

Transcription

Of File Name: "Aug 26 2021 Recording"

John 0:00

Hi, everybody.

Jessica 2:36

Hi, John.

Amy 2:41

Good evening, John.

John 2:42

Good evening.

Jessica 3:26

Okay, hello, everybody. Looks like it's 5:01 PM and all the board members are present. So, I'm going to go ahead and do the roll call Sarah.

Sarah 3:40

Present.

Jessica 3:41

John.

John 3:43

Yes, I'm here.

Jessica 3:44

Norman.

Norman 3:45

Here

Jessica 3:47

Amy.

Amy 3:48

Hi, I'm here, guys. I'm going to sign in on my computer and my phone. Okay. Is that okay, Jessica?

Jessica 3:54

Sure. Okay, now we have a couple of comment time. Would anyone like to make a comment? There's only one community member here, would you like to make a comment?

Sarah 4:08

There's two, actually, Jessica.

Jessica 4:10

Oh, oh, I see. There's a second one. I saw Jen come in earlier. Would you like to make a comment? Let's start with Jen. Would you like to make a comment? Okay. All right. And then Malcolm McDonald's on as well. Malcolm, would you like to make a comment?

Malcolm McDonald 4:30

Yes, I would. Recently, someone filing as manager at mchcd.org made a public records request to the city of Fort Bragg. Through follow up, I learned that the real person behind that was Jacob Patterson. His identity is secondary to the main issue. There is not enough public record to justify the existence of a manager of the Health Care District. What is on the record are vague references and board agendas these references occur primarily in closed session agenda items with no further reference in reports out of closed session. In fact, there are no extant minutes of the board meetings of June 10th and 24th, as well as no recorded minutes of the July 9 special board meeting. In plain words, there is not enough record to justify that anyone holds the position of manager or district manager for the district. You as a Board have not properly notified the public that you're seeking to fill such a position or that such a position even exists. You as a Board have not notified the public about the positions existence, and have failed to notify the public of costs and said position, length of a contract for such a position and so on. The last known board agenda, July 9th briefly referenced Independent Contractors/Consultants and District Legal Counsel in the closed session. June 24 agenda mentioned, Employees and Independent Contractors once in the closed session. In open session item 13, referred to an interim administrative group. This was purportedly backed by a Tab 2, no Tab2 exist in the agenda. This failure to provide Tabs appears too often in the last year, there was a Tab 3. Michelle McMillan's resignation is office manager. Is the position Jacob Patterson represented to the city when he signed manager at mchcd.org? The position formerly held by Ms. McMillan. If so, where's the record of his hiring? None seems to exist. Did Patterson use manager at mchcd.org on his own, without direction from the Healthcare District and its board was Patterson directed to file for public records from the city by the district board chair or an individual board member. These are questions the public deserves to know, the answers to since the involved public records and likely also involved an action item on tonight's agenda. The inclusion of the August 12 agenda and the reconsideration of the items from that faulty agenda. Only lens prove to the point that the position of district manager or manager does not truly exist. The August 9th meeting

was cancelled after I pointed out in opening public comments that said meeting was improperly noticed. The same board then went ahead three days later August 12. With the same lack of notice to the public. That August 12 meeting did not take place in any realistic sense. The public was not notified. And since that August 12 Meeting didn't truly take place and proper public notification and or Brown Act fashion. Any action from closed session or from action items and open session did not take place. Therefore no employment in regard to a district manager exists. In addition, no one should be acting for the healthcare district using such title, no representing themselves under such a title. If the matter of a district manager is broached in the closed session today. It should only be to ascertain pertinent information as to the cost to the district to formulate something akin to an RPF for the position in a broader based effort to attract candidates. If these initial steps are taken, then the board should report out to the public. At this juncture, this board has failed to engage the public and failed to properly notify the public of its potential actions for months on end. Every potential action needs to be presented to the public in an ultra-transparent manner. I believe that failure to do so at this point will not only result in further loss of trust from the public your elected represent, but may very well bring unwanted attention from the county grand jury, the FPPC and other such entities. Thank you.

Jessica 9:01

So, with no one else remaining to make a comment. We're going to now go into close session. Thank you for being here for your comment. Jen, what we're going to do, is we're going to go into closed session. After closed session, it's 6 o'clock, you're welcome to log back into the same zoom address. But we are going to now request that you let us have our closed session and then return later. Okay, thank you.

Alright, looks like it's us. So, the first one is about public manager, district manager. So, who would like to take the lead Sarah and Amy were tasked with connecting with Jacob about details of the contract. I also want to hear from the other board members, but how about if we start, which one would you who would like to start for Sarah, Amy, just to bring us up to speed on your conversation with Jacob?

[10:12 inaudible]

Okay. So, next report in closed session, there's no report out from closed session, no actions were taken. And next is public comment. I wanted to remind community that public comments are on subjects that are not on the agenda. Okay, so with that in mind, if you could please raise your hand, if you're going to do a comment. And so, and I will pick on people as I come across you. So, those on a phone call, you can let me know I don't think you have a way to raise your hand. Okay, so I'm not seeing anybody looking to make a public comment. Oh, give it another moment. Okay, I don't see anyone looking to make public comment. We're going to move on with the agenda may have approval of the agenda.

Norman 11:31

So, I'll move.

Jessica 11:33

May I have a second?

Amy 11:38

Also I'm a second.

Jessica 11:44

Sarah, Amy who's going to second?

Sarah 11:47

Amy, you can have it.

Jessica 11:51

Okay, all in favor.

Sarah 11:55

Aye.

Jessica 11:55

John. Yes. Sara? Yes. Amy?

Amy 11:59

Yes.

Jessica 12:00

Norman.

Norman 12:01

Yes.

Jessica 12:02

Okay. Very good. Okay, next we have,

Malcolm McDonald 12:12

Can I interrupt for a second?

Jessica 12:14

No, I'm sorry, not at this point. We have verification or reconsideration of action items from the August 12 meeting. Due to questions regarding adequate notice of the meeting. We're bringing that forward.

Sarah 12:27

Jessica. Jessica.

Jessica 12:28

Yes.

Sarah 12:30

We need to enable the hand raising.

Jessica 12:34

Okay.

Sarah 12:35

So, when we did the public asking for comment, we said just raise your hand. We don't have that enabled. So there may be some comments.

Jessica 12:43

It's not disable, it is abled. If you want to put your name in the chat, I'll do that instead but it is abled, people can raise their hands.

Sarah 12:52

Okay, I'm trying on my phone and I don't see it. So, I don't see it.

Jessica 12:55

I think, you can do it on the phone. So, I'm going to ahead and,

Malcolm McDonald 13:00

It is not enabled.

Sarah 13:02

No, just said, it's not enabled, I'm on both the website.

Jessica 13:08

Okay. Do you see I raised my hand? My hand is raised.

Sarah 13:12

Yeah, but you're the host.

Jessica 13:15

Okay.

Sarah 13:16

Can you do it for the guests?

Jessica 13:18

I don't have to disable this what I'm saying. So if it's not working, Sarah, just raised her hand. Anyone else want to raise a hand?

Amy 13:27

I got thumbs up.

Sarah 13:30

It's a big button, Amy.

Amy 13:33

I don't have it.

Jessica 13:34

Let's do it this way. If somebody would like to make a comment

Amy 13:37

Oh, this what, that's what, and Eric just raised his hand. Okay. So, under participants in the right lower hand corner raise hand. It's not located in reactions anymore. So, it's depends on version.

Jessica 13:52

Yes, I did not just able, I did not just able it.

Amy 13:56

I stand corrected. It's an under participants under raise hand used to be able to do it under reactions.

Jessica 14:02

Okay, let's do it this way. Does anyone want to make a public comment? If it's not a lot of people, I'll be able to manage this. If anybody wants to make a public comment, not relating to something on the agenda. Okay, nobody's coming forward. There's somebody's not able to raise their hand who wanted to make a comment earlier. There's still nobody raising a hand and nobody's speaking out. I'm looking in the chat and it looks like there were people who said that the raise hand feature is not visible and there are two people, I won't disclose who they are but if you would like to make a comment, can you please speak up? You're on mute, everyone's on mute.

So, I move on. I don't want to leave any anyone out who would like to make a public comment. So, please, if you want to make a public comment, just please speak out.

Okay, I'm going to move on. I'm sorry, if I missed you. I'm no one is speaking up to make a comment. So, we have verification of reconsideration of the action items. There was concern regarding inadequate posting. So, we decided to bring these items back. These were the only items that had action. So, the first one is the assignment and assumption of lease and the 155, Boatyard Drive. I was hoping to pass that on to Amy, because there have been developments since the last meeting and I thought Amy, if you could share with the board, what happened with the Boatyard assignment?

Amy 16:06

Hi, guys, as you know, we had our meeting last Thursday, and we had some valid questions about both Leases but reviewing and using our late judgment, we thought it was pretty cut and dry. However, on Friday, our lawyer Ben kind of pointed out some concerns in some language about the lease for the Boatyard and I just wanted to bring some of those topics for, one is we agreed Exhibit B, and all the list of the fixtures, and we'd never have seen the list. So, we agreed on the list of fixtures, and it was never attached. So, we may have not wanted to do that. And ignorantly we shouldn't have done that. The identification for both Adventist Health and ourselves did not match. So, he pointed that out and gave some suggestions that are afford today. Also the deposit, the rental deposit, it was written as Adventist could utilize it or keep it that it wouldn't come back to the health care district. And it's actually health care district monies. So, we have addressed that issue. There was some issues that were typos and red lines, meaning the lease would start in August. But because we're not voting it till August, you should start in September. So, that language has been cleaned up. And there was one more concern, and I'm sorry, I can't even read my handwriting right now. So, I'm pulling it up one more time, because I typed it too. And the other issue that we were addressing. The Lease had the maybe the rights too. So, if Adventist terminated the contract with us after three years for the hospital, the way the lease was written last week, it could have still be in the rights to meaning, they could have kept the rights to this lease. However, the lane to language has changed. So, Adventist terminated the lease of the hospital. And we would terminate also the lease of this property too. So, those were the corrections that were made and that are for us. So, I wanted to make a motion to.

Jessica 18:28

Amy.

Amy 18:29

Yes.

Jessica 18:29

We lost you for a moment.

Amy 18:32

Oh, I apologize. I wanted to make a motion to bring this new lease forward and to resend our vote from last Thursday, or the date that I can't recall at this time last Tuesday.

Jessica 18:46

May we have anyone to second, just for discussion?

Sarah 18:57

I'll second.

Jessica 18:59

Okay. So discussion, I'm going to start with John, do you have any thoughts on this?

John 19:11

All those are good catches. I remember the issue of the deposit, but it wasn't a lot of money as I recall but like they catch Amy.

Amy 19:26

I'd have to say, I just want to thank Ben for doing these catches and apologize to our community and the public and our my constituents that I thought it was straightforward and I kind of pushed it through to and I just appreciate all of us collaborating today and for Adventist Health for working with us and getting this done timely.

Jessica 19:50

Yes, so Ben was not in town in the period of time that we were leading up to the vote last time and he returned come to town, the weekend after the meeting and I do want to just do a thank you. You know, as Amy said, Eric, who I believe is on the call, just went really full in and helping us get it to the board tonight. And all the revisions, everything that had to happen event itself just really stepped up and did this and I and Amy was really on it. I was on it. And we're a good team and we did the document test tonight. We don't have the fixture document. So, it's up to the board, you know. It's pending the document if you want to do an approval. They are waiting on this approval, but I leave it in the capable hands of the board. You know how you want to move forward in the way of a motion tonight, but I definitely want to thank all the players who worked like I'm very short notice and really knock this thing out. So, thank you to all. Norman, do you have any thoughts?

Norman 21:08

I feel like I missed a meeting somewhere.

Jessica 21:12

You did miss a meeting?

Norman 21:14

I guess so. I'm not sure what this property is at 155 Boatyard.

Jessica 21:24

It's a thrift store. It's a thrift store right next to Harvest market.

Norman 21:34

Hospital.

Jessica 21:35

Right, so the hospital runs that thrift store and we had a lease and then during the affiliation, that lease was transferred to advances health and they were continuing running, you know, all the employees, the lease payment, they were running that property. The property now is due for renewal of lease and that's what this is about. It's time to... Okay, sure. So, Sarah, any thoughts on the situation? Okay, so here we are. I did just confirm that we did. They weren't able to get this last document the list of fixtures to us in time for tonight. So,

Sarah 22:33

Do you want to screen and just show us it?

Jessica 22:36

They didn't get it to us.

