Hazel Hawkins
MEMORIAL HOSPITAL

SPECIAL MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
THURSDAY, JULY 23, 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

Presented By:

1. **Call to Order / Roll Call** (Johnson)

2. **Board Announcements** (Johnson)

3. **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.

4. 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:
   - Special Meeting of the Board of Directors – June 9, 2026
   - Special Meeting of the Board of Directors – June 22, 2026
   - Regular and Special Meeting of the Board of Directors – June 25, 2026

B. Receive Officer/Director Written Reports
   - Physician Services & Clinic Operations
   - Skilled Nursing Facilities (Mabie Southside/Northside)
   - Laboratory and Radiology
   - Foundation
   - Communications/Marketing
   - PMO Project Summary

C. Approve Policies:
   - Telemetry Monitoring – *Revised*
   - Artificial Intelligence (AI) and Ambient Listening Policy – *Revised*
   - Policy Management and Employee Acknowledgement - *New*

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

5. Receive Informational Reports

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

   ▶ Public Comment

B. Chief Nursing Officer
   - Dashboard June, 2026

   ▶ Public Comment

C. Chief Financial Officer – June, 2026 (Robinson)
   - Project Dashboard
   - Financial Statements
   - Finance Dashboard
   - Supplemental Payments
   - Cashflow Statement YTD June, 2026

   ▶ Public Comment

6. **Action Items**

A. Consider and Approve FYE 06/30/2027 Operating and Capital Budgets.

Recommended Action: Approval of FYE 06/30/2027 Operating and Capital Budgets.

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

B. Consider and Approve Proposal with RDL Construction, Inc. for MTCAP in the Amount of $164,436.00.

Recommended Action: Approval of Proposal with RDL Construction, Inc. for MTCAP in the Amount of $164,436.00.

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

C. Consider Process for Appointment for the Vacancy in District Zone 5, and Approve Formation of Ad Hoc Committee

Recommended Action: Approval of Ad Hoc Committee Regarding Appointment for District Zone 5.

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

7. **Public Comment** (Johnson)
This opportunity is provided for members to comment on the closed session topics, not to exceed three (3) minutes.

8. **Closed Session** (Johnson)
See the Attached Closed Session Sheet Information

9. **Reconvene to Open Session** (Johnson)

10. **Closed Session Report** (Counsel)

11. **Adjournment** (Johnson)
The next Regular Meeting of the Board of Directors is scheduled for Thursday, August 27, 2026 at 5:00 p.m., Great Room.

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

July 23, 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:

☐ **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:
Employee organization:

☐ **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

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

May 2026 Rural Health and Specialty Clinics' visit volumes

Clinic Location	Total visits current month	Total visits prior month (May 2026)
Orthopedic Specialty	529	478
Multi-Specialty	553	472
Sunset	669	690
Surgery & Primary Care	321	273
San Juan Bautista	314	319
1st Street	640	638
4th Street	942	844
Barragan	550	531
Total	**4,518**	**4,245**

- We welcomed two locum tenens family practice providers Barton Giessel, M.D. and Marvin Butler, PA-C to the First Street Clinic. They have been excellent additions to the team, quickly integrating into the practice and earning positive feedback from both patients and staff.

- Meditech Expanse Go Live preparations continue with staff trainings and ongoing workflow redesign.

Hazel Hawkins
MEMORIAL HOSPITAL

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

To: San Benito Health Care District Board of Directors

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

1. Census Statistics: June 2026

Southside	2026	Northside	2026
Total Number of Admissions	4	Total Number of Admissions	2
Number of Transfers from HHH	4	Number of Transfers from HHH	1
Number of Transfers to HHH	2	Number of Transfers to HHH	1
Number of Deaths	0	Number of Deaths	2
Number of Discharges	3	Number of Discharges	1
Total Discharges	3	Total Discharges	3
Total Census Days	**1385**	**Total Census Days**	**1,378**

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: June 2026

Southside	From	Payor	Northside	From	Payor
2	HHMH	Medicare	1	Good Sam	Private
1	HHH Re-Admit	Medicare	1	HHH	Medicare
1	HHH ER Visit	Medicare			
Total: 4			**Total:**		

3. Total Discharges by Payor: June 2026

Southside	2026	Northside	2026
Medicare	2	Medicare	1
Medicare MC	0	Medicare MC	0
CCA	1	CCA	0
Medical	0	Medical	0
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	0	Hospice	1
Private (self-pay)	0	Private (self ay)	1
Insurance	0	Insurance	0
Total:	**3**	**Total:**	**3**

4. Total Patient Days by Payor: June 2026

Southside	2026	Northside	2026
Medicare	275	Medicare	37
Medicare MC	0	Medicare MC	0
CCA	1046	CCA	1114
Medical	14	Medical	111
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	38	Hospice	100
Private (self-pay)	12	Private (self-pay)	16
Insurance	0	Insurance	0
Bed Hold / LOA	8	Bed Hold / LOA	0
Total:	**1393**	**Total:**	**1,378**
Average Daily Census	**46.43**	**Average Daily Census**	**45.93**

Hazel Hawkins
MEMORIAL HOSPITAL

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

Updates:

Laboratory

1. Quality Assurance/Performance Improvement Activities
   - Update on chemistry analyzer project → Analyzers installed in the permanent space. Estimated implementation of new chemistry analyzer→ August 2026

2. Laboratory Statistics

	June 2026	2026 YTD
Total Outpatient Volume	4273	26889
Main Laboratory	1306	8021
Mc Cray Lab	1033	6154
Sunnyslope Lab	387	2616
SJB and 4th Street	83	572
ER and ASC	1464	9526
Total Inpatient Volume	145	974

Diagnostic Imaging

1. Quality Assurance/Performance Improvement Activities
   - Proposal preparation for new CT project. Site visit scheduled.
   - Imaging space planning meetings ongoing

2. Diagnostic Imaging Statistics

	May 2026	2026 YTD
Radiology	1816	11920
Mammography	674	4114
CT	1053	6318
MRI	215	1377
Echocardiography	101	648
Ultrasound	711	4562

Hazel Hawkins Hospital
FOUNDATION
Caring for Our Community

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

The Foundation Board of Directors did not meet July. Board meetings will reconvene in August.

Finance Committee

a. Financial Report	**June**
1. Income	$ 25,637.39
2. Expenses	$ 4,000
3. New Donors	6
4. Total Donations	190

Directors Report:

Dinner Dance Committee

While the Foundation Board did not meet in June, planning is well underway for our Annual Dinner Dance on November 7 at Leal Vineyards Barrel Room. This year's event will launch our new fundraising campaign:

"Advanced CT Imaging for San Benito County – Together, We're Building the Future of Healthcare"

Proceeds from this campaign will support the purchase of a new $1 million CT imaging machine for Hazel Hawkins Memorial Hospital.

We are honored to recognize this year's award recipients:

Donor of the Year: Jeri Hernandez
Business Donor of the Year: Ann Marie Barragan, Inc.
"Heart for Hazel" Award: Amy Breen-Lema

Thanks to the incredible generosity of our community, more than **$700,000** has already been raised toward our **$1 million** goal. With your partnership, we can complete this campaign and bring advanced CT imaging to San Benito County. We hope you will join us as a sponsor of this special evening. Letters to past attendees and sponsors have been mailed. For more information, please call the Foundation office at 831-636-2653.

Fundraising/Development Committee (INVEST Campaign)

To date, the Foundation has received 3151 total donations totaling $1,631,421.81.

Hawkins
L HOSPITAL

COMMUNICATIONS & MARKETING
BOARD REPORT

MONTH /

OUR MISSION
To build trust, strengthen relationships, and promote health and wellness in the communities we serve.

KEY METRICS (YEAR TO DATE)

MEDIA MENTIONS

COMMUNITY EVENTS

SOCIAL MEDIA REACH

UBLIC RELATIONS

s CEO Mary Casillas Community Foundation for ounty as part of a new eries centered on health, s and new federal policies.

HHH Woman's Center rtment participates in rk event at Dunne Park. stributed information and terials to families.

MARKETING

HIGHLIGHTS

- June 25, 2025 HHH highlighted it's volunteer physicians, PAs, NAI's for volunteering their time at the Hollister High School physical clinic. This team has been volunteering for the past 3 years.
- June 26, HHH participated in the Migrant Center Health Fair. Hundreds of local families attended the all-day event.

COMMUNITY EXTERNAL COMMUNIC

HIGHLIGHTS

- July 1, 2026 KSBW News report o helmet safety and the effects on th brain when helmets are not used. Dr. Edwin Savvy was the health exp for KSBW on the 5pm, 6pm, 11pm a 6am newscast.
- July 2, 2026, KSBW shared the Bike Helmet Safety story with their own s media platforms which we shared as which reached thousands of viewers

EMPLOYEE INTERNAL COMMUNICATIONS

MEDITECH
EXPANSE

Meditech Expanse transition take place.

n to staff includes staff trainings, website updates, ails, staff and patient letters and physician d employee newsletters.

026, Emergency Command Center for HHH Opens. lly Opens. Communications department assisted nications aspects for Command Center

SOCIAL MEDIA POSTS

8
KSBW

HIGHLIGHTS

- June 27, 2026, From Rodeo Queen to Healthcare Queen rece hundreds of likes and thousands of views.
- The post received dozens of positive comments as well.
- July 2, 2026, KSBW posted the Helmet Safety story on their social platforms and we shared the content.

Project Dashboard - July 2026 Board

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	HCAI	Key Stakeholder	Role	Update
BD Pharmacy Keeper	IV Compounding Verification	11/14/2024	7/1/2026	594	Completed	High		Naveen Ravela	Pharmacy Director	Ongoing technical meetings with BD and Meditech
Lab Remodel	Lab Phase 2: Analyzer Replacement	6/3/2024	7/1/2026	758	In Progress	High		Bernadette Enderez	Lab/Radiology Director	ABBOTT equipment installed, pending final HCAI/OSHPD sign off. Validation ongoing, units will go live when approved.
Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026		TBD	Ongoing	High		Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 06/19/2026 Cost estimate 07/07/2026 100% DDs 09/04/2026 100% SDs
OR Remodel	Updating OR per OSHPD Requirements	11/20/2024	1/29/2027	800	Ongoing	High		Mendi Suber-Ventura	Director of Surgical Services	Pending feasibility results from critical infrastructure study.
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 results pending. MT/CAP job walk scheduled 6/22.
Seismic (MTCAP for Original Hospital)	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	3/25/2026	Fall '26		In Progress	High		Jorge Ramirez	Senior Director Support Services	Mandatory job walk completed, pending bids from contractors.
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	Pending HCAI design approval and contractor pricing.

Project Dashboard - July 2026 Board

*Verkada	Security / SSO + Door Access	3/11/2025	TBD		In Progress	High		Jorge Ramirez	Senior Director Support Services	Internal database build and scheduling for final card reader installation
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		In Progress	High		Jun Estrada	Director of Physical Therapy	Planning client review of the feasibility study results
ED Helipad	System is an AFFF 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	Senior Director Support Services	General Contractor on site an actively working on the project.
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 Expanse MaaS Implementation	Electronic Health Record	9/17/2025	7/1/2026	287	Completed	High		Suzie Mays	VP, Information and Strategic Services	Expanse MaaS is Live! Working with Meditech on workflow adjustments, data migration, and user support.
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)	Application submitted to the county > HCAI/CDPH approval to follow this approval. Internal logistics planning

Project Dashboard - July 2026 Board

Galen Healthcare Solutions	Galen will archive eCW data that cannot be migrated to Meditech Expanse.	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.
Totals										

TASK STATUS %

STATUS	COUNT	%
Not Started	0	0%
In Progress	9	47%
Overdue	0	0%
On Hold	4	21%
Ongoing	4	21%
Completed	2	11%
TOTAL	**19**	**100%**

PROJECT PRIORITY %

PRIORITY	COUNT	%
High	15	79%
Medium	3	16%
Low	1	5%
TOTAL	**19**	**100%**

PENDING ITEMS

Decisions	
Actions	
Change Requests	2

	estimated go-live
	planned go live
*	possible new/not started

Hazel Hawkins
MEMORIAL HOSPITAL

MEMORANDUM

To: Board of Directors

From: Suzie Mays
Vice President, Information & Strategic Services

Date: July 9, 2026

Re: Policies for Approval

Please find below policies for Board of Director approval.

Telemetry Monitoring	Revised to add Hicuity workflow; policy will now apply to ICU and Med Surg.
Artificial Intelligence (AI) and Ambient Listening Policy	Minor revisions.
Policy Management and Employee Acknowledgement	New policy.

Hazel Hawkins
MEMORIAL HOSPITAL

Telemetry Monitoring

Disclaimer

Approvals

- Committee Approval: Editing Purposes Only approved on 7/7/2026
- Committee Approval: Policy Committee approved on 7/2/2026

Revision Insight

Document ID:	11143
Revision Number:	4
Owner:	Jacqueline Fernandez,
Revision Official Date:	No revision official date

Revision Note:
this document needs Hicuity workflow to be added and the policy will now be for ICU and Med surg. Submitted by J. Fernandez, interim CNO.

Policy : Telemetry Monitoring

PURPOSE

To implement continuous best practice standards of ECG monitoring of life-threatening cardiac rhythm changes and to facilitate early therapeutic interventions. This policy also outlines the nursing and Hicuity responsibilities for patients undergoing telemetry monitoring on the Medical/Surgical and the Intensive Care Unit (ICU) floor via a centralized monitoring station in Intensive Care.

POLICY

1. Patient requiring cardiac monitoring by telemetry may be admitted or transferred to the Medical/Surgical and ICU floor upon order by their physician.
2. The nursing care of such patients must otherwise be consistent with Nursing Standards of Care and expectations of the Medical/Surgical and ICU nursing staff.
3. Patients not appropriate for telemetry on Med Surg include, but not limited to: the following: patients on parenteral antidysrhythmics, nitrates, or vasoactive medications, patient who are critically ill, and patients whose medical therapy require frequent monitoring and titration of medications.
4. The Medical/Surgical and ICU nursing staff will have primary nursing care responsibility and will receive feedback on rhythm analysis from Hicuity every twelve hours and/or if there is with any significant rhythm change.
5. Hicuity will call the Intensive Care nursing staff and or Medical Surgical floor and inform primary nurse or charge nurse (using escalation process for daily management of telemetry) every time a patient is off the telemetry monitor and for any changes in cardiac rate or rhythm demonstrated and analyzed on central cardiac monitor. Primary nurse and or charge nurse will call Hicuity to verify patient is back on telemetry monitor and confirm current rate of rhythm.
6. For any patient on telemetry that develops life threatening rhythm disturbances (ie: V-tach; V-Fib, symptomatic bradycardia) Code Blue will be called. Code team will go to location of patient whether the patient is on Medical Surgical or ICU floor for Code Blue and primary nurse will be present to assist with pertinent information on patient.

DEFINITIONS

1. **Cardiac Telemetry** defined as a monitoring system attached to the patient which uses a wireless network to transmit ECG data continuous to a centralized monitor location. Patients on Med Surg unit wearing telemetry unit are monitored in Intensive Care by remote central station which occurs off Medical surgical unit. This continuous cardiac monitoring is conducted by registered nursing staff in the Intensive Care.
2. **Hicuity** defined as a remote telemetry service in a critical component of care for at cardiac risk patients, providing rapid response to cardiac degradation. The service offers 24/7 continuous cardiac monitoring by certified technicians stationed in technology-enabled monitoring centers. The service allows hospitals, their patients, and clinical staff to benefit from constant surveillance of at-risk patients while the bedside care team can focus on patients care.

DESIGNEE

- Intensive Care Nursing Staff
- MS Nursing Staff

- Hicuity remote telemetry tech

EQUIPMENT

- Patient identifying label and Telemetry order for cardiac monitoring
- Telemetry Unit and two AA batteries
- Intensive Care Telemetry Log Book
- Census report communication tool for Hicuity

PROCEDURE

- The Medical/Surgical and Intensive Care staff will notify Hicuity upon receiving a physician order for telemetry monitoring. The primary nurse or charge nurse will verify the telemetry order, including confirmation of appropriate high and low alarm parameters as specified by the provider. For patients in the Intensive Care Unit, the hardwire bedside monitor will serve as the primary source of ECG monitoring; however, a telemetry unit may be used as a supplemental monitoring method when clinically appropriate.
- When the patient is located on Medical Surgical floor the staff member will take the patient's identification stickers to Intensive Care and sign OUT/IN telemetry unit in the Telemetry Log Book using the following procedure:
    - One Intensive Care nurse and one Med Surg staff member shall sign out telemetry unit.
    - One Intensive Care nurse and one Med Surg staff member shall sign in telemetry unit when returned to Intensive Care.
    - Telemetry unit shall not be taken off a patient and placed on another patient without returning telemetry monitor to Intensive Care and signing in and out of Intensive Care log book for current patient placement.
- The Medical Surgical nurse will apply the telemetry unit. The Intensive Care nurse will enter the patient's information including room number, Tele unit number, Code Status and admitting Diagnosis into the central station computer.
- On admission and at the beginning of each shift, the Intensive Care nurse will concur with the printout that Hicuity tech scans over, the ICU nurse will interpret and analyze the cardiac rhythm monitor strip. This includes both ICU patient and Medical Surgical patients that are located on the Medical Surgical Floor. This will be entered into the patient's chart under EKG intervention each shift and with any change of condition.
- The Medical Surgical nurse will call the Intensive Care to verify each Telemetry Unit placement. This information will be documented in the nurses charting example: "Verified tele #4 on this patient. Verified by Jan Doe, RN, Intensive Care".
- Should significant rhythm change occur, the Intensive Care nurse will obtain an analyzed strip and document in patient's chart. If the Hicuity tech and or the Intensive Care Nurse first notices the rhythm, they will immediately notify the Medical Surgical nurse and assist him/her as needed. The Medical Surgical nurse will then notify the physician of the patient's rhythm change. The Medical Surgical nurse will then notify the physician of the patient's rhythm change.
- Obtain a physician's order to remove the telemetry monitoring unit for bathing, showering and/or off unit for Diagnostic Imaging.
    - Med surg Nurse and ICU nurse to notify Hicuity when the monitor is removed for bath/shower/procedure and placed back on.
    - Intensive Care Nurse places monitor in "Standby" mode while off monitor
    - The Med Surg nurse will call the Intensive Care Nurse to verify that Tele Unit is off Standby. This information will be documented in the nurses record example: "Verified tele #4 on this patient. Verified by Jan Doe, RN, Intensive Care".
- Each nursing unit will include the monitoring information in their shift report.
- When telemetry is discontinued, remove unit disinfect and clean monitor prior to returning to Intensive Care.

- Med/Surg staff is responsible for returning telemetry monitor back to Intensive Care.

PATIENT EDUCATION

1. Depending on the location of the patient the Medical Surgical nurse and ICU nurse will educate patient and family as to the reason they are on Telemetry
2. Nursing will educate patient on reasons to notify nurse such as chest pain, shortness of breath, trouble breathing, fast heartbeat, feeling dizzy, etc.

DOCUMENTATION

1. Document the time that monitoring began and the telemetry unit number via admission strip documentation.
2. Document a rhythm strip at least every shift and with any change in the patient's condition.
3. Label the strip or make sure that it's labeled with the patient's name and identification number as well as the date, time, lead(s) recorded, appropriate measurements, and rhythm interpretation. ICU nurse will initial to validate that they received and concurred with the rhythm interpretation.

