PO Box 187, Patterson, CA 95363
Phone (209) 892-8781 Fax (209) 892-3755

BOARD OF DIRECTORS' MEETING

Monday, August 31, 2026, at 6:00 p.m.
Patterson City Hall, City Council Chambers
1 Plaza Circle, Patterson, California

PUBLIC PARTICIPATION

Members of the public may comment on any matter within the District's jurisdiction. Comments concerning an agenda item may be made before or during the Board's consideration of that item. The Board generally may not discuss or act on matters not listed on the posted agenda.

General public comments are limited to five minutes per speaker, and comments on individual agenda items are limited to three minutes per speaker. The Board President may reduce speaking time when necessary to accommodate all speakers. A speaker using a translator will receive at least twice the allotted time unless simultaneous translation is provided.

CONSENT CALENDAR

Consent Calendar items are routine matters acted upon by one motion unless a Board member requests separate consideration. The public may comment before the Board acts on the Consent Calendar.

CLOSED SESSION

The Board may meet in closed session only as permitted by law. The public may comment on a closed-session item before the Board convenes in closed session.

AGENDAS, RECORDS, AND ACCESSIBILITY

Agendas, minutes, and available meeting materials are posted at: dphealth.org/board-meetings
Public records distributed to a majority of the Board less than 72 hours before the meeting are available for inspection at the District office, 875 E Street, Patterson, during regular business hours and, when available, on the District's website.

To request a disability-related accommodation, auxiliary aid, alternative agenda format, or assistance with interpretation arrangements, contact the Clerk of the Board at (209) 892-8781. Please provide as much advance notice as possible; notice at least 72 hours before the meeting will assist the District in making reasonable arrangements.

1. **Call to Order & Roll Call**
2. **Pledge of Allegiance**
3. **Reading the Vision, Mission, and Value Statements**
   Vision: "A locally cultivated, healthier community."
   Mission: "To provide, promote, and partner in quality healthcare for all."
   Values: "Compassion – Commitment – Excellence"
4. **Declarations of Conflict** *[Board members disclose any conflicts of interest with agenda items]*
5. **Approval of Agenda** **ACTION**
   *[*Directors may request moving any consent calendar item to the regular calendar or change the order of the agenda items.]*
6. **Public Comment – Items not on the Agenda**
7. **Closed Session** *[The Board may recess to closed session for matters permitted by law. Actions taken will be reported in open session. Public comment on closed session items, prior to recess, is limited to three minutes unless extended by the Board President.]*

Del Puerto Health Care District

BOARD OF DIRECTORS' MEETING

City Council Chambers, Patterson City Hall, 1 Plaza Circle, Patterson, CA

Monday, August 31, 2026 @ 6:00 PM

A. Conference with Legal Counsel – Existing Litigation § 54956.9(b)
Building Industry Association of the Greater Valley v. Del Puerto Health Care District, Board of Directors of the Del Puerto Health Care District, Does 1-100 [CV-25-006753].

8. **Report from Closed Session I**

9. **Presentation –** Update to Ten-Year Ambulance replacement Plan, Paul Willette **Page 5**

10. **Consent Calendar** – Public Comment is taken prior to Board Action **Page 21** **ACTION**
    - A. *Approve Board of Directors Meeting Minutes – June 29, 2026 **Page 22**
    - B. *Department Written Reports: CEO ADM, HC, HR, PDA **Page 27-40**
    - C. *Approve Updates to Policies: **Page 32 & Supplemental Packet – Policies Pages 1-34**
        - i. 2130 — Business Travel
        - ii. 2135 — Statement of Investment Policy
        - iii. 2140 — Purchasing
        - iv. 2170 — Employment of Contractors
        - v. 2225 — Electronic Device Replacement

11. **Regular Calendar** *[The Board President will open public comment for each item before discussion and/or action.]*
    - A. **Any Consent Calendar items moved to the Regular Calendar* **ACTION**
    - B. Proposal from CPS-HR Consulting for CEO Evaluation Facilitator **Page 43** **ACTION**
    - C. Proposal from Data Path to Convert Current Hybrid IT System to Cloud-Based **Page 59** **ACTION**
    - D. Proposal from Data Path to Establish & Implement AI Governance & Security Policy **Pg 73** **ACTION**
    - E. Consider Establishing a Board Standing Committee on Governance **Page 79** **ACTION**
    - F. Approve Purchase of Two 2027 Type III Life Line Ambulances **Page 85** **ACTION**
    - G. Set Date for Q3 Board, Staff and Community Governance Training **Page 91** **ACTION**

12. **Board and Department Updates** - *Reports on Activities or Topic Requests for Future Meeting*

13. **Continuation of Closed Session**
    - A. Conference with Legal Counsel – Existing Litigation § 54956.9(b)
      Victoria Vasquez v. Del Puerto Health Care District, Does 1-100 [CV-26-000599].
    - B. Conference with Legal Counsel – Significant Exposure to Litigation § 54956.9(b)
      One Potential Case.

14. **Report from Closed Session II**

15. **Upcoming Regular Board and Standing Committee Meeting Dates**

Board: Mon, Sep 14-7:00 PM, City Hall	Finance: Sep TBD, TBD PM District Office	Board: Mon, Sep 28-6:00 PM, City Hall
Board: Mon, Oct 12-7:00 PM, City Hall	Finance: Oct TBD, TBD PM District Office	Board: Mon, Oct 26-6:00 PM, City Hall
Board: Mon, Nov 09-7:00 PM, City Hall	Finance: Nov TBD, TBD PM District Office	Board: Monday Nov 30-6:00 PM, City Hall

16. **Adjourn**

The Board of Directors of the Del Puerto Health Care District

Board Meeting - August 31, 2026

9F. PRESENTATION: Ambulance Fleet Use and Replacement

DEPT: Patterson District Ambulance

CEO CONCURRENCE: YES

CONSENT CALENDAR: No

4/5 Vote Required: No

SUBJECT: **Presentation of Ambulance Fleet Use and Replacement Plan Through FY 2036-37**

BACKGROUND: The attached plan allocates annual mileage, moves aging units into reserve, and schedules replacements. The goal is at least 10 years of service when condition and reliability permit; accidents, excessive repair costs, or safety concerns may require earlier retirement.

Annual mileage rises to 176,000 in FY 2026-27 and ranges from 205,000 to 240,000 thereafter. The fleet grows from seven units to eight in FY 2027-28 and nine in FY 2029-30, then remains at eight or nine through FY 2036-37.

All units with planned retirement within the horizon remain below 350,000 miles. The 2019 unit reaches 348,680, leaving a 1,320-mile margin and requiring close monitoring. The 2023 and 2026 units reach 342,338 and 335,404 miles.

The 2027a and 2027b units complete 10 years and reach about 330,000 miles. Later units are only partially projected because their service lives extend beyond FY 2036-37; their totals are mileage through the plan horizon, not lifetime mileage.

Staff will update the plan annually using actual mileage, condition, repairs, demand, delivery times, and funding. The plan does not authorize acquisition or disposal; each action will return to the Board.

FISCAL IMPACT: No immediate expenditure. Future purchases will be included in the capital budget and Asset Replacement Fund forecast and will require separate Board approval.

CONTACT PERSON: Karin Freese and Paul Willette

ATTACHMENT(S): 2026 Ambulance Replacement Plan Report
2026 Ten-Year Ambulance Fleet Replacement Presentation

ACTION: See Item 9F. Order of Two 2027 Life Line Ambulances

Ten-Year Ambulance Fleet Use and Replacement Plan

Prepared August 2026

Core planning period: FY 2026–27 through FY 2035–36

Extended outlook: FY 2036–37

Purpose

Provide the Board with a clear long-range guide for fleet utilization, reserve deployment, retirement timing, capital sequencing, and annual oversight. The plan is a planning guide; every acquisition and disposal remains subject to separate Board approval.

Prepared for	Board of Directors, Del Puerto Health Care District
Department	Patterson District Ambulance
Board meeting	August 31, 2026
Prepared by	Karin Freese, CEO Paul Willette, Director of Ambulance Operations

Recommended Board action

Approve the plan as a long-range planning guide, subject to annual review, and separate approval of each acquisition and disposal.

1. Executive Summary

Bottom line

The plan gives the District a workable path to meet growing ambulance mileage with an eight- to nine-unit operating and reserve fleet while retiring units no later than 350,000 miles. The strategy is viable if mileage is reviewed at least annually—and more frequently for units nearing the cap.

What the Board should know

- Demand increases from 176,000 projected miles in FY 2026–27 to peaks of 240,000 miles in FY 2032–33 and FY 2036–37.
- Fleet availability expands from seven units in FY 2026–27 to eight in FY 2027–28 and nine in FY 2029–30, then remains between eight and nine units.
- The plan targets at least ten service years when condition, reliability, and repair economics permit, with older units shifted to reserve or deep reserve.
- The 2019 unit is the key near-term risk: projected lifetime mileage is 348,680, leaving only 1,320 miles below mandatory retirement.
- The 2027a and 2027b units are planned for ten years and about 330,000 miles each. Units acquired in 2029 and later are only partially shown because their service lives extend beyond the plan horizon.
- The supplied replacement-fund schedule supports a $600,000 authorization for two 2027 ambulances and projects $106,766 remaining, followed by an anticipated $300,000 FY 2027–28 contribution.

Recommended decision

Approve the fleet plan as a planning guide. Direct staff to update actual mileage, condition, repair costs, delivery assumptions, and capital funding at least annually, and to return for separate authorization before each purchase or disposal.

Scope note

This report treats FY 2026–27 through FY 2035–36 as the core ten-year planning period. FY 2036–37 is presented as an extended outlook year because the governing worksheet includes eleven future fiscal years.

Source: Ambulance Replacement Plan.xlsx, “Extend Used-ful Life” worksheet; Board cover sheets dated August 31, 2026; Life Line order documents #6197 and #6198; replacement-fund schedule supplied by management.

2. Planning Framework and Lifecycle Controls

The plan manages three constraints at the same time

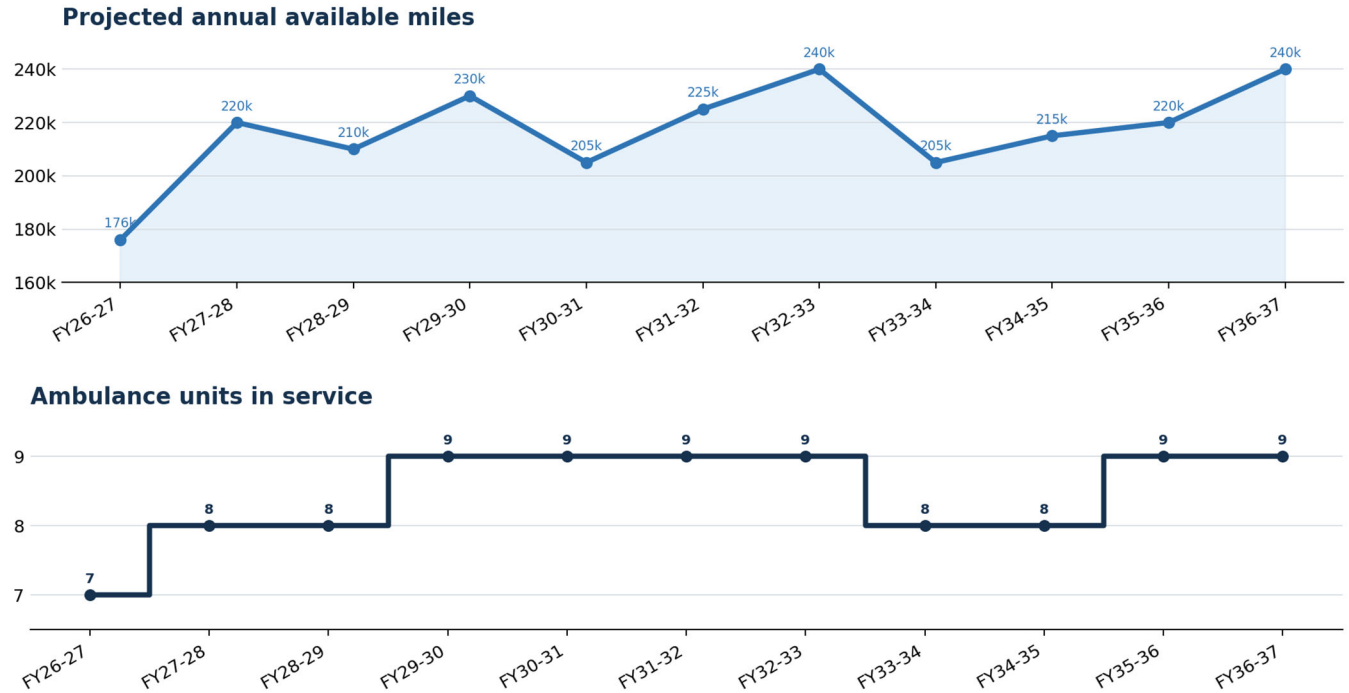
Constraint	Operating response	Board control
Rising annual mileage	Assign highest mileage to newer front-line units; reduce annual use as units age.	Review annual mileage and demand forecast.
Vehicle aging and reliability	Move older units to reserve/deep reserve when mechanically appropriate.	Condition, downtime, safety, and repair economics may require earlier retirement.
350,000-mile retirement cap	Schedule replacement before cumulative mileage reaches the hard limit.	No unit may remain in service after the cap; each purchase/disposal requires separate approval.

Operating policy embedded in the schedule

- Target at least ten years of service per unit when reliable and cost-effective.
- Use reserve years beyond the ten-year target only when condition and available mileage support continued service.
- Do not treat the schedule as permission to operate an unsafe or unreliable unit to a planned date.
- Update cumulative mileage with actual odometer readings; forecast variance matters most within 15,000 miles of retirement.
- Maintain acquisition lead-time assumptions because delayed delivery can force unplanned mileage onto near-retirement units.

3. Demand and Fleet Capacity

The core plan anticipates sustained annual ambulance use above 200,000 miles beginning in FY 2027–28. Capacity is created in stages: eight units in FY 2027–28 and nine in FY 2029–30, followed by a stable eight- to nine-unit fleet.



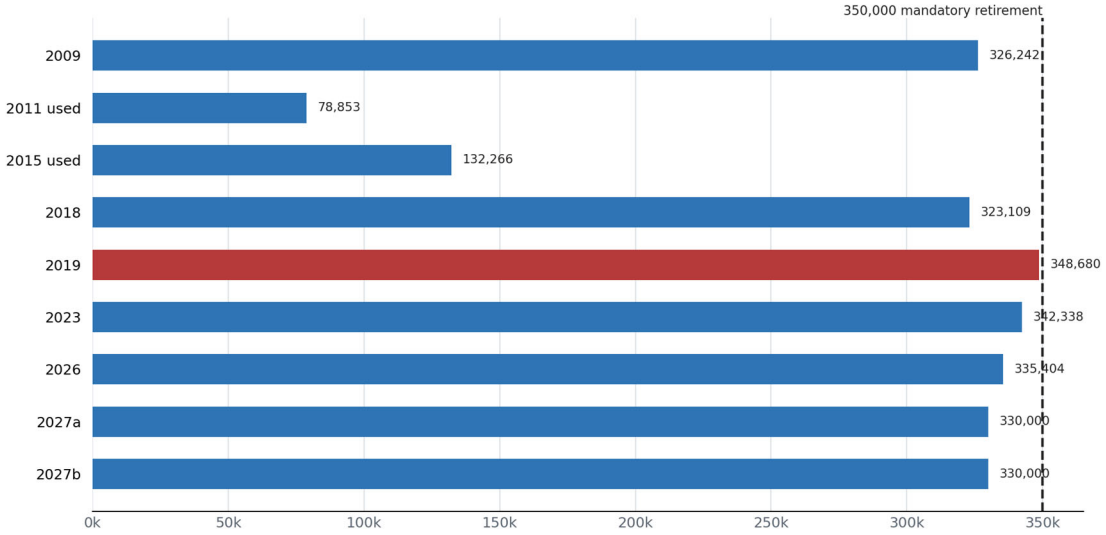
Source: Ambulance Replacement Plan.xlsx, "Extend Used-ful Life" worksheet. FY 2036–37 is the extended outlook year.

Capacity implication

The plan is not simply a one-for-one replacement schedule. It deliberately adds operating and reserve capacity before projected mileage peaks. This reduces the risk that a single breakdown, accident, or delivery delay forces excessive mileage onto another high-mileage unit.

4. Unit Mileage and Retirement Threshold

All units with a completed retirement point inside the planning horizon remain below the 350,000-mile cap. The margin is uneven, however, and the 2019 unit has almost no forecast tolerance.



Source: Projected cumulative mileage from the governing replacement-plan worksheet. Used 2011 and 2015 units retain comparatively low mileage despite age.

Unit	Projected miles	Buffer to cap	Management implication
2019	**348,680**	**1,320**	Monthly odometer monitoring; contingency plan required.
2023	342,338	7,662	Quarterly monitoring and delivery-risk review.
2026	335,404	14,596	Annual forecast update; watch duty-cycle variance.
2027a / 2027b	330,000	20,000	Ten-year target with planned retirement margin.

5. Acquisition and Replacement Sequence

The schedule front-loads two units in 2027, then adds or replaces one unit in selected years. The sequence should be revalidated annually against actual mileage, reliability, and manufacturer delivery time.

Acquisition year	Quantity	Planning role	Status / control
2027	2 units	Replace high-mileage units and expand fleet to eight	Ordered in 2025; delivery outlook Q2 2027
2029	1 unit	Maintain nine-unit operating/reserve structure	Subject to capital budget and Board approval
2031	1 unit	Continue staged replacement	Subject to annual review
2032	1 unit	Continue staged replacement	Subject to annual review
2034	1 unit	Continue staged replacement	Subject to annual review
2035	1 unit	Continue staged replacement	Subject to annual review
2036	1 unit	Continue staged replacement	Extended outlook year

2027 acquisition now before the Board

- Two Life Line Type III Victoryliner ambulances, order jobs #6197 and #6198, were ordered April 3, 2025.
- Proposal price is $284,934 per ambulance, or $569,868 total; the Board cover sheet requests authority not to exceed $600,000.
- The proposal identifies 2027 or 2028 Ford E-450 chassis and an estimated Q2 2027 / late-May delivery; delivery is not guaranteed.
- District-supplied Stryker Power Load systems are to be installed; cots are excluded from the proposal.

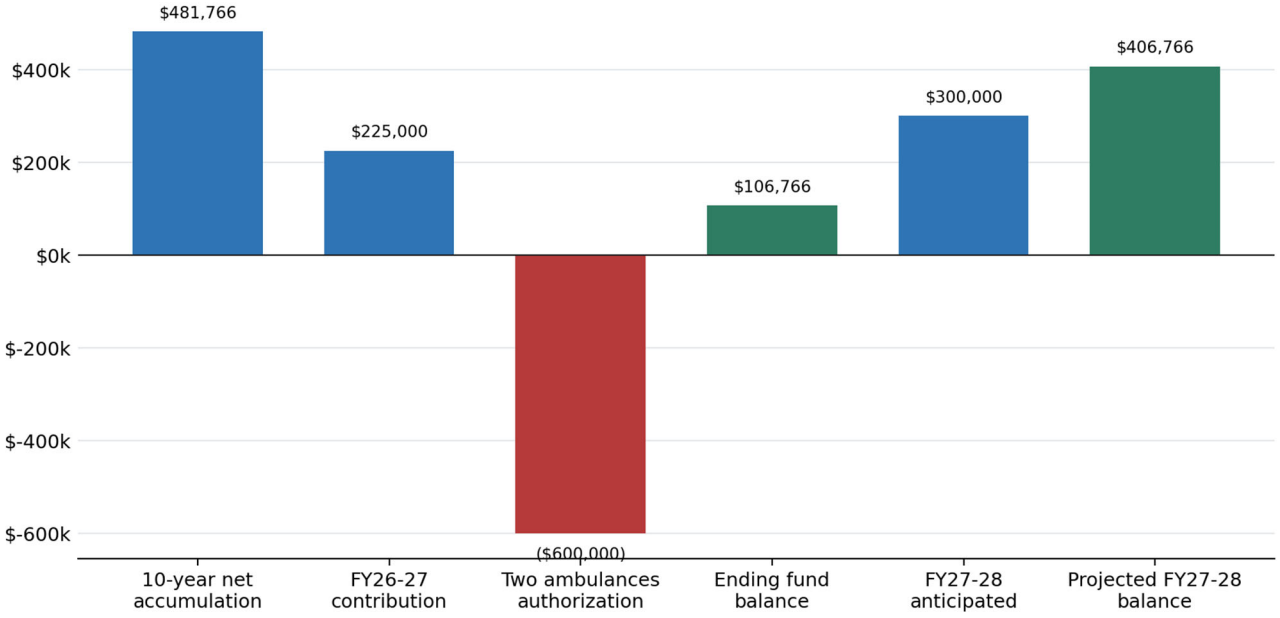
Governance point

Approval of the long-range plan does not authorize future purchases. Each acquisition, financing commitment, and disposal returns to the Board through the capital budget and agenda process.

