



Hazel Hawkins
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
THURSDAY, MAY 28, 2026 – 5:00 P.M.
SUPPORT SERVICES BUILDING, 2ND FLOOR, GREAT ROOM
IN-PERSON AND BY VIDEO CONFERENCE**

Members of the public may participate remotely via Zoom at the following link <https://zoom.us/join> with the following Webinar ID and Password:

**Meeting ID: 991 5300 5433
Security Passcode: 007953**

Mission Statement - The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

Vision Statement - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

AGENDA

- | | <u>Presented By:</u> |
|---|-----------------------------|
| 1. <u>Call to Order / Roll Call</u> | (Johnson) |
| 2. <u>Public Comment</u>
This opportunity is provided for members to comment on the closed session topics, not to exceed three (3) minutes. | (Johnson) |
| 3. <u>Closed Session</u>
See the Attached Closed Session Sheet Information | (Johnson) |
| 4. <u>Reconvene to Open Session</u> | (Johnson) |
| 5. <u>Closed Session Report</u> | (Counsel) |
| 6. <u>Board Announcements</u> | (Johnson) |
| 7. <u>Board Education</u>
Public Relations Presentation – Marcus Young | (Johnson) |

Regular Meeting of the Board of Directors, May 28, 2026

8. Public Comment

(Johnson)

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda. This is the appropriate place to comment on items on the Consent Agenda. Board Members may not deliberate or take action on an item not on the duly posted agenda. Written comments for the Board should be provided to the Board clerk or designee for the official record. Whenever possible, written correspondence should be submitted to the Board in advance of the meeting to provide adequate time for its consideration. Speaker cards are available.

9. Consent Agenda – General Business

(Johnson)

The Consent Agenda deals with routine and non-controversial matters. The vote on the Consent Agenda shall apply to each item that has not been removed. A Board Member may pull an item from the Consent Agenda for discussion. One motion shall be made to adopt all non-removed items on the Consent Agenda.

A. Approve Minutes:

- Regular Meeting of the Board of Directors – April 23, 2026
- Bylaws-Policies and Procedures Committee – February 9, 2026
- Patient Satisfaction Committee – February 19, 2026
- Special Meeting of the Board of Directors – May 18, 2026

B. Receive Officer/Director Written Reports

- Physician Services & Clinic Operations
- Skilled Nursing Facilities (Mabie Southside/Northside)
- Laboratory and Radiology
- Foundation
- Public Relations
- PMO Project Summary

C. Approve Policies:

- Payroll Policy – Revised
- Performance Development and Evaluation – Revised
- License and Certification Verification and Renewal – Revised
- Leave of Absence – Revised
- Non-Exempt Meal and Rest Break Policy – Revised
- Subpoena and Legal Document Processing Policy – Revised
- Use of Force - New

Recommended Action: Approval of Consent Agenda Items (A) through (C).

10. Receive Informational Reports

A. Chief Executive Officer (Verbal Report)

(Casillas)

- HR1
- Hospital Week
- Human Resources Dashboard – 2026
- ▶ Public Comment

Regular Meeting of the Board of Directors, May 28, 2026

- B. Chief Nursing Officer (Descent)
- Dashboard – March, 2026

▶ Public Comment

- C. Chief Financial Officer – April, 2026 (Robinson)
- Project Dashboard
 - Financial Statements
 - Finance Dashboard
 - Supplemental Payments

▶ Public Comment

11. Action Items

- A. Consider and Approve Amendment to Lease for Hazel’s Treasures with Merlyn Knowles for a term of five (5) years Starting June 1, 2026 – May 31, 2031.

Recommended Action: Approval of Amendment to Lease for Hazel’s Treasures with Merlyn Knowles for a term of five (5) years Starting June 1, 2026 – May 31, 2031.

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

- B. Consider and Approve Resolution No. 2026-16 Adopting a Memorandum of Understanding with the National Union of Healthcare Workers.

Recommended Action: Approval of Resolution No. 2026-16 Adopting a Memorandum of Understanding with the National Union of Healthcare Workers.

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

12. Adjournment

The next Regular Meeting of the Board of Directors is scheduled for Thursday, June 25, 2026 at 5:00 p.m., Great Room.

(Johnson)

Regular Meeting of the Board of Directors, May 28, 2026

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting, in the Administrative Offices of the District, and posted on the District's website at <https://www.hazelhawkins.com/news/categories/meeting-agendas/>. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Any public record distributed to the Board less than 72 hours prior to this meeting in connection with any agenda item shall be made available for public inspection at the District office. Public records distributed during the meeting, if prepared by the District, will be available for public inspection at the meeting. If the public record is prepared by a third party and distributed at the meeting, it will be made available for public inspection following the meeting at the District office.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

Please note that room capacity is limited and available on a first-come, first-served basis.

SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS

May 28, 2026

AGENDA FOR CLOSED SESSION

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

CLOSED SESSION AGENDA ITEMS

- LICENSE/PERMIT DETERMINATION**
(Government Code §54956.7)

Applicant(s): (Specify number of applicants) _____

- CONFERENCE WITH REAL PROPERTY NEGOTIATORS**
(Government Code §54956.8)

- CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**
(Government Code §54956.9(d)(1))

Name of cases:

PERB Case No. SF-CE-2231-M

PERB Case No. SF-CE-2232-M

- CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**
(Government Code §54956.9)

- LIABILITY CLAIMS**
(Government Code §54956.95)

Claimant: (Specify name unless unspecified pursuant to Section 54961):

Agency claimed against: (Specify name): _____.

- THREAT TO PUBLIC SERVICES OR FACILITIES**
(Government Code §54957)

Consultation with: (Specify the name of law enforcement agency and title of officer): _____

- PUBLIC EMPLOYEE APPOINTMENT**
(Government Code §54957)

Title:

- PUBLIC EMPLOYMENT**
(Government Code §54957)

Title:

- PUBLIC EMPLOYEE PERFORMANCE EVALUATION**
(Government Code §54957)

(Specify position title of the employee being reviewed):

Title:

- PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE**
(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

- CONFERENCE WITH LABOR NEGOTIATOR**
(Government Code §54957.6)

Agency designated representative: Anne Olsen
Employee organization: NUHW

- CONFERENCE WITH LABOR NEGOTIATOR**
(Government Code §54957.6)

Agency designated representative:
Unrepresented employees

- CASE REVIEW/PLANNING**
(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

- REPORT INVOLVING TRADE SECRET**
(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):

1. Trade Secrets, Strategic Planning, Proposed New Programs, and Services.

Estimated date of public disclosure: (Specify month and year):

- HEARINGS/REPORTS**
(Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106)

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical executive committee, or report of quality assurance committee):

1. Report – Credentials
2. Report – Quality Assurance

- CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW** (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

ADJOURN TO OPEN SESSION



Hazel Hawkins
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
SUPPORT SERVICES BUILDING, 2ND-FLOOR, GREAT ROOM
IN PERSON AND BY VIDEO CONFERENCE**

THURSDAY, APRIL 23, 2026

5:00 P.M.

MINUTES

Directors Present

Bill Johnson, Board Member
Devon Pack, Board Member
Victoria Angelo, Board Member
Nick Gabriel, Board Member
Josie Sanchez, Board Member

Also Present

Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Amy Breen-Lema, VP Ambulatory & Physician Services
Karen Descent, Chief Nursing Officer
Suzie Mays, Vice President, Information & Strategic Services
Heidi A. Quinn, District Legal Counsel

1. Call to Order/Roll Call

Director Johnson called the meeting to order at 5:01 p.m. A quorum was present, and attendance was taken by roll call. Directors Johnson, Pack, Angelo, Gabriel, and Sanchez were present.

Director Johnson stated that Item “10. C” on the agenda was being dropped from the agenda as NUHW had rescinded its declaration of impasse.

2. Public Comment

An opportunity for public comment on the closed session items was provided; no public comment received.

3. Closed Session

President Johnson announced the items to be discussed in the Closed Session, as listed on the posted Agenda:

a) Conference with Legal Counsel-Existing Litigation; Government Code §54956.9(d)(1) (2 PERB cases);
b) Conference with Legal Counsel-Anticipated Litigation; Government Code §54956.9 (Significant exposure to litigation pursuant to §54956.9(d)(2), (e)(3); Patrick Gene Cross; c) Conference with Labor Negotiator – Government Code §54957.6 (NUHW); and d) Hearing/Report, Quality, Credentials, Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b).

The members of the Board entered into a closed session at 5:02 p.m.

4. Reconvene Open Session/Closed Session Report

The Board of Directors reconvened to open session at 5:50 p.m.

5. Closed Session Report

Counsel reported that the Board met in closed session regarding a number of items:

- As to the two matters of existing litigation, the Board received a report, but no reportable action was taken.
- Regarding the Conference with Labor Negotiators regarding NUHW: The Board received a report, but there was no reportable action taken.
- Regarding anticipated litigation: The Board received a report, but no reportable action was taken.
- As to the Credential report, on Motion of Director Angelo, and second by Director Pack, the report was unanimously approved 5-0.

6. Board Announcements -

President Johnson noted that the following policies would be dropped from the Consent Agenda: Influx of Infectious Patients Response Plan; Management of Patients with Multi-Drug Resistant Organisms (MDRO); and Trauma Team Activation.

7. Public Comment

An opportunity for public comment was provided, and individuals were given three minutes to address the Board Members and Administration. Public comment was received by Mr. Rob Bernosky.

8. Consent Agenda - General Business

A. Consider and Approve Minutes:

- Regular Meeting of the Board of Directors – March 26, 2026.

B. Receive Officer/Director Written Reports - No action required.

- Physician Services & Clinic Operations
- Skilled Nursing Facilities (Mabie Southside/Northside)
- Laboratory and Radiology
- Foundation
- Public Relations
- PMO Project Summary Report

C. Consider and Approve Policies:

- Compounding – General: Immediate Use Compounded Sterile Preparations - Revised
 - Ergonomics and Safe Lifting – Clinical & Non-Clinical Setting – New
 - Scabies Exposure to Employees – New
 - Handling of Storage of Weapons and Contraband – New
 - ~~Influx of Infectious Patients Response Plan – Revised~~
 - ~~Management of Patients with Multi-Drug Resistant Organisms (MDRO) – Revised~~
 - Tranquility Room – SNF – New
 - ~~Trauma Team Activation – Revised~~
 - Amendments to Protected Health Information – Revised
 - HIPAA – Quarterly Review of Workforce Members who Self-Access Not Permitted – New
 - CEO Compensation – Revised
 - Investment Policy - Revised
-

The following three policies were pulled from the consent agenda, they did not make it to the Medical Executive Team for approval:

- Influx of Infectious Patients Response Plan – Revised
- Management of Patients with Multi-Drug Resistant Organisms (MDRO) – Revised
- Trauma Team Activation – Revised

D. Approve Privileges:

- Emergency Medicine (Revised)

E. Approval to Archive Policy:

- Absence of Interim CEO (Combined with Absence of CEO)

MOTION: By Director Sanchez to approve the Consent Agenda with modifications – General Business, Items (A-E); Seconded by Director Angelo.

Moved/Seconded/ Carried. Ayes: Directors Johnson, Pack, Angelo, Gabriel, and Sanchez. Approved 5-0 by roll call.

9. **Receive Informational Reports**

A. **Chief Executive Officer (Verbal Report)**

Ms. Casillas provided a verbal CEO report, which included an update on the Hollister High School Industry Tour, AB 1923 Advocacy, Community Engagement, Expanse, Volunteer Luncheon, and BETA HEART.

An opportunity was provided for public comment; no public comment received.

B. **Chief Nursing Officer**

- Dashboard – March, 2026
- Patient Experience
- BETA HEART

Ms. Descent provided an update, which included her dashboard and an update on patient experience and BETA HEART. These reports are included in the packet.

An opportunity was provided for public comment; no public comment received.

C. **Facilities and Finance Committee – March, 2026**

- Facilities Project Dashboard
- Financial Statements
- Finance Dashboard
- Supplemental Payments
- Cashflow Statement YTD

Mr. Robinson provided his CFO report, which included an update on Facilities, financial statements, dashboard, and supplemental payments, and cashflow statement YTD. These reports are included in the packet.

An opportunity was provided for public comment; no public comment received.

10. Action Items

A. Consider and Approve Amendment to Agreement with Press Ganey Associates, LLC.

An opportunity for public comment was provided; no public comment received.

MOTION: By Director Pack to Approve Amendment to Agreement with Press Ganey Associates, LLC; Seconded by Director Angelo.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, Gabriel, and Sanchez. Approved 5-0 by roll call.

B. Consider and Approve First Amendment to Pharmacy Agreement with Cardinal Health Pharmacy, LLC.

An opportunity for public comment was provided; no public comment received.

MOTION: By Director Angelo to Approve First Amendment to Pharmacy Agreement with Cardinal Health Pharmacy, LLC; Seconded by Director Sanchez.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, Gabriel, and Sanchez. Approved 5-0 by roll call.

C. ~~Conduct a Public Hearing Regarding Impasse In Negotiations with NUHW and Consider Implementing the District's Last, Best and Final Offer for NUHW~~

~~*Recommended Action: Conduct a public hearing, review impasse procedures, and adopt Resolution No: 2026-13 to unilaterally implement the District's Last, Best and Final Offer for NUHW.*~~

- ~~▶ Report~~
- ~~▶ Board Questions~~
- ~~▶ Open Public Hearing~~
- ~~▶ Public Comment~~
- ~~▶ Close Public Hearing~~
- ~~▶ Motion/Second~~
- ~~▶ Action/Board Vote Roll Call~~

Item 10.C. dropped.

11. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 6:38 p.m.

The next Regular Meeting of the Board of Directors is scheduled for Thursday, April 23, 2026, at 5:00 p.m.



Hazel Hawkins

MEMORIAL HOSPITAL

DISTRICT BYLAWS / POLICIES AND PROCEDURES COMMITTEE
FEBRUARY 9, 2026 – 1:00 PM
GREAT ROOM, 2ND-FLOOR, SUPPORT SERVICES BUILDING

IN PERSON ONLY

MINUTES

Mission Statement -The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

Vision Statement - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

Committee Members Present

Josie Sanchez, Board Member (Chair)
Devon Pack, Board Member
Mary Casillas, Chief Executive Officer
Laura Garcia, Executive Assistant

Also Present

Heidi Quinn, Legal Counsel

1. **Call to Order**

The meeting of the Bylaws/Policies and Procedures Committee was called to order at 1:05 p.m. by Director Sanchez, attendance was taken by roll call.

2. **Consider and Approve Minutes of the District Bylaws/Policies and Procedures Committee – January 13, 2026.**

Motion: By Director Pack, to approve the minutes of the District Bylaws/Policies and Procedures Committee – January 13, 2026, Seconded by Director Sanchez, and unanimously approved.

3. Review of Policies for Review and Recommendation

- Updating Renamed (Board Member Handbook) – Direction provided to forward the revised policy to the full Board recommending approval.
- Absence of CEO - Direction provided to forward the revised policy to the full Board recommending approval, with the recommended edits.
- Ethics and Education Training – Direction provided to forward the revised policy to the full Board recommending approval.
- District Board Approval – Direction to forward the revised policy to the full Board recommending approval, and list as an action item for discussion.
- San Benito Health Care District Board Member Expenditure Reimbursement – Direction provided to forward the revised policy to the full Board recommending approval.
- Meeting of Directors – Direction provided to forward the revised policy to the full Board recommending approval.

4. Policies Recommended for Archival

- District Financial Committee Charter – Direction to forward to the full Board recommending archival.
- District Networking Committee Charter – Direction to forward to the full Board recommending archival.
- District Planning and Facilities Committee Charter – Direction to forward to the full Board recommending archival.
- Joint Conference Committee Charter – Direction to forward to the full Board recommending archival.
- Patient Safety Program – Direction to forward to the full Board recommending archival.

