Northern Inyo Healthcare District

Board Meeting

Governance Meeting - November 12, 2025

Agenda

Old Business

New Business

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

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT
Board of Directors' Governance Committee Meeting

November 12, 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 – *Information Item*
4. New Business
   a) Meeting Minutes – October 7, 2025 – *Action Item*
   b) Advocacy Platform – *Action Item*
   c) Policies Documents Requiring Board Approval – *Action Item*
   d) Board of Directors Seminar – *Information Item*

e) CEO Performance Evaluation – *Action Item*

f) California Special District Association – *Information Item*

5. 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.

☒ Provide Institute for Healthcare Improvement (IHI) governance materials to the Board.

☒ Legal Counsel conducts Brown Act training.

☒ 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.

☒ 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).

Board Development

☐ Full Board revisits Board self-assessment themes to close the feedback loop.

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Governance Chair Turner called the meeting to order at 9:32 am.
PRESENT	Jean Turner, Governance Chair David Lent, Governance Vice-Chair Christian Wallis, Interim Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Alison Murray, Chief Business Development Officer / Chief Human Resources 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

The committee reviewed the Board Self-Assessment Action Plan and agreed that the Governance Committee is making steady progress, with most items completed or actively underway. The checklist will be updated at each meeting, to reflect completed items.

CEO Expectations and Lessons Learned

The committee agreed that one of its key goals is to strengthen governance continuity and preserve institutional knowledge related to CEO recruitment and evaluation. To achieve this, the Board will hold a closed-session discussion to develop and document shared expectations for the incoming CEO, using the ACHD template as a starting point. Members also supported creating a concise "how-to" or reference guide capturing key steps, HR coordination points, and communication protocols for both interim and permanent CEO selections. This document will serve as a practical governance tool for future Boards during leadership transitions.

Committee members further recommended that current Board members participate in a debrief session to reflect on the recent CEO recruitment process and identify lessons learned—what worked well, what challenges arose, and what improvements could be made in the future. Christian and Jean will coordinate how this discussion and documentation process will take place.

Key components to include:

- Closed-session discussion on CEO expectations (ACHD template starting point)
- Written reference guide outlining steps, HR coordination, and communication protocols
- Board debrief on the recent recruitment process to capture lessons learned

- Ongoing coordination by Christian and Jean to organize and formalize these efforts

ADVOCACY POLICY

The committee reviewed the revised Advocacy Policy and confirmed that the most recent version incorporated all prior edits and legal counsel's redline revisions. Members noted that the final document remained consistent with the previous draft, with only minor clarifications added.

Staff explained that the process will involve bringing the policy forward to the full Board first for approval. Once the Board adopts the policy, staff will then develop the annual Legislative Advocacy Platform, which will align with the legislative calendar and be ready for presentation in December or January as new bills are introduced.

The committee noted that the policy was previously reviewed, discussed, and approved for advancement to the full Board at the September 2025 Governance Committee meeting. As there were no additional comments or changes, no further action was required.

Action Item:

- Confirm placement of the Advocacy Policy on the October 15, 2025, Board of Directors agenda for formal approval.

CIVILITY AND CODE OF CONDUCT POLICY

The committee reviewed the updated Civility and Code of Conduct Policy, which consolidates the previous Civility Policy and Code of Conduct into one comprehensive document. The revised version includes an annual acknowledgment section and incorporates the "I will" and "I will not" commitments directly into the main body, as previously requested by the committee. Members confirmed that all prior feedback from the last meeting had been addressed in this version.

During discussion, members noted that the section on media interactions for Board members may need to be updated once the forthcoming District-wide Media Policy is developed. Staff explained that while existing policies include limited language on media contact, a dedicated policy is being prepared to clarify expectations for both workforce and Board members.

The committee also discussed the section regarding public comment responses and agreed to revise the language to clarify that responses, when appropriate, may be provided at a later time through staff or subject-matter experts, or during an agendized discussion. This clarification will help guide Board members on appropriate procedures for responding to public comment.

Action Items:
• Revise the policy to include the phrase "or provided at a later time through staff or subject-matter experts."
• Note that the media section may need to be updated once the District-wide Media Policy is adopted.