REFERENCES

1. American Association of Critical-Care Nurses. (2018). AACN practice alert: Managing alarms in acute care across the life span: Electrocardiography and pulse oximetry. Retrieved January 21, 2026 from www.aacn.org/clinical-resources/practice-alerts/managing-alarms-in-acute-care-across-the-life-span
2. Hicuity Health: Hicuity Remote Telemetry. Retrieved January 21, 2026 from https://hicuityhealth.com/telemetry/
3. California Board of Registered Nursing. (2026). Nursing Practice. Retrieved January 21, 2026 from www.rn.ca.gov/practice/index.shtml

ATTACHMENTS

A Lippincott Procedures - Cardiac monitoring (lww.com)

Process for Daily Management of Telemetry

Document ID	11143	**Document Status**	Pending Committee Approval
Department	Administration - Multidisciplinary	**Department Director**	Fernandez, Jacqueline
Document Owner	Jacqueline Fernandez	**Next Review Date**	
Original Effective Date	05/31/2007		
Revised	[06/30/2010], [03/31/2014], [03/31/2018], [04/16/2022], [04/17/2022 Rev. 0], [04/27/2023 Rev. 1], [05/18/2023 Rev. 2], [06/25/2024 Rev. 3]		
Reviewed	[12/31/2009], [09/30/2012], [09/30/2016]		
Keywords	telemetry, cardiac monitoring, tele		
Attachments: (REFERENCED BY THIS DOCUMENT)	Full Text http://edutracker.com/trktrnr/presentation/jh_newcastle_pa/n9ecgmonitor.pdf https://www.theonlinelearningcenter.com/Assets/PMDCBT/PIIC_Fundamentals_1.0/shell/viewer/swfs/assets/downloads/easi.pdf https://www.aacn.org/clinical-resources/practice-alerts/dysrhythmia-monitoring https://meridian.allenpress.com/bit/article/46/6/470/142543/Electrocardiogram-Interference-A-Thing-of-the-Past https://doi.org/10.4037/ajcc2010651 https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf?sequence=1 https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS https://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000527 https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf https://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html https://doi.org/10.1542/peds.2014-1162 https://www.aacn.org/clinical-resources/practice-alerts/managing-alarms-in-acute-care-across-the-life-span https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_50_alarms_4_26_16.pdf https://doi.org/10.1097/NCQ.0b013e31827993bc Lippencott Procedure for Cardiac Monitoring Process for Daily Management of Telemetry		
Other Documents: (WHICH REFERENCE THIS DOCUMENT)			

Hazel Hawkins
MEMORIAL HOSPITAL

Artificial Intelligence (AI) and Ambient Listening Policy

Disclaimer

Approvals

- Committee Approval: Policy Committee approved on 7/2/2026

Revision Insight

Document ID:	12576
Revision Number:	2
Owner:	Salomon Mercado, IT DIrector
Revision Official Date:	No revision official date

Revision Note:
No revision note

Policy : Artificial Intelligence (AI) and Ambient Listening Policy

PURPOSE

Establish standards for ethical, transparent, safe, and compliant use of Artificial Intelligence (AI)—including ambient listening, automated documentation, and decision-support—at San Benito Healthcare District (SBHCD) and affiliated entities.

Ensure AI supports clinical care, quality, equity, and operational efficiency while preserving clinical judgment, patient autonomy, privacy, security, and data integrity.

Align with and operationalize requirements under the Center for Medicaid & Medi-Cal Services (CMS) Conditions of Participation (42 CFR Part 482), California Department of Public Health (CDPH) Title 22, California Health & Safety Code § 70707 and §§ 24170-24179.5, Confidentiality of Medical Information Act (CMIA) (California Civil Code §§ 56-56.37), Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules (45 CFR Parts 160 & 164) and the Health Information Technology for Economic and Clinical Health (HITECH), The Joint Commission standards (TJC), Office of Inspector General (OIG) General Compliance Program Guidance, Department of Justice (DOJ) Compliance Guidance, National Institute of Standards and Technology (NIST) AI Risk Management Framework, International Organization for Standardization and International Electrotechnical Commission (ISO/IEC 42001), and other applicable federal and state laws.

SCOPE

Applies to all workforce members, licensed independent practitioners, volunteers, students, contractors, vendors, and business associates who design, acquire, deploy, access, or oversee AI systems for the San Benito Health Care District (SBHCD).

Systems covered: ambient listening/AI scribe, generative AI, predictive analytics, decision-support, automation, and AI embedded within third-party products and services.

DEFINITIONS

- Artificial Intelligence (AI): Machine-based systems that analyze data, generate content, or produce predictions/recommendations influencing decisions or operations.
- Ambient Listening / AI Scribe: Technology that captures and processes in-person or virtual patient-clinician conversations to generate draft clinical documentation.
- Generative AI: Models that produce new content (text, images, audio, code) based on training data and/or prompts.
- Protected Health Information (PHI): Individually identifiable health information as defined in 45 CFR § 160.103.

- De-identification: Removal of identifiers consistent with 45 CFR § 164.514(b) (Expert Determination or Safe Harbor).
- Business Associate (BA): As defined by HIPAA (45 CFR § 160.103); includes vendors handling PHI on Hazel Hawkins Memorial Hospital's (HHMH) behalf.
- AI Data Lifecycle: Data capture, ingestion, processing, storage, transmission, use, sharing, retention, and deletion.
- High-Risk AI: AI that can materially affect patient safety, legal rights, access to or payment for care, or significant operational outcomes.

POLICY

SBHCD supports responsible AI use to enhance care and efficiency while maintaining clinical oversight, patient trust, safety, equity, and compliance.

AI shall not independently render diagnoses, prescribe, make autonomous treatment decisions, or replace required clinician authorship/attestation of medical record documentation.

All AI uses cases and tools must be inventoried, risk-assessed, and approved by the AI Oversight Committee prior to pilot or production; material changes require reapproval.

AI use must comply with HIPAA/CMIA, California Hospital Association (CHA) consent standards, applicable TJC elements, and internal Privacy, Security, Compliance, Risk Management, Information Technology (IT), and Vendor Risk policies.

GOVERNANCE AND OVERSIGHT

1. AI Oversight Committee (subcommittee of IT Governance and Compliance):
    - Responsibilities:
        - Approve AI use cases and tools before implementation (including pilots).
        - Classify risk tier (low/medium/high) and determine safeguards proportionate to risk.
        - Require and review predeployment AI Impact/Risk Assessments (privacy, security, safety, bias, explainability, operational risk), including data protection impact assessment (DPIA) where applicable.
        - Review performance, incidents, and monitoring reports at least quarterly.
        - Approve patient-facing disclosures and consent language.
        - Oversee annual training and policy review.
    - Composition: Clinical leadership, Chief Nursing Office (CNO), Compliance, Privacy, Security, Risk Management, Legal/Procurement, Health Information Management (HIM), Quality/Patient Safety, IT, and Diversity, Equity and Inclusion (DEI).
2. Compliance, Privacy, and Security
    - Maintain AI System Inventory and a system of record for approvals, risk assessments, vendor due diligence, Business Associate Agreements (BAAs), data flows, model/data lineage, and monitoring logs.
    - Ensure HIPAA/CMIA compliance, crossborder transfer assessment, minimum necessary, role based access, and multifactor authentication.

- Conduct periodic audits; coordinate incident response and regulatory reporting.
- Information Security will verify compliance to this policy through various methods, including but not limited to, periodic walk-throughs, video monitoring, business tool reports, internal and external audits, and inspection, and will provide feedback to the policy owner and appropriate business unit manager.
- Any exception to the policy must be approved and documented by Information Security in advance.
- An employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

3. Vendor and Third-Party Management

- Vendors handling PHI must execute BAAs defining permitted uses/disclosures, subprocessors, data localization/transfer terms, retention/deletion, incident notification timelines, cooperation duties, and audit rights.
- Complete security and AI risk due diligence (including training data provenance/Internet Protocol (IP) warranties, model behavior/safety testing summaries, and System and Organization controls (SOC 2)/Health Information Trust Alliance (HITRUST) or equivalent).
- Require transparency artifacts (e.g., model cards, data sheets, performance/bias metrics) commensurate with risk.

PATIENT NOTICE, CONSENT, AND COMMUNICATIONS

1. Notice and Disclosure (in alignment with CHA Consent Manual; CA H&S Code §§ 24170-24179.5; Title 22 § 70707(a)(5); CMIA):

- Inform patients when AI or ambient listening will be used for documentation/monitoring, including: purpose, what is captured (audio, transcripts, metadata), where/how data is stored, security safeguards, who has access (including vendors), any cross-border transfers, and patient rights (decline/withdraw without impact on care or billing).
- For telehealth/phone encounters, comply with California two-party consent laws for recordings (Cal. Penal Code §§ 631, 632) and provide verbal notice prior to activation.

2. Consent

- Obtain specific, informed consent prior to activation; document in the Electronic Health Record (EHR) ("AI Consent") separate from general treatment consent.
- Patients may withdraw consent at any time; document withdrawal and cease AI capture immediately.
- Provide language access and accessibility accommodations consistent with Section 1557 and SBHCD Limited English Proficiency (LEP) policies.

3. Generative AI in Patient Communications

- If AI generates written, audio, video, or chat communications that are not fully clinician-composed, prominently disclose AI assistance and provide clear instructions for contacting a human clinician or staff member.

- If a licensed or certified clinician fully reviews, edits, and attests to AI-generated communications as their own professional communication, the disclosure requirement may be waived; maintain internal provenance.
- Ensure plain language, accuracy, and cultural/linguistic appropriateness; no automated medical advice without clinician oversight.

4. Using Artificial Intelligence (AI) or Generative Tools

- Downloading, installing, or accessing any artificial-intelligence (AI), generative-AI, or ambient-listening applications (including browser extensions, mobile apps, or online platforms) on hospital-owned or connected devices without prior approval from Information Technology is strictly prohibited.
- Use of unapproved AI tools to create, process, or transmit hospital data, Protected Health Information (PHI), or Personally Identifiable Information (PII) is strictly prohibited.
- Approved AI systems must comply with the Artificial Intelligence and Ambient Listening Policy and all applicable HIPAA and hospital privacy and security requirements.

5. Minors and Special Populations

- Obtain parent/guardian consent unless the minor is legally emancipated or otherwise permitted to self-consent under California law; verify and document self-consent eligibility.
- For sensitive services where California law permits minors to consent to their own care, follow applicable minor consent and confidentiality protections. Examples include, but are not limited to: sexual and reproductive health services, STI diagnosis or treatment, mental health counseling where self-consent is permitted, substance use disorder treatment, sexual assault services, and HIV testing or treatment.

6. Signage (ambient listening areas)

- Post clear signage: "This area uses secure voice-capture technology to assist clinicians with documentation. Your privacy is protected under state and federal law. You may decline at any time."

SAFEGUARDS AND USE REQUIREMENTS

1. Privacy and Security

- HIPAA Security Rule safeguards (administrative, physical, technical) and CMIA apply; encrypt PHI in transit and at rest; apply least privilege and Multi-Factor Authentication (MFA).
- Prohibit entry of PHI into public, non-contracted AI tools; use approved, enterprise managed solutions only.
- Apply NIST Secure Software Development Framework (SSDF)/secure Software Development Life Cycle (SDLC) to AI features; protect against prompt injection, data leakage, model theft, and abuse with input/output filtering, rate limiting, and isolation where appropriate.

2. Clinical Oversight and Documentation

- Clinicians must review, edit as needed, and authenticate all AI-generated documentation prior to inclusion in the legal medical record; maintain authorship and accountability.
- Do not use AI to upcode, alter clinical facts, fabricate content, or bypass medical necessity requirements; HIM/Compliance will audit for accuracy and potential aberrant coding patterns.

3. Data Retention and Deletion

- Raw audio deleted within 24 hours of encounter closure or immediately after clinician validation, whichever occurs first; document deletion events.
- Draft text retained only until note is signed; AI "working files" are not part of the legal medical record unless incorporated.
- Honor patient requests regarding deletion of nonrecord AI artifacts, consistent with HIPAA, CMIA, and Title 22 § 70707(b), and legal hold requirements.

4. Audit Trails and Provenance

- Log user identity, activation/deactivation times, consent status, datasets/models used, and deletion confirmations.
- Record AI assistance metadata (e.g., note sections, timestamps) using EHR provenance capabilities (e.g., Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) Provenance/Attribution) where feasible.
- Compliance/Privacy review audit logs at least quarterly.

5. Bias, Equity, and Safety

- Evaluate models for performance, bias/fairness, and health equity impacts per NIST AI Risk Management Framework (AI RMF) and Coalition for Health AI (CHAI) guidance; test across relevant demographics and languages.
- Implement mitigations and monitor postdeployment for drift, errors, and disparate impact; escalate material issues to the AI Oversight Committee and Quality/Patient Safety.

6. Training and Awareness

- Annual mandatory training for all users on HIPAA/CMIA, acceptable AI use, privacy/security, bias mitigation, prompt hygiene, and incident reporting; role based deep dives for clinical leaders, developers, and approvers.

7. Data Governance and IP

- Use only appropriately licensed datasets; document data sources, permissions, and restrictions.
- Apply deidentification per 45 CFR § 164.514(b) before using data for model development where feasible; maintain reidentification controls and governance.
- No external disclosure of AI outputs or artifacts containing PHI without proper authorization.

MODEL AND TOOL LIFE CYCLE MANAGEMENT

- PreImplementation: Define use case, benefits, risks, human-in-the-loop controls, acceptance criteria, fallback/manual procedures, and patient impact; complete security review, DPIA (if needed), and legal review; create model and dataset documentation (model card, data sheet).
- Validation: Conduct accuracy, robustness, stress/adversarial, and bias testing; clinical validation for intended populations and settings; redteam testing for misuse/abuse scenarios.
- Deployment: Version control, change management, and rollback plans; enable monitoring for performance, drift, safety, abuse, latency, and error rates; define thresholds and alerts.
- Operations: Periodic revalidation; document retraining, updates, and material changes; maintain uptime/Service Level Agreement (SLA) targets; conduct user feedback loops and quality audits.
- Decommissioning: Formal retirement plan; archive necessary artifacts; communicate changes to users; ensure secure disposal of data and models per retention policy.

INCIDENT REPORTING AND RESPONSE

- Report suspected AI malfunction, harmful output, privacy/security incident, bias/disparate impact, or patient complaint within 24 hours via the Incident Reporting System and notify Compliance.
- Investigate per the Data Breach Response Policy; follow HIPAA Breach Notification Rule (45 CFR § 164.400 et seq.), CMIA, and any contractual notice requirements.
- Document root cause, corrective actions, and lessons learned; update risk assessments and controls; notify affected patients and regulators as required.

EXCEPTIONS AND ENFORCEMENT

- Exceptions must be approved by the AI Oversight Committee with documented risk acceptance, compensating controls, and defined time limits.
- Violations may result in access restrictions, retraining, disciplinary action up to termination, and/or vendor contract termination; report to regulators as required.

CONTINUOUS IMPROVEMENT AND REVIEW

- The AI Oversight Committee will review this policy and all AI use cases at least annually and upon material regulatory/technology change.
- Incorporate new guidance from CMS, CDPH, OIG, DOJ, TJC, U.S. Department of Health and Human Services Office for Civil Rights (OCR/HHS), NIST, ISO/IEC, World Health Organization (WHO), and CHA.
- Updates require approval by executive leadership and the Board; retain documentation in Compliance Committee minutes.

REFERENCES (selected, authoritative)

- Federal and U.S. Health

- HIPAA Privacy and Security Rules: 45 CFR Parts 160 & 164
- HITECH Act and Breach Notification: 42 U.S.C. §§ 17931-17954; 45 CFR § 164.400 et seq.
- CMS Conditions of Participation for Hospitals: 42 CFR Part 482
- Office of the National Coordinator for Health IT (ONC) Cures Act Final Rule and Information Blocking: 45 CFR Part 170 and Part 171
- HHS/OCR Guidance on HIPAA and Use of Online Tracking Technologies (2023/2024)
- OIG General Compliance Program Guidance (2023)
- DOJ Criminal Division, Evaluation of Corporate Compliance Programs - Emerging Tech Update (2024)
- NIST AI Risk Management Framework (AI RMF 1.0, 2023) and Playbook
- NIST Cybersecurity Framework 2.0 (2024); NIST SP 80053 Rev. 5; NIST SP 800218 (SSDF)
- Food and Drug Administration (FDA) Good Machine Learning Practice for Medical Device Development (GMLP) (2021)

- California

  - California Department of Public Health, Title 22: Hospital Licensing
  - California Health & Safety Code § 70707 (Patient Rights); §§ 24170-24179.5 (Human Subjects Protection)
  - California Confidentiality of Medical Information Act (CMIA): Cal. Civil Code §§ 56-56.37
  - California Invasion of Privacy Act (two party consent for recordings): Cal. Penal Code §§ 631, 632
  - California Dept. of Public Health (2025). AI in Health Care Services: CA Health & Safety Code §1339.75
  - California Hospital Association. Consent Manual (2025 Update)

- Accreditation and Professional Guidance

  - The Joint Commission. Comprehensive Accreditation Manual for Hospitals (Information Management and Record of Care)
  - Coalition for Health AI (2024). Blueprint for Trustworthy AI in Healthcare
  - World Health Organization (2023). Ethics and Governance of AI for Health
  - ISO/IEC 42001:2023 — AI Management System Requirements
  - ISO/IEC 27001:2022 — Information Security Management (as applicable to vendors/ISMS)
  - HL7 FHIR Provenance/Attribution resources (for clinical documentation provenance best practices)

- Intellectual Property and Data Use

  - U.S. Copyright Office guidance on AI-generated works (as applicable)
  - Dataset licensing terms and contractual IP warranties (vendor-specific)

- Lucidoc

  - Information Technology Acceptable Use Policy (DocID 12319)

Document ID	12576	**Document Status**	Pending Committee Approval
Department	Information Technology	**Department Director**	Mercado, Salomon
Document Owner	Salomon Mercado	**Next Review Date**	
Original Effective Date	03/17/2026		
Revised	[03/17/2026 Rev. 0], [03/27/2026 Rev. 1]		
Attachments: (REFERENCED BY THIS DOCUMENT)	Information Technology Acceptable Use Policy		
Other Documents: (WHICH REFERENCE THIS DOCUMENT)			

Hazel Hawkins
MEMORIAL HOSPITAL

Policy Management and Employee Acknowledgement Policy

Disclaimer

Approvals

- Committee Approval: Policy Committee approved on 7/2/2026

Revision Insight

Document ID:	12606
Revision Number:	0
Owner:	Suzie Mays, Vice President, Information & Strategic Services
Revision Official Date:	No revision official date

Revision Note:
New Policy

Policy : Policy Management and Employee Acknowledgement Policy

PURPOSE

To ensure that all employees are informed of organizational policy updates, revisions, and newly approved policies in a timely and consistent manner. This policy establishes the process for quarterly distribution of policy changes and employee acknowledgment through HealthStream.

POLICY

San Benito Health Care District (SBHCD) is committed to maintaining current policies and procedures that support patient safety, regulatory compliance, operational effectiveness, and employee accountability. All employees are responsible for reviewing and acknowledging applicable policy updates assigned through HealthStream.

Policy changes, revisions, and newly approved policies will be distributed on a quarterly basis through HealthStream. Completion of the assigned acknowledgment is mandatory for all employees.

PROCEDURE

A description of the process for carrying out tasks related to the policy implementation. This section should indicate how the requirements of the policy would be carried out.

1. Quarterly Policy Distribution
    A. The Policy Committee will review and approve policy changes throughout the year.
    B. Approved policy revisions and newly adopted policies will be compiled and distributed quarterly through HealthStream.
    C. Employees will receive notification when policy acknowledgments have been assigned.
    D. The District reserves the right to distribute and require acknowledgment of urgent policy updates outside of the quarterly distribution cycle when necessary to address regulatory, accreditation, patient safety, operational, or legal requirements.
2. Employee Acknowledgment Requirements
    A. Employees must review the assigned policy updates and complete the required acknowledgment within thirty (30) calendar days of assignment.

B. Completion of the acknowledgment confirms receipt and review of the policy. Acknowledgment does not necessarily indicate agreement with the policy but signifies that the employee understands their responsibility to comply with applicable policy requirements.

C. Managers and department leaders are responsible for monitoring completion rates and ensuring their staff complete assigned acknowledgments within the required time frame.

D. Managers are responsible for providing employees a reasonable opportunity to review and complete assigned acknowledgments during their regularly scheduled work hours.

E. Employees who are on an approved leave of absence during the acknowledgment period will be required to complete assigned acknowledgments within thirty (30) calendar days of returning to active work status, unless otherwise directed.