5. Consider and Approve Schedule of Future Meetings (Committee)

The Committee approved to meet on Monday, March 9, 2026 at 1:00 pm.

6. Adjournment

There being no further regular business, the meeting was adjourned at 1:39 p.m.



Hazel Hawkins
MEMORIAL HOSPITAL

**BOARD OF DIRECTORS
DISTRICT PATIENT SATISFACTION COMMITTEE
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
MEETING MINUTES
THURSDAY, FEBRUARY 19, 2026 – 1:00 PM
SUPPORT SERVICES BUILDING, 2ND FLOOR - GREAT ROOM**

San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the community.

Directors Present

Nick Gabriel, Board Member
Bill Johnson substituted for Josie Board Member

Also Present

Karen Descent, Chief Nursing Officer
Jacqueline Fernandez, Sr. Director of Acute Care Services
Shonna Avant, Director of Infection Prevention and Regulatory Accreditation
Kim Pfeiffer, Sr. Administrative Assistant

1. Call to order / Roll Call

Nick Gabriel called the meeting of the District Patient Satisfaction Committee to order at 1:18 pm.

2. Review of Minutes

The previous meeting minutes dated November 20, 2025 were read and approved.

3. Old Business

• **Daisy and Super Star Awards**

The Daisy and Super Star award were discussed in further detail and is set to go live on February 23, 2026. Banners/flyers will be posted in patient rooms, clinics and lobbies.

• **Mobile Courtesy Cart**

The Mobile Courtesy Cart will be rolled out on April 1, 2026.

4. New Business

- **Q4 and Year End 2025 Results**

A report on the dashboard was provided and is included in the packet.

5. Adjournment

There being no further business, the meeting was adjourned at 1:39 pm. The next Patient Satisfaction Committee meeting is scheduled for May 21, 2026 at 1:00 pm in the Great Room.



Hazel Hawkins
MEMORIAL HOSPITAL

**SPECIAL MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
SUPPORT SERVICES BUILDING, 2ND-FLOOR, GREAT ROOM
IN PERSON AND BY VIDEO CONFERENCE**

**MONDAY, MAY 18, 2026
3:00 P.M.**

Directors Present

Bill Johnson, Board Member
Devon Pack, Board Member
Victoria Angelo, Board Member
Nick Gabriel, Board Member - (Absent)
Josie Sanchez, Board Member

Also Present

Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Karen Descent, Chief Nursing Officer
Amy Breen-Lema, Vice President, Ambulatory & Physician Services
Suzie Mays, Vice President, Information & Strategic Services
Heidi A. Quinn, District Legal Counsel

1. Call to Order/Roll Call

Director Johnson called the meeting to order at 3:00 PM. A quorum was present, and attendance was taken by roll call. Directors Johnson, Angelo, and Sanchez were present. Directors Gabriel and Pack were absent.

2. Public Comment

An opportunity for public comment was provided to members to comment on the closed session topics, not to exceed three (3) minutes.

There was no public comment.

3. Closed Session

President Johnson announced the items to be discussed in the Closed Session, as listed on the posted Agenda: a) Conference With Real Property Negotiators - Government Code §54956.8; and b) Report Involving Trade Secret - Government Code §37606 & Health and Safety Code § 32106

The members of the Board entered into a closed session at 3:01 pm.

4. Reconvene Open Session/Closed Session Report

The Board of Directors reconvened in open session at 3:48 p.m. Counsel stated that the Board met to discuss several items as reflected on the agenda.

Items discussed: a) Report Involving Trade Secret - Government Code §37606 & Health and Safety Code § 32106; b) Conference With Real Property Negotiators - Government Code §54956.8 – Three (3) items: 901 Sunset Drive, 920 Sunnyslope Road, and 981 Sunset Drive.

As to all matters, a report provided to staff, the Board provided direction, but no reportable action was taken.

5. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 3:48 p.m. The next Regular Meeting of the Board of Directors is scheduled for Thursday, May 28, at 5:00 p.m.

DRAFT



Hazel Hawkins
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors
From: Amy Breen-Lema, Vice President, Clinic, Ambulatory & Physician Services
Date: May 13, 2026
Re: All Clinics – April 2026

April 2026 Rural Health and Specialty Clinics' visit volumes

Clinic Location	Total visits current month	Total visits prior month (March 2026)
Orthopedic Specialty	565	550
Multi-Specialty	691	613
Sunset	846	861
Surgery & Primary Care	309	327
San Juan Bautista	400	414
1st Street	720	727
4th Street	1,078	1,153
Barragan	710	719
Total	5,319	5,364

- Provider recruitment activities with anticipated start dates by specialty:
 - Family Practice (locum tenens)
 - Barton Giessel, M.D. – May 2026
 - Marvin Butler, PA-C – June 2026
 - Behavioral Health/Psychiatric Mental Health (locum tenens)
 - Vanessa Parker, PMHNP – June 2026



Hazel Hawkins MEMORIAL HOSPITAL

Mabie Southside/Northside Skilled Nursing Facility Board Report – May 2026

To: San Benito Health Care District Board of Directors

From: JayLee Davison, Interim Director of Nursing, Skilled Nursing Facility

1. Census Statistics: April 2026

Southside	2026	Northside	2026
Total Number of Admissions	14	Total Number of Admissions	3
Number of Transfers from HHH	14	Number of Transfers from HHH	0
Number of Transfers to HHH	5	Number of Transfers to HHH	1
Number of Deaths	1	Number of Deaths	2
Number of Discharges	10	Number of Discharges	2
Total Discharges	11	Total Discharges	4
Total Census Days	1331	Total Census Days	1411

Note: Transfers are included in the number of admissions and discharges. Deaths are included in the number of discharges. Total census excludes bed hold days.

2. Total Admissions: April 2026

Southside	From	Payor	Northside	From	Payor
10	HHMH	MA	1	HOME	CCA
2	HHMH Re-Admits	MA	1	BONITO SPRINGS	M-CAL
2	HHMH Obs.	MA	1	VASONA SNF	MA
Total: 14			Total: 3		

3. Total Discharges by Payor: April 2026

Southside	2026	Northside	2026
Medicare	9	Medicare	1
Medicare MC	0	Medicare MC	0
CCA	1	CCA	1
Medical	0	Medical	0
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	0	Hospice	2
Private (self-pay)	1	Private (self ay)	0
Insurance	0	Insurance	0
Total:	11	Total:	4

4. Total Patient Days by Payor: April 2026

Southside	2026	Northside	2026
Medicare	375	Medicare	115
Medicare MC	0	Medicare MC	0
CCA	913	CCA	1005
Medical	0	Medical	110
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	30	Hospice	181
Private (self-pay)	13	Private (self-pay)	0
Insurance	0	Insurance	0
Bed Hold / LOA	7	Bed Hold / LOA	0
Total:	1338	Total:	1411
Average Daily Census	44.60	Average Daily Census	47.03



Hazel Hawkins MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors
From: Bernadette Castronuevo, Director of Laboratory and Diagnostic Imaging Services
Date: May 2026
Re: Laboratory and Diagnostic Imaging

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Updates:

Laboratory

1. Quality Assurance/Performance Improvement Activities
 - Update on chemistry analyzer project → Interface validation testing ongoing.
 - Phase 2B construction update → Phase 2B estimated to be completed on 6/2026. Phase 3 and 4 remodel meetings started
2. Laboratory Statistics

	April 2026	2026 YTD
Total Outpatient Volume	4644	18280
Main Laboratory	1381	5460
Mc Cray Lab	1068	4139
Sunnyslope Lab	471	1836
SJB and 4 th Street	113	404
ER and ASC	1611	6441
Total Inpatient Volume	188	655

Diagnostic Imaging

1. Quality Assurance/Performance Improvement Activities
 - New C-arm that was approved awaiting delivery
 - New Radiologist monitors approved and funded with help from Foundation
 - Imaging space planning meetings ongoing
2. Diagnostic Imaging Statistics

	April 2026	2026 YTD
Radiology	1986	8080
Mammography	726	2754
CT	1052	4138
MRI	255	912
Echocardiography	114	440
Ultrasound	819	3099



TO: San Benito Health Care District Board of Directors
 FROM: Liz Sparling, Foundation Director
 DATE: May 2026
 RE: Foundation Report for April/May

The Foundation Board of Directors met on May 14 and had three presentations:

- Mendi Suber-Ventura, RN, HHMH Director of Surgical Services presented the need for a Sterilizer in the Surgery Center (\$88,000)
- Jorge Ramirez – Director of Emergency Management & Security at HHMH gave an update on the Carter Kits and request additional funds for kit replacements
- Jana Tomasini, RN IBCLC, Lactation Consultant requested funds for the World Breastfeeding Day Prizes

Finance Committee

a. Financial Report	April
1. Income	\$ 9,928.00
2. Expenses	\$ 24,190.76
3. New Donors	1
4. Total Donations	150

Allocations:

1. \$88,000 for a Sterilizer for the Surgery Center
2. \$5,000 for additional Carter Kits from the General Fund
3. \$1,000 for World Breastfeeding Day Prizes from Women’s Center Fund
4. Up to \$1,700 for a table and umbrellas for both Hospital patios
5. \$24,000 for Scholarship Funding

Directors Report:

- Our All for 1 Employee Giving Campaign had 79 employees participate \$67,985 pledged to our Hospital. We set a goal of \$66,500 and we achieved that and some extra. We have not had this money pledged since 2019!
- Brynn and I did the tasting for our Dinner Dance we are really excited about the amazing meal that will be at the event.
- Our INVEST campaign allocations to HHMH are \$846,150.
- Our taxes have been reviewed by Irene and Mark and I and have been mailed.
- Our Scholarship Committee has been hard at work reviewing all the applications. Thank you all for your dedication to this Committee, it is not easy to make the selections.

Fundraising/Development Committee (INVEST Campaign)

To date, the Foundation has received 2990 total donations totaling \$1,572,890.50

Scholarship Committee

The Foundation proudly awarded \$1,000 scholarships to the following students pursuing careers in the medical field: Lizbeth Ariano, Bryseida Arias-Sanchez, Adriana Arroyo, Brenda Barragan-Solorzano, Amanda Costales, Kaylee Farias, Kimberly Felix, Anissa Flores, Lacey Granger, Bertha Hernandez, Emma Kamani, Shaylynn Monteon, Ana Nunez, Mishel Thomas, Alice Williams, and Gabriela Zendejas-Cervantes.

In addition to the Foundation Scholarships, several special scholarships were also awarded. The Physician Scholarships were presented to Parleen Brar and Providentia Eweama. The Dorothy & Charlie Root Scholarship was awarded to Ixchel Torres, and the Ismael Hernandez Memorial Scholarship was awarded to Alexandria Perry.

Beyond these scholarship opportunities, the Foundation is also sponsoring two Hospital employees to participate in the San Benito Leadership Institute, further supporting professional growth and leadership development within our community.

Social Media Performance

Facebook / Instagram Post Highlights

Thumbnails with views, viewers, interactions, net follows, and impressions



Celebrating Our First Super Stars
 11,316 Views 11,315 Viewers

155
Interactions

2
Net Follows

1,737
Impressions



Celebrating Our First Super Stars
 17,958 Views 10,006 Viewers

318
Interactions

3
Net Follows

2,920
Impressions



National Fallen Firefighters Memorial
 2,714 Views 1,648 Viewers

66
Interactions

0
Net Follows

95
Impressions



Happy Nurses Week
 3,537 Views 2,041 Viewers

53
Interactions

0
Net Follows

345
Impressions



Nurse Gifts
 4,757 Views 2,663 Viewers

58
Interactions

0
Net Follows

622
Impressions



It's Why I'm a Nurse
 2,794 Views 1,440 Viewers

33
Interactions







0
Net Follows

270
Impressions

Social Media Performance - Continued

Facebook / Instagram Post Highlights

Thumbnails with views, viewers, interactions, net follows, and impressions

	Traditional Dancing Horses Views: 7,250 Viewers: 3,910	120 Interactions	0 Net Follows	1,504 Impressions
	It's Why I'm in Healthcare Views: 2,872 Viewers: 1,412	37 Interactions	0 Net Follows	335 Impressions
	Happy Mother's Day Views: 3,332 Viewers: 2,046	87 Interactions	0 Net Follows	365 Impressions
	It's Why I'm a Nurse Views: 2,077 Viewers: 1,014	12 Interactions	0 Net Follows	223 Impressions
	It's Why I'm a Nurse Views: 2,375 Viewers: 1,221	21 Interactions	0 Net Follows	245 Impressions
	It's Why I'm in Healthcare Views: 3,394 Viewers: 1,737	37 Interactions	0 Net Follows	401 Impressions

Social Media Performance - Continued

Facebook / Instagram Post Highlights

Thumbnails with views, viewers, interactions, net follows, and impressions

	Why I'm in Healthcare 3,553 Views 1,900 Viewers	19 Interactions	0 Net Follows	319 Impressions
	Why I'm in Healthcare 4,378 Views 2,390 Viewers	35 Interactions	0 Net Follows	551 Impressions
	Why I'm in Healthcare 1,730 Views 866 Viewers	20 Interactions	0 Net Follows	140 Impressions
	Ice Cream Social 4,528 Views 2,308 Viewers	31 Interactions	0 Net Follows	885 Impressions
	Why I'm in Healthcare 1,625 Views 917 Viewers	15 Interactions	0 Net Follows	123 Impressions
	It's Why I'm in Healthcare 3,155 Views 1,535 Viewers	32 Interactions	0 Net Follows	359 Impressions
	National Hospital Week Wrap-Up 7,930 Views 4,125 Viewers	71 Interactions	0 Net Follows	1,978 Impressions

Employee Engagement and Public Relations

Employee Engagement

- National Hospital Week appreciation activities
 - Staff appreciation events including tacos, treats, and the Ice Cream Social
- Nurses Week recognition and thank-you gifts
- Super Stars employee recognition highlights
 - Continued internal storytelling: Why I am a Nurse / Why I am in Healthcare

Public Relations / Community Outreach

- Community partnership recognition and local agency engagement
- National Fallen Firefighters Memorial recognition post
 - Mother's Day and healthcare workforce appreciation messaging
- Cultural and community event coverage including Traditional Dancing Horses
 - Ongoing social content supporting hospital visibility and recruitment

May 2026 Summary

The May marketing and public relations report highlights strong social media reach across employee recognition, healthcare storytelling, community events, Nurses Week, Mother's Day, and employee appreciation activities. The social media report now continues across three dedicated pages, allowing the Ice Cream Social and latest healthcare posts to appear clearly before the Employee Engagement and Public Relations section.