Source: Life Line proposal contract letter dated August 12, 2026; order page for jobs #6197 and #6198; Board purchase cover sheet.

6. Ambulance Asset Replacement Fund Readiness

The ten-year lookback shows that depreciation contributions have exceeded ambulance purchases by a stated $481,766. Adding the FY 2026–27 contribution provides sufficient capacity for the two-unit authorization while retaining a projected balance.



Source: Replacement-fund schedule supplied by management. Values are schedule balances, not independently audited cash balances.

Fund measure	Amount
FY16-17 through FY25-26 depreciation — stated total	$1,526,766
Ambulance purchases in ten-year lookback	($1,045,000)
Net replacement allowance	**$481,766**
FY26-27 contribution	$225,000
Authorization for two 2027 ambulances	($600,000)
Projected balance after purchase	**$106,766**

Forward capacity

With the anticipated $300,000 contribution in FY 2027–28, the projected replacement-fund balance becomes $406,766. Using the contract price of $569,868 rather than the full $600,000 authorization would leave $136,898 before that contribution.

7. Risk Controls and Annual Board Oversight

Risk	Trigger / indicator	Management response	Board visibility
Mileage-cap breach	Unit within 15,000 miles of 350,000	Increase odometer review; reduce assignment; stage substitute unit.	Quarterly exception report.
Delivery delay	Manufacturer date slips or chassis availability changes	Rebalance duty cycle; protect near-retirement units; update contingency.	Report material change before commitment.
Reliability decline	Repeat downtime, safety concern, or high repair cost	Move to reserve or retire early.	Separate disposal/replacement action.
Demand variance	Annual mileage materially above forecast	Update assignments and acquisition timing.	Annual plan refresh and capital forecast.
Funding pressure	Replacement-fund balance below upcoming need	Adjust contribution plan, timing, or financing strategy.	Capital budget and fund forecast.
Worksheet ambiguity	Service years or “end of life” labels misstate horizon	Correct formulas and clearly label horizon-limited totals.	Attach revised schedule to annual report.

Minimum annual update package

- June 30 odometer by unit, plus monthly mileage for units within 15,000 miles of retirement.
- Unit condition, downtime, major repair history, and reserve readiness.
- Actual annual mileage versus plan and next three years of demand.
- Manufacturer delivery outlook and any chassis or equipment constraint.
- Asset Replacement Fund balance, planned contributions, and committed purchases.
- Revised acquisition/disposal dates and an explanation for every material change.

Recommended reporting cadence

Annual full-plan refresh, with quarterly exception reporting for mileage-cap exposure, material delivery changes, reliability events, or funding variances.

8. Conclusion and Board Recommendation

The plan establishes a practical connection between demand, fleet size, unit age, cumulative mileage, and capital timing. It provides adequate planned capacity and keeps projected retirement points below the mandatory 350,000-mile cap, but the 2019 unit requires close operational control because its forecast margin is only 1,320 miles.

Recommended motion

Board action

Approve the Ambulance Fleet Use and Replacement Plan through the core ten-year period, with FY 2036–37 as an extended outlook, subject to annual review, the mandatory 350,000-mile limit, and separate Board approval of every acquisition and disposal.

Immediate management actions

- Set a written mileage trigger and reserve substitution plan for the 2019 unit.
- Complete the two-ambulance purchase approval and track delivery against the Q2 2027 forecaast.

Decision standard

Continue to pursue a minimum ten-year service life only when the unit remains safe, reliable, cost-effective, and below 350,000 miles. Where those conditions conflict, safety, service continuity, and the retirement cap control the decision.

Appendix A. Annual Mileage and Fleet Plan

Fiscal year	Annual miles	Units	Planning note
FY26-27	176,000	7	Core ten-year period
FY27-28	220,000	8	Core ten-year period
FY28-29	210,000	8	Core ten-year period
FY29-30	230,000	9	Core ten-year period
FY30-31	205,000	9	Core ten-year period
FY31-32	225,000	9	Core ten-year period
FY32-33	240,000	9	Core ten-year period
FY33-34	205,000	8	Core ten-year period
FY34-35	215,000	8	Core ten-year period
FY35-36	220,000	9	Core ten-year period
FY36-37	240,000	9	Extended outlook

Appendix B. Unit Mileage Status

Unit	Projected miles	Service years shown / scheduled	Cap buffer	Interpretation
2009	326,242	17	23,758	Retired/near end of plan
2011 used	78,853	20	271,147	Low-mileage reserve
2015 used	132,266	17	217,734	Reserve
2018	323,109	15	26,891	Reserve before cap
2019	**348,680**	15	**1,320**	Critical mileage watch
2023	342,338	13	7,662	Close mileage watch
2026	335,404	12	14,596	Planned retirement margin
2027a	330,000	10	20,000	Ten-year service target
2027b	330,000	10	20,000	Ten-year service target
2029	240,000	8	110,000	Through FY36-37 only
2031	205,000	6	145,000	Through FY36-37 only
2032	180,000	5	170,000	Through FY36-37 only
2034	120,000	3	230,000	Through FY36-37 only
2035	85,000	2	265,000	Through FY36-37 only
2036	45,000	1	305,000	Through FY36-37 only

Source: All mileage and service-year data derived from the governing "Extend Used-ful Life" worksheet. Service-year values are normalized to scheduled service where the worksheet's bottom row is inconsistent; later-unit totals remain horizon-limited.

BOARD OF DIRECTORS | AUGUST 31, 2026

Ten-Year Ambulance Fleet Replacement Plan

Core period FY 2026–27 through FY 2035–36

Extended outlook FY 2036–37

DEL PUERTO HEALTH CARE DISTRICT
PATTERSON DISTRICT AMBULANCE
EMERGENCY MEDICAL SERVICES

1

The plan gives the Board a controlled replacement path

DECISION REQUESTED

Approve the schedule as a planning guide, with annual review and separate approval of every acquisition and disposal.

10 years
minimum service target when safe and reliable

350,000
mandatory mileage cap

8–9 units
planned operating and reserve fleet

2

2

Mileage is managed by moving units through three roles

FRONT-LINE

Higher annual use
Newer units carry the primary response workload.

RESERVE

Reduced annual use
Older reliable units provide backup and surge capacity.

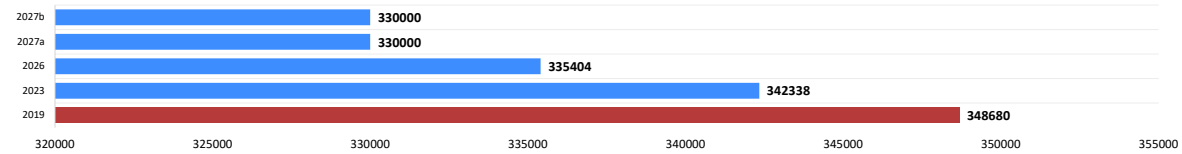
RETIRE

Hard stop
Retire by 350,000 miles—or sooner for safety, reliability, or repair economics.

4

3

The 2019 unit has only 1,320 miles of forecast tolerance



348,680
2019 projected miles
99.62% of the cap

7,662
2023 unit
remaining buffer

14,596
2026 unit
remaining buffer

5

4

Replacement timing protects capacity and spreads capital needs

2027

Two units
Ordered in 2025; supports the move to eight units and replaces high-mileage exposure.

2029–2032

Three units
One each in 2029, 2031, and 2032; maintains a nine-unit structure.

2034–2036

Three units
One each in 2034, 2035, and 2036; the 2036 entry is in the extended outlook.

6

5

The replacement fund supports the two-unit authorization

CAPITAL READINESS

The stated ten-year net allowance plus the FY 2026–27 contribution covers a not-to-exceed $600,000 purchase while retaining a balance.

Contract total: $569,868 | Full authorization preserves contingency for scope or delivery variance.

$600K
purchase authority for two ambulances

$106,766
projected balance after purchase

$406,766
projected after FY27–28 $300K contribution

7

6

Annual review keeps the fleet plan under control

OVERSIGHT CADENCE

Refresh the full plan annually and report exceptions sooner when mileage, reliability, delivery, demand, or funding materially changes.

Monthly
2019 odometer substitution trigger

Quarterly
exceptions material risks

Annually
fleet, demand, fund refresh

8

7

RECOMMENDATION

Approve the plan—with annual control.

Core ten-year period + FY 2036–37 extended outlook

Separate purchase and disposal approvals

8

Del Puerto Health Care District
Patterson District Ambulance
Ten-Year Ambulance Use and Replacement Plan

										Year to Order:	2025		2026	2028	2029	2031	2032	2033
Fiscal Year	**Annual Miles**	**Units**	**2009**	**2021**	**2011**	**2015**	**2018**	**2019**	**2023**	**2026**	**2027a**	**2027b**	**2029**	**2031**	**2032**	**2034**	**2035**	**2036**
Unit Mileage at June 30, 2025			323,595	146,935	28,853	77,266	224,646	222,131	44,504									
2025-26	114,897	8	1,647	*Wrecked*	*Used*	*Used*	28,463	36,549	42,834	5,404								
2026-27	176,000	7	1,000		20,000	20,000	25,000	25,000	40,000	45,000								
2027-28	220,000	8			10,000	10,000	10,000	15,000	40,000	45,000	45,000	45,000						
2028-29	210,000	8			10,000	10,000	10,000	15,000	35,000	40,000	45,000	45,000						
2029-30	230,000	9			5,000	5,000	10,000	10,000	35,000	40,000	40,000	40,000	45,000					
2030-31	205,000	9			5,000	5,000	5,000	10,000	25,000	35,000	40,000	40,000	40,000					
2031-32	225,000	9				5,000	5,000	5,000	25,000	35,000	35,000	35,000	35,000	45,000				
2032-33	240,000	9					5,000	5,000	20,000	25,000	35,000	35,000	30,000	40,000	45,000			
2033-34	205,000	8						5,000	20,000	25,000	25,000	25,000	30,000	35,000	40,000			
2034-35	215,000	8							10,000	20,000	25,000	25,000	25,000	30,000	35,000	45,000		
2035-36	220,000	9							5,000	10,000	20,000	20,000	20,000	30,000	30,000	40,000	45,000	
2036-37	240,000	9								10,000	20,000	20,000	15,000	25,000	30,000	35,000	40,000	45,000
End of Life Miles on Unit			326,242	146,935	78,853	132,266	323,109	348,680	342,338	335,404	*330,000*	*330,000*	*240,000*	*205,000*	*180,000*	*120,000*	*85,000*	*45,000*
Years in Service:			17	4	20	17	12	12	11	12	*10*	*10*	*8*	*6*	*5*	*3*	*2*	*1*
											Not End of Life							

Ambulance maximum miles as the unit ages

1	2	3	4	5	6	7	8	9	10	11	12	Total Miles
45,000	45,000	40,000	40,000	35,000	35,000	25,000	25,000	20,000	20,000	10,000	10,000	350,000

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – August 31, 2026

8. Consent Calendar

Department: Chief Executive Office
Consent Calendar: Yes

CEO Concurrence: Yes
4/5 Vote Required: No

SUBJECT: **Consent Calendar**
STAFF REPORT: The following items are presented for the consent calendar:
ATTACHMENT(S):

1. *Approve Board of Directors Meeting Minutes – June 29, 2026
2. *Accept Department Reports
    a. CEO – June and July 2026
    b. Health Center – June 2026
    c. Human Resources – July 2026
    d. PDA – June & July 2026
3. *Approve Updates to Policies:
    a. 2130 — Business Travel
    b. 2135 — Statement of Investment Policy
    c. 2140 — Purchasing
    d. 2170 — Employment of Contractors
    e. 2225 — Electronic Device Replacement

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: NO

RECOMMENDED MOTION: *I move that the Board of Directors adopt the consent calendar with [Items A through __].*
or
I move that the Board of Directors adopt the consent calendar with Items [Items ___ through __, [excluding Item _____].

Motion Made By	*Motion*	*Second*	*Aye*	*No*	*Abstain*	*Absent*
Director Antigua						
Director Campo						
Director Gomez						
Director Traore						
Director Ramirez						

I, the undersigned Clerk of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action by the Board at a meeting on the 10th day of August 2026.

_____
Ma Traore, Board of Directors Secretary

Del Puerto Health Care District
BOARD OF DIRECTORS' MEETING MINUTES
City Hall, 1 Plaza Circle, City Council Chambers
Monday, June 29, 2026 @ 6:00 PM

BOARD OF DIRECTORS' MEETING

1. **Call to Order & Roll Call**
2. **Pledge of Allegiance**

Directors Present:	President Becky Campo Vice President Reyna Gomez Treasurer Sylvia Ramirez Secretary Ma Traore Member Debbie Antigua
Staff Present:	CEO Karin Freese, Ph.D. Clinical Education Manager Jim Whitworth Human Resources Manager Robert Trefault Health Center Manager Suzie Benitez Financial Accounting Manager, Maria Reyes-Palad
District Legal Council:	Dave Ritchie, Cole Huber, LLP
Members of the Public:	Grant Robbins, Kitchell Contractors, Inc. Irene Espinoza, Healthcare Pathway Advocates Kristi Galapon, Healthcare Pathway Advocates

3. **Reading the Vision, Mission, and Value Statements**
   Vision: "A locally cultivated, healthier community."
   Mission: "To provide, promote, and partner in quality healthcare for all."
   Values: "Compassion – Commitment – Excellence"

4. **Oath of Office by new Board Member** – the Oath of Office was taken by Debbie Antigua following her Stanislaus County Board of Supervisors appointment to Zone 1 of the Del Puerto Health Care District. The seat for Zone 1 will be on the ballot on November 3, 2026 for a term ending December 2028.

5. **Declarations of Conflict -** None

6. **Approval of Agenda**

   Approval of Agenda Motion: To approve the agenda as presented.
   M/S: Traore/Ramirez
   Ayes: Antigua**,** Campo, Gomez**,** Ramirez, Traore
   Nays: None
   Abstain: None
   Absent: None
   Motion: Passed

7. **Public Comment**

   Mr. Grant Robbins introduced himself and expressed his support for the District's proposed healthcare campus. He stated that he has been following the project, reviewed the architectural renderings, and is enthusiastic about the opportunity the new medical facilities will bring to the community. Mr. Robbins also shared his interest in becoming more involved in the project and thanked the Board for the opportunity to attend and provide public comment at his first Board meeting.

8. **Presentations**
   A. Summary of June 6, 2026 Board Feedback on Policy #3417 - CEO Compensation
   Dr. Freese presented a summary of the Board workshop held on June 6, 2026, which was facilitated by District Counsel Dave Ritchie, regarding Policy No. 3417 (CEO Compensation). She explained that the presentation summarized the Board's feedback from the workshop, during which the

Del Puerto Health Care District
BOARD OF DIRECTORS' MEETING MINUTES
City Hall, 1 Plaza Circle, City Council Chambers
Monday, June 29, 2026 @ 6:00 PM

District's existing compensation policies (Policies 3401, 3402, 3403, and 3417) were reviewed. No action was requested at this meeting.

She reported that the Board supported maintaining a market-informed compensation philosophy but identified the need to consolidate the currently fragmented policies into a comprehensive CEO compensation policy. Key concepts included establishing a total rewards framework encompassing salary range placement, cost-of-living adjustments (COLA), merit-based adjustments, retention tools, and the Board's discretion to determine when no compensation adjustment is warranted based on performance or the District's financial condition.

The presentation also summarized the Board's preference for a tiered executive peer group for compensation studies, consisting of healthcare districts as the primary comparison group, private healthcare organizations as secondary, and regionally relevant public agencies as tertiary. The proposed framework would clarify the Board's sole authority over CEO compensation decisions, define salary range placement criteria based on qualifications and experience, separate merit adjustments from COLA, eliminate pre-established incentive compensation programs unless approved by a future Board, and require an independent compensation study every three years, with annual internal reviews as needed.

Staff recommended revising Policy No. 3417 into a comprehensive CEO compensation policy that integrates the relevant provisions of Policies 3401, 3402, and 3403, while retaining those policies for general employee compensation and adding appropriate cross-references.

Board members discussed allowing additional time for the newly appointed Board Member to review the existing policies before further consideration. By consensus, the Board agreed to defer further discussion and directed staff to prepare a draft comprehensive CEO compensation policy for consideration at a future meeting after Board members had an opportunity to review the materials.

9. **Consent Calendar** – Public Comment is taken prior to Board Action
   A. *Approve Board of Directors Meeting Minutes – June 8, 2026
   B. *Approve Finance Committee Meeting Minutes – June 3, 2026
   C. *Approve the Financial Report and Warrants – May 2026

Motion: To approve the consent calendar as presented.
M/S: Ramirez/Gomez
Ayes: Campo, Gomez**,** Ramirez, Traore
Nays: None
Abstain: Antigua
Absent: None
Motion: Passed

10. **Regular Calendar** – The Board President will open public comment for each item before discussion and/or action.
   A. *No Consent Calendar items were moved to the Regular Calendar
   B. Approval of contract renewal with Wulff, Hansen & Co. (municipal financial advisors)
   Dr. Freese presented the proposed 10-year Municipal Advisor Agreement with Wulff & Hansen & Co. for Board consideration. She explained that the firm has served as the District's municipal advisor on prior financing activities, including the land acquisition, and provides expertise in identifying and evaluating public financing options for major capital projects, including the planned healthcare campus.

   District Counsel, Mr. Ritchie, provided an overview of the role of a municipal advisor, explaining that the firm serves as an independent fiduciary to assist the District in evaluating financing strategies, recommending financing structures, coordinating with bond counsel and underwriters, and

navigating the municipal bond market. He noted that maintaining the District's existing relationship with Wulff & Hansen & Co. would preserve institutional knowledge throughout the anticipated healthcare campus development.

Mr. Ritchie further explained that the proposed agreement is the firm's standard contract, compensation is contingent upon future financing transactions and paid from the cost of issuance, and the agreement does not guarantee any compensation if no financing occurs. Although the agreement has a 10-year term to align with the anticipated duration of the healthcare campus project, either party may terminate the agreement with 30 days' written notice.

Board members discussed the duration of the agreement, prior contractual history with the firm, and the termination provisions. Staff confirmed that the District has worked with Wulff & Hansen & Co. for approximately five years and that the proposed agreement continues the existing professional relationship.

Motion: To approve the ten-year Municipal Advisor Agreement with Wulff, Hansen & Co. and authorize the Chief Executive Office to execute the Agreement and any non-substantive documents necessary to complete the engagement.
M/S: Ramirez/Gomez
Ayes: Antigua, Campo, Gomez**,** Ramirez, Traore
Nays: None
Abstain: None
Absent: None
Motion: Passed

C. Adopt Resolution No. 2026-06 November 3, 2026 General Election, Consolidation with the Stanislaus County General Election, and Affirming Candidate Statement Policies.

Ms Freese presented Resolution No. 2026-06 requesting consolidation of the District's Board election with the November 3, 2026 General Election. She noted that all five Board seats will be on the ballot and reviewed the candidate filing process, election timeline, and the District's policy to reimburse candidates for the cost of publishing an optional candidate statement.

Staff recommended amending the resolution to specify that, in the event of a tie vote, the election would be decided by the drawing of lots. The Board concurred with the amendment.

