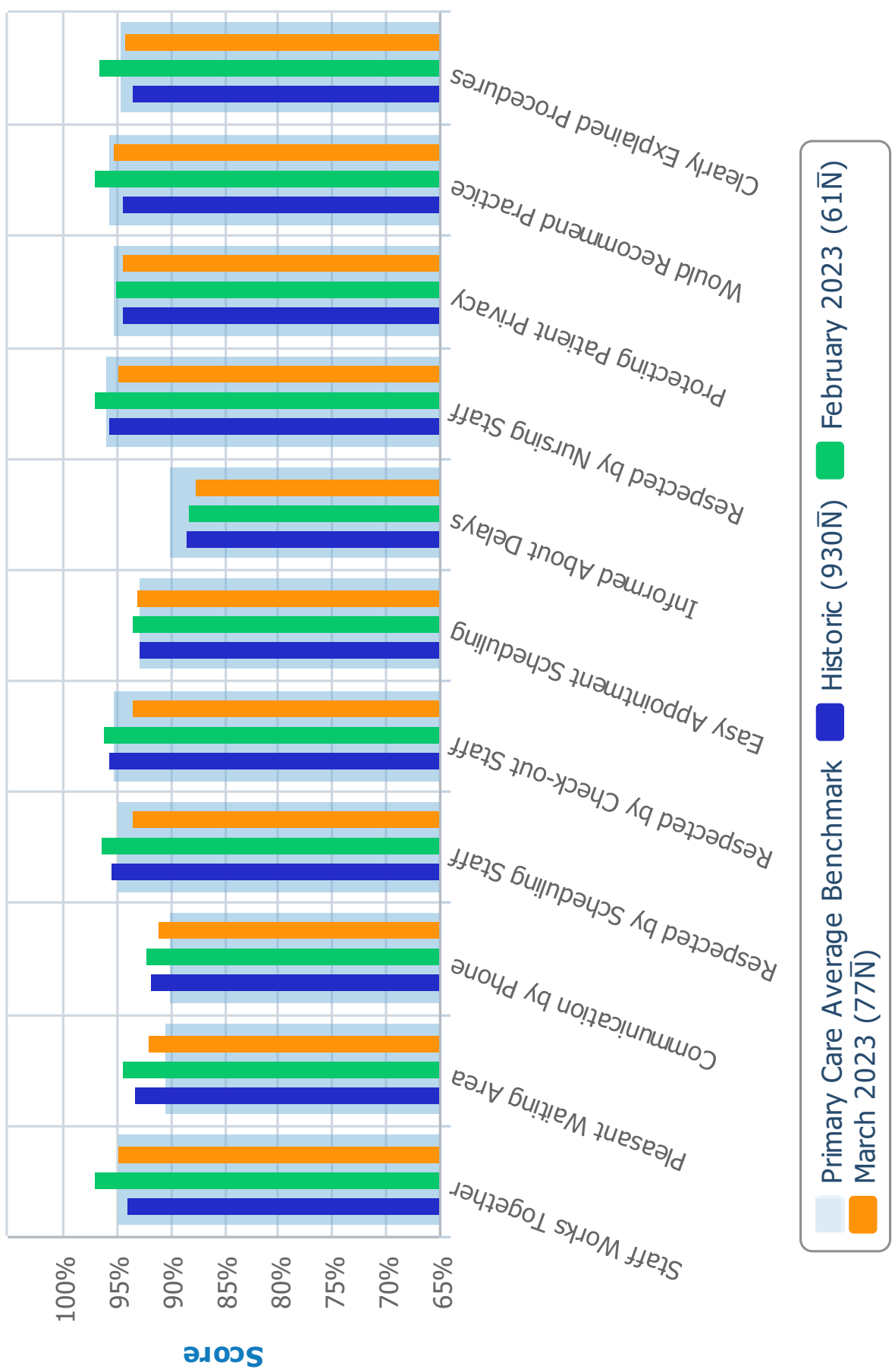














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**Agenda Item:** Financial Reports for March 2023  
**Item Type:** Action  
**Submitted By:** Rick Wood, Accountant  
**Presented By:** Rick Wood, Accountant

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**BACKGROUND:**

The March 2023 financial reports are attached for your review and approval.

- We continue to use the new process to record the clinic revenue and will take into account the fiscal year to date information, to always keep our numbers as current as possible.
- Clinic revenue is getting impressive 😊
- We've started doing some Foundation accounting and will get ready for when they receive their own Tax ID number.
- Traci and I still have some research to do on the clinic loans.
- Utilities are being reconciled to the new agreement with the hospital, and still very, very high!
- We have started the 2023 – 2024 budget process, stay tuned!!
- Our investment income is looking significantly better as the higher interest rates are impacting our interest income. This continues to be realized very quickly with our investment in the California CLASS program. We have already exceeded our annual budgeted revenue.

**Mark Twain Health Care District**

**Annual Budget Recap**

	<b>03/31/23</b>	<b>2022 - 2023 Annual Budget</b>				
	<b>Actual</b>	<b>Total</b>				
	<b>Y-T-D</b>	<b>District</b>	<b>Clinic</b>	<b>Rental</b>	<b>Projects</b>	<b>Admin</b>
Revenues	5,395,724	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	5,395,724	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(6,263,780)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Total Expenses	(6,263,780)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Surplus(Deficit)	(868,056)	463,237	(526,528)	213,028	(35,000)	811,737
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23			
	(304,048)	(1,003,063)	(868,056)			



Mark Twain Health Care District										
Rental Financial Projections		Rental								
		3/31/23								
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
9260.01	Rent Hospital Asset amortized	89,870	89,770	(100)	99.89%	808,829	809,371	542	100.07%	1078438
	<b>Rent Revenues</b>	89,870	89,770	(100)	99.89%	808,829	809,371	542	100.07%	1,078,438
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(98,929)	(35,595)	156.20%	(570,000)	(836,652)	(266,652)	146.78%	(760,000)
9520.85	Telephone & Communications	(3,750)	(182)	3,568	4.85%	(33,750)	(4,778)	28,972	14.16%	(45,000)
9520.72	Depreciation	(8,777)	(8,677)	100	98.86%	(78,992)	(97,328)	(18,337)	123.21%	(105,322)
9520.82	Insurance									
	Total Costs	(75,860)	(107,788)	(31,928)	142.09%	(682,742)	(938,759)	(256,017)	137.50%	(910,322)
	<b>Net</b>	14,010	(18,018)	(32,027)	-128.61%	126,087	(129,388)	(255,475)	-102.62%	168,116
9260.02	MOB Rents Revenue	18,905	17,973	(932)	95.07%	170,144	161,755	(8,389)	95.07%	226,859
9521.75	MOB rent expenses	(21,336)	984	22,320	-4.61%	(192,027)	(167,457)	24,570	87.21%	(256,036)
	<b>Net</b>	(2,431)	18,957	21,388	-779.66%	(21,883)	(5,702)	16,181	26.06%	(29,177)
9260.03	Child Advocacy Rent revenue	770	773	2	100.31%	6,931	6,953	22	100.31%	9,241
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(1,800)	0	1,800	0.00%	(2,400)
	<b>Net</b>	570	773	202	135.51%	5,131	6,953	1,822	135.51%	6,841
9260.04	Sunrise Pharmacy Revenue	1,854	1,872	18	100.97%	0	16,632	16,632	0.00%	22,248
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(1,800)	0	0	0.00%	(2,400)
	Total Revenues	111,399	110,388	(1,011)	99.09%	985,904	994,710	8,807	100.89%	1,336,786
	Total Expenses	(97,597)	(106,804)	(9,207)	109.43%	(878,369)	(1,106,216)	(227,848)	125.94%	(1,171,158)
	<b>Summary Net</b>	13,802	3,584	(10,219)	25.96%	107,535	(111,506)	(219,041)	-103.69%	165,628