• Forward the finalized Civility and Code of Conduct Policy to the Board of Directors for approval at the October 15, 2025, meeting.

Motion by Lent: to recommend approval of the Civility and Code of Conduct Policy to the full Board, with the revisions stated above.
2nd: Turner
Pass: 2–0

OFFICERS AND COMMITTEES OF THE BOARD OF DIRECTORS

The committee reviewed the revised policy, which clarifies the Chair's role and responsibilities. Minor edits were made to other officer descriptions for consistency. No further changes were requested.

Motion by Lent: to recommend approval of the Officers and Committees of the Board of Directors Policy to the full board.
2nd: Turner
Pass: 2-0

TICKETING POLICY

The committee reviewed the updated Ticketing Policy, which outlines procedures for distributing and reporting tickets provided to the District. A wording correction on page three was identified and revised to read: "All written contracts with NIHD shall specify the number of tickets made available for District use."

The committee also reviewed **Appendix A**, which lists preapproved community events—Mule Days, Tri-County Fair, and Railroad Express—with the option to add additional events in the future as needed.

Members discussed requirements for filing **FPPC Form 802**, which documents the distribution of tickets. Staff confirmed that NIHD will prepare and file the form as required, including event details, ticket value, and recipient information, and that the completed form will be posted publicly within forty-five days as required by law. The committee noted that a copy of the form may also be provided to recipients when tickets are distributed for transparency.

Action Items:
• Update page three to read: "All written contracts with NIHD shall specify the number of tickets made available for District use."
• Retain the existing policy language stating that NIHD shall prepare and file FPPC Form 802 as required.
• Forward the finalized Ticketing Policy to the Board of Directors for approval at the October 15, 2025, meeting.

Motion:
Motion by Lent to recommend approval of the Ticketing Policy to the full Board with the noted corrections.
2nd: Turner
Pass: 2–0

MISSION, VISION, VALUES	The committee reviewed the proposed Mission, Vision, and Values statements prepared by the Executive Team. Members discussed minor wording adjustments, including changing "rural community" to "rural communities" in the Mission statement to better reflect the District's broader service area. The committee expressed support for the unified statements and agreed they accurately represent NIHD's purpose and direction. Staff will share the statements with hospital teams to gather feedback prior to the Board meeting. **Action Items:** • Update the Mission statement to read "communities we serve." • Share the proposed statements with staff for feedback prior to the October 15, 2025, Board meeting. • Forward the Mission, Vision, and Values to the Board of Directors for approval at the October 15, 2025, meeting. **Motion by Lent:** to recommend approval of the Mission, Vision, and Values as revised to the full board. **2nd:** Turner **Pass:** 2–0
NEW BUSINESS	
MEETING MINUTES	**Motion by Lent:** Approval of meeting minutes from September 17, 2025 **2nd:**Turner **Pass:** 2-0
POLICY ON POLICIES	Removed from the agenda.
COMMITTEE DISCUSSION	The committee discussed upcoming governance items and meeting logistics. Members agreed that the next Governance Committee meeting will be rescheduled to **Wednesday, November 12, 2025, at 9:30 a.m.**, due to scheduling conflicts with the regular meeting date. It was requested that at the end of each Governance Committee meeting, time be set aside to review and confirm items for the next agenda to ensure clear preparation and continuity between meetings. The committee also reviewed the timeline for filling the current Board vacancy. Staff provided an overview of next steps, including the public notice period, candidate application window from **October 16–31**, candidate interviews tentatively planned for **November 6–7**, and Board appointment and swearing-in targeted for **mid-November**. Members emphasized the importance of scheduling the January Board retreat early to allow sufficient planning time for staff and directors.
Adjournment	Adjournment at 10:21

_____
Jean Turner
Northern Inyo Healthcare District
Governance Chair

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

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

DATE: November 2025

TO: Board of Directors, Northern Inyo Healthcare District

FROM: Christian Wallis, Chief Executive Officer

RE: Advocacy Platform

MEMORANDUM

Purpose

To discuss and refine a proposed Advocacy Platform for Northern Inyo Healthcare District (NIHD) for the 2025–2026 legislative cycle. The Governance Committee is asked to review the proposed framework, recommend the District's top advocacy priorities, and forward a finalized version to the Board of Directors for adoption.