Sarah 22:38

Oh, didn't. I thought you just said they did.

Jessica 22:40

No, they didn't. It's not ready. I'd like to invite Eric to join in. Eric, if you're okay, can you please say your thoughts on how you'd like us to move forward tonight? Based on the fact we didn't get this last piece of the documents we needed?

Eric 23:01

Sure. Thanks, Jessica. Can you hear me?

Jessica 23:03

Yes.

Eric 23:05

Okay, great. And just to clarify, this is an assignment and assumption agreement. As part of that we are extending the lease for five years with an additional rights extend beyond that. Yeah, unfortunately, our team hasn't been able to put together an exhaustive list of the FF&E currently on site as attached to the assignment. It would be really great if we could approve the motion and trust the list is coming but understood if we can't.

Jessica 23:52

So here we are. Then who has been involved everything to date is been cleared by our attorney. So, I guess any direction from other board members, how you want to proceed? Yes, John.

John 24:11

Why I thought about this when it came up before what the fixtures are, and I presume it's all the things that are useful in running a thrift store, and I'm not a particularly significant financial. If that's true, then in the spirit of cooperation, we should just leave them in place if that's what Adventist Health would like to do.

Amy 24:44

I agree in the spirit of cooperation, but to have that list immediately just for our own paperwork and dotting our eyes and crossing our T's. That if we are approving something that says Exhibit B, we kind of need to Have Exhibit D on hand and I'm happy to make a motion, approving it, but having Exhibit B on him within like 45 days.

Amy 25:15

Can we have a second on that?

John 25:22

I'll second that.

Amy 25:23

Okay. I do want to make a comment and as far as some trust here, we are getting back that I think it's \$4,700 security deposit. And part of the discussion was if you want to do a walkthrough, so it can be, there could be a date that we're reviewing, are there any damages to the building? And then perhaps, we owe part of that \$4700, the district, you know, somehow does. And the response was no, there, we're just going to trust that they will give us the full \$4700. So, there has been a nice back and forth and faith kind of situation. And I think it's reasonable to just to give them that stretch of time to get this to us. So, that's my opinion on this matter, having been negotiating with this and an Amy for the past week. So, a lot of goodwill went on is what I'm trying to say. Any more discussion on this?

Sarah 26:28

Jessica, would the list be any different than when you originally negotiated the lease?

Jessica 26:35

Well, the lease, I believe that things were put in the building. These are things that may have been added. We went into an empty space, when we first had this lease and things were added, as part of the means of you know functioning as a thrift store.

Sarah 26:56

I mean, if you mean when we acquired or merged or with at the beginning, you did not have any, we did not have a fixture exhibit and I think it is out of prudence right now that we do get it. But now, I don't recall. I mean it is over 100 plus pages but I don't recall a list of fixtures at either other three properties meaning thrift store and North Coast Family Health Center and or what I call the Human Resources Building on Cyprus. Thank you Amy.

Jessica 27:26

Okay. Good question, Sarah. That's a good point. Okay, if there no other, no further discussion, can we go for the vote? Are you guys ready to vote?

Sarah 27:41

I am.

Jessica 27:42

Okay. Everyone ready? I'm going to start with John.

John 27:45

Okay. Can we [27:48 inaudible]

Jessica 27:52

Okay, yes, Malcolm, you have a comment from the public.

Malcolm McDonald 27:56

I don't know whether there will be comment, but I believe since it's an action, you need to ask for comment from the public.

Jessica 28:02

Thank you. Thanks for clarifying that. Okay. Anyone from the community have a comment? Okay, let's call for the vote. John.

John 28:12

Yes.

Jessica 28:15
Norman.

Norman 28:17
Abstain.

Jessica 28:18
Good. Okay. Amy.

Amy 28:21
Yes.

Jessica 28:22
Sarah.

Sarah 28:23
Yes.

Jessica 28:25
And I'm. Yes. Okay. Thank you, everyone. So, Eric. Great job getting that contract. Next, we have the approval Professional Service Agreement with legal counsel. So, I don't, I think we need to bring forward. This. I believe we're going to have to delay this. Somebody feels differently. Let me know. So. Sarah, the approval of Professional Service Agreement with district legal counsel. Any thoughts?

Sarah 29:12
I thought we were proving that so. I guess I'm confused.

Jessica 29:17
Okay. So, do you want to make a motion as to proving that?

Sarah 29:27
Well, I guess I would like to understand why you thought, we couldn't move forward.

Amy 29:32
I will make a motion to approve the Professional Service. Sarah, we second for discussion.

Sarah 29:38
Yes.

Jessica 29:39

Okay. At the last scheduled.

Amy 29:42

No, we had a special meeting where you guys voted on a professional service agreement, am I?

Jessica 29:51

Okay, great. Yeah. So, let's keep moving forward. Anybody has any question?

Amy 29:56

So, No, no, no, I just because we're in the middle of discussion, has already been approved at our last meeting? So, I don't think we have to redo it. Sara, right?

Sarah 30:06

I understood.

Jessica 30:09

Okay. Yeah, but we were revisiting these things only because there was a proper, improper notice.

Sarah 30:17

Okay.

Amy 30:17

Okay.

Jessica 30:18

So, we'll just be voting because we're cleaning the record up since there was not proper notice. One way to correct an improper notice meeting is to re redo the action items. So, we're re voting so we have a first in a second. Norman, do you have any comments?

Norman 30:43

I'm a, NO.

Jessica 30:45

Okay, so, we no more board discussion. We're calling for the vote.

John 30:50

Yep. Malcolm has a comment.

Jessica 30:53

Yeah. This so, we've do with a closed session issue. I'm not going to the public today. Okay.

John 30:57

Okay.

Jessica 30:58

All right. Thank you. So, I'm

Malcolm McDonald 31:00

How about a closed session issue, madam Chair.

Jessica 31:07

Okay. We're not taking comments on this right now. Thank you. We're still talking among the board members. Thank you. John, do you have any comments on this?

John 31:20

No, I stand by my earlier vote, even if it was improperly noticed meeting. So yes, I vote in favor of it.

Jessica 31:31

Okay. So, if there's no more discussion, I'll go to community. Malcolm, you have a comment about this?

Malcolm McDonald 31:39

Yes. The situation regarding the district legal counsel is full of a lack of transparency, how with regard to the public. You represent the last board,

Jessica 31:54

You cut out.

Malcolm McDonald 31:55

Last board meet. Sorry, the last board meeting for which there are existing Minutes was May 27. Those Minutes referenced the term in house counsel. The same term is used again in the agenda posted for the June 10 Special Board Meeting. The agenda for the July 9 Special Board Meeting references a negotiation between the Board Chair and District Legal Counsel. What's going on? Are these references to in house counsel about a different job than district legal counsel, or the same position? In either case, the public should have been far more thoroughly informed via reports out from closed session, or in other permanent record. There are no Minutes in existence for either June meeting, June 10 and June 24. Thus, there is no record regarding either council positions as far as public notification goes. Similarly, no Minutes for the July 9 Special Board Meeting exist. It is if

you the board are blindly meeting without any thought to providing the public with even the bare minimum of notification as to what has transpired at month worth of meetings through the simplest of methods, the Minutes. Let's move on to tonight. Item 10, by the way, you have the wrong Tab for this. It's supposed to be in Tab 1. It's actually in Tab3. The document in Tab 3 presents a heading date of June 10, 2021. Was this document actually created on June 10? Why is there a reference within the document to the agreement being retroactive to June 10? See the first line of paragraph two. If the document was really created on June 10, as the heading purports, why would anything within it need to be retroactive? This inherent contradiction alone makes this a faulty document. At best it should be tabled and brought back for further discussion at a later date. This contradiction about retroactivity is troubling in other ways. Paragraph three of the document scope of services and Patterson's duties states, "District hires Patterson to provide professional services for district as prompt as contract legal counsel, and as assigned by the district board or district manager". This is confusing if not confounding. Patterson as district legal counsel is to provide services assigned by the board or the district manager. Earlier we learned by way of the manager at mchcd.org label that apparently Patterson has been posing as some sort of manager for the healthcare district, or acting under the presumption that a member or members of the full board has granted him that position and authority. Hopefully, I don't need to go back through why that position is at best up in the air if not vacant. However, the presumption of Patterson in the role of manager, or district manager has as him then as a in the role, as him hiring hasn't been answering to himself basically. Later in that same period as the District Legal Counsel. Later in that same paragraph of the agreement, we find this statement Patterson will take reasonable steps to keep the district board, or district manager informed of progress on all matters and respond to districts inquiries. So, Patterson will keep himself as district manager informed, this is ludicrous wording. I can go on and on but this document is faulty. You know, I think somewhere in my written comments, I asked if anybody on the board had stopped to think about whether or not a document this faulty you that you'd be hiring an attorney who can't create a contract for himself without this many flaws in it. So, we can go on and on. Then this next paragraph of the services and Patterson's duty section, again, has the district council reporting to the district manager at some point in reading this is what I just said. Did the thought creep in? Do we want someone as legal counsel who can't write a coherent contract agreement for himself? Part of your duty as board members relative to full transparency and thorough notification to the public is to be aware of current controversy. Jacob Patterson has a controversial figure, particularly within Fort Bragg, the largest municipality in the Healthcare District. While researching with the city of Fort Bragg, I discovered a public records request from a quote, concerned citizen to have the mid-April AVA article that I authored forwarded to each of the you as board members. I assume you have all read that general overview of some of the controversy surrounding Jacob Patterson's actions. By the way, I am not the quote, concerned citizen. That detail should tell you all that there are individuals concerned with Patterson's behaviors to the extent they wanted each of you to read about it. That citizen must have had some awareness of what's going on if craps only from word

of mouth. On the other hand, it might well appear to a member of the general public that you as a board are sneaking through the appointment of Patterson as legal counsel, trying to avoid public scrutiny of a controversial figure to an important post within the healthcare district. Given the lack of documented record over the last several months from this board, such a supposition could appear well deserved. When I made my August 9 comments about the faulty noticing of that meeting, and a statement questioning a potential hire Patterson as some sort of legal counsel. Patterson heard about it relatively quickly, he apprised me of just that the following day via email. On August 9, I took note that no other members of the public had zoomed or called in. The only people present were the five board members and myself. Obviously one of the board members told Patterson about my comments. There's nothing wrong with that on the service surface. However, there may be a connection that might necessitate further questions. In 2019, I was one of only two members of the public present for the public comment section preceding a closed session of this board. I attended out of curiosity about the large number of attorneys present. Jacob Patterson, in his comment to the Board of Directors stated that he was there to represent Amy McCauley. If the board of directors has not already done so, it would be a prudent part of the transparency process to inquire of Patterson. Do you now, or have you ever functioned as a legal counsel or advisor for Amy McCauley as on board matters, personal matters, or business matters? Has Patterson served as legal counsel for Amy spouse on personal or business matters? Has Patterson ever received close session material, or any confidential or otherwise privileged information from a current member of this board, documentary material, or verbally conveyed information? As Jacob Patterson filed FPPC complaints against current or recently departed board members, if so, have them explain his reasoning. As Patterson assisted a Healthcare District Board member in filing a complaint against another board member, if so, have him explain this. Ask Patterson why he thinks the field representatives of Service Employees International Union felt SEIU, felt compelled to author a letter to the Fort Bragg City Council this spring. A portion of the letter stated quote. We are writing to express our concern regarding the ongoing harassment and borderline stalking city staff have been enduring at the hands of a community member, Jacob Patterson, who has developed an unhealthy fixation on the city staff members. Personally, I believe in forgiveness and second chances, maybe even third and fourth chances for redemption. However, the seriousness of the position of legal counsel to the Health Care District Board that represents the entire Mendocino Coast requires a fuller accounting regarding all of these questions before Patterson can assume such an important role. Thank you.

Jessica 40:32

Any more comments from the community? Okay, I'm going to bring it back to the board. Any more comments from the board members?

John 40:44

Yeah, I do. It appears that Jacob Patterson is controversial because Malcolm MacDonald says he is. He seems to have an obsession with him, he's written pages and pages and

pages, you've had your chance, met Malcolm. What appears to me to be borderline obsession? And I know from firsthand that Malcolm has treated me in a similar way, where he has accused me of lying to the FPPC with no evidence whatsoever. He has been used as a tactic against me to get me in trouble with the FPPC and I do not have a hold him as a credible source. I am going to hire someone what I that I believe is qualified and use my own judgment and not defer to others. And to suggest that this board is somehow trying to hide this, without evidence. We have our difficulties getting minutes and doing basic stuff because we're five volunteers. We don't have an army of resources to do this. We are making a good faith attempt to be transparent with the public. And again, going back and correcting things that were you had your chance, Malcolm that was pointed out to be wrong. So, we're acting in good faith. You know, I don't understand the divisiveness. I just,

Norman 42:42

I'm going to ask, excuse me, John, I'm going to ask that comments are to the motion, and that there'll be a time limit of three minutes. The structure of this district though, it's really has to go back review of the Bylaws, set some policy and get the work done. To castigate and no rate raise issue with members of the board, members of the community, this is not the place for that discussion. Let's discuss the motion.