Mark Twain Health Care District										
Projects, Grants and Support										
		3/31/2023								
			2019/2020	2020/2021	2021/2022	2022/2023	Month to-Date	Actual	Actual	Actual
			Actual	Actual	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(667,000)	(85,000)	(63,750)	(5,423)	(317,098)	373.06%
8890.00	Community Grants			(3,754)		(50,000)				
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)				(300,000)	
8890.00	Veterans Support			0	0		0		0	
8890.00	Mens Health			0	0		0		0	
8890.00	Steps to Kick Cancer - October			0	0		0		0	
8890.00	Ken McInturf Laptops			(2,571)						
8890.00	Doris Barger Golf			0	0		0			
8890.00	Stay Vertical			(14,000)	(14,000)	(35,000)	(26,250)	(5,423)	(17,098)	48.85%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	<b>Project grants and support</b>		<b>(465,163)</b>	<b>(20,325)</b>	<b>(667,000)</b>	<b>(85,000)</b>	<b>(26,250)</b>	<b>(5,423)</b>	<b>(317,098)</b>	<b>373.06%</b>

Mark Twain Health Care District										
General Administration Financial Projections										
		3/31/23				ADMIN				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
9060.00	Income, Gains and losses from investments	8,333	34,119	25,785	409.42%	75,000	217,649	142,649	290.20%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	937,500	937,500	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		0				153,853			
9205.03	Miscellaneous Income (1% Minority Interest)		(6,736)			0	(32,872)			
	<b>Summary Revenues</b>	112,500	131,550	19,050	116.93%	1,012,500	1,276,130	263,630	126.04%	1,350,000
8610.09	Other salaries and wages	(21,644)	(20,486)	1,159	94.65%	(194,799)	(178,023)	16,776	91.39%	(259,732)
8610.10	Payroll taxes	(1,661)	(1,020)	641	61.42%	(14,951)	(7,063)	7,888	47.24%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(11,688)	0	11,688	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(9,080)	0	9,080	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	(195)	670	22.58%	(7,792)	(3,614)	4,178	46.38%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(1,948)	0	1,948	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(1,216)	3,835	24.07%	(45,458)	(10,677)	34,781	23.49%	(60,611)
	<b>Labor Costs</b>	(26,695)	(21,702)	4,994	81.29%	(240,257)	(188,700)	51,558	78.54%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(2,780)	1,387	66.72%	(37,500)	(26,927)	10,573	71.81%	(50,000)
8610.23	Legal	(417)	0	417	0.00%	(3,750)	(368)	3,382	9.81%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(1,811)	1,522	54.33%	(30,000)	(41,501)	(11,501)	138.34%	(40,000)
8610.05	Marketing	(667)	(209)	458	31.32%	(6,000)	(20,163)	(14,163)	336.04%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(1,500)	0	1,500	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(799)	34	95.90%	(7,500)	(5,777)	1,723	77.03%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(3,750)	(11,372)	(7,622)	303.25%	(5,000)
8610.69	Other- IT Services	(833)	(859)	(26)	103.13%	(7,500)	(8,506)	(1,006)	113.41%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(9,031)	0	9,031	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	0	5,000	0.00%	(45,000)	(39,278)	5,722	87.28%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(35)	632	5.25%	(6,000)	(15,997)	(9,997)	266.62%	(8,000)
8610.87	Outside Trainings	(417)	(1,414)	(998)	339.47%	(3,750)	(10,108)	(6,358)	269.55%	(5,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		0	0		0	(666)	(666)		
8610.90	Other Direct Expenses	(833)	(500)	333	60.00%	(7,500)	(3,900)	3,600	52.00%	(10,000)
8610.95	Other Misc. Expenses	-	0			0	(879)	0		
	Non-Labor costs	(18,753)	(8,408)	10,346	44.83%	(168,781)	(185,442)	(15,782)	109.87%	(225,041)
	Total Costs	(45,449)	(30,109)	15,339	66.25%	(409,038)	(374,142)	35,775	91.47%	(545,384)
	<b>Net</b>	67,051	101,440	34,389	151.29%	603,462	901,988	299,406	149.47%	804,616

# Mark Twain Health Care District

## Balance Sheet

As of March 2023

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	29,585
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	244,913
1001.40 Five Star Bank - MTHCD Checking	468,754
1001.50 Five Star Bank - Money Market	447,401
1001.60 Five Star Bank - VSHWC Checking	32,513
1001.65 Five Star Bank - VSHWC Payroll	23,108
1001.90 US Bank - VSHWC	81,918
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,335,038</b>
<b>Accounts Receivable</b>	
1201.00 Accounts Receivable	44,202
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
<b>Total Accounts Receivable</b>	<b>556,662</b>
<b>Other Current Assets</b>	
1003.10 CalTRUST Operational Reserve Fund	153,201
1004.10 CLASS Lease & Contract Reserve Fund	2,469,706
1004.20 CLASS Loan Reserve Fund	2,058,104
1004.30 CLASS Capital Improvement Reserve Fund	2,490,253
1004.40 CLASS Technology Reserve Fund	1,026,413
1150.05 Due from Calaveras County	516,360
1150.60 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	142,839
1205.51 Cash To Be Reconciled	37,510
<b>Total Other Current Assets</b>	<b>9,066,860</b>
<b>Total Current Assets</b>	<b>10,958,560</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	944,899

1221.00 Pharmacy Construction	48,536
1521.10 CIP Land	1,996
1521.20 CIP Buildings	24,921
1600.00 Accumulated Depreciation	-8,384,521
<b>Total Fixed Assets</b>	<b>6,826,772</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	362,609
1810.60 Capitalized Lease Negotiations	311,878
1810.65 Capitalized Costs Amortization	8,939
<b>Total Intangible Assets</b>	<b>320,818</b>
2219.00 Capital Lease	5,936,906
2260.00 Lease Receivable - Long Term	841,774
<b>Total Other Assets</b>	<b>7,462,107</b>
<b>TOTAL ASSETS</b>	<b>25,247,439</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000.00 Accounts Payable (MISC)	155,498
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>155,498</b>
2001.00 Other Accounts Payable (Credit Card)	27,306
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>27,306</b>
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	52,767
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	-3,443
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Others	2,000
2270.00 Deferred Revenue	84,580
<b>Total Other Current Liabilities</b>	<b>461,444</b>
<b>Total Current Liabilities</b>	<b>644,248</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	494,858
2128.02 Deferred Utilities Reimbursement	902,922
2129.00 Other Third Party Reimbursement - Calaveras County	312,500
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,595,028
2240.00 Lease Payable - Long Term	596,895
<b>Total Long-Term Liabilities</b>	<b>9,171,578</b>
<b>Total Liabilities</b>	<b>9,815,826</b>
<b>Equity</b>	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,069,119