Background

Healthcare districts serve as locally governed public agencies charged with sustaining access to essential healthcare services in their communities.

An advocacy platform establishes the District's policy direction when engaging with legislators, associations, and community partners.

Rural critical access hospitals and healthcare districts generally structure advocacy work around three tiers:

1. Healthcare District Priorities – governance authority, funding tools, and regional collaboration.
2. General Health & Hospital Priorities – financial sustainability, workforce, and service access.
3. Special District & Governance Priorities – transparency, modernization, and local control.

Recommendation

1. Review and refine the draft focus areas and guiding principles.
2. Select three priority areas for 2025–26.
3. Recommend the revised platform to the full Board for approval.

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Policy Documents Requiring Board Approval		
Owner: Board Clerk	Department: Board of Directors	
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:

This policy defines which policies, plans, programs, procedures, protocols, and guidelines require Northern Inyo Healthcare District (NIHD) Board of Directors' approval, and which the Board of Directors (Board) has designated for approval by the Executive Team or the Medical Executive Committee (MEC).

DEFINITIONS

1. *Annual Plans/Programs* – consist of complex District programs or plans, which require final approval by the NIHD Board of Directors on an annual basis.

2. *Board of Directors' Policy* – policies designed for organizational governance that set direction for the District, define and guide appropriate relationships between the Board and the Chief Executive Officer, and set the duties and responsibilities of the Board. These policies are reviewed by the Executive team, the Board Governance Committee, and then approved by the NIHD Board of Directors.

3. *Clinical Consistency Oversight Committee (CCOC)* – multidisciplinary team, represented by clinical staff, that reviews all clinical policies, plans, programs, procedures, protocols, and guidelines. Once approved by CCOC, it sends the document to the appropriate medical staff committees for review, followed by Board or their designee (generally the Medical Executive Committee) for final approval.

4. *Guideline* – tools that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and assessment of the benefits and harms of alternative care options. These documents receive final approval at the Medical Executive Committee.

5. *Policy* – The clear, concise statements of the parameters by which an organization conducts its business. Policies are the rules that workforce abide by as they carry out their various responsibilities.

6. *Non-Clinical Consistency Oversight Committee (NCOC)* – multidisciplinary team, represented by non-clinical staff, operations team, and clinical workforce, that reviews non-clinical policies, plans, programs, procedures, protocols, and guidelines. Once approved by NCOC, it sends the document on to other committees as appropriate prior to final approval at the board of directors or their designee (generally the Executive Committee).

7. *Policy and Procedure Management Software (PPM)* – Repository for NIHD policies, plans, programs, procedures, protocols, and guidelines, excluding the procedures in Lippincott Procedures. PPM allows for tracking of current and past policies and procedures, while maintaining access for workforce review.

8. *Procedures* – The instructions or steps that describe how to complete a task or do a job.

    A. Clinical procedures require approval via CCOC, the medical staff committee process and are approved by the Medical Executive Committee (MEC).

    B. Lippincott Procedure Manual is utilized by NIHD for Clinical Procedures.

9. *Protocols* – An algorithm or recipe for managing procedures, diseases, or conditions. This sets a specific standard for the process. (Example – wrist x-ray = 3 views)

    A. Require approval via medical staff committee(s) of departments where the protocol is utilized; ultimately approved by the Medical Executive Committee.

    B. Standardized Procedures followed by RN staff that cross from nursing into medical process require a standardized procedure per the California Board of Registered Nursing. These must be approved by the Interdisciplinary Practice Committee, Medical Staff Committee with department oversight and ultimately by the Medical Executive Committee.

    C. Standardized Protocols followed by Physicians' Assistants follow the process delineated by the California Medical Board.