Motion: To adopt Resolution No. 2026-06, a Resolution of the Board of Directors of the Del Puerto Health Care District calling a District General Election to be held on November 3, 2026, requesting consolidation with the Statewide Gubernatorial General Election, requesting election services from the Stanislaus County Registrar of Voters, and adopting regulations for candidates' statements.
M/S: Traore/Gomez
Ayes: Antigua, Campo, Gomez**,** Ramirez, Traore
Nays: None
Abstain: None
Absent: None
Motion: Passed

D. Approval to be the Presenting Sponsor for 2026 Farm-to-Fork dinner

Dr. Freese presented a request for the District to serve as the Presenting Sponsor of the City of Patterson Parks and Recreation Department's annual Farm to Fork Dinner. She explained that the

event raises scholarship funds to support youth and senior participation in Parks and Recreation programs and that the District was offered the first opportunity to serve as the presenting sponsor. Staff recommended approval of the $10,000 sponsorship, which is included in the District's community programs budget and provides event recognition and sponsorship benefits.

Motion: To approve Del Puerto Health Care District serving as the Farm to Fork Patterson 2026 Presenting Sponsor at the $10,000 sponsorship level; authorize the Chief Executive Officer to execute any necessary sponsorship documents and issue payment in an amount not to exceed $10,000; and direct that any tickets or event access received be used only for official District purposes or declined/returned consistent with District policy.
M/S: Ramirez/Gomez
Ayes: Antigua, Campo, Gomez**,** Ramirez, Traore
Nays: None
Abstain: None
Absent: None
Motion: Passed

E. Review and approval of the FY 2026-27 Strategic Plan Goals

Dr. Freese presented the proposed Fiscal Year 2026–2027 Strategic Plan Goals, noting that the objectives were developed following the Board's June 6, 2026 workshop and build upon the District's five-year strategic plan. The annual goals are designed as measurable management objectives to guide operations and monitor progress throughout the fiscal year.

The proposed plan focuses on five strategic priorities: (1) advancing the healthcare mixed-use campus project; (2) improving access to healthcare services; (3) strengthening workforce, leadership, and Board development; (4) enhancing financial stewardship and risk management; and (5) increasing community engagement, transparency, and public trust. Karin highlighted several new initiatives, including implementation of a capital project dashboard, development of a district-wide risk register, strengthening grant compliance and ambulance revenue cycle reporting, establishing a Community Health Advisory Council, and publishing the District's first annual Community Trust and Transparency Report.

Board members expressed appreciation for the comprehensive and measurable format of the strategic goals, noting that the plan provides a useful tool for tracking progress and accountability throughout the year.

Motion: To receive the FY 2026-27 SMART Goals and Action-Oriented Objectives Board Report and direct management to finalize department-level workplans, quarterly dashboard reporting, and performance metrics consistent with Board direction.
M/S: Gomez/Traore
Ayes: Antigua, Campo, Gomez**,** Ramirez, Traore
Nays: None
Abstain: None
Absent: None
Motion: Passed

11. **Department Reports**
    A. Board Members – Reports on Activities or Topic Requests for Future Meeting - **Board Member Introduction**

Del Puerto Health Care District
BOARD OF DIRECTORS' MEETING MINUTES
City Hall, 1 Plaza Circle, City Council Chambers
Monday, June 29, 2026 @ 6:00 PM

The Board welcomed newly appointed Director Antigua, who briefly introduced herself and shared her professional healthcare background. Staff confirmed that no conflict of interest exists related to her Board service. Staff also announced that the July 13, 2026 regular Board meeting would be canceled.

Public Comment (continued due to late arrival of member of the public)
Ms. Irene Espinoza, representing **Healthcare Pathway Advocates**, introduced her organization and expressed support for the District's strategic goals related to workforce development and healthcare access. She described the organization's efforts to develop healthcare career pathways, paid internships, and educational partnerships to strengthen the local healthcare workforce, particularly in rural communities. Ms. Espinoza noted that the organization is funded through philanthropic grants and is interested in collaborating with the District and local educational institutions. She provided informational materials to the Board.
Board members thanked Ms. Espinoza for her presentation and inquired about her organization's partnerships and service area.

12. **Closed Session** *Entered at 7:08PM.*

    A. Conference with Legal Counsel – Existing Litigation § 54956.9(b)
    Building Industry Association of the Greater Valley v. Del Puerto Health Care District, Board of Directors of the Del Puerto Health Care District, Does 1-100 [CV-25-006753].

    B. Conference with Legal Counsel – Existing Litigation § 54956.9(b)
    Victoria Vasquez v. Del Puerto Health Care District, Does 1-100 [CV-26-000599].

    C. Conference with Legal Counsel – Existing Litigation § 54956.9(b)
    Rhonda Lopez v. Del Puerto Health Care District, Does 1-100 [CV-26-004695].

    D. Conference with Legal Counsel – Significant Exposure to Litigation § 54956.9(b)
    One Potential Case.

13. **Return to Open Session at 7:31 PM.** Mr. Ritchie reported no reportable action was taken and direction was given to staff.

14. **Upcoming Regular Board and Standing Committee Meeting Dates**

~~Board: Mon, July 13-7:00 PM, City Hall~~ CANCELED	Finance: Tues, Jul 21-6:15 PM, District Office	Board: Monday Jul 27-6:00 PM, City Hall
Board: Mon, Aug 10-7:00 PM, City Hall	Finance: Tues, Aug 25-6:15 PM, District Office	Board: Mon, Aug 31-6:00 PM, City Hall
Board: Mon, Sep 14-7:00 PM, City Hall	Finance: Tues, Sep 22-6:15 PM, District Office	Board: Mon, Sep 28-6:00 PM, City Hall

15. **Meeting Adjourned at 7:32 PM**

_____
Ma Traore, Board Secretary

_____
Date Signed

Del Puerto Health Care District

CEO Monthly Report by Karin Freese
Reporting Period: June 1 through June 30, 2026

Executive Summary

June was a productive month focused on Board governance and strategic direction, adoption of the FY 2026-27 budget, continued advancement of the Healthcare and Mixed-Use Campus, and legislative advocacy to improve access to emergency care on the west side of Stanislaus County.

Major Achievements for June included:

- Board Workshop and strategic planning discussions on June 6.
- FY 2026-27 budget review and adoption on June 8.
- Continued Healthcare Campus planning and environmental review activities, including ongoing Behavioral Health Continuum Infrastructure Program (BHCIP) implementation efforts.
- Advanced AB 2282 to the California Senate and expanded the coalition of support for emergency stabilization services.

Strategic Planning and Governance

The Board held a workshop on June 6 to address strategic priorities, governance matters, and long-term organizational planning. Work continued on the FY 2026-27 Strategic Plan, including six District objectives, department-level SMART goals, responsible departments, performance measures, and a dashboard framework intended to provide the Board with clearer visibility into implementation and results.

The workshop also supported continued development of a structured approach to executive compensation and performance review, with emphasis on transparent Board decision-making, appropriate comparables, and alignment between District priorities, organizational performance, and leadership accountability.

Financial Management and Budget Development

The FY 2026-27 budget was reviewed and adopted on June 8. The budget incorporates the operating needs of the District, Del Puerto Health Center, and Patterson District Ambulance while supporting strategic priorities and continued development of the Healthcare Campus.

Financial planning during June also considered reserves, capital requirements, campus financing assumptions, and the need to balance near-term operating stability with the District's substantial long-term capital program. Staff will continue to monitor revenue, expenses, cash position, and capital commitments throughout the fiscal year.

Healthcare Campus Development

Planning for the Healthcare and Mixed-Use Campus continued throughout June. Work remained focused on the environmental review process, Master Development Plan coordination, infrastructure planning, financing alignment, and refinement of Phase 1 implementation for the Combined Clinic and Ambulance/Administration facilities.

The project continues to require close coordination among the District, City, design team, financial advisors, and other partners as the scope and sequencing are refined. Environmental review and related land-use work remain important drivers of the overall project schedule and future procurement activities.

Behavioral Health Expansion

Implementation activities continued for the District's BHCIP-funded Community Mental Health Clinic, which is planned as an integrated component of the Combined Clinic. June work included continued coordination of the behavioral health program with the broader campus design, financing, environmental review, and project schedule.

The District remains focused on maintaining compliance with BHCIP requirements while ensuring that the behavioral health facility is operationally integrated with the larger campus vision and supports expanded access to outpatient and community-based behavioral health services.

Del Puerto Health Care District

CEO Monthly Report by Karin Freese
Reporting Period: June 1 through June 30, 2026

Legislative Advocacy – AB 2282

AB 2282 continued to advance through the Legislature and moved to the California Senate following Assembly approval. During June, the District prepared for Senate consideration, continued outreach to legislators and stakeholders, and expanded the coalition supporting the Rural Emergency Stabilization Care Unit (RESCU) concept.

Advocacy emphasized the need for a practical emergency stabilization option for communities located significant travel time from a hospital emergency department. The District continued to build support among healthcare, labor, local government, education, business, and community partners and prepared testimony and policy responses for the Senate process.

Human Resources and Workforce Development

Human resources work during June remained focused on workforce planning, recruitment and retention, leave and payroll processes, position and pay-structure review, and implementation of department SMART goals for the new fiscal year. Staff also continued work intended to strengthen consistency in personnel administration and support organizational succession and leadership continuity.

Patterson District Ambulance

Patterson District Ambulance continued planning related to service availability, deployment, mutual-aid demand, and regional EMS coordination. During June, the District advanced its application to provide service in the non-exclusive portion of Zone A and continued evaluating deployment strategies designed to preserve reliable ALS coverage within the District while improving regional response capacity.

Staff also continued review of ambulance reimbursement, rate, and operational issues affecting long-term sustainability of the service.

Del Puerto Health Center

Del Puerto Health Center continued to focus on access, provider capacity, productivity, and workforce development while preparing for future growth associated with the Combined Clinic. Management also continued evaluating longer-term options for the District's primary-care delivery model and strategies to preserve access to care as the campus project advances.

Community and Stakeholder Engagement

District engagement during June included continued coordination with the City of Patterson and project partners on campus planning, infrastructure, environmental review, and land-use matters. Outreach also supported AB 2282 advocacy and coalition development, as well as broader discussions with healthcare and community partners regarding the District's future service model and campus vision.

Looking Ahead

Key priorities moving into July include Senate consideration of AB 2282, continued environmental and Master Development Plan work for the Healthcare Campus, BHCIP implementation, execution of the FY 2026-27 Strategic Plan and budget, and continued planning for campus financing and procurement. Staff will also continue ambulance service-area coordination and workforce initiatives across the organization.

Closing

June marked an important transition from planning to implementation for the new fiscal year. The Board's strategic and budget actions provide a clear framework for the year ahead, while continued progress on the Healthcare Campus, behavioral health expansion, ambulance planning, and AB 2282 advances the District's mission to provide, promote, and partner in quality healthcare for all.

DEL PUERTO HEALTH CARE DISTRICT

CHIEF EXECUTIVE OFFICER REPORT

July-August 2026

Executive Summary

During July and August, the District implemented its Fiscal Year 2026–27 strategic priorities while maintaining stable clinical and emergency medical services. Major accomplishments included advancing AB 2282 to the Senate floor, completing a focused management retreat-day, continuing development of the healthcare and mixed-use campus and BHCIP-funded Community Mental Health Clinic, progressing the Zone A ambulance application, transitioning ambulance billing support, recruiting Health Center staff, and working to restore Patterson's Health Professional Shortage Area designation. Staff also advanced governance, workforce development, grant administration, community engagement, and regional partnerships..

Financial Management and Budget Development

Staff implemented the adopted FY 2026-27 budget, completed required payroll and quarter-end reporting, and reviewed medical and retirement benefits. The FYE June 30, 2026, closing is delayed while our finance manager is on medical leave until September 10, however the audit for last year will still happen in October. Campus financing remains based on an approximately $115 million Phase 1 program with approximately $25 million in net BHCIP funding. In August, staff also separated braided-funding draw packages and completed Quick Draw Fund Control onboarding to strengthen grant documentation and reimbursement controls.

Strategic Planning and Governance

The August 14 management retreat converted the strategic plan into a six-month action program addressing departmental goals, IIPP inspections, policy completion, management structure, performance evaluations, and emerging-leader development. Staff also prepared a standing Governance Committee charter and completed the triennial review of Board policies for August 31 consideration.

Election administration and public information continued for the November 3 election. Four Board candidates are running unopposed; the Zone 1 seat will appear on the ballot.

Healthcare Campus Development

Work continued on the 39-acre healthcare and mixed-use campus, plus approximately 0.4 acres still to be acquired. July activities included the EIR proposal review, biweekly City coordination, and intensive stormwater discussions following notice that the Centennial Park basin could not provide the anticipated capacity. City/project-team meetings continued August 6 and August 20.

HDR presented options for enhanced campus imagery on August 4 to improve community, partner, and investor presentations. The revised schedule continues to anticipate early-2027 project-management and contractor procurement, an August 2028 construction start, and Combined Clinic completion around March 2030.

Behavioral Health Expansion

The $27 million BHCIP award continues to support the approximately 14,000-square-foot Community Mental Health Clinic. Staff completed internal and DHCS coordination, aligned the revised schedule with grant requirements, separated braided-funding draw packages, and completed August 19 onboarding for Quick Draw Fund Control. Program planning continues for outpatient, crisis, medication, family, and telehealth services.

Legislative Advocacy - AB 2282

AB 2282 passed the Senate Health Committee 6-1 on July 1. On August 13, the Senate Appropriations Committee approved the bill 7-0 with amendments, and on August 17 it was ordered to third reading. The amended model requires collaboration with a publicly owned general acute care hospital and a state waiver, with authority ending if a hospital is built within five miles or after 10 years.

DEL PUERTO HEALTH CARE DISTRICT

CHIEF EXECUTIVE OFFICER REPORT

July-August 2026

District advocacy continued through regular meetings with Madison Nagle Frizzi, Kelli L'Heureux, Sarah Bridge, Assemblymember Alanis's team, ACHD, and other supporters. Current work is focused on Senate passage and preparing the support packet for the Governor.

Human Resources and Workforce Development

Leadership development included Reyna, Suzie, and me attending the July CSDA Special District Leadership Academy where Suzie and I completed our “Special District Governance Certification.” On August 14 management staff participated in a quarterly one-day retreat where we can finalize larger projects such as the Illness and Injury Prevention Plan. Staff also completed benefits preparation, continued personnel-record and compliance improvements, and reviewed the CEO-evaluation facilitation process. A concentrated series of MA interviews was conducted August 3-7 to strengthen Health Center staffing.

After reviewing an additional AI support proposal, management determined that current capacity and the added $60,000 annual cost did not support implementation. The District remains interested in the AI governance and security component.

Patterson District Ambulance

Patterson District Ambulance maintained two ALS units in Zone 5 while continuing County/LEMSA coordination on the Zone A non-exclusive service application. August discussions included AMR, LEMSA Director Chad Braner, the Gustine City Council, and regional partners regarding coverage, mutual aid, and service-area needs.

The July emsCharts-to-ZOLL billing training series moved into support transition on August 19. Management also continued monitoring reimbursement developments through California Ambulance Association briefings and reviewing staffing, deployment, fleet, and supplemental-payment risks.

Del Puerto Health Center

The Health Center maintained primary care and Tuesday/Thursday evening access while focusing on recruitment, scheduling, documentation, productivity, and patient experience. One provider is out on family leave until August 31. Staff continued the HPSA application by confirming local provider capacity and requesting payer-mix and sliding-fee data from community partners.

Community and Stakeholder Engagement

Outreach included **Patterson's Back-to-School Block Party** and **National Night Out**, NAMIWalks planning, ACHD and CSDA meetings, the regional healthcare Community Reinvestment Plan, and the August 20 Stanislaus County Health Leadership Council meeting of CEO’s throughout Stanislaus County. These relationships support healthcare access, behavioral health investment, legislation, and campus partnerships.

Looking Ahead

- Secure Senate passage of AB 2282 and prepare the Governor support packet.
- Advance campus CEQA/EIR, stormwater, design, presentation, and financing work.
- Implement management-retreat, governance, and Board-policy action items.
- Continue Zone A, ZOLL billing, HPSA, recruitment, and partnership work.

Closing

The District continues to strengthen current services while advancing the partnerships, workforce, governance, and infrastructure needed to expand healthcare access on the west side of Stanislaus County.

- Hosted a staff appreciation event at the local bowling alley, providing an opportunity for team building, recognition, and employee engagement. The event was well attended and served as a successful way to thank staff for their continued dedication and hard work.

Summary

Overall, June was a productive month marked by continued investments in leadership development, the successful onboarding of a new pediatric provider, ongoing quality improvement efforts, expanded community partnerships, and initiatives that foster employee engagement and teamwork. These efforts continue to support our mission of providing high-quality, patient-centered care to the communities we serve.

Del Puerto Health Care District

MEMORANDUM

TO Del Puerto Health Care District Board of Directors
FROM Karin Freese, PhD, MBA, Chief Executive Officer
DATE August 31, 2026
SUBJECT Board Director Election Update

Purpose. This memorandum provides the Board with the remaining major milestones for the November 3, 2026, Board director election. The Stanislaus County Registrar of Voters will administer these activities according to the published election calendar.

Unopposed Candidates. Zones 2,3, 4, and 5 candidates are unopposed and will be appointed to their seats by the Stanislaus County Board of Supervisors before election day. Zone 1 has two candidates running and the November 3, 2026 ballot will include the Zone 1 contested seat.

Election Timeline

DATE	ELECTION ACTIVITY
September 24-October 13	County Voter Information Guides, including candidate statements, are mailed.
October 5-27	Vote-by-mail ballots are mailed and processed.
October 5	Ballot drop boxes are deployed.
October 24	The first vote centers open.
October 31	Additional vote centers open.
November 3	Election Day. Vote centers are open from 7:00 a.m. to 8:00 p.m.

Candidate Compliance Reminder

Candidates remain responsible for meeting all applicable campaign-finance reporting requirements. From August 5 through Election Day, certain late contributions and independent expenditures of $1,000 or more must be reported within 24 hours. Candidates should consult the Fair Political Practices Commission and their filing officer for requirements applicable to their campaigns.

After Election Day

Official canvass: The Registrar of Voters will conduct the official canvass from November 5 through December 3, 2026.

Assumption of office: Elected or appointed special-district directors will take office at noon on December 4, 2026.

Source: Stanislaus County Registrar of Voters, November 3, 2026 General Election Calendar.

RURAL HEALTH CAMPUS

Del Puerto Health Care District Mixed-Use Campus Master Plan

Patterson, Calif.

SUBMITTED BY: HDR (SAN FRANCISCO)

PROJECT CATEGORY:
Unbuilt/conceptual design

CHIEF ADMINISTRATOR:
Dr. Karin Freese, CEO, Del Puerto Health Care District

FIRM:
HDR, hdrinc.com

DESIGN TEAM:
HDR (architecture, master planning, urban design and landscape architecture, clinical planning); J.B. Anderson Land Use Planning (land use, entitlements and application submittals); NorthStar Engineering Group Inc. (civil engineering); City of Patterson, Planning Division (master plan review, town hall facilitation, public meeting facilitation)

RENDERINGS:
Courtesy of HDR

TOTAL BUILDING AREA:
38.5 acres

CONSTRUCTION COST:
$29.6 million per acre

TOTAL CONSTRUCTION COST (EXCLUDING LAND):
$1.14 billion

COMPLETION:
2035

In Patterson, Calif., a growing community is redefining what healthcare access can look like through a master plan introducing a model for restoring care, strengthening resilience, and anchoring long-term community well-being. Guided by community input and supported by locally elected leadership, the Del Puerto Health Care District Mixed-Use Campus Master Plan is envisioned as a lasting civic anchor that establishes care close to home for generations.

The plan introduces a phased, infrastructure-first framework that responds directly to the realities of rural healthcare—provider shortages, long travel distances, and underserved behavioral health needs—through an integrated approach to placemaking on 38.5 acres at the heart of Patterson's growth corridor.

Rejecting the traditional model of isolated medical campuses, a central paseo and open space network organize healthcare, housing, and community into a cohesive, walkable district with intuitive circulation. Architecturally, the campus draws from Patterson's Spanish Revival heritage and Mediterranean climate. Arcades, courtyards, shading systems and filtered light define a "kit of parts" that is both culturally resonant and environmentally responsive. These elements create healthcare environments that feel familiar, human-scaled, and restorative.