Net Income	-868,056
Total Equity	<u>15,431,612</u>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>25,247,439</b>

**Investment & Reserves Report  
31-Mar-23**

Annual

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2022 Balance</b>	<b>2022/2023 Allocated</b>	<b>2022/2023 Interest</b>	<b>3/31/2023 Balance</b>	<b>Funding Goal</b>
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	13,406	903,219	
Capital Improvement Fund	12,000,000	2,436,516	0	53,737	2,490,253	
Technology Reserve Fund	1,000,000	1,003,323	0	21,902	1,025,225	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	61,739	2,469,715	
Loan Reserve Fund	2,000,000	2,006,647	0	51,429	2,058,076	
<b>Reserves &amp; Contingencies</b>	<b>19,600,000</b>	<b>8,744,275</b>	<b>0</b>	<b>202,213</b>	<b>8,946,488</b>	<b>0</b>

<b>Reserves</b>	<b>2022-2023</b>	
	<b>3/31/2023</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve Fund	903,219	13,406
<b>Total Cal-Trust Reserve Funds</b>	<b>903,219</b>	<b>13,406</b>
Lease & Contract Reserve Fund	2,469,715	61,739
Loan Reserve Fund	2,058,076	51,429
Capital Improvement Fund	2,490,253	53,737
Technology Reserve Fund	1,025,225	21,902
<b>Total Cal-CLASS Reserve Funds</b>	<b>8,043,269</b>	<b>188,807</b>

<b>Five Star</b>		
General Operating Fund	504,633	354
Money Market Account	447,401	6,275
Valley Springs - Checking	32,513	73
Valley Springs - Payroll	24,008	52
<b>Total Five Star</b>	<b>1,008,555</b>	<b>6,754</b>

<b>Umpqua Bank</b>		
Checking	29,585	0
Money Market Account	6,445	0.48
Investments	0	0
<b>Total Savings &amp; CD's</b>	<b>36,030</b>	<b>0.48</b>

<b>Bank of Stockton</b>	<b>244,913</b>	<b>41</b>
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<b>Total in interest earning accounts</b>	<b>10,235,986</b>	<b>209,007</b>
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<b>Beta Dividends 1</b>	<b>3,138</b>
<b>CSDA Training Scholarship</b>	<b>1,200</b>
<b>Anthem Rebate</b>	<b>4,230</b>

<b>Total Without Unrealized Loss</b>	<b>217,576</b>
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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 CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST 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.

**Term of Office:**

Each member of the Board of Directors, as elected, shall serve for a term of four (4) years, or until his or her successor is elected and has qualified. Each term shall expire when the successor takes office pursuant to Section 10554 of the California Elections Code.

In the event of a vacancy upon the Board of Directors please refer to *Policy No. 13: Appointments to the District Board*.

**Compensation of The Chief Executive Officer (CEO):**

The Chief Executive Officer (CEO) compensation shall be set by contract. The District Board shall review the Chief Executive Officer (CEO) performance ~~and compensation~~ and **contract** at least annually, or as otherwise provided in the Chief Executive Officer (CEO) employment contract.

- A. The following information or data should be considered in the Board’s decisions regarding the Chief Executive Officer (CEO) compensation:
  - 1. The salaries and duties of executive directors/chief executive officers of comparable health care districts throughout California;
  - 2. The salaries of comparable positions at similar for-profit and non-profit organizations.
  - 3. A performance tool will be used.
- B. **The Personnel Committee, as applicable, shall initiate a review and make a recommendation to the Board.**
- C. **Upon completion of the Personnel Committee’s annual appraisal a new employee agreement will be signed.**



## Public Record Requests:

Requests for public records will be responded to in accordance with the California Public Records Act (Government Code Section 6250, *et seq.*). The Chief Executive Officer is responsible for handling public records requests and may consult with legal counsel, as needed.

### **PUBLIC RECORDS REQUESTS:**

The District may charge a reasonable fee for copying records provided to the requesting party. The charge shall be \$0.15 **at fair market value** per page for normal size pages and shall be adjusted for odd-sized pages or copies that require special handling. The Chief Executive Officer or designee may waive the charge for incidental copies not exceeding 10 pages, that require minimal handling. Labor costs may be associated with digital or electronic copies. There shall be no charge for copies of documents provided as part of a public meeting.

If the request is expected to involve a significant amount of copies and effort, District staff may make an estimate of the cost, District staff may ask the requesting party to confirm that the proposed charge and delivery time are acceptable and to signify acceptance in a reasonable manner (written approval, email, etc.). District staff may require a deposit of the estimated cost before making copies. Once the requesting party has agreed to the estimated cost and delivery date, District staff will have the copies made and will deliver the copies when full payment is received.

If a person requests to inspect certain documents District staff will provide such an opportunity within a reasonable period after the request. The document inspection may, at District staff's discretion, be conducted under the supervision of a District employee. No documents may be tampered with in any way. Document(s) shall not be removed or copied without District staff permission.

## Records Retention

### SCOPE:

This Records Retention Policy applies to offices and facilities maintaining records and information of the Mark Twain Health Care District (the “District”).

This Document does not constitute the District’s policy with regard to public access to its records. The District’s policy entitled Records Retention Policy provides procedures and principles governing the public’s right to access public records.

### PURPOSE:

The purpose of this policy is to provide requirements and guidelines for managing the life cycle of all District records and information. The policy establishes a records retention program to apply efficient and economical management methods to the creation, utilization, maintenance, retention, preservation and disposal of all records used in the operations of District business.

All District records and information shall be retained and disposed of only in accordance with the retention periods specified in the District’s Records Retention Schedule. The Records Retention Schedule is the District’s official policy for information retention and disposal, and it is developed in accordance with all applicable state and federal laws and regulations, as well as good business practices.

### EXCLUSIONS:

The District recognizes certain documents have an historical significance and should be retained indefinitely. The District Chief Executive Officer is authorized to retain those documents.

### DEFINITIONS:

**Non-Records** – Material not usually included within the definition of records, such as unofficial copies of documents kept only for convenience or reference, working papers, appointment logs, stocks of publications and processed documents. Also, documents such as rough notes, calculations or drafts assembled or created and used in the preparation or analysis of other documents.

**Original Record** – The Original Record is a document on file in the District’s office. Every reproduction of an electronically stored document maintained by the District shall be deemed to be an Original Record pursuant to Government Code Section 34090.5.