ROLES AND RESPONSIBILITIES:

Level	Role	Authority
Board of Directors	Governing body	Approves policies required by law/regulation (see list in Policy section, below)
Executive Team	Administrative and Operational oversight	Final approver for administrative/ operational policies and procedures unless Board approval is required.
Medical Executive Committee (MEC)	Clinical oversight	Final approver for clinical policies and procedures unless Board approval is required.
Compliance Officer (or designee)	Compliance Oversight	Maintains Policy and Procedure Management software – users, policy process, templates. Provides compliance oversight for policy structure, development, and approval processes.
Policy Owners	Departmental Leadership	Develop, review and revise owned policies. Send to CCOC, NCOC, or Executive Team for review process.

POLICY:

1. Policies requiring Board approval will be presented to the Board Governance Committee for final review to make recommendations for approval to the full Board.

2. The following categories require Board approval under California or federal law, Medicare Conditions of Participation (CoPs), or established best practices:

a. Brown Act Compliance Policies
b. Policies whose scope includes the Board of Directors
c. Policies that define and guide appropriate relationships between the Board and the Chief Executive Officer
d. District Bylaws and Governance Structure
e. Medical Staff Bylaws, Rules, and Regulations
f. Plans and Programs – may include but are not limited to:
    i. Workplace Violence Prevention Plan – initial adoption and material revisions.
    ii. Quality Assessment and Performance Improvement (QAPI) Plan – ensuring compliance with quality standards.
    iii. Compliance Program

3. Clinical and Administrative Policies – may include but are not limited to:
    a. Standards of Care
    b. Scope of Practice
    c. Medical Staff Privileges template
    d. Patient Rights
    e. Ethics policies
    f. Hospital Fair Billing Policies
    g. Investment Policies
    h. Non-Discrimination and Non-Retaliation Policies

4. The Board delegates the approval of policies, procedures, protocols, and guidelines not listed above to the Executive Team for administrative and operative documents, and to the Medical Executive Committee for clinic documents.

PROCEDURE:

1. Policies, plans, and programs that require Board approval will be developed and reviewed according to the *Development, Review, and Revision of Policies and Procedures Policy.*
    a. The Board has final approving authority for these documents.
    b. Once approved, the Board Clerk, or designee, will mark the policies as approved and record the approval date in the PPM.
2. Policies, procedures, protocols, and guidelines that do not require Board approval will follow the same review process outlined in the *Development, Review, and Revision of Policies and Procedures Policy.*
    a. The final approval authority will be the Executive Team or the Medical Executive Committee (MEC).
    b. Once approved, an administrative assistant or a Medical Staff Office designee will record approval and the date in the PPM.
    c. Examples include:
        i. Departmental operating procedures
        ii. Human Resources policies, except those with legally required components such as workplace violence prevention

iii. Routine administrative policies, such as ITS, purchasing, or facilities policies

iv. Clinical practice guidelines and protocols not legally requiring Board approval.

3. Standardized procedures followed by RNs that extend into medical practice must comply with California Board of Registered Nursing requirements.

    a. These must be developed and reviewed according to the *Development, Review, and Revision of Policies and Procedures Policy.*
    b. The final approval authority will be the Medical Executive Committee (MEC).

4. Standardized protocols followed by Physicians' Assistants (PA) must comply with California Medical Board requirements.

    a. These must be developed and reviewed according to the *Development, Review, and Revision of Policies and Procedures Policy.*
    b. The final approval authority will be the Medical Executive Committee (MEC).

5. If any portion of a policy requires Board approval by law or regulation, the entire policy will be presented to the Board for approval.

6. Programs and Plans must be reviewed through appropriate committees and approved by the Board of Directors annually.

7. Policies approved by the Board must be reviewed through the appropriate committees and reapproved by the Board at least every two years, or sooner if required by law or if substantive changes occur.

8. Policies approved by the Executive Team or MEC should be reviewed and approved every two years, or on a cycle consistent with applicable laws, regulations, and Joint Commission guidance.

9. Policies and procedures governing the Board itself will be developed and approved at the administrative level, with assistance from Compliance or legal counsel as needed.

10. Minor or non-substantive edits (e.g., grammar, formatting, title updates) may be made to published documents without requiring full review and approval.