Great job, you had 180,471 views. 📈
↑98% from previous 28 days



Project Dashboard - May 2026 Board

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	HCAI	Key Stakeholder	Role	Update
HUGS/Securitas	Infant Security	4/12/2024	6/1/2026	780	In Progress	High		Jac Fernandez	Senior Director of Acute Care Services	HCAI construction final has been issued. Securitas is onsite week of 6/1 for the go live!
BD Pharmacy Keeper	IV Compounding Verification	11/14/2024	TBD		In Progress	High		Naveen Ravela	Pharmacy Director	Ongoing technical meetings with BD and Meditech
Lab Remodel	Lab Phase 2: Analyzer Replacement	6/3/2024	6/12/2026	739	In Progress	High		Bernadette Enderez	Lab/Radiology Director	ABBOTT onsite week of 6/1 to do equipment install.
Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026	TBD		Ongoing			Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 05/01/2026 100% SDs 07/07/2026 100% DDs 09/04/2026 100% SDs
OR Remodel	Updating OR per OSHPD Requirements	11/20/2024	12/31/2026	771	Ongoing	High		Mendi Suber-Ventura	Director of Surgical Services	CDPH waiver has been extended until JAN 2027.
Seismic	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	11/1/2025	1/1/2033		Ongoing	High		Jorge Ramirez	Senior Director Support Services	Geotech work for soil sampling to aid in seismic desing expected to happen 5/16, MT/CAP needs to happen fall '26
MRI Upgrade	Proposal submitted	TBD	TBD		On Hold	Low		Bernadette Enderez	Lab/Radiology Director	Proposal submitted
*Radiology Masterplan	Assessment of equipment and remodel	11/1/2025	TBD		Ongoing	High		Bernadette Enderez	Lab/Radiology Director	Meeting with design team: Reviewed existing conditions and multiple layout options. Optimizing for flexibility for future growth and equipment planning
*Imaging Trailer Pad Make Ready	Treanor to help when MP starts	3/1/2026	TBD		In Progress	Medium		Bernadette Enderez	Lab/Radiology Director	Architectural proposal approved. Pending HCAI design approval and contractor pricing
*Verkoda	Security / SSO + Door Access	3/1/2025	TBD		In Progress	High		Jorge Ramirez	Senior Director Support Services	Internal database build and scheduling for final card reader installation

Project Dashboard - May 2026 Board

Sterilizer Replacement	Installation of new AMSCO 400 48 SD equipment for Sterile Processing Department	9/16/2025	11/1/2026		In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	Bid awarded, scheduling started with architect and general contractor
Focus Sports Therapy	Renovate and expand Focus sports therapy clinic	7/1/2025	TBD		On Hold	Medium	Jorge Ramirez	Senior Director Support Services	Ongoing schematic design with architects and Focus PT team.
Physical Therapy Clinic Remodel	Expanding current location to help with ongoing demand	6/1/2025	TBD		On Hold	High	Jun Estrada	Director of Physical Therapy	Contract signed for feasibility study
ED Helipad	System is an AFFE system and no longer allowed in CA. Is required to be phased out due to being a hazardous chemical.	5/27/2025	7/1/2026	400	In Progress	High	Jorge Ramirez	Senior Director Support Services	Pending HCAI issuing the building permit. Contractor expected to mobilize week of 5/26.
Nurse Call System	Replace	9/10/2024	TBD		On Hold	High	Jac Fernandez	Senior Director of Acute Care Services	Pricing details collected and presented for review.
Meditech Expense MaaS Implementation	Electronic Health Record	9/17/2025	7/1/2026	287	In Progress	High	Suzie Mays	VP, Information and Strategic Services	Dictionary build and training in progress. Meetings in progress for interfaces. Mock live 5/12-5/14 and 5/19 - 5/21.
CT Scanner	Replace	TBD	TBD		On Hold	High	Bernadette Enderez	Lab/Radiology Director	Both CT's that we have need repairs. Pending architectural proposal
Northside Flooring	Replace kitchen flooring at the Northside SNF	1/1/2026	TBD		In Progress	High	Jaylee Davison	Interim Director of Nursing – (SNF)	Pending san benito county application approval. Internal logistics planning ongoing
Galen Healthcare Solutions	Galen will archive eCW data that cannot be migrated to Meditech Expense.	8/13/2025	TBD		In Progress	Medium	Salomon Mercado	Director Information Technology	Validation phase in progress. Once validation signed-off will move to production phase.
AB 2957	Weapons Detection Implementation	3/1/2026	5/26/2026		In Progress	Medium	Jorge Ramirez	Senior Director Support Services	5/22 Pre-Implementation Meeting. Go Live planned for 5/26 Emergency Department



MEMORANDUM

To: Board of Directors
From: Suzie Mays
Vice President, Information & Strategic Services
Date: May 18, 2026
Re: Policies for Approval

Please find below a list of policies with a summary of changes for Board of Director approval. All revised policies are available for review upon request. New policies are included in the packet.

Payroll Policy	Revised to add language around timecards and corrective action.
Performance Development and Evaluation	Revised to add language to align with current practice.
License and Certification Verification and Renewal	Revised expiration section and entire structure. Additionally added in approved providers.
Leave of Absence	Revised to add language on jury duty.
Non-Exempt Meal and Rest Break Policy	Revised to add language for non-exempt employees who do not provide or support patient care.
Subpoena and Legal Document Processing	Revised in accordance with SB 81.
Use of Force	New Policy.



Use of Force

Disclaimer

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Approvals

- Committee Approval: Policy Committee approved on 5/7/2026
 - Signature: Jorge Ramirez, Director of Emergency Management and Security signed on 4/27/2026, 8:49:52 AM
 - Signature: Jorge Ramirez, Director of Emergency Management and Security signed on 3/27/2026, 11:47:14 AM
-

Revision Insight

Document ID: 12593
Revision Number: 0
Owner: Dale Fors, Director of Emergency Management and Security
Revision Official Date: No revision official date

Revision Note:
New security policy.

Policy : Use of Force

PURPOSE

This policy establishes standards governing the use of physical force by unarmed security personnel employed by or contracted with the San Benito Health Care District (“District”). It is intended to:

- Protect patients, visitors, staff, and security personnel.
- Ensure compliance with California law, Bureau of Security and Investigative Services (BSIS) requirements, and accreditation standards.
- Support a safe, therapeutic environment that respects the dignity and rights of all individuals.

POLICY

Security personnel shall prioritize verbal de-escalation and non-physical interventions in all interactions. Personnel should gain voluntary compliance through clear communication, explanation of district policies, and direction to leave the premises when appropriate and feasible.

Security personnel should utilize the use of force continuum as a framework, but may apply any level of force appropriate to the situation based on the immediate threat, compliance of the individual, and safety considerations. Personnel are not required to progress sequentially up or down the continuum; they must exercise judgment to select the minimum necessary force to safely control the situation.

Any force applied must be:

- Reasonable and necessary
- Proportional to the threat
- Limited in duration
- The minimum level required under the circumstances
- Documented

Security personnel shall request law enforcement assistance when the situation exceeds their ability to maintain safety or when they believe criminal act has occurred.

All personnel actions must be **non-punitive, non-retaliatory, and non-discriminatory**. Temporary protective holds in patient care scenarios are limited to immediate safety concerns and such holds must be transferred promptly to licensed clinical staff.

DEFINITIONS

- **Use of Force** – Physical contact initiated to control, restrain, or direct an individual’s movement, including escorts, holds, and takedowns.
- **Reasonable Force** – The minimum force necessary to safely manage the situation.
- **De-escalation** – Verbal and nonverbal techniques used to reduce agitation or aggression without physical contact.
- **Protective Hold** – Temporary physical intervention used to prevent immediate harm.
- **Clinical Restraint** – Medically authorized restraint ordered and monitored by licensed clinical staff.
- **Workplace Violence** – Any act or threat of violence, including verbal threats, intimidation, or physical assault.
- **Imminent Threat** – Immediate risk of harm to any person.
- **Non-Compliant Individual** – Any person who refuses to follow hospital policies or lawful directives.
- **Private Person Arrest** – Detention or arrest made by a private individual under California Penal Code §837.
- **BSIS** – California Bureau of Security and Investigative Services
- **LPS Act** – Lanterman-Petris-Short Act

PROCEDURE

1. Legal Authority (BSIS & California Law)

Security personnel operate under **BSIS authority** and California law.

Private person arrest authority under **California Penal Code §837** permits any person to detain individuals when:

- A public offense is committed or attempted in their presence.
- A felony has been committed and there is reasonable cause to believe the individual committed it.
- A felony has been committed, even if not in the security officer’s presence.

When making a private person arrest, security personnel shall:

- Clearly identify themselves.
- State the intent to detain or arrest.
- Apply only **the minimum force necessary** to maintain safety.
- Immediately notify law enforcement and transfer custody.

2. Use of Force Continuum (Flexible Application)

Level	Response Type	Applicable Situation	Examples
1	Officer Presence	Individual is agitated or non-compliant	Calm, professional arrival; clear identification
2	Verbal Direction & De-escalation	Individual is verbally threatening or refusing to comply	Active listening, empathetic communication, clear commands, request clinical backup
3	Soft Empty Hand Control	Imminent threat of harm; physically resistive but not assaultive	Escort holds, guiding techniques, wrist escort
4	Active Physical Restraint	Individual is actively assaultive; injury imminent	Control holds, team restraint for handoff to clinical staff

- The continuum is a **guideline**, not a sequential requirement. For instance, when an incident involves assaultive behavior and/or the threat of imminent harm, personnel may utilize active physical restraint (level 4) without utilizing other levels prior to the chosen level of force.
- Security personnel may apply **any level of force appropriate to the circumstances**, escalating or de-escalating as needed.
- Personnel shall always use **the minimum force necessary** to safely manage the situation.
- Continuous reassessment of threat and compliance is required.

3. General Response

Security personnel shall respond using a **situational, flexible approach**, emphasizing early intervention and prevention. They shall:

- Maintain a visible security presence.
- Respond promptly to calls for assistance.
- Assess threats continuously and select the **minimum level of force necessary**, using the use of force continuum as a guideline.
- Prioritize verbal de-escalation and voluntary compliance whenever possible.
- Coordinate with clinical staff for patient care and safety.

All incidents involving workplace violence, use of force, or arrests must be documented and reviewed per district policy.

4. Non-Compliant Visitors / Agitators

Security personnel shall:

- Attempt voluntary compliance via calm communication and explanation of district policies.
- Provide reasonable opportunity to comply
- If escalation occurs, personnel may:
 - Direct the individual to leave.
 - Restrict access.
 - Escort from the premises.
- Apply any continuum level appropriate to the threat; sequential progression is not required.
- Activate Code Gray when behavior presents a safety threat.
- Contact law enforcement if refusal persists, a criminal act occurs, or private person arrest authority is invoked.

5. Code Gray Response

- Initiate Code Gray when a situation exceeds normal control measures.
- Use level of force necessary to prevent harm, guided by the continuum.
- Prioritize de-escalation and patient safety.
- Temporary protective holds are limited to immediate safety needs until clinical staff or law enforcement assume control.
- Document all actions for review and continuous improvement.

6. Involuntary Psychiatric Holds under 5150 W&I & LPS Act

- Support clinical staff during involuntary psychiatric holds.
- Use appropriate level of force based on immediate risk, guided by the continuum.
- Transfer control to clinical staff as soon as safely possible.
- Treat all individuals with dignity; maintain continuous observation.
- Document all incidents per legal and hospital requirements.

Private person arrest authority **shall not replace** clinical psychiatric detention under the LPS Act.

7. Prohibited Actions

- Chokeholds or airway restriction.
- Force against compliant individuals.
- Punitive, retaliatory, or discriminatory force.
- Exceeding private person arrest authority.

8. Training

Security personnel shall receive initial and ongoing training including:

- Powers to Arrest (Penal Code §837) BSIS
- Workplace Violence Prevention and Response
- De-escalation and conflict management
- Crisis response
- Legal limitations and liability
- Lanterman-Petris-Short Act awareness

REFERENCES

- California Penal Code §837 (Private Person Arrest)
- California Bureau of Security and Investigative Services (BSIS) Training Standards
- The Joint Commission CAMH (EC & LD Standards)
- National Patient Safety Goal NPSG.15.01.01
- California Health & Safety Code §1257.7; §1279.1–1279.3
- California Code of Regulations, Title 22 §70707; §70739
- California Labor Code §6400; §6401.9 (SB 553)
- California Welfare & Institutions Code §5000 (Lanterman-Petris-Short Act)
- 42 Code of Federal Regulations §482.13; §482.41
- 29 U.S.C.A §654 (OSHA General Duty Clause)

AFFECTED DEPARTMENTS

- Security
- Emergency Management
- Life Safety

- Emergency Department
- Admitting / Registration
- Obstetrics
- Quality
- Risk Management
- Clinics
- Skilled Nursing Facilities

Document ID	12593	Document Status	Pending Committee Approval
Department	Security	Department Director	Fors, Dale
Document Owner	Fors, Dale	Next Review Date	

Attachments:
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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<http://hzh-iis.hazelhawkins.com/?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dhmmh%3A12593%240>.

HUMAN RESOURCES DASHBOARD 2026

DEPARTMENTAL METRICS	January	February	March	April	YTD
# Employees	714	711	711	719	714
# New Hires	5	6	9	14	34
# Terminations	6	9	9	3	27
Overall Turnover	0.84%	1.27%	1.27%	0.42%	3.79%
Nursing Turnover	0.74%	1.48%	1.52%	0.74%	4.48%

Terms By Union	January	February	March	April	YTD
The California Nurses Association (CNA)	1	2	2	1	6
National Union of Healthcare Workers (NUHW)	2	4	4	1	11
California License Vocational Nurses (CLVN)	1	0	0	0	1
Engineers and Scientists of California (ESC)	0	0	0	0	0
Non-Union	2	3	3	1	9

Terms By Reason (V=Voluntary & IV= Involuntary)	January	February	March	April	YTD
Personal (V)	2	4	3	0	9
New Opportunity(V)	0	2	1	1	4
Retirement (V)	0	0	2	1	3
Schedule (V)	0	0	0	0	0
Job Abandonment (V)	1	1	0	0	2
No Reason Given (V)	0	0	0	0	0
Relocating (V)	1	0	1	1	3
School (V)	2	0	0	0	2
No Show (V)	0	0	1	0	1
RIF(IV)	0	0	0	0	0
Rescinded (IV)	0	0	1	0	1
Performance (IV)	0	2	0	0	2

Chief Nursing Officer Report

May 2026

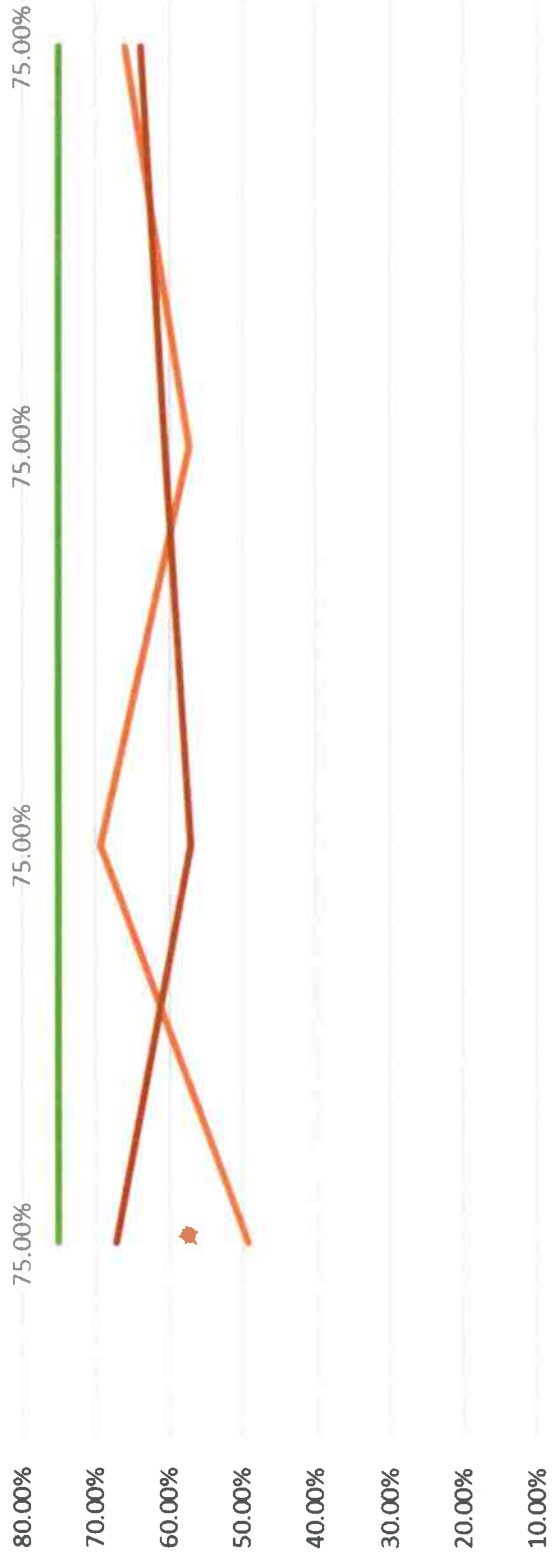
- Nurse's Week

CNO Dashboard April 2026				
Description	April 2026 Actual	April 2026 Budget	YTD Total Actual	YTD Total Budget
ED Visits	2,416	2,381	23,302	23,680
ED Admission %	4%	10%>	4.01%	10%>
LWBS %	0.9%	<2.0%	1%	<2.0%
Door to Provider	7 min	<10 min	7 min	<10 min
MS admissions	96	93	911	1,098
ICU admissions	18	17	210	175
Deliveries	33	28	297	306
OR Inpatient	34	34	339	393
ASC/OP Cases	94	114	769	461
GI	71	91	817	906
Met or Exceeded Target				
Within 10% of Target				
Not Within 10%				

