

Board Meeting

Governance Meeting - December 9, 2025

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Mission

* Strong Stewardship * Ethical Oversight *
* Eternal Local Access *

Vision Statement

To be an energized, high performing advocate for the communities we serve, our patients and our staff. The board governs with an eye on the future of health care and its effects on the District and patient care. The Board is committed to continuous evaluation, dedication to our mission, and improvements as a board.

Values

* Integrity * Innovate Vision * Stewardship * Teamwork *

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT Board of Directors' Governance Committee Meeting

December 9, 2025 at 9:30 am

The Governance Committee will meet in person at 150 Pioneer Lane. Members of the public will be allowed to attend in person or via Zoom. Public comments can be made in person or via Zoom.

TO CONNECT VIA ZOOM: (A link is also available on the NIHD Website)

<https://us06web.zoom.us/j/3257893484?pwd=VrgnzdFhLFICK7h6MlbfqehXlilrqm.1#success>

Meeting ID: 325 789 3484

Password: 623576

PHONE CONNECTION:

(669) 444-9171

(253) 215-8782

Meeting ID: 325 789 3484

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1. Call to Order at 9:30 am.
 2. Public Comment: At this time, members of the audience may speak only on items listed on this Notice. Each speaker is limited to a maximum of three (3) minutes, with a total of thirty (30) minutes for all public comments unless modified by the Chair. The Board is prohibited from discussing or taking action on items not listed on this Notice. Speaking time may not be transferred to another person, except when arrangements have been made in advance for a designated spokesperson to represent a large group. Comments must be brief, non-repetitive, and respectful.
 3. Old Business
 - a) Board Self-Assessment Action Plan Checklist – *Action Item*
 - b) Advocacy Platform – *Action Item*
 - c) Policies Documents Requiring Board Approval – *Information Item*
 - d) Board of Directors Seminar – *Information Item*
 - e) Board Committee Restructure – *Action Item*
 4. New Business

- a) Meeting Minutes – November 12, 2025 – *Action Item*
- b) Emergency Spending Limits for the CEO – *Action Item*
- 5. General Information from Board Members – *Information Item*
- 6. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board Governance Committee meeting, please contact the administration at (760) 873-2838 at least 24 hours prior to the meeting.

Board Self-Assessment Action Plan

August 2025 – Early Starts (Already in Progress)

Board Communication & Engagement Foundations

- ☒ CEO begins weekly updates (emails), urgent calls, and voice memos for non-urgent issues.
- ☒ Board Clerk clarifies process for Board members to request agenda items (Governance Committee discussion).
- ☒ COO coordinates hospital tours or rounding opportunities for Board members.

Governance & Strategic Direction

- ☒ Share Board self-assessment presentation slides with the Board.
- ☐ Governance Committee reviews Mission, Vision, and Values alongside the Strategic Plan.
- ☒ Document shared expectations for incoming CEO to guide hiring/onboarding.
- ☒ Board remains actively involved in finalizing CEO hiring process.

Community Engagement

- ☒ Marketing and Board Clerk draft public-facing calendar of community events.
- ☒ Board and CEO (with Marketing/Clerk) maintain and promote the community event calendar.

September 2025 – Foundations, Compliance & Meeting Conduct

Compliance & Meeting Rules

- ☒ Confirm Directors and Officers (D&O) liability coverage for executive staff.
- ☒ Legal Counsel conducts Brown Act training.

Does the board feel this item has been addressed?

- ☒ Chair implements Robert's Rules of Order sequencing consistently at meetings.
- ☒ CEO informs staff that non-presenters attend Board meetings as members of the public only.
- ☒ Board sustains collaborative tone and incorporates individual member strengths into decision-making.

Governance Tools & Communication Protocols

- ☒ Governance Committee reviews and updates the Board's Code of Conduct.
- ☒ CEO and Executive Team develop vetting process for staff-generated agenda items.
- ☒ Board and CEO define the Board's role at community events.

Financial Oversight & Engagement

- ☒ Finance Committee continues monitoring financial turnaround progress (standing).
- ☒ Board participates in staff appreciation efforts (employees, providers, volunteers).