11. Published documents must be archived when revised or deemed obsolete.

    a. Documents updated within the PPM will automatically archive the prior version; no further committee approval is required.
    b. Obsolete documents not replaced by a new version must be approved for archival by the CCOC or NCOC.

REFERENCES:

1. Government Code §§ 54950–54963 – The Brown Act
2. Health & Safety Code §§ 32000–32492 (esp. § 32121) – Healthcare District Law
3. Health & Safety Code § 32133
4. Government Code §§ 87300 – 87313 Political Reform Act
5. 88 FR 25000 - OIG Compliance Program Guidance
6. 42 C.F.R. Part 485, Subpart F – CMS Conditions of Participation, Critical Access Hospital
7. 42 C.F.R. § 485.635(a)(4) – CMS Conditions of Participation, Critical Access Hospital
8. 42 C.F.R. §§ 485.627, 485.635
9. 22 CCR §§ 70701, 70703
10. Labor Code § 6401.9

11. Health & Safety Code § 32128
12. California Hospital Association Record and Data Retention Schedule, 2018.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Development, Review, and Revision of Policies and Procedures

RECORD RETENTION AND DESTRUCTION:

All policy, procedure, plans, programs, scope of practice, standards of care, protocols, guidelines and bylaw documents will be maintained for the life of the document, plus 6 years, within the Policy and Procedure Management system at NIHD. Archival is required for document types listed herein for no less than 10 years.

Supersedes: Not Set

PROPOSAL FOR GOAL SETTING SERVICES

NIHD

JACOB GREEN & ASSOCIATES

NOVEMBER 2025

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Tustin, CA 92782
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JacobGreenAndAssociates.com

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NORTHERN INYO HEALTHCARE DISTRICT

November 4, 2025

Christian Wallis, Chief Executive Officer
Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, CA 93514

Dear Chief Executive Officer Wallis,

Thank you for the opportunity to support the Northern Inyo Healthcare District as it continues its journey toward organizational stability, cohesive governance, and shared purpose. At Jacob Green & Associates (JGA), we specialize in helping Special District boards navigate periods of transition through the foundational work of creating strategic alignment; including the development of Mission, Vision, Goals, and future performance expectations for the CEO that truly reflect the Board's aspirations.

Our team brings over 600 combined years of local government experience, and we recognize that successful governance requires more than just policy; it demands unity, purpose, and empowerment. We also recognize that the Northern Inyo Healthcare District is prioritizing the development of a clear and constructive framework for CEO performance evaluation. This includes establishing goals that reflect the District's strategic priorities while laying the groundwork for a transparent and meaningful evaluation process in the year ahead.

Our Goal Setting services are designed to deliver lasting value and measurable progress. Through a collaborative and tailored approach, our work will result in the following key outcomes:

1. **Board cohesion** – Strengthened collaboration, communication, and alignment among board members.
2. **Organizational alignment** – Clear connection between vision, goals, and day-to-day operations across all levels.
3. **Stakeholder investment and trust** – Increased confidence and engagement from internal and external stakeholders.
4. **Legacy and impact** – A forward-looking strategy that ensures long-term relevance, value, and influence.

Through thoughtful facilitation and targeted governance training, JGA will assist the Board in clarifying roles, strengthening collaboration with the CEO, and achieving alignment on expectations and outcomes. Our approach emphasizes trust-building, transparency, and the translation of dialogue into actionable strategies that enhance organizational cohesion, accountability, and long-term success.

We look forward to partnering with the Northern Inyo Healthcare District to support its leadership and governance goals.

Sincerely,

Jacob Green
President & CEO

SCOPE OF SERVICES

SECTION A

GOAL SETTING FACILITATION

Goal setting plays a pivotal role in shaping the future of the Northern Inyo Healthcare District. It provides a clear framework for the Board and CEO to align priorities, make informed decisions, and ensure accountability to the organization and the community it serves. By establishing clear, measurable objectives, the District can strengthen communication between governance and executive leadership, promote transparency, and guide performance in a way that supports both immediate organizational needs and long-term strategic goals. Well-defined CEO goals not only enhance clarity and trust but also serve as a foundation for next year's formal performance evaluation, helping the District sustain stability.