Defining the campus gateway, a revived apricot grove along Las Palmas Avenue honors Patterson's legacy as the "Apricot Capital of the World," creating a welcoming threshold that reconnects the community to its agricultural roots. Strategically located between Patterson's historic downtown and emerging growth corridors, the campus reinforces healthcare as essential civic infrastructure: connected, accessible, and embedded in daily life.

Del Puerto Health Center

Monthly Board Report – June 2026

During the month of June, the health center continued to focus on strengthening our workforce, enhancing quality initiatives, expanding patient access, and supporting employee engagement.

Leadership Development

- Conducted in-house interviews for newly established lead positions to strengthen departmental leadership and support operational excellence across the health center.
- We are excited to announce the appointment of our new Health Center Leaders: **Maryanne Barajas, Yesenia Sanchez, Yaneth Casillas, and Susi Perez**. These individuals were selected to strengthen our daily operations and provide additional support to our staff, providers, and patients.
- Our new leaders will play an important role in improving patient flow, coordinating staff, supporting providers, and ensuring efficient clinic operations. As part of their responsibilities, they will assist with workflow management, make operational decisions within their assigned departments, delegate responsibilities as needed, and provide guidance and problem-solving support throughout the day. This leadership structure is designed to promote teamwork, improve communication, and enhance the overall patient experience.

Provider Onboarding

- Successfully onboarded our new pediatrician, who began a soft start in June. This phased onboarding allowed the provider to become familiar with clinic workflows, staff, and patient care processes while gradually building a patient panel to ensure a smooth transition into full practice.

Quality Improvement

- Held our monthly meeting with our Medi-Cal Health Plans to review performance metrics and collaborate on strategies to improve HEDIS measures and overall quality of patient care.

Community Outreach

- Hosted the **La Familia Mobile Mental Health Van**, providing community members with increased access to behavioral health services and supporting our ongoing commitment to improving mental health care within our service area.

Employee Engagement

Health Center Report June 2026/ Suzie Benitez

Encounter June 2026

Primary Care Vacation/Sick/CME time off

Provider	Encounters
Rodriguez	483
Barragan	67 (LOA)
Mercado	315 (PTO)
Padam	198 (First Month)
Primary Total	**1,158**

Mental Health Encounters

Herrera	95
HC Total Encounters	**1,253** **3% decrease from last year due to PTO and LOA**

Urgent Care Clinic Encounters (Tuesday and Thursday)

Date	Time	Encounters
April 2025	5:00pm-8:00pm	75
May 2025	5:00pm-8:00pm	94
June 2025	5:00pm-8:00pm	73
July 2025	5:00pm-8:00pm	64
August 2025	5:00pm-8:00pm	69
September 2025	5:00pm-8:00pm	69
October 2025	5:00pm-8:00pm	54
November 2025	5:00pm-8:00pm	69
December 2025	5:00pm-8:00pm	83
January 2026	5:00pm-8:00pm	122
February 2026	5:00pm-8:00pm	96
March 2026	5:00pm-8:00pm	168
April 2026	5:00pm-8:00pm	117
May 2026	5:00pm-8:00pm	81
June 2026	5:00pm-8:00pm	74

- Monthly Health Plan Meeting with Health Net and Health Plan of San Joaquin (HEDIS MEASURES SUPPORT).
- Monthly staff and provider meeting.
- Hosted La Familia Mental Health Van on June 3rd, 5th, 10th, 12th, 17th, 24th.

Human Resources Status Report July 2026

By Robert Trefault, Human Resources Manager

The Del Puerto Health Care District's Human Resources Department continues to focus on district growth, employee engagement, recruitment and retention.

We have made great progress in the credentialing of Dr. Padam, and are just about completed with Carina Gozalez, our newest PA. C. Both have been busy building strong working relationships with staff, and overall integration into the team is progressing well.

The Health Center is working on its expansion to meet the needs of the new providers and community growth. Although we enjoyed being at almost 95% FTE, knowing our community would be growing and the new providers would need assistance Suzie and her team opted to go big and recruit for all the vacant and new Patient Service Representatives and Medical Assistants positions we have, five of each. In addition, we are currently hosting two interns from Patterson High School who are interested in pursuing careers in the medical field. These students are participating through a program focused on career readiness and post-graduation pathways.

We also were able to help strengthen the Health Center leadership team by developing, recruiting, and selecting four internal staff to be Official team leads. One for the PSRs and three for the MAs to help with structure and organization at the clinic. All four were graduates of our inaugural Leadership Development Program.

We have also continued to support the Ambulance Division by assisting with recruitment and onboarding efforts, helping them maintain adequate staffing levels. The team is also looking at the future and has opened several vacancies to include being proactive in finding replacements ahead of time for known losses to Fire. We are currently working five vacancies for the Ambulance team, who work fast to get folks on board.

Additionally, Human Resources remains actively engaged in reviewing, updating, and implementing policies to ensure staff and leadership are well-informed and we can align our actions with established procedures. We conducted a Summer Get Away at Ten-Pin Bowling so the District could let loose and have some fun last month. It was great to see so many, to include a few Board Members. We also pushed out our awards and recognition program, "Terry Berry" to all staff. So far those who have used it have had great things to say about the program.

Ambulance Report
June 2026

Patterson had 294 responses in June resulting in 218 transports, a busy month for sure. PDA had 255 responses in our response area, and 39 mutual aid responses. PDA responded to the Westside District 26 times which resulted in 23 transports. PDA had 13 responses in AMR response area with 10 transports.

The 272 total responses in the Patterson District Ambulance response area resulted in 200 transports. PDA units responded to 255 of 272 (93.75%) EMS calls in our district and transported 185 of 200 (92.50%) of all patients transported from our district. AMR responded into our district 5 times resulting in 4 transports. Westside had 12 responses in our response area resulting in 11 transports.

I was on vacation from May 26th thru June 10th, but crews were hard at work in my absence. Patterson District Ambulance and health center staff managed first-aid and EMS coverage for the Apricot Fiesta, May 29-31 this year, as we have done for many years. Fiesta weekend is a busy time. PDA had 4 ALS paramedic ambulances on-duty along with Jim Whitworth as the field supervisor.

I participated in the onboarding process for new Zoll billing software. The software is great and so is Marivel Farias our new billing expert anchoring our new ambulance billing department.

On Monday, June 22nd, I attended the 2nd Annual UC Davis EMS Symposium in Sacramento. These events are an all-star lineup of UCD doctors discussing evolving prehospital care and future innovative care on the horizon.

Karin and I had a great meeting with Oak Valley Hospital District staff to see what's new on the east side of the county.

And on Tuesday, June 30th wearing my IT hat, I was able to work with AMR's technical folks to configure a new version of mobile CAD. The current version is approaching end of life so we need to start our transition to the latest version.

Ambulance Report
July 2026

Patterson had 270 responses in June resulting in 184 transports, more like an average or slightly below average response month. PDA had 212 responses in our response area, and 20 mutual aid responses. PDA responded to the Westside District 13 times which resulted in 8 transports. PDA had 7 responses in AMR response area with 6 transports.

The 225 total responses in the Patterson District Ambulance response area resulted in 149 transports. PDA units responded to 212 of 225 (94.22%) EMS calls in our district and transported 144 of 149 (96.64%) of all patients transported from our district. AMR responded into our district 2 times resulting in 1 transport. Westside had 11 responses in our response area resulting in 4 transports.

I had back surgery on July 1 so I was out, as in not in the office at all and limited work from home, for the first half of the month and in the office moving slowly for the last half. I briefly needed pain meds, but gave them up when I thought I saw a unicorn one day.

We received 3 new LUCAS devices from the Stanislaus County EMS Agency paid for with system enhancement funding. We now have 5 LUCAS devices at PDA. SCEMSA declined to fund advanced airway training manikins that PDA requested.

I attended a Zoom meeting at the end of the month with a Zoll rep for Insights reporting on the billing side of our Zoll products. I hope new reporting options will help reconciling PCRs getting to Zoll billing.

Del Puerto Health Care District
Board of Directors Meeting – August 31, 2026

8C. Updates to Policies 2130, 2135, 2140, 2170, 2225

Department: Chief Executive Office
Consent Calendar: No
CEO Concurrence: Yes
4/5 Vote Required: No

SUBJECT: **Updates to Policies 2130, 2135, 2140, 2170, 2225**

STAFF REPORT: The following policies are attached with a summary and the updated policy language to meet current legal and pragmatic requirements:

Policy 2130 — Business Travel

Policy 2135 — Statement of Investment Policy

Policy 2140 — Purchasing

Policy 2170 — Employment of Contractors

Policy 2225 — Electronic Device Replacement

See attached policies which are prefaced with a summary of each policy.

STRATEGIC ALIGNMENT: Supports fiscal stewardship, consistent administration, and responsible use of District resources.

FISCAL IMPACT: No material fiscal impact is anticipated. Actual costs will vary; the updates standardize reimbursement and cost-control practices.

STAFFING IMPACT: None

CONTACT PERSON: Karin Freese, Chief Executive Officer

ATTACHMENT(S): Summaries and language of Policies 2130, 2135, 2140, 2170, 2225

RECOMMENDED ACTION: Approve the revised Business Travel Policy No. 2130.

ROLL CALL REQUIRED: NO

RECOMMENDED MOTION: *I move that the Board of Directors approve updated Policies 2130, 2135, 2140, 2170, and 2225 as presented.*

Motion Made By	*Motion*	*Second*	*Aye*	*No*	*Abstain*	*Absent*
Director Antigua						
Director Campo						
Director Gomez						
Director Ramirez						
Director Traore						

I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action duly adopted by the Board at a meeting thereof on the 10th day of August, 2026, by the above vote of the members:

_____

Ma Traore, Board Secretary

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors Meeting - August 31, 2026

9B. CPS-HR CEO Evaluation Facilitation and Policy Review

Department: Board of Directors

CEO Concurrence: N/A

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: **Consider approval of CPS HR Consulting to facilitate the FY26 CEO evaluation and review the District's CEO evaluation policy and materials, with recommendations for improvement.**

STAFF REPORT: The Board's CEO evaluation is a core governance responsibility. SDLA best practices emphasize clear expectations, observable performance tied to strategic priorities, individual Board input compiled into a Board-wide summary, written documentation, annual consistency, in-person discussion, and neutral third-party facilitation. CPS HR's updated August 13 proposal supports the District's existing process. For 50 consultant hours, CPS HR will confirm the process, timeline, and materials; review forms, instructions, rating areas, and reporting formats; administer and compile Board input; identify common themes; facilitate one Board or closed-session discussion; prepare a written summary; and recommend practical process refinements. Staff recommends including the CEO Evaluation Policy in this review, with recommendations returned to the Board. The Board retains authority over policy changes, evaluation findings, and CEO goals.

STRATEGIC ALIGNMENT: Supports governance, accountability, Board-CEO communication, and alignment with District strategic priorities.

FISCAL IMPACT: $8,250 (50 hours at $165/hour). Services are assumed remote. Travel time and expenses would be discussed separately only if in-person facilitation is requested. Added scope or fees require Board authorization.

STAFFING IMPACT: Limited administrative coordination; CPS-HR would manage administration, compilation, facilitation, and the written summary.

CONTACT PERSON: Board President

ATTACHMENT(S): 1. Best Practices for Effective General Manager Evaluations;

2. CPS HR CEO Evaluation Facilitation and Process Refinement Proposal (Updated August 13, 2026).

RECOMMENDED ACTION: Board to consider external assistance to facilitate CEO Evaluation and make Evaluation Policy recommendations

ROLL CALL REQUIRED: Yes

9B. CPS-HR CEO Evaluation Facilitation and Policy Review

RECOMMENDED MOTION: *I move that the Board of Directors approve the CPS HR proposal for $8,250 and direct CPS HR to facilitate the FY26 CEO evaluation, review the CEO Evaluation Policy and evaluation materials, and provide recommendations for Board consideration, with any policy change or additional scope or fee subject to further Board approval.*

Motion Made By	***Motion***	***Second***	***Aye***	***No***	***Abstain***	***Absent***
Director Antigua						
Director Campo						
Director Gomez						
Director Ramirez						
Director Traore						

I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action duly adopted by the Board at a meeting thereof on the 31st day of August, 2026, by the above vote of the members:

_____

Ma Traore, Board Secretary

BEST PRACTICES FOR CEO EVALUATIONS

A concise guide for fair, useful, and defensible Board oversight

Source: Hilary Straus, Citrus Heights Water District, "Getting It Right: Best Practices for Effective General Manager Evaluations," CSDA Special District Leadership Academy Conference, July 20, 2026. GM terminology adapted to CEO.

CORE STANDARD A strong evaluation is fair, consistent, objective, evidence-based, and tied to Board-approved priorities. It reviews results while setting clear expectations for the year ahead.

1 | GROUND THE EVALUATION IN GOVERNANCE

Respect roles. The Board sets policy and direction; the CEO implements policy, leads staff, and manages operations, capital, finance, and risk.

Evaluate the right things. Focus on outcomes, leadership, and execution - not Board micromanagement.

Align expectations. Tie the evaluation to the strategic plan and the District's key operational and capital priorities.

2 | USE CLEAR, OBSERVABLE CRITERIA

Core areas. Communication; community engagement; financial management; intergovernmental relations; human resources; policy facilitation and implementation; service delivery; and strategic leadership.

Use evidence. Review goals, team accomplishments, operational metrics, project results, and other reliable data.

Avoid bias. Do not base conclusions on personality, isolated anecdotes, one-off issues, or political influence.

3 | FOLLOW A CONSISTENT ANNUAL PROCESS

Set the process. Conduct the evaluation at least annually. Define timing and steps in the employment agreement or Board policy.

Gather input fairly. Each director completes the same instrument individually; compile responses into one Board-level summary.

Discuss and document. Address patterns, gaps, and alignment in person; complete a written evaluation and use a properly noticed closed session when appropriate.

4 | MAKE FEEDBACK ONGOING AND FORWARD-LOOKING

No surprises. The annual evaluation should not be the only feedback point. Use regular Board leadership/CEO check-ins and timely issue-specific feedback.

Maintain visibility. Use weekly or bi-weekly updates, monthly operational information, and quarterly strategic-plan reporting.

Close the loop. Agree on specific priorities, performance expectations, and development goals for the next cycle.

INDEPENDENT FACILITATION

Consider a specialist. An independent facilitator experienced in chief executive evaluations can ensure every director has an equitable voice, synthesize feedback, reduce relationship strain, and support sound personnel practices.

COMPENSATION AND RISK

Use a disciplined basis. Consider performance, total compensation benchmarks, market conditions, and internal equity; document the rationale. The presenter cautioned against using non-independent insiders to facilitate and against defaulting to 360-degree reviews that may undermine CEO authority.

CPS HR CONSULTING

CEO EVALUATION FACILITATION AND PROCESS REFINEMENT

PROPOSAL

Del Puerto Health Care District

Melissa Asher

Chief of Client Services

Originally Submitted: August 10, 2026
Updated: August 13, 2026

2450 Del Paso Road, Suite 220,
Sacramento, CA 95834
(916) 471-3358
Tax ID: 68-0067209
cpshr.us

Office Locations:
CALIFORNIA | COLORADO | TEXAS | OHIO

CPS HR CONSULTING

Table of Contents

August 13, 2026

Karin Freese, Chief Executive Officer
Del Puerto Health Care District
PO Box 187
Patterson, CA 95363

Submitted to: karin.freese@dphealth.org

Subject: CEO Evaluation Facilitation and Process Refinement

Dear Karin,

CPS HR Consulting (CPS HR) is pleased to submit this revised proposal to Del Puerto Health Care District (District) to support facilitation and practical refinement of the District's existing Chief Executive Officer evaluation process. Based on the District's feedback, CPS HR understands that the Board is seeking a neutral facilitator to help guide the evaluation process, review the current approach, and suggest practical improvements where appropriate, rather than replace its current process or tools.

In the past three years, we have served more than 300 Special District clients nationally.

CPS HR is skilled in designing, facilitating, and participating in the performance reviews and evaluations of appointed officials for Boards and Commissions. We recognize the District's needs and have successfully provided comparable services for other agencies' evaluation processes.

CPS HR has been assisting organizations with the full spectrum of talent management needs for 40 years. Our core competency is our knowledge of and expertise in the public sector. We are uniquely qualified to undertake this important effort because of our extensive resources and experience in performance management, organizational assessment, analysis, action planning, implementation and education in local government. As a public agency, we understand the challenges and issues facing our client base. As a self-supporting public entity, we also understand the need for innovative yet practical solutions.

POINT OF CONTACT	
Proposed Project Manager	Sara Randazzo, Manager, Organizational Strategy 2450 Del Paso Road, Suite 220 Sacramento, CA 95834 (916) 471-3131; srandazzo@cpshr.us

Thank you for the opportunity to submit this proposal. If you have any questions or need more information, please contact ***me at the information provided in the preceding table.***

Sincerely,

Melissa Asher

Melissa Asher

Chief of Client Services

Business Background

Overview of CPS HR Consulting

CPS HR is a client-focused human resources and management consulting firm dedicated to addressing the unique challenges faced by government and non-profit organizations. ***Founded in 1985, we have earned a reputation as a trusted advisor by leveraging our in-depth public sector expertise to deliver practical, results-driven solutions.*** As a Joint Powers Authority, we are a self-supporting government agency exclusively serving public entities. This gives us a distinct advantage in understanding and meeting the specific needs of clients across all levels of government, including Federal, State, Local, Special Districts, Higher Education and Non-Profit organizations.

Our unwavering commitment to delivering an unparalleled client experience is built on our comprehensive knowledge of the complexities within the public and non-profit sectors. We assist organizations in attracting, hiring, retaining, and motivating top talent, essential for driving organizational excellence in alignment with their vision.

With more than 100 full-time employees and a network of 200+ project consultants and technical experts across the nation, CPS HR has partnered with more than 2,700 public and non-profit clients throughout the United States. Headquartered in Sacramento, CA, with regional offices in Texas, Colorado, Ohio, and Southern California, we are strategically positioned to support your organization's growth and help your employees fulfill the promise of public service.

Client Focused

We help clients succeed by:

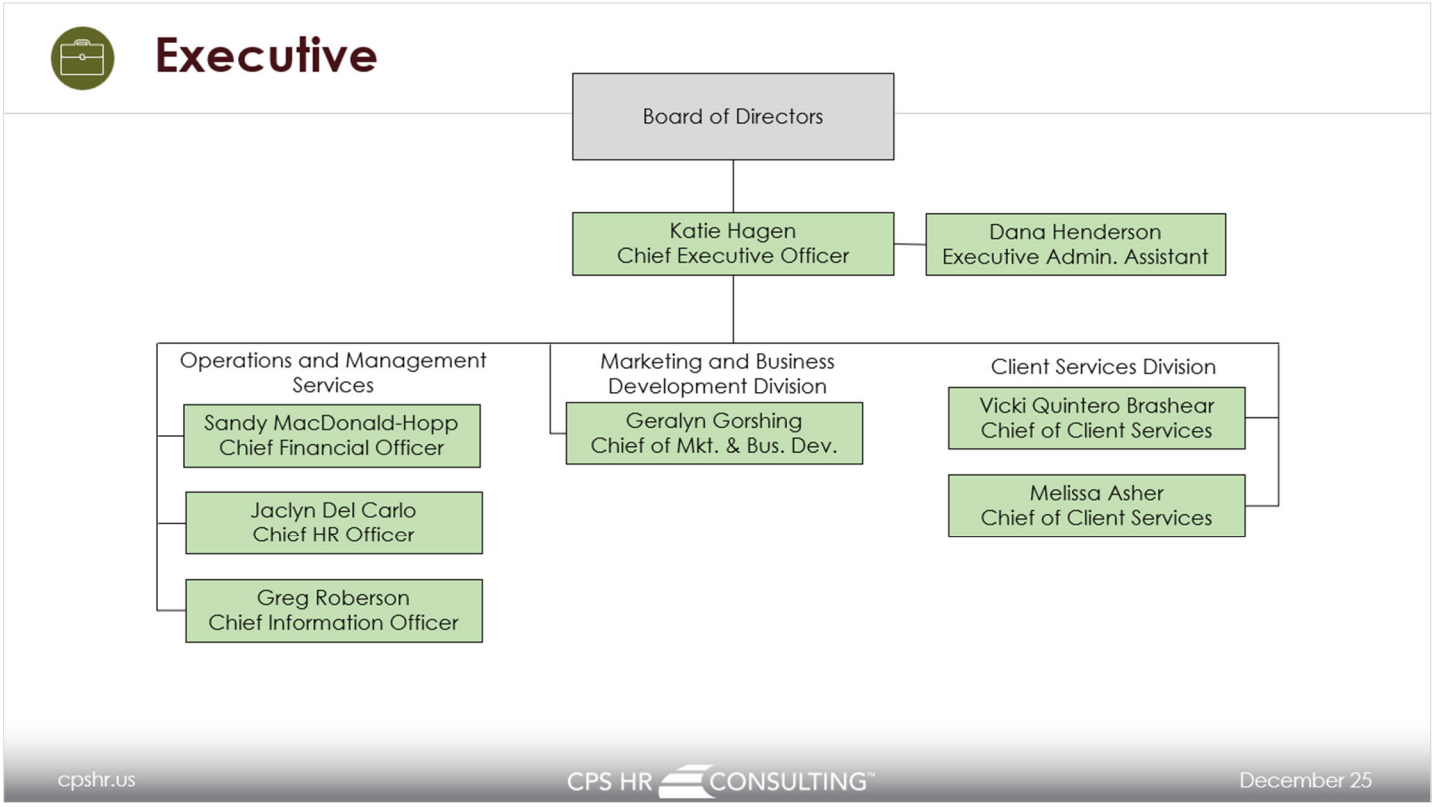
- **Understanding Their Goals:** We listen to your needs, understand your business, and focus on achieving your desired outcomes.
- **Unlocking New Perspectives:** Together we explore new ideas, expand possibilities, and consider the broader impact on those you serve.
- **Bringing Solutions to Life:** We put plans into action, making strategies operational and effective.
- **Empowering Their Growth:** Provide you with the tools and knowledge to elevate performance and expand capabilities for your organization and those you serve.