Jessica 43:27

Yes. Let's discuss the motion. Any other thoughts on the motion before we take the vote?

Malcolm McDonald 43:34

Yeah, response and see attack me Malcolm.

Jessica 43:37

We are having a board meeting not an exchange with community. We're not have engaging in a discussion. We heard public comment. We are now back to the board and I'm going to call for the vote. John.

John 43:50

Yes.

Jessica 43:55

Norman.

Norman 43:56

No.

Jessica 43:59

Amy.

Amy 44:01

I'm abstaining. I was done at the meeting when you guys voted.

Jessica 44:06

Sarah.

Sarah 44:07

No.

Jessica 44:13

And I'm abstaining. Okay. So, we have the three members that voted. We have two No's and one YES.

Sarah 44:31

So, we remain such a NO.

Jessica 44:38

Okay. Next, we have item 11, Sublease for 516, Cyprus Drive. I believe that many members are present today regarding this issue. I appreciate you not having a con during public comment time, and respecting that we would like comment at the time of the agenda. I'm also asking everyone to limit their comments to three minutes. I have had communication, asking relevant players in this to be present. Warren is present on behalf of Adventist Health, as is Jetson. I see Judy's here as well. Tabitha offer to be here to answer your questions and I believe, I don't know if Camille is on the call, but she offered to be present to answer questions. Bernie's here as well. So, there are people who are ready to answer our questions regarding this and I do ask that community members, limit comments to three minutes. With that in mind, let's move forward. Amy, you were involved, as well, as I was with negotiating this also between Eric and us, we were using Ben to consult with on language. So Amy, can you bring us up to speed on where we are with this lease establish?

Amy 46:15

I thought, not a game.

Jessica 46:39

Amy.

Amy 46:40

Oh, thank you guys. Sorry. I would just wanted to tell everybody, I appreciate everyone and this is such an important topic that we did not approve the lease at the last meeting, because we did have questions. And some of us are ignorant in the law. And we wanted to stay in our own lanes and we wanted to have questions about what the lease was and we worked with our attorney. I had personal questions about like Sequa and being

subleasing of the lease, is it my job just to understand the lease of the property or to understand what the project was going to be? And Ben gave us some clear clarity, and more or less we are the theses to the sublease. And that we just need to understand the purpose of our property and if our property is allowed to do what is subjected. It's not our job to police, if the community is publicly noticed. It's not our job to micromanage how and if license needed to be through the Department of Public Health? And that we receive the appropriate documentation that the project that they're proposing is supported by the city, it is zoned correctly. And I don't see any issues moving forward with this lease and just thanking everybody who was involved answering the questions, cleaning up the legal questions, and really understanding what our role is. So, I would like to make a motion to approve those sublease on the Cyprus property.

Jessica 48:10

Okay. Very good and for discussion, should we have a second, please?

Sarah 48:17

I'll second.

Jessica 48:17

Thank you, Sarah. Okay, now, I pointed out the various resources we have here at the meeting. I'm going to go around, first with the board members and then, I will move to community. So, John, do you have any comments, or questions regarding approval of the Sublease?

John 48:41

Yeah. We were told earlier today that this will not be crisis residential center. After that conversation, we received a letter from the chief of police saying it is a CRT. So, I don't know how they can be both at the same time and I think it's an important matter to resolve. I think the public should be involved in this, instead of finding out about it after the fact. That's good governance. If it's a crisis residential center, it would need a conditional use permit. Because you're going to have people living there for days at a time. That building isn't was never intended for that where it was an outpatient clinic but it never house to inpatient clinics. I would like to see the group that's sponsoring this to regroup and try to figure out, if it is a crisis residential center, or if it's not.

Jessica 50:04

Okay. Very good. Let's keep that in mind. Let's finish going through the board and then, we'll reach out to those who are here to answer these questions. Norman.

Norman 50:18

We own the building and that makes us the applicant for a change of use. And I'm more familiar with the state requirements with the Coastal Commission, and how the county functions, but I'm pretty sure that the owner of the building is the party that signs the

application. In fact, I think we should have also been the applicant for the re-roofing. The lessee doesn't own the building. They get to use it under these various conditions.

Item 2. How is the public been notified? Perfect item for discussion on channel three, has anything happened? I haven't seen a newspaper article that is discussing this. So, when is the public and the neighborhood going to learn about this new proposed use? I hope there's some clarification here. I don't know why this is in front of us without going to the public first.

Jessica 51:35

Okay, thank you, Norman. Sarah.

Sarah 51:40

I guess, I have a question about the remodeling for the ambulance staff wasn't on the board then but was the board aware that permit was put in?

Jessica 51:54

Well, let's get to the, let's as it relates to the Cyprus location, is that why this is, Sarah, you're bringing it up? Because it's involved with the sub lease for the Cyprus to

Sarah 52:06

It in one of the letters we received.

Jessica 52:08

Okay, so

Amy 52:09

I want my internal feedback.

Jessica 52:09

I'm just kind of trying to be agenda item, that's all.

Sarah 52:13

So, Sarah has a great question and I recall to 2010-2011, Sarah that building was kind of we, I can't think of the word relicense, restructured, to acknowledge, that there's four overnight units for ambulance crew, I don't think we structured, or wrote the license, and it could change. I'm only speaking from the past when I was a current like position there. And it was licensed and acknowledged that we had overnight stays for employees, or for the ambulance bays. I don't think it was written as providing 24 hour care to an inpatient person, or someone with a patient status. But this is where maybe our ignorance is coming in, when it's a respite center, crisis center, stabilization center, depending on how they label it and I don't know how they will. They may not be considered patients, but just a vulnerable population that needs a place to say like, homeless shelter, knowing they

have a diagnosis or a mental health issue. So, it's semantics and games in I don't know how Adventist in Redwood group for the city or the police chief and maybe that's where we're getting all confused by the names, everybody's using it differently. But what my understanding is in what's driven by the lease to that Ben, that we just have to stay in our lane, and we either support Adventist and this company's idea and approach or we don't. I support subleasing it for this project, and we'll learn more as they go. And we have to put our confidence in them that they're going about it the right way. Norm, your question about, hey, we should have been the person on the like when they replaced the roof, or the change of use for this position. I think in our large lease, we gave Adventist the go on that. It was part of the negotiations and I think Adventist is actually doing it appropriately and accurately. It's three through the Merger/Acquisition Lease that we have with them, that we kind of sign those rights over to Adventist that they would report to us, but they would take the responsibility and sign for us on our behalf. And actually today, if I read it and understand it correctly, they're respecting us and acknowledging. They didn't have to do it, they could actually sign on behalf for us and I just wanted to put that out there.

Norman 54:42
May I respond?

Sarah 54:44
Absolutely, Norman.

Jessica 54:46
Absolutely.

Norman 54:48
How if Adventist has the full right and authority to apply for the permits and go through that modify the use permit for a change of use? Then, why haven't they already notified the public? How would they, what have they done to go to the neighbor's? Please inform me.

Amy 55:12
Hopefully, I won't have. Adventist to have that opportunity to explain it, and/or maybe they're still in the norming and Storming Stage 2. And they haven't done it because they're norming and storming. But want to know that we support a sublease for the project. And they don't have anything to notice because they didn't have a facility. So, they didn't want to put the cart before the horse and right now, they're just Porsche purchasing the horse.

Jessica 55:37
Okay. So, did you have any more? Amy was giving you, you know, she has a lot of historical knowledge. So, but did you have any other comments on, Sarah because we skipped away from you in getting the answer regarding the overnight. So, Sarah, anything else you'd like to share?

Sarah 55:54

Oh, that was my just clarifying question. Thank you.

Jessica 55:58

Okay. Thank you, Amy, thank you for giving us a comprehensive overview. Did you have anything else? You've made the motion. Do you have anything else to share?

Amy 56:08

I just think that to be quite honest with you. I was really passionate to about what can go in there and why, and I realized as being owning the lease and supporting the sublease. I can't govern what they do there or control, get the permits, or do it accurately, I just have to speak that incompetence that they're going to just do it the right way. And I think that's I was torn, but had a lot of knowledge in collaboration with Ben this week. And have the confidence with appropriate paperwork coming forward, that this is the right thing to do.

Jessica 56:46

Okay. I notice that John, you have your hand up, any more thoughts, John?

John 56:54

Is there a representative from Redwood Community Services at this meeting? I'd like to ask that personal question.

Jessica 57:01

Yes. She said she would be here. Camille, is she here? I don't recognize her phone number. Maybe she didn't make it to the meeting. So, I'm trying to think who would be the closest? Eric, do you have answers? Or, who would be the closest answering a question for John regarding what normally RCS would be answering maybe? Let's start with Eric.

Sarah 57:25

Can I have a quick question? Can John asked his question and the panel that's here maybe the person who thinks they have the right, most knowledge could answer it? So, maybe John should just put the question now.

Jessica 57:35

Okay, that sounds good.

Sarah 57:36

And then, they can decide the expert to answer it.

John 57:42

If there's no one here, then fine. Like, if there is someone here, I would like them to step forwards. I could ask them a question.

Sarah 57:49

Dan. Dan, you're here. I'm sorry.

Daniel Anderson 57:52

I'm here.

Sarah 57:53

I'm so sorry. I never I never knew you was Daniel. I'm sorry. Okay, so please, Dan. Yeah, John, we do have a representative here. Thank you. So, go ahead.

John 58:04

Describe for me what our CS would be doing inside of that space?

Daniel Anderson 58:12

Yes, thank you. So, I'm Dan Anderson. I'm a Director, former CEO of RCS, currently Director of Special Projects. And I've been working with Eric and Judson FSL. On this idea, and as well as Bernie, for Blake, there was also on line here. What we're planning, you know, hoping to do and appreciate the questions. We would like to operate our outpatient behavioral health services in that office there. That includes quite a few different things. Currently, we're providing medication support services to folks that need psychotropic medications that will be there. We do outpatient adult mental health services that includes therapy. We have case management, all the things that for Medicare and Medicare pay for especially Mental Health Services. We also will be housing, we'd like to house our crisis outpatient services there. So, we have staff that are qualified that come to the hospital emergency rooms to evaluate folks that have been brought in to be evaluated for 51-50. We also didn't do outpatient crisis services for those folks, some folks come to the office to seek counseling, or help, or post hospitalization also. We provide follow up aftercare which is all an outpatient setting, case management, rehab therapy. In addition to that, we are hoping to utilize the area that the EMTs have been using for overnight stays there as crisis respite and I know it's

Jessica 1:00:01

Oh, no, we lost you, Dan at the critical moment, can you repeat what you just said?

Daniel Anderson 1:00:05

Doing of crisis, I'll back up. What we are hoping to do is utilize that space that currently is used by the EMTs for overnight and by the way, we did talk to the city. That was, I believe, approved back several years ago. So, we don't think it's a change in use. That's the feedback that we've gotten from the city planners, that it's not actually a change of views. But we need to explore that further, if others think it's not. But what we're wanting to use that for is crisis respite. Crisis residential is very similar. However, it's a service that actually is certified by the Department of Health Care Services at the State. It as a daily

rate, what we're looking at is a step lower than that, which is just respite. So, folks can stay there voluntarily, their staff that are supporting them. We just wait for our staff but it's not an inpatient placement. They're there, well, and we do that actually, in our office. Over on main street, where folks come in. They're stressed out. They need a place to be to sort of regroup, get some food, get a shower, get a chance to sort of think through and stabilize. We do want that to be available to as a diversion from hospitalization. So, folks that are coming to the emergency room, that don't meet the criteria for a 51-54. But they're also not ready to just go back to either their home situation, or the street if they're homeless. So, they can come here, stay overnight, if they need that, or to stay for a few hours and get counseling support kind of work on what do we need to do to get things stable. We also have the ability to connect them with the psychiatrists. So, we'll have on site psychiatrists and nurse practitioners that can look at the medication regime and either prescribe, or work with them on finding a way to get compliant, or back on. So, in a nutshell, that's it. I'm sure there's questions and comments, but that's our attempt. We are currently operating a crisis respite, very similar to what we hope to do here in Inlet in Ukiah, at a house out in Redwood Valley. We've been doing that for a couple of years, we've worked with Adventist Health on initiating that with the goal of unloading sort of the impact on the emergency rooms, where we can. We divert folks from being in the restroom to this place there and we've been found a very successful. It's reduced the length of time with folks staying in the emergency room. It's actually reduced hospitalizations and we've been able to work with folks to get into the right setting, whether it's behavioral health treatment, or a longer term placement. So, we're kind of modeling after that.