3. Compensation and Time Requirements

A. Completion of policy acknowledgments is considered a mandatory job responsibility and must be completed during the employee's regularly scheduled work hours whenever possible.

B. Employees are expected to coordinate with their supervisor to complete acknowledgments during their normal work schedule.

C. Any time spent completing required policy acknowledgments shall be recorded and compensated in accordance with applicable federal and state wage and hour laws, District policies, and applicable collective bargaining agreements.

D. Completion of policy acknowledgments alone does not create an entitlement to overtime, callback pay, call time pay, premium pay, double time, or other additional compensation beyond that required by law or an applicable collective bargaining agreement.

E. Employees who fail to complete assigned acknowledgments within the required time frame, after receiving appropriate notice and a reasonable opportunity to do so, may be subject to corrective action in accordance with District policies, procedures, and any applicable collective bargaining agreement.

A. Compliance Monitoring

A. HealthStream completion reports will be monitored by department leadership, Human Resources, and designated administrators.

B. Reminder notifications may be issued throughout the acknowledgment period.

C. Departments with outstanding acknowledgments may be required to provide action plans to ensure compliance.

REFERENCES

1. Hospital Policy Management Program
2. HealthStream Learning Management System
3. Human Resources Corrective Action Policy
4. Applicable Federal and State Regulatory Requirements

AFFECTED DEPARTMENTS

All Departments.

Document ID	12606	**Document Status**	Pending Committee Approval
Department	Human Resources	**Department Director**	Tartala, Drew
Document Owner	Suzie Mays	**Next Review Date**	
Attachments: (REFERENCED BY THIS DOCUMENT)			
Other Documents: (WHICH REFERENCE THIS DOCUMENT)			

CNO Dashboard June 2026

Description	June 2026 Actual	June 2026 Budget	YTD Total Actual	YTD Total Budget
ED Visits	2,164	2,370	28,035	28,692
ED Admission %	5.20%	10%>	4.60%	10%>
LWBS %	0.5%	<2.0%	0.95%	<2.0%
Door to Provider	7 min	<10 min	7 min%	<10 min
MS admissions	86	134	1087	1,329
ICU admissions	29	24	263	214
Deliveries	20	40	348	386
OR Inpatient	31	61	397	499
ASC/OP Cases	85	62	915	640
GI	100	91	1017	1087

Met or Exceeded Target
Within 10% of Target
Not Within 10%

OR Cases By Service Line			
2026	**APRIL**	**MAY**	**JUNE**
TOTAL SURGERIES **	199	188	216
GENERAL SURGERY	43	22	44
ORTHOPEDIC TOTAL	39	32	40
PODIATRY	0	1	0
TOTAL JOINTS	4	5	5
UROLOGY	4	4	9
OB/GYN TOTAL	33	23	17
C/SECTIONS	11	8	3
ENT TOTAL	0	1	0
GI TOTAL	80	105	106
GI ASC	71	100	100
GI INO	6	2	0
GI INPT	3	3	6
GI CANCELS*	2	0	2

*Cancels not included in GI Total

**These totals include GI

OR Cases By Service Line			
2025	**APRIL**	**MAY**	**JUNE**
TOTAL SURGERIES **	**197**	**157**	**185**
GENERAL SURGERY	**29**	**26**	**23**
ORTHOPEDIC TOTAL	**32**	**44**	**39**
PODIATRY	**0**	**0**	**0**
TOTAL JOINTS	**1**	**2**	**0**
UROLOGY	**2**	**2**	**5**
OB/GYN TOTAL	**40**	**24**	**25**
C/SECTIONS	**13**	**7**	**10**
ENT TOTAL	**2**	**1**	**2**
GI TOTAL	**92**	**60**	**91**
GI ASC	**89**	**56**	**83**
GI INO	**2**	**2**	**2**
GI INPT	**1**	**2**	**6**
GI CANCELS*	**0**	**0**	**1**

***Cancels not included in GI Total**

****These totals include GI**

Hazel Hawkins
MEMORIAL HOSPITAL

REGULAR MEETING OF THE FACILITIES AND FINANCE COMMITTEE
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
MONDAY, JULY 20, 2026 - 4:30 P.M.
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.

1. Call to Order

2. Update on Current Projects
   - Project Dashboard – June 2026

3. Review Financial Updates
   - Financial Statements – June 2026
   - Finance Dashboard – June 2026
   - Supplemental Payments – June 2026
   - Cashflow Statement YTD June 2026

4. Consider Recommendation for Board Approval of FYE 06/30/27 Operating and Capital Budgets.
   - Report
   - Committee Questions
   - Motion/Second

5. Consider Recommendation for Board Approval of Proposal with RDL Construction, Inc. for MTCAP in the amount of $164,436.00.
   - Report
   - Committee Questions
   - Motion/Second

6. Public Comment

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 **Committee,** which are not on this agenda.

7. Adjournment

   The next Facilities and Finance Committee meeting is scheduled for **Monday, August 24, 2026** at **4:30 p.m.**

The complete Facilities and Finance Committee packet, including subsequently distributed materials and presentations, is available at the Facilities and Finance Committee meeting and in the Administrative Offices of the District. All items appearing on the agenda are subject to action by the Facilities and Finance Committee. Staff and Committee recommendations are subject to change by the Facilities and Finance Committee.

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.

JULY 2026 Project Dashboard - Facilities

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	Key Stakeholder	Role	Update
*Lab Phase 2	Analyzer Replacment	6/1/2024	8/1/2026	791	In Progress	High	Bernadette Enderez	Lab/Radiology Director	ABBOTT equipment installed, pending final HCAI/OSHPD sign off. Validation ongoing, units will go live when approved.
*Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026	TBD		Ongoing		Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 06/19/2026 Cost estimate 07/07/2026 100% DDs 09/04/2026 100% SDs
*OR Rebuild	Updating OR per OSHPD Requirements	11/20/2024	1/29/2027	800	In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	CDPH waiver has been extended until JAN 2027. Pending feasibility results from critical infrastructure study.
*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 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 results pending. MT/CAP job walk scheduled 6/22.
Seismic (MTCAP for Original Hospital)	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	3/25/2026	Fall '26		In Progress	High	Jorge Ramirez	Senior Director Support Services	Mandatory job walk completed, pending bids from contractors.
*Imaging Trailer Pad Make Ready	Treanor to help when MP starts	10/1/2025	TBD		In Progress	Medium	Bernadette Enderez	Lab/Radiology Director	Architectural proposal approved. Pending HCAI design approval and contractor pricing

JULY 2026 Project Dashboard - Facilities

*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
*ED Helipad	System is an AFFF 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	Senior Support Services Director	HCAI building permit issued. Contractors mobilzing.
*Northside SNF Kitchen Flooring	Replace kitchen and storage flooring at the Northside SNF	1/1/2026	TBD		In Progress	High	Jaylee Davison	Interim Director of Nursing – (SNF)	Application submitted to the county > HCAI/CDPH approval to follow this approval. Internall logistics planning
Physical Therapy Clinic Remodel	Expanding current location to help with ongoing demand	6/1/2025	TBD		On Hold	Medium	Jun Estrada	Director of Physical Therapy	Contract signed for feasibility study
Focus Sports Therapy	Rennovate and expand Focus sports thereapy clinic	7/1/2025	TBD		On Hold	Medium	Jorge Ramirez	Senior Support Services Director	Working with architects on schematic design.
Totals									

TASK STATUS %		
STATUS	**COUNT**	**%**
Not Started	0	0%
In Progress	8	67%
Overdue	0	0%
On Hold	2	17%
Ongoing	2	17%
Completed	0	0%
TOTAL	**12**	**100%**

PROJECT PRIORITY %		
PRIORITY	**COUNT**	**%**
High	8	73%
Medium	3	27%
Low	0	0%
TOTAL	**11**	**100%**

estimated go-live
planned go live

Hazel Hawkins
MEMORIAL HOSPITAL
SKILLED NURSING FACILITIES
HOME HEALTH AGENCY
San Benito Health Care District

San Benito Health Care District
A Public Agency
911 Sunset Drive
Hollister, CA 95023-5695
(831) 637-5711

July 20, 2026

CFO Financial Summary for the District Board: Unaudited

For the month ending June 30, 2026, the District's Net Surplus (Loss) is $849,298 compared to a budgeted Surplus (Loss) of $728,434. The District exceeded the budget for the month by $120,864.

YTD as of June 30, 2026, the District's Net Surplus (Loss) is $13,286,444 compared to a budgeted Surplus (Loss) of $11,175,735. The District is exceeding its budget YTD by $2,110,709.

Acute discharges were 135 for the month, less than the budget by 67 discharges, 33%. The ADC was 11.87 compared to a budget of 18.88. The ALOS was 2.64. The acute I/P gross revenue was under budget by **$3 million** or **32%** while O/P services gross revenue exceeded the budget by **$3.36 million** or **12%**. ER I/P visits were 113 and ER O/P visits were under budget by 183 visits or 8%. The RHCs & Specialty Clinics treated 3,436 (includes 550 visits at the Diabetes Clinic) and 1,082 visits respectively.

Other Operating revenue exceeded budget by **$270,988** due mainly to:

1) **$547,886** in additional QIP funds for PY 7, CY 2024.
2) The HQAF direct grant for **$350,000** was budgeted, but not received.

Operating Expenses exceeded budget by **$108,166** due mainly to: overages in Employee Benefits of $552,085, Registry of $165,886, and Professional Fees of $107,727 being offset by savings in S & W of $475,503 and Supplies of $221,931.

Non-operating Revenue exceeded the budget by **$268,525** due to the actual property tax revenue exceeding the budget by $147,787. In addition, donations were $125,570 greater than budgeted.

The SNFs ADC was **92.10** for the month. The Net Surplus (Loss) is ($133,288) compared to a budget of $67,729. YTD, the Net Surplus (Loss) is **$2,884,411** exceeding the budget by $1,778,708.

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
HOLLISTER, CA 95023
FOR PERIOD 06/30/26

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25
GROSS PATIENT REVENUE:										
ACUTE ROUTINE REVENUE	2,926,662	4,536,891	(1,610,229)	(36)	3,455,298	39,965,597	42,275,549	(2,309,952)	(6)	40,564,284
SNF ROUTINE REVENUE	2,144,570	2,025,000	119,570	6	2,088,060	24,639,626	24,637,500	2,126	0	24,182,850
ANCILLARY INPATIENT REVENUE	3,773,548	5,308,529	(1,534,981)	(29)	3,732,260	45,803,918	52,322,188	(6,518,270)	(13)	50,650,757
HOSPITALIST\PEDS I\P REVENUE	135,592	0	135,592		180,758	1,869,183	0	1,869,183		180,758
TOTAL GROSS INPATIENT REVENUE	8,980,372	11,870,420	(2,890,048)	(24)	9,456,376	112,278,323	119,235,237	(6,956,914)	(6)	115,578,649
ANCILLARY OUTPATIENT REVENUE	30,765,216	27,486,670	3,278,546	12	29,460,285	377,901,210	367,687,588	10,213,622	3	352,343,133
HOSPITALIST\PEDS O\P REVENUE	82,772	0	82,772		113,964	1,229,148	0	1,229,148		113,964
TOTAL GROSS OUTPATIENT REVENUE	30,847,988	27,486,670	3,361,318	12	29,574,249	379,130,358	367,687,588	11,442,770	3	352,457,097
TOTAL GROSS PATIENT REVENUE	39,828,360	39,357,090	471,270	1	39,030,625	491,408,681	486,922,825	4,485,856	1	468,035,746
DEDUCTIONS FROM REVENUE:										
MEDICARE CONTRACTUAL ALLOWANCES	10,933,527	10,816,485	117,042	1	11,867,366	137,519,998	132,317,446	5,202,552	4	127,450,101
MEDI-CAL CONTRACTUAL ALLOWANCES	10,508,266	10,251,404	256,862	3	11,870,436	132,553,607	125,496,091	7,057,516	6	121,046,255
BAD DEBT EXPENSE	1,197,664	1,009,413	188,251	19	1,043,785	9,018,832	12,295,994	(3,277,162)	(27)	8,592,215
CHARITY CARE	5,940	31,026	(25,087)	(81)	25,024	708,782	379,873	328,909	87	417,647
OTHER CONTRACTUALS AND ADJUSTMENTS	4,532,311	4,795,274	(262,963)	(6)	5,005,457	58,297,622	58,702,889	(405,267)	(1)	56,197,621
HOSPITALIST\PEDS CONTRACTUAL ALLOW	(26,629)	0	(26,629)		103,901	108,821	0	108,821		103,901
TOTAL DEDUCTIONS FROM REVENUE	27,151,078	26,903,602	247,476	1	29,915,969	338,207,662	329,192,293	9,015,369	3	313,807,739
NET PATIENT REVENUE	12,677,281	12,453,488	223,793	2	9,114,656	153,201,019	157,730,532	(4,529,513)	(3)	154,228,007
OTHER OPERATING REVENUE	1,894,446	1,623,458	270,988	17	2,134,138	23,620,844	14,912,390	8,708,454	58	25,602,437
NET OPERATING REVENUE	14,571,727	14,076,946	494,781	4	11,248,794	176,821,863	172,642,922	4,178,941	2	179,830,444
OPERATING EXPENSES:										
SALARIES & WAGES	5,172,225	5,497,063	(324,838)	(6)	5,019,973	63,926,457	66,306,492	(2,380,035)	(4)	60,722,165
REGISTRY	724,262	525,385	198,877	38	588,171	8,489,747	6,304,613	2,185,134	35	6,510,945
EMPLOYEE BENEFITS	3,210,813	2,446,100	764,713	31	6,145,809	29,727,024	29,353,073	373,951	1	30,156,489
PROFESSIONAL FEES	1,752,885	1,647,658	105,227	6	1,656,024	21,771,476	19,748,333	2,023,143	10	20,298,373
SUPPLIES	1,070,397	1,298,119	(227,722)	(18)	709,962	15,499,027	15,449,875	49,152	0	13,079,024
PURCHASED SERVICES	1,318,504	1,362,927	(44,423)	(3)	1,370,253	16,408,298	16,383,633	24,665	0	16,115,604
RENTAL	204,546	169,962	34,584	20	137,262	2,164,552	2,037,888	126,664	6	1,900,158
DEPRECIATION & AMORT	353,354	315,202	38,152	12	321,134	4,135,234	3,782,430	352,804	9	3,808,100
INTEREST	3,459	19,243	(15,784)	(82)	4,879	312,318	234,701	77,617	33	544,144
OTHER	569,561	455,904	113,657	25	446,585	6,289,466	6,492,081	(202,615)	(3)	5,586,954
TOTAL EXPENSES	14,380,006	13,737,563	642,443	5	16,400,051	168,723,597	166,093,119	2,630,478	2	158,721,957
NET OPERATING INCOME (LOSS)	191,722	339,383	(147,662)	(44)	(5,151,256)	8,098,265	6,549,803	1,548,462	24	21,108,487

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
HOLLISTER, CA 95023
FOR PERIOD 06/30/26

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	145,570	20,000	125,570	628	128,328	646,056	240,000	406,056	169	354,923
PROPERTY TAX REVENUE	396,221	248,434	147,787	60	335,260	3,128,995	2,981,208	147,787	5	2,987,602
GO BOND PROP TAXES	181,114	181,114	0	0	258,160	2,173,363	2,173,368	(5)	0	2,193,222
GO BOND INT REVENUE\EXPENSE	(61,114)	(61,114)	0	0	(65,081)	(733,363)	(733,368)	5	0	(780,977)
OTHER NON-OPER REVENUE	12,459	16,399	(3,941)	(24)	13,889	178,511	196,788	(18,277)	(9)	186,808
OTHER NON-OPER EXPENSE	(17,317)	(17,407)	90	(1)	(14,157)	(218,701)	(251,564)	32,863	(13)	(313,811)
INVESTMENT INCOME	643	1,625	(982)	(60)	2,202	13,318	19,500	(6,182)	(32)	16,899
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	657,576	389,051	268,525	69	658,601	5,188,178	4,625,932	562,246	12	4,644,666
NET SURPLUS (LOSS)	849,298	728,434	120,864	17	(4,492,656)	13,286,444	11,175,735	2,110,709	19	25,753,153
EBIDA	$ 1,099,969	$ 941,043	$ 158,926	16.88%	$ (4,350,444)	$ 16,200,378	$ 13,769,729	$ 2,430,649	17.65%	$ 28,462,819
EBIDA MARGIN	7.55%	6.69%	0.86%	12.91%	(38.67)%	9.16%	7.98%	1.19%	14.87%	15.83%
OPERATING MARGIN	1.32%	2.41%	(1.10)%	(45.42)%	(45.79)%	4.58%	3.79%	0.79%	20.72%	11.74%
NET SURPLUS (LOSS) MARGIN	5.83%	5.17%	0.65%	12.63%	(39.94)%	7.51%	6.47%	1.04%	16.07%	14.32%

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
HOLLISTER, CA 95023
FOR PERIOD 06/30/26

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25
GROSS PATIENT REVENUE:										
ROUTINE REVENUE	2,926,662	4,536,891	(1,610,229)	(36)	3,455,298	39,965,597	42,275,549	(2,309,952)	(6)	40,564,284
ANCILLARY INPATIENT REVENUE	3,382,808	4,927,895	(1,545,087)	(31)	3,272,674	40,297,272	47,763,536	(7,466,264)	(16)	45,890,931
HOSPITALIST I\P REVENUE	135,592	0	135,592		180,758	1,869,183	0	1,869,183		180,758
TOTAL GROSS INPATIENT REVENUE	6,445,061	9,464,786	(3,019,725)	(32)	6,908,731	82,132,052	90,039,085	(7,907,033)	(9)	86,635,973
ANCILLARY OUTPATIENT REVENUE	30,765,216	27,486,670	3,278,546	12	29,460,285	377,901,210	367,687,588	10,213,622	3	352,343,133
HOSPITALIST O\P REVENUE	82,772	0	82,772		113,964	1,229,148	0	1,229,148		113,964
TOTAL GROSS OUTPATIENT REVENUE	30,847,988	27,486,670	3,361,318	12	29,574,249	379,130,358	367,687,588	11,442,770	3	352,457,097
TOTAL GROSS ACUTE PATIENT REVENUE	37,293,049	36,951,456	341,593	1	36,482,980	461,262,409	457,726,673	3,535,736	1	439,093,070
DEDUCTIONS FROM REVENUE ACUTE:										
MEDICARE CONTRACTUAL ALLOWANCES	10,496,876	10,538,030	(41,154)	0	11,508,390	133,279,258	129,012,608	4,266,650	3	123,985,205
MEDI-CAL CONTRACTUAL ALLOWANCES	10,479,647	10,153,902	325,745	3	11,749,809	132,790,888	124,309,817	8,481,071	7	120,126,593
BAD DEBT EXPENSE	1,319,255	1,004,413	314,842	31	1,054,150	9,027,286	12,235,994	(3,208,708)	(26)	8,523,982
CHARITY CARE	5,940	31,026	(25,087)	(81)	25,024	701,085	379,873	321,212	85	356,209
OTHER CONTRACTUALS AND ADJUSTMENTS	4,535,961	4,761,175	(225,214)	(5)	4,849,055	57,963,531	58,289,039	(325,508)	(1)	55,667,074
HOSPITALIST\PEDS CONTRACTUAL ALLOW	(26,629)	0	(26,629)		103,901	108,821	0	108,821		103,901
TOTAL ACUTE DEDUCTIONS FROM REVENUE	26,811,050	26,488,546	322,504	1	29,290,329	333,870,869	324,227,331	9,643,538	3	308,762,964
NET ACUTE PATIENT REVENUE	10,482,000	10,462,910	19,090	0	7,192,650	127,391,541	133,499,342	(6,107,802)	(5)	130,330,107
OTHER OPERATING REVENUE	1,788,058	1,623,458	164,600	10	2,134,138	22,344,199	14,912,390	7,431,809	50	25,602,437
NET ACUTE OPERATING REVENUE	12,270,057	12,086,368	183,689	2	9,326,788	149,735,739	148,411,732	1,324,007	1	155,932,544
OPERATING EXPENSES:										
SALARIES & WAGES	3,930,479	4,405,982	(475,503)	(11)	3,976,813	51,028,747	53,162,874	(2,134,127)	(4)	48,277,984
REGISTRY	642,046	476,160	165,886	35	506,782	7,644,228	5,713,920	1,930,308	34	5,845,481
EMPLOYEE BENEFITS	2,499,391	1,947,306	552,085	28	5,586,417	23,170,952	23,322,669	(151,717)	(1)	24,263,902
PROFRSSIONAL FEES	1,752,885	1,645,158	107,727	7	1,653,814	21,747,166	19,718,333	2,028,833	10	20,271,853
SUPPLIES	980,485	1,202,416	(221,931)	(19)	612,553	14,155,796	14,286,552	(130,756)	(1)	11,888,425
PURCHASED SERVICES	1,189,726	1,262,215	(72,489)	(6)	1,236,666	14,997,080	15,156,437	(159,357)	(1)	14,925,478
RENTAL	197,841	162,046	35,795	22	109,538	1,971,561	1,940,676	30,885	2	1,768,160
DEPRECIATION & AMORT	312,549	276,161	36,388	13	281,617	3,649,912	3,313,938	335,974	10	3,338,177
INTEREST	3,459	19,243	(15,784)	(82)	4,879	312,318	234,701	77,617	33	544,144
OTHER	380,638	384,646	(4,008)	(1)	404,164	5,430,836	5,726,472	(295,636)	(5)	4,904,506
TOTAL EXPENSES	11,889,499	11,781,333	108,166	1	14,373,243	144,108,595	142,576,572	1,532,023	1	136,028,109
NET OPERATING INCOME (LOSS)	380,558	305,035	75,523	25	(5,046,454)	5,627,144	5,835,160	(208,016)	(4)	19,904,435