OR Cases By Service Line			
2026	FEBRUARY	MARCH	APRIL
TOTAL SURGERIES **	184	188	199
GENERAL SURGERY	27	28	43
ORTHOPEDIC TOTAL	40	47	39
<i>PODLATRY</i>	0	0	0
<i>TOTAL JOINTS</i>	11	11	4
UROLOGY	5	3	4
OB/GYN TOTAL	19	22	33
<i>C/SECTIONS</i>	8	5	11
ENT TOTAL	0	0	0
GI TOTAL	93	88	80
GI ASC	86	81	71
GINO	4	3	6
GINPT	3	4	3
GI CANCELS*	1	0	2
*Cancels not included in GI Total			
**These totals include GI			

OR Cases By Service Line			
2025	FEBRUARY	MARCH	APRIL
TOTAL SURGERIES **	201	140	197
GENERAL SURGERY	21	37	29
ORTHOPEDIC TOTAL	36	25	32
<i>PODLATRY</i>	4	0	0
<i>TOTAL JOINTS</i>	0	1	1
UROLOGY	5	0	2
OB/GYN TOTAL	23	24	40
<i>C/SECTIONS</i>	6	9	13
ENT TOTAL	2	0	2
GI TOTAL	114	54	92
GI ASC	106	51	89
GINO	2	3	2
GINPT	6	0	1
GI CANCELS*	3	2	0
*Cancels not included in GI Total			
**These totals include GI			

Hospital Likelihood to Recommend



	1st QTR	2nd QTR	3rd QTR	4th QTR
TARGET	75.00%	75.00%	75.00%	75.00%
2024	49.23%	69.44%	57.32%	66.00%
2025	67.27%	57.14%	60.66%	63.83%
2026	56.86%			







- Hardwiring daily leader rounding
- Increase response rate
- Collaborating with BETA HEART and Press Ganey creating one cohesive program



NEW DISCHARGE INSTRUCTION SHEETS ARE HERE!



Help us strengthen the *patient experience*—one conversation at a time.

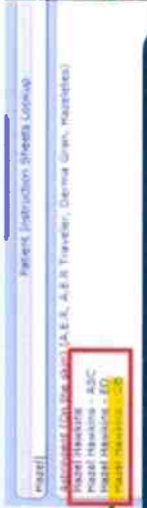


  **REVIEW**
it with every patient/family before discharge

  **ENCOURAGE**
survey participation & staff recognition

  **ANSWER**
questions and reinforce follow-up support

  **PRINT**
Where to find them:



 Every discharge conversation is an opportunity to build trust, improve care, and recognize the amazing work happening at HHMH

Available for:



 In Patient Instruction Sheets Lookup, search "Hazel" → select your department discharge packet



Your words matter.



Their experience matters.



Together, we create exceptional care.

APRIL	DIAGNOSIS	ACCEPTING FACILITY	CLASSIFICATION
4/1/2026	LEFT FRONTAL LOBE INTRACRANIAL HEMORRHAGE	GOOD SAMARITAN	N
4/1/2026	ESRD REQUIRING DIALYSIS + SEPTIC SHOCK	NATIVIDAD	K
4/1/2026	CAROTID ARTERY DISSECTION	GOOD SAMARITAN	N
4/3/2026	SEPSIS + CHOLECYSTITIS	KAISER SAN JOSE	KAISER
4/4/2026	SEPSIS + RUPTURED APPENDICITIS	SALINAS VALLEY HEALTH	IR
4/4/2026	NSTEMI	GOOD SAMARITAN	C
4/4/2026	ACUTE PSYCHOSIS	SAN JOSE BEHAVIORAL HEALTH	P
4/5/2026	SEPSIS UTI	KAISER SAN JOSE	KAISER
4/6/2026	STROKE	GOOD SAMARITAN	N
4/6/2026	HEART BLOCK + BILATERAL SUBDURAL HEMATOMAS	GOOD SAMARITAN	C
4/6/2026	RESPIRATORY DISTRESS + ASTHMA EXACERBATION	LUCILE PACKARD	PEDS
4/7/2026	ACUTE CHOLECYSTITIS	KAISER	KAISER
4/8/2026	OPIATE WITHDRAWL	KAISER SAN JOSE	KAISER
4/8/2026	ACUTE PSYCHOSIS + SUICIDAL IDEATIONS	SANTA ROSA BEHAVIORAL HEALTH	P
4/10/2026	ACUTE PSYCHOSIS	JOHN MUIR BEHAVIORAL HEALTH	P
4/11/2026	STEMI	GOOD SAMARITAN	C
4/11/2026	BILATERAL PULMONARY EMBOLISM	GOOD SAMARITAN	C
4/11/2026	MYCOPLASMA PNEUMONIAE + HYPOXIA + PROSTATE CANCER W/ METS TO BONES	STANFORD	R
4/12/2026	FEMUR FRACTURE + COMPRESSION FRACTURE OF LUMBAR VERTABRAE	NATIVIDAD	O
4/12/2026	NSTEMI	STANFORD	C
4/13/2026	CHF EXACERBATION	GOOD SAMARITAN	C
4/14/2026	SEVERE SEPSIS	SALINAS VALLEY HEALTH	U
4/14/2026	CVA	GOOD SAMARITAN	N
4/14/2026	COMPLICATION FROM TIPS PROCEDURE + MULTIFOCAL PNEUMONIA	STANFORD TRI-VALLEY	G
4/14/2026	CEREBRAL PARENCHYMAL HEMORRHAGE	GOOD SAMARITAN	N
4/14/2026	HYPERKALEMIA	SALINAS VALLEY HEALTH	K
4/15/2026	PARTIAL TRAUMATIC AMPUTATION OF LITTLE FINGER	KAISER SAN JOSE	KAISER
4/15/2026	GROSS HEMATURIA	NATIVIDAD	U
4/15/2026	ACUTE RESPIRATORY FAILURE	LUCILE PACKARD	PEDS
4/15/2026	CHEST WALL MASS	GOOD SAMARITAN	ONC

4/16/2026	ACUTE RESPIRATORY DISTRESS + RHINO-VIRUS + PNEUMONIA	LUCILE PACKARD	PEDS
4/16/2026	ACUTE PSYCHOSIS	DOCTORS BEHAVIORAL HEALTH	P
4/17/2026	MULTIPLE FRACTURE TRAUMA	NATIVIDAD	O
4/17/2026	ANXIETY	FREMONT BEHAVIORAL HEALTH	P
4/17/2026	OSTEOMYELITIS OF COCCYX + PRESSURE ULCER	GOOD SAMARITAN	O
4/18/2026	ANXIETY W/ DEPRESSION + INHALANT USE	SANTA ROSA BEHAVIORAL HEALTH	P
4/19/2026	NSTEMI	GOOD SAMARITAN	C

4/19/2026	CHOLEDOCHOLITHIASIS	GOOD SAMARITAN	G
4/19/2026	LEFT SUBCLAVIAN VEIN STENOSIS	NATIVIDAD	V
4/19/2026	ACALCULOUS CHOLECYSTITIS	KAISER SAN JOSE	KAISER
4/19/2026	FEBRILE SEIZURES	KAISER SANTA CLARA	KAISER
4/20/2026	INTRAPARENCHYMAL HEMORRHAGE	NATIVIDAD	N
4/21/2026	CVA	KAISER SAN JOSE	N
4/21/2026	PANCREATIC CANCER	GOOD SAMARITAN	ONC
4/21/2026	SEIZURES	LUCILE PACKARD	PEDS
4/22/2026	ACUTE PSYCHOSIS	FREMONT BEHAVIORAL HEALTH	P
4/23/2026	PNEUMONIA + HYPOXIA + ELEVATED TROPS	GOOD SAMARITAN	C
4/24/2026	MENINGITIS	FRESNO CRMC	N
4/24/2026	CHF EXACERBATION	GOOD SAMARITAN	C
4/25/2026	CARDIAC ARREST	GOOD SAMARITAN	C
4/25/2026	L TESTICULAR TORSION	LUCILE PACKARD	U
4/25/2026	AFIB W/ RVR	SALINAS VALLEY HEALTH	C
4/25/2026	PANCREATIC MASS	GOOD SAMARITAN	ONC
4/26/2026	AORTIC DISSECTION TYPE B	STANFORD	C
4/26/2026	DIVERTICULAR BLEED	NATIVIDAD	G
4/26/2026	SEPSIS + ACUTE APPENDICITIS + PERFORATED VISCUS	LUCILE PACKARD	PEDS
4/27/2026	ACUTE APPENDICITIS	LUCILE PACKARD	PEDS
4/27/2026	ACUTE APPENDICITIS	LUCILE PACKARD	PEDS
4/28/2026	NSTEMI	SALINAS VALLEY HEALTH	C
4/28/2026	OVERDOSE + SUICIDAL IDEATION	SAN JOSE BEHAVIORAL HEALTH	P
4/29/2026	ACUTE PSYCHOSIS	SAN JOSE BEHAVIORAL HEALTH	P
4/29/2026	BACTEREMIA	LUCILE PACKARD	PEDS

4/30/2026	NSTEMI	GOOD SAMARITAN	C
	TOTAL TRANSFERS FOR MARCH: 63		

RECEIVING FACILITIES FOR MARCH:	CLASSIFICATION:
NATIVIDAD: 7	N (NEURO): 8
SVH: 5	K (RENAL): 2
KAISER: 8	KAISER: 7
GOOD SAMARITAN: 20	P (PSYCH): 9
STANFORD: 4	O (ORTHO): 3
LUCILE PACKARD: 9	U (UROLOGY): 3
PSYCH: 9	C (CARDIAC): 14
FRESNO CRMC: 1	R (RESPIRATORY): 1
	PEDS: 8
	G (GI): 3
	IR (INTERVENTIONAL RADIOLOGY): 1
	ONC (ONCOLOGY): 3
	V (VASCULAR SURGERY): 1

MAY 2026 Project Dashboard - Facilities

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	Key Stakeholder	Role	Update
*Lab Phase 2	Analyzer Replacement	6/1/2024	6/12/2026	741	In Progress	High	Bernadette Enderez	Lab/Radiology Director	ABBOIT onsite week of 6/1 to do equipment install.
*Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026	TBD		Ongoing		Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 05/01/2026 100% SDs 07/07/2026 100% DDs 09/04/2026 100% SDs
*OR Rebuild	Updating OR per OSHPD Requirements	11/20/2024	12/31/2026	771	In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	CDPH waiver has been extended until JAN 2027.
*Sterilizer Replacement	Installation of new AMSCO 400 48 SD equipment for Sterile Processing Department	9/16/2025	11/1/2026	411	In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	Bid awarded, scheduling started with architect and general contractor. Estimated start in July/Aug
*Seismic	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	11/1/2025	1/1/2033		Ongoing	High	Jorge Ramirez	Senior Support Services Director	Geotech work for soil sampling to aid in seismic design expected to happen 5/16, MT/CAP needs to happen fall '26
*Imaging Trailer Pad Make Ready	Treanor to help when MIP starts	10/1/2025	TBD		In Progress	Medium	Bernadette Enderez	Lab/Radiology Director	Architectural proposal approved. Pending HCAI design approval and contractor pricing
*Verkada	Security / SSO + Door Access	3/11/2025	TBD		In Progress	High	Jorge Ramirez	Senior Support Services Director	Internal database build and scheduling for final card reader installation
*HUGS/Securitas	Infant Security	4/12/2024	6/1/2026	780	In Progress	High	Jac Fernandez	Senior Director of Acute Care Services	HCAI construction final has been issued. Securitas is onsite week of 6/1 for the go live!

MAY 2026 Project Dashboard - Facilities

Item	Description	Start Date	End Date	Count	Status	Priority	Lead	Notes
*ED Helipad	System is an AFFE system and no longer allowed in CA. Is required to be phased out due to being a hazardous chemical.	5/27/2025	8/1/2026	431	In Progress	High	Jorge Ramirez	Pending HCAI issuing the building permit. Contractor expected to mobilize week of 5/26.
*Northside SNF Kitchen Flooring	Replace kitchen and storage flooring at the Northside SNF	1/1/2026	TBD		In Progress	High	Jaylee Davison	Pending san benito county application approval. Internal Logistics planning ongoing
AB 2957	Weapons Detection Implementation	3/1/2026	5/26/2026	86	In Progress	Medium	Jorge Ramirez	Go Live planned for 5/26 Emergency Department
Physical Therapy Clinic Remodel	Expanding current location to help with ongoing demand	6/1/2025	TBD		On Hold	Medium	Jun Estrada	Contract signed for feasibility study
Focus Sports Therapy	Renovate and expand Focus sports therapy clinic	7/1/2025	TBD		On Hold	Medium	Jorge Ramirez	Working with architects on schematic design.
Totals								

TASK STATUS %	
STATUS	COUNT
Not Started	0
In Progress	9
Overdue	0
On Hold	2
Ongoing	2
Completed	0
TOTAL	13
	100%

PROJECT PRIORITY %	
PRIORITY	COUNT
High	8
Medium	4
Low	0
TOTAL	12
	100%

estimated go-live planned go live



San Benito Health Care District

San Benito Health Care District

A Public Agency
911 Sunset Drive
Hollister, CA 95023-5695
(831) 637-5711

May 28, 2026

CFO Financial Summary for the District Board:

For the month ending April 30, 2026, the District's Net Surplus **(Loss)** is \$1,821,627 compared to a budgeted Surplus **(Loss)** of \$1,045,293. The District exceeded its budget for the month by \$776,334.

YTD as of April 30, 2026, the District's Net Surplus **(Loss)** is \$11,667,592 compared to a budgeted Surplus **(Loss)** of \$9,732,582. The District is exceeding its budget YTD by \$1,935,010.

Acute discharges were 156 for the month, exceeding the budget by 16 discharges, 11%. The ADC was 13.33 compared to a budget of 13.19. The ALOS was 2.56. The acute I/P gross revenue was under budget by **\$284,893** or 4% while O/P services gross revenue exceeded the budget by **\$903,893** or 3%. ER I/P visits were 112 and ER O/P visits exceeded budget by 52 visits or 2%. The RHCs & Specialty Clinics treated 4,063 (includes 710 visits at the Diabetes Clinic) and 1,256 visits respectively.

Other Operating revenue exceeded budget by **\$588,283** due mainly to:

- 1) **\$547,886** in additional QIP funds for PY 7, CY 2024.

Operating Expenses were under budget by **\$111,354** due mainly to: overages in Registry of \$286,271, and Professional Fees of \$240,056 being offset by savings in Salaries & Wages Expense of \$677,331 and Employee Benefits of \$48,750.

Non-operating Revenue was under the budget by **\$17,077** due mainly to the timing of donations.

The SNFs ADC was **91.40** for the month. The Net Surplus **(Loss)** is \$86,512 compared to a budget of \$84,340. YTD, the Net Surplus **(Loss)** is **\$2,890,252** exceeding the budget by \$1,929,898.