STEP 1: ONE-ON-ONE INTERVIEWS WITH BOARD MEMBERS

Our team will conduct one-on-one interviews with the Board in advance of the Workshop in Step 2. The purpose of these one-hour conversations will be to build rapport and ensure that JGA creates a customized experience to meet the Board's individual and collective interests. These sessions will focus on gathering the individual Board members' Vision, Strategic Priorities, and expectations for the CEO's future performance.

STEP 2: OPEN SESSION WORKSHOP

JGA will provide an open session training to include, but not limited to, the following topics:

- Role of Cognitive Diversity in Team Cohesion
- Building a Highly Effective Team
- Roles and Responsibilities in a Municipal Organization
- Vision, Mission, Goals/Objectives, Values

STEP 3: CLOSED SESSION FACILITATION

In closed session (under the Appointee Performance Evaluation – Closed Session item), the Board will discuss its priorities and expectations for the CEO's future performance evaluation. This confidential setting provides an opportunity for the Board and CEO to engage in a candid dialogue to ensure alignment around goals, performance criteria, and organizational priorities. The intent of this discussion is to establish clear, agreed-upon evaluation criteria in advance so that future assessments are objective, transparent, and directly connected to the Board's expectations and the agency's strategic direction.

Northern Inyo Healthcare District Project Commitment

Successful project outcomes rely on a strong partnership between our team and yours. To ensure the best results, we've outlined key client responsibilities that foster effective collaboration and project efficiency. By fulfilling these roles, you actively contribute to the project's success, helping us deliver high-quality work on time and within scope. This mutual commitment not only improves project outcomes but also maximizes the value and impact of our combined efforts.

- **Clear Objectives:** Define and communicate project goals, expectations, and deliverables clearly at the project's outset.
- **Active Participation:** Engage in regular meetings and provide necessary feedback to ensure the project stays on track and aligns with expectations.
- **Resource Allocation:** Ensure the availability of internal resources, including key personnel, data, and tools, required for the project.
- **Open Communication:** Maintain open and honest communication with the Consultant, addressing any concerns or changes in scope as soon as they arise.
- **Decision-Making:** Facilitate timely decision-making processes to avoid delays and ensure project progress.
- **Access Provision:** Provide the Consultant with necessary access to relevant systems, documentation, and facilities.
- **Respect Timelines:** Adhere to agreed-upon timelines for reviews, approvals, and information requests to maintain project momentum.
- **Change Management:** Collaborate on managing any changes in project scope, requirements, or timelines, ensuring mutual agreement on modifications.
- **Partnership Approach:** Foster a collaborative and respectful working relationship, recognizing that successful outcomes depend on both parties' commitment and cooperation.
- **Timely Payment**: Pay invoices pursuant to contract terms and communicate any payment issues promptly with the Consultant.

YOUR TEAM

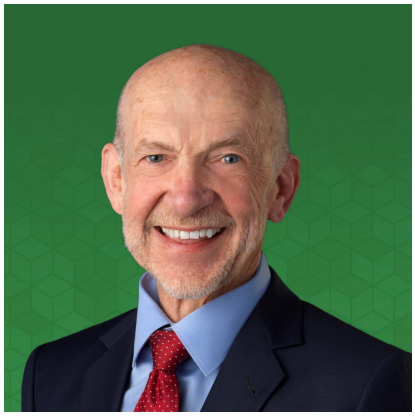
SECTION B

JGA's Team Video Link: Jacob Green and Associates - JGA - Your First Call

JACOB GREEN, MPA

Founder & CEO / Senior Facilitator

Jacob is a nationally recognized local government expert in organization and leadership development. As an Assistant City Manager for the City of San Juan Capistrano and the City of Ontario, he has managed hundreds of employees and numerous government departments. As a trainer, keynote speaker, facilitator and coach, Jacob has worked with municipal clients, as well as commercial clients such as Mattel, FedEx, Hyundai Capital, ADP, and many others. In 2019, Jacob distilled his personal and professional experiences into an Amazon best-selling book: See Change Clearly: Leveraging Adversity to Sharpen Your Vision and Build Resilient Teams. Jacob has received numerous awards for his leadership, including the National Caring Award, the Orange County Human Relations Award, the Most Inspiring Student at UC Irvine, and is the youngest recipient of the Gene Lentzner Humanitarian Award. Jacob has his Bachelor of Arts in Social Sciences with a Minor in Management from the University of California, Irvine, his Master of Public Administration (MPA) degree from California State University, Long Beach, and was recently awarded an honorary doctorate from Western University School of Health Sciences.