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
HOLLISTER, CA 95023
FOR PERIOD 06/30/26

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	145,570	20,000	125,570	628	128,328	646,056	240,000	406,056	169	354,923
PROPERTY TAX REVENUE	336,813	211,194	125,619	60	285,006	2,659,947	2,534,328	125,619	5	2,539,500
GO BOND PROP TAXES	181,114	181,114	0	0	258,160	2,173,363	2,173,368	(5)	0	2,193,222
GO BOND INT REVENUE\EXPENSE	(61,114)	(61,114)	0	0	(65,081)	(733,363)	(733,368)	5	0	(780,977)
OTHER NON-OPER REVENUE	12,459	16,399	(3,941)	(24)	13,889	178,511	196,788	(18,277)	(9)	186,808
OTHER NON-OPER EXPENSE	(13,457)	(13,548)	91	(1)	(9,109)	(162,881)	(195,744)	32,863	(17)	(244,113)
INVESTMENT INCOME	643	1,625	(982)	(60)	2,202	13,318	19,500	(6,182)	(32)	16,899
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	602,027	355,670	246,357	69	613,394	4,774,951	4,234,872	540,079	13	4,266,261
NET SURPLUS (LOSS)	982,585	660,705	321,880	49	(4,433,060)	10,402,095	10,070,032	332,063	3	24,170,696

HAZEL HAWKINS SKILLED NURSING FACILITIES
HOLLISTER, CA
FOR PERIOD 06/30/26

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25	ACTUAL 06/30/26	BUDGET 06/30/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 06/30/25
GROSS SNF PATIENT REVENUE:										
ROUTINE SNF REVENUE	2,144,570	2,025,000	119,570	6	2,088,060	24,639,626	24,637,500	2,126	0	24,182,850
ANCILLARY SNF REVENUE	390,741	380,634	10,107	3	459,586	5,506,646	4,558,652	947,994	21	4,759,826
TOTAL GROSS SNF PATIENT REVENUE	2,535,311	2,405,634	129,677	5	2,547,646	30,146,272	29,196,152	950,120	3	28,942,676
DEDUCTIONS FROM REVENUE SNF:										
MEDICARE CONTRACTUAL ALLOWANCES	436,651	278,455	158,196	57	358,976	4,240,740	3,304,838	935,902	28	3,464,896
MEDI-CAL CONTRACTUAL ALLOWANCES	28,620	97,502	(68,882)	(71)	120,627	(237,280)	1,186,274	(1,423,554)	(120)	919,663
BAD DEBT EXPENSE	(121,591)	5,000	(126,591)	(2,532)	(10,365)	(8,454)	60,000	(68,454)	(114)	68,232
CHARITY CARE	0	0	0	0	0	7,697	0	7,697		61,438
OTHER CONTRACTUALS AND ADJUSTMENTS	(3,651)	34,099	(37,750)	(111)	156,402	334,091	413,850	(79,759)	(19)	530,547
TOTAL SNF DEDUCTIONS FROM REVENUE	340,029	415,056	(75,027)	(18)	625,640	4,336,793	4,964,962	(628,169)	(13)	5,044,776
NET SNF PATIENT REVENUE	2,195,282	1,990,578	204,704	10	1,922,006	25,809,479	24,231,190	1,578,289	7	23,897,900
OTHER OPERATING REVENUE	106,388	0	106,388		0	1,276,645	0	1,276,645		0
NET SNF OPERATING REVENUE	2,301,670	1,990,578	311,092	16	1,922,006	27,086,124	24,231,190	2,854,934	12	23,897,900
OPERATING EXPENSES:										
SALARIES & WAGES	1,241,746	1,091,081	150,665	14	1,043,160	12,897,710	13,143,618	(245,908)	(2)	12,444,181
REGISTRY	82,216	49,225	32,991	67	81,389	845,519	590,693	254,826	43	665,465
EMPLOYEE BENEFITS	711,422	498,794	212,628	43	559,392	6,556,072	6,030,404	525,668	9	5,892,587
PROFESSIONAL FEES	0	2,500	(2,500)	(100)	2,210	24,310	30,000	(5,690)	(19)	26,520
SUPPLIES	89,912	95,703	(5,791)	(6)	97,409	1,343,168	1,163,323	179,845	16	1,190,599
PURCHASED SERVICES	128,778	100,712	28,066	28	133,587	1,411,218	1,227,196	184,022	15	1,190,126
RENTAL	6,704	7,916	(1,212)	(15)	27,724	192,991	97,212	95,779	99	131,999
DEPRECIATION	40,806	39,041	1,765	5	39,517	485,321	468,492	16,829	4	469,923
INTEREST	0	0	0	0	0	0	0	0	0	0
OTHER	188,922	71,258	117,664	165	42,421	858,630	765,609	93,021	12	682,448
TOTAL EXPENSES	2,490,506	1,956,230	534,276	27	2,026,808	24,614,940	23,516,547	1,098,393	5	22,693,848
NET OPERATING INCOME (LOSS)	(188,836)	34,348	(223,184)	(650)	(104,802)	2,471,184	714,643	1,756,541	246	1,204,053
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	0	0	0	0	0	0	0	0	0	0
PROPERTY TAX REVENUE	59,408	37,240	22,168	60	50,255	469,048	446,880	22,168	5	448,103
OTHER NON-OPER EXPENSE	(3,859)	(3,859)	0	0	(5,048)	(55,821)	(55,820)	(1)	0	(69,698)
TOTAL NON-OPERATING REVENUE/(EXPENSE)	55,549	33,381	22,168	66	45,207	413,227	391,060	22,167	6	378,405
NET SURPLUS (LOSS)	(133,288)	67,729	(201,017)	(297)	(59,596)	2,884,411	1,105,703	1,778,708	161	1,582,457

HAZEL HAWKINS MEMORIAL HOSPITAL
HOLLISTER, CA
For the month ended 06/30/26

	CURR MONTH 06/30/26	PRIOR MONTH 05/31/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/25
CURRENT ASSETS					
CASH & CASH EQUIVALENT	43,064,101	45,484,882	(2,420,781)	(5)	46,670,217
PATIENT ACCOUNTS RECEIVABLE	68,361,181	71,626,073	(3,264,892)	(5)	66,556,290
BAD DEBT ALLOWANCE	(6,683,787)	(6,781,721)	97,934	(1)	(7,062,672)
CONTRACTUAL RESERVES	(40,385,339)	(43,053,617)	2,668,278	(6)	(40,404,377)
OTHER RECEIVABLES	7,256,531	4,639,097	2,617,434	56	4,952,401
INVENTORIES	5,092,665	5,051,411	41,254	1	4,981,471
PREPAID EXPENSES	2,100,267	2,232,380	(132,114)	(6)	2,599,584
DUE TO\FROM THIRD PARTIES	(211,928)	(198,400)	(13,528)	7	(181,860)
TOTAL CURRENT ASSETS	78,593,689	79,000,104	(406,415)	(1)	78,111,054
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	5,010,020	7,975,799	(2,965,778)	(37)	5,666,884
TOTAL LIMITED USE ASSETS	5,010,020	7,975,799	(2,965,778)	(37)	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	49,166,108	48,847,502	318,606	1	46,216,122
CONSTRUCTION IN PROGRESS	13,233,772	10,527,549	2,706,224	26	4,324,809
GROSS PROPERTY,PLANT, AND EQUIPMENT	165,894,518	162,869,688	3,024,830	2	154,009,779
ACCUMULATED DEPRECIATION	(102,707,318)	(102,339,052)	(368,266)	0	(98,393,920)
NET PROPERTY, PLANT, AND EQUIPMENT	63,187,200	60,530,636	2,656,564	4	55,615,859
OTHER ASSETS					
UNAMORTIZED LOAN COSTS	258,315	264,057	(5,742)	(2)	327,215
PENSION DEFERRED OUTFLOWS NET	5,277,892	5,277,892	0	0	5,277,892
TOTAL OTHER ASSETS	5,536,207	5,541,949	(5,742)	0	5,605,107
TOTAL UNRESTRICTED ASSETS	152,327,116	153,048,488	(721,372)	(1)	144,998,904
RESTRICTED ASSETS	129,432	129,381	51	0	127,208
TOTAL ASSETS	152,456,549	153,177,869	(721,320)	(1)	145,126,112

HAZEL HAWKINS MEMORIAL HOSPITAL
HOLLISTER, CA
For the month ended 06/30/26

	CURR MONTH 06/30/26	PRIOR MONTH 05/31/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/25
CURRENT LIABILITIES					
ACCOUNTS PAYABLE	5,951,249	7,224,918	1,273,669	(18)	6,221,841
ACCRUED PAYROLL	3,779,439	4,130,260	350,822	(9)	3,467,229
ACCRUED PAYROLL TAXES	285,454	249,473	(35,981)	14	257,552
ACCRUED BENEFITS	4,471,049	4,381,111	(89,938)	2	5,074,320
OTHER ACCRUED EXPENSES	73,601	66,356	(7,246)	11	80,907
PATIENT REFUNDS PAYABLE	1,310	1,310	0	0	1,310
DUE TO\FROM THIRD PARTIES	5,819,287	3,905,287	(1,914,000)	49	5,056,186
OTHER CURRENT LIABILITIES	762,693	1,030,472	267,779	(26)	777,080
TOTAL CURRENT LIABILITIES	21,144,082	20,989,187	(154,895)	1	20,936,425
LONG-TERM DEBT					
LEASES PAYABLE	4,465,512	4,522,556	57,044	(1)	4,799,273
BONDS PAYABLE	25,152,640	26,621,160	1,468,520	(6)	28,534,881
TOTAL LONG TERM DEBT	29,618,152	31,143,717	1,525,564	(5)	33,334,154
OTHER LONG-TERM LIABILITIES					
DEFERRED REVENUE	0	0	0	0	0
LONG-TERM PENSION LIABILITY	23,488,121	23,688,121	200,000	(1)	25,888,121
TOTAL OTHER LONG-TERM LIABILITIES	23,488,121	23,688,121	200,000	(1)	25,888,121
TOTAL LIABILITIES	74,250,355	75,821,024	1,570,669	(2)	80,158,700
NET ASSETS:					
UNRESTRICTED FUND BALANCE	64,915,019	64,915,019	0	0	64,817,839
RESTRICTED FUND BALANCE	101,911	101,860	(51)	0	149,573
NET REVENUE/(EXPENSES)	13,189,264	12,339,966	(849,298)	7	0
TOTAL NET ASSETS	78,206,193	77,356,844	(849,349)	1	64,967,412
TOTAL LIABILITIES AND NET ASSETS	152,456,549	153,177,869	721,320	(1)	145,126,112

Statement of Cash Flows
Hazel Hawkins Memorial Hospital
Hollister, CA
Twelve months ending June 30, 2026

	CASH FLOW		COMMENTS
	Current Month 6/30/2026	Current Year-To-Date 6/30/2026	
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net Income (Loss)	$849,298	$13,286,444	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	368,266	4,313,397	
(Increase)/Decrease in Net Patient Accounts Receivable	498,680	(2,202,814)	
(Increase)/Decrease in Other Receivables	(2,617,434)	(2,304,592)	
(Increase)/Decrease in Inventories	(41,254)	(111,194)	
(Increase)/Decrease in Pre-Paid Expenses	132,114	499,318	
(Increase)/Decrease in Due From Third Parties	13,528	30,069	
Increase/(Decrease) in Accounts Payable	(1,273,669)	(270,131)	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	(224,903)	(165,706)	
Increase/(Decrease) in Accrued Expenses	7,246	(7,304)	
Increase/(Decrease) in Patient Refunds Payable	0	0	
Increase/(Decrease) in Third Party Advances/Liabilities	1,914,000	763,099	
Increase/(Decrease) in Other Current Liabilities	(267,779)	(111,840)	Semi-Annual Int. - 2005 GO & 2021 Revenue Bonds
Net Cash Provided by Operating Activities:	(1,491,205)	432,302	
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Property, Plant and Equipment	(3,024,830)	(11,884,741)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	2,965,778	656,862	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(Increase)/Decrease in Other Assets	5,742	68,904	Amortization
Net Cash Used by Investing Activities	(53,310)	(11,158,975)	
CASH FLOWS FROM FINANCING ACTIVITIES:			
Increase/(Decrease) in Capital Lease Debt	(57,044)	(333,761)	
Increase/(Decrease) in Bond Mortgage Debt	(1,468,520)	(3,382,240)	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Other Long Term Liabilities	(200,000)	(2,400,000)	Long Term Pension Liability
Net Cash Used for Financing Activities	(1,725,564)	(6,116,001)	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	(49,886)	
Net Increase/(Decrease) In Cash	(2,420,781)	(3,606,116)	
Cash, Beginning of Period	45,484,882	46,670,217	
Cash, End of Period	$43,064,101	$43,064,101	$0
Cost per day to run the District	$451,523	$49,241,349	Budgeted Cash on Hand
Operational Days Cash on Hand	95.38	($6,177,248)	Variance

Hazel Hawkins
MEMORIAL HOSPITAL

San Benito Health Care District
Hazel Hawkins Memorial Hospital
JUNE 2026

Description	MTD Budget	MTD Actual	YTD Actual	YTD Budget	FYE Budget
Average Daily Census - Acute	18.88	11.87	13.19	15.00	15.00
Average Daily Census - SNF	89.98	92.10	89.20	90.00	90.00
Acute Length of Stay	2.80	2.64	2.79	2.80	2.80
ER Visits:					
Inpatient	136	113	1,326	1,638	1,638
Outpatient	2,234	2,051	26,709	27,053	27,053
Total	2,370	2,164	28,035	28,691	28,691
Days in Accounts Receivable	50.0	51.5	51.5	50.0	50.0
Productive Full-Time Equivalents	575.17	538.92	540.03	575.17	575.17
Net Patient Revenue	12,453,488	12,677,281	153,201,019	157,730,532	157,730,532
Payment-to-Charge Ratio	31.6%	31.8%	31.2%	32.4%	32.4%
Medicare Traditional Payor Mix	27.88%	30.79%	30.61%	28.71%	28.71%
Commercial Payor Mix	24.18%	22.92%	22.57%	23.36%	23.36%
Bad Debt % of Gross Revenue	2.50%	3.00%	1.84%	2.50%	2.50%
EBIDA	941,043	1,099,969	16,200,378	13,769,729	13,769,729
EBIDA %	6.69%	7.55%	9.16%	7.98%	7.98%
Operating Margin	2.41%	1.32%	4.58%	3.79%	3.79%
Salaries, Wages, Registry & Benefits %:					
by Net Operating Revenue	60.16%	62.50%	57.77%	59.06%	59.06%
by Total Operating Expense	61.65%	63.33%	60.54%	61.39%	61.39%
Bond Covenants:					
Debt Service Ratio - 1.25	6.03	7.05	8.65	7.36	7.36
Current Ratio - 1.50	2.00	3.72	3.72	2.00	2.00
Days Cash on hand - 30.00	110.06	95.38	95.38	110.06	110.06

Met or Exceeded Target
Within 10% of Target
Not Within 10%

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

	Payor	Actual FY 2026	Actual FY 2025	Notes:
Intergovernmental Transfer Programs:				**Requires District to fund program and wait for matching return.**
- AB 113 Non-Designated Public Hospital (NDPH)				
SFY 2023/2024 Final Payment SFY 2024/2025	DHCS	179,727	39,795	IGT due April 2026. Rec'd payment June 30, 2026.
SFY 2024/2025 Interim SFY 2025/2026	DHCS	179,727	305,302	IGT due April 2026. Rec'd payment June 30, 2026.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2025	CCAH	1,925,623	2,407,056	Rec'd payment on April 28, 2026.
- Rate Range Jan. 1, 2023 through Dec. 31, 2023	Anthem	-	1,339,141	Received in February 2025.
- Rate Range Jan. 1, 2024 through Dec. 31, 2024	CCAH	2,911,769	-	Received on January 13, 2026. Higher than prior year in place of AB 915.
- QIP PY 6 Settlement CY 2023	DHCS	-	4,311,260	Sent IGT of $2,342,379 in March. Rec. in May.
- QIP PY 7 Settlement "Interim" Payment for CY 2024	CCAH	2,249,573		Funded IGT on Aug. 22nd, $900,434.15. Rec'd in Oct. 2025.
- QIP PY 7 Settlement "Final" Payment for CY 2024	CCAH	3,223,048		Rec'd payment on April 28, 2026.
- District Hospital Directed Payments (DHDP) CY 2024	DHCS	643,091	710,853	Funded IGT on Aug. 22nd, $379,041.08. Expect payment in Oct/Nov '25.
- QIP PY 5 Loan Repayment	District	-	(3,090,086)	Paid on Decmber 9, 2024.
IGT sub-total		11,312,559	6,023,320	
Non-Intergovernmental Transfer Programs:				**Direct Payments.**
- AB 915 SY 2024-25	DHCS	309,289	1,802,585	Received on March 5th & 12th, 2026. CA MMIS fiscal intermediary.
- SB 239 Hospital Quality Assurance Fund (HQAF)	DHCS	-	1,069,577	Rec. Sep. 4, 2024.
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	DHCS	-	1,081,621	Expected to Rec. 4th qtr payment by June 30, 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	DHCS	-	3,244,863	Rec'd 1st, 2nd, & 3rd Qtr payments YTD.
- SB 239 Hospital Quality Assurance Fund (HQAF) IX	DHCS	2,622,864		Qtrly Pmts reduced by 45% and not expected this fiscal year.
- Distinct Part, Nursing Facility (DP/NF)	-	-	-	Based on actual cost difference.
- Medi-Cal Disproportionate Share (DSH)	DHCS	1,505,100	1,260,151	H.R. 1 reduction of 60% delayed until FY 2028.
Non-IGT sub-total		4,437,253	8,458,797	
Program Grand Totals		15,749,812	14,482,117	
Total Received		13,126,948	17,572,203	
Total Pending		2,622,864		
Total Paid		-	(3,090,086)	
Net Supplemental Payments		15,749,812	14,482,117	