**Public Records** – Any information relating to the conduct of the public’s business prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics.

**Records** – Any handwriting, typewriting, printing, photo stating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored.

## **RESPONSIBILITIES:**

The Chief Executive Officer Shall

- Appoint a person or persons to serve in the capacity of Records Retention Coordinator, with overall responsibility for implementing the Records Retention Policy for the District.

## **ADDITIONAL RETENTION POLICY GUIDELINES:**

### **A. Copies of Original Records**

Copies of Original Records may be maintained by the District's employees and Board Members in their own offices or elsewhere for convenient reference or other purposes. Such additional copies may be in the same format (paper, photographic, or electronic) or in a different format as the Original Record. In either case, they are considered duplicate records for retention purposes.

Employees and Board Members are cautioned, however, that on some occasions a duplicate record can become a "new" record and would, therefore, be subject to the records retention program. For example, when annotations of substantive value are made to a duplicate record, that record may attain value as a separate record, which may be considered a new "official" record for purposes of retention.

### **B. Long-Term Document Retention**

It is the District's policy to minimize the storage of documents in paper format for long-term retention periods. A long-term retention period is generally defined as a period of ten (10) years or more. For these retention periods, electronic media should be utilized as the primary means for storage. For those records with an established long-term retention period, the records should be electronically imaged immediately, or at the earliest time practical, and the paper copy should be destroyed. Under some circumstances, the Board of Directors may make the determination that the paper copy of a record should be kept for a period up to, but not exceeding, the retention period. In addition, where electronic storage is impractical for a particular record, long-term retention will be in the appropriate format.

### **C. Non-Records**

Non-records are not kept in the normal course of business, therefore, they may be disposed of at any time. However, if a non-record is retained as an integral part of a file or in conjunction with Original Records, then it shall be retained in accordance with the appropriate retention schedule.

### **D. E-mail Communications**

Electronic communications, including e-mail, are generally considered transitory in nature, and are not customarily kept or retained by the District as the primary means for preserving information for future reference. Personal e-mail messages and announcements are not related to District business,

copies or extracts of documents e-mailed for convenience or reference, internal e-mails created by employees on work-related topics which do not facilitate action (i.e., cover notes, etc.), and e-mails containing drafts, notes or inter-office memoranda that are not retained by the District in the ordinary course of business are examples of such transitory communications.

However, e-mails created or received by District employees and Board Members in connection with District business, or e-mails that facilitate action, such as initiation, authorizing or completing a transaction in connection with District business may constitute a public record and should be retained.

E-mails which do not constitute a public record may be periodically or routinely purged from the system without any necessary action of the sender or the recipient of the communications. If the content of an e-mail message constitutes a public record, employees and Board Members are required to migrate the document from the e-mail system to another platform or in another format for storage and retention, to be kept in accordance with the Records Retention Schedule.

#### **E. Electronic Data Retention**

All retained information must be stored in a manner designed to ensure its accessibility, integrity, confidentiality, authenticity, and legibility sufficient to ensure the integrity of the records for the specified retention period. Conversion from one storage medium to another will include adequate controls to support these requirements.

#### **F. Destruction/Disposal of Records**

Action by the Board of Directors of the District is not required for the destruction of documents in accordance with the Board-approved Records Retention Schedule. However, no records may be destroyed or otherwise disposed of except as provided in this policy and in compliance with the Records Retention schedule.

Pursuant to the provisions of Government Code §§60200 through 60203, and the guidelines prepared by the State Controller's Advisory Committee for Special Districts, the following qualifications will govern the retention and disposal of records of the District.

**Documents must be shredded in a manner which ensures confidentiality.**

#### **G. Records Retention Schedule**

The "Records Retention Schedule" is attached to this policy as Attachment. "A" and is incorporated herein by reference. This policy and the records Retention Schedule comply with the records retention guidelines provided by the California Secretary of State and may be updated from time to time.

## RECORDS RETENTION SCHEDULE

Title and Description of Records	Retention Period	Comments
<b>CORRESPONDENCE</b>		
General Public	3 years	
Reports	Active +3 yrs.	
<b>FINANCIAL</b>		
Non-Discharged Debt of the District and Related Documents	Permanent	Cal. Gov't Code 60201
Non-Personnel Expense Reports	4 years	Or until audited, which ever is first
Budgets	Permanent	
Billing/Accounting Reports	4 years	Or until audited, which ever is first
Budget Change Reports	4 years	Or until audited, which ever is first
Audits	4 years	Or until audited, which ever is first
Invoices (non fixed assets)	4 years	Or until audited, which ever is first
Fees/Receipts	4 years	Or until audited, which ever is first
Check Registers	4 years	Or until audited, which ever is first
General Ledgers	Permanent	
Grants	Active +2 yrs.	Active until end of grant year
<b>EQUIPMENT/SUPPLIES/ SPACE/CONSTRUCTION</b>		
Pending construction that the district has not accepted or as to which a stop notice claim legally may be presented	Permanent	Cal. Gov't Code 60201
Unaccepted bid or proposal for the construction or installation of any building, structure, or other public work	2 years	Cal. Gov't Code 60201
Construction Stop Notice	Active +2 yrs.	Cal. Gov't Code 60201
Purchase Request/Order	Active +4 yrs.	Active until items received (4 years if subject to audit)
Service Orders/Authorizations	Active +2 yrs.	Active until services performed
Vendor Information	Active +2 yrs.	Active until revised
Building Maintenance/Leases	Active +2 yrs.	Active until lease terminates
Inspection Reports/Moves/Space	Active +2 yrs.	Active until revised/rescinded/superseded
Equipment Maintenance	Active +2 yrs.	Active until maintenance completed
Hardware/Software Documentation	Active +2 yrs.	Active until revised/rescinded/superseded
Invoices for Fixed Assets (non real property)	Active +2 yrs.	Active until disposed of

## RECORDS RETENTION SCHEDULE

<b>PERSONNEL</b>		
Employee Records/Attendance Records/Applications	Active +7 yrs.	Active until employee leaves/terminates**
Compensation paid to District Employees, Officers or Independent Contractors	Active +7 yrs.	Active until employee leaves/terminates** Cal. Gov't Code 60201
Expense Reports of District Employees and Officers	Active +7 yrs.	Active until employee leaves/terminates** Cal. Gov't Code 60201
Employee/Officer Credit Card/Travel Expenses	Active +7 yrs.	Active until employee leaves/terminates** Cal. Gov't Code 60201
<b>POLICY/PROCEDURE/ ORGANIZATION</b>		
Documents Relating to: Formation/ Change of Organization/ Reorganization of the District	Permanent	Gov't Code 60201 requires that these records be permanently retained.
Ordinance adopted by the District	Permanent (5 Years for repeal ordinances)	Gov't Code 60201 requires that these records be permanently retained. However, an ordinance that has been repealed or is otherwise invalid or unenforceable may be destroyed 5 years after it was repealed or became invalid or unenforceable
Policies (All)	Active	Active until revised
Procedures (All)	Active	Active until revised
Mission Statements	Active	Active until revised
Meeting Minutes/Agendas/Resolutions	Permanent	See Gov't Code 60201
Audio Tapes of Meetings		Minimum 30 days/optional beyond that
Request for Proposals	3 yrs.	
Contracts	Active +4 yrs.	Active until contract is discharged (+4 if subject to audit). Cal. Gov't Code 60201
Plans and Goals	Active	Active until revised/rescinded/ superseded/Complete
Records subject to any pending request under PRA, regardless of whether the District maintains that the record is exempt from disclosure	Unless governed under another category, records should be retained until the request has been granted, or 2 years have elapsed since the District provided written notice to the requester that the request has been denied.	See Gov't Code 60201