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
HOLLISTER, CA 95023
FOR PERIOD 04/30/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 04/30/26	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/25	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/25	
GROSS PATIENT REVENUE:										
ACUTE ROUTINE REVENUE	3,259,801	3,195,282	64,519	2	3,716,702	33,982,807	34,403,141	(420,334)	(1)	33,399,909
SNF ROUTINE REVENUE	2,083,775	2,025,000	58,775	3	2,058,150	20,302,751	20,520,000	(217,250)	(1)	19,917,210
ANCILLARY INPATIENT REVENUE	3,932,064	4,270,062	(337,998)	(8)	4,549,676	38,217,884	42,730,205	(4,512,322)	(11)	42,503,381
HOSPITALIST\PEDES I/P REVENUE	138,113	0	138,113	0	0	1,598,527	0	1,598,527	0	0
TOTAL GROSS INPATIENT REVENUE	9,413,753	9,490,344	(76,591)	(1)	10,324,528	94,101,968	97,653,346	(3,551,378)	(4)	95,820,500
ANCILLARY OUTPATIENT REVENUE	33,285,442	32,482,500	802,942	3	29,931,220	315,288,991	309,300,566	5,988,425	2	292,304,067
HOSPITALIST\PEDES O/P REVENUE	100,952	0	100,952	0	0	1,057,059	0	1,057,059	0	0
TOTAL GROSS OUTPATIENT REVENUE	33,386,393	32,482,500	903,893	3	29,931,220	316,346,050	309,300,566	7,045,484	2	292,304,067
TOTAL GROSS PATIENT REVENUE	42,800,146	41,972,844	827,302	2	40,255,748	410,448,017	406,953,912	3,494,105	1	388,124,566
DEDUCTIONS FROM REVENUE:										
MEDICARE CONTRACTUAL ALLOWANCES	12,323,912	11,520,226	803,686	7	11,752,768	115,464,479	110,380,528	5,083,951	5	104,470,681
MEDI-CAL CONTRACTUAL ALLOWANCES	11,523,829	10,929,485	594,344	5	9,496,042	110,285,732	104,706,499	5,579,233	5	98,883,605
BAD DEBT EXPENSE	630,613	1,059,797	(429,184)	(41)	1,008,153	7,354,343	10,256,098	(2,901,755)	(28)	6,998,361
CHARITY CARE	134,060	33,101	100,959	305	10,450	535,805	316,951	218,854	69	327,268
OTHER CONTRACTUALS AND ADJUSTMENTS	4,637,382	5,113,231	(475,849)	(9)	4,752,029	49,170,320	48,978,251	192,069	0	46,067,464
HOSPITALIST\PEDES CONTRACTUAL ALLOW	8,919	0	8,919	0	0	121,752	0	121,752	0	0
TOTAL DEDUCTIONS FROM REVENUE	29,258,715	28,655,840	602,875	2	27,019,441	282,932,431	274,638,327	8,294,104	3	256,747,380
NET PATIENT REVENUE	13,541,431	13,317,004	224,427	2	13,236,307	127,515,586	132,315,585	(4,799,999)	(4)	131,377,187
OTHER OPERATING REVENUE	1,736,741	1,148,458	588,283	51	2,556,067	19,532,394	11,796,159	7,736,235	66	10,851,566
NET OPERATING REVENUE	15,278,171	14,465,462	812,709	6	15,792,374	147,047,980	144,111,744	2,936,236	2	142,228,752
OPERATING EXPENSES:										
SALARIES & WAGES	4,772,442	5,484,240	(711,798)	(13)	5,198,840	52,883,280	55,124,433	(2,241,153)	(4)	50,320,150
REGISTRY	834,480	525,385	309,095	59	609,687	7,070,914	5,253,844	1,817,070	35	5,337,710
EMPLOYEE BENEFITS	2,464,591	2,449,370	15,221	1	2,179,968	24,057,212	24,374,599	(317,387)	(1)	21,722,737
PROFESSIONAL FEES	1,887,424	1,647,658	239,766	15	1,527,151	18,153,604	16,452,827	1,700,777	10	15,390,343
SUPPLIES	1,387,061	1,287,278	99,783	8	1,226,869	13,016,999	12,835,133	181,866	1	11,083,031
PURCHASED SERVICES	1,477,790	1,382,749	95,041	7	1,487,787	13,660,462	13,615,073	45,389	0	13,323,942
RENTAL	181,595	169,962	11,633	7	152,394	1,790,294	1,697,964	92,330	5	1,606,634
DEPRECIATION & AMORT	351,499	315,202	36,297	12	317,196	3,427,850	3,152,026	275,824	9	3,169,946
INTEREST	4,405	19,359	(14,954)	(77)	(9,700)	269,180	196,157	73,023	37	413,831
OTHER	467,232	528,017	(60,786)	(12)	543,777	5,218,266	5,524,936	(306,670)	(6)	4,594,812
TOTAL EXPENSES	13,828,518	13,809,220	19,298	0	13,233,968	139,548,061	138,226,992	1,321,069	1	126,963,135
NET OPERATING INCOME (LOSS)	1,449,653	656,242	793,411	121	2,558,406	7,499,919	5,884,752	1,615,167	27	15,265,618

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
HOLLISTER, CA 95023
FOR PERIOD 04/30/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 04/30/26	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/25	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/25	
GROSS PATIENT REVENUE:										
ROUTINE REVENUE	3,259,801	3,195,282	64,519	2	3,716,702	33,982,807	34,403,141	(420,334)	(1)	33,399,909
ANCILLARY INPATIENT REVENUE	3,401,904	3,889,428	(487,524)	(13)	4,089,232	33,573,434	38,945,508	(5,372,074)	(14)	38,678,804
HOSPITALIST I\P REVENUE	138,113	0	138,113	0	0	1,598,527	0	1,598,527	0	0
TOTAL GROSS INPATIENT REVENUE	6,799,817	7,084,710	(284,893)	(4)	7,805,934	69,154,768	73,348,649	(4,193,881)	(6)	72,078,713
ANCILLARY OUTPATIENT REVENUE	33,285,442	32,482,500	802,942	3	29,931,220	315,288,991	309,300,566	5,988,425	2	292,304,067
HOSPITALIST O\P REVENUE	100,952	0	100,952	0	0	1,057,059	0	1,057,059	0	0
TOTAL GROSS OUTPATIENT REVENUE	33,386,393	32,482,500	903,893	3	29,931,220	316,346,050	309,300,566	7,045,484	2	292,304,067
TOTAL GROSS ACUTE PATIENT REVENUE	40,186,210	39,567,210	619,000	2	37,737,154	385,500,818	382,649,215	2,851,603	1	364,382,779
DEDUCTIONS FROM REVENUE ACUTE:										
MEDICARE CONTRACTUAL ALLOWANCES	11,691,803	11,241,771	450,032	4	11,400,386	112,091,376	107,642,281	4,449,095	4	101,729,956
MEDI-CAL CONTRACTUAL ALLOWANCES	11,513,666	10,831,983	681,683	6	9,400,309	110,495,205	103,718,479	6,776,726	7	98,061,699
BAD DEBT EXPENSE	651,323	1,054,797	(403,474)	(38)	971,104	7,395,994	10,206,098	(2,810,104)	(28)	6,927,509
CHARITY CARE	134,060	33,101	100,959	305	10,450	531,149	316,951	214,198	68	265,830
OTHER CONTRACTUALS AND ADJUSTMENTS	4,662,024	5,079,132	(417,108)	(8)	4,702,472	48,923,448	48,633,736	289,712	1	45,781,635
HOSPITALIST\PEDS CONTRACTUAL ALLOW	8,919	0	8,919	0	0	121,752	0	121,752	0	0
TOTAL ACUTE DEDUCTIONS FROM REVENUE	28,661,795	28,240,784	421,011	2	26,484,720	279,558,924	270,517,545	9,041,379	3	252,766,628
NET ACUTE PATIENT REVENUE	11,524,415	11,326,426	197,989	2	11,252,434	105,941,894	112,131,670	(6,189,776)	(6)	111,616,151
OTHER OPERATING REVENUE	1,630,354	1,148,458	481,896	42	2,556,067	18,468,524	11,796,159	6,672,365	57	10,851,566
NET ACUTE OPERATING REVENUE	13,154,769	12,474,884	679,885	6	13,808,501	124,410,418	123,927,829	482,589	0	122,467,717
OPERATING EXPENSES:										
SALARIES & WAGES	3,720,657	4,397,988	(677,331)	(15)	4,158,898	42,329,993	44,194,705	(1,864,712)	(4)	39,999,299
REGISTRY	762,431	476,160	286,271	60	550,670	6,393,605	4,761,600	1,632,005	34	4,835,268
EMPLOYEE BENEFITS	1,902,327	1,951,077	(48,750)	(3)	1,708,669	18,743,728	19,357,287	(613,559)	(3)	16,909,088
PROFESSIONAL FEES	1,885,214	1,645,158	240,056	15	1,524,941	18,131,504	16,427,827	1,703,677	10	15,368,243
SUPPLIES	1,269,428	1,191,198	78,230	7	1,112,513	11,864,511	11,866,711	(2,200)	0	10,103,171
PURCHASED SERVICES	1,338,213	1,281,865	56,348	4	1,396,323	12,510,071	12,592,596	(82,525)	(1)	12,340,551
RENTAL	162,979	162,046	933	1	136,692	1,618,286	1,616,584	1,702	0	1,516,769
DEPRECIATION & AMORT	310,510	276,161	34,349	12	277,816	3,024,327	2,761,616	262,711	10	2,778,873
INTEREST	4,405	19,359	(14,954)	(77)	(9,700)	269,180	196,157	73,023	37	413,831
OTHER	402,084	468,589	(66,505)	(14)	483,371	4,591,249	4,904,050	(312,801)	(6)	4,045,801
TOTAL EXPENSES	11,758,247	11,869,601	(111,354)	(1)	11,340,192	119,476,453	118,679,133	797,320	1	108,310,893
NET OPERATING INCOME (LOSS)	1,396,522	605,283	791,239	131	2,468,309	4,933,965	5,248,696	(314,731)	(6)	14,156,823

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
 HOLLISTER, CA 95023
 FOR PERIOD 04/30/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			PRIOR YR
	ACTUAL 04/30/26	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/25	ACTUAL 04/30/26	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	6,331	20,000	(13,669)	(68)	0	500,486	200,000	300,486	150	226,594
PROPERTY TAX REVENUE	211,194	211,194	0	0	204,954	2,111,940	2,111,940	0	0	2,049,540
GO BOND PROP TAXES	181,114	181,114	0	0	175,915	1,811,136	1,811,140	(4)	0	1,759,148
GO BOND INT REVENUE\EXPENSE	(62,114)	(62,114)	0	0	(65,081)	(611,136)	(611,140)	4	0	(650,814)
OTHER NON-OPER REVENUE	11,776	16,399	(4,623)	(28)	11,366	153,913	163,990	(10,077)	(6)	159,029
OTHER NON-OPER EXPENSE	(14,026)	(13,548)	(478)	4	(17,602)	(135,966)	(168,648)	32,682	(19)	(208,648)
INVESTMENT INCOME	3,318	1,625	1,693	104	1,720	13,002	16,250	(3,248)	(20)	14,798
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	338,593	355,670	(17,077)	(5)	311,272	3,843,375	3,523,532	319,843	9	3,349,647
NET SURPLUS (LOSS)	1,735,115	960,953	774,162	81	2,779,581	8,777,339	8,772,228	5,111	0	17,506,470

HAZEL HAWKINS SKILLED NURSING FACILITIES
 HOLLISTER, CA
 FOR PERIOD 04/30/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 04/30/26	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/25	ACTUAL 04/30/26	BUDGET 04/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/25
GROSS SNF PATIENT REVENUE:										
ROUTINE SNF REVENUE	2,083,775	2,025,000	58,775	3	2,058,150	20,302,751	20,520,000	(217,250)	(1)	19,917,210
ANCILLARY SNF REVENUE	530,161	380,634	149,527	39	460,444	4,644,449	3,784,697	859,752	23	3,824,577
TOTAL GROSS SNF PATIENT REVENUE	2,613,936	2,405,634	208,302	9	2,518,594	24,947,200	24,304,697	642,503	3	23,741,787
DEDUCTIONS FROM REVENUE SNF:										
MEDICARE CONTRACTUAL ALLOWANCES	632,109	278,455	353,654	127	352,382	3,373,104	2,738,247	634,857	23	2,740,726
MEDI-CAL CONTRACTUAL ALLOWANCES	10,163	97,502	(87,339)	(90)	95,733	(209,473)	988,020	(1,197,493)	(121)	821,907
BAD DEBT EXPENSE	(20,710)	5,000	(25,710)	(514)	37,049	(41,651)	50,000	(91,651)	(183)	70,852
CHARITY CARE	0	0	0	0	0	4,656	0	4,656		61,438
OTHER CONTRACTUALS AND ADJUSTMENTS	(24,642)	34,099	(58,741)	(172)	49,557	246,872	344,515	(97,643)	(28)	285,829
TOTAL SNF DEDUCTIONS FROM REVENUE	596,921	415,056	181,865	44	534,721	3,373,507	4,120,782	(747,275)	(18)	3,980,752
NET SNF PATIENT REVENUE	2,017,015	1,990,578	26,437	1	1,983,874	21,573,692	20,183,915	1,389,777	7	19,761,036
OTHER OPERATING REVENUE	106,387	0	106,387	0	0	1,063,870	0	1,063,870	0	0
NET SNF OPERATING REVENUE	2,123,402	1,990,578	132,824	7	1,983,874	22,637,562	20,183,915	2,453,647	12	19,761,036
OPERATING EXPENSES:										
SALARIES & WAGES	1,051,785	1,086,252	(34,467)	(3)	1,039,943	10,553,287	10,929,728	(376,441)	(3)	10,320,851
REGISTRY	72,050	49,225	22,825	46	59,017	677,309	492,244	185,065	38	502,442
EMPLOYEE BENEFITS	562,264	498,293	63,971	13	471,299	5,313,484	5,017,312	296,172	6	4,813,649
PROFESSIONAL FEES	2,210	2,500	(290)	(12)	2,210	22,100	25,000	(2,900)	(12)	22,100
SUPPLIES	117,634	96,080	21,554	22	114,356	1,152,489	968,422	184,067	19	979,859
PURCHASED SERVICES	139,577	100,884	38,693	38	91,464	1,150,390	1,022,477	127,913	13	983,391
RENTAL	18,616	7,916	10,700	135	15,703	172,008	81,380	90,628	111	89,865
DEPRECIATION	40,989	39,041	1,948	5	39,380	403,523	390,410	13,113	3	391,073
INTEREST	0	0	0	0	0	0	0	0	0	0
OTHER	65,148	59,428	5,720	10	60,405	627,017	620,886	6,131	1	549,011
TOTAL EXPENSES	2,070,271	1,939,619	130,652	7	1,893,777	20,071,608	19,547,859	523,749	3	18,652,241
NET OPERATING INCOME (LOSS)	53,131	50,959	2,172	4	90,097	2,565,954	636,056	1,929,898	303	1,108,794
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	0	0	0	0	0	0	0	0	0	0
PROPERTY TAX REVENUE	37,240	37,240	0	0	36,168	372,400	372,400	0	0	361,680
OTHER NON-OPER EXPENSE	(3,859)	(3,859)	0	0	(5,048)	(48,102)	(48,102)	0	0	(59,602)
TOTAL NON-OPERATING REVENUE/(EXPENSE)	33,381	33,381	0	0	31,120	324,298	324,298	0	0	302,078
NET SURPLUS (LOSS)	86,512	84,340	2,172	3	121,217	2,890,252	960,354	1,929,898	201	1,410,872