San Benito Health Care District

Actual/Budgeted Cash Flow

FYE June 30, 2026

Description	Actual July 2025	Actual August 2025	Actual September 2025	Actual October 2025	Actual November 2025	Actual December 2025	Actual January 2026	Actual February 2026	Actual March 2026	Actual April 2026	Actual May 2026	Actual June 2026	Total	
	FY 2026													
Recurring Revenue	$ 13,221,775	$ 11,459,048	$ 12,240,725	$ 12,734,075	$ 10,984,359	$ 13,730,837	$ 12,942,428	$ 10,645,938	$ 12,885,065	$ 13,193,905	$ 11,608,269	$ 13,397,484	$ 149,043,908	A
H.R. 1 Medicare & Medi-Cal Reductions	-	-	-	-	-	-	-	-	-	-	-	-	-	B
Net Supplemental & Other Oper. Revenue	371,991	(961,061)	798,840	3,192,705	(1,467,377)	1,546,950	4,643,567	(2,905,751)	4,564,373	9,011,760	963,167	1,538,312	21,297,476	C
Total Cash Receipts	13,593,766	10,497,987	13,039,565	15,926,780	9,516,982	15,277,787	17,585,995	7,740,187	17,449,438	22,205,665	12,571,436	14,935,796	170,341,384	
Operating Cash Disbursements	13,352,042	14,367,411	12,892,496	12,655,969	11,894,728	12,863,713	15,949,795	12,518,661	12,352,519	13,430,933	14,476,584	13,931,097	160,685,948	D
Defined Benefit Pension Funding	-	-	-	-	-	1,200,000	200,000	200,000	200,000	200,000	200,000	200,000	2,400,000	E
Operating Cash Flow	241,724	(3,869,424)	147,069	3,270,811	(2,377,746)	1,214,074	1,436,200	(4,978,474)	4,896,919	8,574,732	(2,105,148)	804,699	7,255,436	
Other Non-Operating Revenue/Expenses:														
Property Taxes - Revenue	-	-	-	-	-	1,820,456	-	-	-	-	1,308,539	-	3,128,995	F
Capital Expenditures	(342,905)	(306,092)	(714,187)	(748,835)	(817,991)	(1,249,665)	(763,338)	(597,332)	(829,715)	(1,951,417)	(538,434)	(3,024,830)	(11,884,741)	G
2021 Revenue Bonds Expense	(155,983)	(155,983)	(155,983)	(155,983)	(155,983)	(155,983)	(155,983)	(155,983)	(155,983)	(150,650)	(150,650)	(150,650)	(1,855,800)	H
Net Cash Flow	$ (257,164)	$ (4,331,499)	$ (723,101)	$ 2,365,993	$ (3,351,720)	$ 1,628,881	$ 516,879	$ (5,731,789)	$ 3,911,221	$ 6,472,665	$ (1,485,693)	$ (2,370,781)	$ (3,356,110)	
% of Revenue	*-2%*	*-41%*	*-6%*	*15%*	*-35%*	*11%*	*3%*	*-74%*	*22%*	*29%*	*-12%*	*-16%*	*-2%*	
Beginning Cash Balance	$ 46,670,211	$ 46,413,047	$ 42,081,547	$ 41,358,446	$ 43,724,439	$ 40,372,718	$ 42,001,600	$ 42,518,478	$ 36,736,689	$ 40,597,910	$ 47,020,575	$ 45,484,882	$ 46,670,211	
Net Cash Flow	(257,164)	(4,331,499)	(723,101)	2,365,993	(3,351,720)	1,628,881	516,879	(5,731,789)	3,911,221	6,472,665	(1,485,693)	(2,370,781)	(3,356,110)	
DHLP Funding - Loan (Separate Acct.)	-	-	-	-	-	-	-	-	-	-	-	-	-	
Usage of DHLP	-	-	-	-	-	-	-	-	-	-	-	-	-	
Less: Repayment (from Operational funds)	-	-	-	-	-	-	-	(50,000)	(50,000)	(50,000)	(50,000)	(50,000)	(250,000)	I
Ending Cash Balance	$ 46,413,047	$ 42,081,547	$ 41,358,446	$ 43,724,439	$ 40,372,718	$ 42,001,600	$ 42,518,478	$ 36,736,689	$ 40,597,910	$ 47,020,575	$ 45,484,882	$ 43,064,101	$ 43,064,101	
								0						
FYE June 30, 2026 Budget	42,866,565	42,364,666	41,627,055	41,233,677	38,889,950	39,430,565	38,992,045	42,503,566	41,866,134	41,582,574	44,466,658	49,241,349	49,241,349	
Variance	3,546,482	(283,119)	(268,609)	2,490,762	1,482,768	2,571,036	3,526,433	(5,766,877)	(1,268,224)	5,438,001	1,018,224	(6,177,248)	(6,177,248)	

A - The revenue we collect for providing patient services.
B - The Medicare sequestration increase and DSH reductions were not implemented. The Medi-Cal reductions were budgeted in Bad Debt Expense and a reduction to Supplemental payments.
C - Includes $3,000,000 budgeted reductions for Supplemental payments.
D - Cash outflow related to operational expenses for the District.
E - Funding for the frozen defined benefit pension plan per the actuary's 10-year funding schedule.
F - Property taxes received from the County.
G - Capital expenditures for non-DHLP projects and equipment.
H - Cal-Mortgage revenue bonds. The Measure L 2005 G.O. bond payments are not included since the funding is a passthrough for the District.
I - Payments for the $2.7 million drawn from the DHLP. The District will apply for the remaining $7.3 million in funding when the bid for the final phase of the lab remodel is accepted.

FYE June 30, 2027

San Benito Health Care District Operational Budget

Statistics:

The acute facility's inpatient admissions and days were budgeted for an average daily census (ADC) of 15 patients for the FYE June 30, 2026. YTD as of April 30, 2026, the acute admissions were under budget by 160 from 1,600 to 1,440 admissions and patient days were under budget by 426 from 4,485 to 4,059 patient days. During this period, admissions for ICU increased by 20%, Med/Surg decreased 17% and OB decreased by 2.4%. OB deliveries decreased by 9, 2.9%. As of April 30, 2026, the acute facility YTD ADC is 13.35 compared to the budgeted YTD ADC of 14.75. This is a decrease of 10.5%.

The budgeted days are 944 in ICU, 3,650 in Med/Surg, 881 in OB resulting in an acute ADC for the year of **15.0**. The budgeted days in each nursing department corresponds with the staffing ratio.

In aggregate, outpatient services are budgeted to increase by **2%.** The outpatient services include clinic visits, outpatient surgeries/procedures, radiology exams and lab tests.

The Skilled Nursing Facilities are budgeted to have an average daily census of **92** which is an increase over the prior year budget of **90**. YTD as of April 30, 2026, the combined ADC is 88.72. However, the monthly ADC has been over **91** for April and May of 2026.

Revenue:

The budgeted acute gross revenue for FYE June 30, 2027 is increasing by the increase in inpatient and outpatient volumes. Patient charges for I/P and O/P services will not be increased during the fiscal year. The CFO and Director of Patient Accounting are working with the commercial plans to increase reimbursement without having to increase charges. In addition, they will work with consultants to review rebalancing the patient charges according to what is reasonable and customary in the market area.

As of April 30, 2026 for the acute facility, Medi-Cal and Medicare total approximately 78.2% of gross charges, 39.7% and 38.5% respectively. Commercial insurance comprises approximately 20.2% and self-pay 1.5%.

As of April 30, 2026 for the SNF facilities, Medi-Cal and Medicare total approximately 93.9% of gross charges, 62.5% and 31.4% respectively. Commercial insurance comprises approximately 5.1% and self-pay 1%.

The net revenue (payments) by the insurers are: 1) Medicare is reimbursed at a 101% of recognized cost before the 2% sequestration reduction is applied. An annual cost report is prepared and filed by a consultant on behalf of the District. The intermediary for CMS is Noridian which provides the interim rates for the fiscal year. 2) Medi-Cal is determined by the State government with no correlation to the charge for care. Since January 1, 2024, the Medi-Cal managed care plan is managed by the Central California Alliance for Health (CCAH). Supplemental programs such as AB113 Non-Designated Public Hospitals (NDPH), SB 239 Hospital Quality Assurance Fund (HQAF), AB 915 Outpatient Supplemental, Medi-Cal Disproportionate Share (DSH), Rate Range and District Hospital Direct Payment program are the main funding programs to make up for the underpayments made by the State and Managed Care plans. 3) The majority of commercial insurances reimburse the District based on their contracted rates with an annual allowance for price increases. 4) Approximately half of the commercial insurance business is from Anthem Blue Cross which reimburses the District for inpatient services with a per diem rate and outpatient services on a fee schedule.

Net Operating Revenue for the acute facility is budgeted to increase by 6% if it meets the budgeted inpatient and outpatient volume targets. The H.R.1 (OBBBA) reductions were included in the net operating revenue calculation. The District will continue to monitor State and Federal agencies for any significant changes to reimbursement during the fiscal year. The net operating revenue for the Skilled Nursing Facilities is expected to slightly increase by 1.4% due to the $1.3 million in other revenue for FY 2026 was a one-time payment from the State. The Medi-Cal per diem rate is budgeted to remain the same.

Expenses:

The District's Productive FTEs are budgeted to increase by 25.15 from the FYE June 30, 2026 budget of 575.17.

The increase in productive FTEs is due to:

- The security department is being tasked with monitoring metal detectors at three points of entry into the hospital. The entry points are the Emergency Department (ED), main hospital lobby and Women's Center lobby. The ED requires 24-hour staffing. It takes 4.2 FTEs to staff one 24-hour shift. The hospital is budgeted to add 8.6 FTES to cover the in-house security requirements.
- The Health Information Management (HIM) department is budgeted for 4.34 FTEs. The department was staffed under a purchase service agreement during the prior year budget.
- The Information Technology (IT) department is budgeting an additional 2 FTEs since the hospital changed its E.H.R. to MediTech EXPANSE effective July 1, 2026.

- The SNFs are budgeted to add 5 additional employees due to the budgeted increase in the ADC from 90 residents to 92.
- The Orthopedic, Multi-Specialty and RHCs are not increasing FTEs while budgeted for a 2% increase in patient visits.
- The nursing and other ancillary departments are budgeted according to their patient care ratios and volume.

The increase in productive FTEs is in relation to the budgeted increase in patient volume and revenue. The District will only increase its FTEs if required to meet staffing needs.

Annual average raises of **3.75%** are included in the budget.

Overall, the acute expenses are budgeted to increase by 6% and SNF expenses by 8%. The increases are mainly due to pay raises in salaries and wages and additional productive FTES being hired for the aforementioned departments. In addition, the 401(a) pension plan is included in the employee benefit expense for all employees.

Combined Net Operating Expenses are budgeted to increase by $10.4 million, 6.2%.

The District management will work to identify and implement cost savings strategies on an ongoing basis.

Outstanding Issues:

- The State of CA budget includes transferring approximately 2 million undocumented Medi-Cal enrollees from managed care to fee for service effective January 1, 2027.
- The Federal Government budget year begins on October 1, 2026. Therefore, there could potentially be more reductions to Medi-Cal funding passed down to the states.
- The District is actively working toward qualifying for additional funding from the CalRHT Transformative Payments Program.
- The District will apply for the remaining $7.3 million loan balance from the Distressed Hospital Loan Program (DHLP) of $10 million administered by CHFFA. The District will submit the required paperwork to meet the loan criteria at the appropriate time.
- The District is currently in labor negotiations with the C.N.A. The other three bargaining units are operating under current MOUs.

Conclusion:

The District's budget assumes the low acute average daily census for FYE June 30, 2026 was an anomaly and will return to prior year levels. The SNFs should be able to meet its budgeted ADC of 92 for the new fiscal year. The District's Net Surplus (Loss) is budgeted to be **$11.3** million compared to an estimated pre-audited net surplus of **$11.2** million. The EBIDA target for the FY 2027 budget is **$14.22** million (7.7%). The estimated FY 2026 pre-audit EBIDA is **$14.05** million (8.1%). Due to the costly capital expenditure needs of the District, there is a budgeted net loss in cash flow of **$5.2** million. The Days Cash on Hand would be **79.28** at year-end.

The District is budgeted to meet its Cal-Mortgage Bond requirements for the FYE June 30, 2027. The District should continue as a Critical Access Hospital in order to remain financially viable until an alternative strategy for growth can be implemented.

Hazel Hawkins Memorial Hospital

Combined FY 2027

Income Statement Trend

	FY2027 July	FY2027 August	FY2027 September	FY2027 October	FY2027 November	FY2027 December	FY2027 January	FY2027 February	FY2027 March	FY2027 April	FY2027 May	FY2027 June	Total
Acute Routine Revenue	3,951,684	3,817,729	3,775,867	3,842,845	3,708,890	3,884,706	3,918,195	3,541,446	3,683,773	3,968,428	3,934,939	3,809,356	45,837,857
SNF Routine Revenue	2,210,301	2,210,301	2,139,000	2,210,301	2,139,000	2,210,300	2,210,300	1,996,400	2,210,300	2,138,999	2,210,300	2,138,999	26,024,500
Ancillary Inpatient Revenue	4,383,416	4,251,074	4,194,255	4,275,888	4,128,084	4,317,244	4,341,869	3,923,836	4,110,250	4,375,915	4,357,921	4,218,882	50,878,634
Hospitalists\Peds Inpatient Revenue	185,884	179,583	177,615	180,765	174,464	182,734	184,309	166,586	173,282	186,673	185,097	179,190	2,156,181
Total Gross Inpatient Revenue	**10,731,285**	**10,458,687**	**10,286,736**	**10,509,799**	**10,150,437**	**10,594,984**	**10,654,673**	**9,628,268**	**10,177,605**	**10,670,015**	**10,688,257**	**10,346,426**	**124,897,172**
Ancillary Outpatient Revenue	33,041,506	32,155,138	33,098,691	35,637,706	30,310,921	30,614,002	32,869,951	31,082,919	36,072,313	34,356,762	31,554,696	31,154,401	391,949,007
Hospitalists\Peds Outpatient Revenue	108,155	105,254	108,342	116,653	99,218	100,209	107,594	101,744	118,076	112,461	103,288	101,979	1,282,970
Total Gross Outpatient Revenue	**33,149,661**	**32,260,392**	**33,207,033**	**35,754,359**	**30,410,138**	**30,714,211**	**32,977,545**	**31,184,663**	**36,190,389**	**34,469,223**	**31,657,984**	**31,256,380**	**393,231,977**
Total Gross Patient Revenue	**43,880,945**	**42,719,079**	**43,493,770**	**46,264,158**	**40,560,576**	**41,309,195**	**43,632,218**	**40,812,931**	**46,367,994**	**45,139,238**	**42,346,241**	**41,602,806**	**518,129,149**
Medicare Contractual Allowances	12,105,578	11,622,860	12,159,555	12,888,044	10,969,593	11,119,121	11,936,774	11,473,819	13,120,207	12,683,215	11,418,657	11,370,473	142,867,892
Medi-Cal Contractual Allowances	11,815,124	11,332,103	11,878,740	12,748,214	10,788,011	10,877,995	11,746,258	11,011,786	12,830,406	12,402,832	11,127,805	11,089,165	139,648,444
Bad Debt Expense	1,095,268	1,072,977	1,089,504	1,140,990	1,033,230	1,045,928	1,090,658	1,041,552	1,143,145	1,121,238	1,065,996	1,053,388	12,993,874
Charity Care	56,754	55,153	56,340	60,037	52,298	53,210	56,423	52,896	60,192	58,619	54,652	53,746	670,317
Other Contractuals & Adjustments	5,265,633	5,118,183	5,226,279	5,568,080	4,854,033	4,939,258	5,235,142	4,906,624	5,582,335	5,436,192	5,072,003	4,987,374	62,191,136
Hospitalist\Peds Contractual Allowance	13,009	12,642	12,914	13,762	11,988	12,197	12,933	12,125	13,797	13,437	12,527	12,320	153,651
Total Deductions From Revenue	**30,351,366**	**29,213,918**	**30,423,332**	**32,419,127**	**27,709,153**	**28,047,709**	**30,078,188**	**28,498,802**	**32,750,082**	**31,715,533**	**28,751,640**	**28,566,466**	**358,525,313**
Net Patient Revenue	**13,529,579**	**13,505,161**	**13,070,438**	**13,845,031**	**12,851,423**	**13,261,486**	**13,554,030**	**12,314,129**	**13,617,912**	**13,423,705**	**13,594,601**	**13,036,340**	**159,603,835**
Other Operating Revenue	1,983,114	1,970,430	2,148,649	1,970,430	1,980,999	2,152,469	1,983,114	1,964,085	2,125,054	1,968,315	1,983,114	2,123,694	24,353,468
Net Operating Revenue	**15,512,694**	**15,475,592**	**15,219,087**	**15,815,461**	**14,832,422**	**15,413,955**	**15,537,144**	**14,278,214**	**15,742,966**	**15,392,020**	**15,577,715**	**15,160,033**	**183,957,304**
Salaries	5,942,772	5,982,885	5,780,895	5,992,281	5,789,966	6,004,666	6,070,162	5,446,637	6,075,145	5,870,536	6,080,973	5,888,468	70,925,385
SalariesContract	584,867	584,867	566,000	584,867	566,000	584,867	584,867	528,267	584,867	566,000	584,867	566,000	6,886,334
Benefits	2,699,417	2,697,999	2,595,461	2,663,315	2,547,854	2,582,342	2,736,485	2,470,602	2,737,598	2,649,704	2,736,450	2,649,794	31,767,020
ProFees	1,858,561	1,858,561	1,854,049	1,858,561	1,861,050	1,858,561	1,858,561	1,845,026	1,858,561	1,854,049	1,858,561	1,854,049	22,278,154
Supplies	1,342,586	1,375,395	1,383,139	1,420,109	1,275,197	1,449,955	1,423,055	1,282,798	1,374,549	1,373,453	1,405,128	1,341,999	16,447,363
PurchSvcs	1,440,435	1,440,435	1,402,993	1,440,435	1,402,993	1,440,435	1,325,232	1,212,905	1,325,232	1,287,790	1,325,232	1,287,790	16,331,905
RentLease	193,567	193,567	190,922	193,567	190,922	193,567	193,567	185,631	193,567	190,922	193,567	190,922	2,304,287
Depreciation	357,979	357,979	357,979	357,979	357,979	357,979	357,979	357,979	357,979	357,979	357,979	357,979	4,295,747
Interest	28,016	27,957	27,898	27,840	27,780	27,721	27,661	27,602	27,541	27,481	27,421	27,360	332,278
Other	673,264	613,884	625,201	682,557	465,861	569,666	609,402	564,209	620,539	550,311	563,040	567,272	7,105,205
Total Expenses	**15,121,464**	**15,133,528**	**14,784,537**	**15,221,510**	**14,485,601**	**15,069,759**	**15,186,971**	**13,921,654**	**15,155,578**	**14,728,225**	**15,133,219**	**14,731,632**	**178,673,678**
Net Operating Income (Loss)	**391,229**	**342,063**	**434,550**	**593,951**	**346,821**	**344,196**	**350,174**	**356,560**	**587,388**	**663,795**	**444,496**	**428,401**	**5,283,626**
Non-operating Revenue/Expense													
Donations	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	500,000

Hazel Hawkins Memorial Hospital

Combined FY 2027

Income Statement Trend

	FY2027 July	FY2027 August	FY2027 September	FY2027 October	FY2027 November	FY2027 December	FY2027 January	FY2027 February	FY2027 March	FY2027 April	FY2027 May	FY2027 June	Total
Property Tax Revenue	284,101	284,101	284,101	284,101	284,101	284,101	284,101	284,101	284,101	284,101	284,101	284,101	3,409,218
Go Bond Prop Taxes	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	2,171,380
Go Bond Int Revenue\Expense	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(681,811)
Other Non-Oper Revenue	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	189,429
Other Non-Oper Expense	(17,317)	(17,317)	(17,317)	(17,317)	(17,317)	(17,317)	(17,317)	(17,317)	(11,767)	(11,767)	(11,767)	(11,767)	(185,600)
Investment Income	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	618,000
Total Non-Operating Revenue/(Expense)	**499,868**	**499,868**	**499,868**	**499,868**	**499,868**	**499,868**	**499,868**	**499,868**	**505,418**	**505,418**	**505,418**	**505,418**	**6,020,617**
Net Surplus (Loss)	**891,098**	**841,931**	**934,418**	**1,093,819**	**846,689**	**844,064**	**850,042**	**856,428**	**1,092,806**	**1,169,213**	**949,914**	**933,819**	**11,304,242**