## RECORDS RETENTION SCHEDULE

<b>RECORDS MANAGEMENT</b>		
Records Retention Schedule	Active	Active until revised
Records Destruction Authorization	4 yrs.	
<b>LEGISLATION/ REGULATIONS/ LEGAL</b>		
Legal Opinions	Permanent	
Law Suits/Small Claims	Active +2 yrs.	Active until litigation complete
Legal Opinions	Permanent	
FPPC Opinions	Permanent	
Conflict of Interest Forms	7 Years	
<b>MISCELLANEOUS</b>		
Title/Documents relating to Real Property Owned by the District	Permanent	Cal Gov't Code 60201

**Amendments To Policies, Procedures & Waiver of Policies:**

**AMENDMENTS TO POLICIES AND PROCEDURES** Policies and Procedures may be amended by resolution of the Board of Directors following the noticing of the proposed amendment, which will be attached, including language to be changed, at a regular or special meeting of the Board of Directors, and a vote by the majority of the District Board on the proposed amendments at a regular meeting occurring not less than thirty (30) days following the first meeting.

**WAIVER OF POLICIES.** Any provision of these policies (1) may be waived by the unanimous vote of the full District Board for any given action item and (2) may waive the 30-day implementation procedure.





**MARK TWAIN  
HEALTH CARE DISTRICT**

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

**Policy # 23 – Attachment # 2**

Decision Tree			Reviewer
For Requests for District Participation			
1. Is the project within the District Jurisdiction (County Borders)?	Yes, Go to Question 2		CEO No, reject.
2. Is the project health care?	Yes, Go to Question 3		CEO No, reject.
3. Is the project legal?	Yes, Go to Question 4		CEO No, reject.
4. Does the District have capacity, infrastructure, funding to do the project?	Yes, Go to Question 5		CEO No, refer to Grants committee
5. Is there liability to the District	No, Go to Question 6		CEO Yes. Check with District carrier
<b>6. REFER TO GRANTS COMMITTEE</b>	Yes. Refer to Board		Chair No, inform Board
Other Considerations: Is there history?			
Is it political?			
Is it a fundraiser? For what?			
Are there legal contracts, MOU's			
Is it within budget?			

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”.

This Institution is an Equal Opportunity Provider and Employer

Policy 23, Request-Public Funds Community Grants & Sponsorships (Att: 4 Agreement) (Resolution 2021-04 Approved by Board Aug. 25, 2021

"Blue Boy - 1861"



## SAN ANDREAS FIRE DISTRICT

P.O. BOX 88  
SAN ANDREAS, CALIFORNIA 95249  
(209) 754-4693  
Fax (209) 754-5322  
safpd@safpd.comcastbiz.net

March 17, 2023

The San Andreas Fire Protection District is seeking assistance from the Mark Twain Health Care District. The air bottles for our SCBA Breathing systems have a specified number of years that they can be used and still allow us to be in legal compliance with the standards set by the National Fire Protection Association and OSHA. The Air Bottles that we are currently using for our SCBAs will exceed that time frame this year. When that happens, we will no longer be in compliance with the NFPA standards

The Mark Twain Health Care District Board was kind enough in 2019 to approve a Grant for us to obtain new items vital for our continued operation. We are hoping that when the Board authorizes another Grant cycle that you will consider our need for assistance. The assistance amount we are requesting help with is:

30 SCBA Bottles      Cost at \$685 each      Total cost for bottles - \$20,550

Tax at 7 ¼ %      \$1,489.88

The total amount to replace all 30 SCBA Bottles will be \$22,039.88.

The San Andreas Fire Protection District strives hard to function within our Fiscal Means, but there are time when costs require us to reach out for assistance. Any assistance that you can provide us towards the replacement of the SCBA Bottles will be greatly appreciated.

Thank you,

Erie D. Young  
Fire Chief  
San Andreas Fire Protection District

## SEARCH AND RESCUE

*"To aid the lost, injured and imperiled"*

Dear Friends of Calaveras County Search and Rescue,

We are writing today to ask for your help in purchasing an equipment truck which will replace our current vehicle that is 30 years old.

The cost of this highly specialized truck is estimated to be over \$250,000. We are asking for your support in reaching this fundraising goal. Every donation is greatly appreciated and will make a huge difference in the lives of those who rely on our organization.

We are a 100% volunteer organization that provides search and rescue operations for the county 24 hours a day, 365 days a year. We respond to a wide range of emergency calls, including backcountry rescues and natural disaster response. Our team of volunteers is dedicated to saving lives. We need your support to purchase the equipment we require to carry out our mission.

The new equipment truck will allow us to continue our rapid response to emergencies by transporting equipment and medical supplies. The new vehicle will also ensure that our team and our equipment are safe and secure while responding to wilderness emergencies.

We are 501c3, not-for-profit organization. Your gift is tax-deductible. With your help Calaveras County Search and Rescue will continue to be prepared for any emergency. If you would like to make a donation or arrange a matching donation, please contact us at [fundraising@calaverasSAR.org](mailto:fundraising@calaverasSAR.org) or visit our website [www.calaverasSAR.org](http://www.calaverasSAR.org)

On behalf of the Calaveras Search and Rescue team we would like to thank you for your past support and look forward to hearing from you.

Sincerely, Calaveras County Search and Rescue Team  
Tax ID 94-3189527



Visit Our Website:  
**Calaverassar.org**

Contact Us:  
Calaveras County SAR Team  
P.O. Box 3090 Arnold, CA 95223  
(209) 813-0727

***Life Saving Work requires dependable Life Saving Equipment --- Calaveras County Search and Rescue is raising funds to replace its aging equipment truck.***

**The mission of Search and Rescue**

The Calaveras County Volunteer Search and Rescue (SAR) Team consists of 100% volunteers who operate under the direction of the Sheriff's Office. The Sheriff's Office also has Deputies assigned as Search and Rescue Coordinators. Our team members come from all walks of life and bring a variety of important skills and experience. Members include active and former fire service personnel, medical professionals, former members of the military and outdoor recreation enthusiasts. The one thing that they all have in common is the strong desire to serve the community through search and rescue efforts. The motto of the Search and Rescue Team is, "So that others may live". Calaveras County Volunteer Search and Rescue is funded 100% through donations and grants. SAR vehicles are typically owned by the Sheriff's Office and are maintained as part of the Sheriff's Fleet. However, repairs on the aging SAR vehicles are becoming excessive, costly, and often temporary.