John 1:03:12

Can you have a follow up question? I think you said you would have inpatients will there be beds for these patients to stay overnight?

Daniel Anderson 1:03:22

Yeah, there'll be four bedrooms. It's not considered inpatient but it's respite.

John 1:03:28

What's the difference? What's the difference?

Daniel Anderson 1:03:30

Yeah, it's probably a little bit of semantics however a crisis, a CRT or crisis residential treatment facility is Licensed and Certified by the State Department of Health Care Services (DHCS). We can folks get a daily rate for that. And that's actually there. There's one being built in Ukiah at this point, on Orchard Avenue. It's a process and involves, you have to put together a whole bunch of stuff. Our goal is eventually if this seems to meet a need if it's successful, if the coach community finds it helpful. If it helps the hospital emergency room, then we will move forward on applying for that and eventually, move

towards making a full price as residential treatment facility but that's a next step, if it's stated.

Norman 1:04:26

Hello, you said that there will be a psychiatrist on staff, really?

Daniel Anderson 1:04:35

We provide medication support services for Mendocino County beneficiaries who are receiving specialty mental health services. So, we have psychiatrists in Ukiah and we have psychiatrists on the coast. We use labels getting person and Tele Health. So, John Garrett, Dr. Garrett meets our patients weekly. Yeah, currently we have a little tiny kind of fold on Main Street. And so, we'd be transitioning him. And we also have a shot nurse that that provides psychotropic that are interviews. So, they will be part, they will have offices there and in the building.

Norman 1:05:23

So, those would be coming to this facility of bicycle, walking, bus, automobile wandering. Have you don't consider that a change of use in the neighborhood?

Daniel Anderson 1:05:39

Well, it's still serving outpatient behavioral health purposes. So you know, I guess it's wiser and smarter minds to be, I guess, make that determination in our conversation, and Bertie, you're on blinder with Tab this year, maybe you can speak to that. But we understand that it used to be a medical office. So the things that were done, there probably are even more tense than what we do. Most of, you know, it's counseling or therapy, however, we do have psychiatrists that meet with patients there to look at prescriptions.

John 1:06:21

So, Daniel, if it's an outpatient clinic, I have no problem with it but it's Norman said, it sounds like, at this is something different. Maybe even something, I'm going to keep people overnight which to me, that's impatient. I'm confused as to what this is, you say it's not our crisis residential center. But every letter that I've gotten says it is. I mean, helped me to understand what this is? What the difference is?

Daniel Anderson 1:06:55

I understand that and some folks are using terms without it's complicated, and I'm having a hard time explaining it here even, you know, in this call. So, I get why people sometimes fixed terms. And there's a crisis residential treatment facility being built in in Ukiah right now. So, that those that terminology is also being used in the conversations, we have always talked about this being crisis respite. But, you know, I know some folks don't see the difference. The difference is not dramatic. However, an inpatient as we understand as somebody is admitted, and, you know, there's some criteria involved with that. That is

not what we would be doing in this space as voluntary. It would folks that are not severe enough that they need to be admitted to an inpatient setting. So, there's folks that would need to be put on a hold, they would not be staying here. So, this is not intended to be at that high of a level. Prices, residential is actually a little bit higher than what this is. So, there's levels of care and acuity that need to be in a system to function. Well, you need to be able to put quickly and efficiently folks that need to be an inpatient placement setting that are on hold. But you also need to transition those folks down, once they get stable to a less intensive setting. Priceless is kind of that lowest tier between somebody. You know, if they just bounce back onto the street or going to be back in the emergency room, you know, in a day or two, or you know, they just need a chance to sort of regroup and figure out how they can be okay. So, I'm not sure, I'm fully explaining this as well. Hopefully that makes sense.

Norman 1:08:50

Have you shared this, I hope?

Amy 1:08:51

Are there a time limit for one patient to be there overnight, or is it just overnight?

Daniel Anderson 1:08:57

No, they can be their day to day. Our facility in Redwood Valley allows folks to, you know, kind of our PMP is up to 10 days, but it's a day to day thing. Our goal is to get them back into their home setting, or the national support, or apartment coordinate. You know what? Whatever they may need in terms of housing, it work as a case management function on that, but

Norman 1:09:26

May I ask a question? Have you shared this? Have you share this with supervisor Gertie?

Daniel Anderson 1:09:34

Yes. Actually Measure-B just reviewed this yesterday and approved you know, subsidizing this project in Fort Bragg and we've been working with county mental health, behavioral health and recovery services. This has been a project that's been going on for quite a while.

Norman 1:10:01

You've spoken directly with Gertie?

Daniel Anderson 1:10:08

A while back, yes, not recently on this, but Williams was involved in this conversation yesterday. At measure-B, I'm not sure what you're where you're going with the question. So, maybe clarify this. So like, maybe you can answer it better

Amy 1:10:31

The manor house that you do and that you referenced that you have, I think you said mannersomething. What's the revenue source? I understand the respite in the DRG. And the CDPH. Is it billable for these, or, is it all?

Daniel Anderson 1:10:47

Yes, yes. Good question. Once again, we're able to build outpatient mental health services. When we're doing interventions that meet the medical regulations and the all the stuff that has to go with that. So, they have to be, if it's medical that's paid for it, then they have there has to be an open chart. They have to meet the criteria for medical diagnosis, and impairment and so forth. In it at the Madrona house in Ukiah address helps has actually been paying us a subsidy to offset the costs that Medicare will not pay for. For this project here in Fort Bragg. We went to measure B actually the city of Fort Bragg Bernie did and asked measure B to cover those non fundable medical costs. And so, that's where measure B has stepped in and said, Okay, Bill, they'll subsidize sort of equivalent to what Adventist Health was doing in the land.

Amy 1:11:55

So, are you licensed as an outpatient center like this, the Department of Public Health have to come in?

Daniel Anderson 1:12:03

It's actually enough to depart public health is certified as a mental health. So, it's the Department of Behavioral recovery services center.

Amy 1:12:13

Oh, okay. Okay, that makes sense. Okay, so it's not affiliated with Adventist at all. It's freestanding. Adventist owns the lease to the building. They're subleasing it through us, in Adventist supports the project. But Adventist Health has nothing really to do with it, except they may help us help patients. Obviously, this in the eating like, hey, we might go over there. But you're a free standing mental health service provider for this respite center at this time and if it's successful in maybe in the future. If Ukiah goes well, stepping it up a notch, you may explore stepping up your project.

Daniel Anderson 1:12:55

Yes, mostly that's correct. So, the partnership with Adventist Health kind of centers around our mental health patients that end up in the emergency room for 51/50 evaluation. And so, the emergency room in Fort Bragg, you know, has sometimes been pretty significantly impacted by our behavioral health clients. There's not a lot of space, and if they're there, they can take they impacted a lot. So, part of this strategy is to where we can divert folks from remaining there in the emergency room. Obviously, once again, we're not taking folks that need to be in an inpatient setting into you're kind of concerned,

John. So, these are folks that would benefit though from a lower level of short term respite kinds of services and support.

Norman 1:13:55

And how long is this lease for?

Daniel Anderson 1:14:00

Eric, I think we're talking five years.

Eric 1:14:04

Five years and there's a 36 month mutual termination option.

Jessica 1:14:15

Will this have mainly will or would it give priority to the Fort Bragg or the coastal residents? I know case managers are often seeking out ways to discharge people from the hospital but don't have a place to go. And, yeah, so I mean, I imagine that is a benefit in inland you know that if there's somebody ready to be discharged in the hospital, and you can't have them leave, you know, and go out and live independently, they will have somewhere to go. I've seen them case management is able to send them to one of the facilities inland. So will that occur in this situation? And also, will we be receiving people from Ukiah and from Willits that case management is having difficulty placing inland?

Daniel Anderson 1:15:12

Good question. So, the intent of this is to support and serve our coast, folks that neath. It's really hard for Coast clients to easily access the facilities over in Ukiah, and they're getting the new CRT plus, we've had this crisis respite for a couple of years. So, it's tough. And of course, part of our goal with folks there has to connect it with their natural support system. So, if it's family, if it's other faith groups or whatever, that's really tough for them to sort of come and build a plan. So, the idea is, if it's there on the coast, that transition back to their home with supports in place makes it much easier as well as the folks coming back from the hospital. If they need sort of an interim step. And if you've worked with this population, you know, that sometimes folks are discharged pretty abruptly from a psychiatric inpatient placement and not always are they fully ready to transition home. So, having this sort of a place to sort of do a soft entry, connecting with and working out whatever the issues are that might trip them up again, is really important. So yes, this is for the coast, not for the inland, you know, has to be served already.

Norman 1:16:33

What would the staffing roster look like? How many full time employees

Daniel Anderson 1:16:39

So, we have to, we have to staff on 24/7. Part of that is, so that if somebody's dealing with one person or that they're assisting that person with connecting to some other

resource, you know, there's still another person available to respond and support folks that are in the house. During the day that's at night, during the day there was additional our crisis team, Scott, others, you know, the full complement of our crisis workers there plus the psychiatric team there.

Norman 1:17:19

So, this would be

Jessica 1:17:20

I don't think after we do your reading work.

Norman 1:17:29

Would this be staffed by Adventist Health or by how if you got two people, you've got three shifts? Or you're paying overtime after eight, what, how does this work?

Daniel Anderson 1:17:44

So, these are staff, these would be folks that are employed by Redwood community services as health coaches, generally there's folks that qualify as mental health rehabilitation specialists. That's a credentialing criteria that medical recognizes. They're able to build for especially mental health interventions that they do. They're some of them are also trained to do 51/50 evaluations. There are folks that that, you know, we use in our delivery of a behavioral this.

Norman 1:18:25

And they'll work in eight hour shifts?

Daniel Anderson 1:18:27

Yes. Yeah. Right. So, they have a swing shift, I think, I don't know, right off the top my head kind of what the current schedule is. I think sometimes they do tins at night. You know, they do for tins, but it would be a regular shift.

Jessica 1:18:53

Sarah, do you have any questions?

Sarah 1:18:57

No.

Jessica 1:18:58

Okay. I'm going to take it out to community at this point.

Sarah 1:19:03

I do have one question. I do have a question.

Jessica 1:19:06
Oh, go for it, Amy.

Amy 1:19:10
I am a huge fan of our ambulance service and I support them and I support this project. Where our paramedics going to be sleeping?

Jessica 1:19:22
Judson , would you like to address that?

Judson 1:19:25
Yeah, I'm happy to address that. Can you hear me, okay, Jerome and Jessica?

Jessica 1:19:30
Yes, absolutely.

Judson 1:19:31
Perfect. Well, yeah, just answer that specific question, Board Member McCauley. Yeah, we do have plans that we're finalizing for them. Obviously, I think as a board member I said earlier, we are really proposing and kicking tires on this but we do have a couple of options that we're looking at for the ambulance crew that will. Hopefully not even just sustain their accommodations but hopefully enhance their accommodations and so. More to come on that as we're awaiting next steps from the board.

Amy 1:20:05
No, I appreciate that. I just want you to some of the crew was like, oh my gosh, we, they didn't know until someone's coming in measuring their space, and they're looking at us thinking was our decision. So, I just didn't know. So, thank you for the generic awesome response. No, in the park that it may be even upgrade. That's exciting to hear.

Judson 1:20:25
You bet. May I make some general comments, Jessica?

Jessica 1:20:31
I believe are all the board members, just give a little nod of your head, you're all everyone on the board ready to pass on to community? Okay, great. Please. Judson, go ahead.

Judson 1:20:43
Yeah, well, first, I want to thank the District Board for their support of not just physical health in the community, but also behavioral health in the community. Mendocino County, is disproportionately impacted by the behavioral health crisis that's sweeping across this country. There's a lot of factors that go into that, and many of you are more versed on that than I am. But for evidenced health, RCS has been a key partner inland for many

years, in many of the ways that Dan Anderson described, ultimately comes down to our community members that are looking for those services and needing a place of respite to weather the storm that they're in. And so, RCS has a proven history of delivering results and delivering that respite for community members. I think board member McCauley actually articulated it really well in terms of our relationship to this particular project, and that is we would not be operating this project. This is merely the district owning a property that is under the lease of Adventist Health. And we being approached by community members that also agree that this like the district things, would be a great resource for the community. And so, we totally respect the district's requirements to discuss this further. But I also want to thank the district, and the city, and the county and the sheriff and the police department all for being aligned around this particular item. And Adventist Health is happy to help however we can but ultimately, we are not new. We're neither the owners of the land, nor the operators of the project, just a voice of support for this critical need in the community. So, thank you very much, Jessica. And I'm happy to answer any questions as they may come up further.