HAZEL HAWKINS MEMORIAL HOSPITAL
 HOLLISTER, CA
 For the month ended 04/30/26

	CURR MONTH 04/30/26	PRIOR MONTH 03/31/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/25
CURRENT ASSETS					
CASH & CASH EQUIVALENT	47,020,575	40,597,910	6,422,665	16	46,670,217
PATIENT ACCOUNTS RECEIVABLE	68,763,388	70,223,737	(1,460,349)	(2)	66,556,290
BAD DEBT ALLOWANCE	(7,078,704)	(7,158,372)	79,668	(1)	(7,062,672)
CONTRACTUAL RESERVES	(40,156,656)	(41,999,892)	1,843,236	(4)	(40,404,377)
OTHER RECEIVABLES	4,958,061	11,681,935	(6,723,874)	(58)	4,952,401
INVENTORIES	5,039,841	5,041,909	(2,068)	0	4,981,471
PREPAID EXPENSES	2,259,438	2,444,902	(185,465)	(8)	2,599,584
DUE TO\FROM THIRD PARTIES	(181,860)	(181,860)	0	0	(181,860)
TOTAL CURRENT ASSETS	80,624,084	80,650,269	(26,185)	0	78,111,054
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	6,772,347	6,492,371	279,976	4	5,666,884
TOTAL LIMITED USE ASSETS	6,772,347	6,492,371	279,976	4	5,666,884
PROPERTY, PLANT, AND EQUIPMENT					
LAND & LAND IMPROVEMENTS	3,370,474	3,370,474	0	0	3,370,474
BLDGS & BLDG IMPROVEMENTS	100,124,163	100,124,163	0	0	100,098,374
EQUIPMENT	48,750,626	48,592,458	158,169	0	46,216,122
CONSTRUCTION IN PROGRESS	10,085,990	8,292,742	1,793,248	22	4,324,809
GROSS PROPERTY, PLANT, AND EQUIPMENT	162,331,254	160,379,838	1,951,417	1	154,009,779
ACCUMULATED DEPRECIATION	(101,970,111)	(101,603,700)	(366,411)	0	(98,393,920)
NET PROPERTY, PLANT, AND EQUIPMENT	60,361,144	58,776,138	1,585,006	3	55,615,859
OTHER ASSETS					
UNAMORTIZED LOAN COSTS	269,798	275,540	(5,742)	(2)	327,215
PENSION DEFERRED OUTFLOWS NET	5,277,892	5,277,892	0	0	5,277,892
TOTAL OTHER ASSETS	5,547,690	5,553,432	(5,742)	0	5,605,107
TOTAL UNRESTRICTED ASSETS	153,305,265	151,472,210	1,833,055	1	144,998,904
RESTRICTED ASSETS	129,328	128,907	421	0	127,208
TOTAL ASSETS	153,434,593	151,601,117	1,833,476	1	145,126,112

HAZEL HAWKINS MEMORIAL HOSPITAL
 HOLLISTER, CA
 For the month ended 04/30/26

	CURR MONTH 04/30/26	PRIOR MONTH 03/31/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/25
CURRENT LIABILITIES					
ACCOUNTS PAYABLE	7,169,517	7,453,673	284,157	(4)	6,221,841
ACCRUED PAYROLL	3,254,827	2,741,807	(513,019)	19	3,467,229
ACCRUED PAYROLL TAXES	206,034	164,076	(41,958)	26	257,552
ACCRUED BENEFITS	4,398,125	4,440,031	41,906	(1)	5,074,320
OTHER ACCRUED EXPENSES	59,110	51,864	(7,246)	14	80,907
PATIENT REFUNDS PAYABLE	1,310	11,321	10,012	(88)	1,310
DUE TO\FROM THIRD PARTIES	5,657,026	5,657,026	0	0	5,056,186
OTHER CURRENT LIABILITIES	984,018	913,198	(70,820)	8	777,080
TOTAL CURRENT LIABILITIES	21,729,966	21,432,997	(296,969)	1	20,936,425
=====					
LONG-TERM DEBT					
LEASES PAYABLE	4,579,589	4,636,609	57,021	(1)	4,799,273
BONDS PAYABLE	26,649,680	26,678,200	28,520	0	28,534,881
TOTAL LONG TERM DEBT	31,229,269	31,314,810	85,541	0	33,334,154
=====					
OTHER LONG-TERM LIABILITIES					
DEFERRED REVENUE	0	0	0	0	0
LONG-TERM PENSION LIABILITY	23,888,121	24,088,121	200,000	(1)	25,888,121
TOTAL OTHER LONG-TERM LIABILITIES	23,888,121	24,088,121	200,000	(1)	25,888,121
=====					
TOTAL LIABILITIES	76,847,356	76,835,927	(11,428)	0	80,158,700
NET ASSETS:					
UNRESTRICTED FUND BALANCE	64,915,019	64,915,019	0	0	64,817,839
RESTRICTED FUND BALANCE	101,807	101,386	(421)	0	149,573
NET REVENUE/(EXPENSES)	11,570,412	9,748,785	(1,821,627)	19	0
TOTAL NET ASSETS	76,587,237	74,765,189	(1,822,048)	2	64,967,412
=====					
TOTAL LIABILITIES AND NET ASSETS	153,434,593	151,601,117	(1,833,476)	1	145,126,112
=====					



San Benito Health Care District
 Hazel Hawkins Memorial Hospital
 APRIL 2026

Description	MTD Budget	MTD Actual	YTD Actual	YTD Budget	FYE Budget
Average Daily Census - Acute	13.19	13.33	13.35	14.75	15.00
Average Daily Census - SNF	90.00	91.40	88.72	90.00	90.00
Acute Length of Stay	2.82	2.56	2.82	2.80	2.80
ER Visits:					
Inpatient	129	112	1,102	1,370	1,638
Outpatient	2,252	2,304	22,200	22,310	27,053
Total	2,381	2,416	23,302	23,680	28,691
Days in Accounts Receivable	50.0	51.3	51.3	50.0	50.0
Productive Full-Time Equivalents	575.17	553.92	540.05	575.17	575.17
Net Patient Revenue	13,317,004	13,541,431	127,515,586	132,315,585	157,730,532
Payment-to-Charge Ratio	31.7%	31.6%	31.1%	32.5%	32.4%
Medicare Traditional Payor Mix	28.03%	32.45%	30.52%	28.96%	28.71%
Commercial Payor Mix	24.08%	21.42%	22.58%	23.12%	23.36%
Bad Debt % of Gross Revenue	2.50%	1.50%	1.79%	2.50%	2.53%
EBIDA	1,257,902	2,071,010	14,079,510	11,901,358	13,769,729
EBIDA %	8.70%	13.56%	9.57%	8.26%	7.98%
Operating Margin	4.54%	9.49%	5.10%	4.08%	3.79%
Salaries, Wages, Registry & Benefits %: by Net Operating Revenue	58.48%	52.83%	57.13%	58.81%	59.06%
by Total Operating Expense	61.26%	58.37%	60.20%	61.31%	61.39%
Bond Covenants:					
Debt Service Ratio - 1.25	8.06	13.27	9.03	7.63	7.36
Current Ratio - 1.50	2.00	3.71	3.71	2.00	2.00
Days Cash on hand - 30.00	92.45	104.87	104.87	92.45	110.00
Met or Exceeded Target					
Within 10% of Target					
Not Within 10%					

Statement of Cash Flows
Hazel Hawkins Memorial Hospital
Hollister, CA
Ten months ending April 30, 2026

	CASH FLOW		COMMENTS
	Current Month 4/30/2026	Current Year-To-Date 4/30/2026	
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net Income (Loss)	\$ 1,821,627	\$ 11,667,592	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	366,411	3,576,190	
(Increase)/Decrease in Net Patient Accounts Receivable	(462,555)	(2,438,787)	
(Increase)/Decrease in Other Receivables	6,723,874	(6,123)	
(Increase)/Decrease in Inventories	2,068	(58,370)	
(Increase)/Decrease in Pre-Paid Expenses	185,465	340,146	
(Increase)/Decrease in Due From Third Parties	0	0	
(Increase)/(Decrease) in Accounts Payable	(284,157)	948,136	
(Increase)/(Decrease) in Notes and Loans Payable	0	0	
(Increase)/(Decrease) in Accrued Payroll and Benefits	513,069	(842,661)	
(Increase)/(Decrease) in Accrued Expenses	7,246	(21,796)	
(Increase)/(Decrease) in Patient Refunds Payable	(10,011)	0	
(Increase)/(Decrease) in Third Party Advances/Liabilities	0	600,837	
(Increase)/(Decrease) in Other Current Liabilities	70,820	109,485	Semi-Annual Int. - 2005 GO & 2021 Revenue Bonds
Net Cash Provided by Operating Activities:	7,112,230	2,207,057	
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Property, Plant and Equipment	(1,951,417)	(8,321,477)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	(279,976)	(1,105,464)	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(Increase)/Decrease in Other Assets	5,742	57,420	Amortization
Net Cash Used by Investing Activities	(2,225,651)	(9,369,521)	
CASH FLOWS FROM FINANCING ACTIVITIES:			
(Increase)/(Decrease) in Capital Lease Debt	(57,021)	(219,684)	
(Increase)/(Decrease) in Bond Mortgage Debt	(28,520)	(1,885,200)	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
(Increase)/(Decrease) in Other Long Term Liabilities	(200,000)	(2,000,000)	Long Term Pension Liability
Net Cash Used for Financing Activities	(285,541)	(4,104,884)	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	(49,886)	
Net Increase/(Decrease) in Cash	6,422,665	350,358	
Cash, Beginning of Period	40,597,910	46,670,217	
Cash, End of Period	\$47,020,575	\$47,020,575	\$0

Cost per day to run the District	\$448,365	\$41,582,574	Budgeted Cash on Hand
Operational Days Cash on Hand	104.87	\$5,438,001	Variance

Hazel Hawkins Memorial Hospital
 Supplemental Payment Programs
 YTD as of April 30, 2026
 FYE June 30, 2026

	Payor	Actual		Notes:
		FY 2026	FY 2025	
Intergovernmental Transfer Programs:				
- AB 113 Non-Designated Public Hospital (NDPH)				
- SFY 2023/2024 Final Payment SFY 2024/2025				
- SFY 2024/2025 Interim SFY 2025/2026				
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2025				
- Rate Range Jan. 1, 2023 through Dec. 31, 2023				
- Rate Range Jan. 1, 2024 through Dec. 31, 2024				
- QIP PY 6 Settlement CY 2023				
- QIP PY 7 Settlement "Interim" Payment for CY 2024				
- QIP PY 7 Settlement "Final" Payment for CY 2024				
- District Hospital Directed Payments (DHDP) CY 2024				
- QIP PY 5 Loan Repayment				
IGT sub-total		11,312,559	6,023,320	
Non-Intergovernmental Transfer Programs:				
- AB 915 SY 2024-25				
- SB 239 Hospital Quality Assurance Fund (HQAF)				
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII				
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII				
- SB 239 Hospital Quality Assurance Fund (HQAF) IX				
- Distinct Part, Nursing Facility (DP/NF)				
- Medi-Cal Disproportionate Share (DSH)				
Non-IGT sub-total		4,044,308	8,458,797	
Program Grand Totals		15,356,867	14,482,117	
Total Received		12,311,700	17,572,203	
Total Pending		3,045,168		
Total Paid		-	(3,090,086)	
Net Supplemental Payments		15,356,867	14,482,117	

Requires District to fund program and wait for matching return.

DHCS 39,795 IGT due April 2026. Expect payment by June 2025.
 DHCS 305,302 IGT due April 2026. Expect payment by June 2025.
 CCAH 2,407,056 Rec'd payment on April 28, 2026.
 Anthem 1,339,141 Received in February 2025.
 CCAH - Received on January 13, 2026. Higher than prior year in place of AB 915.
 DHCS 4,311,260 Sent IGT of \$2,342,379 in March. Rec. in May.
 CCAH 2,249,573 Funded IGT on Aug. 22nd, \$900,434.15. Rec'd in Oct. 2025.
 CCAH 3,223,048 Rec'd payment on April 28, 2026.
 DHCS 643,091 Funded IGT on Aug. 22nd, \$379,041.08. Expect payment in Oct/Nov '25.
 District - Paid on December 9, 2024.
(3,090,086)

Direct Payments.
 Received on March 17, 2025. Based on FFS. County now under CCAH.
 Rec. Sep. 4, 2024.
 Expected to Rec. 4th qtr payment by June 30, 2025.
 Rec'd 1st, 2nd, & 3rd Qtr payments YTD.
 Qtrly Pmts reduced by 45% and not expected this fiscal year.
 Based on actual cost difference.
 H.R. 1 reduction of 60% delayed until FY 2028.

AMENDMENT TO LEASE

This amendment to the lease is effective this day June 1, 2026 by and between Merlyn Knowles (Landlord) and San Benito Health Care District Thrift Shop/Hazel Hawkins Hospital (Tenant).

RECITALS

WHEREAS, by the lease dated August 10, 2020 (the lease), Landlord did lease to San Benito Health Care District Thrift Shop, herein called "Tenant", commercial space located at 898 San Benito St Hollister CA 95023. Said space consists of approximately 5000 square feet and is herein called "premises".

AGREEMENT

WHEREAS, Tenant agrees to exercise their option of 5 years according to the lease

WHEREAS' The lease will be extended from June 1, 2026 to May 31, 2031.

WHEREAS, The monthly rental amount will be:

- \$5300 (five thousand three hundred dollars) from June 1, 2026 to May,31 2027
- \$5400 (five thousand four hundred dollars) from June 1, 2027 to May 31, 2028
- \$5500 (five thousand five hundred dollars) from June 1, 2028 to May 31, 2029
- \$5600 (five thousand six hundred dollars) from June 1, 2029 to May 31, 2030
- \$5700 (five thousand seven hundred dollars) from June 1, 2030 to May 31, 2031

LANDLORD:

Merlyn Knowles

ASSIGNEE:

Mark Robinson

CFO Hazel Hawkins Hospital

By: _____

Merlyn Knowles

By: _____

Mark Robinson

Dated: _____

Date: _____

RESOLUTION NO. 2026-16

**RESOLUTION OF THE BOARD OF DIRECTORS OF
SAN BENITO HEALTH CARE DISTRICT
APPROVING AN AMENDMENT TO THE MEMORANDUM OF
UNDERSTANDING WITH THE NATIONAL UNION OF HEALTHCARE
WORKERS**

WHEREAS, the San Benito Health Care District (“District”) is a local health care district duly organized and operating under the terms of the Local Health Care District Law (California Health and Safety Code Division 23, Sections 32000-32492 (“Local Health Care District Law”));

WHEREAS, the District, acting through its appointed negotiation team, and representatives of the National Union of Healthcare Workers (“NUHW”), a duly recognized employee organization representing certain representing certain healthcare workers met and conferred in good faith and fully communicated and exchanged information concerning wages, hours, and the terms and conditions of employment for contract years July 1, 2025 – June 30, 2029;

WHEREAS, the appointed representatives of the parties agreed on certain matters as provided in the tentative agreements (“Tentative Agreements”), attached hereto as Exhibit A, and recommend the District and NUHW implement those Tentative Agreements and modify the existing Memorandum of Understanding with Hazel Hawkins Memorial Hospital (“MOU”);

WHEREAS, on May 21 and 22, 2026, the employees represented by NUHW voted to ratify the proposed changes to the MOU, as set forth in the Tentative Agreements;

WHEREAS, the District Board of Directors (“Board”) has been presented with a summary of the Tentative Agreements;

WHEREAS, the Board has reviewed and evaluated the Tentative Agreements and authorizes the District to approve and adopt the MOU containing the Tentative Agreements, and authorizes the District Administration to take all steps to execute the necessary documents; and

WHEREAS, this Resolution is not defined as a project under the California Environmental Quality Act (“CEQA”), set forth at Public Resources Code Section 21065, Section 15378 of the State CEQA Guidelines, because amending the MOU will not cause either a direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment.