The volunteer SAR team depends on donations and grants to perform its duties and to cover the cost of capital purchases which are not funded under the Sheriff's budget.

The Search and Rescue team reports to the Calaveras County Sheriff's Office. The Sheriff's Office determines when SAR is activated and is the authority for incident command under which SAR reports. SAR performs a variety of very important services that are organized as either a search or rescue activity. Here are examples that explain some of the things that SAR does.

Types of Search missions:

- Locating and assisting people who are missing or lost, often in the wilderness (hikers, hunters, mountain bikers, skiers, etc.).
- Searching for patients with cognitive issues who walk-away from a residence
- Assisting local law enforcement agencies with evidence searches

Types of Rescue Missions

- Helping injured hikers, mountain bikers, mountain climbers skiers and people traveling in the wilderness
- Technical rope rescue of injured rock climbers, people working on towers, people injured in steep terrain, etc.
- Avalanche rescue and recovery
- Welfare checks and resident transport in extreme weather conditions
- Swift water rescue and recovery

**A very recent example: *Swift water rescue on 12/31/22.***

The rains that Calaveras County experienced from 12/29/22 through 1/6/23 were like nothing that residents of the County had experienced in over a decade. In every part of the County, creeks quickly swelled to become streams, and streams quickly swelled to become rivers. Rivers jumped their banks and flooded streets and neighborhoods. On 12/31/22, the Calaveras County Sheriff's Office and Calaveras County Office of Emergency Services received urgent calls from almost every part of the County requesting assistance to rescue residents from flooded homes and cars that had been swept into dangerous flows. In the most dangerous situations, rescues required specially trained and uniquely equipped rescue teams who are trained to cross fast moving water to rescue people clinging to whatever would keep them above water. Calaveras County has two Swift Water Rescue teams that serve the entire county.

One team is the Ebbetts Pass Fire District. The other team is



Calaveras County Search and Rescue. On this particular day, the Calaveras County SAR Team had positioned their equipment truck and their swift water rescue team in an area near Valley Springs in anticipation that the flooding in that area would require their specialized rescue experience and equipment. When the call came that a partially submerged car was sighted in the Calaveras River with a person clinging to the roof, the Calaveras SAR team was just minutes away. Because they had their equipment truck with them, they were able to deploy its swift water rescue team with all the specialized equipment within minutes. And, before the person clinging to the car was swept away, the team was able to deploy and perform a rescue by sending two teams across the river and



bringing the driver safely to shore where an ambulance awaited. If the SAR team didn't have their equipment truck with them, they would not have the proper gear to perform the rescue and would have had to wait until the equipment arrived. This delay would have left the driver stranded unnecessarily.

After the successful rescue, James Bishop, a Swift Water Rescue Technician on the team commented that, *"one of the most important pieces of equipment that we depend on to perform our mission is our Equipment Truck."*

## How is the Search and Rescue equipment truck used?

The Search and Rescue equipment truck is the primary way that our team stores and transports urgently needed and highly specialized equipment used in a wide range of Search and Rescue operations. Some examples of equipment stored on our vehicle include:

- Equipment used in technical rope rescues (e.g. rescuing hikers that fall down a steep grade or a rocky cliff)
- Swift water rescue equipment (e.g. helmets, dry suits, personal flotation devices, specially designed ropes for use in moving water, inflatable boat and rafts.)
- Avalanche Rescue equipment including snowshoes, avalanche beacons, probes, and snow shovels.
- Patient transport equipment including a variety of specialized litters for transporting patients in the wilderness and for use over snow
- Medical equipment and supplies Radios, portable repeaters and electronic navigation equipment
- Generators
- Safety and personal protection equipment

## Why is an equipment truck critical to our mission?

When the team is called upon to perform a Search and Rescue mission, we bring enough equipment to respond to often unpredictable conditions and scenarios. The amount of equipment that we bring to an incident is vast. We bring enough equipment to achieve the mission objective while ensuring the level of safety and security necessary to protect the subject and rescuers involved in the mission.

## What do we use to transport our Search and Rescue equipment, now?

The equipment truck that Calaveras County SAR utilizes is older than some of the volunteers that serve on our team and is the oldest vehicle in the Sheriff's fleet. It will be 30 years old next year. The truck was provided to the team as a repurposed equipment vehicle. After decades of service, it is quickly reaching the condition where it may no longer be reliable for answering the call when the people of our county need it most.

Here is a description and photo of the truck that recently struggled in the snow near Arnold, CA.



- 1994 GMC 3500
- Configured and purchased by the Calaveras County Sheriff's Office in 1994 for the EOD (Explosives Ordnance Disposal Unit).
- The EOD unit used it to transport and store equipment, robots, x-ray equipment and hazardous material (Haz Mat) testing equipment. Occasionally, it was used for Haz Mat incident command post duties and to tow the department patrol vessel.
- It was transferred to the SAR team after it was already 15 years old and the Sheriff's EOD unit had acquired a replacement vehicle better suited for their mission.
- Since then, the SAR Team has improvised to use it as the primary vehicle for transporting equipment

Here are a few examples of problems that tell us it is finally time to be replace this vehicle:

- Due to the vehicle's age and deteriorating condition, it has required regular repairs. It is expected that a vehicle built in 1994 will have increasing maintenance issues as the components will need to be replaced due to failure associated with age and normal fatigue from prolonged use. Replacement parts are harder to find, resulting in the potential for long term periods of the vehicle being out of service.
- Major performance problems include the loss of engine power and unreliable 4-wheel drive activation.
- Ongoing electrical drainage issues require that a member of the SAR team must **manually disconnect/reconnect** the electrical system to the battery before and after each mission. Failure to do so results in the vehicle being unable to start.
- Storage compartments have **water leaks**. Equipment has had to be retired and replaced due to water damage.

### What is needed to ensure SAR continues to perform its mission?

Calaveras County Search and Rescue needs a reliable and functional equipment truck that is capable of carrying the vast quantities of equipment and supplies that we depend on to perform our mission. We require the ability to transport and store properly organized and easily accessed equipment to support the scenarios that we are called to respond to. We need a vehicle that is built to perform in the challenging environment of Calaveras County where we experience snow and flooding during the winter and perform in mountainous and often unpaved terrain all year long. The majority of Search and Rescue teams throughout California deploy an equipment vehicle that is purposely built for Search and Rescue. Here are just a few examples of what SAR teams in other counties use for their Equipment Truck:



### What will it cost?

After researching the cost of a new Search and Rescue equipment truck, we have determined that the cost can best be organized in three components:

**Vehicle platform** - We plan to purchase a Ford F450 chassis body. This is a specially configured vehicle that includes the engine power, drive train and passenger capacity and seating configuration that SAR requires.

**Utility Bed Built for SAR Equipment Storage** - The storage volume, container sizes, configuration and access (doors, movable and fixed racks and trays), are based on a design that is commonly used for Search and Rescue. To help keep costs low, the team is opting to leverage a mostly pre-designed and proven configuration that is close to being a standard build.