Jessica 1:22:37

Thank you. Anyone else from community like to comment? I see, oh, Eric, please. Your hand is up. Did you want to make a comment?

Eric 1:22:56

I did. Thanks. Thanks, Jessica. I just wanted to clarify, listening to both John and Norman's comments regarding the use, and just the concern around it potentially requiring a change of use because a use permit was pulled or changed back in 2010, to allow for the remodeling and at 516, Cyprus to turn it into living quarters. They don't see this as anything that would require any additional change in use, due to the outpatient nature of it. So, we do have a letter from the city of Fort Bragg from John Smith, who's the Acting Director of Community Development, the Community Development Department confirming that, in their estimation, no change of use would be required. And they've been provided the same explanation that this board has been provided tonight by Dan with Redwood. So, there it, we've been 100% transparent in our conversations around this particular use, and they're supportive of it. Thank you.

Norman 1:24:05

Thank you.

Jessica 1:24:07

Bernie.

Norman 1:24:07

It makes me wonder, if you've taken it to the planning commission. I don't understand, it's not a walk in, walk out situation. People are going to sleep there overnight and wander in there, who knows when. The neighbors have some right to know what's going on. And

not be caught in this after everybody's made a statement and voted. I don't understand this. You've got the cart well in front of the horse.

Jessica 1:24:41

Bernie. Bernie's next, please.

Bernie 1:24:45

Yes, thank you. So first, I've got a brief statement. I'm happy to answer any questions. The first one, there was a question about this why hasn't there been an article about this, or absolutely has been an article about it. We had this discussion with Robin Eppley. We met her at the police department discuss this was written about in the advocate several weeks back. It is in fact a crisis respite, best worth major be approved. I think those were the only two questions that I caught up on. But briefly, I apologize. Good evening, Chair and Board. Thank you for the opportunity here to speak tonight. I want to thank you for considering this item. What you have before you is two years of hard work and collaboration to provide mental health services to our coasts. You've heard from the community, you've heard from members of the city, you have our police chief, they are all and you've heard how we're all desperate, we are to have the service. But I promise you, none of us are as desperate as the potential clients are for this service. It's needed. Yesterday, I presented our proposal to major B committee, and they agreed with us on every aspect of the program, and most importantly, the need and the urgency. They gave us a unanimous vote of approval for nearly a million dollars to help pay for the service. I understand your concerns with the sublease. But please do not let that get in the way of approving this tonight. If the city's interpretation of the land use is an issue for you the opportunity to argue that comes at the proposal and the time of the proposal from the applicant. And when that comes in. Now is not the time to propagate Nimbyism, this is a much needed service. The city always does the right thing. And if a permit is needed, that's the process that the city will take. Please, do the right thing and stand by your word that you ran on, facilitating this much needed service on the coast. This is why we voted for you. Thank you for being a part of this wonderful program and your contribution to it that is being brought to our coast. Your work and diligence on is very much appreciated, is very much appreciated. And thank you again for understanding the need and for doing the right thing. That's really it for my comments. But if anybody has any questions, I'm happy to answer them. And as far as process and policy interpretation of policy, the city manager is also available.

John 1:27:17

What is your, if I may ask, what is your reasoning for why this doesn't require a use permit? As my colleague Norman described it, it's so different from the way it's been used in the past. You know, I'm in favor of this project. And I'm also in favor of the public knowing the people that live around there and knowing about it. Why is it so hard to reach out to them?

Bernie 1:27:50

Well, I'll briefly answer that part of it. And again, Tabitha militaries, and I'll let her speak to policy. But Mr. Redding, there's really no project in front of us. They haven't formally asked the city. (1) We just got approval for funding yesterday and (2) We don't have a place to put the project. So, that is actually putting the cart in front of the horse. If it's comes to a point where the city does deems the use is not appropriate. And permit is required, that is when you go and reach out to the public and that's when that process comes. I don't think that completely answered your question but again, tablets of Miller's here. But I just really want to stay. Now, is not the time to deny this because you don't understand the process? With that, I will leave it for our city manager. Thank you.

Amy 1:28:51

I was going to ask Dan and I personally think it's getting lost in translation with Norm and John. Overnights days can be considered outpatient, and this was an outpatient building, and it's splitting hairs. But I just want you to know, in a mental health setting and emergency setting, even in a hospital setting, outpatient care can be 24 hours. And that's I think it's getting lost oh there overnight, there inpatient, you can be outpatient and be spending 10 days in a row. So, I just wanted to share that and I think for the layperson, it's getting lost in translation. But just overnight, doesn't mean you're impatient and I just want to share that with you guys.

Jessica 1:29:34

Thank you Amy. Go ahead, John. Do you want, did you want to hear other things answer, John, or do you want to?

John 1:29:42

Yeah, I do.

Jessica 1:29:43

Okay. Alright, Tabitha.

Tabitha 1:29:47

Good evening. Thank you. We do appreciate again, this opportunity to try to get the information to you folks that are making this very tough decision. But I did want to just clarify that one of the things about Office Building is that the zoning is commercial office. And there are three uses that probably well cover, what's being proposed by Redwood community services. So, it is permitted by right as a medical services, clinic, urgent care, medical services, doctor's office or offices professional. All of those include essentially all of the services including mental health that that Dan talked about earlier. So, that's kind of where the basis of this decision is being made. The only sort of change that we're talking about is not really a change, because back in 2010, when those four units were put in to basically allow folks to spend the night in a temporary residence there, there was no condition put on that use permit when it was issued. So, that was the use permit that

basically is allowing the for respite beds to go in at this point in time. There were no conditions that had had to be staffed. There was no conditions that it was tied to the ambulance service. And so, once a use permit is granted on a property, it typically stands. It runs with the land, it doesn't change when the ownership or the operators change. I think the mayor Neville was correct, though. We saw the plans for this late on Monday night. Obviously, even the permit process is subject to the approval of the board this evening and moving forward. But that's sort of the basis. So, we've even reached out to the Coastal Commission, with the plans, the changes, and not only the building itself, which are minor, mostly just to accommodate ADA compliance issues that didn't get addressed in prior versions of it, to confirm that they did not see that it needed a coastal development permit or that it would be an intensification of use. Again, you know, we're, you know, we will continue to watch the project, it will continue to develop. But, you know, we do stand by our initial zoning letter that we issued to Eric earlier that at this point in time, we do not see permit necessary a conditional use permit necessary for the proposed uses that Redwood community services are planning on using the building for and I'm like I said, I'm happy to answer any questions.

John 1:32:17

So, does that mean Tabitha, so does that mean, it won't go before the Planning Commission? That it's going to, it's going to come back at some point as Mara Neville suggested?

Tabitha 1:32:34

It may not.

John 1:32:35

May not.

Tabitha 1:32:35

And that's what so because it doesn't need at this point, we don't evaluate it as needing any of those use permits that would typically go either use permits or coastal development permits, that would typically go to the planning commission, it may not go through that process. And so, I think this this process right here, and certainly getting the word out, and I think we can all take that on as the leaders in this community to make sure that people do know that it's coming and the reasons for it and why it's needed. You know, I think that's it's premature to do that today. But certainly, as this project develops, I think it's up to us to make sure that the neighbors know what's happening.

Norman 1:33:17

Question.

Jessica 1:33:18

Norman.

Norman 1:33:19

Thank you. If the four beds are occupied, and somebody knocks on the door at one or two in the morning, what happens?

Tabitha 1:33:28

So, I think that's probably a Dan question but I suspect I think he said earlier that it, you know, they allow people to come in and take respite, and they don't necessarily, it's not necessarily about sleep.

Judson 1:33:40

But it's four be

Norman 1:33:42

But the four are occupied. What?

Daniel Anderson 1:33:46

So, if somebody's knocking, you know, they're needing mental health services at two in the morning, you know, our staff are they operate our crisis folks operate 24/7. And so we respond to you to the emergency room, or our doors are not open at night, but we if somebody does call in or make contact, and we'll meet them and do an assessment and figure out what do they need, and then assist them with whatever that is. You know, if we need to contact family, if we need to contact some sort of video, if they need to go to the shelter. For somebody who's just wandering, that's not what we would do. So that, you know, we would need to make sure we understand what their needs are, whether they're sober, or do they need to have some other sort of intervention there. So, I'm not sure I'm fully answering your question on that. But you know, this is not something where it's like, this is not a shelter, a homeless shelter. You know, this is for folks that that are, you know, having behavioral health needs, and we would address that, based on whatever their particular challenges of this at that moment. If

Norman 1:34:57

They're turned away, they're just free to wander the neighborhood.

Daniel Anderson 1:35:02

Well, I don't know that we turn them away, we probably put them in an office and talk with them until we could figure out, you know, what options do they have? It's only, you know, we only have four beds there. So, if they're full, you know, we maybe get them over a motel or, we call hospitality center and see if they have room in the shelter. Are we try to find family members? That's what's happening right now and we have chief Nutty. I think the call here, you know, he can talk about what do we have? What happens in the middle of the night or on the weekend? So it's a challenge that both law enforcement and our crisis folks deal with every day, you know, how do we solve the situation? So, I don't think

it changes kind of what we're currently doing. But it does open up a resource that we don't have on the coasts right now, where we don't have any beds as a respite kind of situation for behavioral health. Nice.

Norman 1:35:59

I agree with that.

Jessica 1:36:02

Well, any other community comments, I think that we are reaching that point that we can consider the vote.

Norman 1:36:11

I would like to ask if the police chief is here, if he would, if he has a comment.

Jessica 1:36:17

Oh, that'd be lovely. I see, he is here.

Daniel Anderson 1:36:19

I'm here. Can you hear me? This is cheap, John multi.

Jessica 1:36:21

Yes. Thank you for joining. Okay.

Daniel Anderson 1:36:25

I forwarded a letter to the same letter that I forwarded to measure B who passed this initiative. I give you several examples of why this is necessary. In our community on the north coast. We have no ability at strange my department, our staff. This morning, the hospital administrator and released a person that ordinary morning, a concerned citizen saw him lying in your field over by your vacant property there. I thought he was deceased, he wasn't he was released at four in the morning. He had nowhere to go, no one to give them a ride, and he took a dirt nap and in your field. We're able to make sure he was okay and this would have been a perfect opportunity for that person to be transferred over to that facility that you were talking about, and have a place until he could get to his residence in Casper. As right now when we 51/50 someone on a mental health evaluation with RCS we take them to your emergency room. They can be held in your emergency room. I've seen when I'm pretty upset about it. When I joined the department as the interim chief in February that people will be held in the emergency room under a mental health hole for three to four days. I cannot stand to be in emergency room for three or four hours. Can you imagine and now you're taken away a bed from somebody that needs critical care. When we have the ability to take them across the street until they can find permanent housing or the right facility to take care of them. Because it takes so long to find people that have serious mental health issues. And it also puts a burden on the hospital because you are now responsible for those people. We've had two people that

have walked away from the hospital under your control and drowned and one drunk jumped off the bridge that creates a liability issue, where now if you have a place like we're talking about. They could be monitored closely. You're requiring nurses, emergency room nurses, and now you have a new security firm because of events that have to control these people. But they have no means actually to control these people. They call the police but unfortunately we can't get there. We you know, we sometimes have a two to five minute response time unless we're on another call on the other side of town. We can't get there. So, it's a serious problem. The officers have to quickly assess the problem with a mental health person. And, you know, figure out a solution RCS office on Main Street with this is, in most of the people that we deal with. Just need someone to speak to, not an officer in uniform, not a black and white car. They need an actual professional to speak to this person to calm them down. We had a person that was going out of control in front of emergency room because he couldn't get the proper medication. A \$5 medication, he was going ballistic. We had to have a three officer response to the emergency room. We got to calm down. Your medical staff was able to take care of them RCS arrived, and all it was all over, I'm not getting medication and it was a \$5 medication. And that's where this place comes in that they can take. Talk to them, get them calm down, get them back to their family, and get them back to where they need to go. 9 times out of 10, most of these people just need a place that someone to talk to and then walk away. I have a person on Maple Street that's called 919 hundred times. He goes out in his yard and screams and the neighbors are upset and they want to petition the city to get him evicted. I can take this person and take them down to that facility have them calm down, haven't spoken to is a well-known person to create unity and just have them calm down. See what his problem is getting the right proper person to speak to the proper medication. And we got the problem solved. But we don't have those worries. Sources right now I don't have that ability. I rely on RCS, and we're meeting with Adult Protective Services. But everybody seems to call the police who want us to handle it. But you know, we're not having the resource. So, this is a valuable resource that I really believe in, and the city does. And all these other people that we need in the community. I hear all these, you know. They're going to call us. If there's any problems at this facility, and we're going to deal with it with the hospital. And so, it's just important that we have some kind of facility, we have nothing on the coast, and everything seems to go inland. So, it would be a huge benefit. And it's a huge support. And it'd be, you know what? A first for this community to get something going like this, that will benefit not only the people that are in crisis, but the City Police Department, the sheriff's department, all the other law enforcement, and then our community itself, because they're the ones that see these people that are out of control that call the police. And so, if we have and up part of this has taken this, you know, this this community, we'd be proud of that we were able to identify and get a place like this, that we can help deal with these people that are in need. So hopefully, I mean, hopefully that answers some of your issues that we deal with on a daily basis. That's all I have.