Joint Powers Authority

Cooperative Personnel Services, doing business as CPS HR Consulting, is a national firm and is a governmental ***Joint Powers Authority (JPA)*** of the State of California. CPS HR occupies a unique position among its competitors in the field of government consulting; as a JPA, whose charter mandates that we serve only public sector clients, we actively serve all government sectors including Federal, State, Local, Special Districts, and Non-Profit organizations. This singular position provides CPS HR with a systemic and extensive understanding of how each government sector is inter-connected to each other and to their communities. That understanding, combined with our knowledge of public and private sector best practices, translates into meaningful and practical solutions for our clients' operational and business needs.

CPS HR is based in Sacramento, California. Our Chief Executive Officer (CEO) reports to a Board of Directors representing diverse public sector agencies across the nation. The following executive staff report to our CEO: Chief Financial Officer, Chief Human Resources Officer, Chief Information Officer, Chief of Marketing and Business Development Director, and two Chief of Client Services.

Organizational Chart



Proposer Team

Key Personnel Qualifications

CPS HR has a strong and uniquely qualified team of professionals to assist the District. We are committed to meeting the highest professional standards of quality; therefore, team members have been selected for their relevant experience and professional maturity in dealing with project environments such as this. The assigned team members have an extensive collective knowledge of special district governance, executive performance management, and performance evaluations for appointed executives.

Project Manager Resume

Sara Randazzo, M.A., Organizational Strategy Unit Manager

Sara has over 20 years of consulting experience in business transformation, organizational strategy, and community and employee engagement with the public sector. She specializes in helping leaders drive complex initiatives across state, local, and international governments. Sara has experience in strategic planning, organizational assessment, business process improvement and technology modernization, succession planning, and performance management. She combines empathetic listening with data-driven precision to maximize the relationship between people, process, and technology.

Employment History

- Organizational Strategy Unit Manager, CPS HR Consulting
- Senior Vice President Client Delivery, HiPER Solutions
- Client Executive, HiPER Solutions
- Communications Director, PCRC
- Mediation, Facilitation, and Training Programs Manager, PCRC

Professional Experience

- Partnering with government, non-profit, and Fortune 500 companies to align workforce and organizational strategy with business objectives to accelerate collaboration, shorten project completion timelines, increase staffing capacity, and reduce technical fallouts.
- Leading strategic planning, organizational assessment, community engagement, and training for city and county governments, and non-profits.
- Designing Performance Management models that improve employee engagement and department output.
- Leading risk analysis and organizational assessment for the International Criminal Court in Bosnia and Herzegovina to increase witness participation and operational efficiencies.
- Developing and deploying qualitative and quantitative organizational needs assessments resulting in actionable recommendations, coaching and guidance throughout implementation.
- Leading statewide evaluation, strategy, and training for law enforcement and county courts on business process improvements to increase sensitivity and awareness of survivor needs.

Education and Certifications

- M.A., Psychology, International Disaster & Global Mental Health, University of Denver
- B.A., Psychology/Education, Skidmore College

Project Consultant Resume

Kammy R. Haynes, Ph.D., Project Consultant

Dr. Haynes is the CEO of her own company and a Project Consultant and Trainer with CPS HR Consulting with more than 25 years of experience of enhancing organizational success with performance-focused solutions that increase employee engagement, productivity, managerial and leadership capabilities, and improve cross-functional relationships.

Recent CPS HR project work included succession planning for the Eastern Municipal Water District and West Bay Sanitary District, a Performance Management Redesign for the Bay Area Air Quality Management District and the Port of Oakland, and an organizational effectiveness audit for the City of Gardena.

Employment History

- Project Consultant, CPS HR Consulting
- Instructor, University of Massachusetts Global
- President, Inside the Bottomline, Bullhead City, AZ
- Human Resource Consultant, Southern California Edison, Rosemead, CA

Professional Experience

Executive/Officer Evaluation:

- American Civil Liberties Union of Southern California

Performance Management Systems:

- Bay Area Air Quality Management District
- Port of Oakland

Succession Planning:

- Eastern Metropolitan Water District
- Port of Oakland
- West Bay Sanitary District

Organizational Assessment:

- City of Gardena
- City of Pleasanton
- Los Angeles County Development Agency

Strategic Planning & Implementation Planning:

- City of San Bernardino
- Los Angeles County Human Resources Department
- Port of Long Beach

Employee Engagement Survey – Action Planning:

- City of Menlo Park

Education

- Ph.D., Industrial-Organizational Psychology, Texas A&M University, College Station, TX
- B.A., Psychology, San Diego State University, San Diego, CA

Recent Projects List

Following is a list of our recent clients that received similar services to those requested by the District.

Project 1:

Client: Bay Area Air Quality Management District, CA

Service Conducted: Performance Management Redesign

Contacts: Hyacinth "Hy" Hinojosa, Deputy Executive Officer of Finance and Administration / Lisa Baker, Director of Human Resources

Dates of Service: December 2023-December 2024

Team Member Assigned: Kammy Haynes, Lead Project Consultant

Project Description: Revised an outdated and cumbersome performance evaluation process for executives, managers, and employees with relevant competencies and increased engagement practices.

Project 2:

Client: Arvada Fire Protection District, CO

Service Conducted: Developed a performance appraisal system for District Fire Personnel.

Contact: Sue Steward, Human Resources Manager

Dates of Service: January 2023 – July 2023

Team Member Assigned: Deanna R. Heyn

Project Description: Consulting services to assist with the review and design of a Performance Appraisal System.

Project 3:

Client: City of Vacaville, CA

Service Conducted: Citywide Performance Management Process

Contact: Regina Sickels, Human Resources Analyst II

Dates of Service: March 2023 – June 2024

Team Member Assigned: Cheri Fairchild

Project Description: Reviewed and updated citywide performance management process inclusive of new tools and templates, training of employees and supervisors.

Project 4:

Client: Montgomery County Council

Service Conducted: Executive Performance Evaluation

Contact: Kate Stewart, former Council President

Dates of Service: April 2025 – January 2026

Team Member Assigned: Dr. Angela Love

Project Description: Update and administer the General Manager performance evaluation process.

Project 5:

Client: Mendocino County Russian River Flood Control and Water Conservation Improvement District

Service Conducted: Executive Performance Evaluation Process

Contact: Elizabeth Salomone, General Manager

Dates of Service: December 2024 - Present

Team Member Assigned: Kammy Haynes, Lead Consultant, Sara Randazzo Project Manager

Project Description: Administer and refresh the General Manager performance evaluation process.

Workplan, Approach, and Methodology

Project Understanding and Approach

Our Understanding of the Scope of Work

CPS HR Consulting understands that Del Puerto Health Care District is seeking an experienced, neutral third-party facilitator to support its FY26 Chief Executive Officer performance evaluation process. The District is seeking assistance facilitating the evaluation process, supporting Board input, administering the evaluation steps, and documenting evaluation themes and outcomes in a clear and organized manner.

Process Focus: CPS HR's role will focus on facilitating the CEO evaluation process from launch through discussion and summary. This includes confirming the process and schedule, suggesting light and practical refinements where appropriate, supporting Board participation, compiling evaluation input, facilitating discussion, and preparing a concise summary of results and next steps.

CPS HR will support a structured CEO evaluation process that helps the Board complete its evaluation in a fair, organized, and constructive manner. The approach will provide clear steps for launching the process, collecting Board input, compiling responses, facilitating the Board's evaluation discussion, and documenting common themes and agreed-upon next steps.

Our Approach and Methodology

CPS HR's will follow the District's CEO evaluation process. CPS HR will begin by confirming the evaluation timeline, materials, participants, and communication approach with the District. CPS HR may make light suggestions for improvement that the Board may choose to adopt. CPS HR will then update materials, and support distribution of evaluation materials, monitor completion, compile Board input, and prepare materials to support the Board's evaluation discussion. Following the discussion, CPS HR will prepare a concise summary of evaluation themes, outcomes, and next steps for the District's use.

Our approach includes the following steps:

Task One: Project Initiation and Evaluation Planning

1. Confirm Evaluation Process, Timeline, and Materials

- Conduct a kickoff meeting with the District's designated representatives to confirm the CEO evaluation process, schedule, participants, communication approach, and desired final deliverables.
- Review the District's existing CEO evaluation materials, including evaluation forms, instructions, rating areas, and any prior summary or reporting format.
- Confirm the evaluation timeline, including when materials will be distributed, when Board input is due, and when the Board discussion will occur.
- Prepare a brief process plan that identifies key steps, roles, deadlines, and materials needed to complete the evaluation.

Deliverables: Kickoff meeting, confirmed evaluation timeline, process plan, and finalized materials for launching the evaluation process.

Task Two: Evaluation Administration and Input Compilation

1. Administer Evaluation Materials and Monitor Completion

- Support distribution of CEO evaluation materials and instructions to Board members using the District's preferred process.
- Track completion status and provide reminder language or coordination support as needed to keep the evaluation process on schedule.
- Receive or organize completed evaluation materials consistent with the District's direction.
- Review submitted materials for completeness and prepare them for compilation and discussion.

2. Compile Board Input for Discussion

- Compile Board ratings and narrative comments into a consolidated summary format organized by evaluation area.
- Identify common themes, areas of alignment, and areas where Board discussion may be needed.
- Prepare discussion materials that allow the Board to review evaluation input efficiently and focus on key themes, CEO goals, expectations, and next steps.

Deliverables: Evaluation administration support, completion tracking, consolidated evaluation input summary, and Board discussion materials.

Task Three: Board Evaluation Discussion and Final Summary

1. Facilitate Board Discussion and Prepare Summary

- Facilitate one Board discussion or closed-session discussion, if requested by the District, to review evaluation input and support a clear, constructive evaluation conversation.
- Guide the discussion around common themes, areas of alignment, areas needing clarification, CEO goals or expectations, and any follow-up items to be documented.
- Prepare a concise written summary of evaluation themes, outcomes, and next steps following the Board discussion.
- Provide limited recommendations for improving the administration or clarity of the evaluation process in future cycles, as appropriate.

Deliverables: Facilitated Board evaluation discussion, concise evaluation themes/outcomes summary, and documented next steps.

Price Proposal

Pricing Structure and Schedule

Tasks, Hours, and Proposed Budget

Following is a table detailing the specific tasks and estimated cost for facilitating the District's CEO evaluation process. The base scope is estimated at 50 consultant hours, or $8,250.

The consultants' hourly rate for this project will be $165/hr. Services are assumed to be delivered remotely unless the District requests in-person facilitation. Travel-related time and expenses would be discussed separately and billed only if requested.

Task/Deliverable	Estimated Consultant Hours	Estimated Cost
Project initiation, kickoff meeting, and evaluation process planning	10	$1,650
Review and prepare existing CEO evaluation materials for administration	6	$990
Evaluation administration, Board instructions, reminders, and completion tracking	10	$1,650
Compile Board evaluation input and prepare discussion materials	14	$2,310
Facilitate Board evaluation discussion	6	$990
Prepare concise summary of evaluation themes, outcomes, and next steps	4	$660
TOTAL COST OF SERVICES	**50**	**$8,250**

This scope assumes CPS HR will facilitate the District's CEO evaluation process using the District's existing evaluation framework and materials. Services include process confirmation, evaluation administration support, input compilation, Board discussion facilitation, and preparation of a concise summary of themes, outcomes, and next steps. Services are assumed to be delivered remotely unless the District requests in-person facilitation.

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors Meeting - August 31, 2026

Item #9C. DataPath Cloud Migration & Hybrid Identity Retirement

Department: Chief Executive Office
CEO Concurrence: Yes
Consent Calendar: No
4/5 Vote Required: No

Subject:	Approval of DataPath Cloud Migration & Hybrid Identity Retirement Statement of Work
Background:	The District currently operates a hybrid Microsoft identity environment. Two on-premises domain controllers remain the authoritative source for user accounts, 54 Microsoft 365 users are synchronized to the cloud, and all 69 District workstations remain joined to the local domain. District files have already moved to SharePoint and multifactor authentication is in place, but identity and device management still depend on local servers.
Discussion:	The proposed six-phase project would convert user identities to cloud-native Microsoft Entra ID, enroll 69 workstations in Microsoft Intune, and retire the District's on-premises server dependency. CardioPerfect/ELI Link and QuickBooks would be hosted on four virtual machines in DataPath's SOC 2 and HIPAA-certified private cloud, with licensing, geo-replicated backups, and support included in the hosting rate. The SOW estimates 112 project hours; the implementation schedule is to be determined. District staff would perform the runbook-based migration of 64 workstations after a five-device DataPath pilot, reducing the vendor estimate by approximately 70 hours. Key conditions include Windows 11 readiness, execution of a Business Associate Agreement before protected health information is hosted, and coordination with Welch Allyn/Baxter. Windows 11 upgrades and the future upgrade of the APPO1 Windows Server 2016 operating system are separate engagements.
Strategic Alignment:	Supports secure and reliable technology infrastructure, cybersecurity and HIPAA compliance, operational continuity, and the District values of Commitment and Excellence.
Fiscal Impact:	The SOW identifies 112 project hours and recurring flat-rate hosting for two small and two large virtual machines. Dollar amounts are stated only in a separate ConnectWise quote and are not included in the attached SOW. Before execution, staff will confirm the project and monthly hosting charges are within the adopted FY 2026-27 Information Technology budget.
Staff Impact:	District staff will schedule users and devices, complete the runbook-based migration of 64 workstations, verify OneDrive data transfer and Intune enrollment, and confirm MFA for the five QuickBooks remote-access users. DataPath will provide the pilot, runbook, remote-support pool, and all technical server-side work.
Attachments:	09C1. DataPath Cloud Migration & Hybrid Identity Retirement Statement of Work

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors Meeting - August 31, 2026

RECOMMENDED ACTION:

Approve the DataPath Cloud Migration & Hybrid Identity Retirement Statement of Work, subject to confirmation of the separate ConnectWise pricing, and authorize the Chief Executive Officer to execute the SOW, Business Associate Agreement, and related implementation documents within the adopted FY 2026-27 Information Technology budget.

RECOMMENDED MOTION:

I move that the Board approve the DataPath Cloud Migration & Hybrid Identity Retirement Statement of Work, subject to confirmation of the separate ConnectWise pricing; authorize the Chief Executive Officer to execute the SOW, Business Associate Agreement, and related implementation documents; and authorize project and recurring hosting expenditures within the adopted FY 2026-27 Information Technology budget.

ROLL CALL REQUIRED: YES

Motion Made By	Motion	Second	Aye	No	Abstain	Absent
Director Antigua						
Director Campo						
Director Gomez						
Director Ramirez						
Director Traore						

I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action by the Board at a meeting on the 31st day of August, 2026.

_____

Ma Traore, Secretary of the Board

SOW: Cloud Migration & Hybrid Identity Retirement

DEL PUERTO HEALTH CARE DISTRICT • PATTERSON, CA • PREPARED JUNE 12, 2026 • PREPARED BY DATAPATH

EXECUTIVE SUMMARY

KEY TAKEAWAY

This engagement retires Del Puerto's on-premises infrastructure entirely. User identity and device management move fully into Microsoft 365 (Entra ID + Intune), and the remaining application workloads — Welch Allyn CardioPerfect and QuickBooks — are rehosted in Datapath's SOC 2 and HIPAA-certified private cloud under a flat per-VM hosting rate that bundles licensing, geo-replicated backups, and support. When complete, no servers remain at any Del Puerto site.

Del Puerto Health Care District operates today in a hybrid identity environment: two on-premises domain controllers remain the authoritative source for user accounts and synchronize those identities to Microsoft 365. All 69 workstations are joined to the on-premises domain. Company files have already been migrated to SharePoint, and MFA is enforced for Microsoft 365 — meaningful progress that this project builds on rather than repeats.

This project completes the journey in two coordinated workstreams. First, every user identity is converted to cloud-native Entra ID and every workstation is migrated into Entra join with Intune management, eliminating the dependency on local Active Directory. Second, the application workloads that cannot live in Microsoft 365 are rehosted in Datapath's private cloud: the Welch Allyn CardioPerfect and ELI Link applications with their SQL database (DPHC-APP01) are lifted as-is, and QuickBooks moves from its dedicated server (DPDO-QB01) onto a freshly built remote desktop host for its 5 users. The District's existing directory relocates into the datacenter alongside them, and a flat per-VM rate covers infrastructure licensing, geo-replicated backups, and support for the four hosted VMs.

To control project cost, this scope assigns a defined set of repeatable, non-technical migration tasks to Del Puerto staff, performed against a Datapath-built runbook with Datapath remote support. This collaboration reduces the engineering estimate by approximately 70 hours versus a fully Datapath-performed migration.

112	Per CW Quote	6	TBD
HOURS	INVESTMENT	PHASES	TIMELINE

Before describing the work, it is worth answering a question Del Puerto leadership has raised directly: **"Didn't we already pay to move our identities to the cloud?"** The short answer is yes — and that work was delivered exactly as purchased. The longer answer requires understanding what a **hybrid identity environment** is, because hybrid is what was purchased, hybrid is what was built, and hybrid is what Del Puerto runs today.

What "Hybrid" Means

In a hybrid environment, your user accounts live in **two connected places at once**. The original copy — the *authoritative* copy — lives in Active Directory on your on-premises domain controllers. A synchronization service (Microsoft Entra Connect) continuously copies those accounts, and their password hashes, up to Microsoft 365. That synchronized copy is what lets your staff sign in to Outlook, Teams, and SharePoint with the same username and password they use at their PC every morning.

This is why your environment *feels* cloud-based: email is in the cloud, files are in SharePoint, sign-in works everywhere, MFA protects your accounts. All true. But underneath, the system of record never moved. When a password changes, it changes in Active Directory first and syncs up. When an account is created or disabled, that happens in Active Directory first. And critically, **every workstation in the District is joined to the on-premises domain** — meaning your PCs authenticate against, receive policy from, and depend on the two domain controller servers running at the Patterson site. If those servers were turned off today, sign-ins and computer management would break. That dependency is the defining trait of hybrid.