GREGORY C. DEVEREAUX, JD

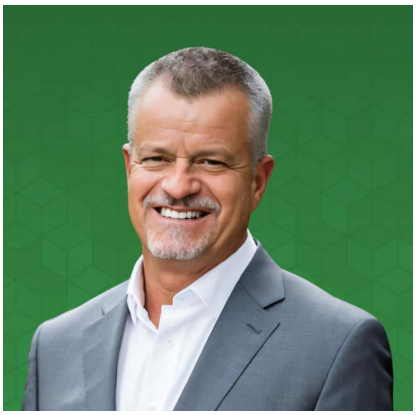
Senior Facilitator

Greg Devereaux served in state and local government for 40 years, holding a variety of leadership positions including City Manager of both Fontana and Ontario, and Chief Executive Officer of San Bernardino County. In each of these roles, he partnered with elected officials to implement fiscal discipline, improve operational outcomes, and align organizational direction with community goals. While serving as CEO, he supported the Board of Supervisors in launching a countywide transformation built on teamwork and long-term planning. He also led the County's development of the Countywide Vision in collaboration with the San Bernardino Associated Governments. Greg is a Past President of the California Redevelopment Association and has served on numerous committees with the League of California Cities and the California State Association of Counties. In 2015 he became a Fellow of the Congressionally chartered National Academy of Public Administration. At Jacob Green and Associates, Greg applies his high-level public sector leadership experience to support local governments with executive strategy, governance training, and long-range visioning. He brings valuable insight to agencies navigating complex organizational challenges and seeking clear, actionable frameworks for policy implementation and fiscal responsibility.

NICOLE BEACH, PMP

Director of Strategic Initiatives

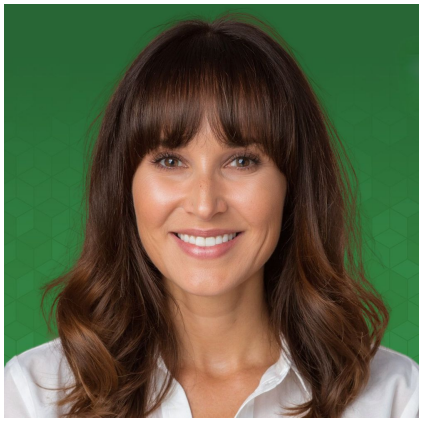
Nicole Beach is a project management and strategy delivery leader who specializes in assisting organizations in realizing value by aligning strategy with execution. Nicole collaborates closely with our clients to develop work plans that ensure their success in executing strategic goals and provides project management oversight across all projects. Before joining JGA, Nicole amassed a wealth of experience leading complex technology, organizational, and strategic projects, including M&A integrations, ERP implementations, and process improvement initiatives. Most recently, she oversaw Project Management Offices and Strategic Portfolio Management for SAFEbuilt, Citrix, and Sport Clips. Nicole holds certifications as a Certified Change Management Professional (CCMP), Project Management Professional (PMP), and Lean Six Sigma Green Belt. She also earned an MBA with a concentration in Process Improvement from Nova Southeastern University.



DAVE BROWN

Leadership Development Partner

Chief Dave Brown (ret.) is passionate about helping public sector executives and organizations succeed in a dynamic and challenging environment, especially when facing leadership, political, or personnel challenges. Chief Brown has held command positions in every division of law enforcement, including many years as a Chief of Police. He has also served as Director of Public Safety, Assistant City Manager, and held several stints as Interim City Manager. In 2017, Chief Brown was recruited by the City of Menifee, California, to spearhead the creation of the Menifee Police Department. Over the next three years, Brown created and implemented a robust, data-driven strategy, successfully launching the new Menifee Police Department on July 1, 2020. More recently, Dave served as the Executive Director of the Riverside Sheriffs Association (RSA), one of the largest law enforcement labor organizations in the country.