Jessica 1:41:18

Thank you. So, we have a first and a second on the table and we've had a nice discussion. Anyone else like to ask a question or contribute? Either as from the board or as community members, and any other comments? I feel like we've done a really good job at discussing this. Judy, I see your hand is up, please share.

Judy 1:41:47

Thank you. Chairman Greenberg, I just to thank you. As I'm listening to these conversations, it's just a point of gratitude that we bring forward on behalf of the local hospital, to say thank you to this community for believing in this. I've heard a number of times that the district ran on this concept of mental health services for local community members, and want to say thank you to our police chief, for what our police department is doing, indeed, those 5150 holds do prevent us at times from having additional access to care. And I think we all want the same thing. We all want additional access to care for our local community. And so just a big thank you on behalf of your local hospital.

Jessica 1:42:41

Okay, I have one ask of the group. So Amy, and I did a lot of scrambling with Erica over the last week and a half. And it was really appreciated in and our attorney stepped in as well. I'm hoping that the different organizations of which are represented here, view the Healthcare District as partners. And in the event, there's a change of situation and a situation that we do need to have a vote on such as this. Please, please consider us earlier on in the process. We were really putting a pretty tight timeframe. And I think that led to some of the situation that ended up giving the impression that we were not in favor of this, the board members are very much in support of these types of efforts. I really request that to prevent this kind of confusion in the future, please give us at least two months. You know, because we have to go through the legal process as being those who need to prevent exposure, the district some litigation. And so, it would be really appreciated. And I think maybe we could avoid some of the unfortunate misunderstandings that in some way we may be against this concept. I just wanted to share that with the group and I ask that you consider us in the future.

Jessica 1:44:13

Now we vote. John. [01:44:22 inaudible] John.

John 1:44:25

Can't read my lips, can you? Yeah, I'm in support of the motion. Because it's we're saying, we've been advocates of these kinds of resources for a long time, even to the point of advocating for CSU in the unused wing of the hospital and thank you. This is going to sound probably sound odd to the make her but I commend you for putting this project together and bringing it to fruition. It takes a lot of work to do. As we all know. I am still on sure of what we're talking about here. It seems to me, there's a semantic difference being made, when in reality, there's not a real difference. And I think the public, the people that

live in that area will find their peaceful neighborhood disrupted by this facility. But I'm going to vote, YES and I'm convinced Tabitha Miller is a woman that I can trust. She said that the public would be notified. And when she said them, then my mind changed. Because all I did. The only concern I had in this. Even though it's a city project, or somebody else's project requires city approval. It's our building. We are neighbors in this community, and I've wanted them to be notified that and that was my only concern from the beginning. So, I vote, YES.

Jessica 1:46:23

Thank you, John. Norman.

Norman 1:46:26

I'm, Yes, and I think it won't be long before you'll find that for breads for bids. However you wanted to find them will be too few. And I want to support your comments earlier, Jessica that we do need adequate notice, rather than having things fall on us and I would like to ask who wrote what is in front of us? This motion is to approve this resolution?

Jessica 1:47:13

Eric, do you want to take that?

Eric 1:47:15

Sure. So, the resolution was drafted by Adventist Health Legal department.

Norman 1:47:21

And has it been looked at by our attorney? District Council?

Judy 1:47:26

Surely. Yes, surely.

Jessica 1:47:27

There are multiple conversations. Yes.

Norman 1:47:30

Thank you.

Jessica 1:47:34

Okay, Sarah.

Sarah 1:47:36

First of all, I want to thank everybody for all their hard work putting this together, just can Amy, thank you, everybody from Adventist and everybody from the city, I vote, YES.

Sarah 1:47:49
Thank you. Amy.

Amy 1:47:53
Yes.

Jessica 1:47:55
Okay. And that leaves me, YES. Thank you, everyone. It's a dream coming to fruition. We need this on the coast desperately. Thank you all. Okay. Let's move on. Work to New Business. I have a feeling the room will clear. But you're welcome to stay. Okay.

Norman 1:48:21
Everybody.

Jessica 1:48:22
Okay. So, we're up to the notice, mean to public engagement, including meeting notice methods and procedures. So, we have all three and recognize that we have had a lot of complications and shortcomings in our notice. So, let's create a process that we will be following, who would like to lead the discussion? Sarah, you were mentioning that this earlier, do you want to start the discussion on proper notice?

Sarah 1:48:57
Yes, please.

Jessica 1:48:58
Yes, put though for it.

Sarah 1:49:00
So, I'm a secretary, I would like to help facilitate what and to make sure we can get this as many places as possible. I feel like I'm in times of COVID, physical posting is probably not the best way to get this out. Because right now, people aren't supposed to be going to the hospital. So, I propose that two possibilities are the fourth and fifth district Facebook groups that currently are on Facebook. And then I have been given a list that used to have the agenda is emailed out. It's a couple years old, but I feel like it's a starting point. And then, if somebody's willing, that's part of the MCN Listserv to send it out through that.

Jessica 1:50:07
In addition to our websites?

Sarah 1:50:09
Yes, sorry, I forgot that.

Jessica 1:50:13

Okay, Amy, any thoughts?

Amy 1:50:18

I don't have any additional thoughts except that I appreciate the consistency and that it's time. And that I just want to acknowledge that errors have been made, that they have never been with ill intent, or trying to do something sneaky. It's just five volunteers doing their best and making mistakes and not learning from them, and repeating them, and finally putting this as an action item and getting structure into place. So, thank you, Sarah.

Jessica 1:50:46

Okay, thank you, Norman.

Norman 1:50:49

I would like to see a little bit earlier, agendas posted. So, that the public would have four days, maybe five? That's in any way possible.

Sarah 1:51:06

But Norman, if we posted on Monday, isn't that 4 days?

Norman 1:51:12

If it's posted on Monday, Monday, Tuesday, Wednesday through this isn't that three days? If it goes out sometimes Monday, Tuesday, Wednesday, or meetings on Thursday. If it's possible for it to be a little longer, I think it would be great. Otherwise, I don't have comment. I appreciate that. MCN could put that on the announcements.

Sarah 1:51:43

I think one of us would have to own that.

John 1:51:46

Well, that's always the issue, isn't it?

Norman 1:51:49

Well, when I get the agenda, I grab it and put it on the analysis list. I've been doing so for some months.

Jessica 1:51:58

Oh, okay. So but there has been noticed more than we thought. Okay.

Amy 1:52:04

I thought that was you, Jessica, adding it to the MC and listserv.

Jessica 1:52:07

Thank you, norm.

Amy 1:52:08

That I was.

Jessica 1:52:09

No, it was me. I had doing it.

Amy 1:52:14

Oh, okay.

Jessica 1:52:13

Norman, I'm glad he picked up and did it. So, we do have a resource now. We're running this survey. And I understand John's collecting many potential email address is that way. So, that would be a great resource, because it's a Bragg group of people that otherwise may not start to get involved that way. I don't know. We might have to ask permission to add people. But I think anyway, we can collect the Bragg range of community members, the broader the better. I'd like the healthcare district to be accessible to a wide range of people. Yes, John.

John 1:52:14

I'm trying to figure out why I'm uncomfortable with this conversation. I think it's because we say we're going to do this or we're going to do that and then it doesn't happen because you know, people aren't willing to do it. You know, I've put in hours and hours trying to get our stuff up on the website. I mean, I'm basically had to learn WordPress in the process of doing it. And I'm trying to get it out to the public. But I'm one person meant, you know and I don't. Feel like we're saying somebody do something, and nobody's volunteering to do it.

Jessica 1:53:55

I agree. I think John, you know that I am picking up a lot of these chores. But this is an opportunity for people to jump in and participate. So, we can help you try again to see get people to be part of it. Part of getting things done until we have someone who will do it on our behalf.

John 1:54:19

Hey, what I'll do, I'll do it but I want written down where I'm supposed to put this material, links to Facebook pages MCN announcement that I'll do if you tell me where to do it.

Sarah 1:54:39

Well, John, I have already told Jessica, I will own the things that I have access to. I don't know how to do the website. But I was going to ask everybody if it would be okay, if we

reached out to the city of Fort Bragg and ask them if they have somebody on staff that can help us with our website. In the meantime, in the meantime. I until we can get somebody to do it for us. But they have people on staff that posts their website all the time. Why not try and have people that are partners in the community support us while we are man down?

John 1:55:16

Well, reach out and see if they're willing to use city resources to help the district.

Amy 1:55:22

Oh, hey, at one time when I was on, yeah, I think I was on the board. It was one of my very first agenda items, I even got a quote, to use their technical equipment, use our Zoom, they would record our meeting, and they would do our meeting Minutes, and we voted it down, and we kept it in the Redwoods room, and did it our I call it kind of like, old conventional way. But if it's the same people who do their media, they will give us a quote, and it may be worth it. Because then when they hit the link, they video with us they do our agendas. It may be something we should explore. Then we get the notice from them in our websites, too, because there'll be links both ways.

Amy 1:56:07

Sarah, would you like to take that on?

Sarah 1:56:09

Yes, it would.

Jessica 1:56:10

Sarah, I can give you my contact information and I think it's something we should explore. It doesn't hurt to get a quote.

Sarah 1:56:15

Tabatha is still on the call, or on the Zoom.

Jessica 1:56:20

This was pre Tabitha. No, I think if I recall, but I don't know.

Sarah 1:56:26

Tabitha , would it be you I would reach out to, or who would I reach out to?

Tabitha 1:56:30

Go ahead, and you can go ahead and reach out to me, and we will certainly do to help y'all.

Sarah 1:56:36
Okay, thank you.

Jessica 1:56:39
Okay, we have a plan.

Sarah 1:56:41
So, in the meantime, I have a list of the people that used to get the emails when the agenda was ready. I'm happy to provide it to the two Facebook groups that are the Fourth and Fifth District Facebook groups, and I'm happy to post it on our Facebook page. I'm not part of the MCN Listserv, so I cannot do that.

Jessica 1:57:07
Well, it sounds like Norman's willing to do that, which would be wonderful. I think, Norman, I think, you're on several lists, or two or three, is that correct?

Norman 1:57:14
That's correct.

Jessica 1:57:15
Yeah, that would be wonderful. I'm really concerned about using the old email list. Because it was a core group of people. I really would like us to make sure that we are broadening those who are receiving this information. So, I don't want to limit it to just who's on that list. So, perhaps let's

Sarah 1:57:43
[01:57:43 inaudible] stepping off point?

Jessica 1:57:45
No, I'm saying let's, when the list with John's, new list of people who responded to the, let's expand the list is what I'm saying, Sarah. Let's find all of our resources and create, a larger list so that more, more groups of people are getting it. How does that sound?

Sarah 1:57:59
Yeah, definitely. I mean, I have to look at the list to even see if the people are still with us.

Jessica 1:58:07
Right. Yeah. So, I would like to maybe pull our resources and see about expanding an email list of people that reach more of a community. That's what my goal is, in my opinion. Okay, so this is an action item. So, this is recorded. Sarah, you offered to help with minutes. So, we can actually draw a list off of the conversation, and then who has taken responsibility for each part of that list, and then go ahead and implement the effort. How does that sound to you?

Sarah 1:58:52

That sounds good to me.