What Past Engagements Delivered — and What They Didn't Include

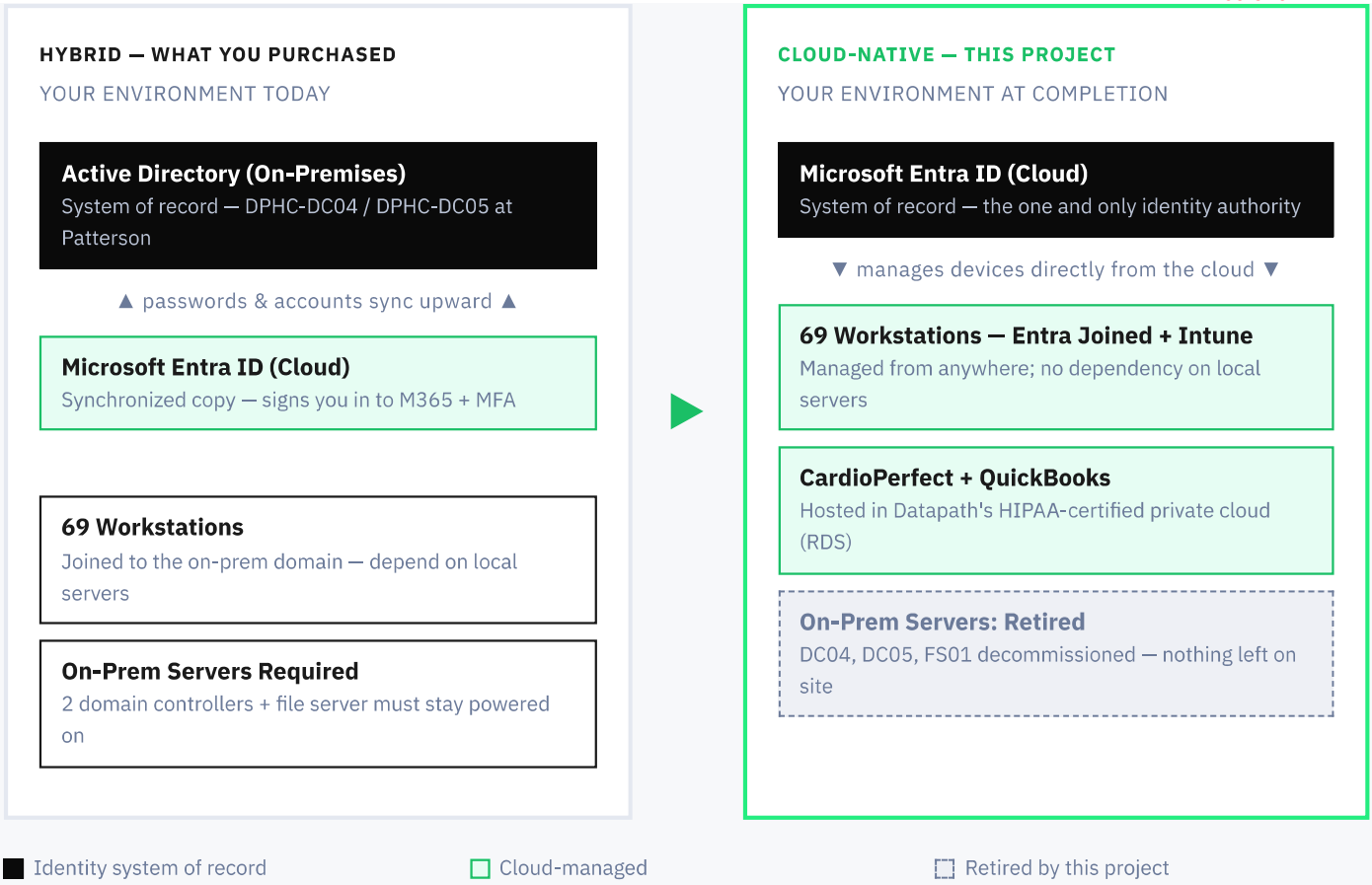
The prior identity work purchased by Del Puerto delivered hybrid synchronization: standing up directory sync, matching on-premises accounts to Microsoft 365, and enabling cloud sign-in for email and files. That was the correct and standard architecture for the District at the time, and it is functioning as designed today. Two things were **not** part of any past engagement, and the District has never been billed for them:

- **Converting identities to cloud-native —** making Entra ID (not Active Directory) the authoritative system of record, which requires retiring the sync and the domain controllers behind it.
- **Intune device enrollment —** moving workstation management from on-premises Active Directory (domain join + Group Policy) to cloud management (Entra join + Intune). No Intune enrollment has ever been purchased or performed; all 69 District workstations remain domain-joined today.

In other words: the identities reached the cloud — as synchronized copies. The *authority* over those identities, and the management of every device, stayed on-premises. This project is the engagement that moves both.

Hybrid Today vs. Cloud-Native Tomorrow

Where your identities live now, and where this project takes them



The one nuance: the District's directory doesn't disappear — it relocates. A slimmed-down copy moves into Datapath's datacenter solely to operate the hosted applications (CardioPerfect/ELI Link and the QuickBooks remote desktop). Only the 5 QuickBooks users are synchronized to it — so they keep one username and one password everywhere. It is maintained entirely by Datapath and places zero servers and zero management burden at Del Puerto sites.

SCOPE OF ENGAGEMENT

IN SCOPE	OUT OF SCOPE
• Conversion of 54 Microsoft 365 users from hybrid (synchronized) to cloud-native Entra ID identities; retirement of Entra Connect synchronization • Migration of 69 workstations from on-premises domain join to Entra join with Intune enrollment (ForensIT profile migration — one primary profile per device) • Intune management baseline: compliance and configuration policies, application	• **Windows 10 → 11 upgrades.** Windows 11 is a migration prerequisite; upgrades and any related hardware remediation are scoped under a separate engagement — engage your Account Executive, Nathan LaFleche, to initiate • **APP01 OS upgrade.** APP01 is the only server that retains Windows Server 2016 (Microsoft end of support January 2027) after this project — every other hosted VM is built fresh on a current OS. The APP01 upgrade is addressed under a future engagement

packaging/deployment, OneDrive Known Folder Move

- Local profile data migration to OneDrive for 54 users via AvePoint FlySaaS
- Lift-and-shift of DPHC-APP01 (Welch Allyn CardioPerfect + ELI Link applications and SQL database) into Datapath's private cloud, unchanged for its users
- QuickBooks Enterprise 24 consolidation: existing install and company data restored onto the new hosted RDS host; DPDO-QB01 and DPHC-TS01 retired
- Hosted environment build (four VMs): two domain controllers — the District's existing directory relocated via promotion of new DCs (DPHC-DC01/DC02, current OS) — a freshly built RDS host serving QuickBooks and user profiles for its 5 users, and the relocated APP01
- Scoped identity sync (the 5 QuickBooks users only) from the hosted directory to Entra ID — one password everywhere; SSPR with writeback
- Private remote access — no public RDP exposure: on-site users reach the RDS host over the permanent site-to-site tunnel; off-site users connect through MFA-protected VPN; a preconfigured RDP connection is deployed to the 5 QuickBooks users via Intune
- FS01 active-share audit (3 shares), delta remediation to SharePoint, shares set read-only
- Decommission of all on-premises servers: DPHC-DC04, DPHC-DC05, DPHC-FS01, plus retirement of migrated VMs
- DHCP relocation from on-premises servers to network hardware
- DR service re-pointing to the new hosted environment (performed within this project at no additional charge)
- Client runbook, end-user documentation (MFA / OneDrive / SharePoint), and ITG documentation of the new environment

- **CardioPerfect application-level changes.** Version upgrades, licensing changes, and ECG/spirometry device driver or firmware work are excluded; Welch Allyn (Baxter/Hillrom) support is engaged as needed for relocation validation (see Assumptions)
- SQL Server licensing (carried by Del Puerto under existing entitlements)
- Workstation hardware replacement or procurement
- Network infrastructure changes (switching, wireless, firewall replacement) beyond DHCP relocation
- Mobile device (phone/tablet) enrollment into Intune
- Changes to DR service coverage or capacity beyond re-pointing to the new environment
- End-user training beyond the documentation deliverables listed in scope
- Travel and onsite smart-hands beyond scheduled migration activities

Hosting itself is billed at a flat monthly rate per VM — two small VMs (DPHC-DC01, DPHC-DC02) and two large VMs (RDS/QuickBooks host, APP01) — with Microsoft infrastructure licensing, geo-replicated backups, 500 GB storage entitlement per VM, and ongoing support included in the per-VM rate. Pricing is itemized in your ConnectWise quote, not in this project scope.

WORK PLAN

Phase 1: Discovery, Validation & Planning — 5 hrs

- FS01 active-share audit: identify users, processes, and content writing to the three active shares; disposition decision per share with the District
- CardioPerfect/ELI Link validation: confirm ECG cart transmission paths into ELI Link, identify workstations running the CardioPerfect client, confirm the client authentication method (SQL vs. Windows-integrated) so Entra-joined workstations connect cleanly post-migration, and confirm where ECG data is stored, including verification of APP01's effective storage allocation (informs hosted VM sizing)
- Welch Allyn (Baxter/Hillrom) support coordination: supported relocation process, licensing portability, client and device connectivity requirements
- Validation gates confirmed: the 5 QuickBooks remote-access users, Windows 11 readiness across the 69 workstations, BAA execution

Phase 2: Private Cloud Environment Build — 10 hrs

- Datapath datacenter tenant backend and IPsec tunnel from the Patterson site
- Directory relocation: DPHC-DC01 and DPHC-DC02 built on a current OS and promoted into the District's existing domain over the tunnel; FSMO roles and DNS transferred
- Scoped Entra Cloud Sync: the 5 QuickBooks users only, OU-filtered, soft-matched to existing cloud accounts; SSPR writeback validated
- GPO and software-installation policies (user profile data lives on the RDS host — no separate file server)
- Remote-access path: VPN access policy for the 5 QuickBooks users and preconfigured RDP connection packaged for Intune delivery — no public RDP exposure

Phase 3: Workload Migration — 12 hrs

- V2V conversion and stand-up of DPHC-APP01 (CardioPerfect + ELI Link + SQL database) in the private cloud; application server integration and re-addressing
- Fresh RDS session host built on a current OS; GPO software-install validation (DPHC-TS01 is retired rather than migrated — its remote-access role is superseded by the new host)
- QuickBooks Enterprise 24 lift: install and company data restored onto the new RDS host, local to its 5 users' sessions

- CardioPerfect/ELI Link functional validation: ECG cart transmission into hosted ELI Link over the site-to-site tunnel, client-to-database connectivity, and remote review via the RDS host; Welch Allyn vendor remote access provided for re-validation as needed

Phase 4: Identity & Endpoint Migration — 46.5 hrs

- ForensIT (User Profile Wizard) setup, configuration, and testing
- Datapath-performed pilot: 5 workstations migrated (AD disjoin → Entra join → profile migration), process validated end-to-end
- Client-performed migration of the remaining 64 workstations against the Datapath runbook, with a front-loaded Datapath remote-support pool (see Client-Performed Work)
- Intune baseline: evaluation/design, 6 configuration and compliance policies, 3 application packages with deployment testing, OneDrive Known Folder Move policies
- AvePoint FlySaaS local profile data migration to OneDrive for 54 users, run centrally by Datapath with per-user verification performed by District staff
- End-user documentation (MFA / OneDrive / SharePoint) and Intune project documentation in ITG

Phase 5: Hybrid Break & Decommission — 12.5 hrs

- Entra Connect synchronization disabled; 54 users converted to cloud-native with licensing and sign-in validation
- FS01 remediation: delta migration of the three active shares to SharePoint; shares set read-only; drive-mapping cleanup
- DHCP relocated to network hardware (2 scopes assumed)
- DPHC-DC04 and DPHC-DC05 demoted and decommissioned once replication to the hosted DCs is verified; DPHC-FS01, DPHC-TS01, DPDO-QB01, and the APP01 source VM retired; DR service re-pointed to the hosted environment (no additional charge)
- ITG documentation of the new solution and fresh device-state backup

Phase 6: Project Closeout

- Client wrap-up and post-project review (included in project management hours below)

Hours Summary

CATEGORY	HOURS
Phase 1 — Discovery, Validation & Planning	5.00
Phase 2 — Private Cloud Environment Build	10.00
Phase 3 — Workload Migration	12.00

Phase 4 — Identity & Endpoint Migration	46.50
Phase 5 — Hybrid Break & Decommission	12.50
Configuration & Installation Subtotal	**86.00**
Project Documentation (1 hr per 8 config/install hrs)	10.75
Administrative Overhead (1 hr per 8 config/install hrs)	10.75
Project Management (pre-project planning, kickoff, wrap-up, post-project review)	4.00
Project Total (rounded to whole hours)	**112.00**

CLIENT-PERFORMED WORK — REDUCING PROJECT COST TOGETHER

At the District's request, this scope assigns a defined set of repeatable, non-technical tasks to Del Puerto staff. These tasks are tedious rather than technical: Datapath proves the process on a 5-workstation pilot, hands the District a step-by-step runbook, and remains available through a front-loaded remote-support pool while District staff work through the remaining devices. **This collaboration reduces the engineering estimate by approximately 70 hours** versus a fully Datapath-performed migration.

TASK	PERFORMED BY	DATAPATH'S ROLE
Workstation migration execution — remaining 64 devices: run the ForensIT migration utility per the runbook, confirm Entra join, verify Intune/Company Portal enrollment, confirm OneDrive sign-in, Known Folder Move, and AvePoint profile-data arrival, complete the per-device checklist	DEL PUERTO	Runbook, pilot-proven process, a front-loaded 10-hour remote-support pool (heaviest in the first batches, tapering as the District's process matures), escalation path for any device that fails migration
User communications and device scheduling — notifying staff, sequencing shared/clinical workstations around clinic hours, ensuring devices are on-site and powered for their migration window	DEL PUERTO	Recommended sequencing and communication templates
MFA verification — confirming each of the 5 QuickBooks remote-access users has MFA configured for VPN access before cutover	DEL PUERTO	Verification checklist; remediation support for any user unable to enroll
Pilot migration (5 workstations), tooling configuration, all server-side and policy work, hybrid break, FS01 remediation, and all private-cloud engineering	DATAPATH	Full delivery responsibility

If the District later prefers Datapath to perform some or all of the client-assigned device migrations, those hours can be added via change order at the rate reflected in your ConnectWise quote.

- **Hosted environment and billing model.** Four hosted VMs: DPHC-DC01 and DPHC-DC02 as small VMs (4–8 GB), and the RDS/QuickBooks host and APP01 as large VMs (24 GB each). Hosting is billed at a flat monthly per-VM rate per the ConnectWise quote. 5 QuickBooks users access the RDS host (confirmed in Phase 1); CardioPerfect users are unaffected and continue working exactly as they do today.
- **Remote access model.** There is no public RDP or gateway exposure. On-site users reach the hosted RDS host across the permanent site-to-site tunnel; off-site users connect through the MFA-protected VPN first. MFA for hosted-environment access is enforced at the VPN layer. Standard RDS printer redirection serves the QuickBooks users' printing needs.
- **Site-to-site tunnel is expected to be a permanent service component.** ELI Link on APP01 receives ECG transmissions from clinic devices over the network; those devices cannot transmit through a remote desktop session. The Patterson-to-datacenter tunnel is therefore expected to persist after migration to carry device-to-application traffic, with final confirmation in Phase 1. Tunnel persistence affects the monthly service configuration, not project hours.
- **Welch Allyn (Baxter/Hillrom) support engagement.** Datapath performs the relocation and provides the vendor with secured remote access to the hosted server for post-move re-validation, mirroring the arrangement used in the September 2025 APP01 engagement. Application version upgrades and ECG device work are excluded.
- **APP01 storage verification.** Phase 1 confirms APP01's effective storage allocation and the actual location of ECG data growth; the hosted VM is sized to actual usage rather than provisioned capacity.
- **Windows 11 prerequisite.** Workstations must be on Windows 11 to be migrated. Devices not on Windows 11 at their migration window are deferred and remediated under a separate engagement (contact: Nathan LaFleche). Windows 11 hardware readiness across the 69 devices is validated in Phase 1.
- **FS01 audit may adjust scope.** Three actively written shares are assumed; the Phase 1 audit determines the actual remediation effort. Material deviation is handled by change order.
- **Profile rule.** One profile is migrated per device: the primary shared profile on shared workstations, otherwise the primary user's profile. Additional profiles are out of scope.
- **Licensing.** 54 Microsoft 365 Business Premium licenses (which include Entra ID P1 and Intune) cover the user base; the single Exchange Online-only user is excluded from device and RDS scope. SQL Server licensing is carried by Del Puerto and assumed eligible for use in the hosted environment. Microsoft infrastructure licensing, hosted-VM backup, and the 500 GB storage entitlement per VM are included in the per-VM hosting rate.
- **QuickBooks.** QuickBooks Enterprise Solutions 24 with 5 user seats, consolidated onto the new hosted RDS host where its users' sessions and profile data also live. Existing install and company data are lifted as-is; no version upgrade is performed.
- **Minimal reconfiguration.** Migrated VMs retain their existing OS, configuration, and IP scheme wherever possible; re-addressing is performed only where the hosted network requires it.
- **BAA.** A Business Associate Agreement between Datapath and Del Puerto Health Care District is executed prior to any PHI residing in the hosted environment. Datapath's datacenter is SOC 2 and HIPAA certified, with geo-replicated backups.

- **DR services.** The District's existing DR service is re-pointed to cover the new hosted environment within this project at no additional charge; DR coverage levels themselves are unchanged.
- **Estimating assumptions.** 3 Intune application packages, 6 configuration/compliance policies, 2 DHCP scopes, and 1 site-to-site tunnel are assumed; actuals are confirmed in Phase 1. CardioPerfect workstation clients are assumed to authenticate via SQL authentication (validated in Phase 1).
- **Access and availability.** Datapath has administrative access to the Microsoft 365 tenant, on-premises infrastructure, and RMM; a District point of contact is available throughout; client-performed tasks are completed within the agreed project cadence.
- Travel is excluded and scoped separately if required.

YOUR INVESTMENT

Cloud Migration & Hybrid Identity Retirement

Per ConnectWise Quote

One project that ends the District's dependency on on-premises servers permanently: identities and devices fully cloud-native in Microsoft 365, and the clinical and financial applications that can't live there hosted in Datapath's HIPAA-certified private cloud with licensing, backups, and support bundled into a predictable flat rate per VM. The client-performed work model keeps engineering hours — and project cost — at the minimum required to do this safely in a healthcare environment.

Project labor and the monthly per-VM hosting service (two small VMs, two large VMs) are itemized in your ConnectWise quote.

APPENDIX — YOUR ENVIRONMENT, MAPPED: WHAT WAS PURCHASED, AND WHAT THIS PROJECT CHANGES

This appendix responds directly to the District's request for a review of past engagements and a clear explanation of the current identity architecture. The question on the table: **"Did our past projects move our identities to the cloud?"** The answer, shown below in your own network's terms, is yes — as a **hybrid** deployment, which is precisely what was purchased and delivered. What was never purchased — and therefore never built — is the conversion of that hybrid into a fully cloud-native environment. That conversion is this project.