NOW, THEREFORE, BE IT RESOLVED by the San Benito Health Care District Board of Directors as follows:

1. The Recitals set forth above are true and correct and are incorporated into this Resolution by reference.
2. The Board has hereby approved the Tentative Agreements set forth in Exhibit A for incorporation into the MOU for the period of July 1, 2025 – June 30, 2029.
3. District Administration is directed to take any and all actions, including executing relevant documents, to carry out the intent of this Resolution.
4. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED this 28th day of May, 2026 by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

William Johnson, President

Attested:

Nick Gabriel, DO, Secretary

San Benito Healthcare District

And

National Union of Healthcare Workers

December 2, 2025

Article X - TECHNOLOGY – Tentative Agreement

The District retains the exclusive right, consistent with its management rights under the Meyers-Milias-Brown Act (MMBA), to introduce, modify, or implement new technology or systems to improve patient care, enhance operational efficiency, or promote the health and safety of patients and employees.

Recognizing the potential impact of new or modified technology on bargaining unit members, the District agrees to provide the Union with written notice at least thirty (30) calendar days in advance, or as soon as practicable when thirty (30) days' notice is not feasible, of any substantial change in technology that is reasonably anticipated to affect the terms and conditions of employment for bargaining unit members.

This provision does not apply to minor or routine updates, maintenance, or replacements of existing technology, including periodic software updates, unless such changes materially alter bargaining unit job duties, work schedules, or other significant working conditions. Additionally, this provision does not apply to any technologies which the District is contractually obliged to keep confidential or which constitute trade secrets.

At the time of notice, the District will provide a general summary of the planned change and, to the extent information is reasonably available, the anticipated implementation timeline. Such information is provided for the purpose of facilitating good-faith discussions regarding potential impacts and shall not be construed as requiring Union approval or delaying implementation.

The Union may request to meet and confer regarding the impacts of new or modified technology on bargaining unit employees. Such discussions shall be limited to the foreseeable impacts on terms and conditions of employment, and shall not include the District's underlying decision or right to implement the technology itself.

The District may proceed with implementation following completion of good-faith discussions, or sooner if required by regulatory, patient-safety, or operational necessity. In such cases, the District will continue to meet and confer in good faith regarding any continuing impacts to the extent required by law.

Should the Union believe that a change in working conditions has occurred as a result of the implementation of new or modified technology, any dispute shall be subject to the grievance and

arbitration provisions of this Agreement. As to wages, the arbitrator's authority shall be limited to determining the proper rate relative to existing rates set forth within the attached wage rate exhibits of this Agreement. Nothing in this section shall limit or delay the District's right to implement such technology in accordance with applicable laws, regulations, or accreditation requirements.

Signature: 

Mark Robinson, CFO

Hazel Hawkins Hospital

Dated: December 2, 2025

Signature: 

Ralph Cornejo

National Union of Healthcare Workers

Dated: December 2, 2025

**San Benito Healthcare District
and
National Union Healthcare Workers**

Tentative Agreements

Article 8. Seniority. Modify as a clarification as follows:

8.1 Seniority and Longevity Defined

- A. Seniority is defined as the most **recent date of hire in the bargaining unit.**
- B. Longevity is defined as the **most recent date of hire** in a Department or Unit (See Appendix B).

As of July 1, 2019, employees who were in their department or unit at the time will use their date of hire in the bargaining unit for purposes of longevity. After July 1, 2019 Longevity for any employee who takes a position in another Department or Unit **will be the most recent date of hire** in the new Department or Unit.

- C. As an exception, the seniority and longevity for workers who are newly accreted to the bargaining unit will be the date they were first hired into a classification of the newly accreted Department or Unit.

8.2 Return to Department or Unit. An employee who accepts a position outside the bargaining unit but within the District may return to a bargaining unit position without loss of seniority or longevity provided:

- A. There is a vacancy to which the employee can return;
- B. The employee is qualified to perform the position;
- C. The return occurs within **ninety (90) calendar days** of leaving the bargaining unit.

8.3 Seniority and Longevity Lists. The District will maintain separate lists for Seniority and Longevity provided to the Union as needed.

8.4 Rename this subsection and modify as follows:

Loss or Reduction of Seniority or Longevity

A. An employee's seniority and Longevity will be terminated by:

- (1) Discharge for cause;
- (2) Resignation;
- (3) Failure to return from a leave of absence in accordance with the terms of the leave
- (4) Twelve (12) consecutive months of lay off without recall.
- (5) **Failure to return to a bargaining unit position within ninety (90) calendar days as provided in 8.2 Return to Department or Unit.**

~~B. An employee's seniority and longevity shall only be reduced by:~~

- ~~(1) Layoffs of more than twelve (12) consecutive months or~~
- ~~(6) Any leave of absence without pay totaling more than twelve (12) months.~~

17.1 A. Vacation Scheduling

Bi-annual Vacation Bidding process will occur two (2) times per year.

(1) Cycle 1. September 1st—30th for schedules January—June

(2) Cycle 2. March 1st—31st for the schedules July—December

A calendar of granted vacation requests will be posted no later than two (2) weeks after the close of the bidding cycle.

As agreed on 9/3/25



Hazel Hawkins Hospital

Date: 9-24-2025



National Union of Healthcare Workers

Date: 9/24/25

Tentative Agreements

9.2 Step Increases--TA

An employee shall advance a step, until there are no further steps to advance, on the salary schedule within the employee's designated classification effective upon the employee's hire date anniversary as defined in this Agreement, and such advancement will become effective the following pay period after the anniversary date.

9.6 Standby.--TA

B. Reinsert the former language: "Such payment for standby shall continue regardless if the employee is called to work while on standby."

13.2 Order of Call-Off-TA

Modify the third paragraph to read:

For purposes of this Article, the Rural Health Clinics shall be considered one Department; and the Orthopedic Clinic and Multi-Specialty Clinic shall be considered one Department. For an employee to be eligible to take hours at any clinic as a result of a call-off, the employee must be competent to perform the duties/responsibilities at that clinic.

Rural Health Clinics

Sunset/Annex Clinic

Mabie 1st Street Clinic

Mabie 4th Street Clinic

San Juan Bautista Clinic

Primary Care and Surgical Specialty Clinic

Barragan Family Health Care and Diabetes Clinic

Specialty Clinics

Orthopedic Clinic

Multi-Specialty

A. Bereavement Leave. TA

A leave with pay not to exceed five (5) working days shall be granted to Full Time and Part Time employees for bereavement due to death in the immediate family. Immediate family shall include only the employee's mother, father, sister, brother, spouse, registered domestic partner, child, step-father, step-mother step-child (including when standing in loco parentis), grandparent, grandchild, step-grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, and son-in-law. Under circumstances of death of other family members, the District will review approving a leave on a case-by-case basis. Leave may also be extended for a death in the family that requires travel outside of area. Upon use of the five (5) days of bereavement, PTO can be approved upon request prior to departure.

Ruby R. Comery 10/2/25

MARK ROBINSON SBHCD 10/2/25

District Response to 25.1. 10.8.25

Article 3. Recognition

A. Discipline Process

At its discretion, the District may use verbal counseling to guide and educate employees which may be documented but not maintained in the employee's personnel file. The District will utilize progressive discipline for performance issues or misconduct whenever appropriate; however, the District may, when circumstances warrant, skip one or more steps up to and including termination. Progressive discipline may include, but is not limited to, the following measures:

- a. verbal written warning;
- b. written warning;
- c. suspension and/or final written warning; and
- d. termination.

~~If an employee engages in a serious violation of procedures, policies, or standards of conduct, the District may proceed directly to termination or other appropriate action.~~

B. Expiration of Discipline

If after one (1) year's period of time following the issuance of the discipline there has been no other discipline of a similar nature given to the employee, the disciplinary notice shall be sealed within the employee's personnel file. If the employee, however, receives discipline of a similar nature during the one-year period, the original discipline remains active for another full year.

During any leave of absence, whether continuous or intermittent, the disciplinary timeline for employees will be frozen. Upon their return, the timeline will resume from the point of interruption, ensuring a comprehensive duration of a one (1) year period.

A. Disciplinary Timeline

Disciplinary actions shall be given to the employee within ~~ten (10)~~ business twelve (12) calendar days from the date the District discovers the violation.

- B. Discipline for different types of infractions will be considered separate, (for example: a tardy and paperwork error are separate and would not cause one or the other to go up in progressive discipline). But infractions of the same type/behavior may lead to further progressive discipline.

The rest of the Article remains the same.

Ralph R. Corney
10/14/25

[Signature]
10/21/2025

Tentative Agreements

Article 10. Overtime and Reporting Pay TA

"An employee's use of paid time off in a work week does not affect their ability to work additional shifts in accordance with Article. 11, even if such work causes them to exceed their regular employment status."

Appendix B

Provide that the Cardiopulmonary Assistant will be considered as being in a separate Unit in the Respiratory Department and the Surgical Unit Assistant in a separate Unit in the Surgical Department.

Rudolph R. Cerny
10/24/25

AM
10/24/25

TA

Article 11. Work Week and Additional Hours of Work

11.1 POSTING OF SCHEDULES

A. Posting of Monthly Schedule

- (1) The District will post a monthly schedule two (2) weeks in advance.
- (2) **For** Utility Engineers and all classifications of Engineers the current practice of posting a twelve (12) week schedule two (2) weeks in advance shall be maintained.
- (3) Scheduling shall be allocated by longevity with priority given in the following order:
 - a. Full Time/Part Time employees up to status
 - b. Per Diem employees
 - c. Registry employees provided work has been offered as set forth below and as allowed by current practice:
- (4) The posting date may be waived in emergency situations or in response to patient care or District Operational needs.

B. Scheduling Availability

The District will give preference to scheduling according to an employee's Longevity (not seniority) in the Department or Unit, where applicable:

- a. By the first (1st) calendar day of each month, Per Diem employees shall submit in writing to their Director their availability for the next monthly schedule.
- b. By the fifth (5th) calendar day of each month, Full-time and Part-time employees shall submit in writing to their Director their preference for their work schedules for the next monthly schedule.
- c. Positions with set schedules shall remain in effect until changed through the "meet and confer" process between the parties.

(1) Schedule Changes

~~In the event the District needs to change an employee's schedule after it has been posted, the District will utilize the following process:~~

- ~~1. The District will first seek volunteers, where the employees will not be eligible to receive overtime or premium pay for accepting the shift, in descending order of Longevity by Department or Unit where applicable, meaning the District shall not be required to offer the shift to an employee who is assigned to a different Department or Unit where the open shift is located. Volunteers will be sought in the following order:~~
 - ~~1. Full time Employees who will not incur overtime~~
 - ~~2. Part time Employees~~
 - ~~3. Per Diem Employees~~

- ~~4. If the shift remains unfilled, and overtime or premium pay will be incurred, the District shall seek volunteers in descending order of Longevity by Department or Unit where applicable, meaning the District shall not be required to offer the shift to an employee who is assigned to a different Department. Volunteers will be sought in the following order:
 - ~~1. Full time Employees~~
 - ~~2. Part time Employees~~
 - ~~3. Per Diem Employees~~~~
- ~~4. If no employee accepts the shift, then the District shall provide the employee with the least Longevity of that Department or Unit where applicable, with at least twenty-four (24) hours' notice of the change in the schedule and, in situations where such notice is not possible, will provide the affected with prompt notice of the change in the schedule.~~

11.2 ALLOCATION OF ADDITIONAL HOURS OF WORK

Additional hours of work generally occur in the following situations: (1) shifts not filled prior to final posting of the schedule; (2) vacancies in posted schedules caused by the absence of the scheduled employee; and (3) unforeseen needs arising during a shift.

In all circumstances, the method of distributing additional hours shall be carried out in a manner that permits the District to avoid the use of overtime.

A. Open Shifts Prior to or After Posting of Final Schedule

An open shift is a shift that is unfilled before or after the final schedule is posted. In order for an employee to be considered for an open shift, the employee must designate, in writing, the days of the week and shifts for which they are available to work on the schedule calendar posted in their Department or Unit, as applicable.

The District will give preference to scheduling open shifts according to an employee's Longevity (not seniority) in the Department or Unit, where applicable, in the following order:

- ~~(2)~~(1) Full-time Employees who will not incur overtime
- ~~(3)~~(2) Part-time Employees
- ~~(4)~~(3) Per Diem employees.
- ~~(5)~~(4) Registry employees provided work has been offered as set forth below and as allowed by current practice:

The above preference order will not result in displacing employees from work for which they are normally scheduled nor will it result in any employee being scheduled to work overtime.

- (1) If the shift remains unfilled, and overtime or premium pay will be incurred, the District shall seek volunteers in descending order of Longevity by Department or

Unit where applicable, meaning the District shall not be required to offer the shift to an employee who is assigned to a different Department. Volunteers will be sought in the following order:

- a. Full-time Employees
- b. Part-time Employees
- c. Per Diem Employees
- d. Registry Employees

C. Schedule Changes

In the event the District needs to change as schedule after it has been posted, the it will utilize the following process.

(1) The District will first seek volunteers, where the employees will not be eligible to receive overtime or premium pay for accepting the shift, in descending order of Longevity by Department or Unit where applicable, meaning the District shall not be required to offer the shift to an employee who is assigned to a different Department or Unit where the open shift is located. Volunteers will be sought in the following order:

- a. Full-time Employees who will not incur overtime
- b. Part-time Employees
- c. Per Diem Employees
- d. Registry Employees

(2) If the shift remains unfilled, and overtime or premium pay will be incurred, the District shall seek volunteers in descending order of Longevity by Department or Unit where applicable, meaning the District shall not be required to offer the shift to an employee who is assigned to a different Department. Volunteers will be sought in the following order:

- e. Full-time Employees
- f. Part-time Employees
- g. Per Diem Employees
- h. Registry Employees

Mandated Shifts

If no employee **voluntarily** accepts the shift, then the District shall provide the employee with the least Longevity of that Department or Unit where applicable, with at least twenty-four (24) hours' notice of the change in the schedule and, in situations where such notice is not possible, will provide the affected with prompt notice of the change in the schedule.

~~5.~~ In this case, the employee will be compensated at time and a half for all hours worked for that shift or where applicable double time. Extra Hours/Shifts

"Short Call List"

~~When hours or shifts become available after the schedule is posted and the District has notice of these hours, the District will fill extra hours/shifts according to an employee's Longevity in the Department or Unit, where applicable, utilizing a list of employees who have stated their desire, in writing to work "short call list." The District will offer the extra hours/shifts in the following order:~~

~~Full-time employees who will not incur overtime~~

~~Part-time employees~~

~~Per Diem employees.~~

~~Registry employees.~~

~~If the District determines to use overtime for a shift that remains unfilled, the District will give preference according to the employee's Longevity (not seniority) in the Department or Unit, where applicable, in the following order:~~

~~Full-time employees.~~

~~Part-time employees.~~

~~Per Diem employees.~~

~~Registry employ~~

D. Unforeseen Hours

Extra hours-of work resulting from unforeseen needs (e.g. tardy employees, unexpected admissions, spikes in acuity, etc.) during a shift shall be filled by the employee who volunteers with the most Longevity in the Department or Unit, as described above in this Article currently working the shift. When offering such hours, the District may first consider employees who can accept the additional time without causing immediate or projected overtime. Such employees may volunteer to complete the entire needed hours of work, or until another employee can be found.

~~Such employees may volunteer to complete the entire needed hours of work, or until another employee can be found utilizing the short call list.~~

11.3 Rest Between Shifts retained as current language.

11.4 Twelve-Hour Shifts retained as current language.

11.5 WEEKEND OFF SCHEDULING

As part of preparing the initial schedule referenced in Article 11, Section 11.1, the District may on a rotating basis schedule employees to work a weekend shift(s).