**Incidentals** - Incidental costs that are not typically included by the vehicle manufacturer, or the Utility Bed Builder include things like wiring for radios, equipment, emergency service lighting, and vehicle mounted equipment (e.g. winch, antennas, racks, hand and foot holds, etc.). Incidental costs also include painting, decals and striping to be consistent with Sheriff Office vehicles.

**Our total estimated cost**, including taxes and licensing is approximately \$250,000.

### **How do we plan to raise these funds?**

**Funding strategy** - The Calaveras County Volunteer Search and Rescue team plans raise funds through donations and grant funding. Calaveras County Search and Rescue is a not-for-profit 501c3 organization. We are seeking help from people and organizations that are interested in making a tax-deductible donation of any amount that would go 100% towards the purchase of this vehicle. By purchasing the vehicle using donations and grant funding, the purchase of the vehicle will not place a burden onto the Sheriff's Office budget.

We also believe that raising matching funds is a good way to encourage others to donate. So, we are seeking people and organizations who are interested in donating any amount \$5,000 or more that the team would promote as matching funds.

Our goal is to raise the funds necessary to place an order for a new equipment truck by the end of 2023. We realize that this is a lofty goal – but, one that is important to the people of Calaveras County.

In addition, we have a team of people researching grants that Calaveras Search and Rescue would qualify to receive and use for vehicle replacement. If you have information about applicable grants, please let us know.

**For additional information and inquiries, please email [fundraising@calaverasSAR.org](mailto:fundraising@calaverasSAR.org)**

## **Information about Calaveras County Search and Rescue and the campaign to raise funds to replace its Equipment Truck**

### **What is Calaveras County Search and Rescue?**

Calaveras County Search and Rescue is a registered 501c3 non-profit organization. It is 100% funded through donations and grants and receives no financial support from the Sheriff's Department or other County Agencies. The Sheriff's Office provides occasional assistance with some vehicle maintenance. Calaveras County Search and Rescue has a long and rich history of service to the residents of Calaveras County.

### **What is the Mission?**

The Calaveras County Volunteer Search and Rescue (SAR) Team consists of 100% volunteers who operate under the direction of the Sheriff's Office. The Sheriff's Office also has Deputies assigned as Search and Rescue Coordinators. Our team members come from all walks of life and bring a variety of important skills and experience. The motto of the Search and Rescue is, "So that others may live". Calaveras County Volunteer Search and Rescue is funded 100% through donations and grants. We augment local fire and medical service in the county while also providing search and rescue services that these organizations are not trained or equipped to do. While most fire rescue and medical first responders concentrate on residential areas, our training and equipment focuses on search and rescue response in remote and wilderness areas which makes up a majority of Calaveras County.

### **What is the Membership?**

Calaveras County Search and Rescue consists of approximately 35 volunteers. Most of our members are full time residents in Calaveras County. Our members include current and former healthcare professionals, current and former fire service professionals, members of law enforcement, outdoor recreation enthusiasts, and residents who simply want to give back to their community. Approximately 50% of our members are fully employed while 50% are retired or work part-time. Members of the team provide hundreds of hours of volunteer time to learn and train for search and rescue throughout the year. Formal training takes place each month. Members also provide hundreds of hours of service in the field each year responding to emergency incidents. Every member is required to provide certain personal equipment at their own expense. We are on-call 24 hours a day, 365 days a year. And, we respond in all weather conditions.

### **Facts**

Number of incident responses: During the past 8 years, Calaveras County Search and Rescue has averaged 23 incident responses per year. We provide Search and Rescue services for every part of Calaveras County. We are organized and operate under Incident Command System (ICS) protocols. This enables us to work collaboratively and integrate as necessary with fire and rescue, medical and law enforcement agencies throughout the county and state.



## **Types of incident responses for SAR**

Calaveras County Search and Rescue responds to a wide variety of incidents.

Examples of Search missions:

- Locating and assisting people who are missing or lost, often in the wilderness (hikers, hunters, mountain bikers, skiers, downed aircraft, etc.).
- Searching for patients with cognitive issues who walk-away from a residence or care facility.
- Assisting local law enforcement agencies with evidence searches

Examples of Rescue and Recovery missions

- Helping injured hikers, mountain bikers, mountain climbers, skiers, outdoor recreators and people traveling in the wilderness under any weather condition.
- Technical rope rescue of injured rock climbers, people working on towers, people injured in steep terrain, etc.
- Avalanche rescue and recovery
- Welfare checks and resident transport in extreme weather conditions
- Swift water rescue and recovery
- Recovery of human remains under Sheriff Office supervision.

Other missions:

- Medical first response by members of the team who are registered, certified and trained as Paramedics, EMTs and/or trained in Wilderness First Aid
- By request of California's Office of Emergency Services, Calaveras County Search and Rescue frequently responds throughout California and provides mutual aid support to search and rescue teams of other counties, Cal Fire and state agencies.
- In coordination with California's Office of Emergency Services, Calaveras County Search and Rescue deployed teams to participate in the search, identification and recovery of human remains in the burn zones of the Paradise Fire and the North Complex Fire in Butte County.

Locally, we work under the authority of the Calaveras County Sheriff's Office. Requests for Search and Rescue are typically dispatched through the County Sheriff's Office. County Sheriff's Office Deputies are assigned as the incident command under ICS. This is a typical organization structure for Search and Rescue throughout the State of California.

Beyond Calaveras County, the Sheriff's Office receives requests from California's Office of Emergency Services and Sheriff Departments of other Counties that have mutual aid agreements when there is a request for our search and rescue people and resources to be deployed outside of Calaveras County. More than 90 percent of the time, our services are leveraged within Calaveras County.

### **Why are we raising funds to replace our Equipment Truck?**

Our Search and Rescue equipment truck is approximately 30 years old. Our truck was originally purchased in 1994 by County Sheriff Explosive Ordinance Disposal Team (EOD). After the EOD purchased a new vehicle 16 years ago, it was transferred to the Search and Rescue Team where it was converted to an equipment truck. Due to its age and wear from service in some of the most rugged and remote areas of the county, the vehicle experiences frequent mechanical failures. Just last month, we responded to an urgent request for swift water rescue when our equipment truck broke down just blocks after leaving our facility. To continue our mission, we transferred gear to personal vehicles. Mechanical problems include the loss of 4-wheel drive, failure of transmission system, and loss of engine compression. Storage compartments are no longer weather resistant. We have had to discard and replace rescue equipment due to water damage.

### **Why is the equipment truck so important to our mission?**

When Calaveras County Search and Rescue is “called out” to respond to an incident, we typically transport over 2,000 lbs. of highly specialized search, rescue and medical equipment in our equipment truck. Without this equipment, we would have difficulty providing a quick and effective response in urgent or emergency situations. The majority of our search and rescue equipment is stored and transported in the equipment truck.