Hazel Hawkins Memorial Hospital

Acute FY 2027

Income Statement Trend

	FY2027 July	FY2027 August	FY2027 September	FY2027 October	FY2027 November	FY2027 December	FY2027 January	FY2027 February	FY2027 March	FY2027 April	FY2027 May	FY2027 June	Total
Acute Routine Revenue	3,951,684	3,817,729	3,775,867	3,842,845	3,708,890	3,884,706	3,918,195	3,541,446	3,683,773	3,968,428	3,934,939	3,809,356	45,837,857
SNF Routine Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Ancillary Inpatient Revenue	3,904,080	3,771,738	3,730,382	3,796,553	3,664,211	3,837,909	3,870,995	3,498,783	3,639,397	3,920,623	3,887,537	3,763,466	45,285,675
Hospitalists\Peds Inpatient Revenue	185,884	179,583	177,615	180,765	174,464	182,734	184,309	166,586	173,282	186,673	185,097	179,190	2,156,181
Total Gross Inpatient Revenue	**8,041,648**	**7,769,051**	**7,683,863**	**7,820,163**	**7,547,565**	**7,905,349**	**7,973,499**	**7,206,815**	**7,496,452**	**8,075,724**	**8,007,573**	**7,752,012**	**93,279,713**
Ancillary Outpatient Revenue	33,041,506	32,155,138	33,098,691	35,637,706	30,310,921	30,614,002	32,869,951	31,082,919	36,072,313	34,356,762	31,554,696	31,154,401	391,949,007
Hospitalists\Peds Outpatient Revenue	108,155	105,254	108,342	116,653	99,218	100,209	107,594	101,744	118,076	112,461	103,288	101,979	1,282,970
Total Gross Outpatient Revenue	**33,149,661**	**32,260,392**	**33,207,033**	**35,754,359**	**30,410,138**	**30,714,211**	**32,977,545**	**31,184,663**	**36,190,389**	**34,469,223**	**31,657,984**	**31,256,380**	**393,231,977**
Total Gross Patient Revenue	**41,191,308**	**40,029,443**	**40,890,896**	**43,574,522**	**37,957,703**	**38,619,560**	**40,951,044**	**38,391,478**	**43,686,841**	**42,544,947**	**39,665,556**	**39,008,392**	**486,511,690**
Medicare Contractual Allowances	11,795,727	11,313,009	11,859,699	12,578,193	10,669,737	10,809,270	11,626,923	11,193,954	12,810,356	12,383,359	11,108,806	11,070,617	139,219,653
Medi-Cal Contractual Allowances	11,806,500	11,323,479	11,870,394	12,739,590	10,779,665	10,869,371	11,737,634	11,003,996	12,821,782	12,394,487	11,119,181	11,080,820	139,546,897
Bad Debt Expense	1,090,268	1,067,977	1,084,504	1,135,990	1,028,230	1,040,928	1,085,658	1,036,552	1,138,145	1,116,238	1,060,996	1,048,388	12,933,874
Charity Care	56,754	55,153	56,340	60,037	52,298	53,210	56,423	52,896	60,192	58,619	54,652	53,746	670,317
Other Contractuals & Adjustments	5,227,509	5,080,059	5,189,385	5,529,957	4,817,140	4,901,134	5,197,018	4,872,189	5,544,211	5,399,297	5,033,879	4,950,480	61,742,253
Hospitalist\Peds Contractual Allowance	13,009	12,642	12,914	13,762	11,988	12,197	12,933	12,125	13,797	13,437	12,527	12,320	153,651
Total Deductions From Revenue	**29,989,766**	**28,852,318**	**30,073,235**	**32,057,528**	**27,359,057**	**27,686,109**	**29,716,588**	**28,171,711**	**32,388,482**	**31,365,436**	**28,390,040**	**28,216,370**	**354,266,646**
Net Patient Revenue	**11,201,542**	**11,177,124**	**10,817,661**	**11,516,993**	**10,598,646**	**10,933,450**	**11,234,455**	**10,219,767**	**11,298,359**	**11,179,510**	**11,275,516**	**10,792,021**	**132,245,045**
Other Operating Revenue	1,983,114	1,970,430	2,148,649	1,970,430	1,980,999	2,152,469	1,983,114	1,964,085	2,125,054	1,968,315	1,983,114	2,123,694	24,353,468
Net Operating Revenue	**13,184,656**	**13,147,555**	**12,966,310**	**13,487,424**	**12,579,645**	**13,085,919**	**13,217,570**	**12,183,852**	**13,423,412**	**13,147,826**	**13,258,630**	**12,915,715**	**156,598,513**
Salaries	4,744,042	4,782,820	4,618,713	4,789,465	4,625,783	4,794,852	4,850,873	4,343,445	4,853,644	4,688,079	4,858,272	4,698,541	56,648,529
SalariesContract	507,448	507,448	491,079	507,448	491,079	507,448	507,448	458,340	507,448	491,079	507,448	491,079	5,974,789
Benefits	2,129,896	2,128,186	2,043,856	2,093,309	1,997,778	2,015,070	2,161,555	1,950,917	2,162,188	2,092,783	2,161,096	2,091,910	25,028,544
ProFees	1,851,561	1,851,561	1,847,049	1,851,561	1,854,050	1,851,561	1,851,561	1,838,026	1,851,561	1,847,049	1,851,561	1,847,049	22,194,154
Supplies	1,225,247	1,258,719	1,268,372	1,303,326	1,159,153	1,333,575	1,307,181	1,169,807	1,258,219	1,258,345	1,288,405	1,225,741	15,056,091
PurchSvcs	1,325,305	1,325,305	1,291,576	1,325,305	1,291,576	1,325,305	1,210,102	1,108,916	1,210,102	1,176,373	1,210,102	1,176,373	14,976,340
RentLease	176,190	176,190	173,562	176,190	173,562	176,190	176,190	168,307	176,190	173,562	176,190	173,562	2,095,884
Depreciation	317,734	317,734	317,734	317,734	317,734	317,734	317,734	317,734	317,734	317,734	317,734	317,734	3,812,808
Interest	28,016	27,957	27,898	27,840	27,780	27,721	27,661	27,602	27,541	27,481	27,421	27,360	332,278
Other	605,942	546,562	559,970	615,235	400,630	502,345	542,080	503,159	553,218	485,080	495,719	502,041	6,311,980
Total Expenses	**12,911,381**	**12,922,482**	**12,639,810**	**13,007,412**	**12,339,124**	**12,851,800**	**12,952,386**	**11,886,254**	**12,917,845**	**12,557,566**	**12,893,948**	**12,551,391**	**152,431,399**
Net Operating Income (Loss)	**273,275**	**225,072**	**326,500**	**480,012**	**240,520**	**234,119**	**265,184**	**297,598**	**505,567**	**590,260**	**364,682**	**364,324**	**4,167,114**
Non-operating Revenue/Expense													
Donations	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	41,667	500,000

Hazel Hawkins Memorial Hospital

Acute FY 2027

Income Statement Trend

	FY2027 July	FY2027 August	FY2027 September	FY2027 October	FY2027 November	FY2027 December	FY2027 January	FY2027 February	FY2027 March	FY2027 April	FY2027 May	FY2027 June	Total
Property Tax Revenue	241,486	241,486	241,486	241,486	241,486	241,486	241,486	241,486	241,486	241,486	241,486	241,486	2,897,835
Go Bond Prop Taxes	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	180,948	2,171,380
Go Bond Int Revenue\Expense	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(56,818)	(681,811)
Other Non-Oper Revenue	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	15,786	189,429
Other Non-Oper Expense	(13,457)	(13,457)	(13,457)	(13,457)	(13,457)	(13,457)	(13,457)	(13,457)	(9,144)	(9,144)	(9,144)	(9,144)	(144,236)
Investment Income	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	618,000
Total Non-Operating Revenue/(Expense)	**461,112**	**461,112**	**461,112**	**461,112**	**461,112**	**461,112**	**461,112**	**461,112**	**465,425**	**465,425**	**465,425**	**465,425**	**5,550,597**
Net Surplus (Loss)	**734,387**	**686,184**	**787,613**	**941,124**	**701,633**	**695,231**	**726,296**	**758,710**	**970,992**	**1,055,685**	**830,108**	**829,749**	**9,717,711**

Hazel Hawkins Memorial Hospital

Skilled Nursing FY 2027

Income Statement Trend

	FY2027 July	FY2027 August	FY2027 September	FY2027 October	FY2027 November	FY2027 December	FY2027 January	FY2027 February	FY2027 March	FY2027 April	FY2027 May	FY2027 June	Total
Acute Routine Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF Routine Revenue	2,210,301	2,210,301	2,139,000	2,210,301	2,139,000	2,210,300	2,210,300	1,996,400	2,210,300	2,138,999	2,210,300	2,138,999	26,024,500
Ancillary Inpatient Revenue	479,336	479,336	463,873	479,335	463,873	479,335	470,874	425,053	470,853	455,292	470,384	455,415	5,592,958
Hospitalists\Peds Inpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Inpatient Revenue	**2,689,637**	**2,689,636**	**2,602,873**	**2,689,636**	**2,602,873**	**2,689,635**	**2,681,174**	**2,421,452**	**2,681,153**	**2,594,291**	**2,680,684**	**2,594,414**	**31,617,458**
Ancillary Outpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalists\Peds Outpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Outpatient Revenue	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Gross Patient Revenue	**2,689,637**	**2,689,636**	**2,602,873**	**2,689,636**	**2,602,873**	**2,689,635**	**2,681,174**	**2,421,452**	**2,681,153**	**2,594,291**	**2,680,684**	**2,594,414**	**31,617,458**
Medicare Contractual Allowances	309,850	309,850	299,855	309,850	299,855	309,850	309,850	279,864	309,850	299,855	309,850	299,855	3,648,239
Medi-Cal Contractual Allowances	8,625	8,625	8,347	8,625	8,347	8,625	8,625	7,791	8,625	8,346	8,625	8,346	101,546
Bad Debt Expense	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Charity Care	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Contractuals & Adjustments	38,124	38,124	36,894	38,123	36,893	38,124	38,124	34,435	38,124	36,895	38,124	36,894	448,883
Hospitalist\Peds Contractual Allowance	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Deductions From Revenue	**361,599**	**361,599**	**350,096**	**361,598**	**350,095**	**361,599**	**361,599**	**327,090**	**361,599**	**350,096**	**361,599**	**350,096**	**4,258,667**
Net Patient Revenue	**2,328,038**	**2,328,037**	**2,252,777**	**2,328,038**	**2,252,777**	**2,328,036**	**2,319,575**	**2,094,362**	**2,319,554**	**2,244,195**	**2,319,085**	**2,244,318**	**27,358,791**
Other Operating Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Operating Revenue	**2,328,038**	**2,328,037**	**2,252,777**	**2,328,038**	**2,252,777**	**2,328,036**	**2,319,575**	**2,094,362**	**2,319,554**	**2,244,195**	**2,319,085**	**2,244,318**	**27,358,791**
Salaries	1,198,731	1,200,065	1,162,182	1,202,817	1,164,183	1,209,814	1,219,289	1,103,191	1,221,501	1,182,458	1,222,701	1,189,927	14,276,857
SalariesContract	77,419	77,419	74,921	77,419	74,921	77,419	77,419	69,927	77,419	74,921	77,419	74,921	911,544
Benefits	569,520	569,813	551,605	570,006	550,077	567,272	574,930	519,685	575,409	556,921	575,354	557,884	6,738,476
ProFees	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	84,000
Supplies	117,339	116,675	114,767	116,783	116,044	116,380	115,874	112,991	116,330	115,108	116,723	116,258	1,391,272
PurchSvcs	115,130	115,130	111,416	115,130	111,416	115,130	115,130	103,989	115,130	111,416	115,130	111,416	1,355,565
RentLease	17,377	17,377	17,359	17,377	17,359	17,377	17,377	17,324	17,377	17,359	17,377	17,359	208,403
Depreciation	40,245	40,245	40,245	40,245	40,245	40,245	40,245	40,245	40,245	40,245	40,245	40,245	482,938
Interest	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	67,321	67,321	65,231	67,321	65,231	67,321	67,321	61,050	67,321	65,231	67,321	65,231	793,224
Total Expenses	**2,210,083**	**2,211,046**	**2,144,727**	**2,214,098**	**2,146,477**	**2,217,959**	**2,234,585**	**2,035,401**	**2,237,732**	**2,170,659**	**2,239,271**	**2,180,241**	**26,242,279**
Net Operating Income (Loss)	**117,955**	**116,991**	**108,050**	**113,939**	**106,301**	**110,077**	**84,990**	**58,961**	**81,821**	**73,535**	**79,814**	**64,077**	**1,116,511**
Non-operating Revenue/Expense													
Donations	0	0	0	0	0	0	0	0	0	0	0	0	0

Hazel Hawkins Memorial Hospital

Skilled Nursing FY 2027

Income Statement Trend

	FY2027 July	FY2027 August	FY2027 September	FY2027 October	FY2027 November	FY2027 December	FY2027 January	FY2027 February	FY2027 March	FY2027 April	FY2027 May	FY2027 June	Total
Property Tax Revenue	42,615	42,615	42,615	42,615	42,615	42,615	42,615	42,615	42,615	42,615	42,615	42,615	511,383
Go Bond Prop Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0
Go Bond Int Revenue\Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non-Oper Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non-Oper Expense	(3,859)	(3,859)	(3,859)	(3,859)	(3,859)	(3,859)	(3,859)	(3,859)	(2,622)	(2,622)	(2,622)	(2,622)	(41,364)
Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Operating Revenue/(Expense)	**38,756**	**38,756**	**38,756**	**38,756**	**38,756**	**38,756**	**38,756**	**38,756**	**39,993**	**39,993**	**39,993**	**39,993**	**470,019**
Net Surplus (Loss)	**156,711**	**155,747**	**146,806**	**152,695**	**145,056**	**148,833**	**123,746**	**97,717**	**121,814**	**113,528**	**119,807**	**104,070**	**1,586,531**

San Benito Health Care District

Budgeted Cash Flow

FYE June 30, 2027

Description	Budget July 2026	Budget August 2026	Budget September 2026	Budget October 2026	Budget November 2026	Budget December 2026	Budget January 2027	Budget February 2027	Budget March 2027	Budget April 2027	Budget May 2027	Budget June 2027	Total	
	FY 2027													
Recurring Revenue	$ 13,515,331	$ 13,157,476	$ 13,396,081	$ 14,249,361	$ 12,492,657	$ 12,723,232	$ 13,438,723	$ 12,570,383	$ 14,281,342	$ 13,902,885	$ 13,042,642	$ 12,813,664	$ 159,583,779	A
H.R. 1 Medicare & Medi-Cal Reductions	-	-	-	-	-	-	-	-	-	-	-	-	-	B
Net Supplemental & Other Oper. Revenue	220,996	(7,893,658)	876,712	495,996	21,073,503	876,712	4,351,263	170,996	1,276,712	160,996	871,523	1,871,712	24,353,467	C
Total Cash Receipts	**13,736,327**	**5,263,818**	**14,272,794**	**14,745,357**	**33,566,161**	**13,599,944**	**17,789,987**	**12,741,379**	**15,558,055**	**14,063,882**	**13,914,166**	**14,685,377**	**183,937,246**	
Operating Cash Disbursements	14,763,485	14,775,550	14,426,558	14,863,532	14,127,623	14,711,780	14,828,992	13,563,677	14,797,599	14,370,246	14,775,239	14,373,654	174,377,935	D
Defined Benefit Pension Funding	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	2,400,000	E
Operating Cash Flow	**(1,227,158)**	**(9,711,732)**	**(353,764)**	**(318,176)**	**19,238,538**	**(1,311,836)**	**2,760,995**	**(1,022,298)**	**560,456**	**(506,364)**	**(1,061,073)**	**111,723**	**7,159,311**	
Other Non-Operating Revenue/Expenses:														
Property Taxes - Revenue	-	-	-	-	-	1,875,070	-	-	-	-	1,534,148	-	3,409,218	F
Donations	-	-	-	-	-	-	500,000	-	-	-	-	-	500,000	
Investment Income	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	618,000	
Capital Expenditures	(250,000)	(250,000)	(250,000)	(1,250,000)	(1,500,000)	(1,500,000)	(1,650,000)	(750,000)	(750,000)	(250,000)	(250,000)	(250,000)	(8,900,000)	G
Lab Remodel	-	-	-	-	-	-	(500,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(5,500,000)	
2021 Revenue Bonds Expense	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(155,933)	(155,933)	(155,933)	(1,872,400)	H
Net Cash Flow	**$ (1,581,724)**	**$ (10,066,299)**	**$ (708,331)**	**$ (1,672,742)**	**$ 17,633,971**	**$ (1,041,332)**	**$ 1,006,428**	**$ (2,876,865)**	**$ (1,294,111)**	**$ (1,860,798)**	**$ (881,359)**	**$ (1,242,711)**	**$ (4,585,871)**	
% of Revenue	*-12%*	*-191%*	*-5%*	*-11%*	*53%*	*-8%*	*6%*	*-23%*	*-8%*	*-13%*	*-6%*	*-8%*	*-2%*	
Beginning Cash Balance (June 2026)	**$ 43,064,101**	**$ 41,432,377**	**$ 31,316,078**	**$ 30,557,747**	**$ 28,835,006**	**$ 46,418,977**	**$ 45,327,644**	**$ 46,284,072**	**$ 43,357,208**	**$ 42,013,096**	**$ 40,102,299**	**$ 39,170,940**	**$ 43,064,101**	
Net Cash Flow	(1,581,724)	(10,066,299)	(708,331)	(1,672,742)	17,633,971	(1,041,332)	1,006,428	(2,876,865)	(1,294,111)	(1,860,798)	(881,359)	(1,242,711)	(4,585,871)	
DHLP Funding - Loan (Separate Acct.)	-	-	-	-	-	-	-	-	-	-	-	-	-	
Usage of DHLP	-	-	-	-	-	-	-	-	-	-	-	-	-	
Less: Repayment (from Operational fund	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	600,000	I
Ending Cash Balance	**$ 41,432,377**	**$ 31,316,078**	**$ 30,557,747**	**$ 28,835,006**	**$ 46,418,977**	**$ 45,327,644**	**$ 46,284,072**	**$ 43,357,208**	**$ 42,013,096**	**$ 40,102,299**	**$ 39,170,940**	**$ 37,878,230**	**$ 37,878,230**	
						0								

Net Decrease	$ 5,185,871
Cost per Day	477,748
Days Cash on Hand	**79.28**

A - The revenue we collect for providing patient services.

B - The Medicare sequestration increase and DSH reductions were not implemented. The Medi-Cal reductions were budgeted in Bad Debt Expense and a reduction to Supplemental payments.

C - Includes estimated reductions for Supplemental payments.

D - Cash outflow related to operational expenses for the District.

E - Funding for the frozen defined benefit pension plan per the actuary's 10-year funding schedule.

F - Property taxes received from the County.

G - Capital expenditures for non-DHLP projects and equipment.

H - Cal-Mortgage revenue bonds. The Measure L 2005 G.O. bond payments are not included since the funding is a passthrough for the District.

I - Payments for the $2.7 million drawn from the DHLP. The District will apply for the remaining $7.3 million in funding when the bid for the final phase of the lab remodel is accepted.