Employees who currently have positions that do not rotate weekends will maintain that schedule **subject to the meet and confer process as contained in Article 11.B 3.**

*(*Note: ThArticle reference, 11.B 3. is from current Agreement for purposes of clarity.*

For purposes of this Article, a weekend shift means Saturday and Sunday, except in the case of a night shift where it means Friday and Saturday.

11.6 TIME SHEETS

Open Issue

11.7. Switching Workdays or Scheduled Call

With the approval of the manager employees may switch workdays or scheduled call provided that overtime does not occur due to the change and that longevity rights are protected.

Ralph R. Cornejo
10/27/25



Mark Robinson, CFO
10-27-2025

San Benito Healthcare District
And
National Union of Healthcare Workers
November 6, 2025

18.5 PRESCRIPTIONS FOR RETIREES - TA

The District shall provide prescription service at the District's cost to retired bargaining Unit employees based upon the following conditions:

- A. The employee must have retired from the District after September 1, 2009.
- B. The employee may retire between age 55 or Medicare eligibility.
- C. The employee must have completed 10 years of continuous benefited service at the District at the time of retirement.
- D. The employee must pay for the prescription at the time of pick-up.
- E. Employees are only eligible to receive this service until they become eligible for Medicare prescription coverage.

Signature:  _____

Mark Robinson, CFO

Hazel Hawkins Hospital

Dated: November 6, 2025

Signature:  _____

Ralph Comejo

National Union of Healthcare Workers

Dated: November 6, 2025

Article 3. Recognition – Accepts NUHW’s Proposal - TA

With the exception of shared duties as defined by operational needs, unrepresented employees, including supervisors and managers, generally will not do bargaining unit work. However, such work would be permitted infrequently and briefly where it is necessary for them to perform such work in instances of staffing shortages or increased census and because no bargaining unit employee is available to do the work. It is understood that work that might be performed by unrepresented employees is not intended to replace jobs of bargaining unit employees.

The prohibition of doing bargaining unit work does not apply to supervisors or managers who are engaged in training bargaining unit employees, completing required competencies, or maintaining certification or license renewal.

NUHW Proposes - Article 10.4 Reporting Pay - TA

If an employee reports to work for their regularly scheduled shift and is not permitted to work because of circumstances within the control of the District (or if the employee is notified not to report to work with less than two (2) hours’ notice as provided in 13.3), the employee will receive reporting time pay of half of the employee’s scheduled workday, which shall not be fewer than two (2) hours of pay and not more than four (4) hour of pay, as applicable.



Mark Robinson, CFO

11-6-25.

Date



Ralph Cornejo, NUHW

11/6/25

Date

San Benito Healthcare District
And
National Union of Healthcare Workers
November 10, 2025

11.6 TIME SHEETS - TA

The Union will agree to the Hospital's time keeping system upon ratification of the Agreement but for the period from the time the Hospital implemented the changes to the date of ratification, the decision of the arbitrator will govern:

Employees will be given access to login to review their own time worked in a current and historical time sheet in the Kronos system. Employees shall be provided instructions to create a password to login and be provided a workspace for log-in from within their home Department. Employees shall adhere to all deadlines and due dates for proper payroll processing. Employees who currently do not use the Kronos system will be given appropriate training over an adequate transition period to the system.

Reporting to work after the specified scheduled time (e.g. start time or lunch breaks) is considered tardiness. The District will be reasonable in the application of this provision.

Signature:  _____

Mark Robinson, CFO

Hazel Hawkins Hospital

Dated: November 10, 2025

Signature:  _____

Ralph Cornejo

National Union of Healthcare Workers

Dated: November 10, 2025

Tentative Agreement
between
San Benito Health Care District and the National Union of Healthcare Workers
May 11, 2026

Hourly Wages

Provide for an across-the-board increase for all employees and applied to wage scale of three and three quarters percent (3.75%) effective the first pay period on or after July 1, 2025;
Provide for an across-the-board increase for all employees and applied to wage scale of three and three quarters percent (3.75%) effective the first pay period on or after July 1, 2026;
Provide for an across-the-board increase for all employees and applied to wage scale of three and a half percent (3.5%) effective the first pay period on or after July 1, 2027;
Provide for an across-the-board increase for all employees and applied to wage scale of three percent (3%) effective the first pay period on or after July 1, 2028;

Medical Assistant ---Union drops proposal for special adjustment
Housekeeper-Acute---Union drops proposal for special adjustment

Once approved by the Board, the District shall calculate the retroactive payments owed for all hours paid after July 1, 2025.

PTO		
Years of Service	Added Days to Accruals	Maximum Accrual
1 Year	20+4 (24)	320
2 Years	21+4 (25)	320
3 Years	22+4 (26)	320
4 Years	23+4 (27)	320
5 Years	30+6 (36)	330
10 Years	33+6 (39)	330
20 Years	35+6 (41)	330

+ Farm Workers' Day as an additional holiday celebrated on March 31

Article 18. Health Insurance. TA

- Maintain current premiums
- Aggregate deductible and out of pocket across all tiers effective 1/1/26
- Co-pays delineated, i.e., \$10 where applicable and with reductions from \$25 to \$20 and \$100 to \$75.

Article 20. Retirement—

The Union accepts the District's proposal to provide an opportunity for eligible members who have not yet enrolled in the plan to receive a onetime additional contribution ("Retroactive Contribution") based on the first full pay period of the later of July 1, 2025 or the employee's date of hire, up through the date of ratification. To receive this benefit, members must complete enrollment in the current plan within 60 days of ratification of this agreement by the District's Board of Directors.

The Retroactive Contribution shall be calculated and funded based on a payroll by payroll basis at the rate of 4% of the participant's compensation of regular hours worked.

Article 41. Term—4 years effective July 1, 2025

Most Favored Nations Clause—This clause would only apply to any better retirement benefit granted specifically in contract negotiations with the CNA.


ER Techs, Case Management Assistant, and Business Office.

Provide for the classifications in the Business Office, ER Techs, Case Management Assistants, and Lab Clerks to be incorporated into the Agreement with across-the-board wage increases, benefit improvements and language to bring them up to the total wage increase of 3.75% for fiscal year 2025 as set forth in this agreement.

The Security Guard Classification shall also be incorporated into the Agreement but shall not receive the July 1, 2025 wage increase as this classification was added at the market rate in August of 2025. The Security Guard Classification shall receive the subsequent wage increases for years 2026, 2027, and 2028 in accordance with this agreement.

The District and the Union agree to meet and confer to work out wage scales, classification titles and other specific items that need to be resolved for full incorporation into the Agreement.

All Previous TAs incorporated

Signature: 
Mark Robinson, CFO
Hazel Hawkins Hospital

Dated: May 11, 2026

Signature: 
Ralph Cornejo
National Union of Healthcare Workers

Dated: May 11, 2026

Hazel Hawkins Memorial Hospital

Logo Rebrand Presentation

Jsa

DATE: MAY 28, 2026

Background & Process

Research was conducted to develop a rebrand that is:

- Inclusive of HHMH's legacy and history
- Authentic to the vision and goals of current leadership
- Adheres to the brand's main attributes
- Functional for modern brand applications

15 Interview & Survey Participants

- Hospital leadership, clinical staff, and nurses
- Community members and patients
- Local business and civic leaders

A brand audit was also conducted covering the existing logo, color palette, typography, messaging, and owned channels.



Key Findings & Brand Assessment

Community & Belonging	"Neighbors taking care of neighbors" — strong local pride and personal connection across nearly all respondents.
The Mountains Aren't Working	The mountain motif is culturally disconnected from San Benito County's agricultural identity. Most participants said it didn't represent Hollister or the hospital's story.
Hidden Services	Biggest awareness gap: people are traveling out of the area for care that exists locally. The brand needs to tell the "small but mighty" story clearly.
Color Palette	Current teal palette reads as generic and dated. Participants asked for warmer colors that reflect the county, the land, and the community —
Logo Icon / Mark	Community anxiety about the hospital's future came through clearly. The brand must signal longevity and commitment — that Hazel
Scalability & Digital Function	The story of Hazel Hawkins herself — a child who died en route to Monterey — is a powerful and unique origin story. No regional

Three Differentiators | Currently Unexpressed

What Hazel Hawkins has that no regional competitor can claim

The Origin Story

Hazel Hawkins Memorial Hospital is named for a nine-year-old girl who died from appendicitis in 1902 because there was no local hospital. Her grief-stricken grandfather built one. No regional competitor has a founding narrative this emotionally resonant. A logo and tagline that connect to this story — even obliquely — would be distinctive and memorable.

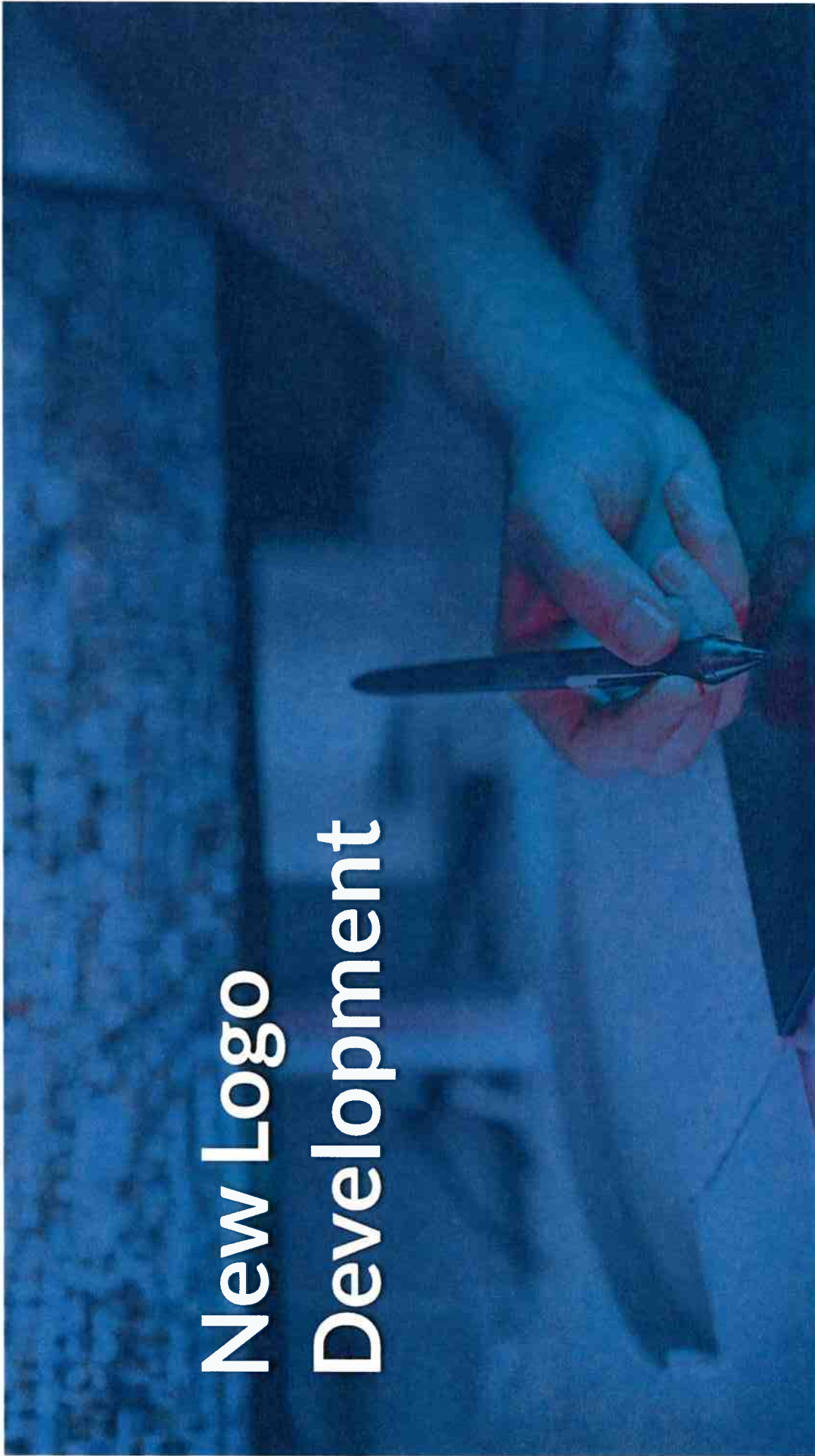
Agricultural Roots

San Benito County is one of California's most productive agricultural counties — garlic, wine grapes, row crops. HHMH serves a farming community in a way that Natividad, Salinas Valley Health, and Montage do not. A visual identity that acknowledges this heritage would be authentic and differentiating.

"Neighbors Caring for Neighbors"

This phrase surfaced organically in multiple stakeholder interviews and surveys — unprompted. It is the community's own language for HHMH. No competitor has claimed this emotional territory with precision. It is the strongest positioning platform available to the organization.

New Logo Development



HOW WE CHOSE THE FINAL THREE

Every logo direction was evaluated against the feedback we received. The three finalists each satisfy all five criteria.

- 01 Retires teal**
Color palette moves to a warm, grounded direction — earthy, natural, community-rooted. No institutional teal.
- 02 Replaces the mountains**
Icon is distinctive, scalable, and meaningful — symbol connects to HH's story or community.
- 03 Reflects agricultural heritage**
The visual language speaks to San Benito County — garlic, wine country, farming roots. Specific, not generic.
- 04 Communicates warmth & trust**
Signals "neighbors caring for neighbors" — approachable and human, not institutional or bureaucratic.
- 05 Functions across all formats**
Works at icon scale (32px), on signage, on apparel, in black and white. Built for modern, multi-channel use.

OPTION 1



✓ Retires Teal	✓ Replaces Mountains	✓ Agricultural Heritage	✓ Warmth & Trust
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OPTION 2



✓ Retires Teal	✓ Replaces Mountains	✓ Agricultural Heritage	✓ Warmth & Trust
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OPTION 3



✓ Retires Teal	✓ Replaces Mountains	✓ Agricultural Heritage	✓ Warmth & Trust
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What's Next | Timeline

- 1 Final logo refinement**
Once a final logo is chosen, JSA will refine the selection based on stakeholder feedback.
- 2 Brand guide development**
Full standards document covering typography, color usage, photography tone, and sub-brand rules.
- 3 Phased rollout**
Digital first (website, social, email), then print and collateral, then facilities and signage — managed to control cost and timing.

Brand Rollout | Phased Approach

Following board approval, the recommended rollout will be phased to manage costs and prioritize highest-visibility touchpoints first.

Phase 1 <i>Digital - Immediate</i>	Phase 2 <i>Collateral & Print</i>	Phase 3 <i>Facilities & Signage</i>	Phase 4 <i>Sub-Brand Alignment</i>
<ul style="list-style-type: none"> Website logo and favicon 	<ul style="list-style-type: none"> Letterhead, envelopes, business cards 	<ul style="list-style-type: none"> Building exterior signage 	<ul style="list-style-type: none"> Community Health Centers co-brand lockup
<ul style="list-style-type: none"> Social media profiles and cover images 	<ul style="list-style-type: none"> Brochures and patient-facing materials 	<ul style="list-style-type: none"> Lobby and admitting wall 	<ul style="list-style-type: none"> Skilled nursing facility identity
<ul style="list-style-type: none"> Email signatures 	<ul style="list-style-type: none"> Wayfinding and interior signage 	<ul style="list-style-type: none"> Clinic and SNF locations 	<ul style="list-style-type: none"> Foundation alignment
<ul style="list-style-type: none"> Digital letterhead and templates 	<ul style="list-style-type: none"> Apparel and branded merchandise (jackets, hats) 	<ul style="list-style-type: none"> Vehicles (if applicable) 	
<ul style="list-style-type: none"> Electronic forms and patient communications 			

Thank You