Jessica 1:58:54

Okay, so perhaps we can have a motion reflecting that we're going to be taking the conversation and then implementing this our new resources for sharing the agenda. Reach out for our resources to share a however someone wants to word it. So, can we have a motion?

Sarah 1:59:18

I'll attempt it. I might not get it right, but I'll attempt it. So, I make a motion that we post our agenda on the Fourth and Fifth District Facebook groups, our Facebook page, the MCN Listserv, our website, I will reach out for with the city of Fort Bragg for help to facilitate that and we will start an email list. Merging an old list that was used for agendas with John's current list.

Jessica 1:59:48

Okay. Can we have a second?

John 1:59:54

I was just checking there's 117 people of group who volunteer to provide me their emails.

Jessica 2:00:00

Excellent. Fabulous. Okay. So, second, John, you want to take a second?

John 2:00:07

Second.

Jessica 2:00:08

Any more discussion among board?

Norman 2:00:12

I just want to comment that it would be on the announced listserv, not just the MCN, listserv. There are many, many subgroups, the discussion lists the announced list and viral list, etc. So what I'll take on posting on the announce list.

Amy 2:00:38

I wanted to acknowledge that piece norm, I think that's a great idea. I think that if we start live, if we label one, we got to do it. So, I think like five places, acknowledge them, discuss them. But if we start sign link on every list, and we miss it on one, and we made a commitment to it, we're vulnerable. Sarah, I like the things about the Fourth and Fifth district. I think that's a great idea. Norm, I totally agree with your comment.

Sarah 2:01:06

Just so I can clarify, it would be called MCN announced list.

Norman 2:01:11

Yes, announce. Yes.

Jessica 2:01:16

And just my experience, I don't know if you've had better luck, Norman. But it's very limited. The link of what you can put on there. So, we can have people, we can have enough that people get the Zoom link and some information, but they would, it would not be the book of the agenda.

Norman 2:01:36

Basically, it's just letting people know where to go on the web, download and review the agenda.

Jessica 2:01:47

Yes, exactly. So, that's the link.

Norman 2:01:52

It just a pointing people in the right direction.

Jessica 2:01:53

Excellent. Love it. Okay, John.

John 2:01:56

Yeah, I changed our website to make it easier to find the agenda and board packet, it was a couple clicks down before. But since I know how to edit websites, now, I moved it up onto the landing page where it's very prominent. So, if we just send them a link to our website, they'll know how to get the whole package.

Norman 2:02:18

I've opened up the board members on that website and saw that I'm the secretary.

Jessica 2:02:25

Oh, you have to fix that. Okay, so any community comments before our vote? Yes, Malcolm MacDonald.

Malcolm McDonald 2:02:40

Thank you. I want to commend you guys all as a group for the thing said here about item 12 of this. What John just said about the website, it's true, it's very easy now to just click on Documents, and it takes you right to board packets, and you go down to the current

board packet. So, that's great. I'd like to bring up that Amy McCauley was out in front. on these, I don't know what you call it modernizations, way back when she was first on the board. So, I just want to recognize her for that for the foresight she was showing back then. I mean, I get what? People were, you know, sort of happily complacent in the Redwoods room, pre COVID. You know, a lot of this has to do with COVID, or some of it does. So, I agree with melding the emails. I know the person who contacted Kathy Wiley, to put the links up and a little bit about the agenda for tonight's meeting. I believe she did it on Monday or Tuesday, maybe both, and also again today. So, I don't know whether that person can constantly be contacting her. I don't mean constantly, but you know, at least once or twice a month, perhaps. Maybe someone on the board can. Although I certainly recognize what the Chair has said about a lot of these details have been taken on by the Chair and by various members of the board to the point. I'm sure where sometimes it's felt overwhelming or frustrating. I can feel John's frustration about computers and websites. Just happy that I got through almost two hours here on a remote ranch without major buffering other than like maybe one second or two in my earlier comments. So, I think you're doing all the right things here. Just got to follow through. And as I said to somebody, you I think you guys are really capable of finding the solutions or I'm paraphrase seeing what I said, sometimes you need a, you know, kick in the butt to get there. And I'm glad that you guys took the rather harsh criticisms about this particular matter in a positive way. I think it's a great sign for you guys getting along as a board and there being hopefully more public awareness of what's going on with the healthcare district and the board.

Jessica 2:05:30

Any other of public comments?

John 2:05:32

Thank you, Malcolm.

Jessica 2:05:34

Any other public comments? Okay, let's go ahead and vote. John.

John 2:05:48

I do vote him favor of it.

Jessica 2:05:51

Okay, Sarah.

Sarah 2:05:52

Yes.

Jessica 2:05:53

Amy.

Amy 2:05:55

Yes.

Jessica 2:05:56

Norman.

Norman 2:05:57

Yes.

Jessica 2:05:57

I am. Yes, as well. Okay, the next thing we're on to is the Surplus property discussion. So, everyone get the list of the Surplus items. And we've done this once already with the chairs and furniture from the lobbies. And so now there's more Surplus property. There is some time sensitivity to it, because Judy is trying to get these out of the hospital before, what? I know, you have an organization review coming. So, let's see how John you took this on last time it had someone pricing items. Anyone have a suggestion, if we can do it, the way we functioned last time, it seems successful. Any other thought surrounded? John.

John 2:06:53

Last time, we're retail items, you know, tables and chairs. So, I was able to have a thrift manager come in and put a price tag on it. This is clearly different and a lot of it looks like medical equipment and that's just run out of life. You know, I think it was Jensen, who told us that the lifetime of medical equipment are like 5 to 10 years at the most. So, I don't know if there's an aftermarket through a lot of this stuff. But

Amy 2:07:23

Could I make a motion?

Norman 2:07:27

I've a question if I may?

Amy 2:07:29

Can I make a motion?

Norman 2:07:31

Excuse me.

Amy 2:07:34

I'm sorry, it's getting after eight o'clock. I just wanted to make a motion to approve the suggestions of once you say some supporting it being disposed by GE and number seven,

supporting the local vet with the ultrasound equipment and number eight, I'm supporting the Philips AGs to be donated to the local fire department.

Norman 2:07:56
Second.

Jessica 2:08:03
Okay, any more discussion?

John 2:08:09
Well, this dispose of all the equipment?

Amy 2:08:12
No, I supported what they outlined, it would be the 1 through 6 items that they support that GE would dispose. And the other two, they found \$2,500 for the ultrasound, they're selling it, as the price offered by buy back from the company and then donated the AGs into the community for the fire departments. I think it's awesome. I support what I've just brought forward and made that a motion.

John 2:08:36
What about the rest of the items? What becomes to them?

Amy 2:08:41
That's the only ones that got on the list.

John 2:08:43
Oh, see. That's an exhaustive list. So, you know.

Amy 2:08:47
I only speak for the list that they provided.

Jessica 2:08:50
There are additional items. I would, okay, Sarah, your thoughts?

Sarah 2:08:57
I think let's just vote on what she has and then look at the pictures and see what else there is, so that at least that stuff's handled.

Jessica 2:09:05
Okay, well, yeah, I'm not in favor of giving them away without having one round of offering to community for purchase.

Amy 2:09:18

I think what can I just say something really quick? What, the liability, from 1 through 6, if they're really outdated and dispose, I would hate to give something that's outdated. I rather see it dispose. Are you saying that number 7 and 8, even though they already found people to like offer it to others?

Jessica 2:09:36

Are you talking about ultrasound and AGs?

Amy 2:09:39

Number 7 and 8. Yes, item 7 and 8.

Jessica 2:09:42

Yeah, right. I think that other people may not be in the know and other people might be interested in potentially paying for them. Okay, that's my opinion.

Amy 2:09:59

I would.

Jessica 2:10:03

Do you want to vote? Fine, we've all shared I thought so. If you want to vote, yeah, I feel like there's I know there's a value. And I guess sometimes people are, you know, in the inner circle, I like to avoid this idea that someone because they're on the inner circle benefits. I would like to at least notice it to community once and you know an add in the paper or something.

Sarah 2:10:31

I have to agree about the AGs. I mean, I love the fire departments, but it is, Devi is in the know. So, that kind of is a, in my opinion, a conflict. I know that with little league, we had to purchase our AGs, and they're rather expensive, and there's probably other organizations besides fire departments that could really use AGs.

Amy 2:10:56

Exactly. I Yeah. Patients needing it. Also, guys, these are the Philips heart smart AGs for medical providers, not for lay offices, it wouldn't be the one you would see and see at little league. These have to be someone who's capable and certified to use versus a community AED. Just pointing it out.

Jessica 2:11:18

Yeah, so we probably would have to.

Sarah 2:11:19

But there's also how many fire departments on the post that might need them?

Amy 2:11:25

Well, that's what I meant at the local fire department, I was thinking the three Mendocino Fort Bragg and Albion. Am I ignoring? Is there more?

Sarah 2:11:31

What about Kamchi now?

Amy 2:11:33

That's what I'm saying, clearly, I'm ignorant.

Norman 2:11:35

There are two fire departments in Kamchi, hello.

Amy 2:11:40

Okay. In Davies from there, so maybe we should, maybe we can say, we could outline the three that needed or something, I'm just saying, Sarah's reference to Little League, these could be offered to the Little League. I'm saying there are other people who would be interested in them to purchase who are at the category that you're describing medical.

John 2:12:01

In the same could be set for the ultrasound, there's more than one not.

Amy 2:12:08

No, I value this feedback. I wasn't thinking inner circle or anything like that. I thought they did their due diligence, and they found people, but I can't vet their process.

Sarah 2:12:18

Well, the ultrasounds as non-functioning, John. I checked that really broken.

Amy 2:12:28

No, no, no, there's one functioning, they have a nonfunctioning one that's listed in the top five, and the one they're selling for \$2500 is the same amount that could be offered for buyback from the company and they went ahead as cost to a local vet. But I can't speak that they contacted all the local vets. Is anyone out so Baptist?

Jessica 2:12:50

Judy's here.

Judy 2:12:55

I am. Sorry, I cannot speak to the details of it. What we did was we had our GE-rep, who is an In-House rep, just do an inventory of what was there. And so it's the inventory list

that we've provided the district of the items that I cannot speak to the condition or are next steps with that.

Amy 2:13:22

Oh, who, but then who identified who they could donate it to? That was that you guys?

Judy 2:13:30

Jessica, please remind me, was that on the list forwarded?

Jessica 2:13:35

Yeah, that's what Amy's reading from.

Amy 2:13:37

Right. Yes.

Judy 2:13:39

So, it was more than likely our GE-rep, who looked to see what the local opportunities, again, were not making any commitments or speaking on behalf of the district, but just options if the district wanted to consider.

Amy 2:13:55

So, the GE-rep contacted all the local vets, not Adventist?

Judy 2:14:01

So, the GE-rep, he's one of our partners, he works at the hospital and he just is not an employee of that in his health at this point. He's a DE employee and he's the local resident, and he very well might have reached out to the local sources to see if they would be interested, not making any commitments.

Amy 2:14:28

Well, with that clarity and conversation, I would like to take back my motion and approve disposal of numbers 1 through 6 and items number 7 and 8 and do some outreach to the community saying, we have these pieces of equipment available.

Norman 2:14:49

Good. Is that a motion?

Amy 2:14:51

Yes, it's a motion that I apologize pulling the trigger.

Norman 2:14:55

I'll seconded. And then I'm going to beg off and leave after we vote.

Jessica 2:15:00
You're not finishing the meeting.

Norman 2:15:02
No.

Jessica 2:15:04
It's getting long.

Norman 2:15:05
I leave it in your good hands.

Jessica 2:15:08
Okay. All right John.

John 2:15:19
I'm sorry. Sorry. Yeah, I vote, YES. With one comment. Judy, please ask your people not to store this in the Neva Cannon room. We're trying to get it fixed up.

Judy 2:15:35
Understood. Thank you for that direction.

Jessica 2:15:38
Sarah.

Sarah 2:15:41
I vote, YES.

Jessica 2:15:43
Norman you voted.

Norman 2:15:45
Yeah.

Jessica 2:15:45
Okay, Amy.

Amy 2:15:48
Yes.

Jessica 2:15:49
Okay. And I'm, YES. Goodnight, Norman. Thank you for joining.

Norman 2:15:56

All right.

Jessica 2:15:56

So, it is running long. We're heading to the finish line here. Let's push through, we have the report from Kami. She had to leave the meeting. So, we're going to have to, that the information only, is that if she left the meeting. So, we're going to have to bring her back.

Sarah 2:16:20

Jessica.

Jessica 2:16:20

Yes.

Sarah 2:16:22

Can I ask a question about the other equipment, though that's in the pictures?