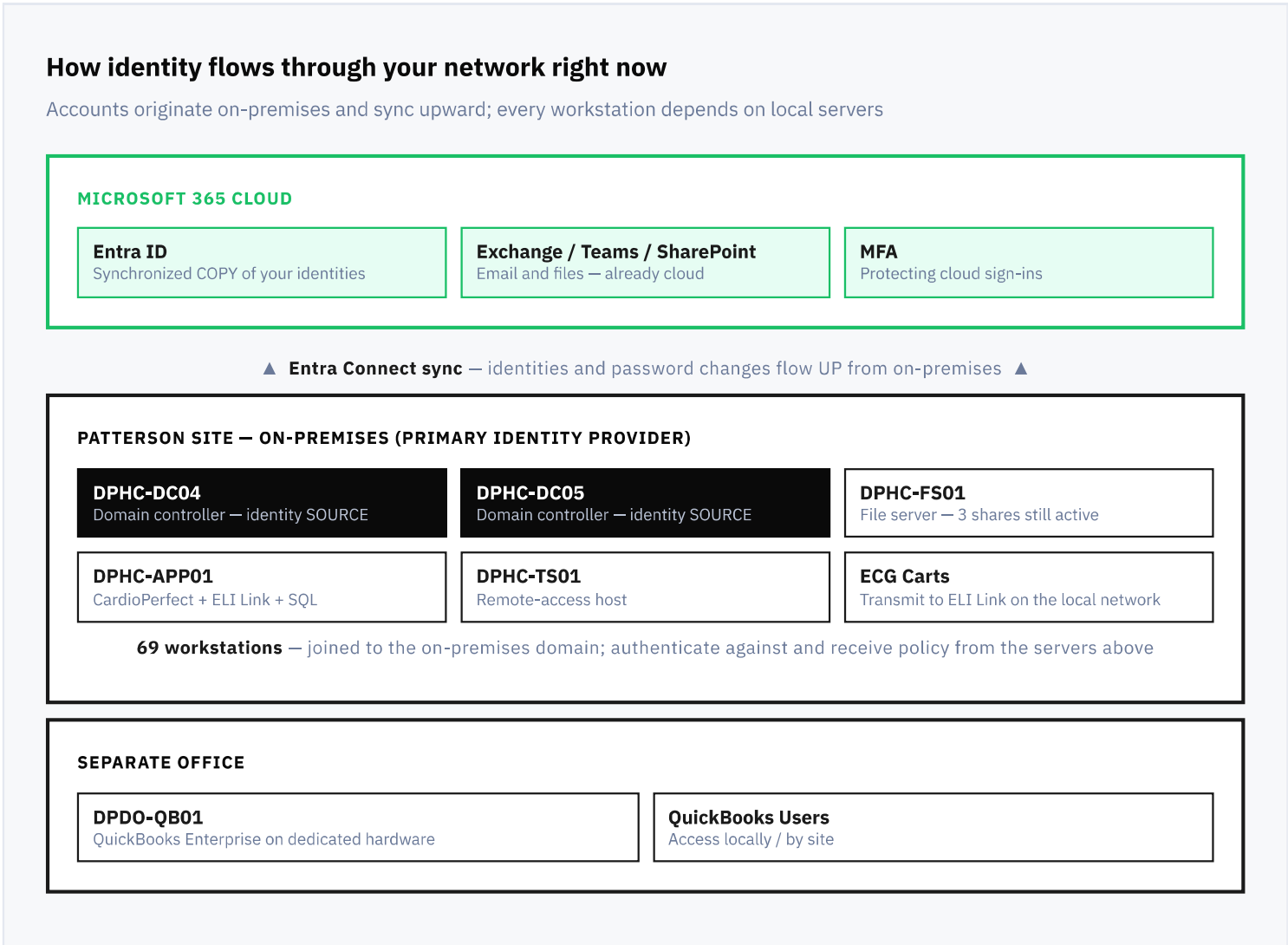
Past Engagement Review at a Glance

CAPABILITY	PURCHASED & DELIVERED PREVIOUSLY	DELIVERED BY THIS PROJECT

Directory synchronization to Microsoft 365 (hybrid identity) — same sign-in for email, Teams, SharePoint	✓ **Yes**	—
MFA for Microsoft 365 sign-ins	✓ **Yes**	—
Cloud-native identity — Entra ID as the one and only system of record	✗ **Never purchased**	✓ **Yes**
Intune device enrollment and cloud device management	✗ **Never purchased**	✓ **Yes (all 69 workstations)**
Retirement of on-premises servers and domain dependency	✗ **Never purchased**	✓ **Yes**

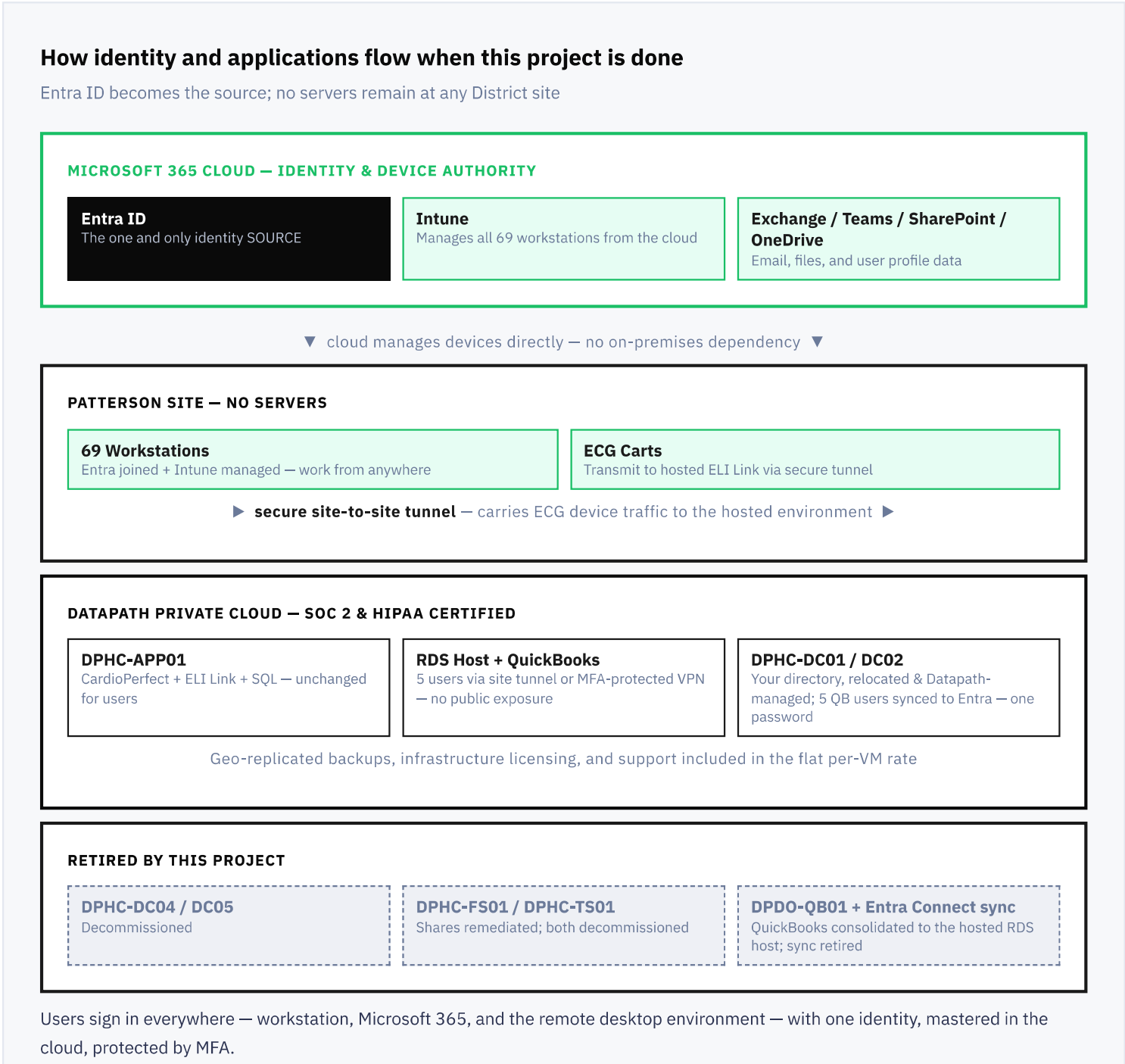
In every prior engagement, Active Directory on the Patterson domain controllers remained the *primary identity provider* — the place where accounts and passwords originate. The cloud held a continuously synchronized copy. That is the textbook definition of hybrid, it was the correct architecture for the District when it was built, and it has worked reliably. It also means the District's identities cannot be called "100% cloud" until the synchronization and the servers behind it are retired — the central purpose of this project.

Network Map — Today (Hybrid)



If the two dark boxes — the domain controllers — were powered off today, workstation sign-ins and management would break. That dependency is what "hybrid" means, and removing it is what this project does.

Network Map — At Project Completion (Cloud-Native)



Users sign in everywhere — workstation, Microsoft 365, and the remote desktop environment — with one identity, mastered in the cloud, protected by MFA.

Keeping the Cost Down — The District's Role

As requested, this project is structured so District staff absorb the tedious-but-not-technical workload — executing the runbook-driven workstation migrations on 64 of the 69 devices, handling user communications and device scheduling,

verifying per-user OneDrive data arrival, and confirming Authenticator enrollment for the 5 remote-access users — while Datapath retains every technical, server-side, and pilot task. The full division of labor, the supporting runbook and remote-support pool, and the resulting reduction of approximately 70 engineering hours are detailed in the **Client-Performed Work** section of this document.

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors Meeting - August 31, 2026

9D. Data Path AI Governance & Security Proposal

Department: Chief Executive Office
CEO Concurrence: Yes

Consent Calendar: No
4/5 Vote Required: No

Subject: **Approval of Data Path Launch of Protocol for AI Governance and Security**

Background: AI capabilities are already being used within the District's EHR/ePCR and Microsoft environments and for selected administrative and reporting tasks. Data Path's initial proposal offered a Launch tier at $2,500 per month ($30,000 annually) and a Managed tier at $5,000 per month ($60,000 annually). Management declined the broader plans because the management team must remain focused on operational fundamentals and because an additional $60,000 annual expense could not be justified on top of approximately $90,000 per year in existing Data Path services. The District remained interested in a separate Governance and Security component.

Discussion: Data Path responded with a streamlined Founding Member Launch proposal at $1,000 per month for the first 12 months, with the implementation fee waived. During a proposed 60-day rollout, Data Path would conduct a company-wide AI survey and shadow-AI review, identify potential PHI exposure, develop a HIPAA-aligned AI usage policy and guardrails, launch the Spark portal, and provide a live dashboard and Board-ready progress reporting. The scope also includes limited low-risk automation work in finance, HR, and Board reporting and one group training session per year. This approach is intended to place guardrails around AI already in use rather than create a separate, staff-intensive technology initiative. Additional applications and expanded scope would be quoted separately. The proposal states that the standard rate after the introductory term is $5,000; the recommended approval is limited to the first 12 months and does not authorize renewal or a higher rate.

Strategic Alignment: Supports cybersecurity, HIPAA compliance, responsible technology adoption, organizational risk management, workforce efficiency, and the District values of Commitment and Excellence.

Fiscal Impact: Not to exceed $12,000 for the initial 12-month term ($1,000 per month); the implementation fee is waived. Costs will be charged to the Information Technology contracted-services budgets in FY 2026-27 and FY 2027-28, subject to appropriation. The stated standard rate after the first year, any Managed-tier service, added applications, and expanded scope are excluded and would require separate Board approval.

Staff Impact: Data Path would lead the rollout. District staff would complete the usage survey, assist with policy review, attend the group training, and provide limited input and testing for approved low-risk administrative use cases. Management would review findings, guardrails, and progress reports.

Attachments: 09D1. Data Path AI Protocol - Aligned to Del Puerto's Priorities

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors Meeting - August 31, 2026

RECOMMENDED ACTION:

Approve the Data Path Founding Member Launch AI Protocol for one 12-month term at $1,000 per month, not to exceed $12,000, with the implementation fee waived; authorize the Chief Executive Officer to negotiate and execute a final agreement consistent with the proposal; and require separate Board approval for any renewal, higher rate, Managed-tier service, additional applications, or expanded scope.

RECOMMENDED MOTION:

I move that the Board approve the Data Path Founding Member Launch AI Protocol for one 12-month term at $1,000 per month, not to exceed $12,000, with the implementation fee waived; authorize the Chief Executive Officer to negotiate and execute a final agreement consistent with the proposal; and require separate Board approval for any renewal, higher rate, Managed-tier service, additional applications, or expanded scope.

ROLL CALL REQUIRED: YES

Motion Made By	Motion	Second	Aye	No	Abstain	Absent
Director Antigua						
Director Campo						
Director Gomez						
Director Ramirez						
Director Traore						

I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action by the Board at a meeting on the 31st day of August, 2026.

_____

Ma Traore, Secretary of the Board

DATAPATH

DATAPATH AI PROTOCOL · ALIGNED TO DEL PUERTO'S PRIORITIES

60 days to safe, compliant AI.

Then we keep your team ahead of it.

Prepared exclusively for **Del Puerto Health Care District**

Key contact: **Dr. Karin Freese**

Your team is stretched, and the last thing Del Puerto needs is another project to staff. The AI Protocol works the other way around — **Datapath runs it.** In 60 days we make the AI your people **already use** safe and compliant with PHI, then hand them a few high-value wins — so AI gives time back instead of adding work, without pulling anyone off their day job.

HOW THE PROTOCOL MEETS YOUR CHALLENGES

"Not another project for my staff."

Datapath runs the rollout. The survey, guardrails, and board reporting are done **for** you — oversight, not extra work for your team.

"Is it safe with our PHI?"

A shadow-AI report shows where PHI is exposed today; HIPAA-aligned guardrails let staff use AI **without putting patient data at risk.**

"I need ROI, not experiments."

We start with a few repetitive wins in finance, HR, and reporting — and a live dashboard tracks the **hours returned** to your team.

YOUR 60-DAY ROADMAP · AI PROTOCOL STEPS 1–4

1 Discover

Company-wide AI survey and shadow-AI audit — see where staff already use AI and where PHI is exposed.

2 Govern

Stand up a HIPAA-aligned usage policy and guardrails so your team can use AI safely and defensibly.

3 Launch Spark

Roll out the Spark portal and first automations, starting with low-risk, repetitive work.

4 Build & Enable

Ship wins in finance, HR, and board reporting; train your team; light up the hours-returned dashboard.

WHAT'S INCLUDED

- ✓ Full AI Protocol journey + live dashboard
- ✓ Company-wide AI survey + shadow-AI report
- ✓ HIPAA-aligned usage policy + guardrails
- ✓ Spark portal rollout from day one
- ✓ 1 group training session per year
- ✓ Board-ready progress reporting

YOUR INVESTMENT

Founding Member Launch — $1,000/month for the first 12 months, covering the Launch scope above; thereafter the standard rate is $5,000. Implementation waived; potential token optimization up to 75% after 60 days. As needs grow, added apps and expanded scope are quoted separately.

DATAPATH

DATAPATH AI PROTOCOL — YOUR OFFER

60 days to AI sanity.

Then we keep you ahead of it.

Prepared exclusively for **Del Puerto Health Care District**

Key contact: **Dr. Karin Freese**

As a Founding Member of the AI Founders group, both tiers are priced at **50% off** standard rates, locked for your first 12 months. The implementation fee is waived on both tiers. Two incentives are included: an upgrade bonus if you move to Managed within 60 days, and a rate extension for every qualified referral.

YOUR PRICING

LAUNCH — START HERE

LAUNCH

$2,500 /month

~~Standard rate: $5,000/month~~

50% off — locked for 12 months

✓ **Implementation fee: waived**

- ✓ Full AI Protocol journey + live dashboard
- ✓ Company-wide AI survey + shadow-AI report
- ✓ Spark portal rollout from day one
- ✓ Up to 2 group training sessions per year
- ✓ Journey oversight + quarterly maturity review
- ✓ Board-ready progress reporting

MANAGED — UPGRADE WITHIN 60 DAYS

MANAGED

$5,000 /month

~~Standard rate: $10,000/month~~

50% off — locked for 12 months

✓ **Implementation fee: waived**

- ✓ Everything in Launch
- ✓ Security monitoring for up to 5 apps
- ✓ 2 role-specific trainings per quarter
- ✓ 4 automation-hours per month
- ✓ Community access + priority support
- ✓ $2,500 credit toward first app dev project

EARN MORE VALUE

Upgrade to Managed in 60 days

Step up before day 60 and lock in $5,000/month — half the standard $10,000 rate — plus receive a $2,500 credit toward your first app development project.

Refer a company

When a company you refer signs a Launch plan and stays active for 90 days, your discounted rate extends by 4 additional months per referral.

Discounted rate applied after referred company completes 90 active days.

Pricing is specific to this engagement with Del Puerto Health Care District. Both tiers are 50% off standard rates, locked for 12 months, then step to standard pricing. Implementation fee waived on both tiers. Managed upgrade discount applies only if upgrade occurs within the first 60 days of Launch. Discounted rate extension requires the referred company to maintain an active plan for 90 days before being applied. Confirm all terms with your Datapath account lead before signing.

DATAPATH

AI Opportunity Plan

Del Puerto Health Care District · Prepared for Dr. Karin Freese & Board Leadership

AI is **already in use** across your operations — AthenaOne, ChatGPT-drafted reports, dispatch analysis, HR writing, and architect renderings. The opportunity is not to *start* using AI; it is to make the AI you are already using **safe, visible, and compliant** — while giving stretched staff their time back and building the operational leverage to grow services and open the new health center.

Reduce Risk
Bring shadow AI and PHI exposure under a governed, auditable program.

Give Time Back
Cut repetitive admin work in finance, HR & reporting — without cutting people.

Create Leverage
Support service growth and the new health center as demand rises.

Three Workstreams

1 Governance & Security

- **Discover** — scan the environment for who is using which AI tools, and where PHI could be exposed.
- **Govern** — a healthcare-specific AI acceptable-use policy: approved tools, prohibited data, review process.
- **Enforce** — role-based access, PHI upload filtering, and an audit layer to prove compliance.

2 Time Back for Staff

- **Finance** — QuickBooks report packages, budget-vs-spend narratives, exception spotting.
- **HR** — raise/change forms, standardized letters, records workflows.
- **Board reporting** — department drafts & executive summaries generated from your own data.

3 New Center Build-Out

- **Planning** — summarize architect/contractor inputs, action trackers, board-ready updates.
- **Strategy** — refine OnStrategy plans and compare phased options faster.
- **Guardrail** — administrative & project leverage only — **not** clinical AI.

The First 60 Days

DAYS 1–15
Discover
Shadow-AI scan, user survey, and PHI-safe boundaries defined.

DAYS 10–30
Govern & Secure
Policy, approved tools, access groups, and audit layer stood up.

DAYS 20–45
Pilot 3 Fast Wins
Finance reporting, HR forms/letters, and board narratives.

DAYS 40–60
Prove ROI
Measure hours potential return, report to the board, plan expansion.

Expected outcomes: safer, compliant AI use · measurable hours returned to managers · stronger readiness for growth and the new health center.

Become a Founding Member of the AI Founders Group

Del Puerto has the chance to set the standard for safe AI in rural healthcare — not follow it. As a founding member you gain first-mover advantage, direct influence over the roadmap, and founding-member terms as we build this program together. **Next step:** present the importance of AI Protocol deployment to the Board for approval, then perform discovery scans and staff surveys to baseline current AI use and PHI exposure.

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors Meeting - August 31, 2026

Department: Chief Executive Office CEO Concurrence: Yes

Consent Calendar: No 4/5 Vote Required: No

Subject:	**Proposed Board Governance Committee Charter and Annual Committee Appointments**
Background	In August and September 2016, an ad hoc Board Governance Committee reviewed the District's bylaws and Board policies. Its meeting records consistently defined the committee's purpose as ensuring compliance with current California law, special-district requirements, and the Ralph M. Brown Act, while recommending governance best practices and needed updates to the full Board. The historical work also addressed officer duties, committee structure, meeting procedures, Board records, orientation, training, and Board self-evaluation.
Discussion	The proposed charter formalizes this function as a standing advisory committee of two Directors appointed annually by the Board. The Board will designate one member as Chair and the other as Vice Chair. The Committee will review bylaws and Board governance policies; maintain a review cycle of District, Financial, Personnel, and Governance policies; identify matters requiring legal review; and provide an annual work plan and year-end report. The Committee will not exercise final policymaking authority, direct employees or legal counsel, commit District funds, oversee operations, evaluate the CEO, or address matters assigned to another committee. Because the Committee will have continuing subject-matter jurisdiction, its meetings will comply with the Brown Act. The charter provides for staff support through the CEO or designee and legal review of proposed bylaws and legally sensitive policy changes.
Fiscal Impact	No new expenditure is anticipated. Administrative support and routine legal review will be provided within existing budgets.
Strategic Alignment	Supports transparent, compliant, and effective governance; strengthens organizational accountability and continuity; and advances the District values of Commitment and Excellence.
Attachment	Proposed Board Governance Committee Charter.

ACTION ITEM

RECOMMENDED BOARD ACTION:

Review and adopt the proposed Board Governance Committee Charter, subject to final legal review and any non-substantive conforming revisions; establish the Committee as a standing advisory committee; appoint two Directors for one-year terms; designate one appointee as Committee Chair; and direct the Committee to present an annual work plan and year-end report.

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors Meeting - August 31, 2026

ROLL CALL REQUIRED: **NO**

RECOMMENDED MOTION:

I move to adopt the Del Puerto Health Care District Board Governance Committee Charter effective August 31, 2026, subject to final legal review and any non-substantive conforming revisions; appoint Directors _____ and _____ to serve until the Board's next annual organizational meeting; designate Director _____ as Committee Chair; and direct the Committee to present an annual work plan and year-end report.