KATIE DISTELRATH

Training and Development Manager

Katie Distelrath is a seasoned Community Services and Leadership Development professional who helps public sector teams and emerging leaders grow with clarity, confidence, and purpose. Her greatest strengths lie in fostering inclusive, people-centered environments that build resilience, emotional intelligence, and authentic leadership. Over the past 15+ years, Katie has led community engagement initiatives, overseen large-scale programs, and developed high-performing teams across three California municipalities. Her work has included strategic planning, staff development, and innovative service delivery that meets the evolving needs of diverse communities. Katie holds a BA in Psychology from the University of Southern California and a master's in Marriage and Family Therapy from the University of La Verne.

ALBERT RIVAS, MA

Project Manager

Albert Rivas is a government consultant and public service leader with over 20 years of experience advancing local, state, and community-based initiatives through strategic planning, organizational development, and operational leadership. He has served as a trusted advisor to the Governor's Office, state departments, counties, and municipal executives, including City Managers and Deputy City Managers. In these roles, he has provided high-level strategic coordination, organizational planning, and support for priority-setting efforts across diverse public agencies. Albert also leads the design and execution of enterprise resource planning and change management strategies, improving operational transparency, performance, and accountability across government systems. Appointed by the Governor of California, Albert served as Chief of External Affairs for the California Department of Corrections and Rehabilitation. He has also held roles as a Commissioner for First 5 Sacramento, Commissioner for the Human Rights and Fair Housing Commission, and Senior District Representative in the California State Senate. He is ProSci and DEI Certified. Albert holds a Master of Arts in Education and a Bachelor of Arts in Political Science from the University of California, Davis, as well as a Certificate in Local Governance from Stanford University.

JESSICA MCLIN

Project Manager

Jessica is a project management professional with a knack for blending strategy, creativity, and a sense of humor to deliver exceptional results. Passionate about both achieving organizational goals and providing top-notch customer service, she is skilled at developing and executing innovative programming that engages and delights every step of the way. What sets Jessica apart is her unique ability to combine strong project management skills with a coaching mindset. She's not just about hitting milestones; she's committed to guiding her client's growth, helping them to thrive. Her proactive approach helps to early identify potential roadblocks, leverage strengths, and navigate challenges, leading to both personal and project success. Jessica wears many hats with ease, whether it's coaching, process improvements, or managing complex projects. She's focused on driving results, and knows how to rein in the chaos along the way. With her expertise in leadership development and project management, Jessica is dedicated to helping teams optimize their performance, streamline processes, and better understand their individual and collective contributions. Whether leading a project or mentoring an individual or team, Jessica ensures everyone has the support they need to reach their goals, while having a little fun in the process.

COST PROPOSAL

SECTION C

The costs outlined in this proposal are considered valid and binding for a period of 90 days, commencing from the date of the proposal's issuance. During this timeframe, the provided pricing and estimates for products, services, and associated expenses will remain unchanged, subject to the terms and conditions specified in the proposal document. Any modifications or alterations to the proposal, as well as adjustments to the costs, will require mutual agreement between the involved parties.

COST PROPOSAL

Description	Cost
Goal Setting Facilitation	$24,000
Travel	Invoiced at Cost
Materials	Invoiced at Cost

EXCLUSIONS:

The following program expenses are not included in consultant fees and are the responsibility of the Northern Inyo Healthcare District, if necessary.

- Venue rental fees for events
- Food and beverages for events
- Materials/supplies for workshops
- Translation services, if needed

LATE PAYMENT FEE:

All invoices are due and payable within 30 days of the invoice date. Any invoice not paid within 30 days will be subject to a late payment fee. A fee of 1.5% per month will be added to the outstanding balance until the invoice is paid in full.

The prices, specifications, and conditions covered within this proposal are satisfactory and hereby accepted. JGA is authorized to do the work as specified.

Signature:_____

Name/Title:_____

Date:_____