San Benito Health Care District

Budgeted Cash Flow - with DHLP Funding

FYE June 30, 2027

Description	Budget July 2026	Budget August 2026	Budget September 2026	Budget October 2026	Budget November 2026	Budget December 2026	Budget January 2027	Budget February 2027	Budget March 2027	Budget April 2027	Budget May 2027	Budget June 2027	Total	
	FY 2027													
Recurring Revenue	$ 13,515,331	$ 13,157,476	$ 13,396,081	$ 14,249,361	$ 12,492,657	$ 12,723,232	$ 13,438,723	$ 12,570,383	$ 14,281,342	$ 13,902,885	$ 13,042,642	$ 12,813,664	$ 159,583,779	A
H.R. 1 Medicare & Medi-Cal Reductions	-	-	-	-	-	-	-	-	-	-	-	-	-	B
Net Supplemental & Other Oper. Revenue	220,996	(7,893,658)	876,712	495,996	21,073,503	876,712	4,351,263	170,996	1,276,712	160,996	871,523	1,871,712	24,353,467	C
Total Cash Receipts	**13,736,327**	**5,263,818**	**14,272,794**	**14,745,357**	**33,566,161**	**13,599,944**	**17,789,987**	**12,741,379**	**15,558,055**	**14,063,882**	**13,914,166**	**14,685,377**	**183,937,246**	
Operating Cash Disbursements	14,763,485	14,775,550	14,426,558	14,883,532	14,127,623	14,711,780	14,828,992	13,563,677	14,797,599	14,370,246	14,775,239	14,373,654	174,377,935	D
Defined Benefit Pension Funding	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	2,400,000	E
Operating Cash Flow	**(1,227,158)**	**(9,711,732)**	**(353,764)**	**(318,175)**	**19,238,538**	**(1,311,836)**	**2,760,995**	**(1,022,298)**	**560,456**	**(506,364)**	**(1,061,073)**	**111,723**	**7,159,311**	
Other Non-Operating Revenue/Expenses:														
Property Taxes - Revenue	-	-	-	-	-	1,875,070	-	-	-	-	1,534,148	-	3,409,218	F
Donations	-	-	-	-	-	-	500,000	-	-	-	-	-	500,000	
Investment Income	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	51,500	618,000	
Capital Expenditures	(250,000)	(250,000)	(250,000)	(1,250,000)	(1,500,000)	(1,500,000)	(1,650,000)	(750,000)	(750,000)	(250,000)	(250,000)	(250,000)	(8,900,000)	G
Lab Remodel see Usage of DHLP	-	-	-	-	-	-	-	-	-	-	-	-	-	
2021 Revenue Bonds Expense	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(156,067)	(155,933)	(155,933)	(155,933)	(1,872,400)	H
Net Cash Flow	**$ (1,581,724)**	**$ (10,066,299)**	**$ (708,331)**	**$ (1,672,742)**	**$ 17,633,971**	**$ (1,041,332)**	**$ 1,506,428**	**$ (1,876,865)**	**$ (294,111)**	**$ (860,798)**	**$ 118,641**	**$ (242,711)**	**$ 914,129**	
% of Revenue	*-12%*	*-191%*	*-5%*	*-11%*	*53%*	*-8%*	*8%*	*-15%*	*-2%*	*-6%*	*1%*	*-2%*	*0%*	
Beginning Cash Balance (June 2026)	**$ 43,064,101**	**$ 41,432,377**	**$ 31,316,078**	**$ 30,557,747**	**$ 28,835,006**	**$ 46,418,977**	**$ 52,453,835**	**$ 53,236,453**	**$ 50,135,779**	**$ 48,617,858**	**$ 48,533,251**	**$ 48,428,083**	**$ 43,064,101**	
Net Cash Flow	(1,581,724)	(10,066,299)	(708,331)	(1,672,742)	17,633,971	(1,041,332)	1,506,428	(1,876,865)	(294,111)	(860,798)	118,641	(242,711)	914,129	
DHLP Funding - Loan (Separate Acct.)	-	-	-	-	-	7,300,000	-	-	-	-	-	-	7,300,000	
Usage of DHLP	-	-	-	-	-	-	(500,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(5,500,000)	
Less: Repayment (from Operational fund	50,000	50,000	50,000	50,000	50,000	223,810	223,810	223,810	223,810	223,810	223,810	223,810	1,816,667	I
Ending Cash Balance	**$ 41,432,377**	**$ 31,316,078**	**$ 30,557,747**	**$ 28,835,006**	**$ 46,418,977**	**$ 52,453,835**	**$ 53,236,453**	**$ 50,135,779**	**$ 48,617,858**	**$ 48,533,251**	**$ 48,428,083**	**$ 43,961,563**	**$ 43,961,563**	
								0						

Net Increase	$ 897,462
Cost per Day	477,748
Days Cash on Hand	**92.02**

A - The revenue we collect for providing patient services.

B - The Medicare sequestration increase and DSH reductions were not implemented. The Medi-Cal reductions were budgeted in Bad Debt Expense and a reduction to Supplemental payments.

C - Includes estimated reductions for Supplemental payments.

D - Cash outflow related to operational expenses for the District.

E - Funding for the frozen defined benefit pension plan per the actuary's 10-year funding schedule

F - Property taxes received from the County.

G - Capital expenditures for non-DHLP projects and equipment.

H - Cal-Mortgage revenue bonds. The Measure L 2005 G.O. bond payments are not included since the funding is a passthrough for the District.

I - Payments for the $2.7 million drawn from the DHLP. The District will apply for the remaining $7.3 million in funding when the bid for the final phase of the lab remodel is accepted.

SAN BENITO HEALTH CARE DISTRICT

CAPITAL EQUIPMENT FOR FISCAL YEAR ENDING JUNE 30, 2027

DEPARTMENT	FACILITY/DESCRIPTION	QTY	AMOUNT: UNIT	AMOUNT: EXTENDED	QUARTER ENDING: 9/26	QUARTER ENDING: 12/26	QUARTER ENDING: 3/27	QUARTER ENDING: 6/27	TOTAL 2027	TOTAL 2028	TOTAL 2029	TOTAL 2030	TOTAL 2031
	HOSPITAL/ACUTE												
Intensive Care Unit	Monitors and Transport Monitors	4	27,047	108,188	27,047	27,047	27,047	27,047	108,188				
Med Surgical Unit	Vital Sign Monitors	18	3,412	61,416			61,416		61,416				
OB	Rapid Blood Infusion Pump	1	45,000	45,000	45,000				45,000				
OB	OR Lights in OB C-Section Operating Room	1	86,589	86,589	86,589				86,589				
OB	Hill Rom Specialty Birthing Beds	12	13,890	166,680		27,780		27,780	55,560	27,780	27,780	27,780	27,780
OB	Phillips Fetal Monitors	4	20,000	80,000		40,000		40,000	80,000				
OB	Philip Avalon Telemetry Monitor Adaptors	2	12,000	24,000			24,000		24,000				
OB	TOTAL	20		402,269	131,589	67,780	24,000	67,780	291,149	27,780	27,780	27,780	27,780
Emergency Room	Stryker Gurneys	12	5,000	60,000	15,000	15,000	15,000	15,000	60,000				
Emergency Room	Gynnie Stretchers	4	6,300	25,200	6,300	6,300	6,300	6,300	25,200				
Emergency Room	Bedside Monitors	18	15,500	279,000	69,750	69,750	69,750	69,750	279,000				
Emergency Room	TOTAL	34		364,200	91,050	91,050	91,050	91,050	364,200				
Lab	Microscopes	1	20,000	20,000		20,000			20,000				
Lab	Matrix-Assisted Laser Desorption/Ionization Time-of-Flight Analyzer	1	200,000	200,000						200,000			
Lab	Infectious Disease Analyzer	1	200,000	200,000							200,000		
Lab	Lab Middleware	1	100,000	100,000								100,000	
Lab	Hematology Analyzer	2	250,000	500,000	500,000				500,000				
Lab	Refrigerators and Freezers	2	20,000	40,000		20,000			20,000		20,000		
Lab	BacT Alert Analyzer	1	280,000	280,000	280,000				280,000				
Lab	Platelet Rotator	1	30,000	30,000			30,000		30,000				
Lab	Allergy Testing Analyzer	1	250,000	250,000						250,000			
Lab	Construction ROM Phase 3-4	1	7,770,000	7,770,000			7,770,000		7,770,000				
Lab	Urinalysis Analyzer	1	150,000	150,000								150,000	
Lab	Centrifuge	2	15,000	30,000						15,000	15,000		
Lab	Blood Bank Analyzer	1	150,000	150,000				150,000	150,000				
Lab	CO_2 Incubator	1	15,000	15,000						15,000			
Lab	Coagulation Analyzer	2	50,000	100,000									100,000
Lab	Phlebotomy Handheld Devices and Printers for Electronic Identification	1	80,000	80,000	80,000				80,000				
Lab	TOTAL	20		9,915,000	860,000	40,000	7,800,000	150,000	8,850,000	480,000	235,000	250,000	100,000
Operating Room	OR/PACU Rebuild	1	7,000,000	7,000,000						7,000,000			
Operating Room	Towers/Light Sources for HHH OR	1	160,000	160,000			160,000		160,000				
Operating Room	Ligasure/Bovie	1	25,000	25,000			25,000		25,000				
Operating Room	HHH PACU Monitors	2	41,000	82,000				82,000	82,000				
Operating Room	Endoscopy Scopes Colonoscopes	3	66,250	198,750			66,250	132,500	198,750				
Operating Room	Endoscopy Scopes EGD	2	48,136	96,272			48,136	48,136	96,272				
Operating Room	GI Video System w/Monitors	2	59,000	118,000			59,000	59,000	118,000				
Operating Room	Stryker Power System 8 or 9 With Battery Packs	1	240,000	240,000							240,000		
Operating Room	Mizuho OSI Jackson Spine Table	1	150,000	150,000		150,000			150,000				
Operating Room	TE Flex Ultrasound System	1	54,600	54,600			54,600		54,600				
Operating Room	Surgical Beds	3	117,300	351,900			351,900		351,900				
Operating Room	TOTAL	18		8,476,522		150,000	764,886	321,636	1,236,522	7,000,000	240,000		
Recovery Room	PACU Monitors w/Capnography	10	30,000	300,000									300,000
Recovery Room	Gurneys	10	9,000	90,000						90,000			
Recovery Room	TOTAL	20		390,000						90,000			300,000

SAN BENITO HEALTH CARE DISTRICT

CAPITAL EQUIPMENT FOR FISCAL YEAR ENDING JUNE 30, 2027

DEPARTMENT	FACILITY/DESCRIPTION	QTY	AMOUNT UNIT	AMOUNT EXTENDED	QUARTER ENDING 9/26	12/26	3/27	6/27	TOTAL 2027	TOTAL 2028	TOTAL 2029	TOTAL 2030	TOTAL 2031
Radiology	Ultrasound Machine	1	200,000	200,000	200,000				200,000				
Radiology	Mammogram Unit	1	450,000	450,000			450,000		450,000				
Radiology	Mammography Construction Phase	1	500,000	500,000			500,000		500,000				
Radiology	Dexa Machine	1	90,000	90,000							90,000		
Radiology	Dexa Construction Phase	1	500,000	500,000							500,000		
Radiology	Fluoroscopy Machine	1	600,000	600,000							600,000		
Radiology	Fluora Construction Phase	1	2,000,000	2,000,000							2,000,000		
Radiology	X-Ray Machine	1	500,000	500,000								500,000	
Radiology	X-Ray Construction Phase	1	2,000,000	2,000,000								2,000,000	
Radiology	Portable X-Ray Machine	2	170,000	340,000				170,000	170,000	170,000			
Radiology	Gurneys	2	12,000	24,000		24,000			24,000				
Radiology	Blanket Warmer	1	15,000	15,000		15,000			15,000				
Radiology	CD Burner	1	20,000	20,000	20,000				20,000				
Radiology	Outpatient CT Machine	1	900,000	900,000	900,000				900,000				
Radiology	CT Machine Construction Phase	1	2,000,000	2,000,000	2,000,000				2,000,000				
Radiology	ER CT Machine	1	900,000	900,000									900,000
Radiology	ER CT Construction Phase	1	2,000,000	2,000,000									2,000,000
Radiology	MRI Machine	1	1,500,000	1,500,000						1,500,000			
Radiology	MRI Construction Phase	1	2,000,000	2,000,000						2,000,000			
Radiology	TOTAL	21		16,539,000	3,120,000	39,000	950,000	170,000	4,279,000	3,670,000	3,190,000	2,500,000	2,900,000
EKG	Phillips TC70 Cardiograph	2	17,000	34,000						17,000	17,000		
Respiratory	Servo Air Ventilators	4	20,000	80,000	20,000	20,000			40,000	20,000	20,000		
Respiratory	Auto BIPAP	1	5,000	5,000	5,000				5,000				
Respiratory	PB 980 Ventilators	3	35,000	105,000							35,000	35,000	35,000
Respiratory	TOTAL	8		190,000	25,000	20,000			45,000	20,000	55,000	35,000	35,000
Clinics	Non-Stress Test Machine	1	10,000	10,000	10,000				10,000				
Clinics	Exam Beds	22	8,000	176,000	44,000	44,000	44,000	44,000	176,000				
Clinics	TOTAL	23		186,000	54,000	44,000	44,000	44,000	186,000				
Disaster Mgmt/Security	Metal Detectors	2	175,000	350,000		175,000		175,000	350,000				
Disaster Mgmt/Security	Security Vehicle	1	60,000	60,000	60,000				60,000				
Disaster Mgmt/Security	Mass Casualty Incident Gurneys	1	60,000	60,000	60,000				60,000				
Disaster Mgmt/Security	TOTAL	4		470,000	120,000	175,000		175,000	470,000				
Dietary	Kitchen and Storeroom Flooring	1	40,000	40,000			40,000		40,000				
Information Technology	Office 365	700	360	252,000	252,000				252,000				
Information Technology	Imprivata Single Sign On	450	200	90,000			90,000		90,000				
Information Technology	Disaster Offsite Recovery	1	100,000	100,000	100,000				100,000				
Information Technology	TrendMicro Zero Trust Cybersecurity	1	150,000	150,000	150,000				150,000				
Information Technology	VMWare License Expansion for Disaster Recovery	3	22,000	66,000			22,000		22,000		22,000	22,000	
Information Technology	Cisco Network Switches	20	1,305	26,100	26,100				26,100				
Information Technology	UPS Battery Backup	10	1,576	15,760			15,760		15,760				
Information Technology	Cisco Secure Firewall 3105	2	24,079	48,158		48,158			48,158				
Information Technology	Microsoft Licenses	1	45,144	45,144		45,144			45,144				
Information Technology	Cisco Catalyst 9400 Switch-Server Room Core	1	95,000	95,000		95,000			95,000				
Information Technology	KnowBe4 Security Awareness Training Subscriptions	1	37,548	37,548	37,548				37,548				
Information Technology	Solarwinds Cyber Security	1	18,686	18,686	18,686				18,686				
Information Technology	Netwrix Security and Compliance	1	49,965	49,965						49,965			
Information Technology	Cohesity	1	100,000	100,000		100,000			100,000				
Information Technology	TOTAL	1,193		1,094,361	584,334	288,302	127,760		1,000,396	49,965	22,000	22,000	
	HOSPITAL ACUTE TOTAL	1,384		38,270,956	5,013,020	942,179	9,930,159	1,046,513	16,931,871	11,354,745	3,786,780	2,834,780	3,362,780

SAN BENITO HEALTH CARE DISTRICT

CAPITAL EQUIPMENT FOR FISCAL YEAR ENDING JUNE 30, 2027

DEPARTMENT	FACILITY/DESCRIPTION	QTY	AMOUNT UNIT	AMOUNT EXTENDED	QUARTER ENDING 9/26	QUARTER ENDING 12/26	QUARTER ENDING 3/27	QUARTER ENDING 6/27	TOTAL 2027	TOTAL 2028	TOTAL 2029	TOTAL 2030	TOTAL 2031
	SNF												
Plant Operations	Northside Dietary Swamp Cooler Replacement	2	40,000	80,000	40,000	40,000			80,000				
Plant Operations	Cooling Towers & Chillers	1	3,000,000	3,000,000		1,500,000	1,500,000		3,000,000				
Plant Operations	Air Handler System in conjunction with the OR Remodel *	1	1,500,000	1,500,000						1,500,000			
Plant Operations	Northside Remove and Replace Generator	1	2,000,000	2,000,000		100,000	200,000	300,000	600,000	1,400,000			
Plant Operations	TOTAL	5		6,580,000	40,000	1,640,000	1,700,000	300,000	3,680,000	2,900,000			
Northside/Southside Nursing	Accora Empresa Floor Beds-Low Height Beds	10	2,500	25,000	12,500	12,500			25,000				
Northside/Southside Nursing	Portable Vita Scan LT Bladder Scanner	1	15,000	15,000		15,000			15,000				
Northside/Southside Nursing	Arjo Maxi Move 5 Hoyer Patient Chair Lift	3	8,000	24,000	8,000	8,000	8,000		24,000				
Northside/Southside Nursing	Arjo Sara Flex Powered Sit-to-Stand Patient Chair Lift	3	6,000	18,000	6,000	6,000	6,000		18,000				
Northside/Southside Nursing	GE Carescape VC150 Portable Vital Sign Stations	5	5,600	28,000	11,200	5,600	11,200		28,000				
Northside/Southside Nursing	TOTAL	22		110,000	37,700	47,100	25,200		110,000				
	SNF TOTAL	27		6,690,000	77,700	1,687,100	1,725,200	300,000	3,790,000	2,900,000			
	DISTRICT TOTAL	1,411		44,960,958	5,090,720	2,629,279	11,655,359	1,346,513	20,721,871	14,254,745	3,786,780	2,834,780	3,362,780

RDL CONSTRUCTION
2290 N. 1ST STREET
SUITE 304
SAN JOSE, CA 95131
LIC. #510955
OFFICE: (408) 999-6633
WWW.RDLCONSTRUCTION.COM

July 14, 2026

Hazell Hawkins Memorial Hospital
91 Sunset Dr
Hollister, CA, 95023

Attn: **Tim Von Urff**

RE: Hazell Hawkins- MTCAP

Dear **Hazell Hawkins Associates.**

RDL Construction Inc. is pleased to submit our Budget Proposal for the work planned at **911 Sunset Dr.** in **Hollister, CA**. We have based our pricing per the **Hazell Hawkins Memorial Hospital Testing for MTCAP.** drawings prepared by **Chuang-Ming-Liu with Treanor** structural engineering, and MEP engineering dated **12/22/25** and subsequent efforts to clarify scope of work outside the drawings, including one **Job walk on 7/1/26 and an RFI #1 on 6/26/26.**

Based on our understanding of the project's scope and material lead-times available, we expect completion of the work should be achievable in approximately **3 weeks.** Schedule is based on no significant weather or material delays or phasing of the work.

We hope this information assists you with the selection of RDL Construction for this **Hazell Hawkins Hospital MTCAP** ,and we look forward to the opportunity to assist you with additional projects in the future.

I. Inclusions and Pricing:

- **Contractors General Requirements Including:**
  - Supervision & Daily clean-up
  - Safety and first aid supplies
  - Small tools & equipment
  - Superintendent Truck, Cell Phone & Computer
  - Temporary enclosures to isolate work areas
  - Cover and protect registers and fire alarm devices
  - Temp. toilets
  - Final clean up
  - *No jobsite trailer included. Assumed that GC will be provided space within the existing building to use as a construction office.*

- **Demolition**:
  - Demo walls and ceilings per plans at mandatory sample locations noted in red.

- **Rough Carpentry:**
  - Remove and replace 16- 4x8x1/2" CDX plywood
  - Remove and replace 2 roof rafters for access

- **Roofing:**
  - Demo existing roof membrane down to wood deck, layout of demo to be completed by the GC.
  - Patch back roofing with Tremco products to keep existing warranty in place.

- **Metal Stud Framing & Drywall:**
  - All work is figured on straight time in a standard construction sequence M-F
  - Pricing is based on Treanor drawings dated 10/31/25
  - Patch/refinish drywall on wall & ceilings after exploration
  - Match existing finish

- Equipment for our work
- Stock & scrap

- **T-Bar Ceiling:**
  - Patch and repair glued on tile at test locations
  - Normal business hours only
  - ACT-1 Armstrong Fine Fissured 1'x1' glue up tile – attached directly to existing substrate
  - Patch and repair approx. 183 SF of the existing ACT-1 ceiling system listed above –NEW TILE USED WILL NOT MATCH EXISITING – EXISITNG TILE DISCONTINUED

- **Painting:**
  - Paint areas affected by construction
  - Touch up to be corner to corner

- **Fire Alarm:**
  - Not included. FA scope carried by Owner.