Motion Made By	*Motion*	*Second*	*Aye*	*No*	*Abstain*	*Absent*
Director Antigua						
Director Campo						
Director Gomez						
Director Ramirez						
Director Traore						

I, the undersigned Secretary of the Board of Directors of the Del Puerto Health Care District, hereby certify that the foregoing is a full, true and correct copy of an action by the Board at a meeting on the 31st day of August, 2026.

_____

Ma Traore, Secretary of the Board

DEL PUERTO HEALTH CARE DISTRICT

BOARD GOVERNANCE COMMITTEE CHARTER

1. Authority and Status

The Board Governance Committee (Committee) is established by formal action of the Del Puerto Health Care District Board of Directors (Board) as a standing advisory committee. The Committee has continuing subject-matter jurisdiction over Board governance matters and shall conduct its meetings in compliance with the Ralph M. Brown Act, the District's bylaws, and applicable Board policies.

The Committee is advisory only. It may study issues and recommend action, but it may not adopt, amend, suspend, or repeal District bylaws or policies; bind the District; direct employees or legal counsel; commit District funds; or take any action reserved to the full Board.

2. Purpose

The Committee supports an effective, lawful, accountable, and continuously improving Board by periodically reviewing the District's bylaws and Board governance policies and recommending changes to the full Board. Its work should promote compliance with applicable law, clear allocation of governance responsibilities, reliable public-meeting practices, accurate policy records, informed Board service, and recognized special-district governance practices.

3. Membership and Annual Appointment

A. The Committee shall consist of two members of the Board of Directors.

B. The Board shall appoint both members annually at its organizational meeting, or at another regular meeting designated by the Board. Each appointment continues until the next annual appointment unless the Director leaves office, resigns from the Committee, or is replaced by Board action.

C. The Board shall designate one of the two appointees as Committee Chair. The second appointee shall serve as Vice Chair and shall preside when the Chair is unavailable.

D. A Committee vacancy shall be filled by the Board. There shall be no alternate member unless the Board formally amends this charter.

E. Two members constitute a quorum. Committee action or recommendation requires the affirmative vote of both members.

4. Scope of Responsibilities

The Committee shall undertake the following responsibilities within priorities established by the Board:

A. **Bylaws.** Periodically review the District's bylaws for consistency with applicable law, District structure, officer responsibilities, committee provisions, meeting practices, and current terminology.

B. **Board governance policies.** Maintain a review cycle for Board-specific policies and recommend adoption, revision, consolidation, or repeal as needed.

C. **Governance policy inventory.** Support a complete and reliable index that identifies the current version, adoption and revision dates, review status, and disposition of superseded policies.

D. **Legal and regulatory alignment.** Identify provisions requiring confirmation by District legal counsel, including changes involving the Local Health Care District Law, the Brown Act, conflicts of interest, ethics, records, elections, compensation, or other special-district requirements.

Board structure and practices. Review officer duties, committee charters, meeting and agenda practices, rules of order, Board records, and other governance procedures.

E. **Board development.** Recommend an annual program for new-Director orientation, required training, continuing education, and periodic Board self-evaluation.

F. **Governance effectiveness.** Identify gaps, duplication, ambiguity, or outdated requirements and recommend practical improvements to the full Board.

G. **Annual work plan and report.** Establish an annual work plan aligned with Board priorities and report completed work, pending items, and recommended next steps.

5. Matters Outside the Committee's Scope

Unless specifically assigned by the full Board through formal action, the Committee shall not:

A. Review or direct day-to-day District operations, clinical matters, ambulance operations, personnel administration, collective bargaining, contracting, finance, or other subjects assigned to management or another Board committee.

B. Conduct the Chief Executive Officer's performance evaluation or make recommendations concerning CEO compensation.

C. Investigate individual complaints, alleged misconduct, or confidential personnel matters.

D. Serve as a substitute for review by District legal counsel or any legally required public hearing or full Board action.

6. Authority and Work Methods

A. The Committee may request information, draft materials, policy histories, and administrative support through the Chief Executive Officer or the CEO's designee.

B. The Committee may recommend that the Board authorize consultation with District legal counsel or another qualified advisor when specialized review is needed.

C. The Committee may compare the District's governance documents with model policies and practices used by other California health care districts and special districts, provided District-specific law, needs, and circumstances control the final recommendation.

D. Recommendations shall identify the issue, proposed change, reason for the change, legal or policy review completed, and any implementation considerations.

7. Meetings and Public Access

A. The Committee shall adopt a meeting schedule and meet at least twice each calendar year, with additional meetings scheduled as needed to complete its approved work plan.

B. Regular meeting agendas shall be posted at least 72 hours before the meeting. Special meeting notices shall be posted at least 24 hours before the meeting. Agendas shall describe the business to be considered and provide for public participation as required by law (Gov. Code, sections 54954.2 and 54956).

C. Meetings shall be open and public except when a closed session is expressly authorized by law and properly noticed. The Committee should conduct its ordinary governance work in open session.

D. Minutes shall document attendance, public comment, the substance of Committee deliberations, recommendations, and votes. Draft minutes shall be presented for Committee approval and maintained with District records.

E. A Board member who is not appointed to the Committee may attend only in a manner consistent with the Brown Act. A nonmember Director shall not participate unless the meeting is also properly noticed as a meeting of the full Board.

8. Chair Responsibilities

A. Collaborate with the CEO or designee to develop meeting agendas that remain within the

Committee's scope and approved work plan.

B. Preside over meetings and support fair, orderly, and focused deliberation.

C. Ensure recommendations and unresolved issues are reported to the full Board.

D. Coordinate the annual work plan and year-end report.

9. Staff and Legal Support

The Chief Executive Officer, or a staff member designated by the CEO, shall serve as the Committee's nonvoting staff liaison. The liaison is not a Committee member and does not count toward quorum. Staff shall assist with agenda preparation, records, policy histories, research, and implementation planning within available resources. District legal counsel shall review proposed bylaws and legally sensitive governance policy changes before they are presented for Board adoption.

10. Reporting and Annual Deliverables

Deliverable	Minimum expectation
Annual work plan	Prioritized governance topics, expected meeting schedule, assigned preparation, and target dates.
Board recommendations	Written recommendations and proposed redlines or clean drafts for matters requiring Board action.
Policy status update	Current review status of bylaws and Board governance policies, including items due or overdue for review.
Year-end report	Work completed, recommendations adopted or pending, unresolved issues, and priorities proposed for the following year.

11. Charter Review and Amendment

The Committee shall review this charter at least once every three years and recommend amendments when needed. The full Board may amend or rescind the charter at any time by formal action. If a charter provision conflicts with applicable law, the District's bylaws, or a controlling Board policy, the controlling authority shall govern and the Committee shall promptly recommend a conforming amendment.

12. Adoption

Before adoption, District legal counsel should confirm that the charter is consistent with the District's current bylaws, policies, and applicable law.

Adoption record	Board action
Adopted by the Board	
Effective date	_____
Next charter review due	_____

The Board of Directors of the Del Puerto Health Care District

Board Meeting - August 31, 2026

9F. Order of Two 2027 Life Line Ambulances

DEPT: Patterson District Ambulance

CEO CONCURRENCE: Yes

CONSENT CALENDAR: No

4/5 Vote Required: No

SUBJECT: **Approval to Order Two 2027 Life Line Victoryliner Type III Ambulances**

BACKGROUND: Life Line's work order for jobs #6197 and #6198 records an order date of April 3, 2025. The vehicles entered Life Line's production process for 2027 delivery; the August 12, 2026 order contract is now presented for formal Board approval.

The proposal provides two Type III Victoryliner ambulances on 2027 or 2028 Ford E-450 DRW chassis with Liquid Spring suspension. Life Line estimates completion in Q2 2027, approximately late May, subject to production timing.

The contract price is $284,934 per ambulance, or $569,868 total. The price includes delivery to Patterson and a factory inspection trip for up to two people. Life Line will install District-supplied Stryker Power Load systems; Power Load cots are not included.

From FY 2016-17 through FY 2025-26, ambulance depreciation totaled $1,526,766 and orders totaled $1,045,000, producing a cumulative replacement allowance of $481,766. Adding the FY 2026-27 depreciation contribution of $225,000 provides $706,766 before this order.

For conservative planning, the fund forecast reserves $600,000 for the two ambulances. After order, $106,766 remains. With an anticipated FY 2027-28 contribution of $300,000, the projected balance becomes $406,766 before other activity. The order is fully supported by the Ambulance Asset Replacement Fund.

FISCAL IMPACT: Not to exceed $600,000 from the Ambulance Asset Replacement Fund. The Life Line contract is $569,868. The conservatively projected post-order fund balance is $106,766.

CONTACT PERSON: Karin Freese and Paul Willette

ATTACHMENT(S): Life Line Contract Proposal #6197 and #6198; Life Line Order Page #6197 and #6198

BOARD MEETING ACTION SUMMARY

MOTION: *I move that the Board approve the order of two Life Line Victoryliner Type III ambulances, jobs #6197 and #6198; authorize the CEO to execute the $569,868 contract and related order documents; and approve a total project budget not to exceed $600,000 from the Ambulance Asset Replacement Fund.*

ROLL CALL: *YES*

MOTION AMENDED: *YES or NO*

The Board of Directors of the Del Puerto Health Care District

Board Meeting - August 31, 2026

TBD. Order of Two 2027 Life Line Ambulances

Roll Call Vote	*Motion*	*Second*	*Aye*	*No*	*Abstain*	*Absent*
Director Antigua						
Director Campo						
Director Gomez						
Director Traore						
Director Ramirez						

I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action duly adopted by the Board at a meeting thereof on the 31st day of August 2026, by the above vote of the members:

_____

Ma Traore, Board Secretary

LIFE LINE
EMERGENCY VEHICLES
Proven in Every Direction.

P.O. Box 299 - Sumner, IA 50674

Phone (563) 578-3317 - Fax (563) 578-3305

08-12-2026

Del Puerto Health Care District
dba Patterson District Ambulance
Attn: Paul Willette, Director
Karin Hennings, CEO
875 E Street / P.O. Box 187
Patterson, CA. 95363

Purchase Contract Proposal for; Del Puerto Health Care District

(2) Two NEW Type III Victoryliner Ambulance. Module Length 168" & 72" headroom on a 2027 or 2028 Ford E-450 DRW Chassis with 158" Wheelbase and Liquid Spring Suspension.

Thank you very much for allowing Life Line Emergency Vehicles this opportunity to submit a Contract proposal for your next New Ambulances. The current approximate scheduled finish date is for Q2 2027, or the end of May of 2027. This date is not a guarantee, but an approximate date made in good faith.

Below is Life Line Emergency Vehicles Contract price for a 2027-28 Ford E-450 Victoryliner model with the attached work order.

A New Type III Victoryliner Ambulance that will be on a 2027-28 Ford E-450 with a 7.3 Liter Gas engine and 158" wheelbase. Life Line will also install a customer supplied Stryker Power Load 6390 cot litter retention system along with floor structure upgrades and electrical hook ups. Does not include a Cot.

The amount due to Life Line Emergency Vehicles upon inspection and pick up will be……$ 284,934.00 each.

The price above is the total price per ambulance including trucking to Patterson, CA.
Also included is:

Round Trip airfare from California to Cedar Rapids, Iowa for up to (2) people.
One- or two-nights hotel accommodations and transportation to and from airport and hotel to factory, including meals while at Life Line.

LIFE LINE
EMERGENCY VEHICLES
Proven in Every Direction.

P.O. Box 299 - Sumner, IA 50674

Phone (563) 578-3317 - Fax (563) 578-3305

OPTIONAL ITEMS:

Delivery
The ambulances can also be picked up and driven back to Patterson, CA. by your department and you can deduct from the total from each unit……. …… $4,500.00.

The Total for (2) ambulance's # 6197 & # 6198 including an inspection trip for (2) people, RT Airfare, Hotels, meals and transportation to Life Line along with delivery to Patterson, CA. will be ……..……$ 569,868.00.

If you agree with the Quotation & work order that is attached along with the Contract proposal, please sign and date below. Or you may provide a letter of intent on your Letterhead or a P.O.

Date Accepted: _____

Life Line Emergency Vehicles Inc.

David B. Seitsinger 08-12-2026

Signed: _____
Del Puerto Health Care dba Patterson District Ambulance. Karin Hennings CEO.

David B. Seitsinger, Regional Sales Mgr.
Life Line Emergency Vehicle Officer

LIFE LINE
EMERGENCY VEHICLES

QUOTATION

Del Puerto Health Care District
Paul Willette
875 E Street
P.O. Box 187
Patterson, CA 95363
209-892-2618
Paul.Willette@dphealth.org

Derl Puerto Health Care District
Paul Willette
875 E Street
Patterson, CA 95363
1-209-892-2618
Paul.Willette@dphealth.org

Exp. Date: 05/31/2023
Quote No: DS-
Job/Order No: 619727VL
BODY: VICTORY B 167" VICTORYLINER TYPE III

08/12/2026

S	PART NO	QTY	DESCRIPTION	
			== 167" VICTORYLINER TYPE III - 1.000 10/03/22 ==	
			TWO UNIT ORDER	
			MASTER PARTS REVISION DATE (Start 04-01-25 to 07-10-25)	
	00-00-0500	1	LIFE LINE WARRANTY Warranties Include: Lifetime Modular Body Warranty. Lifetime Electrical Harness Warranty Lifetime Limited Cabinet Warranty 5-Year/60,000 Mile Product Conversion Warranty 10-Year/100,000 Mile Electrical Warranty Elite System 6-Year Pro-Rated LL Paint Warranty Which is as follows: For 3 Years 100% 4th Year 50% 5th Year 25% 6th Year 10%	
	00-00-0700	1	>>>SHOP COPY DATE - FACTORY USE ONLY<<< Date Order Placed By Dealer: 4-3-25 Draft Work Order Process Date: Final Dealer Draft Date: Sign-Off Date: Parts/Drafting/Paint: Shop Release Date:	

DEL PUERTO HEALTH CARE DISTRICT

09G. Q3 2026 Board Training Agenda and Scheduling

Department: Chief Executive Office
CEO Concurrence: Yes
Consent Calendar: No
4/5 Vote Required: No

Subject: Approval of Q3 2026 Board Training Agenda and Selection of Training Date

Background: In-House Quarterly Board training supports effective governance and required workplace compliance. Staff proposes one three-hour session combining two hours of California-required supervisor harassment-prevention training with one hour of Board education on oversight of the District's healthcare and mixed-use campus project (Gov. Code § 12950.1).

Discussion: Proposed agenda (180 minutes total):

1) Mandatory Supervisor and Anti-Harassment Training — 120 minutes
2) (2) Q3 Board Governance Training: Capital Decisions—What the Board Needs to Know — 60 minutes,

Date and time: to be selected by the Board for a three-hour block before September 30, 2026.

Strategic Alignment: Supports legal compliance, strong governance, financial stewardship, and Board readiness for major campus capital decisions. Aligns with the District values of Commitment and Excellence.

Fiscal Impact: None

Staffing Impact: Staff time to coordinate the trainer, notice the meeting, and prepare materials.

Contact Person: Karin Freese, PhD, MBA, Chief Executive Officer

Attachments: Q3 2026 Board Training Agenda - *Capital Decisions: What the Board Needs to Know*

RECOMMENDED ACTION:

Select a training date and time before September 30, 2026 and approve the three-hour Q3 2026 Board Training agenda outline.

RECOMMENDED MOTION:

I move that the Board of Directors approve the Q3 2026 Board Training agenda outline and schedule the three-hour training for _____, from _____ to _____.

ROLL CALL REQUIRED: NO

Motion Made By	Motion	Second	Aye	No	Abstain	Absent
Director Antigua						
Director Campo						
Director Gomez						
Director Ramirez						
Director Traore						

I, the undersigned Secretary of the Board of Directors of the Del Puerto Health Care District, hereby certify that the foregoing is a full, true and correct copy of an action by the Board at a meeting on the 31st day of August, 2026.

_____

MaTraore, Secretary of the Board

DEL PUERTO HEALTH CARE DISTRICT

BOARD EDUCATION Q3 2026 – Date TBD

Capital Decisions: What the Board Needs to Know

A plain-language guide to protecting the District during campus development

60 MINUTES	4 QUESTIONS	1 STANDARD
Suggested session length	A repeatable oversight test	Clear information before action

> **Training frame.** The development impact fee ruling and the City's expanding role may change funding, timing, infrastructure responsibilities, and project sequencing. The Board still needs a disciplined way to evaluate each major commitment.

1. Session Purpose

The Board does not need to become expert in construction, financing, or project delivery. It must be able to recognize risk, test assumptions, protect existing healthcare services, and determine whether enough reliable information is available to act.

Use these four questions throughout the campus project:

- What are we committing to?
- Can the District afford it without weakening existing services?
- What could change or go wrong?
- What decision must the Board make now, and what can wait?

2. The Board's Role

The Board governs the decision framework. Management and advisors develop and carry out the work.

- Confirm alignment with the District's mission and long-term sustainability.
- Set limits for scope, affordability, liquidity, and acceptable risk.
- Approve major commitments at clearly defined decision points.
- Require material changes in cost, funding, schedule, or risk to return to the Board.

Reference: *See Appendix A, Governance Roles and Boundaries.*

3. The Campus Capital Picture

Directors should keep three distinctions clear:

- **Current work versus future phases:** Near-term planning and decisions should be separated from longer-term campus concepts.
- **District decisions versus external dependencies:** City approvals, infrastructure requirements, and development impact fee issues may affect timing and affordability.
- **Project cost versus operating impact:** A facility that can be constructed must also be staffed, maintained, insured, equipped, and supported after opening.

Reference: *See Appendix B, Campus Workstreams and Project Dependencies.*

4. Construction Finance Fundamentals

Board concept	Plain-language meaning
Total project cost	Construction is only one part. The complete cost also includes site work, infrastructure, professional fees, equipment, technology, financing costs, escalation, and contingency.
Estimate confidence	Early estimates are ranges, not bids. The Board should know the estimate date,

DEL PUERTO HEALTH CARE DISTRICT
BOARD EDUCATION Q3 2026 – Date TBD

Board concept	Plain-language meaning
	design maturity, stated range, exclusions, and contingency.
Funding certainty	Expected, restricted, disputed, or uncollected funding is not the same as cash available for commitment.
Affordability	The District must preserve operating cash, debt capacity, and the ability to continue existing healthcare services under a downside scenario.

Three financial truths. Construction cost is not total project cost. Expected funding is not cash available. A building that can be constructed is not automatically affordable to operate.

Reference: *See Appendix C, Detailed Construction Finance Fundamentals, and Appendix D, Capital Financing and Risk.*

5. The Required Oversight Standard

Every campus capital item should include a one-page Capital Decision Summary (Appendix F) with:

- Decision requested and why it is needed now.
- Current phase, scope, and changes since the last report.
- Total cost, estimate confidence, and contingency.
- Funding that is confirmed, restricted, uncertain, or uncollected.
- Effect on cash, debt capacity, and operations.
- Top three risks, alternatives, next decision, and practical off-ramp.

6. Five Questions Before Every Major Vote

1. What exactly are we being asked to approve?
2. What is the full financial commitment, and how confident are we in the estimate?
3. Which funding sources are confirmed, and which remain uncertain?
4. What happens if the project costs more, takes longer, or funding is delayed?
5. Can we pause, redesign, rephase, or exit if assumptions materially change?

Reference: *See Appendix D for the detailed risk framework and Appendix F for the complete question set.*

7. Six-to-Twelve-Month Board Look-Ahead

Window	Board-level focus
0-3 months	Establish a common status report; clarify District, City, and advisor roles; and update funding and cost assumptions.
3-6 months	Review master planning, approvals, procurement progress, integrated schedule, capital budget, and major risks.
6-12 months	Consider clearly defined decision gates only after affordability, funding, operating impact, and practical off-ramps are stated.

Reference: *See Appendix E, Detailed Capital Readiness Look-Ahead.*

8. Trustee Reflection

- What information would I need before approving a major commitment?
- Which financial or project risk concerns me most?
- What change should automatically cause the matter to return to the Board?

Training outcome. A consistent Board framework for evaluating campus capital decisions without moving into project management.