October 2025 – Strategic Direction & Partnerships

Governance & Culture

- ☒ Board begins discussion on documenting/formalizing how Board diversity and member strengths support governance.

Strategic Planning

- ☐ Governance Committee meets to discuss long-term vision and service line strategy. Includes physician recruitment as part of service line strategy.
- ☒ Board explores partnership opportunities (Mammoth, Toiyabe, Southern Inyo, Valley Health).
- ☒ Board and CEO discuss Northern Inyo Healthcare District's (NIHD) role in restoring access in Northern Mono County (Bridgeport Clinic).

November 2025 – Engagement & Oversight

Community & Staff Engagement

- ☒ Foundation and Auxiliary begin presenting regular updates at Board meetings.
- ☒ Board and Foundation host a provider/community recognition event.

Workforce Development

- ☐ Executive Team updates Board on physician recruitment and workforce development initiatives.

Oversight & Infrastructure

- ☐ CEO and IT Team review IT infrastructure and report findings.
Was this complete through the cybersecurity update in November 2025
- ☒ Finance Committee reviews billing issues and reports to the Board.

December 2025 – CEO Evaluation & Closing the Loop

CEO Evaluation Process

- ☐ Board refines CEO evaluation process (format, frequency, 360-degree feedback).
Part of the Board Seminar in January 2026?

Board Development

- ☐ Full Board revisits Board self-assessment themes to close the feedback loop.
Can we add this checklist to the December 2025 or January 2026 Board Meeting



NORTHERN INYO HEALTHCARE DISTRICT ANNUAL PLAN

Title: Advocacy Platform		
Owner: Chief Executive Officer	Department: Administration	
Scope:		
Date Last Modified: 11/05/2025	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

Purpose

To adopt the District's Advocacy Platform yearly, establishing the policy direction that will guide NIHD's participation in legislative, regulatory, and association activities supporting rural healthcare and good governance.

Guiding Principles and Tiered Advocacy Priorities

The priorities below serve as NIHD's guiding principles for annual advocacy. They reflect the areas where the Board places the highest emphasis (Tier 1) and additional important areas (Tier 2) that support NIHD's mission, values, and long-term rural healthcare sustainability. These priorities guide NIHD's advocacy direction without limiting the District's ability to act on related or emerging issues consistent with the Advocacy Policy.

Priority Structure

Tier 1 – Highest emphasis; issues where NIHD will take a proactive advocacy role.

Tier 2 – Important supporting areas that inform advocacy and may require action as legislation evolves.

Advocacy Priorities

Tier 1: Primary Priorities

1. Healthcare District Advocacy

NIHD will support actions that protect the independence, financial stability, and statutory authority of California healthcare districts.

Examples may include, but are not limited to:

- Preserving district governance authority, bonding capacity, and access to local funding tools.
- Opposing legislation that restricts district accountability, flexibility, or community-focused governance.
- Supporting inter-district collaboration and rural shared services.

2. Rural Health and Hospital Sustainability

NIHD will advocate for equitable access to healthcare and financial stability for rural providers.

Examples may include, but are not limited to:

- Rural hospital stabilization funding and reimbursement parity.
- Workforce recruitment, training, and housing support programs.
- Telehealth, broadband expansion, and behavioral health access for remote communities.

Tier 2: Supporting Priorities

3. Governance and Compliance Modernization

NIHD supports reforms that enhance transparent, efficient public agency operations.

Examples may include, but are not limited to:

- Secure, modernized Brown Act participation options for rural districts.
- Practical procurement and reporting reforms that reduce administrative burden.
- Opposition to unfunded mandates that divert resources from rural patient care.

4. Behavioral Health Access

NIHD supports expanded funding, parity requirements, and integrated partnerships to strengthen mental health and substance-use services in frontier and rural communities.

Local Rural Advocacy Context

In advancing these priorities, NIHD will highlight local challenges common to remote rural regions, including:

- Workforce shortages and limited recruitment pipelines
- Lack of workforce and clinician housing
- Limited behavioral health infrastructure
- Long travel distances for specialty services
- EMS and patient transport constraints
- Broadband gaps limiting telehealth access

These realities provide essential context for state and federal partners when evaluating impacts on NIHD and similar rural hospitals.