### **Fundraising Progress**

Calaveras County Search and Rescue began an organized campaign to raise funds to replace its equipment truck in February of 2023. We have a vehicle specification that is comparable to other Search and Rescue programs. We have collaborated with the Sheriff’s Office and numerous companies that “build” these highly specialized vehicles to confirm that a \$250,000 budget is realistic for a new replacement vehicle that meets the specification. The objective of the fundraising campaign is to raise \$250,000 before the end of 2023. Our goal is to place an order at the end of the year when fleet dealers begin taking orders for a specialized vehicle like this. Since the fundraising campaign started, we have raised approximately \$65,000.

Our fundraising strategy includes raising funds through a combination of individual donations, donations from local businesses and foundations, matching funds and grants. Our recent fundraising mailer has helped us get off to a good start. However, the average amount of donations from individual donors is \$62. We believe that partnering with local businesses and foundations such as Mark Twain Health Care District, will be critical to the success of our campaign because of their capacity to be significant contributors and their ability to help us inform a broad audience of our worthy cause.

### **Partnering with Mark Twain Health Care District**

We believe that there are opportunities for our two organizations to work synergistically where we have common goals and objectives. Like Mark Twain Health Care District, our mission is rooted in compassion and helping the people that we serve get access to health care and emergency resources. We often provide first response medical care in situations where our patients do not have immediate access to definitive health care. Our goal is to provide the health that they need and provide the initial transport that leads to definitive care. Regardless of whether or not Mark Twain Health Care District decides to participate as a donor, we would still welcome an opportunity to seek ways that we might work together to address the health and safety needs of the residents and visitors to Calaveras County.





**Peggy Stout**

**From:** Debbie Sellick <debbiesellick@live.com>  
**Sent:** Wednesday, March 22, 2023 7:47 AM  
**To:** Peggy Stout  
**Subject:** Sponsor

San Andreas Rotary's Annual  
**RAGIN CAJUN**

**FESTIVAL**

**Platinum Music Stage Sponsor \$3,000 (3 Only)**

- Company Name & Logo on "Platinum Sponsor" Banner over Stage
- Company Name & Logo on "Platinum Sponsor" Banner in Food Area
- Business listed in advertising (Newspaper, Feature Stories, Website, Facebook, etc.)
- Name on "Thank You Sponsors" Banner Prominently Displayed at Event
- Choice of either a 12' X 12' or 12' X 24' Vendor Booth (Optional)
- 25 Tickets for the 2023 Cajun Festival

**Gold Sponsor \$1,500**

- Company Name & Logo on "Gold Sponsor" Banner in Food Area
- Business listed in advertising (Newspaper, Feature Stories, Website, Facebook, etc.)
- Name on "Thank You Sponsors" Banner Prominently Displayed at Event
- One 12' X 12' Vendor Booth (Optional)
- 15 Tickets for the 2023 Cajun Festival

**Silver Sponsor \$750**

- Business listed in advertising (Newspaper, Feature Stories, Website, Facebook, etc.)
- Name on "Thank You Sponsors" Banner Prominently Displayed at Event
- 10 Tickets for the 2023 Cajun Festival

**Bronze Sponsor \$250**

- Name on "Thank You Sponsors" Banner Prominently Displayed at Event

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Vendor Booth Size: \_\_\_ 12' x 12' (Platinum or Gold) \_\_\_ 12' x 24' (Platinum Only)  
Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Please Make Check Payable to San Andreas Rotary

Debbie



Join us in Murphys for a wild bicycle ride through the California Sierra Nevada

REGISTRATION NOW OPEN

One of the most fun, adventurous bicycle rides in Calaveras County returns in 2023 with all new choices of bicycle rides that start from Feeney Park in Murphys. You'll bicycle through the Northern California foothills and the Up-Country Sierra, often on newly paved roads, and return to Feeney Park for an after-ride celebration with a fabulous lunch by the chefs at Vida Buena Farms in Vallecito, California. This cycling event is great for road bikes and E-bikes.

### Mr. Frog's Wild Bicycle Ride Returns! May 6, 2023

There is one thing you can count on, cycling in spring in Calaveras County is beautiful. The wild flowers are lovely, the redbuds are blooming and the weather is perfect for a bicycle ride in the mountains. With freshly paved California backroads, your cycling ride will be smooth (mostly), challenging, and fun.

The ride is a 10-year tradition and one of Feeney Parks biggest fundraisers. As always, we thank you! Your contributions support the park and we appreciate you for helping us literally keep the lights on this year.

Three bicycle rides • Three cycling challenges





55 miles • 6,080' elevation gain

Give yourself 6-8 hours to finish this wild ride. Eight Category 5 hill climbs, one Category 4, and one Category 2 through gorgeous country.

42 miles • 4,600' elevation gain

A challenging ride with seven category 5 hill climbs and one category 2, but 60-75 minutes shorter than the Wild ride. It offers best of new roadway pavement.

A new short ride!

Sadly, the short ride on San Domingo Road has to be changed due to storm damage on the route that makes it unsafe.

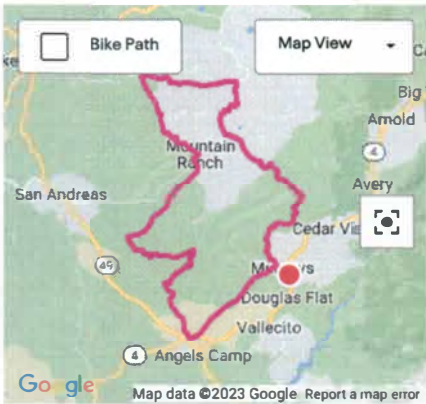
Starting a Feeney Park, cyclists on the short route will head out Six Mile Road then turn around and cycle back through Murphys. From Murphys they'll descend Murphys Grade Road to French Gulch Road which will loop them back to Murphys and Feeney Park in time for lunch by chef Laura Lowell of Vida Buena Farms.

We'll have a new map up soon. Thanks for your patience.

READ MORE



### Mr Frog Wild Ride



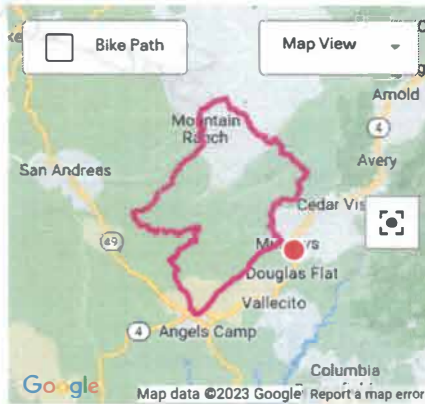
Elevation	Start	Max	Gain
	2,220	2,785	6,080
	ft	ft	ft

0102 0304 05 06 070809 10

More Details



### Mr Frog Medium Ride



Elevation	Start	Max	Gain
	2,220	2,785	4,609
	ft	ft	ft

01 02 0304 0506 07 08

More Details

### Yes, we will have t-shirts!

We are waiting for more information on availability. But soon you'll be able to buy a souvenir when you register for Mr. Frog's Wild Ride and wear it while you cycle!



SHIRTS COMING SOON