Total Lump Sum Cost: $ 164,436.00

II. Changes in Work:

Any additional or changed work from the specific inclusions described above can be added to the Lump Sum contract via approved Prime Change Orders. RDL labor costs, general requirement costs, overhead & profit, and insurance costs will be included in each Prime Change Order per the following:

- Overhead and Profit included at 10% of RDL and subcontractor costs.
- General Requirements included at 5% of RDL and subcontractor costs. If specific General Requirements are to be necessary beyond the standard 5%, specific costs will be identified separately on a case-by-case basis.
- General Liability Insurance included at 1.5% of total change order costs.
- RDL Labor Rates:

	Hourly Rate
Project Executive	$ 160.00
Project Manager	$ 150.00
Estimator	$ 150.00
Assistant PM	$ 115.00
Project Engineer	$ 95.00
General Superintendent	$ 140.00
Superintendent	$ 135.00
Safety Officer	$ 115.00
Carpenter Foreman	$ 105.00
Laborer Foreman	$ 95.00
Laborer	$ 85.00
Project Admin	$ 85.00
Project Accountant	$ 105.00

III. Alternates adds and deducts: *See Bid Form for proposed and included Alternates.*

1. *Add for secondary sample location.* *ADD $ 204,152.00*

IV. RDL Project Team:

Project Executive	Rick Leisinger
Project Manager	TBD
Estimator	Ryan Murphy
Assistant PM	TBD
Project Engineer	Devin Leisinger
General Superintendent	TBD
Superintendent	TBD
Safety Officer	TBD
Carpenter Foreman	TBD
Laborer Foreman	TBD
Laborer	TBD
Project Admin	TBD
Project Accountant	Patty Kocher

V Project Schedule

Approximately **2-3 weeks** of Construction.

VI Qualifications:

- This bid is based upon drawings by **Chuang-Ming- Liu, Treanor Design** dated **12/22/25** supplied for pricing. We are not responsible for any omissions, inadequacies, or discrepancies in these plans which may affect the cost of construction or our contract.
- Many materials continue to see cost escalations on a weekly or monthly basis. We have striven to include any known escalations in the base bid, but not everything will be known at this time. RDL reserves the right to re-price materials at time of contract award if such time extends beyond two weeks of this bid proposal.
- Environmental Management Programs are not included.
- MBE, DVE, WBE DVBE or any disadvantage Goals are not included.
- Liquated Damages are not included.
- Permits and permit fees are not included. Any fees paid by RDL will be treated as a reimbursable expense via Prime Change Order.
- Fire Alarm Systems are not included, unless specifically included above.
- Survey fees are not included.
- Soils testing and reports are excluded.
- Any shoring is hereby excluded.
- Engineering for shoring is excluded.
- Polished concrete is excluded.
- Sufficient construction parking on-site must be provided to RDL & Subcontractors at no additional cost.
- No jobsite trailer included. It is assumed that RDL will be provided with space within the existing building to use as a construction office.
- Project Electrical and Water usage is to be provided at no cost from the existing building utilities.
- Project supervision and project management costs are based on a **3 weeks** construction schedule. Any extension of this schedule at no fault of RDL may lead to additional costs.
- Special Inspection costs are not included.
- Hazardous material handling, testing, or abatement is excluded, including but not limited to Asbestos and lead.
- Bid based on a mutually acceptable contract and schedule.

- Excludes any window coverings.
- Excludes all branding signage.
- Pricing is good for **30 days** from the date of this proposal, unless specified otherwise above.
- Any work outside of what is specifically included above is excluded.

RDL Construction Inc. wishes to thank you for the opportunity to participate on this project. If you have any questions or need additional information on this proposal, please do not hesitate to call or email.

Sincerely,

Ryan Murphy
RDL Construction Inc.
rmurphy@rdlconstruction.com
(408) 316-9709

RDL CONSTRUCTION
2290 N. 1ST STREET
SUITE 204
SAN JOSE, CA 95131
LIC. #510955
OFFICE: (408) 999-6633
WWW.RDLCONSTRUCTION.COM

Hazel Hawkins MTCAP
911 Sunset Dr.
Hollister, CA 95023
Drawings Referenced: Treanor
Date of Drawings: 12.22.25
Estimate Date: 7/14/2026
Version: 1

#	CSI	Description		Progress Budget	Notes
1	01500	Pre-Construction Administration & Management		$ 4,140	
2	01500	General Requirements		$ 21,078	
3	01500	Construction Staking / Survey	(Allowance)	$ -	
4	01800	Final Clean-Up		$ -	
5	02100	Demolition		$ 10,252	
6	02150	Landscaping & Irrigation		$ -	
7	02700	Grading, Paving & Site Utilities		$ -	
8	02700	Underground Utilities		$ -	
9	02800	Site Concrete		$ -	
10	02900	Striping & Signs		$ -	
11	03300	Structural Concrete		$ -	
12	04200	Masonry		$ -	
13	05100	Structural Steel & Misc Metals		$ -	
14	06200	Rough Carpentry		$ 13,133	
15	06400	Millwork & Stone Counters	(Allowance)	$ -	
16	07200	Insulation		$ -	
17	07400	Roofing		$ 17,768	
18	07600	Architecural Sheet Metal		$ -	
19	08100	Doors, Frames & Hardware		$ -	
20	08300	Roll-Up Doors		$ -	
21	08800	Glass & Glazing		$ -	
22	09100	Metal Stud Framing & Drywall		$ 34,850	
23	09200	Plaster Finish		$ -	
24	09300	Ceramic Tile		$ -	
25	09500	Acoustical Ceilings		$ 13,967	
26	09600	Floor Covering		$ -	
27	09900	Painting		$ 7,589	
28	10400	ACM Panels		$ -	
29	10520	Specialties & Accessories		$ -	
30	11030	FE's & Cabinets		$ -	
31	15300	Fire Sprinklers		$ -	NIC
32	15200	Plumbing		$ -	NIC
33	15400	HVAC		$ -	NIC
34	16000	Electrical		$ -	NIC
35	16400	Fire Alarm		$ -	NIC
36				$ -	
37				$ -	
38				$ -	
39				$ -	
40				$ -	
Accepted Allowances					
		Subtotal Construction Cost		$ 122,777	
1		Project Management / Field Supervision		$ 27,540	
2		Special Inspection	By Owner	NIC	
3		Soil Testing/Analyticals	By Owner	NIC	
4		Permit & City Fees (allowance)		$ -	
5		Suggested Construction Contingency	0.00%	$ -	
6		General Liability Insurance	1.50%	$ 1,842	
7		Overhead / Profit	10.00%	$ 12,278	
		Total Project Cost		$ 164,436	

ALTERNATES

1	Add for Secondary Locations	$	204,152
2			
3			

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

TUESDAY, JUNE 9, 2026
4:00 P.M.

Directors Present
Devon Pack, Board Member
Victoria Angelo, Board Member
Josie Sanchez, Board Member

Absent
Bill Johnson, Board Member
Nick Gabriel, Board Member
Amy Breen-Lema, Vice President, Ambulatory & Physician Services

Also Present
Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
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 Pack called the meeting to order at 4:00 PM. A quorum was present, and attendance was taken by roll call. Directors Pack, Angelo, and Sanchez were present. Directors Johnson and Gabriel 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**
   Vice President Pack 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

   The members of the Board entered into a closed session at 4:01 pm.

4. **Reconvene Open Session/Closed Session Report**
The Board of Directors reconvened in open session at 4:42 p.m. Counsel stated that the Board met to discuss several items as reflected on the agenda.

Items discussed: a) Conference With Real Property Negotiators - Government Code §54956.8 – Four (4) items: 901 Sunset Drive Unit 1, 981 Sunset Drive, 991 Sunset Drive, and 1810 Memorial Drive.

As to the first matter; 901 Sunset Drive, Unit 1. A motion was made by Director Sanchez, seconded by Director Angelo to approve the purchase of the real property in the amount $367,200.00. The motion was approved 3-0-2, with Directors Johnson and Gabriel absent.

As to the second matter, 981 Sunset Drive, 991 Sunset Drive, and 1810 Memorial Drive, a report was provided, 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 4:44 p.m. The next Regular Meeting of the Board of Directors is scheduled for Thursday, June 25, 2026, at 5:00 p.m.

Hazel Hawkins
MEMORIAL HOSPITAL

SPECIAL MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
MCCULLOUGH LIBRARY, 2ND-FLOOR, WOMEN'S CENTER
IN PERSON AND BY VIDEO CONFERENCE

TUESDAY, JUNE 22, 2026
2:00 P.M.

Directors Present
Devon Pack, Board Member
Victoria Angelo, Board Member
Josie Sanchez, Board Member

Absent
Bill Johnson, Board Member
Nick Gabriel, Board Member

Also Present
Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Amy Breen-Lema, Vice President, Ambulatory & Physician Services
Suzie Mays, Vice President, Information & Strategic Services
Heidi A. Quinn, District Legal Counsel (remotely)
Laura Garcia, Executive Assistant

1. **Call to Order/Roll Call**
   Director Pack called the meeting to order at 2:08 PM. A quorum was present, and attendance was taken by roll call. Directors Pack, Angelo, and Sanchez were present. Directors Johnson and Gabriel 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**
   Vice President Pack announced the items to be discussed in the Closed Session, as listed on the posted Agenda: a) Conference With Real Property Negotiators - Government Code §54956.8 981 Sunset Drive, 991 Sunset Drive, and 1810 Memorial Drive.

   The members of the Board entered into a closed session at 2:08 pm.

4. **Reconvene Open Session/Closed Session Report**
   The Board of Directors reconvened in open session at 2:26 p.m. Counsel stated that the Board met to discuss one item as reflected on the agenda.

   Items discussed: a) Conference With Real Property Negotiators - Government Code §54956.8 –

   On motion by Director Sanchez, seconded by Director Angelo, the Board voted by roll call vote to approve the purchase of real property in the amount of $1.149 million.

5. **Adjournment:**
   There being no further regular business or actions, the meeting was adjourned at 2:27 p.m. The next Regular Meeting of the Board of Directors is scheduled for Thursday, June 25, 2026, at 5:00 p.m.

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, JUNE 25, 2026
5:00 P.M.
MINUTES

Directors Present
Devon Pack, Board Member
Victoria Angelo, Board Member
Nick Gabriel, Board Member
Josie Sanchez, Board Member

Directors Absent
Bill Johnson, Board Member

Also Present
Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Amy Breen-Lema, VP Ambulatory & Physician Services
Heidi A. Quinn, District Legal Counsel
Laura Garcia, Executive Assistant

1. **Call to Order/Roll Call**
Director Pack called the Regular Meeting and the Special Meeting of the Board of Directors to order at 5:00 p.m.

Director Pack announced that the Regular and Special meetings were consolidated and the action item listed on the Special Meeting Agenda will be taken at the end of the Regular Meeting. Accordingly, consideration of Resolution 2026-18 will follow Action Item 11.D on the Regular Meeting Agenda.

A quorum was present, and attendance was taken by roll call. Directors Pack, Angelo, Sanchez, and Gabriel were present; Director Johnson was absent.

2. **Action Item**

A. Consider and Approve Resolution No. 2026-13 Declaring A Vacancy in the Office of Director for District Zone 5.

An opportunity for public comment was provided; public comment was received by Mr. Bernosky and Ms. Montana.

MOTION: By Director Angelo to approve Resolution No. 2026-13 Declaring A Vacancy in the Office of Director for District Zone 5; Seconded by Director Pack.

Moved/Seconded/ Carried: Ayes: Directors Pack, Angelo, and Sanchez. Nays: Director Gabriel. Approved 3-1 by roll call with Director Johnson absent.

3. **Public Comment**

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

4. **Closed Session**

Vice President Pack announced the items to be discussed in the Closed Session, as listed on the posted Agenda:
a) Conference with Legal Counsel-Anticipated Litigation; Government Code §54956.9;
b) Hearings/Reports, Quality, Credentials, Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b); and
c) Conference with Labor Negotiator (CLVNA); Government Code §54957.6.

The members of the Board entered into a closed session at 5:19 p.m.

5. **Reconvene Open Session/Closed Session Report**

The Board of Directors reconvened to open session at 5:46 p.m.

6. **Closed Session Report**

Counsel reported that the Board met in closed session regarding several items:

- As to the Credentials Report, on Motion of Director Sanchez, and second by Director Pack, the report was unanimously approved 3-0, with Director Johnson absent.
- Conference with legal counsel regarding anticipated litigation- a claim brought by Patrick Cross on March 18, 2026. The Board approved the claim on motion of Director Sanchez, and seconded by Director Angelo, by roll call vote, 3-0, with Director Johnson absent.
- Regarding the conference with Labor Negotiator regarding CLVNA, the Board was provided a report and there was no reportable action.

7. **Board Announcements -**

No announcements.

8. **Public Comment**

An opportunity for public comment was provided, and no public comment received.

9. **Consent Agenda - General Business**

A. Consider and Approve Minutes:

- Regular Meeting of the Board of Directors – May 28, 2026
- Special Meeting of the Board of Directors – June 9, 2026

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

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

C. Consider and Approve Policies:

- Golf Cart and Off-Highway Vehicle (OHV) Operations - New

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

Moved/Seconded/ Carried. Ayes: Directors Pack, Angelo, and Sanchez. Approved 3-0 by roll call with Director Johnson absent.

10. **Receive Informational Reports**

A. Chief Executive Officer (Verbal Report)

Ms. Casillas provided a verbal report, which included an update on the Human Resources Dashboard, AB1923, and the Meditech Expanse; which will go live Wednesday, July 1, 2026. Ms. Casillas also gave on update on community relations.

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

B. Facilities and Finance Committee – May, 2026

- Project Dashboard
- Financial Statements
- Finance Dashboard
- Supplemental Payments

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

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

11. Action Items

A. Consider and Approve Professional Services Agreement with Rachit Chawla, MD, in the amount of $165 per hour for up to 64 hours per month.

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

MOTION: By Director Angelo to Approve the Professional Services Agreement with Rachit Chawla, MD. in the amount of $165 per hour for up to 64 hours per month.; Seconded by Director Sanchez.

Moved/Seconded/ Carried: Ayes: Directors Pack, Angelo, and Sanchez. Approved 3-0 by roll call with Director Johnson absent.

B. Consider and Approve Investment with Edward Jones for a Total of $5M in CDs.

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

MOTION: By Director Angelo to Approve Investment with Edward Jones for a total of $5M in CDs; seconded by Director Sanchez.

Moved/Seconded/ Carried: Ayes: Directors Pack, Angelo, and Sanchez. Approved 3-0 by roll call with Director Johnson absent.

C. Consider and Approve Resolution No. 2026-17 Adopting a Memorandum of Understanding with the California Licensed Vocational Nurses Association, Inc.

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

MOTION: By Director Sanchez to Approve Resolution No. 2026-17 Adopting a Memorandum of Understanding with the California Licensed Vocational Nurses Association, Inc.; Seconded by Director Angelo.

Moved/Seconded/ Carried: Ayes: Directors Pack, Angelo, and Sanchez. Approved 3-0 by roll call, with Director Johnson absent.

Item A from consolidated Special Meeting Agenda:

A. Consider and Approve Resolution No. 2026-18 Ordering an Election, Requesting County Elections to Conduct the Election, and Requesting Consolidation of the Election.

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

MOTION: By Director Angelo to Approve Resolution No. 2026-18 - Ordering an Election, Requesting County Elections to Conduct the Election, and Requesting Consolidation of the Election; Seconded by Director Sanchez.

Moved/Seconded/ Carried: Ayes: Directors Pack, Angelo, and Sanchez. Approved 3-0 by roll call, with Director Johnson absent.

12. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 6:12 p.m.

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

San Benito Health Care District
Facilities and Finance Committee Minutes
July 20, 2026 - 4:30pm

Present: Bill Johnson, Board President
G.W. Devon Pack, Board Vice-President
Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Amy Breen-Lema, Vice President Clinic, Ambulatory & Physician Services
Suzie Mays, Vice President, Information & Strategic Services
Sandra DiLaura, Controller

Public:

1. **CALL TO ORDER**
   The meeting of the Facilities and Finance Committee was called to order at 4:30pm.

2. **UPDATE ON CURRENT PROJECTS**
   A. June 2026 Project Dashboard
   No new items to update on the Project Dashboard.

3. **REVIEW FINANCIAL UPDATES**
   A. June 2026 Financial Statements
   For the month ending June 30, 2026, the District's Net Surplus (Loss) is $849,298 compared to a budgeted Surplus (Loss) of $728,434. The District exceeded the budget for the month by $120,864.

   YTD as of June 30, 2026, the District's Net Surplus (Loss) is $13,286,444 compared to a budgeted Surplus (Loss) of $11,175,735. The District is exceeding its budget YTD by $2,110,709.

   Acute discharges were 135 for the month, less than the budget by 67 discharges, 33%. The ADC was 11.87 compared to a budget of 18.88. The ALOS was 2.64. The acute I/P gross revenue was under budget by **$3 million** or **32%** while O/P services gross revenue exceeded the budget by **$3.36 million** or **12%**. ER I/P visits were 113 and ER O/P visits were under budget by 183 visits or 8%. The RHCs & Specialty Clinics treated 3,436 (includes 550 visits at the Diabetes Clinic) and 1,082 visits respectively.

   Other Operating revenue exceeded budget by **$270,988** due mainly to:

1) **$547,886** in additional QIP funds for PY 7, CY 2024.
2) The HQAF direct grant for **$350,000** was budgeted, but not received.

Operating Expenses exceeded budget by **$108,166** due mainly to: overages in Employee Benefits of $552,085, Registry of $165,886, and Professional Fees of $107,727 being offset by savings in S & W of $475,503 and Supplies of $221,931.

Non-operating Revenue exceeded the budget by **$268,525** due to the actual property tax revenue exceeding the budget by $147,787. In addition, donations were $125,570 greater than budgeted.

The SNFs ADC was **92.10** for the month. The Net Surplus (Loss) is ($133,288) compared to a budget of $67,729. YTD, the Net Surplus (Loss) is **$2,884,411** exceeding the budget by $1,778,708.

B. June 2026 Finance Dashboard

The Finance Dashboard and Cash Flow Statement were reviewed by the Committee.

C. June 2026 Supplement Payments

Only one program was not funded due to HR1.

D. Cashflow Statement YTD June 2026

Contributing facts for falling short of budgeted cashflow are funding the frozen defined pension plan, monthly repayment of DHLP loan, and capital expenditures for non-DHLP projects and equipment.

4. **CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF FYE 06/30/27 OPERATING AND CAPITAL BUDGETS.**

   The District needs are required to staff the patient care at a specific ratio, but throughout the year we would/could flex to adjust to the patient volume. The SNFs are budgeted to have an average daily census of 92 ADC which they have been averaging 91-92. FTE growth mostly is due to the increase in security due to the weapons detectors and Medical Records which in the past was under purchase services. The budgeted acute gross revenue for FYE 06/30/27 is increasing by the increase in inpatient and outpatient volumes, though patient charges will not be increased during the fiscal year. The District's Net Surplus (Loss) is budgeted to be $11.3 million, with overall acute expenses are budgeted to increase by 6% and SNF expenses by 8%. The increases are mainly due to pay raises in salaries and wages and the 401(a)-pension plan for all employees.
   The Finance Committee recommends this resolution for Board approval.

5. **CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF PROPOSAL WITH RDL CONSTRUCTION, INC FOR MTCAP IN THE AMOUNT OF $164,436.00.**

   Construction proposal for testing for MTCAP (Material Testing and Condition Assessment Program) based on the drawings from Treanor. The proposal is broken down by the inclusions for a total of $164,436.00. The Finance Committee recommends this resolution for Board approval.

6. **PUBLIC COMMENT**

   An opportunity was provided for public comment and individuals were given three minutes to address the Board Members and Administration.

7. **ADJOURNMENT**

   There being no further business, the Committee was adjourned at 5:20 pm.

Respectfully submitted,

Sandra DiLaura
Controller

Hazel Hawkins

HEALTHCARE