Advocacy Activities

NIHD's advocacy efforts may include:

- Letters of support or opposition
- Testimony or public comment on legislation or regulations
- Participation in coalitions or rural health collaboratives
- Providing data, case examples, or rural impact analysis
- Engagement with legislators, agencies, or association partners

These examples illustrate common advocacy activities without limiting NIHD's ability to act on related matters.

Emerging Issues

Advocacy matters not addressed in this Platform will be evaluated in consultation with the Governance Committee Chair, consistent with the Board's Advocacy Policy and legal requirements.

Implementation and Reporting

Staff will monitor legislative and regulatory developments in partnership with ACHD, CHA, and CSDA. Quarterly updates will be provided to the Governance Committee.

Consistent with the Advocacy Policy, the CEO will report all advocacy actions taken at the next regular meeting of the Board of Directors.



DATE: December 2025
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Christian Wallis, Chief Executive Officer
RE: Board Committee Structure and Scheduling

MEMORANDUM

Background

In June 2025, the Board approved a three-month pilot revising the structure and meeting cadence of the District's standing committees, establishing quarterly meetings for the Quality and Governance Committees and monthly meetings for the Finance Committee. Each committee initially included two Board members. In September 2025, the Board extended the pilot to allow additional time for evaluation. During the extended pilot period, committees experienced difficulty securing attendance from both assigned members, resulting in challenges achieving quorum. In response, the Board Chair appointed an alternate to each standing committee to support consistent participation and ensure reliable quorum moving forward.

Discussion

The revised structure has now been in place for approximately six months, giving the Board adequate experience to assess how the cadence and composition function in practice.

Key observations include:

- Governance Committee

Although originally scheduled to meet quarterly, the Governance Committee began meeting monthly due to ongoing work arising from the Board's self-assessment. Several items required continued follow-up and discussion. The Committee also worked on development of the District's Advocacy Platform, which required multiple meetings for review and refinement. Monthly meetings allowed that work to progress in a timely manner.

- Finance Committee

The Finance Committee maintained a monthly schedule. Two meetings early in the pilot were cancelled because the committee did not have a quorum. After alternates were appointed later in the pilot period, quorum was consistently met and meetings proceeded without interruption.

- Quality Committee

The Quality Committee continued to meet on a quarterly basis as planned.

Overall, the addition of alternates improved reliability, and the meeting pattern that emerged—monthly Finance, quarterly Governance (with additional meetings as needed), and quarterly Quality—aligned with the volume and pace of committee work during the pilot.

Recommendation

Based on the Board's experience during the extended pilot, it is recommended that the Board adopt the following committee structure and cadence on a permanent basis:

- Finance Committee – Monthly
- Governance Committee – Quarterly and as needed
- Quality Committee – Quarterly

Each standing committee will consist of two Board members and one alternate appointed by the Board Chair in January of each year.

If approved, staff will update the appropriate documents.

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Governance Chair Turner called the meeting to order at 9:38 am.
PRESENT	Jean Turner, Governance Chair David Lent, Governance Vice-Chair Christian Wallis, Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Alison Murray, Chief Business Development Officer / Chief Human Resources Officer Adam Hawkins, Chief Medical Officer Patty Dickson, Compliance Officer
PUBLIC COMMENT	Chair Turner reported that at this time, audience members may speak on any items on the agenda that are within the jurisdiction of the Board. There were no comments from the public.
OLD BUSINESS	
BOARD SELF-ASSESSMENT ACTION PLAN CHECKLIST	<p>The Committee received an update on the Board Self-Assessment Action Plan checklist and noted continued progress across multiple items. Staff confirmed that several components are nearing completion and that additional checklist items will be closed out in the coming months. It was also reported that the Foundation and Auxiliary will begin providing regular reports to the Board starting in November, fulfilling another requirement identified through the self-assessment process.</p> <p>The Committee reviewed the outstanding item related to potential partnerships and service expansion considerations in northern Mono County. Discussion included an overview of current healthcare activity in the region, including the tribal community's clinic operations in Bridgeport and Mono County's involvement. Members noted that any consideration of NIHD engagement would need to account for existing services, regulatory constraints, and Mammoth Hospital's established presence and potential future plans in the area.</p> <p>The Committee determined that the northern Mono County item should remain on the checklist until additional information is gathered. The CEO will follow up with Mammoth Hospital leadership to assess whether there are opportunities for collaboration or coordinated outreach. The Committee will revisit the item at a future meeting to determine whether it should remain part of the ongoing action plan.</p>
NEW BUSINESS	
MEETING MINUTES – OCTOBER 7, 2025	Motion by Lent: Approve meeting minutes 2 nd : Turner