Jessica 2:16:29

Let's talk, later back, because we already voted on this and we're on the next agenda item. And so, yeah,

Sarah 2:16:36

Are we agreed to do an end to art.

Jessica 2:16:47

Because Amy only addressed the list, is that it?

Sarah 2:16:52

Correct. There's many things that are not on the list.

Amy 2:16:57

I don't know. I'm confused. I think we only can address what's in the packet.

Sarah 2:17:00

There's pictures in the pack.

Amy 2:17:03

Yeah, but SCRM, everything that I see that's pictured is on the list.

Sarah 2:17:09

Monitors, computer monitor.

Amy 2:17:12

What?

Sarah 2:17:12

The old, there's like, monitors, computer monitors, there's the speakers that used to be in the Redwood room for talking on when we would have the meetings.

Amy 2:17:24

I think that's where this is getting frustrating. They bring a list forward and then they add more pitches or something else and then they're not pictured. They don't even have it as their list. I think that we'll have to bring those pictures to another board meeting. So, pictures page 42, before tab four, it's not even listed. Are we making assumptions? There's so much there. It's not fair.

Jessica 2:17:56

Yeah, let's bring it forward to another meeting. Let's get through. Let's get through this agenda and we can clear that up. John's playing his music, Norman left.

John 2:18:05

Oh, sorry. I thought I was unmute.

Amy 2:18:09

He's making popcorn, John's playing guitar, Norman went to sleep and we need to return.

Jessica 2:18:14

It's turning into a party.

Sarah 2:18:18

I want the damn popcorn.

Amy 2:18:25

So, popcorn Western on the agenda evidently. John.

Sarah 2:18:31

John.

Amy 2:18:31

Okay, we're all ascending, I'm fine. Nun Amy, after this for popcorn and I'm listening to the John's music.

Jessica 2:18:38

Okay. Hey, so, Sarah, I'm sorry. We'll bring it forward again. I really want to go through that. I think a lot of that is capable that we would want to keep it in the district because we

need this speakers. That's what we used to hold our meetings using and I'd like to go through it before we declared surplus because surplus is only a declaration of things we don't feel we need as a district anymore. Okay.

Sarah 2:19:02

Well, that's what I was going to say. I was going to say, I would like to keep those speaker systems for when we start having meetings again.

Jessica 2:19:10

Right. Yeah. They're not surplus again. They're not. We don't have to declare them surplus, we need to go through and decide if there is anything surplus at that point, because it's still usable, even though advanced itself isn't using it. The district still has use of those items.

Sarah 2:19:24

And we may want those blood pressure the thing is, so YES, we may not want to declare those surplus. So I agree. I think let's just do what was outlined in these cool pictures. Let's not call it surplus, but maybe keep it as our equipment.

Jessica 2:19:37

Okay, so I'm going to go actually physically go through there and go through it and if anyone wants to do that with me, that would be wonderful. I'm just seeing what we can use. Okay, so we have to Table 14, unfortunately. So, it is a, I think we should take action, there's an agenda item. So, I think we should take an action that we will not be moving forward on this. Due to lack of representation. To someone want to just do that, to get that out of the way that we're going to need to table it, because we didn't pull it from the agenda at the start of the meeting.

Amy 2:20:16

I make a motion to table it.

Jessica 2:20:18

Okay.

Sarah 2:20:19

I accept it.

Jessica 2:20:21

Thank you. John, yes or no? Yes.

Jessica 2:20:25

Sarah.

Sarah 2:20:26

Yes.

Jessica 2:20:28

Amy.

Amy 2:20:29

Yes.

Jessica 2:20:30

Okay. And I'm, YES. Next 15. Finance Report. Making a lot of money, we're making a lot of money and still around.

Amy 2:20:40

Okay, good. Where is the financial report?

John 2:20:42

Okay, well, let me address what's in the board packet. We voted more or less a provisional budget last time. And I took the action to come back and update it and I'm putting in a chart with the budget changes and the revised budget, which comes close to being unbalanced budget. We're projecting of \$95,000 loss at this point in time, but there's one time expenses of over \$40,000 and that includes the cares audit and the anniversary. I'm sorry, not that, we did plan for that but the cares audit is a onetime thing. So, those are not recurring events. I would welcome a motion to accept the revised budget.

Sarah 2:21:49

John, can you tell me what page number you're looking at?

John 2:21:54

Way at the back, it's like the third from the last one. So that would be

Amy 2:22:03

89.

John 2:22:06

Yeah.

Amy 2:22:08

89 Sarah.

Sarah 2:22:09

Thank you.

Amy 2:22:10

Or, 90, depending if you have a cell phone.

John 2:22:14

So, while you're looking at that and I'd be happy to answer any questions, I will note that. We're finally making some progress in transitioning from using the Adventist Health for billing to see came a key and company. The first was getting her access to the TriCounty accounts, which is major accounts. And that has successfully been taken place. So any invoices that are coming in now Judy Hogan will forward me and I'll forward on to Christine and we'll get the address has changed. So, the future so to me, that's a big accomplishment. That way, next month, I can give you a proper financial report. But we still need to do Bank of America and savings bank but the main account is in Tri County been working with Warren and Judy Hoagland to transfer funds out of our accounts that are coming in that are for Adventist Health. So, we don't have a situation like we did before where millions of dollars are accumulated. We're doing this on almost a weekly basis and I'm glad to see that my hat goes off to Judy Hoagland as always. I think that's it. Oh, no. Not it. The carries out and so called cares on. We have a report from FTI. I think we have reported on I think they've maybe they just told us, they're going to send the report but we received and trying to remember these off the top of my head \$5.7 million in HHS funding provider care relief, they call it and that just showed up into our accounts. You didn't have to apply for it or anything. The idea, I think was just to get the money out and worry about it later on. Well, now's the time for the Reckoning and FTI says we can only justify keeping \$1.8 million of that, \$5.7 I think it was, I forget in taking that exact numbers. But I remember, a little over \$4 million has to be refunded to HHS. But that was never really our money anyway, might have been nice to have it. And when I send it back to them, I'm going to ask him to pretty please consider that we're just a poor struggling rural hospital, could we keep it? And I don't think they'll be receptive to tell the truth. So, what the audit report would have said is we mean that mean, but these made the wise decision not to recognize that as income, but as the accounts receivable. So, it won't impact anything really. Won't impact cash, it only impact our balance sheet that will have that correct. And so, anyway, that's my report.

Jessica 2:26:07

Sarah.

Sarah 2:26:12

I just have a question, do we have to vote about the transfers?

John 2:26:20

That is within my job description. That is money, otherwise, we'd be voting every three days. No, it is their money. It's been properly accounted for and the only issue is timely transfer from our accounts to those of the Adventist Health.

Sarah 2:26:49

And then, can we put on a future agenda to pay off your mortgage early?

John 2:26:56

Yeah, that's a good discussion to have. One of those is going to end later this fiscal year and I don't know which one it is.

Sarah 2:27:08

Last one.

John 2:27:10

Cow mortgage, yeah. Cow mortgage will be affecting [me since you brought it up]. And, anyway, yeah, there's a couple of them that are falling off. Thank goodness.

Sarah 2:27:27

I would just like to have it on the agenda so that we can pay it off early.

Jessica 2:27:31

Yeah. We have a future agenda item because that's the next on the agenda or suggestions for future agenda items. That's a great idea, Sarah. So, the budget is an action. I don't know, if we want to it's information or action. John, do you feel you need an action at this meeting, or did you not dive into it as much as you're holding?

John 2:27:56

I believe there was an action item and that I was to bring it back with revisions, which I've done, and I think it would be proper to vote to accept the revised budget and then not change it ever again.

Jessica 2:28:18

Okay, so I make a

Sarah 2:28:20

I have a question. So, I did them, it's just so I can know where to look when I'm doing, you know, like supporting how I did the food for Adventist. What category do you feel like that's in so I know, when I make decisions if I'm in the budget? That would

John 2:28:40

That would fall under either potential new programs or contingency? You know, those are just some of those unexpected expenses. Now, we get categorized, probably as new programs.

Sarah 2:29:04

Okay, I just wanted to make sure where that located.

John 2:29:06

Yeah. Oh, no, no, that's where it would be recorded.

Sarah 2:29:13

I make a motion to accept John's Financial Report.

Amy 2:29:18

I second.

Jessica 2:29:19

Okay. And Sara.

Sarah 2:29:21

Yes.

Jessica 2:29:24

Amy.

Amy 2:29:25

Yes.

Jessica 2:29:26

John.

John 2:29:27

Yes.

Jessica 2:29:29

And I'm in favor as well. Thank you. Go ahead, John.

John 2:29:34

That about the budget, so maybe it's off agenda. But I wanted Sarah to know how grateful the Adventist employees were for their chicken sandwich and the only phone I have to pick with you says, you didn't save any for me. It looks so delicious.

Jessica 2:30:00

Wow.

Sarah 2:30:01

So, they facilitated that all I did was order the food. Because of COVID. I wasn't allowed to go there but I'm very pleased with how Judy and her staff handled the delivery.

John 2:30:15

Yeah. Judy's leach has her hand up, Jessica.

Jessica 2:30:20

We're going to go into future genes. We are receptive to public comment, Judy, can you just hang on for a moment? And let us get through the agenda. So, future agenda item we have, Sarah, you wanted to bring forward paying off loan? Any other future agenda items for the group?

Sarah 2:30:38

I'll report back when I find out from Tabitha.

Jessica 2:30:41

Thank you.

John 2:30:43

I will have to reschedule DCA and their audit presentation.

Jessica 2:30:48

Exactly. Okay. Very good.

John 2:30:50

Yeah, it'll be time to talk about that now Tabitha, what about survey?

Sarah 2:30:57

Oh, that'd be awesome.

Amy 2:30:58

I like to serve idea. I would like to know if we could have an agenda item about meeting format, and maybe even have a max of like two and a half hours or something. And during public comment for each agenda item, if maybe we can put a time gap on it, too. I don't know if that's already in the Brown Act. I haven't read up on it during COVID. But could we have board meeting etiquette like we just did it for our posting, maybe have an item like that, how we're going to handle our board meetings.

Jessica 2:31:27

Yeah, we can bring those details for it. And we absolutely are able to have limited comments and timed agenda items. And I completely agree. So, y'all bring that forward. Thank you. All right. And now we're on to public comment, Judy. Sorry. Thank you for waiting.

Judy 2:31:46

Thank you. I just want to verbalize gratitude once again, for what the district did for our employees. Yesterday, we had an inpatient census of 21. And Dr. William Miller tells me that that is the highest it has been in his four and a half years at the hospital. Our ICUs have been full consistently, our ERs have been full. And sadly, people waiting in the waiting rooms, as we've seen the surge occur. But all of this to say your timeliness of the gracious gift to all employees was just remarkable, could not have timed that any better, we tried. It came at the most needed time for staff to have a bit of just that. That sustenance them through. And so once again, heartfelt thank you to the district for making that happen to every employee at Adventist Health last week.

John 2:32:50

Well, we're grateful for you to remember, we still think of them as our family too. We were close to a lot of people that are not working for you. Yeah.

Judy 2:33:03

I'm working for all of us together. So again, thank you.

Jessica 2:33:07

Any other comments from community? Okay. So, board comments. I know we've had a lot of discussion tonight, there's an opportunity for board members to comment any one from the board have any energy left to make a comment?

Amy 2:33:27

Hey, it's Amy, I just wanted to say thank you to Judy for staying there. And for all of our, you know, employees and health care system, because it is really hard right now and keep those mask on and get vaccinated. And I also wanted to acknowledge Malcolm's point about our minutes and John's response that, you know, we're five volunteers doing our best. I know that I'm having 12 hour days at work and then trying to do this and I haven't maybe always given 100% towards the minutes. But we do have a solution in place and that we're all aware we're vulnerable in the minute piece. And thank you for pointing it out but we're trying to rectify it.

Jessica 2:34:03

Thank you, Sarah any comment?

Sarah 2:34:06

I just thank everybody and I appreciate Malcolm reaching out to us, so that I learned a lot and I strive to do better.

Jessica 2:34:21

John, any comment?

John 2:34:25

No, I'm totally exhausted and out of words.

Jessica 2:34:31

Yeah. Okay. So, we will have a special meeting. As we discussed earlier, I'll look at some dates and canvass the board for that and I hope everyone has a lovely evening.

Sarah 2:34:42

Thank you everybody.

Jessica 2:34:43

Good night.

Sarah 2:34:43

All right. I'm going to have some popcorns. I want popcorn. Bye guys.

[END OF TRANSCRIPTION]