Pass: 2

ADVOCACY PLATFORM

The Committee reviewed a proposed structure for NIHD's Advocacy Platform, outlining a process for evaluating the large volume of bills introduced each legislative cycle and identifying those relevant to the district. The framework organizes priorities into three tiers: healthcare district issues, hospital and critical access hospital issues, and broader special district governance matters.

Members discussed how the platform would streamline legislative monitoring and ensure that staff bring forward only bills with meaningful impact on NIHD operations or governance. The Committee emphasized the need for clear definitions within each priority tier to guide consistent bill categorization.

The Committee supported the proposed approach and approved moving forward with development of a formal Advocacy Platform document. Staff will prepare the document for review at a future Governance Committee meeting before recommending it to the full Board.

Motion by Lent: to approve advocacy platform priorities

2nd: Turner

Pass: 2-0

POLICIES AND DOCUMENTS REQUIRING BOARD APPROVAL

The Committee reviewed the proposed policy that clarifies which policies and documents require Board approval and which should be approved through internal committees or the Medical Executive Committee. Staff outlined the regulatory requirements that mandate Board involvement for specific governance-level policies, while noting that most operational and clinical procedures can be handled at the committee level. The Committee agreed that the new structure will reduce unnecessary policy volume in Board packets, maintain regulatory compliance, and ensure the Board remains focused on governance-level decisions. The Committee approved the policy and agreed to recommend it to the full Board.

Motion by Lent: approve Policies and Documents Requiring Board Approval

2nd: Turner

Pass: 2-0

BOARD OF DIRECTORS SEMINAR

The Committee discussed options for the upcoming Board of Directors seminar, including a proposal from an external facilitator to support board alignment, governance training, and development of a consistent CEO evaluation framework. Members acknowledged the value of a neutral third party to help the Board address ongoing alignment challenges and establish clear expectations for the new CEO, while also noting concerns about the overall cost and the need to communicate the purpose and benefits to the community. The Committee agreed to recommend moving forward with the consultant proposal, with staff directed to negotiate favorable terms and begin identifying potential dates for a January 2026 seminar pending full Board approval.

CEO PERFORMANCE
EVALUATION

The Committee discussed the need to establish a clear and consistent CEO performance evaluation process to ensure fairness, transparency, and alignment with organizational goals. Members noted that the Board is not currently unified on the criteria and structure for conducting evaluations and would benefit from external guidance to support the development of a standardized framework. The Committee agreed that this work should be incorporated into the broader governance and Board development efforts planned for early 2026, including the facilitated Board seminar.

Motion by Lent: to move the Jacob Green and Associates contract to the full board
2nd: Turner
Pass: 2-0

CALIFORNIA SPECIAL
DISTRICT ASSOCIATION

The Committee received an update on communication with the California Special District Association (CSDA) regarding potential governance training and support services. Staff noted that CSDA offers resources relevant to board development, Brown Act compliance, and effective governance practices. A meeting with CSDA is scheduled to gather more information about available offerings and determine how their services might complement NIHD's upcoming Board seminar and ongoing governance work. Staff will report back with recommendations at a future Governance Committee meeting.

Adjournment

Adjourn at 10:30

Jean Turner
Northern Inyo Healthcare District
Governance Chair

Attest: _____
David Lent
Northern Inyo Healthcare District Chair
Governance Vice-Chair